



UPSTATE MEDICAL

# Alumni JOURNAL

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## DOCTORS & ADVOCATES

AN UPSTATE ELECTIVE CHALLENGES  
STUDENTS TO MAKE THE SYSTEM BETTER.



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Submissions and address  
corrections should be sent  
to Director of Medical  
Alumni Relations and Giv-  
ing, SUNY Upstate Medical  
University, Setnor Academic  
Building #1510, 750  
E. Adams St., Syracuse,  
New York 13210-9976

Phone: 315/464-4361

Fax: 315/464-4360

Email:

norcross@upstate.edu

Paul Norcross

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**ON THE COVER:** Second-  
year medical students  
enrolled in the Physicians  
& Social Responsibility 2  
elective. Front: Nadya  
Dillon and Ian Kratzke.  
Middle: Alan Shum, Jason  
Elyaguov, and Emily Lopes.  
Back: Jun Yu, Brielle Stanton,  
and Kyle Richardson



Timothy Damron, MD, and Robert A. Sherman, MD, with Upstate's new RIO robotic arm system

## Community Campus Introduces Robotic Technology for Hip & Knee Replacement

**UPSTATE UNIVERSITY** Hospital's Community Campus is the first in the Syracuse area to use the RIO Robotic Arm Interactive Orthopedic System, a surgeon-controlled robotic arm system that enables accurate alignment and placement of implants. With the new technology, the campus is the only facility in the area to offer MAKOplasty Partial Knee Resurfacing and MAKOplasty Total Hip Replacement procedures.

"Accuracy is key in planning and performing both partial knee and total hip procedures," says Timothy Damron, MD, Upstate professor of orthopedic surgery. "For a good

outcome, you need to align and position the implants just right. RIO enables surgeons to personalize partial knee and total hip arthroplasties to achieve optimal results at a level of accuracy and reproducibility previously unattainable with conventional instrumentation."

The RIO system features a patient-specific visualization system and proprietary tactile robotic arm technology that is integrated with intelligent surgical instruments. It assists surgeons in pre-planning and in treating each patient uniquely and with consistently reproducible results.

## McCabe Honored as Hospital Leader

John McCabe, MD '79, Upstate senior vice president for hospital affairs and chief executive officer of University Hospital, has been named to the Becker's Hospital Review's list of 100 physician leaders of hospitals and health systems in 2014. Dr. McCabe's inclusion on the list reflects his healthcare experience, accolades, and his commitment to quality care, according to Becker's. It is the fifth time McCabe has been recognized by Becker's in recent years.



John McCabe, MD '79

## Comprehensive Stroke Center Certification

**UPSTATE UNIVERSITY HOSPITAL** has earned Comprehensive Stroke Center certification from DNV (Det Norske Veritas) Healthcare, Inc., a hospital accreditation organization with some of the most rigorous standards in health care.

“This designation reflects the outstanding clinicians, medical technology, and facilities that are available at Upstate to treat patients with stroke, from mild to most severe.”

— John McCabe, MD '79, Upstate University Hospital chief executive officer

The Comprehensive Stroke Center designation—the highest-level designation available—signifies that University Hospital meets the most exacting standards for treating the most complex stroke cases at any time of day, all year long.

University Hospital is the only hospital in Central New York to earn such a designation from

DNV for its stroke care. The only other hospital in New York that is designated by DNV as a Comprehensive Stroke Center is Kaleida Health in Buffalo.

Since 2006, Upstate has been designated as a Primary Stroke Center by New York State and has received numerous accolades for its stroke care from the American Heart Association and American Stroke Association.

“This designation reflects the outstanding clinicians, medical technology and facilities that are available at Upstate to treat patients with stroke, from mild to most severe,” said John McCabe, MD '79, Upstate University Hospital chief executive officer. “But most importantly, this comprehensive designation underscores the team approach that Upstate takes to treating stroke. From EMS providers to nurses, to pharmacists to surgeons, to technicians and social workers, all of these highly trained medical professionals mobilize at the first notification that a patient is en route with a possible stroke.”

**CAREER ADVISORY NETWORKING.** The Medical Alumni Association's 9th annual Career Advisory Networking Dinner was held January 5 in Weiskotten Hall. A buffet dinner was served and second- and third-year students were able to rotate between tables of physicians representing various specialties to ask questions about current practices, new discoveries, residency programs, and more. This year's event attracted a total of 125 attendees: 55 mentors and 70 students. A networking dinner was also held in Binghamton on January 15, with 39 students and 28 mentors participating.





#### SARAH LOGUEN FRASER DAY.

Michael Enechukwu '17 accepted the 2014–2015 Sarah Loguen Scholarship, funded by the Medical Alumni Association, at the 11th Annual Dr. Sarah Loguen Fraser Day on February 27, 2015. Enechukwu spoke of growing up in public housing in Newark, NJ, and seeing neighbors and friends who suffered from illness, including a childhood friend who died of diabetes. He credits those experiences as motivation to pursue medical school and says that, "At Upstate, I am achieving my dream."

## Innovative Device Allows Complex Shoulder Replacements

Patients who need shoulder replacements have a new option in a novel, improved implantable device available at Upstate, one of two healthcare facilities in New York state (and six facilities nationwide) to use the FDA-approved SMR TT metal back glenoid implant for shoulder replacements.



Kevin Setter, MD '98

Kevin Setter, MD '98, associate professor of orthopedic surgery at Upstate, performs the surgeries through the Upstate Bone and Joint Center.

The implant allows for complex replacements to be done in a less invasive manner, and for patients to achieve a greater range of motion following surgery. A cup-shaped device replaces the glenoid and creates a secure, long-lasting bond by allowing for bone ingrowth. The device is made of a special metal, tantalum titanium (TT), which is a porous material that allows bone to grow in and around the device.

## Upstate MD/PhD Student Presents at National Conference

Upstate Medical University MD/PhD student Scott Minchenberg '15 was one of only 18 students selected to give an oral presentation at the 29th annual MD/PhD Student Conference in Keystone, Colorado.

Minchenberg is in the laboratory of Professor Paul Massa, PhD, researching the role of a protein in multiple sclerosis (MS), a debilitating disease affecting the central nervous system. MS is characterized by the destruction of myelin, the insulating layer or sheath

of proteins and fat around nerves. The damaged myelin forms scar tissue (sclerosis), which affects signals to the brain and spinal cord.

The Massa Lab project could eventually lead to therapies for the disease. "We have the potential of better understanding the underlying mechanisms of MS," says Minchenberg.

At the conference, Minchenberg gave an oral presentation on his research and talked with MD/PhD students from all over the country.



Scott Minchenberg '15

## New Faculty

**CHRISTOPHER CURTISS, MD '09**, has joined the Pathology Department as assistant professor, providing services in pulmonary pathology and general surgical pathology. Dr. Curtiss received his medical degree from Upstate Medical University after earning undergraduate degrees from SUNY Geneseo and Finger Lakes Community College. He completed an anatomic and clinical pathology residency

at Upstate, and was named chief resident for the 2012–2013 academic year.

He completed a surgical pathology fellowship at Upstate, gaining expertise in pulmonary pathology, and received additional training with international experts in lung cancer pathology at Memorial Sloan Kettering Cancer Center. He is board certified in anatomic and clinical pathology.



Christopher Curtiss, MD '09

# Sticker SHOCK

Medical school is a great investment. But entering the profession costs a lot more than it used to.



There may be no greater thrill for any prospective medical student than getting that email or letter that says they've been accepted. Medical school admission is characteristically a dream come true, the culmination of years of hard work and focus.

But following the thrill of "I'm going to be a doctor," is sometimes panic. That ticket to medical school comes with an increasingly high cost.

For decades, New York state residents were spared much of this burden, with tuition at the four state medical schools among the lowest in the nation. But state funding changes to SUNY campuses have radically altered tuition fees in a relatively short period of time.

loans. Although they overlapped in their time at Upstate, the total cost of their individual medical education is measurably different.

At roughly the same time Brendan began his medical studies at Upstate, budget changes were approved that reduced direct state aid to SUNY campuses. Schools would be expected to make up the shortfall through more efficient operations and philanthropy, and for the first time, would be allowed to raise tuition to fund educational initiatives.

"This meant that each campus had to raise its own funds from tuition to operate as most private schools do," says David Duggan, MD '79, dean of the College of Medicine. "It also meant that our state-

subsidized tuition would have to rise or we would have to reduce our number of faculty and programs."

The four SUNY medical schools, which train approximately 11 percent of the nation's physicians, charge the same tuition—a standard rate. "We meet every year and discuss how we should modify tuition," says Duggan. Since 2007-08, state support to the Upstate campus has reduced by 20

percent, or \$11 million annually. Over the same time period, tuition at SUNY medical schools increased by \$16,500 to offset the cuts, however, operating costs have outpaced the state allocation.

In addition, state funding to University Hospital was reduced a whopping 62 percent. Although state monies to the hospital and campus come from separate allocations, "they both hit us at the same time and we are tightly intertwined," says Duggan.

Consider that College of Medicine full-time faculty treat 99 percent of patients at University Hospital. "Faculty salaries are paid in part by these funds from the state. If you have to cut the number of faculty, that's going to affect the number of patients seen at University Hospital," he says.

While New York Governor Andrew Cuomo remains committed to holding state budget growth below 2-percent inflation, higher education costs have outpaced that by about double, according to the College Board.

"We're just holding steady," says Duggan. "We'd like to grow our programs but we have to be restrained."

One thing Upstate hasn't compromised is its commitment to train students regardless of their socioeconomic status. "We want to give talented New York state students a chance to attend medical school

	2004-05	2014-15
College of Medicine Tuition & Fees	\$21,321	\$36,283

When Brendan Leahy, MD '12, came to Upstate in 2007-08, tuition was \$22,236. This year, his younger sister, Sarah Leahy '15, was faced with tuition of \$36,283 for 2014-15. Both siblings—the first in their family to go to medical school—funded their education through student

# 84

percent of 2014  
U.S. medical school graduates  
with school loans\*

## \$34,540

median public medical  
school tuition and fees,  
2014-15

## \$53,714

median private medical  
school tuition and fees,  
2014-15

# 10

percent have loan  
balances of \$300,000  
or more\*

# \$180,000\*

median indebtedness of 2014 U.S. medical school graduates

\*all medical school graduates, public or private

regardless of family resources, but that costs us more and poses a real challenge.”

Because the institution was able to offer heavily subsidized tuition for many years, the need for scholarships to help students offset loans was not pressing. But Duggan says that need is now pronounced. “We are at the lower end of philanthropic support in terms of grants and scholarships to our students and we need to find a solution to that,” he says.

While there are still many more qualified applicants than there are spots in each incoming class, Jennifer Welch, associate dean of Admissions and Financial Aid, struggles with the issue of admitting students who need assistance and not having a lot of financial aid to provide. “Every year we lose talented students we would like to have come here who choose to go to other schools because they offered a better fiscal package,” she says.

The upshot of rising tuition—at Upstate and elsewhere—is rising student debt. According to the AAMC, 86 percent of 2014 graduates from public medical schools graduated with debt, which averaged more than \$167,000. Debt load is considered to be a contributor to career choice as more students choose to pursue lucrative specialties while the

primary care fields face shortages.

Although the rate of increase over the last eight years is alarming, Duggan believes the current College of Medicine tuition—which falls at the high end of average for state schools—should not rise much higher. “We were way below average,” he says. “It was the best deal in the country.”

That said, Duggan would like every advantage possible in competing for talented New York students, which means increasing the ability to offer financial assistance.

Raising those scholarship funds is a major goal of the Upstate Medical Alumni Foundation, the philanthropic arm of the Upstate Medical Alumni Association. The Foundation actively solicits gifts from College of Medicine alumni and friends in an attempt to provide increasing amounts of scholarship support to current students. This year, the Medical Alumni Foundation presented scholarships to 109 students with a total value of more than \$300,000.

That’s a number Duggan would like to see grow. “We need help in providing support for our students to continue to provide the opportunities we were afforded,” he says. “I know many alumni feel Upstate played a significant role in their own success; we’d love their investment in the next generation of physicians.” ■

# DOCTORS **AND** ADVOCATES

An Upstate elective challenges students to make the system better. BY RENÉE GEARHART LEVY



The second-year medical students enrolled in the Physicians & Social Responsibility 2 elective.



It's partly a math problem, but not completely," says Emily Lopes '17. "If there were more buy in on the part of physicians, that would make a difference. But how do you get people to change?"

She's talking about Medicaid and the resistance of physicians to accept it. While the Affordable Care Act expanded Medicaid eligibility, that does little good if physicians are unwilling to treat Medicaid patients.

The second-year College of Medicine student is making a presentation to a small group of classmates and her course instructors, who discuss reasons physicians may be reticent to accept Medicaid, namely low reimbursement and administrative burden.

Hematologist-oncologist Amy Caruso-Brown, MD, MSc, MS, shares that in pediatric oncology, Medicaid requires less pre-authorization for many drugs compared with private insurers, and is less likely to dispute the necessity of recommended pediatric cancer treatment. "It depends on the specialty," she says. "People need to actually get the relevant information to make informed decisions instead of assuming it's not worth the effort."

Lopes' presentation was sparked by a lecture on health-care disparities a month earlier. Kathy Faber-Langendoen, MD, had suggested that if all practicing physicians accepted a small percentage of Medicaid patients, there would be little to no shortage. The idea stuck with Lopes and she's proposing her classmates commit to doing just that when they become practicing physicians, dubbing the effort "Say Yes to Medicaid."

Unbeknownst to her, the idea had resonated with

the other students in class as well, who are quick to embrace the idea.

"I think we need a catchier slogan," says Alan Shum '17, who's concerned about marketing. He proposes "The five-percent Solution."

Cynthia Morrow, MD, MPH, encourages the students to "engage their community," to assess a willingness to commit. "You can't assume that what you're thinking is what everyone else is thinking," she says, asking students to think about good strategies for getting people on board with their message.

The students agree to stay after class to strategize moving forward, and classroom discussion turns to working for change via health policy and public health, with Dr. Morrow sharing her efforts to improve infant mortality disparities when she became Onondaga County Health Commissioner in 2005.

At the time, Onondaga County had one of the worst infant mortality rates in the country. Between 2000 and 2002, for example, one in five African-American boys died before his fifth birthday. "If you saw these statistics, what would you do and how would you do it?" she asks students.

Morrow explains how she identified a fragmented maternal and child health system she believed contributed to too many infants dying and unforgiveable ethnic health disparities. She worked to bring all maternal health services under one roof, and implemented evidence-based programming to improve health outcomes in target populations, working to engage the community in the process. By 2014, the infant mortality rate had been cut in half.

We're sitting in on Physicians & Social Responsibility (PSR) 2, the second course in a two-year elective sequence, offered as part of Upstate's Center for Bioethics and Humanities Advocacy and Activism track. The course, now in its fourth year, is designed to help medical students embrace their responsibilities as physicians beyond individual patient care, and to equip them to take an active role in changing the health care system for the better through social activism and advocacy.

**"They are doing good things now, but the real test of our efforts will come 10 to 20 years from now, to see what they go on to do in their professional lives."**

—JIM DWYER, PHD, ASSOCIATE PROFESSOR OF BIOETHICS AND HUMANITIES

The courses are the brain-child of Dr. Faber-Langendoen, chair of the Center for Bioethics and Humanities and Medical Alumni Endowed Professor of Bioethics, and Jim Dwyer, PhD, associate professor of bioethics and humanities, and are a work in progress, growing out of an earlier elective they created, Social Responsibility and Medical Activism.

PSR1, taken mostly by first-year medical students, gives students an overview of core healthcare issues important to physician advocacy, such as health systems and financing, socioeconomic disparities in health and illness, cultural diversity in clinical practice, and global health inequities. Students are asked to identify an issue they're passionate about and formulate a project that might help solve the problem. There are 22 students enrolled in this course this year.

Students who continue with PSR2, mostly second-years, focus on different types of advocacy, such as legislation, professional organizations, community efforts, and public health policy, learning practical advocacy skills. They also implement the projects they designed in the first course. “They are doing good things now,” says Dr. Dwyer, “but the real test of our efforts will come 10 to 20 years from now, to see what they go on to do in their professional lives.”

**“I have dropped the idea of the five-percent solution many times over the years, but this is the first time students have bit. It’s sort of exciting. It’s my own way of advocating for change through education.”**

—KATHY FABER-LANGENDOEN, MD

Faber-Langendoen says the class was inspired by student comments she heard over years of teaching. “Students would confront these systems problems and would say, ‘I can’t do anything about it, that’s just the way the system is,’” she relates.

Hearing that was beyond frustrating. “If you look at the entire world of people who have access to people with power, who have power themselves, who have money, social standing, connections—physicians do pretty well,” she says. “So when I hear physicians, residents, or medical students talk about how they’re powerless, they seem to be selling themselves short.”

Faber-Langendoen decided perhaps the real problem was that students had no idea how to go about making change, so she set out to get them to recognize they weren’t so powerless after all. “There are specific skills to affecting change—if we haven’t equipped them with those skills

then perhaps we shouldn’t be so hard on them when they throw their hands up,” she says. “It becomes a challenge to us in terms of their education.”

Each PSR class typically covers a different topic, with an “expert” speaker that can draw from his or her own experiences. An important component of those experts are the PSR faculty, who lead by example when it comes to advocacy.

Among many efforts, Faber-Langendoen spent years advocating for a bill in the New York State Legislature that would allow family members to make healthcare decisions—including withdrawing life-sustaining treatment for incapacitated loved ones who have not made their wishes known in advance. The legislation, approved by the New York State Senate in 2010, was spurred on by the care of a severely disabled and acutely ill patient at University Hospital. After Upstate tried unsuccessfully to end life-sustaining treatment, the state ordered the hospital to continue providing care, even though her family and doctors said it would only prolong her suffering.

“This woman died a gruesome death,” says Faber-Langendoen, adding that the legislation was important because only about 20 percent of New Yorkers have completed a health care proxy.

Dwyer, Faber-Langendoen’s longtime teaching partner, is a philosopher by training who focuses on topics of medical ethics and social justice, such as global health, health inequalities, environmental sustainability, and migration. His writings are published widely, and in addition to teaching at Upstate, he often lectures and teaches abroad, most recently in Canada, Mexico, Switzerland, and Pakistan. In 2011–2012,

he received a Fulbright Scholar Grant to teach at the College of Medicine at National Taiwan University.

This fall, they invited the Center for Bioethics and Humanities’ two newest hires to join the PSR faculty. Dr. Caruso-Brown, who recently completed her fellowship in hematology, was heavily involved in lobbying efforts to stop the closure of Atlanta’s troubled Grady Memorial Hospital while a medical student at Emory University. “Leading up to saving the hospital and seeing how much it would impact the community for it to close, the whole experience was just really eye opening,” she says.

Morrow, who had served as a clinical faculty member for 15 years, joined the Center after making local headlines for resigning her post as Onondaga County Health Commissioner last year in protest over a proposed change that would move maternal and child health out of the county health department and under the social services umbrella.

“Part of being a member of any community is being socially responsible for the good of that community,” says Morrow. “In the context of medical education, I think it’s really important to expose students to the concept of social responsibility. We are all better off when we think of our actions—and our lack of action—in the context of community.”

**T**hat’s just what the eight students in PSR2 are doing. They decide for the time being to set aside semantics—the 5-percent solution or Say Yes to Medicaid—and focus on their action plan. Shum is tasked with creating an index card-sized fact sheet to get their classmates thinking about the issue. Lopes will arrange for a 10-minute time

slot in one of the required classes to make a brief presentation and poll peers, using the clickers to see where classmates stand on the subject. That will help determine the group's future steps and final outcome, which could take the form of a pledge card or an oath students take at graduation.

"Our goal is to increase awareness and take ownership as a class to help increase Medicaid participation among physicians graduating from Upstate, with greater nationwide participation as the ultimate goal," says Lopes. "We'd like to get 100-percent participation from the class, but how to get that is yet to be determined."

Regardless of the outcome, Faber-Langendoen couldn't be more pleased. "I have dropped the idea of the five-percent solution many times over the years, but this is the first time students have bit," she says. "It's sort of exciting. It's my own way of advocating for change through education."

She and the other three course instructors are helping students gain the skills and insight to figure out how they're going to get from A to B, not just on their Medicaid initiative, which was unexpected, but on their required individual projects, which are as varied as the students in the class.

Over a lunch class meeting at the local Indian restaurant, Samrat, the students share progress on their projects.

Alan Shum is drawing on his previous career experience in the finance industry for his project, which aims to dispel any deterrent to pursuing primary care based on loan debt. "My hypothesis is that a lot of people are not choosing primary care because of their student loan debt and belief that they wouldn't be making enough to pay off their loans and



have a decent lifestyle," he says. "But a lot of my classmates have never had a professional paycheck before and don't really understand how loans work, how interest accrues, how it can capitalize."

Shum will be making a lunch presentation, open to all medical students, to explain loan mechanics, showing various repayment methods over different time periods, graphed against primary care salaries. "I want to get people out of the mindset that they can't afford to do primary care," he says. "If I can start that conversation early, maybe more people will consider primary care and we can begin to alleviate the shortage of providers."

Another student, Kyle Richardson '17, has started a mentorship program for minority pre-med students at Syracuse University to help students navigate the road to medical school. Richardson went to community college for two years before transferring to St. Johns University as a junior,

and with no family members in medicine, experienced a void when it came to advising. Although there is formal pre-med advising available at SU, Richardson believes it is helpful to have a peer on a personal level to make contact with, particularly given the proximity of the two schools. Richardson reached out to his Upstate classmates for interested volunteers, and working with the SU minority pre-health organization Shadows of Health, matched up 20 undergraduates with an Upstate medical student mentor.

Jason Elyaguov '17 is attempting to position Upstate Medical University Hospital as a healthcare provider that recognizes and welcomes the diverse immigrant population within the greater Syracuse community through multi-lingual signage.

"As the son of immigrant parents who was raised speaking four languages in Brooklyn, NY, I realize the importance of ensuring a newcomer to the country feels at home," he says.

Elyaguov researched the

Second-year medical student Emily Lopes and Kathy Faber-Langendoen, MD, discuss strategies to promote "One in Five."

most commonly spoken foreign languages in the area with hopes of producing posters with simple one-line messages (“We are here to help you”) in various languages alongside the same message in English. Along with showcasing Upstate’s cultural awareness and acceptance, the signage would also encourage patients (and workers) to learn basic words in these languages. Although he’s receiving some pushback from the Upstate marketing department, Elyaguov is working to encourage them to implement the multi-lingual signage at University Hospital.

Clearly, the students have invested many, many hours into these projects, for a class that is a pass/fail elective. Their group Medicaid initiative is also making strides. They officially named it “One in Five,” representing the approximately 20 percent of

Americans on Medicaid, and are on the cusp of launching a three-day marketing campaign for classmates. At the end of the three days, they’ll encourage classmates to join a Facebook page that will act as a source of information as well as keep the conversation going. (<https://www.facebook.com/onein5>)

All this time and energy is a conscious choice; these students could just as easily have chosen not to take an elective and devoted their energies to required studies. But they are adamant about the value of their time spent and the importance of the PSR experience to their medical education.

First, as medical students just beginning to think about some of these problems, the examples set by faculty members with boots-on-the-ground experience making change is inspiring.

“Each of the instructor’s professional experiences has been an integral part the course,” says Elyaguov. “They bring real-life personal accounts operating through a range of professional networks and ruling bodies. By sharing their passion and dedication, they inspire us to carry out projects of our own with similar integrity, adopting similar techniques.”

Second, they’re getting the opportunity to learn about and discuss important issues they might not have elsewhere. “Many of the issues addressed in the elective, like the Affordable Care Act and safety net hospitals, are critical topics for my medical education that I would not have any formal information on otherwise,” says Brielle Stanton ’17. “I absolutely love the course and the way in which we talk about real issues that we will undoubtedly encounter during our medical careers.”

Perhaps Shum sums it up best: “The first two years of med school don’t feel like learning to be a doctor, it just feels like being a science student,” he says. “PSR has been a great way to step out of that and think about important issues and about our place as doctors in society.

“Doctors as a whole are angry right now and feel shackled about what they can and can’t do. Maybe they would feel that less if they felt more responsible about advocating for change.” ■



In addition to Faber-Langendoen, Physicians & Social Responsibility faculty include James Dwyer, PhD, Cynthia Morrow, MD, and Amy Caruso-Brown, MD

# Upstate's Moral Compass

## The Center for Bioethics and Humanities Celebrates 15 Years

When the Center for Bioethics and Humanities moved into its own freestanding building on the corner of Irving Avenue and E. Adams Street five years ago, Kathy Faber-Langendoen, MD, hung a poster in the entry way with a favorite quote from Margaret Mead: "Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has."

It's not just a slogan. "I'm quite convinced we can change the world," says Dr. Faber-Langendoen. "We made it one way, we can make it another way."

Seventeen years ago, Faber-Langendoen joined Upstate as the institution's first Medical Alumni Endowed Professor of Bioethics. The Center was founded two years later. Over her tenure, she has been joined by a dozen other staff members, who have become a resource on issues of medical bioethics throughout the region. Bioethics and Humanities became a department within the College of Medicine in 2005, running both required courses and electives.

The Center's mission is to use the disciplines of bioethics and medical humanities to work toward patient health care that is more compassionate and just. "That statement helps me lead and think about who should be our faculty, what we should be engaged in, and where we're headed," Faber-Langendoen says.

Although that mission has never wavered, the interpretation of it has evolved through the years. "For awhile we were hung

up on issues like consent, end-of-life care, and assisted reproductive technologies. It took me awhile to see that there are systems problems in healthcare that go beyond the individual patient-physician relationship that need to be addressed."

Those efforts inform much of the bioethics curriculum at the College of Medicine—Ethical, Legal, and Social Issues in Medicine in the first year and Clinical Bioethics, which parallels the third-year clinical clerkships, as well as electives in Physicians and Social Responsibility and several courses in medical humanities.

Increasingly the focus is on action. "We've always done a good job of ethics education, but it's always been a little intellectual and cerebral—we examine issues and discuss what ought to be done," says James Dwyer, PhD, associate professor of bioethics and humanities.

About a year and a half ago, faculty in the third-year Clinical Bioethics course began requiring students to find a situation in which they "speak up" if they see a problem. "It might not be a moral or ethical problem. It could be a clinical/diagnostic issue," he says. "We're trying to impress upon students that it's not just the ability to think that's important, but the skills and moral courage to take action effectively."

The seed for Upstate's Center for Bioethics and Humanities was planted by the Upstate Medical Alumni Association, when board members decided to assist the institution in the face of declining state dollars by fundraising for a



Kathy Faber-Langendoen, MD, is the Medical Alumni Endowed Professor of Bioethics

faculty position. They wanted to enrich the academic environment in an innovative way and spent nearly a decade fundraising for the position in bioethics.

Today, the Center is an integral part of Upstate Medical University. And Faber-Langendoen, still takes inspiration from her Margaret Mead poster about changing the world. "It is a challenge to me as I walk in the door every day," she says. "How do you get people to live up to that? How do you equip them? As an educator, how can we encourage and nurture that?" —RGL

# MEDICINE

WITH A Francis O'Connor, MD '85, trains medical

# MISSION

**A**cross the nation, medical schools train students to become physicians. While each may have individual strengths or distinctive characteristics, their enterprise is largely the same. With one exception.

At Uniformed Services University (USU), medical students not only learn to deliver babies and suture lacerations, they're additionally trained in tactical combat casualty care and adaptive leadership challenges. They learn to fire a weapon and defend themselves and their patients in warfare, to be military leaders who can provide top-notch care in difficult situations.

"We have a very unique mission to not only create doctors of medicine but also train people who have relevant skills in leadership and military medicine," says Francis O'Connor, MD '85. "Our focus is teaching to care for those in harm's way."

## **THAT UNIQUE TRAINING IS O'CONNOR'S JOB.**

The West Point and Upstate College of Medicine graduate is chair of USU's Department of Military and Emergency Medicine—the only department of its kind in the nation. "We supplement pathology, family medicine, surgery, and all the other classic departments with tactical combat casualty care, high-simulation field training, military medicine, and very defined leadership training that produces a unique skill set that I don't think you'd see at any other medical school, period," he says.

According to Dr. O'Connor, the curriculum emphasizes subjects typically only touched on

at many medical schools: combat resuscitation, global health and infectious disease, humanitarian assistance, and medical response to weapons of mass destruction. Several field-training exercises over the four-year curriculum expose students to realistic combat scenarios and give them a sense of the complexity of practicing medicine under austere circumstances.

The capstone of USU is Operation Bushmaster, which comes at the end of the fourth year of medical school. Perhaps the toughest final exam imaginable, Bushmaster simulates an overseas deployment over four days, complete with IED explosions, a suicide bomber, an ambush, sniper attacks, a helicopter evacuation, cholera outbreak, and a mass casualty. Although the events are staged (first-year students serve as the victims) the stress and physical and mental exhaustion the students face as part of the exercise are real.

"It's our signature exercise," says O'Connor, "designed to provide the opportunity for students to hone the critical knowledge, skills and attitudes required for successful assignment and deployment as a tactical level military medical officer. Our job is to create a sense of urgency and realism to prepare them for what they may well encounter in the future."

USU is located in Bethesda, Maryland, adjacent to the Walter Reed National Medical Center. The school's 700 medical students pay no tuition in exchange for a commitment to serve across the armed forces. They receive a commission when they enroll and are paid a salary while in school.

students to care for those in harm's way.



Francis O'Connor, MD '85 (second from left), discusses a training mission with other USU faculty.

While O'Connor received his own medical training at civilian institutions—Upstate, followed by a residency in family medicine at St. Joseph's Hospital and a sports medicine fellowship at Virginia Hospital Center, a Georgetown affiliated hospital—he has plenty of boots-on-the-ground military medical experience. In addition to more than 20 years of service stateside practicing and teaching family medicine and sports medicine in military hospitals, O'Connor spent 12 months in 2005-06 as Command Surgeon for

Special Operations Central (SOCCENT) and Combined Forces Special Operations Coalition Command (CFSOCC), serving in Iraq, Afghanistan, and West Africa.

It was a revelatory experience. “When you go overseas, you realize that the medical piece is just one cog in the wheel to support the warfighters, who are doing what they need to do,” says O'Connor, who is married to classmate Janet (Ghidella) O'Connor, MD '85, an anesthesiologist. “It really gives you perspective on what

it's all about—and it's about them. Our mission is one of combat service support for our warfighters.”

Prior to his post as Command Surgeon, O'Connor had served as chief of family medicine at Fort Belvoir. When he returned, he took on a new position as medical director of USU's Consortium for Health and Military Performance (CHAMP), which focuses on human performance optimization and total force fitness. “The military is extremely interested in preserving its asset, which is its warfighter,” says O'Connor. “CHAMP focuses on leveraging everything we can—knowledge, skills, attitudes, technology—to optimize our warfighter so they can do their job.”

**“We take care of the largest team in the United States, which is the United States military. Their Super Bowl is combat. It's very real.”**

— FRANCIS O'CONNOR, MD '85

It was a perfect fit for O'Connor, who had a long history and interest in sports medicine. He was a gymnast at Liverpool (NY) High School and at West Point and did residency training at St. Joe's under Jim Tucker, MD, who is now the head team physician at Syracuse University. Not only had O'Connor spent many years practicing sports medicine, he led USU's Primary Care Sports Medicine Fellowship through its first accreditation, served as a trustee of the American College of Sports Medicine, as president of the American Medical Society of Sports Medicine, and as team physician for several secondary schools and colleges in Virginia.

“Sports medicine directly speaks to performance,” says

Fourth-year medical students at Uniformed Services University take part in a combat casualty simulation, Operation Bushmaster.





O'Connor. "We have a significant performance center here and do considerable research that is all targeted to preserving the ability of warfighters to complete their mission."

Research areas include exertional rhabdomyolysis, nutrition and supplements, musculoskeletal injury prevention, and environmental stress reactivity. A big focus is exertional heat tolerance. "Heat is obviously a huge risk factor—it can approach 120–130 degrees in Iraq," says O'Connor. "You put body armor and a uniform on and you're potentially going to have problems."

CHAMP has partnered with labs throughout the United States, as well as the Israeli Defense Force, to study genetic markers for variation to heat tolerance with a goal to develop strategies to mitigate heat and exercise resilience. "We are specifically looking at return to duty protocols so that we can minimize people bouncing back with recurrent heat injury," he offers as example.

O'Connor became chair of Military and Emergency Medicine, which encompasses CHAMP, in 2013. He continues to see sports medicine patients two days a week, with the remainder of his time focused on department administration and teaching and research in the area of human performance.

"We take care of the largest team in the United States, which is the United States military. Their Super Bowl is combat. It's very real," says O'Connor.

Common injuries for warfighter athletes include over-use injuries, early degenerative osteoarthritis caused by high stress loads of body armor and helmets, and acute injuries from combat, including traumatic brain injury.

"We have a unique opportunity to translate lessons learned," he says. "Combat always produces new technologies and methods to apply to casualties, such as the early application of tourniquets and new surgical techniques."

It's knowledge he's happy to share. "Physicians may see veterans in their communities with health issues that are unique," O'Connor says. "There is a resource—the USU. We have an unusual skillset here that may be able to assist them. We are the institutional knowledge to make sure those lessons learned are translated." ■



Medical students learn to care for "those in harm's way" during a combat simulation.

Francis O'Connor, MD '85 (left), and USU Dean Arthur Kellermann, MD, with a "sniper" encountered by students during a combat simulation.

## Student Scientist

ITAMAR NIESVIZKY-KOGAN '17 WILL TAKE A BREAK FROM HIS MEDICAL STUDIES TO CONDUCT RESEARCH ON THE EPIGENETICS OF LYMPHOMA CELLS.

For decades, the scientific and medical community believed cancer was caused by damage to some portion of DNA within an individual's genome. But more recent breakthroughs show some cancers are caused by epigenetics—tiny environmental changes that can turn genes on or off. And unlike genetic damage, epigenetic changes can sometimes be reversed, typically with treatments less toxic than conventional chemotherapy.

to express parts of its genome and suppress others, and either continue to differentiation as it should, or turn off differentiation and become a cancer cell.”

Niesvizky-Kogan, who presented research findings at the American Society of Hematology's annual meeting in San Francisco in December, actually had his first experience with the Melnick Lab as a high school student. “I did a lot of watching; a lot of cleaning. I under-

theory behind it, you need to know about the polarity, the size of the DNA molecule, why some things move and other things don't. But to perform the test, you just need to mix some powders and some liquids and run it in a machine for a certain amount of time. I would do what my bosses told me to do and then they would explain the analysis to me.”

Niesvizky-Kogan returned to the Melnick Lab last summer, with funding from the American Hematology Society's Minority Medical Student Award Program. It was an entirely different experience. “It's amazing how much you learn in medical school,” he says, knowledge that “really let me think through the process and the future of the project.”

It's a future he'll continue to be a part of. After completing his USMLE Step 1 exam this spring, Niesvizky-Kogan will take a one-year leave of absence from the Upstate College of Medicine to spend a year in the Melnick Lab under support from the American Society of Hematology's Physician-Scientist Career Development Scholarship. Although he began at Upstate as a member of the Class of 2017, he will graduate with the Class of 2018.

In June, Niesvizky-Kogan will rejoin the same team he worked with last summer. “The work has expanded to more genes and cell lines that cover a wider range of cancers,” he says. “The overall goal is to get a complete mechanistic picture of what the epigenetics are in lymphoma.”

“The work ended up being a lot more groundbreaking than was expected. Basically, this gene puts down methyl groups and activates certain genes and turns off certain genes and allows a cell to express parts of its genome and suppress others, and either continue to differentiation as it should, or turn off differentiation and become a cancer cell.”

Second-year Upstate medical student Itamar Niesvizky-Kogan understands the science of this better than most. He spent last summer conducting bench research studying one gene (MLL) that controls epigenetics in lymphoma cells, working in Dr. Ari Melnick's epigenetics and hematological malignancies lab at Weill Cornell Medical College in New York City. “The work we did over the summer ended up being surprising, a lot more groundbreaking than was expected,” says Niesvizky-Kogan. “Basically, this gene puts down methyl groups and activates certain genes and turns off certain genes and allows a cell

stood what they were doing was important but I didn't understand much of the science going on behind it,” he says.

A few years later, as a pre-med student at Cornell, he spent another summer in the lab, this time carrying out procedures under the instruction of the lab members. With a few college-level science classes under his belt, he had a better framework for the research, but admits most of it was still over his head. “It's a very advanced lab—everyone has a PhD,” says Niesvizky-Kogan. “They do a lot of DNA analysis so I did the gel electrophoresis. To understand the



Second-year medical student Itamar Niesvizky-Kogan was awarded a Physician-Scientist Career Development Scholarship from the American Society of Hematology to conduct research next year.

He admits that taking a year off from medical school to do research had not been in his plans, but when Melnick invited him to come back, it was an opportunity too good to pass up. “The project is so interesting. Ten years ago, few people had heard of epigenetics,” he says. “There will be more and more discoveries and I want to be part of that.”

Niesvizky-Kogan says Melnick is “an excellent teacher and role model in science.” They were originally introduced by his father, Ruben Niesvizky, MD, a hematologist-oncologist and director of the Multiple Myeloma Center at New York Presbyterian Hospital-Cornell Medical Center in New York City. Years earlier, while residents at Mount Sinai in New York, Drs. Niesvizky and Melnick were the only Hispanic physicians. He thought Melnick might be able to foster his son’s

interest in pursuing science beyond his high school biology class.

Additional inspiration comes closer to home. In addition to his father (“always one of my biggest heroes and role models”), his grandfather was an obstetrician/gynecologist, and many aunts and uncles also work in medicine, all in Mexico City, where his parents are originally from. “I always knew that medicine was for me,” he says.

Although he clearly has an interest in oncology, Niesvizky-Kogan says he plans to approach all specialties with an open mind when he returns to complete his clinical rotations at the Binghamton campus. In addition to the thrill of scientific discovery, he hopes his research year will help solidify his career aspirations. “My future does involve some kind of research but I don’t know if that’s going to be at a bench,

like what I’ll be doing next year, or something more clinical,” he says. “I think this experience will help me figure out what path I want to take.”

Regardless of the direction, Niesvizky-Kogan has no doubt the experience will prove beneficial, even if it’s as basic as helping him improve his ability to analyze scientific journals and being able to understand cutting-edge research as it applies to translational medicine.

When classes began this fall, Niesvizky-Kogan was pleasantly surprised to have a unique understanding of his first unit, on neoplasia. “Being able to understand my little segment of cancer—how it worked and what the important genes are—made the unit a lot easier,” he says. “It was fun to be taught that in class and already know a little bit about it from the mechanistic side.”

# CLASS NOTES

## 1945 Reunion

SEPTEMBER 25-26, 2015

**Brinton T. Darlington** moved from Winthrop, ME, to Tucson, AZ.

## 1950 Reunion

SEPTEMBER 25-26, 2015

## 1953

**Richard A. Slezak**, of Ridgefield Park, NJ, writes, "Thanks for the Memories!"

## 1955 Reunion

SEPTEMBER 25-26, 2015

**Monroe Richman**, of Koloa, HI, recently cruised from Singapore to Dubai. He is back on Kauai where two hurricanes have passed by.

**Ronald H. Spiro**, of Jerusalem, Israel, writes, "Hard to believe that we're approaching the two year mark since we departed New Rochelle, NY, to join family in Jerusalem. We're enjoying our new life experience, most especially the time spent with the two of our four children who live here, most of our grandchildren, and our five great grandchildren."

## 1956

**Michael L. Del Monico**, shares that his wife, Irene, passed away in August 2014. He has decided to move to Raleigh, NC, to be close to his family.

**Bertram G. Kwasman**, of Scottsdale, AZ, celebrated his 60th wedding anniversary in August with Sue. They enjoy good health, as well as their four

children, spouses, and nine grandchildren, with two now married and living nearby. Dr. Kwasman enjoys frequent lunch or dinner with **Donald E. Robins '56**.

## 1959

**Richard J. Lubera**, of Grosse Pointe, MI, has an active internal medicine practice. "I find that every day there is something to look forward to," he writes. Dr. Lubera still keeps busy reading, playing tennis, and playing the violin in a quartet. He and wife Liz both feel very blessed by their wonderful family. Their son, David, is a CPA and is a partner in a CPA firm specializing in auditing; their daughter, Deborah Kawsky, is an art historian and college teacher; and their son, Rob, is an attorney specializing in elder law and estate planning. Their grandchildren bring them endless delight. They have enjoyed watching them grow into outstanding young individuals. Granddaughter Sarah is a junior at Loyola University; followed by their grandson, Andrew, at Notre Dame University; and grandson, William, at Michigan State University. Granddaughter Becky is in high school, grandson Stephen is in middle school, and grandson John is in elementary school. They look forward to their annual spring Easter trip this summer to one of their favorite destinations, the Outer Banks in North Carolina.



Richard Lubera '59 and his wife, Elizabeth

## 1960 Reunion

SEPTEMBER 25-26, 2015

**Daniel L. Dombroski**, of Camillus, NY, retired two years ago after 45 years of general surgery, and is enjoying retirement.

## 1962

**Steven A. Artz**, of Charleston, WV, is completing his 10th year as professor of medicine at the Robert C. Byrd Health Science Center/WVU in Charleston, and still enjoys every minute. His three sons are all physicians: two in academic positions and one at Kaiser in San Raphael, CA.

**Roger D. Moore '60**, of Clinton, NY, reports that he is in good health, as is his spouse of 58 years, Joanna. He takes no meds, practices one day a week, paints with fury, has a two-acre garden, volunteers hither and thither, is president of the Clinton Symphony, cooks with a flair (he thinks), thinks with a flair (he contends), delights in his 10 grandchildren, sings and prays everyday, and tries to stay abreast of new things in medicine—"which is impossible."

# 1963

**Malcolm E. Levine**, is finally retired to Palm Beach Gardens, FL. He is enjoying golf, photography, bridge, and grandchildren. He is still married to his first wife, Margie, "who, like great wine, gets better with age."

**David I. Rosen**, of Bath, PA, is well into his fourth medical career. First, was the U.S. Navy; second, Diplomat of the American Board of Urology; third, licensed nursing home administrator in New Jersey; and fourth, physician for homecare geriatrics. His hobbies include racehorse owner and breeder. "Variety is the spice of life," he writes.



Gerald F. Schwartzberg '63

**Gerald F. Schwartzberg**, of Paradise Valley, AZ, is still working!! He is doing outpatient pulmonary medicine 20 hours a week and was recently awarded the "Outstanding Clinician 2014" by the Arizona Thoracic Society. "Enjoyed seeing all the guys and girls at our 50th reunion in 2013 and look forward to the next," he writes.



Peter J. Adasek '65 teaching Native American art and artifacts to school children

# 1965 Reunion

SEPTEMBER 25-26, 2015

**Peter J. Adasek**, continues to live in Colorado Springs, CO, where he and Sun Hui enjoy a great view of Pikes Peak. They continue to keep their toes in Czech/Slovak Folk dancing and recently performed in Calhan, CO. He celebrated his 75th birthday this past August in Prague, and in Colorado with a luncheon and evening dance at the COS International Dance Club. Trips this year included Czech and Slovak Republics and to his hometown of Little Falls, NY. Dr. Adasek continues volunteer work as a docent of the Colorado Springs Fine Art Center, which he enjoys, especially taking children on art tours. He is still lecturing on child abuse, including a talk this year to Air Force Academy Cadets.

**Lawrence F. Simon**, of Pomona, NY, is director of the Department of Surgery at Nyack Hospital and is still practicing surgery 24/7. His five children and 10 grandchildren are all within a one-hour drive and make it all worthwhile. He also writes, "Looking forward to our 50th!"

# 1966

**Frank G. Yanowitz**, of Salt Lake City, UT, is in his 41st year living and working (now half time) as a cardiologist for Inter-mountain Healthcare and the University of Utah School of Medicine. He developed and manages a popular ECG teaching website for physicians, nurses, and students, [ecg.utah.edu](http://ecg.utah.edu). He and Betty just celebrated their 52nd wedding anniversary and their three kids and five grandkids are all doing well. "I enjoy the Utah outdoors and continue my alternative career as a jazz pianist. I would love to hear from classmates," he writes.

**Austin M. Pattner**, of Englewood, NJ, is at last a grandpa! "Forty-eight years after graduation from Upstate, another learning experience."

# 1967

**Martin L. Cohen**, of Morristown, NJ, is slowing down to three days a week. He still enjoys his patients and now has more time for his children and grandchildren. Joan retired in October 2014.

**Alan M. Davick**, of Cape Coral, FL, is practicing child psychiatry in Southwest Florida. He will soon publish his fourth book, *Discipline Your Child (without going to jail)*. He also has five grandchildren.

**Bruce L. McClennan**, recently retired from Yale after 20 years and moved to Chicago, IL, to be near his three children and three grandchildren in the Windy City. He may seek part time work in diagnostic radiology or just enjoy his new found "freedom."



Alan M. Davick '67

# 1970 Reunion

SEPTEMBER 25-26, 2015

**Frederic S. Auerbach**, of Portland, OR, retired from emergency medicine (not even on the map during our days) several years ago, after practicing at a UCLA-affiliated hospital in Los Angeles County. His oldest son, **Joshua Auerbach '08**, practices regional anesthesiology with a group in Vancouver, WA, just across the Columbia River, from Portland. Another son is finishing internal medicine at Massachusetts General Hospital and he and his wife will move to Seattle when he finishes in June. "They will turn off my life support!!"

## 1971

**Jay B. Brodsky**, of Palo Alto, CA, continues in his eighth year as medical director of perioperative services at Stanford University. He is active clinically as a professor in the Department of Anesthesiology. “No plans to retire. I welcome anyone who wants to visit Stanford—just let me know,” he writes.

## 1972

**Eugene S. Arum**, of Syosset, NY, transferred to Upstate from the New Jersey College of Medicine for two years from 1970-1972 and has always regarded the quality of the education he received as outstanding.

## 1973

**Beverly Khnie Philip**, of Chestnut Hill, MA, was elected for a second term as the vice president for scientific affairs of the American Society of Anesthesiologists, at its annual meeting in New Orleans. As chief science officer of this 50,000+/- member organization, Dr. Khnie Philip has responsibility for all its educational and scientific activities, including research and publications, educational offerings and meetings, and clinical and subspecialty activities. She is professor of anesthesia at Harvard

University and founding director of the day surgery unit at the Brigham and Women’s Hospital in Boston. She is married to **James H. Philip ’73** and they have two sons. Her spare time is also occupied with downhill telemark skiing, scuba diving, kayaking, dancing and inline skating. She is a senior member of the National Ski Patrol and a certified inline skating instructor.

## 1974

**Maria M. Shevchuk**, of New York, NY, shares that, after practicing anatomic pathology for more than 40 years, with fellowships in urological and gynecological pathology, she is now chair of the In Vivo Microscopy Committee of the College of American Pathologists. This exciting new technology enables pathologists and other specialists to make histopathologic diagnoses in living patients in real-time, and will soon become “best practice” in certain settings. Their committee seeks to educate and foster the adoption of these technologies. As associate professor of pathology at Weill Cornell Medical College, she is involved in research projects, particularly in urological pathology. She is still passionate about her chosen field and welcomes any inquiries about pathology—particularly urological pathology—as a chosen field. She still

**Eve Scopelitis ’73**, of Kenner, LA, is so proud of her little girl! After graduating *cum laude* from Yale, she spent a year teaching in Oakham, England, as a Yale Fellow and is now doing graduate work at Harvard. Dr. Scopelitis is still doing rheumatology at Ochsner Clinic in New Orleans (has been there since LSUHC furloughed tenured professors after Hurricane Katrina). “No plans to retire in the near future,” she shares.

fondly remembers lectures by R (squared)—Robert Rohner, Rolla Hill, John Henry and David Jones. “Do you remember the word to remember the complications of myocardial infarction? (Answer—FART, and). On a personal note, I have been married to Bohdan Chaban for nearly 40 years, and we have three grown children (all professionals, but not physicians) and three grandchildren. Best regards to all my classmates,” she writes.

**1975 Reunion**  
SEPTEMBER 25•26, 2015

## 1976

**Patrick J. Riccardi**, of Syracuse, NY, is delighted to report that his daughter **Beth Riccardi ’10** returned to Syracuse after finishing her internal medicine training at University of Pittsburgh Medical Center, and married Matt McKee on June 7, 2014.



Donald S. Stevens '77

**Donald S. Stevens**, of Littleton, MA, retired in 2012 after 32 years of anesthesiology practice—seven in Florida, 25 in Massachusetts. He spent the last 20 or so practicing pain medicine. For the last two years, he helped his son run an auto shop; now he is retired again. He joined the Freemasons in 2007 and enjoys the lodge and charitable work greatly. “Looking forward to the 40th reunion,” he writes.

## 1977

**Patrick W. Knapp**, of Clinton, NY, is planning to retire at the end of June. One thing he looks forward to is spending more time with his two grandchildren, and there is a third on the way. In November 2014, he went on his sixth medical mission, this time to Malawi. “It is always an eye-opening experience to visit Africa. Despite the heat, mosquitoes, poverty and disease, people still smile,” he writes. “The kids are the best.”



The welcoming committee at a small African village. Photo by Patrick W. Knapp '77

## 1978



**Ronald W. Pies**, of Lexington, MA, who also completed his psychiatric residency at Upstate in

1982, has recently authored two books. The first is a collection of essays in the field of psychiatry, *Psychiatry on the Edge*. The second is a novel, *The Director of Minor Tragedies*.

## 1979

**James P. Corsones**, of Hurley, NY, will be the honoree at the Health Alliance of the Hudson Valley’s Tulip Ball, the largest fundraiser for the hospital, on April 25.

**Barry F. Kanzer**, of Baldwin, NY, and his wife, Ellen, were expecting their third grandchild, a grandson, in March. They already have three- and five-year-old granddaughters. Dr. Kanzer is now enjoying teaching at the Hofstra North Shore-LIJ School of Medicine, in addition to practicing radiology at Long Island Jewish Medical Center in New Hyde Park, NY.

## 1980 Reunion

SEPTEMBER 25•26, 2015

**John F. Fatti**, of Camillus, NY, and his son, Christopher (Yale Podiatry School class of 2010), are practicing together at Syracuse Orthopedic Specialists.

**Philip E. Keller**, of West Lafayette, IN, has retired from his rural Wisconsin family medicine practice after more than 30 years. He now teaches clinical problem solving at the Indiana University School of Medicine-Lafayette on the campus of Purdue University, as an assistant clinical professor of medicine.



Philip E. Keller '80



Mark Zilkoski '77 with his wife (far left) and their nine children, from oldest to youngest.

# CLASS NOTES

## 1981

**Diane M. Cavallaro**, of Clinton, NY, retired from internal medicine practice with Adirondack Community Physicians in 2012 due to chronic neck and lower back issues. She enjoyed more than 25 years of successful practice in the Utica area. Her husband is a retired computer network engineer. They are relaxing in their "golden years" on beaches. They enjoy cruises, which allow them to travel worldwide in spite of their handicaps.

## 1984

**James D. Kondrup**, and Michele, of Binghamton, NY, are proud to have their son, Benjamin, admitted to the U.S. Naval Academy and finish "plebe summer."



James D. Kondrup '84 and family

## 1985 *Reunion*

SEPTEMBER 25•26, 2015

**Stephen F. Cocco**, of Setauket, NY, is honored to serve as president of the medical staff of St. Charles Hospital in Port Jefferson, NY, for the next two years.

**Martin Fried**, of Asbury Park, NJ, is now practicing genomic medicine. He is using genetic/DNA information to help people with problems in metabolism. Food as medicine is the primary goal of treatment based on underlying single nucleotide polymorphisms in the genome.

## 1990 *Reunion*

SEPTEMBER 25•26, 2015

## 1992

**David E. Abel**, of Portland, OR, is working as the perinatologist for the Alaska Native Medical Center in Anchorage, AK. The patients fly long distances, with very interesting pathology. He encourages those interested in working with the Native American population to contact him. He also saw the Northern Lights for the first time.

**Jaime A. Alvarez**, is still in a private practice group in Fort Myers, FL. He and Helen have spent the last five years traveling between Atlanta and Boca Raton, following their boys, who were football players at Georgia Tech and Florida Atlantic University. "Now they are real students!"

## Medical Mission to Ecuador

**George Coritsidis, MD '83**, associate professor of medicine and surgery at Mount Sinai School of Medicine, is one of five physician founders of the non-profit organization, A Promise to Peru. The group organizes physicians and other health professionals from across the New York metropolitan area (and around the United States) who donate their time and talents during an annual medical mission specializing in cataract surgery and primary care to areas in need throughout the world.

This June, the group will travel to Ecuador. Over the course of one week, the team will diagnose and surgically remove cataracts as well as provide general healthcare, including: pediatrics, internal medicine, emergency medicine, gynecology, nephrology and ultrasonography.

The organization would love to include interested Upstate medical students and health professionals in the future. For more information please visit [www.apromisetooperu.org](http://www.apromisetooperu.org) or email Debra Messina Coritsidis, MD, at [d Messina.md@gmail.com](mailto:d Messina.md@gmail.com)



Photo of the Northern Lights, taken by David E. Abel '92

## 1994

**Damon J. Spitz**, of Waban, MA, has been named chairman of the Department of Radiology at New England Baptist Hospital, a Boston-based premier regional provider for orthopedic surgery and the treatment of musculoskeletal diseases and disorders.

## 1995 *Reunion*

SEPTEMBER 25•26, 2015



## BRADLEY P. FOX, MD '91

## Batter Up!

Throughout the long winter, baseball fans everywhere eagerly await April and the start of the season. Perhaps nobody more so than Bradley P. Fox, MD '91.

But Dr. Fox is more than just a fan. A busy family medicine practitioner in Erie, Pennsylvania, he's also team doctor for the Erie SeaWolves, a position he's held for the entirety of the franchise's existence.

Fox came to Erie in 1991 for his residency in family medicine. Thinking he might be interested in sports medicine, he went to the offices of the Erie Sailors, then the Frontier League Single A team, to ask if he could do a rotation with their team physician. They didn't have one.

"The GM asked me if I wanted to do it and my residency backed me," Fox recalls. "That's how I got started."

Though the Sailors gave way to the A SeaWolves and then the AA SeaWolves, one thing has remained constant: Fox.

Throughout the year, Fox functions as a solo doc, practicing within a large multi-specialty practice. But from April to September, he's doing double duty, essentially providing "concierge medicine" to SeaWolves players and their families.

While many think of sports medicine in terms of orthopedics, Fox says the majority of ailments are much more routine. "We have a lot of players who have never been north of the Mason/Dixon line and the plants and weather in Erie tend to cause a lot of allergies," he says.

It's also not uncommon to treat ADD in ballplayers. "We deal a lot with what's called the Therapeutic Use Exemption, or TUE," he explains. "Medication for ADD is a banned substance unless it's a TUE."

When players do become injured, Fox is their first line of care, referring players to specialists as needed. "I work closely with the Detroit Tigers (the parent team), because if it's a major injury, the player may have to go to Detroit," he explains. When the Seawolves' shortstop broke his ankle last year, Fox coordinated getting him from the ER to the operating room in Erie, and then through rehab.



**Bradley P. Fox '91 is team physician—and occasional batboy—for the Erie SeaWolves.**

In addition to managing the day-to-day health of its players, Fox has been known to play another unique role for the SeaWolves: batboy.

"I'm probably the only batboy in organized baseball that's wearing a beeper and cellphone on his belt during a game," he jokes.

It all began a dozen years ago, when Fox overheard management grousing about the batboy shortage in the early season. Batboys are typically high school students who are still in school during early spring day games. "They were using grounds crew, who were really ticking off the players and the coaching staff because they didn't know what to do," Fox recalls. "I happened to be in the clubhouse one day, and suggested they use me. I'm at the game anyway. I understand what happens. I might as well be in the dugout."

Fox had a blast and manages to serve as batboy for one or two games each season. "The only thing better than watching a game of baseball is being in a game of baseball," he says. "And it confuses the heck out of the visiting team."

His oldest son, now 19, served as a SeaWolves batboy for six years, and he imagines his younger son, 14, will follow suit.

"The SeaWolves has become part of the fabric of our lives," says Fox. While he loves the game of baseball, it's the relationships formed through the years that Fox cherishes most. "I've been in dugouts with players who were Hall of Famers and players who went on to be All-Stars. It never loses its specialness."

—Renée Gearhart Levy

# CLASS NOTES

## 1998

**Aviva D. Gorig** of New York, NY, is working in community psychiatry in several clinics in Manhattan. She is also in private practice. Her older daughter is applying to college and her younger daughter is in middle school.

## 1999

**Beth A. Biggee**, of Andover, MA, is happily married to **Andrew McQuide '01**. They have three beautiful children: twins Margaret and Elliot, nine years old; and Andrew James, seven years old. Dr. McQuide practices as an anesthesiologist in Steward Hospitals and Dr. Biggee is a rheumatologist in private practice, both in Northshore, MA. "We live for skiing, beaches, and seafood!" she writes.



Beth A. Biggee '99 with her children

## 2000 *Reunion*

SEPTEMBER 25-26, 2015

**Charles W. Mango**, of New York, NY, has been promoted to clinical associate professor of ophthalmology at the Weill Cornell Medical Center—New York Presbyterian Hospital. He enjoys his teaching role in the ophthalmology residency and vitreo-retinal surgical fellowship programs. He lives in Manhattan with his wife, Cheryl, and their two children.

## 2001

**Geoffrey A. Bernas**, of Orchard Park, NY, lives happily with his wife and three children. He is an orthopaedic surgeon specializing in sports medicine, shoulder, hip, and knee arthroscopy. He has obtained the subspecialty certificate in orthopaedic sports medicine from the American Board of Orthopaedic Surgery. As a clinical assistant professor with UBMD Orthopaedics and Sports Medicine, he sees patients in their new office in Orchard Park.

## 2002

**Rebecca L. Bagdonas**, of New York, NY, passed her pediatric anesthesiology subspecialty boards last fall. She is still practicing as a pediatric anesthesiologist at the New York Eye and Ear Infirmary at Mount Sinai.



Rebecca L. Bagdonas '02 with her husband, Vineet Budhraj, and their daughter, Victoria Caroline

**Timothy D. Riley**, of Columbia, PA, was appointed to the Penn State Hershey Family Medicine Residency faculty in 2012, and received the Society of Teachers of Family Medicine's New Faculty Scholar Award this year, one of seven recipients nationwide.



Eve Maureen Cornish, daughter of Chad Cornish '09 and wife Katie

## 2004

**Leon Kushnir**, of Cherry Hill, NJ, became chief of surgery at Inspira Medical Center in New Jersey.

## 2005 *Reunion*

SEPTEMBER 25-26, 2015

## 2006

**Jason L. Freedman**, of Philadelphia, PA, is a pediatric oncologist at the Children's Hospital of Philadelphia, specializing in hematologic malignancies and blood and marrow transplantation. He recently became engaged to his incredible partner, Neil Patel, who is a clinical pharmacist in Philadelphia. They are very excited and look forward to a wonderful life together.

## 2009

**Chad Cornish**, of Fairport, NY, and his wife, Katie, welcomed their daughter, Eve Maureen Cornish, on August 29, 2014. He will be completing his gastroenterology fellowship at the University of Rochester Medical Center in June of 2015 and has accepted a job with Saratoga Schenectady Gastroenterology Associates.



Jason L. Freedman '06 and Neil Patel

## DONNA BACON MOORE '93

## The Path to Pediatrician

**D**onna Bacon Moore, MD '93, was three years old when she decided to become a doctor and a teacher. "She never wavered," reports her father, Donell Bacon. Today, Dr. Moore is an associate professor of pediatrics at the Georgia Regents University in Augusta. She agrees with her father's assessment.

"I was always interested in medicine and children," she explains. "Now, I work at an academic medical center, so I teach every day... medical students, residents, families, patients."



**Donna Bacon Moore '93 is a pediatrician in Atlanta.**

When Moore moved to Georgia for her pediatric residency, the university had no dedicated children's hospital. In 1998, Georgia Regents opened the Children's Hospital of Georgia, much like Upstate, which opened its children's hospital in 2009.

"Our children's hospital was designed, from the beginning, with advice from a group of patients and families," she says. "It's oriented for children and families. When you walk in, you feel welcomed, not institutionalized."

Moore spent the first 28 years of her life closely associated with Upstate. When she was born, her parents worked at the Upstate Medical Center, as it was known at the time. Her father was a lab technician in cardiopulmonary services and her mother was a registered nurse. Both had left the south for opportunities in Syracuse.

She credits her mother, Shirley Graves Bacon, with providing much of her early exposure to medicine. In 1962, her mother left a nursing job in North Carolina to work at Syracuse's Good Shepherd Hospital (predecessor to Upstate University Hospital) and attend Syracuse University. Mrs. Bacon spent the rest of her nursing career at a variety of healthcare facilities in Syracuse including University Hospital, the clinic at the Air Force base at Hancock Field, and Syracuse Community Health Center.

In high school, Moore attended a career talk given by Upstate's Sharon Brangman, MD '81, which she found inspiring. (Their mothers were friends and colleagues, among the first African American registered nurses in Syracuse.)

During the undergraduate years, Upstate gave Moore her first paying job — as a medical and laboratory technician doing phlebotomy and processing specimens in the chemistry lab during the summer. What does she remember about her first hospital job? "Having to be at work at 7 a.m.," she chuckles.

Moore recalls medical school as the place where she found like-minded people, and she has fond memories of two professors in particular: Barry Berg, PhD, who taught the summer anatomy course, and Gregory Threatte, MD '73, whom she describes as "an awesome support person."

Those professors were influential, but it is likely her father who inspired Moore to make teaching a part of her life's work. In 1968, after seven years at Upstate, her father, a former chemistry teacher who mentored high school students, decided to return to working with students full-time. He left the lab at Upstate to pursue a master's degree and spent much of the rest of his career as a social worker at the Dr. King School in Syracuse, where current medical students volunteer as tutors.

How well does Dr. Moore's job match her childhood dreams?

"There are some aspects of medicine I didn't fully appreciate," she explains. "The insurance, the red tape. The work required to navigate the system to meet your patients' needs."

"But," she says with a laugh, "the giggles and smiles of my patients keep me upbeat. Pediatrics is the path I needed to walk."

—Susan Keeter

# CLASS NOTES



Lola Celeste, daughter of Sari Eitches '10 and Arun Ramachandran '10

## 2010

**Sari B. Eitches** and **Arun Ramachandran**, of Philadelphia, PA, are overjoyed to share the birth of their daughter, Lola Celeste Ramachandran, born January 25, 2015. Dr. Eitches is an internist at the University of Pennsylvania, where Dr. Ramachandran is completing his sleep medicine fellowship.



Michaela Kollisch-Singule '11 and Prateek Wali '04

## For The Love of Medicine

**Bob Dracker, MD '82**, invites all active and retired physicians to consider submitting a short story or anecdote about the most memorable event or patient care experience during their career. These stories will be compiled into a publication entitled *For The Love of Medicine*. All submissions will be included and will be edited only for obvious spelling or grammatical errors. Submissions can also be about a physician family member or friend who cannot submit it themselves.

A publisher has already been engaged who is very interested in this project; all proceeds that may result will be donated to the medical school alumni fund, to be used to assist medical students attending Upstate.

If you have any questions regarding this project, please feel free to contact Dr. Dracker at [rdracker@hotmail.com](mailto:rdracker@hotmail.com). All submissions should be sent via email or by mail to: Summerwood Pediatrics, 4811 Buckley Road, Liverpool, NY 13088.



Justin P. Meyer '13 and Jenny A. Johnson '13

## 2011

**Michaela (Mikki) Kollisch-Singule**, of Jamesville, NY, was recently married in May 2014 to another Upstate alumnus, **Prateek Wali '04**. She is currently a general surgery resident and he is an assistant professor of pediatric gastroenterology, both at Upstate Medical University.

## 2013

**Justin P. Meyer** and **Jenny A. Johnson**, of New York, NY, are engaged! They plan to be married sometime in 2016. Dr. Meyer is a psychiatry resident at Mount Sinai Hospital in Manhattan and Dr. Johnson is a neurology resident at Montefiore Medical Center in the Bronx.

SAVE THE DATE:

# Reunion 2015

Friday, September 25  
and  
Saturday, September 26

**Interested in helping  
to plan your class  
reunion?**

Contact Lori Murphy at [murphyL@upstate.edu](mailto:murphyL@upstate.edu).

# I N M E M O R I A M

## 1945

**THOMAS G. DICKINSON**, of Sarasota, FL, died October 20, 2014. Dr. Dickinson served in the U.S. Navy and was sent to Saipan in the South Pacific for a year. In 1954, he moved to Sarasota and started his practice in ophthalmology. At that time, he was the only board-certified ophthalmologist between Tampa and Miami. He was survived by his daughter Linda; sons, Greg, Jeff, and Gary; seven grandchildren; and three great grandchildren.

**RODERICK ALLEN MCLEAN**, of Hilton Head Island, SC, died January 17, 2015. Dr. McLean was commissioned in the U.S. Navy as a Lieutenant (junior grade), serving as a general surgeon at Veteran's Hospital in Johnson City, TN, from 1946-1948. He practiced obstetrics and gynecology in Syracuse, delivering more than 15,000 babies during his almost 40 years of practice. He was clinical professor of obstetrics at Upstate Medical Center and was named Professor Emeritus upon retirement. He was also conferred with emeritus status at Community General Hospital and St. Joseph's Hospital. McLean was the founding member of the Obstetrical High Risk Clinic at Upstate. He was survived by his wife, Marilyn; daughter Barbara; sons Roderick, Douglas, and Scott; stepchildren, Carol, Andrew, Roger, and Ellen; 11 grandchildren; five step-grandchildren; and nine great grandchildren.

## 1948

**JACK B. DRIMMER**, of Hollywood, FL, died August 31, 2012. He served in both the Navy and Air Force and was a veteran of both World War II and the Korean War. He was passionate about his career as a board-certified family physician in New York and Florida. He was survived by his daughters, Robin and Sherri; three grandchildren; and six great grandchildren.

## 1950

**KARL EASTON**, of Taghkanic, NY, died on November 10, 2014. He maintained a private practice of psychiatry, child psychiatry, and psychoanalysis in New York City for many years, and was on the faculty of the Mount Sinai School of Medicine in the department of psychiatry. His first papers were published in the *Psychoanalytic Quarterly*. He later became active in the field of community psychiatry and was the founder and medical director of an innovative 200-bed residential treatment program for formerly hospitalized psychiatric inpatients, located in Brooklyn, NY. The program he developed was known for its humanistic approach. He was considered by many to be a pioneer in the field of psychosocial rehabilitation, and authored numerous papers on that subject. He was survived by his wife Jacqueline; children, Jonathan, Daniel and Hilary; and three grandchildren.

## 1951

**MARTIN M. BLACK**, of West Palm Beach, FL, and formerly of Syracuse, died January 5, 2015. Dr. Black was a proud veteran of World War II, having served in the U.S. Army Air Force. He graduated Alpha Omega Alpha and served his internship and residency at Upstate Medical University. In 1955, he joined his brother, Asher, in private practice specializing in cardiology. Dr. Black was survived by his wife, Ethel; daughter Debbie; sons, **Dr. Gerald Black '76**, **Dr. Michael Black '83**, and **Dr. Robert Black '84**; eight grandchildren; and seven great grandchildren.

## 1955

**EDWARD P. WANDERSEE**, of Willington, CT, died December 11, 2014. Dr. Wandersee was a World War II veteran. Upon graduation, he opened a private practice in Baldwinsville, NY, where he practiced medicine until 1967. In 1967, he and his family moved to Connecticut, where he became a physician at the student health service at the University of Connecticut in Storrs until his retirement. He was survived by his daughters, Nancy and Sally; sons David and Paul; and four grandchildren.

## 1957

**FRANCIS J. FROELICH**, of Loveland, OH, died on January 16, 2015. Dr. Froelich served a two-year service commitment to Misawa, Japan in the U.S. Airforce from 1958-1959. He practiced obstetrics and gynecology for 37 years in Kenwood, OH, with his partner C.J. Condorodis, MD. After retirement, he became an active member of the Rotary Club, and became committed to the calling of Mathew 25 ministries, including several mission trips to Nicaragua. He was survived by his wife, Judy; sons Kevin and Kurt; daughters Gretchen and Melissa; and eight grandchildren.

## 1959

**JOHN A. GARNISH**, of Pittsford, NY, died October 27, 2014. Dr. Garnish served as a pilot in the U.S. Air Force, earning the rank of second lieutenant and flying the B-26 Marauder fighter/bomber. He proudly served his country in the Korean Conflict during 1953-1954, and later in the Strategic Air Command from 1954-1955. He practiced general ophthalmology and eye surgery for more than 40 years, and was a founder of the Rochester Eye Institute, one of the country's first outpatient eye surgery centers. He was survived by his wife, Mariam; son Glenn; daughters Cynthia, Michele, and Jennifer; and 10 grandchildren.

# IN MEMORIAM

## 1960

**JAMES W. M. OWENS**, of Seattle, WA, died on November 1, 2014, from complications of Alzheimer's disease. He did his pediatric residency at Cornell Medical in New York City after which, in 1963, he moved to Seattle and was with the Public Health Service for three years. He spent the major part of his career as the physician for incarcerated youth of Washington State and was very involved in the National Commission on Correctional Health Care. He also volunteered many times to serve as the doctor in refugee camps in Cambodia, Ethiopia, Iran, Somalia and Lebanon. He was survived by his wife, Ann; sons James Jr. and John and their wives; and three granddaughters.

## 1961

**DONALD I. WOOLFOLK**, of Williamsburg, VA, died on November 13, 2014. Dr. Woolfolk was an internist and cardiologist who practiced in Syracuse, Laurinburg, NC, and at Ft. Eustis, VA. He also served in the U.S. Navy Medical Corps for two years and most recently was a physician at the Virginia State Health Department. He participated in many medical mission trips to Haiti, Estonia, and Russia. He was survived by his wife, Lillian; daughters Alissa, Amanda, and Jennifer; and five grandchildren.

## 1963

**PASQUAL V. PERRINO**, of Silver Spring, MD, died on September 28, 2014. Dr. Perrino practiced endocrinology and internal medicine in Montgomery County, MD, for almost 25 years. He was survived by his wife, Carrol; daughter Lisa; son Peter; and five grandchildren.

## 1965

**DANIEL K. CREIGHTON**, of Lewistown, PA, died December 4, 2014. He was a U.S. Navy veteran of the Korean War. In 1967, Dr. Creighton began a family medicine partnership with Drs. A. Reid Leopold and Harry Gardner, which became Geisinger Medical Group of Lewistown in 1983. He served as medical director for the Department of Family Medicine at the 22-physician, multi-specialty group from 1983 until 1987, which still continues in operation. He was survived by his wife, Marlene; son Jeffrey; daughter Mary Beth; five grandchildren; and five great grandchildren.

## 1966

**WILLIAM R. TRUITT**, of Kansas City, MS, died July 13, 2014. Dr. Truitt was survived by his wife, Donna; daughters, Leanne, Michele, Lauren, and Cheryl; and sons Edward and Andrew.

## 1976

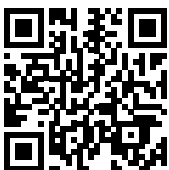
**WIESLAW R. (SEAN) PILLER**, of Endwell, NY, died in April 2014. He was survived by his wife, Bobbi; children Brittany, Brooke, Kieran, and Christian; and two grandchildren.

## Faculty

**BARBARA A. STREETEN**, of Corning, NY, died on February 8, 2015. She joined the Upstate ophthalmology faculty in 1964 and was director of the Eye Pathology Laboratory from 1967-2008, retiring at the age of 83. After receiving her first NIH grant at the age of 50, for research on the structure of the ocular zonule, she was continuously funded for 27 years, through 2002. She authored more than 118 journal articles and book chapters and made important contributions in the areas of pseudoexfoliative disease of the lens, the protein composition of the zonule, and ocular findings in many genetic disorders. She was predeceased by her husband of 48 years, Dr. David H.P. Streeten, an endocrinologist and Upstate Medical University faculty member for 50 years, who shared her passion for research, travel, and family. She was survived by her sons, Robert and John; daughter Dr. Elizabeth A. Streeten; and seven grandchildren. Donations can be made to the "Barbara W. Streeten, MD, Ophthalmology and Pathology Resident Research Fund" at Upstate Medical University, 750 E. Adams St., CAB 326, Syracuse, NY 13210.



## We'd like to hear from you!



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Or sent via email to [norcrospp@upstate.edu](mailto:norcrospp@upstate.edu)

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Phonathon 2011



Phonathon 2015