UPSTATE MEDICAL
Alumni JOURNAL
AUTUMN 2018 PUBLISHED BY UPSTATE MEDICAL ALUMNI FOUNDATION

HANDS ON
HUMAN GROSS ANATOMY REMAINS AN ESSENTIAL PART OF MEDICAL EDUCATION

Features

Departments

UPSTATE MEDICAL Alumni JOURNAL

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ON THE COVER:
Pictured in Upstate's Human Anatomy Laboratory, Amanda Balch '21 and Michael Hartnett '21, who had recently completed their first year Human Gross Anatomy course, with Dana Mihaila, MD, PhD, director of Upstate's anatomical donation program and anatomy laboratory.

Dear Alumni and Friends,

IT DOESN'T SEEM POSSIBLE, but I am now in my fifth year as your executive director. During that time, I have had the pleasure to meet many of you personally at reunions, alumni events, or over a cup of coffee in your home. Those of you I have yet to meet, I do hope that our paths will cross in the near future.

The Upstate Medical Alumni Foundation has a talented and dedicated staff and board of directors that work hard to advance our mission, which is "to support the goals of the Upstate Medical University and the College of Medicine, to enhance excellence of the educational environment, and to promote collegiality among alumni."

As tuition rises and our medical students struggle with their debt, providing scholarship assistance continues to be one of our top goals in meeting that mission. Over the last four years, this support has grown to more than $500,000 annually. Through the philanthropy of our alumni and friends, the Upstate Medical Alumni Foundation's endowments have grown to almost $22 million. Our sincere thanks goes to everyone who has helped make this possible.

Another means to meeting our mission is through publication of the *Upstate Medical Alumni Journal*. I'd like to thank everyone who responded to the survey in the last issue. We can see by the responses that this publication continues to be important to you. Thank you!

Best,

Paul E. Norcross

Paul E. Norcross
Executive Director

We asked. You answered.

In an effort to make sure we're meeting your needs, we included a reader survey in the last issue of the *Upstate Medical Alumni Journal*. We received more than 500 responses, most of them overwhelmingly positive.

Here are some highlights:

- While the majority of feedback came from alumni, we also heard from former residents and fellows, students, parents, and current and former faculty members.
- Nearly 70 percent said they read every issue, with 30 percent responding they read most issues.
- More than 40 percent of respondents said the *Alumni Journal* has prompted them to make a gift to the Medical Alumni Foundation. A third say the *Journal* has prompted them to submit a class note, reconnect with classmates, or attend Reunion.
- Many respondents commented that the *Journal* is their only source for news about Upstate and they appreciate the ability to stay connected and up to date with the institution.
- Readers also enjoy articles about current students and changes in the curriculum, as well as articles about alumni doing interesting things. "Inspirational," said one.

President Laraque-Arena to Co-Lead State Task Force on Maternal Mortality

Danielle Laraque-Arena, MD, president of Upstate Medical University and Upstate Health System CEO, has been appointed by New York Governor Andrew Cuomo to be one of four leaders of the statewide Task Force on Maternal Mortality and Disparate Racial Outcomes. The task force will provide expert policy advice on improving maternal outcomes, addressing racial and economic disparities and reducing the frequency of maternal mortality and morbidity in New York state.

Upstate President and Health System CEO Danielle Laraque-Arena, MD

> "Maternal morbidity and mortality is a public health issue in New York and across the nation, and it will take strong coalition and shared resources to solve it."
>
> — Danielle Laraque-Arena, MD

The task force is part of a comprehensive initiative to target maternal mortality and reduce racial disparities in health outcomes, building on the state's commitment to addressing maternal mortality across the state. The multi-pronged initiative includes efforts to review and better address maternal death and morbidity with a focus on racial disparities, expanding community outreach, and taking new actions to increase access to prenatal and perinatal care, including establishing a pilot expansion of Medicaid coverage for doulas.

"Maternal mortality should not be a fear anyone in New York should have to face in the 21st century," says Cuomo. "We are taking aggressive action to break down barriers that prevent women from getting the prenatal care and information they need. This comprehensive initiative will work to correct unacceptable racial disparities in maternal mortality and help ensure a healthier and stronger New York for all."

Laraque-Arena says it's an honor to serve as co-chair of the initiative. "Maternal morbidity and mortality is a public health issue in New York and across the nation, and it will take strong coalition and shared resources to solve it. Thanks to Governor Cuomo for leading our efforts here in New York state."

ROBERT ZAJDEL, PHD, was selected by the Class of 2018 for induction into the Alpha Omega Alpha Gamma Chapter to honor his dedication and passion for teaching medical students. An assistant professor of cell and developmental biology, Dr. Zajdel is a thread leader in the first-year Human Gross Anatomy course. From left, Matt LeVasseur, MD '18, Robert Zajdel, PhD, Danielle Laraque-Arena, MD, and Lynn Cleary, MD.

MD/PhD Student Wins $60,000 Research Award

UPSTATE MD/PHD student Nick Huang has received a prestigious Rheumatology Research Foundation Future Physician Scientist Award.

The award is $30,000 a year for two years, to be used for expenses related to Nick's research. He's a student in the lab of Andras Perl, MD, PhD, distinguished professor of medicine and division chief of rheumatology. Huang's grant application centered on his primary research project, which investigates the role of a protein, Rab4a, in the development of lupus and other autoimmune diseases.

Lupus, or Systemic Lupus Erythematosus (SLE), is a chronic disease that causes systemic inflammation affecting multiple organs, according to the American College of Rheumatology.

"I've always found immunology to be fascinating," Huang says. As an undergraduate at Stony Brook University, he conducted research on hematopoietic stem cells, which can cross-differentiate into neural stem cells.

"I'm fascinated most with why things are the way they are in human physiology," he says. "I've always played sports and I'm competitive. Why do muscles hurt after training? Why do we get sick? Immunology is involved in everything from birth and through time as we age."

Huang says his project fits into the shift in disease research that focuses more on cellular pathways and immunotherapy.

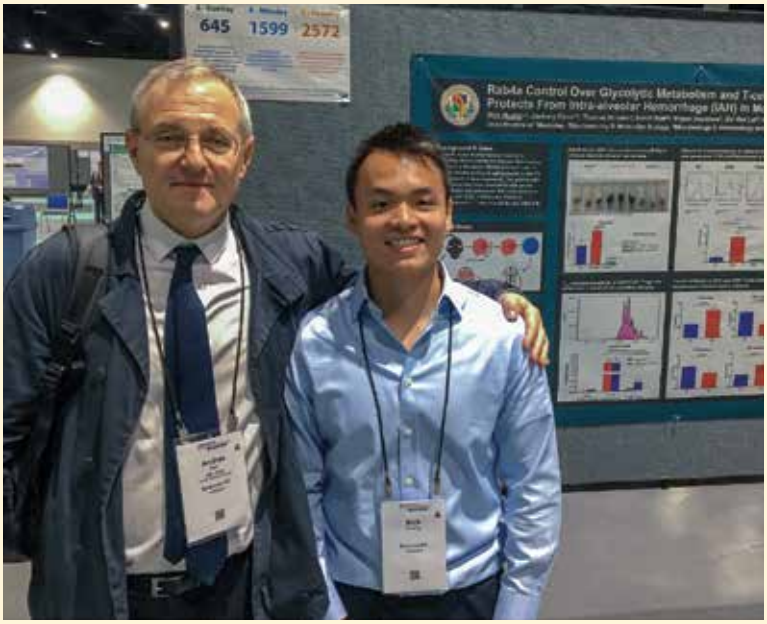
Starting in the 1990s, drug development targeted specific genes, Huang says, for example, the Philadelphia chromosome, an abnormality often found in types of leukemia. Now, more attention is given to pathways—actions among molecules within a cell that lead to a product or a change in the cell, including turning genes on or off.

"I've always played sports and I'm competitive. Why do muscles hurt after training? Why do we get sick? Immunology is involved in everything from birth and through time as we age."

— NICK HUANG

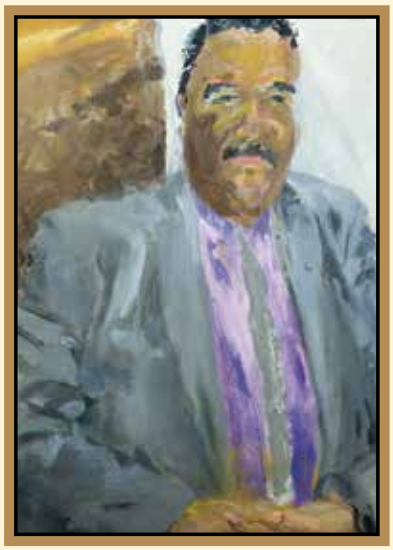
"Our lab is one of the few working on Rab4a and autoimmunity," he says. "My project is unique–no one has linked this gene to metabolism and immunological development. If what we propose is true, it provides a mechanism to target treatment of lupus and it gives us a better understanding of why lupus occurs. The etiology of the disease is still unknown."

If the lab can prove that Rab4a contributes to disease-causing inflammation, it could provide new therapeutic avenues of exploration that can develop into clinical trials in the future. "Even if we don't prove it, we still gain insight into changes in the lupus disease model due to changes in Rab4a," Huang says. "Either way, we win."



Dr. Andras Perl with MD/PhD student Nick Huang

Threatte Portrait Displayed at Everson



A PORTRAIT OF EMERTIUS faculty member Gregory Threatte, MD '73, was displayed at the Everson Museum of Art this summer as part of a show featuring the work of painter Darryl Hughto.

Upstate loaned the portrait of Dr. Threatte to the Everson for the "Darryl Hughto: From Diamonds to Sailboats" show, which ran from June 2 through August 26. Hughto, who lives and works in Canastota, New York, is an internationally known abstract painter whose work hangs in the permanent collections of several American museums.

Threatte worked at Upstate for more than 25 years and is the former chair of the Department of Pathology. He is a professor emeritus of Pathology at Upstate. Hughto and his wife, artist Susan Roth, have been friends with the Threatte family for more than 20 years. Hughto painted the portrait of Threatte, which was presented to him upon his retirement in 2012 and has hung outside the Medical Alumni Auditorium inside Weiskotten Hall since.

"It's probably one of our more valuable portraits because of who painted it," says Cara Howe, assistant director of Archives and Special Collections at Upstate. Including one work that is currently being commissioned, Upstate has 59 portraits in its collection and has taken steps in recent years to restore and preserve the works. Recent portraits usually cost about $10,000 to create and are paid for through a special Upstate endowment fund, fundraising or private gifts, Howe says.

March Madness

EMOTIONS WERE HIGH for fourth-year students and their loved ones on March 16 as Upstate Medical University participated in the national rite of passage known as Match Day. This year's event was held at the Syracuse Marriott downtown.

After years of diligent studying and hard work, Upstate's fourth-year students joined medical school peers across the nation in simultaneously finding out where they would spend their residency training. Students anxiously sat through congratulatory messages from administrators, celebrated the achievement of outstanding classmates receiving awards, and watched a class music video parody, "Can't Stop the Matching." After a countdown from Dean Julie White, students excitedly ripped open the envelopes containing their residency assignments and the Marriott ballroom erupted with cheers, tears, and hugs.

"This is a day that every one of these students will remember for the rest of their lives," said Danielle Laraque-Arena, MD, president and Health System CEO.

The class match rate was 97 percent.

- 50 medical students (34 percent of the class) will enter the primary care specialties
- 66 medical students (45 percent of the class) will remain in New York State
- 23 medical students will remain in Syracuse: 17 at Upstate University Hospital and six at St. Joseph's Hospital Health Center.

In addition to placing graduating students, Upstate filled all of its 167 resident positions at University Hospital.

To view the Class of 2018 music video, or the complete Class of 2018 match list, visit *https://medalumni.upstate.edu/match*

Upstate Creates Department of Geriatrics

Geriatrics, the branch of medicine dealing with the health and care of older adults, is now a clinical department at Upstate. Nationally prominent geriatrician Sharon Brangman, MD '81, who has led Upstate's Division of Geriatrics (within the Department of Medicine) for 20 years, is the inaugural chair.

The creation of the Department of Geriatrics, effective July 1, recognizes the increase in numbers of older adults and the increasingly complex overlap with other medical specialties in the care of elderly. Statistics show that about 15 percent of the U.S. population is 65 and older. By 2050 that percentage will be 22.5 percent, with those individuals who are 85 years of age and older increasing at the fastest rate. And while many elderly are more active than people their age were years ago, nearly all individuals over the age of 65 have some chronic illness.

Dr. Brangman, a SUNY Distinguished Professor, is a former president of the American Geriatrics Society and is a leading voice for the care of elderly across the nation. "I am grateful for the support Upstate has provided for the clinical care and study of diseases that affect our oldest patients," she says. "The medical world is starting to understand the impact older patients are having on our healthcare system. With the focus on our patients and their families, we must address all aspects of caring for this vulnerable population."

Under Brangman's leadership, Upstate has developed new treatment protocols and services to significantly enhance the care of older adults. In 2013, Upstate opened GEM (Geriatric Emergency Medicine) Care, an emergency department at the Community Campus offering specialized care for older adults. The hospital employs an interdisciplinary team-based approach with its ACE Team (Acute Care for the Elderly) to provide comprehensive and patient-centered care for older adults. Upstate also has been designated as a NICHE (Nurses Improving Care for Healthsystem Elders) in recognition of its geriatric-trained nurses.

The creation of a Department of Geriatrics brings additional funding for enhanced services, faculty positions, and research aimed at the care and well being of older adults. The elevation to a clinical department could also increase training opportunities at Upstate. Currently, Upstate supports two fellowships in geriatrics.

Sharon A. Brangman, MD 81

Iles Honored with SUNY Chancellor's Award

GRADUATING UPSTATE MEDICAL student Kathleen Iles, MD '18, was among the short list of students from across the SUNY system honored with the SUNY Chancellor's Award for Student Excellence.

The Chancellor's Award for Student Excellence, created in 1997, recognizes students who have best demonstrated, and have been recognized for, the integration of academic excellence with accomplishments in the areas of leadership, athletics, community service, creative and performing arts, campus involvement, or career achievement.

Dr. Iles, of Skaneateles, excelled academically during her medical school career and was a committed leader, serving as president of Upstate's AOA chapter. She was also elected by her peers to the Gold Humanism Honor Society for dedication to humanistic patient care. Iles served as clinic coordinator for the Refugee Clinic; was elected to the Learning Community Advisory Council; and volunteered in Peds Pals, supporting children with cancer. She also served as special events chair for the Campus Activities Governing Board.

Iles is currently a general surgery resident at the the University of North Carolina.

Kathleen Iles, MD '18

2018 Commencement

THE PRIDE AND HAPPINESS WAS PALPABLE for 171 students and their families, who gathered at the Crouse-Hinds Civic Center for the Upstate College of Medicine commencement ceremony on May 20.

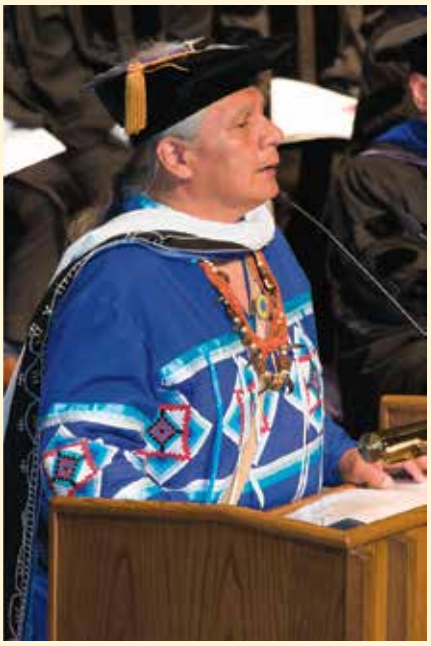
Students were led in the processional by chief marshal Kaushal B. Nanavati, MD, assistant professor of family medicine, and flag bearer Gabrielle Ritaccio, MD '18, class president. The ceremony began with congratulatory remarks from Dean Julio Licinio, MD, PhD, and President Danielle Laraque-Arena, MD.

"Commencement by definition is a new beginning," says Licinio. "Via this ceremony, we enthusiastically launch you into your next adventure."

The highlight of the ceremony was the conferring of degrees and hooding of students. The hooding was done by faculty members Katherine Holmes, MD, Amit S. Dhamoon, MD '07, PhD, Margaret M. Maimone, PhD and Dean Julie White, PhD, and for some students, by their physician parents or siblings.

The College of Medicine graduated 171 students (146 MD, 18 MPH, one MD/PhD, three MD/MPH, and three with Certificates of Public Health).

Honorary degrees were conferred to Jean William Pape, MD, a Haitian-born physician internationally known for his work in infectious disease, and Onondaga Nation Faithkeeper Tracy Shenandoah, ceremonial leader of the Onondaga Nation and Iroquois Confederacy of upstate New York.




2018

GETTY IMAGES/ISTOCKPHOTO

Human Anatomy remains an essential learning experience for first-year medical students.

Their Greatest Teacher

"How hard have you heard this unit is?" instructor Matt Vilburn, DC, asks the first-year medical students filling the auditorium.

Using their clickers, the students respond: 47 percent say "very difficult"; 45 percent say "difficult."

"Twenty percent of you will fail the first exam," says Dr. Vilburn. "You can do this, but you will be challenged. But we're going to give you a lot of help."

Today is the first day of Human Gross Anatomy. Vilburn, instructor of cell and developmental biology, is providing an overview of policies and procedures before the students head to the anatomy lab in the basement of Weiskotten Hall

and meet the person who may become the most important teacher during their medical school career: their cadaver.

But first some practical instruction: scrubs are required, but don't steal them from the hospital. "We don't want to see you in Upstate scrubs," he warns them.

"Eat something before you come to class. Phenol stimulates the digestive track. People come to lab and find they are hungry."

Downstairs in the lab, the mood is one of nervous excitement. Forty percent of the students have never taken human anatomy before and only 10 percent have previously worked with human anatomical material.

Working in teams, the students unzip their body bags. The cadavers, lying face down, are wrapped like mummies in purple cloth that keeps the skin from drying out. The bodies are surprisingly flat.

"What can you tell about your patient without cutting into them?" asks Dana Mihaila, MD, PhD, assistant professor of cell and developmental biology and assistant research professor of neurology.

The teams of students work at their own pace based on their own comfort level. Some groups have their body almost completely unwrapped before others have even unzipped the bag. "If you're not comfortable looking at the face, don't feel you have to do that today," Dr. Mihaila tells them.

The class has been divided into two groups, A and B, and within those, into teams of four. The group A teams will work with their "patients" for the first half of the lab period, and then will update the Group B students as to what they've done before they switch.

"This is a new approach this year," says Mihaila, who has directed the anatomical donation program and the anatomy laboratory since 2011. "The goal is to provide more hands-on time by having fewer students at each station at a time."

Human Anatomy runs from mid-October to mid-May with two lab sessions per week and is organized by body system. The assignment today is to "meet" the patient. Each cadaver is tagged with age and cause of death. But the bodies themselves can reveal so much more.

The students gingerly touch the skin, inspecting their patients for telltale scars, tattoos, clues to the lives led and health of the patient.

"Our donors were someone's loved ones, people who lived, loved and had a complete story before we met them in this context," says Amanda Balch '21, who although excited about gross anatomy, wants to pay due respect before diving straight into the initial dissection process.

> "Our donors were someone's loved ones, people who lived, loved and had a complete story before we met them in this context."
>
> — AMANDA BALCH '21

That reverence is universal. The room is quiet; the giddy smiles gone. One brave group unwraps the head and turns over their body so that the face is exposed. Without comment, they cover the face again. (Most teams will leave the face covered until they get to that unit.)

The team next door stands looking at their cadaver idly, not quite sure what to do with it, each student waiting for one of the others to take the lead. They busy themselves examining and discussing the dissecting tools.

Fourth-year student Michael Tonzi, MD '18, one of a handful of teaching assistants for the course, attempts to engage the students in their task—pointing out temporal wasting and that a large bedsore has exposed bone.

Vilburn was serious when he told the students they'd receive lots of help, which includes the anatomy faculty—Vilburn and Mihaila, as well as Robert Zajdel, PhD, assistant professor of cell and developmental biology (see page 2); Jennette Ball, DC, assistant professor of cell and developmental biology, and Sherrie Lafrance-Hale, PhD, instructor of cell and developmental biology; Dan Jaeger, technical director of the anatomical gift program and anatomical lab director; and the fourth-year TAs.

And then just as the students begin to loosen up, the first session is done. The students rewrap the bodies with care, leaving them for Group B to make their own discoveries.

Gross anatomy is a rite of passage for medical students, a hands-on tour of the human body dating back to the 1500s. While medical education has evolved in many ways, including the advent of computerized mannequins and CT and MRI scans to teach anatomy, no computer can simulate the tactile sense of pushing scalpel through skin and muscle, can duplicate the enormous non-conformity from one body to the next, or evoke empathy the way a once living body does. It is an experience students approach with both anticipation and apprehension.

Michael Hartnett '21 says he didn't previously appreciate why the anatomy lab was always the centerpiece of the campus tour during medical school interviews, but now understands that it wasn't just the facility the tour guide wanted to share, but the culture and history that the anatomy lab represented. "The first day in the lab almost felt

like an extension of our white coat ceremony, a continuation of a certain tradition in medical education that I would understand the gravity of later on," he says.

When the lab meets for the second time, they begin dissecting. The first unit focuses on the musculoskeletal system, beginning with the spinal cord.

One team has arrived early and has the spinal column exposed before most of the other students have even arrived. A half hour into class, there are several groups who have yet to make the first cut.

At each station, the students have a workbook, which outlines the assignment for the day and an iPad that can be used to consult reference materials. In most groups, the students take turns between consulting the assignment and what they are looking for and doing the actual dissection.

"I don't like dissection," one student says, as if thinking out loud. "I wish anatomy could already be done and I would just know it all."

Another partner in the group is more enthusiastic, happy to take the lead in exploring with the scalpel.

The students are not evaluated on their dissection skills. "It's just a tool for them to learn the anatomy," says Mihaila. "We can tell from the first year who is going into surgery. These kids who come back as fourth-year TAs are the ones who were really into dissection." Indeed, each of the TAs is interviewing for residency positions in specialties involving surgery.

As the students work on today's assignment, they also take turns at the demonstration area, where the TAs explain prosections of a laminectomy.

Upstate's human anatomy lab underwent a $3.6 million renovation in 2004, providing a complete overhaul of space originally built in 1953. The state-of-the-art facility is now essentially one large room, with the space organized into five teaching modules, four containing six dissecting stations and the fifth used for demonstrations and presentations to small groups of students, such as today's lesson on the laminectomy.

Medical students Amanda Balch '21 and Michael Hartnett '21 review the structure of the pelvis under the supervision of Dana Mihaila, MD, PhD, director of Upstate's anatomy laboratory and anatomical donation program.

Each module has a sink, first-aid station, computer workstation, and all the tools and equipment each student will need for dissection. In 2010, six large flat-screen monitors and a high-definition video camera were added, allowing an instructor to demonstrate a dissection to the entire class and the students to observe from their own station with their own cadaver as reference.

Outside of classroom hours, the lab is accessed using a card-swipe system. The hallway entrance leads to men's and women's locker rooms, where each student has their own locker, and then into the anatomy lab itself. Compared with the previous facility, the lab is light and bright and has a dedicated ventilation system.

While a vast improvement in air quality, there's no escaping the smell of formaldehyde. "I'll never get used to it," says Dr. Lafrance-Hale. "I usually dab a little essential oil under my nose, but today I forgot."

By the third week of lab, much of the initial trepidation is gone as students cut through the skin on the arm to study the brachial plexus and identify nerves and arteries of the arm. The students struggle to differentiate the two.

"Anatomically, what's your landmark," Mihaila asks?

There are no "standardized" cadavers and the differences in the bodies make each team's experience slightly different.

"You're lucky yours is so skinny," TA Tim Bussert, MD '18 tells one group. "See how I'm using the forceps to separate the skin."

Across the way, the team had to

manuever through several inches of fat to locate the nerves. "I use my hands a lot," Lafrance-Hale tells the group. "You can feel if you have a muscle or a nerve."

The students are chattier. They may not know what they're looking at, but they are clearly more at ease being in the lab and with their cadaver. They continue to rely on the TAs and instructors for guidance. "You can easily differentiate those students who enjoy the dissections versus those who prefer to stand aside and focus on the identifications," observes TA Katie Iles, MD '18.

By January, when its time to open the thoracic wall, those differences have become far less evident, with students becoming more desensitized with each unit. Donning safety glasses, the students take turns cutting through the chest wall with a power saw. Everyone seems more confident in their dissection skills and with their hands-on involvement. The students flap back the chest wall, then work methodically to peel back muscle and membrane.

The students are clearly fascinated by what they find, which in many cases looks vastly different than the body their neighbors are working on. There's a lot of sharing of knowledge, as students roam from station to station observing the anomalies of the human body. One cadaver died from stage IV lung cancer, the disease clearly reflected in his lung cavity. Another reveals a large tumor. Another has massive scar tissue and calcification, "probably from earlier bypass surgery," explains Dr. Zajdel.

Michael Hartnett '21 is painstakingly scraping away fascia. "I came in over the weekend to look everything over," he says of his heavily dissected cadaver. "It definitely helps me learn more than just studying."

But it took him a few months to figure that out. While he started out studying for anatomy exams using a mixture of Powerpoints, flashcards, online lectures, and practice questions, he came to realize that most of his learning actually took place in the lab. "I don't know if it's tactile or the visual aspect, but it's interesting that with all of the technological advances in medical education, something as old-fashioned as going to the lab and reading things off a list was overwhelmingly the most helpful."

For Amanda Balch '21, things clicked between units three and four. At the start, she could not comprehend how the instructors and TAs could rattle off the name, function, and connectivity of a particular structure at a glance, when she couldn't even figure out what she was looking at. "It took so much of my brain power to simply differentiate between a nerve and an artery," she recalls.

"But once we hit neuro, I was more comfortable in the antomy lab than anywhere else," she says. "Being a visual, hands-on learner, Gross Anatomy came a bit more naturally than physiology did."

Ashraf Patel '21 felt similarly. While many students loathe dissecting the face, he says that unit brought the biggest increase in comfort level. "I'm interested in reconstructive surgery—specifically craniofacial—and the facial muscle dissection labs definitely made me more excited for my clinical years and residency," he says.

But it's not only the first-year students who do the learning. "This experience has shown me how difficult it is to be a teacher," says Iles, who matched to a general surgery residency at the University of North Carolina. "Students learn in different ways and ask questions in ways that sometimes you haven't thought about. I felt like some days I was learning just as much as the first-year students."

In late April, the first-year medical students gathered with students from Upstate's physical therapy and physician's assistant programs for a memorial service to honor their cadavers.

Like many medical schools, Upstate receives its donors through an Anatomical Gift Program. Many of those who make arrangements to leave their bodies to Upstate are from the local Syracuse area. Some have ties to the institution; others simply want to put their bodies to service in helping future physicians learn.

Their selflessness has not gone unnoticed by the recipients. "I felt privileged to be learning from someone who gave themselves to science, who gave themselves to us in our educational pursuit," says Balch, who helped organize the service.

The memorial included poetry and musical performances by students, a clinical perspective from Ruth Hart, MD '80, and a reflection and poem from family members of a donor.

In addition to students, the service was attended by dozens of donor family members, who mingled with students afterward, sharing stories of their loved one's motivation for donating his or her body to education.

They ask the students where they are from and what specialty they hope to pursue. While many of them still have no idea, their anatomy class experience has clearly made an impact.

"Prior to anatomy, I was pretty certain I'd be pursuing a medical specialty, in particular, pediatric medical oncology," says Balch. "However, after my experience in the lab, I have certainly opened my mind to the possibility of a surgical career."

"I still have no real idea of what specialty I'd like to pursue," says Hartnett. "But I certainly have a newfound appreciation for how much the structure of the human body influences its function." ■

PAYING IT **FORWARD**

Recent major gifts from alumni and friends ease the burden and enhance the medical education of future generations of physicians.

Albert F. Mangan, MD ’54, didn’t set out to become a doctor. The Sherrill, New York, native earned an undergraduate degree from the SUNY College of Environmental Science and Forestry and worked as a forester for the Weyerhaeuser Timber Company. In between, he served in the U.S. Air Force as a bomber navigator, leading two missions into Germany and earning the Distinguished Flying Cross.

But Dr. Mangan found forestry wasn’t his calling. He returned to Central New York to attend medical school at Upstate. It was in Syracuse that he met Helen Klinko, a nurse at Crouse-Irving Hospital, who he married during his third year. After graduation, the couple headed west, where Mangan completed a residency in family practice medicine at Providence Hospital in Seattle, then settled in Port Angeles, where he opened a family

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Albert F. Mangan, MD '54

medicine practice with Helen as office manager. After retiring from his medical practice, Mangan served as the part-time medical director for the local Blue Cross Blue Shield insurance organization.

Despite deep roots planted in that community—Mangan served as hospital chief of staff and president of the noon rotary club—he never forgot where he got his start, sentiments reflected through bequests arranged in his will. When Mangan died in March 2017, he left $1.3 million to the Upstate Medical Alumni Foundation.

"Dr. Mangan's generosity will have a significant impact on scholarship support for our medical students," says Paul Norcross, executive director of the Upstate Medical Alumni Foundation. "He felt very strongly about the foundation his medical education provided for his career and wanted to help future generations of physicians get their start."

Mangan's bequest did not come as a complete surprise. Years earlier, he had returned a pledge card indicating that he had included Upstate in his estate planning. Lori Murphy, associate director of the Medical Alumni Foundation, followed up by phone and the two of them struck up a relationship that lasted until his death.

"We talked on the phone every other month or so. He used to tell me about the deer he was watching through his front window," she says.

Upstate was not the only beneficiary of Mangan's successful career: he also bequested $1.3 million to SUNY-ESF and $100,000 to Crouse Hospital's nursing program. Mangan's gift is one of the largest bequests ever received by the Medical Alumni Foundation, and according to Norcross, illustrates one of many ways alumni choose to give back to Upstate. "Philanthropy is very personal and timing plays a big role," he says. "For Dr. Mangan, making a bequest felt like his best option as it had no impact on his income. In addition, he was widowed (Helen died in 2012) with no children."

The Upstate Medical Alumni Foundation supports current medical students in myriad ways, from white coats and textbooks to mentoring and social activities. But for many students, the most profound impact the Foundation provides comes through scholarship support. For the 2018-19 academic year, the Foundation will award $612,000 in scholarships to 107 Upstate College of Medicine students.

"Beyond making an annual gift, scholarships are overwhelmingly what our alumni are most interested in supporting," says Norcross. "Some alumni are looking to pay back for scholarship support they received themselves as students; others are just grateful for the medical education they received and the life it provided for them and their families."

The Foundation currently manages 107 named endowments established by alumni and friends. A scholarship endowment can be created with a minimum of $25,000; between three to five percent of each endowed fund is awarded annually, based upon criteria set by the donor. The Foundation works closely with the admissions and financial aid offices to identify the most qualified candidates; other scholarships are awarded through a competitive application and selection process. All donors and recipients are recognized each fall during Reunion Weekend.

Zaven S. Ayanian, MD '59

Zaven S. Ayanian, MD '59, first funded the Zaven Ayanian Family Scholarship in 1998 to support medical students from Onondaga County with financial need. Although the endowment fund had grown to more than $200,000, Dr. Ayanian, a New Jersey internist who spent much of his retirement from private practice caring for the underserved and uninsured, wanted to make a more significant impact for Upstate students. "We discussed endowed chairs, lectureships, all kinds of options, but he always came back to supporting scholarships in a bigger way," says Norcross.

Coming from modest means, Ayanian views scholarships as a means to a successful life. "I was born in 1930 to Armenian-immigrant parents and grew up economically challenged," says Ayanian, who applied to medical school after military service during the Korean conflict. "I was always grateful to Upstate for accepting me and I want to help others who come from similar backgrounds."

In addition to receiving his medical education, Ayanian met his future wife, Lori, then a nursing student at the Syracuse University College of Nursing, during his third year, and they married the day before his medical school graduation. "I've always had a soft spot for Upstate, not just because of my medical education, but because I met my wife there. We had a wonderful life together with our three children."

When Ayanian asked his wife what she wanted for their 25th anniversary, Lori immediately responded that she'd like to endow a scholarship at Syracuse University in the name of her former dean, Edith Smith, who had assisted her with scholarship funds in obtaining her own education. After Lori's passing, he and his children endowed a scholarship in her name at the University of Pennsylvania School of Nursing (which his daughter attended). Most recently, he's made a $1-million pledge to his existing scholarship fund at Upstate, which he is paying off annually, using IRS guidelines based on adjusted gross income to maximize gifting.

Currently, the endowment value is $460,000 and will total more than $1.5 million when complete. "As it approaches $1 million, Dr. Ayanian will be able to decide whether he wants to continue to support multiple students annually or help one student with almost full tuition," says Norcross.

> "Financial aid is needed now more than ever, something that became clear during my many years in academia. I feel an obligation to pay back for the help I received and share the fruits that resulted from that education with those needing help today."
>
> — Angeline R. Mastri, MD '59

Ayanian is not the only donor looking to support a specific type of student.

Barbara Sheperdigian has honored the memory of her husband, Ara A. Sheperdigian, MD '60, with a scholarship in his name. She has pledged $500,000 over five years, to establish the Ara A. Sheperdigian, MD Endowed Scholarship, to be awarded to an average student of great character with a strong interest in primary care practice in a small-town setting.

"My husband was not a top student but he had a gift for relating to his patients, who trusted and admired him," says Mrs. Sheperdigian.

The couple met while both working in the research department of pharmaceutical company Parke-Davis. "Shep," as he was known, was considering pursuing a PhD in endocrinology but decided a medical degree would provide more options. The couple married, Dr. Sheperdigian earned his medical degree, and completed a one-year residency in pathology before returning to Parke-Davis. Finding pathology research unsatisfying, he completed residency in internal medicine and went on to practice for 27 years in Mt. Pleasant, Michigan. Loved by patients and respected by colleagues, he was among the first group of physicians inducted into the Physicians Hall of Fame at Central Michigan Community Hospital.

"Education was extremely important to us and creating this scholarship was my husband's wish," says Mrs. Sheperdigian of her motivation. "It has given me great pleasure to honor him in this way."

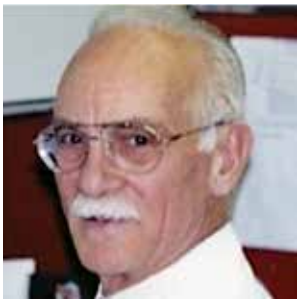
While scholarships can be funded by an outright gift, Norcross says IRAs are also a common method to fund an endowment.

"If an individual funds an IRA throughout his or her career, it can become quite substantial. By age 70.5, they have to start taking minimum withdrawals, which varies by age and income. Some people find they don't need these funds to live on and use it philanthropically because of the tax advantages" he explains.

Last fall, medical student Danielle Clifford '21 was awarded a full four-year scholarship funded through

Ara A. Sheperdigian, MD '60

Angeline R. Mastri, MD '59



Robert V.P. Hutter, MD '54

Welton M. Gersony, MD '58

an IRA gift made by an anonymous donor. "The donor had recently retired and was now able to evaluate his assets and determined he had more than he would ever need," says Norcross. "This donor made the decision to impact one student in a major way rather than providing small gifts to many students in perpetuity."

Angeline R. Mastri, MD '59, found herself in a similar situation and chose to use assets from her personal retirement fund and investments to endow an Upstate scholarship in return for the scholarship support she received as a medical student. "I did not have any loans to pay back so even the meager intern's salary after graduation was sufficient to live on," says Dr. Mastri.

Following two postgraduate years at Upstate Medical University, Mastri had fellowship and faculty positions in neuropathology at Columbia University College of Physicians and Surgeons. From 1969 to 1988, she held a faculty position in pathology and neurology at the University of Minnesota, and from 1988 until her retirement in 1999, worked for the Office of the Chief Medical Examiner in New York City as a neuropathologist.

"Financial aid is needed now more than ever, something that became clear during my many years in academia. I feel an obligation to pay back for the help I received and share the fruits that resulted from that education with those needing help today," she says.

Scholarships aren't the only way alumni contribute to the medical education of Upstate students. Ruth Hutter established a lectureship in pathology at Upstate in honor of her late husband, Robert V.P. Hutter, MD '54, an internationally known pathologist who practiced for 12 years at Memorial Sloan Kettering in New York City and then chaired the Pathology Department at St. Barnabas Hospital in Livingston, New Jersey, for 23 years. He died in 2014.

"Robert was a dedicated teacher. My family wanted to honor him and decided that a Lectureship in Pathology was most appropriate to carry on his ideals," she says. "He was endeared to Syracuse having attended and coached football at Syracuse University and then Upstate Medical University."

Similarly, Welton M. Gersony, MD '58, has established an annual Lectureship in Pediatrics at Upstate. Dr. Gersony is a prominent pediatric cardiologist in New York City who held appointments at Columbia University and Weill Cornell Medical College. He received the Distinguished Alumnus Award from the Upstate Medical Alumni Foundation in 2008.

And Gustave L. Davis, MD '63, has funded a summer fellowship in pathology at Upstate. Davis, a pathologist in Orange, Connecticut, and a clinical faculty member at the Yale University Medical School, has pledged $250,000 through his estate to endow the fellowship. The fellowship, which he is funding annually in the meantime, provides a stipend for up to five students selected by the Department of Pathology to conduct summer research between the first and second year of medical school.

"These experiences and opportunities, funded through alumni creativity and generosity, enrich the Upstate environment for our students and the greater learning community," says Norcross.

Regardless of the gift or the funding method, the common denominator is the same: the Upstate College of Medicine provides an excellent medical education that allows graduates to create satisfying and financially successful careers.

"I hear repeatedly from alumni about how well their Upstate education has served them," says Norcross. "Many alumni also recognize that tuition costs have increased dramatically since they were students and would like to ease the burden for the next generation. When the timing is right, the Medical Alumni Foundation is ready to help make that possible." ■

This article features some of our most recent donors who join the ranks of the generous alumni and friends who have made similar gifts throughout the history of the Medical Alumni Foundation. We thank them all for their generosity and the impact their gifts continue to make.

ONE STREET, TWO

GETTY IMAGES/ISTOCKPHOTO

Rush University Medical Center

We all die. But tens of thousands of Americans die too early. These early deaths are not random events. These deaths strike particular individuals who live in particular American neighborhoods. And while we know that people die of cancer, heart disease, and so on, this killer isn't one that we can treat with drugs, therapy, or surgery. This killer is inequality.

Inequality triggers so many causes of premature death that we need to treat inequality as a disease and eradicate it, just as we would seek to halt any epidemic. This is bigger than a war on cancer. It requires reassessing who we are as a country and as a people. It requires that we take action against a host of offenses that rob people of their dignity and their lives.

This sounds amorphous and abstract. But it is very concrete and specific. Inequality is all around us, as are the deaths it causes. We witness it along one Chicago street. Ogden Avenue cuts a diagonal swath across the crisscross monotony of Chicago's street grid. This major thoroughfare began as a Potawatomi trading path that tracked from Lake Michigan through nine miles of mud, muck, and prairie to the Des Plaines River banks in the present-day town of Riverside. The Des Plaines pours into the Illinois River, which in turn flows into the Mississippi and on down to New Orleans and the Gulf of Mexico. White settlers planked the path over in the early 1800s as a defense against persistent, gluelike mud, and the City of Chicago paved it in the early 1900s. Ogden Avenue later became a critical Midwest link in the famous Route 66, a highway that connected the East and West Coasts in the early twentieth century.

Although Ogden Avenue's glory days have faded, the neighborhoods it traverses offer a lens on to the impact of inequality. Ogden's four-lane asphalt, peppered with potholes, slices through an incredible diversity of neighborhoods, connecting wide-lawned

WORLDS

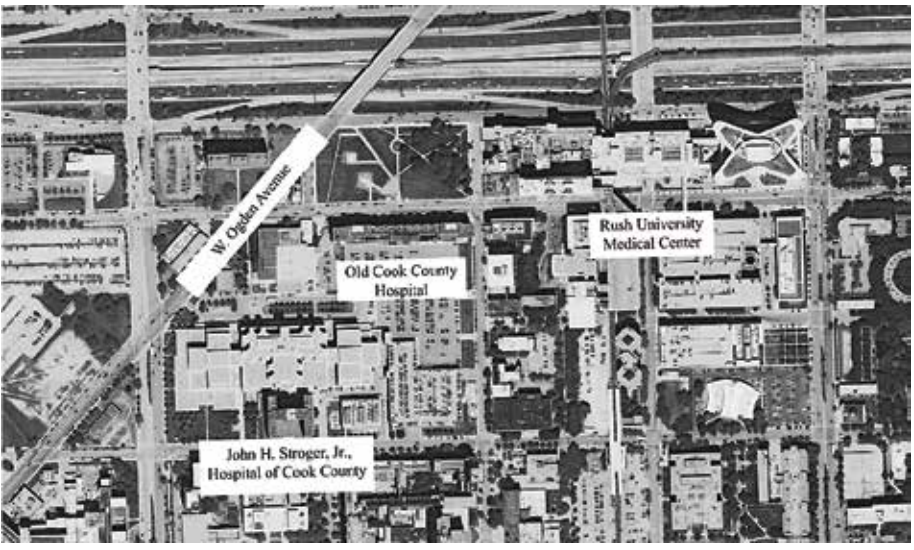
Chicago's Ogden Avenue is a Microcosm of American Health Inequity

BY DAVID ANSELL, MD '78

western suburbs to the edge of the steel- and glass-towered Gold Coast and to some of the lowest-income, most economically distressed communities in the country. The marginalized residents of these communities don't just have different *lifestyles*, they have different *lives*: most critically, people who live in those western suburbs and on the Gold Coast live significantly longer than the people in the struggling neighborhoods in between. A 20-minute commute exposes a near 20-year life expectancy gap.

In my three-plus decades as a doctor who practiced along Ogden Avenue, I learned a simple truth. Where you live dictates when you die. This is not just true in Chicago. Every region in the United States has a street or highway like Ogden Avenue. Travel Third Avenue in New York 30 blocks from the Upper East Side to Harlem, and lose 10 years of life. Take a short cruise along the 405 in Los Angeles, and 16 years of life expectancy vanish.

A drive along Ogden Avenue gives us a curbside view of high-mortality neighborhoods. Before gentrification transformed it, one of those struggling communities off Ogden was called Skid Row. Block upon block of dollar-a-night transient hotels and converted warehouses housed single men and women within sight of the downtown steel and glass skyscrapers. These flophouses sported glamorous names—The Viceroy, Workingmen's Palace, The Gem—but accommodated mainly alcoholics, junkies, prostitutes, and the mentally ill. In 1980, during my training as a doctor, a health worker and I made a house call to one of those hotels, in search of a patient with tuberculosis who had missed an appointment. We carried the lifesaving antibiotics to dispense, if only we could find him. We scaled an unlit stairway that reeked of stale urine up to a dormitory consisting of wall-to-wall stalls, each six by four feet and crowned with chicken wire, dubbed "birdcages." Only the faintest light filtered through dirt-speckled plate-glass windows. We opened the unlocked door to our patient's birdcage and found only a metal army cot with a shabby mattress and a weathered wooden dresser. There was barely room to stand. Tuberculosis had killed the prior three occupants of this particular birdcage, and no wonder. It was a perfect environment for the disease to thrive—dark, damp, and suffocating—yet steps from the wealth of the Gold Coast. Skid Row was an epicenter for the tuberculosis and AIDS epidemics that ravaged the city in the 1980s, and the neighborhood mortality rate reflected this. In the 1990s, developers razed these flophouses to erect new apartments and loft buildings catering to young professionals and aging baby boomers moving in from the suburbs.



To the right of Ogden Avenue lie three hospitals: Rush University Medical Center, the shuttered old Cook County Hospital, and behind it the John H. Stroger Jr. Hospital of Cook County. Mount Sinai (not pictured) is about 0.8 mile down Ogden Avenue, on the left. Despite their close proximity to one another, large disparities exist in access to care. *Source: Cook County Geographic Information Systems Center 2014*

Southwest on Ogden from the former Skid Row neighborhood is the vast West Side ghetto. It is no different from many other inner-city neighborhoods in America, with empty lots interspersed with graffiti-marked, boarded-up businesses, the blinking red neon arrows of liquor marts, iron-barred currency exchanges, catfish joints, and storefront

churches on crumbling sidewalks. There are no signs of that ancient prairie trail here except the occasional black-eyed Susan that emerges in the late summer through sidewalk cracks. The mortality rate here is among the worst in the city, and the nation.

Just before Ogden enters the run-down neighborhoods of Chicago's West Side, it passes, in quick succession, the three hospitals where I have practiced internal medicine since I arrived in the Windy City in 1978: a public safety-net hospital, John H. Stroger Jr. Hospital of Cook County; a private safety-net hospital, Mount Sinai Hospital; and an academic hospital, Rush University Medical Center, my current home. My work as a doctor in these three Chicago hospitals has given me a unique vantage point on inequality and its connection to life and death. As you head southwest on Ogden, Rush appears on the east, a shiny white butterfly-shaped tower that seems to hover 14 stories above the street and is connected by bridges to an array of hospital and research buildings that splay westward. Despite its otherworldly look, Rush was the first medical school in Chicago, chartered in 1837, two days before the city itself was incorporated. Next you see, kitty-corner to the western edge of Rush, the old Cook County Hospital—"County," as the doctors called it—where generations of the uninsured and the down-and-out sought medical care. Old County, a squat, two-block-long, eight-story behemoth, now sits abandoned, boarded up and bedraggled. An eight-foot-high chain-link fence surrounds County's main entrance to keep homeless squatters from seeking shelter underneath its faded blue canopy. Its ailing yellow-brick-clad beaux-arts facade is adorned with three-story pairs of fluted ionic columns, multicolored terra-cotta cornices, sculpted faces of roaring lions and cherubs. Once an architectural gem, it is now covered in soot and held together by netting and stainless-steel straps.

WORLDS APART

When I was 26 years old, medical diploma in hand, I traded the lush green hills of Upstate New York for the asphalt and steel of Chicago to work at this legendary training ground for generations of doctors and nurses. I intended to stay for just three years, but the human drama and misery I witnessed compelled me to remain longer. I practiced there for 17 years. In 2002, County was shuttered by hospital officials and replaced by the John H. Stroger Jr. Hospital, a chunky structure that sits right behind old County and serves the same population of the poor, the unwanted, and those with no other medical options.

Those two hospitals kitty-corner from each other expose the extremes of health care in America: a beautiful and expensive institution where the finest care is available, and another that has struggled at times to provide even the most basic care to poor people. My understanding of the contrasts between life and death in rich and poor patients have been deepened by my years at County and Rush. But another Ogden Avenue hospital provides a third perspective on how survival gaps have become ingrained into neighborhoods and the institutions that serve them. Continue another eight-tenths of a mile down Ogden Avenue and a railroad viaduct looms into view, spanning the roadway. Painted on it is a blue-and-white advertisement for the Sinai Health System, whose flagship institution soon appears on the left.

Mount Sinai Hospital, where I worked from 1995 to 2005, is a mismatched mass of utilitarian brick and concrete buildings that crowd the corner of Ogden and California. A Jewish industrialist established Sinai in 1919 as a hospital for the Eastern European Jews who were surging into the industrial North Lawndale ghetto.

During the 1950s, black migration from the Deep South transformed the community. As unscrupulous real estate agents inflamed racist fears of black people, whites fled in droves. Lawndale flipped from an all-white neighborhood of 87,000 to an all-black one of 125,000. Imagine what happens to a community's stability when 220,000 people, the equivalent of a medium-sized city, migrate in and out of it within a single decade. When Dr. Martin Luther King, Jr. brought his civil rights fight north in 1966, he moved into Lawndale, just blocks from Sinai. In 1968, following King's assassination, some distraught community members torched neighborhood businesses in the anger and rebellion that wracked the West Side for days. Most of the businesses that lined the Roosevelt Road shopping corridor near Sinai never reopened, and within a few years the remaining industries that had provided reliable work and health insurance to Lawndale residents fled to the suburbs. Years of disinvestment and neglect followed.

From my corner office on the ninth floor of Sinai, I could see two brick towers that loomed over Lawndale: one to the north and one directly west. To the north towered the Sears Roebuck Company headquarters and catalog factory, which employed tens of thousands of people until the 1970s, when it fled to the downtown high-rise that bore its name. To the west, the decaying Hawthorne Works Tower now lords over a working-class strip mall, with a Foot Locker, a Dollar General, and an abandoned storefront clinic. The tower was once the headquarters of a giant Western Electric plant that manufactured electronics and phones, employing 25,000 people before it shuttered and stripped thousands of community members of jobs and health insurance. Jobs at the mall do not have the security or the pay that the old industrial jobs did. The flight of industry marked the beginning of Lawndale's spiral into misery and concentrated poverty. By the 1990s, Lawndale's population had dwindled to about 40,000. Median incomes sank

beneath the Chicago average, and the rates of uninsured grew. As a result, Lawndale's life expectancy today is among the lowest in the Chicago region.

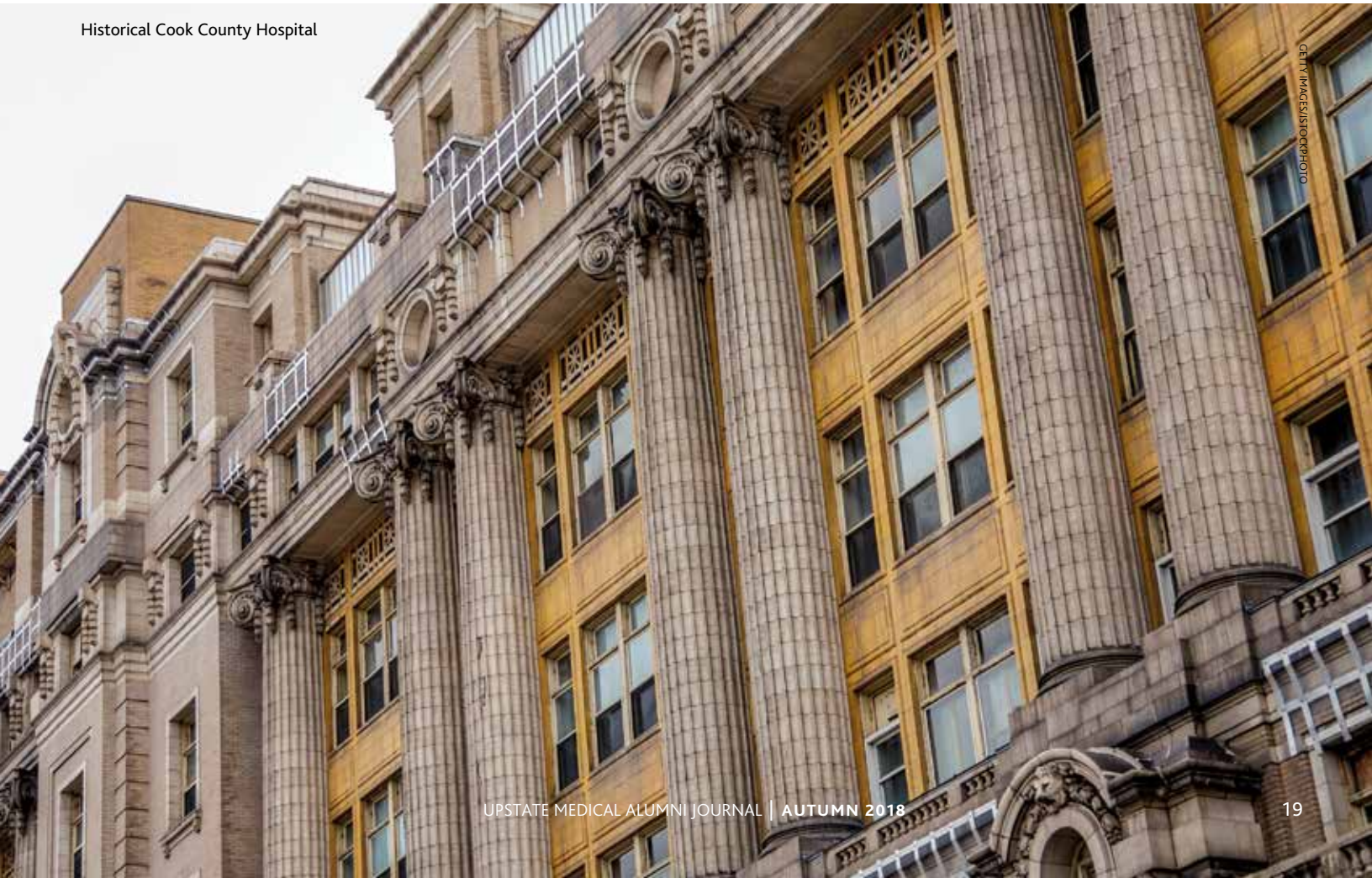
Lawndale is one particular neighborhood, along one particular street, in one particular city. But the story of Lawndale is the story of rising inequality and premature death in America's abandoned neighborhoods.

The flight of people, jobs, and wealth and the impoverishment of neighborhoods that ensued triggered America's current inequality crisis. We can trace the growth of the uninsured population and the widening death (and wealth) gaps between rich and poor, between black and white, to events like those that transpired in Lawndale. But the root of America's inequality crisis is not just the flight of people, jobs, and wealth. The active exploitation of those without resources by those controlling economic and political power in the United States subverted the ability of neighborhood residents to fight back. This fact is critical to understanding why inequality is so entwined in the tapestry of American life and so difficult to eradicate. If we are ever to reverse course, we need to understand the active nature of this exploitation. It was not just a bad economy and prejudice that crippled Lawndale and neighborhoods like it across the United States. The abusive conditions that foster inequality are perpetuated by the actions of the powerful to enrich themselves at the expense of others. From the racially inflammatory blockbusting encouraged by corrupt local government and the real estate industry in the mid-twentieth century, through tax policies that have redistributed wealth from the poor and middle class to the wealthy, to the Machiavellian mass evictions, as well as the racist policing and incarceration practices of the 21st century, the persistence of inequality in American life is not the result of random events, bad choices, or bad luck but rather the result of active acts of commission.

HARDWIRED INEQUITY

On one street, in one city, at three hospitals within one mile of one another, I discovered that inequality is hardwired into our health care delivery system and into the neighborhoods these hospitals serve. I learned from my practice along Ogden something that I was not taught in medical school: inequality itself is a cause of death. But how was I supposed to treat it? What was it about the poverty and segregation of neighborhoods like Lawndale that led to high rates of common diseases such as diabetes, hypertension, heart disease, and depression?

I was trained to treat the biological and psychological manifestations of disease, not alter the characteristics of neighborhoods. This inequality is invisible to the thousands of commuters who whiz by every day. But as a doctor, I have witnessed the suffering



Historical Cook County Hospital

GETTY IMAGES/ISTOCKPHOTO

Ogden Avenue in the Lawndale neighborhood of Chicago heads east toward Chicago's Gold Coast. A Route 66 sign hangs from a lamppost just in front of the traffic signal. The life expectancy in this neighborhood is 72 years, and the average income is $25,000. The life expectancy in the vicinity of the downtown, a few miles away, is 85 years. *Source: MHCooper Photography*

that inequality has inflicted on my patients and the health care institutions that serve the poor.

At Rush, the right insurance card provides access to world-class health care and just about any service imaginable. Modern biomedicine is booming at Rush as the therapeutic armamentarium grows. But if you have the wrong insurance card at Rush (or no insurance card), access to some doctors and services is blocked. At Stroger, a patient receives the best care the hospital has to offer without regard to ability to pay, but often after a mind-numbing wait. Some critical specialty services and even some basic care, such as screening mammograms and colonoscopies, are often unavailable in the county system. At Sinai, the conditions are similar to Stroger but with better access to some specialists—yet not to all. For example, both Stroger and Sinai have busy trauma units, and the mostly poor minority patients dying there donate many of the organs used in transplantation at the wealthier transplant centers across the city. Yet in my 27 years at those institutions, not one of my patients—or those of my colleagues—ever *received* a lifesaving organ transplant.

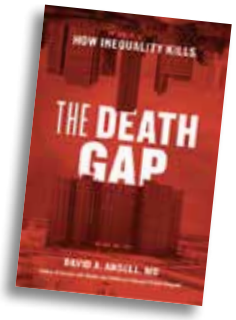
At Sinai, chronic funding shortages meant that the facilities were dated and improvements always limited. While Sinai had dedicated itself to addressing the ills of the surrounding communities, it often lacked the finances to provide all the necessary care. While most financially stable not-for-profit hospitals have hundreds of days of cash reserves to support the delivery of services, during my days at Sinai we were strapped for money. The lack of cash reserves limited investment in clinical services to only the most crucial, and this inevitably affected the quality of care. Year after year, replacement of the kidney dialysis machines at Sinai was put off for lack of funds. When the federal government began to require that dialysis units report the quality of their treatments, Sinai's patients performed worse than the national average because without the right equipment, even the best doctors cannot always provide the best care. Ultimately, new machines were purchased and the quality improved.

In my 17 years at County, not once did one of my patients who needed a joint replacement for debilitating arthritis get one. Even now, 30 years later, there is at least a five-year waiting list for joint replacements at Stroger. In 10 years at Sinai, I had a number of patients with severely arthritic joints, but only two got them replaced. But at Rush, a mecca for orthopedics, you can get on the list for a joint replacement in a few weeks—provided you have the proper insurance card. The chief medical officer at the County Health System once told me, "David, the waiting list for the eye clinic at County is so long that you can go blind on it!" And yet across the street at Rush a patient can get into the eye clinic with no delay.

When I was on the front lines at County and Sinai, my patients were uninsured, black and Latino, and poor. In America, that means they were often excluded from accessing the very best in treatments. I treated many patients who suffered or died early because the lifesaving treatments available just down the street were beyond their reach. I did the best I could for my patients. I rationalized that the care I was giving was good enough. But when I reached Rush and saw an institution awash in medical wealth, I knew I was wrong. It was not enough just to show up at a neighborhood clinic or a dilapidated frontline hospital if the system itself was unfair. I was the same doctor, on the same street, in the same city, and yet it was as if my patients and I had landed on another planet—one where, miraculously, they could live longer.

And as my practice took me from hospital to hospital, from clinic to clinic, I discovered that the same embedded forces that created high-mortality neighborhoods also degraded the capabilities of the health care facilities that served them. These facilities were unequal not because of the doctors or the nurses who practiced there but because of the different resources they could draw on. I found that premature illness and death are spawned in communities of immense poverty and further exacerbated by the inability of health care institutions to provide complete care as they are inundated by the uninsured. The tragic configuration of our fee-for-service system and the high rates of uninsured in the communities hardest hit by disease and death leave hospitals like County and Sinai in continual existential struggles.

ONE STREET, TWO AMERICAS



Along that one-mile stretch of Ogden, there are two Americas of health and two Americas of health care delivery: one for those with insurance and money and another for the poor, uninsured, and dispossessed. Along this centuries-old route through Chicago's West Side, my patients and I discovered everything that was wrong with health and health care in America—not just Chicago. The health inequities seen in microcosm there

extend across the United States, in every major city, in Appalachia, on Native American reservations, and in many other places. The structural violence that undergirds health inequality is a national problem.

I came to realize this as I became a social epidemiologist. I began to study communities and social factors that lead to premature mortality and low life expectancies in Chicago. Black neighborhoods experience high degrees of hardship and have life expectancies closer to those in developing countries than those in an advanced developed nation. What had been conveniently invisible became obscenely visible as I analyzed the data. I began to ask: How could such suffering and low life expectancies coexist alongside some of the finest health care systems and some of the wealthiest neighborhoods in the nation? Was this inevitable? How have public policies, laws, and real estate practices contributed to the multigenerational poverty and high death rates in certain communities?

In many ways my insights about premature death in the neighborhoods along Ogden Avenue follow directly in the footsteps of Friedrich Engels and Rudolf Virchow, both of whom wrote in the mid-1800s about social conditions and health. Engels wrote a seminal piece on the mortality of the working class in England in which he equated the bodily injury and death that resulted from abject working conditions with manslaughter and murder. Virchow, the "father of social medicine," wrote that a typhus outbreak in the Silesia region of Prussia had been caused by a lack of democracy in that region: the proper response to the epidemic was political, not medical.

Structural violence, the corrosive combination of poverty and racism, has killed millions of Americans over multiple generations in neighborhoods of concentrated poverty. These communities have been all but abandoned while communities of concentrated wealth and advantage have thrived. This didn't have to be, and it doesn't have to stay this way. Disease and life-expectancy gaps are not inevitable or immutable. Practical policy and community-building solutions can drastically reduce or eliminate these health inequities.

With determination, we can chart a path forward to a healthier and more equitable society. ■

Adapted with permission from The Death Gap, How Inequality Kills, *by David Ansell, MD (University of Chicago Press, 2017).*

ABOUT THE AUTHOR

David A. Ansell, MD '78, is the Michael E. Kelly Professor of Medicine at Rush Medical College and senior vice president for community health equity and associate provost for community affairs at Rush University Medical Center in Chicago. As Rush's first leader of community health equity, a role he assumed in 2016, Dr. Ansell is leading Rush's strategy to be a catalyst for community health and economic vitality on Chicago's West Side. He previously was Rush's senior vice president, system integration. Ansell joined Rush in 2005 as the Medical Center's first chief medical officer (CMO), a position he held until 2014.

Beginning in 1978, Ansell spent 17 years at Chicago's Cook County Hospital, where he implemented a breast cancer screening program, one of the first in the United States. From 1993 to 1995, he served as the hospital's division chief of general medicine/primary care.

Ansell recounted his experiences at Cook County Hospital in his critically acclaimed 2011 memoir, County: Life, Death and Politics at Chicago's Public Hospital.

As a coauthor of a study in T*he New England Journal of Medicine*, and through his testimony before the U.S. Congress, Ansell influenced the passage in 1986 of the Emergency Medical Treatment and Active Labor Act, a federal law that regulates the transfer of patients from one hospital to another. He also is the author of numerous other papers and book chapters on health disparities.

In 2002, during his 10-year tenure as chairperson of the Department of Internal Medicine at Chicago's Mount Sinai Hospital, Ansell cofounded the Sinai Urban Health Institute, which conducts health inequity research, develops innovative community health interventions, delivers community health worker training and consultation, and provides a broad scope of evaluation services.

After joining Rush in 2005, Ansell helped establish the not-for-profit Metropolitan Chicago Breast Cancer Taskforce, which focuses on ameliorating the higher breast cancer mortality rate among black women. He currently is the chair of the board of the taskforce.

He also contributed to the 2015 creation of the Center for Community Health Equity, a Chicago-based educational and research center jointly run by Rush University and DePaul University.

An Evidence-Based Approach

A FUTURE OB/GYN'S RESEARCH AIMS TO IMPROVE HEALTH OUTCOMES THROUGH BETTER CONTRACEPTION.

In the mid 1990s, Syracuse had the highest infant mortality in the country for a mid-sized city. Although the overall infant mortality rate has been cut in half, there is still plenty of room for improvement.

"We have higher than state averages of unplanned pregnancies, short-interval pregnancy rates, and poor birth outcomes," says Upstate MD/MPH student Jordana Gilman '19. "We could prevent a lot of negative outcomes."

One means is through better contraception. Gilman, who plans a career as an OB/GYN, is a proponent of a form of family planning called immediate postpartum Long Acting Reversible Contraception (LARC), which involves placement of an IUD within 10 minutes of the delivery of the placenta.

"We need evidence it works," says Gilman, who is collecting and analyzing data on hundreds of pregnancies in Syracuse from 2014 to 2016. "We're going to see how many unplanned pregnancies, poor birth outcomes, and terminated pregnancies there were. We need recent, local data."

The American Congress of Obstetricians and Gynecologists recommends immediate postpartum LARC placement as the most effective option for postpartum contraception. And the U.S. Centers for Disease Control and Prevention cite immediate postpartum LARC as the primary cause of the decline in the repeat teen birth rate since 2004.

Immediate postpartum LARC is an alternative to other postpartum contraception methods, including abstinence and Depo Provera injections (which last 12 weeks). But often, contraception isn't offered until the mother's follow-up visit when the baby is six weeks old. Gilman cites a study showing 24 percent of local patients miss that appointment, mirroring national rates. Along with that no-show rate, many women resume sexual activity before the six-week postpartum visit.

Placement of a LARC in the delivery room is desirable because the woman has just delivered a baby and likely does not want to become pregnant again soon, she says. "There is ample evidence showing immediate postpartum LARC is safe and effective at lengthening the interval between pregnancies, decreasing elective termination rates and improving the health of mothers and babies," says Gilman, who earned an undergraduate degree in human biology, health, and society from Cornell University in 2014.

"Everybody deserves appropriate family planning," Gilman says, noting that LARC placement can be effective for up to 12 years. "This isn't just for Medicaid patients or the underserved."

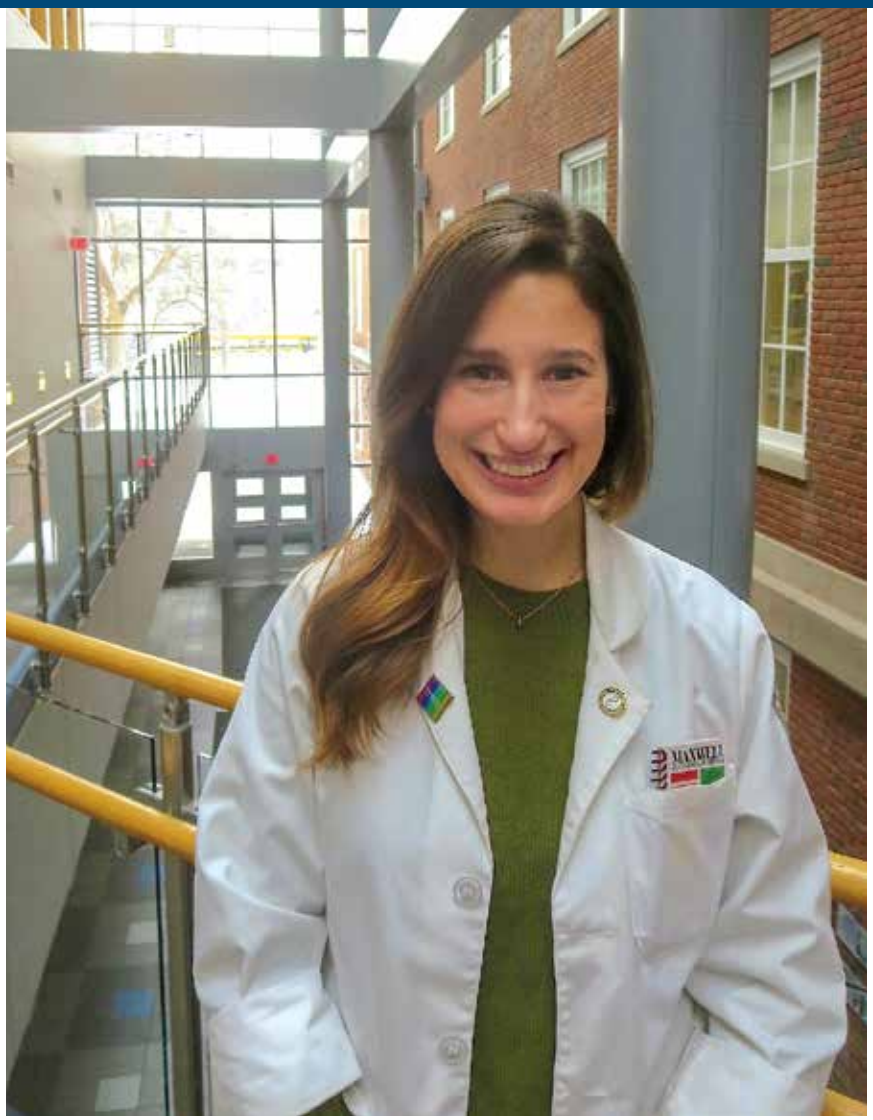
Gilman is supervised on the project by principal investigator Renee Mestad, MD, division chief of general obstetrics and gynecology at Upstate. She also recruited another fourth-year medical student interested in OB/GYN, Lisa Ditchek '19, to assist her with chart review. Gilman hopes to review as many as 800 patient records and plans to present preliminary findings to the OB/GYN department as part of her Family Planning Acting Internship. Ultimately, she plans to work with MPH faculty to develop her current family planning research project into a publishable paper.

"I'm playing the long game with this," says Gilman. "I want the information to be indisputable, and eventually be a call to action."

Gilman came to Upstate with a plan to puruse OB/GYN. "I gave my first medical presentation in the cafeteria in 7th grade when I explained menstruation to my lunch table," she says. "As a child of the women's liberation movement, my whole career just had to be about women's health and LGBTQ reproductive health."

Her interest in public health was sparked as a third-year medical student in Upstate's RMED program, where she spent five-months working in Cortland, New York, with family practitioner Cherilyn White, MD '94.

"Dr. White saw so many different kinds of patients in her practice, ranging from babies, to pregnant women, to older adults with heart



Jordana Gilman '19 was inspired to pursue an MPH after her clinical rotation in Upstate's RMED program.

disease," says Gilman. "In each case, the interplay between the patient's environment and their health determined the way that she managed their conditions and gave recommendations. Many of these individuals had housing issues or financial issues, causing typical recommendations for nutrition and wellness to be meaningless. Dr. White took all of that into account when treating her patients. She didn't just give them cookie-cutter advice or demand that they change parts of their lives that could not be easily changed, and I loved that because it actually gave the patients something useful they could work with."

Gilman began focusing on the many areas impacting patient health that can't be treated with "pills or surgery," such as neighborhood, air quality, family structure, and racism. "My experiences in third year inspired me to try to get a broader view of health and the health system," she says. "I loved being with patients one-on-one and meeting with their families, but there was something frustrating about repeating the same advice over and over again. There must be a more efficient way. I felt like public health is the answer."

Gilman decided to take a year off from medical studies to complete coursework for Upstate's MPH program. In the process, she served as a graduate fellow with the Lerner Center for Health Promotion at SU's Maxwell School (co-sponsor of the MPH program), and was part of a group conducting an audit of a city block on Syracuse's Near West Side as part of a "Crime Prevention Through Environmental Design" project.

City officials, urban planners, community organizers and students studied possible changes to the built space on a street to cut down on drug use and traffic.

Teams examined the features of the block and made recommendations for modifying doorways, tree growth, lines of sight, signage, and other features.

"You can nudge behaviors by changing the built environment," says Gilman. "It's cool to use research to prevent crime."

Gilman is now finishing up MPH electives along with completing her fourth year of medical school. She believes her joint degree will help her to practice preventive medicine and advocate for her OB/GYN patients on a policy and legislative level. "There's tremendous opportunity to marry OB/GYN with public health," she says. "Hopefully, I will be able to contribute to the field from both directions—in the clinical setting with individual patients and in the community with whole populations."■

CLASS NOTES

1945

Murray A. Grossman, of East Syracuse, NY, writes, "Seventy-eight years since graduation, I believe there are three remaining members of the class of '45: **George R. Gillmore** who is 98 and lives in Palm Beach Gardens, FL; **Brinton T. Darlington**, who I believe is 97 and lives in the Phoenix area; and of course myself, at 95 and living in Syracuse and Hutchinson Island, FL, during the winter. I believe Brent and I are quite active; George is wheelchair limited."

1948 Reunion

September 21•22, 2018

1953 Reunion

September 21•22, 2018

1956

Michael L. Del Monico, of Rhinebeck, NY, writes, "Very quiet since my return."

Gordon E. Hill, of Big Pine Key, FL, shares that Hurricane Irma almost destroyed his home, dock, and gardens, but they survived and are in good health and rebuilding.

1958 Reunion

September 21•22, 2018

1962

Kirtland E. Hobler '62 and Joanna Hobler

Kirtland E. Hobler, of Milford, OH, and Joanna traveled to Normandy, France, on a Road Scholar tour in April and accidentally met **Kate O'Leary '00**. It was the first time either Kate or he had met a fellow SUNY medical alum and it was a happy occasion.

1963 Reunion

September 21•22, 2018

1964

George Burak, of Scarsdale, NY, shares that his son **Corey Burak '99** is a member of his orthopedic group and has been a pioneer in the anterior approach to hip replacement.

1965

Pete Haake, of Scottsville, NY, sends greetings to all class members. He recently returned from fishing for Atlantic salmon in Quebec. He and Cathy are enjoying retired life and all their kids are within 15 miles. His time is taken up by many activities and he enjoys the many emails. "Looking forward to many days in the Thousand Islands this summer. I hope you all are so lucky."

Philip S. Schein, of Bryn Mawr, PA, has been elected chairman of the board of directors, Center for Advancement of Science in Space (CASIS). CASIS is a non-profit, non-government organization that serves as the manager of the US National Laboratory on the international space station. It focuses on enabling a new era of space research to improve life on earth, promoting a diverse range of research in life sciences, physical sciences, remote sensing, technology development and education. Working together with NASA, CASIS aims to advance the nation's leadership in commercial space, pursue groundbreaking science not possible on earth, and leverage the space station to inspire the next generation. For more information visit *www.iss-casis.org.*

1968 Reunion

September 21•22, 2018

Robert L. Bard '68 and his wife Loreto

Robert L. Bard, of New York, NY, and his wife Loreto are presenting their non-invasive melanoma imaging at the ICIS 2018 (International Cancer Imaging Society) in Monaco in October. The work is sponsored by the Biofoundation for Angiogenesis R&D.

David L. Charney, of Alexandria, VA, is still in nearly full-time practice of psychiatry as the founder and medical director of Roundhouse Square Counseling Center. He is also a consultant to the intelligence community and has developed an expertise in the psychology of the insider spy. In jail, he interviewed three insider spies after they were caught, each of them for a couple of hours a week for

Martin F. Sturman '52, of Media, PA, maintains a website, *www.easydiagnosis.com*, based on an ordered list of likely diagnoses invoked by one of 14 prominent symptoms. "At 91 years, I often think of my old classmates. Whoever is still around, I would appreciate hearing from you."

an entire year. Based on his unique experiences, he has written two white papers, with a third on the way, available on his website, *NOIR4USA.org.*

Richard B. Tenser and his wife, Janet, moved to Los Angeles, CA, to be close to their seven above-average grandchildren who are all in LA.

1969

Jane Lowinger Falkenstein and **John T. McCarthy** report that upon browsing through the class of 1965 notes in the Spring 2018 *Rensselaer*, RPI's alumni magazine, they were shocked to learn of the death of **David A. Rowell** on December 23, 2015, from complications of amyloidosis. "The last time we saw him at our Upstate class reunion in 2004, Dave was the picture of health and enjoying being an anesthesiologist in the Adirondacks." Jane was Dave's classmate at both RPI and Upstate.

Douglas E. Brown, of La Jolla, CA, retired three years ago and has been volunteering at a free clinic on Saturdays, where his oldest grandson, a freshman at the University of San Diego, assists him as a Spanish interpreter. This year will be his 40th summer working for three weeks as the resort physician at Mohonk Mountain House in the Hudson River Valley. He and Connie are doing more traveling, especially to see their two children and their families in Florida. He got together with **Mike Kalafer**, **Roy Kaplan**, and **Barry Greenberg** in February in San Diego and reminisced.

Mark L. Wolraich, of Nichols Hills, OK, retired in June, but will remain an emeritus and work part time.

Nathan J. Zuckerman, of Naples, FL, is working part time as medical director – Highmark BC/BS and living in Naples full time.

1970

Douglas E. Brown '70, Barry H. Greenberg '70
Roy A. Kaplan '70, and Mike E. Kalafer '70

1973 Reunion

September 21•22, 2018

Warren Steinberg, Westport, CT, is still working full time as a concierge physician. "Lots of time for fewer patients. I intend to remain useful as long as possible."

Philip Schulman '74, of Melville, NY, decided to return to clinical practice at New York Blood and Cancer Specialists associated with Mt. Sinai Cancer Network.

1975

Gary C. Brown, and his wife Lissa have moved to Hilton Head, SC. They continue to do medical economic consulting work. "Some work, six grandchildren spread out all over the United States and two boxer dogs keep us busy. We welcome visitors!!"

1978 Reunion

September 21•22, 2018

Wayne Williams, MD and Patricia Elliott '78

Patricia M. Elliott, of Mayfield, KY, is married to Wayne Williams, MD, and they have had a joint practice in family medicine in Mayfield for 35 years. They have four children and three grandchildren. They enjoy skiing in Colorado, hiking and backpacking, USTA tennis and travel.

1980

Robert M. Vandemark, of Hillsborough, NC, is now retired after a career at Duke University Medical Center as an emergency medicine radiologist and as chief of radiology at the VA in Orlando. He is enjoying time with his grandchildren, Henry (eight) and Mabel (five). He and his wife live above their son Aaron's restaurant (a James Beard Award nominee 6 years running), Panciuto, and they both help out there. They have been able to

CLASS NOTES

travel to Italy, Greece, France, Spain, Israel, other European countries and Argentina, and this fall they will be hitting Japan. "Best retirement ever!"

Robert M. Vandemark '80 with his grandchildren

1982

Robert A. Dracker, of Liverpool, NY, was recently appointed chairman of the Pediatric Advisory Committee of the FDA for a one-year term. He has been a consultant to the committee from 2011-2014 and a board member of the committee since 2014.

Joseph A. Smith, of Hillsborough, NJ, has been practicing for 33 years in family medicine. His oldest, Becky, lives in Manhattan and got married a year and a half ago. "Still waiting for a grandchild." His youngest, Danny, also lives in Manhattan and will be getting married in September. His middle child, Jenny, lives in Chicago with her boyfriend. "My wife, Fern, is one of the managers in our practice working with me for almost 25 years. Greetings to the class of 1982."

1983 Reunion

September 21•22, 2018

1984

James R. Jewell, has relocated to Northampton, MA. He joined the VA as director of long term care and rehabilitation.

Holly Kent, of Tucson, AZ, has retired after 28 years in practice. She travels frequently to see her new grandson in Alabama. "Life is good!"

1985

Martin Fried, of Asbury Park, NJ, is now consulting for *Vynleads.com* as a physician nutrition specialist.

1986

Shelley R. Berson, of Nyack, NY, is excited to have her paper entitled "Clinical Associations Between Allergies and REM Sleep Disturbances" accepted for publication while working closely with classmate **Elizabeth A. Prezio**.

John Labiak '86 with his granddaughter

John J. Labiak, of St. James, NY, shares that his second grandchild was born May 2, 2018. Isabella Grace Turturro joins her brother Luca Francesco Turturro.

1987

Timothy N. Baxter, of Elmira, NY, became program director of the family medicine residency at Arnot-Ogden Medical Center in Elmira, in 2015. It was previously an osteopathic residency, but they became ACGME accredited in 2017.

1988 Reunion

September 21•22, 2018

Beth Cady Burghardt, of LaFayette, NY, is in solo private ENT practice in Liverpool, NY, with interests in pediatric ENT, sinus surgery, and voice. She and Frederick have been married for 35 years this summer, and their three girls are singers like themselves. The oldest two are studying music education and psychology/music at Andrews

Page Salenger '88, Nashville, TN, has accepted a position as medical director for Home Therapies for Dialysis Clinics, Inc. in Nashville. Luckily, she will still be able to enjoy one of her favorite sports in Nashville, ice hockey.

Beth C. Burghardt '88, with Alaina and Katharina Burghardt

NANCY STRAUSS, MD '88

Rehab Leader

From a young age, Nancy Strauss, MD '88, understood first hand the importance of exercise, physical fitness and the power of rehabilitation. "Overcoming challenges with a physical disability and developing strong relationships with my own physicians is likely what led to my career in medicine, and physiatry in particular," she says.

Dr. Strauss has been a physiatrist at New York Presbyterian Hospital for nearly 25 years. And in 2013, she was honored to be named the John A. Downey Professor of Rehabilitation and Regenerative Medicine at Columbia University Irving Medical Center. But in the 1980s, when she was a medical student at Upstate, physical medicine and rehabilitation was still a small specialty; there was no department at Upstate at the time. Even today, she concedes, some people are unfamiliar with the field. "People know pediatrician, surgeon, but they don't always know physiatrist," she says.

Strauss says rehab medicine is a very goal-oriented field with the focus to improve function. She works with a broad range of patients—from infant to geriatric, from athletes with injuries to patients with chronic disabilities. "As the specialty has evolved, physiatric subspecialization is more common, but I have always enjoyed the full spectrum of general physiatry," she says.

It's also a very team-oriented field. "We work very closely with physical therapists, occupational therapists, speech therapists, and physicians in other specialties," she says. "It is an interdisciplinary specialty and the physiatrist is the team leader. However, the patient is the most important team member and no goal can be met without the patient's commitment and determination."

Strauss first realized she loved the leadership aspect of her field serving as chief resident at Nassau University Medical Center. "That's when I realized I loved the big picture, administrative kind of work," she says. She's had plenty of it. She was recruited to Columbia in 1993, first serving as assistant residency program director. Later, she became program director, and when Columbia Presbyterian and New York Hospital Weill Cornell merged to become New York Presbyterian, she was in charge of merging the two residency programs into one.

"I had the privilege of being the residency director during a period when the field of physical medicine and rehabilitation was changing, so it was a very dynamic time," says Strauss, whose favorite aspect of residency training was recruitment, identifying the best and the brightest medical students to become residents, mentoring them, and often staying in contact with them for years to come. "Of course, I always looked for Upstate medical students," she says.

Nancy Strauss, MD '88, has been a professor of physical medicine rehabilitation at Columbia since 1993.

Strauss has also served as vice chair, interim chair, and executive vice chair of the Department of Rehabilitation and Regeneration Medicine, has served on numerous hospital and medical school committees, and has been actively involved in numerous professional organizations, including the Association of Academic Physiatrists.

"One of the reasons why the leadership piece appeals to me is that I find making an impact with the big picture provides valuable insight which actually helps on the front line with the patient care," she says.

"When somebody has a disability, it can impact so much of their life. I'm often working with the whole family, treating social issues, medical issues, as well as functional issues," she says. "It's very holistic."

And very satisfying. "It's just a very positive field, setting goals with the patient and guiding the patient in reaching those goals," says Strauss. "So it's very gratifying, helping patients improve function and improve quality of life."

— Renée Gearhart Levy

CLASS NOTES

University in Michigan. The youngest is a junior at Union Springs Academy west of Auburn, NY. They love living in the hills south of Syracuse where their two mini Aussie Shepherds can dig and chase squirrels. They also love supporting SU sports, especially men's and women's basketball.

Teresa Karcnik-Mahoney '88, far right, with husband Ray, her mother, and daughter Mary

Teresa Karcnik-Mahoney, of Middletown, NY, is making arrangements to attend her 30th reunion and is looking forward to seeing classmates. She was in her old (clinical year) haunt Binghamton last month for daughter Mary Mahoney's induction into Phi Beta Kappa honor society at Binghamton University, where she is a junior majoring in physics and chemistry.

James L. Megna, of Syracuse, NY, continues as a tenured professor at Upstate Medical University, and since 2015, has been a co-director of the MSI neuroscience course (curriculum reform process).

1989

Robert H. Ablove, of Clarence Center, NY, recently became the director of the upper extremity fellowship at the University at Buffalo and was inducted into the American Shoulder and Elbow Surgeons. His wife Tova Ablove, MD (SUNY Buffalo '96) became the director of the OB/GYN residency.

Robert H. Ablove '89, with his wife Tova Ablove, MD, and their three children

1990

John D. Bisognano, of Pittsford, NY, is now vice-chair of the American Heart Association National Council on hypertension. He is professor of medicine and cardiology at University of Rochester. He has just completed a two-year term as president of the American Society of Hypertension.

1991

Rosalind S. Odin, of Manlius, NY, and classmate, **Valerie Newman** met in Sonoma, CA, with their spouses, Lee and Marc, for the "Passport to Dry Creek Valley" event. "A wonderful way to catch up with old friends," she writes.

Valarie Newman '91 and Rosalind S. Odin '91

1993 Reunion

September 21•22, 2018

1998 Reunion

September 21•22, 2018

1999

Keira L. Barr '99

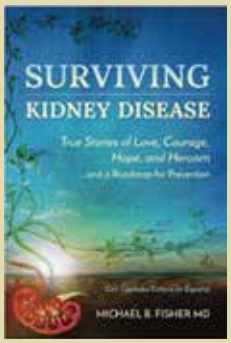
Keira L. Barr, of Fox Island, WA, is excited to share that her book, *The Skin Whisperer: A Dermatologist Reveals How to Look Younger, Radiate Beauty and Create the Life You Crave*, was released March 2018 and is a number one international bestseller on Amazon. The book is about exploring the reality that true health begins by taking notice of what's on the skin's surface and addressing what's happening beneath it. The book teaches women to understand and interpret the skin's ability to communicate the body's needs and desires. Written with the wisdom of a physician but the candor and warmth of a close friend, *The Skin Whisperer* is a compelling and life-changing work that delivers advice, knowledge, and evidence on how to live a life that is fulfilling, healthy and vibrant.

MICHAEL FISHER, MD '68

Providing Hope

As a nephrologist in Santa Barbara, California, Michael B. Fisher, MD '68, had spent more than 40 years caring for patients with chronic kidney disease when he was diagnosed with serious lung cancer in 2013. Although he'd always prided himself on his approach to patients and patient care, it wasn't until his own illness that he truly understood how cold and impersonal being a patient can feel. "I suddenly found myself on what I call the 'medical conveyor belt' where you feel as if you have lost control over your own life and are moved from test to test, from procedure to procedure," Dr. Fisher recalls. " It can be overwhelming and confusing and sometimes you feel more like a number than a human being."

Fisher says he was inspired to fight back and get well by the heroism of his most challenging renal patients. In his recovery, Fisher set out to pay tribute to his patients and their incredible stories of courage as well as help others understand and take greater control over their healthcare. His book, *Surviving Kidney Disease: True Stories of Love, Courage, Hope, and Heroism*, was published in April. The book provides a primer to complex and serious kidney diseases with their pathologies described in layman's language. He also addresses the psychological and emotional issues of chronic disease in an attempt to provide patients with the hope to face whatever challenges lie ahead, and shares stories of individual patients who overcame a variety of kidney ailments.



"I didn't want it to be a typical clinical book, but something that people could identify with," says Fisher, who practices at Cottage Hospital in Santa Barbara, which is affiliated with the University of Southern California's Keck School of Medicine. "I wanted to share how human beings are able to deal with the most challenging, daunting problems. The ingredients to overcoming them are the same—when there is a 'why' to survive, people will find almost any kind of 'how.' When there is hope and love, people have the capacity to rise above even the most daunting situations."

That was a lesson Fisher first learned as a Peace Corps physician in La Paz, Bolivia, from 1969 to 1971. "One of the key lessons I learned in Bolivia was how much we all have in common," he says. "People want to live healthy lives and they want the same for their loved ones. Most importantly, it was clear to me that having loved ones around during surgery or sickness was powerful medicine."

Michael Fisher, MD '68, has cared for patients with kidney disease for more than 40 years.

Although genetics play a major role in determining disease, Fisher says he realized many of the patients he wrote about had severe emotional trauma resulting in chronic stress. "Their illnesses manifested during this timeline, and ultimately, lead to kidney failure," he says. "My own observation over the course of 50 years was that there was a pattern of chronic stress followed by organic disease. The immune system is weakened by chronic stress."

During his own recovery, Fisher discovered for himself the powerful connection between lifestyle and health, as he reduced stress, made dietary changes, and got regular exercise. He felt better and began to delve more deeply into research on the mind-body connection. "If we can spend a little more time on prevention and wellness, we could prevent a lot of chronic diseases that are the scourges of the 21st century and destroying our medical care system," he says. "The people around the world who live the longest have used this simple formula as the core value for their lifetime."

— Renée Gearhart Levy

CLASS NOTES

2003 Reunion
September 21•22, 2018

2008 Reunion
September 21•22, 2018

Keri L. Burns-Booth '03

Keri L. Burns-Booth and her husband have two sons and live in Albuquerque, NM. She is an emergency general surgeon. She recently ran the Boston 2 Big Sur marathon combination, which was quite an adventure. The Boston Marathon was April 17 and thirteen days later she ran the Big Sur on April 30, in Carmel CA, which was her 11th marathon.

Arjun S. Joshi, of Washington, DC, is an otolaryngologist with a specialty in head and neck cancers. He is director of head and neck oncology and associate professor of surgery at the George Washington University School of Medicine and Health Sciences. He was recently featured in an article *A Debate for Oral Cancer Treatment: Radiate or Not?* To read about his approach to treating oral cancer please visit, *www.ozy.com/provocateurs/a-debate-for-oral-cancer-treatment-radiate-or-not/81072.*

2009

Scott J. Cameron has settled in Rochester, NY, with his wife, Sarah, and three children; Katie, Ian, and Owen. He is a cardiologist and vascular medicine specialist at the University of Rochester, and spends time running a basic science lab, working in the cardiac ICU, seeing outpatients, teaching, and directing the pulmonary embolism response team.

2010

Toby Anderton, of Fayetteville, NC, and his wife welcomed a set of twins, Hadley and Olivia, to their family on March 12, 2018. They join big sister Adelaide (six) and big brother Miles (four).

The children of Toby Anderton '10: Adelaide, Miles, Hadley, and Olivia

Bradley M. Klein '13, Brian J. Hanrahan '14, and Devin J. Burke '16

2013

Charles D. (Chas) Hannum, of Boston, MA, recently completed his first year working as an attending general pediatrician at Floating Hospital for Children at Tufts Medical Center in Boston. He is also an associate program director for the Pediatrics Residency Program at Tufts and is loving every minute of his job in academic medicine!

2016

Devin J. Burke, of Pittsburgh, PA, a neurology resident at Pittsburgh Medical Center enjoys working with vascular neurology fellow **Bradley M. Klein '13**, and neurology chief resident **Brian J. Hanrahan '14**. "Three Upstate grads running the stroke team over at the University of Pittsburgh Medical Center!" he writes.

Rachel A. Kopicki, of Seattle, WA, was elected to be one of two chief residents by her peers for 2018-2019 class year at Valley Family Medicine Residency in Renton, WA. She is entering her third and final year of residency in July 2018.

Andrew J. Nastro '16, of New York, NY, says, Upstate 2012–2016 were four of the happiest years of his life. "Anything is possible"— James Newman.

House Staff

Kenneth A. Hubel, MD, HS '56, '60, of Iowa City, IA, joined the faculty of the Department of Medicine at the University of Iowa in 1962 and enjoyed a 36 year academic career teaching clinical medicine and researching ion transport in the gut. He had a superb sabbatical year in Oxford in 1969-70 and a productive professional career that included five years as secretary of the American Gastroenterological Society. Jan Greer, an SU student nurse, and he married in 1957 and have three kids; two daughters live nearby in Iowa City and join them for lunch each week. Their son lives in Missoula and they will see him at the folk music festival in Butte in July. They have six grandchildren and four greats. They are living happily in a retirement community and enjoying the many cultural blessings of a university town. "Sentimental ties to Syracuse remain strong."

Jeffrey N. Binney, MD, HS '81, of Pinehurst, NC, retired in 2017 from Pinehurst Medical Clinic, having practiced internal medicine and geriatrics there since 2004. Prior, he was in practice in Altoona, PA, for 23 years. He was in the internal medicine training program from 1977-80 and was chief resident under Dr. Williams from 1980-81. He and his wife, Vicki, have one daughter and one granddaughter who live in Boston.

Sekou R. Rawlins, MD, HS '12, of Syracuse, NY, writes, "I completed the gastroenterology fellowship here at SUNY Upstate in 2012, and since then have been working in comprehensive gastroenterology as an assistant professor of medicine. I became one of the associate program directors for the internal medicine residency program in 2013, and have been active in teaching there as well as in the GI program. I have been fortunate to act as a research mentor for successive classes of residents, many of whom have gone to fellowship and academia across the country. This year, I have been asked to assist in the administration of a first year medical school course, and hope to continue with this in the years to come. I live in the city of Syracuse with my wife and three daughters. We love our University neighborhood—best neighbors in the country!"

Theresa Waters, MD, HS, '16, of Syracuse, NY, joined the Cardiovascular Group of Syracuse as a non-invasive cardiologist.

IN MEMORIAM

1952

RONALD A. MILLER, of Syracuse, NY, died April 8. He enlisted in the Air Force in 1954 and served as captain at the time of his discharge in 1956. Dr. Miller had his own private practice for many years and took care of many patients in the area including at the Chest Clinic, VNA, St. Camillus, Van Duyn, Community General, and St. Joseph's Hospital. He was awarded the Distinguished Service Award presented by the Onondaga County Medical Society in 2004. He was survived by his wife, Donna; son Ronald; daughters Beth, Melanie, Heather, and Kimberly; and eight grandchildren.

1955

CHARLES R. SCHEN, of Hamburg, NY, died April 16. Dr. Schen served for 18 months in the Army and Army Air Force, attaining the rank of corporal. He served his residency at Buffalo General Hospital and Buffalo Veterans Affairs Medical Center. After practicing in Florida he returned to New York in 1963 and affiliated with Our Lady of Victory Hospital in Lackawanna, where he became chief of orthopedics. Schen served for a year as interim chief of surgery at Buffalo Veterans Affairs Medical Center, then practiced at Riverfront Medical in the city of Tonawanda. He retired in 1994. He was survived by his wife, Jane; son Walter; daughters Andrea, Lisa, and Claire; and a granddaughter.

1959

SHELDON S. SMILEY, of North Venice, FL, died March 27. Dr. Smiley interned at San Francisco General Hospital, was captain and flight surgeon in the U.S. Air Force, and performed his residency in ophthalmology at Upstate. He had a private general ophthalmology practice Cimmino and Smiley, Opticare, until he retired at age 59. He was the chief of the Department of Ophthalmology at Yale New Haven Hospital and Griffin Hospital. He was survived by his wife, Phyllis; son Stephen; daughters Jill and Lynn; stepchildren, Jillian, Todd, and Adam; and two grandchildren.

GARO H. TAFT, of Fulton, NY, died March 24. Dr. Taft was a longtime pediatric physician. He was survived by his wife, Sue; children Felicia, Camilla, and Garo; and grandchildren.

1961

STANLEY P. MELTZER, of Fayetteville, NY, died March 18. Dr. Meltzer started his career in physical therapy and upon completion he entered the Army. After discharge from the Army he entered medical school. Meltzer was an internist with a specialty in cardiovascular disease for more than 55 years until his retirement. He was survived by his wife Patricia Randall Meltzer, MD; and his children, Dayna and Daren.

1969

DAVID A. ROWELL, of Gainesville, FL, died December 23, 2015. Dr. Rowell joined the U.S. Air Force after medical school as a medical officer, where he rose to the rank of major before an honorable discharge. He started Adirondack Anesthesia and practiced in the Tri-Lakes area for 35 years before moving to Gainesville, FL. He was also a multi-rated pilot who built and flew his own aerobatic planes. Rowell flew in aerobatic competitions and was a flight instructor. He was survived by his wife Dawn; sons Matthew and David; daughter Monica; stepsons Rick and Jacob; stepdaughter Nina; 10 grandchildren; and one great-grandchild.

1970

EUGENE J. BURBIGE, of Lafayette, CA, died October 21, 2015. Dr. Burbige practiced gastroenterology in Concord, CA, for 26 years and enjoyed the challenges of medicine, the camaraderie of his colleagues and coworkers, and the trust and privilege of caring for his patients. He was survived by his wife, JoAnne; and his children, Hali, Kiera, Eugene, and Jonathan.

BARRY D. LANG, of Newton, MA, died November 3, 2012. Dr. Lang moved to Philadelphia, where he completed his fellowship at Temple Hospital and Shriner's Hospital. He then moved to Dartmouth and went into private orthopedic practice in New Bedford. After 24 years of practice he attended Southern New England School of Law. He practiced both fields for a few years and then gave up the practice of medicine and moved to Newton to start a medical malpractice law firm in Boston. He was survived by his wife, Janet; daughters Kiran and Brittany; son, Zach; and three grandchildren.

1973

MORI SCHWARTZBERG, of Long Branch, NJ, passed away on February 1. He was survived by his wife, Helen, and family.

1979

KEITH O. NACHMANSON, of Gilbert, AZ, died May 26, 2017. Dr. Nachmanson was a neurologist who retired from practice and resided for most of his adult life in Arizona. He was survived by his sister Linda.

1991

STEVEN W. FALEN, of Sacramento, CA, died May 12, 2017. Dr. Falen will be remembered for his generosity, kindness, and outstanding contributions to nuclear medicine. He was survived by siblings, Tom, Walt, and Laurie.

House Staff

RONALD M. GREENBERG, of Fayetteville, NY, died February 1, 2017. Dr. Greenberg was a physician at St. Joseph's Hospital for more than 30 years. He enjoyed caring for his patients and continually learning about the medical field. He was survived by his daughter, Melody; and one grandson.

Faculty

PETER HENRY BYLES, of England, died January 9. Dr. Byles joined the newly formed department of anesthesiology at Upstate in December of 1961, having trained at King's College, London University, and King's College Hospital. He joined Upstate at the invitation of Professor Ben Dobkin, the first chairman of the department, which was then at the hospital of the Good Shepherd. He became full professor in 1972 and retired as emeritus professor in 1993. He was survived by his wife Joan; sons Simon and Jonathan; and grandchildren.

Coming Soon To A City Near You!

While many Upstate students remain in Central New York for residency, others head to training sites across the country. Here's where the Class of 2018 began their residencies on July 1.

CALIFORNIA 4
Navy Medical Center San Diego
University of California Irvine Medical Center
University of California San Francisco-Fresno
University of California Los Angeles Medical Center

COLORADO 1
Saint Joseph Hospital SCL Health

CONNECTICUT 6
University of Connecticut School of Medicine
Yale New Haven Hospital

FLORIDA 6
Halifax Medical Center
University of Miami/Jackson Memorial Hospital
Kendall Regional Medical Center
Orange Park Medical Center
Saint Vincents Medical Center
University of Central Florida College of Medicine/ GME Consortium

GEORGIA 1
Medical College of Georgia

ILLINOIS 3
Presence Saints Mary and Elizabeth Medical Center
University of Illinois College of Medicine
University of Chicago Medical Center

INDIANA 1
Indiana University School of Medicine

LOUISIANA 1
Tulane University School of Medicine

MAINE 3
Maine Dartmouth Family Medicine
Maine Medical Center

MARYLAND 1
University of Maryland Medical Center

MASSACHUSETTS 6
Beth Israel Deaconess Medical Center
Boston University Medical Center
Lemuel Shattuck Hospital
MetroWest Medical Center-Framingham
Tufts Medical Center
University of Massachusetts-Baystate

MICHIGAN 2
Detroit Medical Center/Wayne State University
Lakeland Health

MINNESOTA 4
Mayo Clinic School of Graduate Medical Education
University of Minnesota Medical School

MISSOURI 2
Barnes-Jewish Hospital
St Louis Childrens Hospital

NEVADA 2
University of Nevada Las Vegas School of Medicine

NEW HAMPSHIRE 2
Dartmouth Hitchcock Medical Center

NEW JERSEY 3
Rutgers R W Johnson Medical School

NEW YORK 69
Albany Medical Center
Hofstra Northwell School of Medicine
Icahn School of Medicine at Mount Sinai
Icahn School of Medicine Beth Israel
Montefiore Medical Center/Einstein
New York Medical College Westchester Medical Center
New York Presbyterian Hospital-Columbia & Cornell
New York University School of Medicine
New York University Winthrop Hospital
Saint Elizabeth Medical Center
St. Joseph's Hospital and Health Center
Stony Brook Teaching Hospitals
SUNY Buffalo
SUNY Downstate
SUNY Health Science Center Brooklyn
University of Rochester/Strong Memorial Hospital
UHS Wilson Medical Center
University at Buffalo School of Medicine
Upstate Medical University
University of Vermont Health Network/Champlain Valley Physicians Hospital

NORTH CAROLINA 4
Duke University Medical Center
New Hanover Regional Medical Center
University of North Carolina Hospitals

OHIO 4
Cleveland Clinic

OREGON 4
Oregon Health & Science University

PENNSYLVANIA 10
Allegheny General Hospital
Children's Hospital-Philadelphia
Guthrie/Robert Packer Hospital
Temple University Hospital
Thomas Jefferson University
UPMC Medical Education

RHODE ISLAND 4
Brown Medical School/Memorial Hospital
Butler Hospital/Brown University
Rhode Island Hospital/Brown University

SOUTH CAROLINA 2
Medical University of South Carolina
Palmetto Health Richland

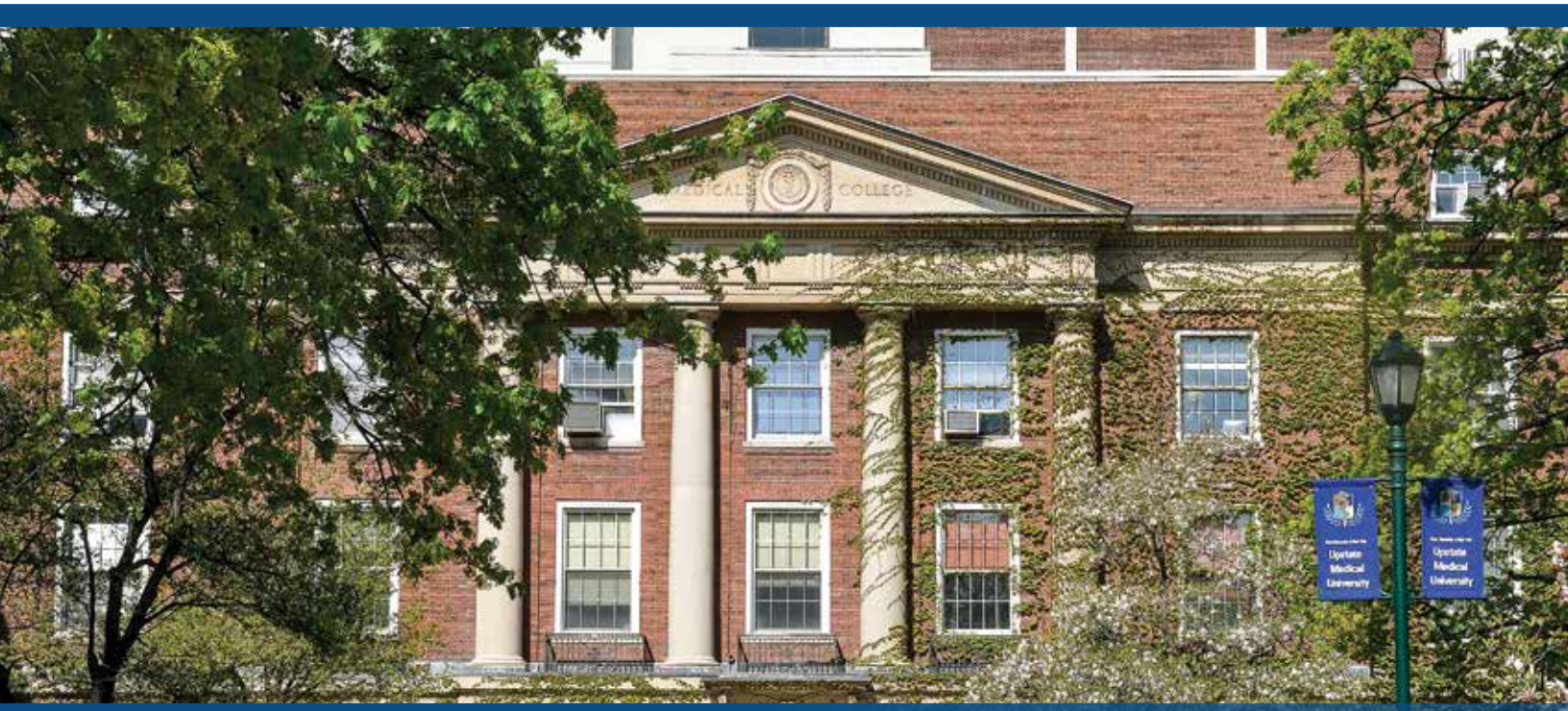
TENNESSEE 3
University of Tennessee College of Medicine-Memphis
Vanderbilt University Medical Center

TEXAS 1
University of Texas Medical School

VERMONT 1
University of Vermont Medical Center

VIRGINIA 2
Eastern Virginia Medical School
Virginia Commonwealth University Health

UPSTATE MEDICAL ALUMNI FOUNDATION
SUNY Upstate Medical University
Setnor Academic Building, Suite 1510
750 E. Adams St.
Syracuse, New York 13210



medalumni.upstate.edu/reunion

Upstate Medical Alumni **2018**

Reunion

For classes ending in 8 and 3

Celebration | Tradition | Connection

SEPTEMBER 21 & 22