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On the Cover:

Barbara Bernard will be honored posthumously for her lifetime of philanthropy at HMC's Annual Gala on February 8, 2025.



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HEALTHY HABITS

FOR YOU AND YOUR FAMILY



PROTEIN AT BREAKFAST

Folks who ate a breakfast consisting of 40 percent protein had fewer food cravings throughout the day than those who consumed only 15 percent protein or skipped breakfast.

—*Nutrition Journal*



SUGAR'S EFFECT NOT SO SWEET

A review of more than 8,600 research papers found 45 negative effects from sugar, including increased risk of several cancers, asthma and depression. —*The BMJ*

STATINS LINKED TO BETTER HEALTH IN OLDER PEOPLE

Statin treatment for high cholesterol is cost effective and linked to better health outcomes in people over 70 years of age with or without previous cardiovascular disease, although the risk reductions were substantially smaller in the latter group. —*Heart*



DIET, EXERCISE CAN PREVENT DIABETES

A new study reports that a healthy diet and regular exercise can reduce the risk of type 2 diabetes even in individuals with a high genetic risk. Researchers have identified more than 500 genetic variants that predispose individuals to type 2 diabetes, and even these individuals can prevent the disease through lifestyle changes.

—*University of Eastern Finland*

INFLAMMATION AFFECTS COGNITION

Highly inflammatory rheumatoid arthritis has been linked to cognitive impairments, including poorer visuospatial ability, recall, abstract thinking, working memory and concentration. —*RMD Open*



WHAT'S CAUSING BACK PAIN?

Half of all healthy adults over age 60 experience lower-back pain. Among possible causes: poor posture, sitting for long periods of time without taking breaks and sleeping on a saggy mattress.

—*Journal of the American Geriatrics Society*



Breathing EASY

AT THE HMC PULMONOLOGY CENTER, AN ASTHMA SUFFERER GETS A NEW LEASE ON LIFE WITH THE HELP OF BIOLOGICS.



Marta Pinero

MARTA PINERO thought she was finished with asthma. The 51-year-old Springfield resident had suffered from severe asthma until she was 16 and, for about 25 years, she'd been asthma-free. "Ten years ago, it made its return," she says. And it did so with a vengeance.

Asthma is a chronic inflammatory disease of the airways in the lungs that is marked by shortness of breath, coughing, wheezing and chest tightening or pain. A sudden worsening of symptoms, known as an asthma attack, is usually characterized by bronchospasm, which is a tightening of muscles around the airways, as well as swelling of the airways and thicker (and more) mucus, which can clog the airways.

Nearly 25 million people in the United States, including more than 20 million adults 18 and older, have asthma.

MARTA'S CASE

Marta was diagnosed with allergic asthma—the most common type, accounting for roughly 60 percent of all asthma cases, according to the National Institutes of Health (NIH). "I started receiving allergy shots and went from shots 12 times a year for two years to two shots per month, and they weren't making me feel any better," she says. Marta was also using daily inhalers and a nebulizer twice a week, none of which were doing much good. "Then, about five years ago, I was referred to Dr. Pavlov at the Holyoke Medical Center Pulmonology Center."

EXPLORING BIOLOGICS

Andrey Pavlov, MD, Chief of Pulmonary and Physical Care, evaluated Marta and talked with her about the treatments she had tried and other options, including biologics, which are often prescribed to help treat moderate to severe asthma and asthma that has not responded to other treatments. Biologics have become increasingly popular over the past decade, and for good reason.

Biologics are medications from living organisms such as animals, plants and microorganisms and can be made from proteins, sugars, DNA, cells or tissue. "Asthma is caused by an overactive immune system," says Dr. Pavlov. "One of the benefits of biologics to treat asthma is that, unlike steroids, the most common asthma treatment, biologics don't suppress the entire immune system. Instead, they work in a targeted way, on the narrow part of the immune system that is responsible for a particular type of asthma." More specifically, biologics work by disrupting cells or blocking molecules that trigger inflammation and cause swelling in the airways. They are used as an add-on treatment and are not meant to replace quick-relief medicines or inhalers.

FINDING THE RIGHT BIOLOGIC

"Different biologic agents target different types of asthma," says Dr. Pavlov. "Marta has eosinophilic asthma, as well as allergic asthma." Both types of asthma are caused by a kind of inflammation called "type 2" inflammation, and these types of asthma can overlap.

People with eosinophilic asthma



Sarah Maxon, LPN



Andrey Pavlov, MD

have high levels of eosinophils, a type of white blood cell that the immune system uses to attack unwanted bacteria. If you have too many of these cells, they can cause your airways to swell. People with allergic asthma have an overactive immune response to certain allergens and, in severe allergic asthma, high levels of eosinophils are usually present.

"Marta was initially started on Fasenra, but her symptoms were returning before her next injection was due," says Sarah Maxon, LPN, who works as part of the Pulmonary Center team and manages all biologics and infusions. "Then she started Xolair, which did not work for her, as her symptoms actually worsened."

RELIEF AT LAST

When Xolair proved unsuccessful, Dr. Pavlov prescribed Dupixent. "Marta's Dupixent started with a loading dose of 600 mg for her first injection, given as two injections of 300 mg each, followed by maintenance dosing of 300 mg every two weeks," says Maxon. Marta's first dose was given at the office, and Maxon taught her how to self-inject so that she could self-administer the medicine at home.

"After Dr. Pavlov changed me to Dupixent, I felt a huge change in my life for the better," says Marta. That may be a bit of an understatement. Marta, who, in addition to being a caregiver for her father, is a pianist, singer and Spanish community liaison at her local parish, had been in a very dark place for years.

"Before Dr. Pavlov prescribed Dupixent, I felt like I had fallen into a deep sink hole," says Marta. "I thought I was getting close to death. I was unable to breathe, walk or get anything done because I felt like I was choking all the time. Thanks to this new treatment, I breathe better, I can

SERVICES OFFERED BY THE HMC PULMONOLOGY CENTER

In addition to asthma, some conditions diagnosed and treated by the board-certified pulmonologists at the HMC Pulmonology Center are:

- COPD (chronic obstructive pulmonary disease)
- Emphysema
- Bronchitis
- Hyper-Sensitivity Pneumonitis
- Pulmonary Fibrosis
- Sarcoidosis
- Lung Nodules
- Obstructive Sleep Apnea

The HMC Pulmonology Center also offers lung cancer screening and ultrasound guided biopsy.

do much more around the house, I can sing better and I can go for hours without using an inhaler."

After having to use a nebulizer two or more times a week for years, Marta has not needed nebulizer treatment since January 2024. "I can walk better, faster and for longer periods, my body is more flexible, I have more energy and I have lost 24 pounds so far. Now, I can dance while I play my piano, and I'm starting to enjoy much more of what life has to offer."

As for her experience with the HMC Pulmonology Center, Marta is grateful. "I'm thankful to Dr. Pavlov for being such a great doctor, for listening to me, and, most of all, for being the angel God sent to me to help me feel better."

*** The Holyoke Medical Center Pulmonology Center has two convenient locations: 5 Hospital Drive, Holyoke, and 140 Southampton Road, Westfield. To learn more or to make an appointment, please call **413.534.2582**.**



Dr. Syed Owais,
Marie Antoine and
Dr. Yuri Khibkin

A DRUG-FREE OPTION FOR PAIN MANAGEMENT

PATIENTS AT HMC'S
PAIN MANAGEMENT &
MUSCULOSKELETAL SPINE
CENTER ARE GETTING
RELIEF FROM CHRONIC PAIN
WITH A MINIMALLY INVASIVE
INSERTABLE DEVICE.

MARIE ANTOINE, a 50-year-old certified nursing assistant (CNA) from Easthampton, was at the end of her rope. "For months, I'd been having terrible lower back pain that went all the way around to my right side," she says. "I told my provider that I didn't want to take opioids or heavy pain medications that could be habit-forming. She gave me Tylenol, which didn't help at all, and other medications which helped a little, but only for a couple of hours and then

the pain came right back."

Marie, who also has heart disease and diabetes, had been juggling two jobs and her increasingly debilitating pain was making it difficult for her to finish a shift. "Sometimes, the pain was so bad that my kids had to pick me up and take me to the emergency room," she says. "I eventually had to take a leave of absence from work."

In late 2023, Marie's primary care provider, Trisha Rogers, PA-C, referred her to Holyoke Medical Center's Pain

Management Center, where she was initially evaluated by Nurse Practitioner Olga Buchachiy, APRN, MSN, FNP-C, FNP-BC. “After reviewing her history, doing a back examination, and ordering and assessing X-rays and an MRI, Marie was diagnosed with lumbar spondylosis, which is arthritic back pain,” says Buchachiy.

‘SPRINTING’ TOWARD PAIN RELIEF

“Like many patients we see at the Center, Marie had exhausted conservative treatment for her pain before she came to us,” says Buchachiy.

“Olga told me about the Sprint device and thought it might be a good option for me, as they had had success with other patients,” says Marie. “I wanted to try it so I could go back to my life.”

The Sprint PNS system is a drug-free, minimally invasive, 60-day hair-thin wire which is inserted via a needle stick and is designed to manage chronic pain by delivering significant, sustained pain relief. PNS, or peripheral nerve stimulation, is a type of neuromodulation that reduces pain by sending electrical signals to peripheral nerves.

The Center began using the Sprint system in October 2021, according to Yuri Khibkin, MD, the Center’s Medical Director. “By October 2024, 306 patients had received the insertion,” he says. According to Buchachiy, on average, she sees 75 to 80 percent pain relief among patients who receive the Sprint insert. “In Marie’s case, she was able to reach

100 percent pain relief,” she says.

“In addition to offering pain relief, another advantage of the Sprint device is that, unlike permanent neuromodulation devices, which are fully implantable, it doesn’t require a psychological evaluation and clearance,” says Dr. Khibkin. (Psychological evaluations are routinely done for permanent implants to exclude patients with severe mental health issues who could destroy the device or do harm to themselves because of the presence of the implant.)

THE PROCEDURE

“The first step was to give Marie nerve blocks,” says Buchachiy. Syed Owais, MD, one of two MDs at the Center, administered medial branch blocks, which provided Marie with about 80 percent pain relief for six hours. Her positive response to the nerve blocks—in addition to the type of pain she had, her desire to avoid opioids, and the fact that other treatment options had been unsuccessful—made Marie an excellent candidate for the Sprint device.

After an initial denial for coverage by her insurance provider in February 2024, the Center initiated an appeal, and the Sprint device was approved in April. “Marie was scheduled for the two-part procedure on May 2 for the left side and on May 16 for the right side,” says Buchachiy.

Insertion of the Sprint device requires no surgery and no incision. “The patient lies on their stomach and receives local anesthesia,” says Buchachiy. “We use an introducer needle and stimulating

probe to advance the micro lead—which is a thin, flexible wire—under the skin near the nerve.” A wearable, battery-powered stimulator sends electrical pulses to the nerve

through the micro lead, and a hand-held remote allows the patient to adjust the intensity of the stimulation and to turn it on and off.

“The procedure took only about 30 to 40 minutes each time,” says Marie. According to Buchachiy, after one week, Marie had 60 percent pain relief on the left side. “Her stimulation was not at the correct level, so we did some patient education and increased the level. Once we increased it, she had 100 percent pain relief by the following week, when Dr. Owais did the procedure on the right side.”

“The Sprint device worked great for Marie’s back pain, but that’s not all that we use this for,” says Dr. Owais, who has successfully used these devices for painful conditions of the shoulders, knees, ankles, head and neck.

‘IT’S TRULY AMAZING’

The Sprint device is worn for 60 days, but, pain relief continues for several months and can be inserted again when pain returns. “In my practice, I usually see pain relief for the first two months while the device is working, and the pain relief may last up to another six to eight months after the removal of the device,” says Dr. Khibkin. “Therefore we usually see eight to 10 months of very good, solid pain relief for our patients, after which the pain starts to slowly come back.”

“Unless she needs to see us before then, we expect to hear from Marie in the spring,” says Buchachiy.

“The pain is basically gone,” says Marie, who wore the device until July 2024, when it was removed. “It’s truly amazing. On a scale of one to 10, the pain now is only a one or two, at the most—and that’s if I am moving around. When I have a good night’s sleep, I have no pain! I’m so thankful to everyone at the Pain Management Center, not just for their wonderful care, but for being patient and working with insurance to get the device approved. I think this can help a lot of people with chronic pain.”



Olga Buchachiy, APRN,
MSN, FNP-C, FNP-BC.



Yuri Khibkin, MD



Syed Owais, MD

★ To make an appointment with HMC Pain Management Center, please call **413.535.4933**.

EXPERT KIDNEY CARE CLOSE TO HOME

KIDNEY ASSOCIATES AT HOLYOKE MEDICAL CENTER OFFERS COMPREHENSIVE CARE FOR KIDNEY DISEASE AT FOUR LOCATIONS.

CHRONIC KIDNEY DISEASE (CKD)

is common, affecting more than one in seven adults—that's about 35.5 million people—in the United States. Unfortunately, it's estimated that nine out of 10 people who have CKD don't know it. Even more alarming, about one out of three adults with severe CKD don't realize they have the disease.



Balaji Padmanaban Athreya, MD, FASN



Shaji Daniel, MD, FASN

Kidney Associates at Holyoke Medical Center (HMC), led by board-certified nephrologists Balaji Padmanaban Athreya, MD, FASN, and Shaji Daniel, MD, FASN, has four locations, all of which provide comprehensive care, including the diagnosis, treatment and management of CKD as well as other kidney-related conditions.

Early-stage CKD may be asymptomatic, which is why so many people don't realize they have the disease. "Since most patients are not aware whether they have kidney disease, they are usually referred to us by other doctors, such as their primary provider," says Dr. Athreya who, like Dr. Daniel, has been treating kidney patients

for more than 25 years. "However, a referral isn't necessary to see us."

WHAT IS CHRONIC KIDNEY DISEASE?

CKD, also known as kidney failure, is a term for several conditions that affect the kidneys, causing permanent, and often progressive, damage to the kidneys. Your kidneys filter out wastes, toxins and excess fluids from your blood. When they begin losing their function, they cannot filter waste, which causes it to build up in the blood. Often, according to Dr. Athreya, proper treatment and management can help slow the progression of the disease. Without treatment, CKD will often worsen and people with end-



CKD RISK FACTORS

Risk factors for chronic kidney disease (CKD) include:

- **Diabetes.** Approximately 1 in 3 adults with diabetes has CKD.
- **High blood pressure.** Approximately 1 in 5 adults with high blood pressure has CKD.
- **Heart disease or heart failure**
- **Obesity**—a body mass index (BMI) of 30 or more.
- **Age over 60**
- **Family history of CKD**

stage kidney disease will require either dialysis or a kidney transplant to survive. “Kidney Associates provides dialysis—including hemodialysis, home dialysis and peritoneal dialysis—and kidney transplant care.”

COMMON TESTS TO DIAGNOSE CKD

As with most diseases, early detection and treatment of CKD can help you manage it and potentially prevent other health complications. “Because CKD usually does not cause any physical symptoms in the early stages, it is important to screen for it with blood and urine tests,” says Dr. Athreya. These

are some common tests used to check kidney function and help diagnose kidney disease:

URINE TESTS

An early sign of kidney disease is the leakage of protein into the urine (proteinuria). There are two urine tests that check protein levels in your urine.

• **Dipstick Urine Test.** This test can detect the level of albumin (a protein synthesized by the liver) in your urine. Normal ranges vary depending on the type of collection (spot, timed or 24-hour collection). If your albumin levels are abnormal, your provider may order further testing.

• **Urine Albumin-to-Creatinine Ratio (uACR).** This test measures the ratio of albumin and creatinine (a waste product of creatine, which supplies energies to your muscles) in the urine. Albumin is found in the blood and should not be present in the urine; creatinine, on the other hand, should be in your urine. Healthy kidneys prevent albumin from entering your urine and filter creatinine from your blood so that it leaves your body when you urinate. An elevated uACR value may indicate possible kidney disease or damage. A reading of 30 mg/g or less is normal; greater than 30 mg/g may indicate kidney disease.

BLOOD TESTS

• **Serum Creatinine.** This test measures the level of creatinine in your blood. Normal levels for individuals vary based on sex, age and muscle mass, but, generally, a level higher than 1.2 for women and 1.4 for men could indicate a problem with kidney function.

• **Glomerular Filtration Rate (GFR).**

This test measures how well your kidneys remove waste, toxins and excess fluid from your blood. Your GFR number is calculated using your serum creatinine level, age and sex. A low GFR indicates that your kidneys are not working as well as they should and, with

CKD, the GFR decreases with disease progression. A GFR of 90 or above is normal, but generally, a GFR of 60 or higher, together with a normal urine albumin test, indicates that your kidneys are functioning in the normal range. If your GFR is lower than 60, you may have kidney disease. This test is used not only to help diagnose CKD, but to determine the stage of the disease.

• **Blood Urea Nitrogen (BUN).** This test measures the amount of urea nitrogen—a waste product created in the liver as it breaks down proteins in your food—in your blood. Healthy kidneys filter urea nitrogen out of the blood and it leaves the body through your urine. Normal BUN levels vary depending on age and other health conditions, but generally ranges from 7 to 20. A higher-than-normal level may signal the presence of CKD. As the disease progresses, the BUN level gets higher.

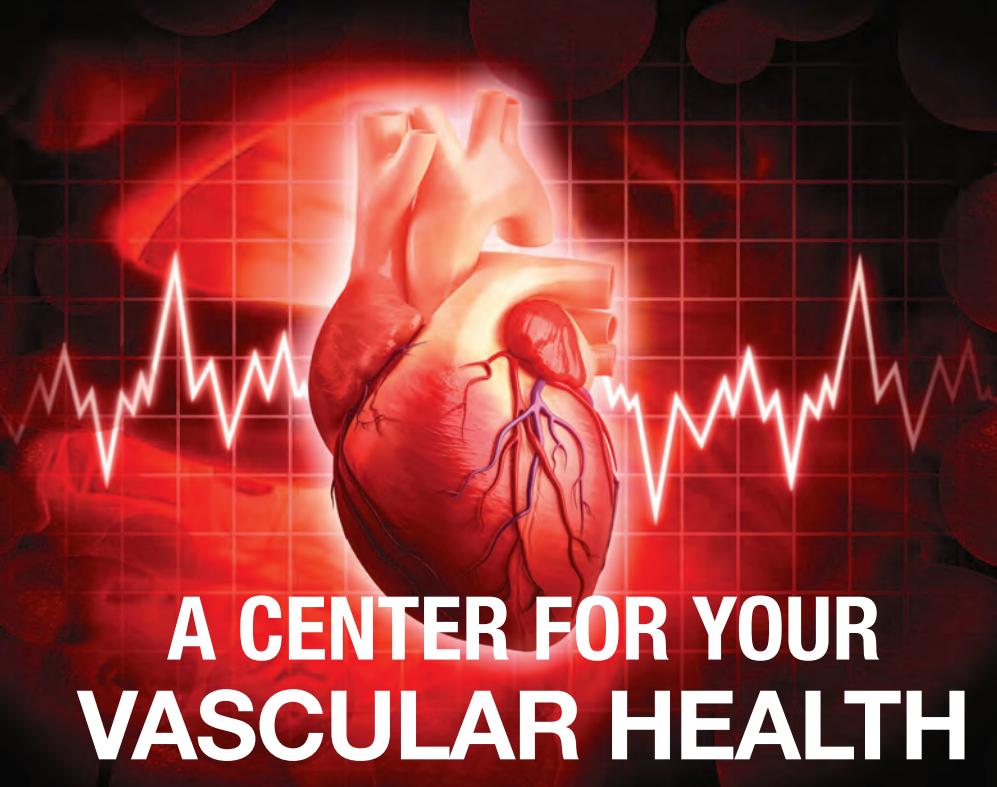
OTHER CONDITIONS TREATED

In addition to CKD, some common conditions and health complications treated by Kidney Associates are acute kidney failure, kidney stones, electrolyte problems such as abnormal sodium or potassium levels, protein or blood in the urine, urinary tract infections (UTIs) and high blood pressure (hypertension)—which can lead to kidney failure.

According to Dr. Athreya, the importance of keeping your blood pressure under control cannot be overstated.

“Uncontrolled high blood pressure is the second leading cause of kidney failure in the United States,” he says. “Severe high blood pressure can harm kidney function over a relatively short period of time. Even mild forms of high blood pressure can damage kidneys over several years. Following a healthy diet and taking medicine for high blood pressure may keep CKD from getting worse and may prevent other health problems, such as heart disease.”

*** To make an appointment with Kidney Associates at HMC, please call 413.534.2787.**



A CENTER FOR YOUR VASCULAR HEALTH

HOLYOKE MEDICAL CENTER'S VASCULAR CENTER TREATS BLOOD VESSEL CONDITIONS OF ALL KINDS.

LED BY BOARD-CERTIFIED vascular surgeon Sandip Maru, MD, the Vascular Center at Holyoke Medical Center (HMC) is a one-stop shop for vascular diseases, conditions and problems.

"We are a community vascular surgery program that offers one of the top venous treatment centers in New England," says Dr. Maru. "We're also a teaching site so other doctors can come and learn how our venous program works." The Vascular Center provides leading-edge, comprehensive care including state-of-the-art diagnostics, medical management, endovascular therapies and minimally invasive as well as open surgery.

"Some of the more common procedures we offer at the center are radiofrequency ablation [which uses heat to treat varicose veins], VenaSeal

[a procedure that seals a diseased vein with a specially formulated adhesive], and

microphlebectomy [a minimally invasive procedure to remove large varicose veins]," says Dr. Maru.

"In addition to painful varicose veins, some of the most common conditions we see are carotid artery stenosis, extremity swelling, abdominal aortic aneurisms, cellulitis, lymphedema and wounds," says Karen Lucas, PA-C, who works closely with Dr. Maru.

The Vascular Center provides evaluation and treatment of diseases such as arterial aneurysms (a bulge in an artery that occurs when a spot in an artery wall is weakened) and peripheral vascular disease (PVD), which includes peripheral arterial disease (PAD) and is the most common disease of the arteries, affecting about 8.5 million people in the U.S.

"Holyoke Medical Center also just added a multimillion-dollar angiography suite where minimally invasive vascular procedures can be performed, such as peripheral arterial angioplasty and stenting, and deep venous procedures," says Dr. Maru.

*** To make an appointment with HMC Vascular Center, please call **413.535.4785**.**

Sandip Maru, MD

MEET KAREN LUCAS, PA-C



Vascular Physician Assistant (PA) Karen Lucas joined the Vascular Center at HMC in September 2024 and she couldn't be happier—or busier! "As a Vascular PA, my week is extremely busy," she says. "I am a first assist with Dr. Maru in the OR on Mondays, and I work in the clinic on Tuesdays and Thursdays seeing patients. On Wednesdays, I am in Interventional Radiology with Dr. Maru and have a lymphedema clinic once a month. We are also in the process of starting a wound-care clinic once a month in the office on Wednesdays. On Fridays, I assist Dr. Maru with in-office vein procedures including RFA (radiofrequency ablation) and micro phlebectomies."

A PA is a healthcare provider and an integral part of a medical practice or center. For instance, Lucas performs physical exams, takes patient histories, orders and interprets diagnostic testing and lab work, does patient education, prescribes medications, and assists in surgery. "We are taught based on the medical school curriculum, but with less schooling and residency than an MD," says Lucas.

Lucas worked as a paramedic for 20 years before becoming a PA. According to Lucas, the most rewarding part of her job is helping people by making them feel better. "For instance, if a person has painful varicose veins and we can do a procedure that alleviates their pain, or if someone has an aortic aneurysm and we can fix it surgically and prevent it from rupturing, that's very rewarding," she says.



PERSONALIZE *Your PLATE!*

HOW TO EAT HEALTHY IN A WAY THAT'S RIGHT FOR YOU

WHEN IT COMES TO

the foods we eat, there's one thing we have an abundance of: choices. Unfortunately, with so many options, those choices can get overwhelming and can lead us right back to our old standbys—which, too often, are fast food, processed food or junk food.

To complicate things further, many people have medical conditions or allergies that limit what they can eat, and

others simply don't like certain "good for you" foods.

There is no one-size-fits-all when it comes to food and, the good news is that, even if you have

health conditions, allergies or other restrictions, there are easy and creative ways to eat wholesome, nutritious foods without sacrificing flavor or satiety. The key is to personalize your plate!

1 THINK "DIFFERENT." "Choose a variety of foods—different food groups, different colors, different textures," says Holyoke Medical Center Registered Dietitian Zoraida Rodriguez. "Mixing it up daily will help ensure that you get a variety of nutrients from different sources and will also keep boredom at bay."

*** To make an appointment with Zoraida Rodriguez, Registered Dietitian, please call HMC Endocrinology & Diabetes Center at **413.534.2820**.**



Zoraida Rodriguez

2 MAKE EVERY BITE COUNT. Skip the empty calories and fill your plate with nutrient-dense foods that you enjoy, incorporating vegetables, fruits, protein, grains, and low-fat or fat-free dairy options (or lactose-free or fortified soy versions). If possible, fruits and vegetables should comprise half of your plate, and at least half of your grains should be whole grains.

3 DON'T BE FAT-PHOBIC. Fat gets a bad rap, but some fats are actually good for you. Incorporate healthy fats, such as monounsaturated and polyunsaturated fats (including omega-3 and omega-6 fatty acids), into your diet. These can be found in foods such as fatty fish, olive oil, avocado, nuts and seeds, and nut and seed butters. One caveat: Even the healthiest fats are high in calories, so eat these foods in moderation.

4 SWAP OUT SALT FOR OTHER SEASONINGS. Avoiding excess sodium is usually a good idea, especially if you have certain health conditions, like high blood pressure. Skipping salt does not have to mean skipping flavor, however. "For instance, instead of using a bottled salad dressing that's full of sodium, you can make your own with olive oil, vinegar or lemon juice and herbs like parsley, cilantro, and thyme." The list of salt-free seasonings, spices and aromatics is virtually endless.

5 BE SNEAKY. You know you should eat your spinach, but you can't bring yourself to take a bite—at least not in the traditional way. "I encourage people to be adventurous in the way they incorporate nutritious foods," says Rodriguez. "Try making a fruit and vegetable shake or substitute spinach and celery for breadcrumbs in your turkey meatloaf. Those vegetables and fruits you usually avoid might taste better in a different form, and this can be a great way to add nutritious foods you might not like on their own."



Left: Barbara Bernard at the opening of the HMC Emergency Department in 2017. Top: Barbara in the 2010 Holyoke St. Patrick's Parade as the Citizenship Award Winner. Bottom: Barbara (center) with Angela Wright (left) and Claire Rigali at the 2024 HMC Annual Gala.

HONORING A BEAUTIFUL LIFE

A BELOVED LONGTIME PATRON OF HOLYOKE MEDICAL CENTER WILL BE HONORED POSTHUMOUSLY WITH A 'GRAND FINALE' TO HER LIFETIME OF PHILANTHROPY.

IF YOU WERE TO ASK residents of Holyoke to name the community's most notable, accomplished, generous and kind residents, Barbara Bernard would be at the top of the list.

Bernard, who passed away August 29, 2024, at the age of 97, was a pillar of the Holyoke community and a patron of Holyoke Medical Center (HMC) for decades. On February 8, 2025, the philanthropist and broadcasting pioneer will be honored posthumously at HMC's Annual Gala with the hospital's Lifetime Achievement Award.

"Barbara had always been an incredible supporter of Holyoke Medical Center and we've wanted to honor her for years now," says HMC President

and CEO Spiros Hatiras. "She was very modest and did not want to accept the nomination. We respected her wishes, but it is now time to honor her with this award."

According to Hatiras, Bernard wasn't just generous with significant financial contributions to HMC, but with her support of him as well. "I first met her in September 2013, when I joined Holyoke Medical Center," he says. "I said, 'I know the board made me the new CEO, but it won't be formal until I get your blessing.' We bonded then and there. She took me under her wing, helped me learn the history of Holyoke, introduced me to people in the community, including politicians and

civic leaders, and helped me become part of the social fabric of Holyoke."

WIFE, MOTHER, PHILANTHROPIST, TRAILBLAZER

To say that Bernard was a trailblazer is no exaggeration. Born on July 13, 1927, in North Adams, MA, Barbara Cellana Bernard got her start in broadcasting in 1944 at the age of 17 when she was a student at Mount Holyoke College and began writing and recording radio commercials for WHYN.

After graduating in 1948, she married and settled with her husband, George (he died in 1998, just after their 50th wedding anniversary), in a suburb of



Left: Barbara and her family during Christmas on Steiger Road in Holyoke around 1973. Center: A flyer for "The Barbara Bernard Show" on Channel 40 in 1955. Right: Barbara surrounded by all of her family for her 95th birthday in 2022.

Pittsfield, where the couple lived briefly before moving to Holyoke in 1950, when she once again worked with WHYN on a radio talk show called "It Happened in Your Own Backyard." The popular program moved to TV in 1955, when it was renamed "The Barbara Bernard Show," which aired until the early 1970s. Bernard broke through the glass ceiling years before the term existed.

"What she accomplished in Western Massachusetts was amazing, from her radio and TV to journalism successes," says Betsy Bernard, the younger of Bernard's two daughters. "She did it all while raising a family at a time when it was frowned upon to have a mom working outside the home. And there was no support structure to help out—just my dad, my sister, Nancy, and me."

Nancy Walford, Bernard's elder daughter, describes her memories of her mother similarly and her childhood as happy and full of love and activities. "My mother was very organized, she had a busy, busy life and she always managed to get everything done, whether it was buying our school clothes or making sure dinner was ready," she says.

Bernard was a natural philanthropist from a young age. After graduating from college, she established an endowment at Mount Holyoke with the interest from it being given annually to a needy student. When she was 23, she won \$100 on the "Strike It Rich" radio program

in New York and, rather than pocket her winnings, she used it to form the first independent Golden Age Club. "It became an amazing senior center," says Walford. In September 2024, a section of Pine Street, where the Holyoke Senior Center is located, was renamed Barbara Bernard Way in her honor.

When Bernard retired from broadcasting, she continued to write for the Holyoke Transcript Telegram and Hello Holyoke. She later joined The Republican, for which she wrote a popular slice-of-life column. "I edited her column for 25 years," says Cynthia Simison, The Republican's longtime executive editor. "Our relationship evolved into a great friendship, and, in many ways, she was like a second mother to me."

GIVING TO HOLYOKE MEDICAL CENTER

"My mom wasn't born in Holyoke, but she loved everything about it. She loved Holyoke Medical Center which, at the time, was called Holyoke Hospital. She was a patient there a few times, and she got excellent care. She was just so proud that this hospital was in Holyoke; everything seemed to be in Springfield then. Whatever she could do to increase awareness and help the hospital, she would do it."

Bernard's support for HMC never wavered and, from 1988 until her death,

she had been the hospital's top individual donor. She contributed to numerous equipment purchases, renovations, and projects to benefit HMC including the Yours For Life campaign to expand and renovate the surgical department, main entrance, cardiology/neurology, patient registration and lab areas between 1999 and 2003; information technology equipment and software in 2004; the new Emergency Department capital campaign in 2017; renovations to the cardiac rehab suite in 2021; and the purchase of new bladder scanners in 2023. Bernard was also a regular supporter of fundraising walks, golfing events, memorial gifts, unrestricted gifts, in-kind gifts, the annual gala and ACE award events, the annual Tree of Love and gifts to many departments.

"There is no one more deserving of this award than Barbara," says Simison. "Her concern was for the health and wellbeing of the citizens of Holyoke for 75 years and she was committed to Holyoke Medical Center; she wanted it to thrive."

"I would like my mother remembered for being a loyal and dedicated Holyoke Citizen, a community organizer, and a kind and giving person," says Betsy Bernard. "I'm thrilled that she is getting the Lifetime Achievement Award." Walford agrees. "Perhaps this is the grand finale," she says. "My mom would have loved it."

*** To buy tickets, become a sponsor, make an in-kind donation, or place an ad in the tribute journal for the 2025 HMC Annual Gala, visit holyokehealth.com/gala25 or call 413.534.2579.**

A LOCAL PRIMARY CARE DOCTOR RETIRES

AS DR. ROBERT FISHMAN SAYS GOODBYE, DR. KARTIK VISWANATHAN SAYS HELLO, AGAIN—AT A NEW HOLYOKE MEDICAL CENTER LOCATION.

FOR THE LAST 36 YEARS of his successful 40-year career as a physician specializing in Internal Medicine, Robert Fishman, DO, FACP, has been in private practice at the same location in South Hadley and on staff at Holyoke Medical Center (HMC). During that time, he's treated tens of hundreds of patients and built lasting relationships with many—some that have spanned generations to include grown children and even grandchildren.

"Though I probably wasn't thinking this way when I started my practice, one of the many blessings of primary care is that you get to age in place with your patients," says Dr. Fishman. And that's just what he's done.

After attending medical school in New York, completing his residency in San Francisco, and subsequently working in a large, multi-specialty clinic in Newark, New Jersey, Dr. Fishman was looking for a place to "drop anchor" in 1988 when he discovered that a doctor in South Hadley, Massachusetts, was leaving practice. He decided to take over the practice and began building his own at that location. "I hit the ground running," says Dr. Fishman. "Within a few months, I got a Golden Retriever puppy, and within a year, I met my future wife and life partner, Mary Anne."

Since then, his care philosophy has never wavered:

The patient comes first. "It was always important for me to connect with my patients, put them at ease, and give them my full attention," he says. "I didn't wear a white



Kartik Viswanathan, MD

coat, which is a barrier. I always sat down when talking with them so that we were eye-to-eye, and I wasn't rushing for the door."

Now, as he turns 70, Dr. Fishman is looking forward to the next chapter in his life. "I want to read more and I want to exercise more," he says. "I play guitar and I want to play even more music, take day trips with my wife and relax," he says.

Dr. Fishman wrote his patients a heartfelt letter informing them of his plan to retire at the end of 2024, thanking them for the opportunity to care for them, and letting them know that he will be leaving them in the exceptionally capable hands of another highly regarded HMC physician, Kartik Viswanathan, MD, Director of Holyoke Medical Group. Starting in January, Dr. Viswanathan, who has been in practice since 1995, will assume Dr. Fishman's practice and begin seeing patients at the South Hadley location, which will become a new Holyoke Medical Center office.

Dr. Viswanathan will provide continuity of care to existing patients and will welcome new patients as well. "Dr. Fishman and I have been part of the same call group for many years, and we have a similar style of practice, so the transition should be smooth," says Dr. Viswanathan. "We are both committed to patient care, believe that the patient comes first, that prevention is better than cure, and that identifying and treating chronic illnesses early is important. I look forward to this new chapter."



* To make an appointment at the new HMC Adult Primary Care office located at 129 College St #2, South Hadley, please call **413.538.5620**.

Robert Fishman, DO, FACP

The Healthy Hazelnut

IT'S SMALL, ROUND AND BURSTING WITH BENEFITS, NOT TO MENTION THAT FAMOUS FLAVOR.

A FAVORITE OPTION in flavored coffee? Yup. Basis for Italian Baci chocolates? Sure. A key ingredient (though outranked in quantity by sugar and palm oil) in the popular spread Nutella? You bet. But the hazelnut is also simply a fantastic nut, a compact little blast of nutrition all by itself, with a distinctive sweet taste.

Also called the filbert (perhaps because it ripens around St. Philibert's Day, an August feast day named for a seventh-century French abbot) and known to science as *Corylus avellana*, the hazelnut is the fruit of the hazel tree, which is unusual in that it blooms and pollinates in mid-winter. Ancient Chinese scriptures listed it as one of five sacred nourishments God gave humans, to be used medicinally and as a tonic. The Greek physician Dioscorides recommended the hazelnut to help cure colds and grow hair on heads beset with baldness. (Of course, he no longer has a practice.)

Oregon's Willamette Valley accounts for 99.9 percent of U.S. hazelnut production, but this country's output is dwarfed by that of Turkey, which provides more than two-thirds of the world's supply. Top per-capita hazelnut consumers? The Swiss.

POWER UP

You can't spell "nutrition" without those first three letters, and the protein-rich hazelnut gives meaning to that coincidence. A one-ounce serving (about 21 nuts) has 2.7 grams of dietary fiber (roughly 11 percent of your daily requirement), which can help lower your cholesterol levels and

keep you regular. That same serving furnishes 25 percent of your daily need for copper, which helps the body produce energy and absorb iron for making blood cells, and 90 percent of your manganese. Manganese aids bone building, blood clotting and sex hormones; it's a big component in an enzyme that fights free radicals, which can harm cell membranes and contribute to aging and possible cancer.

Hazelnuts can't turn an unhealthy lifestyle around all by themselves, but they're a nice sweet treat (which is why they're commonly paired with chocolate) that's relatively low in carbs and good for a diet with a low glycemic index. They're high in vitamin E, an antioxidant that may help ward off cancer, and oleic acid, which may help reduce inflammation. And while there's no hard data on hazelnuts' hair-growth potential (sorry, Dioscorides), they're a no-guilt munch—or ingredient—that can make even bald years brighter.

BUY/STORE/SERVE:

Hazelnuts can be purchased at your local supermarket or farmers' market. Specialty hazelnuts, for the ritzy nut shopper, may be ordered from online retailers. The state of Oregon has a whole site and whole organization dedicated to hazelnuts, if you're really nuts for this stuff.

Nuts are more vulnerable when shelled, so be sure to eat any hazelnuts you shell with relative immediacy. Keep hazelnuts in relatively cool areas; they can usually

last up to six months in the fridge, and in the freezer about a year. Hazelnuts gone bad will usually show; if you're unsure, check for visible mold, a whitish covering or a rancid, paint-like odor.

Nuts are generally good as they are; you can eat them raw. You can roast them in a shallow pan (removing the skins in the process) if you really want to bring out their flavor, although they won't keep as long that way, so have at them and eat them while they're good.

Hazelnuts can sometimes be added to a salad or a seafood dish. Look online and you'll find recipes for hazelnut pralines. The nuts are also an excellent flavoring if processed and used in a cookie, a cake or a tart for when you want to take a vacation from minding your health. Even hazelnuts need a break.





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