Welcome from the Chair

The year 2020 will undoubtedly be remembered for the global coronavirus pandemic. The coronavirus has affected every field of medicine. But otolaryngologists are especially vulnerable because our practice requires us to examine and perform procedures on those areas of the upper respiratory tract that harbor the most virus, and viral concentration may be highest in the 1-2 days prior to onset of symptoms. The risk was explained succinctly in this warning message from the American Academy of Otolaryngology, sent on March 19: “There is evolving evidence that otolaryngologists are among the highest risk group when performing upper airway surgeries and examinations. A high rate of transmission of COVID-19 to otolaryngologists has been reported from China, Italy, and Iran, many resulting in death.”

A few days ago, I went to the hospital to perform tracheostomies on COVID patients, in what has become a numbingly repeated weekly routine all summer long. Dr. Audrey Baker and I met the rest of our team and pushed carts of equipment to the ICU. Today, there were three tracheotomies to do. Before the first case, I spoke over the phone with the patient’s wife. Because our hospital has had a no-visitor policy since March, she had not seen her husband since he was admitted to the hospital 5 weeks earlier. “Please take care of my Darryl,” she said.

After Arizona re-opened bars, restaurants, gyms and other businesses in May, our state experienced a massive surge of coronavirus cases in June and July. At one point in early July, Arizona had the highest per capita new COVID case rate in the world, and hospitals across the state rapidly approached full capacity while our health-care work force was stretched to a near breaking point. Soon, our hospitals had scores of critically ill COVID patients that were unable to be weaned off ventilators.

Back in April, our otolaryngology team helped write guidelines for COVID tracheotomies in our health system that defined appropriate indications and spelled out a trach procedure protocol that maximized safety of all personnel. Tracheotomies are likely amongst the aerosolizing procedures with the highest risk for potential coronavirus transmission. Early on during the pandemic, many surgeon groups including our own Academy of Otolaryngology counseled against doing most COVID tracheotomies. The reality is that the majority of COVID patients who are intubated either improve within a couple weeks, or, sadly, don’t survive. But for a select group of patients, a tracheostomy can help to facilitate recovery and hasten hospital discharge. To minimize transmission risk, we created a dedicated trach team to perform tracheostomy procedures at the bedside in negative pressure-isolation ICU rooms with personnel wearing enhanced PPE. Tracheostomy on an intubated patient is typically a routine procedure for otolaryngologists, one that in our residency training program, might be first performed as a first-year resident. But a COVID tracheostomy is different. Wearing noisy PAPR hoods makes communication challenging amongst team members (we use hand signals to communicate key steps during the procedure). It is not possible to wear headlights with a PAPR hood, resulting in suboptimal lighting conditions for a procedure where visualization of the deep neck wound is considered critical. We modified our surgical and anesthetic techniques to reduce possible spread of aerosolized virus particles during airway entry.
Initially, during May and June, our otolaryngology team was doing 1 or 2 tracheotomies per week. But as the calendar turned to August, we found ourselves doing at least 5 tracheotomies every week, and we soon recruited additional colleagues, Dr. Chris Le and Dr. Fiyin Sokoya, to lead a second trach team.

On this particular morning, Dr. Baker and I, along with our anesthesiologist and scrub tech all donned our N95 masks, PAPR hoods, and surgical gowns before entering the first patient’s room. There were familiar features to the scene—an oral endotracheal tube connected to a hissing ventilator and the beeping of the cardiac monitor. As a surgeon I am more accustomed to the barren décor of the operating theatre but when doing cases in an ICU patient room, I always notice the photos surrounding each patient’s bed, often of family, spouses, friends—providing visible evidence of loved ones in the outside world watching over them. The images of this patient’s family remain in my mind while performing the critical steps of the tracheotomy procedure, as if they are watching us, too. Minutes earlier, I had provided reassurance on the phone to a wife that I would likely never meet, and I am reminded that each tracheotomy patient had a life before COVID. They are someone’s husband or wife, dad or mom. Each has been struck down by an invisible virus that has infected more than 6 million people in the US, including over 200,000 in Arizona. The virus has killed more than 190,000 Americans by mid-September and continues relentlessly to fell our fellow citizens at an average rate of 1,000 deaths per day.

Walking out of the hospital after completing our tracheostomies that day, I reflected on the past 6 months of the COVID-19 pandemic. All of us are physically tired and emotionally exhausted. Noting the proportionately higher number of COVID deaths suffered by the United States compared to other ‘rich’ countries, some may feel frustrated and abandoned by our state and national leaders and wonder why it had to be this way. No doubt, there remains much we don’t know about this novel coronavirus, and the story of the COVID-19 pandemic is, unfortunately, still many months or years away from being finished.

The challenge to our health care system is to figure out how to not only take care of coronavirus patients, but how to take care of the health needs of all our patients. We have already seen many negative impacts caused by delaying necessary medical care of non-COVID patients. This issue of our newsletter takes a look at some of the ways the COVID-19 pandemic has affected us in the Department of Otolaryngology. We highlight the key measures that our team has implemented to safely take care of all our ENT patients in the clinic and the hospital. Dr. Yip reflects on how the coronavirus pandemic has affected her and her laryngology practice. Dr. Baker and Dr. Bearelly provide a residency program update and describe how the residency application process will run differently this year due to COVID. In the upcoming 2021 NRMP match, our department will be matching two future otolaryngology residents for the first time. Dr. Chang describes his newly funded NIH grant studying genome-virome interactions in the development of chronic rhinosinusitis. We welcome Dr. Jonathan Skirko our new Director of Pediatric Otolaryngology, and several other new members of our department family.
Despite being mostly in a state of gloom for the past 6 months, I have strived to find a silver lining in the midst of this once-in-a-century public health crisis. For much of June, the Tucson air smelled of smoke and the night sky over the nearby Catalina Mountains glowed orange from the Bighorn Fire, one of the largest wildfires in Arizona history. The Arizona Dept of Fire Management assured everyone that the lightning-caused fire was actually a good thing, part of a natural cycle that cleared dead trees and allowed new plants to grow. But seeing the flames from my home each night, in the midst of a pandemic, I didn’t feel very reassured. Surely an apocalypse would soon be upon us.

In mid-March, as a novel coronavirus forced the country to suddenly shut down, the Arizona desert wildflowers were in their full pageantry of Spring colors. The natural beauty seemed surreal while our lives were being completely upended. Old daily routines suddenly were disrupted, and the simple things once taken for granted were now precious. Whether it was panic or prudence, we rushed to buy toilet paper, hand sanitizer, and flour from suddenly scarce store shelves. But from the daily uncertainty, the simple act of maintaining our social ties, in both new and old ways, brought joy and happiness. Happiness was about going on FaceTime every evening and seeing that my parents were alive and healthy. It was meeting with my college girlfriends on Zoom once a week to talk about creative baking recipes, house-breaking a new puppy, or ordering stand-up urinals for an upcoming road trip. It was driving to California to visit family and my very pregnant best friend in her driveway. Ironically, I’ve found the physical isolation from COVID has rekindled old friendships and led to more frequent check-ins with family.

For me, raising my children during a pandemic has actually been easier, in a way. Since the schools shut down, my son turned 10 and my twin girls turned 8. I no longer need to plan playdates, birthday parties, the logistics of summer camp, and elaborate vacations. Our home bound lifestyle has freed up a great deal of time, most of which I have spent “doom-scrolling” on my phone reading about the depressing news of the day, but I did devote more time to my children. Along the way I’ve learned that less is truly more. Less time spent shuttling kids in the car meant they had more time to practice their musical instruments and to read. They made amazing progress in music, math, and reading. Of course, they were also left to their own devices a lot–literally. Recently the debate on school reopening has raged all over the country, and I certainly empathize with so many families who are struggling with remote learning. However, my husband and I are probably outliers because we did not feel our kids being at home was all that bad. Without a doubt, our children have grown up and matured a great deal in the last few months.

I am an otolaryngologist, and my self-identity is deeply intertwined with my work. The pandemic created an existential crisis for our field. Early on, reports from other countries suggested otolaryngologists could get infected with COVID when doing procedures in the upper aerodigestive tract. A simple flexible laryngoscopy, one of the most basic tools of an ENT clinic evaluation, was deemed very risky. In April, our ENT clinic essentially shut down, and we saw only a handful of patients in person. We would close the doors to exam rooms for 3 hours after each flexible laryngoscopy to allow for any aerosolized virus to clear. As a laryngologist accustomed routinely to scope at least a dozen patients in a clinic day, I wondered whether I should retrain for another specialty. My pre-pandemic goal to expand and market my voice and swallowing practice seemed not very relevant. Fortunately, thanks to the vigorous advocacy of our department leaders and the support of our hospital, we implemented a slew of safety protocols for our clinic and started doing COVID testing before some procedures, so that slowly “normal” clinical practice resumed. Challenges remain even with these new safeguards—some patients understandably are scared to come in for less urgent ENT problems and in times of widespread community spread, COVID cases among clinic staff inevitably occur.

Continued on page 11
Our residency program continues to be the centerpiece of our Department. Despite the challenges of coronavirus, our residents have stepped up and provided excellent care and support for our patients during this tumultuous time. This experience will undoubtedly be a formative part of their training, akin to the HIV pandemic for the previous generation of trainees. They have learned to take all the necessary precautions and don appropriate PPE while seeing patients in order to protect both themselves and our patients. Through this pandemic, they are emerging with even more confidence and skill to treat their future patients.

In June, we are incredibly proud to have graduated our 4th resident from this program, Dr. Tyson Nielsen. Originally from Boise, Idaho, he quickly assimilated into our program and culture. He contributed greatly to developing and growing our program. In his 5 years, he accumulated a wealth of experience, having more than 4 or 5 times the necessary cases in many categories to graduate. He is continuing his training at the University of Nebraska, pursuing a fellowship in head and neck oncology and microvascular reconstructive surgery. He has a bright career ahead of him and we are excited to see how it develops. In July, we also welcomed our new intern Dr. Claire Gleadhill. She was born in Tempe, AZ and grew up in Memphis, TN. She did an away rotation with us during her 4th year of medical school and we absolutely loved her. We are very excited to have her join the team.

Due to coronavirus pandemic, we were unable to accommodate any away rotators and we are planning for virtual residency interviews. While this introduces many challenges, we are doing our best to stay engaged with our applicants and provide them with as much information as possible. We are hosting monthly Zoom Happy Hours to allow prospective applicants to directly converse with any of our faculty and residents. We are revamping our website to include more up to date residency information including videos and interviews with faculty, residents, and alumni. We are also staying active on social media with Twitter and Instagram @UofAENT.

Finally, we are excited to announce that the ACGME and RRC have approved expansion of our program to 2 residents per year. This is a testament to the rapid growth of our department and the hard work of our residents and faculty. We all look forward to training this new generation of talented Otolaryngologist-Head and Neck Surgeons.

-- Dr. Audrey Baker is an Associate Professor and Otolaryngology Residency Program Director. Dr. Shethal Bearelly is an Assistant Professor and Associate Residency Program Director.
WAYS TO GIVE

The global mission of the University of Arizona Department of Otolaryngology is to improve ear, nose, and throat care within and around the state of Arizona through exemplary clinical medicine, basic/translational research, and the training of the next generation of Otolaryngologists.

Philanthropy makes sure we continue pursuing the most innovative solutions to Otolaryngology’s most pressing problems. Your donation provides seed-funding for new research projects, enables breakthrough clinical trials, and supports trainees as they become competent and compassionate caregivers of tomorrow.

EDUCATION
SIMULATION / SURGICAL SKILLS LAB

Head and neck anatomic dissection in the laboratory plays an important role in the education, research, and training of residents and young surgeons in Otorhinolaryngology. The three-dimensional anatomy of the head and neck is challenging for young surgeons to master, yet serious morbidity and mortality can occur from injuring vital structures in the head and neck and skull base region while performing surgery. Laboratory dissection is also essential to creating innovative operative techniques and developing new surgical instruments. One particularly challenging area for otolaryngology trainees to achieve mastery is in surgery of the middle ear, mastoid and temporal bone; for this reason, all otolaryngology residency trainees are required to have access to a temporal bone laboratory.

Currently our surgical skills and temporal bone laboratory contains two surgical simulation workstations equipped with microscopes, electric drills with foot pedals, surgical instruments, temporal bone mounts, and suction/irrigation. The stations also have computer video monitors to enable the class instructor to observe the trainee’s hands-on technique. The residents have access to the lab to practice skills independently at any time. Our goal is to add 4 additional stations in a newly acquired space within the College of Medicine dedicated to surgical skills training. This expansion will allow us to meet the surgical skills/simulation training needs of a growing complement of residents as we increase our program to 10 residents by 2025.

DR. STEPHEN GOLDSTEIN MEMORIAL OTOLARYNGOLOGY RESIDENCY EDUCATION FUND

Dr. Goldstein was a beloved faculty in our Department from its founding until his untimely death earlier this year. He was twice honored with the Department’s Clinical Faculty Excellence in Teaching Award. To honor his legacy, Dr. Goldstein’s family, friends, and colleagues have established the Stephen Goldstein Memorial Residency Education Fund.

CLINIC UPDATES

During the COVID-19 pandemic, our Banner University of Arizona Otolaryngology team has taken the lead to safely welcome patients back to our ENT clinics and to resume elective surgeries and other procedures. It is understandable that some patients may have anxiety about making a clinic visit or scheduling surgery in the midst of a pandemic. However, it is important to address the health needs of all our ENT patients, because there are negative consequences to delaying medically necessary care. We have already observed the detrimental impact of delayed care of patients in need of medically necessary ENT treatment. Our patients can rest assured that it is safe to come to our clinics and have surgery in our hospital because we have taken thoughtful measures and instituted rigorous precautions that put the health and safety of patients and health care providers as our highest priority.

Our Otolaryngology Clinics in Tucson at Banner University Medicine North (3838 N Campbell Rd) and Banner University Medicine South Campus (2800 E Ajo Way) are currently open for appointments and new referrals. To ensure the health and safety of our patients and staff, we have instituted enhanced disinfection protocols for cleaning each exam room between every patient visit. Several of our ENT clinic exam rooms have been converted to negative pressure isolation to minimize risk of transmission of any infectious air-borne particles that may be generated during in-office procedures. Custom “valve-masks” are worn by patients during nasal endoscopy procedures. Special high-efficiency air scrubbers with HEPA filters have been installed, to allow safe and rapid turnover of exam rooms between patient visits. We have developed social distancing protocols in the work areas of our clinics. All staff and doctors wear masks while in the clinic and seeing patients, and all patients are required to wear masks or face-coverings while in the clinic building.

ENT patients will get rapid COVID-19 RT-PCR testing prior to all surgical procedures in the OR and some procedures in the clinic. Surgery patients in the hospital are separated from units that care for COVID patients, and they are screened for COVID symptoms daily while in the hospital.

We believe these changes will make ENT clinic visits and procedures safer for patients, our healthcare providers and staff. By working together, we can create a safe environment in our clinics, hospitals, and community during this COVID-19 pandemic.
Pandemic Pursuits

The Pandemic grounded many of our biggest travel plans and kept us closer to home. Here are some of the Pandemic Pursuits of our faculty and residents. Eugene Chang hit a hole-in-one the same week he received his RO1 grant (A). Claire Gleadhill made the move from Memphis to Tucson to begin her internship (B). Michael Bays found ways to safely continue CrossFit training (C). Chris Le and Helena Wichova took a National Park road trip (D) and enjoyed home cooked gourmet meals (E). With the local playgrounds closed, Shethal Bearelly built a play structure in his backyard (F) for Arjun (G). The Coffman kids enjoy their new backyard rope course (H). The Skirko boys get introduced to Wildcats gear (I). John Symms lifts his son in the pool for balance training (J) and curated his vinyl record collection (K). Andrew Johnson, Claire Gleadhill, and John Richards go mountain biking (L). In his spare time, Nick Dewyer tried out his Green Thumb (M) and got married—CONGRATS! (N)
WAYS TO GIVE RESEARCH

Research funding has continued to decline, both through the NIH and other sources. Your gift can be directly linked to an individual or team research project in our Department, and any amount is welcomed and will have immediate impact. We consider your participation as a colleague and commit to keeping you informed on the research achievements that your gift investment supports. Please browse our department research web page for a list of current research studies and physician investigators.

Dr. Eugene Chang awarded NIH RO1 Grant

A recent $2.2 million NIH grant supports Dr. Eugene Chang, a surgeon-scientist, to investigate genome-virome interactions in the development of chronic rhinosinusitis (CRS), a disease that affects 10% of adults in the United States with costs exceeding $60 billion annually.

Dr. Eugene Chang, is Vice-Chair of the Department of Otolaryngology-Head and Neck surgery and a scientist in the Airway and Asthma Disease Research Centre (A2DRC). Co-investigators on the award are Dr. Fernando Martinez, Regents Professor and Director of A2DRC, and Dr. Dean Billheimer, Directors of the Statistics Consulting Laboratory.

Dr. Chang and colleagues first identified that a mutation in the CDHR3 gene, a receptor for rhinovirus C (RV-C), increased the odds of CRS in adults by 2-fold in a multi-center cohort study. "Many of our clinical patients describe the onset of their sinus disease as a cold that never goes away. Our work has identified that RV infections, responsible for the common cold, are associated with the development of sinusitis. In particular, RV-C infections result in greater sinonasal symptoms and disease severity. We are investigating the molecular mechanisms of how genetic variants of CDHR3 predispose persons to more severe RV-C infections and sinus disease."

Dr. Chang’s laboratory will utilize airway culture models derived from patients with sinus disease and recruit CRS patients longitudinally to identify risk factors for exacerbations. "This project would not be possible without the mentorship of Dr. Martinez and Dr. Billheimer, the work from researchers in the Chang laboratory, and the collaboration with my clinical partners Drs. Chris Le, Tara Carr, and Puneet Shroff who have helped to build one of the largest sinonasal data registries in the world. Finally, Dr. Steven Wang’s vision in developing a Department to provide not only the best clinical care for our patients, but also a center where we can research novel therapies and potential cures for airway diseases impacting the people of Arizona."

National Institute of Allergy and Infectious Diseases, a unit of the National Institutes of Health, under Award No. 1R01 AI146131

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We are excited to welcome **DR. JONATHAN SKIRKO** as the new Director of Pediatric Otolaryngology at the University of Arizona and the Medical Director of the Cleft and Craniofacial Program at Banner – University Medicine Tucson.

Dr. Skirko is a skilled clinician with a passion for caring for children with complex craniofacial and aerodigestive disorders, particularly children with cleft lip and/or cleft palate. Additionally, he provides broad clinical care and innovative treatments in advanced pediatric otolaryngology. Dr. Skirko works closely with patients/families allowing him to develop a deep and long-lasting relationship. He sees patients at Banner University Medical Center-North Campus as well as inpatients at Diamond Children’s Hospital.

Dr. Skirko is a Surgeon-Scientist with funded research from several federal and private institutes. His research allows him to extend his impact in the lives of children with cleft lip and cleft palate beyond those he can personally treat. One area of his clinical research focuses on developing outcomes (measurements) that are important to families. He created a quality of life questionnaire for children with velopharyngeal insufficiency (VPI), a cleft related speech problem. This instrument (the VELO) is used by cleft centers across the country and has been translated into eight languages.

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Dr. Skirko received his BS in Biology and Chemistry from Gonzaga University and a Master’s of Health Policy and Administration at Washington State University. He then obtained his Doctor of Medicine at the University of Washington and stayed in Seattle for his residency in Otolaryngology - Head & Neck Surgery. At the University of Washington, he completed a two-year clinical research fellowship with the support of a NIH T32 training grant while also obtaining an MPH in Epidemiology. Dr. Skirko then continued his surgical training at Colorado Children’s Hospital in Denver with a fellowship in pediatric otolaryngology. There he received additional focus on pediatric facial plastic surgery.

Dr. Skirko’s passion for selflessly helping those in need has led him to participate in humanitarian mission trips. He has traveled to underserved areas, like Peru and Ecuador, to perform cleft lip, cleft palate and VPI surgery. He now works closely with the Global Smile Foundation.

Dr. Skirko, his wife, and their two young boys fell in love with Tucson during a visit and are excited to become a part of the community. In their free time, they enjoy hiking and enjoying the outdoors.
MEENA KARNOSKY, FNP-C

Meena Karnosky, a Family Nurse Practitioner, recently joined our Department and currently sees pediatric ENT patients in our clinic. Previously, she had experience in emergency medicine and primary care. She obtained a Master of Science in Nursing from the University of Phoenix and holds a national certification from the American Academy of Nurse Practitioners (AANP).

It is Meena’s goal to always provide exceptional care for her patients. Working as a Family Nurse Practitioner has brought her full circle back to Tucson, where she began her education and training. In her spare time, Meena enjoys working out, outdoor activities and spending time with her family.

ERIC BAILEY, MD

Christopher Eric Bailey is a clinical instructor and Rhinology/Endoscopic Skull Base Surgery Fellow who will be mentored this year by Dr. Eugene Chang and Dr. Chris Le. His Fellowship will focus on revision endoscopic sinus surgery and endoscopic skull base approaches for sinonasal tumors. He has a clinical research interest in emerging biologic therapies for nasal polyposis.

Before coming to Arizona, he worked as a comprehensive otolaryngologist and assistant professor in the Department of Otolaryngology at West Virginia University where he also completed his residency training. Outside of work, Eric enjoys playing tennis, fly fishing, and spending time with his family.

CLAIRE GLEADHILL, MD – PGY1

My name is Claire Gleadhill, I was born in Tempe, AZ and spent much of my childhood in Memphis, TN. During my fourth year of medical school I had the chance to rotate with University of Arizona’s Otolaryngology- Head and Neck Surgery team and immediately felt at home with the residents and faculty. I am so excited to have the chance to train at a place that has so much camaraderie between its providers. In my free time, I love to garden, travel, practice yoga, hike, fly fish, and spend time cooking and eating with family and friends. I couldn’t be more excited to join the ranks of such an awesome group of people here and I’m eager to explore all the new adventures Arizona has to offer!

What attracted you to UArizona?

I was very fortunate to spend a month on the ENT service during my fourth year of medical school. Through this experience I was able to gain an incredible amount of surgical knowledge and skill in a supportive and encouraging atmosphere. I knew it was the right place for me to continue my training. The amount of surgical experience and support is amazing, I was even operating on my very first day of intern year!

What is your favorite surgery to be involved in?

So far, my favorite surgeries have been wide local excisions, total laryngectomies, and adentotonsillectomies. I look forward to gaining more experience and finding new favorite surgeries along the way.

What do you enjoy doing in your spare time?

I absolutely love plants and animals. The biodiversity of Tucson is incredible and I have enjoyed watching my many species of cacti and succulents thrive here. I also love to read, practice yoga, fly fish, and hike.

What are your long term goals?

At this time, I have yet to decide whether I will pursue a fellowship or work in private practice, however I do know that I want to be a kind, capable, and confident surgeon.

WELCOME
As the blazing heat of a record-setting Arizona summer gave way to cooler Fall temperatures, tensions still simmer as the country’s attention turns toward what some believe is the most important election in American history. The death of George Floyd and the reaction of the nation that followed has informed us of what hasn’t changed during this pandemic. Systemic racial injustice still exists, and our nation remains sharply divided into opposing political tribes. The last few months have reminded us that the virus does not have any regard for political party or agenda. It is clear that successful control of the virus requires all of us to cooperate and work together. Yet sadly, surveys indicate that how seriously Americans consider the threat from this virus and how much trust is placed in medical experts varies widely depending on one’s political affiliation. It is easy to despair when wearing masks has become a political symbol rather than the simple life-saving measure it is.

During my evening walks, I see the Sonoran desert teeming with life, bobcats roam the hills around my house, and giant flowers on cacti blossom. I am reminded that we are not the only living beings that share this earth. For eons, humans have spread across the planet, pushing nature’s other inhabitants into smaller and smaller corners. The coronavirus has forced us temporarily to retreat into bubbles, learning pods, and social cohorts. The reopening of the University of Arizona this Fall has given me hope, however. A month after college students started returning to Tucson, there has not yet been a large surge in case numbers, in contrast to the experience of many other universities. If the early pattern holds up, perhaps it provides a model of assiduous planning that was taken under the leadership of UArizona President Robert Robbins, to utilize a battery of innovative (testing wastewater from student housing!) and proven measures to “Test, Trace, and Treat”. With the right safeguards, perhaps we can safely reopen K-12 schools, too, and edge towards a return to normalcy.

Eventually, firefighters did gain control over the Bighorn fire and it was completely extinguished by mid-July. Today, the eerie orange glow of the evening sky from the earlier wildfires have been replaced by the famous, spectacular Arizona sunsets. New life springs forth among the recently fire-scorched wilderness. My hope is that when the trail of destruction wrought by the COVID pandemic is over, a similar rebirth of new life, even perhaps a renewed spirit of cooperation borne of a shared experience suffering, fighting, and eventually conquering a common hidden foe can spread like a virus to every corner of the world.

– Dr. Helena Yip is an Assistant Professor and Director of Laryngology in the Dept of Otolaryngology-Head and Neck Surgery
Yes, I would like to make a contribution to
the University of Arizona College of Medicine – Tucson

Dr. Stephen Goldstein Memorial
Otolaryngology Residency Education Fund

For donations, please make check payable to
“University of Arizona Foundation” in support of the
Department of Otolaryngology’s academic and research programs.