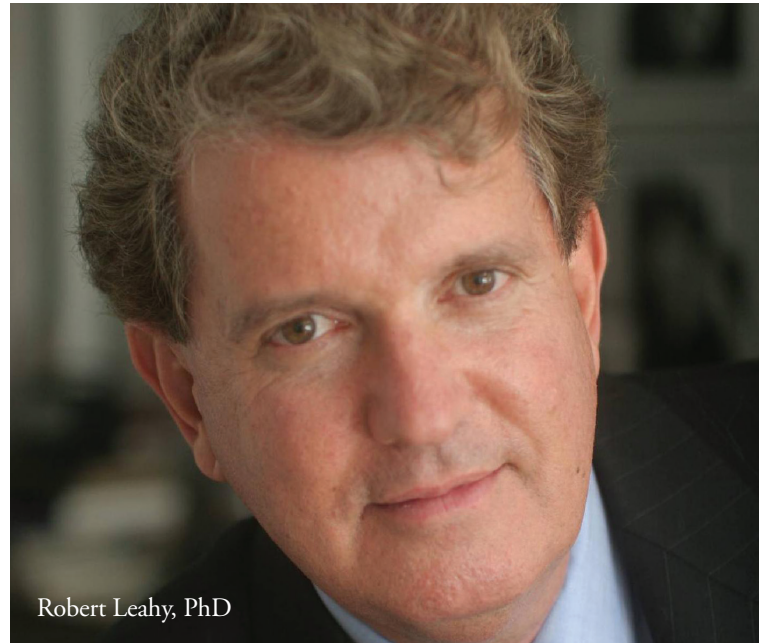


LEGACY PARTNERS

THE WHITNEY-HARKNESS SOCIETY NEWSLETTER | SUMMER 2020

IN THIS ISSUE:

- 1 COVID-19**
How to Adjust to the 'New Normal'
- 2 VISIONARIES**
Alan and Sandra Klein
- 3 BREAKTHROUGHS IN SPINAL DEFORMITY SURGERY**
Lawrence G. Lenke, MD
- 5 COVID-19 FAQs**
- 8 LEGACY MINUTE**
Elizabeth Blackwell, MD:
America's First Female Doctor



Robert Leahy, PhD

COVID-19: HOW TO ADJUST TO THE 'NEW NORMAL'

After months of sheltering in place, many of us have suddenly been forced to adjust to a “new normal”: parents home-schooling their children, families or roommates suddenly isolating in cramped quarters, donning a mask when leaving the house, and wiping down groceries after a stress-filled visit to the store.

“The world is facing a pandemic, and in many places across the world, people are following similar lockdowns, shutdowns, or social distancing,” says Dr. Robert Leahy, an attending psychologist at New York-Presbyterian/Weill Cornell Medical Center and the author of *The Worry Cure: Seven Steps to Stop Worry From Stopping You*. “We have to look at this by putting in perspective that to win the war against COVID-19 we need to make sacrifices and develop a coping mindset.”

Dr. Leahy, a national expert in cognitive therapy, shares his advice on how to cope with the challenges of so much change at once, and how to view the situation through a lens of acceptance.

Put it in perspective

The goal is not to get rid of worry but to put it in perspective. It’s wise for hospitals and governments to be monitoring this situation, quarantining, and setting restrictions to reduce the spread. It may feel concerning, but remember that government and healthcare officials are taking measures that disrupt people’s daily routines in an effort to be prepared and address the situation. Just because they are taking all these precautions doesn’t mean it will result in the worst-case scenario.

Find the balance between following proper health guidelines and reducing the intensity and frequency of your worry. Don’t be overly positive or foolish and disregard the prudent guidelines, but ask yourself if your thoughts are productive or unproductive. You can’t control certain things, but you can control where you put your attention, and you can take care of yourself by exercising, eating right, and spending time with your family.

VISIONARIES: ALAN AND SANDRA KLEIN



Alan Klein

Alan B. Klein may have been born under a lucky star. Diagnosed when he was three years old with tetralogy of Fallot (TOF), a rare, congenital heart defect that causes oxygen-poor blood, Alan managed to live to the age of 77, far exceeding any medical expectations. His wife of 50 years, Sandra N. Klein, says, “Alan made his own luck with his tremendous courage, resilience, and optimism. Those three characteristics allowed him to face his difficult health issues with dignity and grace.”

Now Sandra wishes the same for others requiring the best in healthcare. She turned to NewYork-Presbyterian’s Planned Giving experts to help her honor the memory of her husband—and his place in NewYork-Presbyterian history—with a gift from their estate. “Alan and I were always very grateful to his extraordinary doctors for his additional years of life.”

Because of his heart defect, Alan was a frequent patient at what was then New York Hospital, now NewYork-Presbyterian/Weill Cornell Medical Center. Today, surgery is typically performed in the first year of life for those with TOF. But at that time, no such treatment was available, and 70 percent of TOF patients died by their 10th birthday.

Sandra marvels at how Alan survived his first 19 years of life before he “chanced” an experimental new surgery called the Blalock-Taussig shunt procedure, a temporary, external fix to the heart performed to increase oxygen supply to the blood. The odds of the surgery were dire: 50-50. But Alan, a freshman at the City College of New York, survived. The procedure gave his heart critically important time, the time needed for medical technology to devise new methods to correct his heart’s internal defects.

In his 20s, Alan turned his attention to other affairs of the heart, when he met Sandra. After graduating from college, Alan worked his way through a retail training program to become a buyer of men’s clothing at Stern Brothers of New York, where Sandra was also a buyer. And the rest, as they say, is history. “It was a department store romance,” Sandra recalls fondly.

The couple married in 1961, not knowing how many years they would have together. “Every day that I woke up and my husband was breathing—that was my gift,” says Sandra. The couple would receive another gift, a chance at a long life for Alan, in the way of a pioneering cardiac surgeon, Dr. James Malm, and the new American invention

“Alan and I were always very grateful to his extraordinary doctors for his additional years of life.”

of open-heart surgery. Dr. Malm, who was the first Chief of Cardiothoracic Surgery at what was then Presbyterian Hospital, now NewYork-Presbyterian/Columbia University Irving Medical Center, performed Alan’s surgery on June 28, 1966. “He was a young surgeon,” Sandra remembers, “but so compassionate with Alan and me.” Once more, Alan’s luck held, and the surgery was a success. Sandra still celebrates that date, each year, as one of her late husband’s many “birthdays.”

continued on page 6

BREAKTHROUGHS IN SPINAL DEFORMITY SURGERY: A DISCUSSION WITH LAWRENCE G. LENKE, MD



Surgeon-in-Chief, NewYork-Presbyterian Och Spine Hospital
Chief of the Spine Division, Department of Orthopedic Surgery, NewYork-Presbyterian/Columbia University Irving Medical Center

Dr. Lenke is one of the world’s foremost leaders in complex spinal deformity surgery and the most widely published spinal deformity surgeon, having developed the classification system for adolescent idiopathic scoliosis.

What inspired you to specialize in spinal deformity surgeries?

I went to medical school wanting to change the lives of patients. Once there, I gravitated toward orthopedic surgery, but I ultimately chose to specialize in spinal deformity surgery because it’s so challenging. My patients suffer from spinal deformities that can cause a wide range of serious health issues, and I’m very, very privileged to be able to take care of them. Often I’m the end of the line. If I can’t help them, really, they can’t be helped. Fortunately, that rarely happens.

What brought you to NewYork-Presbyterian?

I came to New York for the opportunity to lead the Och Spine Hospital, which was established in 2015 to treat patients of all ages for every type of spine issue—from everyday back pain to the most complex spinal deformities. It’s the first hospital of its kind, with a singular focus on spinal care.

Facilities exist for other specialties of medicine, but the Och Spine Hospital is unique. That’s why I came here: to provide unparalleled patient care, advanced research, and top-notch education. I believe we are making a big impact in the field.

What makes the Och Spine Hospital special?

The Och Spine Hospital combines NewYork-Presbyterian’s first-rate expertise in neurosurgery with orthopedic spine services to offer patients the best chance at restored health. We recruit and retain the top doctors, invest in young talent, and push each other to be the best that we can be. The facility itself is unprecedented in terms of its resources for spinal cases; the Hospital is set up to manage all surgical patients, from their first appointment through rehabilitation and recovery. Surgical suites are designed explicitly for spinal surgeries so we can perform complex procedures using the latest technology—all with an eye toward

“That’s why I came here: to provide unparalleled patient care, advanced research, and top-notch education.”

reducing complications. Patient care is coordinated with NewYork-Presbyterian’s hospitalists, intensivists, pulmonologists, and other specialists, plus we have dedicated 24/7 spine physician-assistant coverage of our patients. I always say it takes a village to prepare, perform, and recover our patients from this type of surgery. We have that here.

continued on page 7

COVID-19: FREQUENTLY ASKED QUESTIONS

The COVID-19 pandemic has upended the lives of countless individuals across the world, the country, and here in New York. With New York City as an epicenter of the pandemic, NewYork-Presbyterian has emerged as a trusted voice, a reliable resource, and a national leader in the diagnosis and treatment of COVID-19 patients. As we start to reopen our cities, we hope you and your loved ones are staying well and safe.



How has NewYork-Presbyterian faced the challenges of COVID-19?

Since the beginning of this pandemic, the entire NYP enterprise has worked around the clock and to date we have discharged more than 10,000 patients with COVID-19, making us one of the largest providers of care for these patients in the nation. In addition, our labs have performed more than 150,000 COVID-19 diagnostic tests since the inception of the crisis.

The Hospital also increased its care capacity by converting clinical spaces to intensive care units, establishing multiple cough and fever clinics throughout the city, moving most of our outpatient services to a telemedicine platform, and even converting Columbia University's Baker Field to a field hospital capable of treating more than 200 patients.



How has telemedicine played a role during the COVID-19 outbreak?

Throughout this remarkably challenging period, we have continued to care for New Yorkers with other conditions, primarily through our comprehensive suite of telehealth services. Since New York City went under a stay-at-home order, we have provided world-class treatment, information, and reassurance to more than 330,000 patients using telehealth.

Through virtual urgent care visits using NYP OnDemand (www.nyp.org/ondemand/urgent-care), patients have consulted with NYP physicians who have provided clinical expertise and sound guidance. This step avoided unnecessary trips to the Emergency Department for many, reducing patient volume in the ED and ensuring that those with COVID-19 received care as quickly as possible.



What steps has NewYork-Presbyterian taken to protect and support its front-line staff during the crisis?

The health and safety of our employees is one of our top priorities at NewYork-Presbyterian. With the emergence of COVID-19, it has become even more important to protect our front-line staff who courageously face the pandemic on a daily basis. During the crisis, personal protective equipment needs increased greatly. The Hospital's mask utilization alone grew by 2,200 percent, from 4,000 masks per day to 90,000. Face masks and hand sanitizer were provided to all NYP employees, including nonclinical workers.

Additionally, the Hospital has provided employee support resources including child care and backup care services, Citi Bike memberships, emergency parking spaces, and emergency housing accommodations—all at no cost—for team members. Employees have also had access to free emotional and physical well-being and mental health resources. Moreover, the Hospital has been providing three free meals a day to every member of our front-line patient-facing teams across all our campuses since the beginning of April.



Where can I obtain more information about COVID-19?

For the latest updates on coronavirus, please visit the Centers for Disease Control and Prevention at cdc.gov or NewYork-Presbyterian at nyp.org.

HOW TO ADJUST TO THE 'NEW NORMAL' continued

Be kind and practice acceptance

When hunkered down in close quarters with a lot of stress, Dr. Leahy recommends a “protocol of politeness,” particularly when it comes to your partner or significant other. “Treat your partner like a total stranger you want to please,” he says. “Try to be thoughtful, polite, compassionate, and rewarding. A compliment and a ‘thank you’ can go a long way.”

People should also recognize that it is simply not possible to be on top of everything right now—but they can work to accept the “new normal” as it is and cope as necessary. “Methods of coping can be problem-solving, sharing things, cheering people on, learning from the experience, reevaluating priorities, and reflecting on how people coped with far worse in the past,” says Dr. Leahy. “Resilient people reevaluate their expectations and then focus on new goals.”

Take media breaks

Googling “Cases of coronavirus” every few hours will quickly become mentally taxing and ramp up coronavirus anxiety. Instead, try compartmentalizing. Limit your intake of the news to about 15 minutes a day so you can stay informed about developments, such as school closings or changes in travel advisories. (Also important: Make sure your news comes from credible sources.) But then focus on more productive tasks, like taking care of your family, finishing your work, or finding time to relax.

Putting limits on your news consumption and shifting your attention back to day-to-day duties will help quiet your worry and coronavirus anxiety. “When you get a worrisome thought, and that worry is off and running, you might get a case of what I call ‘Google-itis’—obsessively searching the internet about your concern,” Dr. Leahy says. “You have a choice in where you put your attention, so keep tabs on how much news you consume and carry on with the routine parts of life that are within your control.”

Connect with others (even if not face-to-face)

Just because we are self-isolating doesn't mean we need to truly isolate ourselves. Make a list of friends, including some you haven't had contact with in a

long time, and use your phone as a telephone. Set up a regular time each day to contact people, and schedule virtual get-togethers on online platforms to talk or maybe even play games. You could start a book club online with your friends.

If you have a loved one in the hospital or going through a hard time, it's easy to feel helpless, especially if you can't visit or help them feel better. But you can always tell people you love them and care about them. We often underestimate how important it is to express connection, love, and gratitude. And we can do that on an ongoing basis, not just when someone is sick.

Dr. Leahy suggests looking at life as a series of chapters in a book, which can provide a sense of control and agency in what can feel like a helpless situation. “If you look at life as a series of chapters, this chapter is objectively a hard one. But we can adjust our expectations and write a story about how we cope with this chapter to make it as good as it can be,” he says.

Dr. Leahy's Ingredients for a Coping Mindset

- Adjust your expectations.
- Reevaluate your priorities: Don't view everything as essential.
- Focus on what you can do, not what you cannot do.
- Go on a politeness binge.
- Think of this as a chapter in the book you are writing.
- View life as a narrative.

Chapters also have an end, which can help you from feeling engulfed in the moment. “This isn't the chapter we'll always be in, and not all chapters have to be wonderful,” he says.

Each day you can decide to make positive choices, reflect on your values, and cheer on the front-line heroes. “The chapter is up to you,” says Dr. Leahy.

Learn more about COVID-19 at healthmatters.nyp.org.

ALAN AND SANDRA KLEIN continued

Sandra delights in the medical improvements made in the ensuing decades and in the “marriage” in 1997 that joined together the two medical institutions, New York Hospital and Presbyterian Hospital, that saved her husband’s life. Today, NewYork-Presbyterian is renowned for its advances in cardiology and cardiac surgery, having performed tens of thousands of open-heart surgeries.

From the world’s first successful pediatric heart transplant in 1984, our institution continues to pioneer advancements. Each year, thousands of young patients benefit from our groundbreaking discoveries, the results of decades of clinical research, education, innovation, and compassionate patient care. By supporting the Division of Pediatric Surgery at NewYork-Presbyterian Morgan Stanley Children’s Hospital, Sandra pays forward the care Alan received, as she continues their story of luck and love.



Sandra and Alan Klein

BEQUESTS: SIMPLE WAYS TO SUPPORT LIFE-SAVING HEALTHCARE

Like Sandra Klein, many of our generous donors have remembered NewYork-Presbyterian Hospital in their estate plans. Bequests through wills or living trusts are great ways to help provide the finest healthcare available while not affecting your cash flow or securities portfolio.

We suggest the following language for your will or living trust:

“I give, devise, and bequeath to New York-Presbyterian Fund, Inc., a corporation created under the New York State Not-for-Profit Corporation Law and located in New York City, New York, (the sum of \$___ or ___% of my residuary estate) to be used for the general corporate purposes of NewYork-Presbyterian Hospital as its Board of Trustees shall determine.”

(New York-Presbyterian Fund, Inc., exclusively supports NewYork-Presbyterian Hospital. The Tax Identification Number for New York-Presbyterian Fund, Inc., is 13-3160356.)

For more information:

Phone: (646) 317-7499 **Email:** legacy@nyp.org **Online:** www.nyp.org/plannedgiving

BREAKTHROUGHS IN SPINAL DEFORMITY SURGERY continued

What is scoliosis and how do you treat it?

Scoliosis is a curvature of the spine. In many cases, spinal disorders like scoliosis can be treated without an operation. But severe scoliosis can cause severe health issues, especially cardiopulmonary problems, and sometimes it requires complex spinal reconstruction. In the case of one of my patients, a 14-year-old from Moscow named Svetlana, she had such severe scoliosis that her curved spine was restricting her ability to breathe. Her spine

“ I’m just honored to be able to give them their health back. ”

needed to be separated into two sections, realigned, and placed back together to make it straighter, a technique we call vertebral column resection. What makes this a very risky operation is that the spinal cord runs down the center of the spinal column that we separate, so we have to do this very carefully, obviously. After the surgery, Svetlana, who had been severely hunched and unhealthy from her severe scoliosis, gained 13 inches in height and eventually became a model back in Russia.

To see how well some of these patients have done, after coming in with such severe conditions—it really puts your own life into perspective. I’m just honored to be able to give them their health back. It’s a reflection of the entire team effort at the Och Spine Hospital, and the expertise we have, to manage this kind of complex patient.

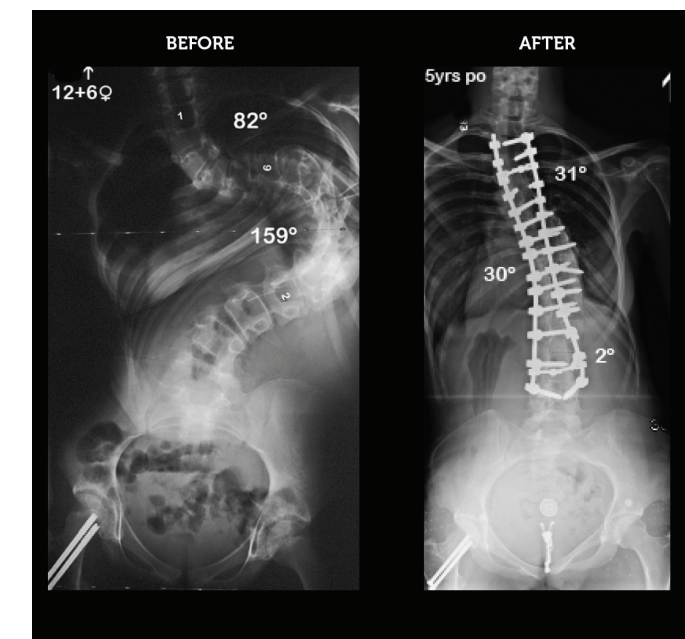
How does the Och Spine Hospital collaborate with other institutions?

We established a unique visiting surgeon educational program, where surgeons from the U.S. and around the globe come to work and learn alongside our team of experts. To date, more than 240 surgeons from nearly 30 countries have come to the Och

Spine Hospital, and the education they receive here has allowed them to take that knowledge and various surgical techniques back to their own hospitals to better care for their own patients. In this manner, overall reach of the Och Spine Hospital is exponential and something we are extremely proud of.

What’s next in the treatment of spinal issues at the Och Spine Hospital?

Donor support has been critical to realizing a number of investments at the Hospital, including being able to recruit and retain the very best spinal specialists and empower them to perform research to benefit future patients. With over 4,000 surgeries since the opening of the Hospital, we know the need is there to accommodate a growing number of patients, which will require increased space, equipment, technology, and additional surgeons.



Patient with severe 159-degree idiopathic thoracic scoliosis. At five years postoperative, the patient has excellent correction of their curve, nicely maintaining lung fields as well as clinical posture and appearance.

ELIZABETH BLACKWELL, MD: AMERICA'S FIRST FEMALE DOCTOR



Elizabeth Blackwell, MD

Revered as an inspiration to all women physicians, Elizabeth Blackwell became the nation's first female doctor in 1849, changing forever the face of medical care. Five years later, she founded the New York Dispensary for Poor Women and Children near Tompkins Square, where an impoverished immigrant community battled outbreaks of typhoid, diphtheria, and other diseases. In the one-room clinic, Dr. Blackwell provided free healthcare to the community's women and children.

The experience inspired her to open her own hospital, the New York Infirmary for Indigent Women and Children, staffed entirely by women, which would eventually evolve into today's NewYork-Presbyterian Lower Manhattan Hospital.

A decade later, Dr. Blackwell launched a medical college devoted entirely to the education of women, an institution that was absorbed by what is today Weill Cornell Medicine.

Dr. Blackwell was a fierce advocate for women in medicine until her death in 1910, and her legacy endures through the countless women physicians for whom she paved the way. Her social consciousness lives on in our commitment to the diverse and vibrant communities that we serve at all NewYork-Presbyterian hospitals.

Learn more about Dr. Elizabeth Blackwell at healthmatters.nyp.org.

For more information, please contact:
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