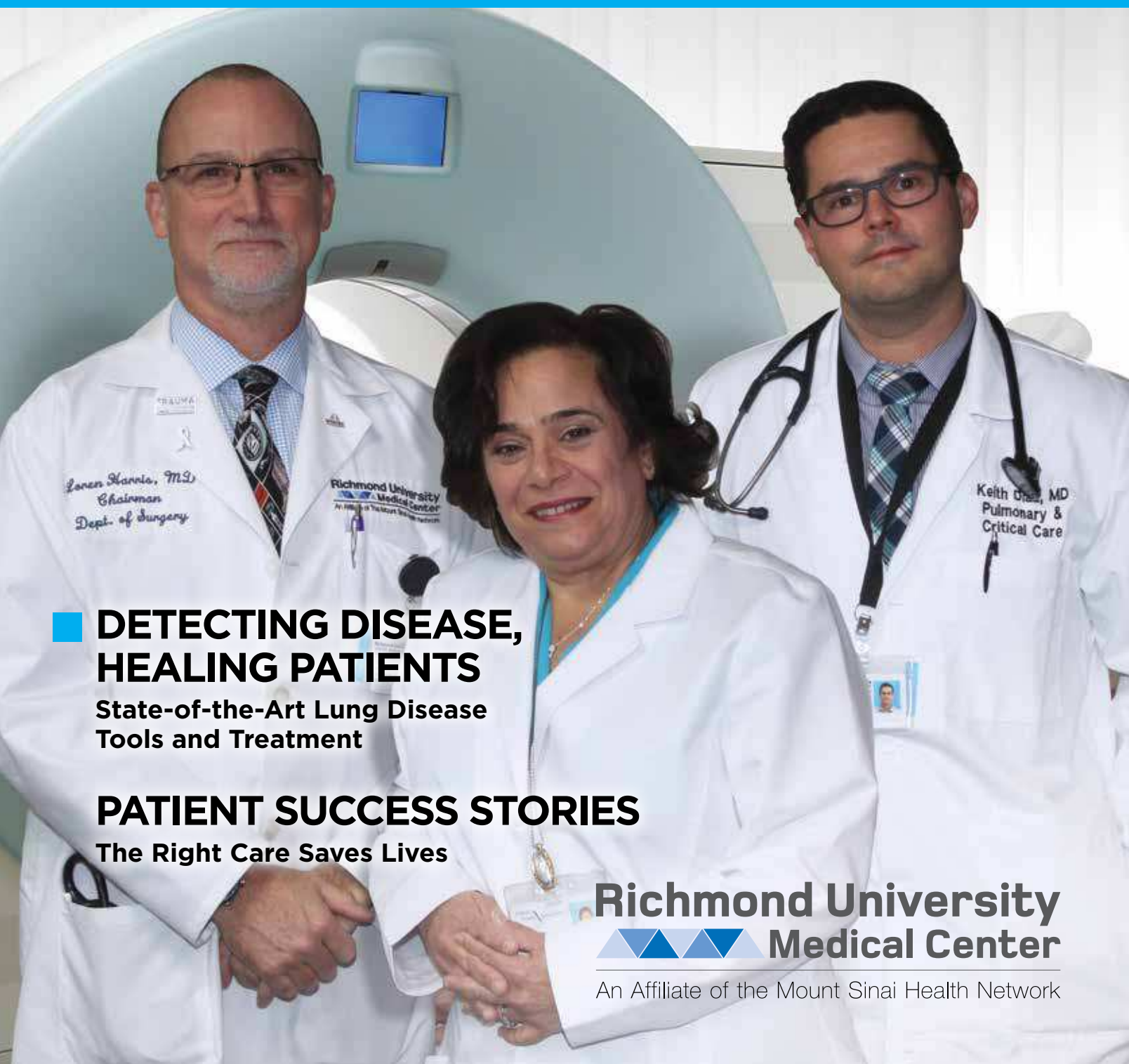


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QUALITY ACHIEVEMENTS IN CARE • HEALTHY LIVING Q&A: LUNG FOOD

CARE

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■ DETECTING DISEASE, HEALING PATIENTS

State-of-the-Art Lung Disease
Tools and Treatment

PATIENT SUCCESS STORIES

The Right Care Saves Lives

**Richmond University
Medical Center**

An Affiliate of the Mount Sinai Health Network

A Message From the President & CEO



At Richmond University Medical Center, we are committed to meeting the highest standards of care. Our hard work and diligence in keeping our patients' health our top priority shows in the accreditations we earn from the top authorities in the field. To mention just a few, we are proud to be the recipients of the American Heart Association/American Stroke Association 2017 Gold Plus Stroke and Silver AFIB awards. Similarly, we have achieved The Joint Commission National Quality Approval recognition in perinatal care, COPD certifications, chest pain, and heart failure.

Of course, we are even prouder when our awards translate into action. We're pleased to share with you the stories our patients tell us about the lifesaving and inspiring care they've received here from dedicated professionals in many specialties. In this issue, patients share their experiences about lung, cancer, stroke, and orthopedic care.

Our thoracic surgeons and other lung experts continue to lead the way in the battle against lung diseases and cancer. At Richmond University Medical Center, these leading professionals have an array of state-of-the-art tools and techniques to help patients get screened, diagnosed, and treated, with seamless support at every step.

Keep safe and warm this winter, and know that we are here for every health need you have. Follow us on Facebook and other social media for information on how we can help, and thank you for your continued trust in Richmond University Medical Center.

Daniel J. Messina, PhD, FACHE, LNHA
President & Chief Executive Officer

OUR MISSION STATEMENT

The Medical Center is a not-for-profit healthcare provider serving the diverse community of Staten Island and its neighbors. We provide quality patient-centered care through a full spectrum of emergent, acute, primary, behavioral health and medical services. We do this in an environment that promotes the highest satisfaction among patients, families, physicians and staff.

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Richmond University Medical Center is an academic and clinical affiliate of Mount Sinai Hospital and has an integrated surgical program with SUNY Downstate Medical Center.

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The information contained within this magazine is not intended as a substitute for professional medical advice, for which your physician is your best choice.



Detecting Disease, Healing Patients

TREATING LUNG DISEASE AT RICHMOND UNIVERSITY MEDICAL CENTER

“Our thoracic surgeons are experienced in performing many kinds of procedures,” says Loren J. Harris, MD, FACS, FCCP, chairman of the department of surgery and chief of thoracic surgery at Richmond University Medical Center.

Dr. Harris, who received his medical degree from the New York University School of Medicine and completed his training in general and cardiothoracic surgery at New York Medical Center, has been in practice for 20 years. Board certified in both general and thoracic surgery, he says that the doctors see patients with a wide range of ailments.

Chronic Obstructive Pulmonary Disease (COPD) is among them. This name actually encompasses several progressive lung diseases, including emphysema and chronic bronchitis, that cause obstructive airflow from the lungs. Another condition seen in patients is asthma, which causes wheezing, a tightness in the chest, and trouble breathing in response to triggers such as allergens, smoke, strong perfumes, paint fumes, and dust mites.

“We also treat patients who have pulmonary sarcoidosis, a disease characterized by tiny clumps of inflammatory cells that form in the lungs, and pulmonary fibrosis, an inflammation or scarring of lung tissue caused by chronic lung disorders — which can lead to permanent loss of the lung tissue’s ability to carry oxygen,” says Dr. Harris.

One of the conditions the surgeons often face is lung cancer. “It is a fact that there are too many people who smoke in Richmond County,” says Keith Diaz, MD, a thoracic surgeon and a key member of the Richmond University Medical Center Lung Screening Program team. Dr. Diaz, who is board certified in pulmonary, critical care, and internal medicine, did his residency at New York Medical College, did specialty training at Mount Sinai Medical Center, and completed his training in pulmonary and critical care medicine at Stony Brook University Medical Center.

“Smoking is a critical factor in lung cancer,” Nancy Sayegh-Rooney, RN, says unequivocally. A nurse for over 35 years, Nancy has always played a role in cancer awareness and prevention, which makes her an excellent team member in the Lung Screening Program. There, she acts as patient educator, friend, and advocate. (See page 6.)



Loren J. Harris, MD, FACS, FCCP, Nancy Sayegh-Rooney, RN, Keith Diaz, MD

Dr. Diaz goes on to say, “Secondhand smoke affects non-smokers, too. (See page 10.) At Richmond University Medical Center, we have the advanced tools to detect cancer and treat patients in a less invasive way that also minimizes pain.”

One of the tools the doctors use is called an endobronchial ultrasound, known as EBUS. Using EBUS allows for early detection of lung cancer, and its progression, in a much less invasive way than conventional diagnostic procedures. Instead of an incision in your chest and surgery, a bronchoscope is inserted through your mouth. The physicians can manipulate the tools they need through the

bronchoscope. One of these is an ultrasound processor, which gives the doctors a very detailed look at the area so they can see what need to be biopsied; samples are sent to the pathology lab for testing.

Since there is no surgery, “You are generally in and out of the hospital in one day,” says Dr. Diaz. The technology can also identify sarcoidosis and other inflammatory diseases of the lungs.

Another procedure the physicians employ is electromagnetic navigation bronchoscopy, or ENB. With ENB, the doctors use technology similar to a GPS system to navigate through

your airways in your lungs to reach a suspicious nodule. Samples are taken to be biopsied, and small markers can be inserted near the area for follow-up treatment or therapy. The procedure generally takes less than an hour.

If the need for surgery is indicated, the physicians are experienced in both minimally invasive techniques and in using the daVinci® Surgical System. Minimally invasive techniques generally result in smaller incisions, which means less scarring. There is also less pain, less blood loss, a shorter recovery time, and faster return to normal activities. When the daVinci system is used, the surgeon sits at a console and operates robotic arms that hold a high-definition camera and specially designed surgical instruments. The system gives the surgeon precision, dexterity, and control, and because of the size of the tools, complex operations can be performed through very small incisions.

“With the resources we have right here at Richmond University Medical Center — both the state-of-the-art equipment and our team of experienced surgeons — there is no reason to travel to Manhattan for treatment,” says Dr. Harris. “Our patients can stay close to home, have less stress, save time, and save their strength for recovery.”



MOST PEOPLE NEED HELP QUITTING

FOR SMOKERS WHO WANT TO QUIT — AND NON-SMOKERS WHO SUPPORT THEM

We all know the statistics on smoking and lung cancer. They're bad. But did you know that smoking increases the risk of other cancers, heart disease, stroke, COPD, emphysema, infertility, and even erectile dysfunction?

The list of chemicals in a cigarette is also pretty appalling. One drag on a cigarette brings you over 7,000 poisonous ones, including arsenic (as in: murder), formaldehyde (that smell from dissecting

frogs in middle school), and benzene (found in paints and solvents).

Yet, people continue to smoke. We've all heard the reasons: “*I enjoy it.*” “*It relaxes me.*” “*Otherwise I'd eat like a pig.*” Of course, once people become addicted, it becomes harder to quit; a nicotine addiction is both physical and psychological. Plus, there are those habits that form: reach for a cup of coffee, reach for a cigarette. Get stuck in a traffic jam, reach for a cigarette.

Here's what you need: the free, six-week smoking cessation program at Richmond University Medical Center, which will give you the techniques — and the support — you need to help you quit. Family support is welcome, too.

To sign up for the Smoking Cessation class, call **718.818.2391** today.

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Smokers and Former Smokers — and Those Who Love Them

Take Note!

LUNG SCREENING SAVES LIVES

According to the American Lung Association, smoking is the main cause of small cell and non-small cell lung cancer, contributing to 80 percent of lung cancer deaths in women and to 90 percent of those deaths in men.

For that reason, smokers and non-smokers and those who love them need to know that lung screening can save their lives. Why have a screening? Lung cancer is 90 percent curable...if it is caught early. If you're a smoker 45 to 80 years old, if you've smoked a pack a day for 30 years, or if you're a former smoker, you should have an annual screening.

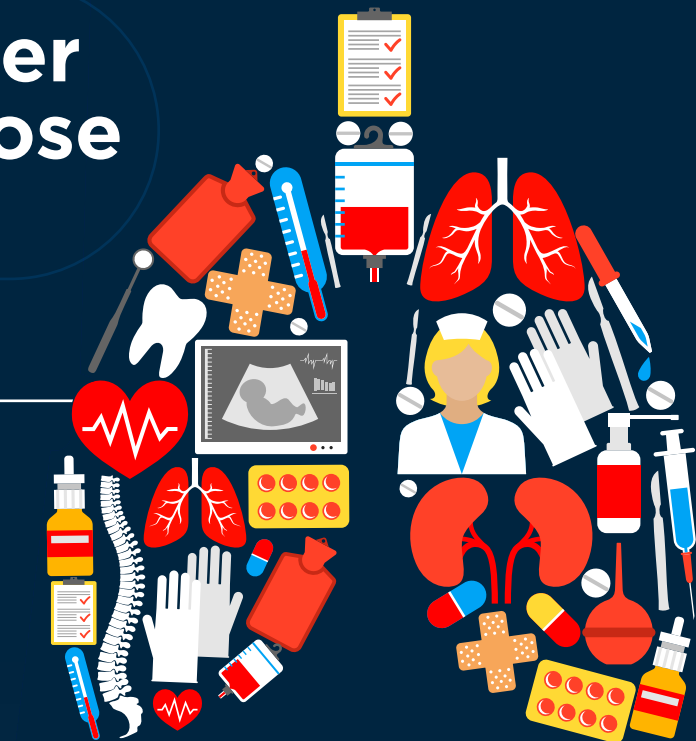
Getting a screening at Richmond University Medical Center is easy. The screening is simple, and there's even a pulmonary nurse navigator — Nancy Sayegh-Rooney, RN — who will shepherd you through each step, from making your appointment to being there for you on the day. She acts as your personal advocate, giving you one-on-one patient care. The screening itself consists of a low-dose CT scan done without contrast (so there's no injection or need to drink a dye solution). The scan of the entire chest is done within 5 to 10 seconds — three deep breaths and it's over.

Since 2014, the program has screened about 100 patients a year. In the past nine months alone, there have been eight positive screenings — that's almost a 10 percent rate annually of catching cancer. Over the years, there have been five surgical interventions needed as a result of the screening. Keep in mind that your job isn't done if your screening is negative the first time: two of the positive results were found on the second annual scans, and one on the third.

HOW MUCH WILL IT COST?

Prescribed by your primary care doctor, the screening is covered by Medicare, as well as by other major insurers, including Cigna, Aetna, and United Healthcare. Check with your insurer.

To make an appointment for your screening,
call Nancy Sayeh-Rooney, RN. Office: **718.818.2391**
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PATIENT STORIES



BREATHING FREELY AT LAST

As part of our occasional “What We Hear From Our Patients” feature, here’s the story of a former smoker and how her cancer was caught by the experts at Richmond University Medical Center.

Elizabeth Hayes is a former smoker — one who smoked two packs of cigarettes a day for over 25 years. When she decided to quit, she became just as committed to her health as she had been to smoking: she participated in the Richmond University Medical Center Lung Screening program as soon as it was available. In fact, as the Center’s eighth patient, Elizabeth was one of its earliest adopters.

Two years in a row, her screenings came back clear. Elizabeth decided that she was fine, and didn’t need to go for any more screenings.

Luckily for her, Elizabeth had an appointment during that time with her gastroenterologist, Prasanna Wickremesinghe, MD, for an unrelated issue. Elizabeth mentioned her two-years-in-a-row clear screenings, and told the doctor that she was really too busy to go again. Dr. Wickremesinghe is

a strong advocate for tobacco cessation, understands the risks of smoking, and knew that Elizabeth was a former smoker. She connected Elizabeth with Nancy Rooney, RN, CTTS, who is the screening program’s pulmonary nurse navigator.

In Nancy’s eyes, it was absolutely not an option for Elizabeth to skip her screening. Nancy reached out to Elizabeth and scheduled all the necessary appointments for her, facilitating the low dose CT scan screening she required. That screening, Elizabeth’s third, came up positive.

Nancy’s expertise made everything go smoothly. “Within hours of my getting the results, I had an appointment to see Dr. Harris,” says Elizabeth. Loren Harris, MD, is the chief of thoracic surgery at the hospital. Again with Nancy’s help, all the other appointments she needed were scheduled within a month.

Elizabeth had an operation known as a thoracic wedge resection (TWR), which removes cancerous cells in the lung. “Dr. Harris was outstanding. He explained everything that was going to



happen so well that I wasn’t worried at all,” Elizabeth says. The resection itself took only an hour, and because it was performed as a minimally invasive procedure there was less pain and faster healing than with conventional surgery. Elizabeth was in and out of the hospital within two days, and had a follow-up visit with Dr. Harris within a week.

Need a gastroenterologist? Visit rumcsi.org/findadoctor and search by specialty “**gastroenterology**.”

FREQUENT FLYER, BUT NO SKYDIVING ALLOWED



Staten Island native Sean Farley has been a “frequent flyer” at Richmond University Medical Center. He and his three siblings were all born at the

hospital, but Sean has seen a lot more of the medical center than his siblings.

Sean, a junior and an accounting major at Fairfield University in Connecticut, suffered a collapsed lung, or pneumothorax, in one lung when he was a 10-year-old fifth grader. Loren Harris, MD, performed surgery to re-inflate the lung. After six days in the hospital, Sean was back to normal.

Pneumothorax is relatively rare, but can occur in young people, particularly if they have a tall, thin build like Sean. Incredibly, a few years later, his other lung collapsed, and Dr. Harris at Richmond University Medical Center re-inflated the other lung.

Sean, still of above average height, is now an active, healthy college student. “The only things I am not supposed to do are skydiving and scuba diving,” he says, adding, “My mother is relieved that skydiving is off the table!”

Sean is appreciative of the care he received. “Dr. Harris and the nursing staff were great to me.” The Farley family’s roots go back generations in the West Brighton community, and the family lives very near the hospital. Sean says, “It is comforting to know we have quality medical care so close to home.”

A STROKE OF LUCK



When 33-year-old Yolanda Nedd woke up on Tuesday, October 30, 2012, she knew something was wrong.

A labor and delivery nurse at Maimonides Medical Center, she had had a headache on her last shift the previous Sunday, but didn't think anything was unusual. She was very sleepy and her three-year-old son kept trying to wake her. "I was very dizzy, and he kept slapping me. When her husband asked her what was wrong, no words came out of her mouth. "I felt like I was communicating, but everyone told me I did not say a thing." Yolanda quickly worsened, vomiting and going into spasms.

October 30 also happened to be the day Hurricane Sandy was pummeling Staten Island. The electricity in her home was out, and her husband managed to contact 911 to send for an ambulance. "I remember while being loaded into the ambulance, sheets of rain were coming down on me. I was told the ambulance had a hard time because of the rain and wind, and many downed trees blocked roads."

Yolanda was quickly transported to Richmond University Medical Center,

where she was diagnosed with a stroke. "I could not see out of my left eye, and had difficulty moving the left side of my body. I could see only in black and white, not color. I remember thinking — I'm having a stroke!" Remarkably, while an IV was being placed, she recognized a former college from nursing school. Five CAT scans were administered using the backup generators, since the hospital was also without power.

A stroke was diagnosed, and tissue plasminogen activator (TPA) was quickly administered. After the TPA was administered, Yolanda woke up two hours later to a crowd of caregivers around her bed. She immediately started talking as if nothing had happened. "I told them I wanted to get up and got home. They told me no, I had to rest and I needed to be checked for physical damage and to make sure I could eat and swallow properly. I remember someone came in with some cookies, and I was hungry. I enjoyed the cookies to no ill effect. My caregivers were amazed — they later told me I had such a poor prognosis on arrival that they thought if I survived I would be in physical therapy to six months just to re-learn how to walk and talk."

TPA is the gold standard for treating ischemic stroke. It can be administered up to three hours after stroke onset, and can work wonders as in Yolanda's case. Thankfully, she fully recovered and has no lasting effects from the stroke. Yolanda still works as a nurse, and enjoys time with her family. "I am very grateful that Richmond University Medical Center saved my life."

Researchers at the Cardiovascular Institute of New Jersey at Rutgers Robert Wood Johnson Medical School have found evidence that Hurricane Sandy had a significant effect on cardiovascular events, including myocardial infarction (heart attack) and stroke.

The researchers found a 22 percent increase in heart attacks compared with the same time period in the previous five years. The 30-day mortality from heart attacks also increased by 31 percent in the high-impact area. This research points out that hospital emergency departments need to prepare for the change in volume and severity of health incidents during extreme weather events.

In regard to stroke, the investigators found a 7 percent increase during Hurricane Sandy.

During Hurricane Sandy, Richmond University Medical Center was the only open and accessible hospital in Staten Island. The campus is not in a flood zone and did not have access issues as did other healthcare facilities on the island. Outpatient areas were repurposed to handle the surge of patients who had nowhere else to go for healthcare during the storm.

To prepare for future emergencies, Richmond University Medical Center is building a cogeneration plant, which will enable the hospital campus to be totally energy self-sufficient. In addition, a \$21 million FEMA grant will provide new windows for wind resiliency and improved campus drainage. A new emergency department is in the works. Each private patient treatment area will be able to convert to two-person capacity in the case of increased patient load during disasters.

KNEE SURGERY: A SUCCESSFUL SEQUEL



In the acting business, the term "break a leg" is an industry phrase for good luck in a role. In reality, actor Joseph Tudisco wasn't having much luck with his knees.

Joseph, a Brooklyn native, is a successful actor who has appeared in film, theater and television. His credits include appearances

in *Law And Order*, *Boardwalk Empire*, and *The Sopranos*. In his spare time, Joseph coached Brooklyn high school football for many years. It was there that he became acquainted with Dr. Mark Sherman, an orthopedic surgeon, who volunteered with the Public School Athletic League, giving sports physicals and helping with orthopedic injuries. When Joseph developed knee pain, Dr. Sherman operated on Joseph.

"When I had trouble with my knee years ago, Dr. Sherman did a wonderful job. I knew him through our common love of high school football, so it was natural for me to turn to him for help."

Over the years, Joseph's other knee developed issues and required a total knee replacement.

When Dr. Sherman told Joseph he would operate, but Joseph would have to come from Brooklyn to Richmond University Medical Center in Staten Island, Tudisco did not hesitate to make the trip.

"I cannot say enough about the wonderful staff at Richmond University Medical Center. My stay there was fantastic—everyone from the nurses, aides, and of course Dr. Sherman took great care of me. I highly recommend the hospital," said Joseph.

Joseph Tudisco can be seen in the new hit film *The Post*, directed by Stephen Spielberg. The film opened during the Christmas 2017 holiday and stars Meryl Streep, Tom Hanks, and Bob Odenkirk.

PROTECT YOURSELF AND YOUR LOVED ONES FROM SMOKE

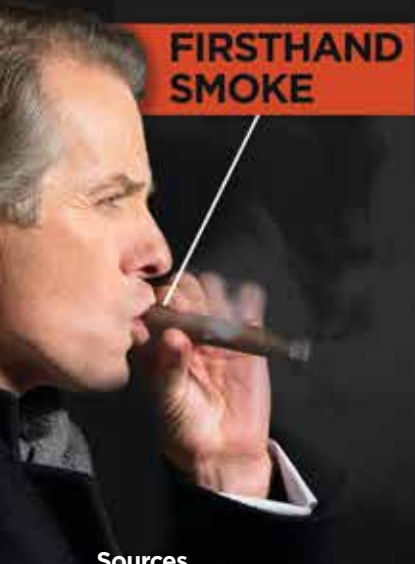
Did you know that on Staten Island, over 64,000 adults smoke? Yet — risks to the smoker aside — secondhand and thirdhand smoke inhalation cause illness, disease, and increased risk for death among family, friends, and even pets.

THINK OF FIREFIGHTERS:

They can experience occupational exposure to the toxins and carcinogens in smoke during firefighting activity, and are therefore at higher risk for respiratory ailments such as sarcoidosis. So when firefighters rush to the scene of a fire, they are prepared: they have protective equipment, known as SCBA, to minimize the breathing in of these hazards. Those of us at home can't arm ourselves with protective breathing apparatus, so it's best to be prepared another way — know the statistics!



FIRSTHAND SMOKE



Sources

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<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4196683/table/T1/>

SECONDHAND SMOKE

Smoke from the burning end of a cigarette, and smoke breathed out by smokers.

Secondhand smoke causes, among nonsmokers in the US annually:

- Nearly 34,000 premature deaths.
- 25-30% increased risk of developing heart disease.
- More than 7,300 deaths from lung cancer.
- 20 – 30% increased risk of stroke.
- Nearly 8,000 deaths from stroke.
- More frequent and worse asthma attacks in children.
- More ear and respiratory infections in children.
- More children who die of Sudden Infant Death Syndrome (SIDS).

THIRDHAND SMOKE

The nicotine and other chemicals left over from tobacco smoke that cling to surfaces including clothing, drapes, furniture, dust, carpets, beds, walls, and floors.

Thirdhand smoke poses a risk for:

- Babies and small children who crawl on the floor and carpeting, who touch many surfaces and often put their hands in their mouths.
- Dogs and cats, who are low to the ground and inhale these toxic chemicals daily — and who can ingest them when licking you or your clothing.

Worried about your smoke exposure, but don't qualify for the lung screening program? Dr. Keith Diaz, a pulmonologist, can monitor your lung function and look for symptoms such as coughing, shortness of breath, and mucus production. Just call **718.818.1058** for an appointment. Or, if you need a referral from a primary care physician and don't have one, visit one of our primary care walk-in centers at 1058 Forest Avenue or 4360 Hylan Boulevard.



With Philip Otterbeck, MD,
Chief of the Endocrinology
Division

Healthy Living Q&A

EVERY BREATH YOU TAKE...

RELIES ON THE FOOD YOU EAT

“What do my lungs want for dinner?” is probably not a question you ever ask. But if your lungs could answer, this is what they’d say: “Vitamin C, carotenoids, and folate, please!” Luckily, those items are easily translated into the foods that offer them: pumpkin, spinach, yellow peppers, black beans, and lentils, for example.

Q. Why vitamin C for my lungs? I thought it was to prevent colds.

A. In some studies, vitamin C has been shown to help prevent pneumonia, a common lung infection. Choose papaya and guava for the most of this vitamin in a serving. Apples and blueberries also contain vitamin C, and they offer antioxidants as well. Add a few orange slices and you’ve got a fruit salad packed with lung power.

Q. What are *carotenoids*? They sound complicated!

A. They’re plant pigments — the ones that make your food red, yellow, and orange. Plant foods offer a lot of healthy compounds. Pumpkins, papayas, cantaloupe, spinach, and kale all contain nutrients that are thought to protect against lung cancer.

Q. I feel like I need a medicine chest just for my lungs. Why folate?

A. Folate — no need to stock up on supplements, because it can be found, among other sources, in black beans and lentils (both great for hearty winter meals) — can benefit lung function overall, as well as help protect against emphysema and chronic bronchitis.

Q. Is there anything else I can do—or mix into a meal—to help my lungs?

A. Sauté any of those dark green vegetables with fresh ginger and garlic and you’ll boost your lung health: ginger helps your lungs eliminate pollutants, and garlic might lower your risk of lung cancer. Flaxseeds may also help to protect your lung tissue, and they can be sprinkled on cereal and salads or blended into a smoothie. Most importantly, if you’re still smoking, it’s essential to stop!

To submit your question to Dr. Otterbeck, Chief of the Endocrinology Division, email it to info@RUMCSI.org, subject: Q&A. Your question could appear in our next issue!



Black Bean Chili

(GLUTEN-FREE)

Ingredients

- 1 pound dry black beans
- 2 cups onion (about 2 large), chopped
- 1 cup red, yellow, or green bell pepper, chopped
- 3 cloves garlic, crushed
- 2 teaspoons chili powder
- 2 teaspoons cumin
- 2 teaspoons dried cilantro
- 1 28-ounce can tomatoes

Directions

Soak beans according to package directions. Rinse. Add all ingredients except tomatoes to 3 quarts of water. Bring to boil, then reduce to low heat. Simmer for about 2 hours, until beans are soft and water is gone. Add tomatoes. Cooking until tomatoes are heated. Add salt and pepper to taste. Garnish with fat-free sour cream and chopped scallions.

Serves Six

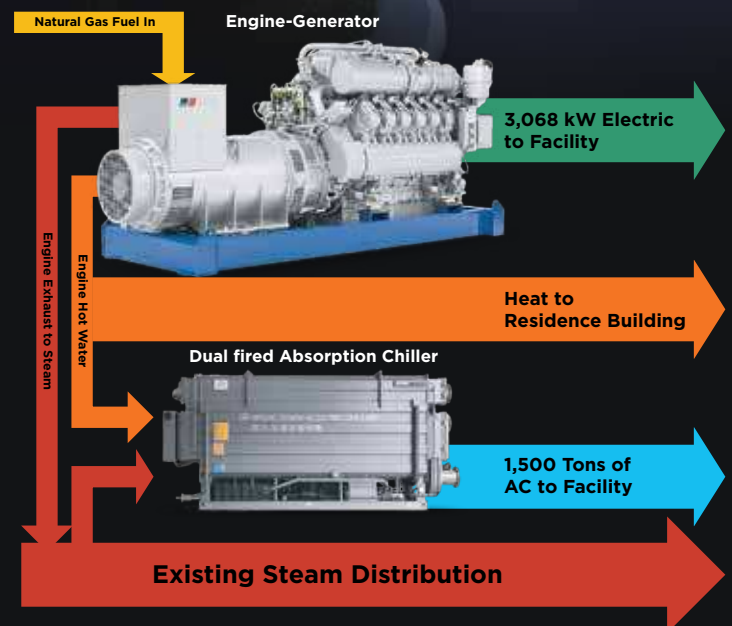
Each serving contains about 333 calories, 20 g protein, 2 g fat (5% calories from fat), 0 mg cholesterol, 63 g carbohydrates, 15 g fiber, and 204 mg sodium. To make this recipe gluten-free, use only spices or condiments that are gluten-free. Read food labels carefully and contact the company if you have any questions.

ENVIRONMENTAL AWARENESS TRANSLATES TO GOOD STEWARDSHIP

WE'LL BE GENERATING OUR OWN POWER!

We all know that the power grid serving the North Shore is stressed. We're taking action: the hospital is going to be building its own cogeneration plant, which will allow it to generate its own power. The plant will eventually pay for itself through cost savings, allowing the hospital to be self-reliant. This new plant will not only be cost-efficient, but will also supply clean, quieter energy.

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Another large project on campus will be the implementation of a \$21 million grant from FEMA to replace hospital windows for maximum wind resiliency and to improve campus drainage.

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