

## **A nostalgic personal statement from Yash**

The Division of Pulmonary and Critical Care Medicine at East Carolina University was established on October 1, 1978 with my arrival from the Ohio State University College of Medicine, as the first section head of this new division. For me, it was a challenging proposition to develop an academic program and equip the division with tools to provide first rate clinical services in our specialty to the communities of eastern North Carolina, analogous with the basic mission of the new medical school as mandated by the North Carolina legislature, to improve health care in this underserved region. My personal commitment has always been the tripartite goal of excellent patient care, education and training of future doctors who will carry the torch, and investigation into diseases that are relevant to our patients and population.

The division was started in a very humble way with a single office space in the teaching Annex of the Pitt County Memorial Hospital, affiliated with the School of Medicine. A year later Dr. Robert Shaw joined the Section, followed by Dr. John F. Holter both with fellowship training in pulmonary & critical care medicine from Ohio State University. Over the years, additional faculty were recruited including Dr. Al Driver, Dr. Robert Dillard, Dr. Carl Kaplan, Dr. Jeffrey Garland, and Richard Mann. It developed into a remarkable team with cohesiveness & capacity to work together with a common passion. There was energy in the air! The expanded division moved into a renovated library space to accommodate six faculty members.

Although it was a long shot to think of research with such an upstart school and humble beginnings, it was also clear to me that without cutting edge research patient care could not be advanced. For many of the common diseases that we care for (i.e. asthma, copd, lung cancer, sarcoidosis, etc), our ability to cure the disease was limited and our understanding of the pathophysiologic mechanisms was insufficient (this remains true even today). With so many opportunities, so much energy in the atmosphere, with enthusiastic and “hungry” faculty, a balance had to be established between education, patient care, and scholarly activities. My answer to this “healthy tension” was translational research. By this I mean research studies that occur as an extension to routine patient care. I believe optimal patient care, clinical research and education of trainees go hand in hand, like a glove over the fingers. For this pathway, there was overwhelming and subdued support from Dr. Eugene Furth, Chairman Department of Medicine and Dr. William Laopus, Dean of the Brody School of Medicine at the time. Both men were inspiring and had positive thinking with dedication to education, scholarly activities and unwaivering service to the community.

With the completion of the Medical School Building (Brody Medical Sciences Building) in September, 1982, laboratory space became available. It was exciting to furnish the empty research laboratories. Our division had three actively running laboratories. The focus of our research was sarcoidosis, a disease with very high prevalence in south eastern part of the United States, especially in the eastern North Carolina. Sarcoidosis is a granulomatous disease of unknown cause which can affect any part of the body.

Although a majority of the patients recover spontaneously in about 2 years, almost 25% of the patients continue to have indolent course and /or crippling prognosis. The vast majority of our patients with this disease were African-Americans. The disease sometimes takes a major toll on both patients as well as families.

The expansion of services was an on going process. Pulmonary function test laboratory with its old fashioned spirometer was located in a 15x 20 ft. room at PCMH, was capable of doing only three hand calculated spirometries. Subsequently as technology evolved, we expanded to accomodate automated systems capable of doing numerous complete pulmonary function tests and arterial blood gas studies. A state of the art bronchoscopy laboratory was added. Both a respiratory therapy area and sleep laboratory were developed. In 1993 PCMH added the north tower, a new building which houses state of the art ICU units, which gave life to the practice of critical care (both medicine as well as trauma/surgical) in the region. As they say, the rest is history! We always provided highest quality of care to our patients with a variety of disorders.

Over the years, we made significant advances in understanding the etiopathogenesis of sarcoidosis leading to a paradigm shift in the concept of sarcoidosis from the past notion of its association with immunodeficiency to a disease associated with hyperactive immune system (i.e. pro-inflammatory). We developed an in-vivo experimental model of sarcoidal granuloma by examining Kveim-Siltzbach antigen induced cutaneous granuloma in longitudinal serial biopsies. Further research, spearheaded by Dr. John F. Holter in collaboration with Dr. Kim Park & myself, on this model led to the localization of a “granulomagenic factor” to the cell membranes of autologous sarcoidal monocytes/macrophages. I was very active at both the national and international meetings to present our data and findings obtained from our little corner of eastern NC. We published a series of manuscripts in specialty journals. We held annual CME programs termed “A Breath of Fresh Air” in the spring. This included participation of many national thought leaders in pulmonary medicine such as Roger Bone, Dick D. Briggs, Herb Reynolds, Ronald B. George, Talmadge King, Harold Israel, and Philip A. Bromberg, James Donohue.

In general, in the department of medicine, there was an electrifying atmosphere of positive thinking for scholarly activities. Every division in the department was actively engaged in research. In the division of Endocrinology and Metabolism, Drs. Jose Caro, chief of the division, and Dr. Sinha, led the research in diabetes mellitus and obesity related problems, in collaboration with Dr. Walter Pories, chairman of Department of Surgery, and other colleagues in the basic departments. Their research was highly valued and gained international recognition. Dr. Bruce Campbell, Chief of infectious diseases was a dedicated researcher and collaborated with our group on a number of projects.

The success of the endeavors of the Department of Medicine can be attributed to the strength and visionary stature of Dr. Eugene Furth, Department Chairman. He believed in fairness and had the ability to pull people together. His maxim was “sit together, talk together, eat together, and work together will force you to like each other” which is

fundamental to development of long-term stability, security, and mutual respect. These ingredients remain a concoction for greater productivity and achievements. We were fortunate to have that kind of stability in our division for a period of almost 18 years that made us highly productive.

In 1987, I was acting Chairman of the Department of Medicine. I started the department of medicine Annual Research Day as an attempt to both showcase our faculty's efforts as well as stimulate and encourage the research bug in the trainees. Of course, the Research Day has become a long-standing tradition and venue which continues to grow to the present day. We have seen outstanding invited speakers inspiring and stimulating and appreciating our department's growth.

One of the missions of the medical school was community service in which medical school faculty plunged deeply. Along with my wife Sudesh, who has been an active faculty at BSOM, we lived in and loved Greenville where we raised two lovely children. We did our share by involving ourselves in the school system. I was actively involved in the J. H Rose Attendance Area Foundation Advisory Committee; also served as a Member Board of Academic Boosters Club, Rose High School, Greenville, NC and President, Parent Teacher Association, Greenville Middle School, Greenville, NC. We also helped to develop support groups for patients with sarcoidosis & COPD, and played leadership roles in the local American Lung Association of NC.

In 1996 I stepped down from the position of pulmonary/ccm division chief but have remained active in all aspects of the mission of our school and the department/division. I helped to recruit Dr Mani Kavuru from the Cleveland Clinic, who came on board as the new division chief in September 2005. With his inspiring leadership and obvious commitment to the tripartite mission, the division is set to advance to a new level of achievements. There is excitement in the air regarding collaborative research both in the division as well as across the departments. There is recognition that research is a serious and purposeful endeavor that is certainly in our mission and is good for the people of eastern NC as well as the institutional climate and standing.