

# Traditions

THE MIRIAM HOSPITAL • 2025

## Joanna Thanks ‘Angel Army’ For Saving Her Life

It was October of 2024, and for several days, Joanna Ravello Goods was experiencing what she'd later describe as “a weird feeling” marked by a bit of lightheadedness and the sense that she didn't feel “fully present.” But it wasn't anything severe, so she wasn't overly concerned at first.

Maybe she was just coming down with a cold, Joanna thought, or ate something that didn't agree with her. Or, perhaps, she was feeling a bit anxious; she had been experiencing a few lifechanging events in the months prior.

Just to be on the safe side, Joanna visited her primary care doctor. Results of testing there indicated the possible presence of blood abnormalities that needed to be investigated more thoroughly—and right away. So, she decided to go to the emergency department at The Miriam.

“I could have gone to another hospital,” Joanna recounts, “but I had a relationship with The Miriam. I was a candy striper there in the 1980s and had relatives who worked there, including my parents and several of my siblings. So, I was aware of the exceptional care provided at the hospital and knew I'd be in the best hands.”

She didn't know at the time, but that decision may have saved her life.

### Many caregivers treating one rare disorder

Upon arrival at The Miriam, Joanna's condition worsened. Hematologist/oncologist Matthew Hadfield, DO, who was on rounds in the ED, says, “Joanna was quite confused and not stringing things together appropriately or being cohesive.” Dr. Hadfield had reviewed her lab work and noticed her platelet count was dangerously low. This finding, coupled with other lab abnormalities and her confused state, led to a strong suspicion that Joanna may be suffering from Thrombotic Thrombocytopenic Purpura (TTP).

A rare disorder of the blood coagulation system, TTP causes clots to form in small blood vessels throughout



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**—Joanna Ravello Goods**

the body and can lead to a number of life-threatening complications including stroke, seizures, heart attack, and kidney problems.

Additional testing confirmed what Dr. Hadfield had suspected, and within hours Joanna's comprehensive treatment was underway. Over the next 12 days—first in the ED, then the ICU, and later on The Miriam's fourth floor—Joanna received plasma exchanges to “clean” her blood and filter out damaged elements, blood transfusions, corticosteroids, and a regime of other immunosuppression medications. Constant monitoring and support were also provided, as Joanna's care team, which numbered more than 60 strong, put her health and well-being at the center of their efforts and ensured a successful outcome—not only medically, but financially as well.

*(continued on page 2)*

One of the meds Joanna was administered was a targeted specialty drug that increased her platelet counts rapidly, ensuring she was out of ICU quicker and able to stop plasma exchange sooner. Absent this drug, Joanna could have been inpatient at The Miriam for many weeks longer. But this miracle drug came with a \$9,000-a-day price tag and she had to take it for a month. Her insurance would have picked up some of the expense, but Joanna would have been on the hook for a hefty balance.

“I had confidence in the therapeutic protocol we were outlining, but I didn’t want the treatment to be toxic to Joanna financially,” explains hematologist/oncologist Andrew Hsu, MD. Thankfully, Dr. Hsu is highly experienced with unearthing discount drug programs offered by pharmaceutical companies. “For this particular drug, the eligibility requirement is that the patient must receive one dose of the drug in the hospital to qualify, then the remainder can be done outpatient. It’s free if you do that. But if you don’t, the cost is not covered,” Dr. Hsu says. “Patients don’t know that and even many physicians are not aware of such provisions.”

#### ‘The very best of healthcare and humanity’

Post discharge, Joanna continued to work closely with her care team to address all the physical and psychological



Joanna with her husband Emmett

impacts of TTP and says The Miriam made her transition back to good health remarkably seamless.

“Every health professional I encountered—doctors, specialists, nurses, certified nursing assistants, medical assistants, unit secretaries, dietary aides, environmental services staff—left an indelible impact on me,” says Joanna. “This literal angel army ensured I felt safe, cared for, and hopeful during my darkest moments and restored me to better health. The Miriam Hospital embodies the very best of healthcare and humanity, and I will forever hold deep gratitude for every person’s effort.”

## Chipotle Chicken and Black Bean Stuffed Peppers



### INGREDIENTS

- 12 fresh peppers, any color (or 6 very large cut in half lengthwise)
- 1 1/2 pounds chicken breast, cut into small cubes
- 1 tsp chipotle chili powder
- 1/2 tsp sea salt
- 1 tbsp olive oil
- 2 jalapeno peppers, chopped
- 1/2 cup celery, diced
- 1/2 cup onion, chopped
- 1/2 cup banana peppers, diced

- 1 can fire roasted tomatoes
- 1 can black beans, rinsed and drained
- 1 16 oz package frozen corn
- 1 pkg frozen chopped spinach
- 2 cups low sodium chicken broth
- 1 cup cooked brown rice
- 8 oz. pkg shredded reduced fat cheddar cheese (optional)

### Spices:

- 2 tsp oregano
- 1 tsp onion powder
- 1 tsp garlic powder
- 1 tsp paprika
- 1 tsp chipotle chili powder

### DIRECTIONS

Yield: 12 (one full small pepper or half large pepper per serving)

1. Prepare peppers: For smaller peppers, cut off top and clean out ribs and seeds. For larger peppers, slice lengthwise and clean out ribs and seeds. Place in baking dish with open end facing up.

2. Cook brown rice as directed on package and set aside.
3. Preheat oven to 375 degrees.
4. Heat olive oil in a large skillet on medium heat. Place chicken into a bowl and sprinkle with chipotle chili powder and sea salt. Mix well to coat. Then brown chicken in skillet, turning often, for about 5 minutes. Remove chicken from skillet and set aside.
5. Add onions, celery, jalapeno peppers, and banana peppers to the skillet and sauté until softened.
6. Add tomatoes, beans, corn, spinach, and chicken broth into skillet. Stir well. Add in cooked rice, cooked chicken, and all the spices. Stir well and let simmer on low, covered, for about 20 minutes.
7. Fill peppers to overflowing with filling and bake for 45 minutes, or until peppers have softened.
8. If using, add cheese over top of peppers at end of baking until just melted.

# Meet Urologist Meredith C. Wasserman, MD

*Dr. Wasserman, assistant professor of urological surgery at Brown University, recently joined the Minimally Invasive Urology Institute at The Miriam Hospital. She brings a unique and specialized expertise in urogynecology and reconstructive pelvic surgery to The Miriam and Brown University Health—women’s health services not previously offered at either. Below, Dr. Wasserman shares her perspectives on this first-of-its-kind care and her own ‘homecoming.’*

## What motivated you to join The Miriam team?

It was a homecoming of sorts, actually. I earned a medical degree from The Warren Alpert Medical School at Brown University and trained in residency at The Miriam. After my fellowship in urogynecology, reconstructive pelvic surgery, and neurourology at New York University’s Department of Urology at Langone Health, I decided to return to my roots. I grew up on the east side of Providence going to the Temple Beth-El, a community very connected to and supportive of the hospital. So, it was a pretty easy decision for me to come back to Rhode Island, be with my family and friends, and provide medical care and treatment to the community that helped raise me. It’s been a rewarding experience so far!



Meredith C. Wasserman, MD

## Tell us about the patient care you provide.

Broadly speaking, I joined the Minimally Invasive Urology Institute to provide care that is more focused on female urology and pelvic reconstructive surgery. More specifically, my areas of clinical expertise include the treatment of complex pelvic floor disorders, such as urinary incontinence, overactive bladder, pelvic organ prolapse, and female sexual dysfunction. It’s important to raise awareness about these conditions and spread the word that we are now able to provide this type of lifechanging care that has not been comprehensively available through the Brown University Health system and never offered at The Miriam. The treatment of these conditions has folded in seamlessly to the exceptional care already provided through the Minimally Invasive Urology Institute at The Miriam.

## Is expanding The Miriam’s urogynecological capabilities a priority?

Absolutely! But not just to me. I collaborate with a multidisciplinary team that is eager and excited to learn more and grow the program. Together, we aim to provide full-spectrum urological pelvic healthcare to patients in a cohesive care environment. Our goal is to carry on The Miriam’s long tradition of being on the frontline of exceptional and innovative care—and we’re already doing that. For example, with the support of The Miriam team, I recently performed the first-ever robotic-assisted sacrocolpopexy at a Brown University Health hospital. This is an advanced, minimally invasive surgical procedure used to repair pelvic organ prolapse. It’s a safer approach than open surgery that not only enhances precision but usually results in quicker recovery times and less postoperative pain. That surgery was quite an achievement for Brown University Health and The Miriam, but it is only a starting point to what we hope to provide in the future.



# Rudy to the Rescue!

*Therapy dog brighten lives, supports emotional well-being*



**T**he Miriam Hospital regularly welcomes a special visitor who brings smiles and calm to patients and staff alike: Rudy, a five-year-old Australian Cobberdog.

Rudy was born to be a therapy dog—literally. Australian Cobberdogs were the first breed developed specifically to serve as therapy and service animals. His owner, Gary Pollard, has long been dedicated to volunteer work with his dogs. After his last dog passed away, Gary wanted to continue volunteering and began searching for a dog ideally suited to therapy work. He found Rudy in Massachusetts and knew right away he was the perfect match. “I couldn’t have gotten a better dog,” Gary says.

Rudy’s calm nature, love of people, and hypoallergenic coat make him a great fit for hospital visits. At The Miriam, he is greeted with enthusiasm wherever he goes. “They light up,” Gary explains. “He has a very calming influence on people.”

When Rudy isn’t busy brightening lives at the hospital, he enjoys a variety of activities, including swimming, sailing, playing on the beach, retrieving anything thrown for him, and simply relaxing. Gary says Rudy also has a hearty appetite and loves being brushed.

Therapy dogs like Rudy play an important role in supporting the emotional well-being of patients and healthcare workers, offering moments of connection and comfort in challenging environments.

## Host a Fundraiser: Have a Great Time, Help a Great Cause

**B**ench pressing on a college green. Baking doughboys in a church basement. Making inspirational bracelets with friends.

Can you guess what these things have in common?

They’re all actual examples of the many community fundraisers people have held over the years in support of The Miriam Hospital—which, collectively, have generated hundreds of thousands of dollars for research, education, and treatment advancements.

Sometimes referred to as third-party events, these community fundraisers are projects or get-togethers that individuals, groups, or companies have championed on their own because they are so invested in helping The Miriam continue its lifesaving work.

Community fundraisers come in all shapes and sizes and can be just about anything—yard sales, lemonade stands, fun runs, musical events, sports exhibitions . . . you name it. And they don’t have to be complicated or difficult. In fact, they can be a walk in the park. Literally, you could take a walk in the park with a bunch of your friends or coworkers, have everyone bring a small donation, and that could be a community fundraiser. Voilà!



If you’d like to learn more about just how easy it is, call 401-444-6500 or email [developmentevents@brownhealth.org](mailto:developmentevents@brownhealth.org).

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