

UNIVERSITY of MARYLAND

MEDICINE

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CRITICAL MASS

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MEDICINE *Bulletin*



6 Cover story

Critical Mass: Study to Create State's Most Diverse Medical Research Database

Over the next decade Maryland researchers will be recruiting 250,000 state residents to participate in a novel study expanding genomic information on patients and also including health records, blood work, and imaging designed to improve wellness as well as our understanding of community health.

20 Alumni Profiles: Cassidy Claassen, '09, and Matthew Loftus, '11

The Africa Connection

At young ages, both visited Africa and had ambitions of returning one day to serve the population. They graduated from Maryland just two years apart and both found their way back to provide critical health care and teach residents. Yet **Cassidy Claassen, '09**, and **Matthew Loftus, '11**, had no idea the other worked on the continent until a writer brought it to their attention. Today they collectively provide Maryland students with worldly experience through their electives with hopes of widening the net of Maryland alumni serving impoverished communities.



Cassidy Claassen, '09



Matthew Loftus, '11

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DEAN'S MESSAGE

I HOPE THAT YOU ENJOYED THE HOLIDAY SEASON. The start of both my deanship and the academic year have been fast-paced and exhilarating, so it was good to have some slower time to spend with family. Since my arrival at Maryland, I have been touring all departments, centers, institutes, and programs. I have been overwhelmingly impressed by the excellence, by the facilities, and by the resources we have available here at the school. I have also been attending many different board meetings, networking opportunities with our partners, and meetings with our philanthropic donors. We have been brainstorming on what's next for us as an institution, and a lot of the developments we have been working on have gained real momentum.

As I tour, many people ask me, "What sets the University of Maryland School of Medicine apart?" I have been taking notes on particular programs that have really impressed me as I have been visiting our departments. I call this my "shock and awe" list. I look forward to sharing this list with all our alumni. For now, I'll share a teaser of five of these areas with you:

1. Radiation Oncology
2. ECMO
3. Orthopaedic Trauma
4. Vaccine Development & Global Health
5. Transplantation

These five areas contribute to making us a top destination for patients, students, clinicians, researchers, trainees, and faculty alike.

On that note, I want to share an important new win for our institution: The school will play a central role in a very exciting new M-Power partnership. Together with the University of Maryland, Baltimore, the University of Maryland, College Park, the University of Maryland Medical System (UMMS), and Montgomery County, we have established a brand new institute to leverage the recent advances in artificial intelligence and computing. The purpose of the University of Maryland 3 – Institute for Health Computing (UM-3-IHC) is to create a premier learning health care system that evaluates both de-identified and secure digitalized medical health data to diagnose, prevent, and treat diseases in patients across the state of Maryland. We have a special opportunity at UMMS, as we deliver the most hospital-based care in the State and take care of almost 2 million citizens in our system. Almost 60 percent of our patients across the state are underrepresented in medicine and have not had access to population health interventions, so linking them to a learning health care system offers the opportunity to better identify pre-disease and treat, as well as provide access to new life-saving treatments through our clinical trials.

I am very encouraged by all the support we have received for this game-changing initiative, including \$25 million from M-Power and \$40 million from the Montgomery County government. This investment will catapult the University of Maryland Medicine as a learning health care system, with focused efforts on: 1) real-world data and evidence, increasingly leveraged to approve new drugs and establish efficacy of newly approved or older drugs; 2) population health, using the electronic health care record (E.H.R.) to reach out and treat early disease like early kidney disease, hypertension in pregnancy, and risk of substance use disorder, all discoverable with analysis of the E.H.R.; 3) creating a E.H.R. clinical trial network across all hospitals using advanced computing and artificial intelligence; and 4) augmented and virtual reality in the health care metaverse to accomplish certain tasks like train surgeons in simulation, educate patients, enroll in clinical trials, and treat patients in their homes.

Our institution is on pace to be the leader in changing the scope of health care for the nation, and I want you, our alumni, to know how significant of a role you have played in building our special place in history, which we now leverage to change the future of medicine. Your ongoing support and involvement make it possible for us to even dream about reforming health care using big data and artificial intelligence.

Mark T. Gladwin, MD

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



“I am very encouraged by all the support we have received for this game-changing initiative.”

Sutton, '03, and Boyer, '83, to be Honored in Spring



Karen M. Sutton, '03



George M. Boyer, '83

Karen M. Sutton, '03, and George M. Boyer, '83, have been selected as recipients of the Medical Alumni Association's two annual awards.

Sutton is to receive the 2023 MAA Honor Award & Gold Key, presented since 1948 for outstanding contributions to medicine and distinguished service to mankind. An orthopaedic surgeon in Stamford, Conn., Sutton serves as chief medical officer for World Lacrosse, head physician for the U.S Women's Lacrosse, team physician for the U.S. Ski and Snowboard Association, and sits on the board of directors of the American Academy of Orthopaedic Surgeons.

Boyer is a Baltimore pulmonologist who currently serves as chair of medicine at Mercy Medical Center. First elected

to the MAA Board of Directors in 2005, Boyer rose to the presidency in 2014. He is president of the Trustees of the Endowment of the University of Maryland, an independent 501 c (3) created in 1893 that is responsible for investing more than \$140 million in medical school endowment. In addition, he serves as chair of the MAA Davidge Hall Restoration Committee which oversees conservation of Davidge Hall at its museum collection.

The awards will be presented during the 148th Medical Alumni Association Reunion in May.

At 92, Dr. Mac Enjoying Life on the Eastern Shore

Thanksgiving weekend was a pleasant one for **Joseph S. McLaughlin, '56**. The former professor of cardio-thoracic surgery and chair of the department of surgery in the 1980s visited with family and friends at his home in Easton, Md. McLaughlin received a surprise visit from son **Jeffrey, '86**, wife Sherri, and their son Joe. Jeffrey is an orthopaedic surgeon in Butte Des Morts, Wis. On November 23, **Nelson H. Goldberg, '73**, wife Marcia, and MAA executive director **Larry Pitrof** joined the party for a Eastern Shore lunch featuring turtle soup, crab cakes, oysters, and ham.



Jeffrey R. McLaughlin, '86, MAA executive Director Larry Pitrof, and Nelson H. Goldberg, '73, with Joe McLaughlin, '56, on the Eastern Shore

MELA Education Day Garners Alumni Support

Maryland's Medical Education Leadership Academy (MELA) held its second annual Medical Education Day on October 18, 2022, with some 70 faculty in attendance. The academy was formed a little over a year ago to create an environment that fosters the career development of a diverse community of nationally recognized leaders in medical education.

Dr. Susan Pollart, senior associate dean for faculty affairs and faculty development at the University of Virginia School of Medicine delivered the keynote address on early-career faculty mentoring. Faculty then had the opportunity to each participate in two



Elizabeth Lamos, '07, second from left, receives the Jamasbi Medical Educator of the Year award, presented by Dean Gladwin, Donna Parker, '86, and Olga Ioffe, MD

of 8 workshops presented by their peers on topics such as mentorship, giving feedback, and philanthropy. The day concluded with a reception where Dean Mark Gladwin addressed the group and spoke about the critical importance of educators to the mission of our medical school, and annual education awards were presented.

With support from alumni benefactors **Carolyn Pass, '66**, and **Richard Susel, '66**, senior associate dean for undergraduate medical education **Donna Parker, '86**, conferred new fellows of the Pass and Susel Academy for Educational Excellence upon **Laura Buchanan,**

MD, and **Bernadette Siaton, MD**. The Pass and Susel Medical Education Tool Chest Award for innovation in medical education was presented to **Idris Amin, MD**. And thanks to the support of **Babak J. Jamasbi, '89**, two new annual awards are being presented to recognize faculty for excellence in medical education in the key areas of curriculum, teaching, innovation, leadership, research, and mentorship. The Rising Start Award for Excellence in Medical Education was presented to **Kate Donohue, MD**, for her creation and direction of the new lifecycle course in the Renaissance Curriculum. The Medical Educator of the year Award was awarded to **Elizabeth Lamos, '07**, for her work in gender inclusivity education (See Advancement Section, page 24 for more details).

TRANSITIONS

Jason Rose, MD, MBA, was named associate dean for innovation and physician science development and director of faculty entrepreneurship. The position was created to strengthen the school's physician-scientist pipeline and advance a major effort to foster biomedical start-up companies that are based in academia. He joins Maryland from the University of Pittsburgh School of Medicine where he served in a similar position in the department of medicine.



Blood Type Linked to Risk of Stroke Before Age 60

A person's blood type may be linked to their risk of having an early stroke, according to a new meta-analysis led by Maryland researchers. The meta-analysis included all available data from genetic studies focusing on ischemic strokes, which are caused by a blockage of blood flow to the brain, occurring in younger adults under age 60.

"The number of people with early strokes is rising. These people are more likely to die from the life-threatening event, and survivors potentially face decades with disability. Despite this, there is little research on the causes of early strokes," said study co-principal investigator **Steven J. Kittner, MD**, professor of neurology at Maryland.

He and his colleagues conducted the study by performing a meta-analysis of 48 studies on genetics and ischemic stroke that included 17,000 stroke patients and nearly 600,000 healthy controls who never had experienced a stroke. They then looked across all collected chromosomes to identify genetic variants associated with a stroke and found a link between early-onset stroke—occurring before age 60—and the area of the chromosome that includes the gene that determines whether a blood type is A, AB, B, or O.

The study found that people with early stroke were more likely to have blood type A and less likely to have blood type O (the most common blood type)—compared to people with late stroke and people who never had a stroke. Both early and late stroke were also more likely to have blood type B compared to controls. After adjusting for sex and other factors, researchers found those who had blood type A had a 16

percent higher risk of having an early stroke than people with other blood types. Those who had blood type O had a 12 percent lower risk of having a stroke than people with other blood types.

The researchers emphasized that the increased risk was very modest and that those with type A blood should not worry about having an early-onset stroke or engage in extra screening or medical testing based on this finding.

"We still don't know why blood type A would confer a higher risk, but it likely has something to do with blood-clotting factors like platelets and cells that line the blood vessels as well as other circulating proteins, all of which play a role in the development of blood clots," adds Kittner. Previous studies suggest that those with an A blood type have a slightly higher risk of developing blood clots in the legs known as deep vein thrombosis. "We clearly need more follow-up studies to clarify the mechanisms of increased stroke risk," he added.

Findings were published this summer in the journal *Neurology*.

"The number of people with early strokes is rising. These people are more likely to die from the life-threatening event, and survivors potentially face decades with disability. Despite this, there is little research on the causes of early strokes."

—Steven J. Kittner, MD



Foxwell Remembered on Eastern Shore

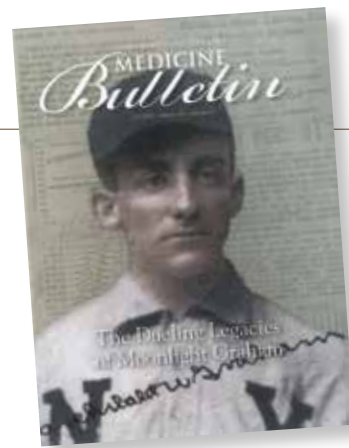
The late Milford M. “Mickey” Foxwell, ’80, Maryland’s associate dean for admissions for more than three decades, was honored in memoriam



Family and friends attending the portrait dedication include Foxwell’s wife Suzanne (left of portrait), and son Louis (right of portrait)

at University of Maryland Shore Regional Health at Cambridge last fall. A portrait was unveiled before a gathering of family and friends on October 27 commemorating “the many years of dedicated service advancing health care in Dorchester

County and beyond.” The portrait was donated by his Dorchester High School Class of 1971. Foxwell died July 16, 2020. The dissecting room in Davidge Hall was named in his honor prior to his death.



Bulletin Makes it to the Hall

A copy of the fall *Bulletin* featuring “Moonlight” Graham now resides at the National Baseball Hall of Fame and Museum in Cooperstown, N.Y. The request was made by the director of the library. The cover story championed Graham’s medical accomplishments following the recent discovery of communications between the 1905 graduate and our medical school.

The Return of Lexington Market

Regardless of when you attended medical school, Lexington Market—one of the country’s oldest public food markets—served as an anchor to the neighborhood with its fresh produce, poultry, meat, seafood, and hot meals for breakfast, lunch, and dinner. In fact, it predates the medical school by 25 years.

After a three-year, 45-million redevelopment effort, the market reopened on October 24, 2022. It is smaller than before, as both the east and west buildings were closed, giving way to a newly constructed south market building on the site of the old parking lot, with an outdoor plaza yet planned for the area where the arcade once stood.



The south market consists of 48 permanent spaces and endless kiosks offering a blend of new and prior tenants.

Aspirin as Effective as Blood Thinner in Preventing Clots

Patients who have surgery to repair bone fractures typically receive a type of injectable blood thinner, low-molecular-weight heparin, to prevent life-threatening blood clots, but a new clinical trial found that over-the-counter aspirin is just as effective.

The multi-center randomized clinical trial of more than 12,000 patients at 21 trauma centers in the U.S. and Canada, is the largest-ever trial in orthopedic trauma patients. The trial was co-led by the department of orthopaedics at Maryland and the Major Extremity Trauma Research Consortium based at the Johns Hopkins Bloomberg School of Public Health.

“We expect our findings from this large-scale trial to have an important impact on clinical practice, and potentially even change the standard of care,” said the study’s principal investigator **Robert V. O’Toole, MD**, the Hansjörg Wyss Medical Foundation Endowed Professor in Orthopaedic Trauma and head of the Maryland’s division of orthopaedic traumatology.

Blood clots cause as many as 100,000 deaths in the U.S. each year, according to the U.S. Centers for Disease Control. Patients who experience fractures that require surgery—an estimated 1 million people in the U.S. annually—are at increased risk of developing blood clots in the veins, including a fatal pulmonary embolism, which is a clot in the lung. Current guidelines recommend prescribing low-molecular-weight heparin (enoxaparin), although research in total joint replacement surgery suggested a potential benefit of aspirin as a less-expensive, widely available option.

The \$12 million study was funded by the Patient-Centered Outcomes Research Institute, an independent, nonprofit organization that finances research to help patients and clinicians make better-informed healthcare decisions. Findings were presented at the Orthopaedic Trauma Association annual meeting in Tampa, Fla., this fall.



Robert V. O’Toole, MD

UM BioPark Breaks Ground on Signature Building

The University of Maryland BioPark celebrated the ceremonial groundbreaking of its newest building, 4MLK, on Oct. 14. The iconic eight-story, 250,000 square-foot building will offer researchers and companies of all sizes wet laboratory, office, and convening space, filling a critical need in Baltimore. When it opens in 2024, 4MLK will feature unique concepts, including a dedicated flexible lab space designed to meet the rigorous needs of emerging life science companies, such as those launching out of the medical school. The BioPark has created a thriving community of faculty researchers, entrepreneurs, and seasoned life science leaders all working for the advancement of human health innovation.



CRITICAL MASS

STUDY TO CREATE STATE'S MOST DIVERSE MEDICAL RESEARCH DATABASE

BY CHRISTIANNA McCAUSLAND

In the coming years, researchers will be able to access some of the most comprehensive health data—including genetic information, electronic medical records, and demographics—ever compiled in the state from one of the broadest samplings of Marylanders ever attempted. When analytics from the recently launched “My Healthy Maryland Precision Medicine Research” study emerge, deidentified health and genetic information from as many as 250,000 Marylanders will be available to researchers, holding the potential to dramatically impact our understanding of public health.

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Stephen Davis, MBBS, FRCP, FACE, MACP, Theodore W. Woodward professor and chair of the department of medicine at Maryland and vice chair of clinical translational science at the University of Maryland, Baltimore (UMB), explains that My Healthy Maryland is the first study of its kind in the state.

“This is a precision medicine approach,” says Davis, who is the study’s principal investigator. “Precision medicine integrates clinical and scientific information about a particular individual or community.”

Davis continues that the study will expand on genomic information to also include information such as health records, blood work, and imaging to formulate a comprehensive view of an individual’s health—with the potential

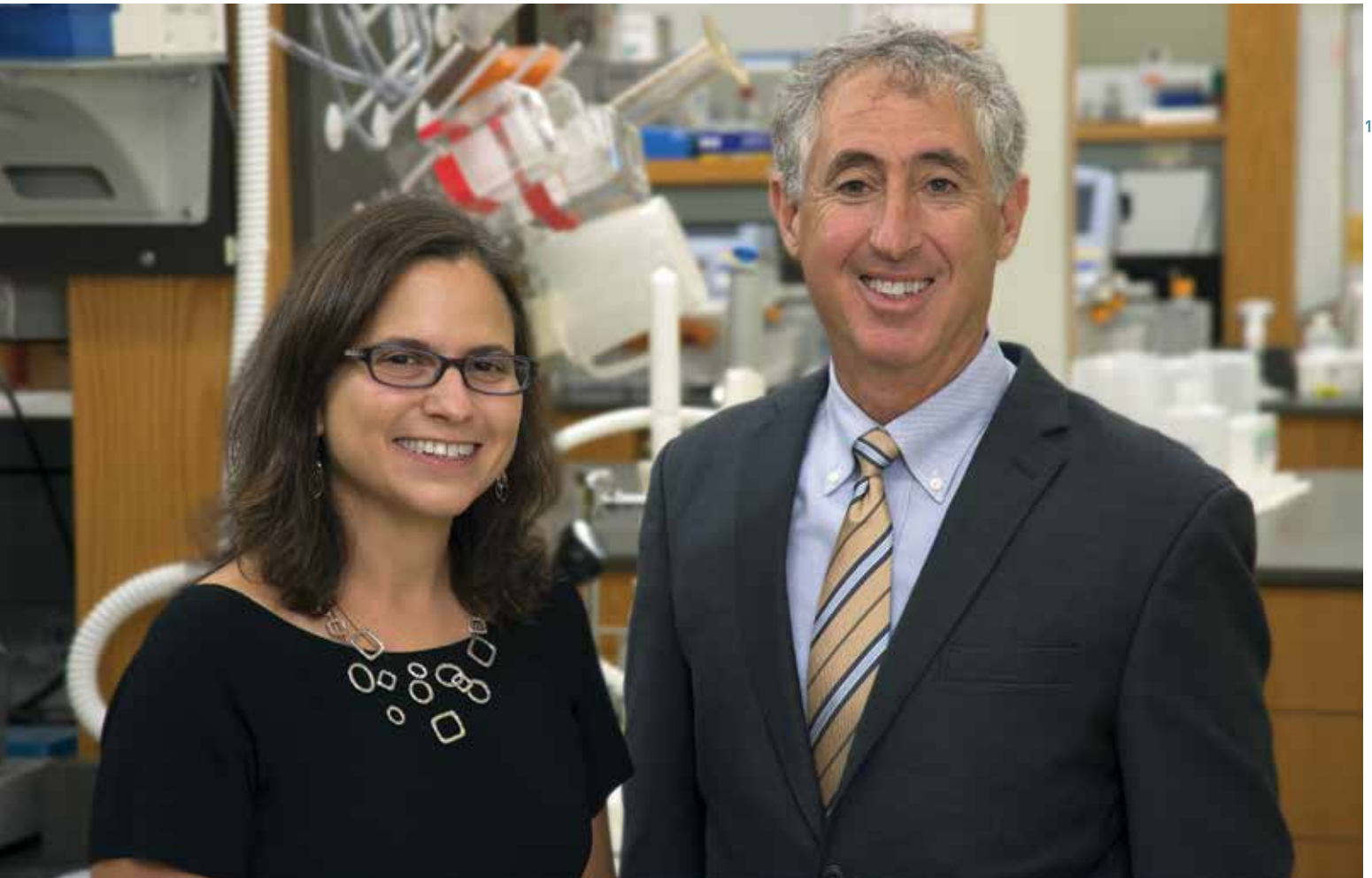
to offer interventions to that individual for improved wellness—and compile it with many others around the state to create a robust picture of community health.

My Healthy Maryland launched in June 2022. The hope is to enroll 10,000 individuals now and as many as 50,000 a year in future. Maryland is an ideal setting for this research because it has a rich diversity of people, geography, and social and economic demographics, all of which integrate with genetics to become determinants of health. The study is currently funded by the school and its Institute for Clinical and Translational Research (ICTR), though larger funders will be needed for the program to scale up to its maximum anticipated capacity of 250,000 enrolled.

Importantly, the study is “disease agnostic,” says Davis, meaning anyone can and should enroll—the healthy and those with chronic diseases of all forms. The result of creating such a large cohort is the creation of what Toni Pollin, PhD, a study co-leader and an associate professor at the school, notes is known as a “biobank.”

“Rather than doing one study after another for a disease you’re interested in, when you create a repository of people and their medical records that can be overlaid with their genetic data you can start asking big genetic questions,” she explains.

“Diseases are very connected, so if you have one resource where you recruit everyone, you can extract from the database people with, for example, a particular kind of diabetes,” says Pollin.



Toni Pollin, PhD and Alan Shuldiner, MD

A large biobank also allows researchers to tease out nuanced health determinants like how environmental factors based on geography may intersect with genetic predisposition to disease. If, for example, a particular form of cancer emerges as prevalent in one area of the state, researchers can parse out what environmental or socio-economic factors might be at play.

“The goal is to maximize the potential we have to understand and treat, maybe even cure, disease by involving the whole community,” says Pollin.

Study co-leader Alan Shuldiner, MD, John L. Whitehurst professor and asso-



To learn more and enroll in the study, information is available at MarylandPrecisionHealth.org.

“RATHER THAN DOING ONE STUDY AFTER ANOTHER FOR A DISEASE YOU’RE INTERESTED IN, WHEN YOU CREATE A REPOSITORY OF PEOPLE AND THEIR MEDICAL RECORDS THAT CAN BE OVERLAID WITH THEIR GENETIC DATA YOU CAN START ASKING BIG GENETIC QUESTIONS.” —TONI POLLIN, PhD

ciate dean for personalized and genomic medicine at the school, adds that size does matter when it comes to answering medicine’s most pressing questions. “We’re finding more and more that to make discoveries in genomics you need very large sample sizes,” he says.

“We wanted to cover the diversity of the state of Maryland,” he continues, “because health determinants are not just genetics but also complex interactions with lifestyle factors and the environment.”

Embarking on such an ambitious undertaking means working with partners to engage as many Marylanders as possible in the study. Study leaders are working with colleagues at UMB, University of Maryland Medical System, University of Maryland Medical Center, Johns Hopkins and with the information technology company, Vibrent Health. But Shuldiner notes that

physicians—including alumni of the school—play a key role in communicating the opportunity to join to their patients. (In fact, he hopes alumni living in Maryland will enroll themselves, too.) He explains that the enrollment process was designed to be contact-less due to COVID-19 and can be done anywhere online, even from a mobile phone.

Enrollment takes approximately one to two hours, which includes the completion of an informed consent and permission to access electronic medical records as well as surveys on medical and family history and lifestyle. A kit to take a biosample with a simple cheek swab is sent through the mail. In future, there are plans to return actionable genetic and other health information to participants.

Although the study relies heavily on technology, Shuldiner says there

are measures in place to get as diverse a population enrolled as possible, especially underserved communities. "We have a community advisory board in place to provide community input and to be champions for the project," he says. While outreach is currently focused on West Baltimore, more in-person research coordinators will be added to expand the reach of communications. "We are using a combination of technology and touch," he says.

For Davis and Shuldiner, the study is the culmination of years of planning and working towards such an opportunity as this. Shuldiner says the time is finally right now because genomic science, electronic medical records and big data computation and analysis approaches have matured to enable massive amounts of information to be collected, stored and analyzed more efficiently and cost-effectively. This work simply could not have been done at this scale with paper recordkeeping and without analytics technology, including artificial intelligence. He says they can now put "all the pieces together in a complex puzzle to better understand, prevent and treat disease using big data science."


The team hopes to offer its first data analysis once it has enrolled 10,000 people. Davis explains that My Healthy Maryland is a "legacy study" that will hopefully go on for decades and offer myriad benefits. "We will be able to track environmental as well as genetic markers for disease over time," says Davis. "We will be able to track chronic diseases—diabetes, heart disease, hypertension, liver disease—these are diseases that need to be managed for years and they're all interrelated. This will provide an integrated look at how we manage these diseases either singularly or together."

He continues that the study will impact "monogenic" diseases caused by a single gene defect. As these rare diseases can be hard to diagnose, identifying them will enable more effective treatments. In addition to the positive implications for individuals and public health, the study holds the potential to

impact healthcare economics.

"This will give incredible information on quality and value-based medicine," says Davis. "If you can predict someone will get sick and you can treat them at home or in an outpatient facility, this should reduce visits to the emergency department or the hospital, that will be a breakthrough for health economics," says Davis.

"Many of us believe that this is the future model of what medicine may look like," says Pollin. "We don't yet have the infrastructure, but the idea is that once we are able to get genomic data on individuals we'll be able to have that data as a source of information whenever we have a disease to help make the differential diagnosis. To me, it's exciting because we're moving toward that reality."

To enroll in My Healthy Maryland visit marylandprecisionhealth.org. 

"THIS WILL GIVE INCREDIBLE INFORMATION ON QUALITY AND VALUE-BASED MEDICINE."

—STEPHEN DAVIS, MBBS, FRCP, FACE, MACP



Stephen Davis, MBBS, second from right, with campus collaborators.



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FACULTY news

Appointments

❖ **Laura Bontempo, MD, MEd**, department of emergency medicine, served as a judge for the final round of the Clinicopathological Conference competition for residents at the annual scientific congress of the American College of Emergency Physicians, held in September 2022 in San Francisco.



Laura Bontempo, MD

❖ **Vasken Dilsizian, MD**, professor, department of diagnostic radiology & nuclear medicine, was appointed to serve as the vice chair for the board of scientific counselors of the clinical center at the National Institutes of Health June 2023.



Vasken Dilsizian, MD

❖ **Emerson Wickwire, PhD**, professor, departments of psychiatry and medicine, was appointed to the board of directors of the American Academy of Sleep Medicine. He will serve a three-year term.



Emerson Wickwire, PhD

Awards

❖ **Laura Bontempo, MD**, associate professor and assistant director for faculty development & resident education in

the department of emergency medicine, received the National Teaching Faculty Award at the annual scientific congress of the American College of Emergency Physicians held in September 2022 in San Francisco.

❖ **Amal Mattu, '93**, professor and vice chair for academic affairs in the department of emergency medicine, received the EMRA Outstanding Contributions to Emergency Medicine Education Award from Emergency Medicine Residents' Association at the annual scientific congress of the American College of Emergency Physicians held in September 2022 in San Francisco.



Amal Mattu, '93

Grants & Contracts*

❖ **Xiaofeng Jia, BM. PhD**, professor, department of neurosurgery, was awarded a five-year \$2 million ROI grant from the National Institute for Health for "Improving Brain Recovery Through Glycoengineering."



Xiaofeng Jia, BM. PhD

*Grants & Contracts at \$1 Million and Above

Presentations

❖ **Leen Alblaihed, MBBS**, assistant professor, department of emergency medicine, presented lectures on "Bradycardia: Moving Fast When Your Patient is Slow" and "Acute Limb Ischemia: Red, White or Blue, What to Do?" at the annual scientific congress of

the American College of Emergency Physicians held in September 2022 in San Francisco.



Bradley Alger, PhD

❖ **Bradley Alger, PhD**, professor emeritus, presented a paper during the Society for Neuroscience Convention in San Diego in November 2022. The paper, titled "Neuroscience Needs to Test Both Statistical and Scientific Hypotheses," was part of a dual perspective debate on the topic "Should We Abandon Statistical Significance Testing in Neuroscience? Arguments for Replacing It with Estimation Methods vs Retaining and Improving It."



Mary McKenna, PhD

❖ **Mary McKenna, PhD**, professor, department of pediatrics and program in neuroscience, presented a lecture on "Glutamate-Glutamine-GABA Cycle" to the Brain Energy Metabolism Course, held at the Federal University of Rio de Janeiro, Brazil, in October 2022.

Publications

❖ **Amal Mattu, '93**, professor and vice chair for academic affairs in the department of emergency medicine, is a co-author of "Clinical policy: Critical Issues in the Evaluation and Management of Adult Patients Presenting to the Emergency Department with Acute Heart Failure Syndromes," published in October 2022 in *Annals of Emergency Medicine*.

❖ **Siamak Moayedi, MD**, associate professor, and **Mike Witting, MD**, professor, both with the department of emergency medicine, were among the co-authors of “Anteroposterior Racer Pad Position is More Likely to Capture than Anterolateral for Transcutaneous Cardiac Pacing,” a research letter that was published in *Circulation* in October 2022.



Siamak Moayedi, MD

❖ **Elizabeth Nichols, '08**, associate professor, department of radiation oncology, was among the authors of “Consensus



Elizabeth Nichols, '08

Quality Measures and Dose Constraints for Breast Cancer from the Veterans Affairs Radiation Oncology Quality Surveillance Program and American Society for Radiation Oncology Expert Panel,” published in September 2022, ahead of print in *Practical Radiation Oncology*.

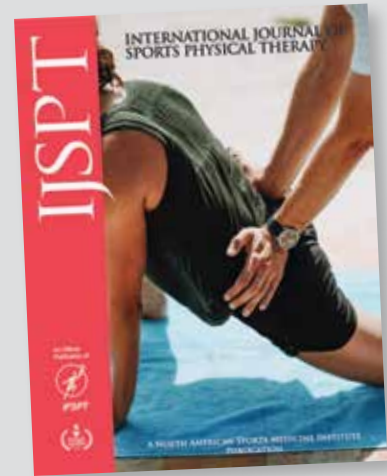


Michael Zarro, PT, DPT, SCS, CSCS



Robert Rowland, PT, DPT, OCS, RMSK, CSCS

❖ **Michael Zarro, PT, DPT, SCS, CSCS**, assistant professor; and **Robert Rowland, PT, DPT, OCS, RMSK, CSCS**, assistant professor, both with the



department of physical therapy & rehabilitation science, are co-authors on the publication “Roles and Responsibilities of the Physical Therapist in Collegiate Athletics: Results of a National Survey,” published in *The International Journal of Sports Physical Therapy* in October 2022. 🏛️

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Hearts at Rest

Cemeteries were not always so. The modern American form of a burying space dates only to the 1830s, when the first Mount Auburn was laid out a few miles west of Boston. No more was a simple churchyard or “burial ground” sufficient. These new homes for the deceased were designed something like the parks of British aristocrats: green and lush, with trees of varying species strategically placed for both shade and reflection. Footpaths curved amidst gravestones that were often now built taller and more expensively. These stones memorialized the departed in grander fashion than earlier generations had required. On such grave markers were carved Biblical passages that frequently displayed the softer sentiments found in Hebrew and Christian scripture, like the Song of Solomon or the Beatitudes from the Gospel according to Matthew: “Blessed are those who mourn, for they will be comforted.” The very term “cemetery” was then novel, albeit derived from an Ancient Greek verb, *keimon* or *keisthai*, “to be laid” or “to lie in repose.” The Greek word’s meaning could be a specific reference to burial—to be laid in a grave—though not necessarily. Emphasis was instead now on repose, on creation of a pleasant public space in which the living could commune with past lives.

On a warm afternoon in 1902, two boys barely into their teens met in such a park-like cemetery that had been laid out in Montgomery, Alabama. They may have been playing at first, but eventually they fought. The one, named John Connors and identified by convention as “a little white boy” in con-

Emphasis was instead now on repose, on creation of a pleasant public space in which the living could commune with past lives.

temporary press reports, stabbed the other, an African American called Henry Myrick, with a knife to the chest. Enough force was applied to pierce the latter’s heart though not so deeply or severely as to cause him to exsanguinate. Myrick was instead brought to his parents’ house, and later that

night a leading (white) surgeon was called in, Luther Leonidas Hill, MD. The boy was fortunate to have such an individual close-by, and if Hill had strong color prejudice, he did not then show it. With assistance from, among others, his own brother Robert (also an MD), Hill administered chloroform and opened the chest from the third to the sixth rib. He found that the pericardium had been cut, and a small (c. 1/2”) nick in the left ventricle was causing a loss of blood with each contraction. He drained approximately eight ounces from the chest and then closed the ventricle wound with catgut. According to a report Hill gave to his state’s medical society when they met in the city of Dothan later that fall, and which was published by the *New York Medical Record* in November, the procedure took about 45 minutes from start to finish. His patient was delirious for the next three days, with pulse as high as 145 bpm and respiration at 56, yet he recovered fully over the coming weeks.

Hill was an Alabama native whose immediate predecessors included more than one Methodist preacher. He attended medical schools in New York and Philadelphia (Jefferson), and after graduation was able to travel to Europe and spend at least one term at King’s College Hospital in London. There he studied under no less a pioneering surgeon than Joseph Lister, who in 1877 had been appointed to a newly created position at King’s—new in order to quell complaints from the existing staff. Hill



Baltimore's Mount Auburn Cemetery

PHOTOS BY JIM GRAY

returned to Montgomery by 1885 and enjoyed a long career there. He retired in 1931, and he remains credited with the first-ever successful open-heart surgery in the history of North American medicine.

Several earlier efforts at operating on the open, and still living, heart had been attempted before Hill's. Most ended in failure. There had, however, been such a procedure in 1896 that was a widely reported success. The operation was carried out in the German city of Frankfurt am Main. The time of year was also September, and the wound was also the result of a knife fight where the victim was a young man who survived the assault but was growing weaker by the minute. He was operated on by Dr. Ludwig Rehn, chief of the surgical department in Frankfurt's primary municipal hospital. That a German doctor was the first to achieve success was not surprising, since the work of Lister was received more enthusiastically in the German states than anywhere else across the developed world. As with Myrick, Rehn's patient struggled post-operatively yet did survive, and in both cases the new principles of antisepsis were evidently followed.

Aside from his time studying in the northeastern US and Europe, Hill spent his life in or near Montgomery. In 1888, he married Lillie Lyons of Mobile, and together they had a large family. In honor of the great British teacher, they named one of their sons Joseph Lister Hill. The elder Hill served terms as president of

the Montgomery Board of Health and of his state's medical association, which had been founded in 1847. He died in 1946 and was buried in his home city's Greenwood Cemetery.

Other members of the extended Hill family became physicians, but Joseph Lister Hill chose the law instead. His professional studies took him to the University of Michigan and, like his father, to New York. After returning to Alabama, the younger Hill rose quickly in both law and politics: by 1923 he was representing Alabama in the U.S. House of Representatives, and in 1938, he was chosen for the U.S. Senate where he remained until retirement after the election of 1968.

J. Lister Hill, like his contemporary Harry Flood Byrd (Senior) of Virginia, was a progressive by the standards of his time, meaning that he supported increased spending on public works like rural electrification, scientific research, and municipal libraries. He was also an internationalist on defense policy. Both men were staunch Anglophiles during the two World Wars, and Lister Hill was a serving officer in the First; yet they remained firmly attached to Jim Crow segregation-

ist practice, in Byrd's case so much so that his name continues to be almost a moniker for prejudice in America. Most crucially, though, for Hill's legacy, the Alabamian co-sponsored the Hospital Survey and Construction Act of 1946. His colleague was a Republican from Ohio, Senator Harold Burton, who shortly after passage of the law, commonly known





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Lister Hill

or ethnicity, yet a version of the “separate but equal” doctrine was allowed to continue. This practice was still in place after 1954 despite the U.S. Supreme Court already having struck down its equivalent for public education. Separate-but-equal was only eliminated with passage of the Civil Rights Act of 1964, which both Burton and Byrd, like most of those elected to Congress from the South, voted against.

Surgery to the open heart did not progress far after Rehn and Hill’s initial achievements until new techniques were developed and applied during later decades of the 20th century, e.g., in vascular surgery from the work of Alexis Carrel, MD; with mitral valve disease by Sir Henry Souttar, CBE; and in pediatrics by Helen Taussig, MD, Vivien Thomas, and Alfred Blalock, MD. Henry Myrick himself grew to adulthood and moved to Chicago, where in 1941 he became involved in another knife fight that didn’t have such a happy result. He was again stabbed in the heart but this time with adult force, and the wound was quickly fatal. On autopsy, the local medical examiner found that this new wound was very close to the old one, which was seen to have healed as perfectly as such an injury could.

According to press reports at the time of his appointment as Surgeon General of the United States in 1961, Dr. Luther Leonidas Terry (born in southeastern Alabama) was named after the elder Hill. Senator J. Lister Hill lived to age

The Hill Burton act had a stated goal of building and maintaining 4.5 hospital beds per 1,000 residents, and that was achieved in 1980, just as high inflation in health-care costs was upending many earlier assumptions about how the business of medicine should work.

ever since as Hill-Burton, was named to the U.S. Supreme Court by President Truman. Their legislation, which has been superseded by various later enactments such as the 1975 amendments to the Public Health Service Act, has never actually been repealed. It became key to the expansion of hospital availability during the Post-World War II era. The act also required states and localities receiving its funding to make some provision for free care to the indigent and uninsured, a first for the federal government. The act had a stated goal of building and maintaining 4.5 hospital beds per 1,000 residents, and that was achieved in 1980, just as high inflation in health-care costs was upending many earlier assumptions about how the business of medicine should work.

Under Hill-Burton, hospitals and clinics receiving Federal funding were not allowed to discriminate on the basis of race

89 and was buried near his father in Greenwood Cemetery. Baltimore’s own Mount Auburn Cemetery opened during the 1870s and was specifically built for the city’s African American population.

¹Medical Record 62.22 (Nov. 29, 1902



Wayne Millan has served for many years as consultant to the University of Maryland Historical Clinicopathological Conference. Since 2010, he has been a Lecturer in Classics at The George Washington University, and in collaboration with Dr. Victor Weedn, also of GWU, he is at work on a first-ever translation of the Four Books on Evidence Given by Doctors published in 1602. The Four Books (“Libri Quatuor”) were written in Latin by Sicilian physician Fortunato Fedele and are considered to be the seminal treatise on legal medicine. Millan’s translation and commentary on Fedele is now under contract with Routledge with publication anticipated for the middle of 2022.



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The Africa Connection



“I knew early that I wanted to be a doctor and come back to Africa and contribute in some way. I love the continent and the people here.”

— Cassidy Claassen '09

Dreams are amazing. They can be inspired by anything, anytime, anywhere. From the seen and the unseen, the liked or disliked. You might think that would mean every dream would be different. But in truth, the same dream can come to more than one person. It can come to people from completely different places, in completely different situations.

Take the cases of **Cassidy Claassen '09**, and **Matthew Loftus '11**. Both are working in Africa and teaching medical school electives there.

But they came from different worlds. Claassen, age 42, was one of two children born to parents working in West Africa, helping farmers improve agricultural productivity and yield. Loftus, age 35, grew up in Harford County, Md., the oldest of 15 children, whose father worked as an addiction counselor in Veterans Affairs while his mom home-schooled their children.

Today, Claassen can be found in Lusaka, Zambia, teaching infectious diseases and tropical medicine while Loftus is teaching family medicine in Litein, Kenya.

Ask them why they're there and you learn their divergent upbringing put them on the same continent, on the same career path.

“I knew early that I wanted to be a doctor and come back to Africa and contribute in some way,” says Claassen, who was born in Ibadan, Nigeria. “I love the continent and the people here.”

“I dreamed of having a job that would allow me to use science and help people,” says Loftus. He first saw Africa on a church trip at age 17, the same age Claassen was when he first left West Africa for the United States and the start of his college education.

“I came to Kenya three summers in a row,” Loftus recalls of his church travel. “I didn't feel drawn to Africa at first, but spending time here, I fell in love.”

Now, through the University of Maryland, Baltimore Center for Global Engagement (CGE), which provides funding for both Africa-based electives, they are united—even though until being interviewed for this story they did not know each other existed.

“I hadn't heard of Dr. Loftus' work in Kenya until your email came,” says Claassen, “His work there is really impactful, and it's great that he is hosting students as well.” Claassen began the Zambia Infectious Diseases and Tropical Medicine elective in 2015 and has been hosting two groups of four students each spring for the last seven years.

On the amazing side, their dreams are the same. They both are committed to making the African elective programs work, and to making Africa's health care systems better.

The Electives

How they became part of the African electives at Maryland is similar as well.

Devang Patel, MD, assistant dean for the pre-clerkship curriculum, had known Claassen as a trainee for years and his career plan to return to work in Africa. And **Katherine Jacobson, '10**, had known Loftus and his wife Maggie, a postpartum nurse, for years as well.

“I've known their hearts and desires to go start a family medicine residency for some time,” says Jacobson, the family medicine clerkship director.

Loftus, who is program coordinator for Kabarak University Family Medicine Residency and clinical director of the Nuru ya Tumaini Mental Health Centre at Litein Hospital, saw his family medicine elective established in 2020, but was caught up in the COVID-19 pandemic. He had one student, **Ryan Thompson, '22**, visit on his own in February that year, just before student travel outside the United States was prohibited.

“I realized I wanted to do global health outreach,” says Thompson, who will become an ophthalmologist in 2026. “That trip moved me to be more interested in spending more time in one place. When I finish my residency in Baltimore, I want to go back to Kenya and work in that same hospital.”

That sincere interest in global health in resource-limited settings is exactly what Patel and Jacobson look for in students.

Patel, who has experience working in Zambia, has worked with Claassen, technical director for the Center for International Health, Education, and Biosecurity (Ciheb) for Maryland in Zambia since 2015, to select students for the Zambia elective. Ciheb also provides support for Claassen’s elective.

Jacobson works the same way with Loftus in Kenya.

“Students have to be mature and responsible, representing the university and faculty there,” Patel says. “And they have to show they can deal with adversity, because working in a resource-limited setting can be quite stressful.”

First on the scene

Stress is never mentioned when Claassen is talking about Africa.

Having spent his first 17 years living in Africa with his parents, he grew up with a clear appreciation of the continent and its people.

And as you talk to him, you understand that he never really left Africa. Indeed, he has spent over half his life in Africa. Within a year of coming to the U.S. to do undergrad studies at Bethel College in Kansas, his parents’ home state, he found a way back to Africa—and would again and again. Throughout his training, he engaged in medical research and clinical work in Mali, South Africa, Nigeria, Malawi, Kenya, and Zambia.

The first of those experiences came through Maryland with researcher **Christopher Plowe, MD**. It was 2001, four years before Maryland’s Institute of Human Virology established its public health initiatives in Zambia.

“It was really a formative experience for me,” says Claassen. “I learned about infectious diseases and public health and was inspired to go into those fields.”

Back in Kansas, he majored in biology and met his future wife, Sarah, an immigration lawyer by training, who now runs a violin studio in Lusaka. They’ve been married for 19 years and have three children.

For Claassen, after finishing his undergrad studies in 2002, it was back to South Africa, working in an HIV clinic. “At the time, people in Africa did not have access to antiretroviral therapy to treat HIV,” he says. “The drugs we knew could save their lives were unaffordable and unavailable.”



“I came to Kenya three summers in a row. I didn’t feel drawn to Africa at first, but spending time here, I fell in love.”

— Matthew Loftus ’11

After another year of HIV research at NIH, Claassen applied to medical school at Maryland. “I found out that it had a strong history of work in infectious disease.”

HIV research in Nigeria with **Man E. Charurat, PhD**, and malaria research in Malawi with **Miriam K. Laufer, MD**, followed.

Once graduated, he did his residency at Yale-New Haven Hospital and then came back to Maryland again, this time for an infectious disease fellowship because he had learned Maryland wasn’t only doing global health research but doing program implementation work—working with health systems to improve outcomes.

Which is a big part of what he does now.

There are about 38 million people living with HIV globally. Zambia has 1.2 million of them. The core of Claassen’s work is to get all of those people living with HIV on treatment.

“That means they have to take a pill every day for the rest of their lives,” he says. “If they do, they can lead a normal, healthy life.”

His core focus is training community health workers to connect people to treatment. And here he tells a story about how the program has worked.

“There was a young woman, her name is Amina,” Claassen begins. “She didn’t know she had HIV. The community health worker, Juliet, knew of her because she knows everyone in her village. When Amina got pregnant, Juliet explained to her about HIV and how important it was to get tested when she was pregnant.”

Amina got tested and found she was HIV positive. She started treatment and is now on lifelong therapy. Her baby was born free of HIV.

“And here’s the important medical piece,” Claassen says. “Thirty-three percent of the time babies born to untreated women living with HIV will be HIV-infected, too. But if the mom goes on antiretroviral therapy that infection rate goes down to effectively zero.”

Claassen has obtained U.S. Centers for Disease Control and Prevention (CDC) grants to finance this layperson model. He also has several grants that support research, including an NIH funded one to study the results of using HIV pre-exposure prophylaxis (PrEP). UMB conducted the first-ever study of PrEP in Zambia, and recently conducted the first implementation of PrEP in prisons.

“That study was just published,” he says, of the October 2022 issue of *The Lancet HIV*. “As far as we know, it’s the first one in the world.”

All of it is amazing to him, given his original dream about returning to work in the African health care system did not

include being the researcher, administrator, director, or teacher he has become.

“Not at all,” says the doctor.

Claassen can provide a long list of things he does each day—see patients in the hospital, give a lecture to local residents at the university, and mentor students visiting from Maryland.

He also travels around Zambia several times a year, visiting the 80 clinics his programs support in remote villages and towns. And then there is a month when he is back in Maryland to see patients and teach at Maryland.

But his passion “is helping Zambia achieve HIV epidemic control,” he says, noting the Maryland elective he loves is part of that fervor as it opens students’ eyes to possibilities in global health.



Claassen, right, visiting a rural clinic in the eastern province of Zambia



Claassen, third from left, at the University Teaching Hospital in Lusaka, Zambia, with fourth-year Maryland students in April 2019

In February 2020, fourth-year medical student **Margaret Kahwaty, '20**, also beat the COVID-19 restrictions deadline and was able to go to Zambia and take part in Claassen’s elective.

“That elective was the highlight of my medical school years,” says Kahwaty, now a year away from becoming an attending physician. “It wasn’t a classroom setting. All the learning was on our feet. You saw that there are different ways to practice medicine. It was inspiring.”

Claassen has come to admire the different cogs in the global health care wheel. But he admits he still loves his time working directly with patients, making it easy to see his appreciation for Loftus’ program in Kenya.

“Direct patient care is always good,” he says. “It’s good for the soul.”

At the bedsides

One night in the AIC (African Inland Church) Litein Hospital in Kenya, Loftus was called into the emergency room where a patient wasn’t breathing well. She was post-partum and had developed peripartum cardiomyopathy.

“It was clear something bad was going on, but we couldn’t quite figure out what it was,” says Loftus, who was working with an intern at the time. “I ran and got our portable ultrasound machine. I took a quick look at her heart. I could see that the heart was not pumping the way it was supposed to, so we transferred her upstairs where a nurse anesthetist intubated her.

“I was able to correctly identify what was going on, all the while showing the intern: Here is how you do this. Here is what you can see. Here is why this is bad.

“We got her the appropriate treatment until she managed to come off

the ventilator and was discharged.”

Weeks later, the woman returned to the hospital to thank Loftus for what he did.

“That was a really cool moment in terms of being able to help somebody who needed our help and to be a part of an institution,” he says. “It wasn’t just me. It was the person in America, who had donated that ultrasound machine. The people in the emergency room who knew to call me right away. It was the nurse anesthetist, who’d been trained at another hospital that was able to intubate her quickly. It was the nurses in the ICU who got her through. It’s a whole community of caring people, one I’m very thankful to be a part of.”

Loftus’ days are filled with those kinds of meaningful situations. He’s the family doctor. He does inpatient and outpatient care. He does obstetrics, a little ICU. He teaches students, interns, and residents. And he passionately oversees mental health care at the hospital including addiction treatment.

He’s a whirling dervish in a white coat, and he can’t wait to meet his two Maryland elective students this spring and introduce them to his work.

“Obviously, in global health, we’re trying to address disparities and help people with very few resources. Mental health is just such a huge under-served area.” — Matthew Loftus ’11

“Obviously, in global health, we’re trying to address disparities and help people with very few resources,” he says. “Mental health is just such a huge under-served area.”

When he arrived in Litein, late in 2016 after having been suddenly evacuated from Yei, South Sudan, due to the conflict there, he found mental health patients on all kinds of medications dating to the 1950s, because there was nothing else. And those medicines had terrible side effects.

The Litein Hospital directors asked him to start a mental health clinic. His efforts have been well received. What was once a one-day-a-week clinic now is housed in a new building, with counseling psychologists providing holistic care.

It’s a long way from Edgewood and Bel Air, Md., where Loftus grew up.

He says his childhood was like any other kid’s. He loved playing with his 14 siblings, with friends and learning martial arts at the rec center.

He met his future wife, Maggie, when she hung out at his house, as a friend of one of his brothers and sisters and started helping his mom, making peanut butter sandwiches, changing diapers, and teaching the younger kids how to read.

“It was kind of an arranged marriage,” Loftus says, smiling at a family joke. “My mom just fell in love with her and said, ‘You can marry any of my sons.’ In the end it was true love—best of both worlds. We got married within a year of our first date. She now home-schools our four kids and is working on her bachelor’s in nursing.”

Growing up, his family belonged to the New Covenant Presbyterian Church, which offered those mission trips to Kenya, where Loftus helped children living with HIV and their families.

“It was on those trips that I first encountered medical missionaries,” he says. “At that point, I was at UMBC, thinking about how do I want to spend the rest of my life serving others? Those summer trips really helped me see what life could look like in the future.”

His commitment goes beyond the love of science. “Religion animates what I do,” he says. “It’s the reason underlying why I do what I do.”

Throughout medical school, the Loftus family lived in Sandtown in West Baltimore and became part of the New Song Community Church.

“We lived there intentionally to be a part of a community where people suffer from various legacies of racism, poverty, and other injustices,” he says. “We spent a lot of time there doing community mental health work.

“That was a really important part of my life and the experiences in West Baltimore shaped my wife and me for the rest of our lives. Certainly, at some point we might even go back to that.”

Loftus could talk for hours about Baltimore and Kenya, but when he gets down to what really matters, he says his hopes and dreams all revolve around the health professionals he is educating.

“Obviously, the core of my work is taking care of patients,” Loftus says. “But, you know, I could see patients all day every day for 50 years and there would still be a line going out the door. But if I can spend my time training others and help them catch a vision for serving others, then that allows me to multiply my efforts a lot more.” 🏛️



Loftus, left, on a rare break with colleagues



Loftus, left, busy in the clinic

Jamasbi, MD, '89, Rewards Excellence, Innovation in Medical Education

Inspiration comes in many forms, and often in unexpected ways. For **Babak J. Jamasbi, '89**, the decision to attend medical school occurred almost unexpectedly.

While earning a master's degree in chemical engineering, he decided to volunteer at a VA hospital. That experience—working with physicians and being able to help people—sparked something in him.

"I literally woke up one morning, two months before I finished my graduate program, and it was crystal clear that I wanted to go to medical school," says Jamasbi, founder of Pain & Rehabilitative Consultants Medical group, a multidisciplinary clinic system specializing in rehabilitation of complex pain patients located in the San Francisco Bay area.

One of the schools to which he was admitted was Maryland. With little to no knowledge of East Coast life, he made another choice based on instinct.

"I didn't know a whole lot about it, other than the fact it was a state school and that I had some relatives who lived near there," he says. "So, I picked the University of Maryland—and it turned out to be a very good decision."

He has been so pleased with that decision, in fact, that he recently made a generous gift to allow the school to present annual awards to recognize faculty for excellence in medical education in such key areas as curriculum, teaching, innovation, and leadership.

"I've been extremely happy being a physician, and the University of Maryland gave me the opportunity to attend medical school, which changed my life," he says, adding that he hopes his gift will inspire others. "The quality of education builds a foundation for

medical students. I want to encourage professors at the University of Maryland School of Medicine to seek excellence in teaching."

Two awards supported by the new Babak J. Jamasbi, MD, '89 Education Award Endowment were presented at the Medical Education Leadership Academy (MELA) Awards in October. The winner of the inaugural Babak J. Jamasbi, MD, '89 Award for Medical Educator of the Year, which recognizes faculty who have made a demonstrated impact on advancing medical education over the prior academic year, was **Elizabeth M. Lamos, '07**, associate professor and assistant dean for student affairs.

For Lamos, an adult endocrinologist whose teaching curriculum focuses most recently on transgender competent care

"I've been extremely happy being a physician, and the University of Maryland gave me the opportunity to attend medical school, which changed my life."

and has been a part of the school since graduation, receiving the award "reaffirms the importance of teaching gender inclusive care and inspires me to continue to innovate meaningful education opportunities for students."

The real inspiration to be the best medical educator she can be, she says, comes from her patients.

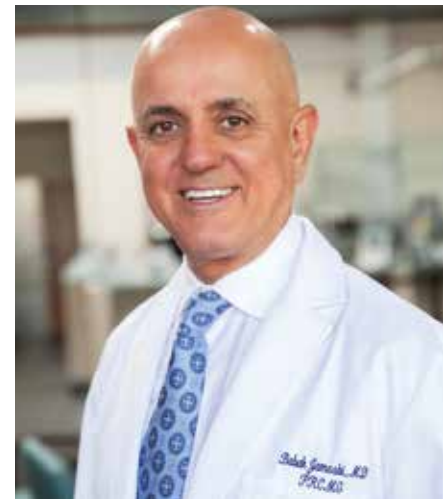
"I think any success that I have had as an educator is because my patients have taught me so much," she says. "There's no medicine without a patient; science becomes just a bunch of information. When we leverage knowledge and incorporate that into a patient's experience, we learn what's effective, inform our decisions, and improve lives."

The 2022 recipient of the inaugural Babak J. Jamasbi, MD, '89 Rising

Star Award for Excellence in Medical education, recognizing faculty with an appointment no higher than assistant professor for their excellence over the prior academic year in medical education, was **Katelyn E. Donohue, MD**, assistant professor of internal medicine and pediatrics.

"I'm honored and humbled to receive this award so early in my teaching career," says Donohue, who views it as validation of the new coursework being taught in the Renaissance Curriculum. "This award feels like a recognition that innovation in medical education is appreciated."

Donohue says she was inspired to teach by a professor early in medical school.



Babak Jamasbi, '89

"He had one slide, a hand drawing of a forest, and he used to say repeatedly, 'You have to remember to see the forest for the trees,'" she says with a laugh. "As an educator, I have tried to emulate his positivity and enthusiasm. Faculty need to be invigorated and excited to make medical education effective, and that makes the students successful. It lets them see the forest for the trees."

To learn how you can support the future of medicine, please contact Marjorie McDowell at (410) 706-0418 or mmcdowell@som.umaryland.edu. 🏢

Tax-Loss Harvesting and the Wash Sale Rule

Do you know how you might be able to save on your tax bill using a strategy known as “tax-loss harvesting.” This strategy—which can be particularly powerful when markets have been volatile—involves realizing capital losses with the intention of using them to offset your realized capital gains, thereby lowering your tax bill for the year.¹

There can be significant benefits to harvesting losses. But make sure you do not run afoul of the so-called “wash sale” rule, which can be complicated to navigate. Thus, be mindful of common pitfalls to avoid disrupting your careful planning.

What is the wash sale rule?

The wash sale rule prohibits taxpayers from claiming a loss on the sale or other disposition of a stock or securities if, within the 61-day period that begins 30 days before the sale (generally, the trade date) or other disposition, they:

- Acquire the same or a “substantially identical” stock or securities; or
- Enter a contract to acquire stock or securities (e.g., call options).²
- The rule also applies to short sales.
- The wash sale rule exists to prevent taxpayers from taking losses (thus lowering their tax bill) when they are not economically out of a particular position for a sufficient period of time.

Consequences of running afoul of the rule can be significant:

- The loss from the sale of the original shares is disallowed
- The amount of the disallowed loss is added to the basis of the newly acquired shares, and realized only when the newly acquired position is sold
- Additionally, the taxpayer’s holding period on the original shares is added to the holding period of the newly acquired shares.

When does the wash sale rule apply?

The rule applies to transactions in stocks or securities, including debt securities, and including contracts to acquire stocks or securities.

This includes warrants, convertible preferred stock and options contracts. It is not clear whether the rule covers some

¹Please consult your tax advisor to see if tax-loss harvesting is available with your accounts, and how potential buybacks may be done successfully. Taxes should not be the only factor to drive an investment decision.

²U.S. Internal Revenue Code, Section 1091.

common financial instruments, such as equity swaps. Work closely with your tax advisor to confirm whether or not a particular transaction may give rise to a wash sale.

Another key determination is whether two securities are “substantially identical”; but, the wash sale rule uses this term without precisely defining it. Ultimately, a taxpayer must consider the economics of the two positions (with the assistance of your tax advisor).


“The rule applies to transactions in stocks or securities, including debt securities, and including contracts to acquire stocks or securities.”

In applying the wash sale rule, be aware of trading activity in your other accounts. The rule could apply to transactions in any account you (or related parties) have with another financial institution, including retirement accounts; accounts held by your disregarded entity (e.g., single member LLC) or grantor trust; or accounts held by your spouse.

Make sure to watch out for vesting and the exercise of compensatory options or restricted stock grants and automatic dividend reinvestments, which qualify as the acquisition of stock for purposes of the wash sale rule.

We can help

All of your tax moves should be thoroughly discussed with your tax advisors.

While J.P. Morgan does not provide legal or tax advice (and cannot opine on whether a particular transaction is a wash sale), we can help you and your tax advisors assess potential tax-loss harvesting opportunities. You may also benefit from having a so-called “separate, tax-managed account”—i.e., one designed to continuously look for losses and harvest them when opportunities arise. 

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Post Pandemic Bull Roast Returns

It's been held at Maryland for the third-year class since the 1890s, but for the last two years the MAA-sponsored Bull & Oyster Roast was put on hold due to the COVID pandemic. In fall, the Alumni Association sponsored two events—entertaining the Class of 2024 in standard fashion and also staging a make-up event for the senior class of 2023.

The celebrations were scheduled on October 26 and November 1, respectively—in the MSTF Atrium with nourishment to meet all dietary requests. Students had the opportunity to visit with faculty and meet the school's new dean, **Mark T. Gladwin, MD.**

For the past two decades this student event was sponsored by **Ms. Carolyn Frenkil** and her late husband, **James Frenkil, '37.**



Attendees at the Junior Bull Roast included Angelique Ealy, Zahra Mousavi, Jenna Kanner, Sandra Quezada, '86, Maria Vera Alvarez, Beita Badieli, Dr. Nirav Shaw, MD, Keren Schechter, and Constance Lacap, MD



Attendees at the Senior Bull Roast included Juhye Kang, Maria Novitskaya, Irina Kolesnik, Rachel Cermak, Jess Palmer, and Philip Dittmar, MD

MAA's SAC Busy Again

With in-person social events returning to campus last fall, the MAA Student Advisory Council (SAC) has been active planning alumni-sponsored activities. The group consists of about five members from each class who are selected right after orientation during their first year of medical school. They plan social events for each class, review funding proposals, and recruit classmates to work the MAA Phonathon which this year will be held in February. **Madeleine Purcell, '23**, is serving as president his year.

Attending their September organizing committee meeting are (first row): Shani Kamberi, '25, Joshuana Edmond, '25, Hima Konduru, '26, and Claire Asenso, '26 (second row): Peter Kim, '25, Bolutife Olagunju, '26, Alanna Stefano, '25, Ryan Curto, '24, and Magdi Elghannam, '26 (third row): Pragnya Dontu, '23, Cameron Burt, '23, Madeleine Purcell, '23, and Reynier Hernandez, '25 (back row): Kerrigan Dougherty, '26, Sarah Curtis, '24, Jenna Kanner, '24, and Tara Balasubramanian, '24



Project Feast Serves More than 300

For more than three decades the second-year medical school class has organized Project Feast, serving a warm meal to the needy at the Booking T. Washington Middle School on Thanksgiving.

This year more than 135 volunteers provided warm meals and other donated items (clothing, shoes, toiletries, books, and nonperishable food items). The 2022 event returned indoors after modified programs during the COVID pandemic. Ms. Sheila Travers and Mr. Clinton Tates, both of whom have been running the kitchen for Project Feast since inception, were again directing traffic for the student volunteers. In addition, there were more than 100 packed meals dropped off to the homeless in the surrounding area by Baltimore City Public Schools police officer, Corporal Betty Covington. 🏠



The Project Feast 2022 team leaders included second-year students Madeline Brown, Indira Jetton, Linda Krasniewski, Cami Lingenfelter, Allison Karwoski, And Theresa Nguyen

classnotes

1950s **1953: Joseph F. Palmisano** of Ocean Pines, Md., and classmate **George C. Peck** of Easton, Md., and North Palm Beach, Fla., are enjoying retirement into their 90s. Palmisano is busy promoting his book *A Family Doctor in the Twentieth Century* and riding his scooter on the boardwalk while Peck hunts and fishes in and around his farm. They get together when they can to reminisce about the good old days. **1954: Robert H. Ellis** and wife Grace of Fort Collins, Colo., are experiencing the stress of moving to a retirement community after living in their home for 45 years. **1956: Charles H. King** of Kula, Hawaii, reports that he recently had surgery to replace a third DBS battery for Parkinson's Disease at age 91. **1957: Leonard M. Zullo** is enjoying retirement in Wellington, Fla.

1960s **1961: Gerald A. Hofkin** of Pikesville, Md., continues to serve as a healthcare surveyor for AAAHC, and maintains membership on two hospital staff committees. **Sig L. Sattenspiel** of Manalapan, N.J., is pursuing his passions of playing jazz piano, studying military and biographical history, playing golf, spending time with family, and travel since retiring after 49 years of being enamored by the art and science of medicine and plastic surgery. **1963: Joel S. Gordon** is enjoying retirement in Naples, Fla., playing golf and traveling. **Thomas V. Inglesby** of Summit, N.J., reports that two of his three children are physicians. **1965: Arthur R. Dick of Hesston**, Kan., is professor emeritus of neurology at the University of Kansas Medical Center since retirement in September 2016. He sadly reports that wife Betty died in June 2022. **1967: David S. McHold** and wife Pat Fisher McHold are living in Boothbay, Maine, where they summered until 2015. They have four children with doctorate degrees—two in the medical field. **Z. David Skloven** of Scottsdale, Ariz., is taking golf lessons, playing bluegrass banjo, and visiting four grandchildren in Seattle and Portland since

retiring from the practice of cardiovascular disease in 2020. **1969: Sanders H. Berk** of Washington, D.C., continues practicing with Shady Grove Dermatology Group in Rockville, Md. He adds that his family is doing fine.

1970s **1970: Donald L. Leass** of The Woodlands, Tex., has been retired from the practice of pediatrics since June 2020. **1971: Peter M. Hartmann** of Tarpon Springs, Fla., is retired and writes a regular blog on WordPress. **1973: Charles G. Elliott** of Salt Lake City is proud to say that after 50 years of practice he still loves the art and science of medicine. He continues working, now alongside three young physicians at Intermountain Medical Center's pulmonary hypertension call center. Elliott extends best wishes to classmates and friends at the medical school. **1974: Edward N. Sherman** of Reisterstown, Md., retired as a general internist after 46 years of practice and now spends time with his wife, children, and grandchildren. **1975: Karl Diehn** of Towson, Md., reports that daughter Meghan is a CRNP at GBMA in Texas Station; son Karl opened Chachi's Restaurant in Old Goucher; daughter **Kate**, '13, is a family



Following release of the fall magazine which included a class note on **Nelson Goldberg, '73**, riding his motorcycle, the office received several communications recalling Goldberg transporting medical school dean **John Moxley, MD**, to the senior social in 1973. This class celebrates its 50th graduation anniversary in a few weeks.



Maryland dean John Moxley, MD, riding to the senior social with class president Nelson Goldberg in 1973.

practitioner at Absolute Care; and son Kevin is a chemical engineer with two start-up companies. **Edward Morris** has lived in the Villages, Fla., for eight years where he practiced part time until retiring in December 2021. In retirement he's enjoying golf, pickleball, woodworking, travel, and the beautiful sunsets. **Lloyd M. Van Lunen** of Brunswick, Maine, recently completed an eight-week, 2,270-mile voyage from Maine to Labrador and back in his J-120 sailboat. **1976: John W. Bowie** of Baltimore retired in November 2021 after an enjoyable career in primary care. He and wife Cindy are traveling, cycling, and taking oil painting lessons. **Janet F. Brown** of Pasadena, Md., wishes to express her appreciation to classmates and colleagues for their memorial contributions to the MAA in husband **Bill's** memory. **William D. King** of Coos Bay, Oreg., retired from the practice of internal medicine in 2020. **Robert D. Mathieson** of Cockeysville, Md., retired after 40 years of practicing gastroenterology at Union Memorial Hospital. **1979: Jeffrey D. Gaber** of Baltimore continues to practice internal medicine and now has two grandchildren—Eli and Violet. **Kristen A. Zarfos** of Deep River, Conn., continues to practice at St. Frances Hospital in Hartford as a breast health and cancer surgeon. She is medical director of the Karl Kraepel Comprehensive Women's Health Center.

1980s **1980: Gregory M. Caputo** of Hummelstown, Pa., is professor emeritus and distinguished educator

at Penn State College of Medicine who recently retired from clinical practice. He continues to enjoy music, sports, and spending time with wife Leesa, their two children, and families. **Emily Michelsen** of Davidson, Md., reports that son Alex was married in Italy on October 1, 2022. She's now retired and is able to travel at will. **James P. Richardson** of Ellicott City, Md., enjoyed seeing classmates at the in-person reunion. He adds that 2022 was a great year as son **Alex** graduated from the medical school. **1982: Darryl B. Kurland** of New Milford, Conn., is retired from family practice and enjoys time with his three grandchildren. He's active with his local community emergency response team and encourages classmates to consider doing the same. **1983: Michael Fisher** of Easton, Md., retired in 2018 due to medical issues but is volunteering in and around Easton and together with wife Karen travel while they can. They have two children—Nina, a physical-therapist, and Aiden, a biology teacher. Both are happily married. **M. Steve Sniadach** of Englewood, Colo., reports that daughter Amanda has started an anesthesiology residency at Riverside Community in California. **1984: Frederick E. Kuhn, Jr.**, of Kingsville, Md., proudly announces the arrival of his first grandson, Grant Kenneth Callegary. **Gregory S. Pokrywka** of Towson, Md., is president of the Southeast Lipid Association. He continues to enjoy his hobbies of personal fitness, following the Ravens and Duke University, reptile husbandry, and leading sea-kayaking expeditions throughout Maryland, including Smith and Hoopers Islands. **1989: Joseph W. Cook, IV**, of Catonsville, Md., reports that their second granddaughter, Amelia Joan Cahoon, was born last May.

1990s **1992: Linda Berger** of Potomac, Md., proudly announces that son **Steven** graduated from Maryland as a member of the medical school class of 2022. **Virginia A. Powel** of Roanoke, Va., has started a pediatric healthy lifestyle clinic with a dietitian and exercise physiologist. She remains section chief at the PICU at Carilion Clinic. Powel has two daughters in college at Johnson and Wales University and UVA. **1995: David Brenner** of Dover, Del., is in his

eighth year as medical director and chair of the department of pathology and laboratory medicine at BayHealth Medical Center where he has practiced anatomic, clinical, and surgical pathology since 2000.

2000s **2000: Matthew D. Sedgley** of Frederick, Md., is team physician at Coppin State University and continues to serve in this same capacity for the Baltimore Orioles and the Baltimore Running Festival. **2001: Teresa Kulie** of Middleton, Wis., enjoys being an empty nester, but sadly reports that neither child Katy nor Alex is entering the medical field. Kulie extends warm greetings to classmates. **2006: Kristin C. Roussillon** of Nokomis, Fla., is an interventional cardiologist in Sarasota and is happily married to Florida State Trooper Kenn Watson. She recently opened HCA Florida Heart Institute in Venice with her partner. **2008: Maria Mainolfi Palarata** of Baltimore is medical director of Wellness and Aesthetics of Nava Health and Wellness.

2010s **2010: Ijeoma E. Akunyili** of Old Greenwich, Conn., is chief medicine officer for Jersey City Medical Center, part of the RWJBarnabas Health System. Akunyili is looking forward to the process of selecting a college with her highschooler. **Nidhi Goel** of Ellicott City, Md., was recently named director of the medicine clerkship at Maryland. **Sara E. Michael** of Liberty, Ill., is celebrating three years at Northwestern Medicine. **Christina P. Prather** of Alexandria, Va., is director of geriatrics & palliative medicine at the George Washington University. **2014: Brian Bates** is enjoying rural family medicine in rural Lincoln, Vt., with wife Jennifer and three daughters. **Nicole Cimino-Fiallos** of New Market, Md., has started a new position in the Kaiser South Baltimore Advanced Urgent Care. **Shaun Moeller** and wife Emily of Marriottsville, Md., recently welcomed Emelia Rose, their third, into the world. **2016: Christina Morris-Berry** and husband Tom have settled into their new home in Ellicott City, Md., where daughter Vivien has started kindergarten and son Everett is playing soccer. Morris-Berry is a pediatric neurologist at the Kenney Krieger Institute Center for Autism and Related Disorders. 

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.

Recollections

A look back at America's fifth oldest medical school and its illustrious alumni



215 Years Ago

In 1808, the founders were denied state funds to construct a medical building but received permission to conduct a lottery in an attempt to raise \$40,000 in financing. The effort was increased to \$100,000, but failed due to a lack of public support, and subsequent efforts were only partially successful. Four years later the faculty began construction on a building through their own underwriting that would include a library on the building's first floor.

115 Years Ago

In 1908, medical school's library relocated from the old medical building to an old church on the southeast corner of Lombard and Greene Streets. The building was given the name Davidge Hall in honor of the medical school's founder and first dean, **Dr. John Beale Davidge**.



25 Years Ago

In 1998, The University of Maryland Baltimore Health Sciences and Human Services Library opened on the southwest corner of Lombard and Greene Streets. The six-floor facility featured reference and circulation services as well as database and networking information. Housed in the Woodward Historical Suite on the library's top floor were the books of **Dr. John Crawford**, whose collection started the library in 1815.

IN MEMORIAM



Samuel D. Gaby, '46

GENERAL SURGERY

Pikesville, Md.

November 15, 2022

After graduation, Dr. Gaby interned at Baltimore's Sinai Hospital and received residency training at Halloran VA Hospital in Staten Island, N.Y., as well as Sinai. His private practice in general surgery was based in Baltimore. Gaby enjoyed opera. Preceded in death by wife, Elaine, he is survived by two children including **Alan, '79**, five grandchildren, and two great-grandchildren.

Robert C. Holcombe, '54

INTERNAL MEDICINE

Elkhorn, Neb.

August 27, 2022

Dr. Holcombe interned at Bellevue Hospital in New York City before enlisting in the Army Medical Corps where he served as a captain at Walter Reed Army Medical Center in Bethesda, Md. Upon discharge in 1960, he joined the Physicians Clinic in Elkhorn and also practiced at Methodist Hospital. Holcombe had a pilot's license, built train track on his property for the entertainment of grandchildren, enjoyed reading, woodworking, metalworking, gardening, tennis and golf. Survivors include wife Eleanor, six children, 16 grandchildren, and nine great-grandchildren.

Albert M. Sax, '55

PSYCHIATRY

New York City

July 7, 2022

The University of Rochester was the location of Dr. Sax's residency training, followed by a child psychiatry fellowship at the Jewish Board of Guardians. A member of the New York Psychoanalytic Institute, Sax was an adult, adolescent, and child analyst as well as a training analyst to young therapists. He enjoyed fine wine and food and was a collector of German Expressionist prints. Sax was also an avid reader of scholarly works and mystery novels. Survivors include wife Irene, three children, six grandchildren, and three great-grandchildren.

Herbert M. Marton, '56

OPHTHALMOLOGY

Tenafly, N.J.

December 4, 2022

After a transitional internship at Jacobi Medical Center, Dr. Marton served as a captain in the U.S. Army Medical Corp. He completed training at SUNY Downstate Health Sciences University in 1963 and practiced privately in Englewood, N.J., for more than 50 years. He was a member of the John Beale Davidge Silver Circle, Maryland's society for major donors. Marton was a chocolate connoisseur, attended theater, and was an avid reader of history and current events. Survivors include wife Carol, three children, two stepchildren, and five grandchildren. He was preceded in death by his first wife Sheila, and father **Samuel, '24**.

Isadore G. Ances, '59

OBSTETRICS & GYNECOLOGY

Camden, N.J.

May 1, 2022

After a one-year rotating internship at Ohio State University Hospital, Dr. Ances returned to Maryland for residency training and remained on the faculty, rising to the rank of professor, focusing on high-risk pregnancy. In 1984, he was named chair of the department of obstetrics and gynecology at Cooper Hospital in New Jersey where he remained until retirement in 2018. With focus on high-risk pregnancy, Ances delivered more than 35,000 babies during his 60-year career and published more than 50 papers. He enjoyed travel, opera, and sports. Preceded in death by wife Marlene, Ances is survived by one child and his grandchildren.

Larry G. Tilley, '61

FAMILY MEDICINE

Fallston, Md.

October 8, 2022

Dr. Tilley spent one year after graduation with the U.S. Public Health Service in Boston, and from 1964 to 1965 trained at Maryland General Hospital. After operating a private practice from 1966 to 1972, he joined Eastpoint Medical Group

as a partner until retirement in 2000. In 1981 he was president of the Maryland chapter of the American Academy of Family Physicians. Tilley enjoyed umpiring high school baseball and refereeing basketball. He also enjoyed travel. He was preceded in death by wife Edith, and survived by three children, five grandchildren, and two great-grandchildren.

Kenneth G. Magee, '63

PEDIATRICS

Dunwoody, Ga.

October 17, 2022

Dr. Magee served in the U.S. Navy for two years stationed on the USS Northampton in Norfolk, Va. He completed training at John's Hopkins Hospital with additional post-graduate training at Grady Memorial Hospital and Emory University in Atlanta. He practiced pediatrics privately in Dunwoody for more than 30 years. Magee enjoyed reading history, was a Georgia-based sports fan, played tennis, sailed, and was a runner. Survivors include wife Barbara, three children, and three grandchildren.

Joseph S. Gimbel, '67

ORTHOPAEDIC SURGERY

Scottsdale, Ariz.

October 9, 2022

Sinai Hospital in Baltimore was the location of Dr. Gimbel's internship, followed by residency training at the University of Illinois/Presbyterian Saint Luke's Hospital/Rush from 1968 to 1972. This was followed by a fellowship at the Rheumatism Foundation Hospital in Heinola, Finland, for surgical treatment of rheumatoid arthritis. Gimbel then served two years with the United State Public Health Service as chief of orthopaedic surgery at Phoenix Indian Hospital. In 1977, he established Phoenix Orthopaedic Surgeons Group where he continued an office practice after retiring from surgery in 1997. In this same year he founded the Arizona Research Center which completed more than 1,000 clinical pharmaceutical trials and led to more than 75 articles in peer-reviewed journals. In 2014, Gimbel founded Super Silica and in 2017 opened Desert Rose Medical Marijuana Dispensary with all profits being disbursed to charity. Survivors include wife Marilyn, five children

IN MEMORIAM



including **Mark I. Gimbel, '00**, and 10 grandchildren. He was the son of the late Harry S. Gimbel, '36.

Ellis S. Caplan, '68

INFECTIOUS DISEASES

Sykesville, Md.

October 21, 2022

After an internship at Maryland and two years of residency training at Sinai Hospital and Maryland, Dr. Caplan served two years on active duty in the U.S. Army stationed at Fort Carson Colorado and in Vietnam where he earned the Bronze Star. He returned to Maryland to complete training in 1975. Caplan remained at Maryland where he rose to the rank of clinical professor of medicine and chief of infectious disease at Shock Trauma from 1976 until retirement in 2015. Survivors include wife Christina, three children, and six grandchildren.

Stephen D. Rosenbaum, '68

ORTHOPAEDIC SURGERY

Pikesville, Md.

October 16, 2022

After graduation, Dr. Rosenbaum interned a Sinai Hospital in Baltimore, received one year of residency training at Johns Hopkins, and then from 1970 to 1972 served in the U.S. Army stationed at Fort Rucker, Alabama. Rosenbaum returned to Maryland to complete residency training in 1976 and then practiced privately in Baltimore for more than 40 years. He enjoyed flying, boating, and travel. Survivors include wife Marci, two children, and four grandchildren.

Gary W. Miller, Sr., '70

ORTHOPAEDIC SURGERY

Vienna, W.Va.

September 6, 2022

Maryland General Hospital was the location of Dr. Miller's internship, followed by residency training and a fellowship at West Virginia University School of Medicine. After a two-year military commitment in the U.S. Army serving at Fort Stewart, Georgia, he returned to his native West Virginia to serve the Mid-Ohio Valley for 45 years. Miller was affiliated with Marietta Memorial

Hospital in Marietta, Ohio, Mercy Health-St. Joseph Warren Hospital in Warren, and Camden Clark Medical Center in Parkersburg, West Virginia. He enjoyed playing golf and is survived by wife Becky, two sons, three stepsons, and 10 grandchildren.

Agnes Coffay, '85

FAMILY MEDICINE

Baltimore, Md.

September 18, 2022

Dr. Coffay trained at the University of California Irvine and was licensed to practice in California, New Jersey, Pennsylvania, and Maryland. She published two papers relating to smoking cessation. She is survived by her children.

Kendall Ann Marcus, '92

INTERNAL MEDICINE

Bethesda, Md.

August 13, 2022

University of Florida College of Medicine in Jacksonville was the location of Dr. Marcus's internship, followed by residency training in internal medicine and a fellowship in infectious disease at MedStar Health in Washington, D.C. After a brief stint at the Washington Hospital Center, she accepted a position at the Food & Drug Administration Center for Drug Evaluation and Research as a medical reviewer in the division of antiviral products. Marcus rose to the rank of deputy director for safety in that division before directing the division of dermatology and dentistry for the next eight years. During this time, she was also served on the staff at the VA Medical Center in Washington, D.C., caring for HIV patients. Marcus was a stained glass artist who enjoyed cycling, hiking, kayaking, and travel. Survivors include husband Mike Guerrieri and two stepchildren.

Stephanie L. Pope, '07

PEDIATRICS

Washington, D.C.

November 25, 2022

Dr. Pope trained in pediatrics at George University Hospital and remained in the district where she practiced. Pope is survived by a husband and two children.

FACULTY

Andrew P. Goldberg, MD

GERIATRICS

Ellicott City, Md.

October 25, 2022

Dr. Goldberg served as head of Maryland's division of gerontology from 1990 until retirement in 2015. Born in Bronx, New York, he graduated from Clark University in Massachusetts and received his medical degree from the State University of New York downstate Medical Center. Goldberg interned at SUNY Kings County in Brooklyn and after two years with in the U.S. Coast Guard, he completed training in internal medicine at New York University Bellevue Hospital. This was followed by a fellowship in endocrinology at the University of Washington School of Medicine and the Seattle VA Medical Center. Goldberg served as assistant professor at Washington University School of Medicine in St. Louis from 1977 until 1983 before joining Johns Hopkins as associate professor and director of research in the division of geriatric medicine. In 1990, he was named head of Maryland's division of gerontology and director of the geriatric research, education and clinical center at the Baltimore VA Medical Center. Throughout his career he received more than \$100 million in NIH funding for research on wellness and aging. He authored more than 200 publications and was devoted to mentoring the next generation of physicians. Goldberg enjoyed travel, hiking, and kayaking. Survivors include wife Gail, two sons, and five grandchildren. 🏠

IN MEMORIAM



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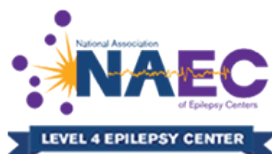


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