THE BEST IN RURAL COMMUNITY CARE

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Upstate Cord Blood Bank Opens

THE UPSTATE CORD BLOOD BANK opened in February. The $15-million, 20,000-square-foot facility will collect, test, process, store and distribute umbilical cord blood donated by families throughout central and northern New York to be used by those in need of life-saving medical treatments and for medical research.

The facility features a state-of-the-art processing laboratory and cryogenic storage containers that can store nearly 14,500 units of cord blood. It is located on Upstate’s Community Campus, home to Upstate’s obstetric services.

Umbilical cord blood is blood that remains in the placenta and umbilical cord after childbirth. Cord blood that is not donated is discarded as medical waste. It is a rich source of hematopoietic stem cells that have the potential of being used in the treatment of dozens of diseases, like blood cancers and bone marrow diseases such as sickle cell anemia.

“The Upstate Cord Blood Bank responds directly to the mission of our academic medical center,” said Upstate President Danielle Laraque-Arena, MD. “It is a community resource that will improve the health of individuals here, throughout our region and beyond. Whether the cord blood is used for transplantation or research, we are providing hope of better health and new treatments.”

The bank is currently accepting cord blood donations from families who give birth at Upstate’s Community Campus. Cord blood donations will be accepted from families who give birth at Crouse Hospital and St. Joseph’s Hospital Health Center as early as summer 2017.

SECOND- AND THIRD-YEAR MEDICAL STUDENTS on the Syracuse and Binghamton campuses had the opportunity to chat informally with physicians from a variety of specialties at Career Advisory Networking dinners held in January. The annual event, sponsored by the Upstate Medical Alumni Association, provides an opportunity for students to learn about medical specialties they are interested in from practicing physicians while sharing a casual meal. Many thanks to the dozens of Syracuse and Binghamton-area physicians who participated.
Upstate Performs First MAKO Knee Replacement in Region

Upstate University Hospital performed the first Mako Total Knee replacement in the state outside of the Greater New York metropolitan area in February, using the Mako Robotic-Arm Assisted Surgery System.

Upstate is one of only about 50 medical facilities nationwide that have the ability to do total knee replacement using Mako technology. Upstate has used the MAKO system for partial knee and hip replacements since late 2014, but the FDA only recently approved the system for total knee replacements.

The surgeon-controlled robotic-arm system allows for more precise alignment and positioning of implants to achieve greater accuracy that previously was not available with conventional surgery, according to orthopedic surgeon Robert Sherman, MD, HS ’08, who performed the first robotic total knee replacement.

According to Dr. Sherman, a major benefit with a robotic system is the patient-specific visualization system that assists surgeons in pre-planning and in treating each patient uniquely and with consistent precision.

“More precise alignment of the implant means less wear and tear, less initial pain and greater lifespan of the implant,” he says.

Medical Students Host TEDx conference for Syracuse Youth

ABOUT 70 HIGH SCHOOL STUDENTS FROM the Syracuse City School District participated in TEDxYouth@ClintonSquare on February 16, a conference organized by a group of second-year Upstate medical students.

James Osei-Sarpong Jr. ’19 conceived of the TEDx youth initiative partly out of his own experiences. In high school, he says he lacked confidence and was uncertain about his capabilities and his future; in college, he began to thrive. Now he is on his way to becoming a physician.

“I wanted to share my story and motivate high school students to do the same,” Osei-Sarpong Jr. says. “By hearing our stories and sharing their own, the high school students will recognize the power of their ideas and commit to them to create positive change.”

Other organizers of the conference include Mary Pinkes ’19, Duc Nguyen ’19, Joshua Drake ’19, and George Thatvihane ’19, several of whom serve as mentors for local high school students interested in health care careers through Upstate’s MEDS program (Medical Education for Diverse Students).
Upstate Celebrates Sarah Loguen Fraser Day

The Upstate Medical University community held its annual celebration honoring Sarah Loguen Fraser, an 1876 graduate of the College of Medicine who was one of the nation’s first African-American women physicians.

Bruce Simmons, MD ’79, recently retired director of Employee/Student Health at Upstate, was honored for his efforts to recruit, mentor, and retain medical students from underrepresented groups.

James Osei-Sarpong Jr. ’19 was awarded the Sarah Loguen Fraser scholarship. He spoke of being inspired by the Loguen Fraser quote, “I will never see a human being in need and not be able to help,” which is displayed in the Student Affairs’ hallway.

Robert Fechtner Appointed Ophthalmology Chair

ROBERT D. FECHTNER, MD, a nationally recognized glaucoma specialist and executive vice president of the World Glaucoma Association, joined Upstate Medical University this fall as an Empire Innovation Scholar and to head the university’s Department of Ophthalmology as professor and chair, clinician, researcher, and educator.

Fechtner’s goal at Upstate is to advance the department’s capacity in clinical care, clinical and discovery research, medical education, and access to care. A top priority is growing the department’s clinical research enterprise, making the university a national test site for some of the newest generations of medications, devices, and treatment regimens for disorders of the eye.

“World-class vision specialists are attracted to sites that are structured to conduct clinical trials,” says Fechtner. “We are fortunate in Central New York to have dedicated vision specialists who are top in their fields,” he says, “however, that number needs to grow to meet the present and future demands of our patients in all sectors of society.”

Upstate’s Ophthalmology Department is the university’s second highest funded clinical department in discovery work.

“Our biomedical researchers are internationally recognized and respected for their investigations into the visual system,” says Fechtner. “We will continue to search for new avenues of funding to ensure that their innovative work continues without interruption. We will also investigate how we can translate their research findings into medical application.”
Students Support Ailing Classmate

**DESPITE TEMPERATURES IN THE TEENS,**
200 Upstate medical students turned out early on a February Sunday for a fundraising run at Fleet Feet in Syracuse to support third-year student Alex Paley ’18, who had recently been diagnosed with glioblastoma.

A scholarship runner at the University of Miami, Paley worked at Fleet Feet in his native Albany prior to medical school. He was in the midst of third-year clinical rotations at the Binghamton clinical campus when a headache prompted a visit to the emergency department.

After stabilizing the pressure in his brain, Paley was rushed by ambulance to University Hospital in Syracuse, where Lawrence Chin, MD, chief of neurosurgery at Upstate, performed an emergency eight-hour surgery and removed nearly all of Paley’s tumor.

Paley, who is at the top of his class academically, is known as the class clown, a caring friend who promotes healthy eating and exercise, and a student who planned to go into family medicine to help those in need.

“Alex is an incredible man and the truest friend,” says class president Gabrielle Ritaccio ’18, who coincidentally met Paley at the Fleet Feet store in Albany prior to medical school. “He’s an impossibly fast runner with a brilliant mind.”

The day after the “I’m with Alex” run, the YouCaring website created by Paley’s classmates showed that more than $65,000 had been raised to help with expenses related to his treatment.
Medical Students Speak Out Against Travel Ban

IN WHAT THEY DESCRIBE AS A "video letter" to President Donald Trump, Upstate first- and second-year medical students voiced their opposition to the President’s travel ban.

The video features students of various ethnicities in locations on the Upstate campus and at a mosque on Syracuse’s north side. “We are here to say we do not support your fear-driven policies, your racial profiling, your ban on immigration nor your plan to register Muslims because we are Muslim and Jewish and Christian and atheist and everything else you can think of,” the students say. “We are the future doctors of your country and you are going to need us.”

Organizer Eric Zabriskie ’19 says the students originally were planning a rally, then decided to post a video to YouTube that might have a wider impact. “It’s a video letter to the president, but just as much a video tribute to our current and future patients who may feel threatened or hurt by these policies,” he says.

View the complete video at https://www.youtube.com/watch?v=aBzAStFuDE&t=4s.

John McCabe Retires from Upstate

After 30 years at Upstate, John McCabe, MD ’79, retired in January. He stepped down as CEO of University Hospital and vice president of clinical affairs, positions he held since 2009. He previously served as professor and chair of emergency medicine.

McCabe joined Upstate in 1987, becoming the only residency-trained emergency medicine physician within a 250-mile radius of Syracuse. He wrote Upstate’s first protocols for trauma code response and started the residency program in emergency medicine.

As CEO he oversaw the acquisition of Community General Hospital, the opening of the Golisano Children’s Hospital, the hospital’s East Tower expansion and the opening of the Upstate Cancer Center.

During his tenure as CEO, University Hospital was honored numerous times for its quality, including Gold Plus awards for stroke care and heart failure care; Health Grades designations for various services, including bariatric surgery, neurosurgery, neurosciences, stroke care; designation as an Accredited Chest Pain Center; American College of Surgeon’s verification of its Level 1 trauma center for adults and children and recipient of the Excellus BlueCross BlueShield Hospital Performance Incentive Program; and designation as a Comprehensive Stroke Center. He was personally honored with inclusion on Becker’s Hospital Review list of “100 Physician Leaders of Hospitals and Health Systems.”

At the national level, McCabe served as chair of the board of directors of the American Board of Medical Specialties, the organization that oversees the certification of physician specialists in the United States.

Steven M. Scott has been named interim CEO. Scott most recently worked as vice president and chief operating officer of Georgia Regents Medical Center, a 478-bed hospital in Augusta, Georgia. A search for a permanent CEO is underway.
On August 28, 1955, a black 14-year-old male, named Emmett Till, was found murdered after he had been accused of flirting with a white woman. August 28, 1955, was also my eighth birthday. Today, I suppose that most parents would want to shelter an eight-year-old from such gruesome news, but I remember the magazines depicting the gory details lying around the house for weeks. In my young mind, it would have been merciful if Emmett had been hanged. I could not comprehend that his eye was gouged out, but I understood his extreme suffering at the hands of people determined to teach a horrific lesson.

My mother repeated stories of what whites in the South will do to black males for flirting with white women each time that we traveled to Arkansas or Alabama to visit extended family members. The necessity of my mother’s message was clear. You can’t shelter kids when there is life-threatening danger in what may appear to be an ordinary occurrence. Until the civil rights movement came along, a whole generation of young mothers did what was necessary to protect their children. Such messaging can have unintended consequences.

Recently, a colleague sent me an e-mail concerning the Association of American Medical Colleges (AAMC) report indicating that the number of black males entering medical school is currently lower than it was in 1978. I flippantly responded, “Unfortunately, young black men are reading the signals they are getting from Ferguson and Baltimore and opting for the short-term view.” It was one of those e-mails that I, as a black male physician, should have put more thought into before hitting the send button. But, I stand by my statement and wish to explain.

After Trayvon Martin was shot, for many months and through his murder trial, the “stand your ground” defense was touted. To young black males, that sounded like a license for self-appointed authorities to kill. When police left Michael Brown’s body lay in the streets of Ferguson for hours, the black community saw the symbolic message of how powerless they were. From the nearly constant feed of live phone videos that we since experienced, showing questionable behavior by “authority figures,” the Emmett Till defense mechanisms have resurfaced. Community groups are now giving courses on “driving while black” and “do’s and don’ts, if stopped by police.” The vulnerability of simply being black in America is chronically refreshed, and young black males, in particular, struggle through what is (at best) unconscious bias against them. Striving to get into medical school seems to fly in the face of the hunker-down mentality, which is now so prevalent.

Two passages in the AAMC report caught my attention. Statements are made that “18 percent of black high school sophomores in 2002 aspired to become a doctor,” and “The aspirations of African-American boys and girls and youth of color are just as high, if not higher, than [those of] kids from other racial and ethnic groups.” But what happens after that?

The lyrics of a 1970 song by the Whispers that say “Seems like I gotta do wrong, gotta do wrong, before they notice me” come to mind. Is the clearest route to acceptance and admiration for the black male, the time honored route of high school, collegiate, and professional athletics? Coaches inspire black males; most premed advisors seem to discourage them!

If America is so bad for black males, how do people like me manage to become so successful? I have long known that relationships were the keys that unlocked my
life. One of my first formative relationships was with my high school football coach. Coach also happened to be the driver’s education teacher. After driving around with me for six weeks during the summer before my senior year, coach somehow became invested in my future after football. I went on to win 18 football scholarships to places like Nebraska, Arizona State, Maryland, Wake Forest, and so on, but coach tried to cut a deal for me with the recruiters from Colgate, Cornell, and Penn in which playing football was not a requirement. Only Colgate offered me a financial aid scholarship, and Colgate was where I went.

Then, at Colgate, I needed a part-time job and the financial aid office sent me to the physics department. Shortly after I started to work there, two faculty members began trying to talk me into becoming a physics major, and a physics major is what I became. As little as I knew about college as a freshman, it probably helped not knowing that physics was supposed to be hard, but here were people of unquestioned authority that believed in me long before I learned to believe in myself.

During my senior year at Colgate, a friend who had graduated two years before me got a job as a minority recruiter for SUNY Upstate Medical University. He asked me to fill out an application to the medical school there so that he could get his number of applicants up. When I told him that I wasn’t premed, he said if I could do physics, the science part of medical school would be easy. He apparently sold that concept to the admission committee because six months later I was accepted into medical school.

Once again, when I needed a job in medical school, a pathologist named John Bernard Henry, MD, editor of Henry’s Clinical Diagnosis and Management by Laboratory Methods, hired me, starting a relationship that probably resulted in me becoming a pathologist. I also remember the pharmacology professor who knew when my examinations were given and who would hunt me down after each to see how I did. My performance was never good enough for him. At his memorial service, I spoke and gave him credit for pushing me into the Alpha Omega Alpha Medical Honor Society.

So what did these teachers and others do so effectively to stimulate my success? I think the first thing they did was become my friend. They showed an interest in me. And, they would sit and talk with me for no apparent reason. More importantly, they believed in me long before I knew how to believe in myself.

In contrast, who makes friends with black males in today’s world? Why would anyone make friends with one, given the way they are so often depicted in the media? The messaging generated each time there is a high profile event between black males and police creates a negative impression that far too many carry permanently thereafter. Conversely, most young black males won’t mention wanting to become a physician for...
fear of being ridiculed. I didn’t consider a medical career until my senior year because if I had declared as a premed earlier, I might have been laughed out of the biology department at my school. When it is difficult to swim against prevailing expectation, you just try to avoid it.

Many of the black males in medical schools today are of Caribbean or African, not American, origin. Ironically, this trend implies that the messaging and stereotypes of low ability and prospects are not as overwhelming for black males who grow up in other countries.

By now, you probably see where I am going with this. Since 1978, numerous programs have tried to address diversity issues. In medicine, we talk repeatedly about the pipeline and fostering almost every aspect of the pipeline. The AAMC report lists several successful programs that improve outcomes. An Internet search on the phrase “Black Male Achievement” produces much information on available programs including academic discussions. But the jump from high school to medical school is one of the highest academic hurdles and may be more sensitive to discouraging perceptions. Recent events seem to indicate that this alienation might just be too pervasive and may be actually getting worse.

Perhaps, the most powerful tool might be too obvious to be perceived. What would happen if we all tried to find a black male or two and started by just trying to make friends? Yes, this will be viewed with suspicion. Yes, offering a job or support with coursework or academics will help. But, showing friendship and respect for them and nurturing their futures might be the most powerful tool. In an age of polarizing political and social queues, the simple answer to this critical black male physician shortage may be to become friends with the next generation of them.

Finally, as a physician, a professor, and/or a director, you are of unquestioned authority to most young people. Believing in someone, before they have had a chance to believe in themselves, can be decisively important; not just to them as individuals, but to us as a society. I responded to it and so have dozens of young people who I have mentored. My message is that everyone should find a young black male, make a friend, and then believe in them, and maybe we can change the message that will be told 37 years from now.

Reprinted with permission from Academic Pathology, January–December 2016
It’s no secret that America is facing a shortage of primary care physicians and New York is no exception. The state’s primary care doctor workforce is aging and fewer medical residents are choosing primary care, largely due to low compensation and medical school debt. Many doctors do not want to practice in rural underserved areas of the state, but those that do find their careers extremely rewarding.

Upstate Medical University has made it a priority to address that need, both by admitting students from rural areas with the hope they will want to go back to practice and through its Rural Medical Education (RMED) program, which pairs students with doctors in rural communities for their third year of medical school.

Here are two medical partnerships that emulate the best in rural community care.
On any given Thursday, Jay W. Chapman, MD ’79, can count on having a busy day: a few annual well visits, a couple of sore throats, and perhaps a stomachache that’s really anxiety about some family problems at home. He can typically get his patients to open up, as most have known him all their lives.

Dr. Chapman and his wife, Patricia Ledden Chapman, MD ’78, are family practitioners in Pulaski, New York. For the last 33 years, they’ve cared for a large swath of rural Upstate New York at Northern Oswego County Health Services, Inc. (NOCHSI) in Pulaski and through school-based health centers they helped establish.

Jay spends each Thursday at Altmar-Parish-Williamstown (APW) or Pulaski schools. “They provide the space and we provide the medical staff,” he explains of the unique program that provides primary care at no charge to any student who signs up for it. “If the student has insurance, we can bill the insurance but the co-pays are waived,” he says. In addition to well checks and immunizations, medical staff is on hand to handle anything from sore throats and lacerations to anxiety and depression. “Once the kids get to know the staff, they are comfortable coming in to get help. A lot of care is given that wouldn’t otherwise because it would require taking time off of school and parents taking time off of work and sometimes traveling a long way away.”

In other words, the Chapmans never question whether the work they do makes a difference, which is all they hoped for when they settled in Pulaski.

Pat was raised in nearby Sandy Creek and grew up wanting to emulate her local doctors. As a medical student at Upstate, where she and Jay met, she settled on family practice because she enjoyed each area of medicine she rotated through. “I didn’t want to leave any of it behind and I liked the idea of taking care of the whole person,” she says.

Jay, who grew up in a small town in the Adirondacks, felt similarly. Finding the right fit was important. After marrying and completing residencies at the
University of Rochester, the couple sold their house and spent two years working locum tenens jobs in locations ranging from Nome, Alaska, to the Daniel Boone Clinic in Kentucky, to the Caribbean island of St. Lucia.

“We lived in a camper and every time we’d do a locum, they’d provide us with a place to stay and a car,” says Pat. “It was great fun.”

The experience allowed the Chapmans to try out a variety of practice models including clinics, HMOs, and private practice. “Coming out of residency, we initially thought it was going to be important to settle in a place where you could admit to a hospital,” says Jay. “But as we got out and practiced we realized there’s no shortage of really interesting stuff that goes on in an outpatient practice.”

When they did a locum in Pulaski, they knew they’d found their spot. “We really enjoyed the medical center and appreciated the nice intense snow belt, which many people interpret as a negative but we think is a positive,” he says.

But mostly they were attracted by the opportunity to serve a community they could become active members of while working in a community health center setting. “We see all kinds of people from all scopes of life and because there is a sliding fee scale, we never have to turn anyone away,” says Pat. “Having grown up in the community and knowing everybody, that would be terrible.”

When they started at NOCHSI in 1984, they joined two other providers and two mid-level practitioners. Through the years, the center has grown to 45 providers, with satellite offices in Mexico, Parish, Oswego, and Fulton, and school-based centers in Sandy Creek, APW, Pulaski, and Mexico. Both have served as medical director at various points in time. “To have a guiding role in something that’s turned out much bigger than any of us imagined it was going to get has been a really rewarding thing,” says Jay.

That includes training future doctors. Since its inception, the Chapmans have served as preceptors for Upstate’s RMED program, created to expose students to rural primary care with the hope that they pursue similar careers.

Not surprisingly, both are huge proponents of primary care, and family practice in particular, which they describe as “person-oriented” care rather than “problem-oriented” care. “More and more you go to a specialist and they just have a list of tests they’re going to run. That doesn’t seem as interesting as thinking through all a person’s systems to figure out what might be going on,” says Pat.

Jay acknowledges that while it can be frustrating to solve a litany of problems he may not be an expert in, “the rewarding thing is you wind up taking care of the whole person sitting in front of you,” he says. “It’s amazing how often problems turn out to be a psychiatric problem, either anxiety or depression, or something bothering them that you can help them get perspective on in a matter of minutes.”

Their dedication has not gone unnoticed. In 2014, the Chapmans were honored as Rural Practitioners of the Year by the Rural Health Network of Oswego County and received the Rosemarie Forstner Award for exceptional service from the Community Health Care Association of New York State.

But work is only one aspect of their lives. They’ve raised three children (their youngest is a freshman in college) and are big proponents of wellness activities, both for their patients and themselves. They actively engage in bicycling, canoeing, cross country skiing, hiking, rowing, and running. Jay was an assistant coach for the Sandy Creek/Pulaski cross-country ski team and has participated in World Masters cross country ski races in Lake Placid, while Pat has served as an event physician.

“Fifteen years ago, I would thrash through a day at the office trying to satisfy everyone’s needs and think, ‘How much longer can I do this?’ But the closer I’ve gotten to when I could actually retire, I tend to think, ‘Now that was an interesting way to spend a day. What could possibly be better than that?’”

—JAY W. CHAPMAN, MD ’79

In addition, Jay has served on the Pulaski Village Planning Board and Pat is past president (and the first woman president) of the Oswego County Medical Society. They play and sing together as members of the Tug Hill Players, a band specializing in Celtic and folk music, and have been instrumental in other community arts and nature conservancy organizations.

“We really feel a part of the community in a way that’s different from just going to a job and going home and not seeing our patients in any sort of social way,” says Pat.

Neither is giving much thought to retirement. “Fifteen years ago, I would thrash through a day at the office trying to satisfy everyone’s needs and think, “How much longer can I do this?” offers Jay. “But the closer I’ve gotten to when I could actually retire, I tend to think, “Now that was an interesting way to spend a day. What could possibly be better than that?”
When Robert J. Ostrander, MD ’83, took over the family practice in Rushville, New York, in 1986, he was the third solo doc the town had had since 1900. Four years later, the doctor in Gorham—the next town over—retired. “By then, nobody wanted to go into solo practice,” says Dr. Ostrander.

Instead, the local hospital helped Ostrander recruit a partner to a merged practice covering a larger service area. When the doctor in Canandaigua retired a few years later, they expanded once again, adding a third partner. And in August 2015, the group added a fourth physician—Ostrander’s son, Geoffrey P. Ostrander, MD ’11.

Valley View Family Practice Associates provides full-spectrum family practice to the Finger Lakes region of rural Central New York, including routine obstetrics and office-based procedural-based care for acute issues. The practice remains one of the few in the region that admits and rounds on their own patients in the hospital. The practice serves a large population of Mennonites, so two of the more rural offices have a hitching post out front to accommodate horse and buggy.

“The goal is to provide comprehensive care where one provider is in charge of the patient and the management of their collective medical problems instead of the fracturing of that care and referral to specialist with mixed understanding by the patient,” says Geoff.

It’s just how Robert envisioned himself as a small town doctor growing up in nearby Clifton Springs. He was admitted to a six-year undergraduate/medical combined program between Union College and Albany College of Medicine, but transferred to Upstate for his third year of medical school due to rising tuition.

Geoff also had an early interest in medicine and participated in a high school program that allowed him to spend a half-day a week shadowing at the hospital. “I thought I wanted to be a surgeon,” he says.

He went to SUNY Cobleskill and was accepted to Upstate through an early admission program after his freshman year. Once he started learning the physiology, medicine became much more interesting and he opted to do his clinical rotations through the RMED program.

Geoffrey Ostrander, MD ’11, joined his father Robert Ostrander, MD ’83, in practice two years ago.
Robert had been an RMED preceptor since the program started so Geoffrey understood it was a good opportunity to gain a lot of hands-on experience regardless of the field he chose. But by the end of the year, he too was sold on family medicine.

Geoff completed his family medicine residency with a concentration in rural medicine at Lancaster General Hospital in Lancaster, Pennsylvania, then spent six months in New Zealand, where he worked in a rural and underserved general practice in a small North Island community.

It wasn’t a given that he’d join his father in practice but ultimately, family, friends, and familiarity with the community drew him back home.

Aside from the joy and pride of working together, adding a fourth physician allowed the practice to accept new patients for the first time in 20 years. It also allowed Robert to rebalance his workload to take on other responsibilities. In June 2016, he was installed as president of the New York State Academy of Family Physicians, an organization that named him Physician of the Year in 2003. He also sits on Governor Cuomo’s Rural Health Council, which provides advice to the Governor and Department of Health. And on March 1, he took over as medical director of the Upstate RMED program.

“The one thing I thought I would have to give up moving to a rural area was the ability to teach, so I’ve considered the RMED program a real bonus,” Robert says of his long tenure.

It’s all part of an effort to advocate for high-level, comprehensive primary care. “There’s a somewhat simplistic notion that the primary-care provider screens illnesses and coordinates referral of more complicated problems,” he says. “I think a good personal physician uses the advice and expertise of consultants for their complicated patients to be the final arbiter of a personalized treatment and prevention plan.”

He is greatly concerned by the shortage of primary care providers, which he believes has been caused by horrible income parity with specialists. With more than half of medical students graduating with more than $200,000 in student loan debt, there’s a great temptation to follow the money when choosing specialties. “A surgical subspecialist walks out of training with a salary two or three times what an established family doctor earns,” says Robert. “The financial decision-making for students graduating with significant debt is obvious.”

Rural areas are hit particularly hard as they often don’t have the resources to compete with compensation. “Policymakers tend to want to meet the gap with folks with less training—nurse practitioners and physician’s assistants—operating independently. They don’t understand that the care we provide is complicated and the shortage will remain if they don’t fix the compensation.”

Despite the pitfalls, the Ostranders say family practice has its own rewards. “Many, if not most of the people we care for are also friends and neighbors,” says Robert. “We take care of three and four generations of many families; that’s a rich experience to be part of extended families lives like that.”

Not to mention their own. While father and son are typically only in the same office a half day a week, Robert says it’s incredibly satisfying to hear his son talking with a patient in the exam room next door. “Patients are happy to have him here and know that there’s a future for ongoing medical care,” says Robert.

In addition, Robert’s wife Maribeth, a registered nurse, fills in regularly at the office. Their daughter, Maggie, is an ICU nurse at the local hospital, where Geoff’s wife works as a respiratory therapist. Says Robert, “It’s a nice legacy to know our family has impacted the health of our community.”
Never in a Million Years
As a child, Jaime Nieto, MD ’96, didn’t idolize an athlete or a comic-book superhero. As a boy growing up in the Andean town of Chiquinquirá, Colombia, he most wanted to emulate the local doctor, the only one for 40,000 residents. “He was the guy who would take out your teeth or your appendix, treat your blood pressure and deliver your babies. He was an icon. He was respected in a way that no one else was,” Dr. Nieto recalled.

But Nieto, the youngest of 10, had no clear path to achieve his lifelong “fantasy” to become a doctor. His parents’ education didn’t last beyond grade school, and his mother died when he was five years old. Despite graduating from high school in Bogotá with top exam grades, he went to work in the emerald mines in Colombia.

When he did finally make his way to the United States on a student visa at age 19, he spoke little English. He drove trucks and did construction work to put himself through college. For a time, it didn’t seem like he’d ever get the support or the money he needed to go to medical school.

Nieto’s big break came in 1991 from a free, state-funded post-baccalaureate program. Run by Associated Medical Schools of New York, the program encourages minorities to attend medical school and guarantees admission. He graduated from Upstate Medical University in 1996.

“If I didn’t have this opportunity,” he said, “I probably wouldn’t be a doctor today—which means I would not have been able to touch 5,000 people’s lives.”
Nevertheless, She Persisted

Kim Rickert, MD ’00, has never let an obstacle stand in the way of her goals. Not when she had a baby at 16. Not when she fell in love with a career requiring 14 years of training.

Dr. Rickert grew up in rural, northern Minnesota. After graduating from high school, she took her two-year-old daughter, Megan, and headed to Old Dominion University in Norfolk, Virginia, where she studied biology, a field she quickly learned has limited career options with only an undergraduate degree.

Rickert moved to Florida, which didn’t require a teaching degree, and spent four years teaching high school math and science before getting married and relocating to Syracuse. In New York, she wasn’t able to teach full time, but she did land a job in the Neurology Research Lab at Upstate Medical University working for Burk Jubelt, MD.

With thoughts of graduate school, Rickert began taking some of the same basic science classes required of the Upstate medical students. She surprised herself by how well she performed.

“In 2014, underrepresented minorities, including blacks, Hispanics and American Indians, accounted for just nine percent of New York’s 73,000 doctors, even though those groups made up 35 percent of the state’s population, according to the Center for Health Workforce Studies.

Nieto, who heads up neurologic and spine surgery at New York–Presbyterian/Queens, said he understands the immigrant experience well.

“About 90 percent of my patients are Hispanic, and they speak less English than I do,” said Nieto, who became a U.S. citizen in 1995. “These people have to deal with what I used to deal with. For them to come and see me is a big relief. I speak their language and, for the most part, I know their culture.”

Nieto welcomes the challenges, and rewards, of his work. For one recent patient, who had become almost entirely paralyzed, he removed a benign tumor from her spine—with stunning success.

“I got the tumor out,” he said, “and she came out walking fine.”

—Robin D. Schatz

18-year-old single mother,” she says. Perhaps medical school wasn’t out of the realm of possibility?

After stellar MCAT scores, Rickert enrolled at Upstate. She was 31, her daughter now 15. She imagined herself in family practice, relocating to a small town similar to where she was raised.

But as soon as she began anatomy, Rickert realized she wanted to be a surgeon, and when she rotated through neurosurgery early in her third year, her calling was clinched.

“I really thought long and hard about it because I was older and it required the longest possible residency,” recalls Rickert. “But I knew that if I didn’t try, I would always wonder if I could have or should have.”

With Megan now a college student at Emory University, Rickert and her husband moved to Milwaukee, where she had matched at the Medical College of Wisconsin for her seven-year neurosurgery residency. Megan was in law school when they moved to Dallas for Rickert’s three-year fellowship in vascular neurosurgery at the University of Texas–Southwestern.

After the longest possible residency, followed by the longest possible fellowship, she finished in 2010 at age 45. “I didn’t regret it one minute,” she says.

Rickert joined UT-Southwestern as an attending. Because of her training, she can perform a broad array of neurosurgical procedures, from spine surgery and tumor removal to clipping and coiling of aneurysms. “About the only thing I don’t do is pituitary surgery, because I’ve always been where someone else can do it better,” she says.

After her brother was diagnosed with a brain tumor in 2014, Rickert moved to Pennsylvania (where her family had relocated after she’d gone to college) to be nearby during the time he had left. It was a diagnosis she understood too well; he died in October 2016.

Rickert is currently on the medical staff at Guthrie Robert Packer Hospital in Sayre, Pennsylvania, where she performs a full range of “bread and butter” neurosurgery. “I do a lot of spine surgery and occasionally brain tumors or stroke intervention,” she says. Although she misses training residents, she enjoys the medical students who rotate through, and she’s happy to counsel them when they express interest in her field.

“What I always tell students about neurosurgery is you have to absolutely love it,” she says. “If there’s anything else you think you might enjoy, you probably should do that because neurosurgery is incredibly demanding. If there’s absolutely nothing else you can imagine yourself doing, that’s when you choose neurosurgery. If you work hard enough, that’s really all it takes.”

—Renée Gearhart Levy
Transforming Children’s Lives

Neurosurgeons aren’t commonly thought of as team players, but for Peter D. Kim, MD ’03, HS ’10, PhD, the team approach is the standard in caring for his pediatric patients.

Dr. Kim is a pediatric neurosurgeon at Gillette Children’s Hospital in St. Paul, Minnesota, one of the nation’s premier hospitals for caring for children with disabilities. Kim specializes in treating children with congenital abnormalities of the brain and spine, as well as trauma and craniofacial abnormalities.

The most frequent craniofacial issue seen in a neurosurgeon’s practice is craniosynostosis, a condition that occurs when the growth plates in a baby’s skull fuse too early, resulting in an abnormally shaped head. The procedure is beyond cosmetic; brain growth can be restricted and increased pressure in the brain can cause problems with vision, headaches, and cognitive issues.

Typically, Kim works in conjunction with a plastic surgeon. “The idea is that the neurosurgeon is really there for the dangerous part—taking the bone off—and then the plastic surgeon remolds the bone, thus re-shaping the head. There is one surgery conducted by two primary surgeons.”

Because of Gillette’s unique niche, the hospital attracts patients from across the country and the world. “We’re taking care of kids who are often not the stars of the show at other hospitals, where the emphasis might be on cancer treatment or other acute, rather than chronic, illnesses,” Kim says. Many congenital abnormalities are best treated early, such as craniosynostosis, which is ideally corrected between three and six months of age. But it’s not unusual for Kim to have patients who were adopted as toddlers or older whose condition had never been treated.

“There’s sort of no textbook answer for what you do in these circumstances,” he says. “These are abnormalities that should be corrected in infancy and you’re in uncharted territory.”

But Kim says his background as a scientist prepared him to take patients through poorly charted territory when he sees unusual things.

“Figuring out what to do for a very complex patient is similar to tackling a research problem,” he says. “These are kids who are medically complex and require multidisciplinary care,” Kim says. “We collaborate a lot.”

Before medical school, Kim earned a PhD in molecular biology from Wesleyan University. His dissertation research was related to antibiotic resistance and he thought a medical degree would expand the scope of what he could do.

As an Upstate medical student, Kim approached his neurosurgery rotation with dread, yet says once he started he knew almost instantly that it was the field he was meant to pursue. “The things that make most people want to become a doctor—the chance to offer something to people who have tough, scary problems— those things are just extra true for neurosurgery,” he says.

And further amplified for pediatric neurosurgery. “The health of a person’s child, it’s like talking about your own health times 100,” he says. “It seemed so compelling.”

After completing his residency at Upstate and pediatric neurosurgery fellowship at Children’s Hospital in Pittsburgh, Kim joined the medical staff at Gillette, where he’s now been for five years.

“It’s not what I imagined when I went into neurosurgery but its incredibly gratifying,” says Kim. “We have the opportunity to make a real impact on these kids’ quality of life.”

—RGL
Mentoring the Next Generation

As a young, female neurosurgeon, Erin Biro, MD ’06, embraces her role as a mentor to younger physicians in this super-competitive field. “Females are disproportionately underrepresented in neurosurgery,” she says. Indeed, although women account for 49 percent of medical school graduates nationwide, they represent only 12 percent of neurosurgery residents and five percent of board certified practicing neurosurgeons. Dr. Biro is the first female neurosurgeon at the Ochsner Medical Center in New Orleans and the only female adult neurosurgeon in the city. A general neurosurgeon, her surgical interests include pituitary surgery, functional neurosurgery, and pain management.

Ochsner is affiliated with the neurosurgery residency program at Tulane University School of Medicine and Biro spends every Friday on rounds and in conference with residents. “Neurosurgery is becoming more female friendly than it has been in the past, but we still face more obstacles than our male counterparts do,” she says.

For instance, one of her residents recently had a baby and struggled juggling the demands of her very rigorous residency with the experience of being a new mom. “I have a unique perspective on issues like those that none of my male counterparts would be very comfortable talking about,” she says. “I’d like to think I’m a champion for our female residents.”

Balancing work and life is a challenge for any neurosurgeon, says Biro, but particularly in a two-neurosurgeon household. Biro’s husband, CJ Bui, MD, HS ’06, is a pediatric neurosurgeon at Ochsner. The couple have a 21-month-old daughter and are expecting their second child in August.

“Our clinic days and our surgical days are opposite, but our schedules end up being mostly the same,” Biro says. “We actually help each other in the OR a lot. It’s a unique dynamic to be partners both at home and at work.”

It’s not the path she envisioned for herself. Biro went to college intending to become a veterinarian but ultimately was turned off by the euthanasia portion to animal care. “I realized I was more interested in helping prolong lives,” she says, and went to medical school instead.

Drawn to neurology, Biro chose that block first when scheduling clinical rotations. The assignment included three weeks of neurosurgery, a requirement Biro describes as “kismet” because she never would have chosen a neurosurgery elective. Her pivotal experience came during her first visit to the operating room, to observe a craniotomy. “A good portion of the brain was exposed,” she recalls. “Being able to see an organ so vital to who you are and to your daily functions and that not many people have the opportunity to be that intimately involved with was really an eye-opening moment for me.”

Biro says she fell in love with the OR and spent the rest of the year exploring other surgical subspecialties. But she kept coming back to neurosurgery. “I really liked the ability to actively change a patient’s diagnosis,” she says. “the chance to intervene when people are most vulnerable.”

Biro completed a six-year neurosurgery residency at Mt. Sinai Hospital in New York City before relocating to her husband’s hometown, her first time south of the Mason-Dixon line. “I’m New York born and raised but there’s something to be said for Southern hospitality,” she says. “The patient population I serve is uniformly grateful for my care. Despite the long hours, it’s just incredibly pleasant.”

—RGL
Making a Physician Scientist

UPSTATE’S MD/PHD PROGRAM ALLOWS ZACH OAKS TO PURSUE MEDICAL INTERESTS FROM THE BENCH TO BEDSIDE.

Between the time the average second-year Upstate medical student takes his or her Step 1 board exam and begins third-year clinical rotations is about five weeks. For Zach Oaks ’18, it was five years.

It wasn’t just that the material wasn’t as fresh as it once was; medicine is a constantly evolving field. “When I took behavioral science as a second-year, we learned the DSM IV. When I started my psychiatry rotation, they were using the DSM V,” he says. “The whole field had changed a lot of definitions.”

Oaks is one of 28 MD/PhD students currently enrolled at Upstate. He began medical school at Upstate in 2009, and like all MD/PhD students at the institution, completed his first two years of medical school before moving into his doctoral studies. He’s now finishing up his third year of medical school and will graduate in May 2018 with the dual degree.

Oaks spent the five intervening years working in the lab of Andras Perl, MD/PhD, on research related to T-cell biology in the development of lupus. In addition to his dissertation, Metabolic Control of Autoimmunity in the Liver, Oaks published 12 peer-reviewed papers on his research, serving as first author on four of them.

Oaks says he purposefully chose his clinical rotation schedule starting with psychiatry and neurology so that he could focus mainly on the brain and give himself a chance to relearn some focused medicine before tackling broader areas such as internal medicine or surgery. “Being away from medical school for that long, it’s just so much information that if you don’t keep up with it, you really do lose it,” he says.

“...When I took behavioral science as a second-year, we learned the DSM IV. When I started my psychiatry rotation, they were using the DSM V. The whole field had changed a lot of definitions.”

—ZACH OAKS ’18

But he’s jumped in with both feet. As soon as his psychiatric attending learned of Oaks’ research background, he was recruited to do the statistics for one of the physician’s studies. “That was a cool opportunity right out of the gate,” says Oaks, who has been surprised by how much he’s enjoying his clinical experiences. “When I was doing my PhD, I was very into the research and I thought I wanted to stay focused on that. But once I started seeing patients, I was like, ‘How would I want to miss out on this?’” he says.

Oaks came to Upstate with an impressive research resume. He studied biochemistry at Northeastern University, which has a unique co-op program that alternates academics with six-month periods of full-time work. As an undergraduate, Oaks held research positions at Harvard Medical School, EMD Serono, and Infinity Pharmaceuticals, in each case conducting basic science research related to cancer.

Although he had a job offer in a lab upon graduation, Oaks was torn between starting work or applying to graduate school or medical school. Or both. “I had worked with some MD/PhD researchers in these different jobs and I liked that they had the opportunity to work both with clinical staff trying to get new drugs out to patients and also did basic science research. They could communicate the early development stage of drugs and therapies and also talk with patients and other physicians about trying to improve outcomes and quality of life.”

Although Oaks says he had no idea what avenue of research he wanted to pursue on the doctoral level, he considers himself fortunate to have connected with Dr. Perl while interviewing.

Perl, chief of rheumatology and co-director of Upstate’s MD/PhD program since 2003, is an expert in autoimmune diseases who has developed a unique animal model that develops liver cancer. “Personally, I felt Zach was a perfect fit for my lab and, most importantly, an ideal student to develop into a physician-scientist,” he says.

Upstate began its interdisciplinary MD/PhD program in 1983, part of a nationwide effort to increase the number of academic physician-scientists. Currently, Upstate has funding to admit four MD/PhD students per year; students receive an annual stipend and tuition is waived. Students don’t graduate with the financial pressures of heavy debt, making academic research careers much more feasible.

Oaks was thrilled by Perl’s offer. “I saw it as a unique opportunity to work...
with a very coveted animal model,” he says.

Oaks joined Perl’s lab the summer before starting medical school, learning basic techniques specific to that lab as well as studying mitochondrial function of the livers of the mice subjects, work he continued the summer between first and second year. Once he began his graduate study full time, he began liver function research on lupus animals to understand how the liver functions in mice before the onset of lupus. “We thought that perhaps the liver is the site for onset of autoimmune disease and wanted to see if there was increased activation of T-cells as well as mitochondrial dysfunction that creates oxidative stress to the onset of disease,” explains Oaks, whose research and subsequent paper proved that to be true.

Other research included mitochondrial function studies aimed at identifying proteins involved in developing a specific type of hepatocellular carcinoma. “A lot of it was repeating the same experiments over and over again so that we could be confident that what we were seeing wasn’t something random but a real and replicable effect,” he says.

While pursuing cutting-edge research in the laboratory, Oaks developed a deep interest in lupus and attended Perl’s lupus clinic monthly during his doctoral studies. “I hope he will become an academic rheumatologist,” says Perl, calling Oaks “an extremely motivated, conscientious and hardworking young investigator.”

But Oaks is no singularly focused science geek. During his seven years in Syracuse, he’s found plenty of time to travel and explore an extensive list of hobbies.

After hours, for example, Oaks and his lab mates honed their skill in brewing beer, or what Oaks likes to call “applied chemistry.” They began brewing five gallons at a time from kits, eventually building their own masher and transfer system and started kegging. “It was a lot of fun and a good way to get people together outside the lab,” he says. Sadly, since transitioning back to medical school, Oaks says there’s been little brewing. “It’s a very different schedule and there’s always something to study,” he says.

Oaks has kept up with a weekly wine class held at a local liquor store, something he started attending when he first moved to Syracuse back in 2009. He was able to combine several passions by arranging to present his research at rheumatology conferences in Paris and Nice, France, then used time off to drive through Northeastern Italy with his mother and enjoy private tastings arranged for them by his wine teacher. “When you’ve been here as long as I have, you develop relationships. You become part of the community,” he says.

Indeed, during Oaks’ tenure in Syracuse, he’s gotten married, and in June, he and his wife will welcome twins.

Oaks plans to apply for physician-scientist residency training programs, which typically combine two years of internal medicine training, two years of post-doc fellowship in basic science, and a two-year fellowship in a specialty field, such as rheumatology, Oaks’ current area of interest. “It’s a very niche kind of residency and there’s not many of them, but I feel like I’ll be competitive with the research background I have,” he says.

The biggest challenge will be balancing his varied interests. “According to the NIH, the ideal MD/PhD spends 80 percent of time in a lab and the rest in clinic, but I want to be in the clinic more than that,” he says. “I really do enjoy seeing patients.”
1947 Reunion
SEPTEMBER 15-16, 2017

1949
Stuart K. Cohan, of Houston, TX, is now a nonagenarian and has three children and two grandchildren who are MDs. “Not a bad legacy,” he writes.

1952 Reunion
SEPTEMBER 15-16, 2017

1952
Michael L. Del Monico, of Suffern, NY, retired September 5, 2016, after 51 years of plastic surgery practice in Rockland County. He also was the assistant medical examiner, Ramapo Police Surgeon, police surgeon for the Sheriff’s Department in Rockland County, and served as surgeon for the Brewer Fire Department in Spring Valley.

1956
Arthur D. Goldstein, of Suffern, NY, retired September 5, 2016, after 51 years of plastic surgery practice in Rockland County. He also was the assistant medical examiner, Ramapo Police Surgeon, police surgeon for the Sheriff’s Department in Rockland County, and served as surgeon for the Brewer Fire Department in Spring Valley.

1959
Bertram G. Kwasman, of Scottsdale, AZ, is glad to still be happily married to the Syracuse coed he met his second week in medical school. Their four children, nine grandchildren, and one great-grandson all are part of their current life. Kwasman retired four years ago and enjoys the “new” life. He and Sue live in an apartment in a resort-style senior living facility and still enjoy good health.

1960
Daniel L. Dombroski, of Camillus, NY, and his wife, Myra, were happy to help celebrate with their son David Dombroski ’91 at his 25th reunion this past September. They all enjoyed sharing reunion events together. David is a radiologist at Strong Memorial Hospital in Rochester, NY. Daniel retired in 2012 after 45 years of general surgery practice in Syracuse, and celebrated his 55th reunion from Upstate in 2015.

1962 Reunion
SEPTEMBER 15-16, 2017

1962
Reynold S. Golden, of Rochester, NY, retired on July 14, 2016, on the 50th anniversary of the day he opened his first office. Becoming bored and broke, he returned to part-time coverage of his geriatric group for the inpatient service three months later. He and Ellen spent a wonderful week in Daytona Beach with his best friend and classmate Bernie Berkowitz and his wife, Linda, in their beautiful new home in Florida. The Goldens still hope to cruise occasionally; their 41st cruise is planned for May.

1966
Norman L. Fienman, of Broomall, PA, writes, “What a great month September was, 50th reunion and 75 years old. Thanks to all of you who gave to Upstate or to our scholarship fund. I am still working about a half-a-day a week as a pediatrician and that is when I am not tutoring English, being a docent at the Brandywine River Museum, lecturing at a senior citizens’ facility, or traveling. Marla and I took the family to Jamaica in December, and believe it or not, I am still scuba diving. I may even ski this winter. Hawaii in February, the Baltic and Russia in August. And I still have to make time to go to grandchildren’s sports and activities. Medical school was easier and less tiring.”

1967 Reunion
SEPTEMBER 15-16, 2017

1967
Alan M. Davick, of Cape Coral, FL, was blessed with the birth of his seventh grandchild.

1965
Harold L. Eichler, and wife Margaret are living in Boca Raton, FL, and babysitting their granddaughter, Ella Bertie Henry, while daughter Jessica is in her second year of internal medicine residency at Florida Atlantic University.
1968

Robert L. Bard, of New York, NY, just opened The Bard Cancer Center PC in January. The center specializes in image guided diagnosis and image guided treatment of prostate, breast and skin cancer.

Jeffrey G. Kaplan, of Highland Mills, NY, has a blog on the Medical Economics website. Recent entries include “Why are we wasting money on healthcare with poor outcomes?” and “Who is ruining the healthcare system?”

1969

Jane L. Falkenstein and John T. McCarthy, of Troy, NY, write that Jane continues to be very active in retirement from her internal medicine practice. She plays first violin for two volunteer orchestras in the capital district of New York and has become passionate about gardening. John, is a retired “Kiddie Shrink” and was recently elected Distinguished Fellow and Lifetime Member of AACAP, and enjoys jamming on his ukulele and writing memoirs. Together they enjoy bragging about and spoiling their combined 10 grandchildren.

1970

Lloyd I. Sederer, of New York, NY, has written a new book, Improving Mental Health: Four Secrets in Plain Sight, which started as #1 in new releases in its category on Amazon and sold out twice.

Mark L. Wolraich ’70, of Nichols Hills, OK, was invited to speak at the 21st Congress of the Chinese Pediatric Society in October. He has a new grandchild (number five) from his son Michael and daughter-in-law, Tanya. His other daughter-in-law, Laura Weinrib, published a well-received legal-history book, “The Taming of Free Speech,” published by Harvard Press.

Alan L. Williams, of Blaine, WA, received the 2017 Gold Medal from the American Society of Spine Radiology, one of several organizations under the umbrella of the American Society of Neuroradiology. He was presented with the Gold Medal at the annual meeting of the ASSR in February in San Diego. “Incredible honor! Very humbling,” he writes.

1971

Jeffrey A. Klein, is retired and living in Virginia Beach, VA. His oldest granddaughter is now a freshman in high school.

Clayton A. Peimer, of Marquette, MI, has received international recognition for work on the “Viking disease,” Dupuytren’s contracture. His research is particularly significant in its focus on nonsurgical treatments of the potentially debilitating disease in patients over 50 and has a big impact on the population of Michigan’s Upper Peninsula.

Richard M. Stratton, of Gilbert, AZ, along with his wife and dog, enjoy dividing their time between Arizona and Alaska.

Nathan J. Zuckerman, retired from the practice of OB/GYN and is living full-time in Naples, FL. He is currently a medical director with United Healthcare.
James H. Philip ’73, of Chestnut Hill, MA, received the 2017 Society for Technology in Anesthesia J.S. Gravenstein Award, for lifetime achievement in the area of technology in anesthesia. He received the award at the STA Annual Meeting in San Diego on January 13, 2017.

Harold A. Sanders, of Portsmouth, RI, retired at the end of August 2016 after 40 years of practice of primary care internal medicine. He and Jean have been married 40 years and they have retirement plans that include more cycling, some volunteer work, and travel. Their older daughter, Rachel, and her husband teach biology in New Hampshire. Their younger daughter, Julia, is vice president of finance and operations for FoodCorps in Portland, OR, where she lives with her husband and their son, William.

Marc Fisher, of Waban, MA, retired from University of Massachusetts Medical School in 2014 after 36 years as a neurologist specializing in stroke. He is currently working part time at Beth Israel Deaconess in Boston and continues as Editor-in-Chief of Stroke until 2020.

Craig J. Byrum, of Manlius, NY, is still working in pediatric cardiology although he has cut back. His wife, Kathy, is still working as the RN at Student Health Services at Le Moyne College. Their older son is working for Caterpillar in Nashville and their younger son just finished his master’s in architecture at Cornell and will be looking for a position in New York City. “All are healthy,” he writes.

Jay P. Slotkin, of Laurel, NY, and his wife, Joanne, traveled to Colombia, South America, to visit their eldest daughter, Sydney, in December and visited the Amazon. Upon returning, they celebrated the New Year with their second daughter, who is a teacher in Washington, DC. Slotkin continues to practice internal medicine and geriatrics in the North Fork of Long Island.

Mark Zilkoski ’77 at his pub, Doc Z, during the 2016 Chili Cook-off
As a youngster, Nicholas G. Tullo, MD ’82, was taught to rewire a light switch by his grandfather, igniting a passion for wiring and electricity. And as a musician—he plays guitar and drums—he was particularly attuned to rhythm. But it wasn’t until he spent a clerkship with Syracuse cardiologist David T. Nash, MD, as a third-year Upstate medical student that he realized that combination made him uniquely suited for a career as a cardiac electrophysiologist.

Among other things, Dr. Nash taught the future Dr. Tullo how to read electrocardiograms (ECG), something Tullo not only excelled at, but after decades of his own medical practice, also realized he had a special knack for teaching others.

“Virtually everyone in the healthcare field needs to be familiar with the ECG, but learning how to read complex tracings without being taught is a little like trying to learn a foreign language by reading a textbook,” Tullo explains. He began posting “ChalkTalks” on YouTube (his channel is “ECGDoc”) and was astounded to see some of them getting more than 20,000 views.

At the end of 2011, Tullo created ECGAcademy.com, an online educational website that teaches viewers to read ECGs through video tutorials. The site is designed for medical students and health care professionals such as nurses, nurse practitioners, physician assistants, telemetry techs, and emergency medicine personnel. The site, which has several levels of instruction—from basic cardiac rhythm strips and arrhythmias to nuanced electrophysiology—and an option to earn continuing education credit, has thousands of subscribers from around the world and receives approximately 500 visits each day.

Tullo refined his own skills over 25 years of practice, mostly in New Jersey, where the bulk of his practice involves using electrical devices to identify and correct abnormal rhythms of the heart, including pacemakers, implantable cardiac defibrillators, and internal heart monitors. He started the cardiac electrophysiology and pacemaker service at St. Joseph’s Regional Medical Center in Paterson, New Jersey, and served as its director from 1991 to 2003, where he was also associate director of the cardiology fellowship program. He spent three years with the Chattanooga Heart Institute in Tennessee, and since 2006, has practiced with Consultants in Cardiology in West Orange, New Jersey, caring for patients at Saint Barnabas Medical Center in Livingston, New Jersey. He is also assistant clinical professor of medicine at Rutgers University School of Medicine and Dentistry.

In 2014, Tullo was the first physician in the Northeastern U.S. to implant the miniaturized, insertable cardiac monitor, the Medtronic Reveal LINQ, and in 2015, the first in New Jersey to implant Medtronic’s MRI-compatible single-chamber permanent pacemaker.

Tullo has also developed expertise in caring for patients with syncope, or fainting. Founder of the New Jersey Center for Fainting, he treats patients from across the country who seek an expert opinion about their condition. “Many people who suffer from syncope are not taken seriously, but fainting can significantly impact a person’s quality of life. Sometimes it is due to an underlying problem with the cardiovascular system and may be a sign of serious heart rhythm problems, which can lead to sudden cardiac death,” says Tullo, who is board-certified in clinical cardiac electrophysiology, cardiovascular diseases, and internal medicine, and is also a certified cardiac device specialist.

“Because the doctor is almost never present when the fainting episode occurs, diagnosing the cause requires a bit of detective work,” says Tullo. He employs a variety of cardiac testing methods to determine a root cause, which can include an ECG, heart monitor, echocardiogram, stress test, tilt table testing, electrophysiology study, or for patients with unexplained fainting, an implantable cardiac monitor.

“Our goal is to reduce the risk of recurrent symptoms so patients can live a normal, healthy lifestyle,” says Tullo, who served as national spokesman for the “Take Fainting to Heart” public awareness campaign.

Dr. Tullo also has extensive experience with patients suffering from autonomic dysfunction—conditions such as POTS (postural tachycardia syndrome) and orthostatic hypotension. He helps many afflicted patients—mostly young women—overcome the disabling symptoms that arise from this often-misdiagnosed syndrome.

Tullo’s expertise has garnered numerous accolades, including listing as “TOP DOC” in New Jersey by New Jersey Monthly, selection by the faculty, resident physicians, and medical students at Saint Barnabas Medical Center to receive the prestigious Harvey E. Nussbaum Golden Apple Award for Excellence in Teaching, and additional recognition by the hospital’s “I Love My Doctor” campaign.

Tullo says that’s merely reflecting that he loves what he does. Aside from medicine, the self-professed “tinkerer” enjoys photography, web design and music—he built a recording studio in the basement of his home and plays guitar in a rock band called Crash Cart. “Electrophysiology was the perfect specialty for me,” he says. “It was almost like a calling.”

—Renée Gearhart Levy
1978

Robert Fulop, of Short Hills, NJ, recently recertified in geriatrics. His daughter, Julie, is getting married this summer and her fiancé is a Syracuse native.

Herbert E. Mendel, of Fayetteville, NY, and wife Ilene, welcomed with great joy their first grandchild, Wesley Simon Abraham, born to Marisa R. Mendel ’11 and Joshua Abraham, August 30, 2016. Marisa started private practice in child and adolescent psychiatry at Comprehensive Psychiatric Associates in Wellesley, MA.

1981

Margot L. Fass, of Rochester, NY, continues with her private practice in psychiatry and spends whatever time possible making art from fabric collage. Her work was showcased at the Gallery Q in Rochester in February. She also published her first children’s book, Froggy Family’s First Frolic, for which she elaborated a story her husband Martin offered, and painted 16 illustrations. She is at work on a second book, again with Martin’s basic idea, continuing the adventures of Reid, Fern, Paddy, Jasmine, and the rest of the Froggy family.

1982

Dennis J. Nave ’81, of Cicero, NY, received the Jerry Hoffman Advocacy Award for outstanding commitment, efforts, and involvement of medical advocacy at the Onondaga County Medical Society annual meeting on November 10, 2016.

1983

Jeffrey B. Freedman, of New York, NY, is working at Memorial Sloan Kettering Cancer Center and an associate professor of clinical psychiatry at Weill Cornell Medical College. He is most thrilled about a new Syracuse connection: In April, his niece, Becca Flynn, will be married to Andrew Silverman, son of Robert Silverman, Upstate chair of obstetrics and gynecology.

1984

John R. Ayres, of Bradenton, FL, is entering his 26th year of private practice at Coastal Orthopedics and Sports Medicine. He and his wife have bought a second home in Sea Bright, NJ, to be near their two daughters in New York City. “Hoping to get back in touch with any classmates in that area,” he writes.

Brian D. Woolford, of San Diego, CA, met up with classmate Sandra M. Lombardo, while she was attending a hematology oncology conference in San Diego, and they dined in Little Italy.

1985

Frank M. O’Connell, of Yardley, PA, recently participated in the polar bear plunge on New Year’s Day in Brigantine, NJ, to raise money for the Fisher House, a charity for disabled veterans. The water temperature that day was 41 degrees. This was his fourth Polar Bear Plunge, and this year his 17-year-old son accompanied him.

Mitchell Zipkin, of Dix Hills, NY, shares that in January 2016, he and his wife, Susan, along with Neal Zung, and his wife, Alice, hopped on a plane and took a long overdue trip to Santa Cruz to visit their friend Drew Malloy.

Dennis J. Nave ’81, of Cicero, NY, received the Jerry Hoffman Advocacy Award for outstanding commitment, efforts, and involvement of medical advocacy at the Onondaga County Medical Society annual meeting on November 10, 2016.
They finally got to meet Linda, Maggie, and Lou Lou, shared old memories, and made new ones. They had not laughed so much and so hard in years. “Drew truly is living the dream,” he writes. “We promise we won’t wait so long to do it again.”

1986

David P. Petrie, of Waterville, NY, shares that his son Tristan D. Petrie ’13 is one of three internal medicine Chief Residents at Upstate Medical University. He also completed the Upstate Medical Internal Medicine program. He has been accepted as a cardiology fellow at Albany Medical Center starting in July. David’s daughter-in-law, Lindsay Petrie, FNP, also graduated from Upstate and is presently in a sleep apnea medical office in the Syracuse area. David is employed as a family practice physician by the Mohawk Valley Health System in Utica, NY. He practices in two offices, Waterville and New Hartford, with a PA in each office. He has one of the largest practices, and is previous chairman of the Family Practice Department as well as the first medical director of the MVHS outpatient group.

Michael E. Rettig, of New York, NY, is practicing hand surgery at New York University Langone Medical Center. His wife, Sylvia Kodsi, is a pediatric ophthalmologist at North Shore/LIJ Medical Center. Their daughter Stephanie, 23, graduated from Johns Hopkins University and is pursuing a master’s in public health at New York University. Daughter Samantha, 20, is a junior at Cornell University.

1987 Reunion SEPTEMBER 15–16, 2017

1991

Russell Firman, of Fayetteville, NY, is practicing emergency medicine at Cortland Regional Medical Center in Cortland, NY. He is currently the physician advisor and vice president of medical affairs. His youngest son is the captain of the Syracuse University lacrosse team. Firman is still married to his beautiful wife, Colleen, whose best friend in the world is Cris Sestito, Carl Sestito’s wife.

Mallory C. Hatfield (Chien), of Hyannis, MA, is married with three children ages, nine, 13, and 15. She is in private cardiology practice in Cape Cod.

1992

Peter Rosenfeld, of Roanoke, VA, celebrated his third of seven Summits climbed, Aconcagua. “Looking forward to the 25th class reunion!”, he writes.

1995

Wailang Lau, of Vero Beach, FL, writes, “Greetings Fellow ’95 Alumni! After three-and-a-half fulfilling years as a general nephrologist in sunny Vero Beach, I’m moving on to new adventures, back to New York City for an academic position at Columbia University Medical Center. Life does come full circle!”

1996

A.J. Amadi, of Seattle, WA, and his partner, Maria Imbesi, are happy to announce the arrival of their first child, Kian, on December 20, 2016. He is enjoying his first rainy winter in Seattle.
**1997 Reunion**

**SEPTEMBER 15-16, 2017**

**Matthew J. Liepke**, of Oswego, NY, is a lieutenant colonel in the New York National Guard and was recently named New York Army National Guard State Surgeon.

**2000**

Matthew J. Liepke, of Oswego, NY, is a lieutenant colonel in the New York National Guard and was recently named New York Army National Guard State Surgeon.

**2002 Reunion**

**SEPTEMBER 15-16, 2017**

**Patrick L. Basile**, of Ponte Vedra Beach, Fl, is president and CEO of Salus Medical Consultants, LLC. He travels around the world lecturing on the latest advances in plastic and reconstructive surgery when he is not practicing medicine. After serving five years in the U.S. Navy as the director of microsurgery and assistant chief of plastic surgery at the Walter Reed National Military Medical Center Bethesda, Basile settled in Florida with his wife and six children, where he enjoys a solo private practice. Basile currently is the Weiskotten Lecturer and recently gave his talk Lessons from the Global War on Terrorism at last year's reunion weekend.

**2003**

**Patrick L. Basile**, of Ponte Vedra Beach, Fl, is president and CEO of Salus Medical Consultants, LLC. He travels around the world lecturing on the latest advances in plastic and reconstructive surgery when he is not practicing medicine. After serving five years in the U.S. Navy as the director of microsurgery and assistant chief of plastic surgery at the Walter Reed National Military Medical Center Bethesda, Basile settled in Florida with his wife and six children, where he enjoys a solo private practice. Basile currently is the Weiskotten Lecturer and recently gave his talk Lessons from the Global War on Terrorism at last year's reunion weekend.

**2004**

**Kenar D. Jhaveri**, of Searingtown, NY, became full professor of medicine at Hofstra Northwell School of Medicine in 2016.

**2007 Reunion**

**SEPTEMBER 15-16, 2017**

**Jennifer Kanapicki Comer**, of Emerald Hills, CA, and husband Garet welcomed their son, Ethan Francis Comer, into this world on July 13, 2016.

**Ralph Milillo**, of Roslyn, NY, is proud to announce the birth of his son, Domenick Oliver Milillo, on September 19, 2016.

**2008**

**Sarah E. Matt**, of Austin, TX, was recently promoted to vice president of solution strategy at NextGen Healthcare. In her role, she drives corporate strategy for the company as well as the product management process.

**2010**

**Garret Weber**, of White Plains, NY, is practicing interventional pain management at Westchester Medical Center in Valhalla, NY. He is enjoying life with his wife and two kids.

**2012**

**David Lebowitz**, of Orlando, Fl, is assistant professor of emergency medicine and co-director of the medical informatics curriculum at the University of Central Florida College of Medicine. He also serves as the curriculum director and core faculty for the
A Vision for Teaching

As an ophthalmologist, Anurag Shrivastava, MD '03, was drawn to his subspecialty in glaucoma for its unique mix of cutting-edge therapies and continuity of care.

"Because glaucoma is a chronic, progressive disease, you really have the opportunity to develop long-term rapport with patients. This has always been one of the most meaningful aspects of medicine to me and isn't always the standard for many surgical subspecialties," he says. At the same time, the tech-driven field is "constantly pushing the envelope to help patients retain and improve their vision and functioning."

Dr. Shrivastava is associate professor of ophthalmology and visual sciences at the Albert Einstein College of Medicine, Montefiore Medical Center in the Bronx. "Our patients tend to be from exceptionally diverse backgrounds, many from underserved communities," he says, providing a particularly fulfilling provider experience. "I learn something every day and it really makes you feel part of a much more global community."

Glaucma tends to affect patients of Hispanic and African descent at a higher prevalence, so the Bronx population is particularly susceptible. "As glaucoma is virtually asymptomatic until end stage, it is remarkable how many patients we are able to diagnose and treat before they even realize there is a problem," Shrivastava says.

Shrivastava majored in neuroscience and psychology as an undergraduate at the University of Rochester, then worked at the university's Center for Visual Science doing work in virtual reality and complex eye tracking for two years before medical school. "Despite my background in visual sciences, I didn't know much about ophthalmology as a surgical profession," he says, but was hooked after an elective rotation.

Shrivastava completed his residency in ophthalmology at Montefiore/Einstein, serving as Chief Resident, and subsequently pursued a subspecialty fellowship in glaucoma at Stanford University. He was recruited back to join the faculty at Einstein as part of the glaucoma division.

As a junior faculty member, Shrivastava began training residents in glaucoma and complex cataract surgery. And as much as Shrivastava enjoyed performing eye surgeries, he quickly realized how much he enjoyed teaching others. "It's really incredible to teach someone how to operate on an eye," he says. "Procedures are very delicate and complex. Learning how to do them is difficult, but teaching how to do them may be even harder. I loved watching junior residents go from having no experience to becoming master surgeons in such a short amount of time."

For several years, Shrivastava served as associate director of Einstein's ophthalmology residency training program, and recently took over as the program director. His time now is spent as a blend of clinical work, teaching, administration, and as a clinical trials investigator.

He's already made a big impact. Over the past few years, Shrivastava has developed a state-of-the-art microsurgical training laboratory for the residency program that has received national attention. The facility includes seven surgical stations, each equipped with operating room grade microscopes, phacoemulsification units (for cataract surgery), surgical instruments, and artificial eye simulators that allow trainees to practice procedures well before ever entering an operating room.

Ophthalmology residents learn their surgical skillset from "the outside in," initially with minor eyelid procedures and progressing to complex intraocular reconstruction. "Given that these are microscopic procedures, it is critical to develop the hand/eye skills to work with micron-level accuracy," Shrivastava says.

The microsurgery lab is particularly beneficial given the unique nature of ophthalmologic surgery, which employs all four limbs. "Microscope focus and illumination, along with ultrasound delivery of energy for cataract extraction, are controlled by both feet; while the hands simultaneously work to gain access to the eye and position instruments and implants," he explains. "It takes a while to gain the skill to get all four limbs to work in concert."

The goal is to train better doctors and there is nothing more rewarding than the follow-up Shrivastava receives from his former residents. "I love getting text messages or calls from graduates of our program saying, 'hey, I just used that technique you taught me,' or 'I thought of you when I saw this patient,’” says Shrivastava, recipient of the 2015 Montefiore President's Award, the highest honor bestowed at the medical center. “Watching graduates succeed in their endeavors reinforces how impactful our jobs can be in academics. Helping individual patients with their vision is highly fulfilling, but having the opportunity to teach young ophthalmologists to help their patients offers an exponential reward."

—Renée Gearhart Levy
UCF emergency medicine residency program at Osceola Regional Medical Center. He and his wife, Lindsay, celebrated the birth of their third child, Jack Raymond, in December. They are also the proud parents of Abigail, four, and Katherine, two. 

Michael A. Mercurio, of Chicago, IL, completed his neurology residency at Rush University Medical Center in June 2016, and is working as a general neurologist at Northwest Hospital and Medical Center in Seattle, WA.

Brian D. Santacrose, of Santa Barbara, CA, and Diana Capous were married on October 15, 2016 in Ithaca, NY. Brian is a pediatrician in a private practice and Diana is pursuing her PhD in clinical psychology at the University of California.

2013

Jeffrey D. Cizenski, of Dallas, TX, and Jennalee Trombley, MD ’16 are pleased to announce they were married on June 4, 2016, and are expecting their first child this coming May. Jennalee is an intern in emergency medicine at JPS Health Network in Fort Worth, TX, and Jeffrey is finishing his dermatology residency at Baylor in Dallas, TX. 

Emily C. Daugherty, of Syracuse, NY, and husband Mickey Daugherty ’13 welcomed a son, Jack Robert, on October 6, 2016. “New grandfather Bob Cupelo ’82 is doing well,” they write.

2014

R. Matthew Cambareri, of Syracuse, NY, was married to Amy Cambareri (nee Olszewski) PhD, on June 6, 2015, in Ann Arbor, Michigan. The couple met at Upstate while Amy was doing her clinical work. They are happy to announce their first son, John “Johnny” Rocco Cambareri was born on February 20, 2017. His pediatrician in the hospital was his grandfather, Joseph Cambareri ’83. “We truly are a family of proud alumni of Upstate’s various programs!”

Residents

Hilda Der Zakharian, of Escondido, CA, writes that her son, James Heller, who published her book Leaving Harvard For Motherhood was nominated for 2017 Forbes 30 under 30. He is cofounder and CEO of his company, Wrapify.com, a digital advertising and marketing company, with headquarters in the Bay Area of San Francisco. Her other son, Jesse, is the financial analyst of the company. She was an anesthesiology resident at Upstate from 1978 to 1981.

Matt Cambareri ’14 with wife Amy and son Johnny

Joseph Cambareri ’83 and grandson Johnny Cambareri

Jennalee Trombley ’16 and husband Jeffrey D. Cizenski ’13

Brian D. Santacrose ’12 and wife Diana

Abigail, Katherine, and Jack Raymond, children of David Lebowitz ’12 and wife Lindsay
1944

EDMUND FURCINITO, of Utica, NY, died December 26, 2016. Dr. Furcinito interned at Syracuse University Medical Center and furthered his training in obstetrics and gynecology at Columbia Hospital for Women in Washington, DC, and later at Bellevue Hospital in New York City. He entered the Navy and became associate chief of obstetrics at Portsmouth Naval Hospital in Virginia. After the Navy, he returned to Utica and opened a private practice specializing in obstetrics and gynecology until his retirement in 1982. He was chief of obstetrics at St. Elizabeth’s Hospital for many years and in conjunction with the hospital, founded the first Women’s Prenatal Clinic in Central New York to care for indigent women. Furcinito was survived by his daughters, Anne, Mary, Catherine, and Christine; son Edmund; 11 grandchildren; and 12 great-grandchildren.

1945

KENNETH E. GALE, of Manlius, NY, died January 12, 2017. Dr. Gale had matriculated as part of the U.S. Navy’s V-12 program during World War II. After completing residency at Michael Reese Hospital in Chicago and active duty service as a U.S. Navy physician at the Brooklyn Navy Hospital and Halloran VA Hospital in Staten Island, Gale returned to Syracuse in 1948 to establish his private practice. He was affiliated with St. Joseph’s Hospital Health Center, Crouse Irving Memorial Hospital, Community General Hospital and was an associate clinical professor of surgery at Upstate. He participated in establishing the first ever oncology clinic in Syracuse and pioneered the palliative treatment of metastatic cancer tumors through the use of hormone therapy. He was also an early researcher in cancer survivorship, helping to establish the first cancer registry program in Upstate New York. Gale was survived by his wife, Catherine; daughters Kathy and Patricia; sons Frederick, Jacob, and Max; 10 grandchildren; and three great-grandchildren.

1947

CARL I. AUSTIN, of Syracuse, NY, died December 29, 2016. Dr. Austin served as a Naval Reserve physician during the Korean War in Long Island, NY, and Key West, FL. After completing full training and fellowship in pathology, he changed course in his medical practice to internal medicine in order work with patients. Austin practiced internal medicine in private practice and at St. Joseph’s Hospital for 40-plus years, including serving as president of the medical staff and chair of the Department of Medicine. After retiring, Austin served as the first coordinator of medical affairs, and medical director at St. Joseph’s Hospital Health Center. He also continued his work as a clinician with the elderly at Crouse Community Center in Morrisville. Austin was survived by his wife, Mary; daughters Mary, Theresa, Martha, and Ellen; sons John and Carl; 10 grandchildren; and one great-grandchild.

1954

H. KETCHAM MORRELL, of Fort Myers, FL, died April 15, 2016. Dr. Morrell completed an internship at St. Joseph’s Hospital in Syracuse and a residency at Grasslands Hospital, Valhalla, under Dr. Harold Bishop. He served in the Merchant Marines, where his ship brought supplies to Europe and transported war brides stateside. He also served as a lieutenant in the U.S. Navy, stationed in Charleston, SC. He was the founding anesthesiologist at Charleston Naval Hospital. He joined the faculty at Upstate Medical University, becoming clinical professor of anesthesiology. He also practiced as an attending anesthesiologist at St. Joseph’s Hospital Health Center, ultimately becoming chair of the anesthesiology department. Morrell also served as ASA President in 1985 and New York State Society of Anesthesiologists (NYSSA) President in 1973. He was honored with the NYSSA Distinguished Service Award in 2008 for his pioneering contributions to medicine in Upstate New York. He was survived by his wife, Janet; daughters Alison, Barbara, and Cynthia; sons Douglas, Edward and Frederick; his AFS daughter, MaryAnn; seven grandchildren; and one great-grandchild.

1956

WALTER FREDERICK LAHVIS, of Tallahatchie, DE, died December 4, 2016. Dr. Lahvis took a rotating internship and a year’s residency in internal medicine at Jersey City Medical Center in 1956. Then he completed a year’s residency in orthopedic surgery at the Metropolitan Hospital in NY. In 1959, he began a family practice in his hometown where he was also attending physician for the Seneca Reservation clinic. In 1984, he took a position with the Health Care Center of Delaware. After his retirement in 1996, he continued to work with a pharmacological research program for Health Corp and served as a volunteer for the Henrietta Johnson Clinic and later for the Claymont Community Center. In 2000, he was called out of retirement to be a medical consultant for the Department of Health and Social Services for the State of Delaware and then became its medical director. He was survived by his wife, Sylvia; sons Garet and Matthew; and five grandchildren.

1957

OMER A. POIRIER, of West Palm Beach, FL, died February 3, 2015. Dr. Poirier entered the military in 1959 where he served with the Second Battle Group, Third Infantry in Korea as a captain. He was awarded a special citation and Army commendation ribbon for outstanding service as a battle group surgeon for significantly reducing the incidence of hemorrhagic fever. He practiced briefly in Port Byron, then returned to his hometown of Massena in 1967, where he practiced at the Doctors Clinic for over 35 years. He was board certified in family medicine and was also an addiction medicine specialist. He also served as president of the St. Lawrence County Medical Society, Massena Town Health Officer, Medical Services Director at Rose Hill Treatment Center, and school physician at Massena Central Schools and Salmon River Schools. He was on staff at Massena Memorial Hospital, where he served various roles including chief of staff. In 1995,
he moved to West Palm Beach and began a full-time position with Tenet Health Systems, working in an outpatient clinic and serving as the medical review officer. He retired in 2007. Poirier was survived by his wife, Isabella; sons Omer and Douglas; daughter Suzanne; and four grandchildren.

1960

RICHARD W. DODD, of Daytona Beach, FL, died November 5, 2014. Dr. Dodd completed his residency program in Gainesville, FL, and operated a family practice for many years with Dr. Carroll Crouch. He then started the family medical practice program at Halifax Hospital, where he trained many young physicians. He relocated to Memphis, TN, in 1983 and founded the family practice program at Baptist Hospital. He retired in 1996 to Daytona Beach. Dodd was survived by his son, Paul; daughter Helen; and five grandchildren; his wife, Katherine; her sons, Jeffrey and Gary; and two grandchildren.

1962

DAVID J. ALBERT, of Orchard Park, NY, died December 20, 2016. Dr. Albert attended Cornell University on a Navy Reserve Officer Training Corps scholarship and earned a bachelor's degree in English, then served in the Navy as a lieutenant junior grade from 1954 to 1957. He completed his surgical internship at University Hospitals of Cleveland and his urology residency at Dartmouth Hitchcock Medical Center in Lebanon, NH. He then became associate professor of urology at Case Western Reserve University. He became chief of urology at Roswell Park Cancer Institute in 1971, and in 1973, went into private practice with a group that became Main Urology Associates in Orchard Park. He was an attending urologist at all Catholic Health and Kaleida hospitals in the area and was president of the medical staff at Sisters Hospital in 1989. He retired in 1997. Albert was survived by his wife, Linda; daughter Deborah; sons Douglas and Daniel; nine grandchildren; and five great-grandchildren.

RAY F. FENNER, of Seattle, WA, died April 30, 2016. Dr. Fenner studied internal medicine at Case Western Reserve, then orthopedic surgery at the University of Iowa, and was board certified in both. From 1967 to 1970, he volunteered with the U.S. Marines to treat the wounded from Vietnam at Pensacola Naval Hospital and the Naval Hospital in Key West, FL. He then moved to Seattle to join Seattle Orthopedic and Fracture Clinic, where he performed surgery for 35 years. He also volunteered as attending physician at Children's Orthopedic Hospital and the VA Hospital. He taught as a clinical professor at the University of Washington. Fenner was survived by his wife, Susan; children Kane, Karen and Kolby; and two grandchildren.

PETER A. KLEM, of Durham, NC, died October 26, 2016. Dr. Klem served during the Vietnam War in the U.S. Army as a captain and physician. He had a dedicated lifetime career working as a community-based psychiatrist in Colorado. He also taught at Vanderbilt University Medical School. He received a master's degree in literature from Vanderbilt University, which he used to write his lifetime research project, a book called Life’s FAQ’s Answered, Addressing 10 of Life’s Great Questions. Klem was survived by his wife, Susan; children Kane, Karen and Kolby; and two grandchildren.

WILLIAM J. WILLIAMS, of Jamesville, NY, died November 4, 2016. Dr. Williams attended Bucknell University and graduated from the University of Pennsylvania School of Medicine. He served in the Navy during World War II and the Korean War. Williams served Upstate Medical University for 33 years as Distinguished Service Professor, the Edward C. Reifenstein Professor of Medicine and as dean of the College of Medicine. As dean (1991-1992) and (2002-2004), he was responsible for undergraduate medical education leading to the MD degree and the MD/PhD combined degree, in addition to graduate and continuing education programs. He was also editor-in-chief of the textbook Williams Hematology. He was survived by his wife, Karen; daughters Susan and Sally; son Scott; stepchildren, Ted, Mark, Kristin, Anne, William and Megan; and 18 grandchildren.

HOWARD A. BRITTON, of Fort Worth, TX, died March 1, 2014. Dr. Britton graduated from New York Medical College in 1948. He served as a flight surgeon in the U.S. Air Force from 1950 –1953, based in San Marcos, TX, then completed a residency in pediatrics at Upstate. He entered private practice as a pediatrician in San Antonio in 1954, retiring in 1980. He was medical director of the Santa Rosa Children’s Hospital from 1980 to 1991, where he specialized in pediatric hematology/oncology. Britton was professor of pediatrics at the University of Texas Health Center at San Antonio until his retirement in 2006 and served as medical director of the Sickle Cell program and the South Texas Hemophilia and Thrombophilia Center. He was survived by his son, David; daughters Linda and Amy; six grandchildren; and one great-granddaughter.

CAROL W. LATORRACA, of Milwaukee, WI, died August 20, 2016. Dr. Latorraca received her bachelor’s of science degree from Massachusetts State College in 1945. She graduated from Tufts University School of Medicine in 1949, followed by an internship in Indianapolis, IN, and a residency in anesthesiology at Upstate. She worked at St. Joseph’s Hospital in Milwaukee as an anesthesiologist for more than 30 years. Dr. Latorraca was survived by her daughters, Mary, Carol, Rebecca and Ellen; and sons, James and Donald; nine grandchildren; and two great-grandchildren.

MARTIN LERNER, of Norfolk, VA, died August 18, 2016. Dr. Lerner served in the U.S. Army, rising to the rank of Corporal at Ft. Eustis, VA. He had his own practice in Norfolk. After retirement he continued to serve and worked an additional 23 years at Sentara Hospitals in the greater Tidewater area. He was survived by his wife, Gerline; daughters, Leslie and Linda; son David; and eight grandchildren.

House Staff

SATISH PRASAD, of Dewitt, NY, died on January 18. Dr. Prasad completed a BS and MS in physics in India before emigrating to the United States to pursue a master’s and doctorate in High Energy Physics at the University of Massachusetts, which he completed in 1972. He went on to do post-doctoral research at the University of Rochester, followed by a third master’s degree in medical physics at the University of Colorado. He began his career as a radiation physicist at the Mallinckrodt Institute at Barnes Hospital in St. Louis, MO. He and his family settled in the Syracuse area when he joined the faculty of SUNY Upstate Medical University in 1981, where he carried out research in radiation oncology physics, provided clinical support in radiation oncology treatments, and taught resident physicians. Before retiring as full professor of radiation oncology in 2010, Prasad authored two books, On Human Dilemma and Review of Radiation Oncology Physics. He was survived by his wife, Jayshri Sahay; daughters Monica, Anita, and Sunita; and four granddaughters.

Faculty
When I graduated from college, I had a number of medical school acceptances. I chose Upstate Medical University and am grateful that I did. I received an excellent education, and because it was so affordable, I wasn’t saddled with tremendous debt as I entered my residency and private practice.

Upstate provided a strong foundation. I particularly remember the time spent in anatomy. After years of thinking about medical school, it was my first real foray into actually learning about the human body. We learned about how the various complex systems work together, something I still find fascinating in its complexity and capabilities. We learned about medicine and how to apply that learning in treating patients. I recall trudging through the snow to get to class in winter and being chided in the spring and summer to get outside and enjoy the weather (“you have the lecture notes”). I followed that advice and kept going until I got to Florida, where I still sometimes see snow, but it’s on the Weather Channel only.

At the time, I was largely undecided on what field to pursue, changing my mind after each clinical rotation. I ended up in orthopedics and many of my classmates entered similarly competitive residency programs. Some have gone on to academic appointments, which speaks strongly to the outstanding education they received from Upstate Medical University.

Dr. Ayres and his wife have funded the John R. MD ’84 and Deborah L. Ayres Endowed Scholarship

I’m grateful for my experience at Upstate that laid the groundwork for my professional life and a satisfying career caring for people who come in as patients and frequently leave as my friends. By endowing a scholarship, I hope to help future generations of medical students establish equally gratifying careers.

John Ayres, MD ’84
Orthopedic surgeon
Bradenton, FL

Education is a gift.

To pay it forward, please contact Paul Norcross at the Upstate Medical Alumni Foundation at norcrosp@upstate.edu or 315-464-4361.