

# EVMS

MAGAZINE

## When Childbirth Is DEADLY

*Pregnancy and childbirth  
are killing black women  
at an alarming rate.*



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# EVMS

## MAGAZINE

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## When Childbirth Is Deadly

Pregnancy and childbirth are killing black women at an alarming rate. Here's what EVMS is doing to help.

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“Of all the forms of inequality, injustice in health care is the most shocking and inhumane,” Dr. Martin Luther King Jr. once said.

Having just taken part in the Jan. 21 celebration of Martin Luther King Day, I am certain Dr. King would be alarmed to learn this: Between 1993 and 2014, the rate of black women dying from pregnancy-related causes in the United States jumped 200 percent. In Virginia, black women are 300 percent more likely to die from pregnancy- or childbirth-related causes than white women.

How can that be? This astonishing — and troubling — data moved us to investigate the issue further in our cover feature (*see page 16*), where we also look at the various ways EVMS is working to solve this problem.

In this edition of EVMS Magazine, we also profile our highly sought-after Physician Assistant program in honor of its 20th anniversary (*see page 12*), explore our Strelitz Diabetes Center in pictures (*see page 24*) and follow a medical military leader as he deploys his EVMS education around the world (*see page 28*).

In addition, we express our profound gratitude to Leah and Richard Waitzer, recently named the 2018 Outstanding Philanthropists by the Association of Fundraising Professionals’ Hampton Roads chapter, for their extraordinary generosity. Our new building, set to open in 2020, will be named Waitzer Hall in honor of their foundation’s gift, the largest family gift ever made to EVMS.

As we move forward in our capital campaign, we invite you to learn more about helping EVMS continue to deliver on the promise of a healthier Hampton Roads. It is a promise that — with your support — we can fulfill for generations to come.

Sincerely,

Richard V. Homan, MD

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## Waitzer Hall named for largest family gift ever made to EVMS



EVMS' newest building, slated to open in fall 2020, will be known as Waitzer Hall. The building is named in recognition of a gift to the EVMS capital campaign from the Leah and Richard Waitzer Foundation. It is the largest family gift ever made to EVMS. Leah and Richard Waitzer, along with their sons, Bradley J. and Edwin S., have been longstanding supporters of EVMS. Through their ongoing philanthropy, they join the school's founders and champions in helping EVMS deliver on the promise of providing national caliber care right here in Hampton Roads.

## Bank of America gives \$500,000 toward EVMS Waitzer Hall

Bank of America has donated a half million dollars in support of Waitzer Hall, the education and academic administration building now under construction at EVMS. The \$500,000 gift helps with construction costs for the \$80 million, 11-story structure that will supply space needed to accommodate growth of educational programs, supporting academic offices and student-study needs. The building is scheduled to open in August 2020.



Bank of America's Charlie Henderson, Senior Vice President and Market President, left, presented a check for \$500,000 to Richard Homan, MD, President and Provost of EVMS and Dean of the School of Medicine.

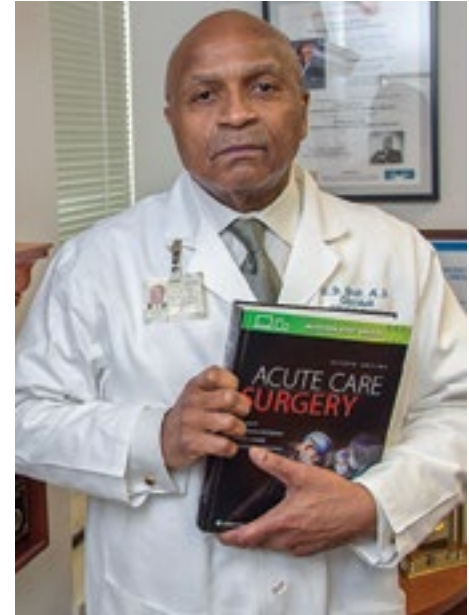


**evmsedu** Talk about a special moment! Clarence Johnson, a 40-year employee, celebrates his achievement with EVMS President Richard Homan at the school's 2018 Service and Recognition Awards Ceremony Oct. 30. #clarence #service #clarenceistheman

hot\_wax\_ Way to go, Clarence! ❤️  
biblackburnm Congratulations Clarence!!! 🎉 🎉 🎉 ❤️  
grimgnomes Clarence is the best! ❤️  
spiceyyym Aww good job, Clarence! ❤️  
josephbradleyh Clarence is an absolute champion 🏆 ❤️  
shandog017 You're the best, Clarence! 🏆 ❤️  
slwill23 Ohh I remember Clarence! What a fantastic way to celebrate him! ❤️  
294 likes

## Second edition of Acute Care Surgery hits the shelves

L.D. Britt, MD, MPH, the Edward J. Brickhouse Chair in Surgery, the Henry Ford Professor of Surgery and Professor and Chair of Surgery at EVMS, released the second edition of the foremost medical reference for acute care surgery. Dr. Britt served as lead editor for Acute Care Surgery and is considered by the American College of Surgeons (ACS) as the founder of the acute-care-surgery specialty. He continues to develop curriculum and contribute to the growth of this academic field.



## CHKD trauma center earns Level 1 designation

Congratulations to EVMS' campus partner, Children's Hospital of The King's Daughters, on its designation as a Level 1 Pediatric Trauma Center by the Virginia Commissioner of Health, M.

Norman Oliver, MD. After CHKD earned provisional status as a Level I center in 2017, a multidisciplinary Health Department team conducted a follow-up site visit in 2018 to verify the hospital's adherence to Virginia trauma center standards. The visit resulted in unanimous recommendation for approval from all reviewers.



## EVMS experts' questionnaire is now the global standard

In a recent issue of the prestigious New England Journal of Medicine, two seemingly distinct articles about nerve damage written by teams from France and Portugal shared one common connection — a research center in Norfolk. Both studies used a questionnaire developed by the EVMS husband-and-wife team of Aaron "Arthur" Vinik, MD, PhD, the Murray Waitzer Endowed Chair in Diabetes Research, and Etta Vinik, MEd. It has become the global standard to help identify peripheral nerve damage and determine its severity.



Check your **EVMS Pulse** daily. Read these stories and more at [evms.edu/pulse](https://www.evms.edu/pulse).

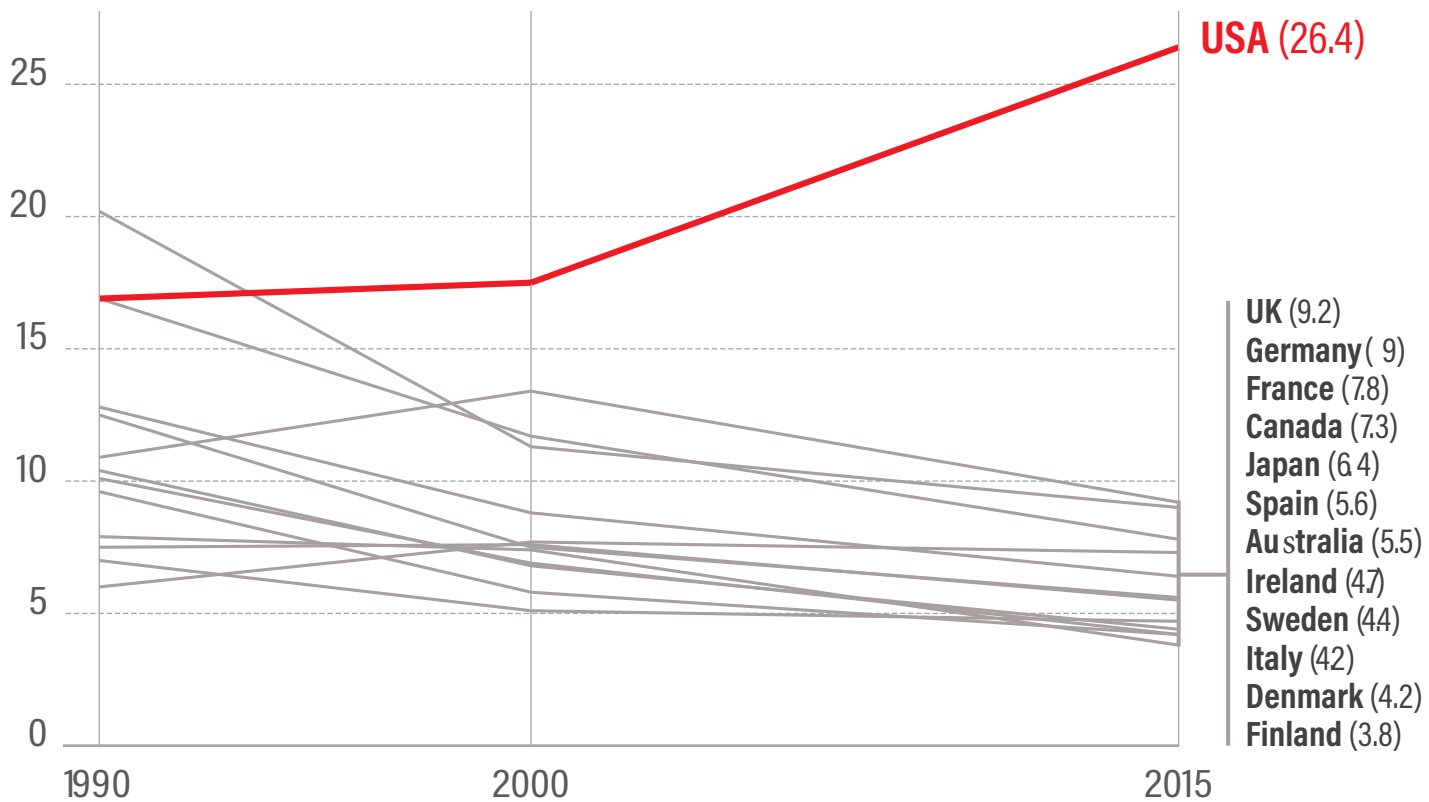


# Danger Zone

With maternal mortality on the rise, the U.S. is becoming an increasingly dangerous place for pregnant women seeking a healthy, complicated-free pregnancy, delivery and recovery. Black women are at an even greater risk of dying from pregnancy-related causes. Learn more in the feature story on page 16.

## Maternal Mortality by Nation\*

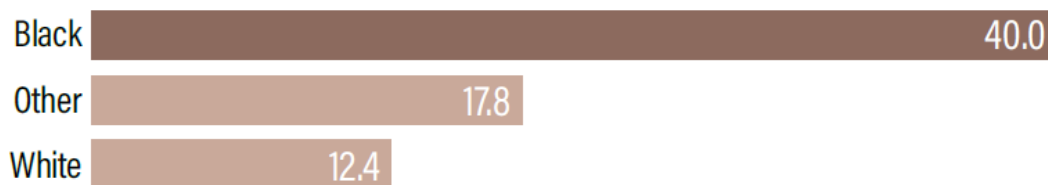
Deaths per 100,000 live births



Graph Credit: Rob Weychert/ ProPublica

## U.S. Maternal Mortality by Race\*, 2011–2014

Deaths per 100,000 live births



\*Maternal mortality includes women who died during pregnancy or within 1 year of pregnancy

Black women dying from pregnancy-related causes rose **200%** from 1993 to 2014.

Sources: "Global, regional, and national levels of maternal mortality, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015," *The Lancet*; Pregnancy Mortality Surveillance System, Division of Reproductive Health, Centers for Disease Control and Prevention

*As part of his research on the impact of the federal government's ban on smoking in public housing, Dr. Andrew Plunk meets regularly with a community advisory board comprising public housing residents.*

## Circuitous path leads researcher to EVMS

As an undergraduate, EVMS researcher Andrew Plunk, PhD, double-majored in philosophy and religious studies and double-minored in German and creative writing.

Naturally, his next step was a master's in public health. Then throw in a stint in the Army, a PhD in ethics and post-doctoral work in psychiatric epidemiology.

It all makes sense now.

"My background prepared me well for what I'm doing at EVMS," says Dr. Plunk, who joined the school in 2014.

What he's doing is researching multifaceted issues with far-reaching implications. For example, two of his recent studies found that the high-school dropout rate will likely rise if the nation's legal drinking age is lowered and as an unintended consequence of legalizing medical marijuana. He earned funding for those and other studies from the National Institute on Drug Abuse and National Institute on Alcohol Abuse and Alcoholism, both part of the National Institutes of Health.

Now, thanks to a three-year grant from the U.S. Department of Housing and Urban Development, Dr. Plunk is researching the impact of a new federal policy that bans smoking in public housing. Forming a community advisory board was one of his first steps.

"We need to build trust and appropriately engage people," he says. "You can't dictate to people how they should live their lives or what their goals should be. It should all be a conversation that's based on where they are at the moment."

Dr. Plunk, who's also an Assistant Professor of Pediatrics, works in EVMS Pediatrics' Community Health and Research division, directed by Kaethe Ferguson, EdD, the Toy Savage Endowed Professor in Pediatrics and Associate Professor of Pediatrics.

"Dr. Plunk's expertise in handling large, national data sets, as well as his interest in substance abuse, was a great match for our work in communities," Dr. Ferguson says. "The community-engaged research he has done so far with Norfolk Redevelopment and Housing Authority has extended and elevated our existing NRHA collaborations to a whole new level."

Another aspect of Dr. Plunk's background adds to his effectiveness as a researcher. He grew up in a working-class neighborhood, and members of his extended family wrestled with substance abuse. Moving beyond stereotypes, he believes, is a vital step in solving health inequities.

"We don't judge people or try to fix anyone," he says. "We work with people where they are to help them identify strengths that they can draw on." □

# Standardized patient knows how to

*On campus, Eugenia Gonzales is a standardized patient and genital teaching assistant (GTA) who helps train EVMS students by playing the role of a patient. Off campus, she plays a very different role: fire performer.*





# light up a room



## ***What sparked your interest in being a fire performer, and what is it exactly?***

I do fire eating, fire poi, fire hoop and fire fans. I used to work as a magician's assistant in an entertainment company, which opened my eyes to this world. I met a lot of eccentric people that I vibed with who performed with the circus. I became entranced with the fire performers and wanted to learn. So I thought, hey, why not?

## ***How often do you perform?***

It depends on when I get booked for a gig. Usually I perform at festivals, corporate events, parties, restaurants and clubs. The winter holiday season is my busiest time.

## ***What do you enjoy most about it?***

Performing makes me feel alive, and this is just another outlet of expression for me. I really enjoy entertaining, and I love to see people's reactions. I like to be a part of anything that creates wonder and happiness or an escape from reality. When I choreograph my show, I try to make it so audience members can forget the stress of everyday life and just have fun.

## ***Do you see any connection between fire performing and your work at EVMS?***

The reason I like my job at EVMS is because as a standardized patient, I am playing a role. It's essentially acting, which runs along the same lines of what I do as a performer. I am playing a role or a character when I am fire dancing.

## ***What are you most passionate about in your work at EVMS?***

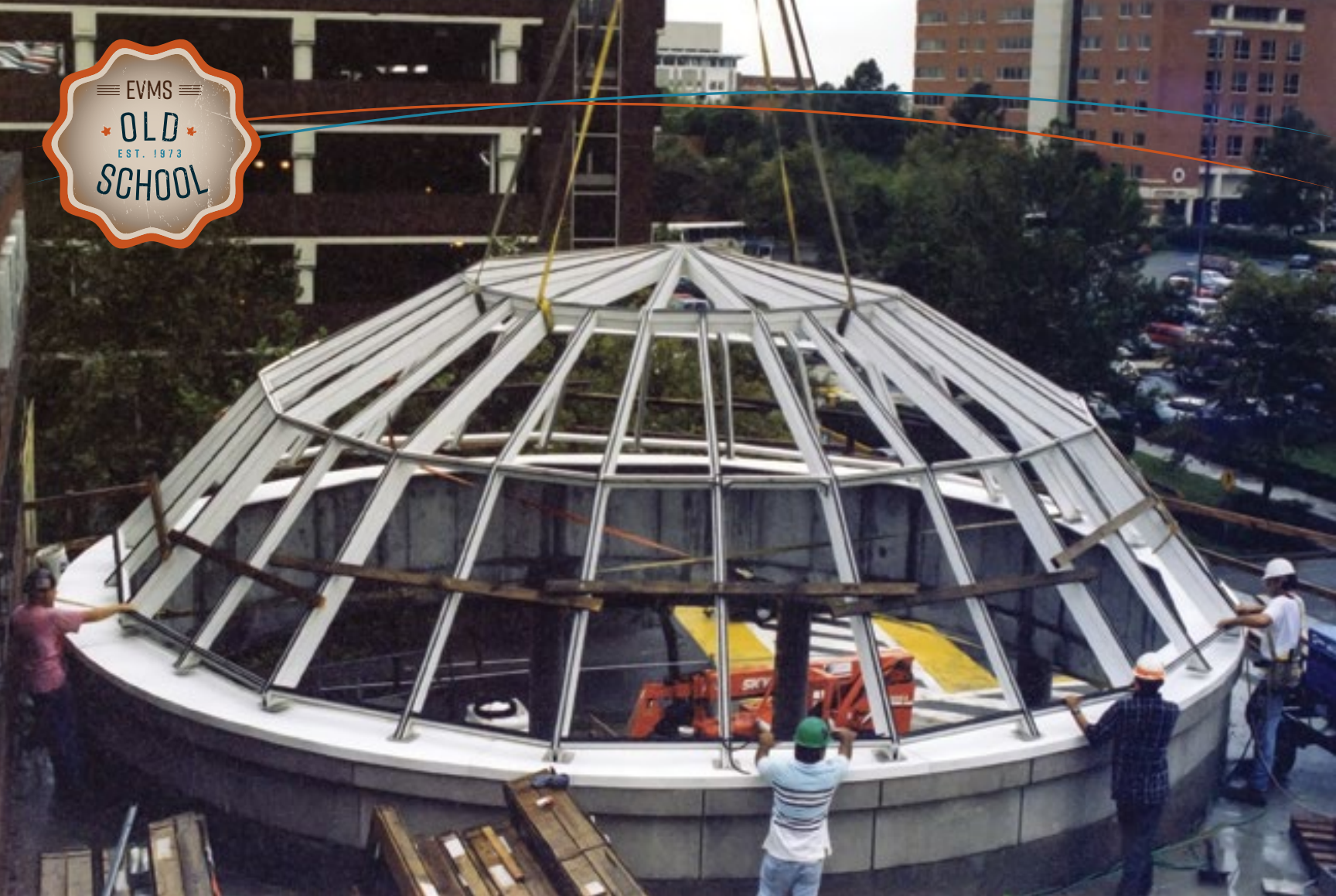
I strongly believe in the programs and the opportunities they create for students to practice and learn before going out into the "real world." As a GTA especially, I feel that I am helping teach important information that could possibly save somebody's life one day. So in a way, I feel empowered and that I am doing good in the world. I take a lot of pride in saying that I work for EVMS.

## ***Why did you choose EVMS?***

"The people I work with are awesome, and the program is so on point, how could I not?" □







# Landmark Identity

In 2000, EVMS' Brickell Medical Sciences Library opened on campus, making a dramatic architectural statement with its signature rotunda. In 2018, the rotunda was officially named in honor of the Beazley Foundation, one of EVMS' most loyal and longstanding supporters.

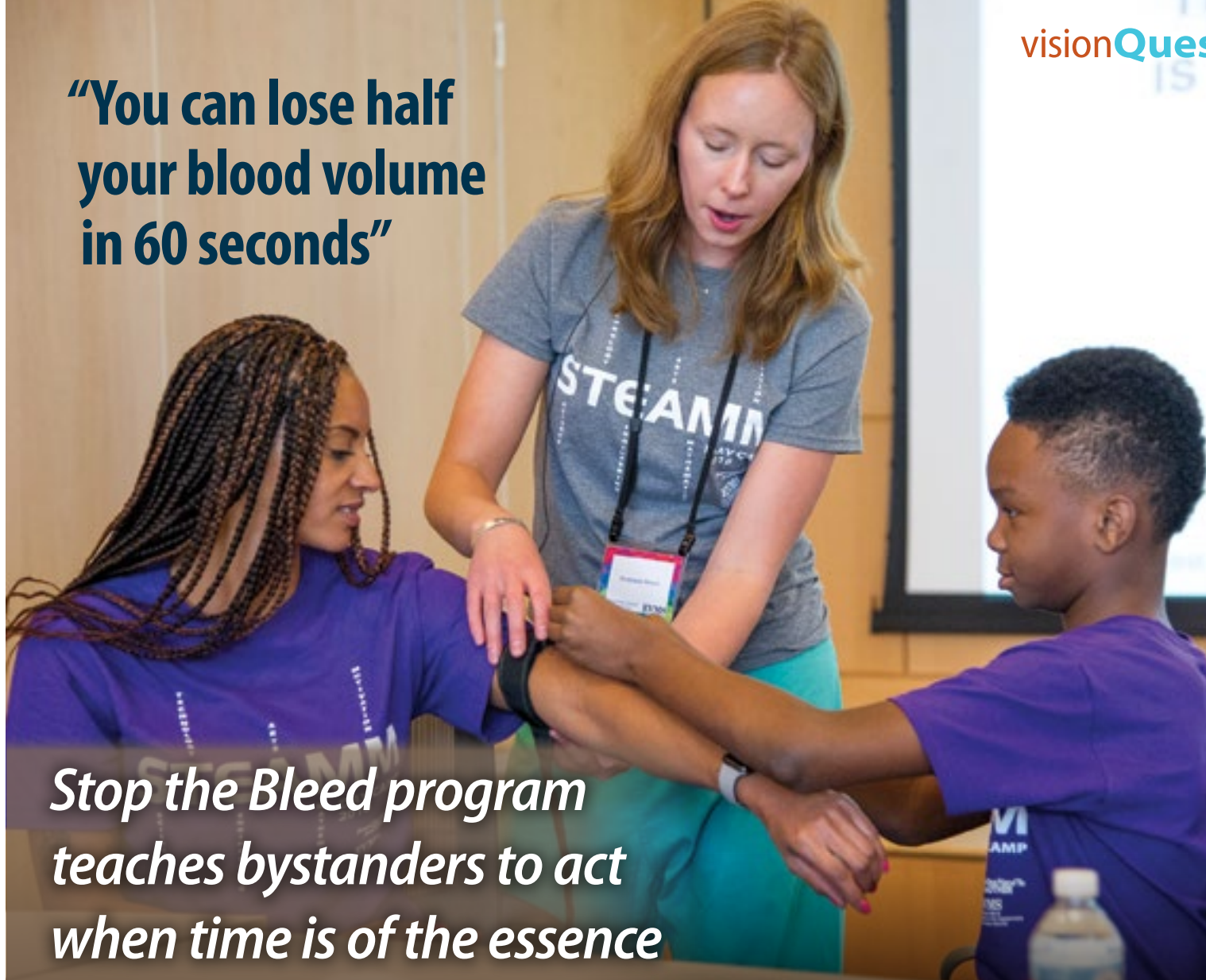
Pictured at the November naming ceremony are Judge Richard Bray, President and CEO of the Beazley Foundation (left), and Richard Homan, MD, President and Provost of EVMS and Dean of the School of Medicine. □





**“You can lose half  
your blood volume  
in 60 seconds”**

***Stop the Bleed program  
teaches bystanders to act  
when time is of the essence***



**Y**ou're driving home from work when you come upon a bad accident that just happened. As you rush to help, you spot one victim bleeding profusely.

What do you do? (*Hint: calling 911 is only part of the solution.*)

Leonard Weireter, MD, can tell you. The retired trauma surgeon has treated thousands of patients over a 30-year career. But he also can tell you that you don't have to be a physician or a medical expert to save a life.

Dr. Weireter, who now serves as Medical Director of the Sentara Center for Simulation and Immersive Learning at EVMS and Professor in the School of Health Professions, has made it his mission to teach the public how to react when they encounter someone who is seriously injured and bleeding. He and a team of EVMS students are making an impact by teaching a free, 20-minute class known as Stop the Bleed.

If Dr. Weireter has his way, the simple techniques taught in the Stop the Bleed training will become as well-known as the chest compressions taught in CPR classes.

Time is of the essence when bleeding is uncontrolled.

“If you are bleeding significantly, you can lose half your blood volume in 60 seconds,” he says. “You lose another half of it in two minutes. You're dead in two and a half minutes.”

It's rare for professional help to arrive that quickly. That leaves the lifesaving job to bystanders.

“The technique is simple,” Dr. Weireter says. “Once you have assured your own safety and called for help, use your hands and anything available to you and simply lean on the bleeding hard enough to make it stop.”

Dr. Weireter was Vice Chair of the American College of Surgeons' Committee on Trauma that developed Stop the Bleed in reaction to the 2012 shooting at Sandy Hook Elementary School.

“It's something people can do quickly and easily once they realize what to do and that they are not going to hurt the victim,” he says. “In fact, they may actually save the victim's life.” □

*Stories on the Vision Quest page reflect ways in which EVMS strives to achieve its vision of being the most community-oriented school of medicine and health professions in the United States.*

## NEW WHITE COAT COMES OF AGE

# PA profession soaring as EVMS program turns 20

I

n 2006, Christian Joyner, MPA, PA-C (MPA '06), was hired as a physician assistant by C. Stokes Kirkland, MD (MD '81).

"Dr. Kirkland had a policy that all new patients would have to see me first," Ms. Joyner says, "but after that, it was up to them."

That didn't sit well with patient Regina Lawrence — at first.

"I was very hard on Ms. Joyner," she admits. "I wanted to either run her away or make sure she was the best. But she has ended up being an angel in my life. She is the consummate healthcare professional."

Since its MPA program launched 20 years ago, EVMS has graduated 940 consummate healthcare professionals in the form of physician assistants.

Today, about 1,500 applicants from around the nation compete each year for 80 spots in the EVMS program.

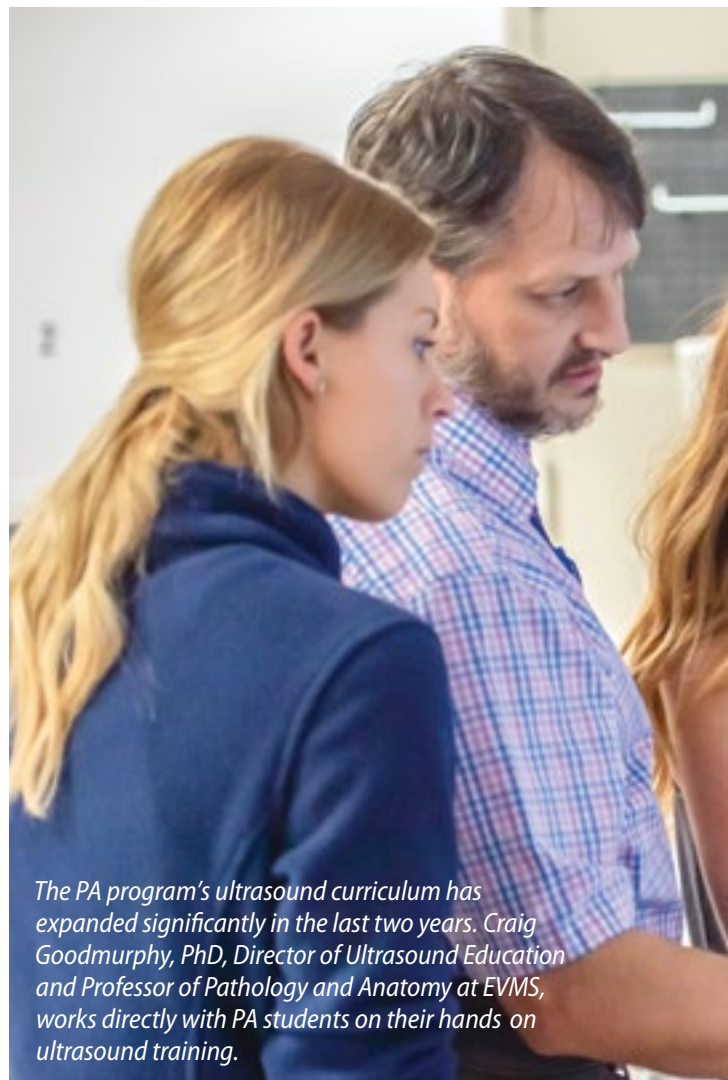
Courtney Anderson, MPA, PA-C (MPA '04), now an Associate Professor in the School of Health Professions, had her heart set on the EVMS program when it was only three years old. She even deferred admission to another PA program until she was accepted at EVMS.

"I really wanted a program that was affiliated with a medical school," Ms. Anderson says. "And this region offers access to such diverse patient populations."

Today, applicants are clamoring for acceptance for a new reason.

"I'm unaware of any PA program in the nation that has an ultrasound curriculum as robust as this one," says Brad Boyette, MBA, MPA, PA-C (MPA '02), Assistant Professor in the School of Health Professions.

The emphasis on ultrasound, Mr. Boyette says, "gives EVMS graduates a tremendous competitive advantage."



*The PA program's ultrasound curriculum has expanded significantly in the last two years. Craig Goodmurphy, PhD, Director of Ultrasound Education and Professor of Pathology and Anatomy at EVMS, works directly with PA students on their hands on ultrasound training.*



*Every year, about 1,500 applicants compete for about 80 spots in the PA program at EVMS. Since the program was launched, 940 students have graduated.*





## WHAT IS A PA?

Physician assistants are medical professionals who diagnose illness, develop and manage treatment plans and prescribe medications, usually under the supervision of physicians. By practicing in every medical setting and specialty, PAs improve healthcare access and quality. At EVMS, a Master of Physician Assistant degree is awarded to students who graduate from a rigorous 28-month program. Board certification offers the PA-C credential required to practice.



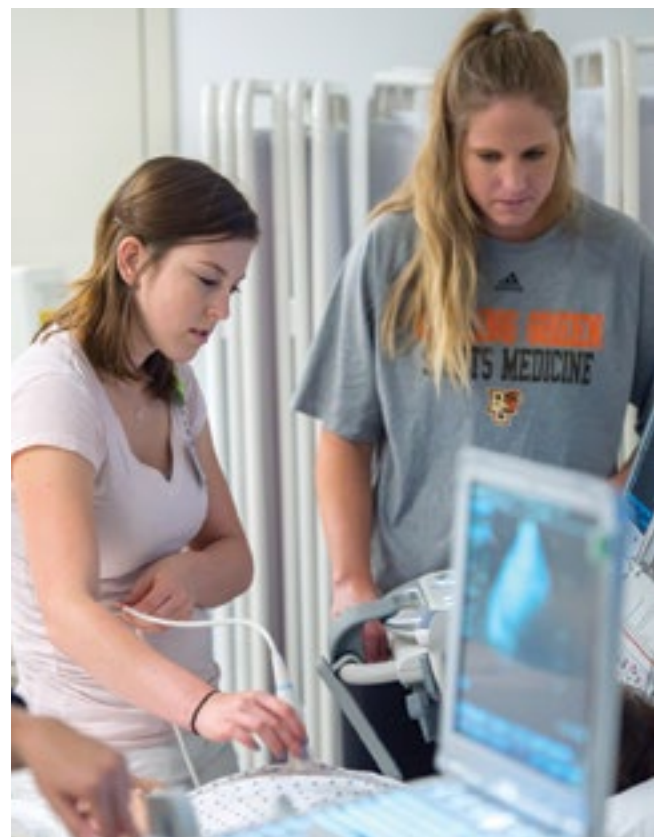
Recent alumnus Ben Cavin, MPA, PA-C (MPA '18), discovered that first-hand.

During his time as an MPA student, Mr. Cavin was a student leader who worked alongside faculty members to expand the program's ultrasound training. Last summer he reaped the training's benefits during his PA fellowship in emergency medicine.

"When we first got to ultrasound as PA fellows," he says, "I already knew what I was doing. I felt very well-prepared."

A growing emphasis on ultrasound is only one way the PA profession is evolving, says Jonathan Sobel, DMSc, PA-C, MBA, President of the American Academy of PAs and Chair of its board.

"One of the biggest shifts we have seen recently," Dr. Sobel says, "is in the language that describes how PAs work with physicians. Today, it's more about 'collaboration' than 'supervision,' and state laws are continuing to reflect that."



*The recent emphasis on ultrasound education has given EVMS MPA students a great competitive advantage.*

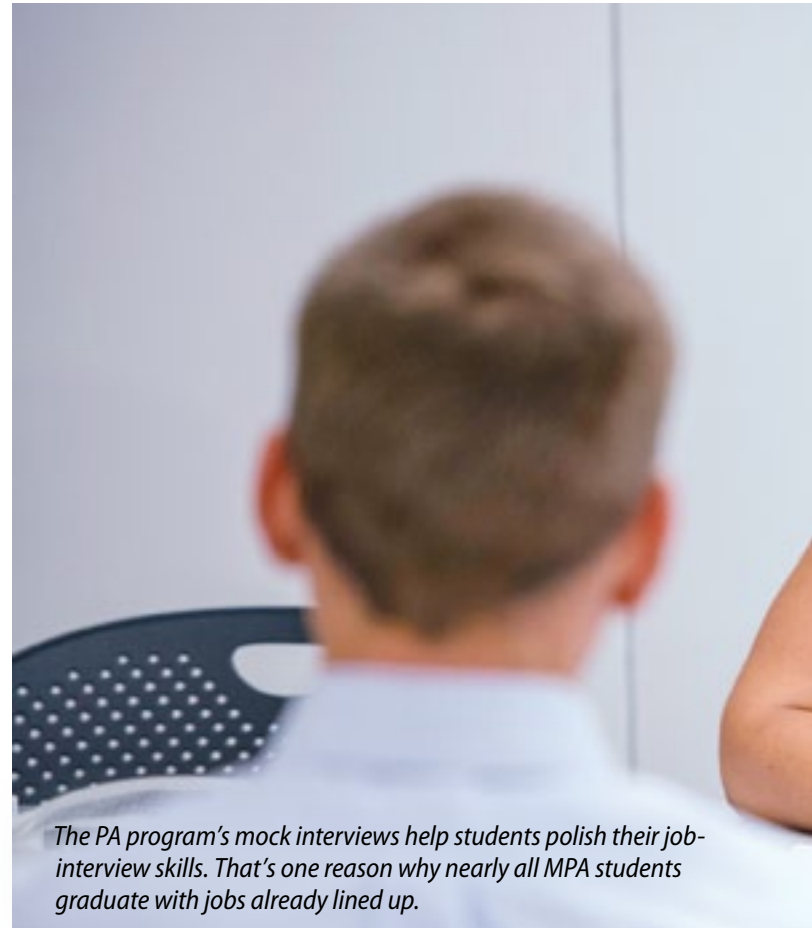
Federal laws are changing, too. For example, Congress recently passed the Medicare Patient Access to Hospice Act, which allows PAs to manage and provide hospice care to terminally ill Medicare patients. “This is a significant step forward for PAs and their patients,” Dr. Sobel says.

With a predicted shortage of up to 120,000 physicians by 2030, PAs are in high demand. The U.S. Bureau of Labor Statistics projects that the PA profession will grow 37 percent from 2016 to 2026. That’s one reason why almost all MPA students graduate from EVMS with jobs lined up.

Dr. Kirkland offers another reason, this one related to the EVMS program specifically. As an Assistant Professor of Family and Community Medicine at EVMS, he enables MPA students to rotate through his practice. “I do my best to stump them with something that’s not easy,” he says, “but they always get it right.”

They also get it right on the national certifying exam. MPA classes at EVMS are known for exceeding the exam’s national pass rate, with the two most recent graduating classes earning a pass rate of 100 percent. And a mock-interview program, developed 10 years ago by MPA program alumni, helps students polish their job interview skills.

“We are making our students so employable,” Ms. Anderson says. “They are really well-prepared. We hear that doctors often ask them, ‘Wow, where did you go to school?’” □



*The PA program’s mock interviews help students polish their job-interview skills. That’s one reason why nearly all MPA students graduate with jobs already lined up.*

**THE U.S. BUREAU OF  
LABOR STATISTICS  
PROJECTS THAT THE PA  
PROFESSION WILL GROW**

**37 PERCENT**

**FROM 2016 TO 2026.**







*The two most recent graduating classes of MPA students earned a 100 percent pass rate on the national certifying exam.*

## AN INTERVIEW WITH THE PRESIDENT OF THE AMERICAN ACADEMY OF PAs

**I**n July, Jonathan Sobel, PA-C, DMSc, MBA, was named President of the American Academy of PAs and Chair of its Board of Directors.

After assuming those roles, Dr. Sobel granted one of his first in-depth interviews to EVMS Magazine. Here are excerpts from the interview. Read the complete interview at [evms.edu/digitalmagazine](http://evms.edu/digitalmagazine).

### **Why is the demand for PAs growing so dramatically?**

Patients recognize that not only do PAs provide high-quality care, but they can also help fill gaps where physician shortages are taking hold. For instance, an estimated 15 percent of PAs practice in rural areas, where provider shortages are most pronounced... The estimated total number of clinically practicing PAs in rural settings has been on an upward trend — increasing by more than 77 percent since 2012.

### **What role do you see PAs playing in the nation's healthcare system in the next 10 to 20 years?**

#### **How will their role evolve?**

Their role has changed since the profession began in the 1960s. Today, it's common for PAs to serve as a patient's primary healthcare provider... At the same time, team-based healthcare is not going away, and PAs will continue to work alongside other medical providers as they serve patients.

### **What are the biggest changes you've seen recently in the regulations governing how PAs practice?**

More than half of all states have made some improvement this year to PA practice... We also may start to see a trend in states removing the requirement for PAs to have an agreement with a specific physician in order to practice... At the federal level, in 2016, PAs and NPs were granted the ability to obtain waivers to prescribe buprenorphine for treatment of opioid use disorder as part of the Comprehensive Addiction and Recovery Act. This past June, the U.S. House of Representatives passed legislation that will permanently extend this waiver program. □

# When Childbirth Is DEADLY

Pregnancy and childbirth are killing black women at an alarming rate. Here's what EVMS is doing to help.

**A**s soon as tennis superstar Serena Williams gave birth in 2017 via emergency C-section, she stopped taking her anti-clotting medications so her surgical wound could heal.

The next day, she struggled for breath. At first, her medical team assumed she was fine. Finally, she convinced them to do a CT scan. It showed the clots in her lungs that Ms. Williams suspected. Though she was immediately restarted on her medication, it didn't avert a slew of emergencies, including a pulmonary embolism and abdominal hematoma, according to national news reports.

Fortunately, Ms. Williams recovered. Unfortunately, her experience is not unique.

Nationally, black women are 243 percent more likely to die from pregnancy- or childbirth-related causes than white women. In Virginia, it's worse. Black women are 300 percent more likely to die in childbirth than white women, reports the Virginia Department of Health.

Celebrity, education and socioeconomic status don't matter. "Black, college-educated women who gave birth in hospitals were more likely to suffer complications than white women

who didn't graduate from high school," says Amy Paulson, MPH, Instructor of Pediatrics and Director of the Consortium for Infant and Child Health (CINCH) based at EVMS.

That alarms Lauren Powell, MD, Director of the Virginia Department of Health's Office of Health Equity. While other factors play a role in this health disparity, Dr. Powell says racism cannot be ignored.

"There's biologically rooted evidence showing racism has an impact on health," she says. "It's important we talk openly about racism and its impact."

Ensuring that conversation takes place at EVMS is the responsibility of Mekbib Gameda, Vice President of Diversity and Inclusion and Assistant Professor in the School of Health Professions.

A major focus of Mr. Gameda's is addressing implicit bias, the act of making judgments based on a personal view of the world. "Implicit bias defines how we act and behave," he says, "even when we're consciously trying to be equitable. Everybody has it, whether you're an under-represented minority or a white male."

To combat implicit bias, all EVMS students, faculty and staff



*Because Chesapeake resident Shakeenah Moore was experiencing a high-risk pregnancy, an EVMS Maternal-Fetal Medicine specialist, Lea Porche, MD, was brought in to make sure all was well before she delivered her baby.*







*EVMS Minus 9 to 5 and Loving Steps, two grant funded programs based at EVMS, coordinate community resources that support the health of mothers and their babies.*

undergo training. “During workshops,” he says, “you can see when people recognize implicit bias: They say things like, ‘Wow, I didn’t think of that,’ and it’s like a light bulb going off.”

That training is only part of the solution. “As an educational institution,” Mr. Gemeda says, “we integrate health disparities into what students learn in both clinical and classroom areas.”

## A matter of trust

Katrice Smith-Newsome speaks from experience about why this is a critical issue for black women. A patient of Sharon Sheffield, MD (MD ’92, Obstetrics and Gynecology Residency ’97), Instructor of Obstetrics and Gynecology at EVMS, Ms. Smith-Newsome has seen Dr. Sheffield in her Franklin medical practice for decades, including during her two pregnancies.

“We’ve built a bond,” Ms. Smith-Newsome says. “I trust her.”

Both of Ms. Smith-Newsome’s pregnancies were high-risk. Before getting pregnant, she had diabetes and high blood pressure, and during both pregnancies, she developed pre-eclampsia.

Late in her first pregnancy, pre-eclampsia kept her on bed rest. A nurse stopped by daily to check her blood sugar, blood pressure and weight.

“One day the nurse came to the house and everything seemed OK,” she says, “but my pre-eclampsia blood work said something different. Dr. Sheffield called and said I needed to get to the hospital right away. I’m glad she did. If she hadn’t, maybe I wouldn’t have my son.”

Dr. Sheffield also runs EVMS’ rural obstetrics rotation, which enables third-year medical students to provide women’s healthcare under her supervision. “It’s a way we can make young doctors-in-training aware of the need for healthcare access in rural areas,” she says.

EVMS students also learn about maternal health through the school’s service-learning program, which just added a new option: Mothers and Baby Mermaids. Each student is assigned to a mother on Medicaid, who agreed in advance to have a student help her navigate pregnancy and the healthcare system.

Mothers and Baby Mermaids is led by Gloria Too, MD, Assistant Professor of Obstetrics and Gynecology. Not only



## IMPLICIT BIAS IS REAL

“Black, college-educated women who gave birth in hospitals were **MORE LIKELY TO SUFFER COMPLICATIONS** than white women who didn’t graduate from high school.”

Amy Paulson, MPH, Instructor of Pediatrics and Director of the Consortium for Infant and Child Health (CINCH) based at EVMS





will her students get clinical OB-GYN experience and partner with women in their pregnancies, she says, but they'll also learn what patients on Medicaid go through.

"Even experienced people find the system confusing," Dr. Too says.

Don Robison, PhD, is Director of Service Learning and Assistant Professor of Family and Community Medicine at EVMS. "Students will be able to recognize emergencies, complications, stages of labor and postpartum depression," Dr. Robison adds. "They'll go with mothers to medical appointments and help solve problems they might encounter, even insurance questions or transportation issues."

## An issue of access

It's likely that some of those women will make their first trips to a healthcare provider in years. But most haven't skipped out on purpose. Seeing a doctor can be difficult for women who don't have adequate health insurance, transportation, childcare or work coverage.

"Many of the women I see with elevated blood pressure that was undiagnosed don't have a primary-care provider," says Lea Porche, MD, Assistant Professor of Obstetrics and Gynecology. "Usually they aren't saying it's not important. It's an access issue."

Improving access to care is a goal of the Loving Steps program, which focuses on supporting the health of mothers and babies. Loving Steps also works closely with EVMS Minus 9 to 5, a community resource that aligns and coordinates care for children from pregnancy to age 5. Both programs are grant funded and based at EVMS.

*India Cornelius has given birth to two healthy children, Asia and Belize, despite having a high-risk pregnancy with her youngest. As a new Norfolk resident, Ms. Cornelius found helpful resources through Loving Steps, a Healthy Start program based at EVMS.*





## THE STAKES ARE HIGH

Nationally, black women are **243 PERCENT MORE LIKELY TO DIE** from pregnancy- or childbirth-related causes than white women.

In Virginia, it's worse. Black women are **300 PERCENT MORE LIKELY TO DIE** in childbirth than white women.

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"About 15,000 babies are born in our region each year across eight different hospitals," says Jane Glasgow, PhD, Executive Director of Minus 9 to 5 and Assistant Professor of Pediatrics. "But not everyone gets the same opportunities. For example, are all patients screened to connect them with resources, not just those who visibly appear to be in need?"

EVMS clinicians also collaborate with area hospitals to help standardize the quality of healthcare across the region. The Ob Right program is an example. A nationally recognized patient-safety initiative, it grew out of a goal to improve safety practices for women, says Alfred Abuhamad, MD, the Mason C. Andrews Chair in Obstetrics and Gynecology, Vice Dean for Clinical Affairs and Professor and Chair of Obstetrics and Gynecology at EVMS.

"It's a council of physician and nurse leaders from each area hospital that reviews compliance, introduces evidence-based practices, helps standardize care and promotes safety," says Dr. Abuhamad, who chairs the program in Hampton Roads.

In caring for pregnant women, EVMS students and

clinicians also have access to helpful tools, such as a postpartum hemorrhage kit, which measures blood loss and assists in determining if further medical action needs to be taken; fetal monitoring training that teaches a standardized way to interpret and communicate fetal heart rate; and simulations that teach students how to respond to maternal hemorrhage or seizure. Also, Emergency Medicine clinicians and referring physicians now have a standardized communication protocol to assess blood pressure for pregnant patients and triage accordingly.

Maternal health is a priority for EVMS Research as well. For example, Gerald Pepe, PhD, the EVMS Foundation Chair in Biomedical Sciences and Professor and Chair of Physiological Sciences, leads research on how estrogen affects a mother's vascular system and may contribute to pregnancy complications, such as high blood pressure and pre-eclampsia. Dr. Pepe's team also is working to develop noninvasive technologies — such as imaging techniques — to view a placenta early in pregnancy and immediately address abnormalities.





*The Cornelius family Darian, Belize, Asia and India — are all smiles today. But when the Navy transferred the family to Norfolk in 2017, they were concerned about Ms. Cornelius' high risk pregnancy. Fortunately, there were no complications.*

## Their own best advocate

Emergencies can happen whether a pregnancy is high- or low-risk. And time lost may mean life lost. “We need to have staff trained in early triggers and managing them,” Dr. Abuhamad says. “Identification of complications and aggressive intervention to treat them have consistently been shown to save lives.

“Birth is a natural, healthy event the majority of the time,” he continues. “But when things go wrong, they can go wrong very quickly.”

To that end, pregnant women have a role, too. They need

to recognize what to be aware of, such as the warning signs of high blood pressure, hemorrhage, heart failure and blood clots.

Even simple complaints may signal bigger problems. “When a pregnant woman says she has a headache,” Dr. Sheffield says, “you can’t blow it off.”

Dr. Porche agrees. “There are normal things that happen during pregnancy,” she says. “For example, most people will get some sort of swelling in their lower extremities. But there can be a lot of variation. I tell each patient, ‘You know yourself better than I do. If you think something’s not right, be persistent.’”

The simple message: Be like Serena — not a world-class athlete, but your own best advocate. □



# Maternal Mortality: How EVMS is Helping

Here's more about some of the ways EVMS is addressing the high rate of black women dying in childbirth.

**Consortium for Infant and Child Health (CINCH):** This EVMS-based organization is composed of children's advocates, health agencies, universities, hospitals, managed-care organizations, and community and faith-based organizations from across Hampton Roads.

**Loving Steps:** A collaboration between EVMS and the Virginia Department of Health, Loving Steps is a Healthy Start home-visit program staffed by community health workers. Their services include assistance with community resources, nutrition help and depression screenings. Loving Steps is free and open to families who live in Norfolk and are expecting or have a child under age 2.

**EVMS Minus 9 to 5:** This program brings together families and community resources and stakeholders in healthcare, education, nonprofit, businesses and government, all dedicated to improving the lives of young children and their families.

**Service Learning:** All EVMS medical students must undergo at least 15 hours annually of service-learning training; Mothers and Baby Mermaids is one of 21 options, which include bystander CPR, emergency medicine and health literacy.

**Ob Right:** EVMS clinicians serve on this team, which comprises representatives from women's health, clinical effectiveness, information technology, laboratory, pharmacy and neonatology. Ob Right's successful projects have included standardizing care for pregnancy-related blood clots and elimination of early elective C-sections. □

*Shakeenah Moore was relieved to know EVMS specialists could be consulted to help with her high-risk pregnancy.*







*Patients from across the country seek out Aaron Vinik, MD, PhD, the Murray Waitzer Endowed Chair in Diabetes Research, for his pioneering work in diagnosing and treating nerve damage, a common side effect of diabetes.*



*A resident physician accompanies attending physician Elizabeth Jenkins, MD (left), as they examine a patient. These shadowing experiences are a fundamental part of the training experience for new physicians.*



# STRELITZ DIABETES CENTER: Battling an epidemic





*Clinicians use a range of tools to test for nerve damage, a common side effect of diabetes.*

**S**outheastern Virginia is in the diabetes belt, a broad swath across the southern U.S. that has a high incidence of diabetes. EVMS opened the Strelitz Diabetes Center more than 30 years ago to help combat the disease. Today, the center takes a comprehensive approach to diabetes. Clinicians provide highly specialized care to patients at the center and — through a partnership with Sentara — at Sentara Norfolk General

Hospital. Scientists are working in the clinic and laboratories to improve knowledge of the disease and develop new treatments. Dedicated diabetes educators sit down in small groups and one-on-one with newly diagnosed patients to help them learn to cope with their disease. And in all areas of the center are trainees — the next generation of diabetes experts — who help perpetuate the science and art of diabetes care.





*Jerry Nadler, MD, the Harry H. Mansbach Chair in Internal Medicine, and Maggie Morris, PhD, lead diabetes related research looking at a broad range of issues. One project they are involved in with an international team of scientists is trying to determine if a virus causes Type 1 diabetes. The work could lead to development of a vaccine for Type 1, which often strikes children and young adults.*



*EVMS diabetes experts also see patients at Sentara Norfolk General Hospital in a partnership with Sentara Healthcare. US News & World Report recently ranked that program number 31 in nation.*



*Elias Siraj, MD, the David L. Bernd Distinguished Chair in Cardiovascular and Diabetes and Director of the Strelitz Diabetes Center, comments during a regular discussion with endocrinology fellows.*







*Physician Cheryl Almirante, MD, Assistant Professor of Internal Medicine, uses ultrasound as part of a thyroid exam. Diabetes often is accompanied by problems in the thyroid.*



## Military leader takes his EVMS education around the globe

Growing up around animals on his family's farm in Missouri, Maj. Gen. Jerry Fenwick, MD (MD '88), was sure he wanted to be a veterinarian. But while conducting research in Boston where his brother was a medical student, Dr. Fenwick saw the impact he could make caring for people. So he turned to EVMS. The idea of attending what was still a relatively new school appealed to him — as did EVMS' focus at the time on primary care.

After he joined the Army during his second year of medical school, a residency rotation in emergency medicine set Dr.

*"Taking care of those wounded boys and girls was the best medicine I ever did."* — MAJ. GEN. JERRY FENWICK, MD

Fenwick up for the rest of his career. He went on to serve in Desert Storm as a battalion surgeon and in Antarctica,

where he provided "primary care at the end of the earth — at 90 degrees south and at 90 below," he says. And he was deployed four times to the Middle East as a critical-care transport doctor.

"Taking care of those wounded boys and girls was the best medicine I ever did," Dr. Fenwick says of his deployments to Iraq and Afghanistan. "With every one of the transports, I realized I had made a good decision in joining the military."



Maj. Gen. Jerry Fenwick, MD (MD '88)

Dr. Fenwick is now the Joint Surgeon General of the National Guard, making recommendations to the Chief of the National Guard Bureau about the welfare of 450,000 guardsmen. He also serves as Air National Guard Assistant to the Surgeon General of the United States Air Force, advising on matters regarding the health of Air National Guard airmen. Last summer, after speaking at the EVMS Military Commissioning and Recognition Ceremony, he traveled to Africa through a military leadership program to learn more about the continent's need for medical evacuations, both civilian and military, and to gain insights on whether the Air National Guard or National Guard could help.

As for his civilian job, Dr. Fenwick is a senior partner with Springfield Emergency Physicians in Springfield, Missouri, which runs one of the busiest emergency rooms in the state. He balances work with his family — his wife and two children — and the farm he grew up on, which has been in his family since 1880. Dr. Fenwick plans to return to the farm when he retires from the military, but for now, if he can continue making a positive impact, he's staying in.

"After serving for 35 years," he says, "I've been in the military longer than I haven't. The military is who I am." □



# Alumni Weekend 2018



Alumni Weekend in 2018 brought together EVMS graduates and their families from around the nation as well as the region. New memories were made at the event's first-ever rooftop party, and fascinating stories were shared at the class dinners. Exciting new events are planned for 2019, so EVMS alumni should be on the lookout for a Save-the-Date notice soon. □



*Pictured at  
Top left: MPA alumni  
Arnice Johnson and  
Heather Wright*

*Center: Jerry Strohkorb,  
MD (MD '98), and his  
wife, Julie Strohkorb*

*Right: Arielle Spitze,  
MD (MD '07), left, and  
family*

*Bottom: Members of  
the MD Class of 1993*





# Mother finds hope for baby's future with EVMS

Caring for a newborn is almost second nature for Christy Keane. Before having two children of her own, she was a neonatal nurse who cared for hundreds of babies.

So when her second child, Charly, failed her newborn hearing test, she thought it was a fluke.

"I was sure there was fluid in her ears," Ms. Keane says. "I saw it happen dozens of times with other families."

But that wasn't the case for Charly.

She failed her second and third screenings.

"We had never met a deaf person before, and here we were learning Charly had profound hearing loss in both ears," Ms. Keane says. "I was at a complete loss of what

the next steps were and what this meant for her."

Initially distressed, she says, "We were looking up childhood hearing loss online, and we learned about cochlear implants and were amazed. We knew that was the direction we wanted to go."

While looking for the best options for Charly, they realized they didn't have to go far.

"When we first started researching cochlear implants, we looked at different programs in the region and ultimately, Dr. Moody at EVMS was the best choice. And she's right here in our back yard."

The first step in Charly's journey was having hearing aids installed in 2017.

Cameras were rolling as they were turned on, and she heard her mother's voice for the first time.

"She was so emotional. She smiled, pouted, then raised those little eyebrows. It was a face we had never seen."

That video went viral, seen by more than 14 million people. Since then, Ms. Keane has become a hearing loss advocate who shares her story on Instagram in hopes of educating and comforting others.

Many of her followers were waiting eagerly as Charly's journey continued in June 2018, when Stephanie Moody, MD, Associate Professor of Otolaryngology—Head and Neck Surgery, installed the cochlear implants during surgery at Children's Hospital of The King's Daughters.

Specialists in EVMS Audiology turned the cochlear implants on just a few weeks later.

Ms. Keane says she sees progress every day. "Thanks to the team at EVMS, I have so much hope for Charly's future."

"It's been a growing sense of relief and peace that we have made the right decisions," Ms. Keane says. "As long as you are giving your children love and language, you are doing a great job." □

## EVMS professor championed hearing tests for newborns

"In 1999, we recognized that there were a number of children who were hearing-impaired or who were being born without access to appropriate hearing rehabilitative resources. We worked with Virginia legislators to make newborn hearing screening mandatory across the commonwealth.

"After the new law was authorized, about 100,000 children born each year were screened for hearing loss. With that new technology intervention, we identified more than 300 new children with hearing impairment each year. That's compared to 28 each year that were identified prior to the law."

— Barry Strasnick, MD

*Professor of Otolaryngology—Head and Neck Surgery*



View video My Stories at  
[evms.edu/digitalmagazine](https://evms.edu/digitalmagazine).





# Thank you, Waitzers

*The Leah & Richard  
Waitzer Foundation*

## Changing the landscape of our campus and our region's health

Eastern Virginia Medical School exists because of the courage, persistence and financial support of our dedicated founders and champions over the past 45 years. A quick tour of our buildings and boardrooms memorializes those visionaries — Andrews, Hofheimer, Burroughs, Lester, to name a few.

EVMS is pleased to announce the naming of its newest building slated to open in fall 2020; pleased to announce another family determined to deliver on the promise of a healthier Hampton Roads for the next 50 years.

The Waitzers' most recent gift will change the landscape of our campus and our region's health. Waitzer Hall is more than a building. It is a commitment to recruiting the best faculty and students, to conducting innovative research, to delivering outstanding patient care to those who call Hampton Roads home.

This generous contribution will help us deliver on the promise for the next 50 years. We thank the Waitzers for their vision and encourage you to demonstrate your leadership and commitment to the future. Make your gift today.

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