

Care Beyond Sy

Distinguished Alumnus Mark Wolraich, MD '70, reshaped the understanding and treatment of ADHD and changed the way medicine cares for the whole child.

2025
Award Winner

When Mark Wolraich, MD '70, decided in high school that he wanted to become a doctor, he could not have imagined the profound impact his career would have on millions of children and families around the world. Over more than five decades, his work has transformed how physicians understand and treat attention deficit hyperactivity disorder (ADHD) and advanced a model of pediatric care that looks far beyond symptoms to address the needs of the whole child.

In September, the Upstate Medical Alumni

Foundation recognized Wolraich's lifetime of achievement with its Distinguished Alumnus Award—a fitting honor for a physician whose compassion, curiosity, and rigor have shaped modern developmental and behavioral pediatrics.

Growing up in New York City—first in the Bronx, then on Long Island—Wolraich was drawn to science early on. After earning his undergraduate degree in chemistry from SUNY Harpur College (now Bing-

hamton University), he entered Upstate Medical University, where a clinical rotation would change the course of his life.

"Of all the rotations I had in medical school, the one that was the friendliest and most interesting for me was pediatrics," he recalls. "I didn't warm up as much to the others as I did to working with children."

But it wasn't just pediatrics that captured his imagination. It was the people—three extraordinary mentors—who showed him how deeply medicine could touch children's lives.

THE POWER OF MENTORSHIP

Julius Richmond, MD, dean of the College of Medicine and chair of pediatrics, had just returned from Washington, DC, where he and educator Betty Caldwell co-created the federal Head Start program. "He really set an example of what you could do beyond the exam room to improve children's health," Wolraich says. Dr. Richmond met weekly with students on pediatric rotations and those discussions opened Wolraich's eyes to the physician's role in public policy.

Howard Weinberger, MD '58, introduced him to the rigor of clinical research, demonstrating how to balance excellent clinical care with rigorous academic research—a model that would define Wolraich's own career. "He had a particular support and interest in me over the two years that I was there," says Wolraich.

But perhaps the most transformative influence came from Ted DeBono, MD, who worked with children with developmental disabilities, particularly those with intellectual disabilities. Dr. DeBono had established an interdisciplinary clinic that included psychologists, therapists (PT, OT and speech clinicians) and educators alongside physicians—a novel approach at the time.



Mark Wolraich, MD '70

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“It was exciting to see how people in disciplines other than medicine looked at children and took care of them,” Wolraich says. “I really enjoyed being able to work together in a clinic model, which had multiple disciplines involved in both the evaluation and services provided to the children.”

Through an elective with DeBono, including exposure to the Syracuse State School (one of the institutions that then served individuals with intellectual disabilities), Wolraich gained insight into state services and programs. By his internship year, he knew with certainty that he wanted to pursue caring for children with developmental disabilities.

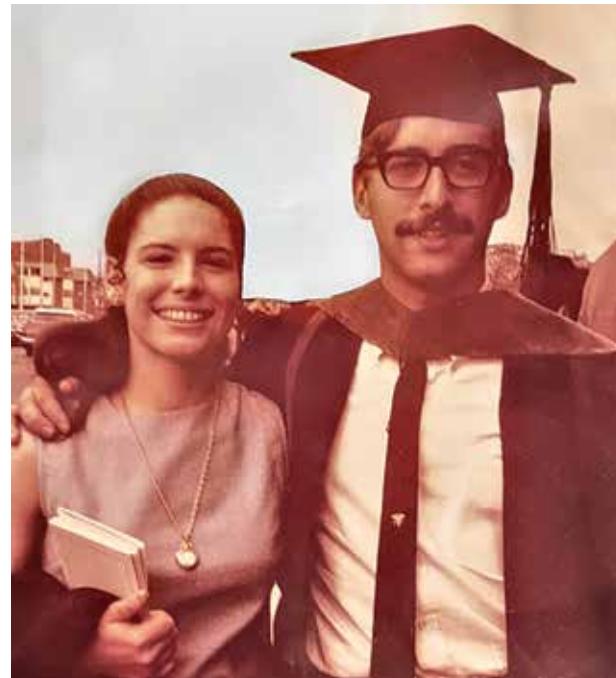
“These children in particular require coordinated care that focuses not just on medical care, but also on their educational needs,” he says. “And that it was important as physicians for us to think more broadly about what their needs would be, particularly on how the kids do in school.”

AN UNEXPECTED DETOUR

As he was completing his intern year at Upstate in 1971, Wolraich’s career took an unexpected turn due to the Vietnam War. Although he had an offer of a one-year naval deferment, a friend suggested he apply to the Indian Health Service because of his interest in Native American families, sparked by exposure to the Onondaga Nation near Syracuse.

Through what he describes as “sheer luck,” he secured a position at the Phoenix Indian Hospital, which had recently lost its pediatric accreditation and needed general medical officers with pediatric backgrounds. For two years, he served diverse Native American populations from nine native nations across Arizona. This experience reinforced his commitment to comprehensive, culturally sensitive care—principles that would guide his work throughout his career.

By the time the Vietnam War ended and Wolraich could return to complete his pediatric residency, posi-



Wolraich and wife Debra on graduation day, 1970

tions were scarce. Based on a recommendation from a colleague who had trained there, he completed his residency at the University of Oklahoma Health Sciences Center. He had no plans to ever return. “It was too conservative for us,” he says.

Life, however, had other plans. But first came a fellowship in “care of handicapped children,” now called developmental and behavioral pediatrics, at the University of Oregon Medical School in Portland from 1974 to 1976. He and his wife Debra had fallen in love with the Pacific Northwest during a summer position in Seattle in 1968, shortly after their wedding, and Oregon represented a return to a region they cherished.

It was during this fellowship that Wolraich’s research career truly began to flourish. He started focusing on a condition then called Minimal Brain Dysfunction (MBD), now known as ADHD. The condition had first captured his attention back at Syracuse through his work with DeBono, who treated children with MBD using medications such as methylphenidate (Ritalin) and dextroamphetamine. In Oregon, Wolraich was able to conduct studies and publish his first research on the condition.

LAUNCHING A RESEARCH CAREER

In 1976, Wolraich accepted his first faculty appointment at the University of Iowa Hospital School, launching what would become a 14-year tenure. The position offered everything he had been seeking: the opportunity to practice, teach, and conduct research in an interdisciplinary setting.

At Iowa, Wolraich established himself as a leading researcher in developmental and behavioral pediatrics. He took on the spina bifida program and worked with children with cerebral palsy and other conditions, but his primary research focus remained on ADHD—by then renamed Attention Deficit Disorder, and eventually Attention Deficit Hyperactivity Disorder in the mid-1970s.

He also tackled one of the most persistent and problematic myths in pediatrics: the belief that sugar causes hyperactivity in children. “There had been—and unfortunately, still continues to be—the myth that sugar was adversely affecting kids’ behavior and that’s why they were having hyperactivity,” Wolraich explains.

Securing a grant from the National Institutes of Health, he designed what would become a landmark study. The research was extraordinarily rigorous: his team provided all food to participating families throughout the study period, used different sweeteners (saccharin and another artificial sweetener) in a controlled design, and made families believe the diet changed weekly when it actually changed every three weeks across three conditions.

“We had a van set up as an evaluation room where they could test the children weekly,” he says. “We made it look like the diets changed weekly by the vegetables and other food we provided.” The study included teacher and parent rating scales, direct observation, and neuropsychological testing.

The results were as definitive as possible. “At the end of it, we could find no relationship between what diet the children ate and their behavior or learning,” Wolraich says. “It was really a definitive negative study.



Wolraich and wife Debra at a book signing event

It’s pretty rare to have something that set.”

Yet the myth persists. “Despite that, I still have calls asking about diet playing a role in behavior,” he says.

At Iowa, Wolraich also secured grants to study the effects of better training for pediatricians caring for children with ADHD. Throughout his research, he maintained close collaborations with psychologists—particularly Scott Lindgren, PhD, who served as co-investigator on both the sugar study and ADHD research.

By 1990, having reached the rank of full professor, Wolraich was ready for new challenges. When an opportunity arose at Vanderbilt University Medical School, he seized it.

As director of the Division of Child Development at Vanderbilt, Wolraich spent 11 years expanding clinical services, research, and training programs. It was during this period that he completed work on what would become one of his most enduring contributions: the Vanderbilt ADHD Rating Scale.

The scale’s name reflects Wolraich’s practical approach and sense of humor. He and his team needed a good measurement tool for their studies, but existing scales were proprietary and expensive, and weren’t adequate for his needs. So, he developed his own, starting the work at Iowa and finishing it at Vanderbilt.

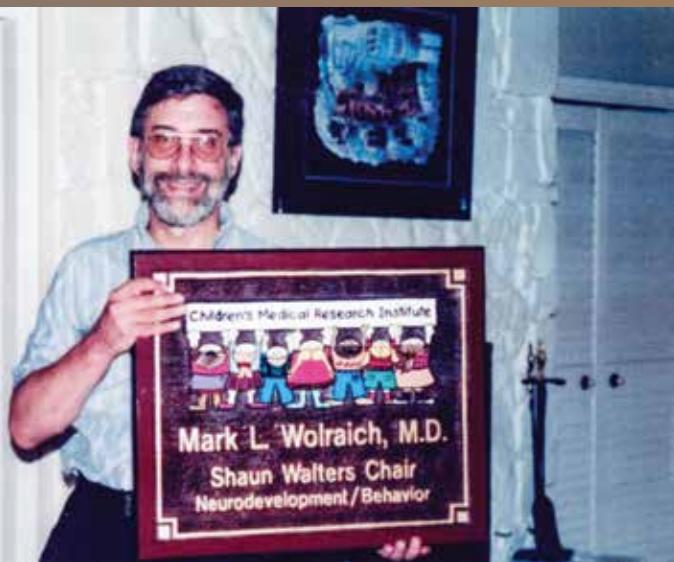
“I decided to call it the Vanderbilt scale, although Vanderbilt University did not provide any particular resources. But if I named it after myself, which is what some of the other scales had done, most people wouldn’t be able to pronounce the name right,” he says with a laugh. The scale is now used worldwide and has become a standard tool for diagnosing and monitoring ADHD.

Beyond his research, Wolraich played a crucial role in establishing developmental and behavioral pediatrics as a formally recognized subspecialty. Working with colleagues from the Society for Developmental-Behavioral Pediatrics (SDBP), he helped facilitate its approval as a new subspecialty in pediatrics. He also served as president of SDBP, helping to shape the field’s development and standards.

FULL CIRCLE

In 2000, Wolraich made a decision that surprised even him: he accepted an endowed chair at the University of Oklahoma, becoming the Shawn Walters Professor of Pediatrics—returning to the state he once thought he’d never revisit. He would spend the final 20 years of his career there, expanding services, research, and educational programs for children with disabilities throughout Oklahoma.

One of his most significant accomplishments during this period was developing a service navigation program for children with disabilities that eventually served most counties in Oklahoma. The program helped families navigate the complex landscape of services



Wolraich was appointed to an endowed chair at the University of Oklahoma in 2001.

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and support available for their children—embodying the comprehensive, family-centered approach that had guided Wolraich’s work since his days with Ted DeBono at Syracuse.

Throughout his career, Wolraich remained active in the American Academy of Pediatrics (AAP), where his influence extended far beyond his own institutions. He helped develop training programs for pediatricians in the diagnosis and treatment of ADHD and played a major role in creating and subsequently revising the Academy’s ADHD Guidelines—documents that have shaped how pediatricians across the country approach the condition.

He also authored AAP books for parents on toilet training and ADHD and edited the organization’s Classification of Child and Adolescent Mental Diagnoses in Primary Care. His scholarly output over his career was prodigious: 24 books, 111 articles, and 50 chapters.

LESSONS FROM A LIFE IN MEDICINE

Wolraich’s contributions have earned him numerous prestigious awards, including the C. Anderson Aldrich Award from the American Academy of Pediatrics, induction into the CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder) Hall of Fame, and the Career Achievement Award from the Society for Developmental-Behavioral Pediatrics.

But perhaps more important than the accolades is the lasting impact of his work. The Vanderbilt ADHD Rating Scale continues to help clinicians accurately diagnose and monitor millions of children. His research debunking the sugar-hyperactivity myth has provided evidence-based guidance to countless families (even if the myth stubbornly persists). His work on AAP guidelines has shaped standard practice across the country. And his advocacy for interdisciplinary care has influenced how medical centers structure their services for children with developmental and behavioral challenges.

Since retiring in 2020, Wolraich continues to contribute to pediatric care through training programs with the REACH Institute. He and wife Debra—whom he met during his senior year of college and married in his second year of medical school—have settled in Connecticut, enjoying outdoor activities and spending time with their children and grandchildren. They maintain close friendships with a group of four couples from college days, gathering each summer and for New Year’s Eve—a tradition that speaks to Wolraich’s capacity for lasting relationships.

Reflecting on his career, Wolraich remains deeply grateful for the foundation he received at Upstate. “I really cherish the interdisciplinary approach I learned at Upstate,” he reflects. “It shaped everything I did throughout my career and helped countless children receive the comprehensive care they deserved.”

As developmental and behavioral pediatrics continues to evolve—with growing recognition of conditions like ADHD, autism spectrum disorder, and learning disabilities—Wolraich’s contributions remain foundational. His insistence on rigorous research, his commitment to interdisciplinary care, and his practical approach to developing tools that clinicians actually use have left an indelible mark on the field.

His story reminds us that the most important question isn’t always “What condition does this child have?” but rather “What does this child need?” Answering that question well requires listening to many voices, drawing on many disciplines, and never forgetting that behind every diagnosis is a child and a family deserving comprehensive, compassionate care. ■