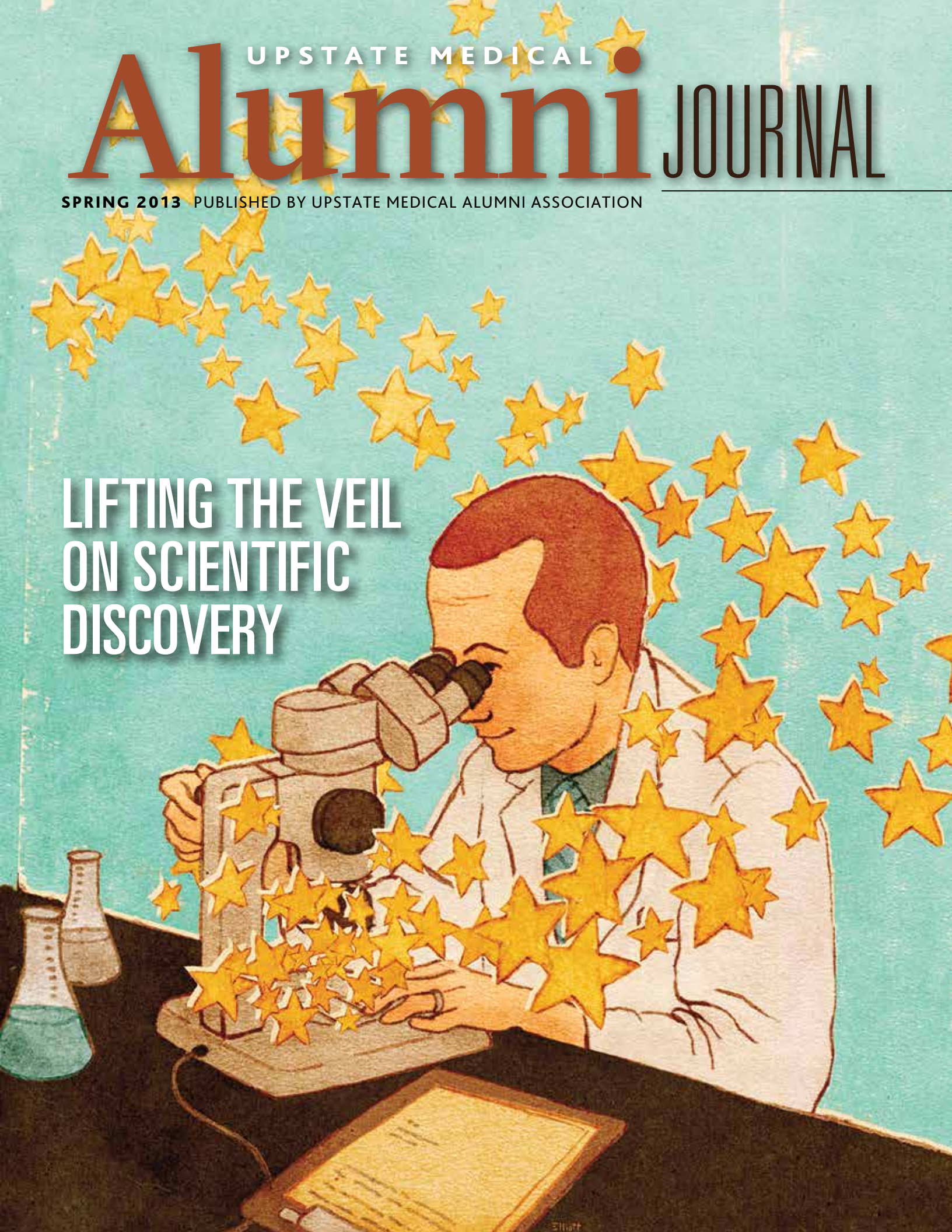


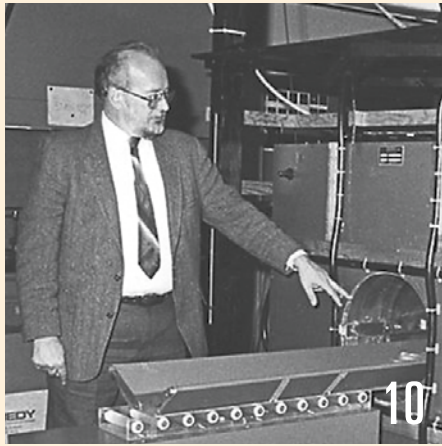
UPSTATE MEDICAL

Alumni JOURNAL

SPRING 2013 PUBLISHED BY UPSTATE MEDICAL ALUMNI ASSOCIATION

LIFTING THE VEIL
ON SCIENTIFIC
DISCOVERY





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Illustration by Elliott Golden

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Duggan Named College of Medicine Dean

DAVID DUGGAN, MD '79, has been named dean of the Upstate Medical University College of Medicine. The appointment was announced by Upstate President David R. Smith, MD, in March, following an extensive national search.

Dr. Duggan has served as interim dean since October 2011, succeeding Steven J. Scheinman, MD, who resigned after the Liaison Committee on Medical Education placed the medical school on probation because of concerns over curriculum oversight and other issues. Upstate officials are optimistic the school will be removed from probation in June, based on feedback received from the LCME.

"Dr. Duggan has made great progress on strengthening the academic foundation of the College of Medicine, one that is responsive to our students and the ever-changing health-care marketplace, while reflective of the exacting standards of our accrediting organizations," Dr. Smith said in announcing Duggan's appointment. "Additionally, he brings to this position a keen awareness and understanding of the singular complexity of the challenges of being a



David Duggan, MD '79

public academic medical center in New York. But most importantly, Dr. Duggan 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."

During nearly 30 years of service to Upstate, Duggan has held a variety of leadership positions, including chair of the Department of Medicine, which he held for 15 years; Upstate University Hospital's quality officer; and associate vice president for clinical affairs. He also serves as professor of medicine.

Duggan is a master of the American College of Physicians and has held leadership positions in

various professional organizations, including treasurer for the American College of Physicians Foundation (2010-), president of the New York Chapter of the American College of Physicians (2005-2006), and president of the Onondaga County Medical Society (2010-2011). He is on a statewide steering committee on quality initiatives for the Hospital Association of New York state and is on the editorial board of the *Journal of Public Health Management and Practice*.

"Dr. Duggan has made great progress on strengthening the academic foundation of the College of Medicine, one that is responsive to our students and the ever-changing health-care marketplace . . ."

— David R. Smith, MD, Upstate Medical University President

An oncologist by training, Duggan is board certified in internal medicine, hematology and oncology, and has been featured regularly on the Best Doctors in America lists. In addition to his clinical and administrative roles, Duggan has been involved with cancer research and has published papers on cancer treatments.

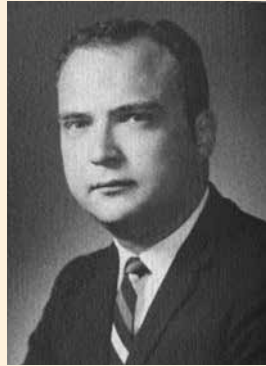
College of Medicine Students Score Well on Boards

UPSTATE COLLEGE OF MEDICINE students scored in the 99th percentile on the September 1, 2012, USMLE exams. That percentile bested the national pass rate of 95 percent, and the Upstate mean score of 229 topped the national mean of 227.

Rochford Named Research VP

ROSEMARY ROCHFORD, PHD, has been named vice president for research. Dr. Rochford previously served as chair of the Department of Microbiology and Immunology. She succeeds Steven Goodman, PhD, who served as vice president for research since 2008. Goodman remains on the faculty as professor of biochemistry and molecular biology, and pediatrics.

College of Medicine Receives \$1.54-Million Bequest



Stanley A. August, MD '69

THE UPSTATE MEDICAL ALUMNI FOUNDATION has received a bequest of \$1.54 million to further Upstate's clinical and educational mission from alumnus Stanley August, MD '69, JD, who passed away on August 16.

The contribution will establish the Stanley A. August, MD '69 Endowed Professorship in Pediatrics, and two additional scholarships: The Nathan and Ada August Memorial Award and the Stanley A. August, MD '69 Memorial Award.

Dr. August graduated from Upstate Medical University in 1969 and became a board certified pediatrician. Ten years later, he enrolled in Brooklyn Law School and became a lawyer to better understand the relationship of law to the medical professions. He was in private pediatrics

practice in Brooklyn, New York, for almost 40 years, treating generations of patients in the same community and earning the reputation as an excellent diagnostician. He also practiced law, handling interesting medical cases and representing doctors in suits against Medicaid and insurance companies.

August was critical of legislative and governmental mandates that affected the physician's practice of medicine and was an advocate for a national health care plan. "A patient may see a doctor for 10 years, the patient's insurance changes and the doctor doesn't take that insurance so the patient has to go elsewhere," August told the *Alumni Journal* in 2007. "The continuity of care that used to be commonplace is ceasing to exist."

"We are grateful for the living legacy Dr. August has created that will ultimately improve the health of children in this region and support the next generation of physicians in New York," says Upstate President David R. Smith, MD. "His generosity is a testament to the support of our alumni."

Upstate Medical Alumni book distribution.

In January, the Medical Alumni Association distributed *First Aid for the USMLE Step 1* to all members of the class of 2015. On behalf of the Association, we would like to thank our alumni for making this distribution possible. Rebecca Roach '15 proudly displays her new book.



Alumnus Funds Pathology Lectureship

Upstate Medical University alumnus Donald W. King, MD '49, and his wife, Mary Elizabeth, have established an endowed lectureship in recognition of two former Upstate pathologists, John Bernard Henry, MD, and Rolla B. Hill, MD. The King's \$100,000 gift will support an annual address by a distinguished scholar as part of the Pathology Department's Grand Rounds sessions and other keynote speaking engagements.



Donald W. King, MD '49

"On behalf of the Upstate Medical Alumni Foundation, I would like to express my sincere gratitude and appreciation to the Kings for their support of Upstate Medical University," says Vince Kuss, executive director of the Upstate Medical Alumni Association. "This act of kindness is a true testament of

their commitment and devotion to our university and their generous contribution will forever support Upstate, the Department of Pathology, and our faculty and students."

The King's endowment honors two former prominent leaders at Upstate.

The late John Bernard Henry, MD, was Upstate Medical University's fourth president, and presided over significant growth in research, clinical and academic programs and campus facilities. He served as chair of the Pathology Department, director of Transfusion Medicine, and became the first president of the Pathology Department's medical service group, initiating its first faculty practice plan. He was editor and a contributing author to seven editions of the book, *Clinical Diagnosis and Management by Laboratory Methods* and published more than 250 medical articles. He retired from Upstate in 2005.

During his career, the late Rolla B. Hill, MD, specialized in the pathology of the gastrointestinal tract, and served as chair of Upstate's Pathology Department for 17 years,

beginning in 1969. He was co-author of a popular text for medical students focusing on the importance of interrelationships among altered biology, abnormal structure, and loss of normal function as seen in human disease. His approach formed the basis for much of the current teachings of pathology. He received numerous awards for his academic work, and in 1986, was the first recipient of the Distinguished Service Award by the national Association of Pathology Chairs. He authored more than 85 publications and articles for professional journals in his specialty.

Prior to his retirement, Dr. King served as deputy director of Research and Education for the U.S. National Library of Medicine of the National Institutes of Health. He is past executive director of the American Registry of Pathology and held faculty and leadership positions at Yale University, the University of Colorado, Columbia University, and the University of Chicago. The Upstate Medical Alumni Foundation presented King with a Distinguished Alumnus award in 1989.



Kelly Cummings '15
and Meena Davuluri '15

Upstate Hosts AMA Regional Student Meeting

MORE THAN 100 students from medical schools across the northeast converged on the Upstate Medical University campus January 11 and 12 for the regional annual meeting of the American Medical Association's medical student section. The meeting marks the first time that Upstate has hosted this group.

The site selection committee was "very impressed with the commitment, enthusiasm and leadership Upstate students have shown on issues that affect medical students," says Meenakshi Davuluri, MPH, a second-year Upstate medical student who serves as president of Upstate's AMA student section. "We're a very involved student body with a great deal of passion for the issues that we face as students and those that will affect our work with patients," she says. "It's a great opportunity for us to welcome our peers to Upstate."

The weekend's events were coordinated by Davuluri and fellow medical students Cristina Fox '14 and Sam Mackenzie '15, and included discussions on national issues that impact medical students, such as cuts in Medicare funding and medical student loan forgiveness.

According to Davuluri, discussions at the regional meeting helped formulate policy positions discussed with elected officials during the AMA's National Advocacy Day in Washington, DC, on February 11.



Claudy Zulme '13, recipient of the Sarah Loguen Fraser Scholarship, with Nakeia Chambers, Upstate director of the Office of Multicultural Affairs

College of Medicine Students Celebrate Black History Month

Upstate's Black History Month celebration in February showcased the myriad ways Upstate Medical University values diversity and how that value impacts the communities it serves. The annual observance featured numerous events designed to highlight diversity issues that affect the community and recognize individuals who have positively impacted diverse ethnic populations in Syracuse. Highlights of the celebration included Sarah Loguen Fraser Day on February 15, which featured a lecture on infant mortality in the black community, delivered by Onondaga County Health Commissioner Cynthia Morrow, MD, MPH, and presentation of the Sarah Loguen Fraser Scholarship to Claudy Zulme '13. The Upstate Medical Alumni Association sponsored the event.

Upstate Top in State for Enrolling New York Students

THE UPSTATE COLLEGE of Medicine's incoming class for fall 2012 had the highest percentage of New York residents of all 12 allopathic medical schools in New York State.

Upstate's College of Medicine received 4,730 applications for admission for the class of 2016. Of the 156 enrolled students, 87.8 percent of them were from New York. That percentage bested SUNY Buffalo (82.6), SUNY Downstate (80.5) and SUNY Stony Brook (73.4).

"This is no accident," says Upstate President David R. Smith, MD. "We have made a concerted effort to attract and enroll New Yorkers over the last seven years. While our applicant pool was only 42-percent New Yorkers, I challenged our admissions committee to look closely at our own. We have an excellent class and the state has a strong chance of retaining them. It's the right thing to do for Upstate and New York State."

The class includes 29 students from rural New York counties. These students are encouraged to seek a career that would include service in a rural setting. "We feel that we have the perfect conditions here to grow our own," said College



David P. Haswell, MD '84, and son David '13, with Emily '13, daughter of Bob Cupelo, MD '82, all residents of New York

of Medicine Dean David Duggan, MD '79. "These statistics bear out the importance of a coordinated program and motivated students. We are committed to sustaining, and indeed growing, our commitment to these students and our region."



7th Annual Career Advisory Network Dinners

The Alumni Association hosted its seventh annual Career Advisory Network Dinners on both the Syracuse and Binghamton campuses in January. More than 200 people participated in the two dinners, which provided medical students the opportunity to network with alumni and faculty regarding various career specialties in a casual environment. Special thanks to the physicians who took the time out of their busy schedules to participate as mentors. Please visit the Alumni Association's website at www.upstate.edu/medalumni to learn more about the Career Advisory Network.

Campus Recognized for Work-Life Balance Practices

UPSTATE MEDICAL UNIVERSITY won a \$25,000 award from the American Council on Education and the Alfred P. Sloan Foundation for career flexibility practices for academic physicians.

Upstate was one of only seven medical schools nationally recognized through a competitive process for its “trackless” promotion system for full- and part-time College of Medicine faculty.

With this system, faculty members choose an area of excellence in patient care and service, research, or education, in which they can be promoted, based upon their leadership, innovation, and national reputation. The system promotes career flexibility and faculty satisfaction within clearly defined expectations and allows individuals to follow their passions.

The criteria for advancement through promotion and tenure are clear,” says Paula Trief, PhD, senior associate dean for faculty affairs and faculty development and professor of psychiatry and medicine. “This system opens the path to promotion for part-time faculty, and helps retain faculty members and attract future physicians.”



Upstate Medical Alumni Phonathon

In February, Upstate College of Medicine students gathered in the Setnor Academic Building to call alumni and friends during the College's annual Phonathon, sponsored by the Medical Alumni Foundation. A total of 113 medical students participated over the course of four nights. Phonathon proceeds benefit the College of Medicine's annual campaign program. Thank you to all those who answered their phones to support our students!

Courage



AND HOPE

BY RENÉE GEARHART LEVY

Upstate Alumni Part of Groundbreaking Transplant Surgery Team

During the early morning hours of Easter Sunday, 2009, while returning to his base north of Baghdad after a night mission, U.S. Army Infantryman Brendan Marrocco's vehicle sustained a direct hit by an Explosive Fired Projectile (EFP). Marrocco lost all four limbs in the incident.

Within three days, Marrocco was transferred to Walter Reed National Military Medical Center, where he became the Iraq War's first surviving four-limb amputee. His recovery from his devastating injuries was remarkable for his endurance and determination, but left with the prospect of using prosthetics for all of his limbs, Marrocco became increasingly dissatisfied with his prosthetic arm options.

On December 18, 2012, Marrocco made history again, as the recipient of a rare bilateral arm transplant, one of the most complicated such surgeries ever undertaken.

A team of 16 plastic, orthopedic, and microvascular surgeons performed the 13-hour procedure at Johns Hopkins University. Incredibly, two of those surgeons are Upstate College of Medicine alumni: Patrick Basile, MD '03, assistant chief of plastic surgery and director of microsurgery at Walter Reed National Military Medical Center, and Steven Bonawitz, MD '86, assistant professor of plastic and reconstructive surgery at Johns Hopkins.

In total, 40 to 50 medical personnel were involved in the transplant, which was two years in the preparation, including four practice procedures on cadaver arms over the last 18 months.

Dr. Basile was part of the donor procurement team. One of the many complications is that the surgery cannot be "scheduled" until a suitable donor becomes available. In Marrocco's case, that took more than a year of waiting.

"We all have a specific tissue type, based on immunogenic markers. The most immunogenic organ in the human body is the skin, requiring almost a perfect tissue match," Basile explains. Additional factors such as size, skin color, age and gender are also evaluated. Typically, the donor of a hand or arm is someone who is brain dead and is on life support awaiting transfer of body organs.

Once a suitable match was identified, the procurement team was "activated," and traveled as a team to the location. The team then had to coordinate their efforts with the organ transplant surgeons, who go in first to prepare the organs for removal. Basile and the rest of the procurement team removed the arms while the donor was still alive, and before the organs were actually harvested.

Once the team arrived at Johns Hopkins with the donor arms, four more teams spring into action—two that work on preparing the donor arms and two that work on the attachment. Dr. Bonawitz worked on attaching the vessels of the new left arm, a painstaking process that takes hours. "The surgery was so long we had to sub out for each other," he said of his team. "We started at midnight and finished up about 2:30 the next afternoon."

The Johns Hopkins Transplant team is led by plastic surgery chief W.P. Andrew Lee, MD. Dr. Lee previously led transplant efforts at the University of Pittsburgh, where his team had done several pioneering hand transplants.

Bonawitz spent 14 years practicing plastic surgery in Lewiston, Maine. Interested in returning to academic medicine, he moved four years ago to the University of Pittsburgh, and then a year-and-a-half ago to Johns Hopkins, following Dr. Lee.

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Both Bonawitz and Basile have expertise in microvascular reconstruction, which involves repairing nerves, arteries, veins and vessels, skills essential to an arm transplant. They got to know each other through these mutual interests, before their joint participation on this team.

Basile was invited by Dr. Lee to participate on the transplant team, the only military surgeon in the group. “Training for this has made me much more aware, when I see wounded warriors coming back with extremity wounds, of what we should be doing to preserve certain structures or close wounds to make them better candidates for transplantation in the future,” he says.

Basile visited Upstate on January 30—a week after a press conference on the Marrocco arm transplant made national news—to give the annual Alpha Omega Alpha Lecture, “Lessons from the Global War on Terrorism: Reconstructive Challenges.” He describes the groundbreaking surgery as “a story of courage and hope.”

Only six other patients have previously undergone successful double hand transplants in the United States and Marrocco’s was the most extensive and complicated.



“Training for this has made me much more aware, when I see wounded warriors coming back with extremity wounds, of what we should be doing to preserve certain structures or close wounds to make them better candidates for transplantation in the future.”

—PATRICK BASILE, MD '03

On his left side, in order to preserve the elbow joint, the team transplanted the entire donor forearm muscles over his remaining tissues, then rerouted the nerves to the new muscles. The artery had to be repaired in a way to provide blood flow to both the remaining tissues and new arm.

On his right side, the team did an above-elbow transplant by connecting the bone, muscles, blood vessels, nerves, and skin. “It’s pushing the envelope of what we can do,” Basile says.

In other cutting-edge treatment, Marrocco also received bone marrow from the same donor, a method shown to prevent rejection and reduce the need for anti-rejection drugs that can lead to organ damage and infection.



Members of the transplant team held a press conference in January to discuss the groundbreaking surgery.

While harvesting the donor arms, the procurement team also harvested vertebral material used for a bone marrow transplant following the arm transplant surgery. “We’re trying to induce an immunological tolerance to the foreign limbs. Doing this allows us to deviate from the norm of triple immunosuppression therapy and down to a one-drug therapy. The goal over time is to taper down so the patient doesn’t suffer the negative affects that go with anti-rejection drugs,” says Basile. Minimizing anti-rejection drugs is important because they have side effects and raise the risk of cancer over the long term.

Basile reported that a month after surgery the patient was already experiencing some movement in his left arm and able to use his hand for functions such as texting. He cautioned that nerve growth is extremely slow—a millimeter a day or an inch a month—and Marrocco faces years of aggressive physical therapy. “It’s going to take time, but he’s willing to put the time into rehab. I think he’s going to have a bright future,” says Basile.

At the press conference the previous week, the 26-year-old former infantryman made it clear he viewed the surgery as the start of a new life. “Not having arms takes so much away from you. Even your personality,” Marrocco told reporters at Johns



“Everything’s gone very nicely with him. His attitude remains great. He’s an incredible person. It’s an incredible privilege to be involved in this and to help someone like Brendan. It was a true team effort.”

—STEVEN BONAWITZ, MD '86

Hopkins Hospital. “You talk with your hands. You do everything with your hands, and when you don’t have that, you’re kind of lost for a while.”

Bonawitz, who has seen Marrocco subsequently at a hand clinic at Hopkins, says the patient continues to make slow progress. “Everything’s gone very nicely with him,” says Bonawitz. “His attitude remains great. He’s an incredible person.”

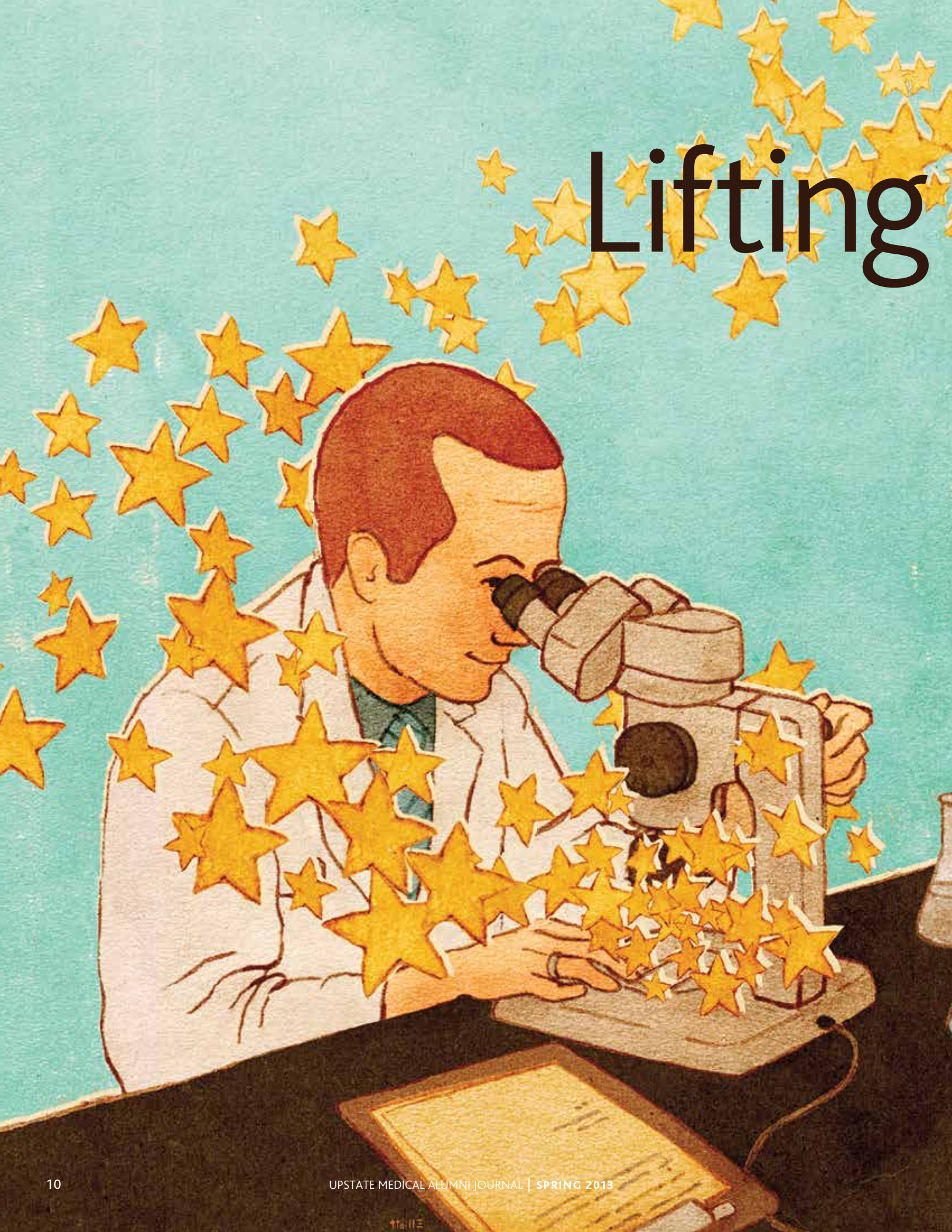
There are several more patients on a waiting list for hand transplants, so the next one could happen at any time. “It’s an incredible privilege to be involved in this and to help someone like Brendan,” Bonawitz says. “It was a true team effort.”

AP PHOTO/CAL BURTON



Retired Infantryman Brendan M. Marrocco listens during a news conference January 29, 2013, at Johns Hopkins Hospital in Baltimore. Marrocco received a transplant of two arms from a deceased donor after losing all four limbs in a 2009 roadside bomb attack in Iraq.

Lifting



the Veil

BY RENÉE GEARHART LEVY

In his popular books *Happy Accidents* and *Prize Fight*, Morton Meyers, MD '59, exposes little known aspects of scientific research: how often serendipity plays a role in major discoveries and the bitter rivalries in the struggle for credit.

AS THE FOUNDING CHAIR OF RADIOLOGY at the new SUNY Stony Brook School of Medicine, Morton Meyers, MD '59, gave a conjoint appointment to a colleague in the chemistry department, Paul Lauterbur, PhD. Dr. Lauterbur was doing groundbreaking work to transform a basic technique used by chemists and physicists, nuclear magnetic resonance (NMR), into a clinical diagnostic imaging method to become known as magnetic resonance imaging (MRI).

Dr. Meyers lobbied the president of the University to seek funding for research MRI units to expand Lauterbur's work. "Clearly, he was a potential Nobel Prize candidate and I thought it would benefit Stony Brook to showcase it," says Meyers.

The New York State Legislature turned down the funding, and ultimately, Lauterbur left for other opportunities. In 2003, he was awarded the Nobel Prize for Physiology or Medicine for his discoveries related to MRI, along with Sir Peter Mansfield, a scientist in the United Kingdom, who developed a mathematical process to speed the image reading. The award set off one of the most public controversies to date surrounding the esteemed prize.

Another colleague, Raymond Damadian, MD, a faculty member at Downstate Medical Center in Brooklyn, had also conducted early work on medical uses of NMR, and held a patent for an early device employing magnets and radio waves. In 1971, *Science* published his seminal paper, directing the

attention of chemists to the vast medical potentials of the technology. Although Lauterbur cited this report in his grant applications for funding, he chose not to cite it in his first paper introducing the procedure's imaging capability to the scientific community, published in *Nature* two years later.

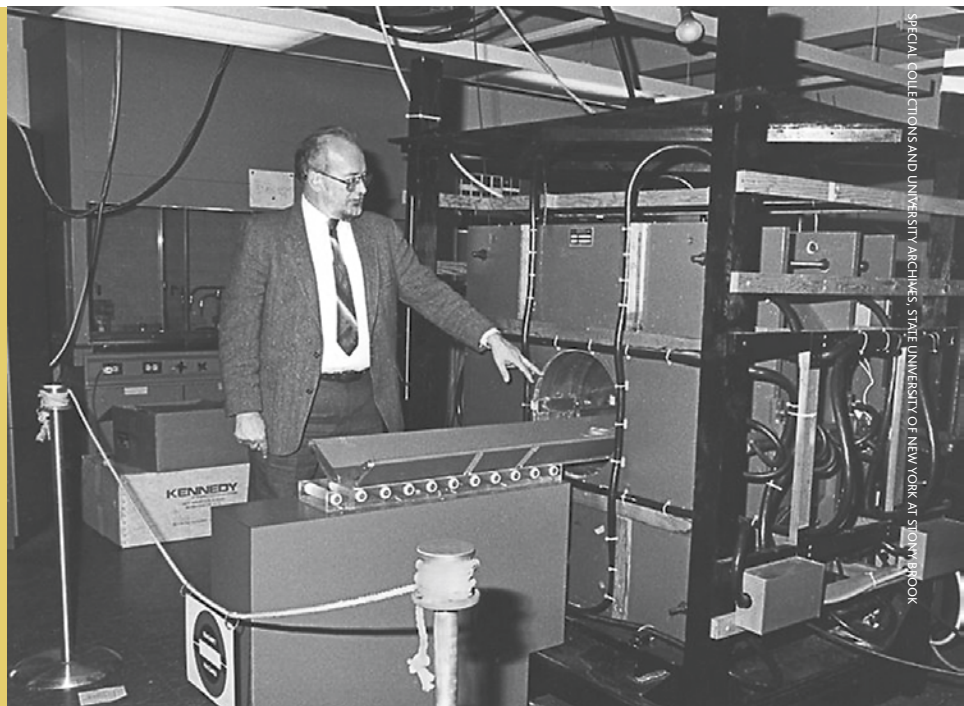
While Nobel rules allow for the award to be shared by up to three recipients, Dr. Damadian was not given the prize. To the consternation of the scientific community, he took out full-page advertisements in major newspapers asking the Nobel committee to reconsider. Ultimately, Damadian received numerous other honors for his work and earned millions from his original and subsequent patents. But the bitterness over the Nobel Prize continues to this day.

Meyers uses his birds-eye view of the Lauterbur-Damadian controversy to take a larger look at how scientific discoveries are credited. *Prize Fight: The Race and the Rivalry to be the First in Science* (Palgrave-Macmillan), published in 2012, explores how "ownership" for research discoveries has the ability to propel or cut short a career, leading to intense rivalries and increasing the amount of scientific misconduct, potentially interrupting scientific progress along the way.

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“In a winner-take-all society, to be first is to qualify for recognition and reward. In an academic setting, that’s funding, promotion, tenure, and status. To be second is to be forgotten.”



Paul Lauterbur and his MR scanner with a small aperture, which restricted the size of material he could image.

“Nothing sharpens a scientist’s drive for priority more than the realization that he is in a race with another researcher,” says Meyers, Distinguished Professor of Radiology and Medicine at SUNY Stony Brook School of Medicine. “Rivalry may provide the driving force to achievement. On the other hand, the pressures may lead to the dark side of science, namely fraud.”

It’s all about priority. “In a winner-take-all society, to be first is to qualify for recognition and reward. In an academic setting, that’s funding, promotion, tenure, and status,” says Meyers. “To be second is to be forgotten.”

Look no further than the dispute over the discovery of streptomycin, the first antibiotic proven effective against tuberculosis, and another major narrative in *Prize Fight*. Selman Waksman was an internationally renowned scientist at Rutgers University who began a screening program for antibiotics derived from soil microbes. Albert Schatz, a young graduate student in his laboratory, discovered streptomycin and its efficacy against tuberculosis. Although Schatz was the senior author of the papers and shared the patent with his mentor, Waksman viewed Schatz as merely an assistant to his own long-established research and took steps to marginalize his contributions. In an unprecedented move, Schatz sued Waksman and won a favorable settlement. As a result, the academic community blackballed him as a “whistle-



Waksman on the cover *Time* magazine

blower” and, unable to secure another research position, he fled to Chile with his family. Waksman appeared on the cover of *Time* magazine and was awarded the Nobel Prize.

“Schatz was haunted by this for 50 years,” says Meyers. “He couldn’t move past it and it ruined his life.”

Although scientists are generally viewed as detached, objective, and dispassionate, says Meyers, nothing could be further from the truth. These stories illustrate that scientists are “as subject to pride, jealousy, guile, and ambition as the rest of us,” he says. “The joy of discovery, the exaltation of uncovering a law of nature, while a powerful motivation, is not enough. Scientists covet recognition for their work.”

In and of itself, that’s not a bad thing. “We all want to be recognized by our peers,” he says. “We don’t want our accomplishments to be subverted or appropriated by someone else.”

The problem is when ambition overshadows integrity. “The number of retractions of scientific articles from scientific journals is accelerating at an exponential speed, because there’s more and more of what’s referred to as ‘scientific misconduct,’”



COURTESY OF RAYMOND DAMADIAN

Raymond Damadian with colleagues and his completed "Indomitable," presented as the world's first MR scanner.

“The number of retractions of scientific articles from scientific journals is accelerating at an exponential speed, because there’s more and more of what’s referred to as ‘scientific misconduct.’ That’s a reflection of the pressures on researchers.”

says Meyers. “That’s a reflection of the pressures on researchers.”

Although scientific misconduct may date back centuries, Meyers writes that public disclosures of such scandals weren’t publicized regularly until the 1970s and 80s. At the same time, research has developed as a career path rather than a sideline pursued by gentlemen of independent means.

“Researchers live in a world constantly short of grant money,” Meyers writes. “With salaries dependent on grants and grants dependent on outcomes, the pressure to come up with winning experiments is intense. Since a good reputation relies largely on the publication of high-profile scientific papers, the imperative to ‘publish or perish’ is a sword of Damocles. . . . Simply put, there is no journal of negative results.”

Prize Fight tells the story of a young researcher working in the field of transplantation immunology at Sloan-Kettering who was called to present his research findings to his well-known senior researcher.

Unable to prove his intended findings, he used a black marker to color the skin of two white mice that had been grafted with skin from black mice. This deceit was later uncovered when lab assistants realized the color could be wiped off. The young researcher was suspended and the research ended. Fabricated data had been used in grant applications for the work, leading the *New York Times*’ Jane Brody to call the incident “a medical Watergate.”

While the case undoubtedly spurred new

checks and balances, both internally and elsewhere, it also left another lingering imprint. “‘Painting the mouse’ has become a phrase generically applied to fraudulent cases,” says Meyers.

Despite his seemingly critical eye, Meyers believes science is a noble profession. A prolific writer throughout his career, he is the author of the seminal textbook on abdominal radiology *Meyers’ Dynamic Radiology of the Abdomen: Normal and Pathologic Anatomy* (now in its sixth edition), widely used in medical schools and hospitals internationally and translated into Spanish, Italian, Japanese and Portuguese. He is also the founding editor of the international journal *Abdominal Imaging*, edited a series of books dealing with iatrogenic diseases, and edited a major textbook on the staging of abdominal cancer.

As a professor of radiology and medicine, Meyers’ own research was largely based upon his clinical work. It was his own, personal Eureka! moment that got him started researching larger questions surrounding scientific discovery.

In an attempt to visualize anatomic structures in the abdomen, Meyers created a series of x-ray images introducing liquid contrast material in volunteer subjects to fill in abdominal recesses and outline structures.

What he found, however, was that rather than remain static, the dye flowed through the anatomic



FRED MARCUS PHOTOGRAPHY

Morton Meyers, MD '59

“If you know there’s something out there, that’s not discovery. Discovery is coming upon something unexpected. You stumble over something and an astute mind asks, ‘I have the solution, what’s the problem?’”

channels in the abdominal cavity in what turned out to be predictable patterns influenced by anatomy, gravity, and various abdominal pressures.

That “serendipitous epiphany” provided a window to understanding how cancers metastasize in the abdomen. “It became clear that the spread of a disease through the body is not a random, irrational occurrence, but rather follows a predictable pattern,” says Meyers.

He began researching other “happy accidents,” examples of discoveries that occurred in the search for something else, subsequently publishing a series of scientific articles in the major radiology and gastroenterology journals, and presenting at national and international meetings.

In 2007, he published *Happy Accidents: Serendipity in Modern Medical Breakthroughs, When Scientists Find What They’re Not Looking For* (Arcade/Skyhorse). The book, written for both scientific and lay audiences, describes dozens of major medical discoveries that have occurred through a surprising, unexpected finding or observation that led research in a different direction, typically resulting in a discovery of far greater value than the original goal.

The book shatters any illusion that most discoveries are the result of highly directed research efforts. “Scientific articles are very cut and dry, following a traditional format indicating a rigid, logical sequence,” says Meyers, who explains this is very often misleading as to how the discovery occurred.

Interviewing numerous recipients of science’s most prestigious awards, Meyers found many spoke candidly about the role of serendipity in their findings.

“Most people—scientists included—are astonished to realize that most of our antibiotics to

combat infections, chemotherapy drugs against cancer, psychotropic drugs that modify mood disorders, and many advances in cardiovascular treatments were stumbled upon,” says Meyers. “So many of these chance discoveries—such as Valium, Lipitor, and Viagra—have become household names.”

Another is streptomycin.

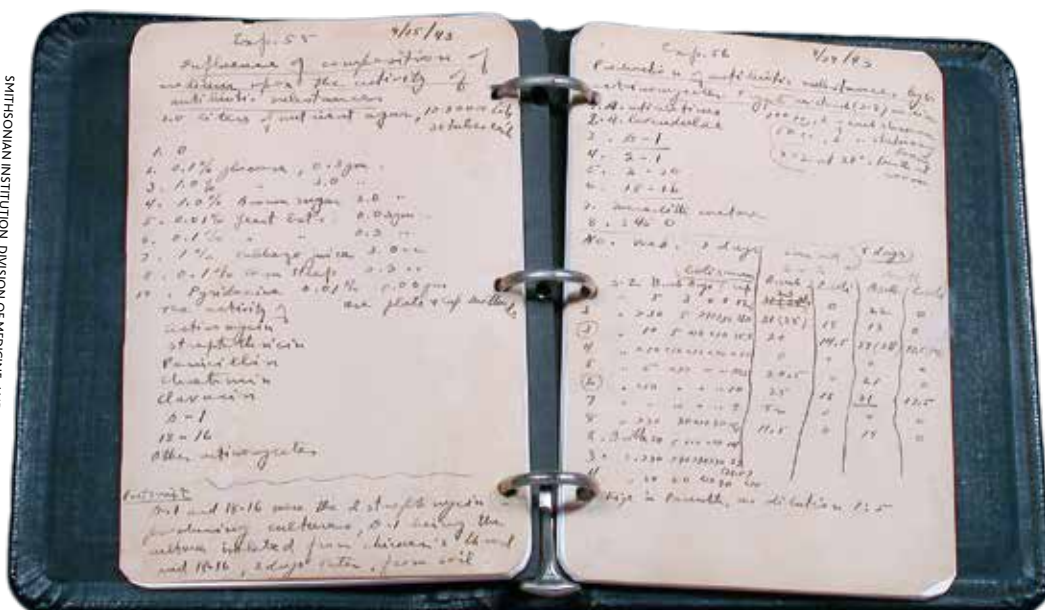
It seems a New Jersey farmer had a problem with his chickens catching a strange infection from barnyard dirt. He took the birds to Waksman’s microbiology lab at Rutgers University, where Waksman’s graduate assistant—Albert Schatz—analyzed the soil and isolated the problem—a peculiar fungus. In the process, Schatz also discovered that the microorganism produced a chemical agent that slowed the growth of certain bacteria. The organism generated a powerful antibiotic that Schatz and Waksman were able to show was dramatically effective in inhibiting the growth of tuberculosis germs. With the success of streptomycin, pharmaceutical companies began studying soil samples from across the world, resulting in the later identification of Aureomycin, Terramycin, tetracycline, Declomycin, erythromycin and vancomycin.

Meyers makes a distinction between the concept of invention and the concept of discovery. “If you go to invent something, you already have a preconceived end point in mind. There may be trial and error, but it’s highly directed. If you know there’s something out there, that’s not discovery,” he says. “Discovery is coming upon something unexpected. You stumble over something and an astute mind asks, ‘I have the solution, what’s the problem?’”



Merck bottle of streptomycin: “Limited by Federal law to investigational use.”

SMITHSONIAN INSTITUTION, DIVISION OF MEDICINE AND SCIENCE, WASHINGTON, DC



Streptomycin was an important medical discovery that would impact the health of millions of people, one that—noted earlier—set off a bitter rivalry between the researchers involved.

Meyers noticed that wasn't an isolated occurrence. In the process of interviewing subjects for *Happy Accidents*, he became increasingly interested in looking beyond the discoveries to what happened in their aftermath. Who got credit? Was it the researcher who first uncovered the potential of a new observation or finding? Or the one who developed it to bring it to humanity's benefit? And how does receiving credit—or not—influence the course of those researchers' careers?

Those were the questions raised by *Prize Fight*, which didn't yield clear-cut answers.

More than any other factor, recognition for scientific research hinges upon peer review. Meyers believes peer review is irreplaceable, but flawed, illustrated by several Nobel-winning advances whose initial papers were rejected, including Paul Lauterbur's landmark report in *Nature* establishing magnetic resonance imaging as an application in the study of internal structures.

"In breeding conformity of thinking, peer review stifles innovation. It reinforces dogma, thus fostering resistance to accept an idea as 'ahead of its time,'" Meyers says.

Another important factor is consistency in attribution of authorship, taking into account the hierarchical structure incumbent in academic research settings.

"If you want to speak to an unhappy person who feels he or she is being exploited, speak to a graduate student. They work long hours and generally aren't paid well. But they get mentorship, a goal, and a lab. The principle investigator conceives of the project and has done the preliminary basic scientific work that led him into it. Waksman had already discovered previous antibiotics. If Schatz didn't discover streptomycin, another graduate student a year later probably would have," says Meyers, who believes the credit for discovery in this case is a tough call, but not necessarily incorrect.

Clearly, priority plays a big role, along with the acknowledgement of contributions by others. "Damadian would argue that Lauterbur's advance was only an invention, superimposed on an already discovered insight (his)," says Meyers, who believes the physician deserved the third slot for the Nobel Prize. "To the question of how you determine credit, it's a meaningful distinction."

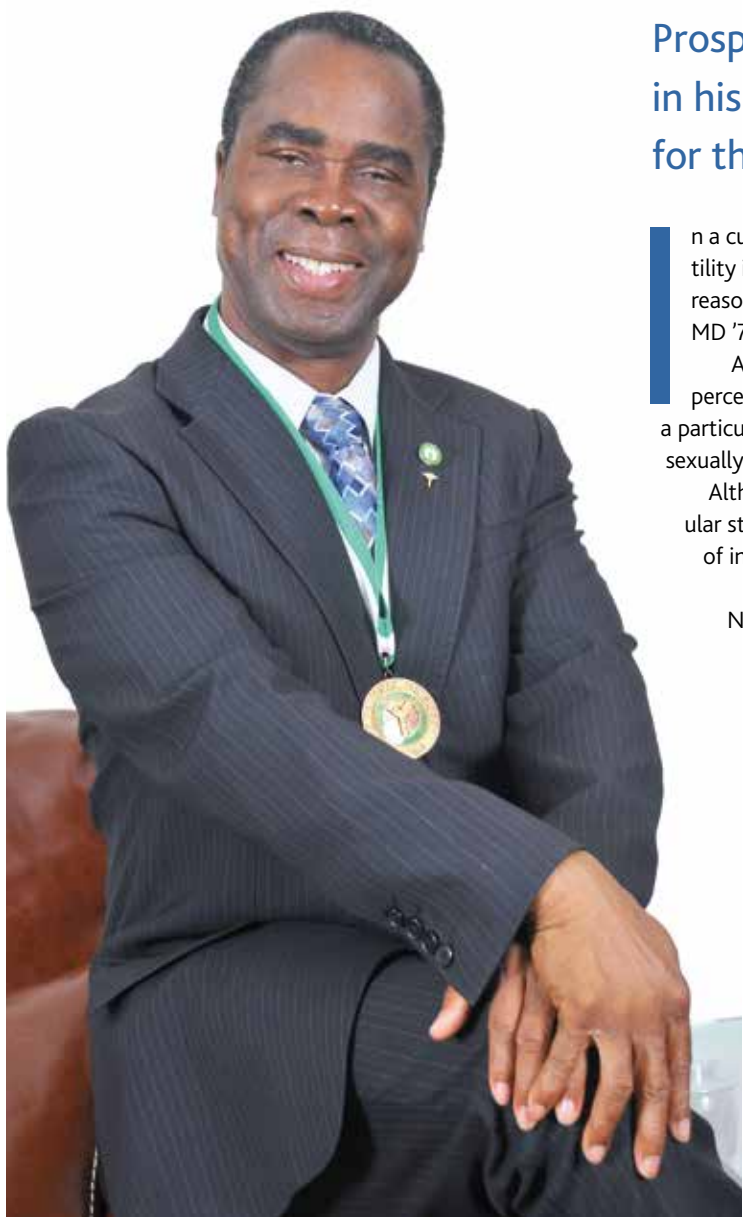
Meyers suggests that the scientific community needs to establish more consistency in attribution of authorship, strive for a more equitable and impartial peer review that promotes openness to innovative and paradigm-shifting ideas, and institute clear criteria for determination of credit and acknowledgment of contributions.

These are not just issues of ego, but according to Meyers, important questions for the future of scientific research and for the funding and resources that are given. "To lead to more effective science policy and a better use of resources in the research enterprise, it benefits us greatly to understand the true dynamics of the discovery process and attribution of credit," he says.

Selman Waksman's notebook describing experiments establishing the effectiveness of streptomycin. Added on an unknown date as a postscript in this entry dated 9/15/43 is the comment: "[Regarding] the 2 streptomycin producing cultures, D-1 being the culture isolated from chicken's throat and 18-16, 2 days later, from soil." Waksman contributed this notebook to the Smithsonian Institution in 1953.

and To Commit Prosper

Prosper Igboeli, MD '77, has never wavered in his commitment to improve health care for the people of Nigeria.



In a culture that places children as the highest dividend for any marriage, infertility is a serious problem for Nigerians. "Childlessness is the most common reason for divorce or polygamy in modern African society," says Prosper Igboeli, MD '77.

According to experts, the prevalence of infertility in Nigeria is 15 to 20 percent, compared to 10 percent in the United States. Secondary infertility is a particular problem, more commonplace because of the prevalence of untreated sexually transmitted diseases, inadequate health services, and illegal abortions.

Although half of infertility cases have a male cause, childlessness is a particular stigma for women, who are more likely to suffer the social consequences of infertility: abandonment, neglect, economic deprivation and ostracism.

Dr. Igboeli has spent his professional life trying to improve the health of Nigerian women and upgrade their standard of medical care.

It's an uphill battle, compounded by poverty, deep-seated cultural beliefs in spiritual healing, and the country's weak infrastructure.

In 1986, Igboeli founded the M&M Hospital in Aba, Nigeria, which specializes in gynecology and infertility, and in 2002, opened eastern Nigeria's first in vitro fertilization (IVF) clinic.

While IVF is unavailable or unaffordable in many developing countries, Igboeli treats patients from throughout Nigeria and surrounding areas. With no national health insurance, many of them are unable to pay for services, which are dependent on costly medication and instrumentation.

Often, treatment is delayed because patients seek help first from spiritualists before consulting a medical doctor.

"The success rate in treating infertility diminishes with age," says Igboeli. "It is easier to find a solution for an infertile couple when they are in their 20s and 30s rather than in their 30s and 40s, especially for women."

Overcoming his society's religious beliefs is just one obstacle, says Igboeli. His patients' limited financial means and



the country's lack of infrastructure make necessities such as running water and electricity unreliable, an obstacle to operating an infertility center on par with those in Western countries.

But Igboeli has never shirked from challenge.

IN 1971, AS A TEENAGER, IGBOELI HAD the opportunity to attend the 13th Boy Scout World Jamboree in Japan, one of 24 scouts representing Nigeria on a trip funded by the military government.

As thousands of scouts from around the world were camping at the base of Mount Fuji, Japan was hit by a typhoon. The campsites were swept away and the scouts evacuated to safe shelters around the area. Igboeli ended up in a Shinto Shrine, where he befriended Michael Peres, a younger scout from Utica, New York.

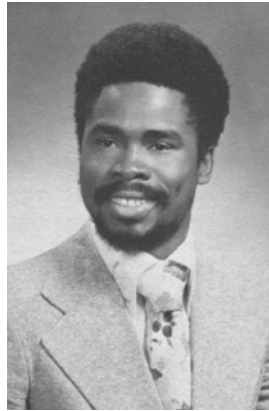
Although Igboeli attended an International Baccalaureate high school, his prospects for higher education in Nigeria were slim. He dreamed of becoming a doctor and furthering his Nigerian people, goals he shared with Peres.

"I was captivated by his story," Peres recalls. At the end of the Jamboree, Igboeli gave Peres a wood figure that had been hand carved by his father, who had died years earlier. Peres was moved.

The two became pen pals. "He was focused and determined. He had a vision for himself. I sincerely believed in his goals and wanted him to succeed," Peres says.



Igboeli pictured with his "American family:" Richard, Barbara, and Michael Peres



Clockwise from left: Igboeli with Michael Peres; Igboeli's medical school yearbook photo; M&M Hospital in Abuja, Nigeria; and Igboeli with his "American father," Richard Peres.



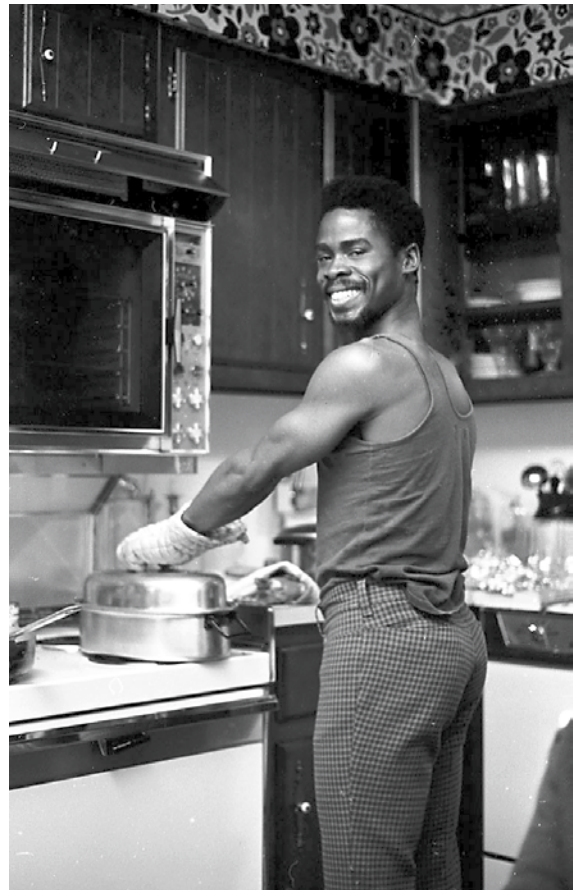
Peres enlisted his mother, Barbara, who "was interested in projects her whole life," he says. "Prosper became her project."

Barbara Peres convinced the president of Utica College to accept Igboeli and sponsor his education, while her husband, Richard secured funding for his travel to the United States from the Utica Kiwanis. "She wrote to Prosper's mother when we were close to getting the deal done," says Peres, now a professor of biomedical photography at the Rochester Institute of Technology.

Igboeli arrived in January—the dead of winter—and having never seen snow, thought the world was covered in salt. "He caught his first cold rather quickly and thought he was going to die," Peres recalls.

Despite the culture shock, Igboeli thrived. His first semester, he lived with the Peres family, and learned how to cook. He was able to apply IB credits from his high school program and took an overload of courses every semester, including summer school. He also worked at a local hospital doing research on genetics. "His tenacity to work tirelessly was beyond my comprehension and was evident in everything he did," says Peres. "I have never in my life seen anyone so focused."

Igboeli completed his bachelor's degree in biology in less than two years, as salutatorian of his class. He displayed the same work ethic in his medical studies at



Igboeli learning to cook in an American kitchen in the 1970s



Upstate Medical University, which was paid by a combination of scholarships, financial aid, and the assistance of his “American family” and others.

From the outset, Igboeli made his intention to return to Nigeria to practice clear. “I am concerned about my people. I will use my profession to help develop a health program for my country,” he said in a 1975 *Alumni Journal* article, written when he was a third-year medical student. “We (foreign students) owe it

to our countries to return and be pioneers in bringing decent standards of life to our people.”

After completing an internship in general surgery at St. Elizabeth’s Medical Center in Boston, and his OB/GYN residency at Yale-affiliated Danbury Hospital in Connecticut, Igboeli returned to Nigeria to make good on his promise.

IN 1986, IGBOELI FULFILLED ONE DREAM BY

opening the M&M Hospital, named in honor of his parents, Moses and Margaret. Although he gave up the practice of obstetrics in 2000, Igboeli still spends 60 to 80 hours a week in his medical practice, focusing on gynecology, infertility, and IVF.

Life in Nigeria is very different from that in the United States, and the practice of medicine reflects that. The country is known for corruption throughout all levels of government, which has profound effects on the welfare of its citizenry. Poverty, illiteracy and unemployment abound. The World Health Organization ranked Nigeria as the fourth worst medical system in the world in its 2006 world health report.

“There is nothing to encourage our doctors in the diaspora to return and help build up a robust medical system. There is no medical insurance so the majority of patients pay out of pocket. With high levels of poverty and illiteracy, there are a lot of quacks—non-professionals—practicing medicine in Nigeria. Our morbidity and mortality rates are among the worst in the world,” says Igboeli,

In addition to providing clinical care, Igboeli has been active in trying to professionalize medicine throughout his country. He is a vocal member of the Nigerian Medical Association, serving as its president from 2008-

10. He has long advocated for a national insurance plan, a legal framework for healthcare in Nigeria, and government policies to formulate and implement health programs that help medical services reach the grassroots.

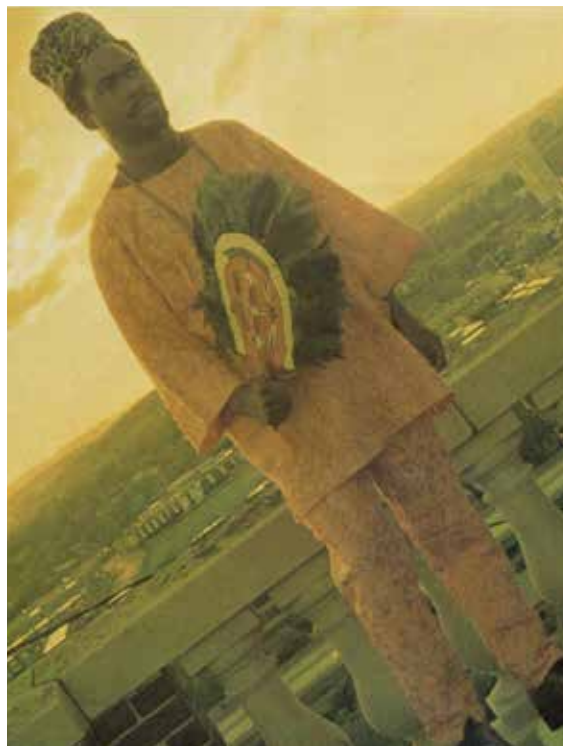
To stay current, Igboeli travels to Europe and the United States for medical meetings. He is a Fellow of the American College of Obstetrics and Gynecologists, a Fellow of the West African College of Surgeons, and a Fellow of the International College of Surgeons. He is also a member of the American Society of Reproductive Medicine and a member of the European Society for Human Reproduction and Embryology.

Igboeli is still very close to the Peres family and visits when he is in the United States. The Internet has made staying in touch much easier. “I am truly grateful for the opportunity given to me by the Upstate College of Medicine, which prepared me for my work in Nigeria and the great strides I have attained,” he says.

Although Igboeli has turned down offers from American hospitals during the course of his career, his commitment to his country has never wavered. “I have a purpose that is greater than riches,” he says. “My country needs me.”



Igboeli opened eastern Nigeria’s first IVF clinic in 2002.



Igboeli while an Upstate Medical student

Taking Sides

A STUDENT DEBATE ENGAGES FUTURE PHYSICIANS ON HEALTH-CARE POLICY.

The students are discussing the Independent Payment Advisory Board, a 15-member government agency put in place by the Affordable Care Act, charged with achieving specified Medicare savings without affecting coverage or quality. The question at hand is whether IPAB's authority should be expanded to make binding decisions regarding Medicare reimbursement for specific interventions, tests, and modalities based on cost-effectiveness research, in an effort to control health-care costs.

It's not a casual conversation, but a formal debate occurring on the Upstate Medical University Campus. Two teams of students, representing the Upstate colleges of medicine and graduate studies and the Syracuse University College of Law, are going head-to-head in Weiskotten Hall.

The pro team shows graphics that illustrate health-care spending in the United States compared with other nations. They argue that other developed countries have similar boards that make health-care cost decisions and it makes sense to move to a model that pays for health quality rather than health service.

The con team counters that such expanded power could create a two-tiered system where there is "rationing" for Medicare patients but not for those with private insurance. "Who decides how much is too much and what is the proper amount?"

It's a robust back and forth, and at the end of 90 minutes, the audience—a mixture of students, faculty, and community members—are much more informed on the subject than they had been previously.

That was the impetus for the

event, spearheaded by MD/PhD student Sam Mackenzie '15, who believes future physicians should be knowledgeable about economic issues facing health care.

"When you look at a topic like the IPAB, it's really a question about health-care resources and how we're rationing those more broadly," says Mackenzie. "Quite frankly, this sort of thing is going to effect people's salaries in the future. In addition to the IPAB, the Affordable Care Act is shifting things toward a more bundled payment model through accountable care organizations. Then you have changes related to pay for performance under Medicare. I think these are interesting innovations that deserve some discussion. Regardless of how you feel about them, it's important for people to understand what they are and at least be knowledgeable about what's being proposed."

Mackenzie's interests developed along with his involvement in the American Medical Association. He initially joined a committee on scientific issues through the AMA student section. This year, he is the student member serving on the AMA Council on Medical Service. At Upstate, he's worked to build up the student AMA chapter by recruiting younger members and getting them involved.

Mackenzie conceived of the debate, formally called Dialogues in Health Policy, as a way to get students engaged on a deeper level than they might be if they were to simply attend an hour-long lecture, and secured sponsorship from Upstate's student AMA chapter, Center for Bioethics and Humanities, and the

Upstate Medical Alumni Association. Instead of paying an honorarium to a speaker, he used those funds as prize money for participants.

Mackenzie recruited an interdisciplinary panel of judges that included Kathy Faber-Langendoen, MD, chair of the Upstate Center of Bioethics and Humanities; Grant Reeher, PhD, professor of political science at Syracuse University's Maxwell School; Daniel Poulsen, PT, PhD, assistant professor of physical therapy in the College of Health Professions; Meena Davuluri '15, MPH, president of the Upstate student AMA chapter; and perhaps most notably, Andrew Gurman, MD '80, speaker of the AMA House of Delegates.

"I was tremendously impressed by the breadth and depth of the students' knowledge of the issues," says Dr. Gurman, an orthopedic and hand surgeon in Altoona, Pennsylvania. "The invitation to come back to one's alma mater is a great honor, and as an officer of the AMA, I am always interested in opportunities to talk to people about what the AMA is doing on behalf of physicians and our patients."

In addition to the panel of judges, an audience vote was taken. Before opening statements, the audience cast secret ballots for or against the expansion of IPAB's authority. After the debate, while the judges were deliberating elsewhere, a second vote was taken.

In the end, the teams split the prize money. The team arguing for the proposition won the popular vote, swaying the audience from 61 percent in favor before the debate to 65 percent after. The team arguing



Dialogues in Health Policy participants (debate teams, judges, and moderator)



Sam Mackenzie '15 explains the event format to the audience.

against the proposition won the judges' vote.

"We were careful not to evaluate which arguments most resonated with our own positions," says Dr. Faber-Langendoen of their methodology. "Instead, each judge rated the debate teams based on content of the arguments, delivery, rebuttal of opposing arguments, and evidence of teamwork/coordination. The teams had a difficult task, addressing a complicated and contentious issue and we were uniformly impressed by the students' hard work and carefully orchestrated defenses."

Jeffrey Donaldson '16 was one of them. The self-described political junkie watches "presidential debates the way other people watch football," and was excited by the opportunity. "Although I follow health-care policy, I wasn't familiar with the IPAB legislation itself," he says, "so this provided a good reason to learn the nuts and bolts of it."

Donaldson, assigned to the team advocating for the position,

had previously sided with professional organization objections that the IPAB would infringe on professional autonomy. After researching the topic, however, he felt there was solid justification for the legislation. "That's not to say that the arguments against it aren't as valid and important, just that there is a strong rationale."

Donaldson felt the event was a good way to promote literacy and information on health-care policy to students. "The debate format was a way to make it interesting, but the

main value was really that it provided accessible information about complex legislation."

That's what Mackenzie was after. "The quality of the debate was better than I expected," he says. "The IPAB was an interesting topic because it opened up discussion on a host of issues including the rising cost of health care, physician and patient autonomy, comparative effectiveness research, and, more broadly, what the United States is doing differently from the rest of the world."

CLASS NOTES

1954

Robert H. Zimmer, of Jamesville, NY, lost his wife, Mary Duddleston Zimmer, RN, to ovarian cancer on August 27, 2012. "I am grateful for the presence at her memorial service on September 8 of my '54 classmates **Philip L. Ferro**, **Arnold M. Moses**, **Bertram S. Mersereau**, and **William D. Wiley**, as well as **Donald L. Brooks, Jr., '53**, along with her numerous Syracuse University '53 School of Nursing classmates."

1955

Douglas R. Shanklin, of Woods Hole, MA, has celebrated 60 years of affiliation with the Woods Hole Marine Biological Laboratory with the publication of two major research papers on the pulmonary toxicity of oxygen.

Albert Frankel, MD '56, of Montclair, NJ, sends best wishes to his classmates. He is enjoying retirement in a busy suburban community that has many services and activities. All four of his granddaughters are attending or have been recently accepted into first-rate colleges.

Both papers appeared in *Experimental and Molecular Pathology*. The first, in the February 2012 issue, covered thyroid and related metabolic factors in the common disease of premature infants, known clinically as respiratory distress syndrome, and pathologically as hyaline membrane disease. The second, appeared in the December 2012 issue by invitation, and reports a significant discovery about oxygen in the context of biological action and injury, which is reflected in animal models used to demonstrate features of the syndrome and disease. Dr. Shanklin first went to Woods Hole in 1952 as a junior investigator under Philip B. Armstrong, who was director of the Marine Biological Laboratory and professor and chairman, of the Upstate Department of Anatomy. He became a member of the MBL Corporation in the 1970s and more recently, has served on laboratory committees. Additional laboratory work, under a continuing grant from The Rhad Trust, is in the planning stages for early 2013.

1957

Arthur J. Florack, of Tega Cay, SC, is retired and spends much of his time volunteering and traveling. He has four married children, two who are MD's, and 14 grandchildren, one who is an MD.

1963

Ronald A. Housman, of Oak Beach, NY, is unable to attend his 50th reunion. Unfortunately, he is suffering from Parkinson's disease, making travel very difficult.

Carl Salzman, of Watertown, MA, is still working full time and loving it. He's teaching a lot and doing clinical work at Harvard. "Feel good!" he says.

1964

Murray J. Miller, of Lauderdale-By-The-Sea, FL, is still practicing endocrinology full time in Fort Lauderdale, entering his 40th year. He plans on attending his next reunion.

1965

Peter J. Adasek, of Colorado Springs, CO, and Little Falls, NY, represented his alma mater, Union College, at the inauguration of Colorado College's new president, Jill Tiefenthaler, PhD. He and fiancée, Sun Creecy also attended the inaugural dance. He continues to do pro-bono lectures on child abuse when the opportunities arise.

1966

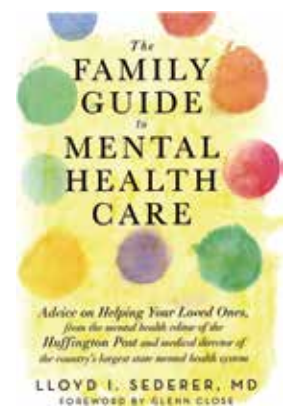
Norman L. Fienman, of Broomall, PA, has finally retired after 40-plus years with Broomall Pediatrics.

"It was hard to do after taking care of three- and a few four-generation families," he writes. "That is what has kept me so young. As Peter Pan stated, 'I won't grow up.' But if you have your health, Social Security and Medicare kick in. Make sure you remember the Class of 1966 Scholarship Fund." Fienman stays active skiing and traveling.

Austin M. Pattner, of Englewood, NJ, has been in practice 39 years and is hanging in for his patients, not the pay.

1970

Lloyd I. Sederer, of New York, NY, has completed a book for the general public, *The Family Guide to Mental Health Care*, which comes out in early April (WW Norton).



1971

Richard A. Goldman, of San Antonio, TX, and his wife, Barbara, welcomed their first grandchild, Joseph Elijah Goldman, on January 6.

History Lesson

1855 College of Medicine graduate Mary Edwards Walker, MD, is the only woman to receive the Congressional Medal of Honor.

While many know the Upstate connection of Elizabeth Blackwell, MD (Class of 1849), America's first woman doctor, and Sarah Loguen Fraser, MD (Class of 1876), the College's first black woman graduate, fewer are familiar with the story of Mary Edwards Walker, MD, the only woman to have received the Congressional Medal of Honor, America's highest military honor awarded for personal acts of valor above and beyond the call of duty.

Dr. Walker grew up on a farm in Oswego, New York, the daughter of a country doctor, an abolitionist who believed strongly in education and equality for his five daughters. Mary Walker became an early women's rights advocate who passionately espoused the issue of dress reform (she always wore pants), feeling hampered by the tight-fitting women's clothing of the day.

As a young woman, she taught at the local school, earning enough money to pay her way through Syracuse Medical College (now Upstate Medical University), where she graduated in 1855. She was the only woman in the 12-member class and one of the speakers at commencement exercises. She married a classmate, Albert Miller, MD, retaining her last name. Both bride and groom wore a suit and top hat. The couple set up a joint practice in Rome, New York, but Walker struggled, as female physicians were generally not trusted or respected at the time.

At the beginning of the Civil War, Walker volunteered for the Union Army as a civilian. At first, she was only allowed to practice as a nurse, as the U.S. Army had no female surgeons. During this period, she served at the First Battle of Bull Run and at the Patent Office Hospital in Washington, DC. She worked as an unpaid field surgeon near the Union front lines, including at the Battle of Fredericksburg and, after the Battle of Chickamauga, in Chattanooga. Finally, she was hired as a "Contract Acting Assistant Surgeon (civilian)" in September 1863, becoming the first-ever female surgeon employed by the U.S. Army.

Walker was later appointed assistant surgeon of the 52nd Ohio Infantry. During this service, she frequently crossed battle lines treating civilians. On April 10, 1864, she was captured by Confederate troops and arrested as a spy, just after she finished helping a confederate doctor perform an amputation. She was sent to Richmond, Virginia, and remained there until August 12, 1864, when she was released as part of a prisoner exchange. She went on to serve during the Battle of Atlanta, and later served as supervisor of a female prison in Louisville, Kentucky, and head of an orphanage in Tennessee.

After the war, Walker was recommended for the Medal of Honor by Generals Sherman and Thomas. On

November 11, 1865, President Andrew Johnson signed a bill to present her the medal.

Walker's citation reads in part that she "devoted herself with much patriotic zeal to the sick and wounded soldiers, both in the field and hospitals, to the detriment of her own health. She has also endured hardships as a prisoner of war for four months in a Southern prison while acting as contract surgeon."

After the war, Walker became a writer and lecturer, supporting issues including health care, temperance, women's rights, and dress reform. She often wore a men's suit and top hat, and as a result, was arrested several times for impersonating a man.

Beginning in 1916, the War Department began reviewing all previous Medal of Honor awards with the intent of undoing decades of abuse. At the time, for instance, the medal could be freely copied and sold and legally worn by anyone. Past awards would be rescinded and future ones rejected if supporting evidence didn't clearly and convincingly show combat valor above and beyond the call of duty.

Walker and nearly 1,000 past recipients had their medals revoked in the reform. Wearing the medal if unearned became a crime and the Army demanded Walker and the others return their medals. Walker refused and wore hers until her death at age 87 in 1919.

In the 1960s, Walker's great-grandniece Ann Walker launched an intensive lobbying campaign to restore her aunt's medal. A letter she received from the Senate Veterans Affairs Committee in 1974 reads, in part, "It's clear your great-granddaughter was not only courageous during the term she served as a contract doctor in the Union Army, but also as an outspoken proponent of feminine rights. Both as a doctor and feminist, she was much ahead of her time and, as is usual, she was not regarded kindly by many of her contemporaries. Today she appears prophetic."

President Jimmy Carter restored Mary Walker's Medal of Honor on June 11, 1977. Today, it's on display in the Pentagon's women's corridor. The U.S. Postal Service honored Walker with a 20-cent first-class postage stamp in 1982.

MATTHEW BRADY



Mary Edwards Walker in 1866

CLASS NOTES

1975

Ken Grauer, of Gainesville, FL, continues to publish ECG/ACLS educational resources through his company KG/EKG Press, www.kg-ekgpress.com.

1977

William R. Latreille, of Constable, NY, was elected to the board of trustees of the Medical Society of the State of New York in April, 2012.

Anthony Scardella, of Princeton Junction, NJ, is still at Robert Wood Johnson Medical School, where he started as an intern. For the past five years he has served as the senior associate dean for clinical affairs, and in July 2012, was named interim chair of the department of medicine. In July 2013, the school will rejoin Rutgers University as part of the newly formed Rutgers School of Biomedical and Health Sciences. He and his wife Susan (Friedlander) continue to live in and enjoy the Princeton area.

1979

Steven L. Batki, of Mill Valley, CA, is enjoying combining clinical research with his work as director of addiction programs at UCSF/San Francisco V.A. Medical Center.

Marc A. Subik, of Huntington, WV, shares that his daughter, Rachele,

Paula Dhanda, MD '84, of Kelseyville, CA, led a team of medical volunteers on an incredible journey to Nepal. They trained 10 midwives from the region, delivered several babies, performed 36 surgeries, and treated 1,483 women. A *National Geographic* blog tells a small part of the story at: <http://nationalgeographicassignmentblog.com/>

15, is getting ready for tennis season. His son, Grant, 13, is playing basketball and keeping his tennis game in shape as well.

1980

Jeffrey S. Abrams, of Princeton, NJ, is president of the American Shoulder and Elbow Society. He has been married 27 years to Kathleen Sweeny and they have two children, Matt, 23, and Kimberly, 21.

Peter C. Johnson, of Raleigh, NC, recently published his first novel, *Lark Farm - In Flanders Fields*.

1987

John J. Walker, of High Point, NC, has been selected to a group of 20 North Carolina physicians and physician assistants to help lead the future of North Carolina's medical community as part of the North Carolina Medical



John J. Walker, MD '87

Society Foundation's 11th annual Leadership College. The 20 scholars will participate throughout the year in intensive leadership training. Dr. Walker, a physician at Cornerstone Healthcare, is also a member of the North Carolina Medical Society and the American Society of Gastrointestinal Endoscopy as well as a member of the American College of Gastroenterology. Walker says he looks forward to using the information and skills learned at the Leadership College to help

Cornerstone Healthcare be a leader in health care delivery, regionally and nationally.

1993

Yvette L. Rooks, of Ellicott City, MD, has joined the College Athletic Trainers Society (CATS) Board of Directors. She is the second medical practitioner to serve on the board. Dr. Rooks brings more than 15 years of experience working with college athletic trainers.

1999

Beth A. Biggee, of Andover, MA, is married to **Andrew McQuide, MD '01**. She is a rheumatologist in private practice. Andrew is an anesthesiologist. They have three children.

West Meets East

Alan T. Lefor, MD '82, finds new challenges teaching medicine in Japan.

While it's not so unusual to change career direction midstream, changing countries in the process is fairly unique. Six years ago, Alan T. Lefor, MD '82, left Los Angeles, where he'd spent the previous 10 years as chief of surgical oncology at Cedars-Sinai Medical Center and professor of clinical surgery at the UCLA School of Medicine, and relocated to Japan.

Dr. Lefor is on the faculty of Jichi Medical University in Tochigi, Japan (about 80 miles north of Tokyo), where he teaches general surgery and medicine, conducts research, and is medical director of the Simulation Center. He holds the distinction of being the only non-Japanese full professor at any medical school in Japan. "In my six years here, I have only met one or two foreign physicians working here in Japan," he says.

Lefor had been a regular lecturer at Jichi before joining the faculty. Although his Japanese is functional at best, language is not a problem. "In general, Japanese people won't speak Japanese with me," he says. "At work, I speak only English, in part because people want to practice their English with me. My lectures are in English, although my slides are about 50-percent Japanese."

Cultural differences extend throughout the practice of medicine. Japanese medical schools are a six-year program directly out of high school. According to Lefor, students in the clinical years at the end are mostly observers. After graduating at age 24, everyone does a two-year rotating residency, followed by specialty training.

The entire country has one insurance plan, which pays 70 percent of treatment. People over 65 pay nothing at all. However, fees are nothing like the U.S. A CT scan for instance, costs about \$300, so the patient pays \$100 out of pocket. "I have never once heard the concept of 'cost-effective medicine' discussed," says Lefor. "Hospitals are incentivized to spend as much as possible on testing, so basically every patient undergoes every possible test. Japan does the highest number of CT scans per capita in the world." In addition, hospital stays are inordinately long. "A typical appendectomy patient will stay in the hospital for seven to 10 days after surgery," Lefor says.

Although doctors are well respected within Japanese society, pay is much lower. Most doctors are salaried with salaries being equal, regardless of specialty. "The salaries at a University are sufficiently low that nearly everyone spends one day a week moonlighting," he says.

Lefor is the principal investigator for the American College of Surgeons' Advanced Trauma Operative



Alan Lefor with Japanese colleagues

Management (ATOM)[®] Program for Asia, which offers monthly two-day training courses throughout Japan. He also conducts weekly teaching rounds in the Intensive Care Unit at an affiliated hospital, teaches at a number of hospitals in the greater Tokyo area, and runs a weekly surgical morbidity and mortality conference at a hospital near Disneyland. "This is interesting because there is no tradition of M&M conferences in Japan," he says. "Despite this, the residents have really stepped up and do excellent presentations."

Lefor also finds time to be a student. In Japan, it's possible to pursue a PhD on a part-time basis and his university gives him two days for research. After "studying like crazy for the physics GRE," he was accepted into the PhD program of the Astronomy Institute at Tohoku University, where he's pursuing a degree in theoretical astrophysics.

"My work in theoretical astrophysics is in an area called 'gravitational lensing,' which uses mathematical models to describe how galaxies bend light," he explains. "It turns out that many of the issues in modeling galaxies are similar to issues in modeling the growth of cancer cells, which is what I want to pursue."

While life in Japan is relatively simple in many ways, Lefor says it is a challenge to find professional rewards. "In the United States, one can achieve respect in a field by publishing and doing research, but those things are much less regarded here," he says. "The rewards are simply different. This has taken quite a bit of getting used to, but I am enjoying the challenges involved."

—Renée Gearhart Levy

2001

Edward J. Wladis, of Glenmont, NY, is in private practice as an oculoplastic surgeon in Albany and teaches residents and medical students at Albany Medical College. Additionally, he performs research on oculoplastic and orbital conditions. His research on ocular rosacea was recently awarded the Research Award for most outstanding work and the Bartley J. Frueh Award for best presentation from the American Society of Ophthalmic Plastic and Reconstructive Surgery at its annual meeting. Also, his investigations into thyroid eye disease were selected as among the best at the American Academy of Ophthalmology's annual meeting.

2002



Jody Sima, of Brewerton, NY, is a pediatric oncologist at Upstate and took part in the 2013 St. Baldricks Fundraiser in Syracuse, raising \$5,000 for shaving her head. The St. Baldricks

Foundation is an international nonprofit that raises money for pediatric cancer research. Syracuse hosts one of the world's largest St. Baldrick's fundraisers.

2005

Jeremiah Dickerson, and **Casey Patunoff** are happy to announce the arrival of their twin babies, Bennett Arlo and Sylvie Claire, born on July 24, 2012. Casey and Jeremiah are both child and adolescent psychiatrists practicing in Vermont. Casey enjoys working in community mental health in St. Albans while Jeremiah is an assistant professor of psychiatry at the University of Vermont College of Medicine in Burlington.

House Staff

Leslie J. Kohman, MD, HS '85, recently obtained board certification in hospice and palliative care medicine. She is medical director of the Upstate Cancer Center.

Serdar Ural, MD, HS'97, of Hummelstown, PA, is currently chief of maternal fetal medicine at the Pennsylvania State University College of Medicine and has been nominated as a Healthcare Hero in Pennsylvania. He and his wife have three children and reside in Hershey.



Dr. Setnor at the grand opening of the Setnor Academic Building in August 2007

1935

JULES R. SETNOR, of Longmeadow, MA, died December 21, 2012, at age 101. Dr. Setnor was born in Belleville, NJ, and was educated at Syracuse University and the SU College of Medicine. He began his career as a general practitioner in Springfield, MA, and after passing the internal medicine boards 10 years later, practiced internal medicine for the remainder of his 50-year career. He was always delighted to meet adults whom he had delivered as babies. Setnor was a generous benefactor to both Syracuse University and Upstate Medical University. In 2004, he donated \$3 million to fund the Rose and Jules R. Setnor, MD '35, and Stanford Setnor, MD '42 Academic Building, which also honors the memories of his wife and brother-in-law. Officially opened in August 2007, the building provides state-of-the-art educational facilities for medical, graduate, health professions and nursing students. In 2008, Setnor was awarded an honorary degree for his dedication as a practicing physician, his stature as a role model for future Upstate graduates, and his dedication to the educational programs at SUNY Upstate. He was predeceased by his wife of 72 years, Rose, in 2005.



Dr. Fred Roberts and wife Ann (couple on right) at his 55-year reunion

1942

FREDERICK N. ROBERTS, of Syracuse, NY, died December 16, 2012. After graduating from Syracuse University and its medical school, Dr. Roberts began a 70-year career as a pediatrician, treating an estimated 300,000 patients. During World War II, he served as a doctor on the USS Chilton in the Pacific. Roberts performed the first intra-uterine transfusion in Central New York, devoted decades of tireless work to cystic fibrosis research, and founded the CNY Cystic Fibrosis Clinic. He was a prolific writer and the author of two published books that documented the lives of courageous pediatric patients. Upon retirement from his private practice in 1995, he established a pediatric clinic for low-income families at Crouse Hospital, which he directed for 10 years. In 2006, he began volunteering his teaching expertise at Upstate Medical University, as well as seeing pediatric patients. Roberts' many honors included being recognized multiple times as Pediatrician of the Year of Central New York, and as one of *The Post-Standard's* "People of Achievement" in 1999. His wife, Ann, with whom he shared a 75-year romance, predeceased him by five days. Their only daughter, Laura Roberts Crawford, died in 2011. He is survived by sons Frank, Douglas, Stephen, and Lawrence Roberts; and several grandchildren and great-grandchildren.

3/'43

HARRY L. GILMORE, JR., of Manlius, NY, died December 7, 2012. Dr. Gilmore practiced obstetrics and gynecology for 50 years, until his retirement. He served as an early medical director for Planned Parenthood and was a tireless advocate for women's health. He is survived by his sons, Lou and Stephen, and three grandchildren.

1946

S. WILLIAM ROSS, of Little Rock, AR, died December 3, 2012. Dr. Ross served in the U.S. Navy for two years. He was Arkansas's first hematologist, and was also a rheumatologist, oncologist, and clinical pathologist. He was co-founder of Little Rock Diagnostic Clinic, the Southwest Oncology Group, and the Arkansas chapter of the National Arthritis Foundation. In 1958, with Dr. Louis Sanders, he initiated the first state-wide home physical therapy program for patients with rheumatoid arthritis. He was also founder and past president of the Arkansas Blood and Cancer Society, and along with three other physicians, performed the first bone marrow transplant in the state. He is survived by his wife, Charlotte; his daughters, Pamela, Leslie, Meredith, and Linda; and several other relatives.

1949

ALDEN B. STARR, of Navarino, NY, died December 30, 2012. Dr. Starr served in World War II and the Korean War. He practiced as a psychiatrist at the Syracuse VA and Upstate Medical University. He was chief psychiatrist for the Syracuse School District and Elmwood Children's Center. Starr is survived by his daughters, Autumn, Holly, Kate and Lara; his son, Chris; and several other relatives.

1952

JOSEPH G. CHANATRY, of Utica, NY, died December 18, 2012. Dr. Chanatry served two years as a physician in the U.S. Air Force, based at Mildenhall Air field in England. Chanatry was a prominent physician who practiced obstetrics and gynecology in Utica for many years, known for his surgical skill and bedside manner. He is survived by his sons, Louis, Dr. Brian Chanatry and David; his daughters, Martha, Nadine and Mary; and several other relatives.

1953

STUART S. PINES, of Houston, TX, died September 23, 2012. Dr. Pines served his country in the Army Medical Corps and U.S. Army Reserves for 42 years, spanning World War II to Desert Storm, many of those years as a Colonel commanding the 815th Station Hospital in Newburgh, NY. He is survived by his daughters, Betsy, Andrea, and Susan; his sons, Sam and Larry; and several other relatives.

HAROLD R. TORRANCE, of Orlando, FL, died December 5, 2012. Dr. Torrance served in the Navy during World War II on a medical ship. His first practice was in Apopka, FL, and he moved the practice to Orlando in 1956 and practiced there until his retirement in 1998. He was a founding member of Shepherd's Hope, a volunteer medical clinic for those unable to pay. He is survived

by his wife, Sally Lou; his daughters, Carol and Cathy; and several grandchildren and great grandchildren.

NORMAN TRABULUS, of Sherman Oaks, CA, died December 30, 2009.

1955

RICHARD A. SULLIVAN, of Milford, NJ, died September 7, 2012. Dr. Sullivan served in the U.S. Army in the Pacific Theatre during the later stages of World War II and in the post-war occupation, stationed in the Philippines. Sullivan practiced internal medicine in Rochester, NY, from 1957 to 1961. He joined the faculty of New York University Institute of Physical Medicine in 1965 and remained as a clinical associate professor until 1993. He was one of the first physicians boarded in physical medicine and rehabilitation. He is survived by his wife, Lucille; his daughters, Katherine and Suzanne; his sons, Richard, Brian, and Philip; and several other relatives.

1958

FRANK A. CAMP, of Beach Haven, NJ, died on July 2, 2010.

JULIUS REIN, of Spring Valley, NY, died on February 20, 2013. Dr. Rein was an avid private pilot and officer in the Civil Air Patrol, as well as a sailor. He is survived by his wife, Sylvia; his son, Jay; his daughters Sheryl, Rachel, and Susan; and several other relatives.

1960

CONRAD L. PICKETT, of Hot Springs, SD, died November 12, 2012. Dr. Pickett specialized in psychiatry and worked for the Veterans Administration in numerous states, including South Dakota, Ohio, Wyoming, and Nevada. He also worked as a prison psychiatrist in San Luis Obispo, CA. He is survived by his wife, Jean; his daughters, Amy, Laurie, and Melanie; his sons, Jeffrey, David, and Timothy; and several other relatives.

IN MEMORIAM

1963

REUBEN I. WEINER, of Ithaca, NY, died December 23, 2011. Dr. Weiner served as a captain in the U.S. Army Reserve. He practiced internal medicine from 1964 until 1990. He was also an entrepreneur and businessman and active in local politics. He is survived by his wife, Elline; his daughter, Karen; his sons, Walter and David; stepchildren Vernon Gambrell II, Juliana Gambrell, Christina Morse, and Melissa Baumann; his brother, Milton Weiner, MD; and many other relatives.

1964

JAMES C. HOFMANN, of Baytown, TX, died August 23, 2012. Dr. Hofmann practiced obstetrics and gynecology, and felt very fortunate to be able to work in a field he was so passionate about. He is survived by his wife, Lois; his daughters, Mary and Susan; his son, James; and several other relatives.

1982

DENNIS J. ARENA, of Westwood, NJ, died June 8, 2012. Dr. Arena spent many years as a radiologist and established the CMI MRI Center with his partners. He also earned a PhD in biomedical engineering from the University of Rhode Island. He is survived by his mother, Catherine, and several other family members.

1984

RICHARD G. ZOGBY, of Manlius, NY, died on February 14. He received his bachelor's degree from Dartmouth College, where he was a member of the Ivy League championship football team. After medical school and residency at Upstate, Dr. Zogby joined Syracuse Orthopedic Specialists, where he was a partner for more than 20 years. He was a member of several medical societies and organizations and was a featured presenter at numerous medical conferences locally and nationally. He served in the Medical Corps-United States Naval Reserve, achieving the rank of Lieutenant Commander. He is survived by his wife, Colleen; their three sons, Richard Gabriel III, Garrett, and Gregory; his daughter, Gabrielle; his father, Dr. Richard G. Zogby, Sr.; his brother Andrew; and sisters, Mary Terese Novak, and Elizabeth.

House Staff

INOCENCIO S. BALDOVINO, of Utica, NY, died October 4, 2010. Dr. Baldovino worked on staff at Mohawk Valley Psychiatric Center and retired after 32 years of service. He is survived by his wife, Irene; his daughter, Anita; his son Philip; and several other relatives.

ROBERT M. WEETMAN, of Indianapolis, IN, died October 4, 2012. Dr. Weetman served as a medical officer in the U.S. Air Force, in Tachikawa, Japan. He was a pediatric hematology-oncology professor at Indiana University School of Medicine from 1970 to 1998. He is survived by his wife, Barbara; his daughters, Susan and Beth; his son, David; and several other relatives.

Faculty

DAVIS G. JOHNSON, PhD, of Needham, MA, died April 13, 2012. Dr. Johnson served in the U.S. Army from 1942 to 1946. He was assistant dean for admissions and student personnel at Upstate from 1952 to 1963. His is survived by his wife, Mary; his sons, Douglas C. Johnson MD, and Richard; his daughters, Gail, Joan, and Lynn; and seven grandchildren.

LUCIANO M. MODESTI, of Naples, FL, died January 17. Dr. Modesti was born and raised in Rome, Italy. He obtained his medical degree from Rome University Medical School and immigrated to the United States after his medical internship and military service. Modesti joined the Department of Neurosurgery at Upstate and taught at the College of Medicine and in clinical practice. He was an attending physician at Upstate and Crouse, and chief of neurosurgery at the VA Medical Center. He retired in 1992 as professor emeritus at Upstate. He is survived by his wife, Elfriede; his children, Melitta, Claudius, Chris, Julian, and Phillip; and several other relatives.

JAY TEPPERMAN, of Oakland, CA, died December 20, 2012. Dr. Tepperman received his bachelor's degree in English literature from the University of Pennsylvania and his MD from Columbia College of Physicians and Surgeons. He served as a captain in the U.S. Army for two years and joined the Syracuse University College of Medicine in 1946. He and his wife Helen established an active research program, and co-authored a textbook, *Metabolic and Endocrine Physiology*. Tepperman received an honorary Doctor of Science degree from Upstate in 1987. He is survived by his daughters, Jean and Kathy; his son, Jim; and several grandchildren.

Rick Zogby (far right) with medical school classmates at their 25th reunion



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