

Above & Beyond



Each year, the Upstate Medical Alumni Foundation honors exceptional alumni who have made a unique impact on medicine. Meet our 2020 honorees.

PROFILES BY RENÉE GEARHART LEVY



Alumni honorees are presented with traditional gifts: a cane to the Distinguished Alumnus, a clock to the Outstanding Young Alumnus, and a plaque and financial contribution in their name to a charity of choice to the Humanitarian Award winner.

Community Health

Distinguished Alumnus Philip A. Wolf, MD '60, devoted nearly six decades to research study that established risk factors for heart disease, stroke, and dementia.

In 1948, three years after the premature death of President Franklin D. Roosevelt from hypertensive heart disease and stroke, Congress enacted the National Heart Act, declaring heart disease a national threat. The law established the National Heart Institute (now known as the National Heart, Lung, and Blood Institute) and allocated a \$500,000 seed grant for a 20-year epidemiological heart study of Coronary Heart Disease and Hypertension.

Seventy-two years later, the Framingham Heart Study continues, the longest running chronic study of disease in a population and one of the most important. The study has made major contributions to the understanding of heart disease and stroke and expanded to investigate conditions such as dementia, Alzheimer's disease, nutritional epidemiology, and most recently, how aging affects the heart and other organs.

For 25 years, the study was led by principal investigator Philip A. Wolf, MD '60, who stepped down in 2014 after a remarkable 57 years as a researcher on the study.

"The study has been amazingly productive," says Dr. Wolf, honored by the Upstate Medical Alumni Foundation as the 2020 Distinguished Alumnus. "Framingham changed the focus of health care from treating sick people to preventing healthy people from getting sick," he says.

When the study was launched back in 1948, the notion that diet, exercise, and tobacco use could impact heart health was revolutionary. But over time, the study identified the "risk factors"—a new term coined by the study—for diseases of the heart and blood vessels—identifying that hypertension, high cholesterol, and cigarette smoking were key risk factors for developing coronary disease, and that high blood pressure, elevated blood cholesterol, obesity, and cigarette smoking were predisposing factors to developing a heart attack and stroke. This was considered landmark research, co-authored by Wolf, when it was published in the *Journal of the American Medical Association* in 1970.

At the start, researchers literally went door

to door in Framingham, Massachusetts, asking people to participate by having regular physical examinations and answering questions about their lifestyles. They recruited 5,209 residents between the ages of 30 and 62 and the participants were followed every two years.

"Twenty or 30 years later, we recruited their children. And then 20 years after that, we recruited the third generation of Framingham participants," says Wolf. Over the span of three generations, researchers progressed from identifying risk factors to finding the precursors for those risk factors, to using genetic DNA analysis on the youngest cohorts to look at predisposition to those risk factors and to identify genes that underlie cardiovascular and other chronic diseases.

In 2007, the NIH created an open-access data set of clinical and genetic data of the 15,447 study participants to the scientific community, offering a huge contribution to personalized medicine. Researchers can use genetic markers to compare an individual's genetic data with his or her clinical history, accelerating discoveries linking genes and health and hopefully advancing scientists' understanding of the causes and prevention of cardiovascular disease and other disorders.

"Our research advanced along with science and technology," says Wolf.

Wolf was the first—and for a long time only—neurologist involved on the study. He modestly says his career was forged by "a series of fortuitous occurrences;" he simply followed a path of opportunities open to him.

Born in the Bronx, Wolf graduated from Stuyvesant High School at 16 and was the first in his family to attend college. Other than liking science, particularly biology, he says it's not really clear why he pursued medical school, but recalls being delighted to discover that "A., I liked it, and B., I was pretty good at it."

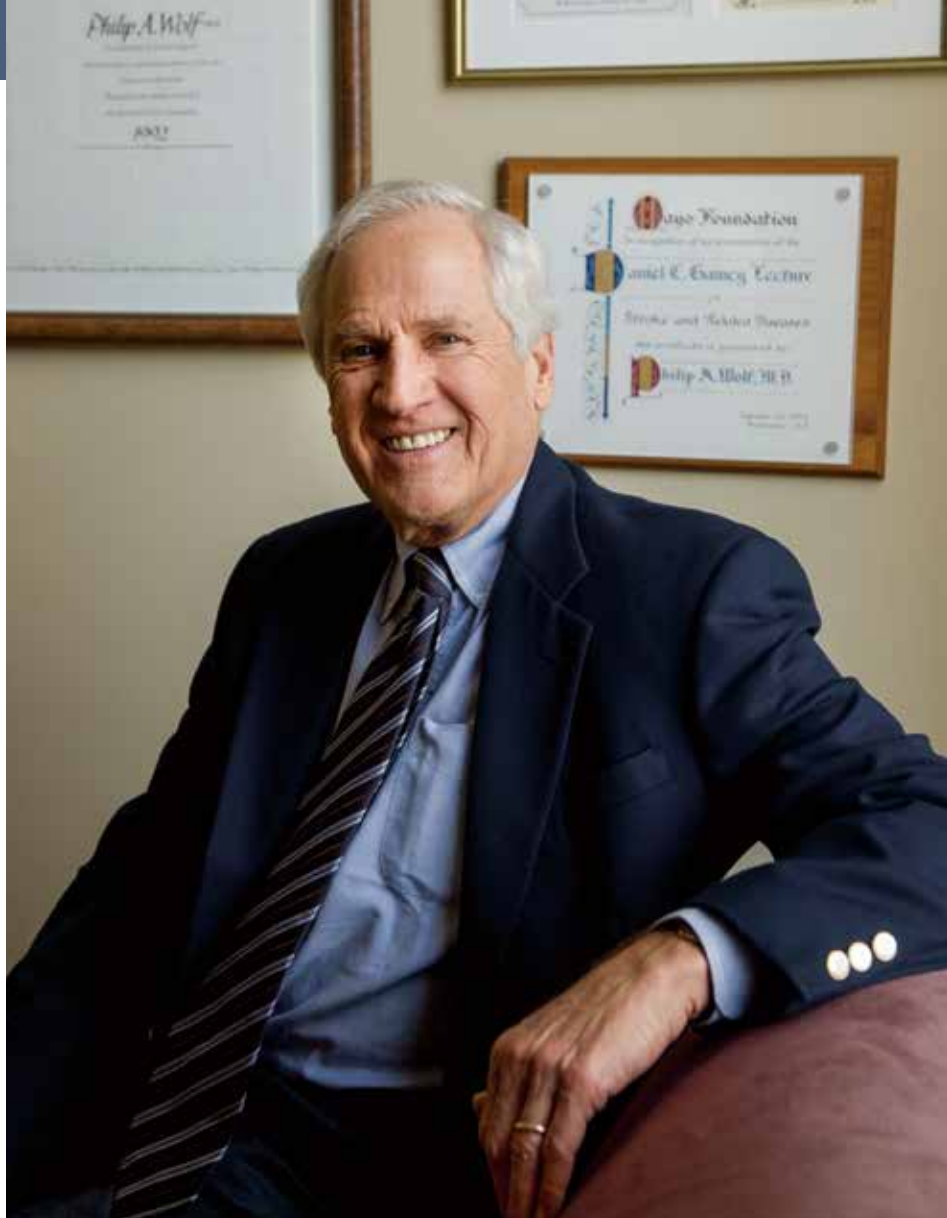
He became interested in neurology through two influential faculty members, David Whitlock, MD, PhD, who taught neuroanatomy, and Peter Duffy, MD, a neuropathologist. "Dr. Duffy covered

neurology for most of Central New York and I followed him around for several years,” says Wolf. “Once, during a surgery clerkship I was caught doing rounds with the neurology team. I received a C in Surgery, the chief noted (correctly) ‘He’s just not interested in surgery but some obscure subspecialty of medicine.’”

After earning his medical degree, cum laude and AOA awardee, Wolf did an intern year at Boston City Hospital. Unsuccessful in enrolling in the Berry Plan, he was about to get drafted into the Army when he was offered an opportunity through the Public Health Service to help run a study at the University of Pennsylvania Department of Epidemiology looking at heart disease in former Penn and Harvard students. The study, “Coronary Disease in Former College Students,” was Wolf’s first experience with a public health study and enabled him to receive the training in epidemiology and biostatistics at the same time.

Wolf returned to Boston to complete his residency in medicine at Peter Bent Brigham Hospital. His first rotation was neurology, where his “visit,” was David Poskanzer, MD, MPH, one of two neuroepidemiologists in the United States at the time. He was looking for someone with epidemiology experience. “I ended up moving to Mass General as a neurology resident,” Wolf says. It was there that Wolf was strongly influenced by C. Miller Fisher, MD, considered the grandfather of stroke neurology, and developed an interest in stroke.

As a research fellow in neurology, Wolf taught Preventive Medicine to Harvard medical students. One of his co-teachers, William B. Kannel, MD, was head of the Framingham Heart Study. Although Framingham was set up to study heart disease and hypertension, a number of the subjects were developing strokes. With no laboratory test to distinguish stroke from brain tumor, or other conditions, Wolf began visiting hospitalized Framingham Heart Study participants in 1967 to clinically determine whether someone had indeed suffered a stroke or not. He became more and more involved with the research and that involvement shaped the direction of his career.



Philip A. Wolf, MD '60

“Systematic assessment of cardiovascular risk factors and disease in midlife for more than 60 years provided an extraordinary opportunity to link them to late life cognitive decline and dementia.”



The Massachusetts General Hospital neurology faculty in 1965. Wolf, a resident, is pictured in the second row from top, second from the left.

In 1969, Wolf joined Boston University School of Medicine, eventually becoming professor of neurology, research professor of medicine, and professor of public health (epidemiology and biostatistics) at Boston University School of Public Health. Around the same time, cuts at the Public Health Service changed the source of funding for the Framingham Study—subsequently funded through grants—and since 1971, the study has been run by Boston University.

In 1983, Wolf joined co-principal William B. Kannel, MD, as co-principal investigator of the Framingham Study, and in 1989 became PI, serving for 25 years until his retirement in 2014.

For many years Wolf was also chief of the Cerebrovascular Disease Section of the Department of Neurology at Boston University School of Medicine and helped direct a number of international cooperative clinical studies of stroke: the NINDS Stroke Data Bank, the Ticlopidine-Aspirin Stroke Study Boston Area Anticoagulation Trial in Atrial Fibrillation, North American Symptomatic Carotid Endarterectomy Trial, and the Clopidogrel-Aspirin Prevention of Ischemic Events Study. In 1981 he became PI of NINDS R01, Precursors of Stroke Incidence and Prognosis, which was repeatedly funded up to the time he retired and continues today. Wolf was also principal investigator of the MRI, Genetics and Cognitive Precursors of Alzheimer's Disease Study, and in 1989, a National Institute on Aging-supported Epidemiology of Dementia Study, both NIH-funded research programs.

"I was fortunate to interact with many of the great minds in stroke, epidemiology, cardiovascular disease, and dementia, and to travel the world to share in their wisdom," says Wolf, now professor emeritus.

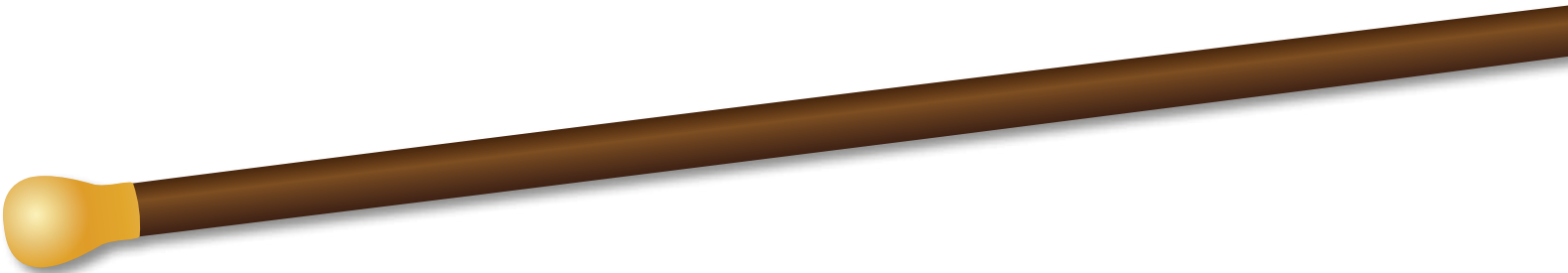
It turns out, the longest-running study on heart disease also contributed greatly to knowledge of brain health.

In the 1990s, with the addition of the third generation of subjects, Wolf turned his focus to dementia, silent stroke, and aging, obtaining systematic serial cognitive and brain MRI scans on thousands of the three generations of Framingham Heart Study subjects. His research found that the Stroke Risk Factors profile, as well as genetic factors and family history, were also helpful in determining risk of cognitive decline and dementia.

"It became increasingly apparent that atherosclerotic cardiovascular disease and cardiovascular risk factors are contributors to the development of dementia and cognitive decline and play a role in clinical manifestations of vascular cognitive impairment and Alzheimer's disease," he says. "Systematic assessment of cardiovascular risk factors and disease in midlife for more than 60 years provided an extraordinary opportunity to link them to late life cognitive decline and dementia."

In 1997, Wolf initiated the Framingham Brain Donation Program so study participants could donate their brains after death for further study. As of 2018, the program had received 230 brains, with 572 more participants signed up to donate.

When he retired, Wolf had published more than 350 refereed publications, as well as many abstracts, book chapters and editorials. He has received numerous honors for his contributions, including the Jacob A. Javits Neuroscience Award from the National Institute of Neurologic Diseases and Stroke; the Humana Award for Excellence in Clinical Stroke from the Stroke Council of the American Heart Association; the Mihara Award from the International Stroke Society; C. Miller Fisher Award from the American Stroke Association; the Paul Dudley White Award from the American Heart Association, and an honorary doctor of science degree from Upstate Medical University.



Wolf is certainly proud of his work identifying risk factors for disease, findings that impacted his own life. Like many people at the time, both he and his wife, Bobbie, were smokers. “We decided we had to quit and we were advised to get outside and go for walks,” Wolf recalls. It was January and Bobbie started running to keep warm; he joined her in what has become a life-long pursuit. Bobbie completed five 26.2 mile marathons and Wolf completed nine, including the Boston Marathon five times and New York City Marathon twice.

“I’m still running at 84,” says Wolf, who now divides his time between Cape Cod and Florida. “I don’t run fast and I don’t run far, but good things happen when you’re fit—your blood

pressure comes down. Your cholesterol and blood sugar comes down. Your weight comes down. And your vascular fitness is terrific.”

In addition to the study’s contribution to medical knowledge, Wolf is also gratified by its continuing legacy. “It became a prototype for epidemiologic studies of disease in communities,” he says. “People came from all over the world to spend time looking at various aspects of our data and to collaborate.” A number of former students and fellows have pursued careers in clinical and epidemiologic study of stroke and dementia.

“There are now studies all over the country and world,” says Wolf, “not just this one suburban Boston town.”



In addition to his wife of 52 years, Wolf says he gets great joy from his son, daughter, and his seven grandchildren, pictured at the b’nai mitzvot of twin grandsons Ethan and Sam in March 2019.

Surviving Cancer

Outstanding Young Alumnus Jonathan Fish, MD '00, is an advocate for patient and physician wellbeing.



As any cancer survivor knows, beating their disease is only the beginning of the battle. Many cancer treatments can have long-lasting impacts, and children treated for cancer are particularly affected. “Most survivors of childhood cancer will experience a chronic health condition as a consequence of the treatment they received,” says Jonathan Fish, MD '00, associate professor of pediatric hematology/oncology at Cohen Children's Medical Center (CCMC) of New York. “There are half a million childhood cancer survivors in the United States who have significant chronic health conditions as a consequence of their treatment that need to be followed and addressed by people who specialize in doing that.”

Thirteen years ago, Dr. Fish received a Career Development Award from the St. Baldrick's Foundation to develop a program for long-term survivors of childhood cancer and transplant at his institution. Today, the Survivors Facing Forward program at CCMC follows more than 800 survivors, monitoring and screening for late effects of cancer therapy and cancer surgery, providing the physical screening, health maintenance, and mental health and psycho-social supports important for this group.

“Cure is not enough,” says Fish, the recipient of the Upstate Medical Alumni Foundation's 2020 Outstanding Young Alumnus Award. “That's the motto of our field.”

Fish says that chemotherapeutics and radiation treatments lead to particular risks. For example, a female child who received radiation to the chest for Hodgkins lymphoma, Wilms tumor, or other cancer, has the same risk of developing breast cancer as a woman with a BRCA1 mutation. As a result, “screening for that population group needs to be modified to begin at a much younger age than would be normal,” Fish says.

In addition to a host of specific risk factors that primary care physicians may be unfamiliar with, Fish says counseling is also an important component of survivorship care. “Cancer survivors have substantial risks, many of which are modifiable through lifestyle changes,” he says.

“They also have a lot of psycho-social challenges. If you're treated as a teenager for cancer, it's an affront to your sense of immortality and it changes you. You get pulled out of school for however long and then you lose all your hair. When treatment is over, you're told, ‘Congratulations, go back and rejoin your cohort.’ It often doesn't work that well.”

But cancer treatment is not only hard on patients. It takes a toll on their doctors as well, another area where Fish is making an impact.

In 2017, Fish received a Fellow in Leadership Award from Alpha Omega Alpha, which provided funding and mentorship from top leaders in medicine to develop a personal leadership project. He chose wellbeing.

“This field is not easy,” Fish says. “You're dealing with families at the worst moment of their lives. And you're dealing with sick kids, many who are going to die.”

When he began his career 20 years ago, Fish says the prevailing attitude was “just deal with it, even if that means going home and drinking a bottle of wine and kicking the cat,” he says.

He thought that was ridiculous. “Lots of other intense fields—police, firefighters, military—have structured methods of addressing that kind of stress and chronic challenge,” he says. “There's no reason medicine shouldn't as well.”

“In this field, there are two different types of stresses. There's the chronic daily existence of dealing with distressed families and distressed colleagues and sick kids,” he explains. “And then there are what we call critical incidents: an unexpected death, a medical error, or lawsuit. These are specific critical incidents that can have a profound impact on performance in that moment.”

Fish connected with an organization called the International Critical Incident Stress Foundation that trains critical incident stress management teams in different areas to help him build a critical incident stress management team for medicine. He then recruited 15 volunteers from across the Division of Pediatric Hematology/Oncology—nurses, physicians, child life specialists, chaplains,

social workers—to form a team that provides 24/7 coverage for critical incident calls.

Fish says the HOPES (Helping Our Peers Endure Stress) Team has changed the culture in the division in terms of how practitioners handle the stress of working together in their intense, high-risk field.

“It’s now perfectly fine to acknowledge that what we do is stressful and these critical incidents can impact us,” he says. “People know now there’s a support team out there they can call at any moment and get some help from peers who understand what they’re experiencing.”

As chair of the wellbeing special interest group for the American Society of Pediatric Hematology/Oncology, Fish is hoping to spread the model beyond his institution and push national awareness to address the unique stresses of the profession. “We’re expanding the conversation and I think that that’s a big step forward for our specialty,” he says.



Dr. Fish speaking at Survivor's Day

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Ironically, Fish says he was drawn to the field of pediatric hematology/oncology in the first place because he perceived it as “hard.”

“I have never in my life managed to take paths more travelled or the easier route,” he says.

Fish excelled as a medical student at Upstate and says the scientific inquisitiveness, compassion, and leadership exhibited by faculty and staff led directly to his pursuit of an academic career. Graduating at the top of his class and as a member of Alpha Omega Alpha, he could have chosen any field.

He says he didn’t have the dexterity or ability to stand still for long periods required by neurosurgery, and saw pediatric hematology/oncology as the “Everest” of medicine.

“From a personal interaction and cognitive standpoint, I viewed it as something that not everyone was able to do, and therefore, I was determined to try it,” he says. “It’s not a specialty focused on an organ, but on categories of disease that affect all parts of the body. You have to have a very broad understanding of medicine. So it’s scientifically and medically challenging, and of course it tests the mettle of your psychology and fortitude.”

Following a residency and chief residency year in pediatrics at Schneider Children’s Hospital in New York, Fish completed a fellowship in pediatric



Fish with his wife, Leah, and three children



hematology/oncology at Children's Hospital of Philadelphia (CHOP). He spent three years there (two as a fellow, another as an instructor) working in the laboratory of Stephan A. Grupp, MD, PhD, where he was fortunate to be part of the early pre-clinical work on chimeric antigen receptor T cell (CAR-T) therapy for pediatric acute lymphoblastic leukemia. That work would later receive a Young Investigator award from the American Society of Pediatric Hematology/Oncology.

"I killed a lot of mice," Fish recalls. "Hopefully they have nothing to do with the afterworld or I'm in a lot of trouble."

Simultaneously, he gained clinical experience in hematopoietic stem cell transplantation, skills he would put to use in his next role.

After the birth of their third child, Fish and his wife Leah, an optometrist, decided to return to New York and he accepted a faculty position at the hospital where he completed his residency, now called the Cohen Children's Medical Center.

Over his tenure, he has divided his time between the Survivors Facing Forward program and conducting stem cell transplants. He also assumed editorship of the popular textbook in his field in 2015, publishing the sixth edition of *Lanzkowsky's Manual of Pediatric Hematology and Oncology*. He's currently in the midst of preparing the seventh edition, an enterprise encompassing 35 chapters contributed by 66 authors from 28 institutions.

But Fish is excited to be at the forefront of a revolutionary new treatment option.

In September, CMCC was approved as a KYMRIAH Center. KYMRIAH is the brand name of the CAR-T therapy developed at CHOP that he worked on as a fellow. It received FDA approval in 2017 as the first cellular therapy. "This is a complete game changer," says Fish, who is transitioning to a leadership role at CMCC's Cellular Therapy program.

Cancer treatment began with non-specific drug molecules—the first chemotherapies developed in the 1940s. Then came more targeted therapies for some cancers, and eventually, the development of immune-based therapies, mostly antibodies targeted to specific markers on cancers.

But Fish describes CAR-T as reprogramming a person's own immune system to go after their specific type of cancer. "Rather than using external approaches to try to treat the cancer, we're reprogramming the immune system to kill it," he says. "That type of cellular therapy—taking lymphocytes, specific immune cells, and teaching them to attack the cancer—is a complete paradigm shift. And it's had a huge impact already, in both pediatric leukemia and adult lymphoma."

Having been involved in the early development of the therapy, Fish says it is particularly meaningful to be able to treat patients with it in the clinical setting. "For me, it's closing the circle," he says. "I can't wait to see what's next."

Out of Trauma, Support for Others to Heal

Elizabeth and Stephen Alderman, MD '65, honored their son, killed on 9/11, by bringing mental health treatment to trauma victims around the world.

On September 11, 2001, Stephen Alderman, MD '65, and his wife Elizabeth were enjoying the second week of his 60th birthday trip to France. Their three children—Jeff, Jane, and Peter—had joined them for the first week and left three days prior.

The couple was in the medieval village of Rousillon when a tearful shopkeeper broke the news of plane crashes in the United States.

Unable to get a cell signal, the Aldermans waited anxiously to hear from their children. Jeff was safe in Oklahoma. Jane was fine in Washington, DC, where her building had been evacuated. But Pete had been trapped on the 106th floor of the World Trade Center, attending a work conference at Windows on the World.

The trauma of losing their 25-year-old son was almost too much to bear. Dr. Alderman, unable to maintain concentration, retired his position as chair of radiation oncology at White Plains Hospital. Sleepless nights became the norm for Liz, a retired special education teacher, and it was during one of those that she happened to turn on the TV to a *Nightline* segment about the plight of migrating refugee children, featuring Richard Mollica of the Harvard Program in Refugee Trauma.

"She got a bee in her bonnet," Alderman recalls. A week later, they were meeting with Mollica in his office in Cambridge.

The Aldermans learned that nearly a billion people—one-sixth of the world's population—have directly experienced torture, terrorism or mass violence through civil war, ethnic cleansing, or genocide. Many are so debilitated by their emotional wounds they are unable to function: to work or care for themselves or their families. Effective treatment simply did not exist in the developing world.

They understood trauma. Searching for a way to honor their late son, the Aldermans thought they

could perhaps do something to help others heal their emotional wounds. A year after 9/11, the Aldermans established the Peter C. Alderman Foundation (PCAF) with the goal to bring mental health treatment to victims of terrorism and mass violence in countries around the world. They used the compensation funds given to 9/11 families, along with Peter's estate and their own money, to fund it initially.

In the nearly 20 years since, PCAF has trained hundreds of medical doctors and psychologists in 22 countries to diagnose and treat trauma victims. They in turn have trained several thousand mental health professionals. The foundation launched nine mental health clinics in Burundi, Cambodia, Kenya, Liberia, and Uganda; published a journal, *The African Journal of Traumatic Stress*; and produced evidence-based findings on global mental health published in peer-reviewed literature, including *The Lancet*.

The impact has been profound. By creating on site mental healthcare systems in areas where unspeakable violence has desecrated communities, PCAF has helped to rebuild those communities by restoring normal function to war-affected populations through the development of individual resilience.

"Clinical medicine has to be done patient by patient and family by family," says Alderman, whose efforts have been recognized with the 2009 Purpose Prize, the 2011 Presidential Citizens Medal,



Peter C. Alderman



Elizabeth and Stephen Alderman, MD '65, Humanitarian Award winner



Participants at a Pan-African Trauma Conference held in Nairobi.



and Upstate Medical Alumni Foundation's Humanitarian Award in 2020. "But if you keep doing it, and doing it, and doing it, you can bring back a community. What you're doing is reinstituting social capital by replacing feelings of hate and revenge in war-affected people with trust for each other and their institutions."

Dr. Alderman never imagined making an impact on global health. He set out to be a cancer surgeon. He was a senior surgical resident at University of California in San Diego when his first

child was born and vividly recalls coming home from yet another long hospital shift and picking up his baby, who began crying at the strange man holding him. "He didn't know who the hell I was," recalls Alderman. "I thought, 'this is no way to live.'"

The next day, he went to his hospital's department of radiation oncology and asked if he could do a residency. When he finished, in 1973, he was one of only 300 board-certified radiation oncologists in the country. He then moved his family to New York City to work.

"I had a choice of 15 jobs. It was easier to find a job than a New York City apartment," he recalls.

During his career, Alderman served as chair of radiation oncology at Roosevelt-St. Lukes Hospital and assistant clinical professor at Columbia University; followed by chair of radiation oncology at Catholic Medical Center and associate professor at New York University. He also had a private practice in White Plains and served as chair at White Plains Hospital.

At age 49, Alderman discovered he had a brain aneurysm and underwent successful brain surgery at the University of Virginia. Two weeks later, he suffered a heart attack. With new perspective, he retired from his "city practices" and kept only his "country practice" until he fully retired at 61.

A self-described "learner," Alderman began to study all he could about war-induced trauma. One thing was immediately clear, and that was the

importance of cultural competency. "If you want to drop into a foreign country and fix a cleft palate, that's fine. It's repaired. But if you're trying to talk to someone about their fears, hopes, and dreams, you have to have a sense of their culture, their norms," he says. In other words, the medical mission model wasn't going to work

in non-Western post-conflict settings.

Instead, working with Mollica, they funded a series of annual "master classes" in Italy over seven years, bringing in pairs of practitioners from nations including Cambodia, Iraq, Afghanistan, Uganda, Rwanda and Haiti, and providing them specialized training in treating patients with trauma.

But over time, the Aldermans realized they weren't making the kind of impact they'd hoped for. Often, these doctors went back to their countries and nothing meaningful materialized because they didn't have funding to treat people or they couldn't get medications. "They needed infrastructure," he says. "We realized we needed to get involved with governments both on the national and local levels."

So he did. Alderman began by visiting a clinic in Siem Reap, Cambodia, where there was both a psychiatrist and family doctor who had attended the foundation's training. After a political shake up, the clinic had lost its funding. Alderman met with the Minister of Health and offered to provide the staff salaries and training in exchange for use of the clinic space and consumables, such as psychotropic medications. He agreed. Just like that, PCAF morphed from family foundation to public-supported NGO.

In the first year, the clinic treated 1,400 patients and had a seven-month waiting list. "A lot of the patients were coming quite a distance," says Alderman. He met again with the Minister of Health, who agreed to open a second clinic 20 kilometers away. "Those two clinics treated 10,000 patients in the first two years and it just grew from there," he says.

Based on contacts made through their master classes, Alderman began reaching out to physicians in other countries and traveling to those sites to work with governments to forge similar agreements to that in Cambodia. Government willingness to participate became a chief criteria—along with an intact infrastructure and relative stability—for choosing the countries in which to work. In each country, caregivers were indigenous professionals

trained to deliver evidence-based treatment adapted to cultural norms.

The foundation has also provided training for caregivers in places where ongoing conflict made it impossible to establish programs. Employing a train-the-trainer model enhanced by continuing supervision, the foundation built capacity in 22 post-conflict countries on five continents.

Sub-Saharan Africa became a major focus area, with the foundation launching the East African Training Seminar in Kampala, Uganda, to teach doctors, psychologists, psychiatric social workers, and nurses from Burundi, Democratic Republic of the Congo, Ethiopia, Kenya, Liberia, Rwanda, Somalia, Sudan, Tanzania, Uganda, and Zimbabwe. For nine years, the foundation sponsored an annual multidisciplinary Pan-African conference on psychological trauma in war-affected societies, an endeavor that cost \$100,000 annually to host.

Despite the fact that more people in Africa suffer from traumatic depression than from malaria, tuberculosis, and HIV/AIDS combined, post-traumatic stress disorder had been largely neglected in the developing world.

"PCAF was the first and only systematic effort to deal with massively-traumatized populations in Africa and southeast Asia," says Alderman. "A sustainable system had never been created before."

All of these efforts took money, much more than could be funded from the initial investment in PCAF. The foundation's annual budget had grown to \$1.25 million. "We were constantly fundraising," says Alderman. "When we weren't in Africa, we were traveling back and forth to Boston, Washington, DC, San Francisco, holding events and applying for grants," he says.

With the Aldermans getting older, they were feeling the pressure to build the foundation's endowment to continue its work into perpetuity.

"The work was really healing. What it comes down to is something outside yourself. Something that's bigger than you, that employs you. And you just don't have time to think about bitterness and revenge or anger. Of course, your sadness is always with you, but you're just too busy."

By serendipity, they found a better solution.

In 2018, the Aldermans were approached by HealthRight International, an organization housed at New York University's School of Public Health that creates sustainable programs to promote and protect health and human rights in the United States and abroad. HealthRight was interested in the foundation's work, in particular, its presence in Africa and track record of producing and publishing evidence-based research.

In November 2018, HealthRight and the Peter C. Alderman Foundation

announced a merger. Half of the foundation's board—including the Aldermans—now sit on the board of HealthRight, which assumed all administrative responsibility for the foundation's activities and personnel. Once again, the Aldermans were retired.

For his part, Alderman says he never in a million years dreamed the foundation's impact would become so broad or far reaching. "Had I known at the outset what PCAF required, I'd have turned over and gone back to sleep," he says. "People ask how we did it. We don't know; at the time, it seemed one thing built on another, in a rational progression."

Undoubtedly, devoting themselves to the efforts of the foundation was salve for their own trauma. "The work was really healing," says Alderman. "What it comes down to is something outside yourself. Something that's bigger than you, that employs you. And you just don't have time to think about bitterness and revenge or anger. Of course, your sadness is always with you, but you're just too busy."

Alderman says he and Liz created the foundation to leave a mark that Peter had existed, that the world would be a better place because he had lived. They fulfilled that mission, and then some.

Says Alderman, "This was a way for me to think about Pete every day."