

FROM THE EDITOR'S DESK

COLLABORATION FOR COMMUNITY HEALTH

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March is Women's History Month, a chance to reflect on some of our most inspiring leaders and the lessons we can draw from their legacies. One such woman was Antonia Coello, born in Fajardo, Puerto Rico, in 1944. Raised by a single mother and hampered by a chronic medical condition for which her family could not afford appropriate care, she was nevertheless a precocious student. By the time she was a teenager, she was determined to help children like herself by going to medical school, and after winning a scholarship, she matriculated to the University of Puerto Rico.

Her family endured further hardships, including the death of her dear aunt to what should have been a preventable kidney failure. Resolved to better understand the barriers inherent in the organ transplant system, Antonia completed medical school near the top of her class, then residency and fellowship, before joining the U.S. Public Health Service Commissioned Corps and becoming an instrumental leader in the early days of the AIDS epidemic.

Along the way, she changed her name, and Dr. Antonia Novello went to work at the National Institutes of Health to streamline and bring balance to the organ transplant process, to help correct inequities and decrease barriers.

When she was sworn in as the 14th Surgeon General of the United States in 1990, she was the first woman and first person of Hispanic heritage to hold that office. She introduced many to the concept of harm reduction. Vowing that it was her mission to protect the underserved, she was instrumental in cre-

ating policies to limit the tobacco industry from targeting children, among other accomplishments.

In 2017, when Dr. Novello spoke at the Perelman School of Medicine Martin Luther King, Jr. Health Equity Symposium, she noted a growing sentiment – in light of federal policies – that health disparities might worsen, that our most vulnerable patients might be at risk. Many now, in 2025, hear the echoes of those concerns as we try to come to terms with threatened cuts to social services, as well as to research and education. Will we soon see a drawdown to insurance coverage for our nation's most economically disadvantaged?

Dr. Novello called on those of us who are privileged with opportunity to never forget our responsibility, to think broadly, to challenge ourselves to never take off our public health hats. Paraphrasing Yehuda Bauer, the Jewish historian who wrote extensively

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about the insidious growth of Nazi fascism, Dr. Novello warned, “Thou shalt not be a victim, thou shalt not be a perpetrator, but, above all, thou shalt not be a bystander.”

We know there is value in being a part of one another's lives, asking one another where and how we can lend a hand, sharing our resources and insights. To decrease risk to and negative repercussions for vulnerable populations, perhaps we must begin at home, reinforcing the connections within our own community.

We can work locally not to augment the hardships and obstacles our neighbors experience. We can aid in municipal- and state-level decision-making by reaching out to our own legislators to advise them regarding

our opportunities and responsibilities. These are just a few of the meaningful ways we can reinforce that we care about and see value in one another.

It is with this inspiration in mind that I'm particularly excited about the scholarship featured in this issue of *The Journal of Lancaster General Hospital*. Several reports detail local work by colleagues and leaders to connect patients with the best care, to understand unique problems, and to try to find common ground.

First, Dr. Meghan Dermody reports the results of a study of transcatheter aortic valve replacement (TAVR) in standard-risk patients. She is a national co-principal investigator of the Safety and Efficacy Study for Reverse Flow Used During Carotid Artery Stenting Procedure (ROADSTER) Phase 3 trial and, as such, recently presented at the Vascular Interventional Advances Conference.

No intervention comes without risk. With carotid artery stenosis, one such risk is embolization during or immediately after revascularization. While TAVR has already been an option for patients considered high risk for stroke during treatment for arterial stenosis, Dr. Dermody's work, conducted here at Penn

Medicine Lancaster General Health, demonstrates that TAVR is safe and effective at treating stenosis in standard-risk patients as well.

Next, a team of researchers – including LG Health's Research Director of Trauma and Acute Care Surgery, Dr. Lindsey Perea – report on a multi-year project to prevent hay-hole falls in Lancaster and surrounding areas. Their work seems to have reduced the incidence of traumatic injury and has likely saved countless lives. Much of Central Pennsylvania has benefitted, and the Anabaptist Youth Trauma Prevention Consortium hay-hole cover design should be made widely available, as they suggest in this important article.

Further, Dr. Hehidy Paulino presents pearls from a recent geriatrics conference, and pharmacists Isabelle Lawler and Michelle Link Patterson present important updates regarding opioid-induced constipation.

We must remain true to our moral compass. And as you join me in celebrating the scholars featured here, I invite you to use what you read to continue caring for our friends and neighbors in Lancaster and beyond.

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5:15 - 6:15 p.m.: Reception | 6:15 - 7:30 p.m.: Remarks & Lecture
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Speaker: **David S. Wendler, MA, PhD**
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Attendance can be in-person or virtual; in-person event will be limited and on a first come, first serve basis.
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