A FOCUS ON WELLNESS

Kaushal B. Nanavati, MD, assistant professor of family medicine and director of integrative medicine
Features

Adding to the Toolbox
The inclusion of integrative medicine brings new options for self-care and treatment.

The Gentleman Doctor
Remembering William J. Williams: A quiet leader who left a big imprint.

A Call to Action
Some of the nation’s top physician advocates started out at Upstate.

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Proud family members, friends, and Upstate faculty and staff packed the OnCenter convention center to watch members of the Upstate Medical University College of Medicine Class of 2017 officially become physicians on May 21.

By tradition, the student processional was led by the chair of the Medical College Assembly and representatives of Upstate Student Government, which this year included chief faculty marshall Kaushal Nanavati, MD, HS '99, MPH '14, Student Government Association President Adham Alifarag '20, Hannah Charland '18, and flag bearer Ian Kratzke, MD '17. Graduates were hooded by marshalls Amit Dhamoon, MD '07, PhD '06, and Lazarus Gehring, MD, representing the College of Medicine and Martha Wojtowy, PhD, and Cynthia Morrow, MD, representing the Masters of Public Health (MPH) program.

The 2017 commencement included remarks from Mantosh Dewan, MD, interim dean of the College of Medicine, student speakers Amanda Ghanie, MPH '17, and Ramzi El-Hassan, MD '17, Richard Cantor, MD '76, president of the Medical Alumni Foundation, and Upstate President Danielle Laraque-Arena, MD. The keynote address was given by honorary degree recipient Michael R. Barratt, MD, a NASA physician and astronaut and one of the nation’s few specialists dually trained in medicine and aerospace medicine — areas in medicine where physician shortages are becoming particularly acute.

For a full listing of the Class of 2017 residency placements, visit medalumni.upstate.edu/match.

Clockwise from top left: Class President Ramzi El-Hassan, MD '17, addresses the audience; Emily Commesso, MD '17, is congratulated by President Danielle Laraque-Arena, MD, and faculty; Nicholas M. Runeare, MD '17, receives congratulations from Dr. Laraque-Arena.
Graduating Med Students Pledge to Treat Medicaid Patients

Following through on a plan conceived in a second-year bioethics elective, a group of graduating medical students signed a pledge to treat Medicaid patients in their professional practices and urged their classmates to do the same.

The initiative began two years ago among a group of students taking the Physicians and Social Responsibility elective after a lecture and discussion involving Medicaid, which provides health coverage to low-income adults, children, pregnant women, elderly adults and people with disabilities.

The program is funded jointly by states and the federal government, but reimbursement rates are historically low, and as many as one in three physicians do not accept Medicaid, making access to care especially difficult for these patients.

"After class readings and discussions, we were inspired to try to make a change beyond the level of our individual choices," says Emily Commesso, MD ’17. "We sought to serve patients with Medicaid and to inspire our classmates to share the responsibility."

The result was a 165-word pledge to commit to not overlook those on Medicaid when seeing patients and was made available for fourth-year students to sign during their last months of medical school.

"Since our first day as medical students when we receive our white coats, we pledge to do no harm and not discriminate in our care and to treat all individuals with respect," Commesso said. "This pledge continues that spirit and encourages social responsibility for some of our most vulnerable patients."

In addition to Commesso, graduating students involved in the initiative included Kyle Angelicola-Richardson, MD ’17, Nadya Dillon, MD ’17, Jason Elyaguov, MD ’17, Ian Kratzke, MD ’17, Alan Shum, MD ’17, Brielle Stanton, MD ’17, and Jun Yu, MD ’17.

The 1 in 5 Pledge:

In 2017, approximately 1 in 5 Americans is part of the Medicaid program. Traditionally, this group of Americans has been underserved in their access to medical care. If every physician took on patients with Medicaid as a small portion of their client base, the gap in access would be closed, and the health of our nation would rise.

In the course of practice as physicians, we will strive to serve those in need, regardless of their Medicaid status. We will strive to uphold the traditional pillars of medicine: beneficence, non-maleficence, autonomy, and justice. In doing so, we believe it is wrong to fail to serve an entire group of people based solely on their socioeconomic status.

As a class, our specialties will reach far and wide, and our careers as physicians will touch thousands of lives. Even if in a small way, it is our hope that as a class we can make a difference through the choices we make and the patients we serve.
Julio Licinio, MD/PhD, Joins Upstate as Senior VP and Dean of the College of Medicine

Licinio’s research focus is depression, investigating stress-related circuits, circadian rhythms, genetics, pharmacology, and pharmacogenomics. His scholarly accomplishments are notable for 300 publications, cited 20,952 times (h-index: 66). In his more recent work, Licinio has published with 190 colleagues from 54 institutions, located in 19 countries, including Nobel Laureates Andrew Schally and Rita Levi-Montalcini.

“This work in translational medicine and his broad global perspective is especially important to Upstate and positions him well to meet the challenges of academic medicine in this new century,” Laraque-Arena says.

“I believe that our motto should be ‘research to improve your life.’ This means that the research we do, while expanding fundamental knowledge, should ultimately be targeted to help people and communities, not only at some point in the distant future, but more immediately. The generation of new knowledge and translation of groundbreaking research progress to improved healthcare requires immense levels of training and workforce development and that is what Upstate is all about.”

In addition, he says, “While doing our best to excel in our training, research and clinical missions, we have to keep in mind that we are a key part of the Central New York community, and therefore we have to always remember that community service is an indispensable part of our mission. What distinguishes the medical care we provide is the combination of being the only academic medical center in the region, the largest local provider of health providers, and also of being a state-owned institution that sees community service as our major driver.”
Tucker Named Director of Adult Ambulatory Services

Amy L. Tucker, MD, has been named medical director of Adult Ambulatory Services at Upstate Medical University. She is responsible for the overall management of the adult ambulatory operations at Upstate, excluding the Upstate Cancer Center, including clinical practice operations, medical affairs and quality. Upstate offers a large network of outpatient clinical sites to serve patients from both hospital campuses and in the community. Ambulatory services include primary and specialty care, encompassing nearly 80 specialty clinics.

A practicing cardiologist, Tucker has served on the faculty at the University of Virginia (UVA) since 1994, most recently as an associate professor of medicine. While at Virginia, Tucker held various administrative roles including founder and director of the Club Red Women’s Cardiovascular Prevention Clinic, associate chair of Medicine for Undergraduate Medical Education, and director of the Cardiovascular Fellowship Training Program. Tucker also served as the director of Ambulatory and Consultative Cardiology Services.

Weinstock Named Outstanding Physician Clinician

Ruth S. Weinstock, MD, PhD, HS ’85, received the American Diabetes Association 2017 Outstanding Physician Clinician in Diabetes Award. Presented annually, the award honors meritorious contributions to diabetes clinical practice.

Weinstock is Distinguished Service Professor and division chief of Endocrinology, Diabetes and Metabolism at Upstate, as well as medical director of the Clinical Research Unit and medical director of the Joslin Diabetes Center at Upstate. She was the driving force behind the establishment of the Joslin Center, which serves as the only comprehensive, multidisciplinary diabetes center serving adults and children in central New York.

Researcher Wins Prestigious Science Award

Li-Ru Zhao, MD/PhD, associate professor of neurosurgery at Upstate Medical University and a research scientist at the Veterans Administration Medical Center in Syracuse, has been awarded the 2017 Bernard Sanberg Memorial Award for Brain Repair from the American Society for Neural Therapy and Repair. The award recognizes Dr. Zhao’s significant research contributions in acute and chronic stroke, vascular dementia, traumatic brain injury, and Alzheimer’s disease.

Zhao’s laboratory is currently studying how the bone marrow stem cell factors (SCF and G-CSF) repair the brain in both Alzheimer’s disease and CADASIL syndrome and is working at determining how the bone marrow stem cell factors regulate neuronal process formation, synaptic generation, and stem cell growth and differentiation.
Upstate Faculty Earn SUNY Distinguished Faculty Rank

Ann Botash, MD ’85, Andras Perl, MD, PhD, and Leonard Weiner, MD, were named Distinguished Faculty in acknowledgment of their teaching, research, and service. They join 18 other faculty members from SUNY campuses across the state in receiving this faculty designation.

Ann Botash, MD ’85, received the rank of Distinguished Teaching Professor, which recognizes and honors mastery of teaching. Dr. Botash, who serves as professor and vice chair of the Department of Pediatrics, is an expert in child abuse and a physician at Upstate Golisano Children’s Hospital. She has received numerous awards from national organizations for her teaching and service, including the Public Policy and Advocacy Award from the Academic Pediatric Association for her work developing a curriculum in advocacy, and recognition from the American Association of Medical Colleges Council on Teaching Hospitals for her work on a model that teaches physicians how to deliver a safe and comfortable experience for pediatric patients undergoing bedside procedures.

Andras Perl, MD/PhD received the rank of Distinguished Professor, which is conferred upon individuals who have achieved national or international prominence and a distinguished reputation within a chosen field. Dr. Perl is chief of the Division of Rheumatology, director of the Rheumatology Fellowship, and co-director of the MD-PhD training program. He has received national and international recognition for his research in the mechanisms of autoimmunity in Systemic Lupus Erythematosus (SLE), as well as the translational applications of that research to treatment of patients with the condition. Perl has been funded continuously for his research by the National Institutes of Health and other foundations, and has mentored dozens of graduate students, medical students, MD/PhD students, postdoctoral fellows, and junior faculty over his 30-year tenure at Upstate.

Leonard Weiner, MD, received the rank of Distinguished Service Professor, which honors and recognizes extraordinary service. Weiner serves as vice chair for academic affairs, director of the Division of Pediatric Infectious Disease and Immunology, and director of the Pediatric Infectious Disease Fellowship at Upstate. He has previously served in a number of other leadership roles at Upstate, including vice chair and interim chair of the Department of Pediatrics, as well as associate dean for Clinical Affairs in the College of Medicine and deputy medical director of Upstate University Hospital. He is also a physician with Upstate Golisano Children’s Hospital. Weiner’s service in the region includes his role as director of the State Designated Pediatric AIDS Center, service on the Professional Standards Review Organization of Central New York at Upstate, on the “Success by Six” Immunization Project Team.

Match Day

Onecia A. Hannibal, MD ’17, Nadya M. Dillon, MD ’17, and other fourth-year students from Upstate Medical University’s College of Medicine joined graduating medical students from across the country in learning where they will spend their first year of training in their chosen specialties on March 17 in Match Day festivities held at the OnCenter for students, families, and friends. See our inside back cover for a list of all the 2017 match institutions or visit medalumni.upstate.edu/match for a full list.
Patricia J. Numann, MD ’65, Honored for Lifetime of Achievement

Patricia J. Numann, MD ’65, the Lloyd S. Rogers Professor of Surgery Emerita at Upstate Medical University and a SUNY Distinguished Teaching Professor Emerita, has received the 2017 Lila A. Wallis Women’s Health Award from the American Medical Women’s Association (AMWA). The award is given to an individual whose lifetime achievement, accomplishments, motivation, mentorship, energy and enthusiasm for women’s health, education, and research reflect the trailblazing achievements and influences in women’s health exemplified by Dr. Lila A. Wallis, one of AMWA’s past presidents.

Dr. Numann, the first woman surgeon in Syracuse, has served on the board of numerous organizations that advocate for women’s care and has served as chair of the American Board of Surgery and president of the American College of Surgeons. She is founder of the Association of Women Surgeons and has supported women surgeons and women’s health internationally.

Numann’s clinical and scientific interests focused on breast disease and thyroid and parathyroid disease, a commitment reflected in the establishment of the Patricia J. Numann Breast & Endocrine Surgery Center at Upstate in 2007.

Strategic Plan Launched as Road Map to Propel University Forward

A new sweeping strategic plan seeks to propel the university forward to greater excellence by addressing 15 key objectives aimed at increasing access, improving health outcomes, reducing health disparities, and increasing the university’s reputation for excellence.

Named OUR (One University Road Map) Upstate, the strategic plan impacts all aspects of university operations, from technology to financial stewardship, innovation to quality improvement.

“Most importantly,” she adds, “this plan addresses how we will reach our vision of being united in expertise, compassion and hope in the creation of a healthier world for all.”

The 15 strategic objectives of the plan are to:

- Improve Health Outcomes
- Reduce Health Disparities
- Increase Access
- Increase Reputation for Excellence
- Improve Fiscal Responsibility and Transparency
- Improve Financial Performance
- Improve Efficiency and Accountability
- Improve Integration
- Grow Programs and Community Partnerships
- Improve Quality
- Enhance Innovation
- Optimize Technology, Facilities and Support Services
- Improve Culture of Trust
- Increase Diversity, Equity, Access and Inclusion
- Increase Workforce Satisfaction

“...anchored by data—to guide us in our decision making, enabling us to respond adroitly to new opportunities, leveraging our strengths, and positioning Upstate on the path to effectively improve the health of individuals and the populations we serve.”
Adding to the Toolbox

When second-year medical students began their studies in August with a unit on cancer, they not only learned about disease processes and pharmacological treatments, but also integrative therapies such as herbal medicine and acupuncture.

And when they study the gastrointestinal system in a few months, they will learn about nutrition and food as medicine. Second-year students will also participate in a 90-minute session on mindfulness and wellness, both as models to use with patients, but more immediately, to help with their own self-care to counteract the stresses of medical school.

“In addition to student wellness, which we’re very concerned about, we know that patients are sometimes looking for alternative approaches to care and it’s important for students to be able to distinguish between integrative approaches that have a scientific basis and other alternative therapies,” says Thomas Poole, PhD, assistant dean for foundational science and associate professor of cell and developmental biology. “We haven’t previously had much of this in the curriculum, so in adding this content, we’re hoping to benefit both students and their patients in understanding what approaches are evidence-based and might be complementary with Western medicine.”

The new material, part of a larger revamping of the curriculum, is part of other efforts to introduce aspects of integrative medicine into the Upstate Medical University educational and clinical experience, reflecting an increased emphasis on health and wellness, both at Upstate and in American healthcare.

In large part, they have been spearheaded by Kaushal B. Nanavati, MD, HS ’99, MPH ’14 assistant professor of family medicine and director of integrative medicine.
Dr. Nanavati, who has been board certified in integrative medicine through the American Board of Integrative and Holistic Medicine and in family medicine through the American Academy of Family Physicians, left private practice and joined Upstate in 2011 to build an integrative medicine program at Upstate that encompasses education, clinical care, and research in line with the institution’s mission, and to create more community engagement and awareness.

“At the time, there were more than 50 medical schools teaching integrative medicine in their curriculum, and we weren’t officially doing that,” says Nanavati, who is excited to see that change. “It’s really fantastic that we’re going to be progressive and make it a part of the mainstream. Whereas some institutions have integrative medicine as a separate course, adding to the student course load, the approach we’ve embraced is to incorporate it as a part of the continuum, engaging with the patient, history taking, communication skills, and then approaches to care and healing.”

This fall, standard lectures within the first- and second-year curriculum were added that focus on integrative approaches to care and self care. In the third year, good evidence in integrative modalities is incorporated as a part of the clerkship curriculum, and a month-long elective in integrative medicine is offered to fourth year students.

Nanavati says it’s important to understand that integrative medicine is different from complementary and alternative medicine. “Integrative medicine is conventional medicine plus complementary modalities that are rooted in evidence,” he says. “People do a lot of things that are not evidence-guided and call them ‘alternative practices,’ but the idea of integrative medicine is to use the rigors of the scientific method to optimize our knowledge and to guide patients to ways that can best help them heal.”

### Built for Wellness

**Upstate’s new Health and Wellness Center will open in 2021**

Upstate Medical University hopes to make an even greater impact on the health of the greater Syracuse community with a new Health and Wellness Center, planned to open in the summer of 2021.

The Health and Wellness Center will bring ambulatory care services currently dispersed throughout the city into one location. The Center, to be located across from the Cancer Center, will include primary care clinics; global health services; behavioral health services, the Joslin Diabetes Center; cardiology and pulmonary clinics; and Women’s health, including the Breast Center and radiology services.

Construction of the building is supported by a $70.6 million grant from New York’s Capital Restructuring Financing Program and $70.6 million in matching funds allocated in the 2016-2017 New York State budget. According to Susan Furtney, ambulatory services administrator, Upstate was awarded the grant through the Delivery System Reform Incentive Payment Program, also known as DSRIP, which aims to fundamentally restructure the health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25 percent over five years.

“Our goal is to improve the health of our community by transforming how we deliver care,” Furtney says. “By integrating primary care, behavioral health, specialty services, and social supports in one location, we hope to reduce fragmentation and promote multidisciplinary care.”

But the building will be much more
Nanavati points to integrative modalities used at most major medical centers, such as acupuncture for pain management, nutritional counseling, and use of meditation.

His own efforts at Upstate began at the Cancer Center, where he works with complementary service providers (such as acupuncturists and nutritionists) and consults with individual patients on integrative care approaches. “The areas I like to focus on are wellness and health promotion, which goes beyond prevention to teach people how to live well through nutrition, physical exercise, stress management, and spiritual wellness,” says Nanavati, whose book on the topic, The Core 4 of Wellness, was published last year.

“I work with patients to help optimize their nutrition based on their particular health and health conditions, to help them understand the value of physical exercise and how much to do; to recognize the things they need to focus on that they can do something about and things they may stress about that they can’t control directly; and help them understand what contentment and peace in their lives is, which can change over time.”

He also sees patients with autoimmune disorders, chronic conditions for which there may not be a quick and easy fix. “Patients often self-refer as they become more interested in learning how they can optimize their self-care and self-management and not feel so dependent on the system,” he says.

He’s not alone in his efforts. Other Upstate physicians who have become board certified in integrative medicine include pediatric rheumatologist Caitlin DeLuca, DO, and endocrinologist Barbara Feuerstein, MD ’84, HS ’87. “In my field, helping people with their lifestyle can often get to the root of their problem instead of just treating the symptoms,” she says. “That’s what I’m trying to do with integrative medicine. I try to help patients with stress reduction, and diet and nutrition. It’s really just being a good doctor.”

Students are expressing interest in the field through a robust Integrative Medicine Interest Group, which sponsors regular speakers, panel discussions, workshops, and community outreach events to encourage awareness of integrative medicine.

Fourth-year student Eric Reed spent the summer working with Nanavati between his first and second years of medical school, helping co-author a chapter on lung cancer for the fourth edition of the textbook Integrative Medicine, which was released in May. “The literature is becoming more robust,” says Nanavati, whose efforts aren’t all focused on students and patients.

Last year, Nanavati began Tranquility Tuesdays, a half-hour of guided meditation held the first Tuesday of every month open to anyone on the Upstate campus. The sessions became so popular that this fall they became weekly. “It’s our effort to promote self-care and wellness in the workplace so that we can be more effective in our role in helping to heal,” he says. ■

than a collection of outpatient clinics. Designed to emphasize “wellness,” the eight-story, 320,000-square-foot building will include open and bright stairwells, and “walking trails” designed for patients, staff, and physicians to walk various distances if they follow a prescribed path. “The idea is to help integrate wellness activities into everyone’s daily routine within the new center,” she says.

In addition, the building will have an integrative medicine clinic that will offer complimentary therapies, and includes plans for designated open space for community wellness activities such as yoga classes, meditation, and lectures, as well as group counseling sessions. The progressive environment will also include an outdoor garden space and a teaching kitchen.

“The business model for doctors and hospitals has historically been disease oriented, whether it be prevention, management, or innovation,” says Kaushal B. Nanavati, MD, HS ’99, MPH ’14, assistant professor of family medicine and director of integrative medicine. “But simply following and monitoring disease is expensive in terms of U.S. healthcare. We’re trying to promote a focus on wellness so people can have the tools to care better for themselves.”
ACTIONS SPEAK LOUDER THAN WORDS. THAT AXIOM MAY BE MOST APPROPRIATE TO DESCRIBE LONGTIME UPSTATE FACULTY MEMBER WILLIAM J. WILLIAMS, MD.

“He was an incredibly thoughtful person who always did the right thing and inspired those around him to do the same,” says Mary Arseneau, his long time administrative assistant.

In medicine, where ego can often get in the way, Dr. Williams stood out for his humility and kindness, leading by example rather than bravado.

“Dr. Williams had a gift when it came to teaching,” says David Heisig, MD, an internal medicine resident from 1983 to 1986 and a gastroenterology fellow from 1989 to 1991. “You knew what he expected, and appropriately, it was a lot. He would show you the way and lead by example. He never shamed you; any disappointment came from within because you desired to meet his standards,” says Dr. Heisig.

Known for his gentlemanly demeanor and signature bow tie, Williams was a world-class physician who literally wrote the book in his field, Williams’ Hematology, now in its ninth edition.

Williams, who died in November 2016 at age 89, said he was inspired to go into medicine by both his hometown doctor and the Sinclair Lewis novel, Arrowsmith, whose protagonist, an academic medical researcher, was all the things he wanted to be.

In 1945, Williams entered medical school at the University of Pennsylvania when he was only 18, enrolling in a special program aimed at producing doctors to fulfill the needs of the military. As an apprentice seaman in the Navy, he was assigned to a hematology lab at the U.S. Naval Hospital in Philadelphia, where he was able to see the close association between the laboratory and clinical problems. Although the war was over by the time he graduated and completed his internship, he stayed in the Naval reserve.

Williams earned his medical degree from the University of Pennsylvania School of Medicine in 1949, where he remained until 1969, serving as chief of the Hematology Section and professor of medicine. During that time he also spent 18 months at Washington University of Saint Louis, and a year at Oxford University, collaborating on research projects.

Williams’ research centered on the biochemical mechanisms of blood coagulation, specifically the initiation of blood clotting by Russell’s viper venom and tissue factor. He also participated in projects on methylmalonic acid excretion in vitamin B12 deficiency, carbon monoxide production as a measure of hemolysis, and phospholipid metabolism in platelets and leukocytes. Later he studied peripheral blood stem cells and spent a sabbatical working at the Walter and Eliza Hall Institute of Medical Research.

In 1967-68, Williams served as interim chair of internal medicine at Penn; Gregory Eastwood, MD, was a second-year resident. “Part of the duties of a second-year resident was to report on new admissions to the dean every morning,” Dr. Eastwood recalls. “I was certainly in awe of Dr. Williams and his emerging national prominence in the field of hematology.”

Williams left Penn to join SUNY Upstate in 1969 as the Edward C. Reifenstein Professor of Medicine and Chairman of the Department of Medicine, where he served for 22 years. He was tapped to serve as interim dean of the College of Medicine from 1991-92. The following year, Eastwood joined Upstate Medical University as president and Williams coordinated the inauguration.

“We developed a close relationship, both personally with our wives, and professionally. He was one of the
very few people on campus I could ask advice from and know he didn’t have an agenda,” says Eastwood. “That’s really valuable when you’re running an organization like this.”

Eastwood chose Williams to serve as dean from 2002–04, during a search for a permanent replacement. “I didn’t think it was right to call him interim dean since he’d already served as interim,” says Eastwood. Williams, who had been named a SUNY Distinguished Service Professor, was named dean emeritus upon completion of his term.

Despite his many accomplishments, he’s most prominently known for the book. Williams began working on Hematology in the mid-1960s, in collaboration with Ernest Beutler, MD, Allan Erslev, MD, and Wayne Run- dles, MD, who was replaced by Marshall Lichtman, MD, after the second edition. Williams continued as editor-in-chief through the fourth edition, when the name was changed to Williams Hematology.

“Bill was a superb academic physician. He was a fastidious person with experience in medical research and I am sure he set high standards for clinical care and clinical research as the leader of the institution,” says his co–editor Marshall Lichtman, MD, Professor Emeritus of Medicine and of Biochemistry and Biophysics at the University of Rochester Medical Center. “He was devoted to medical student, resident, and fellowship education and the students and faculty at Upstate derived great benefit from his devoted leadership. Inevitably, his leadership, standards, and expectations would have impact on the quality of care received at Upstate, the ultimate benefit to the area.”

Williams Hematology “guided generations of clinicians, biomedical researchers and trainees in many disciplines through the origins, pathophysiological mechanisms and management of benign and malignant disorders of blood cells and coagulation proteins,” says publisher McGraw–Hill.

But at Upstate, it was as a teacher that Williams impacted generations of students and trainees. “Bill had no qualms about students listening to his heart and lungs and palpating his liver edge during physical diagnosis courses,” says Heisig. “He always had time for questions from students and residents. He was there if you were anxious, depressed, or simply uncertain and just needed an empathic ear or his wealth of experience.”

While it was obvious Williams loved teaching and had a gift for it, “his love for students transcended the workplace,” says Stephen Knohl, MD, an internal medicine resident at Upstate from 1997 to 2000, chief resident in 2000–01, nephrology fellow from 2001–03, and now professor of medicine and residency program director at Upstate. “He routinely invited learners of all levels to his home simply to thank them for their efforts and to showcase the life and culture that existed outside of our profession. I was fortunate to attend events at his home numerous times and he and his wife, Karen, were always so gracious.”

Victor Y. Yazbeck, MD, an internal medicine resident from 2007 to 2010, and now a hematologist at Virginia Commonwealth University, says “Williams brought a humanistic touch to a competitive field. He knew each trainee well and would occasionally surprise them with a T-shirt, a book, or a personal gift,” Dr. Yazbeck recalls.

Williams “officially” retired in 2006, but continued teaching at Upstate until a couple of years ago, particularly with Learning to T.A.L.K., a program Knohl developed that teaches medical residents to be better communicators. “I am certain that this program would not have become the success it has without his time, his honest feedback, and his worthwhile counsel,” Knohl says.

He leaves a great legacy. While many residents were attracted to Upstate because of his textbook (with more than a few joining the faculty because of his outstanding leadership and support), Yazbeck says they remember him best for his “big heart and his penchant for looking after them.”

“He always talked lovingly of his own large brood of children,” recalls Heisig. “You realized he also talked that way about the myriad students and residents he taught before, and as Bill’s pupil, you were also one of that brood. It was a special honor.”

Knohl says that, if you’re lucky, you encounter people in life who inspire you to aspire in a way you couldn’t otherwise imagine. “Dr. Williams was absolutely one of those people in my life and I will forever be thankful,” he says.
Andrew W. Gurman, MD ’80

Protecting the Profession

From gun violence and insurance monopolies to contentious debate over immigration and health care policy, it has been a rollercoaster year for Andrew W. Gurman, MD ’80, as American Medical Association (AMA) president. “For our colleagues out there who had not yet realized the importance of advocacy, well, I hope 2017 has been their wake-up call,” said Dr. Gurman during opening remarks at the 2017 AMA annual meeting in June.

At the same time Gurman was galvanizing physicians from across the nation convened in Chicago, the U.S. Senate was deliberating health care legislation that threatens the coverage of millions of Americans. The American Health Care Act, which the House passed in May despite opposition from the AMA and patient advocacy groups would slash Medicaid, raise rates, increase deductibles, cut subsidies and weaken patient protections. The fear is that many would be priced out of the market or lose coverage altogether.

“At each of us has a crucial role to play in creating a health care system that better delivers for our patients,” Gurman told his audience. “A system that is accessible and affordable. One that is flexible around their needs. One that is transparent about cost and exists as part of a larger social safety net to keep us living longer, healthier and more active lives . . . ” he said. “They need all of us speaking out on their behalf.”

Gurman is no stranger to advocacy, having first joined the AMA as an Upstate Medical University student and becoming student delegate to the AMA Student Business Session (precursor to the AMA Medical Student Section). During his 30-plus-year career as a hand surgeon in Altoona, Pennsylvania, Gurman served as president of the Blair County Medical Society, vice speaker and then speaker of the Pennsylvania Medical Society House of Delegates, and as a two–time chair of the Pennsylvania Medical Society’s Political Action Committee. He spent eight years as vice speaker and then speaker of the AMA House of Delegates—the AMA’s major policy–making body—before his election as president–elect in 2015.

In June he completed his term as president and transitioned to his role as immediate past president and board member. The triumvirate of president–elect, president, and immediate past–president lead the AMA as a team, “so I’m not a has–been until next year,” Gurman says.

Arguably, it may be one of the most important junctures in history for organized medicine as America re–examines its entire healthcare system, and in the process, its underlying values. “We’re dealing with some very fundamental questions,” says Gurman. “Is healthcare a right or a privilege? And what is the role of government in healthcare? I think physicians need to be very much involved in that discussion.”
We caught up with Gurman in May, less than a week after the House voted to pass the AHCA. He was in New York to discuss healthcare reform on CNN and MSNBC, but was bumped from the news cycle due to James Comey’s firing as FBI director.

“The AMA was strongly opposed to the AHCA,” Gurman told us, referring to a letter sent to Paul Ryan and Nancy Pelosi in March. “AHCA removed over $800 billion from Medicaid over 10 years. The nonpartisan Congressional budget office estimates that 14 million people would lose insurance the first year and 24 million would lose it by 2026. We know that people who don’t have health insurance live sicker and die younger. Quite simply, that’s a bridge too far.”

The AMA articulated a set of principles on healthcare reform prior to the ACA and Gurman says they will remain the organization’s principles after the current round of debate is done.

“We believe that access to health care is a right, just like K-12 education is a right, and that government has a role in helping to ensure that,” he says.

That said, “The AMA is opposed to a single payer system. We believe there should be choice in lots of different ways, including physicians having a choice in the way in which we practice, but that is a discussion that will likely continue,” he says. “Right now, we need to make sure that everyone has access to insurance that is meaningful and useful, that patients have choice, and that there is an absolute commitment to quality.”

Gurman is particularly concerned about the lack of provision for funding cost-sharing reductions that reduce the cost of deductibles and co-pays for low-income individuals. The AHCA limits the amount that people can get and makes the subsidies directly related to age rather than inversely related to income. “If I’m a low-income person and have a plan with a $5,000 deductible, I basically don’t have insurance,” he says. “I have catastrophic insurance that’s meaningless because if I’m that poor, the first $5,000 is going to bankrupt me. That’s a protection for the hospital and maybe the physician, but not for the patient.”

It’s an issue he brings to the table as a working physician, based on what he hears from his patients. “The biggest concern that my patients have right now is their large

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—ANDREW W. GURMAN, MD ’80
deductible,” he says. “They’re worried that they are one significant illness away from bankruptcy.”

While Gurman says his practice has essentially been “an expensive hobby” during the past year, maintaining that practice is tremendously important because it keeps him on the front lines of issues facing doctors and patients and gives him authenticity when talking with legislators or other physicians. “I’m a practicing doc,” he says. “When someone gets up at a meeting and starts complaining about something, I can look him or her in the eye and say ‘I received the same letter,’ or ‘I have the same problem.’”

That’s what spurred Gurman’s involvement in organized medicine in a serious way. Early in his career, the state of Pennsylvania was facing a medical liability crisis. “I was looking at a six–figure insurance premium. Something had to be done or I was going to have to leave Pennsylvania. A lot of other physicians were in the same situation and it was difficult to recruit new physicians to the state to practice.”

As chair of the political action committee for the Pennsylvania Medical Society, Gurman set out to tackle the problem, spearheading the organization’s involvement in political and judicial races that resulted in policy change. “That pulled me in, in a big way,” he says.

Part of the appeal was enlarging his lens on medicine. “I do wrist and hand surgery, so I live in a world that’s 10-inches long,” he says. “Yet through organized medicine and all the problems we face, I get to work on some fascinating and important issues.”

So while the nation’s healthcare problems are challenging, he doesn’t believe they’re insurmountable. The Affordable Care Act wasn’t perfect, Gurman says, but it expanded coverage to more than 20 million people. Instead of stripping health coverage from millions of patients through a repeal, he says Congress should focus on improving the ACA and take steps to stabilize the insurance marketplace. “We need to stay rooted in principles, not politics,” he says.

Healthcare reform may be at the top of the national agenda, but it’s not the only issue Gurman and the AMA have focused on in the last year. Other focus areas include gun violence, which the AMA called a public health issue, lobbying to support gun safety policies, including wait periods and background checks on all firearm purchases.

He led the AMA in issuing a statement against President Donald Trump’s travel ban, emphasizing a need for diversity in medicine, including diversity in experience, practice setting, and opinion.

Gurman has been outspoken on the need for transparency in medicine, in everything from hospital pricing and physician reimbursement to pharmaceutical pricing. “As a physician, I can write a prescription for you, but I have no idea what it truly costs,” he says.
He’d like to eliminate burdensome administrative duties that drive up costs. “Doctors spend two hours doing administrative stuff for every hour they spend doing patient care, which adds cost to the system,” says Gurman.

He’s also concerned about physician burnout, which affects as much as half of the profession, and physician shortages that will only get worse given the cap on graduate medical education spots that has not increased since 1976. “Congress needs to address it but they don’t want to fund it,” says Gurman. “It’s always money.”

In other words, there’s no shortage of issues to tackle. While Gurman well understands the stresses and time constraints physicians face, he urges his peers to get involved in organized medicine.

“The discussions that go on in the halls of the legislature are important and impactful on our professional lives and the lives of our patients,” he says.

Gurman’s own motivation stems from his desire to protect the profession. “I know it sounds corny, but I really am in love with this profession and being a doctor,” he says.

“One of the most intimate things a person can do is come to you and say, ‘take care of me.’ And it’s incredibly gratifying to fix them,” he says. “We have to be custodians of the profession and advocate on behalf of the profession. We are the best ones who can tell the stories that need to be told.”

Ted M. Mazer, MD ’83

Taking it to the Courts

Ted M. Mazer, MD ’83, finished his medical training with the strong belief that physicians were obligated to serve their communities, which meant accepting Medicaid patients.

For the longest time, the San Diego otolaryngologist had an “open-door” policy to patients, regardless of insurance. But as California’s stagnant Medicaid (MediCal) reimbursement rates fell further below cost of rendering care, and colleagues stopped accepting MediCal patients, Dr. Mazer realized his “paying” customers were being crowded out by the glut of Medicaid patients who traveled over an hour to see him because they had no other access to ENT care.

“Anyone can tolerate a percentage of their practice being underpaid, but when all of the offices were closing their doors to Medicaid patients, and I was essentially the only one left, I had to make some hard decisions,” he recalls.

Mazer continued treating his existing fee-for-service patients and joined a rapidly growing MediCal managed care business in California, through which he negotiated better rates and less hassle. He also decided to fight back, a battle that continues to this day.

Mazer is president-elect of the California Medical Association (CMA), an organization he has been heavily involved with since his graduation. “Nothing we do today in medicine, with our patients or for our patients, is not influenced by government, legislation, regulation, and the economics that we live in. If we don’t advocate for ourselves as physicians and the profession, we won’t be there to advocate for our patients.”

—TED M. MAZER, MD ’83

For more information, or to get involved, visit https://www.patientsbeforepolitics.org.
involved in since soon after starting practice. “Organized medicine is the primary advocate for physicians to maintain the plurality of styles and practice, and to protect the physician from being forced to do things under economics and corporate direction that are not in the best interest of the patient,” he says.

In 2011, the CMA joined others in a suit against the State of California Department of Healthcare Services over a 10-percent reimbursement cut to MediCal providers, with Mazer as an intervener. According to Mazer, federal law requires that MediCal patients have the same access to physicians and other health care providers as the general insured public. “Even before this cut, California was in violation of federal access law,” he says.

That case, in which Mazer was the last individual physician intervener, was eventually heard by the Supreme Court in 2015, and remanded back to the 9th Circuit Court, where it has yet to be settled.

He was also part of a coalition of California doctors who worked for more than a decade to fix Medicare rules that left some California physicians, especially in San Diego County, getting paid as though practicing in rural farmlands, far less than others in similar urban areas with similar costs of living and health services.

“I chaired the Committee on Medical Services for six years, so that’s how I wound up with this expertise,” says Mazer, whose leadership in organized medicine began as vice chair of the medical student section of the Medical Society of the State of New York while an Upstate medical student.

Mazer also hopes to tackle abuse of Worker’s Compensation patients and physicians by Worker’s Compensation carriers. “The carriers are interfering with timely care for patients and are abusing contracts with physicians,” he says. As a result, “More and more physicians are walking away from the Worker’s Comp program, which makes the spiral worse because people can’t get access to timely care.”

Mazer says his involvement in organized medicine is, in part, self–motivated. “Nothing we do today in medicine, with our patients or for our patients, is not influenced by government, legislation, regulation, and the economics that we live in,” he says. “If we don’t advocate for ourselves as physicians and the profession, we won’t be there to advocate for our patients.”

He notes with pleasure that Upstate has begun a course in advocacy for medical students and hopes students will involve themselves throughout their careers in advocacy issues, either actively or by supporting those who take the time to do so. “Physicians,” he says, “have responsibilities to their patients, their families, and their profession.”

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Thomas J. Madejski, MD ’86

On the Front Lines

Insurance reform isn’t the only hot-button issue confronted by organized medicine.

According to figures from the National Institutes of Health, more than two million Americans are addicted to opioid painkillers. After unintentionally contributing to this epidemic by prescribing these highly addictive medications, physicians have had to recalibrate.

It’s an issue Thomas J. Madejski, MD ’86, has been working on for the last half decade in his role as a delegate representing New York to the American Medical Association, as a member of the AMA Council on Medical Service, and as a committee member and officer of the Medical Society of the State of New York (MSSNY). “We developed a very robust policy over the last five or six years that has reduced the number of opioids prescribed, which is a good thing. The AMA has put together a really good opioid task force that gives recommendations regarding best practices for prescribing, trying to do things to limit illicit access to narcotics, and trying to help patients who do have substance issues,” he says.

Dr. Madejski, now president-elect of the MSSNY, is an internist with board certification in geriatrics and palliative care. He has a private practice in internal medicine in Medina, New York, is president of the medical
madejski says that while, in general, it’s a good thing that opioid prescribing has decreased, there have been some unexpected consequences.

in western new york, six physicians in erie and niagara counties were criminally prosecuted for illegally prescribing opioid–based painkillers and public officials have spoken out about the need to hold physicians accountable for their contributing role in opiate drug–related deaths.

and fentanyl, which has caused an increase in overdose–related deaths. “we’ve had ongoing discussions at the state level about how best to manage that and have advocated for policies we think would be supportive to patients and physicians.”

madejski says he became increasingly active in organized medicine during his career to combat issues he faced in his own practice, such as managed care, prior authorization of services, and denial of needed care for patients, “things that interfere with patients’ ability to get care, their ability to see you, or your ability to get paid for services,” he says.

“physicians have the most knowledge about the actual details of healthcare in terms of what is done for and to patients,” says madejski. “we actually listen to patients on a daily basis. so we are a natural advocate to share their issues and concerns, not just with their health, but also with the healthcare system. that’s part of the relationship and the trust between doctor and patient.”

—thomas j. madejski, md ’86

staff at medina memorial hospital, serves as medical director of two nursing homes and, for the last 25 years, as hospice director for orleans county. “palliative care and pain issues go hand in hand,” he says.

in an effort to combat physicians who over–prescribe and patients from seeking excessive prescriptions, new york enacted the internet system for tracking over–prescribing act, better known as i–stop, in 2013, becoming the first state in the nation to mandate that physicians consult a database of a patient’s prescription history before prescribing a schedule ii, iii, or iv controlled substance.

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in western new york, six physicians in erie and niagara counties were criminally prosecuted for illegally prescribing opioid–based painkillers and public officials have spoken out about the need to hold physicians accountable for their contributing role in opiate drug–related deaths.

those comments have made doctors who prescribe opioid painkillers worried they could be prosecuted for simply doing their jobs.

“We certainly have no problem with physicians being prosecuted if they have committed a true crime,” says madejski, “but to criminalize physicians in the practice of medicine is really a step in the wrong direction.”

madejski, the son of two pharmacists, earned an undergraduate degree in pharmacy studies and worked part–time as a pharmacist himself during medical school at upstate. he says that restrictions in opioid prescribing and a shortage of treatment centers for those addicted have led to a rise in the use of illicit narcotics, chiefly heroin
Shocking. There was no other way to describe it. When Kethia Eliezer, MD '17 and Katie Howe, MD '17, arrived in Brownsville, Texas, as fourth-year medical students, they could barely believe they were still in the United States. “The conditions were like a third-world country,” says Dr. Eliezer, who was born in Haiti but grew up in New York.

She’s describing the “Colonias,” a Spanish word for suburb, which she and Howe say are actually slums with unregulated plumbing and electricity and little access to education and health care.

The Upstate medical students spent February in Brownsville doing an away elective serving children housed in immigration shelters in border towns along Texas’s Lower Rio Grande Valley. When they’d signed up the previous July, they’d been attracted by the opportunity to train in an impoverished and medically underserved area in a unique geographic region.

But when new President Donald Trump issued his first “travel ban” a week before they left—putting a spotlight on immigration policies in the U.S. and broadening the autonomy of border patrol agents—the stakes became a whole lot higher.

“It was arguably the most important time in history to be doing what we were doing,” says Dr. Howe. “People there were pretty on edge.”

Brownsville is the number one entry point from Mexico to the U.S. along the border from San Diego through Texas. Until the 1980s, when borders were relatively open, Mexicans came through the border at Brownsville and simply stayed. Today, 90 percent of the population is Hispanic. “All the signs are Spanish. Everyone speaks Spanish. We stood out wherever we went,” says Eliezer.

The elective, Community for Children—At the Border and Beyond, is essentially an advocacy course in community pediatrics created by a pediatrician at the University of Texas Rio Grande Valley School of Medicine. Eliezer and Howe were part of a cohort that included three other medical students and two pediatric residents from a variety of institutions. They lived in a dormitory on the medical school campus only 100 yards from the border and worked at children’s shelters.

These immigration shelters—there are four in Brownsville—house unaccompanied children who cross the border from Mexico, most from Guatemala, Honduras, and El Salvador.

Since 2014, Central American migrants traveling undocumented to the U.S. drastically outnumber those from Mexico and outpace any other region in the world, largely fleeing gang violence, poverty, natural disaster, and political instability. While adults who are not immediately deported are kept at detention centers, under law, anyone under 18 must be moved to a shelter within 48 hours. Once placed at a shelter, the children and adolescents attend school and participate in various age-appropriate programming.

Eliezer and Howe, who worked at two separate shelters that housed girls age 10 to 17, provided health education on topics such as hygiene, nutrition, safe-sex practices, and seatbelt and helmet safety.

“The knowledge deficits were astounding,” says Howe, who worked with teenage girls. “A lot of them had no idea what a period was. They didn’t know about HIV. We were talking about babies, and one girl asked me about the stork.”

In Latin American culture, certain things are not discussed in public, she says. And most of the girls came from traditional, conservative Roman Catholic backgrounds. “This was the first formal health education most of them were receiving,” she says.

“These kids are going to be joining children in schools in the United States, so part of it is to help them adapt to the norms of this country and assimilate,” adds Eliezer.

Although the medical students were never alone with the sheltered girls, they heard horrific stories about conditions the girls were fleeing and of their journeys traveling through Mexico to the U.S., some on foot, others riding atop freight trains, others transported by “coyotes.”

“During their travels, family members were raped or killed. Sometimes they
were separated by the coyotes or got lost from each other. I met twin girls that came all by themselves,” relates Eliezer. “And then at the border, families are separated because kids are not allowed to stay at the detention centers with their parents.

“The thing that struck all of us is that these are just kids,” she says. “They’d be talking casually and some horrible detail would slip out. There’s no innocence left.”

Unsurprisingly, many of the minors at the shelters suffered from mental health issues. “A lot of these kids are on antidepressants and antipsychotic medications,” says Howe. “One day in the cafeteria we witnessed a child having either a PTSD flashback or a frontal lobe seizure. These kids have been through a lot and their experiences manifest in psychomotor ways.”

The goal of the shelters is to reunify the minors with relatives or another sponsor in the United States. If the child has no relatives in the country and another sponsor isn’t found within a prescribed period, they will be deported as they are considered criminals.

“We went to immigration court and saw a 10-year-old girl being tried for being a criminal against the United States because she entered illegally,” says Howe. “Yes, there’s a political aspect to this, but there’s also a social aspect. We need to change the lens through which we view this.”

In addition to court and their hands-on work at the shelters, Eliezer and Howe attended lectures, and visited the border wall and a cemetery for unidentified undocumented immigrants who died during their journey. They say they also learned a lot just from living in Brownsville for a month.

“Healthcare in Texas is different than healthcare in New York state,” says Eliezer. “That was a big surprise to me. There are healthcare disparities here, but in Texas, there was a larger gap.”

Despite high poverty rates in the Rio Grande Valley, Eliezer says health care delivery is completely private. “The closest public hospital is three hours away.”

Eliezer and Howe both graduated from the College of Medicine in May and began residencies on July 1. Eliezer is now a pediatric resident at Montefiore Medical Center in the Bronx, where she fully anticipates the possibility of treating kids who have spent time in immigration shelters. Howe is a surgical resident at Morehouse Medical Center in Atlanta. Both were profoundly impacted by their experiences in Brownsville.

Despite all the political rhetoric surrounding immigration, “people are very detached to what’s actually happening at the borders,” says Eliezer. “If a family or individual asks for asylum, they’re supposed to be guaranteed an interview, but the border patrol has been given the discretion to turn people away. I don’t think it’s ethical or humanistic.”

“People aren’t coming here to steal our jobs, they come because if they stay, they will either die of poverty and its complications or be murdered,” says Howe. “As the saying goes, you don’t throw your child on a raft unless the water is safer than the land.”

—KATIE HOWE, MD ’17

. . . they come because if they stay, they will either die of poverty and its complications or be murdered. As the saying goes, you don’t throw your child on a raft unless the water is safer than the land.”

Katie Howe, MD ’17, and Kethia Eliezer, MD ’17

Eliezer and Howe at the border wall in Brownsville, TX, with students and physicians involved in the Community for Children elective.
Robert T. Buran, of Plattsburgh, NY, turned 90 years old on April 30. His knees hurt but he is still walking and driving and living at home with Arlene.

Richard A. Slezak, of Ridgefield Park, NJ, celebrated his 95th birthday in January.

Gordon E. Hill, of Big Pine Key, FL, and his wife Priscilla, are in good health and enjoy living and fishing in the Keys. They have seven children, five grandchildren, and one great-grandchild that visit often.

Bertram G. Kwasman, of Scottsdale, AZ, and wife Sue are close to their 63rd wedding anniversary and still enjoy life together. They recently welcomed their second great grandchild and now have a boy and a girl. “We sure feel lucky,” they write.

J. Walden Retan, of Talladega, AL, practiced internal medicine in a solo private practice in Birmingham for about 50 years. He tried retirement, didn’t enjoy it, so went back to work in a country-run clinic for underserved people, mostly treating chronic pain. His first wife, Carol, passed away from pancreatic cancer. He and his second wife, Josie, live on the shores of Lake Logan Martin with four dogs. “Life is good,” he writes.

Kedar K. Adour, of San Francisco, CA, had dreams of becoming a playwright before his acceptance to medical school. After starting as a resident assisting in heart surgery at Stanford, he transferred to UC San Francisco Medical School earning a degree in otolaryngology, eventually joining the Permanente Medical Group in Oakland California, and started a residency training program that is now highly respected. After retiring from clinical practice in 1989, he remained on as director of research with an interest in the facial nerve, especially Bell’s Palsy patients. Over the past 15 years, he has been a theatre critic in the Bay Area for Theatre World, an Internet magazine. “Except for a few health problems I am still active at age 88.”

Howard L. Weinberger, of Dewitt, NY, and wife Anita celebrated their 60th wedding anniversary in 2016 with their children and spouses, 10 grandchildren (two of whom are married), and two great-granddaughters.

George E. Randall, of Skaneateles, NY, participated in the Welcome Home Veterans event at the American Legion on March 31 in Skaneateles. He received a lapel pin from his wife, Sydney, commemorating his service in the Air Force during the Vietnam War era. He retired after serving in the Air Force for 21.5 years.

Hamilton S. Dixon, of Ellijay, GA, shares that he and Jane are still seeing patients.

Richard J. Lubera, of Grosse Pointe Shores, MI, was honored by St. John Providence Hospital for his 50 years on the medical staff. Upon receiving his award, he said, “I truly love my work and am honored to be able to continue to provide care to my patients. My joy and happiness come from living a purposeful life. I feel very blessed that I have a wonderful medical practice, a loving family, and an incredible 50 year association with all of the staff of St. John Macomb Hospital.” Lubera and his wife, Elizabeth, an artist,
Scoliosis Pioneer

Not many surgeons have the opportunity to visit with patients 50 years post surgery, but that was the case for David B. Levine, MD ’57, at the investiture celebration held in May for the chair in scoliosis in his name at New York City’s Hospital for Special Surgery (HSS).

The former scoliosis patients in attendance included a man with Marfan syndrome Dr. Levine operated on in 1971 when he was two years old; a patient with 110-degree scoliosis Levine corrected in 1967 with a Harrington rod (the first surgery of its type at HSS); and another patient who had five tracheostomies before seeing Levine because of breathing impairments from post-polio syndrome. “They’re all in their fifties or sixties and doing well,” he says.

Levine is the former chief of the scoliosis service at HSS, the orthopedic department of Weill Cornell Medical Center that is consistently ranked the nation’s top orthopedics hospital, and served on the surgical faculty for 30 years. He is also the proposer and a founder of the Scoliosis Research Society (SRS), an international society of more than 2,000 members, which he served as secretary-treasurer, secretary, president, and served on the board of directors for more than 10 years.

Levine did his orthopedic training at HSS, and near the end of his residency, was asked to complete a spine fellowship in California to learn techniques specific to treating scoliosis in post-polio patients and bring them back to HSS. “The standard treatment method at that time involved a big, heavy cast from the neck down to the knees,” he explains. “Post-polio patients, and others with respiratory problems, couldn’t tolerate that.”

These were demanding, physical surgeries. “We often operated through the chest, pushing the lung and heart away, and opened the spine from the front. We did that in two stages of about six-hours each,” Levine says.

During the course of his career, treatment of adolescent idiopathic scoliosis advanced from a year of in and out of hospital confinement in large body casts to a hospital stay of four or five days, and eventually, no cast at all.

But by 1995, when advances in anesthesia allowed for a single 13-hour surgery, Levine retired from surgical practice as professor emeritus to explore other interests.

First, he and his wife Janet (whom he met on a blind date when she was a freshman at Syracuse University) sold their home and moved to Florence, Italy, for six months, where Levine apprenticed with two local antiques restorers and took private cooking lessons, long-held interests he hadn’t had time for during a busy surgical career.

Upon their return, they rented an apartment in New York City and bought a 40-acre farm, upstate in Ancram, which they maintained until 2011. They rescued farm animals, boarded black angus cows in exchange for upkeep of the property, and had plenty of room for a woodworking shop for Levine and an art studio for his wife.

In 2003, Levine was drawn back to HSS when the hospital’s new surgeon-in-chief asked him to head the alumni association. It was a challenge he took on with gusto, in the process discovering a new passion for medical history. At HSS, he established and organized an archive, which includes original patient records dating back to 1863, handwritten in calligraphy. Levine works with a part-time archivist to plan exhibits, the most recent on the history of anesthesia at the hospital back to 1890.

Levine has written and published on medicine of the civil war, the history of cancer vaccines, and in conjunction with its 150th anniversary, wrote a book detailing the history of the hospital, Anatomy of a Hospital: Hospital for Special Surgery, 1863-2013. At Binghamton University, he worked every other night at the University Hospital blood bank and on weekends as an extern at Crouse Irving Hospital, on call for seven doctors if they needed assistance. “They were all different specialists,” he says. “The orthopedist seemed the happiest so that’s why I went into it. It worked out just fine.”

—Renée Gearhart Levy
have three children: David, a CPA; Deborah, a PhD; and Robert, an attorney. Their children all live in the Detroit metropolitan area with their spouses and have presented them with six beautiful grandchildren. He enjoys the violin and is a member of the Grosse Pointe Chamber Society and is founder of the Counterpointe Quartet. He also plays tennis and enjoys cheering for all the sporting and academic events of his grandchildren.

1962 Reunion

SEPTEMBER 15-16, 2017

Steven N. Berney, of Bala Cynwyd, PA, continues to work in rheumatology, seeing patients and teaching, although he and wife Hollis spend four winter months in Delray Beach, FL, where they get together with Shelah and Burt Scherl for dinner and reminiscing. “We look forward to our 55th year reunion,” he writes.

Edward G. Mehrhof, of Cortland, NY, is still practicing psychiatry three days per week and consults with Catholic Charities in Cortland.

Kenneth Tuerk, of Golden, CO, headed west and settled in Denver after completing a neurosurgery residency at NYU. “I am retired from a very active practice and my wife is retired from ER medicine and a subsequent stint as coroner. I would love to see any classmates who are passing through this city,” he writes.

Jack Eg natinsky, of St. Croix, VI, was elected to a third term as chairman of the board at the annual meeting of the Board of the Accreditation Association for Hospitals and Health Systems. In June, he and Judy traveled to Kenya and Tanzania for a photo safari with their granddaughter and spent a few days in Zanzibar and then London on the way back home. They have downsized to a small condo from a house that was getting to too much work to care for as they age.

Michael W. Weiner, of Mill Valley, CA, was awarded a continuing renewal of his NIH research grant entitled: Alzheimer’s Disease Neuroimaging Initiative (ADNI) for $60 million for the next five years. He encourages all alumni to join the Brain-HealthRegistry.org, an on-line registry for brain research.

1963

Philip A. Wolf, of Boca Raton, FL, retired at the end of 2016, after five decades at Boston University School of Medicine and the Framingham Heart Study, to spend winters in Boca Raton and summers on Cape Cod. In April, he received the Paul Dudley White Award from the New England Chapter of the American Heart Association, the first neurologist to be honored. He and Bobbie, his wife of 49 years, are fortunate to be healthy and active and enjoying retirement, their children, and seven grandchildren.

1964

Edward Burak, Englewood Cliffs, NJ, works two days a week at his imaging center in Millburn. He plays a lot of tennis and spends time with his four grandchildren, ages three to eight. He sees classmate Jay G. Barnett frequently, and had dinner with Jay, Nathan M. Hameroff and Jack C. Schoenholz in New York City.

1965

Stanley B. Burns, of New York, NY, has written his 46th photographic history text, A Photographic History of Schissler & Schissler: German Dueling Societies, with co-authors, J. Lawrence Burns and Elizabeth A. Burns, his children.

1966

Ernest Kovacs, of Roslyn, NY, is treating patients, teaching residents, enjoying family, friends, travel, flying, and “grateful for it all.”

1967 Reunion

SEPTEMBER 15-16, 2017

Harold C. Burchel, of Lakeland, FL, with wife, Ruthan, spent much of his career on missions in Africa, but for the past 10 years has been working as an emergency room physician. He officially retired on May 20, 2017, 50 years after graduating from Upstate. The couple has four children, 10 grandchildren, and four great-grandchildren. “Life has been full and God has been very good to us,” he writes.

Martin L. Cohen, of Morristown, NJ, is practicing on a reduced schedule. He and Joan celebrated their 50th anniversary in 2016 with all their children and grandchildren.

Bruce L. McClenann, of Chicago, IL, moved to the city three years ago to be close to three of his children and three grandchildren. “Life in retirement is great: 25 days skiing this past season, lots of golf and travel. Looking forward to September!” he writes.
1968


1969

Michael F. Noe, of Clarence, NY, shares that his beloved wife of 49 years passed away in July 2016, from cancer. He retired in June and is beginning a journey of self-discovery. “Our marriage was filled with many happy memories and gave us four children and six (soon to be seven) grandchildren. My career has been a source of great fulfillment,” he writes.

1970

Mark L. Wolraich ’70, of Nichols Hills, OK, was invited to speak at the Chinese Pediatric Society in October. He chairs the American Academy of Pediatrics committee to revise the ADHD clinical guidelines.

1971

Richard M. Stratton, of Gilbert, AZ, and his wife, Yuki, and dog, Paco, enjoy splitting their year between Alaska and Arizona.

1972

Solomon Miskin, of Mount Kisco, NY, and his wife are delighted to announce the arrival of their third grandchild, a beautiful girl born to their daughter and son-in-law in Queens, NY, a blonde, blue-eyed little beauty. They still travel regularly to Paris to see their other two granddaughters. He continues to do mostly TBI litigation cases, which he enjoys. "Looking forward to the reunion," he writes.

1973

Gary M. Kohn, of Algonquin, IL, is in partial retirement, working in a free clinic in St. Charles, IL. Jay M. Ritt, of Sharon, MA, retired in 2016 after 36 years of practice in clinical dermatology. He and Melody are enjoying a growing family of two daughters and their husbands and five grandchildren, all of which live nearby. "We are moving to a condo in the same town as our home of 37 years. I am busy taking a course in Hebrew language at the Hebrew College, singing in our Temple choir, and getting to the gym. We are looking forward to spending much of the summer on Cape Cod. Best to all of my classmates. Would love to hear from you."

1977

Jeffrey Berman, of Teaneck, NJ, completed two years as medical director of SOBA College Recovery in New Brunswick, an innovative long-term program meeting the needs of 18-30 year olds with substance and mental health disorders.

Stephen C. Brigham, of Saint Michaels, MD, recently retired after 33 years of practice in diagnostic radiology and nuclear medicine at the University of Maryland Shore Health.
System in Easton, MD. He completed medical school, residency, and fellowship all at Upstate. “Thank you,” he writes.

Charles B. Eaton, of Boston, MA, is still at Brown (27 years) running a research center in primary care and prevention. He has two grandsons nearby.

George C. Wortley, of Big Island, VA, retired after 28 years on the faculty at the Lynchburg (Virginia) Family Medicine Residency. He is currently serving as the physician for the U.S. Antarctic Program Research Base at Palmer Station, Antarctica, for the 2017 winter-over season. He also co-authored a chapter in the recently released 2nd edition of Netter’s Sports Medicine.

1978

David A. Ansell, of Oak Park, IL, is senior vice president for Community Health Equity at Rush University Medical in Chicago. His second book, The Death Gap: How Inequality Kills, was released May 1 by the University of Chicago Press.

Gerald N. Goldberg, of Tucson, AZ, received a National Award for Laser Medicine Excellence at the ASLMS Annual Conference. He is medical director, laser surgeon, and president of Pima Dermatology, and is the 2017 recipient of the Leon Goldman Memorial Award. This is the most distinguished award in the country for excellence in laser medicine and with only one awarded nationwide each year. Goldberg is board certified in pediatrics and dermatology and is internationally recognized for his expertise in laser medicine, with certification in more than 25 laser modalities. He has a special interest and extensive knowledge in the laser treatment of vascular birthmarks in children and in laser skin resurfacing.

1979

Barry F. Kanzer, of Baldwin, NY, and wife Ellen welcomed their fourth grandchild, Jack, in November. He continues to practice radiology at Long Island Jewish Medical Center and teach at the Hofstra Northwell School of Medicine.

Marc A. Subik, of Huntington, WV, celebrated the engagement of his son Grant, who will be married in January 2018. “We can’t seem to find a mate for the cat,” he writes.

1980

Ruth H. Hart, of Manlius, NY, was a volunteer member of Pacific Partnership 2017, a joint venture of Project Hope and the U.S. Navy, which offers medical expertise and skills to partner nations.

1981

Ronald C. Brodsky, of Norfolk, VA, celebrates the engagement of his daughter Marlene, who will be married in January 2018. “We can’t seem to find a mate for the cat,” he writes.

1982

Margot L. Fass, of Rochester, NY, traveled in June with her favorite environmental group, Save the Frogs, on a two-week ecotour to Ecuador. Afterward, she was joined by her son Matthew, a musician and website developer, for a sailing trip to the Galapagos. More inspiration for her next book, Froggy Family Fine Feelings.
Domiciliary (a residential program for mentally ill and/or addicted vets). “I am a proud grandpa of five,” he writes.

Joseph A. Smith, of Hillsborough, NJ, began his 33rd year in family medicine practice with more than 40 staff. His wife, Fern, has been in charge of billing/insurance for 23 years. Their daughter Becky, age 34, was married last summer; son Danny, age 28, was recently engaged; and daughter Jenny, age 31, and her boyfriend, need more time. “Hope we can make the September reunion!” he writes.

1983

Michael A. Norko, of Durham, CT, was elected president of the American Academy of Psychiatry and the Law for 2016-17. He is also chair of the Forensic Division of the National Association of State Mental Health Program Directors for 2017. Norko is director of forensic services for the Connecticut Department of Mental Health and Addiction Services, and professor of psychiatry at Yale University School of Medicine in the Law and Psychiatry Division. He earned a master’s degree in religion at Yale Divinity School in 2010 and chairs the psychiatry and religion committee of the Group for the Advancement of Psychiatry (GAP).

Ruth Zodkevitch Scher, of Holmdel, NJ, shares that her eldest daughter, Alyssa, is experiencing the magic of meeting amazing classmates, professors, and mentors as she navigates through her first year as a medical student at Upstate. Her other daughter will be graduating from Emory University’s Nursing School to enter the world of pediatric oncology, and her son will graduate from TCNU and work for Johnson & Johnson.

1984

Erik A. Niedritis, of Rockville Centre, NY, is director of the Latvian American Physician’s and Dentist’s Association’s Professor Ilmars Lazovskis Scholarship Fund. Every year since 2004 he has traveled to the Baltic to distribute the scholarships. The scholarships are named after one of the most famous Latvian physicians who died in 2003.

Maria Tasso, of Wolcott, CT, is in her 30th year at Pediatric Associates of Connecticut in Waterbury, now a group of nine providers. Her daughter, Sharon, completed her first year at Philadelphia College of Osteopathic Medicine and is embarking on a medical service trip to Nicaragua with other students from PCOM and Thomas Jefferson School of Medicine as part of Global Brigades.

Stephen F. Coccaro ’85, of Setauket, NY, is currently president-elect of the New York State Society of Plastic Surgeons and chair of the Medical Society of the State of New York Organized Medical Staff Section (MSSNY-OMSS).

1987

SEPTEMBER 15•16, 2017

Erik A. Niedritis ’84 at the scholarship presentation

1988

Nancy E. Strauss, of Westchester, NY, was named the John A. Downey Professor of Rehabilitation and Regenerative Medicine at Columbia University Medical Center. She and her husband, Scott, have two sons in college. Jason is a senior at the University of Rochester and Daniel is a freshman at George Mason University Honors College. “Always sharing great memories of wonderful times with incredible people at Upstate Med,” she writes.
1990

J. James Lewis, of New Canaan, CT, sends greetings to the Class of 1990. In April, he attended the Upstate Medical Alumni Foundation reception at the Cornell Club in Manhattan, where several of the attendees were graduates of both Cornell University (as undergraduates) and from Upstate. His daughter, Lily R. Lewis, was accepted to University of Illinois College of Veterinary Medicine. “She did not want to limit her license to just one species,” he writes.

1991

David W. Dexter, of Fairview, PA, maintains a busy practice in general surgery and is the medical director of Great Lakes Surgical Specialists in Erie, PA. “We all must have outside hobbies that occupy our time and keep our lives full. My wife of 30 years, Patti, and I enjoy scuba diving, boating, and motorcycling with friends in the warmer months. Also, I have been in a rock band, Malpractice, which has been together now for five years performing routinely in the Erie community and is considered one of the best dance bands in the area,” he writes.

1992

Reunion
SEPTEMBER 15•16, 2017

David E. Abel, of Portland, OR, is now working as an assistant professor at University of California at San Francisco and as a strong advocate to protect women’s reproductive rights after two years as the perinatologist for the Native American population of Alaska.

Jaime A. Alvarez, of Fort Myers, FL, and wife Helen celebrated their 27th anniversary and are enjoying and surviving empty nest syndrome. “Thank you to the snowbirds from Upstate New York and the Midwest who keep my neuorsurgical practice busy,” he writes. “Miss our friends from school. Hello to everyone from ’92. Hope everyone is well.”

1993

Jarrod Bagatell, of Syracuse, NY, is back on campus as director of Employee/Student Health at Upstate, working in his old dorm, Jacobsen Hall, where his medical career began. He feels privileged to be following K. Bruce Simmons ’79, who previously held the post for 24 years. Dr. Simmons was instrumental in advocating for a smoke-free campus, which became a policy on August 1, 2005.

Yvette L. Rooks, of Baltimore, MD, retired from family medicine at the University of Maryland after 24 years. She is now the chief medical officer of sports medicine at RWJBarnabas Health Rutgers and head team physician.
It's no secret that physicians in the United States have a suicide rate higher than the general population. Experts say the stress, anxiety, and depression doctors face begins in medical school.

“There’s something that happens during the training,” says psychiatrist Anju Hurria, MD ’07. “People enter medical school with a mental health profile similar to other college graduates. But by the time they graduate, 40 to 50 percent have suffered from anxiety and depression.”

It’s a problem Dr. Hurria is hoping to treat at the root. As director of wellness at the UC Irvine School of Medicine, she helped create a comprehensive program to support the mental welfare of medical students, residents, and fellows.

“We’ve tried to create a ‘well culture’ that begins at medical school orientation and continues through our graduate medical education programs,” she says.

Hurria likens medical training to the military. “The sleep disruptions, the high level of stress, seeing traumatic events and not having the opportunity to process it—the training in medical school does parallel the military because you’re just constantly in very stressful performance situations.”

Her approach in creating programming has been to be upfront about those issues from the start and create opportunities for student and faculty bonding.

“Research shows that having a connection with a faculty member or a mentor can be very sustaining during medical school,” says Hurria.

Medical students participate in an annual three-day retreat, held with faculty members at a nearby campground. A mentorship program pairs students in the upper two years of medical school with those in the first two years, and Hurria runs what she calls “process groups” four times a year, where students come together to confidentially share experiences. “I’m there to facilitate but the groups really lead themselves,” she says. “Students share things they are struggling with and help each other through it. Processing experiences rather than just stuffing them down is very therapeutic. We’re no longer encouraging people to just ‘push their way through it’.”

Hurria says it’s common for people to feel they are the only one who is struggling or feeling anxious, which leads to isolation. “We’ve really tried to shift that by being open about it and create an environment where we have each other’s back,” she says. “It’s been a huge culture shift. You can feel it among the students—they feel it’s their responsibility to look out for each other.”

A native Californian, Hurria began her own medical studies at Upstate with an interest in geriatrics and palliative care. She began her psychiatry residency at UC San Diego with those same interests, but a rotation in child psychiatry turned her in the opposite direction. “There are similarities between geriatrics and child psychiatry because you work a lot with families,” she says. “I just really loved the child units.”

After completing a fellowship in child and adolescent psychiatry, Hurria stayed on as an assistant clinical professor for one year before transferring to the Irvine campus, where she is an assistant clinical professor in the Department of Psychiatry and Human Behavior.

Hurria’s new position initially included a half-day a week devoted to counseling medical students who needed support. Over time, her efforts expanded to creating a wellness program for the medical school and then for graduate medical education. “There was a lot of trial and error to see what works and what doesn’t,” says Hurria, who now acts as a consultant to other UC campuses on their wellness initiatives.

This spring, Hurria was named a Physician of Excellence by the Orange County Medical Association and received the UC Irvine Faculty Humanism Award, an honor selected by students. She currently spends half her time supervising a child psychiatry medication management and therapy clinic, where she focuses on abuse and autism, and the other half devoted to medical school/GME wellness initiatives.

“I never had any intention of going into wellness,” says Hurria. But it’s been incredibly gratifying to help other students and physicians have a healthy and fulfilling training experience.”

—Renée Gearhart Levy
Brian Quigley, of Raleigh, NC, completed his third year as a team physician for the NHL’s Carolina Hurricanes. He continues as medical director for Rex Hospital’s critical care transport team and vector aeromedical transport and practices emergency medicine at Alamance Regional Hospital in Burlington, NC.

1997 Reunion
SEPTEMBER 15–16, 2017

Felice A. Caldarella, of Flemington, NJ, completed his fellowship at UMDNJ in 2001 and has since worked at Hunterdon Medical Center. While on a recent family vacation in Disney, he received great news from the American Association of Clinical Endocrinologists that he was selected secretary.

1998

2000

Jennifer A. Hamm, of Louisville, KY, was promoted to associate professor in the department of Obstetrics, Gynecology, and Women’s Health at the University of Louisville. She continues to serve as the obstetrics and gynecology residency director and the division director for general obstetrics and gynecology in the department. She, husband Jason, and daughter Katie, are all well.

2001

Katherine Foster, of Charlotte, NC, and husband Robert Foster welcomed a baby girl, Robyn Carrie Foster, on February 28, 2017.

2002 Reunion
SEPTEMBER 15–16, 2017

Brian J. Park, of Needham, MA, is an otolaryngologist at Massachusetts Eye and Ear, Newton-Wellesley, and at the Division of Head and Neck Oncology at MEEI in Boston. His spouse, KyungAh, works at the Brigham and Women’s Hospital. They have two children.

2003

Dave C. Prakash, of Palo Alto, CA, moved to California from Louisiana this summer to begin business school at Stanford University as a Sloan Fellow. He is using this opportunity to help build Parallax Enterprises, a company that introduces aviation safety principles and technology into the operating room to improve team dynamics and patient outcomes.

2004

Alexander Tsukerman, of Brooklyn, NY, has a daughter, Sophia Victoria Tsukerman, who was born on May 29, 2014.

2007 Reunion
SEPTEMBER 15–16, 2017

Lisa K. Law, of New York, NY, welcomed her second daughter, Emily Isabella Lovejoy, on March 23.

2009

Dodji Modjinou, of Las Vegas, NV, was appointed director of the musculoskeletal and skin disease course for the new UNLV School of Medicine beginning in July. He completed his residency in internal medicine at SUNY Stony Brook Teaching Hospitals, followed by a fellowship in rheumatology at the New York University/Hospital for Joint Diseases, and after two years of private practice with Arthritis Health Associates in Syracuse, he and his fiancée, Leticia, moved to Las Vegas, where he joined the faculty of the University of Nevada. He was recently selected as an inaugural member of “Griffs Under 40,” a list of
40 “most innovative and inspiring graduates” of Canisius College who have been demonstrating success in their chosen fields and/or who advocate for the community in which they live and was featured in a special edition of the Spring/Summer Canisius Magazine.

2010
Beverly A. Schaefer, of Bowmansville, NY, joined the pediatric hematology and oncology faculty at Women and Children’s Hospital of Buffalo.

2011
Marisa R. Mendel, of Arlington, MA, completed her psychiatry residency at Women and Children’s Hospital of Buffalo.

2012
Ryan LaFollette, of Cincinnati, OH, graduated as a chief resident from the University of Cincinnati Emergency Medicine residency program and has taken a job as an assistant program director in Cincinnati.

Rohit Repala, of Port Jefferson Station, NY, and Erica Archer will be married in Saratoga, NY, in October 2017. “She said yes,” he writes. “It was about time I asked.”

2013
David Roofeh, of Bear, DE, completed his med-peds training and started an adult rheumatology fellowship at the University of Michigan.

2016
Saeed D. Mohammad, of Bronxville, NY, was married on May 12, in Endwell, NY, to his bride, who he met while at the Binghamton campus.

Andrew J. Bellantoni, of New York, NY, married Courtney Elizabeth Elms on June 24 in Tarrytown, NY, at the riverside estate of Mark Twain, and were joined by some of Andrew’s closest friends from Upstate. The couple began dating during high school, and after time apart during their college years, rekindled their relationship during his medical school years. They now live in Queens, where Andrew is a pediatric resident pursuing a career in hematolgy/oncology and Courtney is a nurse at Sloan Kettering in Manhattan.

Swati V. Murthy ’10, of Jamesville, NY, moved back to the Syracuse area and works as a neonatologist at Crouse Hospital.

Colin J. Sheehan, of Flushing, NY, completed his anesthesiology residency at the University of Rochester and looks forward to continuing his training as a critical care fellow at Mt. Sinai in New York City and as a Captain in the U.S. Army Reserves.

Saeed D. Mohammad ’16 and his bride

Marisa R. Mendel ’11 and family

Pediatrics House Staff Reunion
The first SUNY Upstate Pediatrics house staff/attending reunion will be held Monday, September 18, 2017, from 12:15-2 p.m., in Jackson Park D room at the Marriott Marquis Chicago (McCormick Place), during the 2017 American Academy of Pediatrics Annual Meeting. For more information, contact Richard H. Strauss, MD, HS ’84, at rhstraus@under-senhealth.org. We hope to see you there!
IN MEMORIAM

1946

DANIEL E. MACK, of Windsor, CT, died January 13. Dr. Mack served in the U.S. Army in the 110th Hospital Unit in Washington, DC. He received training in surgical oncology in Florida and from the Ford Foundation and Washington College in obstetrics and gynecology. He began a private practice on staff at Hartford Hospital in Windsor in 1954, delivering more than 9,000 babies in his career before retiring in 1984. He became the program director for Hartford Hospital Dispensary, working in addiction medicine and drug abuse. Mack was devoted to cancer research after the loss of his daughter, Susan, to leukemia and pioneered programs on the effects of tobacco use in children and cancer. He was survived by his sons, Daniel and Kevin; daughters Judith and Jennifer; nine grandchildren; and ten great-grandchildren.

1950

CLaire R. Miller, of Bellevue, WA, died February 3, 2006.

1952

HERBERT S. BRODY, of Bound Brook, NJ, died April 2, 2005.

1954

ALBERT F. MANGAN, of Port Angeles, WA, died March 24. Dr. Mangan served in the military as a lead navigator in the 8th Air Force out of England, leading two missions into Germany and was awarded the Distinguished Flying Cross. After his discharge, he returned to Syracuse to earn a degree in medicine. He completed his residency at Providence Hospital in family medicine and moved to Port Angeles in 1956, where he practiced for many years. He served as chief of the hospital staff for several years and was president of Noon Rotary. He was preceded in death by his wife, Helen.

1955

GILBERT S. ROSS, of Midlothian, VA, died March 5. Dr. Ross served as a captain in the U.S. Army, completing a two-year stint at Walter Reed Army Medical Center in Washington, DC, and worked at the University of Minnesota Neurology Department before returning to Syracuse for a 21-year career at Upstate. Ross was professor and chairman of the Department of Neurology from 1964–85. He also worked at the Wellington Hospital in New Zealand in 1973 and the Shanghai Brain Research Institute in China in 1980 during two sabbaticals. In 1985, Ross relocated to Florida and became professor of neurology and chief of neurology service at the Bay Pines Veterans Hospital in Seminole. He retired from teaching and patient care in 1993. Ross was survived by his wife, Joyce; daughters Madelyn and Jennifer; son Malcolm; and six grandchildren.

1958

KARL GEORG FOSSUM, of Garrison, NY, died February 1. Dr. Fossum completed post-graduate work in psychiatry at Meadowbrook Hospital, Payne-Whitney Clinic of New York Hospital, and Albert Einstein College of Medicine. He was clinical instructor in psychiatry at Bronx Municipal Hospital from 1963–65, and went into private practice in Manhattan in 1963 until retirement in 2011. He was founder and president of Park Madison Laboratories and of Women’s Health Services clinics in Boston, MA, Overland Park, KS, and New York City, including Eastern Women’s Center. Fossum was survived by his wife, Martina; and other family members.

1949

WILLIAM G. TURMAN, of Beulah, CO, died January 25. After completing his medical studies, Dr. Turman enlisted in the U.S. Army as a Captain and completed his internship in obstetrics/gynecology at Percy Jones Army Hospital. He served active duty as a M.A.S.H. surgeon in Korea, completing his military service in 1953. Turman had a private medical practice in San Francisco for 22 years and then served as chief hospital administrator at St. Francis Memorial for an additional 10 years. He was CEO of St. Mary-Corwin Hospital in Pueblo from 1983 until his retirement in 2002. Turman was survived by his children and step-children: Carrie, Lisa, Jonathan, Robert, Jack, and Margaret; 10 grandchildren, and two great-grandchildren.

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1964

THOMAS A. RIEMENSCHNEIDER, of Chagrin Falls, OH, died April 7, 2014. Dr. Riemschneider received a master’s degree from the UCLA Medical Center in 1985, and also earned an MBA from Baldwin Wallace University. He practiced for 30 years in four states at 11 hospitals. He was board certified in pediatrics, pediatric cardiology, and medical management. Riemschneider was a veteran of the U.S. Air Force and served his country as the chief of pediatric cardiology at the USAF Medical Center, Scott AFB, IL, from 1970–72. Riemschneider served as associate dean at the Case Western Reserve University School of Medicine and as director of the Area Health Education Center at CWRU. In addition, he also served from 1990 to 1993 as chief operating officer of the Western New York Health
Professor Dennis L. Bogin, of Syracuse, died March 9. Dr. Bogin practiced clinical psychology for 40 years. He trained at Syracuse University and SUNY Upstate Medical University. He was clinical professor of psychiatry at Upstate Medical University, where he taught, supervised trainees, and treated patients. During his distinguished career he helped train generations of psychology interns and psychiatry residents as well as nurses and social workers.

He previously held positions as clinical supervisor of psychological services at Fairmount Children's Center and as director of psychology training at the Syracuse VA. He served as chair of the Central New York Psychological Association (CNYPA) ethics committee and was a long-term member of the New York State Psychological Association's committee on ethical practice. He was awarded the CNYPA 2015 Lifetime Achievement Award. Bogin was survived by his wife, Sharon; daughter Renee; and two granddaughters.

Anthony J. LaTessa, of Syracuse, died March 22. Dr. LaTessa attended St. John's University, earning a bachelor’s degree in chemistry. He then earned his master's and PhD in chemistry from New York University. LaTessa taught biochemistry at NYU’s School of Medicine and continued on at NYU to earn his MD. After graduating, he completed his internship at St. Vincent’s Hospital Medical Center in Manhattan, followed by a residency in ophthalmology from Manhattan Eye, Ear and Throat Hospital and a corneal fellowship. His academic positions included research at Eye Bank for Sight Restoration in New York City, and teaching and research fellow at NYU Medical School. LaTessa relocated to Syracuse, where he practiced ophthalmology, and performed corneal grafts and eye surgery until his retirement. He was on staff at St. Joseph’s, Crouse, and University hospitals and was an attending and assistant clinical professor in the ophthalmology residency program at Upstate. He was certified by the American Board of Ophthalmology.

LaTessa was survived by his wife, Olga; daughters Lisa and Andrea; and son Philip.
IN MEMORIAM

Robert F. Rohner, MD ‘52, HS ’56

ROBERT F. ROHNER, MD ‘52, HS ’56, beloved professor of pathology at Upstate for more than four decades, died on June 6 at age 89. A Syracuse native, Dr. Rohner earned his undergraduate degree from Syracuse University, graduated from Upstate Medical University, and completed an internship at St. Joseph’s Hospital before returning to Upstate for his pathology residency. After serving in the U.S. Navy for several years, he joined the Upstate faculty.

Rohner once said he was attracted to pathology because the precision through the microscope was far more than could be found in clinical medicine back in the 1950’s, and “I am a Type A, Grade A, obsessive, nut,” he said in an interview.

Rohner influenced decades of Upstate graduates in his role teaching the second-year College of Medicine pathology course, providing the scientific foundation of the nature of disease, its causes, processes, development, and consequences. As attested by his former students, Rohner had an extraordinary gift for teaching as well as for personally connecting with students, many of which became close friends. He is well remembered for his creative methods and frequent use of acronyms, such as FART (failure, arrhythmia, rupture and thromboembolic phenomena) for the complications of myocardial infarction. “If you are talking to a bunch of nuns you can make it spell RAFT, but nobody would remember that,” Rohner said.

Rohner “retired” from Upstate in 1983, but continued as a volunteer teacher well into the 1990s. During his tenure, students dedicated countless yearbooks to him, and presented him with the Phillip B. Armstrong Award—given to the basic science teacher who most influenced their lives—at least 18 consecutive years. He was asked to read the Oath at commencement almost as many times. In 1988, an endowed professorship in pathology was created in his name. And in 2007, a classroom in the Setnor Academic Building was named in his honor.

Rohner was survived by his sister-in-law, Kathryn Candreva; several nieces and nephews; and many devoted friends.

Robert L. Comis, MD ’71, HS ’75

ROBERT L. COMIS, MD ’71, HS ’75, a world-renowned oncologist and researcher, passed away suddenly at home while painting on May 10, at age 71. Co-chair of the ECOG-ACRIN Cancer Research Group, Dr. Comis was a giant in cancer research known as a champion for patient access to clinical trials. His leadership is credited with changing clinical practice across multiple types of cancer through clinical trials designed and conducted by the Group.

Most recently, Comis cemented the Group’s capabilities in precision medicine by working closely with the National Cancer Institute (NCI) to lead the design and implementation of the NCI-MATCH (EAY131) trial, the largest, most scientifically rigorous precision medicine cancer trial to date.

Comis earned his undergraduate degree at Fordham University and his medical degree at Upstate, where he also completed his medical internship and residency. He served as a staff associate at the National Cancer Institute and completed a medical oncology fellowship at The Sidney Farber Cancer Center at Harvard Medical School. He held various clinical practice and research leadership positions at Thomas Jefferson University Hospital, Temple University School of Medicine, Fox Chase Cancer Center, and Allegheny Cancer Center.

Comis was a diplomat of the American Board of Internal Medicine and a member of the American College of Physicians–American Society of Internal Medicine.

Comis had been a member of boards and committees for many prestigious academic organizations, including the American Society of Clinical Oncology (ASCO) and C-Change, the American Radium Society, National Coalition for Cancer Research, and others. He served on the editorial boards of the Journal of Clinical Oncology, Cancer Research, and Clinical Cancer Research; authored more than 140 scientific articles; and contributed to more than 20 scientific and medical textbooks on cancer. His leadership in clinical research continued through frequent appearances as a subject matter expert to the United States Congress, Institute of Medicine, President’s Cancer Panel, National Cancer Advisory Board, and many other national and international organizations.

Comis was survived by his wife, Ginny Martin; daughters Larissa and Julia; sons Bob, Anthony, and Pete; and four grandchildren.
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 2017 began their residencies on July 1.

MARYLAND 3
Johns Hopkins Hospital
University of Maryland Medical Center

MICHIGAN 4
University of Michigan Hospital—Ann Arbor

NEVADA I
University of Nevada Affiliated Hospitals—Las Vegas

NEW JERSEY 4
Robert Woods Johnson Medical School—Rutgers University
Rutgers—New Jersey Medical School

NEW YORK 63
Albany Medical Center
Hofstra Northwell School of Medicine
Hofstra Northwell School of Medicine—Cohen Children’s Medical Center
Icahn School of Medicine St. Luke’s—Roosevelt
Jacobi Medical Center—Albert Einstein College of Medicine
Lincoln Medical Center
Lutheran Family Health Center
Montefiore Medical Center—Einstein Campus
New York Medical College—Westchester Medical Center
New York Methodist Hospital
New York Presbyterian/Columbia University Medical Center
St. Joseph’s Hospital Health Center
Stony Brook Teaching Hospital
SUNY Upstate Medical University
University at Buffalo School of Medicine
University of Rochester/Strong Memorial Hospital
Winthrop University Hospital

NORTH CAROLINA 4
Duke University Medical Center
University of North Carolina Hospital

OHIO 7
Case Western/University Hospital Cleveland Medical Center
Cleveland Clinic Foundation
Grant Medical Center
Kettering Medical Center
Ohio State University Medical Center
University of Cincinnati Medical Center
Western Reserve Health Education

PENNSYLVANIA II
Abington Memorial Hospital
Hospital of the University of Pennsylvania
Mercy Catholic Medical Center
Penn State Hershey Medical Center
St. Christopher’s Hospital
UPMC Medical Education

RHODE ISLAND I
Rhode Island Hospital—Brown University

SOUTH CAROLINA 2
Medical University of South Carolina

TEXAS 3
Baylor College Medicine
University of Texas Southwestern Medical School—Dallas

UTAH I
University of Utah Hospital

VIRGINIA 6
Eastern Virginia Medical School
Military Match—Naval Medical Center—Portsmouth
Riverside Regional Medical Center
University of Virginia
Virginia Commonwealth University Health System

WASHINGTON I
University of Washington Affiliated Hospital