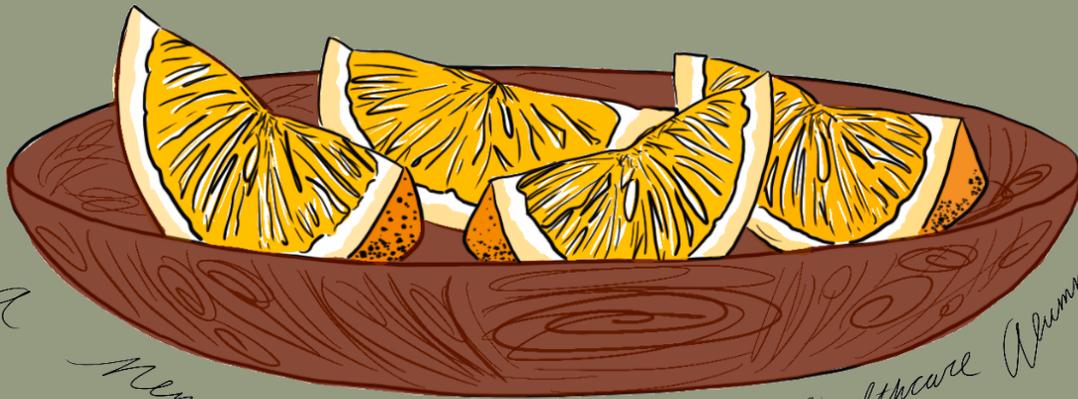


SPRING 2020
ISSUE 1

BELLEVUE HUMANS



a Newsletter for Project Healthcare Alumni

EDITOR'S NOTE

When I think about my childhood, I think about wrapping dumplings with my grandparents. "Sit down, Lao Lao," I would say as I watched her knead the dough. She insisted on standing, however, because she claimed that it helped her achieve a better grip. Within a matter of seconds, the golf ball-sized pieces of dough were transformed into perfect little dumpling wrappers. My grandpa would then use his chopsticks to pinch globs of pork, eggs, and chives for me.

Living with my grandparents meant being surrounded by traditional Chinese culture and its values. Sure, we wrapped dumplings and celebrated Chinese New Year. However, the cultural aspects that my family embraced extended beyond its flavorful cuisine and red firecrackers. Growing up, my grandparents rarely expressed their emotions overtly. A smile or nod translated into "Thank you." "Next time you come home, Lao Lao will make you dumplings," meant "I miss you." "Did you eat enough?" meant "I love you." Ultimately, I developed the same sensation of unease at the thought of voicing my emotions, particularly the love I felt for my family and friends. Art became my second language: a love language if you will. I drew for the individuals in my life that I cared about to not only avoid potential moments of discomfort, but also provide permanent reminders of appreciation compared to words that faded with memory.

Before starting the process of editing a few months ago, I did not expect to experience the deep-seated sense of kinship that I developed for our Project Healthcare alumni. I tried to imagine your faces through the screen of my laptop and the speaker of my phone. Regardless of never meeting some of you before, I felt the same comfort that I feel each time I see a close friend. I realized that this sense of comfort stems from the fact that we have been in each other's shoes before, circulating the floors of the emergency department and advocating for the community that comes to Bellevue.

I draw for my friends and family because I find it difficult to express my love for them verbally. Similarly, I draw for the Project Healthcare Alumni newsletter because the care I have developed for our alumni within these past few months is a feeling that cannot be encapsulated into writing.

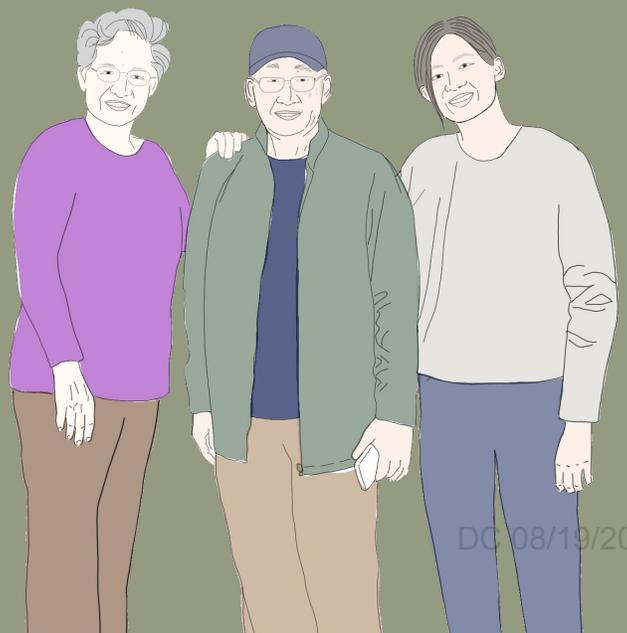
If an alumnus finds that he or she connects with other alumni through reading their stories, my hope is that he or she will reach out and support another. I want the experience of reading about humans of Bellevue to emulate the warmth of meeting someone in person for the first time. I would like these newsletters to become a platform that unites us through common ideas as well as binds us through human emotions and human experiences.

This issue centers around the idea of keeping close ties with family and reaching out to one's communities. I find that caring for others as well as receiving care from others heals the spirit and strengthens morale during these times of crisis. You will read about Katie Nerlino, a Project Healthcare alumnus whose extensive research, enthusiasm, and devotion to the program uncovered hundreds of missing alumni and brought them to our alumni family. You will meet Linda Regan, an alumnus who discovered her passion for teaching and connecting with others at Bellevue and is now mentoring emergency medicine residents at Johns Hopkins.

With that being said, it is with great pleasure that I welcome Project Healthcare alumni to the inaugural issue of the Project Healthcare Alumni Newsletter: Bellevue Humans.



Warm regards,
Vivian Zhang (PHC '19)



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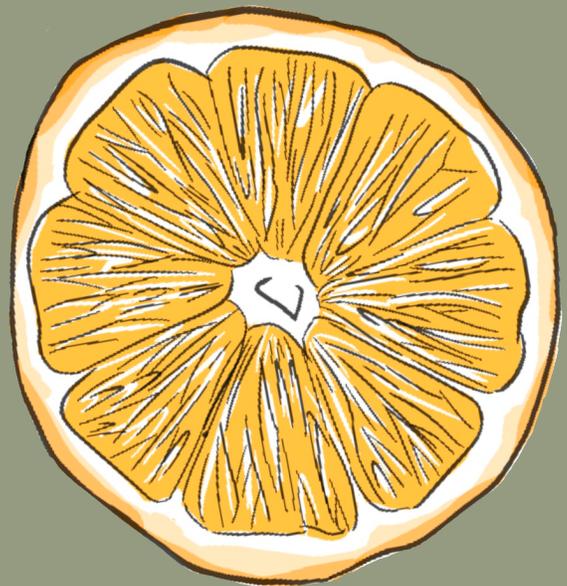
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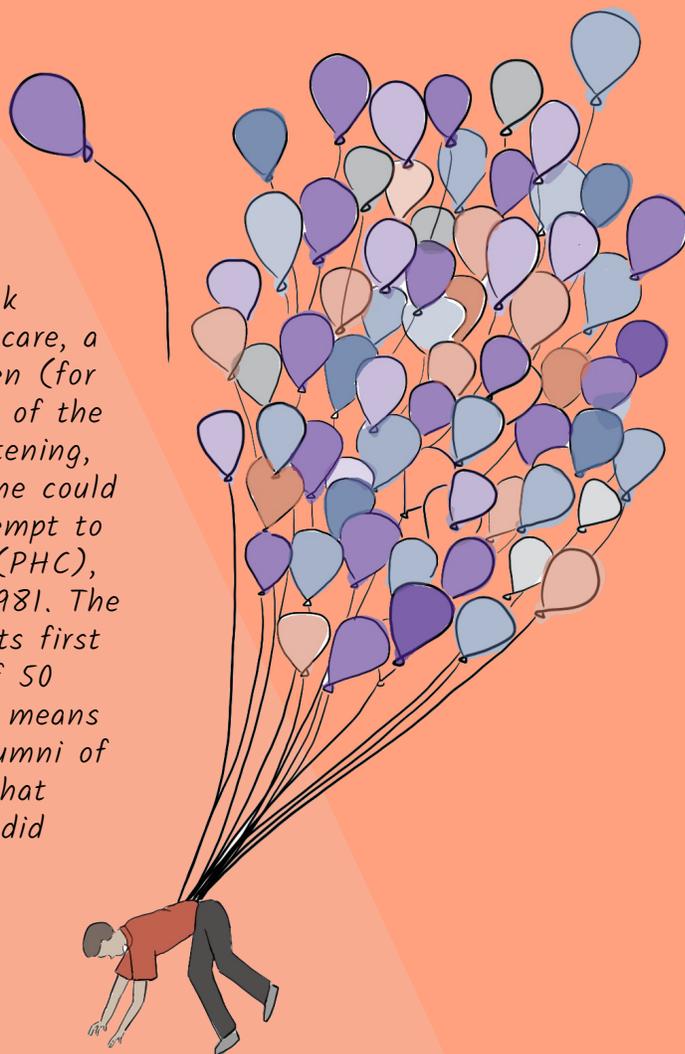
PROJECT HEALTHCARE ALUMNI: WHERE ARE THEY NOW?

UNCOVERING THE
WHEREABOUTS, PROFESSIONAL
TRAJECTORIES, AND
PASSIONATE PURSUITS OF
FORMER PARTICIPANTS.

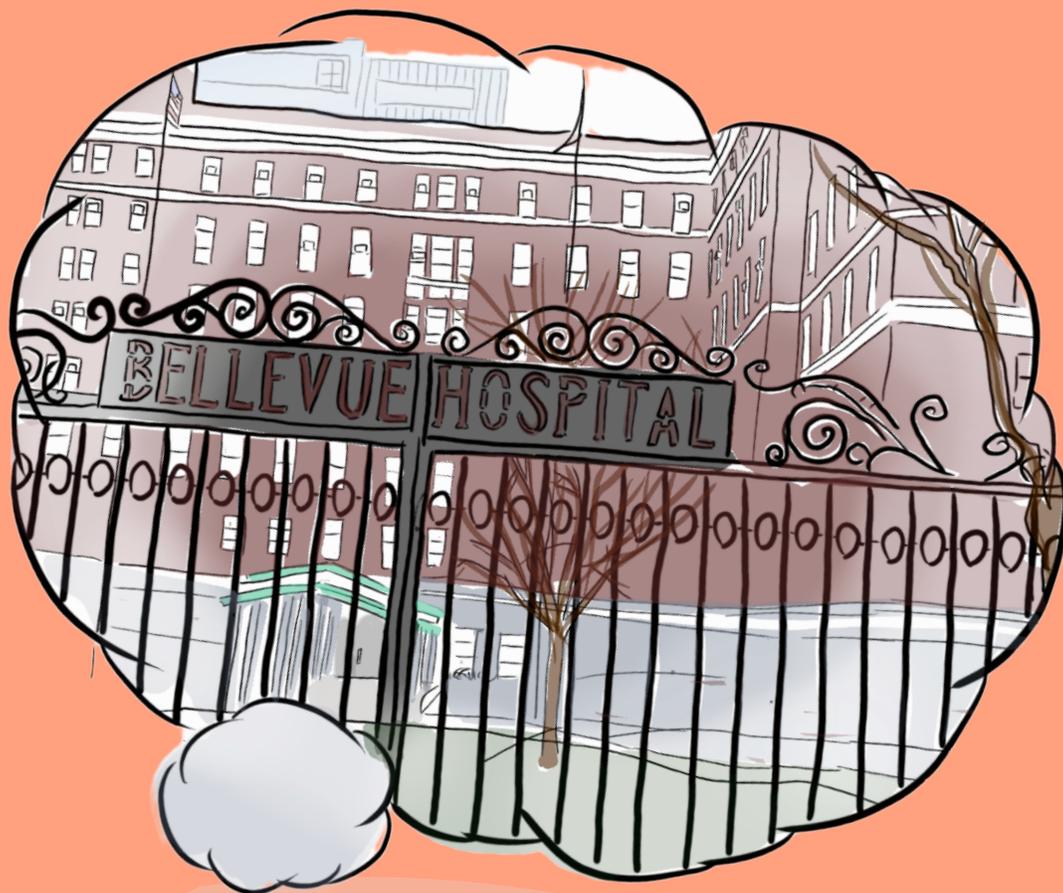
Katie Nerlino
PHC '16, PHC '17



I was equally overjoyed and overcome with gratitude at the chance to assist Dr. Lewis Goldfrank in understanding the breadth of Project Healthcare, a program he founded 39 years ago that has been (for myself and for many before and after me) one of the most special, transformative, impactful, enlightening, motivating, and generally defining experiences one could have in his or her lifetime. I was asked to attempt to locate every alumnus from Project Healthcare (PHC), dating back to the program's founding year in 1981. The program initially selected 4 to 15 students in its first five years but quickly grew to an average of 50 students per year over the past 33 years. This means that there are anywhere from 1,400 to 1,700 alumni of Project Healthcare. Where are they now? What professions did they choose? What passions did they follow? All of this and more, I set out to discover.



*Why this project?
Dr. Goldfrank would like to build a network and a more formal pathway for communicating with alumni. He wishes to create an Alumni Association that chronicles all of the program's participants—where they are, what they have done, and what role Project Healthcare played in charting their life experiences.*



I would like to thank the alumni who took the time to help me throughout this endeavor. Many set aside the time to converse with me about everything they could remember, and this was because of the overwhelming gratitude they felt towards Dr. Goldfrank and towards the program. Mostly, alumni expressed this to me in their words, but I also felt it from their willingness to help or in their general excitement that such an effort was taking place. I was struck—but not totally surprised by how many alumni expressed appreciation for the ways they believed they were changed or inspired by the program. I was not asking for such information (yet), although we hope to discover more on this going forward. Nonetheless, the feeling that I gathered among alumni as I made my way through the project was one of genuine appreciation and excitement for a more formal alumni network.

My first job was to develop a methodology to fill in the spottiest years (and decades) with as many additional names as possible. Missing alumni names were recovered by reviewing the work of previous alumni coordinators, hard-copy documents/address lists/projects in old Project Healthcare boxes, personal messages to Dr. Goldfrank over the years, known alumni from our spottiest years, who were asked if they could recall the names of their peers, and Facebook algorithms. Asking participants from the program's earliest years whether they remembered the names of any of their coordinators or peers was an interesting exercise. Responses to this question were mixed. Most (kindly) laughed in my face with a response along the lines of "Ha! That was over twenty years ago!" and yet a select few were able to somehow recall five or six names from memory on the spot. If alumni had been coordinators and/or if they were willing to help, I would often send them the Excel file with all of the information I had compiled on that year. I had hoped that, for these alumni, reading the small list of names would open the floodgates of memory and trigger more recollection— and it worked in several cases. Mostly, insights came in the form of "there was a Rita" or "there was an Alex something" or "I recall that one of our coordinators eventually became a resident at NYU." Slowly but surely, piece by piece and clue by clue, through many email threads and with a little help from the internet, the already-known alumni and I pooled the information and put together as much of the puzzle as we could.



Once I had utilized all of the available resources and resurrected as many missing alumni names as possible, I began obtaining an updated email address from each alumnus. I recorded any professional information that could be found on the internet such as where the individual attended undergraduate and/or graduate school, a current occupation and place of work, and any professional interests and details. If this information was not readily available, I would inquire directly with alumni themselves. I contacted alumni through the Project Healthcare Facebook account, the Project Healthcare email account (phcalumni@nyulangone.org), LinkedIn, and/or by phone. I called many professional offices and practices whose numbers were available on the internet, if I could not reach the individual any other way.



92.1% percent of alumni whose professions are known went into numerous healthcare-related fields, whereas 7.9% went into other fields. 8.9% of alumni whose professions are known between the years of 1981 and 2014 went into emergency medicine (working as emergency department directors, attendings, residents, nurses, research coordinators, administrators, paramedics, EMTs, or physician assistants).

13.4% of alumni became NYU affiliates, returning to the NYU medical community formally at some point, either for medical school, a residency, a fellowship, or to work or teach full-time. In addition to the work of their primary professions, they published books educating youth about sexual assault on college campuses, founded non-profit organizations delivering cervical cancer prevention services to women in resource-poor countries, led nationally-funded studies about workplace-related stressors in the emergency department or racial prejudice in end-of-life care, created biotechnology start-up companies developing medical apps compatible with iPhones and iPads, worked with Doctors Without Borders in Syria or Africa during the Ebola crisis, founded EMT and Paramedic Training Centers, oversaw methods of curriculum development for teaching residents, and led tuberculosis screening campaigns in remote islands near the Philippines with the Center for Disease Control, just to skim the surface.





They live on Indian reservations in order to medically serve those reservations, act on the board of directors for international non-governmental organizations (NGO's) which send doctors to global locations, peer-review journal articles across many specialties, and have completed military service. They have served as medics, Captains, and trauma surgeons in the United States Air Force, fulfilling tours in Afghanistan and Turkey. They have served as Army Paratroopers, Officers, and Majors. They have served on Forward Resuscitative Surgical Teams specializing in combat medicine and critical care. They have worked and taught at Walter Reed National Military Medical Center. They have become teachers, professors, and clinical instructors, and somehow juggled such ambitious pursuits while also, for many, becoming mothers and fathers.

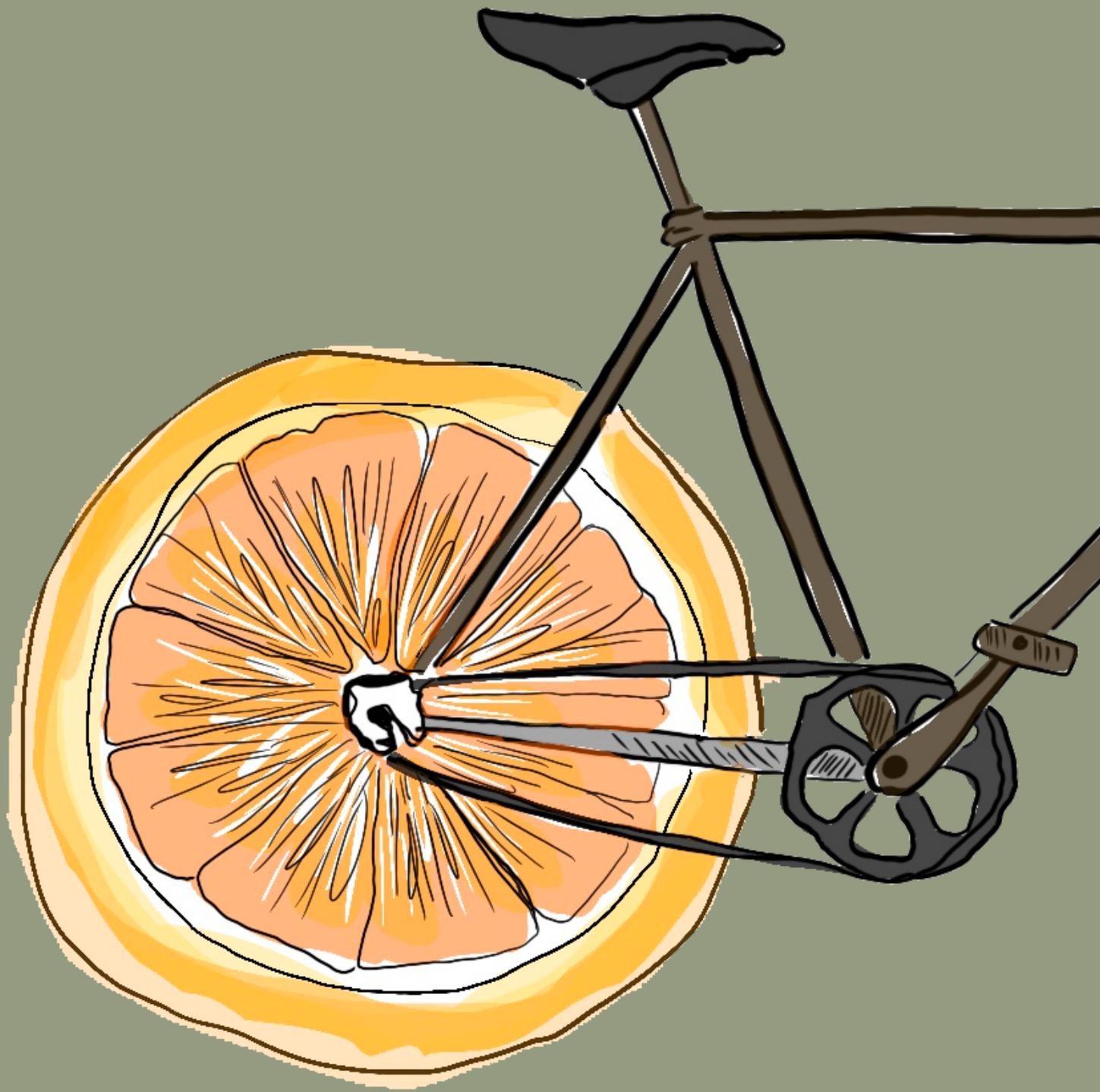


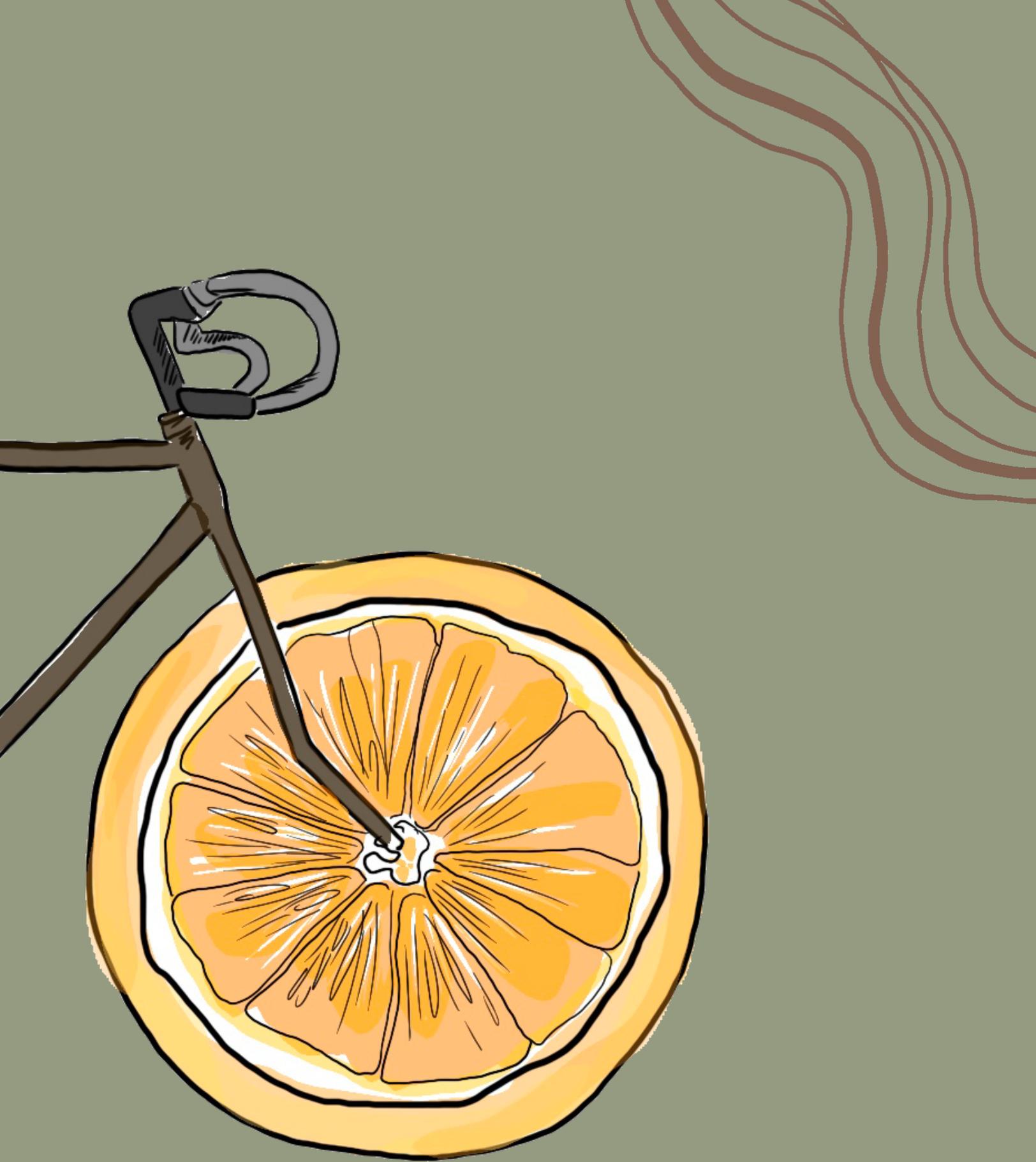
Of the 7.9% of alumni who did not go into a healthcare or medically-related field, the most popular field was education. Among this 7.9% (which includes teachers, lawyers, firefighters, crime analysts, architects, journalists, cinematographers... to name a few), I marveled once at the various degrees, trainings, titles, accolades, auxiliary pursuits, and general indicators of passion and persistence. These individuals showed the same commitment to their desires and ambitions, which I began to understand as the defining trait among Project Healthcare alumni. In my work with this project, I even heard stories about what Project Healthcare participants have done for each other—braving residency together, becoming lifelong friends, and having special presences in each other's lives. From a human interest standpoint, there is a lot more to unpack here. It is Dr. Goldfrank's hope that all of these stories are revealed.



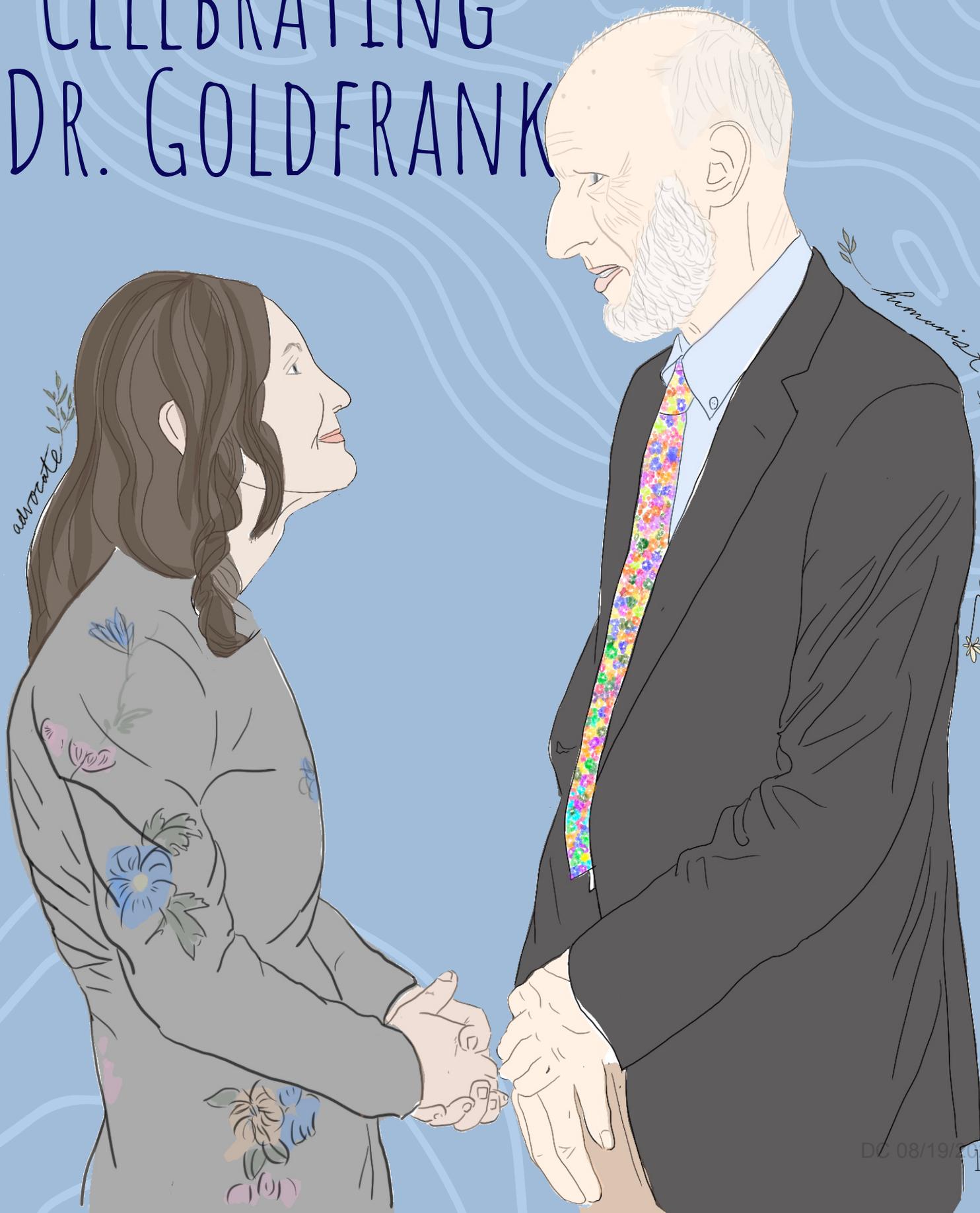
I feel a quiet connection or sense of camaraderie and fellowship to any participant of Project Healthcare past or present, and I believe this is because one of the most uniting pursuits of all time is the pursuit of helping others. For the same reasons that people come together in crisis, people also come together through service, human connection, difficult experiences, humbling learning, proximity to suffering, eye-opening education, forms of self-discovery, motivation and inspiration, and through the experience of having the heart softened, enlightened, or just informed to the unique realities of our world—not unlike that which takes place during Project Healthcare.







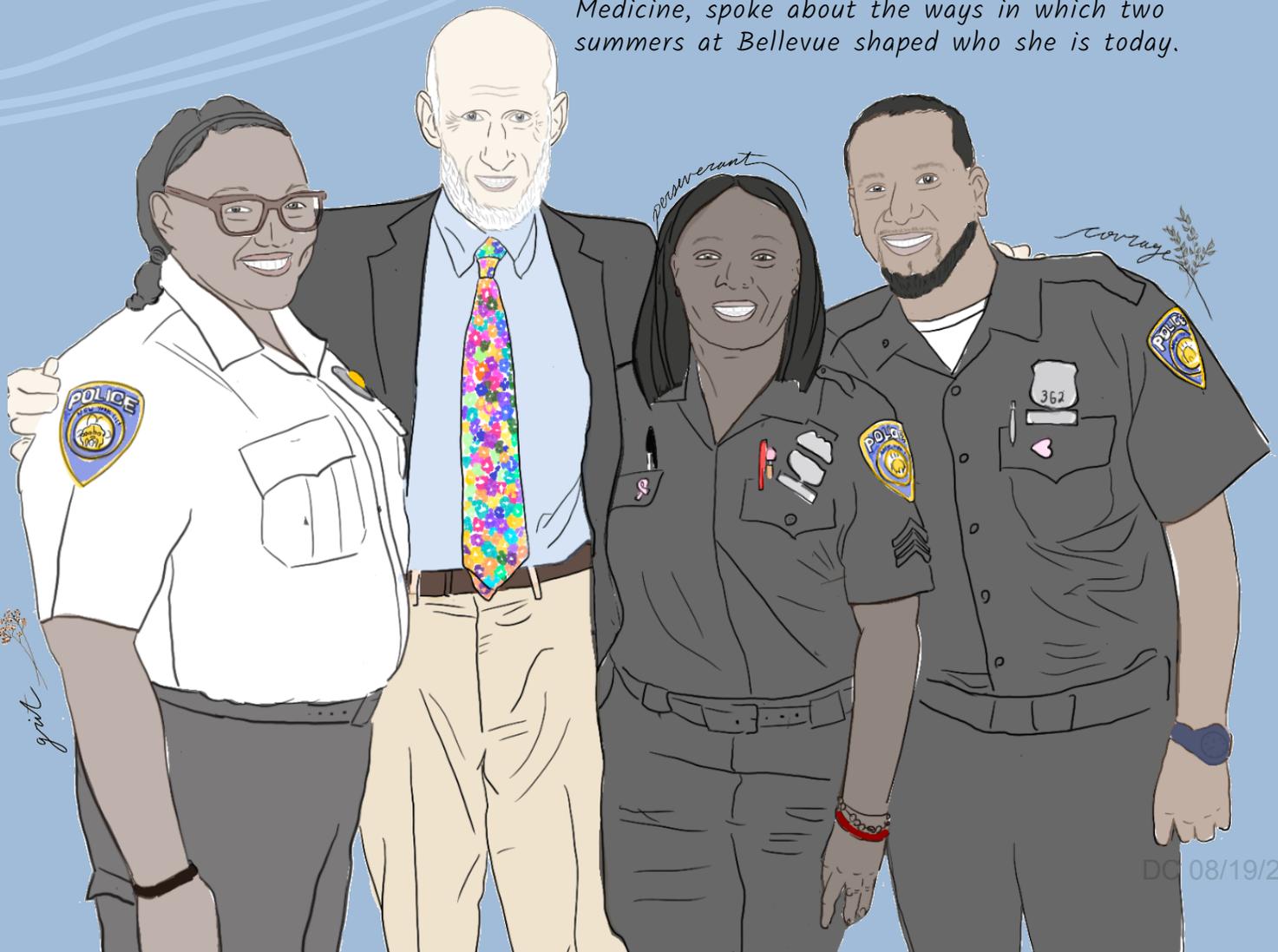
CELEBRATING DR. GOLDFRANK



On October 2nd, 2019, The Bellevue Association hosted an event celebrating Dr. Lewis R. Goldfrank, a pioneer in the field of emergency medicine, for a distinguished career spanning more than forty years in medicine.

The event was hosted at the Rotunda, a historical space illuminated with murals painted by David Margolis from 1937 to 1941 and restored by the same artist in 1995 after his murals were camouflaged with an overcoat of paint. The event raised funds in support of The Bellevue Association and its mission in ensuring that every person in need will receive humanistic care. Additionally, funds were allocated to Project Healthcare, supporting our desire in making clinical experience accessible and affordable to anyone with an interest in the health profession.

Many leaders from across the country came out to honor Dr. Goldfrank including, the chief executive officer of NYU Langone Health and dean of NYU Grossman School of Medicine Robert I. Grossman, as well as the chair of the board of trustees of NYU Langone Health Kenneth G. Langone. Additionally, Maya Graves, Project Healthcare '17, '18 and a first-year medical student at the NYU Grossman School of Medicine, spoke about the ways in which two summers at Bellevue shaped who she is today.





FROM PROJECT. HEALTHCARE TO THE NYU SCHOOL OF MEDICINE.

Maya Graves
PHC '17, PHC '18

During the event celebrating Dr. Goldfrank, I was able to share with many of the Bellevue physicians, nurses, administrators, and past Project Healthcare participants why the program was such a life-changing and humbling experience for me. Many of my words seemed to resonate with the audience as I imagined that we have come to similar realizations while working in the ED at Bellevue; One of them being how privileged we were to care for a vulnerable patient population.

The response on the faces in the crowd was priceless; I pictured that we shared the same drive that kept us working at this special place throughout all these years. After I gave my speech, I felt encouraged because people frequently approached me and told me about their appreciation for the impact that the program has upon its students as well as their desires to better engage with the "red shirts" moving forward.

So far, classes at the NYU School of Medicine have been excellent! Aside from textbook learning, I remember visiting my first patient as a medical student on the 17th Floor of Bellevue. Having the opportunity to talk to her reminded me of the times when I communicated and connected with patients during Project Healthcare. It felt almost surreal, walking through the hallways of Bellevue

wearing my short white coat and reminiscing that less than two years ago, I was in the same position except, wearing my beloved red polo. I am thankful for the continued success of Project Healthcare, as well as Dr. Goldfrank's dedication toward the program. When I was a volunteer, he would often tell me, "You are doing some of the most important work here." Through our shared experience volunteering and working at Bellevue, we developed intangible skills that heightened our abilities to best care for our patients and communities.

As I move forward in medical school and my career, I will continue to keep his words as well as the lessons that I have learned from Project Healthcare close to my heart.





SEEING
COLOR IN THE
DARKNESS

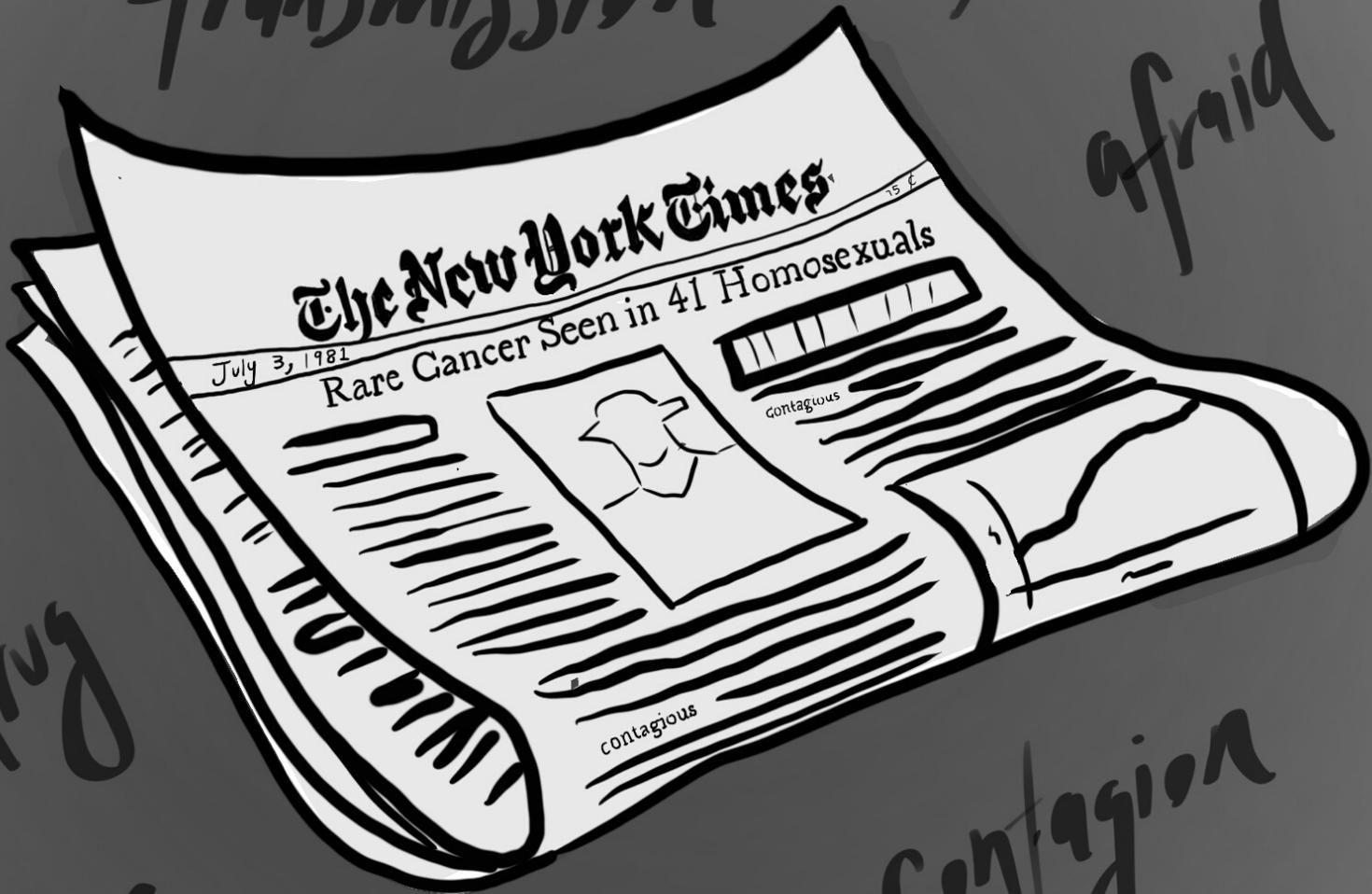
contagious

fear

transmission

protect

afraid



drug

death

pain

contagion

protect

mortality









fear

chances

empathy

care

contagion

need

hurt

love

you

pain

stay

help

dignity

away

need

fear

low

agion

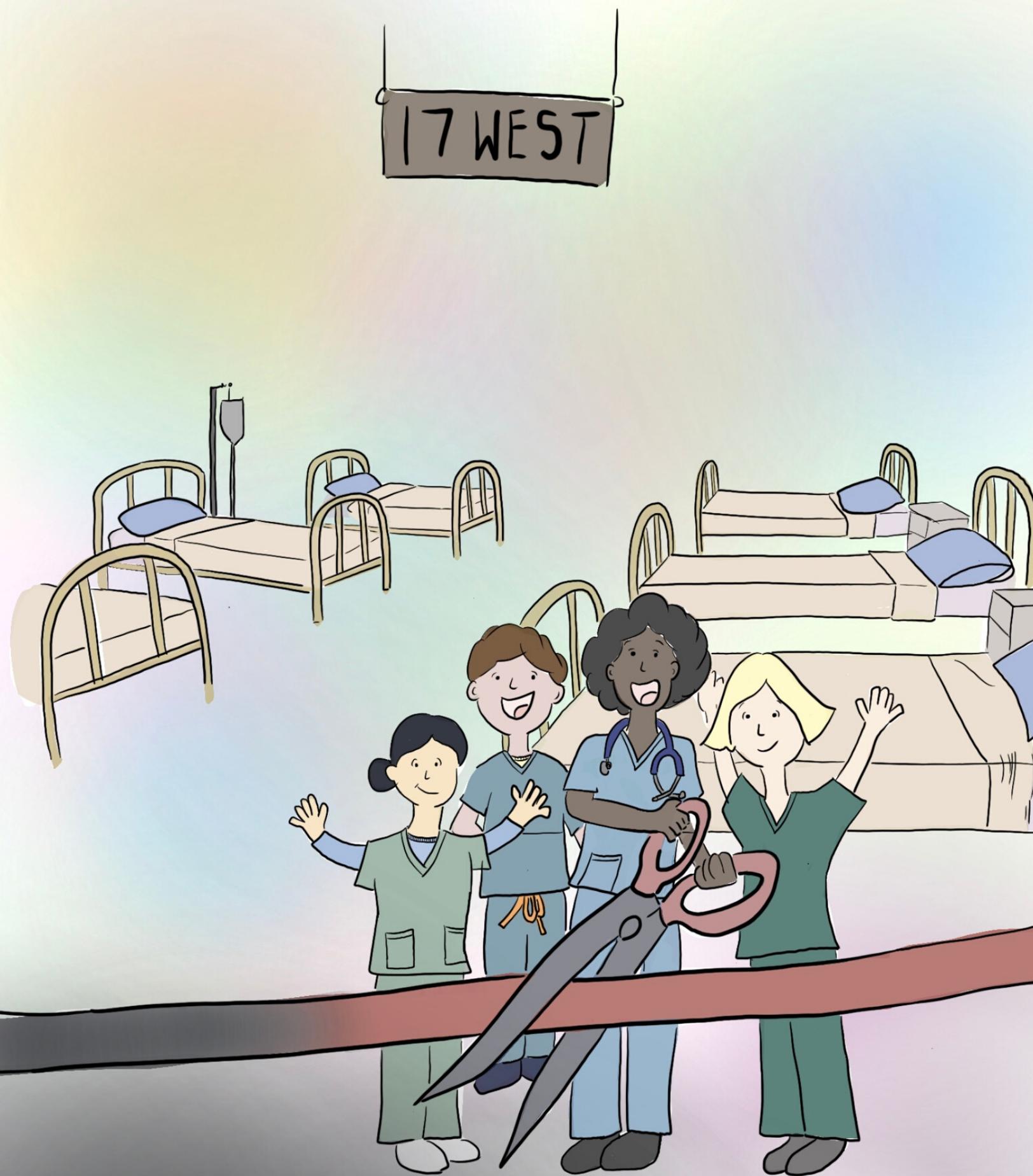
chance

Compassion

touch



17 WEST











The advancements of present-day society are not always measured in numbers-sometimes, they are recorded in epidemics and pandemics.

When AIDS arrived in New York City during the 1980s, Bellevue quickly became the epicenter for the spreading epidemic, treating more victims than any other hospital in the country. However, as the number of cases escalated by the day, so did the pervasive fear of contagion.

Consequently, AIDS patients suffered twice: once from the disease and again, from the family and friends who shunned them, the strangers who denounced them, the hospital staffers who feared their rooms, and the landlords who evicted them.

Though Bellevue welcomed these individuals with open arms, they often died isolated from their loved ones and attached to every life-saving piece of equipment available. Above that, many AIDS patients who were gay or intravenous drug users died racked with guilt. "Is this God's way of punishing me?" they would ask.

When Hurricane Sandy struck, Bellevue staff members formed a bucket brigade, transporting gallons and gallons of fuel up thirteen floors where the generators were. Afterward, they successfully evacuated every patient by carrying them down those same flight of stairs. Less than two years later, Bellevue treated New York's first Ebola patient, a doctor who contracted the disease while fighting at the frontlines in Sierra Leone.

Rightfully, Bellevue earned the reputation as the hospital where "lives were miraculously saved." "It was a place where you could come in with a broken leg and have it reattached immediately," an intern recounted. AIDS, on the other hand, forced staffers to face the grim reality of caring for individuals that they could not save and confronting a disease that they could not cure. Suddenly, the hospital that "miraculously saved" had to learn how to attend to the dying.

Jeanne Kalinoski, a nurse at Bellevue, devoted two years towards teaching Bellevue's 5,000 workers about the transmission of AIDS in hopes of reducing paranoia. The more that individuals knew about the disease, the less fearful they were about contraction through casual contact. "Touching is basic to hospital care; It cannot be avoided," she stated.

Progressively, the staff members became less hesitant about attending to AIDS patients. The transportation staff no longer refused to wheel them from one floor to another. Doctors and nurses rarely reached for face masks, and a few even declined to wear gloves while changing tubes and shunts.

Unit 17 West, transformed into an AIDS ward where patients with limited places to turn beyond homeless shelters and park benches were able to die with as much comfort and dignity as possible. Family

members and partners were allowed to stay past visiting hours to keep their loved one company throughout the night. Additionally, the nursing staff even designed a device that helped those with painful mouth sores chew comfortably. Fittingly, AIDS became known as a "nurse's disease" because caring for these patients was not about prescribing medicine. Instead, it was about treating them like human beings.

In 1986, staff members at Bellevue began "breaking with tradition" by making house calls for AIDS patients throughout the city. These house calls served as a means of providing the necessary professional and emotional support for family members who cared for their loved ones as their times approached.

With the current COVID-19 pandemic, it seemed as if the world entered a tunnel of darkness with no end sight. However, gleams of light shined through in the form of custodians who rarely missed a day of work, retired staff members who volunteered, and individuals who helped their elderly neighbors buy groceries. Dashes of blue and green appeared when the healthcare workers who tested positive for the virus were quarantined and returned to work immediately when cleared without hesitation. Splashes of orange and violet were introduced after Dr. Ee Tay, a pediatric emergency medicine physician at Bellevue, celebrated her birthday by collecting 650 tablets for patients isolated from their family members to virtually see their loved ones. Strokes of red and yellow peeked through when firefighters blared their sirens and cheered for our healthcare heroes throughout the evening.

As AIDS placed a greater emphasis upon comfort care, I cannot help but wonder about the milestones that will be reached and the ways that society will be shaped after these months of color that occasionally pierce through the darkness.

ALUMNI SPOTLIGHT



GIVING THE GIFT OF HUMAN CONNECTION



Linda Regan
PHC '94, RES '04

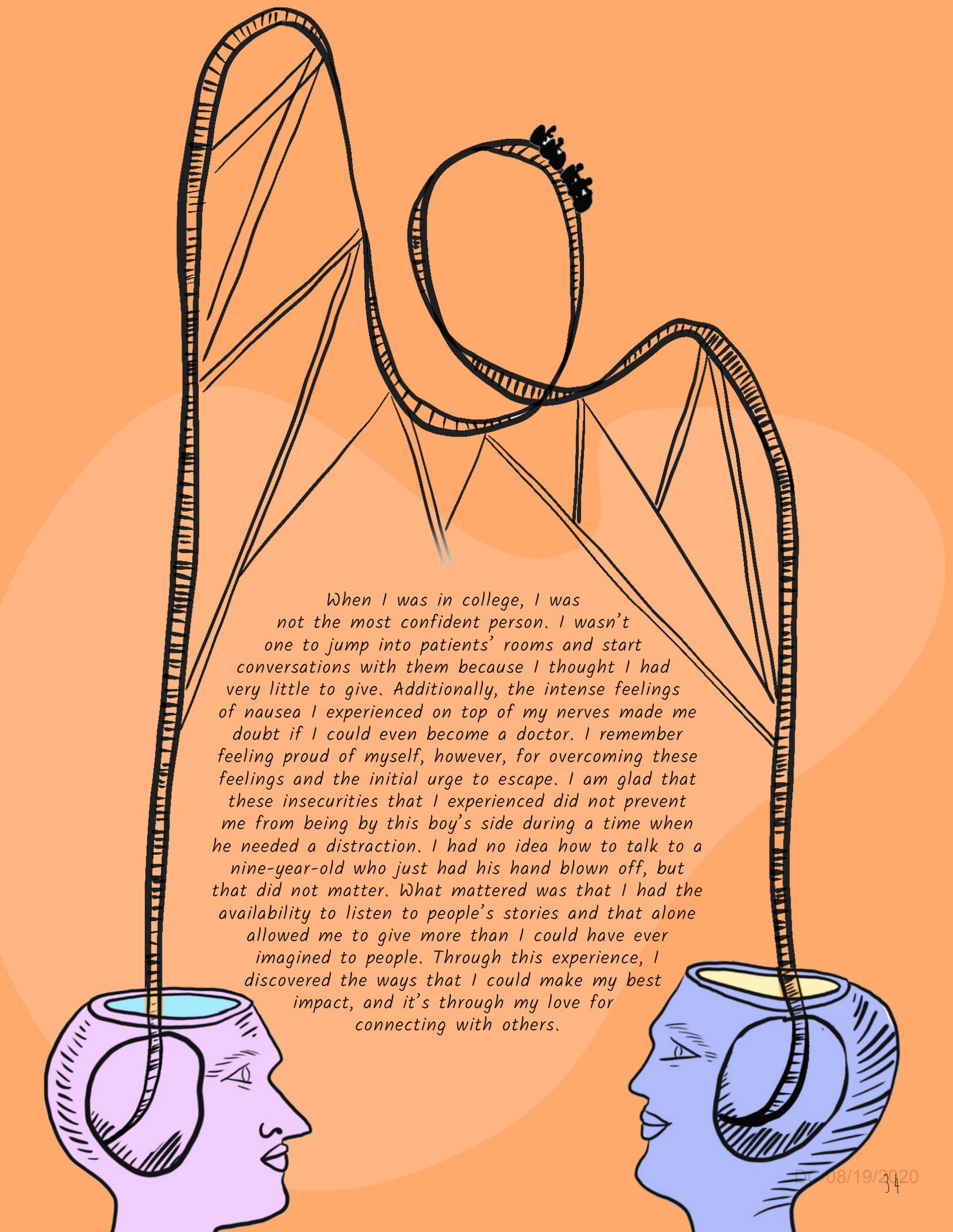
*Innovative
Warm-Hearted*

I still remember my very first shift as a redshirt volunteer in the emergency department. I stood in the corner waiting for something to do because I felt too nervous to talk to patients, give them water, and try to be of help. A nurse approached me and asked, "Are you a volunteer?" I said, "Yes, I am." "We need you over here right now." I eagerly followed the nurse, attempting to guess the scene that awaited for me and wondering why I, a volunteer, was needed so urgently. We ended up in the trauma bay; in front of me was a nine-year-old boy with his entire hand blown off due to a firecracker. Immediately, I became nauseous; I distinctly remember the sight of his hand that did not look like a hand anymore. "You need to come to talk to him. He needs someone to talk to," the nurse said. When he was wheeled into the pediatric emergency department, I pulled up a chair next to him, and together, we talked. We talked about his grade in school, the things that he liked, and his favorite TV shows. Suddenly, all feelings of nausea disappeared. Instead, all I could focus on was this lovable boy whom I connected with. Before I knew it, he was brought upstairs to the operating room.





The thought of making a palpable impact on this boy did not cross my mind. Two weeks later, however, when I was on one of the floors upstairs, I heard a tiny voice yell, “Ms. Linda! Ms. Linda! Come here!” I turn my head, and to my surprise, I see the familiar face of the same boy receiving physical therapy inside one of the rooms. I was so excited to see him. As soon as I walked into his room, he showed me his new prosthetic thumb that the staff had made for him. I remember he was so happy to show it to me. He demonstrated how he was able to reach for, grab, and hold onto things. I told everyone about his thumb. They would say, “Linda, that is really gross,” and I would reply, “No, it was amazing! It was amazing!”

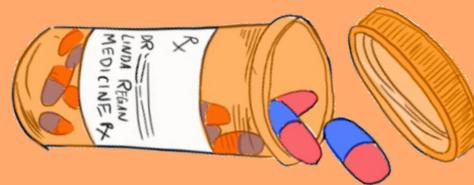


When I was in college, I was not the most confident person. I wasn't one to jump into patients' rooms and start conversations with them because I thought I had very little to give. Additionally, the intense feelings of nausea I experienced on top of my nerves made me doubt if I could even become a doctor. I remember feeling proud of myself, however, for overcoming these feelings and the initial urge to escape. I am glad that these insecurities that I experienced did not prevent me from being by this boy's side during a time when he needed a distraction. I had no idea how to talk to a nine-year-old who just had his hand blown off, but that did not matter. What mattered was that I had the availability to listen to people's stories and that alone allowed me to give more than I could have ever imagined to people. Through this experience, I discovered the ways that I could make my best impact, and it's through my love for connecting with others.

Bellevue helped me find my passion and currently, as the emergency medicine residency director at Johns Hopkins, I wanted to do the same for my residents. I created a fourth year of residency because I want them to have the time and resources to find where they can make their best impact so that they could go out there and make an impact. I want them to realize their talents and strengths as well as their weaknesses so that they could find ways to improve. My hope is that they will discover the things that make them excited to get out of bed each morning, despite their worst days.



I emphasize the idea that sometimes what patients need you to be the most is not what medicine teaches you. On my first day volunteering, the boy needed me to be the human by the bedside who talked to him about his favorite Nickelodeon shows, and I aspire to teach my residents to do the same: be the human being that patients need them to be. I try to role model humanistic care at every chance because when I was a redshirt volunteer, I remember being very impressionable. I stress the idea that people are people before their diagnoses and after their diagnoses. Additionally, people may take on behaviors because of their diseases, and the impact of their illnesses on their lives spans beyond one's awareness.



Dr. Goldfrank helped crystalize this idea for me. He used to ask homeless individuals he met upon exiting the subway how they were doing and if they needed help. And if they needed medical assistance, he brought them to Bellevue. "I have a VIP patient coming for you, Linda," he would say. He would always present them as VIP patients because they needed as much attention as the person next door having a heart attack. They have an endless amount of social, emotional, and health needs. Social isolation is a disease. Substance abuse is a disease. Psychiatric illness is a disease. Especially in emergency medicine, you gain exposure to these systematic social issues and ultimately, medicine becomes about the differences that you can make upon society and its people.

I treasure the moments when I receive texts from my residents, wishing me a happy birthday. They would write, "Happy Birthday, Mama Regan." My initials are LR, and I had a graduate two years ago who sent me a picture of his daughter with the same initials, LR. He wrote, "Another star LR is in the world." I have been blessed a thousand times to hear my residents tell me that a patient they met or a situation that they encountered made them think about me or the residency program.



Another star LR is in the world



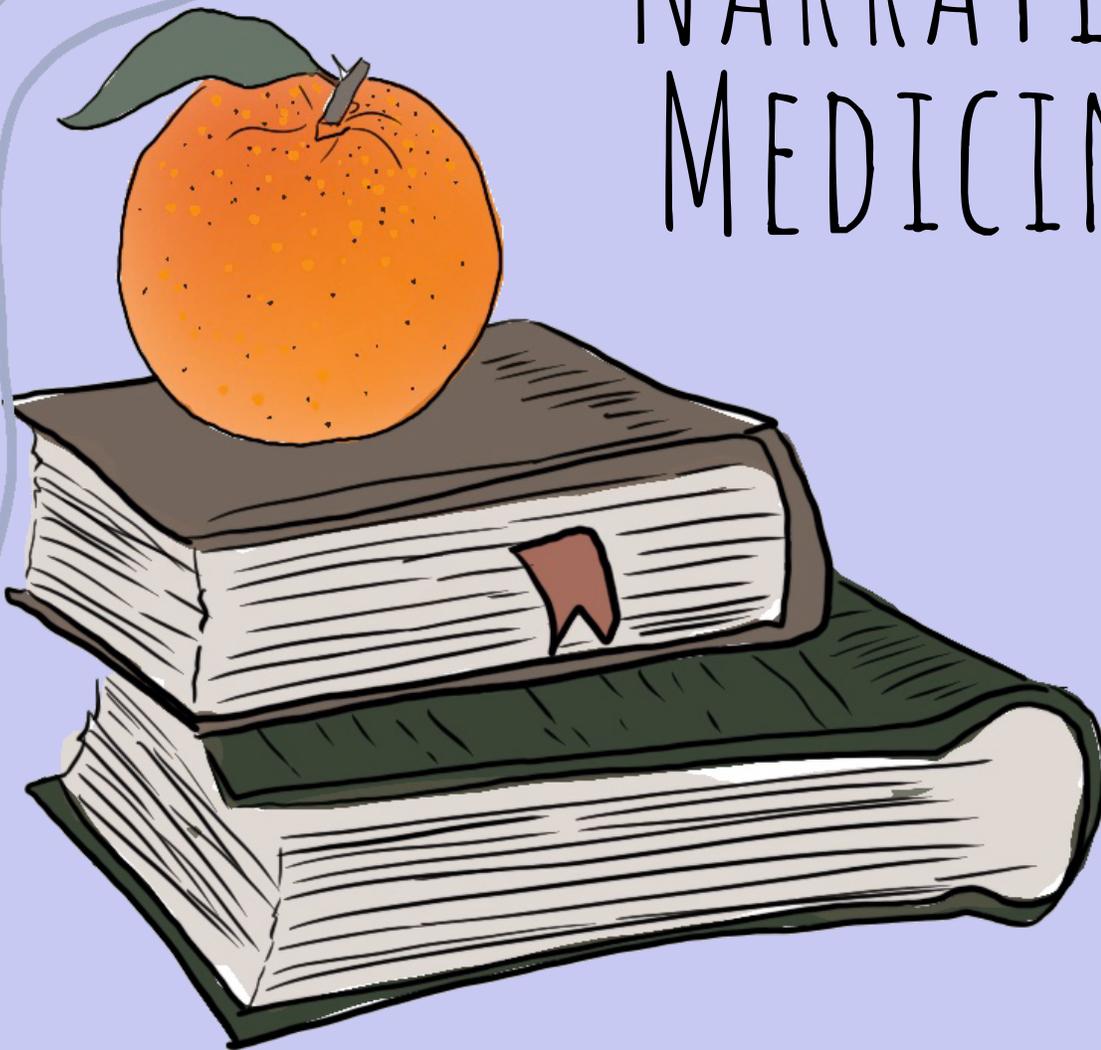
Residents are overworked, tired, and even insecure at times. However, as their mentor, you help them overcome these challenges and push them to try harder, especially during the times when it feels impossible. You witness their successes after hardships and see them eventually teach the next generation of trainees. When I was an assistant emergency medicine program director at Bellevue with Jeff Manko, we would attend conferences together to watch faculty members present research. He would say, "That was a resident at Bellevue," each time he saw a familiar face on stage. It is truly a fantastic feeling to see how far the residents you have mentored come on their personal and professional journeys. Building life-long relationships with people that I feel proud of, such as the boy I met on my first day volunteering as a redshirt, is one of my favorite parts of my job. It's like having children and watching them grow! They aren't just my residents or students but also my friends.

The most rewarding part of my job is the number of people I have taught and mentored throughout these past twenty years. I am not only impacting the residents that I meet directly and their patients but also the individuals that my residents proceed to teach in the future. I teach trainers to be not only good doctors but also advocates and experts in education so that they can teach new learners.

I continue to teach because I enjoy empowering individuals to think for themselves so that in the future, they will not need me anymore to find the answers. Sure, aspects of medicine are heavily content-based, such as the various physiologies and drugs. However, especially in medicine, it is vital to understand when to slow down, be cautious, be efficient, or be conservative. Medicine is an ever-changing specialty, and the drugs are not the same as they were ten years ago. As a result, learning and teaching in the field of medicine is a lifelong process. It is not enough to give a hungry person a fish. You need to teach that person how to fish, and only then, will he or she never go hungry again. I want to teach people how to fish.



NARRATIVE MEDICINE



RESILIENCE

A poem by
Becca Thompson
PHC '19


creative artistic



Resilience. Our bodies. Our Minds.

*The cuts and bruises, the loss of breaths they become confused
But yet our mind, resilience resilience*

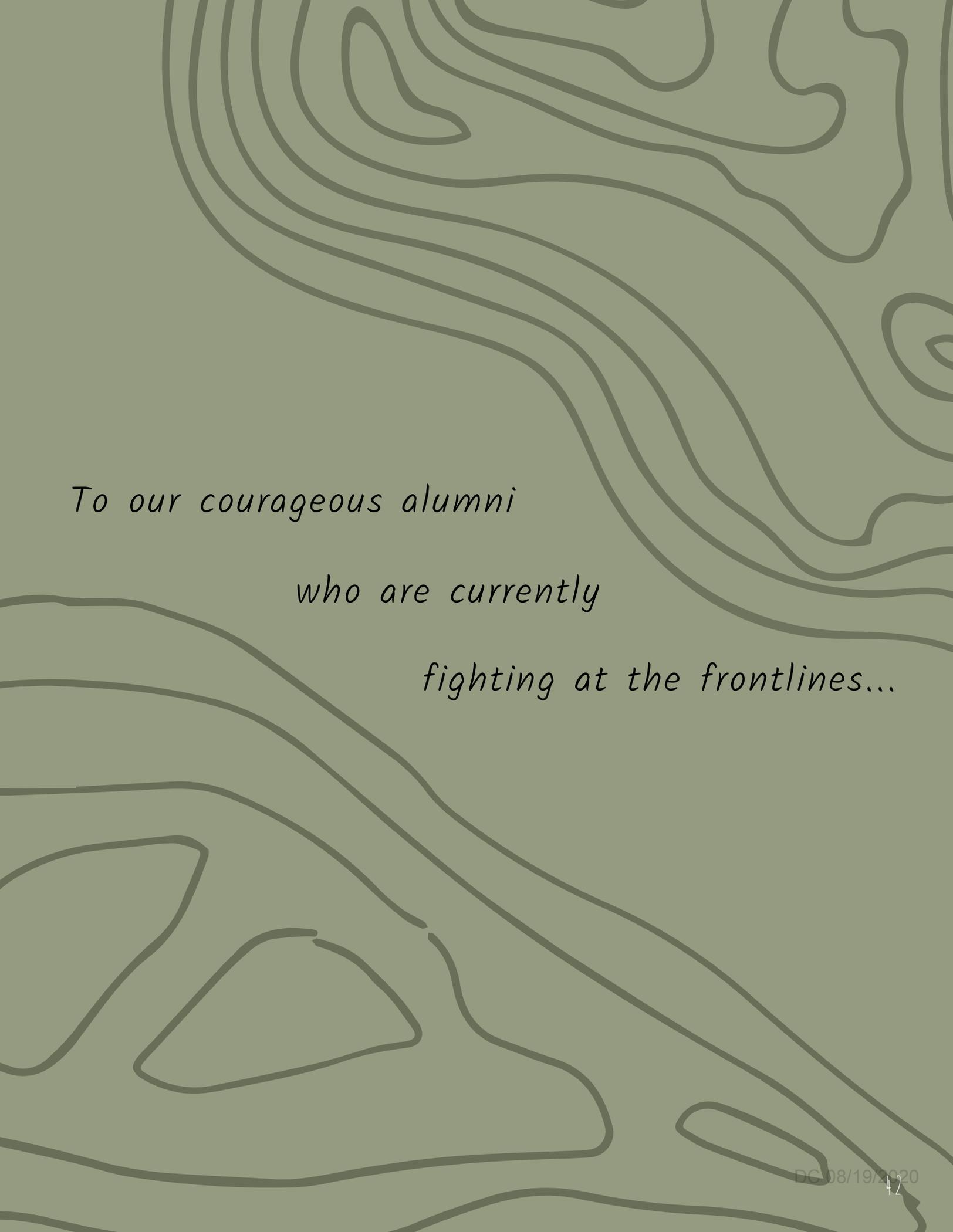
*Compress and pump compress and pump
A pulse, then lost, and back again
But yet our bodies, resilience resilience*

*Too many tears, but turned to laughter
Even only a few seconds after*

*A still body, pain and all
resilient through the light they'll fall*



Becca Thompson



To our courageous alumni

who are currently

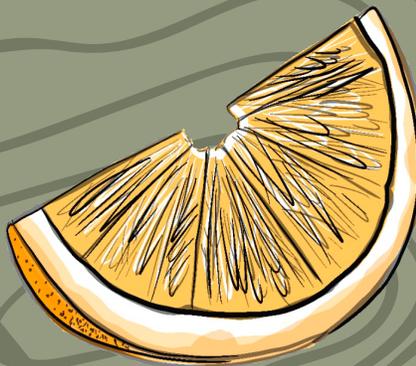
fighting at the frontlines...





The mother cuts up oranges, arranges them on a plate, and gives them to her son as he prepares for his upcoming physics exam. She not only supports the young, aspiring healthcare provider but also role models the intricacies of caring for another.

It is those same intricacies, whether that be touching a patient's shoulder or remembering his or her favorite flavor of juice (orange), that makes him an exceptional healthcare provider in the future. You are no different to the future generation than a mom is to her son. You are not only making differences in the lives of patients and their families but also teaching the next generation to be better people.



The title "BELLEVUE HUMANS" is written in a simple, hand-drawn, uppercase font. It is enclosed within several overlapping, hand-drawn, reddish-brown lines that form a circular, organic shape around the text.

BELLEVUE HUMANS

If you are interested in sharing your stories to be included in future editions of the Project Healthcare Alumni Newsletter, I would love to communicate over email or arrange a time to speak with you.

In the meantime, you can reach me at vwz204@nyu.edu

If you recently changed your contact information, please fill out this [google form](#) so that we can keep in touch with you!

