Family Fellowships:
Heartfelt Support, Inspirational Impact

While the rest of the country celebrated the bicentennial with parades, flags and fireworks, Joyce Koons, her father and three brothers sat on a hallway bench in The Johns Hopkins Hospital on July 4, 1976, nervously listening to cardiac surgeon Vincent Gott, M.D. Gott, a gifted surgeon who performed the hospital’s first heart transplant with Harvey Bender, M.D., was about to replace the mitral valve in the heart of Joyce Koons’ mother. “We looked at this man and hoped for a miracle, which he delivered,” Joyce Koons recalls.

Her father, delighted with his wife’s care, donated funds to build the hospital’s Koons Cardiac Unit in 1977, only to die unexpectedly a year later. Her mother lived until she was 80. Hopkins’ care of the Koons family extended to Joyce’s brother, Joe, as well.

Joyce created the Koons Family Research Endowment to support cardiac surgery at Johns Hopkins and to express her gratitude for its generation-spanning role in her family’s story. “I love Hopkins and am so thankful for the doctors and nurses,” says Joyce Koons, herself a patient of Johns Hopkins cardiologist Wendy Post, M.D., M.S.

The current Koons Family Research Fellow, Alejandro Suarez-Pierre, M.D., a postdoctoral researcher at the Johns Hopkins Cardiac Surgery Research Laboratory, uses this support to broaden possibilities for his research and patient outcomes. “Donor commitment positively impacts research productivity, especially in today’s environment of decreased federal funds to medical research,” Suarez-Pierre explains.

His research includes examining the current allocation system to distribute hearts to transplant patients. Suarez-Pierre has shown that using hepatitis C donors in tandem with the delivery of new-generation anti-virals to organ recipients could expand the donor pool by 9% — exactly the life-saving transformation Joyce Koons hopes her support will create: “If I can make the difference in someone’s life through education, that’s what I want my gift to do.”

A transformative relationship with the Division of Cardiology also moved Nancy Grasmick, Ed.D., Ph.D., to create the Lou and Nancy Grasmick Research Fellowship in Cardiology. Lou, who died in 2016, was a member of the Heart and Vascular Institute board of governors and had two bypass surgeries at Johns Hopkins. “We became devoted to the division because they truly extended his life.”

As the inaugural Lou and Nancy Grasmick Fellow, Eunice Yang, M.D. (Med. ’13), chief fellow, Division of Cardiology, is pursuing research on patients with undiagnosed atrial fibrillation and a condition known as heart failure with preserved ejection fraction (HFpEF). “I have been at Hopkins since medical school, but it is the opportunities like the Lou and Nancy Grasmick cardiology fellowship that inspired me to stay for my clinical training after graduation,” Yang says. Fellowship funding is key to help her demonstrate that atrial fibrillation is a modifiable predictor of poor outcomes in HFpEF patients, and that using electrophysiology interventions can improve their symptoms.

Grasmick is thrilled that her gift is furthering such groundbreaking, heart-saving research: “I think Johns Hopkins is remarkable. Hopkins was absolutely dedicated to Lou. We used to smile at each other and say, ‘Hopkins, that’s the house of miracles.’”

A group gathers for dinner to celebrate the Lou and Nancy Grasmick Research Fellowship in Cardiology. Back row, from left to right: Roger Blumenthal, M.D., Steven Schulman, M.D, Josh Grasmick, Ed Kasper, M.D. and Geoffrey Lynn, Ph.D. Everyone else, from left to right: Debbi Kasper, Lisa Hammann, Wendy Post, M.D., Sarah Grasmick, Bobbi Schulman, Nancy Grasmick, Ed.D., Eunice Yang, M.D., Charlene Tomaselli, Gordon Tomaselli, M.D. and Adrienne Rose.
Cardiovascular disease is the #1 cause of death in the developed world, and it is rapidly overtaking other causes of premature death and suffering in less developed countries. Only a handful of academic centers are capable of making the contributions required to prevent this anticipated growth. Johns Hopkins is among this very elite group, and our team members are committed to engineering a future without cardiovascular disease.

We are in the process of reenvisioning our Heart and Vascular Institute. It will expand to better embrace all the hospitals and ambulatory clinics across our health system, allowing all of our faculty and staff to access a more integrated data repository to improve processes, answer research questions and personalize therapies. Our program has outstanding strengths in cardiovascular disease prevention. And our faculty focuses on advanced therapies, including transplant, percutaneous and surgical repair of heart and blood vessels, cardiac imaging, and therapies performed in the cardiac and surgical intensive care units and the Electrophysiology and Arrhythmia Service. We are immensely proud of our collaborations with the Whiting School of Engineering, the Bloomberg School of Public Health, basic science departments in the school of medicine, and the Johns Hopkins Applied Physics Laboratory.

We also envision three new programs with enhanced capacity for discovery related to heart failure, atrial fibrillation and atherosclerotic vascular disease. Key discoveries at Johns Hopkins will unlock this knowledge to provide new and more effective cures and personalized preventive strategies.

We are excited to begin our future now, and we are grateful for your support.

Professionals
Honors
26 Years of Care

Christian Poindexter, former head of Constellation and BGE energy companies, passed out at the wheel while driving to a meeting in Baltimore in 1975. The sensation leading up to it felt familiar to the ex-naval aviator — like the G-force of a high-speed turn. He’d had a similar experience once in the Navy, when his heart began beating uncontrollably fast while piloting a single-seat jet attack aircraft off the USS Forrestal.

Neither the flight surgeons nor the many doctors he visited leading up to 1975 found anything wrong. But after losing consciousness, he went to the hospital, where he was finally diagnosed with Wolff-Parkinson-White syndrome. Poindexter immediately began to seek treatment.

Poindexter says while having a test, the doctor was on the phone trying to buy a car and “wasn’t paying any attention to me. So I decided, ‘I’m going to go to Johns Hopkins Hospital.’ I’ve been there ever since.”

Poindexter’s involvement with Johns Hopkins would eventually extend beyond the doctor’s office, when he was invited to join The Johns Hopkins Hospital board of trustees, having been an active member on many other local, statewide and national volunteer boards. He later joined the boards of Johns Hopkins Medicine and The Johns Hopkins University, but much of his commitment has remained with the Division of Cardiology and the people there who cared for him.

Cardiologist Hugh Calkins, M.D., first met Poindexter in 1993, a year after coming to Johns Hopkins as director of the Arrhythmia Service and the Electrophysiology Laboratory. At the time, Poindexter was under the care of Larry S. C. Griffith, one of the hospital’s early experts in heart arrhythmia, and was initially referred to Calkins for a catheter ablation procedure.

After Griffith’s retirement, Calkins became Poindexter’s primary cardiologist, and would go on to treat his two sons. It is a doctor-patient relationship with the family that has spanned 26 years.

Even when Poindexter and his wife, Marilyn, retired, they continued to direct support to Calkins and his research on atrial fibrillation, and they stayed involved with the Johns Hopkins cardiovascular advisory board. So, when the Poinesters decided to endow a professorship in memory of their granddaughter, Catherine Poindexter, Calkins was their first choice as its recipient.

“Chris is a very kind, generous man who has had several tough cardiac-related problems, but he continues to be extraordinarily active,” says Calkins. “I enjoy caring for patients like Chris.”

Funding from this professorship will support the time needed to conduct research and pursue additional teaching interests. But more importantly for Calkins, he says, receiving this professorship from the Poinesters is an immense source of inspiration. “It’s an unbelievable honor to have a patient of 26 years form an opinion of you worthy of this kind of support,” says Calkins. “It’s the high point of my career and my time here at Hopkins.”

Current Income, Future Impact: Giving through a Charitable Gift Annuity

We want to hear from you. Contact Lisa Hammann or Adrienne Rose in our development office at 443-287-7384 or hopkinsheart@jhmi.edu if you have questions or need additional help.

To make a contribution to the Heart and Vascular Institute, use the contribution envelope enclosed or give online at https://secure.jhu.edu/form/heart.
Giving from the Heart
Meet Bobby Basil

Throughout his life, Johns Hopkins has been there for Robert “Bobby” Basil and his family. As a native of Washington, D.C., Basil grew up well aware of The Johns Hopkins Hospital. When his brother needed surgery to remove a tumor, he came to Johns Hopkins. And when Bobby needed care for an abnormal heart valve, he chose Johns Hopkins cardiologist Roger Blumenthal, M.D.

Today, Basil serves as the youngest member on the Johns Hopkins Cardiovascular Advisory Board. In 2019, he gave his first monetary gift to the advisory board’s Discovery and Education Fund in the form of a three-year leadership pledge — the very first pledge to the board endowment. He recently spoke with Pulse.

Q: Can you tell us about your experience as a patient at Johns Hopkins?
One of the first times I visited Dr. Blumenthal, he made it clear that he wanted me to understand my condition. This was empowering because if I could understand my health and the treatment, I felt like I could make decisions about both.

Q: What is it like to serve on the Cardiovascular Advisory Board?
It’s interesting. You learn about what’s being studied and researched — specific conditions, the various abnormalities and disease states. I was really impressed by the emphasis on cutting edge technology and the forward-thinking attitudes. We spend a lot of time talking about the patient experience too, which is critical.

Q: What made you want to make a pledge to the Cardiovascular Advisory Board Discovery and Education Fund?
This was a convergence of my personal experiences with an institution that’s personal to me. If I’m going to give, Johns Hopkins is an institution that I think merits giving to.

Q: How do you feel your giving is making an impact?
I see this endowment as an opportunity to help accelerate initiatives that the institution feels would yield long-term results for other cardiology and cardiac surgery patients, the community and the larger world of cardiac patients.

Q: What would you tell others considering a gift to the Heart and Vascular Institute?
I would tell them to do your homework and take your time, but Johns Hopkins has the intellectual capability and vision to affect things that others do not. They have made a difference in my life, my family’s life, and I know they will continue to make a difference in many people’s lives.

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Donors and Friends Go Behind-the-Scenes with Cardiologists

In May 2019, a group of cardiology donors and friends gathered at The Johns Hopkins Hospital to “live the mission.” They had behind-the-scenes, hands-on experiences that demonstrated some of the exciting work taking place in the Division of Cardiology.

Learning How Their Contributions Impact Myocarditis Research

Dawna and Vern Poyner of the Matthew Vernon Poyner Memorial Foundation have generously supported myocarditis research at Johns Hopkins for the past four years. The donations are in memory of their beloved son, Matthew. In July 2019, Dawna and Vern met with Nisha Gilotra, M.D., and Daniela Cihakova, Ph.D., at The Johns Hopkins Hospital to learn about the impact of their contributions. From left: Dawna Poyner, Daniela Cihakova, Nisha Gilotra and Vern Poyner.

Snapshots of Support

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Dinner Celebrates the Inaugural Thomas Traill Reader in Cardiology

Faculty and family members and friends gathered in Baltimore in March 2019 to celebrate the installation of Oscar Cingolani, M.D., as the inaugural Thomas Traill Reader in Cardiology. During the four-year appointment, Cingolani will have protected time for scholarship and will serve as an academic physician and teacher. Above: Traill and Faye Morford, the first donor to the Traill Readership Fund.
At Johns Hopkins, the management of patients with advanced heart failure is a team sport, with cardiologists and cardiac surgeons working in tandem with other providers to keep patients at the top of their game.

“Advanced heart failure (AHF) originates from a spectrum of conditions, from lack of blood flow leading to heart failure to other causes, such as valve problems, hypertrophic cardiomyopathy or amyloidosis,” says cardiothoracic surgeon Ahmet Kilic, M.D., director of heart transplantation and mechanical circulatory support. “The uniqueness of Hopkins is that we have a specialist in every one of those major disease processes that lead to heart failure.”

“It’s a very close-working team and unit,” says AHF cardiologist Kavita Sharma, M.D., one of six such specialists (along with Edward Kasper, M.D., Ilan Wittstein, M.D., Steven Hsu, M.D., Nisha Gilotra, M.D., and Roberta Florido, M.D., M.H.S.) who meet daily with Kilic and cardiothoracic surgeon Chun Choi, M.D., as well as care team members. These include transplant nurses, left ventricular assist device nurses, social workers, pharmacists, psychologists and nutritionists.

Coordinated care starts from the moment patients are referred, says Sharma, with cardiologists driving the initial medical management and the multidisciplinary team assessing patient candidacy for advanced therapies, including mechanical assist devices or transplants. The shared approach continues after surgery until patients are discharged, and even for follow-up care.

“It’s almost like having not just a second opinion, but third and fourth opinions on any given disease,” says Kilic. “That allows us to make real-time decisions for the benefit of patients.”