

UNIVERSITY of MARYLAND

MEDICINE

Bulletin

Spring 2019 • Volume 103 • Number 4

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Resident's
Life



Advanced Care for Malignant Pleural Mesothelioma

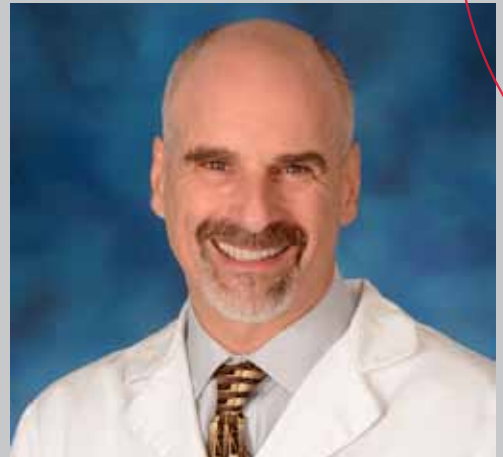
Pioneering better staging and treatment for complex disease

New research at the University of Maryland Greenebaum Comprehensive Cancer Center (UMGCCC) assesses the importance of posterior intercostal lymph nodes, which drain the spaces between ribs, as potential predictors of Malignant Pleural Mesothelioma (MPM) patients' prognosis.

Lymph nodes are critical to how oncologists stage cancers and determine prognosis and treatment. UMGCCC researchers found that presence of cancer in intercostal nodes associated with a 2.5-fold elevated risk of progression and a 2.3-fold elevated risk of death.

MPM is an incurable cancer, most commonly caused by asbestos exposure. Patients treated with chemotherapy alone, the standard of care, typically live only 12 to 18 months.

Joseph S. Friedberg, MD, pioneered lung-sparing surgery to treat MPM and published research demonstrating that patients who had this surgery and removed the intercostal nodes, plus photodynamic therapy and chemotherapy, had a median survival of nearly three years, with a subset of patients living longer than seven years.



Joseph Friedberg, MD

Charles Reid Edwards Professor of Surgery, Head of the Division of Thoracic Surgery, and Director of the University of Maryland School of Medicine Mesothelioma Treatment and Research Center
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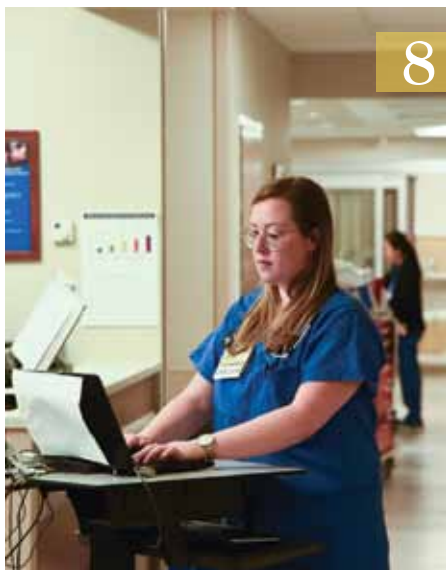
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8 Cover story



A Resident's Life

The life of a 21st century medicine resident continues to evolve. While the work week has been capped at 80 hours for some time now, residents are confronted with issues other than fatigue—depression and debt to name just two. Maryland is constantly re-assessing its approach to ensure it is adequately preparing them to succeed in patient care and life. (On the cover: Internal Medicine resident Zulqarnain “Sono” Khan, '18. Photo by Richard Lippenholz)

**Alumnus Profile:
 Mayer M. Katz, '62
 Up to the Challenge**

18



Mayer M. Katz, '62, knew he would be a surgeon the very first time he set foot in an operating room. And as he refined his skills, the Delaware resident realized the tougher the challenge, the better. After a distinguished military commitment that included working with a MASH unit, he was instrumental in establishing vascular surgical programs in Wisconsin and Delaware.

**20 Alumnus Profile: Walker L. Robinson, '70
 Balancing Life**



After a stint with U.S. Army Special Operations, Walker L. Robinson, '70, sought counter-balance in his life and decided on medicine. After graduating Magna Cum Laude from Maryland, he pursued pediatric neurosurgery as his specialty. Today, in retirement, he continues to hear from patients whose lives he impacted.

Departments

2	Dean's Message	22	Recollections	25	Student Activities
3	News & Innovations	23	Managing Money	26	Class Notes
14	Faculty News	24	Advancement	28	In Memoriam
16	Medicina Memoriae				

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The

he medical school has been working diligently to expand our efforts to foster a culture in which we truly live by our values of diversity, inclusion, collaboration, and respect. We take very seriously the concerns of women, equity, professionalism and misbehavior, which we have begun to address with our new, fully launched **Culture Transformation Initiative (CTI)**. We are undertaking issues with all real and perceived unprofessional behaviors through this initiative, which we expect to become a national model. I am thrilled by the CTI's progress, including the quick-forming structure and organization, and the substantive awareness of culture issues it has already produced. These results represent the excellent level of oversight and leadership that I entrusted to Dr. Nancy Lowitt, associate dean of faculty affairs and professional development. "Having the opportunity to steer this endeavor has allowed me to experience firsthand our academic community's ambition and ability to create real change," said Dr. Lowitt. "The collective energy has both impressed and encouraged me."

The CTI demonstrates our internal efforts to affect our impact on policies, accountability, and our overall organizational culture, so that we may translate that impact to those we serve. Our institutional mission to improve the health of the citizens of Maryland and beyond includes *all citizens*. Malcolm Forbes describes diversity as "the art of thinking independently together," and this applies to *all interactions*, including colleague-to-colleague, physician-to-patient, student-to-professor, and trainee-to-trainee, to name a few.

Our first hands-on opportunity to develop a personal foundation of a culturally sensitive and inclusive mindset as physicians is residency training. In the spirit of Match Day in March, one of the most exciting and emotionally charged times of the year, this issue of the *Bulletin* takes a look at the life of a resident and explores the evolution of this phase of medical training. The unifying, annual ritual of a ceremony begins all U.S. medical students' careers as doctors and initiates the precedent of moral practices that we set for the rest of our professional journeys. Our first setting of practicing medicine versus studying it, residency establishes how we will treat our roles and how we will treat each other during our daily execution of medical tasks. The groundwork we complete during this time of high-intensity plays a critical role throughout our careers, dictating much of our clinical trajectories until retirement.

The career of retired pediatric neurosurgeon, **Walker L. Robinson, '70**, demonstrated a high standard of respect and professionalism. Profiled in this issue, Dr. Robinson was the first African-American neurosurgeon in Maryland. More impressive than that, however, are his acute skills of operating on the smallest of brains among one of our most vulnerable populations. His passion for investing in the lives of children has directly impacted the growing generations within our communities, including those who have become our own colleagues, neighbors, and family.

In addition, profiled in this issue is retired vascular surgeon **Mayer M. Katz, '62**, who has exemplified the caring doctor's repertoire. From making critical surgical decisions quickly in a high-stress environment, to maintaining a long-term commitment to his patients and providing the most comprehensive care, Dr. Katz has a very long list of grateful patients.

Our most challenging experiences often teach us the most and mold us into the best representatives of our industry we could be. If residency, marked by traditionally lengthy hours and unglamorous tasks, once intimidated any of our high-achieving alumni and retirees, I am confident that today we would all declare the worth of the personal impact that our demanding, yet life-changing work has had on us. As significant as the responsibility of holding any aspect of someone's life in our hands, we are privileged with each opportunity to do so.

E. Albert Reece

E. Albert Reece, MD, PhD, MBA

University Executive Vice President for Medical Affairs and the John Z. and Akiko K. Bowers Distinguished Professor and Dean, University of Maryland School of Medicine



The unifying, annual ritual of a ceremony [Match Day] begins all U.S. medical students' careers as doctors and initiates the precedent of moral practices that we set for the rest of our professional journeys.

Boyer, '83, Heads Maryland ACP Award Recipients

The Maryland chapter of the American College of Physicians is honoring several medical school colleagues in 2019. **George M. Boyer, '83**, was named recipient of the Theodore Woodward Award, presented for major contributions to medical education. Boyer, a pulmonologist, is chief of medicine at Mercy Medical Center. He served as president of the Medical Alumni Association in 2014. In addition, **Daniel J. Morgan, '12**, an associate professor in the department of epidemiology & public health, is recipient of the Mary Betty Stevens Award. It recognizes important contributions through clinical research. **Nidhi Goel, '10**, an assistant professor of medicine and pediatrics and current MAA board member, is receiving the outstanding hospitalist award; and **Jennifer A. Woodard**, class of '20, is recipient of the Philip Mackowiak Student Award. 🏛️



George M. Boyer, '83



Daniel J. Morgan, '12



Nidhi Goel, '10

Always a Small World

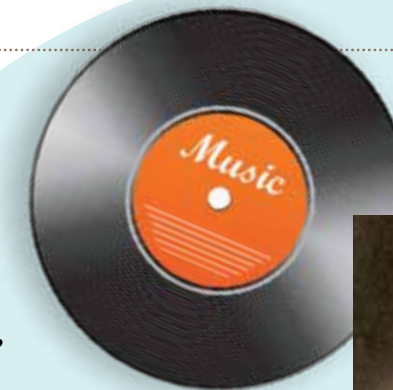
Baltimore disc jockey Emperor Paul Rodgers was the biggest thing in the city from the 1950s through the 1970s, spinning Top 40 records on AM 600 WCAO and later WCBM. It turns out the father of *Paul Rothfuss* was none other than **Paul A. Rothfuss, '23**, who not only graduated from Maryland but served as class president. The senior Rothfuss grew up on a farm in Pennsylvania and loved horses. He often cut anatomy class to ride a street car to Pimlico Race Course where he hung around the stables. After graduation and training he practiced in Williamsport, Pa., until 1930 when he became the track doctor at Hialeah Race Track in Florida.



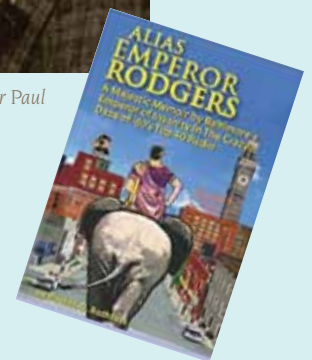
Paul A. Rothfuss, '23

The Emperor recently published *Alias Emperor Rodgers: A Majestic Memoir by Baltimore's Emperor of Insanity in the Crazy Daze of '60's Top 40 Radio*. It's a fun read and brings back a lot of memories to those who grew up in Baltimore during his reign. 🏛️

It's a fun read and brings back a lot of memories to those who grew up in Baltimore during his reign. 🏛️



Paul Rothfuss alias "Emperor Paul Rodgers"



Reavis, '09, Honored with Diversity Award

Kristin Powell Reavis, '09, clinical assistant professor in the department of family & community medicine at Maryland, was honored at the 12th Annual Celebrating Diversity Dinner and Reception on February 23. Reavis received the University of Maryland Dean's Alumni Award for Diversity and Inclusion. She is the faculty advisory for the school's chapter of the Student National Medical Association and has been an advisor for Maryland's student house advisory system since 2016. She is also the associate residency program director and director of maternal-child health for the department's residency program. More than 200 faculty, students, and alumni attend the celebration downtown at the Renaissance Baltimore Harborplace Hotel. David A. Acosta, MD, chief diversity and inclusion officer for the Association of American Medical Colleges, served as honorary chair. Proceeds from the event benefit the Dean Emeritus **Donald E. Wilson** Endowed Scholarship Fund, established to honor the legacy of Maryland's dean from 1991 to 2006. 🏛️



Dr. Reavis, center, with Dean E. Albert Reece and David Stewart, MD, chair of family & community medicine

Burns Collection Showing in Phoenix

After stopping in two European cities, the Medical Alumni Association's **Alan Burns Collection of Anatomical Specimens** is now on exhibit at the Arizona Science Center in Phoenix as part of *Mummies of the World: The Exhibition II*.

The Burns Collection was brought to Maryland in 1820 by **Granville Pattison**, professor of anatomy and surgery who later served as dean. He inherited the pieces from his mentor, Alan Burns, a late 18th century anatomist who perfected a method of preserving body parts for medical instruction. The collection was used as a teaching aid at Maryland through the 19th century.

Organized by Exhibitions International, the show consists of 40 human and animal mummies and 85 rare artifacts from across the globe. It includes the Maryland Mummy, a cadaver mummified in 1994 by **Ronn Wade**, former director of the Maryland State Anatomy Board, who used instruments and techniques of the ancient Egyptians. The exhibition, now in its fifth year, runs at the Arizona venue through September 2. 🏛️



History Class, Additional Grand Rounds Available for Online Viewing



Philip A. Mackowiak, '70

The Medical Alumni Association continues to boost its offerings of online enrichment for viewing by dues-paying members. In January, **Philip A. Mackowiak, '70**, professor emeritus of medicine and the MAA Carolyn Frenkil and Selvin Passen

Scholar in the History of Medicine, began teaching a blended history of medicine class to undergraduate students at the University of Maryland College Park. Twenty-six recorded lectures with supporting power point presentations can now

be viewed on the MAA website. They move thematically through the history of medicine from antiquity to the present. The goals are to explore the historical perspectives on the development of medical practices as related to diagnosis, therapeutics, surgery, nursing, dentistry, pharmacy, psychiatry, and the role of men and women in shaping the history of medical sciences. It is expected that the course will be made available as a medical school elective later this year.

In addition, a new series of medical grand rounds and nine new cardiology lectures have been added to the site. They join a repository of classroom lectures, historical presenta-

tions (a few by the late **Theodore E. Woodward, '38**), as well as Historical Clinicopathological Conferences recorded during reunion. The concept of developing a video website was conceived by **Rick Taylor, '75**; **Gary D. Plotnick, '66**, has been coordinating the effort. Members remitting their \$85 dues are eligible to view the offerings for the following year. 🏛️



Bacterial Protein Promotes Cancer



Bacterial infections may contribute to far more cancers than previously thought, according to a study by the University of Maryland Institute of Human Virology (IHV). In a study published in *Proceedings of the National Academy of Sciences*, researchers reported that DnaK, a protein of the bacterium mycoplasma, interferes with the mycoplasma-infected cells ability to respond to and repair DNA damage, a known origin of cancer.

Little or no mycoplasma DnaK DNA sequences were found associated with the tumor under investigation, which was fully developed, suggesting a hit-and-run or hide mechanism of transformation, indicating that the damage is done early, but the protein may not be needed once the cancer cells are formed.

“Currently, approximately 20 percent of cancers are thought to be caused by infection, most are known to be due

“Currently, approximately 20 percent of cancers are thought to be caused by infection, most are known to be due to viruses.”

to viruses,” said **Robert Gallo, MD**, the Homer & Martha Gudelsky Distinguished Professor of Medicine and co-founder and director of the IHV. “Mycoplasmas are a family of bacteria that are associated with cancers, especially



Robert Gallo, MD

in people with HIV. Our work provides an explanation for how a bacterial infection can trigger a series of events that lead to cancer. Of particular importance, the infection did not need to persist and the protein did not need to be continuously present in all cancer cells. The study also provides a mechanism for how some bacterial infections can interfere with specific cancer drugs.”

The research was partially funded by the Maryland Cigarette Restitution Fund Program. 🏛️



Nataro, '87, Returns to Maryland for Grand Rounds

James P. Nataro, MD, PhD, '87, the Benjamin Armistead Shepherd Professor and Chair of Pediatrics at the University of Virginia, returned to Maryland for pediatrics grand rounds January 10. Prior to his appointment in 2010, Nataro served on Maryland's faculty. His research focuses on intestinal health, especially diseases of developing countries and he is also involved in teaching upcoming healthcare professionals. The title of his presentation was "The Future of Pediatrics," addressing the impact of rapidly advancing technologies and their effects on the healthcare economy. Nataro also spoke later at the investiture ceremony of **James B. Kaper, PhD**, who received the James and Carolyn Frenkil Distinguished Dean's Professorship. 🏛️



Fraser Named President-Elect of AAAS

Claire M. Fraser, PhD, the Dean's Endowed Professor in the department of medicine and director of the institute for genome sciences, was named president-elect of the American Association for the Advancement of Science (AAAS). The organization is the world's largest multidisciplinary scientific society and a leading publisher of research through its Science family of journals. After serving as president-elect, Fraser will be elevated to president and then to chair of the AAAS Board of Directors. All are one-year appointments.

A pioneer and global leader in genomic medicine, Fraser is one of the most highly cited investigators in microbiology. In 1995, she was the first to map the complete genetic code of a free-living organism—Haemophilus influenza—the bacterium that causes lower respiratory tract infections and meningitis in infants and young children. Her work took place at the Institute for Genomic Research where Fraser served as director from 1998 until joining Maryland's faculty in 2007. 🏛️



Martinez, '98, Named Lead Physician for Patient-Centered Communications

Joseph Martinez, '98, was recently named lead physician for the University of Maryland Program for Excellence in Patient-Centered Communication (PEP). The associate professor of emergency medicine and assistant dean for both student affairs and clinical medical education and residency programs takes over for **David Schwartz, MD**, who retired in January.

The PEP program, developed by the Academy of Communication in Healthcare to enhance communication between faculty physicians and their patients, was launched at Maryland in 2016. It has trained nearly 600 of Maryland's 1,000 clinical faculty in the art of enhancing patient-provider communications with the goal of bringing the highest levels of satisfaction to the patient experience.

Martinez has been a member of Maryland's faculty since completing his combined residency in emergency and internal medicine here in 2003. 🏛️



PLANNED GIVING

Your LEGACY... it's *Personal*

Brian and Patricia Saunders fondly remember their formative years at the University of Maryland, Baltimore (UMB)—study nights, lunches at Lexington Market, and group suppers with classmates. Those close connections have continued throughout their careers and while traveling, woodworking with fellow veterans, or volunteering for international relief teams.

Supported by scholarships while at UMB, they are honored to provide the same educational opportunities for health care students with their annual and bequest gifts. Their legacy gift will enable students to pursue their own successes while studying at the School of Medicine.



How will you inspire others with your legacy?

Legacy gifts to the University of Maryland Baltimore Foundation cost nothing up front. Whether your beneficiary designation is through your will, IRA, pension plan, a Charitable Gift Annuity (CGA), or life insurance policy, your gift is customizable and adaptable to changing financial situations.

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*PLEASE NOTE: Legacy gifts should be made payable to the University of Maryland Baltimore Foundation, Inc., for the benefit of the University of Maryland School of Medicine.

"The University of Maryland School of Medicine played such an important role in our lives that Pat and I feel donating to the scholarship endowment, whether annually or as a legacy, is an equally important investment in our future and in the generations that follow."

—Brian S. Saunders, MD '69 and Patricia A. (Davies) Saunders, RN '68



By Christianna McCausland

a resident's life

Today's residents in internal medicine show much has changed while the fundamentals remain the same.

grueling hours, exceedingly sick patients, vitamin D deficiency, sleep deprivation. Dina Ioffe, '17, and Zulqarnain "Sono" Khan, '18, heard every horror story about residency before they even began their internal medicine rotations.

"I was hoping for the best and bracing for the worst," says Ioffe.

"Once you start your residency everyone tells you: say goodbye to your loved ones now because you're never going to see the light of day again," quips Khan.

The reality is that while residents do still work longer hours than most, many of the challenges that face today's burgeoning doctors—depression and student debt for example—are more nuanced than straightforward fatigue. Maryland is constantly evolving its program to ensure it trains top-notch physicians armed with the education and resilience needed to succeed in patient care and in life.

6:00 am

The day begins when residents arrive to get up to speed on their patients.



No Longer Married to the House

Susan D. Wolfsthal, MD, Celeste L. Woodward Professor in Humanitarian and Ethical Medical Practice and associate chair for education in the department of medicine at Maryland, laughs when she points out that residency today looks nothing like it did when she was training.

“The term resident or house officer, if you go back to its origins in the early 1900s, really meant you were married to the house—you never left,” says Wolfsthal. “But people need to rest, and they think much better with rest. Wouldn’t you want your doctor to be awake and on point?”

The Accreditation Council for Graduate Medical Education (ACGME) now caps resident hours at no more than 80 per week on average over one month, and there are requirements for breaks and naps. Residents do far fewer overnight shifts than a decade or so ago and overnights are limited to 28 hours.

The ACGME takes the issue of sleep deprivation seriously. Its common program requirements dedicate an entire section to alertness management/fatigue mitigation and requires that programs train faculty to recognize signs of sleep deprivation. Schools must not only provide adequate sleep facilities, they must have safe transportation home for exhausted residents.

There once was uproar over the limits put on resident hours, but Wolfsthal says much of the furor has died down.

“The faculty understand and abide by this—I don’t have to teach this to people. It’s become culture.”

Wolfsthal notes that residents who are well rested attend conferences and are alert for learning. They have time to read and work on research. Most importantly, “I have not seen a change in competency, in the achievement of milestones, or in residents’ ability to obtain fellowships and jobs because of the change in duty hours,” she states.

Residents also have time to live their lives.

In 2017, the ACGME revised its common program requirements for all specialties to directly address wellness noting that, “psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician.”

Khan is 25 and looking to specialize in cardiology. He explains that Maryland, “does a great job of staggering the schedule so residents may have intense rotations like the ICU interspersed with outpatient clinics, giving us time to do life things as well.”

For Khan, one of those “life things” included getting engaged last year, and he and his fiancé plan to marry this summer. “Maybe we don’t make it to every birthday or Uncle Dave’s retirement party but they’re very accommodating for things like getting married and taking a honeymoon.”

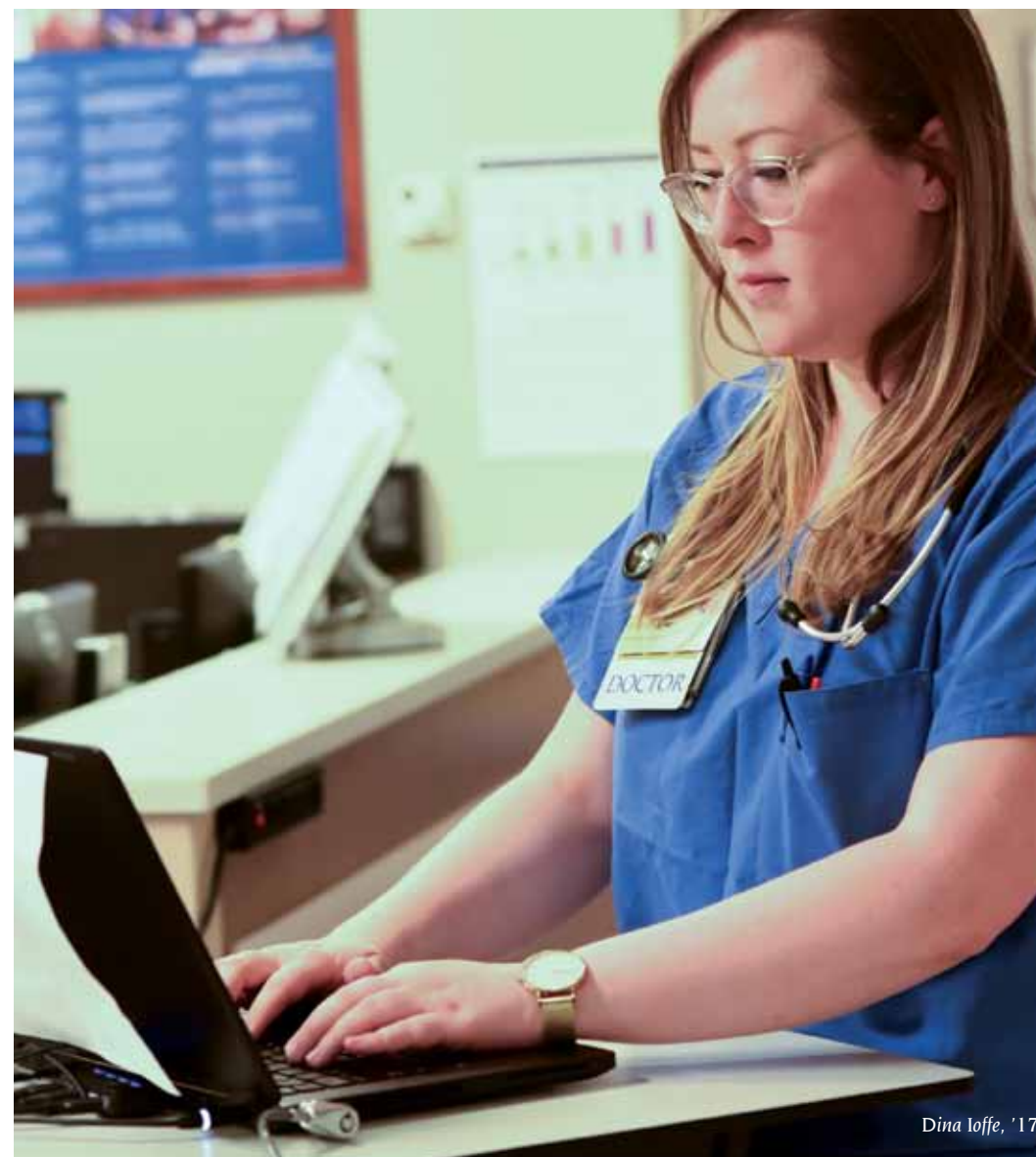
Ioffe is a fourth-generation female physician. Her mother was a doctor in Moscow but when the family immigrated to the United States she did a year of internal medicine residency before switching to pathology. Ioffe, 31, was very young at the time but speculates that their programs and challenges were vastly different.



Photos by Richard Lippenholz

8:00 am

The early morning is spent seeing patients with the attending physician and then rounding as a team.



Dina Ioffe, '17

“She did her intern year before duty hours were in place, so she spent more time in the hospital,” Ioffe states. “However, with all of the medical advancements over the last 25 years and training at a quaternary care center, I suspect I see patients who have more complex medical problems and who are sicker than the patients she saw.”

Khan explains that another difference between today’s residency and years past is the amount of data available to physicians. “I think before things like electronic medical records, people had to work really hard to get something simple like a blood culture,” he states. “Now we literally have infinite data points and we have to become efficient at honing in on the most pertinent information.”

Bigger Issues: Wellness and Debt

Controlling duty hours so residents are well rested and able to provide safe and competent care is only one part

2:00 pm

The afternoon is spent putting the morning’s medical plan into action. At 5:00 p.m. residents sign-out their patients to the overnight team.

of a larger issue being tackled by the ACGME and its accredited programs. In 2017, the ACGME revised its common program requirements for all specialties to directly address wellness noting that, “psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician.”

Wolfsthal states that Maryland is committed to providing an environment that supports wellness. Residents are given four wellness half days off each year and have four weeks of paid vacation. The RISE Program (Resilience in Stressful Events) helps residents cope with adverse patient events, and

the internal medicine residency program has partnered with Maryland’s center for integrative medicine to have a monthly series of wellness programs, such as nutrition, meditation, and chair yoga. The visits from therapy dogs are particularly popular.

It’s a step in the right direction, but Ioffe says a more systemic change needs to take place in hospitals nationwide.

“I think we need to address the hospital culture so it’s more supportive overall. It’s really sad to see people committing suicide over this and I think we need to do more as a nation to address this.”

Studies have shown physicians are less likely to seek mental health treatment because they fear disclosing such treatment would endanger their ability to obtain a fellowship or even maintain licensure. That takes a toll: The American Foundation for Suicide Prevention notes that

suicide rates are 1.41 times higher among male physicians than the general male population and 2.27 times greater for female doctors than the general female population. A reported 28 percent of residents experience a major depressive episode during training versus the general population's 7-8 percent.

"I think people are somewhat misguided about why residents are burnt out and how to address it," says Ioffe. "It's not a matter of lack of resiliency or not being prepared for the rigors of residency training; instead, a lot of literature has shown that it's increasing pressure to do more in less time, as well as increasing financial stress and not feeling appreciated."

Certainly, student debt is making itself felt on resident life in myriad ways. The Association of American Medical Colleges states that about three quarters of medical students take on debt, and that students will graduate from medical school with a median debt level of \$200,000. With a 10-year pay back plan with 6% interest, a resident is looking at monthly payments of roughly \$2,200. According to the Medscape 2018 resident salary and debt report, the average resident salary was \$59,300. At Maryland a PGY1 starting salary is \$54,321; it rises to \$59,603 by PGY3. The math adds up to a clear challenge.

"I get very nervous thinking about my financial future," says Ioffe. "Two months away from graduation I had already accrued \$15,000 worth of interest on my loans."

Khan says there are payment plans that help take some of the pressure off paying down student debt, like income-driven payment plans and deferred interest options. Still, he sees it impacting resident decision making.

"When we assess our debt and run an analysis with the average salary of our preferred specialty, it's often the case that people will choose another specialty they may not like as much but that gets them out and practicing and paying off debt sooner," he says. "I

think that's why we see a lot of deviation away from primary care and general hospital medicine because it's not as well paying as some of these other specialties."

Daily Life

There are currently 158 residents in the Maryland program and life is relatively well-structured. The day begins around 6:00 a.m. when residents arrive to get up to speed on their patients. At 7:00 a.m. the overnight team signs patients over to the incoming residents who review all the patient data. The early morning is spent seeing patients with the attending physician and then rounding as a team. The afternoon is spent putting the morning's medical plan into action. At 5:00 p.m. residents sign-out their patients to the overnight team. The patient load in a regular medical service may be eight to 10; those rounding in the ICU will have fewer patients though they will be sicker.

Residents typically have overnight shifts in the ICU, which can be more unpredictable with residents responsible for admitting any overnight hospital transfers and for responding to codes. The resident and the senior resident are also responsible for a larger number of patients.

"A great thing about internal medicine is we get to go through every single sub-specialty as a resident and figure out what area we like," says Khan. "On any given medicine or ICU team we get to see the overlap of disciplines...we get little snippets and are actively involved in the decision-making, the literature, the knowledge sharing. We can get a sense of what areas intrigue us more than others."

Residency reaffirmed Khan's interest in cardiology. Ioffe is planning to apply for a fellowship in hematology oncology with an eye to practice in an academic center like Maryland.

"I could not have found a better fit for me than Maryland," says Ioffe. "We rotate through the inpatient oncology unit as residents and a lot of our general medicine patients have solid tumors and we end up doing palliative care and engaging with their primary oncologist and



Chief resident Shanti Balasubramanian, MD and Susan D. Wolfsthal, MD

managing them together during an admission. Additionally, in an outpatient setting many oncologists are welcoming to residents shadowing them and letting us see their day to day. I definitely know what I'm getting into and am excited to pursue it after residency."

According to Wolfsthal, Maryland is in the third year of a major change to increase emphasis on ambulatory education.

"Ninety-percent of physicians, unless they are in a critical care setting, are going to be seeing patients in some ambulatory setting, yet when they are in training they're seeing the sickest of the sick on the inpatient services," says Wolfsthal.

The curriculum is organized in what's called the "Flex+Y" structure wherein residents still get that important exposure to the most critical, complicated cases but also spend time in subspecialty clinics and even working in the community at locations like Healthcare for the Homeless. Certain blocks of time can be moved dependent on a resident's personal needs, hence the "flex."

"I'm very proud of the Flex program," says Wolfsthal. "It allows residents to see how specialties are really practiced, so they don't just see the patient with diabetes admitted in DKA, but also one who is a little off in their sugar control and needs to be managed as an outpatient. That is what

The curriculum is organized in what's called the "Flex+Y" structure wherein residents still get that important exposure to the most critical, complicated cases but also spend time in subspecialty clinics and even working in the community at locations like Healthcare for the Homeless.

residents need to see."

She adds that as their curriculum evolves, Maryland's residents are informed by their West Baltimore location and their experience with that patient population. "We emphasize and expect that our residents are compassionate, that they are humanistic and that they understand the social determinants of health."

The Value of Learning

The residency program continues to evolve. Wolfsthal says that while they've moved the dial on enhanced ambulatory education, the comprehensive emphasis on resident wellness and with flexible programming, there's always room for improvement. The program is looking now at the impacts of technology and also how to create a more robust ultrasound curriculum.

The naysayers who told Ioffe and Khan they'd never see daylight during residency have been disappointed. They admit there are difficult moments: days when the tiredness gets to them or when a patient gets angry, moments of self-doubt, challenging cases and profound losses. But there are also moments of healing, of success and camaraderie with peers. Residents have mentors to lean on but the program now has built-in space so residents can step away from the hospital entirely and simply relax in conversation with a friend or family member.

Both Ioffe and Khan describe an environment that is ultimately empowering and deeply educational.

"The learning curve is steep," says Khan, "but then I step back and see how much I've learned without even realizing and it is surprising."

"There's so much learning and we're really finally doing what we have been taught to do, these are our patients," says Ioffe. "The fun part about medicine is we're always learning and we get to put that knowledge towards helping someone." 🏠



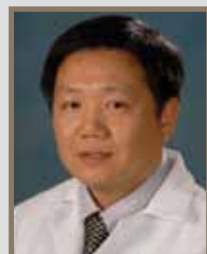
Zulqarnain Khan, MD

Publications



Neha Amin, MD

❖ **Neha Amin, MD**, assistant professor; **Jill Remick, MD**, resident; and **Manuj Agarwal, MD**, assistant professor; all from the department of radiation oncology, were among the authors of "Concurrent Radiation and Immunotherapy: Survey of Practice Patterns in the United States," published in the December 2018 issue of the *American Journal of Clinical Oncology*.



Wengen Chen, MD, PhD

❖ **Wengen Chen, MD, PhD**, associate professor, and **Vasken Dilsizian, MD**, professor, both from the department of diagnostic radiology and nuclear medicine, published a state-of-the-art review article in a multi-disciplinary collaboration with **Mohammad Sajadi, MD**, associate professor of medicine, institute of human virology, titled "Merits of FDG PET/CT and Functional Molecular Imaging Over Echocardiography and CT Angiography for the Diagnosis of Cardiac Device Infections," published in the November 2018 issue of the *Journal of the American College of Cardiology: Cardiovascular Imaging* 2018.

❖ **Thomas Ernst, PhD**, professor, department of diagnostic radiology and nuclear medicine, was among the co-authors of "Propensity for Intra-

Abdominal and Hepatic Adiposity Varies Among Ethnic Groups," published in *Gastroenterology* on November 13, 2018.

❖ **Dongwon Kim, PhD**, visiting research fellow, department of physical therapy and rehabilitation science, was a co-author of "The Center of Pressure and Ankle Muscle Co-Contraction in Response to Anterior-Posterior Perturbations," published in *PLoS One* on November 29, 2018.



Jason Molitoris, MD, PhD

❖ **Jason Molitoris, MD, PhD**, assistant professor, and **Charles Simone, II, MD**, associate professor, both from the department of radiation oncology, were among the authors of "Utility of Bladder-Sparing Therapy vs Radical Cystectomy for Muscle-Invasive Bladder Cancer," e-published in *JAMA Surgery* on November 21, 2018.



Elizabeth Parker, PhD, RD

❖ **Elizabeth Parker, PhD, RD**, assistant professor, department of family & community medicine, was among the authors of "Friends and Family: How African American Adolescents' Perceptions of Dietary Beliefs and Behaviors of Others Relate to Diet Quality," published in the December 2018 issue of the *Journal of Academy of Nutrition and Dietetics*.



Stefanie Vogel, PhD

❖ **Stefanie Vogel, PhD**, professor, department of microbiology and immunology, was among the authors of "Autocrine-

Paracrine Prostaglandin E2 Signaling Restricts TLR4 Internalization and TRIF Signaling," published in the December 2018 issue of *Nature Immunology*.

Awards & Honors



Nariman Balenga, PhD

❖ **Nariman Balenga, PhD**, assistant professor, department of surgery, received the early career award in translational and clinical pharmacology from the American Society for Pharmacology and Experimental Therapeutics in January 2019.



Cara Felter, PT, DPT, MPH

❖ **Cara Felter, PT, DPT, MPH**, assistant professor, department of physical therapy and rehabilitation science, received the Henry O. and Florence P. Kendall Award at the 2018 Annual Conference of the American Physical Therapy Association of DC and Maryland, held November 3, 2018. The award recognizes members for outstanding contributions to the field of physical therapy.

❖ **David Feliciano, MD**, clinical professor, department of surgery, was one of 38 surgeons in the United States inducted into the American College of Surgeons inaugural class of its Academy of Master Surgeons Educators.

❖ **Mira Ghneim, MD**, assistant professor, department of surgery, was awarded the 2019 Eastern Association Surgery of Trauma Junior Investigator Award, during the 32nd EAST Annual Scientific Assembly in January.

❖ **Bankole Johnson, DSc, MD, FRCPsych, DFAPA, FACFEI**, the Dr. Irving J. Taylor Professor and Chair, department of psychiatry, was awarded the R. Brinkley Smithers Distinguished Scientist Award



Bankole Johnson, DSc, MD, FRCPsych, DFAPA, FACFEI

in honor of his contributions in advancing the scientific understanding of alcoholism, its prevention, and treatment. It was awarded by the American Society of Addiction Medicine.

Grants & Contracts*



Matthew Trudeau, PhD

❖ **Matthew Trudeau, PhD**, associate professor, department of physiology, received a four-year, \$1,321,001 R01 Grant from the National Institute of General Medical Sciences for "Conformational Dynamics of hERG Ion Channels." 🏠

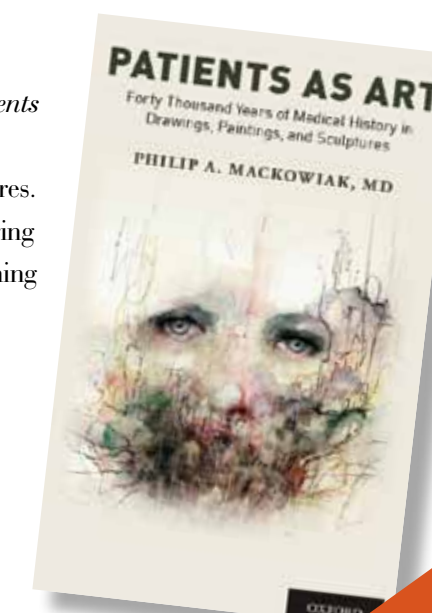
*Grants & Contracts of \$1 million and above

Patients as Art

Price: \$35 Paperback

Dr. Philip A. Mackowiak's latest book, *Patients as Art*, examines 40,000 years of medical history in drawings, paintings, and sculptures. It features 160 full-color works of art, offering a pictorial review of medical history stretching from the Paleolithic times to the present, and providing insightful perspective on the combination of medical history, science, and art.

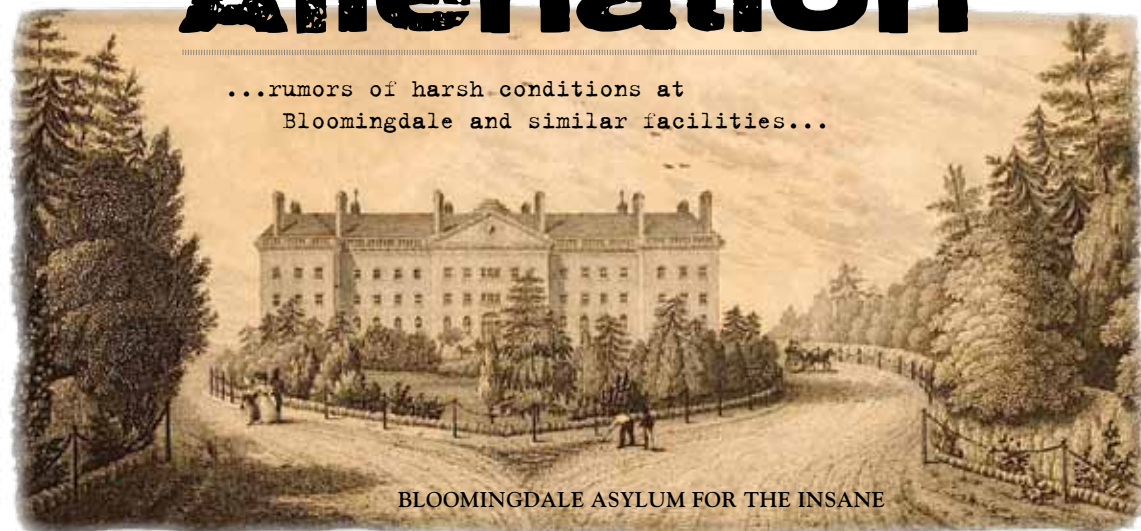
The book is published by Oxford Press and is available for purchase on the MAA website www.medicalalumni.org.



New!

Alienation

...rumors of harsh conditions at Bloomingdale and similar facilities...



The case was notorious during its own time and is still told in histories of the boom-and-bust 1870s. A reporter for the *New-York Tribune* feigned insanity while staying at a Manhattan hotel in the summer of 1872.

A local magistrate quickly committed him to the Bloomingdale Asylum, a private hospital situated on high ground in an area now occupied by Columbia University's main campus. Since 1855, Bloomingdale had been directed by an 1844 graduate of the College of Physicians and Surgeons named David Tilden Brown. The reporter, Julius Chambers, spent ten days as an inpatient before his attorney arranged for his release. The staff at Bloomingdale, including their chief, Dr. Brown, had by then assessed Chambers as fundamentally sane. Detailed accounts of the reporter's experience were soon printed in the *Tribune* and excerpted by broadsheets across the country.

Among the many items recorded by Chambers and those who were in on his deception was the bill for treatment. Bloomingdale was in a private facility known to cater to the middle and upper classes of an increasingly rich Manhattan:

their charges were reported by the *Tribune* to be twice that of a public hospital on Blackwell's (now Roosevelt) Island. Newspapers as far as Michigan and California offered readers a selection of these financial details, which included \$15 to each of three physicians on the night of Chambers' committal; \$5 to a medical student who assisted them; \$15 for "hack hire" (a make-shift ambulance); 50 cents for "brandy and peppermint;" and a considerable sum demanded in advance by Bloomingdale itself: \$260 to cover three months of bed and board. Most of the latter amount was to be returned if the patient did not stay longer than four weeks.

Investigation by the *Tribune* had been prompted by rumors of harsh conditions at Bloomingdale and similar facilities such as the one on Blackwell's Island. Physicians and hospital staff of the 1870s had few treatments to offer the mentally ill other than restraints and opiates. It was physical abuse—in particular of female patients—that had excited the public and reporters via tales of near-strangulation by brutish orderlies, rotted food, and inmates being chained naked to their beds for days at a time.

Brown was not born into a world of harsh restraint and bad cuisine. He was a cousin of the later New York governor and U.S. Presidential candidate Samuel Tilden. The Tildens had become rich in part from the sale of a cannabis extract, and Brown appeared to have entered adult life with wealth rather

Bloomingdale was in a private facility known to cater to the middle and upper classes of an increasingly rich Manhattan: their charges were reported by the *Tribune* to be twice that of a public hospital on Blackwell's Island.

than notoriety in mind. By the time he reached age 30, he had not only earned his medical degree but also traveled west in search of gold and then to Nicaragua as part of an early effort to dig a canal to the Pacific. Back in New York by 1854, Brown turned to making a specialty of care for the mentally ill. The job he obtained, when he was only in his early 30s, came with a large house on the grounds of Bloomingdale and access to the slice of Manhattan society able to pay for carriage-trade care.

Like his contemporary Dorothea Dix, Brown was also in communication with leading businessmen in Baltimore. One of those was Moses Sheppard, who before his death in 1857 had decided to establish a modern mental asylum on a farm west of Towson. Sheppard committed the bulk of his fortune (over \$300,000 in uninflated Antebellum money) to construction of the new hospital, a move foreshadowing that of his even richer fellow Quaker, Johns Hopkins. As with the more famous Hopkins bequest, Sheppard's plan took many years to bear fruit: neither facility opened until around the year 1890, and with Sheppard's an additional infusion of money was needed from the estate of Enoch Pratt. The result was the independent hospital still known as Sheppard-Pratt.

Baltimore's roster of successful 19th-century businessmen contains many names still familiar in the 21st: Hopkins, Pratt, George Peabody, and Sheppard. Like Peabody, Sheppard had been born in another state yet made his fortune largely in Maryland. Sheppard participated in civic life as the city's prison commissioner, where he saw that many chronic inmates were unwell: "lunatics" in the language of that time, who might be treated by doctors still referred to as "alienists" although the term *psychiatrist* had already been developed in Europe. Mental patients were frequently kept tied down in basement cells where they could be deprived of the most basic provisions of food and clothing plus what little care an alienist might have provided.

Board minutes and early bank records of what was initially called the Sheppard Asylum are preserved at the National Library of Medicine in Bethesda, Md. Aside from expenses related to running the farm, two items stand out regarding early plans for the hospital. One was a pair of bank drafts totaling \$772 paid to "Dr. D. T. Brown." Brown was given

that money to cover costs of travel to Europe for the sake of investigating new mental-health facilities being built there. Several checks were also drawn to the man hired to do initial drawings for Sheppard Asylum buildings. That draftsman was Calvert Vaux—the same Calvert Vaux who hired Frederick Law Olmstead to help him lay out what became New York's Central Park.

By 1865, Vaux had been paid a total \$1,935 for design work, some results of which can still be seen on the grounds of Sheppard-Pratt today. Brown had made his research trip to Europe as well, despite or perhaps because of the increasing fury of our civil war. Vaux was clearly the junior partner in this Maryland job, however, since the board minutes of November 1861 directed that Vaux work "under the supervision of Dr. D. T. Brown."

Dr. Brown was eventually exonerated of the most serious charges against him. He had played no direct role in the commitment of Chambers, and one of his staff physicians told an investiga-

tive commission in Albany that Brown was often away from Bloomingdale pleading for money to aid the mentally ill—e.g., from the NY State Legislature itself. Brown continued at his post for a few more years yet left the practice of medicine by 1877. He and his wife traveled to Scotland where he spent some months as a patient at a private asylum. The two later moved to a farm outside of Chicago where his wife was able to obtain work as a hospital matron. Investigative journalists continued to dog him, however, and finally, at the age of 67, he was reported to have hanged himself from a rafter in his barn. The rumor of his suicide was given official credence in an otherwise positive note about his life and career published by the *New York Medical Record* of Sept 14, 1889. 🏠



belt and handcuffs for the "lunatics"



Wayne Millan has served for many years as consultant to the University of Maryland Historical Clinico-Pathological Conference. Since 2010, he has been a lecturer in classics at The George Washington University, and in collaboration with Dr. Victor Weedn of GWU, he is now at work on a first-ever modern translation of the Four Books on Evidence Given by Doctors published in 1602. The Four Books ("Libri Quatuor") were written in Latin by a

Sicilian physician Fortunato Fedele who was the first known practitioner of forensic pathology.

Up to the Challenge



Katz seemingly has no regrets about serving in Vietnam, instead, he embraces the opportunity it gave him to perfect his skills, while saving so many soldiers.

THE FIRST TIME Mayer M. Katz, '62, walked into an operating room, he knew he was supposed to be a surgeon.

"My hands were adept," he says. "I just knew I belonged there."

It was a calling for the vascular surgeon and had been a blessing for countless patients for more than a half-century until he retired in May 2018, at age 81. Even on the last day he was on call he was asked to help repair a ventricular assist device during a complicated coronary bypass.

"The most exciting time of your life is when you're learning surgery," says Katz, while relaxing at his Rehoboth Beach, Del., home. "And then, when you do it in actual practice it's even better. I like solving problems. When you get it fixed, it really feels good."

The harder the job, the bigger—no, the better—the challenge.

That may explain why he radiates so much satisfaction when he talks about his time in Vietnam. He was called to duty in July 1967, commissioned as a surgeon and captain, just days after completing his surgical training. Katz seemingly has no regrets about serving in Vietnam, instead, he embraces the opportunity it gave him to perfect his skills, while saving so many soldiers.

He will show you dozens of photos of wounds and injuries, show you so many legs, chests and throats cut open for repair that eventually, you may feel as if you are swimming in blood. But ask him if he felt that way, as he performed as many as four surgeries a day for 13 months, and he smiles.

"Oh, no," he says. "It was a very controlled situation that you saw three or four times every day. And once you knew what you were doing, it was a very fulfilling experience."

Katz, a Baltimore native who remembers his mom asking him at age five, "What kind of doctor do you want to be?", did his undergraduate work at Johns Hopkins and then moved on to Maryland for medical school.

"I had a great advisor at Maryland," says Katz. "Sam Revel, MD, a nephrologist. We'd meet once a week and he'd ask me questions. Things he said to me still resonate. I'd say, 'I think,...' and he finally said, 'Boy, I am tired of you saying what you think. I want to know what you know!'"

"The amount of time those professors and doctors spent with us. I wouldn't be a doctor except for them. They wanted us to succeed."

After completing his residency at Boston City Hospital, he shipped out to Vietnam where he spent most of his time assigned to the 22nd Mobile Army Surgical Hospital in Phu Bai. When he left in August 1968, he had performed nearly 400 operations.

Some of his detailed log books and photos of those operations are on display through July 8, at

the Newseum, in Washington, D.C., as part of the 50th anniversary of the Tet Offensive exhibit.

"Maybe it sounds egotistical, but I found out just how good I was as a surgeon," he says when asked what he learned in Vietnam. "After 400 surgeries, I felt good about my surgical skills. After Vietnam, I realized I could do anything."

Several patients stood out. There was GI Roger Wagner, who was shot in the left thigh. Katz was called on to replace the soldier's badly damaged femoral artery to save his leg.

He transferred a vein from the soldier's right leg to his left with a bypass graft, a graft Katz got to see a half-century later when Wagner tracked him down to say "thank you" through the PBS show "We'll Meet Again."

"Look," Katz says, bringing up a photo on his iPad of a CT angiogram he had arranged for Wagner to have after their PBS meeting last year. It clearly shows Katz's handiwork inside Wagner's left leg.

"I think this is the only 50-year follow-up of a traumatic vein bypass in the world," the doctor says.

Another soldier arrived on Katz's operating table with a M79 rifle grenade lodged in his right cheekbone. Katz and a fellow surgeon realized they had no choice but to try to remove it. They completed the surgery, handed the grenade to an explosive ordnance demolition sergeant who detonated it safely while the doctors, Katz remembers, "flew out of that operating room and had a scotch."

For their work they were awarded the Army Soldier's Medal for Heroism.

Through it all—his education at Maryland and his time in Vietnam—Katz says he has learned several very important things. To be a great doctor, or even a good one, a person has to find something he/she absolutely enjoys and is good at; work hard in "the in-between times" to keep up with updates in the profession; and realize that how one treats people matters.

"You spend so much time with your operating team," he says. "Treat them nicely. If your team realizes you are upset or that you've lost it, you can't expect good things to happen."

Over the years, many good things have happened in Katz's professional and personal life. After Vietnam, he established a vascular surgery program at Beloit Memorial Hospital in Wisconsin. Twenty years later, he came to Beebe Medical Center, in Lewes, Del., to establish its vascular program and was there until his retirement.

Now, he is spending more time with his wife Nancy, enjoying their two children and three grandchildren.

His rowing machine is getting used daily; he is searching for other Vietnam soldiers he operated on all those years ago; and, he's taking an adult education class.

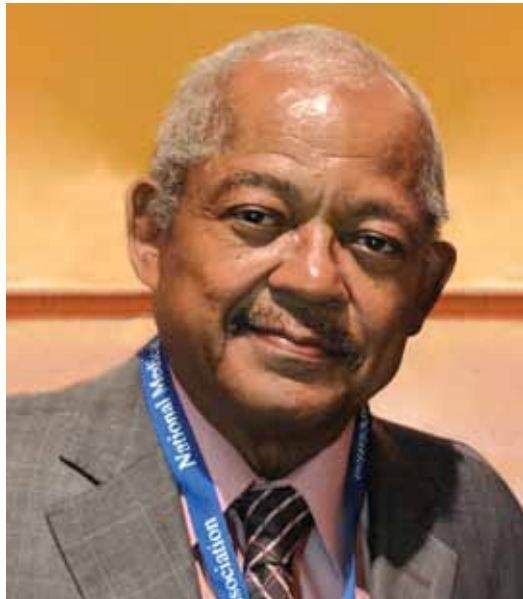
"I'm taking a class on the author John D. MacDonald," he says, smiling. "When I arrived in Vietnam, the surgeon I was replacing gave me a tour and then handed me a John D. MacDonald mystery. He said, 'Here is what you read between cases.' You did your operation and then you read every one of his books—about 30 or 40 of them.

"Now, I've come full circle, learning that what he was really talking about in all those novels was good and evil—morality plays really. That's what John D's are." 📖



Katz, right, with wife Nancy and former GI soldier and patient Roger Wagner

To be a great doctor, or even a good one, a person has to find something he/she absolutely enjoys and is good at; work hard in "the in-between times" to keep up with updates in the profession; and realize that how one treats people matters.



Balancing Life

OVER TIME, Walker L. Robinson, '70, who grew up in east Baltimore, has made a unique journey, overcoming every obstacle to become a member of U.S. Army Special Operations, a pediatric neurosurgeon, and a role model for almost anyone looking for someone to admire.

He, of course, sees his story differently, with his time in military, where he admits to having had assignments that required him to be proactive against the enemy, being offset by his years of saving lives as a pediatric neurosurgeon.

"I saw it as a way to balance the scales," he says. "To me, medicine was counter-balancing those Special Ops experiences. It was something I wanted to do. I love medicine, the idea of helping folks. In some respects, it was the same feeling tied to the military, helping folks, and stopping the bad guys.

"I love all my patients. But children, they're something magical. You can do an operation on a newborn infant and know if you're successful, you could

be giving them 60 or 80 years of life."

Today, retired from surgery at age 77, he still works as a consultant for the Carle Clinic Foundation and Hospital in Urbana, Ill. And he still receives communications and even hugs from those whose lives he made possible.

"It's one of the greatest things that has ever happened to me, even at my age.," he says, "receiving all those baby pictures, graduation pictures, even grandchildren pictures from former patients and their families."

Some in his family might see it as a wonder, that the child whose favorite pastime had been to take apart his mother's household appliances grew up not to be a repairman in the usual sense, but a surgeon who repaired the human brain.

"The family legend is that whenever my mother would leave the house, her last instruction was, 'Don't take anything apart,'" Robinson says, laughing. "When I was young, the initial thought was that I would be a scientist or engineer. All my life I tore things apart."

The important thing is he always learned how to put everything back together.

He grew up in a big, loving family with four siblings and hard-working parents. With the help of scholarships, he was able to attend both Morgan State College (now University) and Maryland, graduating Magna Cum Laude from both.

While at Morgan, he joined the ROTC and loved it. Commissioned as a second lieutenant in the U.S. Army, he was sent to Germany, and was stationed at a Hawk Missile station on the Czech border. "It was 1962, the Cold War was hot," Robinson says. "It was during the Cuban Missile Crisis."

While in Germany, he applied for Special Ops, but was turned away. It reminded him of his middle brother, Maurice, who had been in the 82nd Airborne in Korea in 1951. He was one of the first black soldiers in the unit.

"Back then, the assumption was blacks couldn't do certain things like pilot an airplane," he says. "Everyone forgot blacks flew for France in World War I. Blacks had been with Washington at Valley Forge. When I applied for special ops, they said they couldn't find a place for me."

So he soldiered on, and while in Germany took the exam for medical school admission. He was accepted at Maryland but didn't act on the offer immediately.

"Once an officer, you're never out," he says. "I still had reserve duty when I got out."

He got a job with the telephone company and also became part of the U.S. Army Reserve which offered him "jump school," and entry into Special Ops.

"I signed up immediately and I loved it," he says. "I truly loved it."

Part of military covert/intelligence operations that chooses only those considered mentally tougher and physically stronger, he learned a certain skill set that included weapons, explosives, and hand-to-hand combat.

"It wasn't training that necessarily transferred to medical school," Robinson admits. "But medicine was always in my mind. In January 1953, my oldest brother, Edward, who had been a dispatch rider for General George Patton, was stabbed (in Baltimore) and went to the hospital where he bled out. It always haunted me. He would have been 27 then, and I was 11."

In early 1966, while still part of special ops, he got a call from Maryland's admissions office. It was the third year they had offered him a placement. It was time, he was told, to come to medical school or move on.

He told his then-fiancée, Mae Meads, he was considering leaving his management job at C&P and going to medical school.

"We had known each other since we were freshmen in college," says Robinson, who would be married to the love of his life for 37 years before she passed away in 2003. "She just said, 'If that's what we're going to do, that's what we're going to do.'"

Robinson, like most new med students, had to find his calling. After numerous rotations, he fell for obstetrics and gynecology. He talked to the head of OB about a residency and thought he was set.

"I had a required surgical rotation coming up and hopefully a schedule from 8 a.m. to 11 a.m.," he remembers. "I had a tennis racquet and new golf clubs. And then I was assigned to neurosurgery."

"I didn't want it, didn't expect to like it. In anatomy, you handle cadaver brains," Robinson explains. "But that first day there, when we got to go into the operating room and got to see the live brain and watch what they did. I was completely enamored."

Neurosurgery became his life, "I never did get to use the racquet or the golf clubs," he smiles.

A rotation with renowned pediatric neurosurgeon Robert Crosby, MD, narrowed his focus. And he was set for his long career.

"The happiest time of my life was when my wife was alive, the kids Kimberly and Walker Jr., now a lawyer and a cybersecurity consultant, were growing up and I was operating and taking care of kids," he says. "I can't do that anymore."

But Robinson can play with his two grandchildren and, when not onsite at Carle, busy himself with computer repair.

"In my neighborhood, when computers wear out or break down, the word is out, 'Take them to Doc,'" he says with a chuckle, acknowledging he still loves to take things apart. "The parts of two or three can be used to make one good one that I give to kids who need them. Then they no longer have an excuse not to do their homework." 🏠

While in Germany, he applied for Special Ops, but was turned away.... "Back then, the assumption was blacks couldn't do certain things like pilot an airplane."

"I love all my patients. But children, they're something magical. You can do an operation on a newborn infant and know if you're successful, you could be giving them 60 or 80 years of life."

165 Years Ago

In 1854, Maryland became the first medical school in America to introduce microscopic histology in the regular curriculum. Entitled "Experimental Physiology," the lecture was delivered by **Christopher Johnson**, class of 1844, an accomplished physiologist and microscopist. Johnson served as professor of anatomy and physiology from 1863 to 1866 and professor of surgery from 1869 to 1881.



110 Years Ago

In 1909, **William H. Arthur**, class of 1877, was named the first commanding officer of Walter Reed Army Hospital in Washington, D.C. A brigadier general in the U.S. Army, Arthur was a distinguished surgeon who also served as commandant of the Army Medical School until retirement in 1918.

50 Years Ago

In 1969, **George T. Smith**, class of 1956, was named founding dean at the University of Nevada School of Medicine in Reno. A renowned cardiovascular pathologist, Smith served as dean for ten years and helped expand the school from a two-year to a four-year program.



How to Build a Better Retirement—Even in Volatile Markets

Volatile markets can be particularly unsettling for those who are closest to retirement.

After eight years of markets seeming to do nothing but rise, "seeing the Dow down 600 to 800 points in a single day (as it was at the end 2018) is a new feeling," says Seth Dubrow, a J.P. Morgan wealth strategist based in New York.

Now is a good time to review wealth earmarked for retirement. Such a review is especially helpful if your retirement is slated to begin in the next few years, but it's also good for everyone who wants to retire eventually, says Philipp Hecker, head of wealth planning and advice for J.P. Morgan.

Where to start? J.P. Morgan has a 10-point guide that breaks down into three parts: Picture your future, rally your resources, and optimize for success.

(around 66 years old), your benefits will permanently increase by 8% every year, until you hit age 70.

Other aspects of retirement planning are less obvious, but just as important. Take the use of credit. As it can be much harder to borrow when in retirement, we recommend that clients consider arranging for a line of credit while they are still working. That way, they can use credit strategically—as an alternative source of short-term funding for a home remodel, for example, or unexpected

J.P.Morgan



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J.P. MORGAN RETIREMENT PRINCIPLES

A. Picture your future

- 1 Define your goal(s)
- 2 Form your team
- 3 Expect a long life
- 4 Keep plans current

B. Rally your resources

- 5 Start saving and invest consistently
- 6 Maximize Social Security
- 7 Use credit strategically

C. Optimize for success

- 8 Diversify your holdings
- 9 Use the right account types
- 10 Minimize taxes as you withdraw assets

Picture your future

Take the time to really imagine your retirement and ask the big questions. How much will you really need to retire? What sort of lifestyle do you want to maintain—and how do you expect it to change as you age?

Don't be overly optimistic. Be sure to build in a margin of safety. Many people think that in retirement they will spend less than they do while working, but this premise is often incorrect. So be honest with yourself.

It is also important that you plan for a long retirement, says Hecker. You may be looking at 30+ years in retirement. "Many of us underestimate the lives we will enjoy," he says.

Don't forget to include others in your plans; speak with your spouse. It's important for couples to each articulate their priorities for retirement so they can get to a shared vision.

Rally your resources

Once your dreams and team are in order, the next part is to execute, which can be fiendishly difficult to do. The rules are simple: Save and invest consistently from the start. Diversify investments to minimize risk. Also, be sure to maximize Social Security benefits, both yours and your spouse's.

If you wait until after you hit your "full retirement age"

healthcare expenses when selling investments would be less advantageous, such as during a recession.

Optimize for success

It may be helpful for you to think about your wealth into buckets that each serve specific purposes.

1. **Liquidity**—Determine how much money you need as a safety net. These are held in low risk accounts such as bank deposit accounts, CDs, and money markets.
2. **Lifestyle**—Assess how much you'll need to set aside now to fund your lifestyle expenses now, and later in retirement. Consider allocating these assets in conservatively diversified portfolios.
3. **Growth and wealth preservation**—Any remaining assets may be invested more aggressively and go toward funding longer-term goals such as transferring wealth to family and charitable organizations.

In other words, exercise control where you can. When it comes to retirement, information and good planning help create peace of mind. Speak with Scott Canuel about how you can build a better retirement. 🏠

Scholarships Make a Lasting Impression on Donors, Students



Emile Bendit, '69



David Zisow, '74 with wife Marcie

Celebrating one of life's milestones can trigger a wave of emotions and serve as a catalyst for action. For **Emile Bendit, '69**, the prospect of celebrating the 50th anniversary of his graduation from medical school inspired him to act.

"Looking back on my time at Maryland, I got a good education that has served me well over the years," says Bendit, a native of Bethesda, Maryland, who spent his career as a psychiatrist in his home state. "I've had a great career, and I give Maryland some credit for that."

A faithful contributor to the annual fund, Bendit says recently he felt compelled to make a bigger gift than usual. After considering several options, he decided to make a \$25,000 gift to support the **Dean Emeritus Donald E. Wilson, MD Scholarship**. Established in 2008, the fund honors Wilson's achievements as dean from 1991 to 2006, providing a vehicle for continued recruitment of a bright, diverse student body which is essential to ensuring quality health care for all populations.

"I feel grateful for my education and wanted to give something back to the university," he says. "A scholarship to provide aid for deserving students, and one named after Dr. Wilson seemed to be the best fit."

Reunion-fueled nostalgia also played a role in inspiring **David Zisow, '74**, to make a larger-than-usual contribution this year.

"I certainly feel a huge debt of gratitude to the University of Maryland

School of Medicine," states Zisow, an OB/GYN who is celebrating his 45th reunion this spring. "It provided me with an excellent education and allowed me the opportunity to fulfill my childhood dream of being a doctor."

A longtime contributor to the school, Zisow reveals that there were more personal reasons behind why he and his wife, Marcie, decided to make a gift of \$24,000—the amount needed to transform the Jay Whitman Memorial Student Loan Fund, a current use account, into an endowed scholarship fund.

Jay Whitman, Marcie's cousin, was a third-year medical student at Maryland when he died tragically in 1981. To honor his memory, Jay's family, including the Zisows, along with friends in the community made donations to establish the memorial fund, which grew substantially over the ensuing years.

However, when they learned that the original loan fund, popular in the 1980s, is no longer an appealing option for current students as it compounded their debt load, the Zisows worked with the school's affiliated foundation to come up with a better option. By transferring their previous donations, combined with their new gift, they were able to establish the Jay Whitman Memorial Endowed Scholarship, which will support one or more third-year medical students at the school in perpetuity.

"We knew that if my aunt and uncle were still alive, they would want Jay's

name perpetuated," says Marcie. "That's why we did what we did."

Beyond making themselves feel good, Bendit and the Zisows acknowledge that by supporting scholarships they can make a lasting impression on others. Medical school tuition continues to rise: the annual in-state tuition rate at Maryland more than tripled from 1994 to 2016, to \$32,662, and many physicians begin their early careers disadvantaged by debt.

Scholarships alleviate the burden of obligation to pay back loans and allow students to pursue a medical specialty that is best suited for their natural skills, abilities, and interests.

"The cost of medical school education these days is out of sight," Bendit says. "Students are making career choices in terms of how they can earn the most money. It just seems to me that debt shouldn't be a limiting factor."

Zisow says he knows first-hand how scholarships can provide students with the ability to expand their learning experiences and pursue unlimited opportunities.

"I was the recipient of a scholarship that was very, very important to me. I probably couldn't have gone to Maryland without it."

For more information on establishing a scholarship or contributing to an existing one, please contact Marjorie Bray at 410-706-0418 or mbray@som.umaryland.edu.

Student Auction Benefits Blessings in a Backpack

Dinner with faculty members, Terps basketball tickets, gift cards to local restaurants and the performing arts were among the offerings at the 2019 student auction held on February 26.

"The annual auction is a phenomenal way to bring the school community together to support a meaningful cause," said **Saif Yasin**, the 2021 class president.

This year's event, held in the Southern Management Corporation Campus Center, was organized by the class of 2021 with proceeds benefiting the local chapter of Blessings in a Backpack. The national organization provides food on the weekends for elementary school children.

More than \$10,000 was raised during the two-hour event that included both silent and live auctions as well as a raffle. "Every \$110 raised helps fund meals for a single student in a local Baltimore City or Baltimore County elementary school for the 38 weekends of the school year," adds Yasin.



Top: Faculty members John C. Allen, '14, and Devang M. Patel, MD, hosted the live auction.

Bottom: Second-year participants Sarah Helman, Gina Savella, Alison Raffman, and Saachi Nangia

Left: Second-year auction organizers Kanami Mori and Saif Yasin



classnotes

1940s | **1947: Jose G. Valderas** of Keller, Tex., recently celebrated his 93rd birthday.

1950s | **1950: Harriet H. Wooten** of Greenville, N.C., is praying for the arrival of two grandchildren in the coming months. **1953: George H. Miller** of Baltimore recently celebrated his 90th birthday with family. **1956: Charles H. King** is living in Maui, Hawaii.

1960s | **1960: Martha Stauffer** of West Lebanon, N.H., continues playing tennis three times a week despite a bad case of Eczema that lasted 11 months. She continues attending conferences at Dartmouth College and during the summer serves as a docent at her brother's museum in south-central Pennsylvania.

1964: William S. Byers and wife Barbara of Goliad, Tex., celebrated their 50th wedding anniversary on February 1. They have three children and nine grandchildren. Retired since 2003, they now raise long-horns and beef cattle on their ranch in the southern part of the state. **1965: Charles S. Harrison** of Zanesville, Ohio, continues to run a surgery clinic one day a week at Muskingum Valley Health Center, a federally funded clinic. **1966: William D. Ertag** of Naples, Fla., retired from his neurology practice last summer and is preparing to relocate to an over 55 community on Florida's east coast in order to be closer to children and grandchildren. **Richard S. Glass** of Wheeling, W.Va., continues working full-time in the practice of orthopaedic surgery and reports that all is well. **Dennis H. Gordon** of Salt Lake City, Utah, continues to work for Social Security and Workers Compensation in addition to travel since retiring from orthopaedic surgery. **1967: Joseph S. Gimbel** of Paradise Valley, Ariz., has performed more than 1,000 clinical pharmaceutical trials and authored

more than 100 articles in peer-reviewed medical journals since founding Arizona Research Center in 1997. **Fred Nelson** of Dearborn, Mich., continues to write his weekly "Basic Science Tip of the Week" which runs periodically in *JBIS OrthoBuzz* and *ORS Connect*. **1968: Elliot S. Cohen** of Colorado Springs, Colo., has retired from the practice of psychiatry after 50 years, the last four of which he was named top psychiatrist in voting by his medical society peers. He and wife Linda continue to enjoy the outdoors. [*The Medical Alumni Association offers its apologies to Abraham A. Litt of Newton Center, Mass., for omitting his name in the FY18 Honor Roll of Donors, published in the fall issue of the Bulletin. We sincerely regret the omission, as Dr. Litt has contributed to us regularly and generously since graduation.*]

1970s | **1970: Charles N. Bookoff** of Woodacre, Calif., continues as a hospitalist/laborist at Marin General Hospital in Greenbrae. **Kenneth Hoffman** of Severna Park, Md., reports that wife Deb has finally sold her Big Bean Coffee Shop and retired. He adds that it's time for them to travel. **1971: Gerald N. Schaffer** has moved to the Lake Tahoe area and teaches students at the University of Nevada School of Medicine in Reno. **1972: Robert B. Grossman** of Manasquan, N.J., continues in the practice of orthopaedic surgery. When not working, he and wife Gale enjoy playing golf and spending time with their eight grandchildren. **H. Hershey Sollod** of Denver is grateful to continue his outpatient psychiatric practice. He also expresses his love to life partner Barbara and their six grandchildren. **1974: David Zisow** and wife Marcie of Pikesville, Md., announce that they recently established the Jay Whitman Memorial Scholarship Endowment at Maryland. Jay was a beloved member of their family and they hope to

honor his memory through this scholarship. Anyone interested in contributing can do so through the Medical Alumni Association. **1975: Thom Lobe** is professor and chair of the division of pediatric surgery at the University of Illinois at Chicago. **1976: Harry C. Knipp** of Reisterstown, Md., is a member of the board of managers for the Maryland Proton Treatment Center. He and wife Nora welcomed a third grandchild in January—Madelyn Jinyu Knipp, born to son **David, '14**, and his wife Lucy. David plans to remain at Massachusetts General Hospital for a fellowship in musculoskeletal imaging, following completion of his residency training there. **1977: Bennett Werner** and **Michelle Uhl** of Cape May, N.J., are retired and enjoy travel. Daughter **Jessie, '16**, is in her third year of emergency medicine residency training at Brown University in Providence, R.I. **1977: Edward B. Mishner** of Baltimore reports the birth of another grandson on November 15, 2018. **1979: Timothy J. Low** and wife Geri of Silver Spring, Md., are blessed to have their first grandchild, Zack, born in August 2018. The parents are son Steve and daughter-in-law Kim. Steve is a graduate of Maryland's school of physical therapy and has written two books: *Overcoming Gravity*, 2nd edition, and *Overcoming Poor Posture*.

1980s | **1981: Michael Blanchard** of Yuba City, Calif., is senior hospice medical director for the Sutter Health System in northern California. **Paula Ehrlich** of Silver Spring, Md., continues enjoying her job in the office of vaccines at the Food and Drug Administration and being a grandma. **1982: Laura L. Stephenson** of Boalsburg, Pa., retired from the practice of obstetrics and gynecology, is growing native perennials to sell at her nursery. She also enjoys travels and hikes in Montana. **1985: Nicholas B. Argento** of Columbia, Md., proudly reports that it's been 50 years since his diagnosis of type 1 diabetes and he is still going strong. He received the 2018 JDRF Star of Hope Award honoring years of fund raising and advocacy efforts. **Catherine N. Smoot-Haselnus** of Salisbury, Md., was re-elected as board chair at Qlarant. **1986: Lisa Scheinin** of Redondo Beach, Calif., continues her

pursuit of new roller coaster rides (she has ridden 2,200), butterflies, and other adventures. She was recently part of the first group of researchers permitted by the government to collect butterflies in Paraguay. **1987: Michael P. Flanagan** of Port Matilda, Pa., was recently inducted into the Penn State College of Medicine chapter of AOA. **Elizabeth R. Hatcher** of Topeka, Kan., reports that she is not yet retired and is grateful for her schooling at Maryland. She enjoys watching **Dr. Frank Calia** on television. **1988: Margaret S. Chisolm** of Baltimore recently became the third female promoted to the rank of professor of psychiatry in the 105-year history of Johns Hopkins University School of Medicine. **1989: Randolph Gorman** of Reisterstown, Md, was thrilled to attend Maryland's white coat ceremony in November which included daughter **Anna, '22**. **Robert Haddon** of Rochester, Minn., is in his sixth year at the Mayo Clinic practicing preventive, aerospace, and hyperbaric medicine. Wife Elham practices law, while daughter Alex is studying engineering at Purdue and daughter Emily is a junior in high school. **David A. Stone** of Naples, Fla., was recently recertified by the Certification Board of Nuclear Cardiology. He is medical director for the division of nuclear cardiology at the NCH Heart Institute.

1990s | **1990: Michael Rauser** of Redlands, Calif., is one of 20 eye surgeons participating in a clinical trial of the implantable miniature telescope. The trial will evaluate the safety and effectiveness of the device for patients with end-stage, age-related macular degeneration who have already had a cataract removed from the eye. **Jeffrey Rosenfeld** of Yucaipa, Calif., is professor of neurology, associate chairman of the department, and director of the center for restoration neurology at Loma Linda University School of Medicine. **1991: Angela S. Guarda** of Baltimore is the Stephen and Jean Robinson Associate Professor of Psychiatry and Behavioral Sciences at Johns Hopkins School of Medicine and director of the Johns Hopkins Eating Disorders Program. **1993: Thomas**

H. Yau of Potomac, Md., was delighted to visit with colleagues **George Malouf, '79**, **Scott LaBorwit, '94**, and **Kendall Donaldson, '99**, at the American Academy of Ophthalmology meeting in Chicago last October. **1995: James B. Trumble** of Frederick Md., is vice president of clinical integration at Peninsula Regional Medical Center. **1997: Y. Pritham Raj** of Happy Valley, Oreg., was honored to have helped establish Oregon's first non-profit supporting children whose parents are going through divorce. **Darlene Y. Robinson** of Randallstown, Md., will receive fellowship training in addiction medicine in July. **Nicole T. Rochester** of Glenn Dale, Md., was the invited speaker at TEDGreatMills, held in Great Mills, Md., on March 23. Her "big idea" was a discussion on the erosion of the doctor-patient relationship. A pediatrician, Rochester founded a health advocacy company in 2017 after experiencing a breakdown in the healthcare system while caring for her late father.

2000s | **2000: Leslie M. Belloso** and **Gerard J. Hogan** of Salisbury, Md., are celebrating 19 years of marriage in May. Belloso received a master's degree in fine arts and teaches art at Salisbury University, while Hogan is a radiologist at Peninsula Imaging. They

Our Medical Alumni Association **Mission:** The Medical Alumni Association of the University of Maryland, Inc., in continuous operation since 1875, is an independent charitable organization dedicated to supporting the University of Maryland School of Medicine and Davidge Hall.

Board Structure: The MAA is governed by a board consisting of five officers and nine board members. Each year more than 100 alumni participate on its seven standing committees and special anniversary class reunion committees.

Membership: Annual dues are \$85. Dues are complimentary the first four years after graduation and can be extended until the graduate has completed training. Dues are waived for members reaching their 50th graduation anniversary or have turned 70 years of age. Revenues support salaries for two full-time and two part-time employees, as well as general office expenses to maintain the alumni data base, produce the quarterly *Bulletin* magazine, stage social events for alumni and students, administer a revolving student loan fund, and oversee conservation of Davidge Hall and maintain its museum.

Annual Fund: The association administers the annual fund on behalf of the medical school. Gift revenues support student loans and scholarships, lectureships, professorships, capital projects—including Davidge Hall conservation—plus direct support to departments for special projects and unrestricted support to the dean.

The Morton M. Krieger, MD, Medical Alumni Center is located on the second floor of Davidge Hall, located at 522 W. Lombard Street, Baltimore, MD, 21201-1636, telephone 410.706.7454, fax 410.706.3658, website www.medicalalumni.org, and email maa@medalumni.umaryland.edu.

have two children in middle school. **2002: Steven H. Epstein** of Baltimore reports that life is busy with three children (ages 9, 6, and one), wife, and work in the GI world. But he adds that all is good and extends best wishes to classmates for a happy 2019. **2003: Marijka Grey** is president of the CHI Memorial Medical Group in Tennessee and north Georgia and enjoying her new residency with family in the city of Chattanooga, Tenn. **2005: Jennifer L. Sullivan** of Parkville, Md., is a thoracic surgeon at GBMC and Sinai Hospital. **2007: Joshua D. Holyoak** moved to Salt Lake City, Utah to join Summit Urology. **2008: Stephenie Fleegle** is practicing geriatrics at Kaiser Permanente in Oahu, Hawaii. In March 2018 she married Matthew Rozwood and on January 6 gave birth to daughter Josephine Rebecca. **Michelle Levender** of Washington, D.C., is a Mohs surgeon working in Silver Spring, Md.

2010s | **2011: Meghan Geraghty** and **Brian Phillips** of Indianapolis welcomed Maggie Adeline Phillips, their second, on December 10, 2018. She joins brother Quinn, age three. **2016: Rachel L. Troch** of Baltimore is preparing to begin a neonatal fellowship at Children's National Medical Center in Washington, D.C. 🏢

IN MEMORIAM



Richard A. Jones, '54

Pathology

Westminster, Md. • August 30, 2016

A veteran of the U.S. Air Force, Dr. Jones was a pathologist at Carroll County General Hospital who later served as medical examiner for Carroll County. He enjoyed hunting, fishing, bird watching, farming, and flying his airplane. Survivors include wife Bonnie, three sons, one daughter, seven grandchildren, and five great-grandchildren. Jones was preceded in death by son Russell and great-granddaughter Emma.

Murray M. Kappelman, '55

Pediatrics

Baltimore • January 25, 2019

Dr. Kappelman remained at Maryland for internship, residency training, and a fellowship in behavior & child psychiatry, however his training was interrupted by two years of service in the U.S. Army Medical Corps. Kappelman remained at Maryland until retirement in 2002 where he rose to the rank of professor of pediatrics. In 1999, he was named pediatrician of the year by the Maryland chapter of the American Academy of Pediatrics. Appointments at Maryland included associate dean of medical education as well as associate dean for student affairs. He maintained a private practice from 1960 to 1967 when he also served as chief of pediatrics at Church Home and Hospital and Baltimore County General Hospital. From 1968 to 1989, Kappelman was also an assistant professor at Johns Hopkins. An avid writer of fiction and non-fiction, he published ten books under a pseudonym. Kappelman was a founding board member of Center Stage and was active on the board of the Baltimore Symphony Orchestra. Preceded in death by wife Joan, he is survived by three daughters, one son, and three grandchildren. Contributions are warmly received at the school for the Murray M. Kappelman Fund for pediatric residency training.

G. Lee Russo, '59

Neurosurgery

Baltimore • January 12, 2019

After graduation Dr. Russo served with the U.S. Air Force, interned at Mercy Hospital, and returned to Maryland for residency training. He undertook additional post-graduate training in clinical neurology at The National Hospital, Queen Square, London, and then was back at Maryland for

a neurosurgery fellowship where he worked closely with **R Adams Cowley, '44**, founder of Shock Trauma. Russo served as chief of neurosurgery at Mercy Medical Center and held staff appointments at Franklin Square, Lutheran, North Charles General, Sinai, Baltimore County General, St. Joseph, and Kernan Hospitals. He remained on Maryland's faculty as a consultant to Shock Trauma. In retirement Russo played jazz piano at local establishments and had a lifelong love of Latin. Survivors include wife Mary Jane, two daughters, and three grandchildren.

Johnson S. L. Ling, '62

Internal Medicine

Port Washington, N.Y. • January 25, 2019

Donald A. Deinlein, '64

Orthopaedic Surgery

Birmingham, Ala. • January 6, 2019

Upon graduation, Dr. Deinlein completed internship at Mercy Hospital before serving in the U.S. Navy as a flight surgeon and physician to the Naval War College in Newport, R.I. Upon discharge he received residency training at the University of Alabama in Birmingham (UMB) and practiced privately in the city for the next 32 years. While in private practice he was appointed chief of orthopaedics at Baptist Montclair Hospital and Trinity Medical Center. Deinlein also treated patients at the Crippled Children's Clinic for spina bifida and cerebral palsy. He left private practice in 2007 to become an associate professor of orthopaedic surgery at UMB, a position he held until 2016. He finished his career at Southlake Orthopaedics. For six years Deinlein was a member of the board of councilors for the American Academy of Orthopaedic Surgeons. Deinlein enjoyed flying, sailing, golf, playing drums, and following Alabama football. Survivors include wife Phyllis, three children, and four grandchildren. He was preceded in death by son Michael.

Sandra L. Butchart, '67

Pathology

Towson, Md. • February 25, 2019

Upon graduation, Dr. Butchart interned at San Francisco General Hospital and returned to Baltimore for residency training at Maryland General Hospital. Residency training was followed by military service, as she served as a captain in the U.S. Army in

South Korea. Afterward Butchart joined the pathology department at Maryland General and was elevated to chief of pathology in 1979, becoming the first female to hold the position. She was named chief of pathology at Franklin Square Hospital in 1985, a position she held until retirement in 2007. She enjoyed sailing, attending the Baltimore Symphony Orchestra, and travel. Survivors include two daughters, one son, and five grandchildren. Her marriage to classmate **John C. Butchart** ended in divorce.

Burton G. Schonfeld, '68

Psychiatry

Washington, D.C. • January 23, 2019

Children's National Medical Center, St. Elizabeth's Hospital, and USPHS Hospital were the locations of Dr. Schonfeld's residency training in child & adolescent psychiatry and pediatric psychiatry. He practiced privately in the Washington, D.C., area for 49 years, devoting much of his time at the Washington Free Clinic where he served as director of the board. Schonfeld also worked at the Haight-Ashbury Free Clinic and was a staff member at Sibley Memorial Hospital. He enjoyed tennis, listening to Bob Dylan, and family including their dogs. Schonfeld was a member of the John Beale Davidge Alliance Elm Society, Maryland's society for major donors. Survivors include wife Gail and two daughters including **Ariel, '13**. He was preceded in death by daughter Marisa.


Rena L. Kay, '71

Psychiatry

Cincinnati • December 28, 2018

Dr. Kay received her residency training and child & adolescent psychiatry fellowship at Cincinnati General Hospital. She was a clinical professor at Wright State University and clinical associate professor of psychiatry at the University of Cincinnati. Appointments included director of the adolescent psychiatry hospital unit at Cincinnati General where she was recipient of a Robert Woods Johnson grant to improve mental health care for adolescents. Kay also trained and supervised residents, as her area of expertise was in the treatment of those who experienced significant psychological trauma. She enjoyed painting still life and landscapes. Survivors include husband **Jerry, '71**, three children, and four grandchildren.

Sunday June Pickens, '79

Ponca City, Okla. • October 21, 2017 

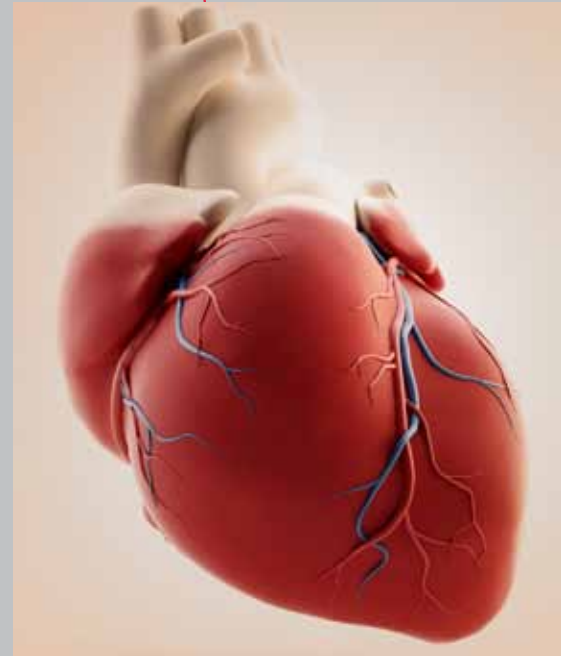
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