

**Once We Were Many, Now We Are One: The Life Paths of the Physician
Associates from the Stony Brook Class of 1975©**

By

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McTigue, Emanuel Mkrtychian, Jennifer Moore, Janine Shaw, Jerry (Al) Webb**

Who We Are:

The saying goes, great things come in threes. This was true for the third physician associate (PA) class, 1973-1975, at State University of New York in Stony Brook, New York. It has been forty-seven years since we graduated. We have gone our separate ways both in medicine and in life. This article germinated as we contacted each other and became energized by a growing desire to learn about the age-old question, “whatever happened to”

It began with two of us deciding to investigate whether any of our classmates would also be interested in reconnecting. We began by calling, emailing, and then researching the beginning history of our Physician Associate (PA) program. We hoped to discover how our life stories met or exceeded the projected outcomes of the grand adventure we shared long ago. Amazingly, we found each other using the web, through connections from each other, and through professional organizations. Unfortunately, we couldn't have an in-person reunion during the COVID Pandemic. Hopefully, one day we will. For now, Zoom meetings had to suffice. It is again a time of palpable national turmoil focused on many similar critical issues that we faced together in 1973-75.

We attended the Stony Brook PA Program during an electric time in American history. It was a divided country. There was tremendous national outrage, expressed in many ways. There were demonstrations against the Vietnam War, university shutdowns due to student protests, the rise of the Women's Rights Movement, the Environmental Movement, and the awakening of sexual identity freedom. Students began to stand up for civil rights, the right to vote, resistance to unleashed police brutality, and economic and health care institutional racial disparities. We faced the Physician Interns and Residents Strike in NYC, the national oil crisis, social unrest, and distrust of our political leadership, with uncertain economic times. The Vietnam War had come to an end. There was a national consciousness felt by many to take on a personal responsibility in order to effect a real political change, collectively and individually. At the same time, Medicare and Medicaid were being rolled out for health care. In addition, over 60,000 military medics and corpsmen with a wealth of medical experience were being released

into the civilian population not knowing where they would find jobs. These former medics and corpsmen wanted to use what they learned during the Vietnam War and adapted to their new environment, focusing on continuing their schooling while learning how they could add more to their care for patients.

For simplicity in this article, we did not use our earned titles, such as DPM, DO, PhD, MA, MS, PA-C, or PA-C Emeritus.



Last row left to right: James Denson, Dennis Kozak, Dennis Lynch, Kathy (Modrow) Kufus, Norm Matthews, Stephan Miller,

Next Row left to right: Russell Higley, Jerry Webb

Next Row Left to right: George Sheffey, Madhuri Marelli (Jackie Linker), Peter Kowalski,

Next Row Left to right: Joan McTique, Anita Diamondstein, Roberta Frick, Wain Ashley, Jennifer Moore, Dan Martin

First Row Left to Right: Charlie Butterick, Elizabeth Rothstein, Manny Mkrtychian, Jerry Van Ben Coten. Missing were Janine Shaw, Nadya Dimitrov and Rose Rogstad

Clinical Year Photo by Ken Harbert, Stony Brook 1975

The Health Science Center:

Stony Brook University, widely regarded as the State University of New York flagship, was established in 1957 as a college for the preparation of secondary school teachers of mathematics and science. The first campus was located in Oyster Bay and in 1962 a new campus was built near the historic village of Stony Brook. ¹

An academic medical center was built in the late sixties in Stony Brook to attract physicians to this area of Long Island under the leadership of Dr. Edmund Pellegrino. The three-year medical school opened in 1971, with Dr. Pellegrino as the Dean of Medicine. ² The Health Sciences Center was conceived as part of this academic medical center in the same year with a focus on a comprehensive approach to health care. ³ The Health Science Center consisted of the colleges of Medicine, Dentistry, Nursing, Allied Health (Physician Associate Program) and Social Work. These programs were designed to cover professional and postdoctoral training for social and community medicine. ⁴ Funding for many of these students and their programs came from the Bruner Foundation. This foundation valued innovative thinking about complex social issues. They invested in supporting meaningful change in health care delivery, holocaust studies, education, and the development of urban excellence in American cities. ^{5 6}

Dr. Edmund Pellegrino, whose leadership drove the vision of the academic medical center, stated that, “the social, political, and scientific demands made now and to be made in the remainder of this century on the health professions, will impel them to develop as true universities disciplines”.⁷ He believed that “interfaces between medicine and the humanities must be as well developed as those between the physical and biological sciences and the social sciences”.⁸ Dr. Pellegrino stated, “Many of the things we regard as medicine today e.g. suturing, lacerations, minor surgery, taking of history, performing a physical examination, delivering a baby, patient education and well-baby care may be well done by nonphysicians working under the doctor’s supervision in highly responsible roles, we can expect these individuals to assume more

¹ <https://www.stonybrook.edu/about/history/> Accessed August 24, 2020.

² https://en.wikipedia.org/wiki/Renaissance_School_of_Medicine_at_Stony_Brook_University

³ Parran, T., Willard, M. Muir. 1963. Education for the Health Profession. A Report to the Governor and the Board of Regents from the New York State Committee on Medical Education.

⁴ Pellegrino, E.D. 1967, The Medical School In The University – An Exercise In Acculturation. Buffalo, Me. Rev. 1 (3): 12-15.

⁵ <https://learnphilanthropy.org/bruner-foundation>, accessed on August 12, 2020 by Ken Harbert

⁶ Phone interview and email from Paul Lombardo edited by Elizabeth Rothstein on August 18, 2020.

⁷ Pellegrino, E. D. 1969, Planning the Health Science within a University Context: The Health Sciences Center at Stony Brook. Annals of the New York Academy of Sciences. 166:874.

⁸ Pellegrino, E. D. 1969, Planning the Health Science within a University Context: The Health Sciences Center at Stony Brook. Annals of the New York Academy of Sciences. 166:877.

independent roles and to perform many functions that are now the responsibility of the physician alone”.⁹

Dr. Pellegrino was truly an advocate for the physician associate profession. Especially in 1971 when there was a difference between being a “physician associate” and a “physician assistant”. Physician associates were defined as health workers educated to the level where they could make independent judgments and carry out tasks of health counseling.¹⁰ Physician assistants were defined as less independent and could carry out specifically delegated tasks directed by their physician supervisor.¹¹ Dr. Pellegrino was the Chairman of the Advisory Committee of the National Board of Medical Examiners, which oversaw the development of the first National Certification Examination for Physician Assistants.

In 1973, PA Steve Turnipseed, met Dr. Pellegrino when Steve was a member of the same Advisory Committee in Philadelphia along with PA Bill Stanhope. He was encouraged by Dr. Pellegrino to become a faculty member. He became the first PA educator that would receive the rank of assistant professor in the new Stony Brook PA program.¹² Steve, a pioneering PA leader, was a strong advocate for uniting PAs under one organizational umbrella. He was a founding member of the Board of Directors for the American Academy of Physician Assistants (AAPA).¹³

Steve at that time had already developed the Washington State Academy of Physician Assistants. Dr. Pellegrino invited him to join the new physician associate program at Stony Brook. It seemed like serendipity since Steve already knew the associate program director, Jack Richards. They first met while he was a consultant for the University of Alabama MEDEX program.¹⁴ During this time, Dr. Pellegrino gave the keynote address at the first National Conference on New Health Practitioners at Wichita Falls, Texas. It later turned into the annual national conference for the American Academy of Physician Assistants¹⁵

Dr. Pellegrino set the standard for the academic medical center. He recognized the need nationally for more health care providers to serve more people. He was very aware of the national structural healthcare disparities. One of his innovations was to start a three-year, rather than four-year, medical school curriculum. This would graduate more physicians, and it provided less emphasis on rote learning and more on practical

⁹ Pellegrino, E. D. 1969, Planning the Health Science within a University Context: The Health Sciences Center at Stony Brook. *Annals of the New York Academy of Sciences*. 166:877

¹⁰ Adamson, T. 1971, Critical Issues in the use of Physician Associates and Physician Assistants. *American Journal of Public Health*, Vol. 61, No. 9, September, Page 1765.

¹¹ Adamson, T. 1971, Critical Issues in the use of Physician Associates and Physician Assistants. *American Journal of Public Health*, Vol. 61, No. 9, September, Page 1766.

¹² Phone interview by Ken Harbert with Steve Turnipseed, August 25, 2020

¹³ PAHX Society, Accessed on August 20, 2020

¹⁴ Phone Interview by Ken Harbert with Steve Turnipseed, August 25, 2020

¹⁵ PAHX Society, Accessed on August 20, 2020

primary care medicine.¹⁶ He also made sure the medical school would provide resident physicians to both act as lecturers for the didactic phase and as clinical clerkship preceptors during the clinical phase of the Stony Brook PA program.¹⁷ He felt this interprofessional course work emphasized the importance of establishing collaboration between professions during their training. This model was seen throughout the health science center. All health profession students would be introduced to a positive team approach with the whole patient at the center. The medical school and the PA program both shortened the common core of basic and clinical sciences and focused on in-depth clinical sciences that were pertinent to each profession's path. Dr. Pellegrino believed in teaching humane patient advocacy, this translated into a curriculum where students are introduced to real patient experiences early in their first year of medical science study. This was applied in rural, suburban, and urban communities, as well as in hospitals, nursing homes, clinics, and medically underserved areas. His vision was implemented by a reduction in formal lectures with more emphasis on hands on programs and later computer-assisted education.¹⁸

The PA Program

The Health Science Center and the five schools therein, including the physician associate program, began in temporary university buildings located in what is known as the South Campus of Stony Brook University on the west side of the main road to the University. The physician associate program began in 1971 and focused on primary care medicine.¹⁹ Funding for the program came from a five-year grant from the Brunner Foundation which also offered scholarships for students in need in the health science center including the medical school and PA program.²⁰ The founder of the Brunner Foundation had personal knowledge of care by a PA at Long Island Jewish Medical

¹⁶ Pellegrino, E. D. 1969, Planning the Health Science Center within a University Context: The Health Science Center at Stony Brook. *Annals of the New York Academy of Sciences*, 166:887.

¹⁷ Email to Ken Harbert from Steve Turnipseed, August 26, 2020

¹⁸ Pellegrino, E. D. 1969, Planning the Health Science within a University Context: The Health Sciences Center at Stony Brook. *Annals of the New York Academy of Sciences*. 166:881.

¹⁹ Drees, B, Kenan, O. 2012. Accelerated Medical Education, Past, Present and Future. *Missouri Medicine*, Sep-Oct, 109 (5), pages 352-356

²⁰ Phone interview by Elizabeth Rothstein with Paul Lombardo on August 18, 2020

Center and was interested in having a program at Stony Brook University.²¹ The first PA program director was Dr. William Deák who had experience training Alaskan health aides for rural and remote health care delivery in Bethel, Alaska. He came to Stony Brook University in 1971 to start the program. He clearly understood the role of physician associates in primary care medicine. He was on the editorial board of the first physician assistant medical journal and knew a number of physician assistants that he had worked with in Alaska.²² Dr. Deák had a wealth of experience as a primary care health care provider in the Alaskan Neighborhood Health Centers and as a medical educator training health aides to provide primary medical care. These health aides often used early telemedicine by using radio communication to reach remote areas of the Alaskan bush.²³ PA Paul Lombardo is known to all for his singularly profound contributions to our profession and was in the first class at Stony Brook.²⁴ He remembers Dr. Deák as an experienced primary care provider who was a strong talented teacher and a wonderful role model. He taught much of the didactic classes in medicine. Paul remembers the strengths he learned from his teachings, especially from Dr. Deák's pediatric lectures.²⁵ Paul learned about the PA program from a friend who had read about the program in the New York Times. Paul at the time was an adolescent counselor at South Oaks Hospital and had a degree in psychology.²⁶



Dr William Deák, Founding PA Program Director at Stony Brook PA Program

Dr. Deák hired PA Jack Richards to act as associate director. He was a retired Navy Chief Corpsman who had served on oceanographic ships and destroyers. He had over twenty years of experience in training corpsmen for independent duty in remote and battlefield areas of the world.²⁷ Jack managed the teaching schedule and taught how to interview a patient, take a history, and perform physical examinations, along with how to

²¹ IBID

²² Marzocco, J. et al JAPA 2013 A History of the Alaska Physician Assistant 1970-1980 page 9.

²³ Phone Interview by Ken Harbert with Dr William Deák on July 27, 2020.

²⁴ Phone interview by Elizabeth Rothstein with Paul Lombardo on August 18, 2020.

²⁵ IBID

²⁶ IBID

²⁷ Barney, L. News and Long Island, 1974, Medical Aides Training on L.I, pages 95-96.

perform appropriate clinical procedures. He arranged lecturers from all areas of allied health keeping the program focused on the essentials of PA education.^{28 29}

Dr. Deák developed a body system directed didactic curriculum.³⁰ Together they focused on building a curriculum that would allow “practitioners to fend for themselves in rural and remote areas providing quality family medicine.”³¹ The curriculum became a combination of using the importance of patient/physician communication and performing comprehensive history and physical exams. Knowing how to perform appropriate clinical procedures would add value in rural and remote family medicine practices. They carefully reviewed both the curriculum of Dr. Richard Smith’s MEDEX programs and the model that Dr. Eugene Stead Jr. had developed at Duke University.³² The PA program started at Stony Brook University with 3 civilian students with health experience and 17 students with military medical experience.³³



Jack Richards PA, Founding Associate Director of Stony Brook PA program 1972

Photo courtesy of Dr William Deák

The Duke University program at the time, as well as the one at Stony Brook University, were beginning to combine and integrate the basic science courses into the entire didactic program. They worked on it continuously to make it shorter and more efficient.³⁴ In the development of the Stony Brook program, they incorporated Dr. Richard Smith’s model of collaboration working with practicing physicians, the medical school, medical organizations, and other stakeholders gaining as much consensus as they could for the program. The selection of students for the class of 1975 focused on true diversity. Applicants were accepted for their service to others in the civilian and military health field, as well as their vision and passion for how they could make a difference in health care in the future.³⁵

During this time, the Essentials of an Accredited Educational Program for the Assistance to the Primary Care Physician were undertaken by the American Medical Subcommittee of the Council on Medical Education’s Advisory Committee on Education

²⁸ IBID

²⁹ Phone discussion by Ken Harbert with Dr William Deák on September 19, 2020.

³⁰ IBID

³¹ Phone Interview by Ken Harbert with Dr William Deák on July 27, 2020.

³² Phone Interview by Ken Harbert with Steve Turnipseed on August 25.

³³ Phone interview by Elizabeth Rothstein with Paul Lombardo on August 18, 2020.

³⁴ Phone interview by Ken Harbert with Dr. Reginald Carter on September 22, 2020.

³⁵ Phone interview by Elizabeth Rothstein with Paul Lombardo on August 18, 2020.

for Allied Health Professions and Services focusing on creating essentials for each PA program to follow. The PA profession later dropped out of this committee and formed its own Accreditation Review Commission on Education for the Physician Assistant, Inc. in 2001, as a free-standing accrediting agency. ³⁶ Once again, the Class of 1975 was third in taking this national examination after it had been given to two different cohorts and as Jerry Webb stated, “we were in the third cohort and all the bugs had been worked out and we all passed”. ³⁷



Some of the First Class of Stony Brook PA students – Front L-R: Ken Dodge, John Mitchner, Jack Sturiano, Paul Lombardo, Mike Gonzalez

Rear L-R Aston Besse, Si Williams, Kevin Sorem, Tom Loach

Courtesy of Dr. William Deák¹

The Stony Brook University Physician Associate program was only one of seventeen programs at the time to receive accreditation and meet all these essentials, being accredited in September 1972. ³⁸

Included in the curriculum was a standardized medical record format that used the Medical Record (POMR) and Subjective-Objective-Assessment-Plan (SOAP) notes, developed by Dr. Larry Weed in Cleveland, Ohio. It later became the foundation of efforts to build an electronic medical record. ³⁹ Their training focus was how to manage common diseases. For example, in the beginning of the PA program, students often heard Dr. Deák ask, “what do you do with a patient who presents with diarrhea? How

³⁶ Accessed on September 17, 2020, at ARC-PA.org

³⁷ Phone discussion between Jerry Webb and Ken Harbert on October 12, 2020.

³⁸ IBID

³⁹ Watcher, R. 2015. The Digital Doctor: Hope, Hype and Harm at the Dawn of Medicine’s Computer Age. McGraw Hill, New York, 64-56.

do you think about the following: How do you ask the right questions? How do you make the diagnosis with a history and physical examination? Then what do you do to treat them?”⁴⁰ They understood the importance of having students know they can “look it up”. They were taught evidence-based research to support students further understanding of each disease process and treatment. Steve Turnipseed came up with the “idea of open book testing so that students would know how to utilize the ability to select the best medical evidence from the vast medical resources at hand.”⁴¹ Knowing where to find the best evidence was continuously taught as critical. Steve recently mentioned that knowing where to find the best evidence in a limited time to make the right decision for the patient is still critical.⁴²

Open book testing, using any and all resources, was used to support this with limited time to reach the right decision and answer the question. This method stressed the importance of the team approach: when in doubt, ask. PA Jerry Webb recalls telling his clinical preceptors what he would need in rural Maine, and what he needed to learn about rural medicine.⁴³ Many of the students would be doing this in collaboration with physicians while making care available to patients in rural and remote areas. PA Elizabeth Rothstein remembers how PA Steve Turnipseed would request students to close their books and watch as he performed a history on a patient.⁴⁴

Using examples of commonly seen types of patients helped students focus on examining patients, often using patients to discuss the right way to examine a presenting problem. The program would hold “debriefing sessions” where the whole class attended to openly discuss and analyze what went right or what went wrong during student experiences.⁴⁵ During the second-year clinical clerkships, a written passport of basic competencies was used for students to define outcomes during their clinical experience. It was a different form of feedback. This was established to enable the student, the clinical preceptor, and the faculty to understand what was expected of the student. By eliminating all vacation time, students were given increased time spent for both didactic and clinical year experiences. Two solid intense years. Dr. Deák stated in an October 2020 email that “the unique thing about this was the change from a three-year to a two-year program. On the very first day of the program through the participation and consent of all the 18 members of the inaugural class [it was changed]”.

The didactic curriculum in 1973 was also designed to address the new national accreditation committee of the American Medical Association that was looking for clear learning objectives. There were specific courses that students would take focused on

⁴⁰ Phone Interview by Ken Harbert with Dr William Deák on July 27, 2020.

⁴¹ Phone discussion and email from Steve Turnipseed with Ken Harbert on August 25 and 26, 2020.

⁴² Email with Steve Turnipseed to Ken Harbert on August 26, 2020.

⁴³ Phone Discussion with Jerry Webb and Ken Harbert on September 20, 2020.

⁴⁴ Phone interview by Ken Harbert with Elizabeth Rothstein on August 29, 2020,

⁴⁵ Phone Interview by Ken Harbert with Joe Marzocco on July 28, 2020.

specific outcomes at the end of their didactic year.⁴⁶ The didactic phase was an “eye opener” for those students with little direct patient care experiences.⁴⁷ It offered students the ability to learn by watching the faculty interview patients and perform comprehensive histories and physical exams. Simultaneously they learned and mastered a number of clinical procedures: making lab slides, drawing blood, administering IVs, running emergency codes, and being hands on with direct patient care at the bedside.⁴⁸

In the first quarter, they participated in a course called “Patients, Practitioners, Health and Disease”.⁴⁹ This was an interdisciplinary course attended by medical, dental, nursing, physical therapy, and physician associate and social work students. The course required traveling off campus into real world healthcare settings of community hospitals, clinics, nursing homes, women’s health centers. Here they could practice their patient history taking skills. Importantly, they started to learn how to effectively communicate with a real patient and to be a patient advocate. This course would bring everyone back together with faculty to debrief and discuss the good and difficult experiences the students had encountered. This was truly a patient centered course allowing the students to follow the patient from the waiting room to the exam room. This was a truly unique course specific to the Stony Brook PA program.⁵⁰

During the didactic phase of the program, the students also spent classroom time at the Nassau County Medical Center and the Long Island Jewish Medical Center. Here they learned to use the problem-oriented-medical-record (POMR) in conjunction with their Clinical Medicine Courses, participating in hospital rounds, and even spent time in the dental clinic with Dr. Thor Bakland evaluating dental problems.⁵¹ The course work during the didactic year included: Clinical Medicine, Clinical Laboratory, Death and Dying, Mental Health, Social Disease and Psychiatry, Mentally and Physically Handicapped Patients, Pharmacology, Patient Evaluations, Microbiology, Clinical Radiology, Human Sexuality,



Ed Anderson, Chair Division of Therapeutic Services¹

⁴⁶ Phone discussion with Regional Carter on September 3, 2020.

⁴⁷ Phone interview by Ken Harbert with Dan Martin on August 25, 2020.

⁴⁸ IBID

⁴⁹ Dr. William Deák “Patient, Practitioner and Disease” notes sent to Ken Harbert, September 20, 2020.

⁵⁰ Curriculum material from October 1972 sent by Dr. William Deák to Ken Harbert, September 20, 2020.

⁵¹ IBID

Nutrition, Preventive Medicine and Public Health and Respiratory Therapy and Resuscitation.⁵²

Students also received fifteen hours of lectures on oral and dental problems included in the clinical medicine course, and these experiences enhanced the students' ability to deal with dental emergencies in rural and remote areas.⁵³ Students spent additional time in the dental clinic with dentists offering them hands on practical experience with dental patients. They learned about human sexuality and reproductive medicine including sexual practices in an interdisciplinary course entitled, "Human Sexuality". It focused on being comfortable with the sexuality of multiple types of patient populations including those who were same sex, transgender, disabled, quadri and paraplegic, male and female forms of birth control, and venereal diseases. This was taught effectively by a truly unique professional, Dr. Robert Hawkins. He had graduated from the United States Naval Academy in 1961 and was a certified sexual counselor. Dr. Hawkins fought for recognition for gay military service members, and in 2013 received an Honorable Discharge from the U.S. Navy retroactive to his departure from the service in 1962. He became a Professor Emeritus, School of Health Technology and Management, Stony Brook University, and retired later in 1995.⁵⁴ Dr. Steve Allen and PA Jack Richards team taught thirty-five hours of the cardiovascular system and reviewed anatomy and physiology.

The clinical phase included seventy-two weeks of clinical clerkships in teaching hospital inpatient and outpatient services with specific clerkships in Medicine, OB/Gyn, Pediatrics, Psychiatry, Surgery (Orthopedics, Urology, Neurosurgery, Ophthalmology, Otolaryngology and General Surgery), Geriatrics, and Family Practice with preceptorships in affiliated teaching hospitals and private office practices outside the hospital setting.⁵⁵ This clinical year incorporated learning vital skills including daily hospital rounds, in-patient hospital care, clinics, mastering procedures on the hospital floor, follow up on each patient, assisting in the operating room, assisting in the emergency room, attending grand rounds, being on-call for thirty-six hours with their resident team, and outpatient clinics in concert with attending physicians, specialty residents, and fifth pathway medical students (from programs in Mexican medical schools) for six weeks.⁵⁶ They learned how to present a case, how to think through a new admission, interpret labs and imaging, take care of ongoing hospitalized patients, how to discharge patients, and how to focus on presenting patient problems in the clinics. They learned to communicate and be a responsible, respected vital member of a team of patient centered care. They were usually the first or second PA students the team professionals had ever worked with. They knew they were being very closely

⁵² Didactic curriculum material from October 1972 sent by Dr. William Deák to Ken Harbert on September 20, 2020.

⁵³ IBID.

⁵⁴ Obituary accessed from mcmanlorey.com on August 2, 2020 by Ken Harbert.

⁵⁵ Clinical Course material from October 1972 sent by Dr. William Deák to Ken Harbert, September 20, 2020.

⁵⁶ Phone interview by Elizabeth Rothstein with Paul Lombardo, August 18, 2020

observed and judged as a new profession. They always proudly stepped up to the task. It was important to each to be the best.

In each specialty they also went to private practice office clerkship for four weeks. They participated in all the everyday practices with the attending physician. They went wherever the attending went. Often this was the first exposure to a PA the physician may have experienced. The curriculum and the program borrowed much from Dr. Richard Smith's MEDEX model of medical collaboration. This method was supported by both PA Jack Richards, PA Steve Turnispeed and later PA Vance Ponton; all graduates of MEDEX Programs.

The Stony Brook program evolved from a physician associate certificate program into a bachelor of science physician associate program. Dr. Deák left the PA program in 1972 to become the executive director of the Alaska Health Manpower Corporation; one of the first federally funded neighborhood health clinics.⁵⁷ The new PA program director, Dr. Steve Allen, came from the Health Science Center College of Medicine in Syracuse, New York. He took over the PA program along with PA Jack Richards.

The Class of 1973-75

In September of 1972 more than 1,200 individuals contacted the School of Allied Health Professions about the program. They received 400 applications for the PA program. The faculty interviewed 125 potential candidates and selected 30 final candidates.⁵⁸ In August of 1973 they started the twenty-four-month program. Thirteen women, seventeen men, six were African American, eight were college graduates, one with a master's degree. Their backgrounds reflected a wide range of experiences: high school graduates, college graduates, school teacher, nurses, orderlies, laboratory technicians, women's health counselors, a prior Coast Guard and ski patrol veteran, seven experienced ex-military corpsmen many who had experience in Vietnam.⁵⁹ One classmate, Manny Mkrtychian, recently said it best, "Jack Richards and Steve Allen both told me the class was picked because of our individual passions, enthusiasm, communication skills, along with a willingness to go forward to be pioneers in health care".⁶⁰ He also stated that "[The program] expressed a conscious focus on gender, race, ethnicity, level of education, experience in the military, nursing, and other areas of healthcare"⁶¹ Dr. Edmund McTernan, the founding Dean of the School of Allied Health Professions and a strong supporter of the PA program, stated, "We want students to have at least a year's experience in the healthcare field and be able to prove they are

⁵⁷ Marzocco, J. et al JAPA 2013 A History of the Alaska Physician Assistant 1970-1980 page 9.

⁵⁸ Barney, Lilian. 1973. Medical Aides Training on L.I. News and Long Island, pages 95-96

⁵⁹ IBID

⁶⁰ Email to Ken Harbert from Emanuel Mkrtychian on July 31, 2020.

⁶¹ IBID

able to do third and fourth year college work even though they might not have had college courses”.⁶²

PA Steve Turnipseed stated, “We chose individuals who showed they could become change agents of the healthcare system showing what contribution they could make to provide better access and delivery to all of those in need whether in rural remote or urban areas of the country”.⁶³ The program had carefully chosen individuals who expressed a willingness to learn, had a history of being self-starters, and each had a solid work ethic to persevere until they achieved what was expected. The Class of 1975 students were chosen because of their strengths and their different educational, social, and political experiences. They were uniquely motivated to work hard to make a positive change in the American healthcare system.



Dean of Health Sciences, Dr. Edmund McTernan 1971

In 1975 the physician associate profession, although still new on the healthcare horizon, started to become more visible. Simultaneously, the vision that adding physician associates to our healthcare system would reliably deliver confident healthcare providers who would be respected as credible, reliable, responsible, and able to sustain careers as team members improving US healthcare.⁶⁴

The Stony Brook Faculty

Most of the PA faculty for the '73-'75 class were men who had many years in the military with previous health care experience as providers in rural and remote medically underserved areas of this country. They had been educated with the MEDEX model created by Dr. Richard Smith in the early 1970s. His original program at the University of Washington had spread nationally to eight different American universities. His collaborative framework focused on involving stakeholders, such as physicians, medical organizations, and communities to work together to graduate physician associates needed to provide access to healthcare in those underserved communities. His core curriculum was simply adapted to a core set of competencies needed to provide comprehensive primary care in those communities. His focus was to choose achievers

⁶² Barney, Lilian. 1973. Medical Aides Training on L.I. News and Long Island, pages 95-96.

⁶³ Phone Interview by Ken Harbert with Steve Turnipseed on August 25, 2020.

⁶⁴ Harbert, Ken Et. Al. 2004, Best Practice Approach to the Development of an International Physician Assistant Program: The University of Arnhem-Nijmegen Model, Perspectives on Physician Assistant Education, 15(1): 106-115).

with diverse backgrounds in health care, especially those who had past direct patient care experiences; people willing to work together in a team to provide greater access to healthcare for those in need.⁶⁵

The faculty at Stony Brook in 1973 was led by Program Director Steve Allen, MD, (son of the famous movie star) who was a family practice trained physician. The mostly male ex-military physician associate staff had been trained with the MEDEX model. Their program was centered on an individual with an enriched health background who was willing to serve in primary care settings in rural and medically underserved areas.⁶⁶ They expected their students to have strong skills in taking a complete medical history and performing a thorough physical examination. The program focused on students learning to understand the diseases gleaned from the patient's presentation and to think about the why, along with assessment and management. Dr. Reginald Carter stated, "PA educators at that time were on the cutting edge of medical education with the advent of many changes such as beginning computerized medical records, standardized patients, problem-based learning, case-based learning, small group sessions, and increased focus on social and underserved medical issues."⁶⁷

The goal was to teach students how to listen attentively and carefully to the patient's presentation along with the decision-making process necessary in formulating a differential diagnosis, always with a patient-oriented team approach. The program was also unique in a variety of other ways. As Dr. Pellegrino had envisioned, medical students and physician associate students would attend several classes together. The curriculum included courses in core medical sciences, human sexuality, nutrition, dentistry as well as traditional clinical medicine. The law for PA practice changed in New York and required that a pharmacy course be included in every program. The program hired PA Vance Ponton. Vance, a retired Senior Chief in the United States Navy, had experience teaching corpsmen how to work independently in wartime during Korea and Vietnam. He also taught how to provide medical care in austere, remote environments. He presented students with a no-nonsense practical pharmacology course focusing on what works, why and how to properly use different medications. This was given in concert with the clinical medicine course.⁶⁸

Faculty held debriefing sessions with students every Friday to learn what the class felt had been difficult in the curriculum, had been poorly executed or had not included in the curriculum at all. The framework for patient records at the time was the Problem Oriented Medical Record (POMR) and Subjective-Objective-Assessment-Plan (SOAP) notes. PA Jack Richards taught this in a twelve-hour course at the Nassau County

⁶⁵ Smith, R. A. 1973. Medical Alliance-Medex. *Lancet*, 2: 85-87.

⁶⁶ Sadler, A.M, Sadler, J.D. Bliss, A.A. 1973. *The Physician Assistant – Today and Tomorrow*. New Haven, September.

⁶⁷ Phone discussion with Dr. Reginald Carter and Ken Harbert on September 22, 2020.

⁶⁸ Personal communication with Vance Ponton and Dr. Ken Harbert May 27, 1989.

Medical Center, in concert with their clinical medicine course.⁶⁹ These methods were developed by Dr. Larry Weed who felt that health care providers needed what he described as the “scientific art of medicine”. This was accepted as a standardized method of organizing the patient’s narrative so that everyone could read and appreciate the assessment and management plan for further diagnostic and therapeutic work.⁷⁰ This form of organization became the cornerstone for our electronic medical records today. Time was spent at the Long Island Jewish Hillside Medical Center studying pediatrics in the nursery which was taught by the department Chair Dr. Lanzkowsky.⁷¹ Other courses, such as clinical medicine, were taught by physicians from the medical school and residents in postgraduate programs at Long Island Jewish Hillside Medical Center and Nassau County Medical Center. The didactic core curriculum consisted of Anatomy, Physiology, Medical Instrumentation, Research, how to read/interpret a scientific medical article, Community Health, Introduction to Health Sciences and an Interdisciplinary Seminar. Their professional core curriculum included biochemistry, clinical dentistry, clinical laboratory, clinical medicine, death and dying, mental health, social disease and psychiatry, microbiology, pharmacology, preventive medicine and public health, radiology, and respiratory therapy and resuscitation.⁷²

The didactic phase of the program focused on the importance of taking a comprehensive medical/social history, performing a thorough physical examination, along with developing a skill in communicating with SOAP notes. Students learned if you don’t carefully take these measures, you can miss the proper diagnosis. Graduates of the program recall that after forty-seven years they still habitually perform a detailed complete medical/social history and perform a thorough physical exam. This practice was permanently ingrained into their mold of whole patient centered care. Such consistent practice continues to amaze other health professional staff. PA Dan Martin stated in the summer of 2020, that he still teaches medical students and physician assistant students to perform thorough and complete physical examinations.⁷³

Dr. Steve Allen went on to become famous by teaching physicians how to laugh and reduce stress. Both PA Jack Richards and PA Vance Ponton went on to help develop the 800-mile Trans Alaska Pipeline Project from 1975 until 1977. Jack retired there. Vance left and worked in Saudi Arabia and Greece directing occupational medicine projects. He moved to Wyoming and ran a rural health clinic. He even became the Mayor of Dubois, Wyoming. Tragically, he died in 1994 after being in a motor vehicle

⁶⁹ Curriculum material from October 1972 sent by Dr. William Deák to Ken Harbert, September 20, 2020.

⁷⁰ Watcher. R. 2015. The Digital Doctor. Hope, Hype, and Harm at the Dawn of Medicine’s Computer Age. McGraw Hill, 45-46.

⁷¹ Curriculum material from October 1972 sent by Dr. William Deák to Ken Harbert, September 20, 2020.

⁷² IBID

⁷³ Phone interview with Dan Martin by Ken Harbert on August 3, 2020.

accident.⁷⁴ PA Steve Turnipseed went on to become a healthcare administrator, working in a variety of health care. He passed away in 2022.

Our program benefited from having faculty who would later go on to become legends in our profession, PA James Cawley and PA Paul Lombardo. They both served as our clinical coordinators. They had to arrange our clinical experiences at a time when no one knew what PAs were. They successfully assisted the class in developing, evaluating, and visiting clinical clerkship training sites. They established the passport of basic skills which was a booklet of patient encounters and procedure logs that were signed off by the preceptor and reviewed by the faculty during each rotation. They communicated with all the physician preceptors and with the students. They were laser focused on feedback to effectively improve training. This has continued to be an important part of the faculty 'site visit' that is done for every student during every clinical rotation, and clinical preceptors know Stony Brook faculty as accessible and hands-on for their students.

PA James Cawley went on to become a noted PA professional author, historian, and professor at the George Washington University. PA Paul Lombardo graduated from the first class of PAs at Stony Brook. He went on to be a singularly profound leader in the PA profession encompassing all aspects of the profession. After serving as a faculty member of the 1975 class he went on to become the Director of Stony Brook PA Program for many years. He was a champion in teaching the patient centered team approach. Paul had learned well from his mentor Dean McTernan, "to always encourage professional development, and pay it forward." During his tenure as the program director, he mentored many of the PA future leaders including future presidents of the New York State Society of PAs, the American Academy of Physician Assistants, the Physician Assistant Foundation, the National Commission on Certification of Physician Assistants (NCCPA) and the Physician Assistant Education Association (PAEA) presidents. Under his leadership the PAEA became a new association for the education of PAs.⁷⁵

Both PA Paul Lombardo and PA James Cawley became distinguished Physician Assistants both in academic, professional, and legislative policy making arenas. They were both awarded the prestigious Eugene A. Stead Jr. Lifetime Achievement awards. This award honors a lifetime of achievement that affects a broad and significant impact on the PA profession.

This PA History Project

Our experience in doing this project offers future opportunities for physician assistant programs to explore their history and the decades of life stories of their graduates. These life stories offer new graduates an opportunity to see the legacy of their PA profession formed through decades of life experiences that not only have made a

⁷⁴ Obituary, Casper Star-Tribune, Casper Wyoming, October 1994. Accessed on August 10, 2020 by Ken Harbert.

⁷⁵ Email submitted to Elizabeth Rothstein from Paul Lombardo on October 17, 2020.

difference in our profession, but more importantly, in the thousands of patient lives that our class cared for and treated. It also encourages academic institutions to examine the incredible legacy of their programs. The unique flexibility of our profession to practice within any area of medicine offers a huge powerhouse of a workforce to be employed in urban, rural, and remote areas of our country and around the world.

We have changed health policy in the United States of America to become more dedicated to caring for those who are underserved and lacking access to the delivery of health care. We've also stood up for the disenfranchised patients that often are overlooked by our culture and modern medicine. Yet today there clearly still is so much more change to take place and future PAs will be there on the front lines to make that happen.

Our profession was built on the shoulders of men and women who believed in service above self both in the military, in free clinics, women health centers, with the homeless in urban and rural areas. Being a PA has impacted each of us, we all tried passionately to make a difference, and contribute in our own way. It all started with a unique class that offered a diverse group of individuals to become one – PA's.

Life Stories:

Did the vision expressed by Dr. Pellegrino, Dr. Deák, PA Steve Turnipseed, PA Jack Richards, Dr. Steve Allen, and others come true? Have we become the change agents they all felt this diverse class would become? Have they made a difference in our health care systems, in our culture, in our country, for their patients? It is for you to decide.

The following life stories come from many phone interviews, emails, in-person group and individual discussions, and group Zoom meetings held over five months of the COVID pandemic in 2020. The stories are shared here after graduating together forty-five years ago. (Presented in alphabetical order)

Wain Ashley, PA

Wain grew up in Louisiana. Prior to beginning his schooling as a Physician Associate (PA), he played in a number of bands, dropped out of college to go into the United States Navy as a hospital corpsman working at the Oakland Naval Hospital a medical center that was the keystone hospital for carrying for Vietnam Veterans who were wounded and prisoners of war using advanced techniques in prosthetics, dialysis, tissue grafts, spinal surgery, and psychiatry. He worked there from 1970 until 1971 as a surgical intensive care corpsman, ER, and Orthopedics. After being involved in a motor vehicle accident he suffered a spinal fracture injury in his back and went from provider

to patient. After a year of rehab, he was medically discharged from the service. He met his future wife Jennifer Moore RN while traveling the Northwest. He and she would both eventually attend Stony Brook's PA Program together.

He first heard about PA's while in the United States Navy. He at first wanted to go to Duke University where the first Physician Assistant students were all Navy hospital Corpsmen. A friend of his told him about Stony Brook, so he applied and got in along with his wife Jennifer Moore RN. He remembers the open book tests that always gave him a sense of narrowing down the information to what you really wanted to find about an illness or an issue.

He found the didactic coursework to be very practical by telling us what we needed to know to care for a patient. Three things stayed with him: (1) Listen to your patient, they will tell what is wrong; (2) Know what you know and what you don't know. Someone will know so ask.; (3) Per Dean McTernan, "every profession as it evolves, makes it harder for others to enter that profession."

He found he enjoyed the clinical procedures they were taught and found them to be useful throughout his career. He feels the class was given an empty canvas and a whole lot of paint and we could work anywhere in health care during what we had learned. He also felt we were under a lot of pressure, under a microscope, watched by everyone and tested by everyone.

He remembers the diversity of our class, veterans, college graduates, some with a couple of years of college and other health science practitioners such as physical therapists, and nurses. He was glad that we were trained as Physician Associates rather than Physician Assistants because he feels that really describes who and what we do. He found the faculty to be focused on what they wanted us to learn giving us massive amounts of material in a short period of time. Yet he knew how to survive this overload of data, thanks to his Navy training and Jennifer Moore who helped him weather the storm.

When he graduated, he wanted to care for patients that were vulnerable on the marginal curve of being able to receive health care. He spent his life proving to be true to that feeling. He worked in a psychiatric clinic caring for methadone patients along with Dr. Runda focusing on their comorbidities along with their drug abuse. Later he worked in NYC at the Beth Israel Medical Center's methadone and psychiatric clinic. Then he worked in primary care for the Health Insurance Plan of New York for four years with Dr. Eve (she was the first female resident at Columbia Presbyterian Hospital) in East

Harlem. From there he took a faculty position at Long Island University's PA Program. He enjoyed this but missed being a clinical PA. He left academia for Rikers Island Prison in NYC. He was employed by Montefiore Medical Center that was contracted by NYC to provide healthcare to the jail's inmates. He then went from a clinical position to an administrative position as the operational director of the clinic at the NYC Tombs, the Men's House of Detention.

Once again, he missed being a clinical PA. In the late eighties he moved to Pennsylvania where he worked for six years at a Neighborhood Health Center doing primary care and HIV care. He also worked with migrant farm workers part time. He then moved on to Tampa Florida where he spent eighteen years working at the Veteran's Administration Medical Center in (VAMC). He first worked in Primary Care providing patient care including HIV patients. He then worked in Urology with Spinal Cord Injury patients including all the needed Video Urodynamic Studies as well as general urology. He transferred to the Dermatology department and did everything from the clinic to performing surgical procedures. He greatly loved working at the VA, hearing his patients tell stories that no one else knew and as a vet himself they all enjoyed his care. He worked with some vets who had PTSD. With his background both in psychiatry and addiction he felt he could make a difference. He felt that the VAMC was the best job for a PA because you can move from one field to another and because the patient population was all honorable veterans. He retired from the VAMC and from medicine. He still writes and plays music. He is currently writing, recording, and performing songs about vets and this journey called life.

Acknowledgments: This biography was prepared by Wain Ashley after a phone call with Ken Harbert and edited by Elizabeth Rothstein on October 10, 2020. It was submitted to the Physician Assistant History Society in November 2020.

John Collins, PA.

In the early ninety seventies John was a biology major at State University of New York Stony Brook while he was also working part time as an orthopedic technician at Smithtown General Hospital. He was also an emergency room technician at St. John's Hospital, Smithtown, NY. He was a volunteer fireman with the St. James Fire Department and took on additional duty volunteering for the Department ambulance. John went through training EMT, AMT, Paramedic. While at Stony Brook in undergraduate school he was a weightlifter and started graduate work in parasitology. PA Jack Richards saw his resume and asked him if he ever thought of being a Physician Associate. He said he hadn't thought of it and wanted to know more about it.

During this time, he did very well on the entrance level test for the new formed School of Allied Health at Stony Brook.

He was admitted to the third class of Physician Associates at Stony Brook. He strived for excellence and was one of the top students in the Program and left Stony Brook with multi degrees and 226.5 credits and GPA 3.72. During the didactic phase of the program, he enjoyed the nighttime lectures where providers and patients from the community came in to talk with students about their health care experiences. He especially remembers the human sexuality class where the instructor was a transsexual woman who described her experience with the health care system and why it was such a struggle to receive the best care. These presentations opened our eyes and prospective.

John felt the didactic coursework was very appropriate in preparing us for providing health care in any area of our country whether it was urban, rural, or remote. During the didactic coursework he felt he was given the basic medical groundwork to work in any specialty and in any health care environment. Because their class was among the first PA's in New York he felt they were under the microscope by all for what our role was and what we did daily. This was more evident by the places he completed his clinical rotations. These included during ER trauma, OB/Gyn and ENT at Queens General Hospital and working in a rural primary care clinic in Sharon, Ct. During his trauma rotation he put in chest tubes, maintained airways with intubation and did a lot of advanced medical care usually left to physician residents. He remembers doing deliveries at Queens General where the Delivery Room was on the eighth floor and a few deliveries occurred in the elevator on its way up to the DR. John knew he had made the right choice by going to PA school because it just felt right for him. He had five job offers prior to graduation from his preceptors.

After graduation he started working at the Northport Veterans Administration Medical Center in Northport, New York. There he joined another member of the 1974 PA class PA Dan Miller, then both of them rotated on a number of surgical services including orthopedics, neurosurgery, general surgery, genitourinary, vascular, and plastic services. He spent most of his time in the Operating Room but also provided patient assessment and post-operative management of patients. He worked in the Surgical ICU and participated in multiple research projects and went on to help set up the vascular lab at Northport VAMC.

Both he and Dan precepted PA students from Stony Brook PA program giving back words of wisdom they had learned and "paying it forward" to the next generation of PAs.

During his two years at Northport, he met a United States Army Colonel who mentioned to him the need for his unit to have more medical providers. Because of this he joined the United States Army Reserve with a rank of Warrant Officer 1 in 1978. John stayed in the United States Army Reserve Then National Guard raising in rank from Chief Warrant Officer 3 to Captain in four years then on to Major then Lt. Colonel, Colonel

(2005) and finally a State promotion to Brigadier General in the New Mexico Army National Guard. He worked with the Adjutant General, New Mexico, and was the State Surgeon General from 2005-2010. John was the First PA to serve in this capacity in the history of the Army. His unit the 744 Medical Detachment deployed to Germany, Bosnia, Costa Rica, where they were part of the United States Southern Command's State Partnership program that provides a comprehensive platform for exchanging ideas and information specific to the nations need, especially providing medical education and p p to the nation's first responders.

John created a number of programs for his soldiers to help others including getting funding for a psychiatric clinic in Santa Fe, New Mexico for those with PTSD. He helped design and acquired funding for a permanent medical HQ in Albuquerque and established the first medical command in New Mexico. He was the co-chair of Operation Hand Up project for 10 years.

John had moved from New York to Albuquerque, New Mexico in 1980 and started working in the New Mexico Veterans Administration Medical Center in the emergency room. He felt the VAMC offered him a global opportunity to practice in any specialty he wanted to practice within, and it gave him a solid foundation in medicine and a clear understanding of the needs of veterans. In addition, he worked for a number of years in Urgent Care, spending thirty-two years in primary care and over thirty years in the military reserves.

Even after retirement John stays busy. Today he is the past president and a charter member of the New Mexico Dressage Association. He lives on a horse ranch in the South Valley of New Mexico with his wonderful wife DJ, hosting horse shows, clinics, promoting equestrian events in New Mexico.

Acknowledgments: This biography was written by John Collins after a phone interview with Ken Harbert on August 2, 2020. It was edited by Ken Harbert. This was submitted to the Physician Assistant History Society in November 2020.

Lynndey Cook, PA

Prior to entering PA school Lynndey went to Nursing School at the Queens Borough Community College and graduated with an Associate Degree. He then spent time working at a Children's Psychiatric Hospital when a friend of his sister, who was at Long Island Jewish Medical Center, told him about the PA program at Stony Brook in 1971. He worked on finishing all the required prerequisites and applied to the PA program at Stony Brook.

He remembers being interviewed by the Dean of the Medical School Dr. Edmund Pellegrino and how excited he was about the program and the profession. When he began the program, he felt he could continue to work part time but after two weeks gave up his nursing job. He fell on hard times and went to Dr. Steve Allen, the program

director, who made sure he received a Brunner Foundation stipend which saved his position in the program.

He felt the didactic portion of the program gave him what he wanted to learn about what you really needed to care for patients. He saw the program focus as being one that taught you what you would actually do rather than the theory courses he had taken in nursing school, or he saw physicians take in medical school. He enjoyed having all the courses laid out so he didn't have to choose what he should or needed to take, he just needed to go on to the next course. He enjoyed the immersion in medicine and enjoyed drinking from the fountain of information given to students every day. He felt the pharmacy course taught by PA Vance Ponton was especially focused on what medication to use, when to use it and why. He could easily understand how this would work in practice. He enjoyed the pathology course and became friends with one of the staff members who helped him go over what was needed for the course.

He found his classmates very helpful. He especially remembers the women in our class who were the most impressive women health advocates he ever met. They had real world experience and were willing to make all the males in the class truly understand what was needed in women's health for patients. Lynndey believed the class benefited greatly from all of these impressive women due to the fact that at the time there were very few women in the PA profession.

The eighteen months of the clinical year gave him experience in many different areas of medicine all of which he enjoyed. He also found that most of our clinical clerkships were spent being treated as interns or first year residents simply because no one knew what PA's actually were capable of doing. His clerkships at Nassau County Medical Center allowed him to deliver ten babies with the support of his clinical team. He learned more than he ever thought during the night on-call times at Queens which were exciting admitting patients, doing continuity care, discharging patients, and dealing with the controlled chaos that erupted every night while on-call. His thoracic clerkship at Triboro Hospital with Dr. Julius Garvy was an experience that gave him a love for surgery.

In 1975 he completed his last clerkship in Cardiovascular Surgery (CVTS) at Long Island Jewish where he worked with a graduate of Stony Brook, PA Alan Fribourg who helped him obtain a full-time position with the group after he graduated. He acted as a second assistant in open-heart cases, harvesting veins and doing continuity care for seriously ill patients. In 1978, he moved to St. Francis Hospital, Roslyn, N.Y. working in their heart center doing over one hundred open heart cases in one year. His daily work schedule included admitting patients, doing open heart cases, and then following up all the cases he assisted on and then discharging them. He was employed as a CVTS PA for twelve years, finally doing over three hundred cases per year in the later years. After the intensive nature of this practice, he felt he needed a new position knowing he was burning himself out. In the later part of the eighties, he met a headhunter who wanted him to find surgical PA's to work in local hospitals. This became a very lucrative position for him. This also helped him with his next career path. A West Islip Vascular practice

needed a CVTS PA. He decided to take the job himself. He became an independent contractor as a surgical assistant doing 1st and 2nd assisting in surgery harvesting veins for four different surgeons. Lynnney was at this position for sixteen years. In 2005, after doing a variety of surgical procedures such as vein harvesting during open heart operations and assisting on other venous conditions. Lynnney started his own practice of using lasers and injections to treat venous problems from spider veins, varicose veins, and facial veins. He became known as the "King of Veins" on Long Island on the ground floor of laser therapy. He officially retired in December 2018. As a Physician Associate, he felt he was always appreciated and completing the PA program was the best event in his life second only to marrying his wife and having his children.

Acknowledgments: This biography was written by Lynnney Cook after a phone interview with Ken Harbert on September 18, 2020, and then edited by Ken Harbert. It was submitted to the Physician Assistant History Society in November 2020.

Anita Diamondstein, PA (Deceased)

Anita grew up in Hastings-on-Hudson, N.Y., and attended the University of Pennsylvania, where she became an ardent anti-war activist. She fought for the removal of all research on chemical and biological weapons (Agent Orange) at the University of Pennsylvania.⁷⁶ It was at Penn that she met her husband of 34 years, Dr. Brian Bouch.

After college, she became a licensed Physician Assistant and co-founded Women in Transition, the first organization in the United States to empower underprivileged women to build lives free from violence, substance abuse and poverty. She was also an early pioneer in the home birth movement. Anita had a knack for finding opportunities to help inspire meaningful change in people's lives, her family said, and liked to call herself a "serial entrepreneur."

With her longtime friend and business partner, Joan Cooper, she founded and ran Biobottoms, a natural children's clothing company, which boasted over 100 employees (mostly women), and popularized the use of cloth diapers. In more recent years, she took over the administrative reins of her husband's integrative medical practice, helping it to grow into a successful medical center.

"Anita's immense creativity shone through her artwork and music," her family said. At an early age, she played classical violin, and later guitar. She had a deep love of photography, which she inherited from her father. In her later years, she became a spiritual seeker, a dedicated practitioner and teacher of Qi Gong, as well as an energy healer. Anita had a deeply adventurous spirit and a love of travel, which she passed on to her two daughters, Rachael and Andrea, by exposing them to far corners of the world from an early age.

⁷⁶ Accessed on September 30, 2020 at <https://doi.org/10.1080/1462715.1983.10409039>. Vietnam Research on Campus, the Summit/Spice Rack Controversy at the University of Pennsylvania, 1965-1967.

She and her husband, Brian, spent their honeymoon on a six-month bicycle road trip through Europe and lived on a sailboat for two years traveling from the Northeast to the Caribbean. "Anita carved her own path," her family said. "She lived a life full of true passion and immense love. She lived according to her dreams and values, with unrelenting dedication. She nurtured and inspired all those around her, including her family, friends, pets, and garden.

She was a courageous and beautiful woman. She will be deeply missed." Anita, health care provider, activist, photographer, and healer, she passed away at the age of 62 on June 9, 2010.⁷⁷

Acknowledgments: This was written by Ken Harbert using a number of listed publications about Anita Dimondstein accessed on September 30, 2020. It was submitted to the Physician Assistant History Society in November 2020.

Nadya Dimitrov, PA

Nadya started to have an interest in health care as a Red Cross volunteer during her junior high school years, and then in medical research as a high school student and research assistant for Dr. Henry Silver, Pediatrician (<https://pahx.org/assistants/silver-henry-k/>), who researched the Battered Child Syndrome in Denver Colorado. He subsequently asked her to join the next class of Child Health Associates in his new program (started in 1965). Her college experience reflected the social unrest of the 1960's. It was framed by the larger political events, including the Vietnam war, the women's movement, civil rights, and the environmental movements. "Times they are a changing'..." and this really informed her decision to drop out of a pre-med course curriculum and search for a role to make a better world. She completed her studies at University of Colorado, Boulder, with three majors: Philosophy, Fine Arts, and Psychology. She moved to Boston and while working at Harvard in the Rare Books Library and the Student Health in-patient facility - saw an article in the Sunday NY Times about a "new Profession called Physician Associate" 'This was an answer to what she saw as her role in medicine and she applied to the only (3) programs available: Duke, Yale, and Stony Brook Universities. "It has always been in my DNA to work collaboratively, to empower people for the better". She was inspired by her professionally trained parents who immigrated to America to seek out opportunities that America could give them, and in particular to venture after new professional paths. Stony Brook offered a work study scholarship. That was perfect for her needs.

She recalls that her class at Stony Brook was more diverse compared to the classes she has since seen. She identified with the woman in her class as she remembers them as vocal and strong, and that the class was racially diverse - with experienced Coast

⁷⁷ *Accessed September 30, 2020 from The Press Democrat, Businesswoman, Anita Dimondstein, dies, June 14, 2010

Guard, Vietnam Corpsman, nurses, lab techs, EMT, and some without hands-on experience. She remembers the shared collective strong sense of respect for each other. There was no competition: “we taught each other and learned to respect the human body and practiced with each other as guides”. There was a true sense of comradery to do good things. The core classes of epidemiology, sexuality, and community health for example, were also taught with the medical and physical therapy students. There was a “shared passion among her classmates, a dedication to change the disparities in health care, and serve those in need”. The concept that PAs were change agents translated into ‘pioneer’ wherever we went following graduation. “Many of us did not even attend a ‘ceremony’ nor did we look back at our alma mater.”

After graduating from the PA program, she was the pioneer in fostering utilization of PAs in a surgical house staff along with Bill Toler, PA who worked in Methadone and Addiction Medicine programs which had recently started at Beth Israel hospital in New York City. Cabrini Hospital Medical Center and Montefiore/North Central Bronx hospitals were also places that started to recruit PAs. She worked with the surgery department chiefs to develop PA roles in house staff programs for their surgical patient populations. “I had the best mentors in surgery because the administration wanted to be sure that we were trained right” They were the chiefs of all the surgical specialties. She enjoyed working in teaching hospital environments where you could ‘give back’ to the community and to fellow medical, nursing and PA students in training.

As a PA in the first HMO in NYC, she was able to work with eight different physicians whose specialties ranged from oncology, adolescent gynecology, foot and ankle orthopedics, head and neck, and general surgery. As a clinician who saw many patients with lower extremity injuries in the outpatient setting, she was inspired to pursue further training in podiatric medicine. She went back to school and graduated with a degree in podiatric medicine (1987) from the NY College of Podiatric Medicine.

She developed a private practice that truly incorporated her (PA) whole patient approach and as such she saw patients in the home, clinic, in-patient and office settings equally well. She was always part of the interdisciplinary team and became a consultant for the first in-patient Hospice at Beth Israel Medical Center, and for serious and advanced illness patients in their homes. After 32 years, she left private Podiatry practice in 2007 and continued out-patient work that included residency teaching until the end of 2019. She came back to her alma mater as the Assistant Director of the PA Post-Professional Master’s Program. She feels “teaching is what she was meant to do and has always done” whether it was teaching “patients self-care, or medical, surgical and podiatric residents, and PA’s in a post-professional program.”

She encourages PAs in the graduate program to “find their own passion and give them confidence to pursue it”. She is proud of her interdisciplinary approach to medicine. She knows this comes from her own Stony Brook PA training. This is demonstrated by several PA students, who with her help, excelled in the entry level program. One of them took on a fellowship in oncology at MD Anderson, Texas; another received a grant

and IRB approval for an oral health medical mission in Haiti. The preliminary research data was collected from a rural village community population and has since been shared with a dual degree (MPH and DDS) student who sought mentoring on a similar project.

At the present time, educational research endeavors continue as well as curriculum development. This in addition to her work as a faculty member at her alma mater, where she has developed and taught courses in the clinical and policy aspects of palliative medicine. She sees palliative care as "just doing the best medicine and taking care of the whole patient", which is a vital part of the training of all PAs. Just as she was a pioneer as a surgical PA, she now champions PAs who specialize in this arena. She has been an active member in the Constituent Organization of the AAPA, the PAs in Hospice and Palliative Medicine (PAHPM). She is an Affiliate faculty at the CSU Shirley Institute for Palliative care, and she developed an online certificate course for PAs in *Palliative Care: Serious Illness Patient Management*. She is also co-editor of an Oxford University Press textbook for PAs on Palliative Medicine, which is expected to be published by mid 2021. She has lectured on Palliative Care/Medicine and MOLST at several educational venues, local and national conferences, and she recently completed an educational research grant on a curricular mapping project in Palliative and End-of-Life Training for a PA program. She is a member of Stony Brook University's Interdisciplinary Telehealth Board and has been nominated to the Institutional Ethics Committee. AS a member of the New York State MOLST Executive Committee, she has developed a pilot workshop for PA students in MOLST training which is an important new skill for PAs. She has established - along with her brother-in-law, a PA Student scholarship in Palliative Medicine in honor of her sister. Recently she published a textbook on "Palliative Medicine for Physician Assistant Students". She lives in Smithtown, NY. with her life partner. In her free time, she continues to paint, play the piano, and enjoy life to its fullest.

Acknowledgements: This biography was written by Nadya Dimitrov after a phone interview by Elizabeth Rothstein on August 15, 2020. It was submitted in November 2020 to the PAHX Society.

James Denson, Jr. PA (Deceased)

James was always motivated to better himself, at an early age he delivered/threw newspapers, shoveled snow, worked in the family's grocery store and assisted his late father in the floor finishing business. Prior to coming to the Stony Brook PA program, he worked as a male hospital aide and as an operating room tech at Southside Hospital, Long Island, NY. He signed on to play football as a member of the New York Titans team but was seriously injured and decided to seek other opportunities, especially in health care.

He applied and was accepted in the PA program at Stony Brook. His classmates remember him as a happy large gentle giant who was never without a smile and always willing to help others.

After graduating from the PA program, he went to work on the Trans Alaskan Pipeline providing occupational medical support for the men and women at Indian Mountain, Alaska. He worked six months on with two weeks off. Often, he would Medevac patients for care in hospitals away from the pipeline. He saw many occupational injuries and enjoyed caring for the workers. He continued to spend over eight years working in remote Alaska on the pipeline.

He met his wife of 35 years in Fairbanks, Alaska in 1984. She was a career Army officer and they moved from Alaska to Fort Sam Houston in Texas where James continued to work as a PA caring for disadvantaged children at a school in San Antonio, Texas. His wife made Lieutenant Colonel and they moved around the world. James developed severe chronic kidney disease later in life and passed away on April 3, 2017, at home.⁷⁸

Acknowledgments: This biography was written by Ken Harbert after speaking with James Denson wife Lt. Col. Viola Denson USA, (Ret) during a phone call on September 28, 2020.

Susana Doll, PA

Before entering the PA, Program Susana was an early education teacher wondering what her vocation could be. An episode of seizures and apnea in a friend's child began the journey.

The early 70's were a time of free clinics and volunteering there led to PA school. It was a time when military corpsmen were becoming Medex but very few programs were open to women and to those with scant medical experience. Stony Brook took a chance on me. Others have described Stony Brooks' unique program and clinical experiences

Susana left Stony Brook for a final preceptorship in Seattle. She was probably the first woman PA in Washington. There were male Medex practitioners, but nothing like Susana. PA/woman were incomprehensible to everyone she talked to about a job. Finally, the VAMC in Tacoma (50 miles south of Seattle) took her on. A psychiatric hospital that was starting an outpatient medical clinic. There was no Government Scale rating for PAs at that time. However, it was a great place to start. She learned lots of medicine from the internists she worked with. She felt she was raised into adulthood by WWII patients and their wives. Soon they had an abundance of Vietnam vets and concerns about Agent Orange. She rarely saw women but was the only staff who did GYN exams. She stayed with the VA for 18 years. She left to do student health at a small private university, and this was her favorite job of all. Young people, wanting to

⁷⁸ Phone discussion with Viola Denson and Ken Harbert, September 28, 2020.

be educated about their health, it was just a great fit. Sports physicals, pap smears, in the days when a woman had one at 18 as a routine.

She did lots of travel medicine as January term sent students to every continent. She stayed there for 12 years and returned to reorganize and lead the clinic at the end of her career. She took a 5-year break from college health to work in an outpatient clinic on an Army base. She felt these active-duty soldiers were the same age as her college students but, importantly, the life experiences of the soldiers, their spouses and children were very different. She felt like a social worker, psychologist, grief counselor, and a mom in her work. Plus, it was a culture she had never been exposed to. She remembers it to be a “steep and frustrating learning experience. So many people who felt “broken”.”

However, she dearly misses the sanctity and intimacy of the exam room. Being a PA was an extremely good fit for her skills, wanting to hear people’s stories, being a witness to adolescents becoming adults, and growing into an adult herself. She is “so thankful to have been in a class that accepted women and those without prior medical training like herself, which educated us to heal and serve our communities.”

Acknowledgments: This biography was edited by Elizabeth Rothstein on October 10, 2020, written by and approved by Susana Doll. It was submitted to the Physician Assistant History Society in November 2020.

Roberta Frick, PA

Failed to get responses from multiple attempts through emails and on Facebook.

Ken Harbert PA

Prior to attending the Stony Brook Physician Associate program, Ken was in the Navy as a hospital corpsman and served in Vietnam. While in the Navy he volunteered at the Monterey Pop Festival and volunteered in free clinics in San Francisco, Taos and Washington, DC. He provided the basic primary care that he had learned in the Navy. After his service he completed his Associate Science degree at the Community College of Allegheny County in Pittsburgh, Pennsylvania. He then spent a year in the baccalaureate Nursing program at Duquesne University in Pittsburgh. He then became an emergency medical technician. He then became a EMT instructor at the Community College of Allegheny County, working with the first emergency medical system in the United States. During this time, he volunteering at the Pittsburgh Free Clinic at night. He served as the nighttime clinical coordinator for the physicians and other caregivers who delivered women's and men's primary health care at the clinic. The physicians he worked with, Dr. Dave McConnell, Dr. Tom McCallum and Dr. Tim Oliver each encouraged him to continue his education as a Physician Assistant. Later as a PA student, during some of his PA clinical rotations in Pittsburgh, he returned to volunteer at this clinic. There he joined two other PA's, Lizzie Donnelly and Chris Legler.

He applied to a number of PA programs and was accepted by many but chose Stony Brook University in New York on the recommendation of his lifelong friend Dr. Ben Greenspan who was an administrator at Long Island Jewish Medical Center. He told Ken that he would see and learn more medicine there. Ken was impressed by the various courses his class had in diverse areas including dentistry, and human sexuality. Especially the first semester exposure to patients with the course, Patients, Practitioner and Disease course, performing patient histories. He spent this course interviewing patients at the Brookhaven National Laboratory and learned a lot about being a patient advocate. He spent most of his clinical rotations in local hospitals Queens General, Long Island Jewish Hillside Medical Center, and others in New York city.

He worked closely on his clinical clerkships with Manny Mkrtychian in the Emergency Room at Queens General and Norm Mathews in Ear, Nose and Throat at Long Island Jewish Hillside Medical Center. He was able to do his final clinical clerkship in Psychiatry at the University of Pittsburgh. Where he did patient care and research at the Western Psychiatric Hospital and Clinic which was a national leader in mental health clinical care, research, and education. He rotated between services dealing with psychosis, mood and anxiety disorders, autism, and addiction. He graduated and joined some of the first PA's in psychiatry at the University of Pittsburgh. This clinical experience stayed with him for all of his other clinical positions and in his research activities during the next thirty years.

He left Western Psychiatric Hospital and Clinic at the University of Pittsburgh and went to the Greater Southeast Community Hospital in Washington DC where he was hired as their first staff PA. He also served as the clinical preceptor for PA students from Alderson-Broaddus and George Washington University. His position was at the medical center and two of their other geriatric and long-term care facilities. He was performing as a house officer (now seen as a hospitalist), doing admissions, discharges, and continuity care in each of these urban settings in Washington, DC. He reported to the Director of Medical Education, Dr. Ray Noble. Dr. Noble was very familiar with the role of the PA, having worked with PA's at George Washington University.

Ken later became the Chief PA and finally took over as the Director of Medical Education. This involved being the administrator for post graduate physician residents in internal medicine, orthopedics, pediatrics, and general surgery. As Director of Medical Education, he also was responsible for developing continuing medical educational programs for community physicians including some of the early Orthopedic Workshops, Infectious Disease panels involving HIV/AIDS and Mental Health including PTSD conferences for physicians in Washington. In 1982, he met and worked with Dr. Tom Quinn. This was mainly thanks to his Stony Brook classmate PA Manny Mkrtychian who had worked with him in Seattle. Dr. Quinn who was then at Johns Hopkins University. Dr. Quinn became a speaker for his AIDS conference in 1982 along with James Graham from the Whitman-Walker Clinic, which started in 1973 as one of the first

national clinics to specialize in LGBTQ healthcare and later led the way for HIV/AIDS on the east coast.

As a Vietnam veteran during the early eighties, he had an interest in the Vietnam Veteran movement and became involved as the co-director and co-therapist of a systematic focused closed group for Vietnam Veterans in a PTSD program. The program involved caring for veterans and their families entitled, "Back in The World". Completed along with a local psychologist. During this time, Ken became more actively involved with various veteran groups such as the Vietnam Veterans of America. He became involved in helping raise money and awareness for the creation of the Vietnam Women's Memorial and served on their advisor board as the contact with the PA profession. He worked with Physician Assistant students providing free medical care for the veterans who staged a vigil at the soon to be built Vietnam Veteran Memorial in Washington, DC. He founded the Veterans Caucus of the American Academy of Physician Assistants and spent twenty years as their executive director. There he developed the first international PA education program called "Topics in the Tropics" on St Thomas in the American Virgin Islands. This program has continued annually at international sites since the early eighties.

While working as the Director of Medical Education he also was responsible for PA and Medical Clinical students from Alderson Broaddus, George Washington University and St Georges. He developed clinical teams joining PA's with physician postgraduate residents. He became an adjunct instructor at George Washington University teaching PA, Nursing, and Medical students. While teaching there, the Associate Dean Jerry Wise, asked him to become involved as a health educator for the Cancer Alert project at the University. This meant dealing with workers in five national industries and labor groups who had occupational exposure to cancer causing toxic chemicals. He worked with Dr. Ken Chase and others in dealing with the toxic effects of 2,4,5, T herbicides (known as Agent Orange), polychlorinated biphenyls, arsenic, benzene, polycyclic aromatic hydrocarbons, and coal tar. When he could he worked in the Washington Free Clinic and helped provide medical care for the "Trail of Tears" movement of the American Indian Movement as they made travels to Washington, DC fighting for better medical care.

He left Washington, DC after being offered a job at Geisinger Medical Center in Danville, Pennsylvania. He was hired as the administrator for three hundred physician assistants, nurse practitioners and nurse midwives, working with the Chief Medical Officer, Dr. Tom Royer. He assisted in the development, utilization, and implementations of these providers in forty-five multi-specialty areas of their health care system.

He had been involved with the early national HIV/AIDS epidemic in 1982 while attending meetings at the National Institute of Health. As a board member of the Sexually Transmitted Public Health Commission in Washington, DC he continued writing and developing medical education conferences on these subjects while at Geisinger Medical

Center together with Dr. Gerald Gordon, an infectious disease leader in the community. His commitment to this epidemic came from the loss of his brother, David, and his life partner John to this dreaded disease.

Ken was actively involved in working with the Susquehanna Critical Incident Stress Team. He was the co-director of the multispecialty team of physicians, nurses, physician assistants, social workers, psychologists, and chaplains at the Geisinger Medical Center. They dealt with compassion fatigue, and burnout among health care providers working together as a team. He also helped establish the corporate health program, "Careworks" providing occupational care for over 100 local companies. He spent ten years at Geisinger Medical Center working in different clinically and administrative positions with PA's, NP's, and Nurse Midwives.

Ken left Geisinger to spend the next twenty-five years involved in academic medicine at various institutions. One of these positions was as the project director for the Office of Naval Research international project in telemedicine and telehealth where he created the Center of Excellence for Remote and Medically Underserved Areas (CERMUSA) in Pennsylvania. Leaving there, he moved to New Mexico and volunteered becoming the first Commander of The Medical Reserve Corps in Albuquerque, New Mexico working with the Center for Disaster Medicine at the University of New Mexico. His full-time job was acting as the Associate Dean of Nursing and Allied Health at the University of St. Francis.

After 911 he developed a forensic medicine program in concert with a forensic pathologist at the Philadelphia College of Osteopathic Medicine that offered forensics medicine, forensic pathology, and clinical pathology skills. Also, at that time he was responsible for developing graduate and undergraduate health science programs at two universities in Philadelphia, Pennsylvania. Prior to those positions he was involved in the development of eight different national PA programs, a consultant for many others and assisted with the development of one of the first PA programs in the Netherlands.

He was inducted into the Pi Alpha National Physician Assistant Honor Society in 2011. In 2016 he retired from academia as Professor and Dean after spending ten years along with excellent assistance from Drs. Kim Hall, Rick Hillegas, Doug Seaton in building an excellent group of faculty and programs at South College in Knoxville, Tennessee. He offered several professional presentations for the Association of Medical Educators in Europe on the utilization of PA's and spoke at the first PA conference in the Netherlands. He was involved in a round table discussion at the White House with Michelle Obama regarding creating academic bridging programs for military veterans to enter medical school, nursing school and health science programs. He continued his military service by serving part time in the United States Coast Guard Reserve, and the United States Public Health Service. Currently he is the chief operating officer for a telemedicine consortium operating in the Caribbean.

Acknowledgments: This biography was written by Elizabeth Rothstein after many phone discussions with Ken Harbert from August thru October 2020. Edited by Elizabeth Rothstein in October 2020. It was submitted to the Physician Assistant History Society in November 2020.

Russel Higley, PA

He is working in sports medicine, Orthopedics, and is very happy, but has not submitted his life story.

Peter Kowalski PA

Peter has always had a strong interest in the life sciences, and began his first professional career as a medical laboratory technician, at Nassau County Medical Center in Hempstead LI. While he was pursuing his Bachelor of Science degree, he worked evenings and nights in the lab. As he continued to desire more involvement in the realm of patient care, during one of his night shifts in the Emergency Department STAT lab, he met PA Walter Stein. Walter introduced him to the Stony Brook PA Program. Peter then began exploring entering the PA program and was ultimately successful, entering in the Fall of 1973. There were few PA programs then, with keen demand for admission. There was a lot of excitement surrounding this new profession during its nascent, developmental years.

He remembers well some of the courses and his classmates.” Stony Brook was a great experience,” and” we were all pioneers of sorts as the PA profession was so new, with the PA’s roles and expectations evolving, even as we continued our studies and rotations”. What made Stony Brook so special was the diverse makeup and backgrounds of our classmates. Some were relatively new to healthcare, others more experienced. This mix and a desire to help one another made for a rewarding and memorable learning experience.

During this initial learning period, with all the rotations we went through, several things remain memorable. One is when learning history taking at a nursing home, being given an hour to take a history and perform a basic exam. Without experience in directing the patient and flow of responses, he remembers not being able to get past a handful of questions as the “patient” was so chatty. He also remembers rotating through various ER and outpatient clinics and being exposed to nonstop chaos and long lines of medically underserved patients. He feels he learned much from these experiences and others and gained a lifelong appreciation for the importance of access to good healthcare, an issue which still remains a problem in the US.

Following graduation, he took a position in south Florida working with migrant farm workers. ‘What an eye opener, talk about a medically underserved population, with some great

pathology given a lack of access to good care. The clinic was federally funded, and we got to see everyone/everything.”

For the first 6 months of a one-year stint, he was joined by classmate Anita Dimondstein and her physician husband Brian Bouch, who had sailed down the east coast and worked together in the Indiantown Florida migrant farm worker clinic. Eventually they all moved on and Peter relocated to Connecticut and worked in emergency medicine for many years. He earned his MA in Education and then made a medical discipline shift to occupational medicine where he remains today. Within the field of occupational medicine, his professional activities have included direct patient care, practice management, business development and for the past 15 years, he has also managed his own consulting practice (OccuHealth Consulting LLC), helping medical providers set up or enhance their occupational practices. He has been working a part time schedule for the past few years and hopes to keep working for the next 2-3 years. While considering this to be dialing back a bit, there is still a lot of desire to give back. “There are lots of opportunities to serve the medically underserved”. Also, during his current part time work in occupational medicine and urgent care, he has had the opportunity to help train new medical students from a nearby medical school. Peter continues to believe in caring for the medically underserved and tries to train PA and NP’s to recognize that they can make a difference in providing access and health care delivery to a variety of those in need.

From his original home on Long Island, his life travels have taken him from New York, to Florida, Connecticut, and Savannah GA. He and his wife relocated to Sarasota in 2018. They have four adult sons.

Acknowledgments: This biography was written by Peter Kowalski with the assistance of Elizabeth Rothstein on September 2, 2020, and October 2020. It was submitted to the Physician Assistant History Society in November 2020.

Dennis Lynch, PA

Dennis graduated from high school and joined the United States Naval Reserve. He started as a radiology dark room technician and later went to corpsman training, then started working in the operating rooms while on duty. He was working at the Brooklyn Navy Yard and St. Albans hospital in the operating room assisting with the care of surgical patients. He heard about the PA profession as “being more than a nurse but less as a doctor”. He looked at a few schools. He was interviewed at Stony Brook in 1972 by Dr. Steve Allen when he suddenly realized was the son of the famous comedian. Because he was still serving in the Navy, Dr. Allen suggested he apply for the next class in 1973. He went to Nassau Community College part time to work on getting the prerequisites for the PA program.

He found the intensive didactic program impressive. He was married and working as an orderly at Mid-Island Hospital while in the program and he found his daily routine was school, work, home, studying, school, work, home. He commuted to school with classmates Dan Martin and Dennis Kozik. They helped him tremendously by studying as they drove in and from school each day. He had not completed four years of college and felt he had a lot of catching up to do. He realized everyone felt the same way regardless of their education or work experiences. He enjoyed the diversity of the class and felt everyone worked as a team often helping each other at times of need.

Dennis especially enjoyed the military background of faculty like PA Jack Richards and PA Steve Turnispeed, along with his fellow classmates who had backgrounds in the service. Simply because he understood what they had been through and how to clearly communicate with them. He remembers his clinical year which he enjoyed especially because of his surgery background. He especially recalls his psychiatry rotation at Central Islip State Hospital which was an interesting experience since it was built in 1889. It was severely overcrowded, and patients often spent lives sentences there receiving lobotomies, shock treatments and various drug therapy, yet lacked the rehabilitation they needed. The hospital had over 9,000 patients at one time, and he describes the old buildings as both dreary and right out of a horror movie. The hospital finally closed as de-institutionalization took hold in 1986. He still remembers the dark, gloomy, foggy days there.

After he graduated, he was having his first job interview at Syosset Hospital. While on his way to visit his mom when his interview was stopped by the Chief of Surgery, as he described his background and PA competencies then suddenly, he was asked to join the Chief on a hernia operation. He knew he could assist on this type of surgery having assisted on many during his Navy experience as a OR Technician. So off he went only to be surprised by the people in the back of the operating room, the Chief nurse, the hospital administrator, and another physician, all watching to see if he truly could do the job. Needless to say, he was hired as their first Surgical Physician Assistant, and he spent four years during a variety of surgery cases. His clinical path there would continue to involve surgery. He worked in a number of areas including the emergency room, the delivery room doing OB/Gyn cases and even moonlighting assisting with breast implants. He took call every other night along with his physicians. He left for a new job at North Shore University Hospital in Manhasset, New York. He continued to be a Surgical PA covering all of the surgical subspecialties now supervising five other PA's doing the same thing. He then took a position supervising PA's at the hospital in the Urology department.

Like many Pas at that time, he also was moonlighting and doing per diem jobs working in orthopedics doing joint replacements and even taking call for OR cases back at Syosset Hospital. On weekends he would assist in surgery with a plastic surgeon and occasionally even did insurance examinations. All of which goes to show the flexibility his PA training had offered him. He became the Director of Physician Assistants in the early nineties. He spent thirty years at North Shore University Hospital overseeing five different departments including

over one hundred PA's while still working full time in urology. He combined administrative duties with his clinical duties, making rounds early in the morning and attending meetings in the afternoon. He also was responsible for Medical and PA students doing their clinical preceptorships from a variety of schools including Touro, Wagner and even Stony Brook. He was one of the first PA's to learn to use the Da Vinci Robotic Surgical System which offered him the opportunity to assist in the performance of radical laparoscopic prostatectomies allowing for enhanced vision, control, and precision. Together with his physician he performed over four hundred cases

He also taught nurses and resident physicians how to use the robotic system. He left the hospital service and then spent ten years working in a Urology private practice with his old boss from his hospital days. Sadly, five years ago he suffered a fractured pelvis and fractured elbow and upper extremity which has created both long standing pain and back problems preventing him from working again surgery. His legacy continues as his daughter is currently a PA in cardiothoracic surgery.

Dennis is proud of his lifelong career and being able to finish both his SB PA training and his career caring for surgical patients and teaching future health care providers. Dennis spent his entire career using what he had learned in the Navy as a hospital corpsman and hopes that potential PA students will do the same to learn about health care prior to PA school and have the maturity and direct patient care which will benefit them for a lifetime.

His administrative and clinical experiences have given many other PA's the opportunity to continue using these crucial skills he shared and taught them, which he hopes that they will have forever.

Acknowledgments: This biography was written by Ken Harbert after a phone interview with Dennis Lynch on September 20, 2020. It was submitted to the Society in November 2020.

Dennis Kozik PA Reached out by email without a response.

Mark Lyons, PA

After he graduated from the Physician Associate program, he returned to Philadelphia, Pennsylvania, where he worked in the first HMO in Philadelphia

It was a small practice, affiliated with University of Pennsylvania, full of vision and possibilities that were part of the HMO movement at that time, how things have changed. He spent three years there, honing his medical skills, and pushing the practice to finally accept Medicaid patients--something that was not in their original plan. While there, he became a founding member of PHILAPOSH--the Philadelphia Area Project in Occupational Safety and Health. He worked with unions and community groups to assure that contracts protected workers

safety and that communities had the right to know what chemicals were being used in their neighborhood.

After that he was on the faculty in the Hahnemann PA program (now Drexel) PA program, where he was responsible for the problem-based learning model. He was in charge of clinical rotations and the basic clinical course. He then arranged to spend 30% of his time working in the city health centers--the first PA hired by them.

Also, during that time he was one of the co-founders of CHRICA-- the Committee for Health Rights in Central America. This was when Reagan and Oliver North were funding the Contras to try to overthrow the government of Nicaragua (no matter that they were elected--they were socialists.) He did some occupational health teaching in Nicaragua, and then formed a sister clinic relationship with the first clinic that was destroyed by the Contras-- getting the community drugs and supplies and a new jeep to deliver health care to the mountains. It was in Nicaragua that he began collecting stories-- from soldiers from both sides who were on different wings of a military hospital. It was there that he became hooked on finding ways for people to tell their stories. At this time the Nicaraguan government was running amazing health campaigns, using popular education methodologies based on the work of Paulo Freire--another spark for future work he would do. During this period, he decided to have a mix of policy/planning and clinical work, so he received a Master of Public Health from Johns Hopkins University, focusing on measuring quality of care in primary care. When he returned to Philadelphia, he was hired to be responsible for introducing a performance improvement program into the new and first Medicaid HMO in Philadelphia. However, it was not a good fit, and he had the good sense to move on.

He was asked by a bunch of Quakers to organize an international conference on using popular education in health care, which led him to being hired by a grassroots farmworker organization in New Jersey to train farmworkers to do AIDS education. Soon thereafter, they formed a coalition of community-based farmworker organizations from Florida, Texas, North Carolina, NJ, PA, Puerto Rico, and the Dominican Republic and got a huge Kellogg grant to set up the Farmworker Health and Safety Institute. He was asked to be the director, and they developed programs to train farmworkers from these organizations to use theater, music, community research and risk analysis to teach their fellow farmworkers about AIDS, pesticide exposure, risk assessment, and workers' rights. He also developed a workshop for health care providers in the Migrant Health clinics on diagnosis and treatment of pesticide exposure, which he presented at conferences and clinics across the U.S. No doubt, it was the most fulfilling work as a PA he ever had. He spent many hours in farmworker camps and homes, where he heard stories of risk, missing home, dangerous living and working conditions, and dreams of a future for their children. By chance, Temple University asked him to do a book of oral histories of migrant farmworkers, and over the next three years he collected stories from children as young as eight and old heads as old as eighty, and published a bilingual book, *Espejos y Ventanas / Mirrors and Windows, Oral Histories of Migrant Farmworkers and Their Families*.

He developed a curriculum guide for the book which was used in high schools and colleges around the country and featured murals at Cesar Chavez's center in California. At that time, he took a job at a Federally Qualified Health Center whose main purpose was to enhance the provision of primary care services in underserved communities. This clinic saw over 95% Latino patients. He was the director of Performance Improvement and saw patients for the next fourteen years. No doubt, he felt most at home working in the Hispanic community. After thirty-five years of a great run being a PA, he was ready to hang it up, and retired feeling incredibly lucky to have found this profession that provided me such a sense of purpose and rewards.

His writing of the farmworker book made him want to find more ways to tell stories of immigrants, so he got some training in creating audio stories. Shortly thereafter, he founded the Philadelphia Storytelling Project, which worked with mostly undocumented immigrants to teach them how to create their own audio stories. The stories became moving tools for people to reflect on their own lives--the risks they have taken, their dreams for the future, the barriers they face in this country. The stories also became a way to create a community among the storytellers and to have a voice in the larger world. Work using stories that he especially felt proud of was working with ten families who had family members picked up by the police for minor infractions and turned over to ICE. "We formed a story circle, we taught the families to interview each other, and we created a book and a CD of their stories". The group decided to join a campaign to end the collaboration between the police and ICE and held a forum in which they presented their stories, their testimonies.

These stories were instrumental in getting a law passed in Philadelphia, Pennsylvania. prohibiting the police from automatically turning over undocumented immigrants to immigration. He also did a project with children, ages 8-13, whose parents were all undocumented. The children recorded short stories about what their lives would be like if their parents were deported, their dreams for the future, and a plea to President Obama to allow their family to stay together. The kids then made dolls, and they implanted the small MP3 recorders inside the dolls. Press on the doll's heart, and the children--the dolls--told their story. In addition, he also continued to do storytelling work with at-risk teens and homeless veterans.

Recently he edited/published a bilingual memoir called *Dreams and Nightmares/Suenos y Pesadillas* that he recorded with a fourteen-year-old Guatemalan girl who fled horrific violence and poverty in her village, travelled completely alone across Mexico, got caught at the border, was in detention, and finally was granted asylee status because she convinced the judge that her life would be in danger. Liliana--who's memoir it is, has given over 85 presentations of her story at schools and teacher workshops.

He feels that "she was a wonder, a gift to him" reminding him that this work is so important. All of this story stuff infected him with the writing bug, he has published a collection of short stories (*Brief Eulogies at Roadside Shrines*) and a memoir (*Homing.*) In the last few years, he

started to fulfill his dream of playing blues harmonica--certainly an amateur, but good enough to start playing with a band at open mics.

Acknowledgments: This biography was written by Mark Lyons after a phone interview by Ken Harbert with Mark Lyons on September 2, 2020. This was edited by Ken Harbert. It was submitted to the Physician Assistant History Society in November 2020.

Barbara Martens PA unable to get a response from emails.

Norm Mathews PA we called left voicemail several times and tried to contact him after several emails.

Stefan Miller PA tried to locate him unsuccessfully.

Joan McTique, PA

Joan did her undergraduate work in biology and English at Stony Brook University and then did one year of graduate work in linguistics at the Massachusetts Institute of Technology. After attending graduate school for one year, she returned to New York. She worked in a woman's health clinic for three years. She was teaching natural childbirth classes. While doing this she received a letter from Stony Brook that all undergraduate students got concerning the focus on an innovative medical school and this new "Physician Associate" program at the University.

She applied and was rather surprised that she got accepted. She found the curriculum disorganized and thought about transferring but was impressed by the diversity of the class, especially the number of women in the program. She received more in-depth assistance with the didactic course curriculum from her classmate and friend Anita Diamondstein and her husband Brian who was a physician.

She finished the program and sailed to Florida with classmate Anita and her husband. There she taught childbirth classes and worked in a birth control center in Gainesville, Florida. Her classes included up to seventy-nine women and she also spoke at a natural childbirth convention. She then started to work in a number of women health clinics at the University of Florida until she had the opportunity to work with the chair of the rheumatology department doing a lot of clinical trials. She also worked at the Veterans Administration Medical Center

(VAMC) doing Otolaryngology and assisting in the operating room, providing inpatient continuity care and outpatient clinic care.

She became an Assistant Professor and taught Rheumatology at the University of Florida PA program. She started working in Dermatology and Rheumatology part time. She has been active in clinical publishing writing about gout for Advanced Practitioners. She recently wrote a chapter in a book on Rheumatology. She then had the opportunity to administrate her own clinic at the VAMC. She became active in the Florida Academy of Physician Assistants as the Chair of the Legislative Committee and has been active with the Professional Practice Committee at the Veterans Administration Medical Center and dealt with a number of issues such as scope of practice, acceptance by physicians, dealing with nursing administrators and keeping up with ongoing political issues.

When asked about how her life has been changed by being a PA, she states “It provided a career path I enjoy, am respected for, and made money at. Patients have allowed me into their lives in a very scared way”. She states she is “good at what she does, is well respected and feels valued by colleagues, family and friends”.

Acknowledgments: This biography was written by Joan McTigue after a phone interview Ken Harbert on September 18, 2020. It was edited by Ken Harbert. This was submitted to the Physician Assistant History Society in November 2020.

Madhuri Marelli PA (Jackie Linker)

Madhuri Marelli, formerly Jackie Linker of Long Island, NY, graduated from SUNY at Stony Brook’s PA program in 1975. Prior to entering the PA program Ms. Linker-Marelli had obtained a BA in Psychology from Indiana University and her patient care experience was in nursing homes and as a psychiatric tech at Larue Carter Memorial Hospital in Indianapolis. This psychiatric hospital was unique in that it was based on a “recovery model” focusing on treating patients with the intention of enabling them to enter back into society. Working here was in retrospect, synchronistic of Ms. Marelli being drawn into innovative study and practice throughout her career.

In childhood Ms. Marelli became impassioned by music, science, psychology, and healing. One early experience leading to her ultimate professional life was the untimely death (age 39) of her beloved father from Hodgkin’s lymphoma. In those days young children were excluded from being able to visit patients, even parents in hospital so there was an unnatural separation that left an indelible mark. However, one very compassionate neurologist sneaked her into her father’s room from time to time to visit. This created a mystique about hospitals, illness, and death which prompted her into her subsequent degrees and practice in psychology, and medicine as a PA.

Ms. Marelli launched her PA career in Modesto, CA in 1975 at Stanislaus County Hospital as part of a project utilizing PA's for the first time. She and three male PA's worked Internal Medicine out-patient clinics and rotated on-call at the county jail. Shortly into this work Ms. Marelli had an inner calling to attend an inaugural national Mind-Body Connection conference. The information and tools acquired subsequently honed with successive conferences and training empowered her to use her skills and talents in psychology as well as medicine, shifting the trajectory of her medical work into Integrative Complementary medicine.

Convinced about the veracity of alternative medical models based on empirical evidence, Ms. Marelli and her physician partner travelled around the world for 13 months exploring various medical modalities, cultures, spiritual communities, and had a variety of adventures. Upon returning to CA in 1978, Ms. Marelli began work in Los Angeles at a Woman's clinic spending a great deal of time working with STI's (formerly STD's), doing routine GYN, and treating chronic medical conditions in men and women primarily with a more natural medical approach. She continued research and training in biochemistry for greater ability to assess traditional and specialty lab results, nutrition paradigms utilizing natural substances for balancing body biochemistry, and energy medicine.

From 1982–1994 Ms. Marelli worked part-time at Los Angeles Job Corps doing intake medical evaluation exams for multinational and multiracial residential students. This work expanded and integrated her understanding of multiple cultures East and West.

For one year in 1982, Ms. Marelli mentored by psychiatrist, David Bresler who in addition to clinical practice utilized acupuncture, homeopathy, nutritional supplements, and the late 70's version of stress management in his work. At Dr. Bresler's clinic Ms. Marelli led stress management groups and met David's colleague, the esteemed Carl Simonton, who was (with his wife Stephanie Simonton) the developer of the first immune modulating visualization technique for treating cancer. It was the original Pac-man model of devouring cancer cells and visualizing replacement healthy cells throughout the body. Learning the innovative work of these doctors inspired doing additional research in psychoneuroimmunology methodology.

In 1992 she obtained an MA degree in Psychology. After meeting Norman Cousins on two occasions Ms. Marelli was offered a job at UCLA Neuropsychological Institute which Cousins had created, but unfortunately, she had moved to AZ by then and was unable to accept it.

From the middle 1980's – 1995, Ms. Marelli was responsible for setting up and practicing in holistic clinics in S. CA and the Phoenix, AZ area. She worked at Women's International Pharmacy (WIP), 1995-2000 setting up her final and most elaborate clinic using alternative cutting-edge treatments for chronic illness and cancer. Responsibilities there included educating patients internationally telephonically about BHRT (bioidentical hormone replacement therapy), leading community lectures on BHRT for women and men on the gamut of topics incorporated in Age Management Medicine and attending conferences as a

vendor representing the pharmacy. Ms. Marelli taught at a local community college for a year on the same topics, and published articles as well. With expertise in BHRT she was invited to train physicians on dosing and prescribing BHRT in Clearwater, FL in 1997. Ms. Marelli was a guest on radio shows in CA, AZ, and CO speaking about BHRT throughout these years.

In 1990 Ms. Marelli began studying vocally learning classical music and opera. She had been an instrumentalist in childhood and teen years, and music was part of her soul. By 1993 she was solo performing in choruses, and small concert and opera venues.

www.seabreezesoprano.com

After leaving WIP in 2000, Ms. Marelli worked exclusively in private practice as a PA until 2012. She became certified as a Grief Recovery Specialist during that time and her work with patients focused on Age Management Medicine and counseling with individuals/groups, people who were grieving and working through the traumas and losses of life. Having moved primarily into counseling, Ms. Marelli began Ph.D. graduate work in Depth Psychology at Pacifica Graduate Institute in 2015. She finished her course work with a second master's degree, in Depth Psychology and Archetypal Studies, and is currently working on her dissertation. Up until the onset of the Coronavirus pandemic she was working part-time as a professional singer and continues to do research in fields that are important to her and her patients. www.counselingfornewbeginnings.com

Acknowledgments: This biography was written by Madhuri Marelli after a phone interview with Ken Harbert on August 28, 2020. It was edited by Ken Harbert. It was submitted to the Society in November 2020.

Dan Martin PA

Dan Martin was the youngest member of the SUNY Stony Brook PA Class of 1975. He had been a Licensed Practical Nurse and a freshman in the undergraduate class at Stony Brook University prior to being admitted to the Physician Associate Program. While at Brunswick Hospital he had met a number of PA students from Stony Brook and was interested in the program. As an orderly in the emergency room and later on as a person who worked in the operating room seeing the value that PA's brought to the operations at Beth Sys.

He applied to the PA program in 1972 but was encouraged to re-apply in 1973 when he was older. He needed to be twenty-one to get a license to be a PA and in 1972 he was nineteen. He realized that being a PA he could graduate faster than becoming a physician.

As he started the PA program, he often felt overwhelmed by the subject material but had lots of help from his classmates, especially Dennis Kozik, Lynndey Cook and Dennis Lynch. He focused on studying all the time to keep learning and to keep up with his classmates. He realized the didactic phase of the program was an eye opener exposing him to a variety of subjects in one semester and challenged him to do better. There was multiple testing to complete to evaluate our competencies and our level of expertise in various subjects of

medicine and even dentistry. He found that one of the key things we learned was “how to make full contact with a patient and be an active listener.”

He also enjoyed learning how to do simple procedures such as drawing blood, starting IVs, and being comfortable with how to run emergency situations such as codes. He really enjoyed all the hands-on learning we did in our labs. He knew we all were trailblazers and liked the didactic instruction that was brief, yet it was about so many different subjects of medicine that interested him. He “liked his didactic phase more than his clinical phase which at times was weak due to the misunderstanding many practices had for the utilizations of Physician Assistants.” When on clinical rotations he found that the many clinical procedures we had learned came in handy “if and when he was allowed to do them”.

His biggest problem in his clinical rotations was being able to do what he had been taught in school. At one point in his clinical rotation, he was made to repeat a rotation because his clinical coordinator didn't feel he had completed enough of the expected learning objectives of the course. He left PA school and joined classmate John Collins at the VA in Northport, New York. There they rotated through a number of surgical specialties and performed medical management of a variety of surgical floors but had difficulty in getting into the operating room to assist on procedures. During this time on the floors, he learned pigskin debriding and other specific techniques in plastic surgery. He also moonlighted at Brunswick hospital doing history and physicals at night.

While he was a new graduate PA, he was especially glad to have a number of Stony Brook PA graduates show him how to correctly run an emergency code on patients from start to finish. He later went to work at Good Samaritan Hospital as a PA where he was able to work and actually live in the hospital acting as a house officer bouncing between Good Samaritan Hospital and Brookhaven Hospital. He was responsible for admitting and providing ongoing continuity care for patients including running emergency codes in the hospital.

In 1985 he moved to Baltimore, Maryland and worked in Good Samaritan Hospital first assisting in bowel resections and other surgery eventually winding up in Cardiovascular Surgery. Then he went to St Joseph's Hospital working 6-8 cardiovascular cases per day until the hospital had a number of problems. He then went to Johns Hopkins where he worked with Dr. Eric Howl who introduced him to be a hospitalist for private patients. He left there to be the Chief PA at Sinai Hospital where he reported to the Chief of Medicine. He then went to work at Northwest Hospital where he works today in the observation unit of the hospital covering a 20-bed unit as a house officer. He has a long history of training and being a clinical preceptor for both PA and Medical Students. He voices a concern that students today need to know how to do a comprehensive history and physical without the use of a computer or cell phone. He tells students the most important time to manage an inpatient is late evening and early morning. If you know what to do, then you know medicine.

In 2020 Dan Martin was awarded the outstanding PA of the year award from the Maryland Academy of Physician Assistants.

Acknowledgments: This biography was written by Dan Martin after a phone interview with Ken Harbert on September 2, 2020. This was edited by Ken Harbert. It was submitted to the Society in November 2020.

Kathy Kufus (Modrow) PA

In 1972, Kathy graduated from Augsburg College, a small liberal arts college in Minneapolis, with a biology major and chemistry and English minors. Her first job after college was lab technician at the University of Minnesota Medical School, Department of Anatomy. She prepared cytology microscope slides for the microanatomy classes and worked on an osteoporosis research project. It was very solitary work. She thought she would prefer a job that involved patient care. A friend at Augsburg had entered a PA program in Denver in 1971, and she encouraged Kathy to apply to PA programs. Since she had always lived in the Midwest and wanted to experience living on the East Coast, she applied to Yale and SUNY at Stony Brook. She was accepted at Stony Brook and was excited to know that she could travel to a variety of locations for some of the preceptorships required in the second year of study. Preceptorships in Connecticut, Maine, and Wisconsin balanced out the big hospital experiences at LIJ, Queens Hospital and Nassau County Medical Center.

Upon arrival at SUNY Stony Brook, she was disappointed with the suburban campus, the temporary, prefab classroom buildings, and the “Bridge to Nowhere”. But she stuck around! After all, she was given a very generous financial aid grant and loan package so she could attend the 2-year program and graduate with very little debt. At the time she was learning quite a bit of practical material at a rapid pace and only hoped it would be enough to make her an adequate provider of health care.

1970s: Post graduation from Stony Brook, she interviewed for Family Practice Clinic positions in Upstate NY, Wisconsin, and Minnesota and decided that Minnesota was best for her. She signed on at a small physician-owned primary care clinic with about 12 MDs, 2 PAs and 2NPs in a Minneapolis suburb. This medical group was respectful of the mid-level providers and provided good instruction, support, and supervision. It gradually grew to be a large multi-specialty clinic with 4 satellite locations and many occupational health contracts. In 1978, she took a month off work to travel through Europe via rail and ever since has been taking trips as often as possible.

1980s: She married Bryan Kufus in 1983, moved to St. Paul, and continued to work for the same clinic. She dropped down to part time while attending grad school at University of Minnesota. She received a master’s degree in Public Health just before giving birth to her only child, Madeline, in 1990. As a new Mom, she chose not to branch out into a new career in the public health arena but continued working 3/4 time in Family Practice.

1990s: Independent physician-owned clinics in the Twin Cities were rapidly being bought up by giant health corporations. Her clinic was bought by Allina Health and became their flagship among more than 50 clinics. Many, many more specialty departments were added, and more PAs and NPs came on board.

2000s: She decided to quit primary care and the mega clinic scene. She joined a small physician-owned Pulmonary and Sleep Medicine Center. Her supervising physician was a brilliant diagnostician and teacher. She really loved the opportunity to focus deeply on a small area of medicine and develop a greater level of competence and of course, the salary and hours were better at the specialty clinic.

2010s: The Pulmonary/Sleep Medicine Clinic eventually succumbed to the intense competition from the nearby giant Allina Health. When it closed, she moved on to an independent clinic that offered Sleep Medicine services via two consulting pulmonologists and an in-house sleep lab. She was able to assist with their practice and round out her time by seeing patients in the primary care clinic as well. It turned out to be a good balance. She retired in June of 2015, one month before their daughter was married. Her husband retired the following year. They have been devoting their time to volunteering, exercising, cooking, and traveling. So far, they have traveled in Ireland, England, British Virgin Islands, French Polynesia, Nova Scotia, British Columbia, Hawaii, Palestine-Israel-Jordan, Italy, the Czech Republic, Austria, Slovenia, Croatia, and Serbia.

2020: They are looking forward to getting back to their cabin when the border to Canada opens again! They recently bought Brompton collapsible bikes that weigh 27 lbs. and fold into the size of a small suitcase. Their next big trip, after COVID-19, will be taking them to southwestern England for a couple of weeks of cycling. In the past year she has returned to watercolor painting regularly. She enjoys taking painting classes once a week which fosters the discipline of practice and improvement.

Looking back over her career: "I am happy that patients respected me, trusted my opinions, and listened to me if I listened to them. The PA profession gave me the opportunity to make a positive impact on people's lives. I was educated for service and was therefore able to minister to others. The profession also provided continued intellectual challenge while tracking down diagnoses--noticing, memorizing, researching, and explaining details. I am proud to have been able to improve patients' lives and sometimes even save lives".

Being a PA taught her to be a careful, respectful, compassionate listener. "It was that type of listening that I think the Hmong patients in my practice appreciated so much." St. Paul has the largest Hmong population in the United States. Many Hmong immigrants settled in the suburb where she practiced. She learned about their plight during the Vietnam War and in refugee camps after the war and the frequent discrimination they encountered in the US. So "I tried to listen patiently and give the Hmong patients the extra time they sometimes needed. I got some things right and word spread in their tight knit community. My daily

patient schedule often had several Vang, Tran, Chue, and Moua names listed. Then Dr. Mouachapau came to work at my clinic, and he was just what they needed: a good listener and a good doctor who could also speak their language if necessary! And so, my Hmong following ebbed a bit.”

“If I could do my career over, I would have shifted from Family Practice to Pulmonary/Sleep Medicine sooner. Knowing a little bit about a broad area of medicine can be scary and frustrating compared to knowing a lot about one specialty area that you happen to be passionate about.”

The one “out of the box exciting experience” did not occur while working in Family Practice or Pulmonary Medicine. That experience was delivering the 3 babies while being CLOSELY supervised on the OB/GYN rotation at Nassau County Medical Center! “So totally amazing and I cried every time!”

Acknowledgments: This biography was written by Kathy Modrow Kufus with the assistance of Elizabeth Rothstein editing 10/2020. It was submitted to the Physician Assistant History Society in November 2020.

Emanuel (Manny) Mkrtychian PA

Manny was a unique trailblazer and innovator not only in the PA profession but also in health care delivery and policy. After graduating from Stony Brook, he started working at Beth Israel Hospital in Manhattan as a PA surgical resident along with his classmate PA Nadya Dimitrov both of whom worked in what developed into a surgical program for PA's. At Beth Israel, he was eventually assigned to a senior resident role to manage their large SICU, in order to provide continuity of care and oversight to the constantly changing surgical interns and residents, who regularly rotated through the SICU. Aside from other general surgery responsibilities as part of the “Surgical House Staff”, he was also assigned as a personal rotating “resident” for six months at a time to Dr. Leon Ginsburg (who identified Crohn's Disease), Max Som, Head and Neck surgeon famous for his “conservation surgery” of laryngeal cancer that allowed removal of the cancer while preserving the patient's voice). He spent four years there as a surgical PA. After that he moved to Seattle, Washington to get married to one of his classmates Susana and had three children. He got a job in Sexually Transmitted Disease working with the infectious disease professors at the University of Washington Medical School, and co-authored three seminal papers along with Dr. Tom Quinn, Dr. Lawrence Cory, Dr. Walter Stamm and Dr. King Holmes (Chief of Medicine at UW) in the New England Journal of Medicine and several other publications regarding the newest management and treatment of sexually transmitted diseases.

He became involved with the Washington Academy of PA's (WAPA) because the nurses had invoked an injunction against the Medical Board, opposing the board to allow PA's to prescribe. The academy then challenged the nurses with an Amicus Curiae (friend of the court brief) in the State Supreme Court and won. He was actively involved with the Washington Academy of PA's as Chair of the PA Advisory Committee during which time the PA regulations were expanded to include narcotics prescribing. Manny worked with Susana

Doll, who was President of WAPA at that time, to allow WAPA to become a Specialty society within the Washington State Medical Society (WSMA). Manny subsequently became a voting member of the WSMA Specialty Society, while he served as President of WAPA. WSMA was a critical partner in supporting PA's in Washington State thereafter.

Soon after this he began a long career with the Group Health Cooperative. First, working as a PA in Family Practice for three years. He then moved on to the General Surgery department. He spent a total of fifteen years at Group Health Cooperative during which time he became the Tri Regional Chief of PA's, NP's, Midwives. During this time, he was the first PA appointed to a full voting seat on the Washington State Medical Commission and Disciplinary Board. He also served on the Editorial Board of the Federation of Medical Boards as well as being a full delegate in their House of Delegates. He served on the Medical Commission for ten years during which time he was elected to Vice Chairman of the Board for two years before leaving for California to work at PacifiCare Health Systems.

He left Seattle to move into medical technology in the early nineties. He settled in California with the Medical Management department at PacifiCare and Anderson Consulting Group as an Executive Consultant on their PacifiCare Health systems projects, heading up their joint Meds/Ops/IT Business Reengineering project in twelve different states. He had learned much of this from his work at Group Health during their transitional project with Medicine, Business and Technology. It was this project that gave him the incentive to move into technology as an enabler of business and clinical innovation.

After completing the PacifiCare project, Emanuel moved to the Deputy Chief Information Officer for Orange County in California for two years and later was recruited to be the Chief Technology Officer of Cognosante, which had a mission to transform the United States health and human services stems. They are a technology company that helped public sector organizations modernize and optimize their systems solutions and data integration efforts. While here he worked with three other colleagues advising CMS and DHS on re-engineering the whole Medicaid systems and operations across fifty states. They developed the Medicaid Information Technology Architecture (MITA) standards spanning across business ops and technology modernization, which are being implemented in all states today and funded by CMS. Emanuel published many White Papers as a CTO on Service Oriented Architecture, Security and Privacy, and Systems Interoperability/Health Information Exchange for Electronic Medical Records.

In 2009 he was offered the "chief architect" role for the "Direct" project by the Obama administration at the same time that he was offered a Chief Information Officer role in Amsterdam, Netherlands (an incubation company that provided integrated healthcare delivery services). This Dutch health system was started by a private equity firm owned by the wealthiest family in Europe. He chose Amsterdam, since he felt he was ready for a change, and his wife Paola was Dutch. He worked there for six years and expanded the company into the largest integrated system, which was voted and one of the highest healthcare technology innovation health systems in the country.

He returned to the US to work for the Saban Community Clinics as their chief information officer responsible for digital business transformation focusing on differentiation through business innovation for four years. He implemented many innovations especially Telemedicine incorporating services such as Tele Psychiatry, Tele Pharmacy, Consulting Nursing, integrated with the Epic Electronic Medical Record system. He recently left the US to spend more time in Amsterdam and started a company called Blue Zones Global Partners. These “Blue Zones” are health care zones focused on making life expectancy and healthcare optimization.

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Jennifer Moore PA

Jennifer graduated from the Methodist Hospital of Brooklyn School of Nursing in 1970 which she felt was an excellent diploma program with a keen focus on general floor nursing. After graduation she worked at St. Vincent Medical Center in Greenwich Village, N.Y.C. She worked on a large public medical ward as an evening charge nurse. She traveled cross country with a fellow RN classmate, taking a leave of absence. It was on these travels she met her husband, Wain. He was a Navy medical corpsman getting out of the service early due to injuries occurred in an accident. They lived in NYC and Jennifer worked as a RN at the private prestigious upper eastside Lenox Hill Hospital.

She heard about the Physician Associate concept and found it to be an innovative idea much like the 2-year RN diploma program she had graduated from in nursing. It made sense to her to have this new type of health professionals. They moved to N.C. to check out Duke’s PA Program. She worked as a RN at the Duke University Medical Center. Then worked as a Nursing Supervisor at the Triangle Nursing Home. Wain continued his studies to hopefully join her in the medical field.

They learned of a new PA Program in her home state. She and her husband returned to New York and started to explore the Physician Associate Program at the University of Stony Brook, which had just graduated its first class and appeared to be focused on excellent clinical experiences. Both she and her husband applied and got in to the 1973 class.

She felt the diversity of the class with strong experienced women and men was excellent and found that everyone accepted each other regardless of their backgrounds. She also enjoyed the focus on health prevention which she believed was an important aspect of health care. Jennifer found the team approach to be what she was looking for in health care delivery. She did not like the courses on research and statistics but later in life found it to be very important in her practice of medicine and in original research.

Her strong background in nursing gave her an edge in many of the didactic course work and procedures that the class learned.

Her favorite part of Stony Brook was the clinical phase where she got to experience a wide variety of health care. She remembers working in the major hospitals such as Queens General, Long Island Jewish, and Nassau County Medical Center each with a very diverse patient population.

She enjoyed her OB/Gyn clerkship at Nassau County Medical Center which gave her the opportunity to learn more about women's health and the great need for comprehensive care focused on women. Long Island Jewish Medical Center offered her the opportunity to be on the ground floor of Geriatrics which was just being to become a new medical specialty. She returned to Nassau County Medical Center to do an Emergency Room Clerkship where she found the resident staff to be extremely interested in teaching and she even learned about acupuncture while there.

She especially enjoyed her primary care clerkship in Elmira New York with Mike Gonzales PA-C who graduated in the first class at Stony Brook. She felt the experience with Mike and the family practice clinic gave her an excellent foundation in being a Physician Associate.

As she looks back on her classmates, she calls them "rebel rousers" they were all looking to make a difference in the health care system. They also realized they had no guarantees when they graduated knowing that not many understood the role.

Jennifer graduated in 1975 and earned the Excellence Award for the PA Program. After graduation, she went to work at the Columbia University Health Services working in student and employee health where she provided medical and gynecological services. She was responsible for expanding expanded women's health services and found that she was able to make changes occur in the health care system. It was at this position she found she had a passion for making a difference, making changes, and helping our new profession create policies for greater utilization.

Since being a student, she was involved in professional PA politics. Jennifer was a trailblazer advocating for the PA profession at grassroots, state, and national levels. After graduation, in 1978 she became President for the New York State Society of Physician Assistant (NYSSPA). She was the third President of the society and was mentored by Clara Vanderbilt PA-C the first President. She served 3 years being President Elect, President, and Past President. She chaired the important state Legislative Affairs and Public Education Committees from 1976-1978. She also was on the American Academy of Physician Assistants Board of Directors and chaired the Public education Committee during these years, too. In each of these positions she was a true change agent where she truly made a difference for the PA profession in New York and nation. She helped secure PA Prescriptive Practice in NYS working with the NYS Department of Health and Board of Medicine.

She is proud of the many accomplishments especially the “What is a PA?” brochure, “The Employment and Utilization of the PA in NYS” handbook and the PA Code of Ethics. She continued to challenge and knock down barriers to the Physician Assistant profession. As a leader she mentored others and gave the New York society a new direction that would last for decades. Jennifer worked on the passage of the national “Health Professions Training and Distribution Act of 1980”; funding had been dropped for PAs. The AAPA wrote to her, “the entire profession has a debt of gratitude to you for your efforts in obtaining PA funding in this Act”. In 1981 Senator John P. East wrote to her, that the originally drafted health manpower bill was passed with an amendment to increase PA funding from zero to \$4 million.

During this period, she went to work for the Health Insurance Plan of Greater New York as the director of Physician Assistants and Nurse Clinicians for twenty-six affiliated medical group (1978-1981). She was responsible for over fifty-nine advance clinicians. She once again developed a new path for the profession with recruitment, greater utilization, community service activities and inter service educational programs. This position also offered her the opportunity to remain active in the political scene. Working with the New York State Society of Physician Assistants but also the national American Academy of Physician Assistants where she was on the Board of Directors and Chair of the Public Education committee.

She also continued expanding her clinical activities including making a national presentation at the American College Health Association where she presented her article on “One-Gram, Single Dose Metronidazole for Trichomonas Vaginitis” at their annual meeting in Washington, DC in 1979. An opportunity came up for her to visit Russia with a health group including nurses and PAs with the Citizen Exchange Corps. She found the Russians had dated medical equipment but had an excellent approach to public health, preventive health care, and alternative health care for all their patients. She was interested in the Russian feldsher who like the American PA provide cost-effective, high-quality health care.

Her next position was for the Brooklyn Medical Group where she was the Executive Administrator for a 50,000 prepaid multispecialty group. She oversaw four facilities, thirty-two physicians, and over 100 support staff with an annual budget of five million dollars. This position provided her a busy three-year period in her life offering many opportunities to be actively involved in making this health care system better. She remained clinically active working in the employee health department.

After the births of her daughter and son she moved to Pennsylvania enjoying the outdoors in the Poconos. She worked parttime with Planned Parenthood performing gynecological assessments and treatments. She was the first PA to be employed at these clinics. She remembers the presence of an armed guard in the front of the clinic and the employees came in the back door for their safety (1988-1994). She also became a part time first responder and volunteer with the local fire department. At the

same time, she found time to finish her master's degree in Health Services Administration. Hating the winter sessions, she and her husband moved to Florida.

In Florida, she went to work in orthopedics first working as a Physician Assistant than later becoming a certified clinical densitometrist by the International Society for Clinical Densitometry, after seeing several women patients who were poorly treated for osteoporosis. She had to petition the ISCD to grant certification for a non-MD and won. Her position included developing and implementing bone density testing and establishing ongoing monitoring for her patients. She spent over 10 years at the Florida Orthopedic Institute.

Currently she is a part time Physician Assistant at the James A. Haley Veterans Administration Medical Center where she is responsible for assessing and making decisions regarding veterans' health compensation and pension claims. She recently stated that this position has been greatly affected by the COVID-19 crisis. She has been on furlough since April. She enjoys working with veterans and helping them to secure their disability compensation.

Since 2016 she became actively involved in democratic politics in local, state, and national campaigns. She became active with the Democratic Women's Club of Florida and Hillsborough County Democratic Party. She is a Precinct Captain and District Leader of the HCDEC. She has seen more progressive local candidates get elected and a new President and Vice President elects! Jennifer learned of the horrific conditions of the separated border children that were being held at the Homestead Children's Shelter. This led her to act as a witness and bring attention to their plight. There were many activists and their protests led to the shelter being closed.

Jennifer is a woman of her strong convictions, she continues to be a difference in the lives of her patients, her peers, her country, and her family. She has proven over and over again that we all can be change agents. She feels strongly that health care students today need to put their patients first, get involved in their profession and their future. As a change agent her strongest belief is that healthcare is a human right. She feels we all need to be actively involved in our local and global communities which is only way that we can make a difference. As one person she has made a difference in all that she has ever done.

Acknowledgements: This biography written by Ken Harbert after a phone interview with Jennifer Moore on November 3, 2020, then edited and finalized by Jennifer Moore on January 5, 2021. It was submitted to PA History Society January 2021.

Rose Rooney (Rogstad) emailed and left phone messages but has not responded.

Elizabeth Sterrett-Rothstein, PA (aka Bets-) Elizabeth S. Rothstein

She received a Baccalaureate in Arts from New York University in Cultural Anthropology. During her undergraduate studies she heard of PA's from the 1199 Union President Ms.

Lucille Roberts. Experience working in two different New York City Women's Health Center's gave her a taste of the personal rewards when empowering others.

She understood that the Stony Brook University Physician Associate program was new, born of the Duke and Medex programs expected to provide training to care for people living in areas of need. She recalls fondly learning from faculty who were experienced military MEDEX veterans. They taught her class that patients were always to be respected as whole dynamic individuals. A PA was expected to be a health care provider taught to listen, and embrace each patient/person, not a body part or symptom. She and her classmates were molded in this form that has fit them forever: passionate empathetic patient centered medicine.

She retells when PA Steve Turnipseed and PA Jack Richards demonstrated a patient interview. This was to prepare the class for a real patient interview, during their first-year part of "Patients, Practitioners Health and Disease." Sitting across from each other one as the patient, and the other as the interviewing provider. Told you can take notes, please listen, and look at your patient. Connect with them. She remembers fondly a class closeness, acceptance, and understanding. They were always willing to help each other. She remains in awe of those who returned from the Vietnam War burdened by PTSD. Despite emotional wounds that they carried from the horrors of war, they intended to use their talents and continue to give back. She remembers the open book tests. She commuted by car with classmate RN George Sheffey during the first didactic year. During the hour-long twice daily rides they became close friends. They would review class material, listen to music, sing, laugh and enjoy their shared time together.

Many years after graduation she would be a bridesmaid at his wedding. They shared the first rotation together in surgery at Queens General Hospital. She remembers excellent experiences overall getting to do so much, in Psychiatry with Dr. Anthony DeAngelo, Internal Medicine, OB GYN with Dr. Ann Barbaccia, each at NCMC. Dr. Isaac Cohen in Orthopedics at Long Island Jewish Medical Center, Geriatrics Dr. Wolff-Klein and Dr. Lebow at Jewish Institute Geriatric Care, and Dr. Marcia Bergtraum in Pediatrics at Long Island Jewish Medical. Grand rounds, hands on, as if we were medical students or residents, on call beside our residents, intensely learning by seeing and doing. See one do one. She recalls being told by her Stony Brook instructors, "no matter how tired you are, you always have a responsibility to complete your work to the best of your ability. Then get rest." That advice would last her forever.

After graduating from the Stony Brook PA program, she was hired as the first PA at the Jewish Institute for Geriatric Care in a new Geriatric Residency at Long Island Jewish Medical with international fellows. She was in house on-call every 5th night with her Resident. Leslie Lebow MD was the medical director. Dr. Geselle Wolf-Klein was a resident, she later became the director of the institute now called, The Parker Institute. Elizabeth led a conference called, "the patients struggle to return home." She always started with the patient's aid reporting to the team. Utilizing the team, directed by a patient centered approach. For one

couple, she was able to set up an alert system to enable them to return home. If they didn't flush their toilet for 24 hours, a light bulb would turn on above their mailbox. Seeing this the letter carrier would then alert the police. In 1976 thanks to SB PA Paul Lombardo, she participated in a geriatric forum, at the Stony Brook Health Science Center. Her presentation was, "Sensory Deprivation and the Elderly". Also, thanks to Paul she became a Charter Member of Alpha Eta Society. Recruited to join the Emergency Department Trauma/minor surgery team at Long Island Jewish Hillside Medical Center. She enjoyed surgery, trauma, the constant chaos, and team work ethic of the emergency department. She met hand surgeon Dr. Ken Kamler and later recruited him to join her at CHPS. She was proud of her plastic surgical skills. She was a respected valued member of the trauma team. She was offered a position in primary care as the first PA at the Community Health Plan of Suffolk. She remembers asking Dean Hawkins for advice. He reminded her he started as the first gave her encouragement. CHPS was a new patient oriented, health maintenance organization in one building. It was unusual then to have a prepaid health plan covering everything. They started with a just completed building, only three medical people, Elizabeth, a young Vietnam Veteran Internist, and a young Pediatrician. Both physicians were trained in Academic institutions, North Shore University Hospital, and Mayo Clinic. At first, they all took nightly on-call. It was really busy.

They grew into bigger teams over the years. MD/PA teams, Gyn/Midwife, one NP in Pediatrics, Ophthalmologist/Optomist, a full-time pharmacist and assistant, specialists like GYN, General Surgery, GU, General Orthopedist, Hand Surgeon, Rheumatologist, Cardiologist, Dermatologist, Nutritionist, and full time MSW. They provided an exceptional team approach to patient centered care. On her day off she participated in RA drug research (topical capsaicin cream Zostrix) project with Peter Gorevic MD, a Stony Brook University Rheumatologist. Stony Brook PA students enjoyed their clinical clerkships there. During her first pregnancy it became apparent that the CHP health plan would be bought by a large insurance group. She was elected Union President representing all the Physicians, PA'S, NP, and Midwife. They hired a well-known labor lawyer. No affiliation was made with any national or local union. Together they negotiated a strong contract that lasted until the center closed. Elizabeth will never forget the surprise baby shower, attended by many patients and staff. It was an incredible place to work. We all thought we would get old together there.

She took a year maternity leave without losing her seniority. She returned to the Community Health Plan of Suffolk and practiced Internal Medicine for more several years. After her second child she took a year and a half off. Started to work per diem at the sister Community Health Plan at Long Island Jewish Medical Center. Which was closer to her home. Given her surgical and medical experience she worked alone Friday nights and Saturday's covering at the plan for all departments after hours, sometimes filling in during the morning UC sessions. After about six months, she started full time at Mercy Medical Center in Pre-Surgical testing. It was a true "Mommy job", working from eight to four with no call responsibilities, only a five-minute commute in Rockville Center where she lived. While at Mercy Medical Center she wrote a Community Services Brochure, started a Pain Management committee, and

mentored High School Students. She was involved with the local community. After ten years at Mercy, she was asked to join a solo Urology private practice in Garden City, affiliated with both Winthrop and Long Island Jewish Medical Center. She suggested, given it was just the two of them, that she would take first on-call every night. She quickly learned in office pelvic/abdominal ultrasound, made solo hospital rounds, gave in hospital, and ED consults, made house calls to home bound cancer patients. It was wonderful. The Urologist was comfortable enough to trust her and to go on vacation leaving her with the responsibility for the entire practice. They maintained phone contact daily. She could contact a Urologist if she needed backup or needed to go to the operating room. While working in this practice she completed a National Institute of Health sponsored superficial Bladder Cancer research project. The office manager was the physician's wife. After 2 years she left and worked for the Floating Hospital.

Traveling to NYC Shelters in Brooklyn, and Queens NY, doing Family Medicine, Women's health in female shelters and Men's shelters. She remembers the disturbing unfavorable social aspects faced by each individual, family, children, women, and men just released from Jail with no social network. The shelters are extensions of our culture's racial inequality on every level. During this time, she also worked per diem in General Surgery at Beth Israel Medical Center in New York City. She worked at Beth Israel North where the surgical teams were only PA's. No house staffs. She was asked and became the "Manager of PA Nursing Home Project" at Beth Israel Medical Center New York City. A project imagined by Richard Gemming MPH, PA who was an administrator at Beth Israel Medical Center. His concept focused on the fact that if specialist PA's visited once a week or month to nursing homes from Orthopedics, Dermatology, Gynecology, Urology, Ear, Nose and Throat, they could improve the timing of patient discharge, while providing needed specialty care. Elizabeth could use all her past experiences. She started in Urology, and Otolaryngology. Still Living on Long Island, she traveled by car in the mornings to nursing homes located in Westchester, Bronx, and upper Manhattan. Then she returned to Beth Israel for faculty practice/clinic in the afternoons and worked in the operating room twice a week in Otolaryngology. The other days she would go to the faculty Urology clinic practice. They truly made her welcome, respected and they all appreciated her contributions to the practice.

The concept unfortunately did not catch on with enough specialists. She continued full time in Otolaryngology and with a Head and Neck Cancer Attending, Dr. Doug Frank. Working with very appreciative Residents/Attendings. Then she was hired as the first PA in the inaugural "Beth Israel the Institute for Head and Neck and Thyroid Cancer." She joined a world renown surgical team including a Head and Neck Otolaryngologist physician Dr. Mark Urken, a maxillofacial surgeon Dan Buckbinder DMD, and a prosthodontist Devin Okay DDS. They had the first institute Head and Neck fellow, and of course the Otolaryngology residents rotated on the service. One resident remarked, "every team needs an Elizabeth". Elizabeth was on call in house for the Otolaryngology department and Head and Neck Thyroid Cancer team weekly. Often, she would return to the office after on-call to help. It was hard work, teamwork, but she enjoyed taking care of really sick, complicated patients. Despite the

grueling hours she found it to be very rewarding. She was a respected and greatly appreciated member of the team. She has been in a private New York University affiliated Allergy and Asthma practice for the last twelve years. No call. M-F office hours. She could use all her skills and was the only team member who would competently perform in office Rhinoscopy.

She became the respected practice go-to for Eosinophilic Esophagitis patients, communicating with both Allergists and Gastroenterologists. She continued to be a valued senior team player, inform, and manage administratively, teach clinically both medical students (NYU and Downstate), physician residents (NYU), PA's, NP's. She wrote many patient education materials appropriate to each specialty, prepared and presented a national board review lecture for Stony Brook students, and gave classroom lectures. She gave a scientific lecture for Allied Health Professionals at a ACAAI Scientific conference in Seattle in 2008 on Eosinophilic Esophagitis (EOE). Using her patient's clinical data, she published/presented many collaborative research articles and posters on EOE for national conferences in Allergy and Gastroenterology. She was furloughed due to COVID in late March 2020. She plans to retire from direct patient contact in December 2020. She continues to be passionate about social justice.

She fondly recalls working with PA Clara Vanderbilt as a student member of NYSSPA. She enjoyed meeting PA Dave Mittman when laying out the first Newsletter for NYSSPA in her living room. She was the membership and legislative committee in her first year of NYSSPA.

She volunteers with the New York Medical Reserve Corp, and the New York City Road Runners Club during the New York City Marathon. "Being a PA offered a fabulously flexible primary and multi-specialty career that was profoundly rewarding."⁷⁹ Along with Ken Harbert she spent from April 2020 until November 2020 working on this project without her endless efforts, interviews, laughter, imagination, and endless work ethic this would not have been completed.

Acknowledgments: This biography was written by Elizabeth Sterrett-Rothstein after a number of phone discussions with Ken Harbert on August 2, 2020, and thru November 2020 and then edited by Ken Harbert on November 25, 2020. It was submitted to the PAHX Society in November 2020.

Janine Shaw, PA

Janine's commitment to social justice was forged in the 1960s. Before graduation from Oberlin College as an English major, she took her junior year abroad in Colombia, South America. After the Colombian government declared martial law, closing the universities, she hitchhiked from Bogota, eventually stopping in an impoverished area of southwest Colombia to start a program to alleviate hunger and provide basic medical services to the descendants

⁷⁹ Phone discussion with Elizabeth Rothstein and Ken Harbert, November 25, 2020.

of African slaves. By the time she left South America, she had decided to become a barefoot doctor.

The Physician Assistant program at Stony Brook offered a solid academic foundation along with a diverse student body. She enjoyed studying with medics, corpsman, and nurses, as well as those with less formal medical training. Among her most vivid memories is spearfishing for blue fish off the beach at Rocky Point.

She finished her clinical preceptorships at the migrant farmworkers' clinic in NW Washington and went to work at the Birth Center, monitoring labor and assisting with clinic and home deliveries. From there, she went to Eastern Washington to expand the migrant health system and to provide primary care in several clinics. While at the Walk in Clinic at Harborview Medical Center in Seattle, she saw patients as part of a team of Physician Assistants and Nurse Practitioners. When the clinic closed, she decided to seek independent licensure.

Janine attended medical school at Michigan State University, participating in a nontraditional program in which her cohort was composed of health professionals pursuing second careers in medicine. She feels that her background as a PA was invaluable in medical school. After a year in psychiatry at University of Washington, she completed a residency in Family Medicine at Swedish Hospital in Seattle. Following residency, she worked six months as locum tenens at Group Health Cooperative and later practiced with the Seattle Indian Health Board. There she provided primary care, including OB, to urban Natives. She has fond memories of the staff, who supported her as she adopted the first of her children (who is Samoan-American).

After adopting her son, Elliott, she stopped doing OB and accepted a part-time position with the Lummi Tribal Health Center. Though she was happy at the tribal clinic, she worried about her financial future as a non-native employee and joined a private practice in Bellingham, Washington.

After seven years in private practice, she accepted a position at a community health clinic, where she could focus less on the business aspect of medicine and more on her first love - hearing the stories of her patients.

When the last of their five children (Dan's three are David, Casey, and Megan) graduated high school, Janine and her husband, Dan, moved to Lummi Island and she returned to the Lummi Tribal Health Center. The Lummi Tribe is self-governing, operating a college, pre-K through secondary school system, a casino, as well as the clinic, which offers primary care, substance abuse treatment, women's health, public health, psychiatry, x-ray, lab, pharmacy, pediatrics, and dentistry. The tribe is committed to caring for their people and preserving the Sche'Lang'en, or Lummi way of life.

As she nears retirement, she reflects on the stories she has heard while practicing - the many that make her heart dance and those few that tear at her soul. Each story has deepened her understanding and respect for those she serves. Medicine has been a satisfying career.

Acknowledgments: This biography was written by Janine Shaw after a phone interview with Ken Harbert on September 13, 2020. Then edited by Janine Shaw on October 20, 2020. It was submitted to the PAHX Society in November 2020.

George Sheffey, PA, (Deceased)

George graduated from Stony Brooks Physician Associate program and went to work for the Trans Alaskan Pipeline for two years. There he joined classmates PA Jerry Van Ben Coten, PA Rose Rooney, PA Jim Denson, and PA Norm Mathews. He left the pipeline and went to work for the Bayshore Family Medicine Center in 1978, working there for four years providing primary health care. He left in 1982 and joined the Southside Hospital staff where he met Donna Figaro while she was on a clinical clerkship from Stony Brook University. They married in 1983 and bought a home in Lake Ronkonkoma, New York. He continued to work at Southside Hospital until 1999. They both moved to Glendale, Arizona in 1999 and he went to work for the Arrowhead Pediatrics group until 2018 when he retired. He and his wife spent time with their two grandchildren loving summer vacations at Disneyland. Sadly, he suffered a cardiac arrest due to COVID 19 in March of 2020 and passed away.

Acknowledgments: This biography was written by Donna Figaro Sheffey PA-C after a phone call discussion with Ken Harbert on October 15, 2020. It was edited by his dear friend and fellow PA Elizabeth Rothstein in October 2020. It was submitted to the Physician Assistant History Society in November 2020.

Jerome Van Ben Coten, PA (Deceased)

Prior to entering the Physician Associate (PA) program at Stony Brook he worked at St. Joseph's Hospital in Elmira. He was a highly decorated Navy corpsman who served as a Hospital Corpsman with 3rd Battalion, 3rd Marines in Vietnam and was credited with saving many American lives often at the risk of his own.

His entire professional career was dedicated to helping and healing others as a Physician Associate in Alaska, where he moved shortly after graduating. His first job in Alaska as a Physician Associate was on the Trans-Alaska Pipeline System with Alyeska Corp. caring for the pipeline crews in Prudhoe Bay, Cold foot and Chandalar camps as they built the pipeline from Prudhoe Bay to Valdez. He then worked as a PA for British Petroleum for almost 20 years. During this period, he was responsible for saving the lives of many of his patients who had developed severe cold injuries. He was involved in many episodes of saving lives during dangerous conditions especially after one incident involving a plane crash where he triaged patients, saving three of the occupants. Never one to stop being innovative, during his time with British Petroleum, he had single handedly built a 3,700-square-foot, two-story log home.

In 2002, Jerry began working for the Native village in Chitina and created a health clinic there that served area residents and visitors. He served on the Chitina Traditional Village Council giving input into the health care of the community.

Jerry came out as a gay man in 2000 during a United States Marine Corp reunion of his old company from Vietnam. In 2003, he started a webinar for gay young men in Alaska who were teenagers and struggled with coming out. Once again, his caring and compassionate efforts saved the lives of many of these young men. Jerry had a compassion for others that encompassed his whole life. He never stopped caring for others regardless of who they were.

Jerry also had great adventures in the wilds of Alaska and enjoyed Rendezvous enactments involving hand-sewing and making authentic leather frontiersman clothing with all the trimmings. He personally built his own home in Alaska and was an avid hunter and for years lived off the land. He was a black-powder gun collector and won many sharpshooting awards during the various Rendezvous and reenactments he organized through Alaska.⁸⁰

Jerry retired from the health clinic in 2007 after he and partner Dan Sadler spent a month traveling in the United Kingdom. Sadly, Jerry passed away unexpectedly on Jan. 29, 2008, at his home in Nelchina, Alaska.

Acknowledgments: This was written by Ken Harbert after a phone discussion with Jerry Van Ben Coten in Alaska, October 1999 and using references from the Anchorage Daily News on Feb. 5, 2008, and the Wrangell St. Elias News, Vol. 17, Issue 2, April 2008.

Jerry Webb, PA (Al Webb)

He grew up in Massachusetts and finished his college years at Hartwick College, in upstate NY, majoring in biology. In 1966 as the draft board was deciding where young males would spend the next few years, he decided he wanted to serve in the military in a service that would allow him to stay close to the ocean and offer him opportunities in marine navigation and piloting. He spent four years in the United States Coast Guard as a quartermaster and polar oceanographer, learning the ability to navigate by the stars, leading him around the world from New Zealand, the North Pole, Antarctica, the Northeast Passage, Greenland, Cape Horn, and around the world. These skills proved useful in later life as he and his wife had fifty plus years of ocean sailing in three different sail boats in their time off from clinical work. He also was a long-time member of a mountain ski patrol and knew that he wanted to work outdoors or in a rural area.

After his military service ended in 1970, he started shadowing a rural Maine physician who was a returning Vietnam veteran. He learned about the emerging PA profession, over the

⁸⁰ Anchorage Daily News on Feb. 5, 2008.

next 1-2 years, subsequently applying to Stony Brook, Northeastern, Albany Medical College, and Yale PA programs.

A friend of his mother's told him about Dean McTernan at Stony Brook, and he sent in his application and was interviewed by PA Jack Richards, who he found liked the idea he wanted to do rural medicine. He was also interviewed by a PA student, Jim Jackson, who was interested in going to rural Maine and they hit it off right away. He found the interview process rather interesting, as they used three different interviewers all asking the basic same questions. He was accepted to and finally chose Stony Brook because of its MEDEX philosophy of accepting prior military, its focus on primary care for rural and remote areas, a twenty-seven-month long program. He felt he could learn a lot of medicine in that period.

He remembers the didactic phase of the Stony Brook Physician Associate program and found it to be an interesting way to study medicine, and greatly appreciated the textbooks that laid out what needed to be learned in a logic manner. He felt the class of thirty students was very tight helping each other. Every one of them wanted to really be there, unlike the students on the main campus that seemed to be unsure of what they wanted.

The clinical year of the program placed him in physician residency programs at various Long Island and NYC hospitals, he was assigned. He felt they treated him like a first-year resident intern, they had little idea of the learning objectives that he was given to accomplish, and just treated me as a postgraduate physician. He believes his military experience guided him to accomplish his goals. He told his resident supervisors, "I will do all of your scut work, in exchange for first crack at all admission History and Physicals to be reviewed, and one hour of direct teaching every day". That process allowed him to gain required experience, and not be used only for scut work. He did some of his clinical year in New York but managed to find clinical rotations in Maine that the PA Program reviewed and allowed him to complete. He spent most of his clinical year externships back in rural Maine where he wanted to practice after he graduated. He said that on a "Friday he was a student and the following Monday, he was being paid as an employee."

His practice was a multispecialty rural medical group based in Farmington, Maine, that also operated three remote satellite clinics. Together with another PA they ran an isolated primary care practice in the western mountain town of Rangeley, about twenty miles south of Quebec and forty-eight miles from his main office and hospital. They had a population of 1,200-year-round patrons but during the summer months over 8,000 people enjoyed the town and its pristine lakes. They saw their supervising physician once or twice a month, and the physician signed off on all of their charts. Their supervision was located forty-eight miles away but always there for multi-specialty telephone consultation. A mountain-top based CCTV system was initially used but became unreliable in winter months.

Jerry became one of the first PA's in Maine. His medical group operated one of the first prepaid rural HMO's in the United States. It was linked by PROMIS LABS, and pioneered

one of the first computerized medical systems, based at Dartmouth-Hitchcock Health System in New Hampshire. They used the Dartmouth PROMIS electronic medical record system, developed at the University of Vermont by Dr. Larry Weed in the early 1970's. The patient protocol forms were teletyped to the health system for analysis and to develop a patient database. Elements of this system were the beginning of electronic records that are seen today. These protocols ironically were also used by the MEDEX PA program at Dartmouth, while similar POMR charting and standardized SOAP notes were used in the Stony Brook PA Program. The now famous POMR/SOAP charting process was championed by Dr. Larry Weed at the University of Vermont, who maintained a close affiliation with the Maine practice and the hospital.

Jerry left the practice after four years and moved to a less isolated area of central Maine. He started a job at a 92-bed community hospital in Skowhegan, Maine, that saw about 30,000 patients per year. Many patients were disenfranchised, on welfare, or seen because of a paucity of primary care in Maine. The emergency department functioned both as a primary care and emergency center. He staffed the emergency room with two emergency physicians and three other PA's. Currently the hospital has a total of seven PA's employed in their emergency department. The Emergency Department providers utilized one of the first voice-recognition dictation systems in 1995, called Kurzweil VoiceEM, developed by Ray Kurzweil, a pioneer in artificial-intelligence technology at Kurzweil Technologies near Boston.

The ER PA's worked independent fourteen-hour night shifts and the physicians did the ten-hour daytime shift. He typically saw about forty patients per shift. He worked with the same supervising physician for thirty years and they became great friends. His supervising physician was exceptional and always offered the opportunity for a teaching moment. Their secondary backup was provided by the specialty medical staff on secondary-call, and he also enjoyed a great rapport with them. He felt that all the PA's worked at the same level and were required to perform at the same level as the physicians but received about 60% of physician pay. For many years he worked long weekend shifts every Friday thru Sunday. But these work hours afforded him many continuous days off and allowed a lot of free time to enjoy backpacking and ocean sailing with his wife. He remembers that the Emergency Department Director, William (Bill) Newkirk, MD fully utilized the independent PA's, and controlled his emergency room carefully for quality of care and efficiency. Bill Newkirk went on later to establish the foremost hospital-based industrial medicine system in the USA,

Jerry was part of the initial provider group that established the Emergency Department in the hospital. This practice offered him everything he wanted to do as a PA. He was involved in hospital committees such as the Tissue and Record Committee reviewing medical records and focusing on quality of care. He trained paramedics and emergency medical technicians for the two paramedic-staffed hospital-based 24-hour ambulances. The hospital had a huge catchment area ranging from thirty miles to the south and ninety miles to the north. He stayed in Emergency Medicine at this hospital full time from 1979 until 2009.

He also moonlighted in various community-based primary care clinics, in the region, and remained a close medical provider to many in the community. He enjoyed the emergency department as he saw it as a good resource of care both emergency and at times continuity care for returning patients who had nowhere else to go. Jerry said, "You should never see a patient and put them into a single cubicle of illness or disease or injury... you have to look at the whole person". He felt that if you work too fast seeing ER patients, then the quality-of-care will suffer and decline. He always looked back on what he was taught to do the best he could for every one of his patients. He especially enjoyed the teamwork of his peers and the staff. Everyone did their job together as a team-based effort, and made the patient visit the best they could.

If given the chance to do it all again he says he would do the same because he feels he had a skill, he both enjoyed and was good at. He especially enjoyed caring for facial injuries that he approached as artistic and when completed he had a happy patient, and he knew he had made a difference.

Acknowledgments: This biography was written by Jerry Webb after a phone interview with Ken Harbert on August 24, 2020. It was edited by Ken Harbert. It was submitted to the Society in November 2020.

Conclusion:

This project began with two PA graduates from the Physician Associate Program at the University of Stony Brook Class of 1975, PA Ken Harbert and PA Elizabeth Rothstein who reconnected after many years.

After researching a contact list for the class, updating it as much as possible, they reached out through the internet and by word of mouth to as many of the Class of 1975 they could find. Prior faculty, Stony Brook University and others helped as much as possible.

Our thanks go out to individuals such as Dr. Bill Deák, PA Steve Turnipseed, PA Jim Cawley, PA Paul Lombardo, Dr. Bill Marzucco, Viola Denson, PA Donna Sheffey, Rick Rohrs, Ruth Ballweg, and others without whom finding the keys to the puzzles especially the concepts, curriculum, information, and contacts might never have happened.

Thanks to the efforts of Dr. Deák we were able to obtain copies of the initial curriculum, photos, and newspaper articles. Bill, Steve, Paul, Jim, and Joe shared with us invaluable insight into the period and the challenges overcome to make the program a success. Input from Paul Lombardo who gave the PA program incredible sustainability during his tenure as faculty and later program director was most helpful. We learned from Paul much about the first class, and his important role in ours.

In addition, our classmates helped us remember the passion to be excellent caregivers, the positive mold we all formed by our training to take the time to see the whole patient, the long

nights, the anxiety, the responsibility, the trials, and barriers for being some of the first generation of the PA profession. Without their ongoing input, their assistance, at times their laughter and stories we would never have finished this project. We have connected again and still remain in contact, what a joy during these times.

We found that personal phone interviews later written in the third person offered us the best form of qualitative research into the beginning of the Stony Brook program. Some preferred to write their own biographies. We held two ZOOM information sharing sessions that were online reunions during the COVID Pandemic. The entire piece was sent to all for editing before finalizing.

As Physician Associates, we grew on the shoulders of the first PA's at Stony Brook, Duke University and the University of Washington grounding and moving the vision of the profession forward for forty-five years. Our program invested in us to be dedicated change agents. This project revealed that their vision has come true. Our training successfully molded us forever, to know that we could learn to do anything well. They trusted that we could live our passion to care deeply about all people. We delivered.

We continue to be the best we could be. We did more for those in need than we ever dreamed of when we entered that program in 1973. We all made it through an intensive curriculum and training together. We helped each other achieve this goal. United together from many different worlds, in the tumultuous seventies, not unlike today, with a common purpose. We remained passionate and became dedicated change agents of healthcare. Making a difference in every position each of these thirty individuals have held over the last forty-five years. It was simply wonderful to reconnect. We were many but we became one – Physician Associates true health care providers.



Top Row: Anita Diamondstein, Jerry Webb, Kathy (Modrow) Kufus, Dennis Kozak,
Charlie Butterick
Second Row: Dennis Lynch, Joan McTigue, Susana (Bergman) Doll, Lynnney
Cook, Barbara Martens
Third Row: Nadya Dimitrov, John Collins, Manny Mkrtychian
Partial Class Photo by Ken Harbert, 1974

The authors would like to dedicate this project to our classmates who each were PA's larger in life, who touched so many lives. They are not with us today. Change agents, life savers, caregivers, all.

Jerry Van Ben Coten, Anita Diamondstein, George H. Sheffey, James Denson Jr.

They are missed by us and by so many.

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*This article is dedicated to our families. "Especially my family - Peggeen, Renee, Dedra, Ian, Aylene all who have supported me in all my adventures and who daily give me hope for our future" – K. Harbert, November 30, 2020.