



UNM

medicine

FALL 2018

THE UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE ALUMNI MAGAZINE

AVERTING ADVERSITY

HELPING FAMILIES TO
IMPROVE OUTCOMES
FOR KIDS

ALSO IN THIS ISSUE

GENERATIONS OF HEALING

*Keeping the Practice of Medicine
in the Family*

SPOTLIGHT ON ADDICTION

*Tracing the Genetic Roots
of Substance Abuse*



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Family Health
is proud
to mentor
students from
The University
of New
Mexico School
of Medicine.

**“Precepting pays it forward.
Live to serve!”**

- Matt Probst, PA

Alumnus, Class of 2003

*Medical Director and Chief Quality
Officer for El Centro Family Health*



**SCHOOL OF
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MANAGING EDITOR

Michael Haederle

DESIGN DIRECTOR

Jana Fothergill

CONTRIBUTING WRITERS

Luke Frank, Ellen W. Hatch,
Wendy Grossman Kantor,
Yamhilette Licon-Muñoz,
Nikki Maphis, Tanya Oates,
Kara Leasure Shanley,
Nehemiah Wilson

PHOTOGRAPHY

Jett Loe, Raymond Mares

DEAN'S OFFICE

Paul B. Roth, MD, MS
Chancellor for Health Sciences
CEO, UNM Health System
Dean, UNM School of Medicine

CONTACT

UNM School of Medicine
Office of Advancement and
Alumni Relations
MSC 08 4720 Fitz Hall #182B
1 University of New Mexico
Albuquerque, NM 87131-0001
505.272.5112

<http://som.unm.edu/alumni>

SUBSCRIPTION INFORMATION

unmsomalumni@salud.unm.edu

EDITOR EMAIL

mhaederle@salud.unm.edu

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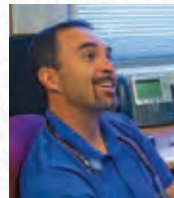
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Cover photograph by Jett Loe

LETTER FROM THE DEAN

The UNM School of Medicine has long played an outsized role in meeting the health care needs of New Mexico's residents. There are a couple of reasons for that.

One is that our graduates account for nearly 40 percent of the physicians practicing in the state, so the institutional values they acquire in the course of their medical training carries over into their practice.

Another is that those values themselves are rather unique, because they reflect the challenges we face as physicians in providing care to a relatively small but diverse population distributed unevenly across a vast land area.

Today, we are trying to leverage our impact with targeted initiatives to improve child well-being, promote successful aging and tackle behavioral health and substance abuse concerns.

But our underlying motivation, from the earliest days of our program, has always been to find the most effective ways to serve the underserved. In this issue of UNM Medicine, you'll see some wonderful examples of students, faculty and alumni who embody this motivation in their lives and practice.

Dr. Andrew Hsi, with appointments in both Pediatrics and Family & Community Medicine, has for 30 years devoted himself to the welfare of New Mexico children and their families. His interview offers some revealing insights about his concern for his patients and his creative, outside-the-box problem-solving skills.

Matthew Probst, a graduate of our physician assistant program who serves as medical director of the El Centro Family Health network of clinics in Northern New Mexico, is passionate about bringing team-based health care to rural communities. For the past 15 years he has sought to improve access to care and improve health outcomes for his patients – and now his work is being recognized in a new public television documentary.

Nora Perrone-Bizzozero, professor in the Department of Neurosciences, has focused her laboratory research on teasing out the basic science underlying substance abuse and addiction, an epidemic both here in New Mexico and throughout the nation.

It seems that the great educational experiment that was set in motion at UNM a little more than 50 years ago has matured to the point where we can truly speak of our institutional legacy. In this issue you'll also learn about some families who have transmitted that legacy down through generations.

Needless to say, I'm quite proud of what we have accomplished, and I hope you are, too.

With Warm Regards,

Chancellor for Health Sciences
CEO, UNM Health System
Dean, UNM School of Medicine



NEW CHAIR OF NEUROLOGY NAMED

Michel Torbey, MD, MPH, a nationally prominent stroke and neurocritical care expert, has been appointed chair of The University of New Mexico's Department of Neurology following a national search.

Torbey comes to UNM from The Ohio State University, where he served as medical director of the Neurocritical Care Unit at Wexner Medical Center, medical director of the Neurovascular Stroke Center and director of the Cerebrovascular and Neurocritical Care Division.

Torbey, who completed his undergraduate and medical school studies at American University of Beirut in Lebanon, has put hemorrhagic stroke and neurocritical care at the center of his clinical work and research.

He served a year of surgical residency in Beirut and a second internal medicine residency at Johns Hopkins before completing a neurology residency at the University of Massachusetts in 1999. He later spent two years as a neurocritical care fellow at Johns Hopkins before joining the faculty. Torbey joined the faculty at the Medical College of Wisconsin in 2003 and moved on to Ohio State in 2011.

Torbey is current president of the Neurocritical Care Society. He has also chaired the Critical Care and Emergency Neurology section of the American Academy of Neurology. He has received substantial grant funding from the National Institute of Neurological Disorders and the Department of Defense for clinical



trials and the study of brain injury treatments.

Torbey expects UNM will be home to the comprehensive stroke center for New Mexico. He is also preparing to raise funds and recruit faculty to staff a new movement disorders clinic. He has high praise for UNM's Neurology faculty and staff.

"They're already leaders in the state," he says. "We want to make sure they're leaders within the region and within the nation." ❄️

NEW PHYSICAL THERAPY DIVISION CHIEF

The life-size plastic skeleton dangling from a stand in Beth Moody Jones's office subtly reminds the new chief of the Division of Physical Therapy of her enduring love of anatomy – and the role it has played in her career.

When she studied the subject in her undergraduate PT program at the University of Vermont, "It was the one time I received a 4.0, because I was just fascinated with it," she says. "I helped as a TA in anatomy in my senior year. That's when the teaching bug bit me."

Teaching has been her passion ever since. A decade ago, Jones helped implement the department's new doctorate of physical therapy degree.

Jones lived in Europe during her childhood, returning stateside to attend boarding school in the 11th grade. An accidental injury introduced her to physical therapy,

which had a practical benefit. "I found out I could graduate in four years and get a job in health care," she says.

That, along with her passion for human movement and anatomy, led to Jones' 36-year career as a practitioner and teacher of physical therapy.

With a family that grew to include four children, she moved around – from North Carolina, to Florida, to Hawaii to Virginia – owing to her then-husband's Navy career. Her experience as a practicing physical therapist led to jobs running clinical training programs.

A relocation to New Mexico led Jones to start teaching anatomy to UNM PT, occupational therapy and medical students, first as an adjunct professor and later as a full-time faculty member. She already had a master's in physical therapy degree, but she went on to add a DPT and



Photograph by Jett Loe

then a doctorate of education to her credentials.

Her doctoral dissertation examined the factors that predict success in passing PT licensing boards. That provided insights leading to a new "step exam" system that helps students master their subject matter – and to record-high first-time pass rates on the National Physical Therapy Examination.

"Those are the kinds of things I bring to the table," she says, "a study of pedagogy and learning and what students need to be successful." ❄️

THE CURE(T) ALL



Ben Curet (left) and Luis Izquierdo.

Photograph courtesy of Luis Izquierdo

BY NIKKI MAPHIS

Having an endowed professorship created in your name is among the highest honors a faculty member can receive.

Luis Benjamin Curet, MD, professor emeritus in UNM's Department of Obstetrics & Gynecology, was recognized at the Aug. 14 Board of Regents meeting as he appeared alongside Luis Izquierdo, MD, the first faculty member to occupy the newly created endowed professorship in his name.

These endowments often have significant money behind them and involve a few key large donors, but the Curet professorship was different.

Donors included Curet's family, students and colleagues – which speaks to the impact Curet has had on Albuquerque and UNM over the past 30 years.

Curet completed his medical

education in his native Puerto Rico before moving to the the University of Wisconsin for his residency training. He continued on to a maternal/fetal medicine fellowship at Yale University. Curet eventually

“My main focus has been as an educator to my students, residents and fellows in the diabetic pregnancy clinic.”

– Luis Benjamin Curet, MD

returned to Wisconsin to serve as the director of the maternal/fetal medicine department.

He jokingly said that he tired of the cold weather and snowy winters in the Great White North and was happily recruited to help build the OB/GYN department at UNM Hospital in the early 1990s.

During his tenure at UNM, Curet developed a number of research programs focused on substance abuse, pre-eclampsia and gestational diabetes.

“My main focus has been as an educator to my students, residents and fellows in the diabetic pregnancy clinic and instructing them in the knowledge and care of gestational diabetes patients,” Curet said.

He currently uses outcomes-based research to study the effects of different therapies and interventions, including metformin and insulin, with a focus on diet and exercise in pregnant women to reduce the incidence of gestational diabetes.

He also aims to prevent gestational diabetes from translating into overt Type 1 or Type 2 diabetes post-partum.

Martha Cole McGrew, MD, the executive vice dean of the School of Medicine had the honor of introducing him at the Regents meeting.

“He is an icon the world over for any provider who cares about women and babies,” McGrew said. “His groundbreaking research on hypertension and gestational diabetes in pregnant women was crucial to the field of OB/GYN.”

Curet shaped the development of many faculty, including herself,

new physicians and students, McGrew said. And he has made a difference in the world by caring for thousands of women and babies.

It is only fitting that Izquierdo, an associate professor in OB/GYN, and like Curet a Puerto Rico native, will hold the first endowed professorship. He was Curet's first fellow at UNMH – and is more like a son. Both of their families were present at the Regents meeting. ❁

Around the State, Around the Country

... AND AROUND THE WORLD

► Air Zermatt, an internationally known rescue group, teamed up with UNM Emergency Medicine to conduct a rescue exercise with emergency responders from the Bernalillo County Sheriff's Office and Fire Department, according to **KRQE-TV** (October 8).

► Two UNM physicians authored a free book, *50 Ways to Save Your Heart*. **KOB-TV** (October 5) reported that Drs. David Schade and Philip Eaton decided lecturing medical students and patients wasn't enough – they wanted to make information available to the masses.

► UNM neuropathologist Elaine Bearer, MD, PhD, was a recent guest on **KUNM-FM** (September 20) discussing how she combines music composition with brain research. Bearer studies biomarkers of trauma and abuse in children, as well as the cause of Alzheimer's disease.

► BenuBio recently received a \$1.5 million investment to market a new UNM breakthrough that could accelerate tissue processing rates for research clinics and pharmaceutical companies by up to 100-fold, the **Albuquerque Journal** writes (September 10).

► **KRQE-TV** (August 31) highlighted UNM's Bone Health TeleECHO program, where video conferencing is used to link health care professionals throughout New Mexico, in other states – and in other countries – to improve care for patients with osteoporosis.

► University of New Mexico researcher Vojo Deretic, PhD, was spotlighted in an **Albuquerque Journal** story (August 17) for receiving a prestigious MERIT award from the National Institutes of Health to continue his study of the cellular process that may be key to curing infectious diseases and cancer.

► Several clinics in Las Cruces welcomed first-year UNM School of Medicine students this summer as part of their Practical Immersion Experience clinical training program, reported the **Las Cruces Sun-News** (July 20).

► According to **The Indian Express** (July 7), a team from The University of New Mexico travelled to New Delhi, India, to kick off the first installment of health worker training in ECHO, a hub-and-spoke model developed by the University of New Mexico.

► Richard S. Larson, MD, PhD, the UNM Health Sciences's Center's executive vice chancellor and vice chancellor for research, wrote in the **Wall Street Journal** (June 24) that government should limit prescription opioids, a major contributor to opioid addiction and overdose deaths afflicting the U.S.

► According to the **Albuquerque Journal** (June 11), the UNM School of Medicine received an ASPIRE-to-Excellence Award for Social Accountability from the Association for Medical Education in Europe, the world's largest medical education organization.

► **New York City Biz List** (May 24) included Heloisa Soares, MD, PhD, of The University of New Mexico Comprehensive Cancer Center, for a "40 Under 40 in Cancer" award. Nominees came from across the country for people under the age of 40 improving the lives of those affected by cancer.

► Felisha Rojan-Minjares, MD, associate professor in the Department of Family & Community Medicine, interviewed with **KUNM-FM** (May 1) about how School of Medicine students have been learning to treat diverse patients through cultural training for more than a decade.

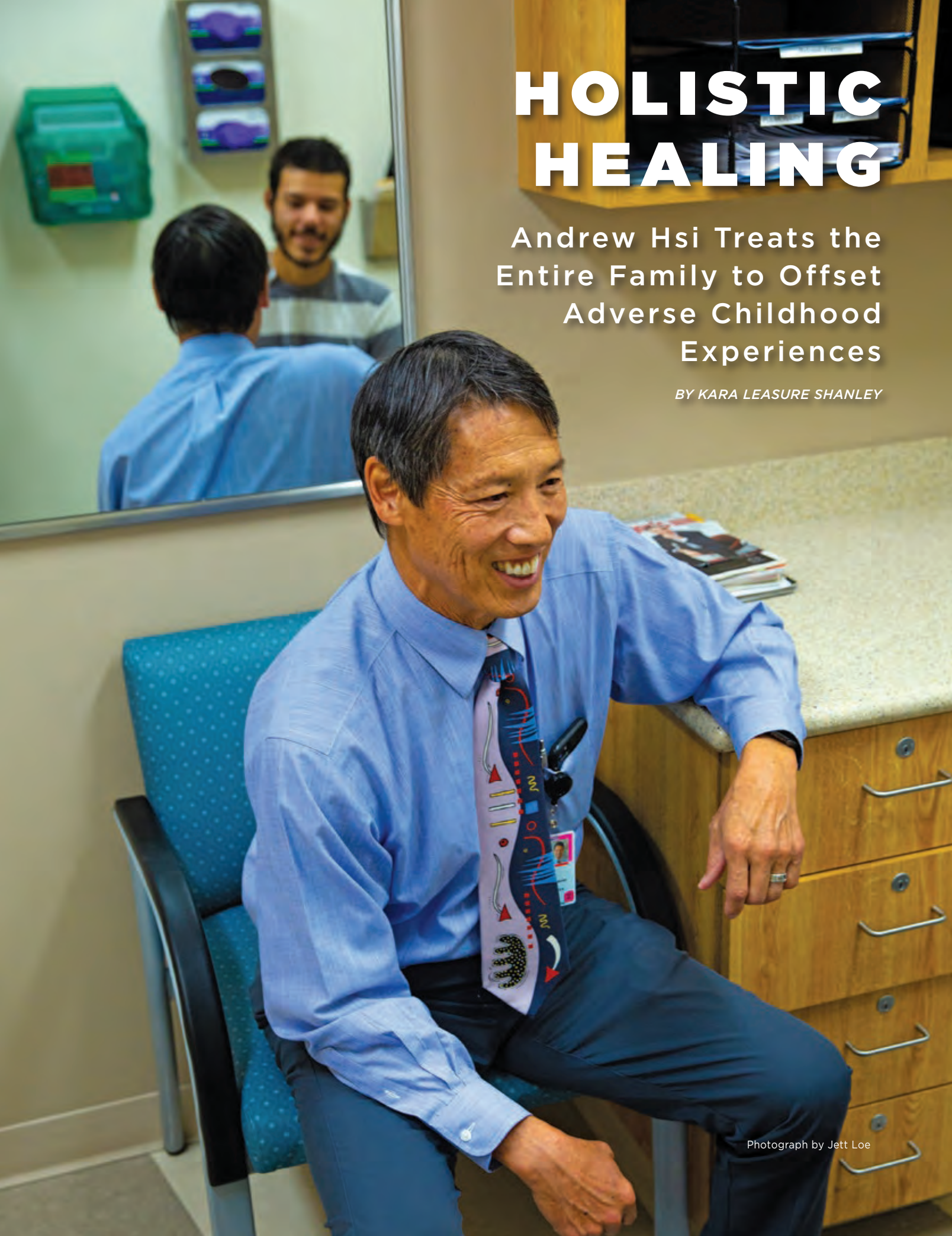
► Food as medicine . . . interesting concept right? Well, a new push at the University of New Mexico Medical School trains future doctors to think about the importance of a healthy diet reported Raleigh, N.C., television station **WRAL-TV** (April 20).

► The UNM School of Medicine was featured in an **Albuquerque Journal Bright Spot** column (April 5) for being ranked 20th in the nation for its Primary Care Curriculum in a recent issue of U.S. News & World Report's "America's Best Graduate Schools for 2019." ❄️

HOLISTIC HEALING

Andrew Hsi Treats the
Entire Family to Offset
Adverse Childhood
Experiences

BY KARA LEASURE SHANLEY



Photograph by Jett Loe

Andrew Hsi (House Staff '84) wasn't sure he wanted to be a doctor. His undergraduate stint in a Stanford University biology lab didn't seem like the right fit: he knew he wanted to work with people and promote social justice.

He took time off from medical school at the University of California, San Diego, for a master's of public health at the University of Washington. Meeting like-minded physicians, "I realized I'd found my tribe," he says. He completed his pediatrics residency at UNM, and after working for the Indian Health Service, he joined the School of Medicine faculty in 1987.

As UNM's first pediatric hospitalist, "I began seeing kids that were exposed to opioids, but there was no plan for them," he recalls. So he launched the MILAGRO program (Mothers Invested in Life, Abstinence, Growth, Rehabilitation and Opportunities) to provide comprehensive care for new mothers, babies and families affected by substance abuse. Later, he started FOCUS (Family Options, Caring, Understanding Solutions) to extend care to entire families.

Recently, he created the ADOBE program (Averting Disparities in Outcomes By Building Engagement) to provide medical and legal aid for children who have been incarcerated. And in 2017 he founded the Institute of Resilience, Health, and Justice, a collaboration with the UNM School of Law.

Hsi, who has appointments in the departments of Pediatrics and Family & Community Medicine, sat down to discuss his career and the Institute. This conversation has been edited for clarity, structure and length.

You often speak about adverse childhood experiences. What are some examples?

Physical abuse, child neglect, sexual abuse of a child or direct injuries to the child. Then, the family environment around the child – the standard ones are a parent with substance use or alcoholism, a parent with severe mental illness or suicide attempts, violence in the home against a mother or stepmother, a parent who is incarcerated. And then loss of a parent, situations where a parent just walks out of the kid's life.

Is there a specific number where you really start to think that they're at risk?

The data would say that if someone has four or more, their risk of engaging in health risk behaviors and long-term health consequences is significantly greater than individuals who have zero to one adverse events. In the FOCUS program, we look at kids who have prenatal drug exposure as an adverse experience, and if we can prevent further adverse experiences, then we

can hopefully take that individual's risk to baseline. In the ADOBE model, we're talking about ameliorating the effects of the adverse experiences they've had and trying to prevent additional ones.

What was it about treating the kids here that made you start thinking about adverse childhood experiences?

I started looking at babies who had drug exposure to cocaine and opiates and marijuana. Those kids were at risk for developmental delay as a result of exposure, plus exposure to violence and child abuse in the home because of the parental substance use.

Purely from a public health perspective, we screen every baby for genetic diseases that occur in one in 60,000 kids – but we're sending kids home where we know there's potential long-term morbidity and mortality with no plan. That led us to developing the MILAGRO Program for comprehensive prenatal care and treatment. Then I wrote a grant that ultimately became the FOCUS program, to take care of all the kids who weren't identified by MILAGRO. It was taking care of kids with prenatal drug exposure and trying to figure out how to keep them from being hurt or abused. We understood that if we could do things to support the child's development, then the parents would have a higher investment in the child doing well.

The FOCUS group is mostly for kids who have prenatal drug exposure. What exactly does the program entail in terms of therapy?

We started doing primary care clinics for the kids, and after about three years I realized parents were making these immense sacrifices to get their kids to the clinic, but there wasn't anybody taking care of *them*. I thought most of the parents would have been in drug treatment, but they weren't. To get drug treatment meant you stood in line someplace at 6 in the morning, with your baby, and hoped that they would admit you to intake. But if they didn't, if you were No. 6 in line and they only took four that day, then you were out of luck.

Taking care of the parents meant that we had to think of the family as the unit that needed primary care support. I have these great collaborators in Family & Community Medicine, so we began to see adults and kids simultaneously. We are seeing upwards of 65 patients – parents and kids – a week.

We include medication-assisted addiction treatment with buprenorphine as part of our primary care clinic model for parents. We'll see every member of the family who has anything to do with affecting the development of the child.

From the very beginning we built in early intervention home visiting. Practically speaking, it means



Photograph by Jett Loe

getting down on the floor with the parent to play with the child – which is something not in the parent's life experience many times – and demonstrating how to do it.

It also allows us to understand who and what would be needed to prevent adverse experiences for the child and for the family. Child development is a two-generation activity: you can't have child development without parents being involved one way or another.

What about kids who have had more of these experiences? Can parents whose kids are 5 or 6 still get the same type of treatment, or is it different because the development's different?

It's different, in part because of how the financing works. We can work with kids from birth to 3 under the federal Individuals with Disability Education Act.

There's a category of kids who have a diagnosis that qualifies for intensive early intervention services, whereas a kid who has prenatal drug exposure is viewed as "at-risk," and then has to have other criteria that would qualify for intensive service.

The at-risk category is problematic, because some families, from the very moment the baby is born, understand what they need to do for their child and they are fully cooperating partners in their child's health care and development. Other families have unstable housing and they have other family members who have significant issues. Even though their kids are at risk, the home environment around the child is so unsupportive of the child's development and the parents' health that they need more.

Wow. So how do you get around that – or can you?

That would be to take the global view of early

intervention and begin to stratify efforts. You would look at a baby being born and ask, "What are their risks?"

They have drug exposure, they have developmental risk, they have care coordination risk, but this family is at higher income – they have stable housing, they have supportive family. Maybe that family gets home visiting and then early intervention support if things aren't going well. So, after six or seven months, if the baby's not making good progress, early intervention comes in.

Whereas the family at highest risk – where there's a lot of potential violence, there's drug exposure, the parents aren't necessarily participating in the treatment model – they may need a combination of child protective overview coupled with early intervention until things get stable.

Then the middle group might be the baby is premature, has drug exposure, the parents seem interested in having support, they get early intervention. If things go really fast and are going better, then they may transition to home visiting or less early intervention services. It would be structured in a way that utilizes existing resources in a more focused manner with potential better outcomes.

Is that where the Institute starts to step in?

We started the ADOBE program about a year ago with behavioral health funds from the Bernallillo County gross receipts tax. We're looking at a population at risk with the likelihood of poor health and justice outcomes.

It's based on work that we did looking at kids who are incarcerated in the Camino Nuevo Youth Diagnostic Detention Center. Those kids had, on average, 5.3 adverse childhood experiences by the time they got admitted to YDDC. Ninety-six percent of them had an identified substance use disorder and 100 percent of them had psychiatric diagnoses. When they are released, there's no coherent plan.

We hired home-based navigators to meet the kids in the detention facility, then meet them in their home, to understand what the families' needs and goals were. We hired a liaison who coordinates educational follow-up with the kids and family to try to find the right school, help them stay enrolled and improve academic performance. We have a child psychiatrist and child psychologist come into clinic almost every week, so we can address things like substance use disorder, chronic mental illness and chronic health problems.

Then we offer the primary care to family members. We've seen about 80 kids in ADOBE since we started in February, and I think we've had nine go back in.

A third of kids who are incarcerated are developmentally delayed, so the standard model of applying consequence to action may not have the same potential to affect behavior that perhaps would be for you or me. They have this complex of behavioral health and substance use disorders that there is no good treatment model for, and the models that exist are very selective.

We've tried to short-circuit the bias in the system that prevents kids and their families from getting appropriate care. We are a small Band-Aid on a much bigger wound, but if we can show that this can work for kids at high risk and their families, then it creates the possibility – just like FOCUS did – that we can help people change complex behaviors in a way that improves their health and increases the likelihood that they can move towards a productive outcome or productive parenting.

The second arm of what the Institute would do is look at policy, for example, around health insurance. People who have substance use disorders, psychiatric issues, or kids who have that qualify for a higher level of service care coordination by the insurance company, whether they have commercial or Centennial Care. If we can identify those people and bring the care coordinators into it who have access, they know which providers and what services are paid for by their insurance and begin to facilitate.

Is the law school involved in the health care coordination with the insurance companies? Where do they step in?

If our navigators identify a kid or family who has a legal need, there are sections of the law school and their clinical law programs that are willing to represent them, if needed, in court. That's ranged from civil action related to guardianship, to domestic violence issues, to helping a kid resolve criminal charges in ways that allow them to move into probation, to immigration issues.

It's amazing for a family who feels like they've been on the short end of the stick in the legal system to suddenly be able to have their argument be made and heard. Going to the utility company or income support division with a law student taking notes makes things happen much faster than if you show up by yourself. One of our care coordinators helped get a family's utilities turned back on during the Christmas break when it got so cold – they hadn't had gas for six weeks.

We're very fortunate – the law coordination is now 20 years old. We started with the FOCUS program families, who also have a lot of civil-legal needs, and started referring families to the law clinic.

I'm sure that it's challenging with a lot of these patients. How are the patients willing to put so much trust into the system you have in place?

In the FOCUS model, probably a quarter of the families get it from the time they have their baby. I have the joy of seeing some of these families as the kids get older. They're aged 3 and they're graduating from the program, the parents are transitioning to other primary care, and their kids are doing great and starting normal school.

I have a mom who's been with us on medication-assisted treatment. Her daughter is 13 months old and I asked her, "You've been through this for a year. What do you want for your child as she gets older?" She looked at me and said, "I'm going to school to try to get work. I want her to have an education." That is so moving! She said, "I wouldn't recognize myself from where I was a year ago. I was a mess – now I know what needs to happen for my family."

On the other hand, we have families who really don't trust us. They had a lot of trauma in their lives and they see us as just another system they have to manipulate.

What is it about UNM's community that helps with all of this?

This would not be possible in private practice. The great joy of being at an academic health center is that we can hypothesize about these models, find the external funding to bring them together, connect with collaborating groups who share similar values and actually test it out. Then we can collect data, analyze it, talk about it and help the university become that statewide center of collected experience that can then be disseminated.

The Health Sciences Center is supporting the Child Wellbeing Initiative, which would range from extending what we're doing with adolescents to improving the education of various provider groups or teachers or social workers through the telehealth model, to providing comprehensive forensic services for kids who have alleged abuse and neglect that need to be investigated.

Any final thoughts?

I wish I could take credit for doing something that was technically innovative or was worthy of a patent, but it's not really like that. It has to do with whether we can get the right group of people together, sharing the same values and commitment to the long term in order to build things. When we can do that, when each of us reaches as far as we can and touches hands with the next person, we can embrace the population that needs services. It is a model that creates benefits for everybody, largely through intention and by common commitment. ❁

FAMILY AFFAIR

WHEN THE PHYSICIAN'S
CALLING ECHOES
DOWN THROUGH
GENERATIONS



Jemery and Michael Kaufman

BY MICHAEL HAEDERLE

It's not unheard-of for doctors to beget doctors. After all, physicians are proud of what they do, and who knows better the rigors and rewards of their profession than someone who grew up around it?

Over the past half century, the UNM School of Medicine has had its share of multi-generational alumni – families who share in common a deep commitment to service and patient care.

Here, you'll learn how three families have navigated the demands of medical education and practice:

MOUNTAIN MEDICINE

Michael Kaufman had already completed medical school at Tufts, done an internship in San Francisco and worked for the Public Health Service when he and his wife Bonnie came to New Mexico for his internal medicine residency.

The Brooklyn, N.Y., native was still a resident when his daughter Jemery was born in what was then called Bernalillo County Medical Center (now UNM Hospital).

The growing family relocated to Taos after Michael completed his residency in 1973. Today, he and Jemery, MD '02, both practice family medicine as part of Taos Medical Associates, which he founded in 1987.

The pair, in Albuquerque for the annual meeting of the New Mexico Medical Association, takes a break

to talk about their shared devotion providing care in a rural area of the state. It's a family vocation: Michael's wife and other daughter are both social workers.

Living in a small town and practicing medicine there for more than four decades has made Michael a respected member of the community. He's been president of the home health agency for 35 years and

"I went to Ecuador for six months and did a little project opening up a medical clinic and learned Spanish."
— Jemery Kaufman

joined in the springtime ritual of cleaning the acequias alongside his neighbors (many of whom are his patients).

"Occasionally, a patient will say, 'Thank you, father' – the same as a priest," he says. "That's our community. That's us."

Jemery graduated Taos High School in 1989 and headed off to Amherst College, where she rowed crew and majored in cultural anthropology. "I was raised to go to college," she says. "It wasn't until three months before graduation that I realized I didn't have a plan."

She moved to Seattle, waited tables and finally realized she wanted to go to medical school. To prepare, "I went to Ecuador for six months and did a little project

opening up a medical clinic. It was an intense project, but I learned Spanish!”

Jemery opted to follow her father into internal medicine and headed off to the University of Wisconsin for her residency. There, she learned about the social determinants of health – and brought those insights with her when she returned to Taos in 2006 to practice.

“Coming back as a physician, it was complex,” she says, referring to her patient encounters. “There’s a lot of awkwardness because they had been my babysitter or my friends’ parents, or my friend – or that one cop that pulled you over that one time. You just get used to it after a while.”

Many of her classmates present as patients with the health problems that are ubiquitous in New Mexico: diabetes, hypertension and substance abuse. She feels acutely the privilege of her upbringing as the child of a physician, but believes she’s making a difference by addressing the factors that often underlie the disease process.

“That was the draw of medicine,” she says. “It’s been enriching to work with communities and meet people from all different walks of life.”

HITTING THE BOOKS AT THE KITCHEN TABLE

Diana Noya’s home on the West Side bluffs commands a panoramic view of the Rio Grande, the city and the Sandias. Noya, MD ’78, and her daughter, Lisa Noya, MD ’99, sip tea in the living room while comparing notes about attending the School of Medicine two decades apart.

When Lisa completed her internal medicine residency at UNM, she and her mom became the first mother-daughter graduates of the program, she says. And now Lisa’s son, Benjamin Burnett, is a first-year student in the School of Medicine.

Diana, now semi-retired, had four daughters at home when she started medical school in 1974. The School of Medicine had been open for a decade: Diane Klepper was in charge of admissions, and about one-quarter of the students were women.

In the evenings she studied her medical texts at the kitchen table and her kids, the youngest of whom was in kindergarten, adapted to a new routine. “We didn’t have sitters at all when I was in medical school,” she says. She was usually home by 3:30 p.m. and her husband Charles, an attorney, “really took up the slack,” she adds.

Diana went on to complete her residency in internal medicine at UNM (she was chief resident in 1981-1982). She eventually launched a private practice, which she ran until 2007. More recently she has worked part-time at the Presbyterian Healthcare Systems Socorro clinic.

Lisa wound up following her mother’s example, starting medical school at 31, when her children were 3, 5 and 7. By then she had inherited her parents’ kitchen table.

“I would try to study when I put the kids to bed,” she recalls. “Ben came up and said, ‘What’s for dinner mommy?’ I told him, ‘I don’t know honey, mommy has her first big exam, so daddy has to make dinner again.’ He sighed and said, ‘Fish sticks and tater tots again!’”

That said, the medical school schedule had changed for the better from her mother’s day. “I was lucky, because they had changed the curriculum when I went,” she says. “Classes were half-day, except Wednesday.”

Lisa, who has worked as a hospitalist for Prebyterian

“We would always sit around that kitchen table, my mom would tell us stories about what was happening in medical school.”

– Ben Burnett

and Lovelace Medical Center, also launched her own business, Four Humours Healthcare, which provides in-patient and nursing home care.

“I really love what I do,” she says. “The only reservation that I have is that it’s harder and harder to be able to practice the way that we want to practice unless you own your own company or are your own boss.”

Now that he’s started medical school, Lisa’s son, Ben Burnett, has taken custody of the old kitchen table.

“We would always sit around that kitchen table, my mom would tell us stories about what was happening in medical school,” he says. She also came to his school to teach the girls sex education. “Other kids’ moms made cookies,” he says. “My mom taught sex ed.”

His mother’s career did occasion some trepidation, though. “I was in third grade when she got her residency match,” he says. “I was really worried that we were going to have to move. I think I was kind of tracking that on some level as a kid.”

Perhaps on that account, he had no interest in a medical career. “It was basically a process of elimination that got me here,” he says. “I started by being 100 percent certain that I did not want to become a doctor.”

Ben completed his BS in aquatic and fishery sciences, with a minor in marine biology, at the University of Washington. He returned to Albuquerque and took a job in a biomedical research lab, which led to a role coordinating patient participation a clinical trial.

“Helping patients coordinate their clinical care, I was like, ‘Oh no, I want to become a doctor!’” he says. Now, he’s “leaning in the direction of pathology,” although he’s also interested in psychiatry or neurology.



At the kitchen table (l-r) Diana Noya, Ben Burnett and Lisa Noya

As for being the third generation of his family to attend the School of Medicine, he says, “I haven’t run into any kind of preconceived notions about who I might be, other than that ‘You’re part of that big family,’” he says. “We’re all very different .”

A ROSE IS A ROSE IS A ROSE . . .

“My father in 1967 bought an acre of land in this paradise they called Rio Rancho,” recalls Ed Rose, MD ’82. When he retired as a New York City cop in 1973, his dad decided it was time to pack his wife and teenage kids into a ’63 Chrysler and head West.

Rose, whose parents had always wanted him to be a doctor, went through college, medical school and his pediatrics residency at UNM. Following a fellowship at Stanford in pediatric gastroenterology, he returned to New Mexico in 1987, where he worked part-time as an assistant professor while also maintaining a private practice.

He was New Mexico’s first – and for many years only – pediatric gastroenterologist.

“Looking back on that, I don’t know how I survived it,” he says. “I was on call 24/7, 365, for 10 years.” He closed his private practice in 2001 and moved to UNM full time. He served for seven years as medical director of UNM Children’s Hospital before retiring from the faculty in 2014.

While building a successful medical career, Rose also fathered three children – all of whom have pursued careers through the School of Medicine. His older son, Ryan, 34, is a hand surgeon in San Antonio. Daughter Marquette graduated the School of Medicine in May and just started her residency in psychiatry at UNM, while

younger son Alec is a first-year medical student – whose classmate is his cousin (and Ed’s niece), Rachel Rose.

Ed insists that the members of the younger generation each decided on their own that they wanted to become physicians. “I never pushed the kids at all,” he says. “I just wanted them to be happy.”

“My dad just felt so good at the end of the day knowing he most likely made a positive impact on someone’s life.”

– Marquette Rose

Ryan Rose, MD ’11, took a roundabout route to medical school. “I’m the oldest of three,” he says. “I remember in the beginning when my dad was basically taking call every night of the year. I didn’t have a good taste for it. I was a typical boy – I didn’t want to grow up like my dad. I wanted to do something different.”

At UNM he started ticking off the prerequisites for a business or engineering degree, but when he started his science courses he started thinking about medical school instead. Patient care was the draw, he says.

When he got to medical school, he didn’t much enjoy the classroom didactics during the first two years, but “when I actually started having patient interaction, working more hours and feeling like I was becoming a doctor, it became more enjoyable.”

He went on to do his residency in Texas and a fellowship in New York. Now, as a faculty member at the University of Texas Health Science Center at San Antonio, he finds he has more in common with his father than he realized.

“He’s kind of my rock when it comes to most things workwise,” he says. “My wife jokes about it. I don’t take



Following in his footsteps (l-r) Rachel, Ed, Alec and Marquette Rose

the same call that my dad did, but I essentially am on call every night.”

Like her brother, Marquette Rose recalls how her family was affected by her father’s work schedule. “I remember a lot of sacrifice,” she says. “But I remember a lot of pride in what he did.”

She became interested in a medical career from an early age, and her father encouraged it. “My dad just felt so good at the end of the day knowing he most likely made a positive impact on someone’s life,” she says. “He wanted us to share that joy.”

In medical school, she did not feel she had much influence over patient outcomes. Now, three months into her psychiatry residency, “It’s very different,” she says. “Just the responsibility of patient care is a challenging thing to wrap my head around.”

Although she has chosen a very different specialty from her father’s, she frequently seeks his advice about the “culture” of medicine. “My dad is the most incredible mentor and has set the bar so high that I don’t even try for it,” she says.

She notes that her older brother is new to his role as an attending physician, she’s only a few months into her residency and her cousin and younger brother are novice medical students. “The medical school can’t get rid of us Roses,” she says. “I think we have a lot of pride in the fact that all of us are pursuing medicine together.”

Rachel Rose’s father Robert (a stockbroker), is Ed’s youngest brother. She and her cousins were very close growing up. “Us Roses are so similar that this profession fits a lot of our values,” she says.

“My interest was piqued because of the family,” she says. “In high school I started shadowing. I liked it.” In college she volunteered for hospice. “That was really instrumental in my premed journey,” she says, crediting it with her love for geriatrics.

As a UNM undergraduate, Rachel roomed with Marquette, who was in medical school. “I saw the bad days, but I also saw the really, really, good days – and I was just attracted to the good days,” she says. “There were days when Marquette got home and she had worked in the clinic and seen a patient and she knew she was on the right path.”

Witnessing her cousin’s journey as a medical student was helpful, she says. “I had a really realistic view of how medical school was going to be when it started.” And now, she says, she can consult Marquette or Ryan with questions. “You have somebody at every single stage that can offer you advice and you can look up to,” she says.

Alec Rose thought he might become a veterinarian until his experience working in veterinary clinics soured him on it. “People won’t pay for the animal’s care,” he says.

He started shadowing some physicians and liked the variety of medical specialties. He went on to major in biochemistry at UNM.

“When I was younger, I think my dad was the only pediatric GI doctor,” he says. “He was getting called every single night. Often, he couldn’t go back to sleep. Some Christmases we would have to wait until he came home.”

Growing up with a physician parent, “it’s part of your life,” he says. But he credits his father with making family a priority despite it all. “I don’t understand how at every single soccer game I was at he was there,” he says. ❁



Center of Service

MATT PROBST GUIDES
COMMUNITY-BASED
PRIMARY CARE IN
NORTHERN
NEW MEXICO

Photograph by Jett Loe

As Matt Probst prepares to tuck into a hot plate of chile rellenos at his favorite lunch spot, one person after another stops by his table to say hello and shake his hand. It seems like every other patron of Charlie's Spic and Span counts him as a close friend.

A regular at the Las Vegas, N.M., landmark, Probst is popular with his neighbors for helping to bring quality team-based primary care to the community. The 2003 graduate of UNM's Physician Assistant program is chief quality officer and medical director for El Centro Family Health, a network of family practice clinics with 26 locations in 14 northern New Mexico communities.

El Centro's patient care workforce includes MDs, PAs, nurse practitioners, behavioral health specialists and dental providers. "I put in this 'team-based care' model before it was even a thing," he says. "It's the 'better together' approach that I learned at UNM."

El Centro serves 20,000 patients in seven counties spread over 22,000 square miles – an area about the size of West Virginia. But the sprawling service area doesn't faze Probst, who grew up in Tierra Amarilla and Nambé. "I just think of Northern New Mexico as one big community."

Probst and two of his colleagues are the subjects of "The Providers," a documentary set to air nationally next spring on PBS. "They followed me around for three years and filmed my life," he says. "My life was crazy for

three years. They captured a lot of that – the disparities that are part of Northern New Mexico, that are part of me and part of my family."

Probst, whose father was a wood-carving santero, started out as an art student with the aim of becoming a muralist. When he apprenticed under fresco artist Frederico Vigil, his mentor warned him that if he pursued an art career and wanted to support a family he'd need a day job with a regular paycheck.

Probst wound up snagging three community college associate's degrees in biology, exercise science and fine art before deciding to attend UNM's PA program. He lived near his elderly grandparents in Santa Fe and commuted to Albuquerque while earning his bachelor's degree and working as a personal trainer.

The program's training involved problem-based learning, with PA students attending lectures alongside medical students, Probst says. He did some of his clinical rotations in Las Vegas and at the Santa Fe Indian Hospital, and he wound up taking a job at El Centro after he graduated.

Probst starts each day by asking how he can best serve his patients. "Health care is about relationships – and it's about people and taking care of people and how we treat people," he says. "It doesn't matter whether you can pay, how you smell, or what kind of issues you're going through. We'll take care of you. That's what El Centro has become." ❀

MEDICAL MANAGER

Kate Becker Takes the Reins at UNM Hospital

Kate Becker has two rows of colorful Tibetan prayer flags pinned to the wall above her desk – a reminder, perhaps, that she might need a little supernatural intervention from time to time in her new job. “Every time the wind blows a little prayer goes up,” she says with smile.

As the new CEO at UNM Hospital, a 500-plus-bed institution with a Level I trauma center that serves more than 200,000 New Mexicans each year, Becker knows she has inherited all the complexities that come with running a busy public teaching hospital.

“Some of the challenges here I think are common to everyone in health care today, and some are unique,” Becker says. “There’s continued downward pressure on reimbursement and the need to provide high-quality care at lower cost.”

Unique to New Mexico, she says, “are the challenges of recruiting specialty and subspecialty providers in a market where there just isn’t as much volume. The other thing that’s unique about here is that because we have so many different stakeholders who so generously support us, our mission encompasses the entire spectrum of care.”

Becker is accustomed to meeting health care management challenges. Until earlier this year she was president of SSM Health Saint Louis University Hospital, a teaching hospital center that serves patients throughout eastern Missouri and southern Illinois.

There, she was three-fifths of the way through overseeing the construction of a new hospital. UNM is meanwhile several years along in the process of planning the construction of a modern medical facility.

“I think our challenge is that we have to find a way to provide care in a more modern setting,” she said. “There’s things that we spend a lot of time and energy repairing and replacing just to make sure they’re functional. It would definitely improve our patient and provider experience if they didn’t have those distractions.”

Becker grew up in St. Louis, but has lifelong familiarity with New Mexico. Her father grew up



Photograph by Jett Loe

in Albuquerque, where her grandparents owned a pharmacy. There were frequent family trips out West when she was growing up.

“The thing that impressed me most about coming here when I was young was the mountains, because we don’t have mountains like that in Missouri,” Becker says.

Becker graduated St. Louis University and earned her JD at the Chicago-Kent College of Law. She later practiced medical malpractice defense with law firms in Beaumont and Houston, Texas.

She returned to St. Louis University as the medical school’s lawyer while completing a master’s of public health with a focus on health policy. Becker later became CEO of SLUCare, the physician practice group.

Her next move came as president of SSM Health St. Mary’s Hospital in Richmond Heights, Mo. She served as interim president of SSM Health Cardinal Glennon Children’s Hospital before taking the reins at SSM Health Saint Louis University Hospital.

How does she account for her string of successes as a hospital administrator?

“The one good thing about lawyering is you really learn how to ask questions,” she says. “Depending on what it is you’re doing, you go very deep. I was very lucky to work with people who were willing to teach me and show me how everything worked.” ❄



SCHOOL OF MEDICINE

B Y

FUNDRAISING FY18 DATA



NUMBER OF GIFTS

1,909



NUMBER OF UNIQUE DONORS

796

NEW BEQUEST PLEDGES

10



ESTIMATED VALUE OF BEQUEST PLEDGES

\$3.7M

AMOUNT GIVEN TO ENDOWMENTS

\$2.7M



VALUE OF ENDOWMENTS AT SOM

\$61M



GIFT COMMITMENTS

\$15.9M



GIFTS GIVEN TO THE DEAN'S FUND

\$27,770

SCHOLARSHIPS AWARDED

120



AMOUNT OF SCHOLARSHIPS AWARDED

\$327,800

T H E N U M B E R S

DEMOGRAPHICS FY18 DATA



TOTAL STAFF

2,111

EMPLOYED FACULTY

1,107

COMMUNITY FACULTY

1,191

FALL 2017 ENTERING MEDICAL SCHOOL CLASS



NEW MEXICO
RESIDENTS

93



OUT-OF-STATE
STUDENTS

10

MALE

35



FEMALE

65

OLDEST MEMBER OF CLASS

40



YOUNGEST MEMBER OF CLASS

20

AVERAGE GPA

3.75



AVERAGE MCAT

506

TRACING THE ADDICTION CIRCUITS

Learning How RNA-Modified Genes Drive Substance Abuse

Photograph by Jett Loe

BY YAMHILETTE LICON-MUÑOZ

The National Institute on Drug Abuse defines drug addiction as “a chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences.”

Still, the misconception that drug addiction is a character flaw, not a real disease, prevails. In New Mexico, one of the states with the highest rates of illegal substance use in the country, what can science tell us about the best approaches to treat and prevent drug addiction?

The answer might lie in our genes.

Nora Perrone-Bizzozero, PhD, is a professor in the UNM Department of Neurosciences with more than 20 years of experience studying the post-transcriptional mechanism controlling gene expression during brain development and maturation.

Perrone-Bizzozero is investigating the roles of microRNAs and RNA-binding proteins in drug addiction.

“Drug addiction generates an abnormal adaptation in the brain, characterized not only by acute changes in brain activity but also long-lasting changes in gene expression,” she says, “so we are trying to understand the molecular mechanisms involved.”

Perrone-Bizzozero teamed up with Janet L. Neisewander, PhD, an Arizona State University behavioral neuroscientist, for an RO1 National Institute on Drug Abuse grant to study microRNAs and RNA-binding proteins in cocaine addiction.

They found that cocaine use drives alterations in the gene expression of the microRNA miR-495 and the RNA-binding protein HuD in the brain’s reward pathway, which increases the subject’s craving of the drug.

More cocaine further increases the imbalance of gene expression. These findings, published earlier this year in the journals *Molecular Psychiatry* and *Genes, Brains and Behavior*, demonstrate that microRNA and RNA-binding protein changes in the brain can affect behavior – with huge implications for understanding addiction.

After graduating from the University of Buenos Aires in her native Argentina, Perrone-Bizzozero moved to the U.S., where she started working in neuroscience and psychiatry at Harvard Medical School-affiliated McLean Hospital. She moved to Albuquerque in 1990 to join UNM.

UNM was a perfect fit for her and her husband, Oscar A. Bizzozero, PhD, chair of the Department of Cell Biology and Physiology, she says. “The environment is different than in other institutions,” she explains. “Instead of competition, it promotes collaboration, both inside and outside the University.”

She plans to continue deciphering the roles of non-coding RNAs and RNA-binding proteins in addiction, with an eye toward developing a cure.

“RNA-based drugs are being developed as novel treatment modalities, but they have their own challenges,” she says. “It’s not something that will be ready for patient care soon, but it could be a very promising approach in the future.” ❄

RESEARCH AWARDS

► **Bridget Wilson, PhD**, the Maralyn S. Budke Endowed Professor in Cancer Signaling and professor in the Department of Pathology, received a \$2.5 million award from the National Institute of General Medical Sciences for the Center for the Spatiotemporal Modeling of Cell Signaling.

► **Marcia Moriarta, PhD**, associate professor in the Department of Pediatrics and executive director of the Center for Development & Disability, was awarded a \$2 million grant from the New Mexico Human Services Department for Supporting Child Development Through Evidence-Based Practices. She received additional DOH grants totaling \$2.2 million for the Early Childhood Evaluation Program, DDSD Partners for Employment and the Early Childhood Network.

► **Jennifer Ann Vickers, MD**, associate professor in the Department of Neurology, received a \$1.5 million grant from the New Mexico Department of Health for the CORE Developmental Disabilities Waiver Outside Review Project.

► **Kimberly Page, PhD**, professor in the Department of Internal Medicine, received a \$1.3 million grant from the National Institute on Drug Abuse for the study of Acute Hepatitis C Infection in Young Injectors.

► **Carolyn Muller, MD**, chief of the Division of Gynecologic Oncology, received a \$1.3 million grant from the National Cancer Institute for the Community Oncology Research Program.

► **Mark Unruh, MD**, professor and chair of the Department of Internal Medicine, received a \$1.2 million award from an anonymous nonprofit foundation for the Evergreen medical directorship.

► **Sanjeev Arora, MD**, director of Project ECHO and professor in the Department of Internal Medicine, received a grant for \$783,000 from the Defense Health Agency for Telementoring Services.

► **Eve Espey, MD**, chair of the Department of Obstetrics & Gynecology, received a \$552,000 grant from the New Mexico Department of Health for the Family Planning and STD Project.

► **Antoinette Benton, MD**, associate professor in the Department of Family & Community Medicine, received a \$502,000 grant from the New Mexico Department of Health for the Transdisciplinary Evaluation and Support Clinic.

► **Tanya Baker-McCue**, from the Center for Development & Disability in the Department of Pediatrics, received a \$500,000 award from the New Mexico Division of Vocational Rehabilitation for the School to Work program.

► **Alan Tomkinson, PhD**, The Victor and Ruby Hansen Surface Endowed Chair in Cancer Research and associate director for basic research at the UNM Comprehensive Cancer Center, received a \$395,000 grant from the National Institute of General Medical Sciences for Cellular Functions of Eukaryotic DNA Ligases.

► **Marcos Burgos, MD**, associate professor in the Department of Internal Medicine, received a \$390,000 grant from the New Mexico Department of Health for Tuberculosis Medical Care, Consultation and Education Services.

► **Julie Salvador, PhD**, research assistant professor in the Department of Psychiatry & Behavioral Sciences, received a \$390,000 grant from the Agency for Healthcare Research and Quality for Innovative Model for Increasing MAT Access.

► **Darren Braude, MD**, professor in the Department of Emergency Medicine, was awarded a \$389,000 contract by the Department of the Air Force for an Educational Service Agreement.

► **Scott Ness, PhD**, the Victor and Ruby Hansen Surface Endowed Professor in Cancer Genomics and associate director for shared resources at the UNM Comprehensive Cancer Center, received a \$360,000 grant from the National Institutes of Health for Mutations and Target Genes.

► **Sandra Heimerl, PT, DPT, MS**, NM LEND training director at the Center for Development & Disability, received a \$339,000 grant from the HRSA Maternal and Child Health Bureau for New Mexico Leadership Education in Neurodevelopmental Disabilities.

► **Eric Prossnitz, PhD**, professor in the Department of Internal Medicine, received a \$320,000 grant from the National Cancer Institute for Molecular Mechanisms and Applications of ER/GPER Ligands.

CALIBRATING A CAREER

Helping Patient Care Through Medical Laboratory Sciences



Photograph by Jett Loe

BY NEHEMIAH WILSON

I never expected to be one of those nerdy-looking laboratory scientists who always seem to be absent-mindedly peering into computer screens, surrounded with stacks of textbooks, lab manuals and strange biochemical analyzers.

But here I am, helping nurses and physicians determine a proper course of treatment for their patients by ensuring whether blood chemistry results are correct, or whether the patient needs to be immediately sent to the cath lab because her troponin is 200 times the normal reference range.

It took me a while to discover that I am strangely good at sporting taped glasses, a bright white lab coat and a pocket protector that holds every class of pen known to man.

I am slowly becoming more comfortable with my role as a medical laboratory scientist.

When I was young, being “scientific” meant munching a bowl of Frosted Flakes on Saturday mornings with Bill Nye the Science Guy on my black-and-white Zenith TV. Little did I know back then that I was developing a practical of skill for my future career: procedure.

Settling in with Bill Nye required a systematic approach. It entailed gathering a blanket, pillow, bowl and spoon, then pouring cereal at just the right time, during the commercial that followed the preceding program. And then ensuring that the milk was added just one minute before Bill started.

My devotion to Bill’s show never really transitioned into a desire to be any good at biology, chemistry or math, so how did I become a person who enjoys science

so much that it instigated a desire to become a medical laboratory scientist?

A combination of life experiences brought me to this point. I’m in awe of the many scientific opportunities at the University of New Mexico that foster a diversity of people and ideas.

It has been helpful to apply the experiences I have had thus far to my work as a medical laboratory technician at TriCore Reference Laboratories. One of the most fascinating opportunities has been to play a significant role in positive patient outcomes.

My role is to keep analyzers running and ensure that results are not absurd. My technical side really gets to shine when meeting the requirements for Quality Control and Quality Assurance.

It encourages my never-ending thirst to question everything. For example, the night I assayed a patient’s troponin levels to be nearly 200 times the normal reference range, these results were immediately communicated to the patient’s team, but these values warranted a double check. In this case, the values were confirmed.

The ability to use my skills in the clinical laboratory to ensure effective patient treatment encourages me to continue my journey in medical laboratory science.

I truly feel as though I have found my place in the colorful and diverse health care system. This is where I can harmonize science with the desire to serve the community with essential health care needs. ❄

Nehemiah Wilson is a fourth-year student in the Medical Laboratory Sciences program.

JAPANESE E.R. RESIDENTS VISIT UNM HOSPITAL

Kimiko Sato and Satoru Meguro, third-year medical residents at Sendai City Hospital in Japan, have visited the United States before. They've both seen the Grand Canyon – and he's even been to New York City.

But they looked a little stunned as they toured the UNM Hospital emergency department one morning in July. Eighty-two of 83 exam rooms were already full, and a trauma team was hard at work resuscitating an unconscious patient.

Tatsuya Norii, MD, assistant professor in the Department of Emergency Medicine, assured the pair that things would only get busier as the day progressed, and predicted they would see patients with gunshot wounds before their shift ended.

That impressed them. In Japan, Norii explained, there have been fewer than 50 gunshot victims in the entire country over the past decade. Japanese doctors are also unlikely to see cases of drug overdose, snakebite, hantavirus or plague – all of which are disturbingly common in New Mexico.

"I think we are very safe," Sato said. Then again, the Japanese face some hazards New Mexicans seldom encounter.

She was a young medical student when the Tohoku earthquake and tsunami struck northeastern Japan in 2011, killing nearly 20,000 people. Sato helped in the grim task of identifying decomposed bodies using dental records.

Sato and Meguro spent two weeks at UNMH as part of an exchange that has been going on for nearly a dozen years. It began in 2007, when Steve McLaughlin, MD, chair of UNM's Department of Emergency Medicine, accepted an invitation to visit Sendai City Hospital from its CEO, Dr. Motonobu Kameyama.

That led to the annual exchange of residents and faculty between the two hospitals to share academic and administrative best practices in emergency medicine and mass casualty incidents.

"One of the benefits of these annual visits is most of them know us well," said Norii, who first came to UNM in 2011 for his residency in emergency medicine. "They actually know what we do."

The model of medical education in Japan differs in significant ways from that of the U.S. In Japan, high school graduates go on to spend six years in medical school, followed by two years of medical internship in which they rotate through various departments, then three or more years of residency in their chosen specialty.

Sato, 29, is planning a career in gastroenterology. Meguro, 27, is headed for a urology specialty. While they see many similarities in medical practice between Japan and the U.S., there are some differences.

For one thing, Japanese doctors seldom prescribe opioid painkillers, except for palliative care in dying patients. And older Japanese cancer patients often want their doctors to use euphemisms when talking about their diagnosis.

"They don't want me to say, 'You have cancer,'" Sato said. "Instead, I'd say, 'You have a tumor.' It's a very traditional way of thinking in Japan." ❄

Photograph by Jett Loe





Board Report

UNM SCHOOL OF MEDICINE ALUMNI ASSOCIATION

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UNM School of Medicine
Office of Advancement and
Alumni Relations

MSC 08 4720 • Fitz Hall #182B
1 University of New Mexico
Albuquerque, NM 87131-0001
505.272.5112
<http://som.unm.edu/alumni>

Director's Letter

Dear School of Medicine Alumni and Friends,

It's hard to believe another year is behind us!

Since I last checked in with you, we have extended our outreach efforts throughout New Mexico – and across the country. This year, we held receptions with alumni in Denver, Seattle, Los Angeles and Austin. Executive Vice Dean Martha McGrew shared updates on the School of Medicine and enjoyed visiting with the diverse group of alumni who joined us during these events.

The Alumni Association board has taken a more strategic approach to encouraging our alumni to not only return to New Mexico but stay connected with the School through the Community Faculty Program. I'm sure you recall the impact that Community Faculty (preceptors) played in your own education. We are actively working to engage our resident graduates and all alumni around mentoring and precepting students, as it is a vital part of our community-based curriculum.

In addition to engaging our young alumni, we have been working closely with many of the health systems in the state. These relationships have helped us to recognize our alumni as they join new practices, celebrate them as they excel in their careers and connect them with students.

This year, we hosted a Family Medicine Residency Job Fair, which included alumni and recruiters from 27 sites throughout New Mexico. This was no traditional job fair, as it included "speed dating" sessions for residents to connect with the sites, an innovation panel to share creative practices happening across the state, a session on rural rotation highlights and then some time for traditional tabling.

The Alumni Association has continued to partner with the La Tierra Sagrada Society, the School of Medicine's scholarship arm. This year, the Association contributed \$25,000 of the \$202,500 that was given at the annual scholarship dinner.

The Kentucky Derby-themed reunion was our largest yet and plans are already in the works for 2019! I highly encourage you to attend. We will be recognizing the classes of 1969, 1974, 1979, 1984, 1989, 1994, 1999, 2004 and 2009. While these are the distinguished classes, all alumni are welcome to attend.

As we close out 2018 I hope you will consider making a gift to the Alumni Association to help fund scholarships and provide support to students and residents. The average debt for our medical students who graduated this year was \$155,872. The School of Medicine Alumni Association was established to support medical students, residents, fellows and alumni – and we cannot accomplish our mission without YOU!

Plans are in the works to reconnect with many more of you in 2019. Please remember to update your contact information with the Alumni Office, and let us know how we can better serve you!

Have a safe and happy holiday season!

Very truly yours,
Amanda J. Bassett, MBA
Chief Advancement & External Relations Officer

TAKING TIME TO SAY THANKS

Giving Gratitude Dinner Recognizes Community Support for Students



Photograph by Jett Loe

BY ELLEN W. HATCH

Diane Klepper, MD, first came to New Mexico to camp as a young woman. Later, she would make New Mexico her home and shepherd hundreds of eager students through the doors of the UNM School of Medicine as dean of admissions.

Klepper has made it her mission to give back in order to grow the legacy of UNM Medicine, and she hopes this will continue to grow the number of physicians in New Mexico.

This year, the Giving Gratitude event acknowledged all donors who gave to the UNM School of Medicine.

Mingma Sherpa was the evening's student keynote speaker. The second-year medical student captivated the audience with her stories that drew parallels between her childhood home in Nepal and the patients she is passionate about serving here in New Mexico. She is grateful to the many people who support scholarships, like the La Tierra Sagrada Society Scholarship she received.

"Financial aid allows reduction in financial stress and the focus to be on studying," Sherpa said.

Those benefactors who attended this year's dinner, hosted at Hotel Albuquerque, were equally generous, and no two stories of the motivation to give were alike. Howard and Kim Granzow chose to give not because they are health professionals themselves – they met as undergraduates in geology at UNM.

"We give because we feel we're part of the UNM family," Howard Granzow says. However, they aren't far removed from health care. He was once part of a convoy helping to transport health providers to the distant reaches of the Copper Canyon of Chihuahua, Mexico.

"A woman tried to give me her crying infant," he said. "I could tell it was very sick and I ran to get a doctor. We put the woman and her child on a train to get help." Now, the Granzows not only give back to the Lobo family, but also have a daughter who is in the second year of UNM's Physical Therapy program.

Carol LeSage is a 12-year survivor of breast cancer who gives to the UNM Center for Life, which she credits with outstanding coordination of integrative medical care while she received treatment for her cancer.

"What really makes the Center special," says her husband, Peter LeSage, "is that they really listen. That's key." They support the Center not only for the highly individualized care it provides, but also the educational message to School of Medicine trainees: "There are alternatives."

The net of support provided by the generous gifts of the donors continues to expand scholarships, education, research and clinical care. And through their generosity, the School of Medicine will expand all the areas of its critical mission. ❁

LIVING LEGACY

Michael Napoliello Endows Chair in Geriatric Psychiatry



BY WENDY GROSSMAN KANTOR

During Michael J. Napoliello's first year as a medical intern at The University of New Mexico, he received six invitations to Thanksgiving dinner.

He went to all six.

"I was so grateful," says Napoliello, 76. "It leaves a lasting impact."

Born and raised in the Bronx, Napoliello arrived at UNM after graduating from NYU Medical School in 1966. UNM's medical school was only two years old, and he became the first chief resident in the Department of Psychiatry. Fifty years later, he's still close friends with his attending.

He makes annual visits to the school (usually in March) – and because he became so attached to the Department of Psychiatry, he recently made a very generous six-figure estate bequest to launch the Michael J. Napoliello, MD, Professorship in Geriatric Psychiatry and Behavioral Sciences.

"Dr. Napoliello's gift to the department helps support a vital need in New Mexico," says Mauricio Tohen, MD, chair of

the Department of Psychiatry & Behavioral Sciences. "This gift will be awarded to an individual who will lead research and education opportunities to a subspecialty with a critical shortage. The Department of Psychiatry & Behavioral Sciences is honored and extremely grateful for this most generous gift."

Napoliello remembers his UNM internship and residency fondly. "The teaching was very good," he says, "and we were given a lot of patient responsibility."

Initially, he was interested in internal medicine. "But I found out as I took patient histories, I was more interested in that aspect of the patient and the patient's personal life," he says. So he did a residency in psychiatry.

There were three men named Mike in the program, so everyone called him "Nap." Tim Schuster, MD, an 81-year-old retired assistant professor of psychiatry who retired from UNM in 1995, met "Nap" during his first year on the faculty.

They instantly bonded. "Nap" was from the Bronx, and Schuster had done his training in the Bronx

at Albert Einstein School of Medicine. They drove together in Schuster's car to see patients in rural areas.

"It was on-the-job, real-life learning," Schuster says. "We'd see patients and families together. It wasn't lectures and seminars – it was hands-on – go out and do the work and learn from doing. This was a team effort and team learning."

After completing his residency, Napoliello joined the military and was assigned to an Army hospital in Germany.

"I found that my New Mexico training was just as good as those who trained in more-established, older residency programs," he says. "There's a certain advantage to smallness."

While stationed abroad, several of Napoliello's UNM colleagues – including the department chairman – visited him.

"We were very much like a family," he says. And after his three-year tour was completed, he returned to UNM. "I felt I should go back to the family," he says. But, he only stayed seven months on staff.

"I had problems adjusting to the dryness of New Mexico," he says. "I missed the rain. I missed the water. And another reason was that for eight years, I had lived thousands of miles away from my extended family, and I wanted to be a little bit closer."

So, he took a job as an assistant professor of psychiatry at the Geisel School of Medicine at Dartmouth College.

"Then I became somewhat disenchanted with academic politics – and I wanted to work more closely with the biologic part of psychiatry. I could do that in academia, but I didn't like the politics," he says. "So, I opted to join the pharmaceutical world."

Napoliello then worked for companies such as Merrell-Dow Research Institute, Bristol-Myers Squibb and Yamanouchi. Initially, he focused on drugs affecting the central nervous system, developing anti-depressants and anti-psychotics – and he very briefly worked with anti-Parkinson's and anti-epilepsy drugs. Then he branched out and worked with anti-cancer treatments, cardiovascular medications, urological drugs and more.

"I was in an office arranging clinical studies, which are done in various medical centers around the country," he says.

After 24 years, he started his own consulting company, Pharma Savant, LLC. He now reviews data from clinical studies and gives advice.

When he's not working, he's traveling, spending two weeks in Europe in the spring and in the fall.

"He had a little side-hobby trying to visit every country in the world," Schuster says. "I think he's still got to fill in about four or five."

Having visited more than 110 countries, Napoliello says he especially loves Spain, Sweden and Germany, but he has a newfound love for Poland. "It's one of the best-kept travel secrets," he says.

He studied Latin, Greek and French while a student at Regis High School in New York. He's since taught himself to speak and read German, Italian, Spanish and Japanese and is currently teaching himself Polish.

"Even though he's a very scholarly and knowledgeable guy, and can fulfill the role of practicing scientist, there's a deep, personal warmth that not every scientific person has."
Tim Schuster, MD

He regularly reads 500-page novels in their original languages, and watches foreign films to keep his linguistic skills sharp.

"I don't know if I can count all the languages he speaks," says Schuster. "He'll work on a language for a while and get to the point where he's fluent. I haven't known anybody else that could do that. He's quite amazing in his abilities."

Napoliello also plays full-court basketball every Friday night with men in their 20s, 30s and 40s. He wishes he could play more often, but that's the only time the gym is available. "I'm a little stiff," he says the day after a game. "But I didn't get winded."

Last spring, he self-published a book (available on Amazon) called, *89th and Washington: Stories from a Wonderful Bronx Neighborhood*.

On his bookshelf in his home in Princeton, N.J., is a hand-made clay vase given to him by a woman whose baby he delivered when he was a medical intern at UNM.

"I'm still attached to the University, to the Department of Psychiatry, and to the state of New Mexico," he says. "I've lived in several states and two foreign countries – it's the friendliest place I've ever lived."

He wanted to fund a chair in geriatric psychiatry because it was a special interest. He taught geriatric psychiatry while working

at a pharmaceutical company in Cincinnati. "It's very stimulating," he says, "because of the challenges."

Older patients, he explains, often have many different medical problems, and are often taking

many different medications – which complicates their mental health care.

"I've always enjoyed the medicine part of psychiatry," he says.

He maintains close contact with anyone who he cares about. He's still in touch with the grandchildren of his deceased landlady from his tour in Germany. For many years he stayed in close touch with Robert Senescu, the founding chairman of the department, and his wife Betty. Now that they have both passed away, he remains in touch with their children.

"Bob's psychiatric interviews were magic," he says. "He was very good at getting to the heart of a patient's conflict. I tried to emulate his style as a resident, but I couldn't. I had to develop my own."

Napoliello describes his own style as "practical, here-and-now, reality oriented."

But it's full of heart, adds Schuster. And thoughtfulness and kindness.

"Even though he's a very scholarly and knowledgeable guy, and can fulfill the role of practicing scientist, there's a deep, personal warmth that not every scientific person has," Schuster says of his friend. "He is consistently warm and caring toward people. This is a very consistent quality of his. It's very genuine." ❁

DISTINGUISHED ALUMNUS AWARD

James Leckman, MD, Class of 1973



James Leckman, MD '73

BY WENDY GROSSMAN KANTOR

Growing up as an Eagle Scout in Albuquerque, Jim Leckman, MD '73, hiked in the Sandia and Manzano mountains and taught swimming and canoeing.

But he longed to see the world – and he has.

This fall, in addition to traveling to New Mexico to receive the School of Medicine's Distinguished Alumnus Award – he's also flying to Tokyo and Santiago, Chile. The Yale University child psychiatrist is working to educate parents of small children around the world to be more attached and involved in hopes of making the world a more peaceful place.

Leckman's travels began when he left New Mexico and moved to Ohio to study philosophy and chemistry at the College of Wooster. He spent a year studying in Beirut, Lebanon, before graduating Phi Beta Kappa and returning home to attend medical school at UNM.

"I had a wonderful experience there," he says. He worked as an assistant in Leonard M. Napolitano's anatomy lab, helping to prepare specimens for dissection.

"I was very interested in what was going on in the development of the body and the brain," he says. While a medical school student, he lived in Martineztown in a small, adobe home with no heat and no indoor toilet. He also found time to serve as a Boy Scout troop leader.

In the Department of Psychiatry, professor John Graham helped Leckman spend a summer working at McGill University in Montreal.

"My very first research article was published as a result of that rotation," he says. "I was the first author of a paper. I could go to the medical library and look it up, and there was my name. At the time, it was really quite special for me." (He has since published 474 research articles, written 12 books and contributed chapters in 147 books.)

After graduating from UNM in 1973, he interned in San Francisco, then worked for the National Institutes of Health. Following his psychiatry residency at Yale, Leckman joined the faculty, where he has become an expert in both Tourette's and obsessive-compulsive disorder.

Leckman recounts how his analysis of leftover cerebral spinal fluid from a research study led to the discovery that some patients with OCD have high levels of oxytocin, a hormone that promotes bonding between mother and child.

"I wondered what could oxytocin have to do with obsessive-compulsive disorder," he says. "Then I thought about just how obsessive new parents are – especially with a new child."

Leckman helped found the Early Childhood Peace Consortium. Partnering with UNICEF, he and

his colleagues have been working in low-income countries around the world teaching parenting classes. Domestically, he teaches mindfulness and meditation exercises to children with ADHD.

"When I was growing up, though I had wonderful parents, and a dear older brother and a sweet sister – I had problems with anger," he says. "Whenever I was angry, my brain didn't work as well."

He began studying Buddhism, and for the past 15 years he's meditated for 30 minutes every day. He attends silent retreats at the Southern Dharma Retreat Center in Hot Springs, N.C., and Light on the Hill in Van Etten, N.Y.

He met his wife Hannah while he was in college – they've been married 46 years. Last summer, he and his wife hosted a three-week grandparent camp. "My passion is being as good a granddad as I can be," he says.

He's done sabbaticals at Cambridge, and in Denmark and Brazil – and he was the first person to defend a PhD thesis in English at the University of São Paulo.

"I've been offered positions around the country to be the director of this program or that program," he says. "But the endowment from my professorship allows me to explore any question I would like to."

Leckman still sees patients and continues to research and publish on Tourette's and OCD. "More work needs to be done," he says. And he has no plan to stop. ❁

DISTINGUISHED ALUMNUS AWARD

Al Mateczun, MD, Class of 1971



Al Mateczun, MD '71

BY WENDY GROSSMAN KANTOR

The School of Medicine's class of 1978 did something no other class ever did – it created the legendary “box.”

Students packed the lecture hall the first day of every block to see what the box would do. On the first day of urology, for example, salty yellow liquid shot out. The box also fired pingpong balls at a student who regularly asked too many questions, and flashed signs at professors whose lectures ran overtime.

On Veteran's Day, a flag rose out of the box and a fan blew, waving the flag, while a Jimi Hendrix-style national anthem played on the saxophone.

“It became famous,” says this year's Distinguished Alumnus awardee, Al Mateczun, 75, whose electrical engineering skills provided the magic that made the box operate.

Born and raised in Albuquerque, Mateczun earned an engineering degree at the Air Force Academy, then served as a pilot in Vietnam. He and his younger brother John (a 2015 Distinguished Alumnus) both fought in the 1968 Tet Offensive.

When they came home, they were admitted into the same medical school class at UNM. They studied for their national boards together, and together joined the Navy in their last year. Both did their residencies at the Naval Regional Medical Center in Oakland, Calif. (John became a psychiatrist, and Al an ophthalmologist.)

Al Mateczun worked in ophthalmology for eight years before moving into aviation medical research. “Since I'd been a pilot, a guy I worked for offered me a job,” he says. “It's pretty schizophrenic, moving from engineering to biology and medicine. If you integrate it, you can use both approaches and maybe get a more comprehensive solution.”

Now, he heads the Biological Defense Research Directorate under the Naval Medical Research Center.

After 9/11, his lab worked with the Centers for Disease Control and Prevention and the Army testing during the anthrax scare. “That was a big deal, a big service to the country,” he says.

He even co-invented a new anthrax vaccine. “We ultimately never got the patent,” he says. “It worked on mice fine.”

Three years ago, during the Ebola epidemic in Liberia, Mateczun sent two portable labs to test people for Ebola virus.

“That was quite innovative,” he says. “It helped break the epidemic, too. We could tell by the next morning whether somebody had Ebola. And if they didn't, we could get them out of the compound.”

The work he's most proud of is his study of bacteriophages to cure antibiotic-resistant infections in troops returning home from Iraq. “That's one of the best things I've ever done,” he says.

His lab made national news, from Buzzfeed to the Washington Post, after phages – viruses that can infect and kill bacterial cells – from his lab helped save a civilian's life. Tom Patterson, a 68-year-old psychiatry professor at the University of California, San Diego, had picked up an antibiotic-resistant super bug while traveling in Egypt. He was in a coma for six weeks.

“They sent us the infection,” Mateczun says. “We found the right phages to kill it.” The phages were shipped to California, where they were injected directly into Patterson's blood stream. “He came out of the coma two days later, and is now back to work, totally cured,” he says.

Mateczun met his wife 20 years ago while running the Navy's infectious disease lab in Cairo.

“This is a typical sailor story,” he says. She and her brother were running Chinese restaurants, and someone from the U.S. Embassy introduced them. “American sailor meets Chinese ex-pat in Cairo,” he says.

When he's not working, he spends time in his vegetable garden at his home in Frederick, Md., cultivating heirloom tomatoes, zucchini and melons. Recently, he's been studying the history of Ireland.

Mateczun doesn't have any plans to retire.

“I'll just keep doing the job until I die,” he says. “It's working. We're making progress.” ❁

LEONARD NAPOLITANO, PHD, AWARD

Daniel Derksen, MD, House Staff 1987



*Daniel Derksen, MD
House Staff*

BY WENDY GROSSMAN KANTOR

Daniel Derksen, House Staff '87, spent the year after graduating high school volunteering in Mexico. His older sister was a nurse at an orphanage in Cuernavaca, about an hour south of Mexico City. After spending a year working with the children, he knew he wanted to become a family medicine physician working with low-income families in rural areas.

"That really opened my eyes," says Derksen, 61.

While a medical student at the University of Arizona he did his rotation in family medicine at UNM.

"It was great. I really liked their family medicine program," he says. "It was very connected to the community and underserved areas. It really had a mission to address unmet health needs in a state with very few resources."

Derksen met his wife, Krista Wills, in medical school. They married in their fourth year, and after graduation they both did their

residencies at UNM. While he was waiting for her to finish her OB/GYN training, Derksen took a position on staff at UNM. He stayed for 25 years.

"The University of New Mexico had one of the very top-ranked family medicine programs in the country," he says. "It was a good fit for me."

In 2007, he took a sabbatical to be a Robert Wood Johnson health policy fellow in Washington, D.C., working with Sen. Jeff Bingaman (D-N.M.).

"It was a wonderful year," he says. "I did a lot of work around drafting legislation that was later included in the Affordable Care Act. That was an enormously fulfilling year. When I came back, I

"I think of him as an innovator and creator and always advocating for our patients."

Valerie Romero-Leggott, MD '92, Vice Chancellor for Diversity

immediately got involved in policy issues in New Mexico and stayed involved in policy at the national level."

Then-Gov. Bill Richardson asked Derksen to oversee the Office of Healthcare Reform. He also garnered funding to start the New Mexico Health Insurance Exchange, "which currently covers about 50,000 or more New Mexicans," he says.

Derksen returned to the University of Arizona in 2012 to direct the Center for Rural Health.

He recently was appointed associate vice president for health equity outreach and inter-professional activities at the

University of Arizona Health Sciences. His current resume is 51 pages long.

"We're out and about a lot," he says. "I put 100,000 miles on my vehicle in the last 18 months."

When he's not working, he enjoys biking, hiking in the ponderosa forest and fly fishing with his 18-month old grandson, Donovan.

Valerie Romero-Leggott, MD '92, Vice Chancellor for Diversity at the UNM Health Sciences Center, has known Derksen since she was a medical student. She says she was thrilled – but not at all surprised – to learn that he's the 2018 Leonard M. Napolitano, PhD, Award Winner.

"I think of him as an innovator

and creator and always advocating for our patients," she says. "He goes for what he believes is right. He'll push for that. He's been an incredible mentor and colleague and friend."

Derksen says he's humbled to be this year's award-winner. He actually sat next to Dean Napolitano at executive committee meetings for many years.

"He was a real role model and aspirational leader for me," Derksen says. "I've certainly been impressed by all the great things that Dr. Napolitano was able to accomplish for New Mexico. For me, it's a wonderful honor, and I'm very humbled by it." ❁

THE POWER OF YES

La Tierra Sagrada Society Scholarships Help Dreams Come True

BY TANYA OATES

For UNM medical student and La Tierra Sagrada Society Scholarship recipient Edward Lu, a new page was written into the health care profession at an early age of two.

He was diagnosed with idiopathic congenital cataracts and with each passing day he slowly lost the ability to see the world around him. Thankfully, an amazing group of doctors, nurses and medical staff treated him, and he underwent successful cataract removal surgery. At age 5 he was able to see his first airplane in the sky.

He remembers countless appointments and check-ups by dedicated professionals to make sure his vision was correct. "I admired their hard work, their kindness, and their dedication and I aspired to become like them," Lu says.

"Receiving the La Tierra Sagrada Society Scholarship will only propel me closer to my goal of being able to practice medicine," he says.

"Everyone knows that medical school is a long and rough journey, but not many people realize that the journey itself is not made alone. The teachers, your classmates, the support staff are all people who work together to help you in your discovery of medicine. As

much as it is important to study hard and learn, it is also important to appreciate the help you have received along the way."

This year marked the first year the Society awarded scholarships to students in the School of Medicine's graduate health professions programs (Occupational Therapy, Physical Therapy and Physician Assistant) alongside medical students.

La Tierra Sagrada and the School of Medicine's Alumni Association together awarded 48 scholarships totaling \$200,000. Students who received between \$2,500 and \$5,000 of the \$200,000 given in scholarships at the dinner were Tristen Adams, Clare Arroyo, Anna Baillie, Venus Barlas, Carly Browning, Jacqueline Cai, Jaylee Caruso, Ujwal Chadha, Teal Clocksin, Craig Charlton (OT), Candice Espinoza, Colleen Fabian, Ricardo Galicia, Martha Gallegos, Eliana Garcia, Deanna Gonzales, Andrew Goumas, Rachel Granzow (PT), Colin Hansen (PT), Rachel Harrison (PT), Spanda Emma Johnson (PT), Amber Lalla, Katarina Leyba, Edward Lu, Paulina Majewska, Christine Meadows, Aakriti Mishra, Leslie Neher, Huynh (Wendy) Nguyen, Ronald

Orozco, Sumit Patel, Emily Pearce, Sarina Pollat, Hadley Pope, Niharika Ravichandran, Eric Rightley, Lucinda Rios, Bernard Rosal, Yazmin Ruiz, Kelley, Rutter (PA), Elizabeth Scripsick, Chloe Sharp, Josh Sheak, Mingma Lhamu Sherpa, Ashlee Smalley (PA), Jessica Sullivan, Diane Sun, Joseph Michael Yardman-Frank and Gregory Ziomek.

The evening began with students from each profession displaying posters as a way to introduce themselves to donors and guests.

During the dinner program, Emily Pearce (MS-II) spoke of the path that brought her to medical school and shared her perspective on the importance of scholarship support.

An investment in scholarships is an investment not only in our student's education, but in the beneficial impact that students will have on the lives of others for a lifetime. Endowed scholarships extend that promise to future generations of students in continuity. ❁

To join or learn more about LTSS, contact Tanya Oates, toates@salud.unm.edu, 505.272.5879 or visit <http://som.unm.edu/giving/tierra-sagrada>.

Photograph by Ray Mares



CLASS ACTS



Photograph by Jett Loe



Paul Brittain, MD '12

Lovelace Health System has hired **Paul Brittain, MD '12**, to work at Lovelace Cancer Center. He completed a hematology/oncology fellowship at the University of Colorado. He is a member of the American Medical Association and Phi Beta Kappa.



Jennifer Coffey Gill, MD '14

Women's Specialists of New Mexico has hired **Jennifer Coffey Gill, MD '14**. She earned her bachelor's degree in business and chemistry and her medical degree at UNM, where she also completed an OB/GYN residency. She is board certified by the American Board of Obstetrics and Gynecology. Coffey Gill will be seeing patients at the WSNM West Side office.

New Associate Director Joins the Office of Community Health

Laura Parajon, MD '95, MPH '99, returned to The University of New Mexico in September as the new associate director of the Office for Community Health. She received both her MD and MPH and completed her family medicine residency at UNM.

While an undergraduate at Brown University, Parajon helped launch an English as a Second Language student tutoring program for immigrants and refugees. During her medical and public health education, she helped establish two outreach programs to improve the health of immigrants and refugees in Albuquerque's International District.

Parajon spent 17 years working with health professionals and community health workers in Nicaragua to improve access to health care in rural areas.

Her interests include teaching, community empowerment to improve health, training community health workers and faith-based approaches to improving the health of communities.

She plans to continue to bridge her work in building community health worker (CHW) systems in Nicaragua with UNM's efforts in New Mexico with CHWs and Health Extension Rural Officers (HEROs).

"I am excited about being back at UNM," Parajon says. "I'll get to work alongside the amazing professors who taught me how to be a compassionate family doctor and an effective public health professional, and how to partner for equity by learning and listening to communities and who inspired me to always work for social justice and a world where there can be health for all."

In August, Faith Coleman, MD '85, published an article, "Why is EHR Interoperability So Difficult?" on the HospitalRecruiting.com blog. Coleman, who holds a BA in journalism from UNM, completed her family practice residency at William Beaumont Hospital in Michigan. She writes for The New York Times, Demand Media Studios and other online health and medical information services.



Jeff Hanrahan (House Staff)

Lovelace has hired **Jeff Hanrahan (House Staff)**, a board certified pediatrician practicing at the Lovelace Health Care Center in Roswell, N.M. Hanrahan has 20 years' experience and is board certified in pediatrics and pediatric hematology/oncology. He has a medical degree from St. George's University and completed his residency and fellowship at UNM. Prior to medical school, he also earned his law degree from Loyola Law School and practiced law for five years.



Please share your updates and professional accomplishments. Contact Amanda Bassett at the UNM School of Medicine Alumni Association to submit information for inclusion in an upcoming issue of UNM Medicine.

Telephone: 505.272.5700

Email: abassett@salud.unm.edu



Kyle Leggott with his mother, Valerie Romero-Leggott, MD, HSC Vice Chancellor for Diversity.

Kyle Leggott, MD '16, has received the Excellence in Graduate Medical Education Award from the American Academy of Family Physicians. Leggott, who is chief resident in family medicine at the University of Colorado, was one of 12 candidates chosen for the award from a pool of 3,500 residents nationwide.

Melissa Mason, MD '00, who works at Journey Pediatrics and is the immediate past president of the New Mexico Pediatrics Society, was honored for her steadfast leadership to stabilize and reinvigorate the society during challenging times, and helping the group evolve into a more effective organization in advocating for the children of New Mexico.

Jason Mitchell, MD '00, the chief medical and clinical transformation officer for Presbyterian Healthcare Services, will participate in the World Health Care Conference, scheduled for April 2019, in Washington, D.C.



Robert Melendez, MD '00 with UNM President Garnett S. Stokes

Robert Melendez, MD '00, has received the Zia Alumni Award from the UNM Alumni Association as part of the 2018 Homecoming Celebration. The Zia Award honors New Mexicans with a UNM degree who have distinguished themselves through philanthropic endeavors, public office, service to the University, community and volunteer activities, and/or in business, professional or educational fields. Melendez is past president of the School of Medicine's Alumni Association.



John Pederson, MD '00

John Pederson, MD '00, was among the recipients of Special Achievement Awards from the American Academy of Pediatrics and the New Mexico Pediatric Society for their work in promoting the Wylder Lectures, a continuing medical education event. He works for Presbyterian Healthcare Services.

PROVIDING PEACE OF MIND

Incorporating Palliative Care When Patients Need it Most

BY LISA MARR, MD

Most people are taken by surprise when they, or someone they love, is diagnosed with a terminal illness. I remember caring for a 95-year-old woman who had never been sick a day in her life. She lived by herself, and was still driving. Her four daughters, in their 60s and 70s themselves, offered help many times, but she told them she didn't need it.

I met her when she was admitted to the hospital with stomach pain and was diagnosed with metastatic cancer. The cancer was aggressive. The week prior, she had been enjoying life as usual, and now she was in the hospital, told she had a terminal illness.

We spent a lot of time talking about her life: all the things she had accomplished and the many things she loved to do. We also talked about her fears for the future.

She told us, "I never thought this would happen to me." Some of us were in disbelief that she was in disbelief, given her age.

I could understand. Ninety-five years, and never sick a day in her life. Perhaps she thought she was the one who was going to break the human trend.

We as medical providers often see patients at end-of-life, yet when a person hears that news, it's a shock. And, whether you're a child, or in your 70s, if you hear your mother or father or anyone you love is going to die soon, it can be a shock, too. Many people have lots of questions and fears when told they have an incurable illness:

"How can I still matter if I can't do all the things I used to do?"

"Will I ever be out of this pain?"

"How will my family cope now that I'm sick?"

"I want to be cured of this cancer, but what if it doesn't happen?"

People want the best medical care possible to fix what they have. In addition, they also want people who can treat their symptoms, hear what matters most to them and help with practical suggestions so they and their families can navigate through these uncharted, turbulent times.

Palliative care can help. Palliative care is a new medical specialty that helps alleviate suffering – the physical, emotional, social and spiritual suffering that occurs when someone is diagnosed with a serious or life-threatening illness.

At University of New Mexico Hospital, it is provided by a team of physicians, advanced practice nurses, social workers and a chaplain. It is for people of any age, and any diagnosis.

People needn't choose between palliative care and treatments to cure their illness. The palliative care team is often consulted when someone first receives a serious diagnosis. We support patients and their families through the treatment process with good symptom management and emotional support, in collaboration with their medical providers. And in the event the treatments are not working, we are still there to help.

Palliative care at UNM Hospital is provided to patients who are admitted to the hospital or are outpatients. We see each patient and family as unique. That's why we need a team to provide this care, because no one person has all those skills by themselves.

We are not alone in offering this type of care. Many hospitals around the country and elsewhere in New Mexico have started palliative care programs. However, our state overall still rates a "D" in access to palliative care. Many people who live in rural areas do not have access to hospice or palliative care. We need to do better.

If you are interested in palliative care at UNM Hospital, talk with your primary care provider or medical team and request a consult. We look forward to meeting you and your family and helping you navigate through your illness.

Lisa Marr, MD, is chief of the Division of Palliative Care in the UNM School of Medicine.

UNM SCHOOL OF MEDICINE ALUMNI ASSOCIATION GIVING AT A GLANCE



\$250

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For more than 50 years, The University of New Mexico has educated generations of medical professionals who make groundbreaking discoveries, transform the face of health care and help thousands of people. Every donor and dollar provides essential support for our mission of educating future leaders in medicine and science.

The Alumni Association sponsors a variety of events throughout the year, including wellness events for students and residents to prevent physician 'burnout,' the Match Day toast and send-off gift to our graduating students and the annual Alumni Reunion.

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At the UNM School of Medicine our mission is to advance the health of all New Mexicans by providing outstanding and compassionate medical care. Ensuring access to education is fundamental to that mission and together, we can ease the debt burden for our students who will one day infuse the pipeline of tomorrow's experts and innovators in health care for New Mexico.

