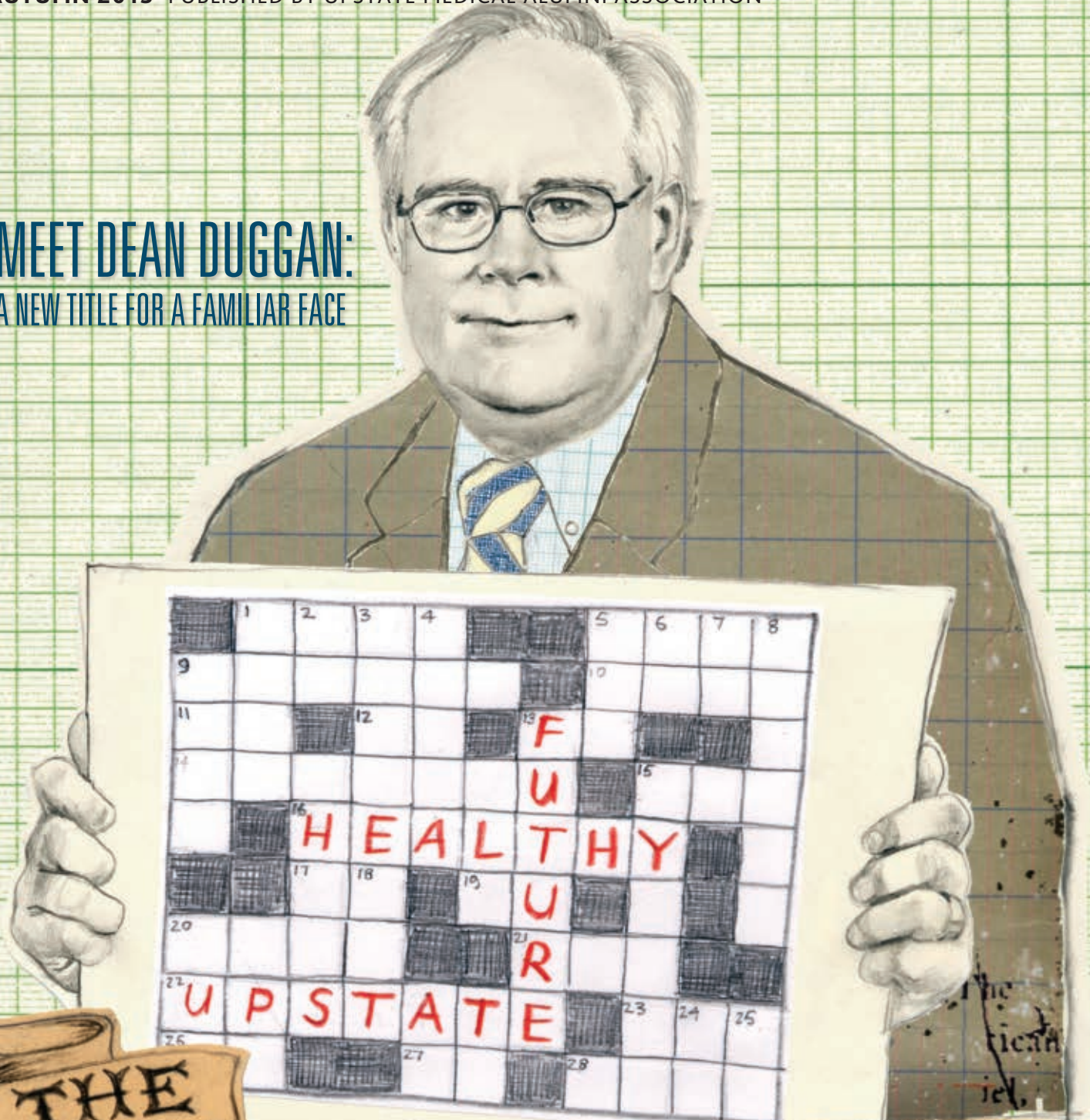


UPSTATE MEDICAL Alumni JOURNAL

AUTUMN 2013 PUBLISHED BY UPSTATE MEDICAL ALUMNI ASSOCIATION

MEET DEAN DUGGAN:
A NEW TITLE FOR A FAMILIAR FACE



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ON THE COVER:

Illustration of
David Duggan, MD '79,
by David Fullarton

College of Medicine Probation Lifted

THE UPSTATE COLLEGE OF MEDICINE IS NO

longer on probation by the Liaison Committee on Medical Education (LCME). The LCME notified College of Medicine Dean David Duggan, MD '79, of its decision to lift the probation in early June.

a system that will allow for continuous quality improvement," says Duggan. "We are pleased that the LCME recognized the quality of those efforts."

The LCME has revised its accreditation standards in recent years and

Duggan says the LCME probation provided the catalyst for institutional re-examination, resulting in new administrative structures and procedures, and more importantly, new vision and commitment on the part of

“The accreditation review provided opportunity and freedom to make changes. There’s been terrific cooperation between the faculty and the administration to move forward . . .”

—College of Medicine Dean David Duggan, MD '79

The LCME placed Upstate on probation in February 2012. According to Dr. Duggan, the sanction against Upstate was not based on any shortcomings in the quality of its medical students or their accomplishments, but on the institution not meeting certain standards related to curriculum.

“Over the past 16 months, the College of Medicine faculty, administration, and students have worked to conscientiously improve the mechanics of curriculum management and put in place

increased action against schools perceived as not in adherence. Sanctions have increased from three schools placed on probation between 1996 and 2000, to 10 schools between 2004 and 2009.

“The LCME publishes clear standards of what they expect the structure and function of a medical school to be and they had found that our structure and function were not meeting their standard,” says Duggan. “As a result, we brought people together and we solved the problem.”

administrators and greater involvement and empowerment of faculty. “What we’ve always tried to do is create the best possible experience for our students to learn medicine and become good doctors,” he says. “The accreditation review provided opportunity and freedom to make changes. There’s been terrific cooperation between the faculty and the administration to move forward and we want to sustain and grow this innovative and exciting momentum for improving our medical education program.”

Upstate Medical Students and Faculty Receive Writing Awards

Four Upstate medical students were honored at the 27th annual Bruce Dearing Writing Awards Ceremony sponsored by the Center for Bioethics and Humanities. In the poetry category, first-year medical student Danielle Schenone was honored for “More Than the Sum.” In the prose category, fourth-year medical student Sephora



Ann Botash, MD '85

Germain was honored for her piece, “The Funeral,” and third-year medical student Timothy Vo for his work, “Bottle Rocket.” (Timothy also won last year’s prose award for his essay, “Gaining Wisdom.”)

Ann Botash, MD '85, was honored in the faculty/employee prose category for her piece, “Whistling Willy’s Love Song.”

Winning entries will appear in the next issue of Upstate’s literary and visual arts journal, *The Healing Muse*, due out in October.

Dr. Daniel Burdick Compassionate Care Fund established at Upstate

THE FAMILY OF DANIEL BURDICK, MD '40, has established a fund at Upstate Medical University in memory of their father, who passed away in 2012 at the age of 96. The Dr. Daniel Burdick Compassionate Care Fund honors Dr. Burdick’s commitment to compassionate care throughout his medical career as a surgical oncologist and general surgeon in Syracuse. The Fund will be used to underwrite the costs of implementing and operating the Schwartz Center Rounds® program at Upstate University Hospital. For more information, or to make a contribution, contact Michele Estabrook, Upstate Medical University Foundation, at 315-464-7846.

Upstate/ESF Bioethanol Project Receives Technology Accelerator Fund Award

An Upstate Medical University/SUNY College of Environmental Science and Forestry (ESF) project that uses new synthetic enzymes to create bioethanol has been selected to receive \$50,000 in funding from the SUNY Technology Accelerator Fund (TAF). The joint project is led by Stewart Loh, PhD, professor of the Department of Biochemistry and Molecular Biology at Upstate, and Arthur Stipanovic, PhD, professor of chemistry at ESF. The project's goal is to use a set of novel protein-

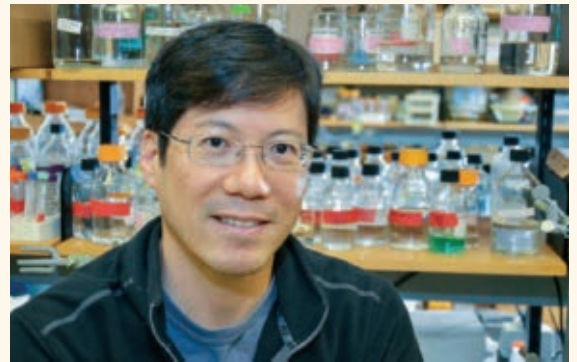
building tools developed at Upstate by Dr. Loh to create synthetic versions of cellulosomes, multi-enzyme complexes found in nature that help certain organisms, like a strain of bacteria living in termite guts, efficiently break down the cellulose in plants (or lumber) into easily digestible sugars.

The TAF supports innovation by SUNY faculty, students and staff, providing much-needed proof-of-concept funding to accelerate the movement of new technologies out of the lab. This is the second \$50,000 TAF award received by Upstate

and is one of only five projects funded by TAF in the current round.

"Our technology may help convert plant waste into liquid fuel for cars and trucks," says Loh. "Not only is bioethanol renewable, it's more

greenhouse-friendly than fossil fuels. The TAF award is unique because it connects us basic researchers with partners in the bio-fuels industry who can help take our ideas to products."



Stewart Loh, PhD



Pictured with their mural: Mohammed Al-Samrri '16, Anup Shah '16, Mani Yahyavi-Tajabadi '16 and James Newman '16

Medical Students Unveil Mural at Memorial Service

IN APRIL, FIRST-YEAR MEDICAL STUDENTS HOSTED THE ANNUAL memorial service honoring those who donated their bodies to Upstate Medical University's anatomical gift program. This year's ceremony featured the unveiling of a mural designed and painted by Mani Yahyavi-Tajabadi '16 and other first-year medical students.

But what the family members, friends and students saw when they entered Hendricks Chapel was not the finished product. As Yahyavi-Tajabadi explained from the podium during the service, the individual 2x2 foot panels of "Anatomy of the Silence Beyond the Shadow" were intentionally placed out of order.

Why? "To show the interconnections that we share with one another," he says. "That we are all human not because of our race, background, or personality, but because of our anatomy, and that is something that we all have in common."

Having the panels mixed up was also a metaphor for the medical student experience. By studying anatomy via the gifts of the donors, students are able to "solve" the puzzle and reconstruct the various structures, he says.



Samuel Schueler, MD '13

Schueler Receives 2013 Chancellor's Award for Student Excellence

SAMUEL SCHUELER, MD '13, CAPPED OFF HIS medical student career by earning the highest award offered to students: the Chancellor's Award for Student Excellence. "I've had amazing mentors and inspiring peers in my time at Upstate. I am very grateful to everyone who invested time in helping me grow as a clinician, researcher, leader, volunteer, and person," he says.

While an Upstate student, Dr. Schueler's leadership accomplishments earned him numerous awards and national recognitions. He received a 2012 American Medical Association Foundation Excellence in Medicine Leadership Award, and in 2012, was accepted in the Gold Humanism Honor Society for demonstrating excellence in clinical care, leadership, compassion and dedication to service.

Schueler served as president of the Upstate Student Government for two consecutive years; president of the Community Outreach & Preventive Education organization; a student advisory dean; student government representative for the College of Medicine; assistant project leader of the Gold Humanism curriculum; and was co-founder and editor of the *Upstate of Mind* magazine.

Schueler participated in extensive community service and served as a summer intern/research assistant at the NIH's National Cancer Institute, Urologic Oncology Branch 2012. He also had a case report accepted for poster presentation at the 20th European Congress of Psychiatry. He is currently a resident in internal medicine at Boston University Medical Center.

Upstate Student and Physician Honored for Compassionate Care

Each year, the Arnold P. Gold Foundation, presents the Leonard Tow Humanism in Medicine Award to a graduating medical student and a faculty member who best demonstrate the Foundation's ideals of outstanding compassion in the delivery of care, respect for patients, their families and healthcare colleagues, as well as demonstrated clinical excellence. The 2013 honorees are Connie Vernetti, MD '13, who graduated in May, and Gloria Kennedy, MD '89, assistant professor of pediatrics and an attending physician in the Department of Pediatrics in the Center for Children's Cancer and Blood Disorders at Upstate University Hospital.

Dr. Kennedy completed both her residency in pediatrics and fellowship in pediatric hematology/oncology at Upstate. She specializes in pediatric brain tumors, hemophilia, and von Willebrand Disease, a bleeding disorder.

Dr. Vernetti served as chief coordinator for Upstate's international

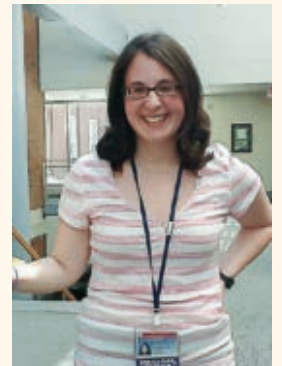
health clinic, president of the Gold Humanism Honor Society, and a member of Alpha Omega Alpha Honor Society. Last year, she helped lead a workshop at the Pediatric Academic Society's annual meeting in Boston showcasing Upstate's international health clinic. This year, she and fellow students created and implemented a humanism curriculum for third-year medical students, designed to increase student sensitivity to issues, both medical and non-medical, that shape patient attitudes and experiences.

"The hospital can be such a frightening, confusing place for students and patients," she says. "I think that the curriculum we developed has the potential to make student-patient interactions more compassionate and to improve the Upstate hospital experience for everyone."

Vernetti is currently a first year emergency medicine resident at at Strong Memorial Hospital in Rochester.



Gloria Kennedy, MD '89



Connie Vernetti, MD '13



Honorary Degree recipient
Aaron Ciechanover, MD

Upstate College of Medicine Confers Degrees

ON MAY 19, 177 NEWLY-MINTED MDS AND MPH graduates joined the ranks of Upstate alumni after receiving their degrees at Upstate Medical University Commencement 2013. In addition, President David R. Smith, MD, awarded honorary doctor of science degrees to Aaron Ciechanover, MD, DSc, and David A. Clayton, PhD, who spoke at the ceremony.

Dr. Ciechanover is distinguished research professor of the Cancer and Vascular Biology Research Center, The Rappaport Faculty of Medicine and Research Institute at the Technion-Israel Institute of Technology in Haifa, Israel. He, with his collaborators, Avram Hershko, MD, PhD, and Irwin Rose, PhD, received the 2004 Nobel Prize in Chemistry for the discovery of ubiquitin mediated protein degradation that revolutionized today's approach to treating cancer and created new pathways to develop more effective therapies for neurodegenerative disorders and other genetic diseases.

Dr. Clayton is laboratory head at the Howard Hughes Medical Institute's Janelia Farm Research Campus in Ashburn, Virginia. He has explored the molecular aspects of mitochondrial genome orga-



2013 MPH graduates Siobhan Arey, Dorothy Shuldman, Leesha Alex, and Jena Fellenzer

nization, maintenance, and expression in various mammalian cell types, leading to an understanding of the modes of mitochondrial DNA (mtDNA) replication and transcription and the identification of key trans-acting proteins encoded by nuclear genes. Recent investigations in this field have pointed to the importance of mitochondrial function in a variety of critical cell signaling pathways.

In total, the College of Medicine conferred 177 degrees and one certificate: 146 MD, 28 MPH (master of public health), two MD/PhD (conferred jointly with the College of Graduate Studies), one MD/MPH, and one Public Health certificate.



Dr. Smith and faculty members



Clockwise from top left:
Kortney Robinson, MD '13,
and Julia Lustick, MD '13;
Honorary Degree recipient
David A. Clayton, PhD; and
Adeepah Singh, MD '13



Kate Myers, MD '12,
her husband, Christopher
Woll, MD '13, and John
Quaresima, MD '13



Rene Choi, MD/PhD '13, with
his niece, Isabelle



2013 College of Medicine
graduates Caroline Adegite,
Cynthia Salvant, Enobong
Efiong, Chanel Thompson,
Adeepah Singh, Omosede
Ighile, Frank Moore, Tудie-
Ann Henry, Tiffany Cherry,
Sephora Germain, Grazelda
Kawkye-Ackah, and Yaa Manu



Leslie Kohman, MD, HS '85

University Hospital Receives Top awards for Treating Cancer, Stroke, and Heart Failure

Upstate University Hospital is the only hospital in the Central New York Region to receive the highest award from The Commission on Cancer of the American College of Surgeons—the 2012 Outstanding Achievement Award.

Upstate is among a select group of 79 accredited cancer programs throughout the United States to receive the award that recognizes programs that strive for excellence in providing quality care to cancer patients.

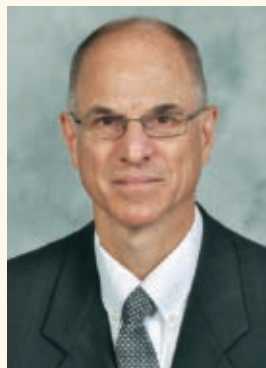
“We are so pleased to have received this prestigious designation for our cancer program,” says thoracic surgeon Leslie Kohman, MD, HS '85, SUNY Distinguished Service Professor and medical director of the Upstate Cancer Center. “We are grateful to our entire cancer team. It is because of their continued dedication to provide the absolute best care and latest treatment

options to our cancer patients that we continue to maintain the highest level of recognition available from the Commission on Cancer.”

University Hospital is also the only hospital in the Central New York region to receive both of the American Heart Association/American Stroke Association's Get With The Guidelines®- Stroke Gold Plus and Target: Stroke Honor Roll and Get With The Guidelines®- Gold Plus Heart Failure Achievement Awards.

This is the third consecutive year that Upstate has received the Stroke Gold Plus Achievement Award from the American Heart Association/American Stroke Association as part of the Get With The Guidelines® program. It is also the second consecutive year that Upstate has been recognized for achieving the American Heart Association/American Stroke Association's Target: Stroke Honor Roll.

Community Campus Introduces Geriatric Emergency Care



James Ciaccio, MD '78

SENIOR CITIZENS can be challenging patients. Often they have other medical conditions and/or multiple prescriptions that complicate their emergencies. They may agitate or confuse easily, and may have trouble expressing themselves. It's not unusual for them to wind up back at the hospital because these underlying issues weren't addressed.

With those factors in mind, Upstate has created a new Geriatric Emergency Medicine Unit called GEM Care. The unit, led by emergency physician James Ciaccio, MD '78, opened this summer in a dedicated section of the Emergency Department at Upstate University Hospital's Community Campus.

GEM Care is characterized by a calm, measured approach to care in a quiet environment that

includes handrails lining the walls, non-skid floors, and clocks with larger, more visible numbers. Most important, staff working in the unit have been specially trained to treat patients 65 and older, to address their unique sociological and psychological needs—and the concerns of their families.

Governor Cuomo Visits

NEW YORK GOVERNOR

Andrew Cuomo came to Upstate Medical University in May for the announcement of a unique economic development initiative tied to the synergies with SUNY campuses.

“Tax-Free NY” is intended to entice companies to invest in Upstate New York by offering new businesses the opportunity to operate completely tax-free—including no income tax for employees, no sales, property or business tax—for a decade, while partnering with the world-class higher education institutions in the SUNY system.

Reaction from the Upstate campus was quick and positive. “The Governor’s

announcement is of a magnitude that presents significant opportunity, and it has an elegant simplicity that makes it feasible,” says Upstate President David R. Smith, MD. “The plan provides a needed prescription for collaborative partnerships that will help New York compete nationally and internationally.”

KEY POINTS OF THE PLAN INCLUDE:

Tax-Free Communities: All SUNY campuses and community colleges outside of New York City and designated private colleges north of Westchester will be Tax-Free (no sales, property, or business/corporate taxes). Up to 200,000 square feet



New York Governor Andrew Cuomo



Upstate President David R. Smith, MD, confers with New York Governor Andrew Cuomo during the governor's recent Upstate campus visit.

surrounding the campus will be included in the Tax-Free community.

Employees Exempt from Income Taxes: Employees of businesses that open in Tax-Free NY communities will be exempt from paying income taxes for a 10-year period.

Businesses Eligible for Tax-Free NY: Companies with a relationship to the academic mission of the university, new businesses, out-of-state businesses that relocate to New York, and existing businesses that expand their New York operations while maintaining their existing jobs will be eligible.

Upstate Faculty Lead Specialty Organizations



Zahi Makhuli, MD, HS '66

Urologist Zahi Makhuli, MD, HS '66, Upstate professor of urology, has been elected president of the northeast section of the American Urological Association. He was honored in January for 50 years of service by the Department of Urology.



David W. Wormuth, MD '90

Surgeon David W. Wormuth, MD '90, has been elected president of the New York State chapter of the American College of Surgeons. He is division chief of thoracic surgery at Upstate.

SUCCESSFUL MATCHMAKING

ON MARCH 15, 2013, FOURTH-YEAR UPSTATE MEDICAL STUDENTS

joined their medical school peers across the country in the annual rite of passage known as Match Day. The program, established in 1952 by the Association of American Medical Colleges' National Resident Matching Program, matches the preferences of applicants with those of the residency programs that provide training.

This year's Upstate Match Day was presided over by longtime anatomy professor Barry Berg, MD, who is retiring after 41 years on the faculty. Dressed in New York Yankees scrubs, Dr. Berg thanked the class for letting him be a part of their incredible medical school journey, filled with enthusiasm, skepticism, and excitement, and culminating in the arduous process of applying for residency.

Moments before the 145 anxious students opened envelopes revealing their placements, Berg reminded students that although they might not receive their first choice, "a hospital has thought enough of you to ask you to join them and that is quite an honor. Make yourself as proud as we are of you."

The results:

- 72 medical students will enter the primary care specialties of: internal medicine (22 students), pediatrics (20 students), family medicine (six students), medicine (18 students) and obstetrics and gynecology (six students)
- 62 students will remain in New York state
- 25 students will remain in Syracuse: 19 as medical residents at Upstate University Hospital and six as residents at St. Joseph's Hospital Health Center

In addition to matching its students to programs throughout the country, Upstate University Hospital also filled its own residency positions. According to William Grant, EdD, Upstate associate dean for graduate medical education, Upstate filled all 128 positions offered in the match.

"We are especially pleased to have retained 19 of our own students in residency positions here," says Grant. "The selection of Upstate by not only our own students but others around county and across the globe is a statement of the confidence and high esteem that new residents place in our educational programs and in Upstate."

CALIFORNIA

**Presbyterian
Intercommunity
Hospital**

Brian J. Buckley
Family Medicine

UC Davis Medical Center

Katharine Hinchcliff
Surgery-Preliminary/Plastic
Surgery
Plastic Surgery

**UC San Diego Medical
Center**

Nikolai V. Kolotiniuk
Medicine-Preliminary
Anesthesiology

**University of Southern
California**

Nyssa Adackapara
Psychiatry

COLORADO

**University of
Colorado SOM**

Lorette Johnson
Internal Medicine

Bret Martell
Radiology-Diagnostic

CONNECTICUT

Danbury Hospital

Rhonda Dillon
Internal Medicine

**University of
Connecticut SOM**

Ifeoluwa Adabonyan
Emergency Medicine

Caroline Adegite
Pediatrics

Rhonda L. Diescher
Emergency Medicine

Omosede O. Ighile
Medicine-Primary

Shrey Patel
General Surgery

Kevin Stimson
Emergency Medicine

**Yale New Haven
Hospital**

Joshua Jeanty
Pathology

Frank A. Moore
Emergency Medicine

Daniel C. Thomas
General Surgery



Jazelle Mealing, MD '13, shares her match news.

DELAWARE

Christiana Care

David Roofeh
Medicine-Pediatrics

DISTRICT OF
COLUMBIA

**Children's National
Medical Center**

Bethan Lemley
Pediatrics

**Georgetown University
Hospital**

Andrea Apsey
Medicine-Preliminary

**Washington Hospital
Center**

Sarah Fryc
Obstetrics/Gynecology

FLORIDA

**Jackson Memorial
Hospital**

Robert Perelmut
Anesthesiology

Bryon Tompkins
General Surgery

GEORGIA

Emory University SOM

Sufyan Siddiqui
Family Medicine

ILLINOIS

**Advocate Christ
Medical Center**

Tiffani Cherry
Pediatrics

**University of Illinois
COM**

Janet Jang
Internal Medicine

INDIANA

Indiana University SOM

Edward Grove
Emergency Medicine

KANSAS

**University of Kansas
SOM**

Caitlyn Foote
Dermatology

KENTUCKY

**University of Kentucky
Medical Center**

Kristan Joubert
Otolaryngology

**University of Louisville
SOM**

Frederick Griffiths
Internal Medicine

MAINE

Maine Medical Center

Brittany Misercola
General Surgery

MARYLAND

Johns Hopkins Hospital

Andrea Apsey
Anesthesiology

Denise Cinquegrana
Anesthesiology

**University of Maryland
Medical Center**

Georgia Thomas
Medicine-Preliminary

MASSACHUSETTS

**Beth Israel Deaconess
Medical Center**

Kortney Robinson
General Surgery

Boston University
Medical Center

Samuel A. Schueler
Internal Medicine

Harvard Longwood
Psychiatry

Julia Lustick
Psychiatry

**Newton Wellesley
Hospital**

Alan Lee
Transitional

Tufts Medical Center

Charles D. Hannum
Pediatrics

**University of
Massachusetts Medical
School**

Daniel Kaufman
Internal Medicine

Megan Savoury
Obstetrics/Gynecology

**University of
Massachusetts Medical
School**

Megan Savoury
Obstetrics/Gynecology

**University of
Massachusetts Medical
School**

Megan Savoury
Obstetrics/Gynecology

**University of
Massachusetts Medical
School**

John Wu
Orthopaedic Surgery

**Henry Ford Health
Science Center**

McKenna Nych
Emergency Medicine

**WSU Detroit Medical
Center**

Jacqueline Guterman
Obstetrics/Gynecology

MINNESOTA

**Mayo School of
Graduate Medical
Education**

Kevin Manocha
Internal Medicine

NEW HAMPSHIRE

Concord Hospital

John T. Quaresima
Family Medicine

**Dartmouth Hitchcock
Medical Center**

Phillip Bailey
Surgery-Preliminary

Garrett Wasp
Internal Medicine

NEW JERSEY

**Jersey Shore University
Medical Center**

Rodion Erenburg
Medicine-Preliminary

**UMDNJ-New Jersey
Medical**

Shashank Jain
Internal Medicine

John A. Kileci
Internal Medicine

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John A. Kileci
Internal Medicine



Above: Nyssa Adackapara, MD '13, and Brian Buckley, MD '13, celebrate Match Day.

Left: Omosede Ighile, MD '13, Tudie-Ann Henry, MD '13, and Max Halpern, MD '13, eagerly await their match placements.

Alex Villanueva
Pediatrics-Primary
Krista Warfield
Pediatrics-Primary

Bassett Medical Center
Caitlyn Foote
Transitional

Einstein Jacobi Medical Center
Max Halpern
Pediatrics

Einstein Montefiore Medical Center
Jenny Johnson
Med-Prelim/Neurology
Neurology
Jin Jung
Surgery-Preliminary

Bradley Klein
Medicine-Preliminary
Alan Lee
Radiation Oncology

Flushing Hospital Medical Center
Ruth Sarmiento
Medicine-Preliminary
Tiffany Sou
Medicine-Preliminary

Icahn SOM at Mount Sinai
Michael Drabkin
Surgery-Preliminary
Ross Green
Otolaryngology

Roy Liu
Anesthesiology
Justin Meyer
Psychiatry

Mount Sinai COM
Richard M. France
Ophthalmology

Nassau University Medical Center
Michael Drabkin
Radiology-Diagnostic

North Shore LIJ Health System
Luke Janson
Internal Medicine
Cynthia Salvant
Pediatrics
Ruth Sarmiento
Radiology-Diagnostic

NY Hospital Medical Center Queens
Justin Mann
Radiation Oncology

NYP Hospital/Columbia University Medical Center
Sarah Dillon
Anesthesiology
Bradley Klein
Neurology

NYP Hospital/Weill Cornell Medical Center
Peter Costa
Pediatrics

NYU School of Medicine
Tiffany Sou
Anesthesiology
Ivy Tam
Pediatrics
Jennifer Zeng
Pathology

St. Joseph's Hospital Health Center
Denise Cinquegrana
Transitional
Jeffrey Cizenski
Transitional

Emily Cupelo
Transitional
Vanessa T. Desmarais
Family Medicine
Richard M. France
Transitional
Justin Mann
Transitional

Stony Brook Teaching Hospitals
John Cunneen
Medicine-Preliminary
Rey Phillip Llenes
Anesthesiology

SUNY HSC Brooklyn
Rodion Erenburg
Physical Medicine & Rehab

University of Rochester Strong Memorial
Anna Bottar
Pediatrics

Michael Cummings
Radiation Oncology
Sarah Hodges
Pediatrics
Tara Holter
Psychiatry
Paige Myers
General Surgery

Giancarlo Rondash
Emergency Medicine
Leah Rossett
Radiology-Diagnostic
Colin Sheehan
Transitional
Constance Vernetti
Emergency Medicine

Upstate Medical University
Brett Cherrington
Emergency Medicine
Michael Cummings
Medicine-Preliminary
Emily Cupelo
Radiation Oncology
Michael Daugherty
Surgery-Preliminary
Urology
Christopher DeLaney
Pediatrics
Keisha French
Obstetrics/Gynecology
David Haswell
Emergency Medicine

Eric Hojnowski
Emergency Medicine
Christopher Martin
Emergency Medicine
Michael L. McGrattan
General Surgery
Vladyslav Melnyk
Surgery-Preliminary
Benjamin Milczarski
Psychiatry

Lauren Panebianco
Internal Medicine
Tristan Petrie
Internal Medicine
Leah Rossett
Medicine-Preliminary
Anthony S. Rossett
Emergency Medicine

Deepali Sharma
Emergency Medicine
Jared Smith
Orthopaedic Surgery
Crystal Whitney
General Surgery
Lauren Wright
Medicine-Preliminary

Wilson Memorial Regional UHS
Mark Caramore
Transitional
Bret Martell
Transitional

Winthrop University Hospital

James Chang
Internal Medicine
Michael Salama
Internal Medicine

NORTH CAROLINA

Carolinas Medical Center

John Cunneen
Physical Medicine & Rehab
Liping Yang
Emergency Medicine

Duke University Medical Center

Subrata Das
Med-Prelim/Neurology
Neurology

Christopher Woll
Pediatrics

Wake Forest Baptist Medical Center

Michael Farris
Radiation Oncology
Nathaniel Robbins
Pediatrics

OHIO

Akron General Medical Center/NEOMED

Yaa Manu
Emergency Medicine

Cleveland Clinic Foundation

Richard Cartabuke
Internal Medicine
Pulkit Chaudhury
Internal Medicine

Ohio State University Medical Center

Ilona Chepak
Internal Medicine
Christopher W. McQuinn
General Surgery

PENNSYLVANIA

Geisinger Health System

Enobong Efiang
General Surgery

Guthrie Robert Packer Hospital

Erica Skipton
General Surgery

Hershey Medical Center/ Penn State

Naseem Mian
Pediatrics

Lehigh Valley Hospital

Grazelda Kwakye-Ackah
Obstetrics/Gynecology
Samir D. Mehta
Transitional

Pennsylvania Hospital

Samir D. Mehta
Radiology-Diagnostic

Temple University Hospital

Nicole Kosier
Internal Medicine

Thomas Jefferson University

Tudie-Ann Henry
Emergency Medicine
Zachary Jones
Internal Medicine

UPMC Medical Education

Robert M. Handzel
General Surgery

Megan Pope
Neurology

Jeffrey Robin
Pathology

Jessica Sassani
Obstetrics/Gynecology

RHODE ISLAND

Rhode Island Hospital/ Brown University

Rikat Baroody
Surgery-Preliminary

Catherine Dickinson
General Surgery

Daniel Goldberg
General Surgery

Christopher Nacca
Orthopaedic Surgery

Megan Wheelden
Internal Medicine

Tianjiang Ye
Emergency Medicine

TEXAS

Baylor University Medical Center

Jeffrey Cizenski
Dermatology

John Peter Smith Hospital

Glenn Maas
Family Medicine

University of Texas Medical School-Houston

Natasha Bhagwandin
Pediatrics

University of Texas

Lauren Wright
Ophthalmology

UTAH

University of Utah Affiliated Hospitals

Rene Choi
Medicine-Preliminary
Ophthalmology

VIRGINIA

Eastern VA Medical School

Sephora M. Germain
Pediatrics

University of Virginia

Mark Caramore
Physical Medicine & Rehab

Virginia Tech Carillon School of Medicine

Michael Farris
Medicine-Preliminary

WEST VIRGINIA

Marshall University SOM

Igor Wanko Mboumi
General Surgery

West Virginia University SOM

Aditya Kaliath
Internal Medicine



2013 College of Medicine graduates Jared Smith, Charles Hannum, Daniel Thomas, Constance Vernetti, Mark Quaresima, Sam Schueler, Michael Daugherty and Emily Cupelo

HOME-GROWN LEADERSHIP

For more than 30 years, David Duggan, MD '79, has called Upstate Medical University home—first as a medical student, and later as a faculty member, hematologist/oncologist, department chair, as University Hospital's quality officer, and associate vice president for clinical affairs. He became interim dean of the College of Medicine in October 2011, guiding the institution skillfully through difficult circumstances. In May, after an exhaustive national search, the "interim" was dropped from that title. We asked him to reflect on his new role.

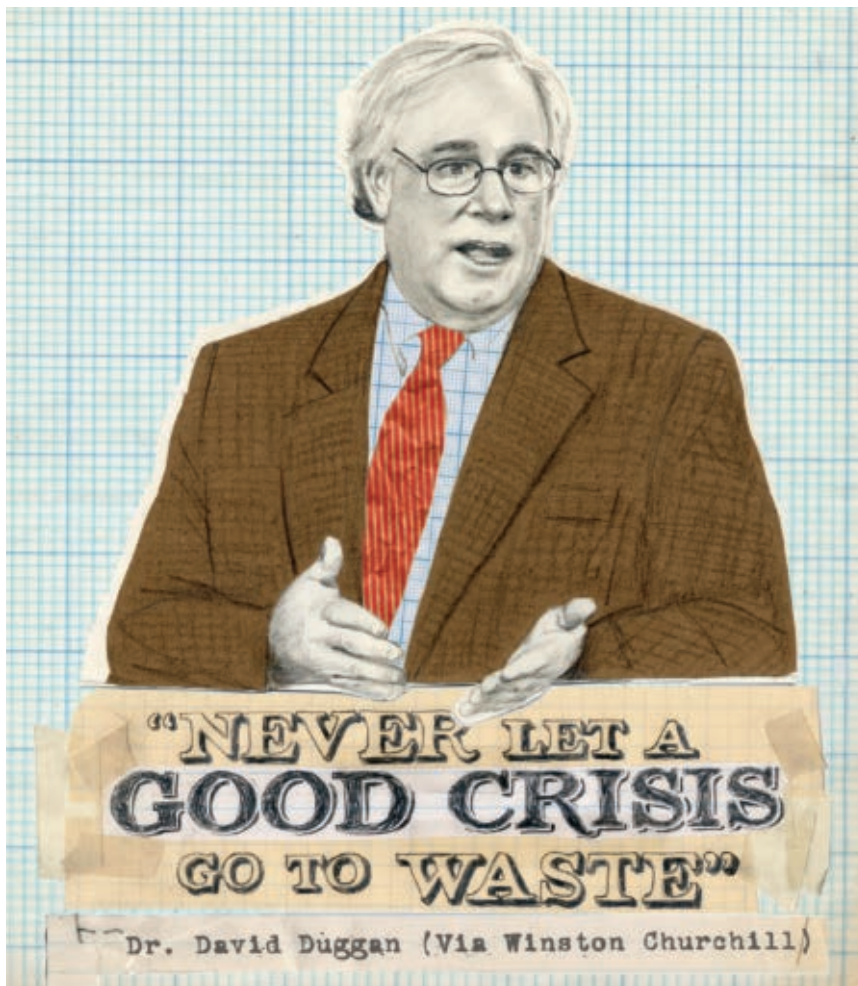
HOW DOES YOUR
ROLE CHANGE
WITH THE
TRANSITION
FROM INTERIM
DEAN TO DEAN?

The time frames are different. The issues before me as interim dean were pretty acute. There was a fire burning that needed to be put out. We needed to deal with a major problem with the Liaison Committee on Medical Education (LCME) and that's where most of the effort was focused.

Now that the probation has been lifted, we need to direct our attention to the longer term and our strategic vision for the mission of the institution. We need to look at our opportunities to move ahead and to continue to grow and thrive. We're an important institution and I see my responsibility as helping to guide the faculty to greater accomplishment.

THE LCME PROBATION WAS A SITUATION NOBODY WOULD HAVE WISHED FOR, BUT BY ALL ACCOUNTS, GOOD THINGS CAME OUT OF IT. WHAT DID THE COLLEGE OF MEDICINE GAIN THROUGH THE ACCREDITATION PROCESS?

The LCME publishes clear standards of what they expect the structure and function of a medical school to be and they found that our structure and function were not meeting their standard. The experience required a great deal of soul searching. Although the probationary status never questioned the quality of our faculty or our students, it did reflect poorly on our reputation and we are a better place than that. So there was a great deal of motivation by people who really care to fix it. It was extraordinary. We brought teams together with a common purpose and created some new structures. Many people have reiterated the Churchill quote that no one should ever waste a crisis. I believe we put ours to good use.



They've now been put into gear—this is the New Directions Task Force—and they are bringing materials to the Curriculum Committee, which has the authority for recommending the medical school curriculum. There is a lot of activity going on between those two groups right now.

WHAT SETS UPSTATE APART FROM THE OTHER NEW YORK STATE MEDICAL SCHOOLS?

Our clinical system is unique because of our location and the huge geography we provide care to—from the Canadian border to well past Binghamton, and

from halfway to Rochester to more than halfway to Albany. The Golisano Children's Hospital takes care of virtually all of the sick children for that region. We are the trauma center for the region. We have the perinatal center to provide for the high-risk pregnancies in the region. We provide poison control services for much of the state. Most of the other New York medical schools serve a much more defined and narrow geography. Downstate is in Brooklyn, where there are many other hospitals. Stonybrook is on Long Island, where there are also many competing systems. The medical school in Buffalo doesn't have a university hospital associated with it so the clinical mission is not as pressing.

We're unique as an academic medical center in that we provide both clinical care and the workforce for a huge area of the state. Part of our mission is to develop the workforce for Central New York so we're making a concerted effort to admit more students who are from this region and who are from small communities because they are more likely to go back to those communities.

HOW DID THE CURRICULUM IMPROVE AS A RESULT?

The first thing we did was to revise the mechanics of curriculum governance and management. The primary challenge posed by the LCME was that effective, integrated governance of the curriculum by the

faculty and dean was lacking. We needed a new curriculum committee structure that would be responsible to the students and would put the good of the students' educational program ahead of all other considerations. That was the fundamental change required. We put a group together that worked very hard to revise the process for curriculum review and put in place a system that will allow for continuous quality improvement of the curriculum over decades. We had embarked on a curriculum reform project before the LCME put us on probation and that group was asked to idle in neutral while we first addressed these other issues.

WHAT ARE THE MAJOR CHALLENGES FACING MEDICAL SCHOOLS?

Academic medical centers do three things: provide care, educate the next generation, and do research. I'm concerned about the research mission perhaps more than any other right now. Funding for research has been in decline for the last several years. There is a growing body of the electorate and of our elected officials who don't understand or appreciate science. It is sad to say only about a tenth of the adult population of this country has ever taken a college-level science course. They don't understand the potential we have at our fingertips to make phenomenal discoveries that could lead to major changes in health care.

The Affordable Care Act is a game changer. It will make health care available to virtually everybody if they choose to participate. Historically, Upstate has always cared for people regardless of their ability to pay. But the funding streams for the hospital and physicians are changing and that makes everybody nervous. There are also going to be new ways of payment in an effort to hold down the rapid increase of health-care costs. These will undoubtedly include bundling some payments together. That's going to be a challenge for us. While those issues will most directly affect University Hospital on the finance side, those funds indirectly support the College of Medicine and the educational program. Therefore, the funds for education are also under threat. The most direct threat is that there have been many proposals to reduce funding for graduate medical education—the residents who play a key role in our hospital and also help teach the medical students. These are universal challenges and I am confident that solutions will be found.

WHAT ABOUT RESEARCH AT UPSTATE?

In research, many of the easy questions have been answered. The questions that are most challenging require investigators with new perspectives and often from different disciplines to make advances. Bringing together multidisciplinary teams to ask important complicated questions is going to be necessary. We have several strong groups already established—for example in the neurosciences, in structural biology, in diabetes, and in global health and infectious diseases—and we need to help them grow.

One new opportunity we have is through the new Cancer Center. By bringing all the people together who can help cancer patients under one roof, we hope to support multidisciplinary clinical research, including genetics, pharmacology, and clinical trials. The only way to know if a new treatment is really better than an old one is to examine them critically in a scientific fashion and prove it. That's an important and difficult thing to do. Bringing those people together to try to answer some of those questions is a major goal for the Center and we hope that continues to flourish.

THE PROBLEM

20 across. Three letters. Question of Inquiry. "WHY." 21 Down. Seven letters. Central New York. "UPSTATE."

David Duggan, MD '79, has plenty of intellectual challenge in his life between staying abreast of the current developments in hematology/oncology, steering the Upstate College of Medicine, or debating issues of the day with his physician wife, Lynn Cleary, MD, and their three inquisitive children. But for years, his week has not been complete unless he finished the *New York Times* Sunday crossword puzzle.

"When I think that I'm losing my mind, finishing the crossword puzzle reassures me that I'm not going crazy," Dr. Duggan jokes.

The habit developed while he was a student at Hamilton College. Later, he and his father, John Joseph Duggan, MD 12/'43, a long-time Syracuse physician, would do it together. It's one bit of evidence that points to Duggan's ongoing love of learning for learning's sake.

It's a good quality for a medical school dean to have, and he hopes to instill a desire for lifelong learning in his Upstate medical students. "Being able to adapt and develop the tools to learn and understand as things change is incredibly important in medicine," Duggan says. "When I reflect on my career, my understanding of science in medical school was absolutely rudimentary compared to what it is now. Half of what I learned we now know is wrong."

Answering Why Upstate? is an easy question for Duggan, who was born "about 100 yards" from Upstate Medical University at Memorial Hospital and grew up in Dewitt, New York, the son of a doctor and a nurse. Although no one pushed him toward medicine, growing up in that environment

WHAT ARE YOUR PRIMARY GOALS AS DEAN?

I want to empower the faculty because they are the strength of the institution. Everything happens through them. We want to do that by providing supportive training so that it's easier to be successful, and also by recruiting really good people. One of our challenges is that we are a small medical school as determined by faculty size. Our faculty is at about the 25th percentile in size compared to

other medical schools in the country, whereas our student body is at about the 60th percentile. One of our goals is to get bigger in terms of faculty size but we need to do that thoughtfully. We already have a number of satellite clinics, and we have one satellite campus in Binghamton, but we need to see if we can expand more in that fashion.

I also want to encourage team science and interprofessional teaching to enhance both the educational and research mission. Physicians work in a team, so learning how to work with others—other physicians, nurses, technicians, physician's assistants, therapists, social workers—will help everyone work together better with the goal of improving patient outcome.

SOLVER

had a big influence. And Upstate, undoubtedly, has shaped his career.

"I really, really loved learning about how the body worked, how disease impacted it and how you could help people," Duggan says of his Upstate medical school experience. "I just threw myself into it."

From the start, he was attracted by the diagnostic inquiry of internal medicine. "I enjoyed the problem-solving challenges," says Duggan, who was ultimately steered to hematology/oncology by mentors whose example he wanted to emulate: William J. Williams, MD, Arlan Gottlieb, MD, Bob Comis, MD, and Frank Oski, MD. "These were people who had a profound impact on me," he says.

After earning his MD, Duggan went to Boston to train at the New England Medical Center. He met his future wife his very first day—June 21, 1979. "She was finishing up her internship and I was taking over her patients," he recalls. "She gave me a thorough list of her patients and their problems and tried to give me some guidance. I thought it was because she thought I wasn't able to do the job and, as a result, was kind of a jerk."

It was several years before Duggan and Dr. Cleary became a couple. They were married in 1985 and the same month moved to Central New York to begin careers at Upstate.

Cleary is also a heavy hitter at the College of Medicine, serving as professor of medicine, vice president of academic affairs, and senior associate dean for education. For his part, Duggan never set out to have a career in administration. Twenty years ago, Joseph Whalen, MD, then-dean of the College of

Medicine, asked Duggan to serve as interim chair of the Department of Medicine. "I said yes because this institution is important to me and someone asked me to help," he recalls.

That led to nearly 16 years at the helm of the department before serving as quality officer for University Hospital, then associate vice president for clinical affairs, and now dean of the College of Medicine.

Duggan was tapped to serve as interim dean in October 2011, after the Liaison Committee on Medical Education put the College of Medicine on probation. His calm leadership while steering the school back on track made a positive impression. Upstate President David R. Smith, MD, says Duggan was the top choice from a national search because "he provides us with a leader, who, as an alumnus, understands the importance of upholding the rich tradition of a solid academic medical program that is leading the way in educating physicians for our communities."

He also sets an example as a physician who has successfully balanced clinical practice, research, and service. Until he accepted the post as dean, Duggan maintained an active clinical hematology/oncology practice, including long involvement in clinical trials. He published more than 40 peer-reviewed manuscripts, most dealing with clinical care of patients with breast cancer and lymphomas. He's been active in organizational medicine, serving as president of the Onondaga County Medical Society, and holding leadership positions with the American Joint Committee on Cancer, and the American College of Physicians (ACP). In 2008, Duggan was elected a Master of the ACP, an honor bestowed upon only a small group of highly distinguished physicians each year, selected from among ACP fellows.

He says his career treating cancer patients was deeply gratifying. "Thirty years ago, the practice of oncology was to make a diagnosis and then provide supportive care. We now have many treatments that either cure or provide really major benefits for people," he says. "Translating complicated disease to someone when their life is at stake is both challenging and rewarding."

He misses patient care—a lot—but says he can't give patients the time and attention they deserve and do the dean's job properly.

To anyone who has spent time with Duggan, it's obvious that although he's an incredibly devoted physician, his greatest passion is his family.

Outside his work life, Duggan can often be found at a high school music concert, on the sidelines of a lacrosse game, or driving a carload of 15-year-olds to or from practice. "It's a lot of fun," he says, "although often stinky."

Duggan and Cleary have three children. Their oldest, Abby, was captain of the lacrosse team at Johns Hopkins University and is a May graduate of American University's Washington College of Law. Their middle child, Joe, is a junior at the University of Michigan in the College of Engineering, also participating in Naval ROTC. Their youngest, Sam, is beginning his sophomore year at Skaneateles High School, where he is a standout lacrosse player.

With their varied pursuits, it's possible that any one of them may be pulled into service to assist with the weekly crossword puzzle. At the very least, they can undoubtedly answer Why Upstate? either on a puzzle or in real life.

—Renée Gearhart Levy



BOSTON STRON



AP PHOTO/STEVE MILNE



Hundreds of medical personnel volunteer their services at the Boston Marathon. This year, they got more than they bargained for.

Adam Darnobid, MD '09, shares his experience.

Marathon Monday is a tradition for the city of Boston. People from around the world descend on the city to celebrate the human spirit reflected in the runners participating that day. It is also an observed celebration

of the first shots of American freedom, Patriots Day. As always, it was a morning of great celebration.

Marathon Monday starts early in the morning, with registration and briefing for thousands of volunteers. Behind the scenes, preparations had been ongoing for a

year to respond to last year's record heat and humidity. The Boston Athletic Association works to ensure every runner gets world-class health care at all times and protocols are continuously revised to make sure a diverse group of medical professionals deliver correct marathon medicine.

IC

ANTHONY NESMITH/CSM (CAL SPORT MEDIA VIA AP IMAGES)





Almost two weeks later, I was still having trouble getting back to normal, experiencing vivid memories, graphic dreams, and symptoms I'd never had before in my life. Ambulance sirens startled me. Getting groceries could be a challenge and working clinical was now mystifying.

—ADAM DARNOBID, MD '09

This was my first time volunteering at the Boston Marathon. An emergency medicine physician and EMS fellow from UMass Worcester, I'd been asked by a Boston colleague to come and help out. That day I was assigned to work in a newly created role as the Bus Triage Physician. School buses pick up runners who are unable to complete the race and deliver them to the finish line. There is also an occasional sick runner on those buses and the goal is to get the right resources to the right patient. As I arrived to the tent (Medical Tent A), I met my team: another physician, two nurses, three volunteers helping coordinate resources, and a registration person. The tent had

a direct line of communication with the EMS resources in case a runner was very ill.

As the day began we had time to ready cots and organize resources; the goal was to be ready as the elite runners and wheel-chair racers crossed the finish line. From our vantage point, we would be able to see some of the best runners in the world complete the race. Thankfully, the temperature remained cool, a far cry from last year.

As runners began to cross the finish line the tent came to life. Teams of nurses, trainers, doctors, and massage volunteers rushed to help each runner. Buses began delivering people with orthopedic injuries and

ailments ranging from knee pain to severe hypothermia to us in the tent. As the day progressed, we started to hit our stride. The ICU section scooped up the sick patients and Boston EMS readily transported seriously ill people with ease. Communication with all areas of the marathon course was up and running.

Then everything changed.

I was waiting for an inbound bus of runners and making small talk with Boston police officers who were helping secure the finish line. There was a blast. I remember saying, "Why is there a cannon?" The police were immediately on edge. Then another blast. The lapel mic on the police officer in front

of me exploded with static and screams. I immediately ran back into the tent.

As I entered, I saw one of my colleagues rushing to his backpack, and he stood up putting on tactical body armor. As the pace of activity in the tent rapidly picked up, I can only recall thinking, “Uh oh.” We moved tables and arranged equipment as best we could, for the unknown was coming shortly. We didn’t know what had happened, but we knew it was bad.

Then patients started to arrive. I remember the first two very clearly. Both had serious lower extremity wounds from the blast, but they were only a warning of what was to come. The same team of medical professionals who’d been treating runners only minutes before rushed to their sides and began to treat their wounds.

There was a commotion at the front of the tent and I can recall people saying, “clear the aisle,” as a stretcher came down the middle carrying an injured person with bilateral lower-extremity traumatic amputations. Blood, flesh, bone, and screams are fresh in my memory every time I close my eyes. I yelled to get an ambulance ready. We had a few waiting ambulances ready for runners, and with great rapidity, the extremity amputee was loaded and sent off to a hospital.

A continuous flow of injured patients came into the tent. Young people with lower-extremity wounds in every degree of severity just kept coming. Trying to categorize the sickest patients in my head quickly became futile. Soon, we had the back of the tent full of the most critically ill patients I

have ever seen. This was the scene: patients with grey limbs, pools of blood rapidly accumulating on the ground, and medical volunteers frantically trying to do what they could.

Our IV nurses rushed to start lines, as we had lots of normal saline ready to give from the marathon preparation. It may not have been ideal, but it was something. Tourniquets became the most valuable medical item. The few available commercial ones were rapidly used before belts, shirts, and rubber tubing were pressed into action. At one point we were even running out of alternatives. Reaching into an EMS to-go bag, oxygen tubing worked in a pinch.



BOSTON HERALD

The Boston Marathon bombings resulted in three fatalities and 264 injuries.

At a moment I had to look up, a stretcher came down the tent with rescuers doing CPR. It was distantly reminiscent of codes I have seen in the hospital, with some distinct differences. There was more passion, more drive, more force than I ever have seen in a code before. When they stopped CPR, I saw the weight of the universe come down on those rescuers. The atmosphere became even more challenging with a fatality in our midst.

“Fear, uncertainty, and concern crept in. We knew there had been two bombs, but were there more? Were there police outside the tent? Was there a fire? What was going on in the rest of the nation and the world?”

EMS was getting all available resources to us, and in groups of two, three and four, patients were moved from the tent. A system was developed out of necessity with crews going to the bedside of the next sickest patient, rapidly moving people to definitive care. A triage system by consensus and yelling was established at the onset and proved to be helpful in getting patients to their destinations.

Things were quickly getting organized. Triage tags came out, and areas of the tent were designated for acuity with signs. Patients were arriving with triage designations written on their foreheads with marker. At the same time, less acute patients were lined up for transport. Before long, the medical tent was transformed

from a high-performing sports medicine facility to an organized trauma repository managing injuries that I could not conceptualize prior to that day.

Taking only a second, I reevaluated the medical situation and noted there was still a runner in the critical area. He was dropped off before the chaos had begun and as a result, had been an eyewitness to the ensuing carnage. His only reason for being in the tent was being hypotensive and near syncopal

after running 26 miles! I asked if he wanted to leave, and the next thing I knew, he was sitting up and wobbly making his way out of the tent.

As the response progressed we were provided more ambulances and were moving

patients quickly. Fire, Police, EMS and other volunteers joined in an amazing effort to bring patients to the tent in a tremendously brief period of time. Soon wheelchair patients triaged in threes and fours were loaded into waiting ambulances and taken to receiving facilities. The influx of injured stopped almost as quickly as it started.

What began in a split second of change was now winding down almost as fast. We were rapidly watching the patients leave, not sure what to do next. Fear, uncertainty, and concern crept in. We knew there had been two bombs, but were there more? Were there police outside the tent? Was there a fire? What was going on in the rest of the nation and the world? We had been so focused on every

casualty coming through, we were blind to the bigger events just outside of our thin white canvas walls.

Then it was over.

Once the patients had all been transported, trainers, nurses, and then doctors were requested to leave. As we walked out into daylight, a police officer stopped us, saying, “There will be a controlled detonation.” My heart stopped, and sure enough, there was another explosion. It shook the fragile calm and forced us into the reality around us.

Barricades were being moved and streets were closed. As we headed out, the medical director for the Boston Athletic Association commented that there were still runners on the course and made a plan to rendezvous in the Commons. EMS, police and fire personnel were still actively running around outside the tent and it was abundantly clear this was still a dynamic situation. We wandered through empty streets, punctuated only by the occasional pierce of sirens. When we arrived at the Commons, a small contingent of medical providers stood waiting. The occasional text from a close friend in a medical tent on the racecourse was reassuring; there were areas west of the finish line still functioning.

Within the group of doctors, the realization of “Now What?” crept in slowly. One at a time, we all started to realize that we were standing in a public park and didn’t know where to go next. My original plan was to have a nice dinner that night, and get picked up in town. But now roads were closed, trains were stopped, and the parking garage where my two closest

co-workers parked was now a “crime scene.”

We decided walking in the park was unlikely to solve anything, so we made our way to a restaurant. For a while we just stared at menus, each other, and blankly out the window. The staff was thankfully patient with us and we eventually ordered. Each of us proceeded to push food around with our forks, taking the eventual bite. We knew we should eat, but we just weren't hungry.

One of my colleagues was able to text and call loved ones and found siblings with accessible cars. We walked across town to meet them. Our group exceeded the number of seats, so one person rode in the trunk of the station wagon. The next stop was an outlying neighborhood to make a transition to another person who could drive us west of town. As we pulled onto the highway, it was eerily silent with few cars. I was grateful when the

“I hadn't even begun to contemplate what had happened that day. My legs were sore, my mind was racing, and I was exhausted. I slept that night, not well, but slept. Little did I know the hard part was just beginning.”

CD player in the car started to play a comedy CD—just what we needed in that moment.

And just like that, I was outside of the city, on my way home. I hadn't even begun to contemplate what had happened that day. My legs were sore, my mind was racing, and I was exhausted. I slept that night, not

well, but slept. Little did I know the hard part was just beginning.

Almost two weeks later, I was still having trouble getting back to normal, experiencing vivid memories, graphic dreams, and symptoms I'd never had before in my life. Ambulance sirens startled me. Getting groceries could be a challenge and working clinical was now mystifying. Thankfully, my coworkers came to my side. Sharing my experience with people who've been to Haiti, Sandy, and Katrina helped.

My challenges were shared by many. The marathon is staffed by a diverse group of clinical professionals from all over New England. That afternoon, all of these medical volunteers went home, from Maine to New York. Their home institutions now had to absorb staff members with this terrible event fresh in their memories.

There are hundreds of lessons to be learned and it would take





years to discuss them all, but here are some things that stick out in my mind at this moment:

THE MARATHON was ready for an emergency, fully staffed with physicians and other medical professionals. Although they were ready for a different type of challenge, having such a concentration of resources certainly saved lives.

AS AN ED PHYSICIAN, I was uniquely able to assist, to see patients and to make quick decisions—to stratify a number of patients who were triaged 1’s and 2’s. The other ED physicians knew the system; they knew ICS and understood triage. The trauma primary and secondary survey that had been indoctrinated in us proved valuable. I greatly appreciated having my family practice, internal medicine, surgical, cardiology and other specialists there, but emergency medicine skills were indispensable in those moments.

TOURNIQUETS SAVED LIVES. Ingenuity in bleeding control and hemostasis allowed the victims to survive to the hospital. I know I have had academic discussions about their clinical and pre-hospital use prior to this event, and they turned out to be, in reality, much more elegant. Tourniquets are straightforward life-saving devices.

SOCIAL MEDIA. The bombing was global news almost instantly and loved ones everywhere were concerned. Standing in the middle of the tent taking care of patients, my parents called, worried, from their European vacation. All they’d heard was “Boston attacked.” Between texting, posts, and pictures, people in the midst of the

bombing were able to rapidly relay information—and that they were safe—to the world. It allowed a flow of information from the scene that years ago would not have been possible.

THE BOSTON HOSPITALS were ready and willing that day. To have such a concentration of high-quality institutions in one area made a difference. Every patient got the care they needed and got it in very timely fashion. It is remarkable how thousands of staff members across all of the institutions came together so fast to care for these people, truly remarkable.

THE SET UP OF THE TENT allowed a natural exit with ambulances standing by. There was a direct line from the entrance to EMS waiting at the back. The ambulances then had access to a number of major Boston thoroughfares. The ability to rapidly move patients to definitive care cannot be understated. Although

the footprint of the medical tent may not have been intentional, it made a tremendous difference.

IN A TIME OF SUCH TRAGEDY, I had the chance to witness the terrible effects of human malice. At the same time, hundreds of volunteers stood up and took it upon themselves to rush to the aid of patients. People rallied and delivered excellent trauma care even when it was well out of their scope of practice. The diverse group of volunteers really shined that day, turning an event that is a showcase of physical accomplishment into an amazing demonstration of caring and delivery of timely medical care. In less than an hour, all of the wounded were gone. It was miraculous, and that positive thought is what keeps me going day in and day out.



Giants team physician Russell Warren, MD '66, confers with Jason Pierre-Paul during Super Bowl XLVI in February 2012.



A GIANT

OF A SURGEON

Russell Warren, MD '66, is a legend in sports medicine and the long-time physician for the New York Giants.

BY RENÉE GEARHART LEVY

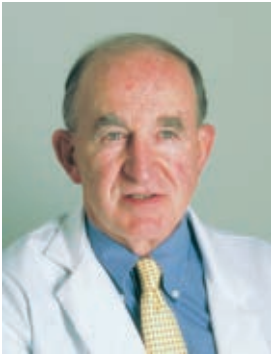
In 1962, after graduating from Columbia University, Russell Warren, MD '66, had a tryout with the New York Giants, traveling briefly with the team before he was let go. Despite that early setback, Dr. Warren has enjoyed a close association with the team much longer than most players and coaches. For 30 years, he's served the organization as head team physician, caring for a legion of esteemed players including Lawrence Taylor, Phil Sims, Eli Manning and Rodney Hampton, and experiencing the thrill of four Super Bowl victories. He has the rings to show for it.

"I didn't even know if I wanted to do it originally," reflects Warren, who was the new chief of the sports medicine service at New York City's Hospital for Special Services (HSS) when approached about the

position. "But I thought that I could incorporate it with our fellowship program and the fellows could learn a lot."

Education and furthering the profession is at the core of what drives Warren, whether in his role with the Giants; at HSS, where he's served as head of the shoulder service, head of sports medicine, and as surgeon-in-chief; in research that pushes the frontiers of orthopedic medicine; or as past president of both the American Orthopedic Society for Sports Medicine and the American Shoulder and Elbow Society. "I like collecting information, disseminating information, working on projects and trying to make things better. It keeps you up to date," he says.

That's humility talking. Warren is considered one of the forefathers of sports medicine, pioneering



Russell Warren, MD '66

treatments in anterior cruciate ligament (ACL) and rotator cuff surgery, developing one of the most popularly used total shoulder replacement systems, and training hundreds of residents and fellows at the nation's top-rated orthopedic hospital. He holds numerous patents for devices to treat problems of the knee and shoulder, and has published more than 250 scientific articles.

Surprisingly, Warren didn't set out to become a doctor. Recruited to Columbia University to play football and baseball, he took a lot of science courses, but was never pre-med. Although he hoped to play professional football, he decided at the end of his senior year to apply to medical school as a backup. He took the MCAT before a baseball game at Harvard that spring and applied to the handful of schools still accepting late applications.

Upstate, which had decided to expand its class that year, was one of them. After being released from the Giants, Warren headed to Syracuse. But he didn't give up on football. Throughout his medical school years, he played semi-pro football in the Atlantic Coast League for the Providence Steam Roller. "I'd fly out on Saturday

night and play on Sunday. I did that for four years, working out on my own."

Warren also played on a team out of Herkimer, New York, with a group of former Syracuse University players who'd won the national championship in 1959. "We'd play in Pittsburgh, Atlanta, up and down the East Coast," he says.

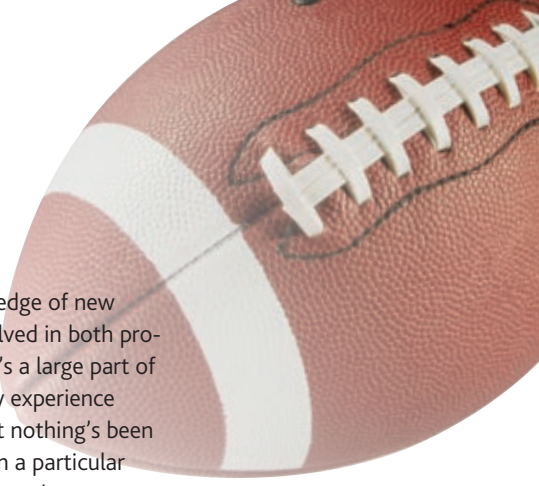
After graduating from medical school, Warren went to St. Luke's Hospital in New York for his intern year. "I was on a cardiovascular service and a lot of the patients didn't make it. That's when my interest in orthopedics really developed," he says.

It was natural, really, considering his history. "My shoulder used to dislocate in high school and they never fixed it. They just told me not to play football. That was part of my motivation for figuring out what I wanted to do because it seemed to me they didn't know much about fixing shoulders," he says.

Warren spent a year in Vietnam as a Lt. Commander in the Navy, and when he returned, had his shoulder repaired by Charles S. Neer, MD, at the time one of the foremost shoulder surgeons in the country. He com-

Dr. Warren examines x-rays with other HSS sports medicine staff at Super Bowl XLVI in Indianapolis.





pleted his orthopedic residency at HSS, spent three years in private practice in Charlottesville, Virginia, then came back to do a shoulder fellowship with Dr. Neer before joining the HSS faculty. "I wanted to be in an academic setting and be more of a contributor to the field. HSS gave me the opportunity to do that," he says.

Nowhere is that more evident than in Warren's association with the Giants, where he has earned a reputation as a consummate team physician, always doing what is in the best interest of an athlete's health rather than that of the team.

Although a player can decide for himself whether or not to play with a borderline injury, Warren has the ultimate authority when it comes to more serious problems, a power granted by the Giants general manager. Warren will take any athlete out of play if an injury poses long-term harm.

"Some team physicians don't have that authority," says Warren. "There's a wide range of interested parties—including the trainer, the coach, and the agent—who have nothing to do with orthopedics or healthcare, but they all have a stake in the player's outcome."

Working in tandem with Giants Head Trainer Ronnie Barnes and his staff of trainers, strength coaches, and nutritionists, Warren works to keep the players healthy, both in- and off-season. He and two other physicians cover the month of training camp, beginning in August, with HSS sports medicine fellows in residence for a week at a time. Once the season begins, Warren goes out each Wednesday for physicals, and is on the sidelines during games on Sundays. "But I'm kind of available on call all the time," he says, performing surgeries as injuries occur. The most common injuries he deals with include shoulder dislocations, rotator cuff injuries, stress fractures, ankle sprains, meniscus and ligament injuries of the knee, and spinal disc problems.

One of the most interesting aspects of his job actually occurs preseason, during the Giants annual combine, where the team evaluates potential players. While coaches are evaluating players' athletic potential, Warren is evaluating them medically, ranking players based on how long he thinks they'll survive in the NFL. "If I rank them too low, basically then we can't draft them," he says.

Back in the 1980s, Warren would reject 80 to 90 percent of players with a previous ACL injury. Today, he takes that many, a reflection of the improvement of sports medicine health care across the country. He takes pride in having contributed to that.

"Basically, we've made the Giants into an educational situation," says Warren. "We're not only concerned with

patient care, but with bringing our knowledge of new conditions and treatments to others involved in both professional and amateur sports medicine. It's a large part of why I became interested in doing this. My experience over the years is that we'll see things that nothing's been written about, so we'll conduct a study on a particular issue as it pertains to pro football players, and come out with a couple papers per year about what goes on in an NFL team. It's educational for us, and it's educational for the orthopedic community at large."

While the Giants serve as a unique "living lab," Warren also enjoys a rich research environment at HSS. Having joined the hospital when sports medicine was in its infancy, Warren co-founded the institution's Soft Tissue Research Lab, and has directed novel investigations in the function, repair, and replacement of ligaments and tendons. Currently, his research focuses on the use of hydrogels for the replacement of articular cartilage and for meniscus injury. He's also involved in clinical trials, testing a cartilage replacement material in the knee, and the use of Platelet Rich Plasma (PRP) in rotator cuff repair.

"I've always been one that liked variety. I don't like doing the same thing two days in a row," says Warren, who treats scores of professional athletes beyond the Giants, including many baseball and basketball players. It caused a stir within the football community last year when New York Jets cornerback Darrelle Revis chose Warren for his knee reconstruction surgery instead of the Jets team physician.

"That's not terribly unique," says Warren of the decision. "Players sign with an agent and agents like to work with doctors they know and are confident in."

At age 74, Warren's week includes at least two days of patient visits, a day of surgery, a day of research, and a day to catch up on overflow, or perhaps to fly to a meeting to give a lecture, something he does frequently. He's in the office by 6 a.m., using a car service so he can get reading done during his commute. "I do all the things I've always done, but my days aren't quite as long as they used to be. I come home at 5:30 or 6 instead of 8:30 or 9," he says.

Unless it's a game day, that is. "If it's a Monday night in Cincinnati, it's kind of a pain maybe, or playing at Green Bay in the snow in January," he says of his schedule. But the rewards make up for any inconvenience.

"Not everything you do works, but when it does it can be quite gratifying," says Warren. "To see somebody break away and go 80 yards on a knee that you fixed or make a great catch on a shoulder that you worked on, that's what it's all about."

Helping Hands for Forgotten Feet

MEDICAL STUDENTS WIN A \$9,000 GRANT TO FUND A FOOT CLINIC AT THE RESCUE MISSION.

At one station, a man is soaking his feet. At another, a man gets his toenails clipped. It's not the local pedicure salon, but a monthly foot clinic at the Syracuse Rescue Mission.

and through that organization, began volunteering with fellow classmates at the Rescue Mission.

Last fall they received an email about a service leadership grant being offered by Alpha Omega Alpha, the medical honor society. The organization was offering grants of \$9,000 over three years to support service-learning projects geared toward underserved populations. The Upstate chapter was looking for proposals.

Helm immediately thought of the Rescue Mission and called the volunteer coordinator there to ask about potential needs that medical students could help out with. She suggested a foot clinic, as most of their clientele has issues with their feet

from walking around so much.

Helm and Haddad put together a presentation about foot needs within the homeless population and pitched it to the Upstate AOA board, which selected their proposal—Helping Hands for Forgotten Feet—to submit to the national organization for consideration.

Upstate's AOA chapter leaders Jessica Sassani, MD '13, and Caitlyn Foote, MD '13, then fourth-year students, wrote the grant application, including a detailed budget for the monthly foot-care clinics, which would require everything from examination tables and chairs to nail clippers and bandages.

It also included testimonials from physicians and from Upstate faculty advisers. Lynn Cleary, MD, Upstate's senior associate dean for education, said the program "fills a unique, ongoing and unmet need to provide foot care to the homeless of Syracuse."

Regardless of the outcome, Helm and Haddad decided to push forward with the idea. "When Matt and I first came to Syracuse, we really wanted to find a way to do something good for our community," says Haddad, who comes from Albany. "What better way to help out than to do something for those less fortunate than ourselves? I had never lived in a city before and was really struck by all the homeless people you see around."

They held a shoe drive, collecting more than 500 pair of shoes, 100 pair of socks, and various other clothing items to donate to the Rescue Mission. That effort earned a \$1,000 grant from Upstate's Center for Civic Engagement. They also planned their first foot clinic, enlisting Helm's father, Thomas Helm, MD, a Buffalo dermatologist, and Ryan D'Amico, DPM, a Syracuse podiatrist, to supervise the 10 student volunteers.

In a kind of serendipity, it was the night of the first clinic that they got the news—Helping Hands for Forgotten Feet was one of three student projects nationwide selected to receive the grant. "We started out on faith without much funding so it was a big blessing," says Helm.

The \$5,000 provided the first year allowed the students to pur-



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Medical students Leesha Alex '16 and Rachel Santoro '17 volunteer at the clinic along with Brianna Fitzpatrick, a physical therapy student in the College of Health Professions.

The clinic is an effort by some Upstate medical students to improve the health of Syracuse's homeless population. "Syracuse is known for pretty extreme weather and a lot of the homeless population doesn't have adequate footwear," says second-year student Matt Helm. As a result, homeless people are at a high risk for fungal infections, trench foot, and other infections that can lead to more serious health complications.

Helm initiated the clinic after only a few months in Syracuse with classmate Stefanos Haddad. While taking Upstate's Summer Anatomy course, both became involved with the Christian Medical Fellowship,



Stefan Haddad '16 treats a patient under the supervision of Ryan D'Amico, DPM.

chase exam tables, drapes, and other supplies such as nail clippers, socks, and orthotics.

So far, the clinics have been held one night each month, with approximately 20 patients receiving care at each clinic. The students would like to expand the service to twice monthly, and are looking for local Syracuse-area physicians interested in donating their time.

With two physicians working per clinic, the students get a lot of hands-on experience. "We take the history and do the exam and then present the patient to one of the two physicians, who determine what needs to be done. We don't leave once the doctor is there; we see the patient until the end. The physicians use those moments to show us what they see and teach us."

In addition to whatever specific medical care they need, the patients get a soak, callouses shaved or pumiced, nails trimmed, and a fresh pair of socks.

As the student volunteers progress through medical school, they plan to recruit new volunteers from each incoming class to ensure the continuity of the program. "The leaders who emerge from these

experiences are not only the mentors and role models for the underclassmen but also are equipped to make substantive changes in health care and in health care policies as they go forward in their professional careers," says Susan Stearns, PhD, assistant dean of student affairs and director of the Center for Civic Engagement.

Rescue Mission administrators are thrilled by the clinic, which provides foot care to homeless individuals without cost that would otherwise not be available to them. "Basic foot care is important for people who are homeless, as the average homeless person stands in lines about four hours a day and walks an average of 35 miles a day," says Liz Poda, director of marketing at the Rescue Mission. "Without proper care, feet can become injured and infected, which is significant because homeless individuals living on the street shorten their life expectancy by up to 30 years, simply from poor health care."

For his part, Haddad says it's humbling to work on people's feet. "It's also very rewarding to be able to do that for people, putting yourself at a place of true service," he says.

The patients are incredibly appreciative. He shares the story of one patient, an immigrant who didn't speak very good English. "His feet were really dry and he had some fungus. I just wanted his feet to be better by the time he left so I spent a lot of time trimming his toenails," Haddad recalls. "He told me I was like the people in his country who worked on the hooves of horses. Dr. Damico said that was his way of telling me I was a hard worker. It made me feel good."



Matt Helm '16 and his father, Thomas Helm, MD

CLASS NOTES

1945



From left: Tom Flanagan, MD '45, George Gillmore, MD '45, Murray Grossman, MD '45, Bill Schiess, MD 12/'43; and Ken Gale, MD '45

Thomas Flanagan, of Norwich, NY, and other members of the class of 1945 gathered at the Colgate Inn for a wonderful lunch with plenty of reminiscing and many old stories. Dr. Flanagan reports that while “the snap has gone out of some of us light-foot lads, our zest for life continues.”

1951

Edward Dunn, of Exeter, NH, has moved from one retirement venue (Stowe, VT) to a continuing care retirement community in Exeter NH, close to his son Roger in Stratham. “Our ranks have gotten rather thin, but I hope to hear from the rest of our classmates,” he writes.

1953

Murray L. Cohen retired to Boston, MA, after more than 50 years practicing internal medicine in Newburgh, NY, to enjoy a more cosmopolitan life.

Richard A. Slezak, of Ridgefield Park, NJ, sends best regards to his classmates.

1954

Harold L. Kaplan, of Boynton Beach, FL, is still alive and kicking in Sunny Florida. His oldest son, Edward, is a radiation oncologist practicing in Broward County. He has patented super-effective radiation seed, now used at Sloan Kettering and John Hopkins.

1955

Monroe Richman, of Koloa, HI, recently devised the Clip Test. Supported by the Veterans Administration Research Service, the Clip Test offers a simple method to distinguish normal aging from MCI, and MCI from Alzheimer disease, with regard to motor skills. For more information, please visit: www.neurology.org/cgi/content/meeting_abstract/78/1/MeetingAbstracts/P04.210.

Ronald H. Spiro, of New Rochelle, NY, is moving to Jerusalem to join family members, including 17 grandchildren and three great-grandchildren.

1956

Sheldon H. Barnes, of Melbourne, FL, and his wife, Lucille, celebrated their 65th Anniversary.



Sheldon H. Barnes, MD '56, and his wife, Lucille

Robert Penner, of Chula Vista, CA, was saddened to read of the death of Dean Johnson. “I believe he interviewed both **Arvin Klein** and me for admission and I will always be grateful to him for the opportunity of becoming a physician. He began his career at Upstate the same year that we did and, in a sense, we were all freshman together. Many thanks to you, Dean Johnson.”

1957

Ronald Leifer, of Richfield, NY, had a heart attack and a stroke but survived both. He has a new book out, *Engagements with the World: Emotions and Human Nature*, available at bookstores and Amazon.



In addition to his work in endothelial medicine, Dr. Taub is the ship doctor on a historic schooner, *Curlew*, in Dana Point, California, where he directs “Voyages To Wellness” for medical students and physicians to help prevent stress and burnout. “It’s not just all right for physicians to be happy and healthy—it’s imperative,” he says.

EDWARD A. TAUB, MD '63

Prescribing Wellness

A decade into practice, Edward A. Taub, MD '63, had built the largest pediatrics practice in Orange County, California, caring for upward of 20,000 families. But something puzzled him: 80 percent of the "sick visits" were from the same 20 percent of patients. A chart review found that these weren't children with chronic conditions such as juvenile diabetes or leukemia, but recurrent, every day, common illnesses and problems.



When Dr. Taub began interviewing these families, he found a common thread. "Most of these children came from stressed-out families," Taub says, "and that stress was having an adverse affect on their health."

So he did something innovative—he invited 2,000 families to participate in a series of "wellness" office visits that focused on reducing stress—first by reassuring the children that they were loved, then by emphasizing healthful nutrition, outdoor exercise and the need to turn off the TV. He also taught mindful meditation to children as young as four years old, which was novel in 1975, even in California.

As families adopted these habits, their children by and large stopped getting sick. Taub was invited to present the results of his "clinical trial" at the Institute of Medicine in Washington, DC, introducing the field of Integrative Medicine,

what he calls "a biosocial and psychospiritual approach to health and healing."

Encouraged by polio vaccine pioneer Jonas Salk, MD, who called his approach "a vaccination for wellness," Taub left private practice to found the Wellness Medical Institute and devote his career to Integrative Medicine, a scientific and holistic approach to health and wellness.

He's written eight books (including one that was adapted into a PBS special), launched a wellness program for the Teamsters/AFL-CIO, and served as national spokesperson for the American Medical Association's "How to Quit Smoking Campaign" based on his own success rate with patients. He also spent 13 years as QVC's on-air wellness medical doctor, with his own shows broadcast to over 100-million homes, creating the world's largest wellness medical practice.

It wasn't always easy going. Initially, he was ridiculed by colleagues and his concepts opposed by the mainstream medical community. Three decades later, Integrative Medicine is taught in more than 80 medical schools and the original tenets Taub proposed are considered common sense. Despite the growing acceptance, Taub has worked steadily to legitimize his theories through science. "Too often, wellness is still looked at as being a California, Eastern medicine, New Age phenomenon," he says.

His quest to establish a more scientific foundation for Integrative Medicine led to collaboration with Ferid Murad, MD, PhD, who shared the Nobel Prize in Medicine in 1998 for discoveries concerning nitric oxide as a signaling molecule in the cardiovascular system. Their work resulted in identifying what Taub calls the "molecular basis for wellness. "If we have sufficient nitric oxide molecules in our body, then we tend to be healthy and well, and if nitric oxide molecules are under produced, then we tend to be sick and tired," he says.

"Virtually everything we do that's good for us increases nitric oxide. Conversely, virtually everything we do that's bad for ourselves—smoking, eating fatty foods, chronic worrying or anger, leading a sedentary lifestyle—decreases nitric oxide."

Taub and Murad published their conclusions in *The Wellness Solution* (World Almanac Press, 2007), co-authored with David Oliphant. Subsequent research turned Taub's focus from nitric oxide to the endothelium itself, which produces the nitric oxide molecules. Until recently, the lining of endothelial cells inside arteries, veins and capillaries was considered to be inert. "Now we know that our body's trillions of endothelial cells comprise a vital organ that is teeming with life and interfaces with all our other organs," he says. "By supporting endothelial health, we can increase the production of nitric oxide, thereby encouraging homeostasis and regulating entropy," he says.

After a decade of study, including the embryological development of the endothelium, Taub hypothesizes that not only is the endothelium the first organ to form in our body, but that it is the "mother" organ from which all other organs arise. Also, rather than the heart, he identifies the endothelium as our "life organ," since it creates nitric oxide molecules, which he calls our "sparks of life."

"Without nitric oxide molecules, blood vessels constrict, oxygen doesn't get to our cells and organs, and our cells and organs die," he explains. Thus, virtually every disease involves endothelial dysfunction—underproduction of nitric oxide molecules—either as the cause or as collateral damage, he says.

Taub's pursuit of endothelial biomedicine integrates a holistic approach with science. The ways to help keep the endothelium healthy—good nutrition, regular exercise, adequate rest, and stress reduction—are the same tenets to wellness that he has prescribed for years. "But now they can be readily understood within the context of the molecular biology of wellness," he says. "Many of us working in this new field believe identifying the endothelium as a vital organ will be the basis of many scientific breakthroughs in the future."

—Renée Gearhart Levy

CLASS NOTES

1958

Donn J. Brascho, of Cropwell, AL, was awarded a prestigious honorary membership in the American Association of Physicists in Medicine (AAPM). Dr. Brascho was a founding member of the University of Alabama-Birmingham radiation oncology department, serving from 1966 until he went into private practice in 1987. While at UAB he laid the foundation for image-guided radiotherapy with his introduction of ultrasound into treatment planning.



David Rowell, MD '69, has built five airplanes.



Allen S. Goldman, MD '58

Allen S. Goldman, of Camden, ME, writes that after getting his heart attack under control, he was hit with the "family bullet of diabetes" at 80 and is working to control his blood sugar. "We have taken to travel by cruise ship and have been around the world," he writes. "We are going around South America next year."

1964

Michael Andrisani, of Spring Valley, CA, retired in 2011.

Robert J. Snowe, of Portland, OR, shares "Old News from plaque on entrance to Weiskotten Hall seat designating and dedicated by class of '64. The role of a physician is to cure when can, treat when cannot, comfort always."

A. Albert Tripodi, of Longboat Key, FL, has been appointed medical director of the medical clinic of the

Senior Friendship Center in Sarasota, FL, and is also a member of its Board of Governors. He continues to volunteer weekly in the medical clinic. He has been elected to the board of directors of the Lifelong Learning Academy of Sarasota and presents courses including "Evidence-based Preventive Medicine" and "The History of Medicine." He resides with his fiancé, Fran Harris, on Longboat Key, where they enjoy tennis, cycling, and the beach. He has a grandson playing lacrosse for Union College in Schenectady, NY, a granddaughter playing lacrosse for Cornell (his alma mater), and a granddaughter who will be playing lacrosse for University of Connecticut next year.

Norman J. Marcus, of New York, NY, published his second book with Simon and Schuster, *End Back Pain Forever*, in June 2012.

1968

Richard J. Feinstein, of Miami, FL, still sees dermatology patients in his solo practice and has been selected every year by the best-doctor survey companies, such as Best Doctors and Woodward and White, since their inception 15 years ago. "I have a wonderful office on the top floor of a medical building on the grounds of Mercy Hospital in Coconut Grove, overlooking Biscayne Bay," he writes. "I have been married to and in love with beautiful Daria Keller Feinstein for 45 years. She was a graduate of the Upstate nursing class of 1967. We have two married daughters: Rachel Feinstein Currin, a sculptor who lives in New York City, and Lisa Feinstein Kaplan, a

David A. Rowell, MD '69, of Gainesville, FL, is practicing full time doing outpatient anesthesia. Aviation continues as an avocation. He is finishing up building his fifth airplane, getting the final details done before flight. "This one is for visiting grandkids scattered all over the country," he writes.

1967

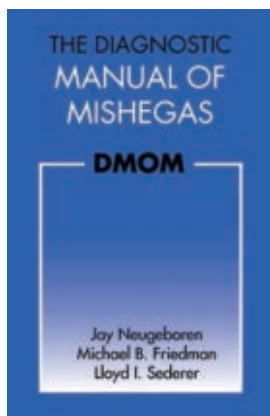
Martin L. Cohen, of Morristown, NJ, recently celebrated 40 years in practice.

veterinarian in Broward County, FL. Each has three children. I am so grateful for the great medical education I received at SUNY Upstate."

Elliott J. Friedel, of Atlantic Beach, NY, wrote *Marilyn's Red Diary*, available on Kindle/Amazon.

1970

Walter F. Erston, of Charlotte, NC, is enjoying retirement in Charlotte and Charleston with his lovely wife, Suzanne. He is no longer flying but writes an aviation safety blog.



Lloyd I. Sederer, of New York, NY, currently medical director of the New York State Office of Mental Health, has co-authored a book with two friends entitled *The Diagnostic Manual of Mishegas*, available online through Amazon.com. Mishegas translates from Yiddish as "insanity" or "craziness." The Huffington Post reviewed the book in its comedy section.

Mark L. Wolraich, of Nichols Hills, OK, has two new grandchildren, Seneca and Elenore.

1972

Solomon Miskin, of Mt. Kisco, NY, and his wife, Michelle, are delighted to announce the birth of their first grandchild, a girl born to their older son and his wife in Paris, France. "It may be a long commute but we're game," he writes. Miskin is still working and specializes in neuropsychiatry (UCNS certified). He hopes to make it to the next reunion.

1973

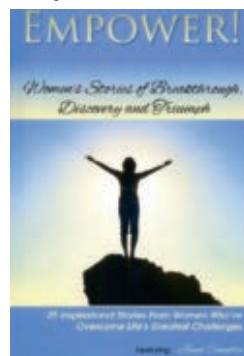
Charles E. Jordan, of Geneva, NY, has a part-time independent medical practice with a large client base, since he semi-retired in 2005. "This business will be for sale within the next few years—a great income that allows time for travel and vacation, very low mal-practice insurance and no call schedule to plan your life around!"

Norman A. Lasda, of Camillus, NY, shares that his daughters, Gretchen, 30, and Rachel, 24, are putting their Latvian heritage to use and acting as coach and player/coach, respectively, for the Latvian national lacrosse team for the World Games held in Oshawa, Canada, this July.

James H. and Beverly Philip, of Chestnut Hill, MA, regret they are unable to attend their upcoming 40th reunion. "In September, we will be climbing Mount Kilimanjaro and hope to be at the summit that weekend. In the last two years we trekked to Annapurna Basecamp in Nepal and hiked the Inca Trail to Machu Picchu. We hope to join our class for our 45th reunion, with photos and stories about our life, our family and our work." Both Philips are professors of anesthesia at Harvard Medical School and practicing anesthesiologists at Brigham and Women's Hospital.

1974

Janet F. Cincotta, of Wellsville, PA, has just published her book, *Empower! Women's Stories of Breakthrough, Discovery and Triumph*. She recently retired, having devoted 30 years to family medicine practice in south central Pennsylvania.



David E. Gorelick, of Corona Del Mar, CA, continues to volunteer on Institutional Review Board.

Stephen P. Heyse, of Silver Spring MD, has stopped working as a part-time consultant and medical officer at the National Institute of Allergy and Infectious Diseases, working on clinical trials of vaccines and other interventions for Biodefense issues. He will continue to serve as a consultant on an ongoing project to have fluoroquinolones relabeled as indicated for treatment of pneumonic tularemia similar to pneumonic plague last year. He and Chris plan to spend more time with their six grandchildren, who all live relatively nearby, and enjoy more time at their beach house on the Delaware Bay. They also plan more traveling. "Last month, we hopped on a military charter to Aviano, Italy, and spent a wonderful week touring northeastern Italy with an excursion into Slovenia. While in Padua, we went to Palazzo Bo to see the Teatro Anatomico and other parts of the old medical school. A must tour for anyone with an interest in medical history."



Stephen P. Heyse, MD '74, and his wife, Christine

CLASS NOTES

1975

Tony Valdin, of Lawrence, MA, writes "**Vince Waite '77** and I are faculty members at the Lawrence (MA) Family Medicine Residency. Here we are (left) with two friends while leading a recent International Medicine elective for residents in Northeast Nicaragua. Vince also works in Ghana as a surgeon several months a year. Hope all is well in Syracuse!"



Vince Waite, MD '77, and Tony Valdin, MD '75

1977

Charles B. Eaton, of Boston, MA, has been professor of family medicine and epidemiology at Alpert Medical School of Brown University for more than 20 years. He recently moved to Boston and enjoys commuting. He was looking forward to becoming a grandfather in July.

1978

Sharon Falkenheimer, of Albany, NY, is an Aerospace Medical Association Fellow and International Academy of Aviation and Space Medicine academician. She was invited to give two presentations to civil and military aeromedical leaders while on a teaching trip to Serbia in October 2012.

Ronald W. Pies, of Boston MA, recently authored *The Three-Petalled Rose*, a book about how the synthesis of Judaism, Buddhism, and stoicism can create a healthy, fulfilled and flourishing life.



1980

John F. Fatti, of Camillus, NY, has been joined by his son Christopher, a podiatrist, in the Syracuse Orthopedic Specialists group.

1982

Joseph A. Smith, of Hillsborough, NJ, writes that reunion in September was great. "Hope to see everyone again! Caught up with **Norm Neslin**, and **Harold Richter** in Florida this February."

1983

Lya M. Karm, of Bethesda, MD, was recently board certified in hospice and palliative medicine.

Darryl A. Zuckerman, of Saint Louis, MO, was inaugurated as a fellow in the American College of Radiology.

1984

James R. Jewell, of Jamaica Plain, MA, has taken a new position as director of Post-Acute Care at Hebrew Senior Life in Boston.

1986

Pedro J. Cepeda, of Torrance, CA, is working hard in California as a high-risk obstetrician. "Wow, what an experience," he writes.

1987

Lewis Slawsky, of Knoxville, TN, is still in a solo dermatology practice in the Knoxville area. His son, Erik, is graduating high school and headed to Syracuse University for college. Daughter Renee is graduating from Wake Forest University with double major in Russian studies and political science and received a Fulbright Scholarship to be an assistant teacher in English at a secondary school in Russia.

1993

Daniel Alley, of Tuscola, TX, recently resigned his commission in the Army National Guard after 16 years of service, reaching the rank of Colonel. "Had enough fun for one lifetime," he writes.

Janice A. Bedell, of New Hartford, NY, is currently a Locum Tenens radiologist working part-time at different facilities and raising three children.

1994

Kumkum Ahluwalia, of Glen Mills, PA, is currently assistant professor of pediatrics at the Temple School of Medicine in Philadelphia.

1996



Team Avondale: Sonja Lichtenstein-Zayneh, MD '96, Jeff Tokar, MD '97, and Valerie Merl, MD '96, ran the Great Urban Race in Washington, DC.

JESSICA MAYER, MPH '11

On a Roll

Operating a power wheelchair employs the use of a joystick that requires basic hand movements to control movement. Unfortunately, many patients who need such a wheel chair for mobility lack the motor skills to operate a joystick and are forced to use an air puff navigation straw to “sip” or “puff” to control their wheelchair.

Jessica Mayer, MPH '11, is part of a team that has come up with a solution providing greater dignity—a device that allows a person to control their power chair by using large muscle groups in their shoulder, chest, and back rather than the distal muscle groups of the forearm and hand.

“Even though a standard joystick wheelchair requires very little strength, it requires a significant amount of control of the small muscles of the hands,” explains Mayer, a third-year medical student at the University of Utah, who developed the device as part of the University’s annual Bench to Bedside competition. “A lot of patients still have use of their arms, they just don’t have that fine motor control, so they feel that it’s a far stretch to go from not being able to use the joystick to the sip and puff, which has less control over the maneuverability of the wheelchair.”

Mayer and classmate Jerica Johnson recognized the need for this type of device while working on the neurological floor of Utah’s University Hospital. They met with a variety of patients with both permanent and temporary conditions that rendered them unable to use a joystick-operated wheelchair and noticed that many of these patients still had decent arm and shoulder strength. They took their idea to the competition, which connected them with engineering students to help build a prototype.

The low-cost device, which they call Roll Control, provides the same 360-degree range of motion as a joystick and can be added to different makes and models of power wheelchairs without major modification. Roll Control attaches to the armrest of the wheelchair and over the joystick. The user’s arm is strapped into the device, which acts as a mediator between the user and the joystick. The device is projected to cost no more than \$50, substantially less than sip and puff systems that can run up to \$2,000 and are often not covered by insurance.

Roll Control won \$3,000 at the Bench to Bedside competition and raised another \$750 through a crowd-sourcing website, funds Mayer and Johnson are putting toward getting their product to market.

“We’re working on our fourth prototype,” says Mayer. “Once that’s complete, we’re taking it to the hospital’s



Jessica Mayer, MPH '11 (second from right) with the Roll Control and fellow team members

rehabilitation unit. One of the physicians there is very interested in the project and is going to have patients use it to see if we need to make any further adjustment. Based on current feedback, I don’t think we’ll have to modify much, so we hope to get something to market within a year’s time.”

With more than 3.86 million patients in the United States crippled by diseases such as stroke, multiple sclerosis, and rheumatoid arthritis—diseases that cause patients to lose the ability to control their fingers and hands—there’s a huge potential market for the Roll Control to make a difference in people’s lives.

That’s important to Mayer, a member of Upstate’s inaugural Master’s in Public Health degree class. “I always wanted to go to medical school but I wanted a grounding in public health to be able to affect health care from both the individual and community angles,” she says.

While Mayer has always been interested in finding new ways for doing things, she says the Roll Control project hasn’t necessarily influenced her future medical path. “I have no idea what sort of specialty I’ll pursue,” she says. “I’m looking forward to my clinical years to figure that out.”

—Renée Gearhart Levy

CLASS NOTES

Alice Y. Kim, MD '97, of Barrington, RI, is happily working with Brigham and Women's cardiology in Boston and Rhode Island, as well as trying to keep up with her three boys. "Would love any visitors!"

1998

Deepak G. Nair, of Sarasota, FL, welcomed the arrival of Aryan Nair on June 1, 2012, who joined his sister Diya Nair, born September 17, 2007.

1999

Aviva Gorig, of New York, NY, is working in outpatient clinical psychiatry for St. Lukes's Hospital at several New York City clinics. "My oldest daughter is turning 16 and my younger daughter is nine and a half. We live in lower Manhattan," she writes.

John A. Ternay, of Knoxville, TN, was expecting his first son, Zachary, in April.

2002

Elvis Grandic, of Lake Worth, FL, is practicing in Palm Beach as an orthopaedic surgeon specializing in hip/knee replacement. He is happily married to his wife, Justin, and enjoys his two children, Thatcher and Amelia.

2007

Ralph Milillo, of Allston, MA, began his career as a musculoskeletal radiologist in the North Shore-LIJ Health System in July. He will split his time between Lenox Hill Hospital in Manhattan and several outpatient centers on Long Island.

2008

Denise Leung and **Matthew McKee**, of Detroit, MI, had a daughter, Sidonie Ji-Ying Leung McKee, on November 29, 2012. Matt is in a private ophthalmology practice and Denise is completing a fellowship in neuro-oncology.

Megan Sick, of Cohocton, NY, is a Lt. Commander in the U.S. Navy and was deployed for six months in Afghanistan in 2012. She began an OB fellowship in Schenectady in July.

Julie Marie Smolinski, of Pittsburgh, PA, married Edward Michael Stone on November 10, 2012, in Garrison, NY. She is completing her pediatric anesthesiology fellowship at the Children's Hospital of Pittsburgh and Edward is a corporate attorney. They reside in Pittsburgh with their dog, Gracie.

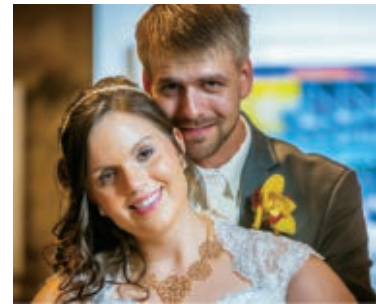
2009

Sachin K. Shah, of Bellerose, NY, graduated from New York University anesthesiology and began a pain medicine fellowship at NYU in July.

2010

Rajitha Devadoss, of Brookline, MA, got married in February. Her husband began an Ob/Gyn residency at Brigham and Women's Hospital in June and she will be starting as a pediatric hospitalist through Boston Children's. "We are excited to move forward together in Boston!" she writes.

Jennifer Muniak, of Rochester, NY, was married to Daniel Williams on September 7, 2012, in Rochester, NY. Dan is a PhD candidate at the Institute of Optics at the University of Rochester. Jennifer is a third-year internal medicine resident at the University of Rochester.



Jennifer Muniak, MD '10

Beverly A. Schaefer, of Philadelphia, PA, will be doing a fellowship in pediatric hematology and oncology at Cincinnati Children's Hospital.

2013

Tristan Petrie, of Syracuse, began his internal medicine residency at Upstate. His father is **David Petrie '86**.

CORRECTION: Our Spring issue featured a profile on Mary Walker, MD, the only woman to have received the Congressional Medal of Honor. Although we credited Dr. Walker to the Class of 1855, several astute readers have pointed out that Syracuse Medical College, which Dr. Walker attended, was a short-lived institution that had no relationship with Upstate Medical University or its predecessors. We stand corrected.

I N M E M O R I A M

House Staff

Stuart Trust, DO, HS '74, clinical professor of pediatrics, was named Pediatrician of the Year by the Golisano Children's Hospital house staff. Dr. Trust has been awarded this honor five times—more than any other pediatrician in the history of the department.



Stuart Trust, DO, HS '74

3/'43

JACK RUTHBERG, of Palm City, FL, died January 2. A graduate of Syracuse University, Dr. Ruthberg was board certified in internal medicine, pulmonary medicine, and cardiology. He served as the assistant medical director of Mt. Sinai Hospital in New York City and then as the administrator of the Northern Division of the Albert Einstein Medical Center in Philadelphia. He returned to his hometown of Middletown, NY, practicing out of his home for 30 years and touching the lives of thousands of patients. Ruthberg also served as a major and area commander of the Civil Air Patrol, flying numerous missions within New York. He is survived by his son and daughter-in-law, Drs. Bradford and Judith Ruthberg, his granddaughter, Kara; his sister, Evelyn; his brother, Charles; and several nieces and nephews.

1944

ALAN M. MCKAIG, of Binghamton, NY, died December 9, 2012. Dr. McKaig was a U.S. Army Veteran. During his career as a physician he worked in Alabama and Minnesota, and was a partner in the Chenango Bridge Medical Group. He also served as medical director at Chenango Bridge Nursing Home, as medical director of Whitten Center in Clinton, SC, and was a charter member of the Academy of American Family Practice. He is survived by his wife, Lois; his son, Brian; his stepchildren, Timothy, Edward, Patrick, Margaret, and Mary; his sister, Marguerite Craner; and numerous grandchildren and other relatives.

1945

HARRY J. MCKINNON, of San Diego, CA, died May 30, 2009. Dr. McKinnon was one of the first cardiologists in Southern Nevada and was a resident of Las Vegas for 48 years, where he established the coronary care unit at Sunrise Hospital. He is survived by several family members.

1949

FRANK A. BERSANI, SR., of Skaneateles, NY, died March 17. Dr. Bersani was a graduate of Syracuse University and served in the Navy during the Korean War as a medical officer, discharged with the rank of Lieutenant. He was in private orthopedic surgery practice in Syracuse from 1957 to 1993 and served as head of the orthopedic section of St. Joseph's Hospital for many years. Bersani was also a clinical professor of orthopedic surgery at Upstate Medical University, participating in the training of residents and publishing clinical research. He was active in many medical organizations, serving as president of the New York Society of Orthopedic Surgeons. He is survived by his wife, Margaret; sons, Michael, Esq., Thomas Bersani, MD '82, Matthew, Esq., Stephen, and Christopher Bersani, MD; his sisters, Sandra Wood and Gilda Falco; 17 grandchildren; and several other family members.

1951

FRANCES P. FIORILLO, of Scarsdale, NY, died July 25, 2011. She is survived by her daughter, Judith Newman; her sister, Alberta Lewis; her grandsons, Henry and Augustus Snowden; and her nieces, Amy Lewis and Laurie Lewis.

1953

HAROLD FRIEDMAN, of Boca Raton, FL, died August 1, 2010.

1961

IRWIN SCHLESINGER, of Syosset, NY, died February 10. Dr. Schlesinger was board certified in neurology and was in private practice for 40 years on the North Shore of Long Island. He was affiliated with North Shore-Long Island Jewish and St Francis hospitals and served on the faculty at Weill-Cornell Medical College. He is survived by his wife, Marcia; and his daughter, Lisa.

1962

ROBERT E. LONG, of Syracuse and Morristown, NY, died May 31. Dr. Long was one of the founding pediatricians of Lyndon Pediatrics in Fayetteville, NY. He served in the Navy as a pediatrician from 1963 to 1965 at the Naval Hospital of Beaufort, South Carolina. He is survived by his wife, Ellen; his daughters, Ann, Kathleen, and Mary Ellen; his son, Robert; and several other relatives.

1984

ANNE E. LIVINGSTON, of Clayton, NY, died April 23. Dr. Livingston practiced as a partner with Allergy and Asthma Diagnostic Office in Syracuse as an allergy specialist and retired in 2005 due to health reasons. She spent four years living in Stockholm, Sweden, before returning to her family cottage in Clayton. In 1991, she co-founded GROWLS (Golden Retriever Rescue Operated with Love) of Syracuse, now a statewide organization. She is survived by her spouse, Teri A. Vigers; her mother, Mary; her brother H. Charles; her sister, Kay Studdert; and several nieces and nephews.

IN MEMORIAM

1995

GREGORY J. FEDEROWICZ, of Savannah, GA, died May 5. Dr. Federowicz graduated from Upstate *magna cum laude* and as a member in the Alpha Omega Alpha honor society. Following a radiology residency, he performed a fellowship in musculoskeletal radiology at the University of California, San Diego. He then practiced as an attending at Memorial Health Center in Savannah. He is survived by his wife, **Maria Krichever '95**; his sons, Michael and Thomas; his parents, Dr. Thomas E. and Jeanne; his in-laws, Mark and Inessa Krichever; his siblings, Tom and Jane Federowicz, Dr. **Daniel '86** and Caroline Federowicz, Drs. **Stephen '85** and **Mary DeGuardi-Federowicz '85**, John Ed Bon Federowicz, Mary Federowicz, Barbara Jean and Michael Houck, Janine Federowicz, and Ann Marie Federowicz; and numerous nieces and nephews.

House Staff

JOSEPH ALOYSIUS P. BARRY JR., of Naples, FL, died April 27. Dr. Barry graduated from Le Moyne College and Georgetown Medical School and was an honorably discharged veteran of the U.S. Navy. Barry was in private practice in Syracuse for 40 years and was one of the first doctors in internal medicine to also become board certified as a geriatrician. He practiced at Van Duyn Geriatric Home and Hospital for 34 years and was also medical director of Loretto Geriatric Center Outpatient Clinic. He was a clinical professor at Upstate Medical University and his love of teaching medicine is legendary. He is survived by his daughters, **Dr. Brenda Barry '86**, Professor Brigid Barry, Marijo Barry, Esq.; his sons, Dr. Joseph T. Barry, William, and Brian Barry, Esq.; his wife Charlotte; stepchildren Michael and Maureen; and several other family members.

WILLIAM KLEIS, of Bernhards Bay, NY, died, May 17. Dr. Kleis graduated from Marquette University and the University of Wisconsin Medical School. He began practicing medicine as an emergency room physician in the Syracuse area and finished his medical career as a family practitioner in Cleveland, NY. He is survived by his daughter, Joanna; his sons, John and Kevin; his sister, Judy Boland, and his granddaughter, Selena Martin.

MARTIN WYNYARD, of Syracuse, NY, died May 27. Dr. Wynyard escaped from Nazi Germany to England in 1938. He attended medical school in Edinburgh, Scotland, and immigrated to the U.S. in 1959. He was a highly-skilled surgeon. He is survived by his sons, David, Douglas, and Peter; and four grandchildren.

Emeritus Faculty

J. HOWLAND AUCHINCLOSS JR., died March 29 at Upstate Medical University, an institution to which he dedicated his professional life. Dr. Auchincloss was an accomplished physician, pianist, and woodworker, with a lifelong passion for music and invention. He came to Upstate as a young physician interested in cardiopulmonary medicine and specialized in the lung. With his colleague, Robert Gilbert, he pioneered pulmonary care, establishing the first intensive care unit at Upstate, treating occupational disease, and studying exercise physiology. He devised ways to monitor the pulmonary toxicity of the anticancer agent bleomycin, that remained clinically useful for decades. He is survived by his daughters, Katharine Lorr, Sarah, MD, and Priscilla; and seven grandchildren.

WILLIAM R. CLARK, JR., died April 18. A U.S. Army veteran, Dr. Clark served as a flight surgeon in Korea, where he started an orphanage while caring for American Troops. He was a professor of surgery in clinical practice at Upstate Medical University for 20 years, where he founded and directed the Clark Burn Center and worked tirelessly to promote burn prevention and education. He is survived by his wife, Laurie; his sons, Michael and Jeffrey Caspary; his daughters, Beth Davis and Kathryn Dearborn; and several other family members.

DOUGLAS A. NELSON, of Syracuse, died April 27. A specialist in hematopathology, Dr. Nelson joined the Upstate faculty in the late 1950s. He served as the director of hematology in the Clinical Pathology Department and established the medical technology program. He authored numerous articles for medical journals and chapters on special hematology for many textbooks and was a frequent lecturer for the Armed Forces Institute of Pathology. He is survived by his wife, Dorothea; his daughter, Sara; his sons, David, John, and Timothy; and a brother, Jim.

Friends

JANET BRUNTON MILKEY, of Grand Island, NY, died April 30. A life-long resident of the Buffalo area, Mrs. Milkey graduated from Kenmore High School and Toby Coburn Junior College. She was predeceased by her husband of 50 years, Gustave P. Milkey, MD '3/43. She is survived by her daughter, Susan (Michael) Cronin; her son, Edward; and several grandchildren and great-grandchildren.

UPSTATE MEDICAL ALUMNI Reunion

SEPTEMBER 27 & 28, 2013

FRIDAY, SEPTEMBER 27

Upstate Cancer Symposium “Rising Cancers in Women”

Janice N. Cormier, MD, MPH, FACS

Professor, Department of Surgical Oncology, Division of Surgery, The University of Texas MD Anderson Cancer Center, Houston, TX

TOPIC: Melanoma

Medical Alumni Writing Seminar

Workshop led by Dr. Deirdre Neilen and Dr. Rebecca Garden from Upstate’s Center for Bioethics and Humanities. Discussion on how creative writing can deepen the connections that link physicians, patients, and caregivers, and provide them more control over suffering and illness.

Tours of the Library Featuring Historical Exhibits

Take a walk down memory lane and relive your medical school days! Visit our historical exhibits, where members of our library staff will be available to answer questions. Guided tours of the library will be held from 1:00 – 3:00 p.m., though you are welcome to view the exhibits and tour the library any time on Friday and Saturday.

Weiskotten Lecture

Joseph P. Dervay, MD, MPH, MMS, FACEP,

Class of 1984, Flight Surgeon, NASA Johnson Space Center

TOPIC: Space Medicine

Dr. Dervay will speak about International Space Station crew health and medical care, and the challenges of lunar and exploration class missions. A question and answer session will follow the lecture.

Reunion Awards and Scholarship Presentations

Distinguished Alumnus

Robert J. Kurman, MD Class of 1968

Outstanding Young Alumnus

Kenneth A. Egol, MD Class of 1993

Humanitarian Award

His Excellency Sir Frederick N. Ballantyne, G.C.M.G., MD, DSc

Class of 1963

Wine and Hors d’oeuvres Reception

Silent Auction featuring special pieces that our medical students have brought back from various countries through their Community Outreach and Global Health Education efforts.

All Class Dinner Party

Reminisce, enjoy great atmosphere, food and drink.

Dinner will include a Tuscan antipasto display featuring New York State cheeses and artisan breads, as well as carving, pasta and seasonal salad stations. Wine, beer and soft drinks will be served.

SATURDAY, SEPTEMBER 28

Dean’s Breakfast and Annual Meeting

President’s Report – **David R. Smith, MD**

State of the School Address – **David B. Duggan MD ’79,**
Dean, College of Medicine

Tours of the Clinical Skills Center and the Renovated Gross Anatomy Lab

Tour the Setnor Academic Building’s Clinical Skills Center, which has 22 exam rooms with closed-circuit monitoring designed to test and instruct our medical students on interviewing and examination skills. Our newly renovated Gross Anatomy Laboratory is a state-of-the-art facility dedicated to promoting and stimulating interdisciplinary research and educational opportunities for medical students, postdoctoral students and clinical scientists.

Tour of Geneva Tower

Tour our new 21-story downtown Syracuse residence hall, which is home to more than 180 Upstate students and medical residents. Shuttle service will be provided to the first 40 participants who reserve.

Luncheon at the Rosamond Gifford Zoo at Burnet Park

Enjoy a lovely luncheon with your classmates at the Rosamond Gifford Zoo, then stroll through the many new exhibits — penguins, elephants, grey wolves, snow leopard cubs, and Ophelia, the giant pacific octopus. Come rain or shine as there are plenty of indoor exhibits. Reminisce with favorite faculty members from the past and present as part of our Familiar Faces from Upstate. We will be recognizing our special guests around 1:30. Lunch will be served throughout the afternoon.

Class Dinners

Classes of 1948, 1953, 1958, 1963, 1968, 1973, 1978, 1983, 1988, 1993, 1998, 2003

Make hotel reservations today!

For a listing of area hotels, visit our Reunion web page at www.upstate.edu/medalumni/reunion and click on accommodations in the left margin.

Information: Call 315-464-4361

Email murphyL@upstate.edu

Mail: Medical Alumni Office

Setnor Academic Building #1510

750 E. Adams St., Syracuse, NY 13210

Fax: 315-464-4360

(credit card and complimentary reservations only)

UPSTATE MEDICAL ALUMNI ASSOCIATION/FOUNDATION

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