



Fall 2005

## Chironian Fall/Winter 2005

New York Medical College

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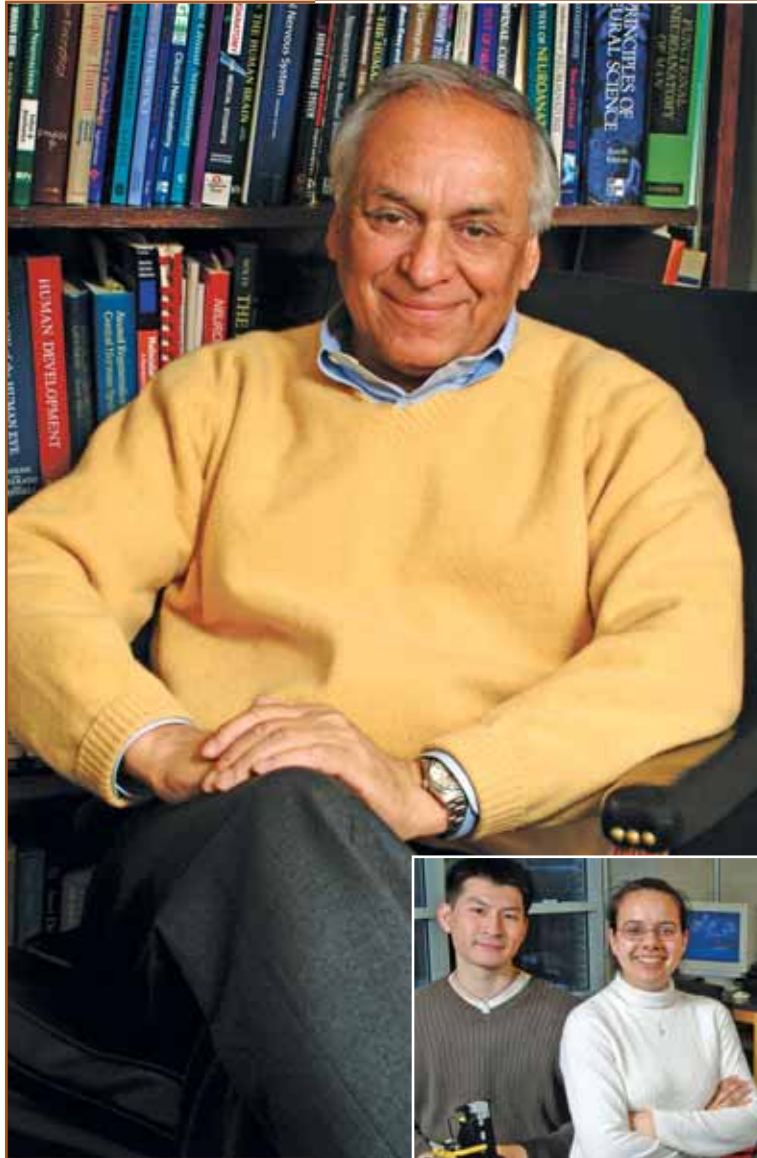
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# Chironian

New York Medical College



Fall/Winter 2005

## INSIDE

Dr. Bessen Vs. Strep  
Anna Drakontides, Ph.D., Retires  
Staffenberg's Little Wonders

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## THIS IS YOUR (MEDICAL SCHOOL) LIFE REDUX

*Third year brings reality home for  
two almost-doctors*



ABOVE: For two medical students, Brad Hamik and Kathleen Llewellyn, third year marked a time when their career plans came more into focus. Both students are gravitating toward surgery, albeit for different reasons.

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

**T**o bring readers the latest installment in our four-year coverage of Kathleen Llewellyn and Brad Hamik, two medical students from the Class of 2006, we caught up with the pair late last spring as they entered the homestretch of third year.

Both had completed most of their clinical rotations, putting in long hours and getting a feel for where they might direct their careers. Brad joked that third year is little more than “hospital, sleep and study.” Though both students had displayed an early interest in international medicine, their third-year clerkships—Brad at Westchester Medical Center and at Metropolitan Hospital Center in New York City, Kathleen at Our Lady of Mercy Medical Center, Danbury Hospital and Metropolitan—presented no travel opportunities more exotic than the Bronx.

Career plans sharpened in focus, however. Both students gravitated toward surgery, albeit for different reasons. Brad states, “There is something to be said for the ability to see a problem and go right in and fix it.”

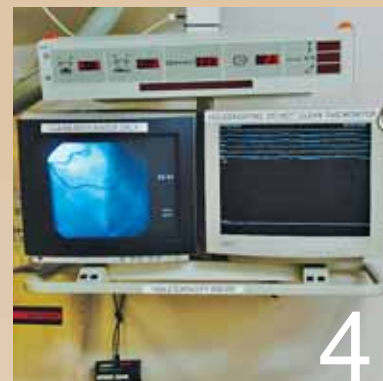
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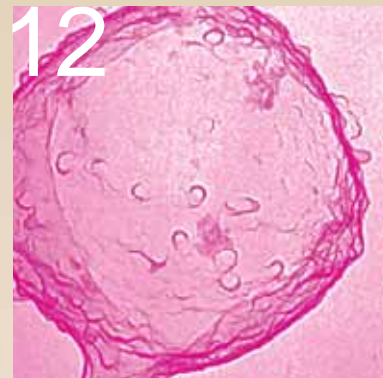
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## On the Cover:

Omniscient and omnipresent Sansar C. Sharma, Ph.D., is the campus Carnac. The glaucoma expert holds faculty appointments in Neurology, Cell Biology and Anatomy, and Ophthalmology.

"She died of a broken heart" isn't just for fairy tales anymore. Our cardiovascular experts critique a Johns Hopkins study on "broken heart" syndrome.

A few good medical students give up their Saturday mornings to mentor economically disadvantaged students in the STEP program. From left are Bradley Li, Simran Kalra, Jayson Neil and Wilson Young.



# A NEW DIAGNOSIS: Severe, Reversible Left Ventricular Dysfunction In Patients *Without* Coronary Disease

Whether you call it stress cardiomyopathy or “broken heart” syndrome, a cardiac study in the *The New England Journal of Medicine* wins praise from College physicians.



ABOVE: Ilan S. Wittstein, M.D., a Johns Hopkins School of Medicine cardiologist, led investigators in a landmark study dated February 10, 2005 in *The New England Journal of Medicine* that concluded “emotional stress can precipitate severe, reversible left ventricular dysfunction in patients without coronary disease.” The heads-up is a warning that what they also call “broken heart” syndrome requires treatment different from a myocardial infarct.

Since time immemorial, poets and playwrights, mothers and nannies, indeed, all good folk who counsel those unlucky in love, have been sure you could die of a broken heart. Now a cardiology team from Johns Hopkins University School of Medicine in Baltimore has completed a study that lends more scientific support to the consequences of emotional stress. Ilan S. Wittstein, M.D., and colleagues inform that a wounded heart is really on the level, entitling them to certify a new disorder they call *stress cardiomyopathy*, or “*broken heart*” syndrome. A clearer explanation is their descriptive name: severe, reversible left ventricular dysfunction in patients without coronary disease. Though it presents like a heart attack, it is not. Their paper, entitled “Neurohumoral Features of Myocardial Stunning Due to Sudden Emotional Stress,” appeared in the February 10, 2005, issue of *The New England Journal of Medicine*. The

researchers claim the condition can be fatal if not diagnosed and treated correctly. They are still trying to figure out the mechanism of cause.

Lest the large number of basic and clinical researchers in cardiovascular disease at New York Medical College miss an opportunity to consider the implications of these findings, *Chironian* asked a select group of cardiologists, physicians and basic scientists to dissect “broken heart” syndrome. That their opinions turned out to be surprisingly similar seems remarkable in itself.

How could it be that “broken heart” syndrome was only just discovered? One reason comes from cardiologist John A. McClung, M.D. ’75, associate professor of clinical medicine: “You only find what you are looking for.” The surprising but honest admission makes sense. When a patient appears with the standard array of coronary symptoms, that famous aphorism about looks-like, walks-like



ABOVE: Specialists at the College who use angiography and echocardiography to diagnose cardiovascular disease agree there have always been a small percentage of patients with symptoms of a coronary who turned up no evidence of blockages or heart muscle damage. The Wittstein study offers a reasonable explanation, according to these clinical cardiologists at Westchester Medical Center. Watching over the Catheterization Laboratory is catheterization nurse Roslyn Mahler; continuing from left are interventional cardiologists Craig Hjemdahl-Monsen, M.D., and John A. McClung, M.D. '75, and James A. Levy, M.D., noninvasive cardiology chief.

and quacks-like-a-duck kicks in, making it a probable myocardial infarction.

The Wittstein study, however, indicates that cardiologists should not assume anything. The paper recounts the admission of 19 previously healthy patients to the Johns Hopkins coronary care unit between November 1999 and September 2003. All but one were women, ranging in age from 52 to 71, and were evaluated with the usual serial electrocardiography and serial measurement of cardiac enzymes. All recovered fully, but unlike patients with coronaries, they did not suffer lasting damage to the heart muscle. Nobody in the study had a past history of cardiac treatment and no one in the group of normal healthy people was taking any selective serotonin reuptake inhibitors, such as Prozac. The patients did experience a weakening of the heart, but it proved to be temporary. It's what they did not develop that counts—blood clots, diseased arteries and patches of dead heart muscle cells, the unmistakable signs of a heart attack.

## Similar patient

"The only problem with this study is that patients were not randomly selected," Dr. McClung points out. "It's a prospective study but it is observational...I recall having a patient referred to us who was pretty darn close to those in the study. The base of her heart was contracting normally, but the rest of the heart—a large portion of the anterior wall—was abnormal. The woman had undergone gall bladder surgery at another hospital—certainly a stressful experience—when she developed chest pain and a significantly abnormal EKG. We found only mild enzyme elevation and a reduced ejection fraction [the amount of blood in the heart ejected with each heartbeat]. The clinker was the amount of dysfunctional heart muscle involved."

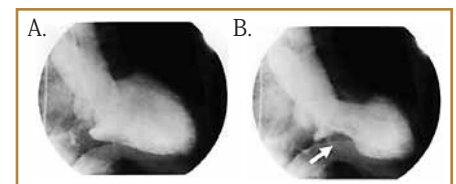
Like the Johns Hopkins researchers, Dr. McClung wonders about the cause, right down to the cellular level. "Coronary spasm is unlikely in the absence of underlying coronary atherosclerosis...They measured the catecholamine discharge in their patients and the level was very high. They are circling around this as the cause but they haven't proved it yet. There could be

multiple reasons and they are doing the right things to figure it out."

Catecholamines are any of the amines such as epinephrine or dopamine that are derived from the amino acid tyrosine, and function as hormones or neurotransmitters or both.

On page 544, the paper outlined how the patients were tested and what the findings were:

"Our patients with stress cardiomyopathy had supra physiologic levels of plasma catecholamines and stress-related neuropeptides. Initial plasma levels were several times those of patients with myocardial infarction and remained markedly elevated even a week after the onset of symptoms. Our data suggest the activation of the adrenomedullary hormonal system, with marked elevation in plasma epinephrine and metanephrine levels. Enhanced sympathoneural activity is also suggested by the increased plasma levels



ABOVE: Ventriculographic Assessment of Cardiac Function and MRI Assessment of Myocardial Viability at Admission in a Patient with Stress Cardiomyopathy.

"Neurohumoral Features of Myocardial Stunning Due to Sudden Emotional Stress," *The New England Journal of Medicine*, February 10, 2005, 352:6: 539-48 Ilan S. Wittstein, M.D., et al. Copyright © 2005 Massachusetts Medical Society. All rights reserved.

Ed. Note—Stress induced cardiomyopathy is readily visualized in the ventricle during angiography. Figure A Diastole shows the heart at rest. Figure B Systole depicts the heart at the end of a contraction, where only the base appears able to move (contract).

of dihydroxyphenylalanine, dihydroxyphenylglycol, norepinephrine, and normetanephrine, reflecting increased synthesis of norepinephrine, neuronal reuptake and metabolism, spillover, and extraneuronal metabolism, respectively...

"Although our data suggest that catecholamines may be central to the mechanism of stress-related myocardial





ABOVE: Biochemist Esther L. Sabban, Ph.D., is a leading expert in the effect of stress on the human body. She says the Wittstein paper “clearly points to an exaggerated response of catecholamines in stress cardiomyopathy.”

stunning, a more complete understanding of the pathogenesis of this syndrome awaits further research.”

## Stress expert

When it comes to stress and catecholamines, New York Medical College has its own expert in Esther L. Sabban, Ph.D., professor of biochemistry and molecular biology and winner of the Dean’s Distinguished Research Award in 2001. “The Wittstein article in *The New England Journal of Medicine* is fascinating... This paper very clearly points to an exaggerated response of catecholamines in stress cardiomyopathy. I think it is very important because it begins to elucidate the mechanism of stress cardiomyopathy. The researchers show that catecholamines, including epinephrine [adrenalin] as well as their metabolites, are greatly elevated in the bloodstream. The findings indicate not only activation of the adrenomedullary hormonal system but also increased activity of the sympathetic nervous system.

“There also were highly elevated levels of co-neurotransmitters, such as neuropeptide Y, already known to enhance norepinephrine’s vasoconstrictive properties. The plasma levels were several times those in patients with heart attacks and remained markedly elevated even a week after the onset of symptoms consistent with prolonged elevation of catecholamine biosynthetic enzymes. In

my own laboratory at the College we are studying the mechanism of elevation of catecholamine biosynthesis in response to acute and repeated stress, in the adrenal medulla, sympathetic nervous system and in the brain. These animal studies should help in understanding and preventing stress cardiomyopathy. As the Wittstein paper indicates, it is likely that stress cardiomyopathy is considerably more prevalent than commonly recognized for the very reason that it does present with clinical features similar to those of a heart attack,” she says.

## Making the diagnosis

The most expedient way to make the diagnosis is to utilize the ejection fraction, says James A. Levy, M.D., clinical associate professor of medicine and chief of noninvasive cardiology at Westchester Medical Center. The Johns Hopkins study showed a rapid improvement in a patient’s ejection fraction with “broken heart” syndrome where, diagnosis aside, a test number falling



ABOVE: Psychiatrist Michael Blumenfield, M.D., who specializes in post-traumatic stress disorder, urges the inclusion of his profession in any medical team responding to a disaster or bad news. He says depression is a recognized independent risk factor for coronary artery disease.

between 50 and 70 is considered normal. “That sudden improvement just doesn’t happen after a coronary,” Dr. Levy continues. “The simplest way to determine the ejection fraction is with an echocardiogram.” For the sake of

complete disclosure, Dr. Levy reads the majority of echocardiograms taken at Westchester Medical Center.

An on-line health news provider called *DG News* reviewed the Wittstein paper on February 10, 2005. This is how it described the heart of a patient with stress cardiomyopathy based on the images in the original journal article: “A hallmark feature of the syndrome was the heart’s unique contraction pattern as viewed by echocardiogram, or ultrasound. While the heart’s main pumping chamber, the left ventricle, contracted normally, there was weakened contraction in the middle and distal portions of the muscle. Other characteristics included a distinct pattern on electrocardiogram.”

The echocardiogram images are like instant replays, showing one side of the heart relaxed and the other retracting; the top and the middle third of the organ not contracting and the bottom appearing normal. (See figure on page 7.) Says Dr. Levy in admiration, “I think all of us ‘experts’ have seen cases like this and blamed the patient’s condition on inflammation or myocarditis. In any case, no one put it all together like the group from Hopkins.”

## Psychological viewpoint

The clinical side of stress belongs to a psychiatrist, preferably an expert in post-traumatic stress disorder such as Michael Blumenfield, M.D., professor of psychiatry and behavioral sciences. His comments begin with an admonition to include someone from his profession in the medical team from the start: “It is valuable foresight to understand the role of the physician and the psychiatrist, and the interplay of the two, in response to bad news or disasters...”

“I don’t think there will ever be a way to minimize a major psychological impact, such as the sudden, unexpected death of a child. But we do know there is a response from various locations in the brain, ultimately causing release of certain neurotransmitters and hormones through specific pathways. It may be possible to administer

“I’ve seen patients we think are having a heart attack, but nothing shows up on the angiogram.”

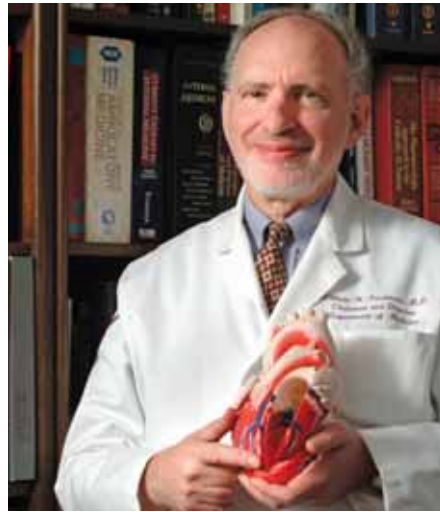
— Craig Hjemdahl-Monsen, M.D.

some types of medications to mitigate the effect, like beta blockers, that defend the body from stress hormones. When there is a sudden emotional event or a disaster, the brain is primed to have a post-traumatic problem, such as flashbacks, at a later time. And depression comes right along with it. Actually, depression is an independent risk factor even for coronary artery disease or surgery. Depressed patients also have changes in serotonin, which influences blood clotting, as well as changes in the firing of the vegas nerve. This affects the ability of the heart to adjust the heart rate in response to stress. Both of these factors can contribute to a heart attack. In the future, I think researchers should look at their patient’s previous psychiatric state because depressed people are four times as likely to die after a heart attack. I wonder if any patients in the study had a history of depression.”

“We don’t know,” replied Dr. Wittstein via a telephone query. “We were not even able to ask. When these patients arrived they were in no condition, physically or mentally, for in depth histories. But it’s a good suggestion and we will ask.”

## Interventional cardiologist

Representing the more technical end of the profession is interventional cardiologist Craig Hjemdahl-Monsen, M.D., associate professor of clinical medicine. Interventional cardiologists perform cardiac catheterizations, angioplasties and insert stents to keep the newly reamed arteries from closing up. “I think the Johns Hopkins research team made their case for stress cardiomyopathy by measuring the catecholamine levels and showing them all to be elevated,” he says. With a view of “broken heart” syndrome from the inside out, he continues, “I’ve seen patients we think are having a heart attack, but nothing



ABOVE: Chairman of the Department of Medicine William H. Frishman, M.D., is a master in the research, diagnosis and treatment of heart disease. He likens a “stunned” heart to a brain that has suffered a concussion, calling it an “emotional overload.”

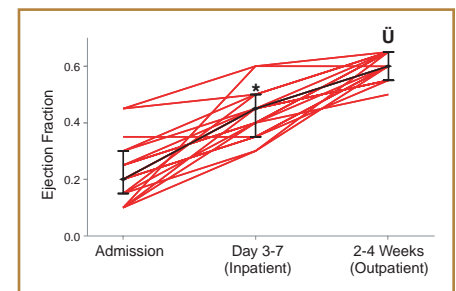
shows up on the angiogram. We just don’t see the plaque, so we speculate it’s a spasm of the lining of the large coronary arteries, or of the small, microvascular vessels. Or, a virus could be responsible, as in pericarditis. We treat them with supportive care—diuretics, vasodilators and beta-blockers—the same as we treat congestive heart failure, and we tell them to avoid drugs that raise the blood pressure.”

It is William H. Frishman, M.D., the Barbara and William Rosenthal Professor and Chairman of the Department of Medicine, who uses metaphors when he teaches, as befits a physician who has made an art of pairing research with patient care. “In ‘broken heart’ syndrome, it is the left ventricle that has been stunned, like a concussion,” he says. “It’s not common, although we do see an excessive production of catecholamines with a tumor of the adrenal gland called pheochromocytoma, which can cause transient heart failure. It goes away when the tumor is removed. It also happens with hyperthyroidism.

“We may be seeing it more often than you think, such as when you’re exhausted after being emotionally upset. You could die from a tremendous sorrow, or be ‘scared to death’ if it leads to an arrhythmia. Think of it as an emotional overload. Did you know that people have dropped dead after hearing they won the lottery?”

“I remember reading in the *Annals of Internal Medicine* about two brothers who were Armenian, who hadn’t seen each other in 50 years. One came to meet the other at the airport. Seems they looked at each other and embraced and then, one collapsed and died. Then the other one dropped dead.

“It fits, doesn’t it? We’ve probably been seeing ‘broken heart’ syndrome for years, but we can thank the Hopkins people for documenting it.” ☘



ABOVE: Serial Echocardiographic Assessment of the Ejection Fraction in 19 Patients with Stress Cardiomyopathy.

Echocardiography was performed on admission; on hospital day 3, 4, 5, 6, or 7 (median, day 4); and at outpatient follow-up (a median of 21 days after the onset of symptoms). Gray lines illustrate values for individual patients. The black bar represents the median ejection fraction at each time; error bars show the interquartile range.  $P < 0.001$  for the comparison between admission and inpatient values, and  $P < 0.001$  for the comparisons between admission and outpatient values and between inpatient and outpatient values.

“Neurohumoral Features of Myocardial Stunning Due to Sudden Emotional Stress,” *The New England Journal of Medicine*, February 10, 2005, 352:6: 539-48 Ilan S. Wittstein, M.D., et al. Copyright © 2005 Massachusetts Medical Society. All rights reserved.

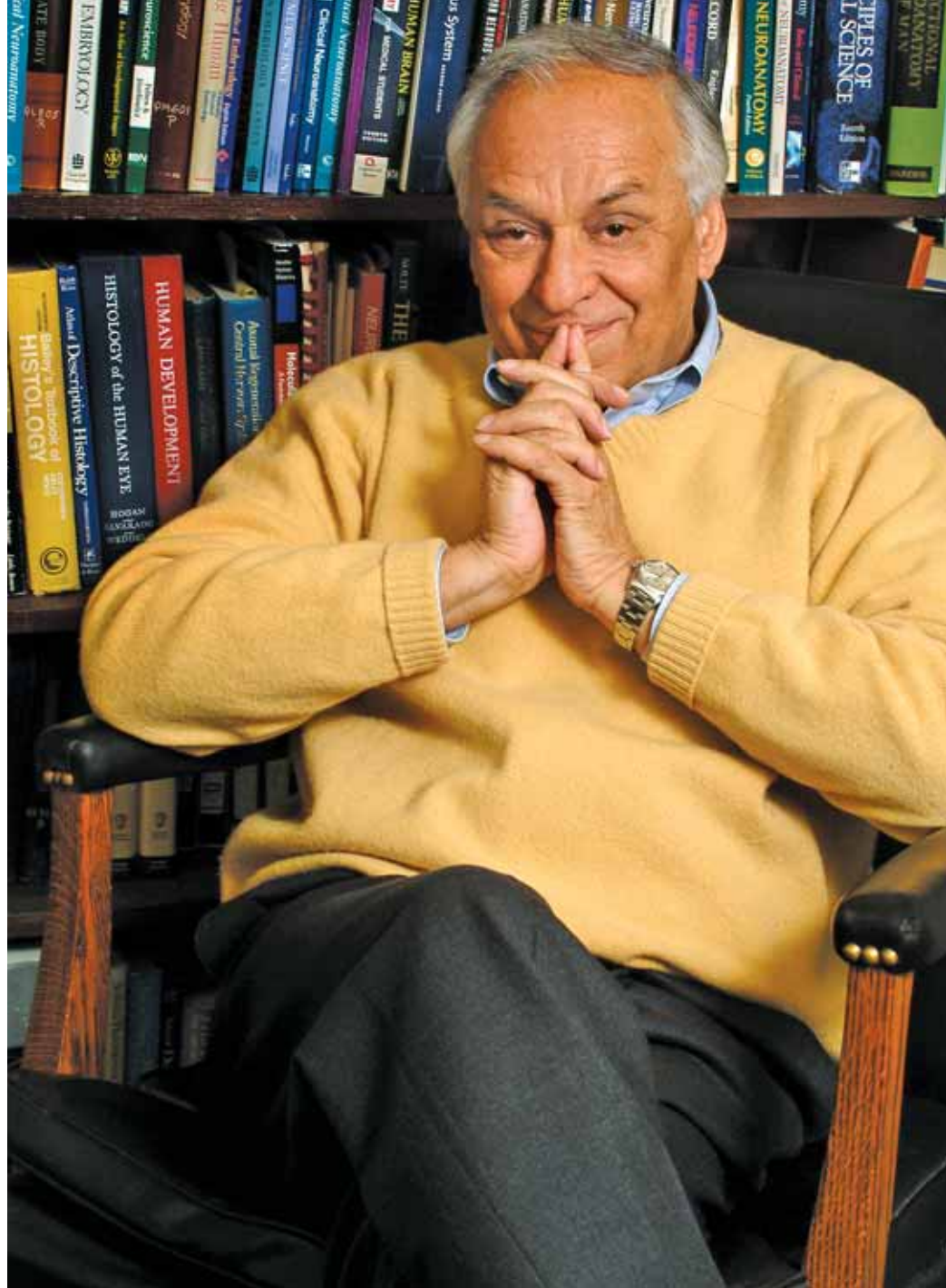
Ed. Note—The P values emphasize the statistical significance of the differences in the ejection fraction between hospital inpatients for 3-7 days and the subsequent ejection fraction of those who were discharged 2-4 weeks previously.



# “I Met Him Only Once But I’ll Never Forget Him”

Overheard remark about Sansar C. Sharma, Ph.D., celebrated glaucoma researcher, teacher of neuroscience and undisputed occupant of the Chief College Critic chair.

**L**ike the strata in a canyon that preserve the wisdom of the ages, Sansar C. Sharma, Ph.D., can pull up from memory any bit of scientific information or trivia he’s learned during the past 33 years as a faculty member of New York Medical College. The strata are hard to extricate, but Dr. Sharma will readily respond to any query. Sometimes that isn’t even necessary because he initiates the chit chat. It is common knowledge that you only have to *Ask Sharma*, a virtual search engine who can hold forth on medical science, education or the latest rumor to sweep the Valhalla cam-



pus. For when it comes to word of mouth, Dr. Sharma has no peer. He is privy to the hits and misses of running a health sciences university, but when he offers an opinion, he is so outspoken that he can wind up getting in his own way.

Move now to the serious Dr. Sharma, a professor of ophthalmology, of cell biology and anatomy, and of neurology—a scientist of international repute from a lifetime researching the visual system. It has earned him the respect and admiration of peers and students alike. In evidence are the prolific federal

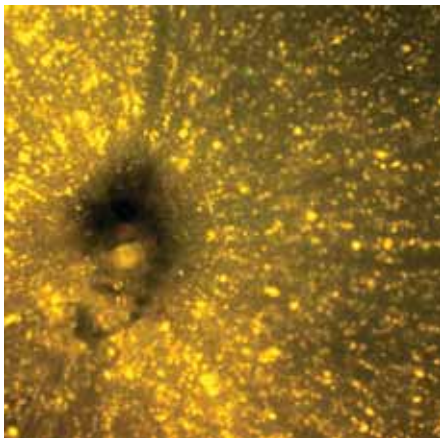
grants that since 1969 have fully supported his research on the structural and functional changes of eye pathology. Two current NIH grants—“Glaucoma Damage: Trophic Factors and Gene Therapy,” and “Functional Determinants in Glaucoma,” evince his fervor to control the leading cause of adult blindness in the world. The NIH gave him its first vote of confidence in 1978—a Research Career Development Award for \$250,000—the first time a College faculty member had received one, he says. It was also the year the College gave him tenure.

## Pride of Ophthalmology

A great and thankful admirer is the physician Sharma has called “boss” since 1989—Joseph B. Walsh, M.D., professor and chairman of the Department of Ophthalmology who is based at The New York Eye and Ear Infirmary in Manhattan, a specialty hospital affiliated with New York Medical College. A no-nonsense personality himself, Dr. Walsh calls Sharma “one of the great strengths of ophthalmology at the College and valuable to vision science throughout the world. His animal model for glaucoma is the basis for work done everywhere, and he’s one of the leading researchers of optic nerve regeneration...

“What a tremendous asset he is in teaching, especially the neuroscience course. He’s been a mentor to some of his students and research collaborators and he sits on numerous College committees, including Tenure. His trenchant comments and observations are a result of sitting on these committees,” Dr. Walsh says in evaluating the source of Sharma’s information. “He’s more than an excellent teacher and a good administrator. He’s very much a sought after lecturer who stimulates the audience...

“Personally, I think he’s an excellent human being. He has a good sense of humor and he’s delightful to be with—



ABOVE: An isolated rat retinal ganglion cell in an eye with glaucoma. (Courtesy of Sansar C. Sharma, Ph.D.)

professionally and socially. We certainly get along and most of the time, it’s been fun.”

## Leaving India

Like others from families of means in India, Dr. Sharma went halfway around the world to earn his doctoral degree in physiology (1967) from another nation in the British Empire. “I received a Ph.D. from the University of Edinburgh Medical School,” beams Dr. Sharma, who completed his undergraduate and master’s degree studies at Panjab University in Chandigarh, India. Though he stayed in Scotland another year after graduation to complete a research fellowship, he was invited to join a laboratory in America and was determined to leave India behind.

“I divorced India a long time ago,” he says, “but in recent years I’ve rediscovered it. My family has *always* been important; my father died 25 years ago, but I visit my 88-year-old mother twice a year.” The reasons for this change of heart, he explains, “are the photographs I’ve been taking of the plight of the poor migrant workers who work in the north. I see their faces and they fascinate me. They actually seem to be happier than those who are well off.”

## Brahmin guilt?

The Sharma family has deep roots in the subcontinent of India. He can trace written records for his family back to 820 A.D. Most of his ancestors were physicians, which he obliquely represents for the seventeenth generation as a basic medical scientist. He was born in the Himalayan town of Shimla, in the extreme northwestern part of India south of Kashmir. Because it was 9,000 feet above sea level, the magnificent landscape was used by the British as a summer capital. Not too long ago Dr. Sharma convinced his mother it would be prudent to move down to their ancestral village, where the altitude is only 3,000 feet. Dr. Sharma has six brothers and sisters, all in India with the exception of a brother who is 17 years younger and lives in Queens.

Dr. Sharma’s wife, Janet, had been a fundraiser at a school, a hospital and Columbia University before she turned to mobilizing thousands of volunteers as executive director of the Volunteer Center of Bergen County. The Sharmas have two children, Nina, 26, who is employed in the development office at Yale and is getting married in October, and David, 29, a full-time musician who once worked as an urban designer in the administration of former New York City Mayor Rudolph Giuliani. “David was a featured percussionist in the Broadway production of ‘Bombay Dreams,’ playing all sorts of Indian drums,” his father says. “He’s fair, from his mother who is from Iowa.” They are all residents of Cresskill, N.J.

## In America

Dr. Sharma’s American debut took place at Washington University in St. Louis, leaving him firmly in the grasp of research. After two post-docs there with Victor Hamburger, and also working closely with Rita Levi-Montalcini, who years later became a Nobel laureate for her discovery of nerve growth factor, “I fell in love with medical research,” Dr. Sharma says. “I never wanted to be a practicing physician. In England there was hardly any financial advantage for a practicing physician over a research scientist, though in this country there was a great disparity. I know I did what was best for me.”

So he accepted the position of assistant professor of ophthalmology at New York Medical College offered by then department chair, Miles Galen, M.D., who gave him space in a large laboratory at affiliated Coler Hospital in Manhattan. He earned his own lab at Flower Fifth Avenue Hospital, courtesy of Gabor Kaley, Ph.D., who was the new chairman of the Department of Physiology. By the time the College moved to Valhalla, Dr. Sharma was off and running with an additional appointment as associate professor in the Department of Anatomy.



## Eyes have it

"In 1959, while I was still in India, I met a professor from Caltech on sabbatical who got me interested in the physiology of the eye. I became fascinated by it. Do you know you can almost see the soul of a human being through the eye? This man conducted his experiments with a zebra fish eye, and today it hap-

axons. How do they find the proper target in the brain for sight? I've spent my whole life writing [130] papers and trying to figure this out. In 1966, while I was working on my Ph.D., we wrote a paper for the *Journal of Physiology* in England. We had discovered the first evidence of plasticity in neural connections in the adult visual sys-

tions are recreated during optic nerve regeneration."

## Enter glaucoma

To solve some of these mysteries, Dr. Sharma had to find a selective way of ablating ganglion cells in the eye; this led to the design of an experimental model of glaucoma in rats. To accomplish this he surgically created an increase in pressure in the eye to mimic the human intraocular pressure increases that characterize glaucoma. Not only was he first to succeed by surgically blocking drainage in the aqueous humor of rats, but also to witness the procedure's success in becoming the established model world wide.

Glaucoma is caused by a number of conditions and processes, such as aging, injuries, hormonal changes and genetics, which raise pressure in the eye, leading to a fluid buildup that progressively damages the optic nerve. The Glaucoma Foundation likens one type, the more common open-angle glaucoma, to a faucet that is always running into a drain that is always open. The inevitable fluid backup compresses the optic nerve cells until they eventually die.

Early diagnosis and treatment can help prevent these events from happening, but once the cells die, the result is a permanent loss of vision. "Glaucoma is a disease of the nervous system—it's optic neuropathy," says Dr. Sharma. "If we can intervene and block cell death, and further allow the connection of the remaining eye cells to readjust their connections, well, we are working on a method to do this."

## Current collaborations

Nearly two decades ago Dr. Sharma received a call from another major investigator of optic nerve regenera-



ABOVE: The Sharma laboratory in Munger Pavilion offers the team an unusual perk: separate access at ground level. Assisting in experiments with the fluorescent microscope are, at center, Kiran Patil, M.D., research associate, and Qiong Qin, M.D., Ph.D. candidate.

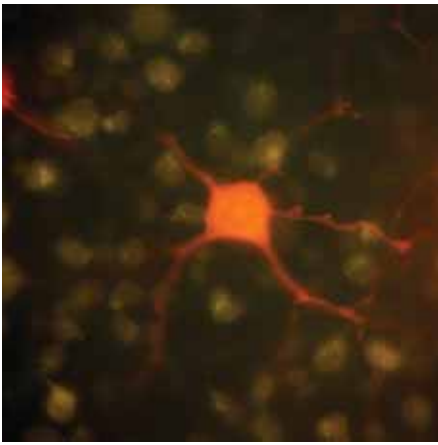
pens to be the most useful subject for genetic analysis other than the mouse," Dr. Sharma declares. "You can see through the zebra fish. I was the first scientist to work on optic nerve regeneration by showing that it could grow back and be fully functional in this fish. It's hard to believe it's 45 years later and I'm still challenged by the problem—how ideas gleaned from fish and frogs pose similar questions about rats, mice and higher mammals."

As the years passed, his own work evolved from the initial interest in vision to a rendering of the basic topography of the visual system of the brain. "The human eye has 1.2 million

tem. That brain connections were adaptable was so exciting and provocative, it basically laid out what I would do for the rest of my scientific life," Dr. Sharma says.

By the time the St. Louis post-doc was over, he was hooked on studying the emergence of spinal cord connections in chick embryo spinal cords. He had also mastered the manipulation of embryonic frog eyes for transplantation. "These techniques contributed to my life's work," he says, "which in a nutshell has been to understand how normal connections are made in the embryonic brain, and how these connec-





ABOVE: An isolated retina ganglion cell in an eye with glaucoma.

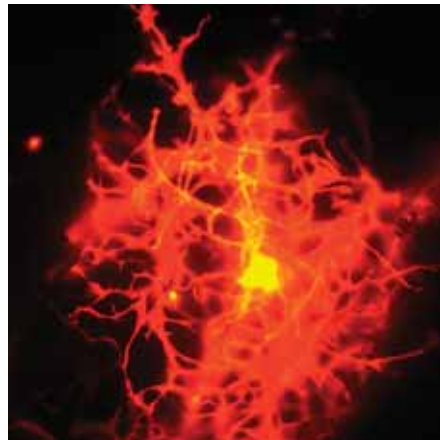
tion—The Weizman Institute of Science in Israel. Since 1985 Dr. Sharma has been a visiting professor and collaborator with its Department of Neurobiology. “We collaborate always on this one issue—optic nerve regeneration—a serious issue because whatever we find can be applied to spinal cord regeneration and other neurodegenerative diseases,” he explains. “We have received three awards recognizing our achievements together in the past 20 years.” At present he is also collaborating with scientists in England and Spain.

On this particular day, when he is invited to express his opinions, Dr.

Sharma is remarkably restrained and reluctant to criticize. He does say he would encourage the founding of a basic science Department of Neurosciences, but recognizes that it won’t be anytime soon. (He claims that the neuroscience course is already heavily integrated.)

“This college has been trying to become more effective in raising money and as of late, more prudent in spending money. But it is difficult for an institution that is not tied in to an undergraduate school, doesn’t own a hospital and has a limited endowment,” he says.

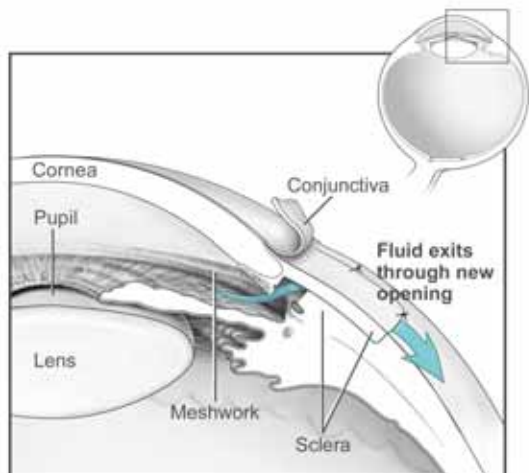
BELOW: In an eye with glaucoma, a reactive microglia engulfs the dead retinal cells. (Courtesy of Sansar Sharma, Ph.D.)



He goes on to mention that if he had a wish list, Dr. Sharma would like to see the Administration be more inclusive with faculty by incorporating them in the decision making process about things that affect them. “It would be more productive for everyone involved,” he believes.

“What’s good about this place,” he continues, “is the Administration in general does not interfere with research. They are always supportive of the faculty.” For good measure he adds, “We are able to work in an aesthetically pleasant atmosphere.”

Today that’s all that Sansar Sharma wants to say. The seasoned scientist has mentored some 25 post-doctoral fellows and graduate students, and has contributed tirelessly to the dozens of College committees he’s been asked to assist. And to his credit and that of his university, he has served on dozens of scientific editorial boards and conducted his research in an ethical and insightful way. That the essential Dr. Sharma can still annoy in certain quarters as he starts his 34th year at New York Medical College is a tribute all around. ☒



A reduction in flow of aqueous fluid leads to an increase in intraocular pressure, inducing glaucoma. Conventional surgery to treat glaucoma makes a new opening in the meshwork, helping fluid to leave the eye, which lowers intraocular pressure.

(Courtesy of the National Eye Institute, National Institutes of Health)

# Debra E. Bessen, Ph.D., WAGES WAR On Group A Streptococcus

Microbiologist looks to genetics to help understand one of the most prevalent infectious agents targeting humans, its only biological host.

**D**ebra E. Bessen, Ph.D., has been researching a certain bacterial predator for two decades. The professor of microbiology and immunology brought her expertise as a leading investigator of group A streptococcal (GAS) disease with her when she joined New York Medical College in 2003. That silly acronym belies the potential of *Streptococcus pyogenes* bacterium to make people very, very sick. The latest CDC statistics (2002) recorded 10 million cases that year of the noninvasive, relatively mild illnesses it caused, including strep throat, impetigo and cellulitis. The invasive, life-threatening forms of the infection took the lives of 10 percent to 13 percent of the 9,000 cases tracked in 2002. The maladies are streptococcal toxic shock syndrome (45 percent of those deaths) and necrotizing fasciitis (25 percent). Graphically called the flesh-eating disease, the latter also can result in organ system failure and amputation. And if that isn't

LEFT: Debra E. Bessen, Ph.D., devotes her research in microbiology to the study of *Streptococcus pyogenes*, a bacterium that infects only humans. Strep is responsible for infections that range from noninvasive strep throat to the deadly invasive necrotizing fasciitis.



enough to work on, Dr. Bessen can look to the new pathways to explore—neurologic and rheumatic diseases that also are being linked to possible strep A infection.

Dr. Bessen is certainly up to the task. She operates her laboratory with five grants—three from the NIH, one from the American Heart Association and one from the Tourette's Syndrome Association. In one application she defines her long-term goal as "to better understand the basis for the genetic organization of strep A, in its present state of evolution." In another she states her intention to research "the genetic changes more likely to accompany the emergence of new forms of the bacterium." A third project will enable her to investigate possible links of strep A to Tourette's syndrome and obsessive-compulsive disorder, and other claims that it can trigger autoimmune processes that underlie acute rheumatic fever, guttate psoriasis and Kawasaki disease.

## No M.D.

Dr. Bessen admits to having rejected thoughts of becoming a physician despite the obvious clinical ramifications of her research. "I've always wanted research, but I was hesitant to go into medicine because I didn't think I could stay up all night and be responsible for people," she says with a straight face. Ira Schwartz, Ph.D., professor and chairman of the Department of Microbiology and Immunology, who recruited her, says of her potential, "She will be a valuable addition to the department."

"I am pleased to have Ira as a department chair. He is very supportive of my research program, and is dedicated to strengthening infectious disease research at New York Med," Dr. Bessen smiles, as she returns the compliment. She was especially happy at being promoted in December to full professor with tenure.

Born and raised in Westchester County, N.Y., Dr. Bessen graduated from Mamaroneck High School, then Hampshire College in Massachusetts.

She earned her Ph.D. degree in microbiology from The Rockefeller University in New York City, where she stayed on as a postdoctoral associate in the Laboratory of Bacteriology and Immunology. After a two-year postdoc, she was promoted to research associate, finally attaining the position of assistant professor in the

est in infectious agents: "The article told how an infectious agent, a virus, could be the stimulus for cancer." The role of gonococcus in disease, such as gonorrhea, was her Ph.D. thesis topic. But while she was at Rockefeller, an investigator down the hall was working on an oral vaccine for strep A and she became intrigued. Vincent



ABOVE: The Omnigrid microarrayer makes microarrays—spots of DNA on a glass slide—that are used in the genomics research that underlies the study of *Streptococcus pyogenes* in the Bessen microbiology laboratory.

Laboratory of Bacterial Pathogenesis and Immunology before leaving—to work elsewhere.

The Yale University School of Medicine appointed her an assistant professor in the Department of Epidemiology and Public Health, Division of Microbiology, in 1992. She moved up to the position of research scientist in Yale's Department of Ecology and Evolutionary Biology in her 11 years there, finally trading the hallowed halls of ivy for the challenges of working on a campus in Valhalla.

## Lure of streptococci

Dr. Bessen is like many of her scientific colleagues—droll, precise and impatient. She recounts how the "bug for micro bit in college," causing her to read an article in the *New York Times Magazine* that piqued her inter-

Fischetti, Ph.D., a professor and laboratory head of bacterial pathogens and immunology, is still at Rockefeller. "He got me interested in why strep infections are so diverse and why some strains are associated with certain diseases," she explains. "This is a common thread through several of my grants..."

"Strep is so common that about 50 percent of the kids in elementary school will have one bout with strep throat each year. In other parts of the country, and in the world, strep still leads to rheumatic fever." The highly contagious agent is spread by person-to-person contact with infectious secretions. The invasive forms have been a reportable disease since 1995. "The CDC is conducting active surveil-

(continued on page 22)





# S T U D E N T S

## MED STUDENTS ARE MENTORS IN SCIENCE AND TECHNOLOGY ENTRY PROGRAM

Meet four altruistic individuals who, despite facing the grueling four years of study, laboratory work and patient care requisite for a degree in Medicine, felt that something was still missing in their first year. Last year they devoted Saturday mornings to participate in the College STEP program, an acronym for Science and Technology Entry Program. The state-funded project targets minority students and other economically disadvantaged students in grades 9 through 12 from high schools in lower Westchester and the Bronx. Simran Kalra, Bradley Li, Jayson Neil and Wilson Young tutored and mentored youths who were interested in technology and healthcare careers. Young handled research for part of the session; the other three each worked with a group of 12. At the time they signed on (fall 2004), it was gratis on their part, or so they thought. As it turned out, Marva Richards, STEP coordinator in the Office of Minority Affairs, found the support to pay them a small stipend. Still, they agreed to never having expected compensation when they volunteered.

Here is what they did expect and why they chose to teach.



**Wilson Young, 32,** has two years to go—in medical school, that is. The M.D/Ph.D. candidate already has completed four years for his Ph.D. in Pharmacology in the laboratory of Nicholas R. Ferreri, Ph.D., and started his rotations in the School of Medicine in July. He intends to specialize in “something cardiovascular.”

“When I was in undergraduate school I was a teaching assistant,” says Dr. Young. “I liked it a lot. There hasn’t been an opportunity to continue to do

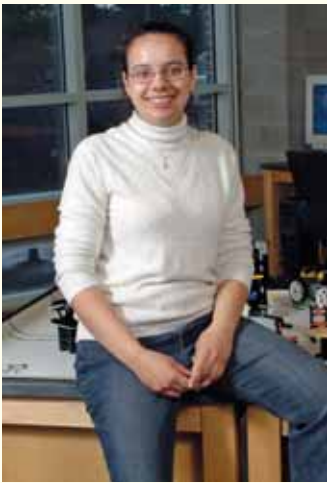
Born in the Washington Heights section of Manhattan, Dr. Young graduated from Scarsdale High School, and Columbia University with a major in biochemistry and a minor in English. His father is a respiratory therapist and he has one younger brother who has an M.B.A. from the University of Chicago. Dr. Young worked as a lab assistant during the four years prior to entering medical school. Incidentally, in his spare time he was also president of the Graduate Student Association of the Graduate School of Basic Medical Sciences.

He spends an hour preparing, and two hours delivering his lesson plan. “In the beginning it was hard to get them to listen,” he admits, “but what caught their attention was that I came from a minority, less affluent background. I remember early on someone shouted, ‘You’re a ghetto geek and that’s cool!’ They respected me right away and I became more of a role model.

“They’ve grown and know how to focus now. I can leave them alone for three hours and they’ll be on the computer, working on a project. There are no grades, no incentive to come but, they still do. They actually bring their papers back to me to score.”

### Wilson Young, Ph.D.

that, so when Miss Richards got my name from someone and found me, she asked if I would teach the science research component of the program. I said yes. The goal is to teach the students how to conduct research, write a paper and put together a presentation. They pick the topic.”



**Simran Kalra**

**Simran (Simmy) Kalra**, 23, born in Texas, moved to Rockville, Md., and graduated high school there, followed by an undergraduate degree at the University of Maryland in Baltimore County. She responded to Miss Richards' email by attending an informational session, which included news of an upcoming competition called the 2004 Challenge of First Lego League International. The goal was to design and build a robot that could offer assistive solutions to disabled persons,

such as climbing stairs, retrieving objects and delivering food. Her fellow first-years, Bradley Li and Jayson Neil, helped the team, ages 9 through 14, to create a robot that won "Second Place for Robot Design" in the 2005 New York City Official Tournament sponsored by Con Edison, Verizon and the CMS Endowment Foundation. "We were just so proud to come in second in the robot competition..."

"I've always enjoyed working with kids and I was looking for something to do besides studying," Kalra says. "I especially like technology and wanted to be a role model for the girls in the program, especially as a minority. It takes me around two hours to prepare for the three hours I spend on a Saturday. I really had no expectations when I signed on. It's hard to teach kids something, and to keep them intrigued and involved. I think it's definitely worthwhile or I wouldn't keep donating my time."

**Bradley Li**, 25, had no prior teaching experience, but his background in something else made him a valuable volunteer. The University of Michigan graduate has a degree in chemical engineering, an unusual prerequisite for medical school. "I took an introductory course as a sophomore and decided to stay with it," says Li, who then went on to get a master's degree in physiology from Georgetown University. Born in Philadelphia and raised in Annapolis, Md., he has a younger brother and sister but "no medical history" in the family that would explain his eventual choice of career.



**Bradley Li**

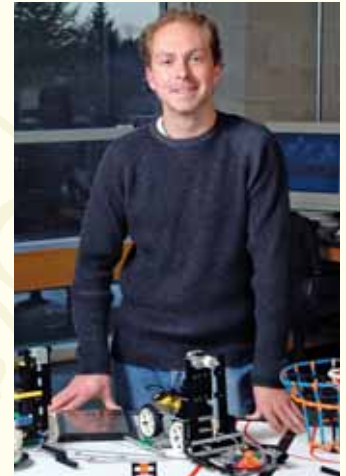
"I heard about the STEP program at the Club Fair," he recalls, describing the annual event that introduces the dozens of clubs and organizations that are available on campus for students to join. "I saw the robotics poster and spoke to Miss Richards and then decided it would be nice to do something outside of medical

school. I like the way problems are solved in chemical engineering—the systematic way—and it drew me into this program despite my lack of teaching experience.

"When we first presented, the kids were more dependent on us, but a few weeks before the competition we saw them becoming more self sufficient. They had begun to analyze when something went wrong with the robot. Instead of saying, 'It doesn't work,' they handled it themselves. Or they would try a different approach. Now we're more of a guide than a teacher, and this was our main goal—for them to do it themselves..."

"It is wonderful to be contributing. These are really bright kids, and that adds to why we do this."

**Jayson Neil**, 23, is a summa cum laude graduate of the University of Utah, where he majored in psychology and minored in chemistry. Introspective and laid back, he just about stumbled into the job. Neil saw the email advertising for tutors but never replied. It was sometime later that he asked Simmy Kalra what STEP was all about, and he is glad he did.



**Jayson Neil**

He agrees that it takes time to prepare a lesson and then it's another three hours with the kids on Saturday. "None of us has a fixed job except Wilson, who does the research. One of us will tutor one week and then lead a group discussion the next week...The kids decide what they want to work on, which is sensible because there is a big difference in ages and the courses they are taking. But we have the final say and determine the day to day logical progression of, say, math and algebra, or developing testing skills for the SATs on biology..."

"I like to tutor math and science, and I especially like teaching skills they can use—how to do something with the materials you have. These kids really want to be here and they want to learn. If what we are teaching is engaging and it's something they want to know, they'll stay here all day," he insists.

Eager to concur that none of them tutors for the money, Neil struggles to convey how important he feels it is for him to do this: "I'm 23 years old and able-bodied. I'm just using up resources. I don't contribute to anything. The plan is that eventually I will contribute. So it's not a bad idea to do something [like this]. It gives me a break from medical school and I feel good about it." He adds, dead serious, "It's about my wanting to do something for society."

When they were interviewed last spring, all agreed it was likely they would continue with the program in 2005-2006. That would make Marva Richards, and all her charges, very happy. ☺



## ALUMNI

Still Making a Difference at NYMC

# Neurologist STEPHEN J. MARKS, M.D. '80, GIVES HIS RX FOR SUCCESS: Teach Well, Avoid Politics And Don't Go To Bed Before 3 a.m.

**W**hen Steve Marks is giving Grand Rounds for the Department of Medicine, the room overflows with the white coats of medical students, residents and more faculty than usual. The reason is clear: nobody does it better. Possessing the knowledge base of a walking encyclopedia, the devotion to teaching of Socrates and the timing of a stand-up comic, Stephen J. Marks, M.D. '80, holds his audience in the palm of his hand. When the lecture is over, they don't even realize they've been had—by a neurologist whom medical students have named a “best teacher” 12 times in his two decades on the faculty of New York Medical College.

He wears the years well. Dr. Marks hardly looks older than the day he left Valhalla for an internship at Lenox Hill Hospital in New York City, followed by a neurology residency at Mount Sinai Hospital and a fellowship in cerebrovascular disease at Duke University Medical Center in Durham, N.C. “They wanted me to stay on,” he reveals, “but I knew I couldn't be both a clinical neurologist and a great bench researcher unless I had no life. So I went with the clinical side.” He has no regrets.

## Boxing and the Mets

For starters, a research neurologist would never be asked by the New York State Athletic Commission - Boxing Section, to fill in for the regular house physician at Madison Square Garden. Lapsing into his best story-telling mode Dr. Marks says, “The main bout was heavyweights Lennox Lewis versus Michael Grant. I've always loved sports and liked boxing, but I'm not a fanatic. The object is to render another human being unconscious. As a neurologist, I don't think that's so good. But they know the risks—blindness, brain damage, punch-drunk.

“I'm not sure how they got my name, but for this first event I went out and bought a very expensive suit to look good. There I sat while everyone else up front was covered with protection from bodily fluids and false teeth. You are so close to the ropes. Lewis won by a technical knockout. All fighters who get knocked out are required to have a neurologic exam. I'd love to do it again.” He is suddenly reminded of telling one of the other boxers on the card to “show me your teeth—and he took them out and handed them to me.” He also looks back on the National Football League's 1986 -1987 season when he was staff neurologist for the New York Jets.

## Shades of Billy Crystal

Yet it is baseball and the special feeling he has for the national pastime and his father that is reminiscent of Broadway's “700 Sundays,” comedian Billy Crystal's paeon to his dad and the New York Yankees. Ansel R. Marks, M.D., J.D., a retired urologist, became executive secretary for the Board



of Professional Conduct, New York State Department of Health. He signed the letters that notified errant doctors that their license to practice medicine has been suspended or revoked. "He was second in command to Antonia Novello in the state health department," says Dr. Marks. "I'm so proud of him." And that's not counting the elder Dr. Marks' recent appointment as police commissioner in Middletown, N.Y., where Steve grew up.

"One day in 1962, my father took the whole family to a Mets game. He and I were the only Mets fans, but after that game, he declared the whole family to be Mets fans. You have to play by the rules and recognize the deep beauty in the structure of baseball, which meant he disdained the American League and its designated hitter," said Dr. Marks. Then, in a sudden deadpan, he declares, "We need a new chairman of Medicine because this institution can't accept a Yankee fan in that important post." (For the uninformed, William H. Frishman, M.D., is "a notorious advocate of the evil Yankee empire," he says.)

## Family first

Dr. Marks is the father of two little girls with non-gender specific names—Avery, 5, and Jordan, 9. The selection was deliberate but not misogynistic. "This daddy-daughter love is something. The relationship is magic. I'm late to the daddy game, and if I come home and they're in bed, I'm heartbroken," he says. He calls his wife, Cindy, "my best friend and a better athlete than I. But strangely, she doesn't want to spend her days doing things like floating in the ocean." He is referring to his passion for windsurfing, "the bicycle of the ocean," that mesmerizes him from May to October. Lest anyone doubt the importance of these three females in his life, they need only to look at the cover of Dr. Marks' CV, which has been graced with the names of his wife and children for all to see.



ABOVE: Perils may come and go, but neurologist Stephen J. Marks, M.D. '80, lets nothing diminish his devotion to patients, students and family. He fortifies his resolve by rooting for the New York Mets. The model he is caressing on his desk attests to his love of windsurfing.

His intense loyalty is also confirmed by Brij Singh Ahluwalia, M.D., chairman of the Department of Neurology, who met Marks in 1985, when he joined the College faculty as an attending at Lincoln Hospital in the Bronx, then a College affiliate. Dr. Marks stayed only one year because, "My Spanish was poor and I couldn't get 80 percent of what I needed to know from my patients. There would be no history and there were no MRIs in those days." But after spending the next year in private practice on Long Island, Dr. Marks decided he was still in the wrong place. Determined to find out if he could go home again, Steve Marks signed back on in 1987, but this time at Westchester Medical Center, where he is now director of the Stroke Center.

## Blatant testimonial

Having worked together for so many years, Dr. Singh has much to say about his colleague: "Steve is a deeply honest and fair person, a loyal team player who thinks globally, not personally. He puts himself last...He's extremely sensitive and very smart, a voracious reader and a walking encyclopedia on neuroscience.

He's also very generous with his time and he will do anything for his students. He's an extremely dedicated teacher, educator and mentor. When the College changes something that he doesn't like, he will put his foot down. He spends an extraordinary amount of time with his students."

Make that ditto for his patients. It takes weeks to get an appointment, but once you're in his office, he spends as much time as needed. "I see six patients in an afternoon," he says. "People want to tell you things and have you answer questions." His areas of special interest are stroke, Alzheimer's disease and dementia, and brain death. Somehow he accommodates his teaching duties for undergraduate rotations in medicine and neurology residents. And sometimes the nature of his specialty gets to him, but he does the best he can.

And sometimes the nature of his specialty gets to him, but he does the best he can.

"I've found a disease I can cure, and that disease is ignorance. I can't cure brain tumors or strokes. I can interdict seizures and I have been able to help with Parkinson's disease for at least a decade...I'm a strong believer in evidence-based medicine." He continues to participate in research studies of new devices and treatments, but they don't guarantee freedom from frustration either. Dr. Marks once signed on to test a clot-busting drug made from the saliva of a deadly snake. But its window of opportunity was only three hours following onset of a stroke, and the tendency of family members to "wait to see if things get better" made it impossible to sign up candidates.

## Prevent strokes

His current research assignment is the CREST study — Carotid Revascularization Endarterectomy vs. Stenting Trial—enrolling up to 2,500 patients at 70

(continued on page 23)

# KAREN S. EDWARDS, M.D., M.P.H. '91, Primary Care Veteran, EMBODIES THE COLLEGE MISSION Of Teaching, Research And Patient Care

If variety is indeed the spice of life, Karen S. Edwards, M.D., M.P.H. '91, has it made in her job. Or is it jobs? Dr. Edwards bridges the School of Medicine and the School of Public Health so seamlessly that one forgets she didn't get her medical degree at New York Medical College. Not that there is anything wrong with the University of Connecticut School of Medicine at Farmington, which followed her B.S. degree at the undergraduate division in Storrs. Without missing a beat, Dr. Edwards set her course as if imbued with her own global positioning system, and she accomplished her complicated goal. "I wanted to do teaching and research in a clinical setting. A medical school is the best place to do that," she says.

Dr. Edwards earned her M.P.H. at the College in 1991, which one could say was the heyday of the primary care movement that encouraged medical students to choose general internal medicine, pediatrics or family practice for their residencies. Her timing was perfect; the College was one of 14 recipients of a grant from the Robert Wood Johnson Foundation to establish a primary care component in the curriculum. Involved early on in the College effort, she has the credentials to verify her training and background: associate dean for primary care and associate professor of clinical pediatrics at the College; attending physician at Maria Fareri Children's

Hospital at Westchester Medical Center; and director of pediatrics, Westchester Institute for Human Development (WIHD), Westchester Medical Center and New York Medical College. Last winter she was elected to the board of the Ambulatory Pediatric Association and became communications director for a three-year period.

## Academia rules

That is a lot to accomplish in 16 years at the College, but in academia, the course is as simple to follow as the yellow brick road. She did her residency in pediatrics at the renowned Children's Hospital of Philadelphia, followed by a fellowship in clinical epidemiology from the Robert Wood Johnson Clinical Scholars Program at the Yale University School of Medicine. She actually began her M.P.H. studies at Yale, but by the time she transferred and earned her degree, she was a full-time faculty member at the College. As associate dean for primary care, Dr. Edwards has had major responsibilities in creating the Primary Care Program—as director of Primary Care Education, Center for Primary Care Education and Research; and as director of the first-year medical student course "Introduction to Primary Care," among others. She was able to contribute to the planning part of the job, which earned her the experience and the opportunity to be co-developer and co-director of a new Clinical Skills course for second-year medical students that commenced

in 2001. Add to all of that a dizzying array of other activities like document reviewer, training and workshop leader, and the clinical obligations she would never relinquish, and it is no wonder her hand-held computer has been known to shut down in a cry for help.

"It's great to see doctors who were students here practicing medicine in the community and participating as preceptors," she declares, crediting Martha S. Grayson, M.D., senior associate dean for undergraduate medical education, with her position. [It was Dr. Grayson who won the original primary care grant from Robert Wood Johnson.] Explains Dr. Edwards: "Marti hired me on to her team. The College established the Office of Undergraduate Medical Education and Primary Care two years ago and we continue to prepare students with the essential skills they will need as future generalists or subspecialists."

## WIHD director

The Westchester Institute for Human Development is one of 61 University Centers for Excellence in Developmental Disabilities Education, Research and Service in the nation. An important part of its agenda is a fellowship called LEND, an acronym for Leadership Education in Neurodevelopmental and related Disabilities. WIHD has one of 36 LEND programs, available only in 29 states. Since 2002, Dr. Edwards has been director of this LEND fellowship, which



is funded by the Maternal and Child Health Bureau of the Health Resources and Services Administration of the U.S. Department of Health and Human Services.

“Students come from all over for a portion of their graduate school time,” Dr. Edwards begins. “They spend at least one full day a week for one year in conferences, workshops, research teams and interdisciplinary clinics to take part in the extra curriculum within their studies that they expect will lead to a leadership position. Their interests are diverse, from autism to chronic health problems. We accept grad students, psychology pre- or post-docs, family members of children with special needs and supply a curriculum of interdisciplinary training.” These students are getting their master’s and doctoral degrees in a variety of healthcare professions such as genetic counseling, speech and language pathology, social work, nursing, nutrition, occupational therapy, medicine and psychology.

Her handling of LEND has not gone unrecognized. “Dr. Edwards has been incredibly creative in developing the LEND curriculum,” says Ansley Bacon, Ph.D., professor and director of the Disability and Human Development Graduate Program in the School of Public Health, and president and chief operating officer of WIHD, which became independent from the medical center in July. “She has formed innovative partnerships with other universities, state agencies and families of children with disabilities. I don’t know how we ever got along without her.”

## Teaching clinical excellence

“In 1998, I was asked to become chairperson of the Third and Fourth Year Subcommittee of the Curriculum Committee. Right now we are reviewing the genetics curriculum in the clinical years and working on incorporating a stronger emphasis on evidence-based medicine in the clinical years,” says Dr. Edwards.

It all sounds perfect, but a closer look does reveal a void and a profound need for something the College has never had:

its own clinical skills laboratory. “All of us who teach clinical skills want this for teaching and evaluation,” says Dr. Edwards. “Each year, the school must pay for students to attend the Morchand Center at the Mount Sinai School of Medicine for the standardized patient exercise, which teaches students to communicate with patients in a thoughtful

how the youth development program works. Dr. Edwards says, “4H is not just about agriculture. 4H is sponsored by Cornell Cooperative Extension and there is one in every county in New York State. There are different levels of achievement with different requirements that attract children from preschool through college.



ABOVE: Practicing medicine, pediatrics actually, is not enough for Karen S. Edwards, M.D., M.P.H. '91. The primary care veteran gives equal time to curriculum development and teaching.

and sensitive manner. This is as close as you can get to real life and you can script it. It’s a major undertaking, with actors who evaluate the students, and it’s all videotaped for future reference.”

Vice Provost Susan A. Kline, M.D., agrees. Eager to add her opinion, the executive vice dean, academic affairs, says, “It would be extraordinary for us to have this and it’s almost expected now. Dr. Edwards has begun a perfect wish list.” Dr. Edwards smiles, “Perhaps a generous alum would finance it!”

## Other life

Karen Edwards is married to a psychotherapist in private practice in Westchester. Residents of Putnam County, they are the parents of 13-year-old Molly who is “really involved in the 4H program and so am I.” She explains

“Molly and I are involved in the 4H Puppeteer Players. I’m one of the 4H leaders for the group. We meet twice a month and perform once a month to entertain and educate audiences of young children. The 4H movement is a wonderful resource for youth of all ages.”

Her proselytizing over, Dr. Edwards attempts to convey how it all adds up for her—a doctor, teacher, researcher and the mother of a teenager with whom she has common ground. “I think this is what I was meant to do,” she says in her low key, quiet way. “My work at the College in curriculum development and teaching optimizes the student learning experience. It seems to me we’ve always had a great crew of students, always ready to learn what it takes to become excellent physicians.” ☐



# Thomas Hintze, Ph.D. '80, GIVES BACK

## With Landmark Cardiovascular Research and Mentoring

One glance at Tom Hintze's single-spaced 23-page CV could give any biographer apoplexy. But a closer look reveals a scientist who's been able to restrain his well-deserved ego in favor of the lower profile that suits his persona. But an exceptional researcher cannot disguise his accomplishments—the countless awards, the more than 200 papers that bear his name, the scores of high school students, Ph.D. candidates and post-docs taught and mentored, the publications edited and professional groups beseeching membership. But personal best aside, it is New York Medical College that leads the list of beneficiaries. By choosing to spend his entire career at his alma mater, and contributing mightily to its stellar reputation for cardiovascular research, Thomas Henry Hintze, Ph.D. '80, professor of physiology, has earned the special esteem of colleagues and friends. He's even been forgiven his only foray outside Westchester 25 years ago, when he completed a prestigious NIH post-doctoral fellowship at Harvard Medical School and its affiliated hospitals.

Dr. Hintze, a serious individual, is just as he appears, clad usually in the white coat disdained by most colleagues with his experience. Though

he seems always to be busy, and either coming or going to a conference, he finds the time to accommodate anyone who needs him—up to a point. He will not attend a dinner-dance—even a fundraiser for an organization he has served with distinction like the American Heart Association. He dislikes being photographed, and even when he relents, there is barely a smile in sight. But when he is pleased, nay proud of even a small success, a smile becomes visible in his wide open eyes. It may not be captured on camera, but it cannot be missed in real life. Overheard recently was his casual mention to a colleague that one of his papers was the 13th most cited article in *Circulation Research*. Entitled, "Chronic exercise in dogs increases coronary vascular nitric oxide production and endothelial cell nitric oxide synthase gene expression," it first appeared February 1, 1994, and established the link between exercise training and the production of nitric oxide.

### Physiology award

In May he learned he had won the American Physiology Society's premier award for cardiovascular research, the Berne Distinguished Lectureship in 2006. Dr. Hintze was nominated for the award by Gabor Kaley, Ph.D., professor and chairman

of the Department of Physiology. The following paragraph is taken from the nominating document, and shows formally what his boss thinks of his work:

“Many talented investigators have skills in a single discipline but few are able to synthesize observations spanning physiology, pharmacology and molecular biology with insights that require familiarity with biochemistry, cell biology, whole organ physiology and potential clinical applications. Dr. Hintze’s work is distinct not only because of its excellence, impact and potential for improving therapeutics but also because it draws from and contributes to each of these disciplines. It is in essence a problem-oriented rather than a technique-oriented approach that has resulted in significant contributions to the understanding of basic biological mechanisms.”

Dr. Hintze’s continuous funding from the NIH currently is approaching \$1 million annually, not counting the nearly half million for his component of the Program Project Grant, “Endothelium and Vascular Function,” accorded the Department of Physiology. He also garners another \$250,000 each year from private industry. There is nothing in his heritage or childhood to suggest that a successful career in medical science would be forthcoming; none of his four siblings share his passion, nor did anyone else in the family. He became a full professor, with tenure, in 1993.

## Forget flying

Born in Yonkers, Dr. Hintze lived in several Westchester communities before the family settled on Briarcliff, where he graduated high school. He received his undergraduate degree in botany-bacteriology from Ohio Wesleyan University. His father, who was a broker for Executive Jets, had



ABOVE: Thomas H. Hintze, Ph.D. '80, preserves the demeanor that shows how seriously he takes science. His groundbreaking cardiovascular research has brought distinction to the Department of Physiology.

been a flight instructor in the Army Air Corps. Dr. Hintze relates that he never got a pilot’s license “because when we were kids, it scared me to death when he would fly us underneath the George Washington Bridge. Actually, now I fly about 50,000 miles a year to give lectures.”

Dr. Hintze met his wife Marcia, a Briarcliff girl, when she worked at Sotheby’s in New York City. While he was at Harvard, she received a

master’s degree in fine arts education from Boston University. Now she’s busy teaching kindergarten at a school in northern Westchester. They have two children, described by their father somewhat tersely as “Thomas Henry, 18, he writes poetry, and Christine Elizabeth, 12, she might be interested in science.”

The close family relationship extends to an esteemed cardiovascular colleague, Piero Anversa, M.D., professor of medicine, whose research in the regeneration of heart muscle from a patient’s own stem cells is far afield from Hintze’s, but has led to a longstanding collaboration.

“When Marcia managed an art gallery in Chappaqua, I used to take the kids with me to the College on Saturdays. At the time, Piero’s lab was in the Department of Pathology in the Basic Sciences Building. Piero would have lunch with us in the cafeteria. The kids still visit with him and we exchange gifts at Christmas,” Dr. Hintze says. The physiologist is very much the homebody as he reveals he does most of the cook-

ing with “a selection of very good pots and pans, but not in a fancy kitchen.” Still, this gets him out of the house and on to the high seas: “I love to go deep sea fishing, and I try to tack it on to trips and meetings. Along with a number of scientists from around the country, I’ve been to Mexico, Australia and Costa Rica. We catch mostly marlin, sailfish and mahi mahi, but when the fight is over we release them.”

(continued on page 24)





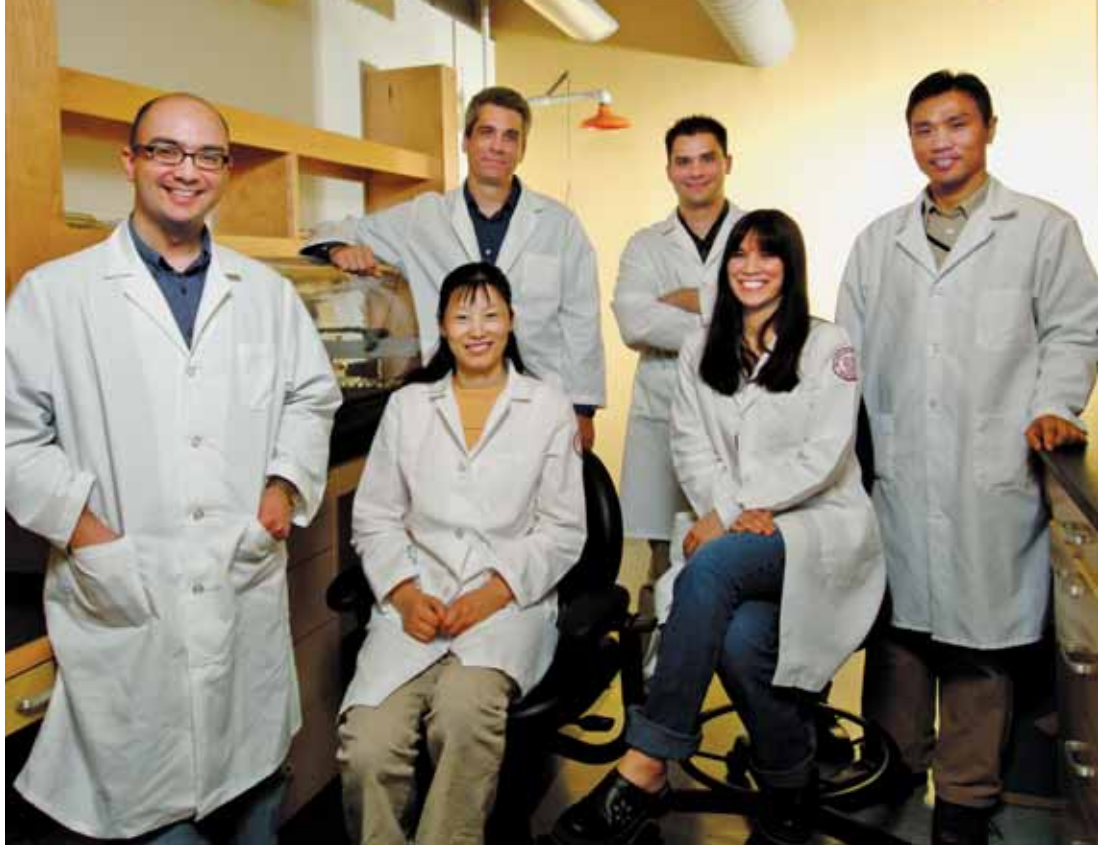
**Debra E. Bessen, Ph.D.,  
Wages War On Group A  
Streptococcus**

(continued from page 13)

lance of strep and other bacterial diseases in order to determine the increasing incidence of these diseases,” she continues, “by using clinical microbiology labs to obtain data for what is called the “Emerging Infections Program.” Her colleague and collaborator at the CDC strep lab is its chief, Bernard Beall, Ph.D. They do research and write papers together and he contributes to her stockpile of 200 strains. Her goal is to collect every different strep A strain that exists.

## Molecular biology

If ever there were a time to identify and classify strains, it is here and now. Molecular biology, coupled with gene sequencing of an entire genome, have enabled Dr. Bessen to figure out



ABOVE: Members of the Bessen laboratory are, standing from left, Sergio Lizano, Ph.D., instructor, and postdoctoral fellows John Wertz, Ph.D., Ashley Robinson, Ph.D., and Feng Luo, M.D.; and sitting from left, Jing Sun, M.D., research assistant, and Vanessa Ayer, M.S. candidate.

found only in impetigo strains; we inactivated the gene in the bacteria, and tested the mutant bacteria in mice that have no immune system.”

The increasing resistance to antibiotics in a large number of strains is another tangent of her research—in particular, erythromycin, which is

used for patients allergic to penicillin, and clindamycin, used for treating deep tissue infection. Dr. Bessen receives isolate samples from the CDC and from colleagues who run other labs. “These organisms evolve in unexpected ways,”

she explains. “In the past 20 years in America, severe invasive diseases caused by strep A have become re-emergent infections. They grabbed our attention in the early part of the century and then went out of sight, only to re-emerge.” Giving this information prompts her to recollect that, “Jim Henson [creator of the Muppets] died from a necrotizing pneumonia at

New York Hospital and strep A was the cause.”

## Before penicillin

“Before there were antibiotics,” says Dr. Bessen, “group A strep killed many more people than it does today. It is still sensitive to penicillin, but if it does become resistant, it will be a major problem. All of us have been colonized with strep A, staph and pneumococcus without even knowing it, but strep A is more likely to cause an infection.”

The CDC website, [www.cdc.gov](http://www.cdc.gov), offers everything you might want to know about group A strep. It also challenges scientists and clinicians “to improve recognition and diagnosis [of strep A infection]; to evaluate disease burden and organism characteristics to guide vaccine development; and to develop control strategies to prevent spread in families, institutions and other high-risk settings, including the growing population of elderly in long-term care facilities.”

It sounds like Dr. Bessen won’t be running out of work any time soon. ☺

### Early Signs and Symptoms of Invasive Group A Strep

#### NECROTIZING FASCIITIS

- fever
- severe pain and swelling
- redness at the wound site

#### STREPTOCOCCAL TOXIC SHOCK SYNDROME

- fever
- dizziness
- confusion
- flat rash over large areas of body

which strains cause throat infections and which ones cause skin infections; she says the strains are not interchangeable. “We’re trying to pick out certain genes that are known to be different among the different groups of strains. And from our work so far, we’ve identified about 12 genes,” she says. “Through this work we learned that a plasminogen-binding protein is





### This is Your (Medical School) Life Redux

(continued from page 2)

Kathleen agrees, adding that it's the mechanics of surgery that most appeal to her. "Surgery gives you more of a feeling that you're actually doing something to help," she says. Although she maintains a lingering fascination with infectious diseases, an interest that developed during a summer fellowship in Uganda and Kenya, she says when it came time for her surgical rotation she found she preferred the procedural experience in the operating room to the diagnostic puzzle-solving that characterizes medicine.

Both students are looking forward to fourth-year electives, which will afford them more freedom of choice over location and specialty. "I didn't like third year as much as I thought I would," Kathleen says ruefully. "It depended on the rotation and the team," but in general, she felt third year was "more paperwork and less patient interaction than I thought." Despite her disenchantment, Kathleen asserts that "overall it was a great learning experience to be exposed to so many aspects of medicine." Brad adds, "Being in a hospital every day, working side by side with attendings, residents and interns, helps you learn more than you are aware of at the time. The environment itself is a great teacher."

As third year wound down, they made a few small adjustments to their respective career paths. Brad says his focus has narrowed somewhat, and he is now giving more thought to procedure-based fields. "I enjoy being able to see the patient, diagnose the problem and decide what to do," he says. In particular, he is considering anesthesia and critical care, possibly against the backdrop of the ICU, and is thinking

ahead to a possible fellowship in intensive care.

Kathleen, too, is leaning toward specialties that are more technical and hands-on. She means to try for a residency in the New York metropolitan area. Although this may surprise some who know how much she enjoyed her experiences abroad, she insists her interest in travel has not waned: "I still see traveling and clinic work among my future goals." At this time in her life, she believes that her family is most important and it seems like a good idea to stick closer to home, but adds, "I plan to visit other parts of the country during my interviews, just to be sure."

Although their annual appearance in these pages may make it seem as though they are a couple, make no mistake; both insist they are not in a romantic relationship. Friends since first year, they share common interests and were involved in the early planning stages of the College's student-run clinic, which is scheduled to open this month at Metropolitan's La Clinica Del Barrio clinic in East Harlem. A project that took two years to come to fruition, the clinic will operate on Saturday mornings, staffed by a team of students from each class year and supervised by attendings. Now that the medical students' goal is about to become a reality, Kathleen says, "I'm very impressed by the students' determination and by the support of the faculty and administration that brought it all together. I hope to be able to spend some time working at the clinic during fourth year."

Indeed, fourth year, with its array of electives, interviews and Match Day excitement, dances in their heads. Says Brad, "I'm looking forward to choosing electives that will help me further focus my career path. I know the high-stress period is in the fall—putting together my resume, applying for residency programs. Before I know it, it'll be decision time."

And *Chironian* will be there to report on these two fledgling doctors once again—and maybe beyond. ☪



### Neurologist Stephen J. Marks, M.D. '80, Reveals His Rx for Success

(continued from page 17)

study centers in the U.S. and Canada. The neurologic component in the randomized clinical trial will compare carotid endarterectomy to carotid artery stenting using the ACCULINK Carotid Stent System made by the AGA Medical Corporation of Golden Valley, Minn. He is also co-principal investigator at Westchester with Markus Erb, M.D., assistant professor of pediatrics and a pediatric cardiologist, on the role of Patent Foramen Ovale, a hole that persists between the atria that can allow a blood clot to enter the bloodstream and cause a stroke. All of this should keep Dr. Marks on his toes for an expected two to five years.

He is not going anywhere. "I get calls from time to time from centers looking for stroke specialists, but I have a longstanding devotion to this institution," says Dr. Marks. "It's where I received my medical education and it's a community, and I am part of that community. I am very happy and extremely grateful to everybody here... I don't have any plans to move on. Our roots are in Westchester—and of course there's the Mets." Dr. Marks splits a season ticket to Shea Stadium with Gladys Ayala, M.D., associate dean for student and minority affairs.

As the interview winds down, Steve Marks mentions an aberration he could do without. "I have a delayed sleep-wake disorder, a type of insomnia," he discloses. "I go to bed around 3 a.m. and wake up at 9. It helps me get my reading done from 11 to 3, but I can't make morning meetings. When I was in college I would study until the birds began to chirp. I would brush my teeth and look outside to see the first rays of light. And then I would fall asleep until noon."

The interview is over when Dr. Marks undertakes a parting shot: "I'm not a political person and I have no complaints to register. But my final thoughts on all of this are, *Don't smoke, always use a seatbelt, and please give Dr. Marks a parking spot.*" ☪



**Thomas Hintze, Ph.D. '80,  
Gives Back With Landmark  
Cardiovascular Research  
and Mentoring**

(continued from page 21)

## Coronary physiologist

Tom Hintze became a coronary physiologist on day one. “My thesis was on the role of prostaglandins in control of coronary circulation. [His Ph.D. from New York Medical College is actually in Physiology, with a minor in Pharmacology.] But in Boston I became interested in exercise—particularly how the adrenergic nervous system releases catecholamines during exercise—and how it influences coronary blood flow regulation,” Dr. Hintze says. “Controlling blood flow is critical because any alteration may contribute to the development of vascular disease, especially variant, or vasospastic, angina.” Chest pain, or angina, is what you get from an insufficient flow of blood through the arteries.

“A disease is physiology gone astray; a functional change means physiology is no longer working,” he says. “We certainly defined the physiology of large coronary blood vessels by being first to show how blood flow velocity controls their diameter. [The “we” refers to Stephen Vatner, M.D., who was his mentor at Harvard.] Now I’m working with Kaley and [Michael] Wolin [Ph.D., professor of physiology] on the role of nitric oxide (NO) as a signal from the coronary blood vessels to control oxygen consumption and substrate metabolism within cardiac cells.”

The College recognized his contributions to cardiovascular research with the 1997 Dean’s Distinguished Research Award. He has three grants

now that support the following investigations:

- His portion of the Program Project Grant, which focuses on the production of NO and how it is reduced in heart failure by a related decrease in the enzyme that makes NO.
- How diabetes affects the production of NO, which is reduced or scavenged by superoxide anion [an oxygen-free radical] with the result that NO no longer has the capacity for regulation.
- How pregnancy increases the production of NO, leading to a more efficient heart for the mother in order to sustain large increases in cardiac output during pregnancy. Related research explores how upregulated NO in exercise makes the heart more efficient and includes using the drugs Ramapril and Norvasc to increase NO production in the treatment of vascular disease *in vivo*.

## Dear to his heart

Dr. Hintze has long been associated with the American Heart Association. He was chairman of its Council on Basic Cardiovascular Sciences from 1998 to 2000, and now serves on its program committee. Locally, the Westchester Division counts him as a board member. His apparent literary talents have enabled him to assume associate editorships at *Circulation Research* and *American Journal of Physiology*. As for the importance he gives to mentoring young people, his satisfaction level reached new heights earlier this year when one of his high school students, Justin Becker, son of Richard Becker, M.D. '80, was named a finalist in the Intel Science Talent Search. “I’ve had *lots* of semi-finalists,” he says proudly.

When the topic of discussion is changed to New York Medical College, it sets free good and bad information that is sincere and honest. “I got a

very fine education here as a grad student. I competed at an equal or better level with post-docs from around the world during my fellowship at Harvard and I am grateful to Dr. Kaley, my present colleagues in Physiology and the College for giving me the opportunity to develop a successful career.” For some reason, this remark triggers a recollection that turns the tide. “I recall that prior to 1990, you had to pass a reading competency test in a modern foreign language at New York Medical College and to get a minor in another department. This was required at most Ph.D. programs. I had a background in Latin and wound up being able to read in French. I can still read a little French! The idea was that a scholarly person should be able to read papers in another language,” he explained. “The upshot was the College substituted computer programming as an alternative to the foreign language... The school had a big IBM mainframe and it took up the whole floor in Elmwood Hall.”

The favorite son then takes the opportunity to say something else: “The College should spearhead an organizational plan for our post-doctoral students. In order to give them a home base, I think we need to create educational programs that would satisfy their needs. Actually, the federal government requires scientists to have coursework in ethics and on the responsible conduct of research. It would be appropriate to appoint a dean of sorts to issue certificates that would enable them to get public recognition and to provide badly needed career counseling. This person would have the authority to supervise their training and to keep statistics on who they were, what they did and where they went after leaving us. If we had these statistics we’d also be able to apply for certain training grants that require them. I think these things would be an important advancement for all the departments in the graduate school.” ☐



# David Staffenberg, M.D. '89, Honored for the Wonders He Works



CREDIT: Montefiore Medical Center

**Clarence (left) and Carl Aguirre, who were born conjoined at the head, get a hug from David Staffenberg, M.D. '89, while vying for a piece of cake.**

David Staffenberg, M.D. '89, exudes the wonderment of a child when he talks about the world of reconstructive surgery. When he describes the mentors who have taught and inspired him, he sounds like a star-struck baseball fan waiting for a glimpse of his favorite players. "To find myself in this tiny little niche with a handful of heroes who are my contemporaries, it's just so exciting," said Dr. Staffenberg, chief of pediatric plastic surgery at the Children's Hospital at Montefiore and the surgical director of the Center for Craniofacial Disorders.

Dr. Staffenberg, who received the Alumni Association's Special Achievement Award at its annual May banquet at the Waldorf-Astoria in New York City, co-designed and performed the operation that successfully separated conjoined twins Carl and Clarence Aguirre. The Filipino toddlers, who are making steady progress at Blythedale Children's Hospital in Valhalla, N.Y., were joined at the top of their heads and shared skin, skull, dura mater, veins and brain. Before the Aguirre case, Dr. Staffenberg had already earned worldwide distinction by demonstrating the efficacy of distraction osteogenesis throughout the face. Distraction involves strategically cutting

facial bones, then pulling them apart with a special device that is screwed into the bone and turned one millimeter a day until the desired length is achieved. As the bones move apart, new bone forms in the spaces created.

Despite his brilliance and celebrity, Dr. Staffenberg does not consider himself a hero. Soft-spoken and understated, he is grateful to have chosen a specialty that can help children dramatically. "I still can't believe the things that we're able to do," he said. "To disassemble a skull and reassemble it in better form, and the next day to have a baby again—it's hard to comprehend what we're capable of."

His fascination is as fervent today as it was more than a decade ago, when he stumbled upon a now out-of-print book, *The Artistry of Reconstructive Surgery*, while nosing around the medical school library during his general surgery residency at Maimonides Medical Center in Brooklyn, N.Y. "Before that I never knew the stuff even existed," he remarked. "I never saw anything like this as a kid or as a medical student."

Encouraged by one of his chief residents, he contacted Joseph G. McCarthy, M.D.,

director of the Institute of Reconstructive Plastic Surgery at New York University Medical Center, who offered him a two-year postdoctoral research fellowship. Dr. Staffenberg interrupted his residency to complete the fellowship. In that time he traveled, spoke and published papers internationally, and was soon traveling in a small circle of renowned reconstructive surgeons like Dr. McCarthy and Henry K. Kawamoto, Jr., M.D., D.D.S., a plastic surgeon and director of the craniofacial surgery program at UCLA School of Medicine. Dr. Staffenberg completed a clinical fellowship in craniofacial surgery under Dr. Kawamoto. "I learned from the masters," he said, reverent. "Like most kids with baseball, they were my Hank Aaron and Willie Mays."

In 1998, after completing a second residency in plastic and reconstructive surgery at Emory University School of Medicine in Atlanta, Dr. Staffenberg joined the staff of The Montefiore Medical Center and the faculty of the Albert Einstein College of Medicine, where he is an assistant professor of plastic and reconstructive surgery and of pediatrics.

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# ALUMNI ASSOCIATION HONORS LEONARD J. NEWMAN, M.D. '70

Leonard J. Newman, M.D. '70, remembers when Westchester families had to transport their critically ill children to hospitals in major cities like New York, Boston or Philadelphia because there were no specialized and intensive pediatric medical services and facilities in the area. Actually, that was only about 20 years ago. In the interim, Dr. Newman has been the driving force behind the creation of a comprehensive system of much-needed pediatric critical care throughout the Hudson Valley region. In honor of these achievements, the professor and chairman of the Department of Pediatrics was named the 2005 recipient of the Alumni Association Medal of Honor, which he received at its 123rd annual banquet at the Waldorf-Astoria Hotel in New York City, in May.

"When the College moved to Westchester [from New York City] in 1978, very sick children were transported into the city or cared for in local hospitals without the advantage of pediatric subspecialists and neonatologists," Dr. Newman said. "Newborn babies with severe problems were put in a corner of the community hospital in an incubator with the lights turned off and allowed to die. Sometimes medical centers would pick up as many as three premature babies in an ambulance because there were so many of them. Many of the babies died even before they got to these centers," he recalled.

From his earliest days in medicine, Dr. Newman knew he wanted to help improve pediatric care in Westchester. After receiving his M.D. degree in 1970, he completed a one-year internship at University Hospital of San Diego County



**Leonard J. Newman, M.D. '70, with the newest doctor in the family, daughter Rebecca Newman, M.D. '05.**

where he was impressed to see doctors using ventilators on prematurely born babies. "At that time there were few centers taking care of sick children and babies," he explained. "When I came back to New York I saw that medicine on the East Coast was somewhat behind the West." He set out to bring Westchester up to speed.

Following a pediatrics residency at New York Medical College, where he was chief resident from 1972-1973, Dr. Newman worked as a fellow in pediatric gastroenterology and nutrition at Albert Einstein College of Medicine in the Bronx. Soon after, Edward Wasserman, M.D. '46, then chairman of the Department of Pediatrics, recruited him to set up his own division of pediatric gastroenterology at the College. "I'd always wanted to come to the medical school to set up my own department," Dr. Newman said.

Establishing the division was just the beginning. In 1980, Dr. Newman led the effort to open the pediatric ICU at Westchester Medical Center (WMC), followed by a neona-

tal ICU two years later. "Today we have the only pediatric ICU between Albany and Manhattan," he pointed out. In collaboration with faculty specialists from the pediatric divisions of pulmonology, neonatology, gastroenterology and endocrinology, Dr. Newman developed a pediatric referral service that covers the seven-county region of the Hudson Valley, the result of his pioneering efforts in the building of the Maria Fareri Children's Hospital at WMC.

"We're the only high-risk trauma center for children in the seven-county area," said Dr. Newman. "The new hospital is the region's only facility that takes care of children with heart disease, cystic fibrosis and cancer, and it is one of the few metabolic centers in the state." He said he envisions the children's hospital becoming a growing resource, not only for patients and physicians, but also for doctors in training. "I believe strongly in academics and making sure students and residents are well taught," he said. ♦



# JAMES L. JANUZZI JR., M.D. '94 Has Firsthand Wisdom For Medical Graduates

James L. Januzzi Jr., M.D. '94 seems like someone who never let self-doubt get the best of him. He graduated first in his medical school class, is heading toward being an associate professor at Harvard before age 40, is an internationally renowned researcher, is an in-demand cardiologist and also happens to be the team physician for the Boston Red Sox. Yet, self-doubt plagued him when he graduated from medical school, Dr. Januzzi revealed last spring in a lecture he gave at the 49th annual banquet of the College's Iota Chapter of Alpha Omega Alpha (AOA), the national honor medical society.

"You graduate from medical school feeling on top of the world," he said. But that first year, filled with many nights on call and pressures to learn on the job and prove yourself, is one of the most physically and emotionally difficult for new physicians, he explained. "I remember thinking, how could I possibly be a doctor?" said Dr. Januzzi, now also the associate director of the coronary care unit at Massachusetts General Hospital in Boston. "Everyone goes through difficult periods in medicine, both professionally and personally. Over the last 10 years I've learned through trial and error what students are about to go through."

In his lecture entitled, "Surviving the First Ten Years Out of Medical School: A User's Guide for Success," Dr. Januzzi advised graduates to:

- Be ready to go into residency and believe you can do it.
- Take advantage of opportunities in front of you: Now is the time to try and experience everything, to play the field and learn what you can.
- Look for support from colleagues, family and loved ones.



**James L. Januzzi Jr., M.D. '94, with his father, James Januzzi Sr., M.D. '66, says all medical graduates begin their careers with self-doubt but have every reason to believe in themselves.**

- Think about the good nature of medicine: You're entering a noble profession that has nothing bad or negative about it.

Dr. Januzzi said being apart from his wife Roberta and his two daughters, Caterina 7, and Julianne 4, was the most difficult part of his early years in medicine—when he went from being a resident to a fellow to a faculty member, from being on call every third night to being on call all the time. "There are times when training gets rough, when you feel you've hit the wall and as if no one around you is suffering similarly," he said. He credits his wife for pulling him through. "Friends and family are the people who carry us through when we have nothing left to give," he said.

Dr. Januzzi did his internal medicine residency at Brigham and Women's Hospital in Boston. "I feel I was one of the best prepared residents in my group," he recalled, assuring graduates that they are more equipped than they think for residency. He completed fellowships in clinical cardiol-

ogy and echocardiography at Massachusetts General Hospital and joined the staff of its cardiology division and cardiac ultrasound laboratory in 2000.

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*"Everyone goes through difficult periods in medicine, both professionally and personally. Over the last 10 years I've learned through trial and error what students are about to go through."*

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Dr. Januzzi's main focus is researching cardiac biomarkers for diagnosing heart disease. He has identified a blood hormone associated with cardiac distress that, when elevated, can diagnose congestive heart failure. "We're using it to detect people at risk for development of heart disease," Dr. Januzzi said. A paper on a prospective trial, examining the use of cardiac biomarkers in patients experiencing shortness of breath, was published in the

April issue of the *American Journal of Cardiology*. In addition to cardiac biomarkers, Dr. Januzzi's research interests also include determining the risk factors for aortic dissection and managing Type B aortic dissection.

While research, traveling (he's on the road one week a month) and teaching leaves him little spare time, Dr. Januzzi makes sure he has enough time to see patients. His desire to care for people is what drew him to medicine in the first place, which began with awe of his father, James Januzzi, M.D. '66, clinical assistant professor of medicine and an internist and gastroenterologist in Manhattan. "My dad is my idol," he said. "He is one of the most brilliantly astute physicians I've ever met. He connects with patients in a way many physicians don't. His patients love him."

Dr. Januzzi said his father warned him about the taxing lifestyle of being a doctor. He was anything but discouraged. "Physicians are expected to see more and more patients within the confines of a 24-hour day," he said. As a result, doctors may focus on symptoms but overlook the people behind them. "We treat disease but we don't treat patients," Januzzi observes. He adds that giving patients full intellectual and emotional attention is key to being a doctor. "If one loses the goal of being a doctor to patients, then all is lost. That's something my father taught me," he said.

Dr. Januzzi isn't one to lose sight of his goals. He has accomplished more than he imagined he could, and he believes today's medical graduates can do the same. He said, "There's so much they can do." ♦

# ANN SILVERMAN, M.P.H. '00 PUTS HER DEGREE TO GOOD BUT NON-TRADITIONAL USE

It's fair to say that "M.P.H." is more likely to evoke the image of a data-gathering, statistic analyzing number-cruncher than of a writer. Public health, after all, is about assessing and protecting the health of populations, which require taking lots of tallies. But there's much more to working in public health than counting data: namely, educating the public about preventing disease and promoting health. That's where a somewhat non-traditional public health professional like Ann Silverman, M.P.H. '00, comes in.

Silverman is director of public relations for Lenox Hill Hospital in Manhattan. She tries to interest the press and other media in writing or producing

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*"Heart disease is a tremendous public health issue. ... New findings on women and heart disease comprise a significant portion of our public education efforts."*

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stories about the hospital or its subsidiary, Manhattan Eye, Ear & Throat Hospital. She also develops materials, programs, and other resources that educate the public about critical public health issues like diabetes, heart disease, obesity and maternal and child health.

"When you talk about public health, you're ultimately talking about reaching the public,"



**Ann Silverman, M.P.H. '00, combines her public health background and her writing skills to enable Lenox Hill Hospital to educate the public.**

Silverman says. "Through public relations and marketing, my staff and I have the ability to reach and educate large numbers of people about health issues, services and procedures they might not otherwise know about but which could have a profound impact on their quality of life—or life itself."

If knowledge is power, then teaching people how to safeguard and even improve their health is the ultimate empowerment, especially in this era of spiraling costs and inadequate healthcare coverage. "People's belief systems have a direct impact on how they access health care," says Silverman, who earned an M.P.H. in Behavioral Science and Health Promotion, just one of a dozen programs in the School of Public Health. "If you can bring major public health issues like obesity, smoking, heart disease and diabetes to the attention of the public and let people know their options in a manner that they understand and accept, then you're doing a service."

In addition to alerting the public about health issues through the press, newspaper ads and the Internet, Silverman and her staff develop and publicize school and community education programs, screenings and lectures, and target specific populations, such as women and the elderly, with messages about health issues pertinent to them: breast cancer, heart disease, diabetes, smoking, obesity, diet and exercise.

"Heart disease is a tremendous public health issue," Silverman says, adding that new findings on women and heart disease comprise a significant portion of her public education efforts. She also creates materials to educate people about interventional cardiology, which includes procedures such as angiograms, angioplasties and the insertion of stents, and bariatric surgery for morbid obesity, which involves, among other things, stapling the stomach to reduce its capacity for food. "Many people don't understand the difference between a surgeon and an interventionalist," she

notes. Silverman's staff interests national and local newspaper or television reporters in doing stories about patients at the hospital who have successfully undergone such procedures, as a way of enlightening the public about health issues. "Most people relate more to stories about people than about statistics," she points out.

But statistics, knowing how to interpret them and determine if they deserve publicity, are equally important. "The M.P.H. degree has given me a basis to make decisions about what has value and the knowledge to know if it's something I should take to experts at the hospital," Silverman explains. "They appreciate that there's an understanding on my part."

Before deciding to go for the M.P.H. degree, Silverman was in the public relations department at Montefiore Medical Center in the Bronx. Previously, she was a freelance writer, covering topics such as education, the arts and the elderly for publications, including the Westchester Weekly section of *The New York Times*. Although writers develop knowledge about the topics they cover, a degree in public health offers an added depth and breadth of understanding, Silverman maintains.

"I felt that an M.P.H. would put everything I learned at the medical center into much broader context," she explains. "The knowledge gained through the degree gave me a greater basis of understanding and analyzing health information while the background in public relations enables my staff and me to disseminate that information to those who might best benefit from it." ♦



## BEN S. CATERINICCHIO, M.D. '58 Shares His Recipe for Happiness in Work and Love

The secret to a long and happy career in medicine is not unlike the secret to a long, happy marriage. Just ask Ben S. Caterinicchio, M.D. '58, who got married the week after he graduated from medical school and has held a deep love for his wife and his work for the past 47 years.

"You have to learn to be patient," Dr. Caterinicchio says, interchanging recipes for professional and marital longevity. "You have to tolerate one another's quirks."

In essence, people have to like what they're doing—and who they're with—to be happy in work and love, advises Dr. Caterinicchio, who wanted to be a film director long before he ever dreamed of becoming a physician. "I always had ideas of how to make a movie," he says, reflecting on some of his favorites: *Duel in the Sun*, *New York, New York* and *Raging Bull*. But film classes didn't exist during his undergraduate days at The Johns Hopkins University. What was available was the opportunity to observe surgeries in the operating amphitheater of the Johns Hopkins Hospital, and that's what he did.

"I liked finding out how the organs looked," Dr. Caterinicchio recalls, noting that he fell in love with medicine in his junior year. He ultimately chose pediatrics because it was one of the best-run departments in medical school. "The instruction was excellent, the clinical experience they gave us with kids was excellent," he says. "And, let's face it: how could you not like working with children?"

Dr. Caterinicchio actually fell in love twice during medical



**Ben "Dr. Cat" Caterinicchio, M.D., practiced long enough to take care of children whose parents were once his patients.**

school—with pediatrics and with his wife Gladys, whom he met through her brother, Lew Cibeu, M.D. '58, then his cadaver partner and now a retired pediatrician. "If for no other reason I'm grateful I went to New York Medical College because that's where I met my wife," he says, chuckling.

Following their one-week honeymoon, Dr. Caterinicchio returned to Johns Hopkins for a yearlong pediatric internship, which had him on call every night. In 1959, he came up north to do a residency at New York Hospital. When it ended in 1962, he began a two-year stint in the U.S. Army ("I was in the Army during the Cuban missile crisis"), practicing pediatrics at Fort Carson in Colorado Springs, Colorado. He was discharged two years later and joined the Mt. Kisco Medical Group, where he practiced pediatrics until his contract obliged him to retire in 2003, at age 70.

Although he didn't feel ready to retire, Dr. Caterinicchio is grateful to have had the opportunity to practice pediatrics in the same town for

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## M I L E S T O N E S

### Two Thousand Three

**Ruth Chambi Johnson, M.D. '03**, is finishing her first year of residency in internal medicine at North General Hospital in Manhattan. Her husband, **Jonathan M. Johnson, M.D. '03**, began a preliminary medicine internship at St. Vincent's Catholic Medical Centers in July 2005 and neurology training at the SUNY School of Medicine at Stony Brook in July 2006.

**Vaishali Parikh, M.D. '03**, is a health writer for *The Courier* newspaper in Conroe, Texas.

**Joanne A. Zuck, M.P.H. '03**, is a clinical data manager in the biometrics/data management department of Boehringer-Ingelheim Pharmaceutical, Inc., in Ridgefield, Conn.

### Two Thousand Two

**Elizabeth Kajunski Fiorino, M.D. '02**, is a third-year resident in pediatrics at the Children's Hospital at Montefiore Medical Center in the Bronx, N.Y. Dr. Fiorino will be one of the chief residents during the 2005-2006 academic year. In July 2006 she will begin a fellowship in pediatric pulmonary medicine at the Children's Hospital of Philadelphia.

**Elizabeth J. Schoeler-Herko, M.P.H. '02**, will be a candidate for a D.D.S. degree in May 2006. She married Douglas Herko on August 28, 2004.

### Two Thousand One

**Derya Caglar, M.D. '01**, completed a residency in pediatrics at Children's Hospital in Oakland, Calif., in June 2004 and will begin a fellowship in pediatric emergency medicine at Children's Hospital in Los Angeles in July 2005.

**Theresa R. Devins, M.S. '01**, conducted clinical trials in the College's Division of Pediatric Hematology/Oncology. She writes, "My graduate degree from NYMC gave me the background needed for my career."

**Frances E. Petersen-Fitzpatrick, M.P.H. '01**, is director of infection control at the Bronx-Lebanon Hospital Center in New York City.

**Christine M. Rielly-Flewelling, M.S. '01**, is a physical therapist and works on the Castle Point, N.Y., campus of the U.S. Department of Veterans Affairs. She and husband Ian became the proud parents of Alyssa Ann on March 12, 2004.

**Katharine E. Morin, M.S. '01**, a physical therapist, is working at a private outpatient clinic and at the Orlando Regional Medical Center in Florida.

**Arie E. Pelta, M.D. '01**, is completing his fourth year of a general surgery residency at Long Island Jewish Medical Center in New Hyde Park, N.Y. Dr. Pelta is the father of three children: son Yehuda, 1, and

daughters Avigayil, 3, and Elisheva, 2.

**Nestor I. Rocha, M.P.H. '01**, is director of disease prevention and health promotion at the Whitman-Walker Clinic in Washington, D.C.

### Two Thousand

**Stephen Chen, M.D. '00**, has finished a residency in radiology at the University of South Florida in Tampa and started a neuroradiology fellowship at Duke University in Durham, N.C.

**Diana J. Cunningham, M.P.H. '00**, (associate dean and director of the Health Sciences Library at NYMC) has received funding from the National Network of Libraries of Medicine to study the information needs of two county health departments in New York's Hudson Valley.

**Marc-Daniel Gutekunst, Ph.D., M.P.H. '00**, is an epidemiologist at the Emory University School of Medicine in Atlanta. Dr. Gutekunst has been working on a textbook, "Selected Health Systems of Africa" and mentoring public health students at the Emory University School of Public Health. He also has been serving as co-chair, with Ambassador Andrew Young, of Forging New Tomorrows, Inc., an Atlanta-based international organization working on global health, education training and the environment.

**Robert Ludwig, M.D. '00**, is a primary care physician at the Mount Auburn Hospital in Cambridge, Mass.

**Jennifer E. Welch, M.S. '00**, is working part time as a physical therapist in Pittsfield, Mass. She and husband Jeffrey are the parents of 3-year-old Anna Elizabeth and 1-year-old Anthony.

**Todd A. Young, M.D. '00**, is vice president of investor relations and communications for Angiotech Pharmaceuticals, a company in Vancouver, Canada, involved with local drug delivery for medical devices and biomaterials. Previously, Dr. Young worked on Wall Street doing equity research in the medical device industry. He is married to Catherine Nelson, M.D., who is finishing a fellowship in general pediatrics research at Johns Hopkins Medical Center in Baltimore. "Please give a shout when passing through Vancouver—a great place to visit!"

### The Nineties

**Paul Antonecchia, M.D. '90**, is director of medical support systems at St. Vincent's Medical Center in Bridgeport, Conn.

**Jules Brodsky, D.M.D., M.P.H. '90**, writes, "All is well with me and I hope the same for all the people I came into contact with at NYMC."

**Mark S. Kaplan, M.D. '90**, a physiatrist, is specializing in physical medicine, rehabilitation and pain management at Cambridge Health Alliance and Whidden Memorial Hospital in Everett, Mass.

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# MENTORED BY HIS FATHER, MARK C. SINGER, M.D. '89, Passes Along the Inspiration

Mark C. Singer, M.D. '89, is prepared for the question: What is it like to treat medical students? He understands how a layperson might imagine him, the psychiatrist who directs the College's Student Mental Health Service, swarmed by overworked and overwhelmed medical students. Sometimes he is. Most of the time, however, his students, like his private patients, seek his help for troubles with the challenges and complexities of human nature and life.

This probably sounds unremarkable as far as psychiatry goes. After all, aren't psychiatrists trained to probe the human psyche to find out what's behind the suffering? Not these days, Dr. Singer says. He favors treatment that focuses on a broad view of life and its various stages. Such a view transcends diagnosis and supports a "big picture" approach to treating patients. With obvious concern he describes the current trend in psychiatric training to diagnose patients and offer quick fixes, usually in the form of drugs. "There is too much of a push toward diagnosis and medication, making what is largely an art overly scientific," he says.

Dr. Singer, who is an assistant professor of psychiatry and behavioral sciences at New York Medical College, says society, the pharmaceutical industry and even psychiatrists all bear responsibility for labeling patients and prescribing



**Mark C. Singer, M.D. '89, who directs the Student Mental Health Service, doesn't rely solely on diagnoses for insight into patients.**

medication to treat psychological conditions, often at the expense of experiencing the subtleties and complexities of their individual personalities. While noting that diagnoses and medications have their place and can be quite beneficial, he emphasizes their limitations when he says, "Diagnoses don't tell us that much about who a person is."

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*It was his father's straightforward but comprehensive approach that inspired Dr. Singer to enter the field of psychiatry.*

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Of course Dr. Singer, who has been practicing for only a little more than a decade, is a product of modern psychiatric training. He acquired this traditionalist perspective by observing his psychiatrist father and first mentor, Paul Singer, M.D., professor

emeritus in the Department of Psychiatry and Behavioral Sciences.

"My father was never one of those stereotypical, 'What does that mean?' kind of guys," Dr. Singer says. In fact, it was his father's straightforward but comprehensive approach that inspired Dr. Singer to enter the specialty. "I grew up admiring and idealizing my father's manner, his way of helping people," he says. "Dad was interested and curious about the human condition, about people's styles and personalities."

Ironically, his father tried to dissuade Dr. Singer from becoming a psychiatrist. "It was the late 1980s and psychiatry was changing," Dr. Singer says. "There was a push away from traditional methods and the field was flooded by many people doing therapy." And, there was managed care.

But Dr. Singer was undeterred. He completed three years of residency in psychiatry at Massachusetts

General Hospital in Boston and worked at the Massachusetts Institute of Technology student mental health service. Later he traveled and taught in the Czech Republic, Hawaii and New Zealand. He explains, "I have always been drawn to travel as a way of learning and growing—providing opportunities that more conventional education does not always afford." He cites well-known psychologist B.F. Skinner who said, "Education is what survives when what has been learnt has been forgotten."

Since 1999, when he became director of the Student Mental Health Service, Dr. Singer has enjoyed working with medical students who come in seeking help for a range of issues, including relationship and family issues, anxiety and depression. He says they are generally a smart, motivated and nice group of people who are dealing with moving farther away from home and closer to independence and career responsibility. "There is a notion that people are grown up at 18, but the growing-up process and separation from family and becoming an individual goes on well into life," he says.

"I like to think the way I am with my patients will have some positive effect on their experience and who they become as doctors," he continues. "In psychiatry, mentoring is a central part of the experience. I draw daily on my mentors in my mind. I like to think that the future doctors who are my current patients may be drawing on me in some way in their lives." ♦



## Keeping it in the family



CREDIT: Photobureau, Inc.

At the 146th Commencement in May, the Kupersmiths added another doctor and New York Medical College alumnus to the family. **Adam J. Kupersmith, M.D. '05**, is the son of proud parents **Joel Kupersmith, M.D. '64** and **Judith F. Kupersmith, M.D. '69**. Adam just started a residency in internal medicine at the University of California at Davis. His father is the former dean of the School of Medicine and Graduate School of Biomedical Sciences and vice president for clinical affairs at Texas Tech University Health Sciences Center, and is about to start a new position with the Office of Veterans' Affairs in Washington DC. Joel and Judith met when he was a resident at Metropolitan Hospital and she was a medical student there.

## BEN S. CATERINICCHIO, M.D. '58 SHARES HIS RECIPE FOR HAPPINESS IN WORK AND LOVE

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nearly 40 years. "It is a joy to watch children grow, to see them have children of their own, to walk through town and have them stop and beep their horn and say, 'Hi, Dr. Cat!'"

The last decade of his practice was less than satisfying, which he attributes to the way managed care has eliminated many of the traditional doctor-patient relationships. "There was a lot of intimacy between people and physicians and there was trust and I was considered part of the family," he recalls. "There were very rare instances in the first 15 or 20 years where I had the feeling I was being regarded as an adversary rather than as a friend."

Nowadays, many physicians are preoccupied with practicing defensive medicine for fear of being sued, he laments. "Physicians have gotten more and more technical and reliant on lab tests and imaging," Dr. Caterinicchio says. "I've seen a lot of them become robotic." Meanwhile, patients have

turned into consumers, he adds. "They feel that they've paid their dues and treat us not as members of the family but as members of their crew."

In some ways retirement has helped ease Dr. Caterinicchio's disappointment in what the practice of medicine has become and has even rekindled the life he once knew. Volunteering at the Jacob Burns Film Center in Pleasantville has re-connected him to children, who come to learn about watching movies. And, treating low-income and uninsured families three days a week at the Open Door Medical Center in Ossining has renewed the old joy of practicing medicine. "They are by and large less fortunate financially," he says of his indigent Central American patients. "They have such trust and confidence in me, and they're so grateful for what I can offer them." After a pause, he realizes, "I've come full circle." ♦

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**Ashraf Khan, M.P.H. '90**, is director of infection control for the Lourdes Health System. Mr. Khan oversees infection control as well as employee and occupational health for Our Lady of Lourdes Medical Center in Camden, N.J., and Lourdes Medical Center of Burlington County in Willingboro, N.J. Most recently, he served as director of infection control and epidemiology for Long Island College Hospital in New York.

**Ian Wedmore, M.D. '90**, is a lieutenant colonel in the U.S. Army and an emergency room physician at Madigan Army Medical Center at the Fort Lewis Army Post in Tacoma, Wash. Dr. Wedmore has served two tours of duty in Afghanistan since 2001 and has served in Iraq, providing medical support for combat search and rescue teams.

**Anthony Boutin, M.D. '91**, is director of emergency medicine at Wyckoff Heights Medical Center in Brooklyn, N.Y. Previously, Dr. Boutin directed the department of emergency medicine at the Mount Sinai Hospital of Queens.

**Alan F. Cooper, M.S.W., M.P.H. '91**, is chief of the social work service for the Gulf Coast Veterans Affairs Healthcare System in Biloxi, Miss.

**Dominic DeBellis, Ph.D. '91**, who manages his own medical writing firm in Carmel, N.Y., is currently president of the American Medical Writers Association.

**Allan S. Filler, M.S. '91, M.P.H. '91**, is associate director of the New York State Senate Council on Healthcare Finance in Albany. Mr. Filler is a health policy analyst and advisor to N.Y. State Senate Majority Leader Joseph L. Bruno. He is also an adjunct faculty member at Albany Medical College, where he teaches physician assistant students about the healthcare system.

**Howard J. Luks, M.D. '91**, assistant professor of orthopaedic surgery and of medicine, announces the birth of his son, Justin Tyler, on August 9, 2004.

**John N. Pasheluk, M.P.H. '91**, is an administrator for the Hebrew Hospital Home of Westchester in Valhalla.

**Oleh Slupchynskiy, M.D. '91**, received the Humanitarian Award from the Children of Chernobyl Relief Fund, an organization dedicated to giving medical and financial aid to children in Ukraine. Dr. Slupchynskiy, who is board-certified in facial plastic surgery and otolaryngology, is medical director of Aesthetic Facial Surgery Center of New York.

**Ivan Pinon, M.D. '92**, an endocrinologist, has joined the Presbyterian Medical Group in Albuquerque, N.Mex.

**Joseph W. Bell, M.D. '93**, practices general surgery in Saratoga Springs,

N.Y., and is on the medical staff of Saratoga Hospital.

**Michael Bernot, M.D. '93**, is director of the psychiatric emergency service at Lincoln Medical Center in the Bronx, N.Y. Dr. Bernot is married to **Randy Resnick-Bernot, M.D. '92**, who is director of the emergency department at Wyckoff Medical Center in Brooklyn. The couple lives in Old Westbury, N.Y. with their three children: Matthew, 9, Adena, 7, and Tiffany, 3.

**Jeffrey S. Fine, M.D. '93**, is regional director of rehabilitation medical services. Dr. Fine is also a full assistant professor for the Queens Hospital Network, which includes Elmhurst Hospital Center and Queens Hospital Center in New York. The Network has clinical affiliations with Mount Sinai Medical Center in New York City. Dr. Fine, who is board-certified in physical medicine and rehabilitation, subspecializes in spinal cord as well as pain medicine.

**Peter Gross, M.D. '93**, became engaged on December 19, 2004, to Susan Hirsch. The couple is planning a fall wedding in Columbus, Ohio.

**Sam Hessami, M.D. '93**, is chief of the division of female urology and pelvic reconstructive surgery for Urology Specialty Care in Fair Lawn, N.J.

**David Millward, M.D. '93, M.P.H. '93**, is retired from the full-time practice of psychiatry and is now living in Vero Beach, Fla., and in Williamsville, N.Y.

**Roberta Sengelmann, M.D. '93**, is an assistant professor of dermatology at Washington University in St. Louis, Mo. She is married to **Tamir Keshen, M.D. '93**, who is an assistant professor of pediatrics and surgery at Washington University.

**M. Theresa Turla, M.D. '93**, a board-certified ophthalmologist, is providing comprehensive eye care at The Medical and Surgical Eye Center in Slidell, La. Dr. Turla, who completed her ophthalmology residency at the Tulane School of Medicine, specializes in, among other services, no-stitch cataract surgery, glaucoma diagnosis and treatment, diabetic eye exams and eyelid surgery.

**Barbara S. Blanco, M.D. '94**, board certified in diagnostic radiology, is on the medical staff of Putnam Hospital Center in Carmel, N.Y.

**Maureen A. Flynn, M.P.H. '94**, is teaching high school biology in the Bronx.

**Jill Gradner, M.D. '94**, is practicing internal medicine with Saratoga Medical Associates in Saratoga Springs, N.Y.

**Suzanne Kovacs, M.D. '94**, is practicing internal medicine with Piedmont Internal Medicine in Spartanburg, S.C.

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**Elaine M. Peneno, M.P.H. '94**, is supervisor for outreach services at Pascack Valley Hospital in Westwood, N.J. Ms. Peneno is also president of the Rockland County Division of the American Heart Association.

**Carolyn Benenati, M.D. '95**, a board-certified obstetrician-gynecologist, is on the medical staff of Keystone Health Center's Keystone Women's Care in Chambersburg, Pa. Dr. Benenati lives in Chambersburg with her husband, Stephen Henderson, M.D., and their five-year-old twin daughters.

**Bradley S. Cash, M.D. '95**, who practices physical and rehabilitative medicine, has opened Spine Options in White Plains, N.Y., a center that specializes in conservative care of the spine.

**Jonathan A. Turoff, M.D. '95**, is an associate in neurology at the Geisinger Wyoming Valley Medical Center in Wilkes-Barre, Pa.

**Catherine G. Winkler, M.P.H. '95**, is a manager of special projects at Danbury Hospital in Connecticut. Winkler is also a second-year doctoral student at the Yale School of Nursing and is studying heart disease. "Please send my regards to Dr. O'Brien."

**Arthur 'Tony' Blain, M.D. '96**, and San San Blain announce the birth of their 3rd son, Russell Anthony, on January 30, 2005. Nathan, 8, and Gavin, 5, are the proud brothers.

**Kagnew H. Gebreyesus, Ph.D. '96**, is living in Bowie, Md.

**Thomas Pellechi, M.D. '96**, is a clinical instructor of internal medicine at the Yale University School of Medicine and on the staff at Greenwich Hospital.

**Dale Wilson, M.D. '96**, and husband Philip Sasso, M.D., announce the birth of their son, Matthew John Sasso, on April 30, 2004. Daughter Nicole Barbara is 2.

**Mary L. Cappelli, M.P.H. '97**, a registered professional nurse, worked in the disease control department of the Westchester County Health Department as a public health nurse before retiring in September 2001. Currently a State of New York licensed real estate salesperson, she lives and works on the south fork of eastern Suffolk County.

**Eric Chanko, M.D. '97**, a board-certified internist, is a hospitalist at New Milford Hospital in New Milford, Conn.

**Margaret H. Hinsdale, M.S. '97**, gave birth to Noah Evan on January 12, 2004.

**Sushma Jois, M.S. '97**, is a dietician and the chief operating officer of Kingsland Dietitians, an outpatient clinic in Houston that provides consultations on diabetes management, heart disease, kidney disease and other medical conditions.

**Deepesh Patel, M.D., '97**, an internist, is in private practice in Poughkeepsie, N.Y.

**Gigi G. Gugliotta-Weiss, M.S. '97**, is an assistant manager and physical therapist with the Carlson Therapy Network in

Ridgefield, Conn. She and husband Michael Weiss are also the parents of Daniel Alan, born September 23, 2004.

**Lilah R. Brand, M.S. '98**, a physical therapist, is the owner of Body Owners Physical Therapy and Wellness Center in Key West, Fla. "Thanks, NYMC, for giving me a great education."

**Nora Lin, M.D. '98**, a board-certified pediatrician, is working in the department of pediatrics/allergy for Allergy and Asthma Specialists, PC, in Doylestown and Blue Bell, Pa.

**Dieter Lindskog, M.D. '98**, is an assistant professor of surgery in orthopaedics at Yale New Haven Hospital in New Haven, Conn. Dr. Lindskog and his wife Carrie Swigart, M.D., are the parents of twin toddler girls, Charlotte Grace and Emma Jane.

**Sonny Lee, M.D. '99**, announces that he and wife are expecting their second child. The couple has one daughter, Mika, and live in Redlands, Calif.

**Robert D. Stanley, M.D., M.P.H. '99**, is working on a residency in internal medicine at the Albany Medical Center. Dr. Stanley, an epidemiologist, writes, "My epidemiology training from NYMC has been invaluable and a great asset when looking for fellowship positions, even though I haven't formally settled on one yet! 'Hi' to Dr. Visintainer and all of the staff of the epidemiology program. You are always in my thoughts, especially during our journal clubs up here in Albany."

**Justin Striblen, M.D. '99**, and his wife Sarah became the proud parents of their first child, Abigail, on November 16, 2004.

**Domenic Visocchi, M.S. '99**, is owner and president of Precision Physical Therapy and Sports Medicine, a physical rehabilitation clinic in Medford, Mass.

## The Eighties

**Jill S. Hirsch, M.D. '80**, a pediatrician, works with her husband, **Randolph Cohen, M.D. '80**, an ob-gyn, in a multispecialty group: Cristal Run Health Care in Middletown, N.Y. The couple's youngest daughter, Larissa, is a senior in high school and will be attending Drew University in the fall. Their twins, Allison and Jessica, are juniors majoring in chemistry at Columbia University in New York City. Drs. Hirsch and Cohen are excited to be celebrating their 25th wedding anniversary and their 25th medical school reunion.

**Paul E. Lemanski, M.D. '80**, a board-certified internist, is the director of Prime Care Physician's Center for Preventive Medicine and Cardiovascular Health in Cobleskill, N.Y. Dr. Lemanski is also assistant clinical professor of medicine at Albany Medical Center in New York.

**Sarina DiStefano-Lynch, M.D., '80**, is practicing obstetrics-gynecology in Tarrytown, N.Y. Dr. Lynch is the mother of four: Sean and Genevieve, both in college, Katie, 15, and Juliette, 11.

**Carl P. Stamm, M.D. '80**, practices internal medicine and gastroenterology at Carolina Mountain Gastroenterology in Fletcher, N.C.

**Stephen M. Colodny, M.D. '81**, an internal medicine physician, is serving a one-year term as chairman of the board of directors at St. Clair Hospital in Pittsburgh. Dr. Colodny has been on the medical staff of St. Clair Hospital for more than 15 years and a member of its board of directors since 2001. He practices with Pittsburgh Infectious Diseases, Ltd., in Upper St. Clair, Pa.

**Rachel Cyrlak, M.D. '81**, is a private practice pediatrician and also chief of staff at Joe DiMaggio Children's Hospital in Hollywood, Fla.

**Harriet E. Dickenson, M.D. '82**, works for the New York City Transit Authority in Brooklyn, N.Y.

**Vincent Panella, M.D. '82**, is the 2004-2005 president of the New Jersey Gastroenterology and Endoscopy Society.

**Robert N. Perelman, M.D. '82**, is clinical director of the department of radiology and imaging services at Our Lady of Mercy Medical Center in the Bronx, N.Y.

**Brian Solow, M.D. '82**, writes that he enjoyed hosting **Joe Lobl, M.D. '82**, and family while his daughter was looking at colleges in California. "It's hard to believe we started medical school more than 25 years ago!"

**Andrew Antoszyk, M.D. '83**, is president of Charlotte Eye, Ear, Nose and Throat Associates. Dr. Antoszyk was named one of the "Best Doctors in America" for 2003-2004. His son Brian, age 17, is a National Merit semifinalist and a nationally ranked tennis player. His daughter Jennifer, age 12, is also nationally ranked in tennis.

**Jeffrey N. Broder, M.D. '83**, has run his own medical practice, North Augusta Urgent Care Family and Occupational Medicine Center in North Augusta, S.C., for the past 14 years. Dr. Broder and his wife Teresa live in Martinez, Ga. The couple has five children, including three in college. Dr. Broder would like to hear from classmates at [jbroder3@comcast.net](mailto:jbroder3@comcast.net).

**Deborah Fried, M.D. '83**, writes: "Do the 'oldies' radio stations play lots of Pink Floyd's 'The Wall' or is it just my wistful memory? (That was the song in our show...)"

**Peter Hoffmann, M.D. '83**, a pathologist, practices at St. Francis Hospital in Roslyn, N.Y. Dr. Hoffman is also an assistant clinical professor of pathology at Columbia University and a fellow of the College of American Pathologists.

**Daniel O'Dea, M.D. '83**, a cardiologist, is on staff at the Heart Center at Sharon Hospital in Connecticut.

**Anna Tirado, M.D. '84**, is celebrating her new life after undergoing a bone marrow transplant for acute leukemia in 1998.

**Hilary J. Cholhan, M.D. '85**, an obstetrician-gynecologist, is medical director for the Women's Continence Center of Greater Rochester in Rochester, N.Y. Dr. Cholhan, who is on the faculty of the University of Rochester School of Medi-

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## David Staffenberg, M.D. '89, Honored For The Wonders He Works

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Most of his patients—85 percent—are children, which means that he is busy repairing cleft lips and palates, missing external ears or injuries due to trauma or cancer. "A lot of craniofacial surgery winds up being concerned with babies and children because so much of it is congenital in nature," he explained. Cases like the Aguirre twins are one-in-ten-million for their medical rarity and the media attention they bring. But when Dr. Staffenberg discusses the boys and the revolutionary approach to separating them by conducting four major operations over a ten-month period, what is most noticeable is his awe at humanity—theirs and his own.

"It's not what we used to treat Carl and Clarence with, it's how we treated them," Dr. Staffenberg said, referring to the strategy of giving the boys all the time, nutritional and occupational therapy they needed to regain their strength between surgeries. "The hardest thing you can ask a surgeon to do is wait to operate. We were able to restrain ourselves and not just rush in," he said.

Dr. Staffenberg said there was no objective way to determine when the boys were ready for the next surgery. "It was literally my going up every day—I think I put 18,000 miles on my car that year—and just watching them play. It was about the lowest tech decision we could make. It was the human being sitting there looking at the patient."

Dr. Staffenberg realizes that the human suffering leading to plastic and reconstructive surgery is often overlooked, that people commonly dismiss the specialty as a superficial pursuit. "But then you see this part of it," he said, describing patients he has helped—including teenagers—whose cleft lips or palates once caused them emotional and social isolation and pain: "This is where I can make a difference." ♦



# ANNA B. DRAKONTIDES, PH.D., Tough But Caring, Retires

Her standards are strict. She is a stickler for detail, dedicated yet uncompromising, deeply caring and humane. These are just some of the qualities that come to mind when friends and colleagues think of Anna B. Drakontides, Ph.D.

Asked to describe her own reputation, however, Dr. Drakontides is not nearly as gentle. "They call me 'dragon lady,'" she says, referring to her demanding approach as a professor of cell biology and anatomy and to her Greek last name, which translates into "dragon."

"I guess I'm always striving for perfection," Dr. Drakontides says, reflecting on her impending retirement after 32 years of teaching in the Medical School and the Graduate School of Basic Medical Sciences. "I'm tough, but I think I'm fair."

Whether teaching histology, gross anatomy, training faculty, directing the graduate programs in cell biology and anatomy, or serving as head of the academic standards committee, Dr. Drakontides requires peak performance from everyone, including herself, according to Francis L. Belloni, Ph.D., dean of the GSBMS.

"If you think back on your own life, there were always teachers who had an influence on you aside from what they taught in the classroom," Dr. Belloni says. "Every once in a while some student from years ago will contact her and tell her what a positive influence she was."



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**Anna B. Drakontides, Ph.D., is retiring after 32 years of teaching.**

After earning her bachelor's degree from Hunter College in New York in 1955, Dr. Drakontides went to work for Pfizer Pharmaceuticals in Maywood, N.J. While working there she earned a master's degree in biological sciences. At Pfizer's suggestion she went on to earn a doctorate in anatomy at Cornell University Medical College. She also did a post-doc in the school's pharmacology department.

Dr. Drakontides wanted to remain in the New York metropolitan area and to pursue her research using the electron microscope as one of the tools to study function and structure of the neuromuscular junction. In 1973, she joined the Department of Anatomy, then chaired by Johannes A.G. Rhodin, M.D., Ph.D. "He was an outstanding scientist and utilized the electron microscope in his research," Dr. Drakontides says. She joined the department that year. But her teaching load—gross anatomy,

neuroscience, histology and cell biology—consumed most of her time.

Despite lingering regrets about not being able to continue her research, Dr. Drakontides values the years she spent teaching medical and graduate students. "The students are the shining lights here," she says, explaining how teaching pushed her to think about questions she'd never entertained. "I've learned my discipline from the students," she says. "When you get up there to lecture 200 students, you have to understand what you're trying to put across."

Dr. Belloni continues, "She demands as much of her students as she does herself. They have a respect and deep affection for her."

Sansar Sharma, Ph.D., professor of ophthalmology, a friend and colleague who also has an appointment in the Department of Cell Biology and Anatomy, agrees: "She is an extremely concerned and dedicated teacher, very well

known for requiring all the minor details that may be excruciating but important to know. She will go to great lengths to explain the material if students will come and talk to her. She's very caring."

Over the years Dr. Drakontides trained a number of faculty members to help teach the histology course. She also headed the Academic Standards Committee, which reviews academic records of all potential graduates to make sure they are meeting their requirements. "She was perfect for that," Dr. Belloni says. "She was able to see the humanness of a situation."

Dr. Drakontides knows she will miss her students and colleagues, yet she is excited about having the time, at last, to pursue art, literature, music, painting, woodworking and traveling. "I've been here 32 years and never had a summer off," she says. Retirement is going to change that. Eagerly, she adds, "You have no idea how exciting it is." ♦

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**ALUMNI  
REUNION  
WEEKEND**



**Saturday and  
Sunday  
May 20-21  
2006**

## M I L E S T O N E S

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ciné, is also conducting clinical research, publishing articles and training ob-gyn residents and medical fellows in urogynecology and reconstructive pelvic surgery.

**David J. Glass, M.D. '85**, is vice president at Regeneron Pharmaceuticals in Tarrytown, N.Y. Dr. Glass has published extensively on the mechanisms of skeletal muscle atrophy and hypertrophy. "Would love to hear from folks from the Class of '85...roomies, classmates, members of the back row gang, senators, etc. Hope everyone is doing well!"

**Jeffrey J. Spillane, M.D. '85**, is a general thoracic surgeon on staff at Cape Cod Hospital in Hyannis, Mass.

**Lee Anne Sprance, M.D. '85**, a breast surgeon, recently became medical director of the Breast Care Program at Barberton Citizens Hospital in Barberton, Ohio.

**Devon Bock, M.D. '86**, has been working with The Vascular Group, PLLC, in Albany, N.Y. In 2004, Dr. Bock married Greg Scalia, M.D., and plans to relocate to New Orleans, where Dr. Scalia has been practicing laparoscopic bariatric surgery. The couple is expecting their first child. "Hello to all my classmates."

**Terence J. Delaney, M.D. '86**, is chief of staff at the Community Hospital of Los Gatos in California.

**Anne Leshner, M.D. '87**, is medical director for the Premcor Refining Group, Inc. in Hartford, Ill.

**Michelle A. Grosz-Multz, M.D. '87**, is busy with work and parenting a 4-year-old son and a 10-year-old daughter and would love to hear from classmates.

**Debbie A. Hasan, M.P.H. '88**, a labor and delivery room nurse, is busy taking care of her 16-, 12-, 10-, and 8-year-olds. She and husband **Ahmed Hasan, M.D., M.P.H. '87**, a gastroenterologist whom she met at NYMC 20 years ago, live with their children in Allentown, Pa.

**Dina Khader, M.S. '88**, is a nutritionist who runs the Khader Group, Inc., a weight loss and nutritional counseling company based in Mt. Kisco, N.Y. Ms. Khader works according to the principles of nutrigenomics, utilizing blood types to design individual nutrition plans. In 2000, she published the book, *"The Food-Combining, Blood-Type Diet Solution,"* and has been featured in the *Westchester Weekly* section of the *The New York Times*, *The Journal News* and on Fox 5 and Channel 12.

**Enriqueta "Ketty" Reilly, M.P.H. '88**, retired from her position as assistant administrator of planning for Calvary Hospital in the Bronx, N.Y. She and husband James are living in Palm Coast, Fla.

**Elliot H. Schnur, M.D. '88**, is working as a solo family medicine practitioner with Doylestown Family Medicine in Doylestown, Pa.

**Mark Winik, M.D. '88**, is an anesthesiologist in private practice on Long Island.

Dr. Winik is married and the father of Jason, 8, Eric, 6, and twins Natalie and Hannah, 2<sup>1/2</sup>. Dr. Winik would love to hear from old friends at [mwinmd@optonline.net](mailto:mwinmd@optonline.net).

**Eugene Conrad, M.P.H. '89**, a retired professor and former patient advocate for people in nursing homes, has written a pamphlet on patients' rights.

## The Seventies

**Charles L. Barrett, M.D. '70**, is the senior partner in an eight-person obstetrics-gynecology group in Mountain View, Calif. Dr. Barrett has five successful children and two young grandchildren. He plans to retire in 2007.

**Frank Bongiorno, M.D. '70**, completed a six-person relay swim of the English Channel on August 28, 2004, in 14 hours and 28 minutes.

**Ian Gale, M.D. '70**, is practicing urology in Los Angeles. Dr. Gale, a newlywed, recently honeymooned in Bali and is living in Calabasas, Calif.

**Bryan R. Updergraff, M.D. '70**, is practicing allergy and dermatology medicine in Phoenix, Ariz. Dr. Updergraff is a member of the American Academy of Dermatology, the American Dermatology Society for Allergy and Dermatology, the American College of Allergy and Immunology and the Phoenix Dermatological Society. He was named a "Top Doc" by PHOENIX magazine.

**Barry Reisberg, M.D. '72**, is medical director for aging and dementia research at New York University Medical Center in Manhattan. In July 2004, Dr. Reisberg received a Lifetime Achievement Award for research on Alzheimer's disease from the Alzheimer's Association and the International Conferences on Alzheimer's Disease.

**Robert D. Restuccia, M.D. '72**, directs the pediatric critical care division for the Rockford Health System in Rockford, Ill. Dr. Restuccia and his wife Mary live in Rockford and are the proud grandparents of Aiella. Their three children—two are teachers and one works in the insurance industry—live in Dallas. "We enjoy our large old prairie home and gardening. Give us a call if you're in the Chicago area."

**Daniel Z. Aronson, M.D. '73**, was recently appointed president and chief executive officer of Vassar Brothers Medical Center in Poughkeepsie, N.Y.

**James Coplan, M.D. '73**, practices pediatrics at the Children's Hospital of Philadelphia Specialty Care Center in King of Prussia, Pa.

**John Doty, M.D. '75**, is practicing family medicine with the Guthrie Healthcare System in Wellsboro, Pa.

**Catherine Dunn, M.D. '75**, is practicing community psychiatry part time in Seattle. Her older daughter graduated from college in May 2005. Her younger daughter is a second-year college student.

**Robert Flanagan, M.D. '75**, has been practicing and teaching obstetrics-gynecology for the past 27 years (although he

stopped practicing obstetrics in 1999). Dr. Flanagan and his wife Ann have three daughters: two are in graduate school and one is in college. "Hope to see the Franklin Plaza and other friends at our 30th reunion next year."

**Tom Phillips, M.D. '75**, an orthopaedic surgeon, and on the medical staff of Bell Hospital in Ishpeming, Mich. Dr. Phillips specializes in total joint replacement, fractures, spine arthroscopy, ACL reconstruction, ligament injuries, trauma, hand surgery and rheumatoid arthritis.

**Martin Schwartz, M.D. '75**, recently became secretary and membership chairman of the California Geriatrics Society. Dr. Schwartz invites any interested alumni to visit the website at [californiageriatrics.org](http://californiageriatrics.org), or to email him at [schwartzboiko@adelphia.net](mailto:schwartzboiko@adelphia.net).

**Michael J. Bronson, M.D. '76**, is director of joint replacement surgery at Mount Sinai Medical Center in New York City. Dr. Bronson is also associate professor of orthopaedic surgery at the Mount Sinai School of Medicine.

**Alfredo Thomas Garcia, M.D. '76**, is a cardiologist and internist in private practice at the Houston Heart Centre in Houston, Texas. Dr. Garcia is serving a one-year term as president of the Houston Academy of Medicine. He has been a member of the Harris County Medical Society for 24 years and is a Texas delegate to the American Medical Association.

**Joseph H. Owens, M.D. '76**, is working as a staff psychiatrist in a prison "and loving it."

**Charles Alexander, M.D. '77**, a psychiatrist, has been on the medical staff of Silver Hill Hospital in New Canaan, Conn. since 1999. Dr. Alexander, who also maintains a private practice, lives with his family in Wilton.

**Douglas A. Byrnes, M.D. '77**, is a clinical assistant professor of medicine at the Stony Brook University School of Medicine. Dr. Byrnes also has a private cardiology practice in Huntington, N.Y.

**Lloyd Haskell, M.D. '77**, is vice president of the internal medicine group at Johnson & Johnson Pharmaceutical Research & Development in Raritan, N.J.

**Abraham Lichtmacher, M.D. '78**, is chairman of the department of obstetrics-gynecology at the Lovelace Clinic in Albuquerque, N.Mex.

**Jim Maisel, M.D. '78**, founder of ZyDoc, a medical transcription service, works in Hauppauge, N.Y.

**William Zarowitz, M.D. '78**, writes that his daughter Michelle graduated from Hampshire College in December 2004 and will be a caseworker for a homeless shelter for adolescents in Sacramento, Calif.

**Mary Ellen Romano, M.D., Ph.D. '79**, was elected as a new member to the board of trustees of the Staten Island Children's Campaign Charitable Trust.

## The Sixties

**Carl Marchetti, M.D. '60**, an obstetrician-gynecologist, is senior vice president of medical affairs at Jersey Shore University Medical Center in Neptune, N.J. Dr. Marchetti is also a lifelong member of the Boy Scouts of America. An active member of the scouting community for more than 58 years, he recently received the Legacy of Servant Leadership Lifetime Achievement Award from the National Order of the Arrow, the national honor society of the Boy Scouts of America.

**Andrew J. Peters, M.D. '60**, retired from practicing internal medicine in July 2004, and moved to Sarasota, Fla., where he is enjoying his 10 grandchildren and the "good life."

**James M. Rubin, M.D. '60**, is chief of allergy at Beth Israel Medical Center in Manhattan. Dr. Rubin is also in private practice.

**Howard D. Harrison, M.D. '61**, is retired and living in Cape Coral, Fla., where he works part time at the local Veterans Administration clinic. Dr. Harrison also sits on the governing council of the senior physicians group of the American Medical Association.

**Neil A. Kurtzman, M.D. '61**, is the Grover E. Murray Professor and University Distinguished Professor at Texas Tech University Health Sciences Center in Lubbock, Texas. Known for his research on kidney function and disease, Dr. Kurtzman received the IV Giovanni Alfonso Borelli Conference Medal from the Italian Society of Nephrology and the Italian Kidney Foundation for his contributions to acid-base physiology and clinical nephrology. He has written two books and hundreds of scientific papers and is a fellow of the American Association for the Advancement of Science.

**Harvey Reback, M.D. '61**, is practicing internal medicine full time in a four-man group in Fall River, Mass.

**Edwin S. Stempler, M.D. '61**, is practicing orthopaedics and specializing in the diagnosis and treatment of osteoporosis. Dr. Stempler's wife Norma helps in the office, which is located in Palm Desert, Calif.

**Anthony F. Milano, M.D. '62**, retired from the U.S. Air Force in 1992 as a flight surgeon and full colonel and received the Air Force Meritorious Service and Commendation medals. Dr. Milano also received the "Command Flight Surgeon of the Year" award in 1991. Board-certified in insurance medicine, Dr. Milano has been working in the insurance industry, specifically in medical risk management and research. He serves as a consultant to the insurance industry and to the U.S. Department of Justice in matters of mortality and life expectancy. He and his wife Betty live year-round in Cummaquid on Cape Cod. The couple has four daughters and eight grandchildren.

**Frank Lunati, M.D. '63**, recently published a book, *Time Never Heals*, (Xlibris) which consists of a collection of letters he wrote home to his wife during his days

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## M I L E S T O N E S

as a battalion surgeon in Vietnam. Dr. Lunati is a cardiologist at the John T. Mather Memorial Hospital in Port Jefferson, N.Y.

**Robert H. Waldie, M.D.** '64, who retired from practicing ophthalmology eight years ago, had an aortic valve replacement last year, and is doing fine.

**Harvey White, M.D.** '64, is practicing psychiatry in New York City and northern New Jersey. Dr. White is also teaching at St. Luke's-Roosevelt Hospital and is on the faculty at Columbia University College of Physicians and Surgeons. He is still writing and has finished a play, "My Freud: A One Man Play."

**Cheryl Sternlieb, M.D.** '65, reports that her son, Glenn Kashan, M.D., has joined her internal medicine practice in New York City.

**Burton Grebin, M.D.** '66, is executive director of St. Mary's Healthcare System for Children and president and chief executive officer of St. Mary's Hospital for Children in Bayside, N.Y. Dr. Grebin is also professor of clinical pediatrics at Columbia University, co-chairman of the Specialty Hospital Work Group and a member of the Council on Child Advocacy of the National Association of Children's Hospital and Related Institutions. The father of twin sons and grandfather of three granddaughters, he lives in Great Neck, N.Y.

**Stephan M. Greenberg, M.D.** '66, recently received the Seabee Combat Warfare Officer Designation, which recognizes his having obtained significant military experience in Seabee combat warfare. Dr. Greenberg is a medical officer with Mobile Construction Battalion 27, Naval Air Station in Brunswick, Maine.

**Steven Weissberg, M.D.** '66, has retired from obstetrics so he can enjoy more time with his first grandchild. "I would love to hear from fellow classmates."

**Kenneth Murdock, M.D.** '68, retired from practicing radiation oncology full time in 2004 and plans to return to school to complete his music degree.

**Richard N. Hirsh, M.D.** '69, is bringing mammography-teaching missions to developing regions, including Bulgaria and China. Dr. Hirsh has volunteered reading mammograms for the Lakota people at an Indian Health Service hospital in Rosebud, S.Dak.

## The Fifties

**Sam Knappenberger, M.D.** '55, who is retired in Redlands, Calif., writes, "looking forward to Reunion Weekend!"

**Gerald W. Parker, M.D.** '55, writes that he is "looking forward to our 50th anniversary!" Retired from internal medicine, Dr. Parker lives in Rindge, N.H.

**Fred Cushmore, M.D.** '56, has worked part time at St. Joseph's Hospital and Medical Center in Paterson, N.J. for the last 10 years. Dr. Cushmore plans to fully retire in June 2005 and is looking forward to the 2006 reunion. He lives in North Caldwell, N.J.

**Martin H. Floch, M.D.** '56, recently edited the book *Netter's Gastroenterology*.

**James B. Leach, M.D.** '56, retired from practice in December 2004 and has fully recovered from spinal stenosis surgery. Complications from a post-op staph wound infection wrecked his golf game, but he says he is back on the links playing better than ever. "Hi to all my fellow retirees and hope to see all of you at our 50th in '06 – God willing."

**David Werdegar, M.D.** '56, is president and chief executive officer of the Institute on Aging in San Francisco. Dr. Werdegar is professor emeritus and former chair of the department of family and community medicine at the University of California, San Francisco School of Medicine. His wife Kathryn is a justice of the California Supreme Court. The couple has two sons, and three grandchildren.

**James H. Armstrong, Sr., M.D.** '57, a family practice physician, is working two days a week in Kalispell, Mont. Dr. Armstrong's son took over his family practice four years ago and incorporated it with an established group of family physicians. "I look forward to our 50th reunion – only 2 years!"

**Robert Littlejohn, M.D.** '57, is practicing family medicine, sports medicine and public health in Barberton, Ohio. Dr. Littlejohn who has 24 grandchildren, has no intention of retiring. "Retire???" he writes, "and try to outwit a trout or a golf ball?"

**Murray J. Pozner, M.D.** '57, would love to hear from former classmates who live in the vicinity of Boca Raton, Fla.

**Robert J. Blankfein, M.D.** '58, retired from neurology practice in 2002. Dr. Blankfein and his wife live in New York City and enjoy traveling. In August 2004, they saw **Michael Tager, M.D.** '58, now retired from urology. In early October they spent a week in San Francisco with **Howard Kline, M.D.** '58, who has a busy cardiology practice.

**Fred Hagerly, M.D.** '58, is living in Vero Beach, Fla., and happy to report that he and his wife Ann were spared serious damage from the hurricanes of last September and October. Dr. Hagerly enjoys summers—in his eight grandchildren—in York, Pa.

**Harold A. Engelke, M.D.** '59, is working as an occupational health physician for Pfizer Pharmaceuticals in Groton, Conn.

## The Forties

**Howard A. Winkler, M.D.** '43, is retired and stopped doing locum tenens last year but still does disability determination evaluations one day a week and attends occasional medical seminars, "where I rub elbows and pick brains with other retirees." Dr. Winkler writes that he is in contact with **Robert Bailey, M.D.** '43, who is retired and back in Michigan; **Wallace McCaffrey, M.D.** '43, who is "still in New Jersey and reading EKGs at his local hospital;" **Adeline Martin, M.D.** '43, who is living in Louisville, Ky.; and **Emanuel Salzman, M.D.** '43, a "nationally renowned mycologist who runs a program in Telluride, Colo., on identifying mushrooms."

## In Memoriam

Joseph Giamelli  
1949-2005

New York Medical College lost a dedicated friend and trustee on July 28 when Joseph Giamelli died from injuries sustained in an automobile accident in Franklin Lakes, N.J. Mr. Giamelli was elected to the New York Medical College Board of Trustees in 1996. During his tenure he served on numerous committees, including those related to development, academic affairs and executive concerns.

Mr. Giamelli became involved with the College through his support of the pediatric hematology and oncology division of the Department of Medicine. At the time of his death he was an active supporter of the annual Founder's Dinner, the President's Circle, the Children's Cancer Fund and various building and scholarship projects.

Mr. Giamelli, 57, was a resident of Irvington, N.Y. His professional career spanned more than three decades as an astute manager and executive of information systems and technology resources for employers that included the City University of New York, Citibank, Toys R Us and Barnes & Noble.

In addition to his wife of 34 years, Joann, Mr. Giamelli is survived by a daughter, Christina, and sons Richard and Joseph Jr., a 2002 graduate of the New York Medical College School of Medicine who is presently chief resident in pediatrics at Westchester Medical Center. Mr. Giamelli was predeceased by a son, Michael Lee, who died at the age of six from a rare brain tumor. In 2004 the family donated a conference room in the Health Sciences Library in memory of the child. ♦

**Isaac M. Kaplan, M.D.** '28, died February 3, 2005.

**Thomas Siciliano, M.D.** '36, died January 16, 2005.

**George W. Deyoe, M.D.** '40, died September 27, 2004.

**Sidney L. Cramer, M.D.** '41, died November 18, 2004. He was 89.

**Jerome Samuel, M.D.** '41, died November 9, 1996.

**Herbert G. Cohen, M.D.** '43, died January 4, 2005.

**Donald H. McLean, M.D.** '46, died April 28, 2004.

**William R. Thompson, M.D.** '48, died November 27, 2004.

**Eugene C. Hohenstein, M.D.** '50, died February 19, 2005.

**Alexander George Vongries, M.D.** '50, died October 9, 2004.

**Raymond W. Gibbs, M.D.** '51, died February 7, 2005. He was 84.

**John E. Sheridan, M.D.** '51, died November 29, 2004.

**Edward F. Knauff, M.D.** '54, died March 6, 2005.

**Lowell H. Kane, M.D.** '55, died November 16, 2004.

**John J. Stavola, M.D.** '56, died January 14, 2005.

**Louis F. Iacueo, M.D.** '67, died November 10, 2004.

**Thaddeus R. Leoniak, M.D.** '67, died December 20, 2004.

**Mary Hawkins McAteer, M.D.** '75, died November 30, 2004. She was 54.

**Sherry Stanton, M.D.** '75, died December 29, 2004. She was 54.

**Bruce Zakheim, M.D.** '77, died December 27, 2004. He was 53.

**Laura Barnett-Sparhawk, M.D.** '81, died September 17, 2004.

## Faculty

**Leonard J. Stutman M.D.**, associate professor of clinical medicine, died July 7, 2005. He was a captain in the U.S. Air Force and pioneered in-flight testing of cardiovascular function in zero-gravity. Dr. Stutman also headed the coagulation research laboratory at St. Vincent's Hospital Manhattan, where he was known for his work on clotting, hemophilia and sickle cell anemia.

**Stanley E. Turet, D.M.D.**, clinical associate professor of dental medicine, died May 8, 2005. Dr. Turet headed the orthodontic section of the Department of Dentistry at Westchester Medical Center. He had a special interest in children with facial deformities and worked with the medical center's congenital defects team.

# New York Medical College

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