

# PURDUE NAMES MUNG CHIANG ENGINEERING DEAN



Purdue University has named Mung Chiang dean of the College of Engineering. Chiang, who will begin his new role in July, will succeed Leah Jamieson, who is stepping down to assume full-time faculty duties in the Purdue School of Electrical and Computer Engineering. Chiang was one of three finalists for the position selected after a national search. He was ultimately chosen for the position by a 15-member search committee after each finalist visited the campus in late March and early April. "Purdue has recruited one of the genuine superstars of American engineering and higher education,"

said Purdue President Mitch Daniels. "Dr. Chiang's personal research achievements, entrepreneurial success record, and international reputation, combined with our recent major investments in our College of Engineering, truly positions us for world leadership."

Chiang comes to Purdue from Princeton University. He is the Arthur LeGrand Doty Professor of Electrical Engineering at Princeton University, where in 2013 he received the National Science Foundation Alan T. Waterman Award. Purdue says the award is one of the highest honors given to young scientists and engineers in the country.

"Purdue's College of Engineering is one of the strongest and one of the largest in the country," said Chiang. "Its recent growth is remarkable, and its future even brighter. I am humbled by the honor to serve this outstanding college, one that is part of a public university under the visionary leadership of President Daniels. I am eager to start by listening carefully to the faculty, students, staff and alumni of Purdue Engineering."

Purdue says Chiang main research focus is on computing and networking, and information sciences and systems.

Mung Chiang was born in 1977 in Tianjin, China, according to online reports. He received bachelor's and advanced degrees from Stanford University and has been awarded about 20 U.S. patents for various technological innovations.

# PURDUE HYDRAULIC BIKE DESIGN WINS NATIONAL COMPETITION



The team also developed a smartphone app into the bicycle design.

A Purdue University student team's design of a bicycle powered by motors and hydraulic pumps has taken first place in a national competition. The Purdue Tracer, which won first place at the National Fluid Power Association Fluid Power Vehicle Challenge, is designed to be powered without pedaling.

The bike includes a frame that doubles as the hydraulic oil reservoir and balances the needs of the hydraulic systems with the feel of a "normal" bicycle. Associate professor of mechanical engineering

and agricultural and biological engineering Andrea Vacca says a rider can hand-pump the accumulator beforehand, allowing for "about 500 meters of travel without pedaling."

The team also developed a smartphone app into the bicycle design. The app measures how much pressure is in the hydraulic lines, the rider's heart rate and how fast the rider is pedaling.

# CARMEL ROTARY CLUB RECOGNIZES INDIANAPOLIS CHINESE ORCHESTRA (ICO)



Julie Shandinger, representing the Carmel Rotary Club, presented to ICO Teacher Ka a grant award of \$1,000 during practice session

## Asian Art Society Presents Relationship between Gender and Literati Art

Indianapolis Museum of Art and Asian Art Society presents atalk on literati art by **Dr. Yurika Wakamatsu** on Thursday, May 18, 2017 at Woodstock Club, 1301 West 38th Street 5:30pm. Cash Bar 6:15pm Dinner 7:00pm Talk \$40 AAS Members | \$50 Public. Please RSVP by check by Monday, May 15th Make checks payable to the IMA-AAS Send to AAS Treasurer Nancy Inui - 1338 N. New Jersey Street, Indianapolis, IN 46202

**On Literati art**—a combination of painting, poetry, and calligraphy that was first developed in eleventh century China—rise to unprecedented popularity in mid-nineteenth-century Japan? What did it mean for women in modernizing Japan to engage in literati art, which had predominantly been seen as a male prerogative since its genesis in medieval China? This talk will address these questions by focusing on the female literati artist Okuhara Seiko, who played a major role in bringing about this boom of Chinese-inspired culture in modern Japan. Ultimately, this talk will seek to reconsider the relationship between gender and literati art.

Yurika Wakamatsu received her Ph.D. from Harvard University and is currently a postdoctoral fellow at Harvard's Reischauer Institute of Japanese Studies. Her work examines the intersections of art and gender in nineteenth- and early twentieth-century Japan. She is currently preparing a book manuscript, tentatively titled *Painting in Between: Gender and Modernity in the Japanese Literati Art of Okuhara Seiko (1837-1913)*, which investigates the aesthetic and conceptual transformations of literati art during the turbulent period of Japan's modernization.

# STROKE

"You never know how strong you are until being strong is your only choice." ~Bob Marley



Dr. Patrick Lau was born in Hong Kong and immigrated to the U.S. after high school. He retired from the VA Northern Indiana Health Care System where he served as Chief Radiologist and moved to Florida with his wife in 2011. He was an active member & contributor of IACA and ICMA while in Indiana. Dr. Lau is also a scholar of art and literature and a prolific writer, he has been a dedicated columnist for Indy Asian American Times since 2010.

May is National Stroke Awareness Month. Stroke is the fifth leading cause of death, killing almost 135,000 Americans annually. And approximately 795,000 people suffer from a stroke every year. It is a leading cause of serious disability; almost one in three survivors is permanently disabled, and many more necessitate long-term care.

A stroke occurs when the blood supply to part of the brain is blocked (an ischemic stroke) or when a blood vessel of the brain bursts (a hemorrhagic stroke).

Ischemic Stroke. It accounts for about 85% of all strokes; there are 2 types of ischemic strokes:

1. Thrombotic stroke occurs when a thrombus (blood clot) forms in one of the arteries supplying blood to the brain. A blood clot can arise at a spot of already narrowed arteries damaged by the buildup of a cholesterol-filled plaque (atherosclerosis), blocking blood flow to part of the brain. Within minutes, brain cells in this area begin to die, leading to permanent physical or mental damage.

2. Embolic stroke occurs when an embolus (blood clot or a fragment of plaque) originates elsewhere in the circulatory system usually the heart or the carotid artery in the neck, traveling through the bloodstream and becomes wedged in a brain artery, shutting off the blood supply to a brain region.

Transient ischemic attack TIA (also known as a ministroke) is a brief episode of stroke-like symptoms that often last for a few minutes to a few hours; then the symptoms completely resolve. It occurs when a blood clot or debris temporarily blocks blood flow to part of the brain. It raises the possibility there is a partially blocked or narrowed artery leading to the brain, or a blood clot often originated from the heart. In patients who have a TIA, the incidence of stroke is as high as 11% over the next 7 days and 24-29% over the following 5 years.

Hemorrhagic Stroke. It accounts for 15% of all strokes, but it is responsible for about 40% of all stroke deaths. It occurs when an artery which supplies blood to part of the brain develops a tear or ruptures. It destroys brain cells by disrupting the brain's blood supply and the leaking blood exerts pressure on brain tissues. There are 2 types of hemorrhagic stroke:

1. Intracerebral hemorrhage (bleeding inside the brain). An artery within the brain tears or ruptures and spews blood into the surrounding brain tissue. It is usually caused by uncontrolled high blood pressure; other causes include trauma, overtreatment with anticoagulants (blood-thinning medications), and arteriovenous malformation AVM (a tangle of abnormally formed blood vessels).

2. Subarachnoid hemorrhage. An artery on or near the surface of the brain bursts and spills blood between layers of the brain's protective outer membranes. The most common cause not associated with trauma is from a rupture of an aneurysm.

Symptoms of stroke include: Sudden weakness, numbness, tingling or paralysis of the face, arm or leg especially on one side of the body; Sudden confusion, trouble talking, slurred speech, loss of speech or understanding speech; Sudden visual disturbance including blurry, dimness, double vision or loss of vision in one or both eyes; Sudden difficulty walking, dizziness, staggering, loss of balance, loss of coordination or falling; Sudden, lasting excruciating headache which may be accompanied by neck stiffness vomiting, dizziness or altered consciousness

F.A.S.T. test can tell if a person might be having a stroke:

Face. Ask the person to smile. Does one side of the face droop?

Arms. Ask the person to raise both arms. Does one arm drift downward? Or is one arm unable to raise up? Speech. Ask the person to repeat a simple phrase. Is the speech slurred or strange?

Time. If you observe any of these symptoms, it's time to call 911 immediately. A stroke is a medical emergency, prompt treatment can minimize brain damage, disability and other complications.

Lifestyle risk factors of stroke include: Cigarette smoking or exposure to secondhand smoke; Being overweight or obese; Physical inactivity; A salty diet; Heavy or binge drinking; Use of illicit drugs such as cocaine and methamphetamines; Use of anabolic steroids and other drugs, caffeine and pseudoephedrine decongestants have been suspected of boosting stroke risk.

Medical risk factors of stroke include: High blood pressure is the #1 cause of stroke, it increases the risk of stroke 4-6 times, treatment can decrease stroke by 38% and decrease stroke fatality by 40%; High cholesterol level; Diabetes; Cardiovascular diseases including heart failure, heart valve diseases, heart defects, atrial fibrillation AFib (irregular heartbeat, 15-20% of people who have strokes have AFib), and carotid artery disease (carotid arteries in the neck that lead to brain damaged and narrowed by a buildup of plaque may become blocked by a blood clot causing a stroke, it's a major cause of stroke); Atherosclerosis; Personal or family history of stroke, heart attack or TIA; Being age 55 or older; Genetic or congenital conditions, particularly vascular malformation; Obstructive sleep apnea; African-Americans; Certain blood disorders such as sickle cell anemia; Men have a higher risk of strokes, women have deadlier strokes.

Emerging medical risk factors may include migraine; gum disease; elevated lipoprotein (a); elevated High-sensitivity C-reactive protein; certain infections and inflammatory diseases.

A healthy lifestyle can reduce the risk of stroke by 80%. Don't smoke; If you drink alcohol, do so in moderation; Exercise regularly; Maintain a healthy weight, lose weight if needed and keep your body mass index (BMI) at 25 or less; Eat a healthy diet low in sodium (salt) and rich in potassium; Avoid trans fats and foods with high cholesterol and high saturated fats; Eat at least 5 servings of fruits and vegetables every day, one serving of fish 2 times per week, and several servings of whole grains daily.

Control blood pressure, if needed, take anti-hypertensive medicines; Control cholesterol levels, if indicated, take cholesterol-lowering medications such as statins; If you have diabetes, control blood sugar level; If you have had TIA or a stroke, you may be treated with aspirin or other antiplatelet or anticoagulant drugs; If you have cardiovascular disease particularly heart valve diseases, atrial fibrillation or carotid artery disease, get it treated; Treat obstructive sleep apnea, if present; and Avoid illicit drugs. Discuss with your physician to evaluate your risk for stroke and help you control your risk factors.

Sources: American Stroke Association, Mayo Clinic, Harvard, Cleveland Clinic, National Institute of Neurological Disorders and Stroke, National Stroke

INDIANAPOLIS SYMPHONY ORCHESTRA

## PLEASE JOIN US

FOR A CELEBRATION OF THE

# TELAMON CLASSICAL SERIES

## AT THE PALLADIUM

TUESDAY  
MAY 9  
6:45PM - 7:30PM  
Doors open at 6PM

AT

THE CAT  
Formerly The Warehouse  
254 1st Ave SW, Carmel, IN

Enjoy beer, wine, and light refreshments  
Meet and mingle with ISO Musicians  
Learn more about our upcoming *Carmina Burana* performance  
Enjoy a brief performance by ISO Musicians  
Gain insights into the 2017-18 Palladium Series

RSVP

Contact Joshua Shuck by May 3 at  
Jshuck@IndianapolisSymphony.org or 317.231.6788

TELAMON CLASSICAL SERIES AT THE PALLADIUM | telamon |