

# INSIDE *Medicine*

June 3, 2020

The Newsletter of the Department of Medicine

## ***A Clarion Call for Justice***

*A message from the chair, Steve Abramson with Fritz Francois*

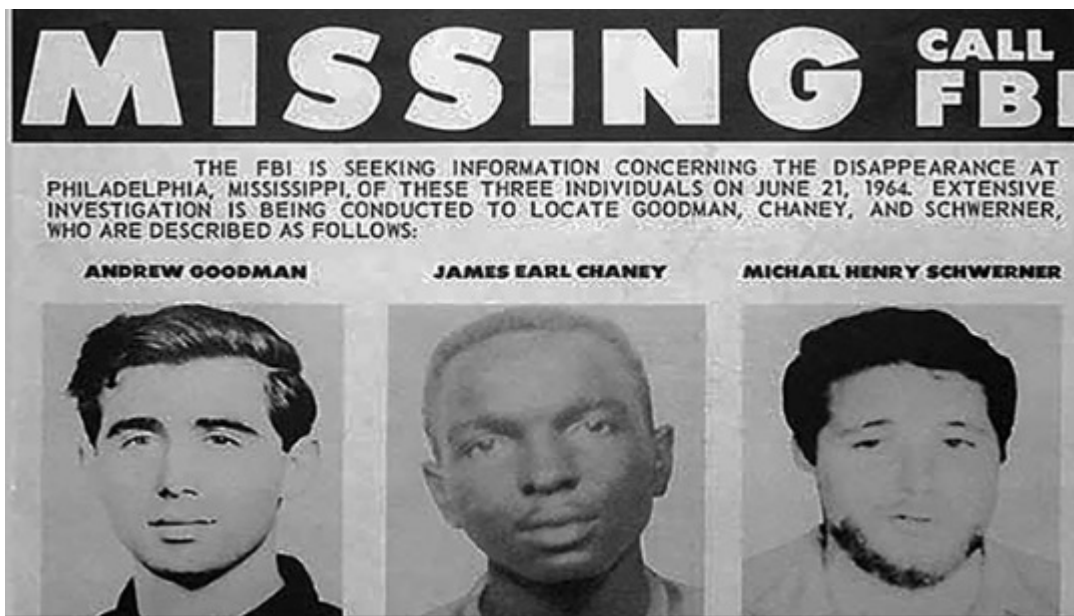
As an academic medical center, we have always been willing to engage in bold strategic approaches to address challenges, and to lead the way with new solutions across our mission areas. Physicians of the Department of Medicine have stood on the frontlines to face a pandemic, and our efforts helped to shape results and guidelines as well as policies. However, just as the COVID-19 crisis has begun to subside, another national crisis has arisen as the ugly reality of racism in this country has been exposed once again.

In the wake of the horrific events in Minneapolis it has never been more clear that we have an ethical and moral imperative that goes beyond written statements and the care we provide to our patients. Ultimately our contributions as members of the medical community can help shape the response to racial injustice. It is with this perspective in mind that we will leverage our talents to deliver on specific goals in partnership with the communities that we aim to serve, in particular our African-American and other minority communities.

We need multiple strategies to fulfill this obligation, beginning with using our resources to further public policy and identify mechanisms to improve care delivery. In fact, we have investigated recent reports suggesting that Blacks and Hispanics have worse outcomes and higher COVID-19 related mortality than other groups. Preliminary findings from review of NYU Langone COVID-19 dataset (Tisch Hospital, NYU Langone-Brooklyn) show that while Blacks and Hispanics had higher rates of testing positive for COVID-19, Black patients, once admitted,

were less likely to have critical illness or die compared to White patients both before and after adjusting for demographic characteristics, comorbidity, insurance status and socioeconomic score. In other words, we showed that Blacks are not inherently more susceptible to poor COVID-19 related outcomes when cared for in high-quality institutions such as ours. The low COVID-19 mortality rates at Bellevue Hospital support these findings. These data suggest that other structural determinants of health inequity in the community need to be addressed and should be the focus of our continued efforts. This of course should come as no surprise since it is a recurring thread in observations that have been made for decades.

As we have both indicated in prior emails, in addition to condemning abhorrent events, the department will develop a strategic plan focused on racial injustice that will be anchored in our efforts on diversity and inclusion, development of multi-institutional partnerships aimed at improving health policies, and the linking of research efforts to the potential for rapid deployment of community-based efforts that address unmet needs. Just as the members of the department responded bravely to the pandemic, individually and collectively we must now find the courage to also heed the clarion call for justice that will not only shape our own days to come, but that of future generations.



## The Historian is In: Finding Justice, A Personal Note

*David Oshinsky, PhD*

*Professor of History and Medicine*

*Director, Division of Medical Humanities*

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Recent developments, including the unspeakable cruelty surrounding the death of George Floyd, prompted me to write this.

On rare occasions, historians get to be part of the story they are telling. It happened to me in 1998.

I was researching an article for the *New York Times* about new material that had surfaced regarding the killing of three civil rights workers during “Freedom Summer, 1964.” The three—James Chaney, Andrew Goodman, and Michael Schwerner—had disappeared after investigating the bombing of a Black church near Philadelphia, Mississippi; their bodies were discovered several weeks later buried in an earthen dam. Though everyone suspected that the Ku Klux Klan and its local leader, Edgar Ray Killen, were behind these murders, the state of Mississippi refused to act, claiming that the evidence was too thin to support indictments. The case went “cold.”

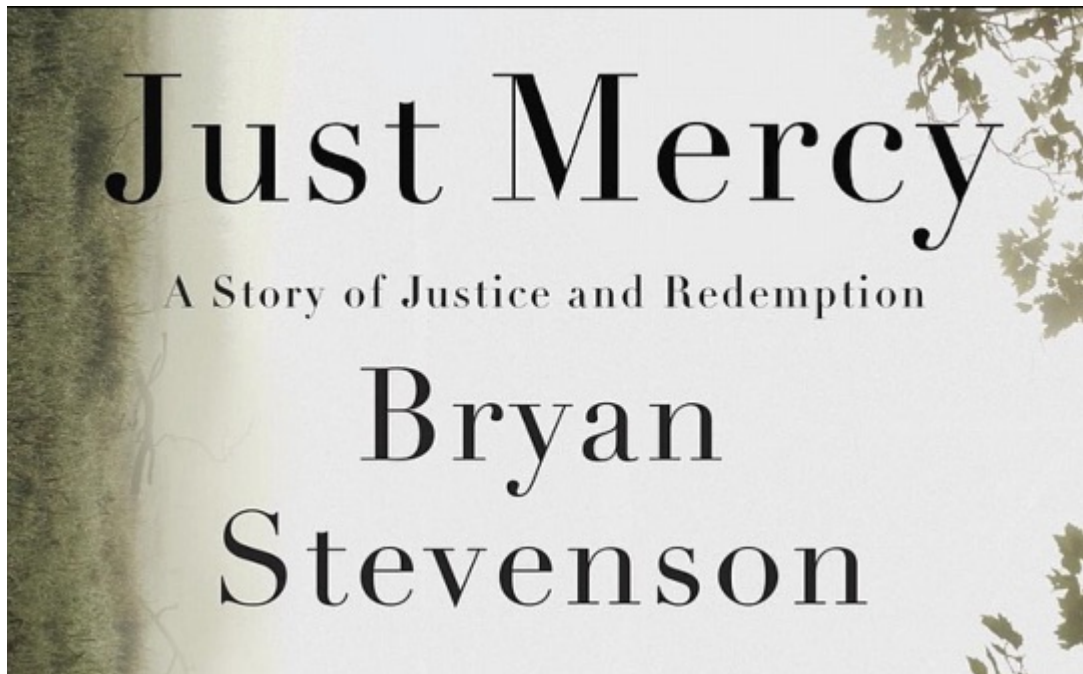
The new material came partly from state police files, which included confidential reports from both investigators and informants. And it pointed directly to the involvement of Killen and the Klan. Though Killen had refused all

interviews in the past, I decided to give him a call. To my surprise, he agreed to talk to me if I came to his farm and sawmill in rural Mississippi. I drove there with some trepidation—it was the era before cell phones— and spent the next four hours listening to him rant about Blacks and Jews and homosexuals (in terms not printable here). He denied killing the three “Communist” civil rights workers, and he never directly threatened me. But when I left his farm at around midnight, I knew what I suspect he wanted me to know: that he’d gotten away with murder.

In the [piece I wrote for the Times](#), I concluded that the new evidence justified another look at the 1964 “Mississippi Burning” case, and that state charges should likely follow. I wasn’t alone. A number of Mississippi newspapers were saying much the same thing. My role was to help [nudge the case back into national consciousness](#).

In 2005, Edgar Ray Killen was arrested, tried, and convicted in state court on three counts of manslaughter. He died in prison in 2018, at the age of 92.

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### **NYU Patient Experience Bookclub: A Forum to Understand and to Heal**

The Patient Experience Bookclub, founded by Dr. Katherine Hochman in 2011, brings faculty, staff, trainees, and students together to discuss and reflect upon important issues in patient care through the lens of literature. In light of the tragic murder of George Floyd, the group's next book will be *Just Mercy* by Bryan

Stevenson, a black Harvard-educated lawyer who has spent his career seeking justice for those (mostly black men) who are wrongly convicted and set to die on death row. "It's intense, tragic, inspirational and really illustrates the injustice in our criminal justice system, as well as the hardships black people have faced long after the abolition of slavery," notes Dr. Hochman.

If you are interested in joining one of the sessions below, please contact Dr. Hochman.

- Monday, June 22 at 12 noon
- Monday, June 22 at 5pm
- Friday, June 26 at 12 noon

After you [RSVP to Dr. Hochman](#), a Zoom invitation will follow.

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## How We Heal

*Stephen Bergman, MD, PhD (Samuel Shem)*

*Professor of Medicine*

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I'm a 75-year-old doctor/writer who caught the coronavirus sometime the first week of March, in appearances for my new novel at hospitals and medical

schools in the Bronx and Brooklyn. Back in Boston, I gifted it to my wife. After a scary six weeks—we docs know too much to *not* be scared—I and she have recovered, mostly. In addition to the physical symptoms, the fear was intense. Every shiver is “fever,” every cough echoes with “ventilator.” Our doctor’s fortitude and denial struggles with our having seen the worst of illness and death. We may suddenly break out in dread.

How to heal patients and ourselves?

The healing “we.”

“Heal” can mean “heal others,” and at the same time mean “heal ourselves.” At our best as doctors, nurses, and other healthcare workers, when we use our expertise and kindness to heal others, we also feel healed. There is a sense of mutual connection. Each person feels more energy, more a sense of being valued, understood, and finally, more empowered to take action. Even now, with a savage disease treated with intubations and ventilators, when we do our best, our whole team is lifted up. To see a success, bringing a patient back from the edge of death to being wheeled out toward their loved ones, to our applause? A moment of gratitude for all. *Good connection is good medicine.*

Attending at the deaths, horrible as that is, can be a profound connection. Often with death near we may feel frustration and sadness. But sometimes this sadness softens into the healing moments of sorrow, and we come to understand. Sorrow and understanding are, in a way, the same thing. The spirit of “We.”

Being with patients who otherwise would die alone is hard. But if we don’t shy away, it can be part of our healing, even our “calling.” When the heart stops and we drop the hand onto the bed, we may feel a strange gratitude. After all, this is the job we chose. Many of us became doctors to be present with patients at the worst times in their lives, walking them through suffering, providing solace. Compassion means “suffering with.”

We healthcare workers also need healing. We work in a war zone, scared of being hit with the virus. Many of us work in the fog of exhaustion, depressed, on edge and angry. Insomnia, anxiety, distraction, GI distress, fear. Suicides are starting to appear. We ask ourselves, “Am I edging into PTSD?” We do shifts in heightened states, barely making it through endless tough situations. How to survive?

Isolation is deadly, connection heals. *Stick together.* At those crucial times, when all we want to do is get away and hide, we have to move in the opposite direction, and ask for help. Help from our local “we.”

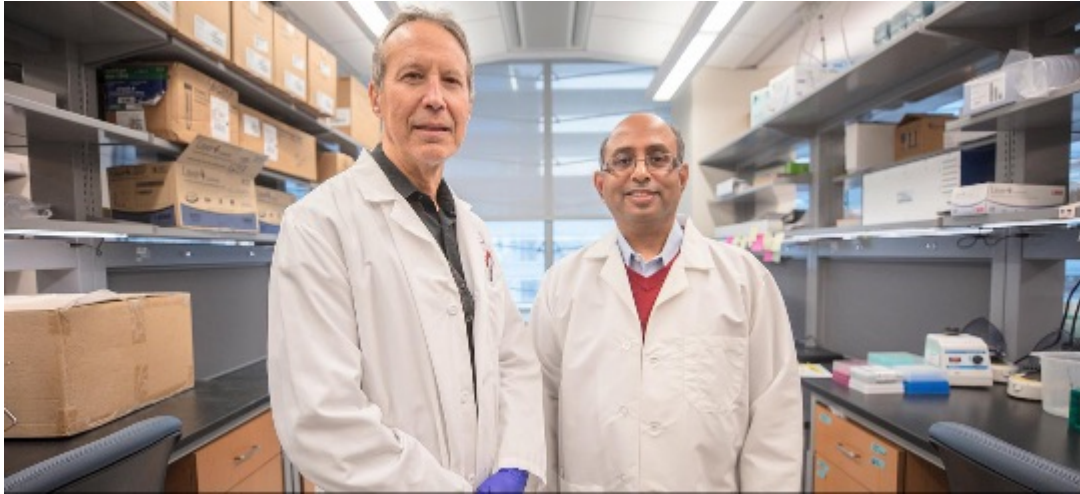
The stories we tell of this plague will shape the rest of our lives. “Where



were you,” we will be asked, “during the pandemic?”

The moment is upon us, bright and clear as moments ever get: of death, of life. If we stick together in mutual relationship, attracting others to our shared kindness, we will heal.

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Above: Drs. Ira Goldberg and Ravichandran Ramasamy

## The Expert Is In: Dr. Ira Goldberg

**People with diabetes appear to be at greater risk of serious complications from coronavirus. What have some of the early studies shown? What are possible areas for future research and treatment?**

**Dr. Goldberg:** Data from NYU Langone, Bellevue, other New York hospitals, and China indicate that diabetes and obesity are major risk factors for worse outcome after COVID-19 infection. It is well-known that diabetes is associated with a risk of a number of infections, so in some ways this is not surprising. To understand the role of what we call diabetes in this process requires the separation of the two processes. Jay Pendse (postdoctoral fellow) is examining independent effects of obesity, diabetes, and other underlying conditions in the clinical course of patients throughout the VA system.

Aside from preventing the spread of infection, prevention of worse clinical outcomes should be an objective. In this context, Dr. Michael Bergman, Chief of Endocrinology at the Manhattan VA, recently published an article suggesting that

identifying pre-diabetes and initiating preventive treatments should be a method to reduced poor clinical outcomes with COVID-19 infection.

Why should obesity alone lead to worse clinical outcome? Obesity, especially obesity associated with insulin resistance and diabetes, is an inflammatory condition. This is best illustrated by the increase in circulating white blood cells that is corrected by either surgical or dietary weight loss. Moreover, obesity is associated with changes in lymphocyte numbers and function, which could alter response to viral infections. This is a focus of studies directed by Dr. Jose Aleman and funded by an American Heart Association Strategically Focused Research Network. Dr. Aleman seeks to determine the factors associated with greater inflammation in obesity and how they relate to changes in adipose biology. Along with Dr. Brenda Dorcelly and others, he is interrogating white blood cells and how their transcriptomes change with sleeve gastrectomy.

Drs. Ann Marie Schmidt and Ravi Ramasamy, in collaboration with Dr. Leo Segal, are assessing whether bronchial lavage levels of soluble portions of the receptor for advanced glycation endproducts (sRAGE) in human subjects predict the extent of COVID19 severity and lung damage, and if these observations might be linked to obesity. In addition, Drs. Schmidt and Ramasamy are testing if small molecule antagonists of RAGE block SARS-Cov2 entry into hACE2 expressing cells and if these small molecules, in vivo, are protective in murine models of transgenic hACE2 expression.

So while the research is ongoing, what can people with diabetes do to try to mitigate their risk? Dr. Lauren Golden, Director of the Center for Diabetes and Metabolic Health at NYU Langone Health, recommends focusing on the basics as much as possible, and asking for help if needed. The coronavirus pandemic has presented people with diabetes with multiple impediments to self-care, including increasing stress, upending routines, reducing access to physical activity venues and creating challenges in getting groceries. For some it has caused economic distress, resulting in both financial and food insecurity. For others, it has triggered chronic anxiety, stress-eating, insomnia and depression, all of which may negatively impact metabolic control. “In speaking with patients via telemedicine visits these past few weeks, we have been focusing on controlling what they can control,” says Dr. Golden. “This includes trying to eat well, sleep well and taking steps to manage stress.”

Those who are doing well have adapted and gotten into a new routine. Many of those who are struggling feel a loss of control over their health and their lives, and/or note a lack of access to healthy food choices and exercise. For them, we work to implement small steps, like setting a schedule for the day,



planning meals, finding an exercise activity they can do safely at home. These can be the foundation of rebuilding consistency, re-exerting control and maintaining health during difficult times. We are also encouraging them to reach out to their care teams for additional support, reminding them of the availability of virtual visits to stay connected and get back on track. Telemedicine has been a vital tool in these efforts.

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*Above: Dr. Kudlowitz with students at the 2019 NYU Grossman School of Medicine graduation*

## **David Kudlowitz, MD, Receives Leonard J. Tow Humanism in Medicine Faculty Award**

Each year, graduating medical students select a faculty member to receive The Leonard J. Tow Humanism in Medicine Faculty Award, choosing an awardee who best exemplifies the qualities of integrity, excellence, compassion, altruism, respect, empathy and service. This year's recipient is **David Kudlowitz, MD**.

"I am thrilled that the medical students gave me this award. Being a physician has many joys, but two of them are caring for patients and teaching students,"

says Dr. Kudlowitz. "To be recognized for excellence in both of those endeavors in one award is an honor."

Vita Jaspan, Class of 2020, nominated Dr. Kudlowitz, noting that he is a "constant reminder of the type of physician we should all aspire to be. He clearly cares about the well-being of his trainees and always makes an effort to boost our morale...He truly listens to his patients and addresses their concerns with the utmost level of empathy...He inspires me every day to be a better physician. He is respectful to all students and patients and shows a high level of sensitivity towards individuals of different backgrounds... He is an outstanding mentor, teacher, and physician."



*Above: Dr. Yinan Lan (photo courtesy of NYC Health + Hospitals / Bellevue)*

## **A Champion for Homeless Patients, During the COVID-19 Pandemic and Beyond**

Yinan Lan, MD, was recognized as a [U.S. News & World Report Hospital Hero](#) as a champion for homeless patients during the COVID-19 pandemic. Dr. Lan was also recognized by Mayor Bill de Blasio for her dedication to serving the homeless in his 2020 State of the City address.

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*Above: Dr. Haffkine & Staff at Plague Hospital*

*Harbin, China Plague Epidemic 1911*

## **The Burns Archive Shares Rare Photographs of Past Pandemics: Part 2**

*The Burns Archive houses the world's largest private collection of early medical and historic photographs from the birth of photography to the atomic age. With over one million photographs, it is well known for providing photographic evidence of forgotten, unseen, and disquieting aspects of history. The Burns Archive was founded in 1977 by Stanley B. Burns, MD, FACS, Research Professor of Medicine & Psychiatry, Adjunct Professor of Obstetrics and Gynecology, and Professor of Medical Humanities at NYU Langone Health and is currently managed by Elizabeth A. Burns, Creative and Operations Director.*

[www.burnsarchive.com](http://www.burnsarchive.com)



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Above: **Autopsy**

*Harbin, China Plague Epidemic, 1911*

## **Plague, China 1910-11**

The Burns Archive's photographic album of the Chinese Plague Epidemic of 1910-1911 provides evidence of the world's first successful international cooperative attempt to prevent a worldwide pandemic. It is a unique, in-depth visual document of the scourge.

One of the foreign leaders of the medical team was Paul Haffkine, Chief Ambulance Physician from St. Petersburg (left). He was the cousin of world-renowned bacteriologist and zoologist Waldemar Haffkine, known as 'the savior of mankind' for his development of cholera and plague vaccines. Also identified in this photograph taken at the Russian Plague Hospital in Harbin is "a Russian lady doctor" (third from the left, top photo).

Investigation of the pathology of the epidemic involved detailed pathological autopsies, which were performed under strict isolation conditions as this particular plague was airborne. Wu Lien-Teh, the lead Chinese physician and the first Chinese medical graduate from Cambridge, established that the disease was

a pneumonic plague and not bubonic. He strongly recommended the wearing of face masks, helping to decrease the infection rate.

Over 63,000 people died, making it one of the world's largest epidemics at the time. Once the epidemic was under control, the government of China convened the International Plague Conference in Shenyang, and the globe's leading disease experts were eager to attend. For the first time, bacteriologists, epidemiologists, virologists, and other specialists from many of the world's major powers came together to combat the threat of disease.

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## Q & A with Stanley B. Burns, MD, FACS

**When and how did you become interested in the field of medical photography?**

I was always interested in history, especially the history of medicine. In 1975, I discovered the availability of historical photographs, and my life has never been the same.

Photographs tell an enhanced story, and I began aggressively collecting. In 1977, I started sharing my discoveries in medical publications, and in 1978, had my first

exhibition showcasing over 1000 photographs. Through visual essays and exhibits, I had found a way to share the history of medicine with professionals, as well as the public. The overwhelmingly positive response by artists, curators, and medical personnel further energized my efforts. I have since published 49 texts, over 1100 articles, and more than 100 exhibitions specializing in unexplored and unappreciated areas of medicine and history.



**The Burns Archive is not only one of the leading depositories of medical photography, but also a leader in sponsoring exhibits throughout the world. What are some of your favorite photographs?**

My favorite photographs include images of physicians at work, patients artistically presented, and nineteenth century images depicting centuries-old medical practices, such as bloodletting, phrenology, dissection, surgery, and teaching. I

have always believed that physicians of the past were just as smart and creative as we are today, but labored under inferior knowledge and technology.

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## COVID-19 Links

[Department of Medicine intranet site](#)

[Department of Medicine COVID-19 blog](#)

[Inside Health \(atNYULMC\) home page, for daily posts and articles](#)

[Covid-19: What You Need to Know - Information Hub](#)

[Resources for Managing and Surviving the COVID-19 Crisis](#)

With thanks to Dr. Sandy Zabar and the DGIMCI team for compiling this resource guide of COVID information, complete with CME activities, mental health and emotional support, activities for parents and children, and free journal access.

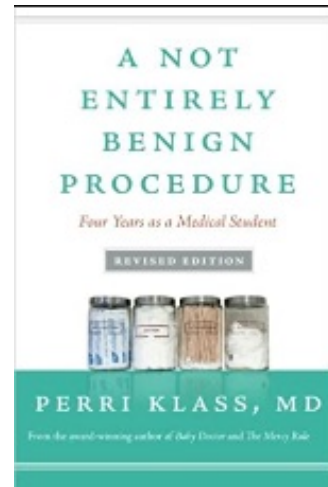
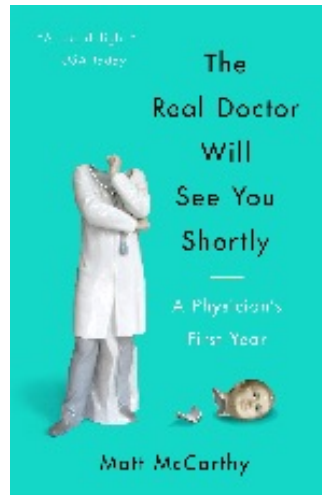
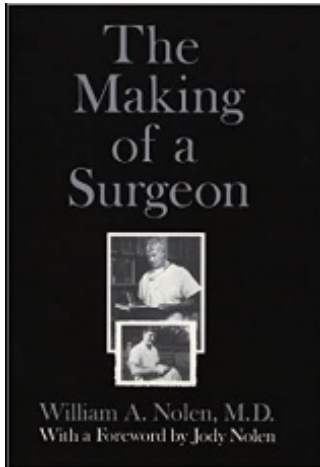
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## UPCOMING COVID CME EDUCATIONAL PROGRAMS

- Thursday, June 4 at 12 noon via WebEx  
**THE COVID GUT: GI MANIFESTATIONS & TREATMENT** – Dr. Mark Pochapin, Professor of Medicine and GI Division Chief will present how we should approach the GI system in the COVID patient.  
*NYUMC WebEx Toll-free 1-855-698-2663*  
*Event number: 160 217 3780*  
<https://nyumc.webex.com/nyumc/onstage/g.php?MTID=e8fe3d5c08f1d696f657ea90abc338fa7>
- Tussday, June 9 at 12 noon via WebEx  
**CANDID CONVERSATIONS WITH LEADERSHIP SERIES** – Dr. Steven Abramson, Executive Vice President and Vice Dean for Education, Faculty, and Academic Affairs, Chair of the Department of Medicine.  
*NYUMC WebEx Toll-free 1-855-698-2663*  
*Event number: 160 951 1168*



## Recommended Reading: In Training



### ***The Making of a Surgeon, William Nolen***

A classic in the 'becoming a doctor' genre, *The Making of a Surgeon* is often described as “the memoir of an apprentice.” Nolen trained at Bellevue Hospital.

### ***The Real Doctor Will See You Shortly: A Physician's First Year, Matt McCarthy***

This darkly funny and honest account takes readers through McCarthy's intern year at a New York City hospital, detailing the challenges and lessons of this formative year of training.

### ***A Not Entirely Benign Procedure: Four Years as a Medical Student, Perri Klass***

In this collection of essays, Klass—now a professor of pediatrics at NYU Langone and journalism at NYU—details the ups and downs of medical school, from the routine (first exams) to the personal (becoming a first-time mother while a medical student).



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