

A full-page photograph of a man in a military flight suit standing next to the open cockpit of a B-52 bomber. The man is smiling and looking towards the camera. He is wearing a green flight suit with various patches, including a pilot's wing and a medical corps patch. He has a watch on his left wrist. The background shows the aircraft's structure and a clear blue sky.

UPSTATE MEDICAL Alumni JOURNAL

AUTUMN 2016 PUBLISHED BY UPSTATE MEDICAL ALUMNI ASSOCIATION

CHASING A DREAM

DAVE PRAKASH, MD '03,
IS BOTH FLIGHT SURGEON
AND B-52 PILOT



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Submissions and address corrections should be sent to Paul Norcross, SUNY Upstate Medical University, Setnor Academic Building #1510, 750 E. Adams St., Syracuse, New York 13210-9976

Phone: 315/464-4361

Fax: 315/464-4360

Email:
norcrossp@upstate.edu

Paul Norcross
Executive Editor

Renée Gearhart Levy
Managing Editor

Sarah Burns
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Email letters to:
norcrossp@upstate.edu

Mail letters to:
Upstate Medical
Alumni Journal
Setnor Academic Building
#1510
750 E. Adams St.
Syracuse, New York
13210-9976

On the cover:
Major Dave Prakash, MD '03, is one of only 11 physician-pilots in the U.S. Air Force.



It's a Match! Upstate Medical Students Receive Residency Placements

THE ANNUAL RITE OF PASSAGE known as Match Day—when fourth-year medical students across the United States learn where they will spend their residency in their chosen specialty—was held this year on Friday, March 21.

Upstate President Danielle Laraque-Arena, MD, spoke to the excited and anxious students just before they opened the envelopes containing their match assignments. “Where ever you go, you’re doing important work,” she said. “You will bring with you your heart, science, knowledge, and dedication to your new location and make a difference.”

AMONG THIS YEAR'S UPSTATE GRADUATES:

- 70 medical students will enter the primary care specialties of internal medicine (41 students); pediatrics (19 students); medicine/pediatrics (two students); and family medicine (eight students).
- 88 students will remain in New York;
- 24 students will remain in Syracuse: 21 as medical residents at Upstate University Hospital and three residents at St. Joseph's Hospital Health Center.

According to William Grant, EdD, Upstate associate dean for graduate medical education, Upstate filled all of its 132 resident positions offered in this match.

“We are very satisfied with the Match results and our continuing ability to attract the best of new resident applicants,” says Grant.

In preparation for Match Day, Upstate's fourth-year medical students produced a music video called “Shut Up And Match,” a parody of the hit song “Shut Up And Dance,” by Walk the Moon. To see the video and match day list, visit medalumni.upstate.edu/match.



Laraque-Arena Inaugurated as Upstate President

It was an historic occasion as Upstate Medical University officially installed Danielle Laraque-Arena, MD, as its seventh president on April 15.

The ceremonies began with an academic procession from the Upstate campus to the Oncenter, where Laraque-Arena and more than 400 attendees received greetings from community leaders and professional society representatives. The event also included a dance performance by Haudenosaunee singers and dancers from the Onondaga Nation, before SUNY Chancellor Nancy Zimpher formally inaugurated Laraque-Arena as Upstate president.

"Yes, a glorious day this is for me ... I'm deeply honored to be installed as the seventh president of the State University of New York Upstate Medical University," Laraque-Arena told those in attendance.

The keynote address was given by Marie McCormick, MD, described by Laraque-Arena as her mentor during her pediatric training. Dr. McCormick is now the Sumner Esther Felder professor of maternal and child health in the department of social and behavioral sciences at the Harvard Y.H. Chan School of Public Health. She's also a professor of pediatrics at Harvard Medical School.

In her remarks, McCormick said she thinks some people view mentors as those who can provide "competent advising" but in her mind, mentoring is "a little different.

"To me the underpinning of the relationship is a shared passion for science, for teaching, for clinical care.

It's this shared goal that makes the relationship so special and so productive," she said.

"In Danielle, I think that the university has gained a great mentor. She shares your commitment to excellence in professional education. She shares your striving for excellent science and important science and science that can be translated into well being. And most importantly, she shares the common goal of improving health."

Laraque-Arena began her service as president of Upstate Medical on January 14. She previously served as chair of the department of pediatrics at Maimonides Medical Center and vice president of Maimonides Infants and Children's Hospital of Brooklyn.



Laraque-Arena Announces Presidential Symposium Series

DURING HER INAUGURAL ADDRESS, Upstate President Danielle Laraque-Arena, MD, announced the creation of a Presidential Symposium Series called “Connected to the Future” that will bring leading experts to campus from a broad range of disciplines—from science to industry to information systems—to address key trends and needs of the 21st century.

“The focus will be on social, scientific, and systems goals that align our mission, vision, and values in support of transformative health care delivery, transformative education, and transformative research—actively engaging with the community and supporting the economic development of our region,” said Dr. Laraque-Arena.

The interdisciplinary and inter-professional seminars will be designed to promote an exchange of ideas and to develop concrete steps to achieving success and will address six broad themes:

GENES AND PRECISION MEDICINE will be held this October and features Mary Claire King, PhD, the American Cancer Society Research Professor of Genetics and Medicine at the University of Washington in Seattle.

SOCIETY AND HEALTH will sharpen the focus on the eradication of poverty and violence in the local community.

GENDER AND EQUITY IN ACADEMIC MEDICINE will examine the critical issue of gender equity and the critical role diverse perspectives play in crafting solutions to health problems.

HEALTH PROFESSIONALS FOR THE 21ST CENTURY will help lay the foundation to plan the transformation of education to strengthen health systems, within a global perspective.

LIFE-COURSE APPROACHES TO THE HEALTH OF INFANTS, CHILDREN, ADOLESCENTS, YOUNG ADULTS, ADULTS AND ELDERS will use a longitudinal perspective of care from infants to elders to address how research, training, and clinical care services can be better aligned and integrated.

SUSTAINABLE ENVIRONMENT will focus on economic development and the creation of a sustainable environment with local, regional, and global connections.

SUNY Awards Upstate \$2M to Recruit Empire Scholars

Upstate Medical University and its partners have received nearly \$2 million in funding from the State University of New York to recruit top researchers as Empire Scholars in the emerging field of biostatistics and bioinformatics.

The scholars will advance two initiatives—the Program in Genomic Health and the Institute for Precision Medicine. The initiatives will lead to more precise approaches for disease treatment and prevention and create pathways for biostatistics/bioinformatics educational programs at Upstate.

The awards are provided through SUNY’s Investment and Performance Fund, an expansion of the Empire Innovation Program that supports campus efforts to recruit top faculty researchers. In all, SUNY awarded approximately \$8 million in this latest round of EIP funding to more than 10 SUNY-wide projects.



Upstate Graduates 158 New Physicians

PRESIDING OVER HER FIRST UPSTATE

commencement, President Danielle Laraque-Arena, MD, conferred 156 MD, 18 MPH (Masters of Public Health), and two joint MD/MPH degrees to new graduates during a ceremony held May 22.

In addition to welcomes from Dr. Laraque-Arena and College of Medicine Dean David Duggan, MD '79, students and their families heard remarks from Lynn Cleary, MD, vice president for academic affairs, Richard Cantor, MD '76, president of the Upstate Medical Alumni Association, student speakers Danielle Wallace, MD '16, and Nicole Cifra, MD/MPH '16, and honorary degree recipients Delos ("Toby") Cosgrove III, MD, and Samuel Gorovitz, PhD.

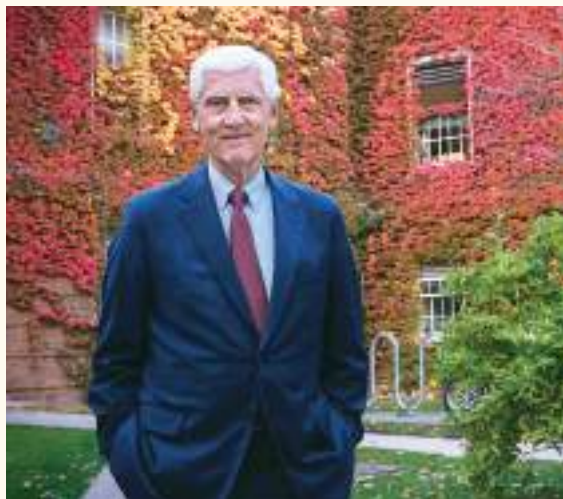
Dr. Cosgrove, a cardiothoracic surgeon, is president and chief executive officer of the Cleveland Clinic, where its patient-centered care serves as a national healthcare model. Dr. Gorovitz, professor of philosophy at Syracuse University and former dean of SU's College of Arts and Sciences, is a distinguished ethicist, philosopher, educator, and scholar who played a major role in developing the field of biomedical ethics. Both received honorary Doctor of Science degrees.

Eastwood Endowment Created to Support Bioethics Education

THE UPSTATE FOUNDATION and Upstate Medical University leadership have established the Dr. Gregory L. and Lynn M. Eastwood Endowment for Ethics. The endowment will support bioethics education at Upstate, such as a lectureship, special training, or visits by expert guest speakers.

“Along with the entire Upstate community, the Upstate Foundation is deeply grateful to Dr. and Mrs. Eastwood for their commitment and devotion to the Upstate mission,” said Eileen Pezzi, Upstate’s vice president for development. “As a member of the Foundation

board of directors, Dr. Eastwood has been a trusted leader, valuable adviser and dedicated supporter. The Foundation is delighted he will remain in this role. He also continues on the faculty of Upstate’s Center for Bioethics and Humanities.” Eastwood is Upstate’s fifth president and the university’s longest-serving chief executive (1993 to 2006). He currently is a University Professor, one of the highest honors SUNY can bestow. He and his wife, Lynn, have been actively involved in area causes and initiatives outside of the region’s healthcare sector.



Gregory Eastwood, MD

Upstate Awarded \$70.6M Grant for Ambulatory Care Center



John McCabe, MD

Upstate Medical University has been awarded a \$70.6 million grant through New York’s Capital Restructuring Financing Program and Essential Healthcare Provider Support Program to build an ambulatory care center that will house primary care, behavioral health and specialty services, and a variety of other patient care services designed to support a patient’s transition from acute medical care facilities back into the community.

Officials say the project addresses the identified need to expand access to and integrate primary care and behavioral services, which are dispersed through the city, into a single location.

Currently, patients can access Upstate specialty outpatient services in nearly a dozen locations in and around Syracuse. “This center will be designed to transform the way Upstate delivers its outpatient care,” says Upstate University Hospital Chief Executive Officer John McCabe, MD ’79. “By bringing these services together under one roof, and connecting with multiple community partners, we will provide patients with access to interdisciplinary care and support services designed to promote health and decrease hospital admissions and Emergency Department use.”

Preliminary plans show the proposed 250,000-square-foot ambulatory care center located in the parking lot across the street from the hospital’s main entrance, off East Adams Street. Upon approval of formal design plans, Upstate officials say construction on the facility could begin within 18 months.

New Program Targets Global Health Issues in Pregnant Women and Young Children

Upstate has established a new program designed to address the global health issues women face during pregnancy and children face during early childhood. Known as the Global Maternal Child and Pediatric Health Program, the initiative will combine research, clinical trials, education, and training both in Syracuse and abroad.

“Emerging health issues of pregnancy and childhood have identified a need for special and immediate attention to develop innovative strategies for disease prevention, diagnosis and treatment,” says Upstate President Danielle Laraque-Arena, MD. “Building on the success of our already significant work in global health, this program will focus our efforts on the most vulnerable and vital among us: pregnant women, infants and young children.”

The Global Maternal Child and Pediatric Health Program will be part of Upstate’s Center for Global Health and Translational Science (CGHATS), which already has done significant work in various global health issues, such as mosquito-borne illnesses like dengue and chikungunya, and is one of the leading research centers conducting investigations into developing a vaccine for the dengue viruses.

Pathology Honors



Paul F. Shanley, MD

Paul F. Shanley, MD, was selected by graduates of Upstate's 2016 College of Medicine class to receive the Syracuse Medical Alumni Association's Phillip B. Armstrong Award. The award was established by the Class of 1943 to honor Phillip B. Armstrong, MD, longtime professor and chair of Upstate's Department of Anatomy. The award is given to a member of the basic science faculty who has most influenced the lives of the graduates. Shanley is professor of pathology and medical director of electron microscopy at Upstate. The graduates also selected the Department of Pathology and Laboratory Medicine for the Syracuse Medical Alumni Association Departmental Teaching Award for Basic Sciences. The award is presented to an Upstate department with basic sciences teaching responsibilities that is held in esteem by the graduating students.

Alpha Omega Alpha Honors

Thirteen students from Upstate's College of Medicine have been elected to membership in Alpha Omega Alpha, the national medical honor society. Eligibility is determined by academic performance, service, leadership, and character. Newly elected members have committed to contribute a significant amount of their time as academic tutors for first- and second-year students, and to uphold academic integrity and professional behavior. The chapter sponsors a student clerkship liaison program, service/leadership programs, a visiting professorship, and participates in Student Research Day planning, among other activities and events. Class of 2017 junior inductees are: Eric Bellinger, John Boyle, Tara Brenner, Bilal Butt, Kimberly Cheng, Emily Commesso, Jillian Egan, Abigail Franco, Emily Kellogg, Kathryn Leyens, Rosemarie Mastropolo, Caitlin Nicholson and John Pyun.

Endowed Scholarship Fund Honors Drs. Colleen and Michael O'Leary

THE COLLEEN E. O'LEARY AND MICHAEL R. O'LEARY Endowed Scholarship for Clinical Laboratory Sciences (CLS) has been created to help Upstate Medical University's College of Health Professions continue to attract the finest candidates for its Clinical Laboratory Sciences program and to help alleviate a critical national shortage of clinical laboratory professionals. The scholarship was established by the Upstate Foundation, Upstate's Department of Anesthesiology, and the Upstate administration upon the recent retirement of Colleen E. O'Leary, MD '78.

"Dr. Colleen O'Leary has served Upstate Medical University in numerous capacities, including interim medical director and president of the medical staff at Upstate University Hospital; interim chair of the Department of Anesthesiology; and member of the Upstate Foundation board of directors," says Eileen Pezzi, vice president for development



Drs. Michael and Colleen O'Leary

at Upstate. "She and her husband, Michael O'Leary, MD '78, HS '82, have been involved in many community-based philanthropic initiatives. We are especially happy to honor Colleen upon her retirement for her dedicated service to Upstate."

Dr. Michael O'Leary retired as CEO and medical director of Laboratory Alliance of Central New York. At Upstate, he holds a voluntary faculty appointment as clinical associate professor with the Department of Pathology.



Nicole Cifra, MD/MPH, and Ellie Garbade, MD

Cifra and Garbade Receive Chancellor's Awards for Student Excellence

RECENT COLLEGE OF MEDICINE graduates Nicole Cifra, MD/MPH '16, and Ellie Garbade, MD '16, have been honored with the 2016 Chancellor's Awards for Student Excellence from the State University of New York. The award is the university's highest honor bestowed upon a student.

Cifra and Garbade received their awards of a medallion and certificate at the Chancellor's Award for Student Excellence ceremony April 5 at the Empire State Plaza Convention Center in Albany.

"This award is our way of saying 'thank you' to stand-out SUNY students whose achievements reflect their own impressive hard work as well as the support of their families and friends, and SUNY's world-class faculty and staff," said SUNY Chancellor Dr. Nancy L. Zimpher.

Drs. Cifra and Garbade were recognized for integrating academic excellence with other aspects of their lives, including leadership, campus involvement, and community service.

Following graduation, both Cifra and Garbade headed to Rochester, NY, for residency: Cifra in pediatrics at the University of Rochester Medical Center and Garbade in internal medicine at Strong Memorial Hospital.

Upstate Awarded Nearly \$200K for Zika Virus Research

UPSTATE MEDICAL UNIVERSITY will use almost \$200,000 in grant funding from the National Science Foundation (NSF) on research to understand, prevent, and treat the Zika virus.

"This desperately needed federal funding will allow the global health leaders at SUNY Upstate, who are ready to assist, look at ways we can stymie the spread of this tragic disease," says U.S. Senator Charles Schumer.

The funding, which is provided through the NSF Division of Environmental Biology's Ecology and Evolution of Infectious Diseases (EEID) Program, supports research conducted by Upstate's Center for Global Health and Translational Science (CGHTS), led by Anna Stewart Ibarra, PhD, MPA.

"Upstate's Center for Global Health and Translational Research has been studying outbreaks of Dengue-like infections in Ecuador for several years," says David C. Amberg, PhD, Upstate's vice president for research. "Dr. Stewart Ibarra's research team is uniquely positioned in Ecuador to study the Zika epidemic as it spreads to a new country and to address many of the things we don't understand about Zika."

The NSF grant will build upon Stewart Ibarra's studies into the ecology of infectious diseases. She has been working in Ecuador for the last nine years and her research includes studies on the environmental and socio-political drivers of the transmission of dengue fever in coastal Ecuador.

Fleury Receives Potts Award

Recent College of Medicine graduate Marie Fleury, MD '16, received Upstate's James L. Potts Award, "presented to the African-American graduating medical student with the best performance in clinical medicine, who has demonstrated sensitivity to patients and has participated in community and campus organizations."

The award is named after James L. Potts, MD, who served Upstate for 22 years as a cardiologist and director of the catheterization laboratory. Dr. Potts left Upstate in 1994 to become Chief of Cardiology at Meharry Medical College in Nashville, where he had gone to medical school. He later became Chief of Medicine and has since retired.

Fleury began her general surgery residency at SUNY Stonybrook in July.



Marie Fleury, MD

The New Heroin Epidemic

Alumni on the front lines contend with the unintended consequences of opioid painkillers.

BY RENÉE GEARHART LEVY

The headlines are staggering: a 16-year-old in suburban Syracuse dead of a heroin overdose. A college sophomore found unconscious in the dorm room of his prestigious university, the sixth graduate of Rye (New York) High School to die of a heroin overdose this year. The soccer mom with the secret heroin addiction, arrested for buying drugs with her toddler in tow.

Heroin use has become an epidemic and the results are catastrophic. In the last 13 years, heroin-related fatalities have quadrupled in the United States, and the face of the heroin user has changed dramatically. According to a May 2014 article in *JAMA Psychiatry*, more than 75 percent are middle-class suburbanites whose excursion into drugs began with legally prescribed narcotics before turning to heroin as a cheaper alternative.

And according to the Centers for Disease Control, some of the greatest increases have occurred in demographic groups with historically low rates of heroin use: women, the privately insured, and people with higher incomes. Today, whites aged 18–44 have the highest rate of heroin use.

“In Central New York, we see both very poor users and also suburban teenagers and adults,” says Ross Sullivan, MD '08, an emergency medicine physician and medical toxicologist at Upstate Medical University. “Heroin is not a drug that discriminates.”

Sullivan and other experts say the national crisis is essentially a man-made epidemic, propelled by the large number of prescriptions written for opioid painkillers. *USA Today* reports that in 2012, U.S. health care providers wrote 259 million prescriptions for opioid painkillers, enough to give a bottle of the pills to every adult in the country.

“The two are very much intertwined,” says psychiatrist Jeremy Barowsky, MD '05, director of addiction medicine at Greenwich Hospital in Greenwich, Connecticut.

“A large number of people physically dependent on opioids without access to prescriptions has really reopened the door to heroin entrepreneurs,” he says. As a result, the national overdose death rate has tripled in the last three years.

“It’s a matter of supply and demand,” adds Richard Cantor, MD '76, director of pediatric emergency medicine at University Hospital and medical director of the Upstate Poison Control Center. “The supply is ubiquitous and the demand is high.”

To understand the new heroin epidemic, one need look no further than the rise of opioid use in the 1990s. For decades, the use of opioids was primarily limited to cancer and postoperative patients. But in the 1980s, a movement grew among physicians to treat all forms of chronic pain more aggressively.





Greenwich Hospital Director of Addiction Medicine Jeremy Barowsky, MD, center, speaks at a panel on "How to Talk to Teens about Drinking and Drugs" in Greenwich, Connecticut.

"Doctors can be agents for change. Become informed about where people can get treatment. If you make a call on behalf of a patient, the chances they are going to follow up are significantly higher, so take the 30 seconds and make that call."

—JEREMY BAROWSKY, MD '05

Pharmaceutical companies responded with new drugs, most notably Oxycontin, which was released in 1996 with prolific marketing. That same year, the American Pain Society introduced the notion of "pain as the fifth vital sign." Almost immediately, the prescribing of opioids increased by about 400 percent.

The claim that opioid painkillers—Oxycontin, Vicodin, oxycodone, etc.—were safe and non-addictive proved to be a myth. "The data now suggests that if you give someone an opiate, they will be physiologically dependent on it after five to seven days, whether they have a predisposition to addiction or not," says Dr. Barowsky.

Millions became addicted. In 2007, Purdue Pharma, the manufacturer of Oxycontin, pled guilty to federal charges that the company misled regulators, doctors, and patients about the drug's risk of addiction and paid a \$600 million fine.

As an emergency medicine resident at New York City's Bellevue Hospital between 2004 and 2008, Maria Vasilyadis, MD '04, was mentored by Lewis Goldfrank, MD, author of the seminal toxicology text, *Goldfrank's Toxicologic Emergencies*. "It was very interesting to have his perspective on what a big problem opiate addiction was, given his many, many years of practice. He told us residents this was one of the biggest issues we'd be facing in the next 10 years as attendings, and he was absolutely correct."

With growing awareness of the addiction epidemic came regulation to control the prescribing of opiates, although different areas of the country have been quicker to respond than others.

Dr. Vasilyadis worked for a year in Boston after her residency before relocating to Seattle in 2009. She was shocked by the difference in narcotics prescribing standards by emergency departments in the two locations.

"Massachusetts had strict regulations for writing narcotics prescriptions at that time," she says. "Not only were narcotics limited to specific ailments, such as broken bones, we generally could only write for five days for 20 pills, long enough for someone to see their primary health-care provider."

At that time Washington state had no such regulations. "It was very common for patients to come to the emergency room seeking refills on narcotics and to receive those refills," she says.

Within six months of her arrival, Vasilyadis served on a committee at Virginia Mason Medical Center to develop standards for opiate prescription writing, an effort that was soon adopted by the University of Washington system, where she is also on staff, and then regionally. “In a relatively short amount of time we’ve seen a transformation in our state,” she says. Her paper, “Opiate Prescribing Guidelines by Providers: A Retrospective,” will be published this year in the *Annals of Emergency Medicine*.

In 2013, New York became the first state in the nation to mandate that physicians consult a database of a patient’s prescription history before prescribing a schedule II, III, or IV controlled substance by enacting the Internet System for Tracking Over-Prescribing Act, better known as I-STOP. “A patient can no longer go to a hospital in Albany and get oxycodone and then drive to Syracuse and tell their dentist their teeth hurt and get another prescription,” says Sullivan.

Other regulations have placed limits on the amount and length of time opioids can be prescribed and pharmaceutical companies have been tasked with developing abuse-deterrent forms of medication. The Centers for Disease Control and Prevention recently issued guidelines for prescribing opioids for chronic pain—urging the smallest dose for the shortest amount of time—part of an effort to push doctors to prescribe pain medications responsibly.

So what about the millions already addicted?

“We have such a huge influx of patients, a huge number of people addicted to their pills and we’re now just seeing them because their doctors are cutting off the supply and they’re coming out of the woodwork,” says Sullivan. “The system has to catch up and adapt now to take care of all these people.”

That’s the subset seeking help. Others have turned to the black market, or increasingly, to heroin.

“As people take pills over a period of time, users build up a tolerance and need more pills to produce the same result,” explains Barowsky. “One pill at a time becomes two, becomes four and so on. The pills are expensive, particularly if the user can no longer get a prescription and has to turn to the black market. Heroin is a cheaper alternative that produces the same physiological effect.”

ACCORDING TO THE CDC:

- * Heroin use more than doubled among young adults ages **18 to 25** in the past decade.
- * More than **9 in 10** people who used heroin also used at least one other drug.
- * **45%** of people who used heroin were also addicted to prescription opioid painkillers.

By all accounts, heroin is readily available and costs as little as \$10 per dose. And because today’s heroin is so pure—80 percent compared to five to 20 percent in 1970—it doesn’t have to be injected. “People are sniffing it or they’re smoking it,” says Barowsky, who believes that’s a big reason the drug has become more widely used. “Shooting up used to be a big deterrent. People think that if they’re not injecting heroin, it’s not as bad.”

Indeed, Cantor says the loss of stigma surrounding heroin has had a major impact on young users. “I’m someone who grew up in the seventies when there was every drug imaginable out there, but there was a line in the sand,” he says. “That doesn’t exist today.”

He says heroin’s appeal is the result of “affordability, availability, and experimentation,” resulting in a spike of teens 19 and under seen in the pediatric emergency room with overdoses in the last six months to a year.

Not only is today’s heroin far more potent, its often laced with fentanyl, a synthetic opioid that is creating a whole new wave of addicted people, and has resulted in a spike of fatalities.

It’s something doctors in the trenches are seeing with alarming frequency.

As the only medical toxicologist in Syracuse, Sullivan focuses on caring for people who have overdosed or been poisoned. He wasn’t practicing



DARRIN MCCOLESTER/GETTY IMAGES

The prescription medicine OxyContin is considered a major factor in the increase of patients addicted to opioid painkillers.

long before he realized that many of his overdose patients at University Hospital were addicts, something he knew nothing about.

Sullivan set out to educate himself about addiction, first becoming certified to prescribe buprenorphine—a drug used to treat opioid addiction—and ultimately becoming board certified in addiction medicine. “But it was really my experiences with my patients that educated me the most,” he says.

Similarly, Barowsky set out to become a general psychiatrist. But his first rotation during his psychiatry residency at Harvard was on an addiction service. This was in 2005, when opioid addiction was full on and heroin was beginning its upswing. He ended up doing a chief year on the addiction service and became board certified in addiction medicine, as well as psychiatry and neurology. “There is so much greater demand than there are people providing services in this area,” says Barowsky, who estimates more than a third of patients utilizing addiction treatment services at Greenwich Hospital are related to opioid or heroin addiction.

He says he sees few people who start with heroin, even teen drug users. “Statistically, people who start with marijuana are twice as likely to have an alcohol problem and three times as likely to have an opiate problem,” he says. “We see a lot of marijuana at young ages and that often leads to experimentation with other things later on. There is a crescendo of drug use that we see in a very predictable way.”

Including pills. “Often the rationale is, if it’s something you can get a prescription for, how bad can it be?” Barowsky says.

According to *U.S. News and World Report*, one in 20 Americans age 12 and older reported using painkillers for non-medical reasons in the past year. And people are 40 times more likely to be addicted to heroin if they are addicted to prescription painkillers.

All opiates stem from chemical compounds found in poppies. Morphine has been available since the early 1800s. Heroin was first introduced in 1898 by the Bayer Company as a cough suppressant. It was considered a “wonder drug,” until its addictive properties became evident. Bayer stopped producing heroin in 1913, but the genie was already out of the bottle.

In the early 20th century, scientists figured out how to synthesize new kinds of opioids—hydrocodone and oxycodone—with the hope that these new molecules would be less habit-forming. Percocet and Vicodin, which melded semi-synthetic opioids with acetaminophen, were introduced in the 1970s.

Opioids facilitate pain relief and stimulate the pleasure centers in the brain that signal reward. When opioids combine with mu receptors the

“It’s been inspiring to see how the medical community can come together to identify a healthcare issue or epidemic and really make a difference as far as safety issues and appropriate management of pain in America.”

—MARIA VASILYADIS, MD '04

brain floods with dopamine, giving a feeling of satisfaction. But chronic use results in down-regulating the amount of neurotransmitters the brain makes, reducing the number of receptors on brain cells that are affected by those drugs, requiring more drugs to produce the desired effect, and ultimately leading to addiction.

"It doesn't matter if it's Vicodin or Oxycontin or heroin," says Sullivan. "They're all opiates and they all have the same effect."

While there is a strong genetic component to all addictions, anyone can become addicted through prolonged exposure to an opiate. The intense physical dependence and neuroadaptive changes that result from chronic opioid use make opioid addiction one of the most challenging and difficult substance use disorders. The good news is that there are treatments that work, including medication-assisted treatments using buprenorphine-naloxone, naltrexone, or methadone as well as therapy.

The most important thing, says Barowsky, is to stick with it. He views addiction as a chronic disease similar to asthma or diabetes. "You take your treatments and have periods where you're doing well and the symptoms are in remission and then occasionally you have flares," he says. "Addictive disorders behave that way too."

He says physicians need to help patients understand that addiction is an illness, not a moral weakness. "Often, people don't seek treatment because they're ashamed and because of the stigma attached to addiction," says Barowsky. "They think they should be able to, as Nancy Reagan said, 'Just Say No,' but there's a whole lot of biology and science to suggest it's not that simple."

Barowsky believes optimal treatment of people with addiction is recognizing and appreciating that there's often an underlying or co-occurring mental health problem. Ignoring that component can lead to relapse.

"So much of addiction is trying to remove negative feelings or to escape. A lot of mental illness is in fact those negative feelings. Whether it's drinking or heroin, a lot of drug use is to try to cover up baseline sadness or anxiety or irritability," he says. "So if you're not addressing the mental illness component of it, and you're just trying to treat the addiction, you might get the

UPSTATE TO OFFER OPIOID PRESCRIBER INFORMATION TO MEDICAL STUDENTS

Upstate Medical University is among more than 60 medical schools to sign a national pledge to provide students with opioid prescriber education in line with recommendations offered by the Centers for Disease Control. The pledge is part of action by the White House to address opioid addiction and abuse.

Upstate also signed a similar statement from the Association of American Medical Colleges.

Upstate already provides its medical students with education about opioids and addiction. "All medical students have classes reviewing the risks and benefits of using narcotic (opioid) pain medications, about non-opiate pain management, and about prescription writing, including the New York State regulations requiring electronic prescription of controlled substances, and verification of all sources of such prescriptions. These provide students with information about the risks, benefits and alternatives to opioid pain medicines," says David Duggan, MD '79, dean of the College of Medicine.

Duggan says students get additional education into opioids when they do their clinical rotations.

"Opioid addiction is an epidemic," he says. "We must take special steps to reduce the impact of opioid addiction in our communities, and the unnecessary death of young people due to opioid addiction."



David Duggan, MD '79

person free from the substance but they still have that underlying driver that caused them to use that substance in the first place.”

In February, President Obama announced \$1.1 billion in government funding to combat prescription opiate abuse and heroin use, including plans to expand access to treatment. The administrative actions include funding to increase the number of community health centers, funding for 11 states to expand medication-assisted treatment services, and a proposed rule change from the Department of Health and Human Services to increase the current patient limit for physicians qualified to prescribe buprenorphine to treat opioid use disorders from 100 to 200 patients.

“Just cutting your patients off their pain meds isn’t enough. Physicians need to discuss medications with their patients and identify people who are having a problem so we can help them.”

—ROSS SULLIVAN, MD '08

Despite the fact that cutting people off from their pills is causing some of them to turn to heroin, Sullivan says it’s a necessary evil. “Right now we are seeing an increase in problems as a result, but it has to be done,” he says.

Both Sullivan and Barowsky are actively involved in efforts to educate their communities about the dangers of opioids and to the treatments available. And they’re trying to educate physicians as well.

“They’re the ones who often know the least about this,” says Sullivan, who presented a Grand Rounds on opioid addiction to physicians at St. Joseph’s Hospital in Syracuse in April. “I talk about responsible prescribing and alternatives to narcotics,” he says. “Just cutting your patients off their pain meds isn’t enough. Physicians need to discuss medications with their patients and identify people who are having a problem so we can help them.”

Barowsky says that if physicians think they don’t have patients with addictions in their practice, it’s only because they haven’t asked.

“Doctors can be agents for change,” he says. “Become informed about where people can get treatment. If you make a call on behalf of a patient, the chances they are going to follow up are significantly higher, so take the 30 seconds and make that call.”

He also advocates getting certified to prescribe buprenorphine, citing a shortage of providers compared to the demand. “It’s very easy to do,” he says. “You can take a course online in half a day.”

Vasilyadis says that while physician prescribing habits have in large part caused America’s addiction problem, physicians can also be part of the solution. “In the last couple years as new guidelines have been enforced, I’ve seen patient expectations also change. They no longer expect to get a certain medication or a certain number of pills,” she says.

“It’s been inspiring to see how the medical community can come together to identify a healthcare issue or epidemic and really make a difference as far as safety issues and appropriate management of pain in America.” ■

OUR EXPERTS



Jeremy Barowsky,
MD '05



Richard Cantor,
MD '76



Ross Sullivan,
MD '08



Maria Vasilyadis,
MD '04



A Narcan kit is given to every overdose patient at University Hospital. "Normally people who use drugs do drugs together," says Ross Sullivan, MD '08. "Whether you agree with the program or not, we're in the business of saving lives."

INCREASING THE PIPELINE OF PROVIDERS

In March, the American Board of Medical Specialties formally recognized addiction medicine as a new subspecialty under the American Board of Preventive Medicine.

"This is a great step in getting people the help they need," says Jeremy Barowsky, MD '05, director of addiction medicine at Greenwich (CT) Hospital, who is board certified in psychiatry, neurology, and addiction medicine. He says the recognition is "an attempt to normalize the condition as a disease and to encourage people to go into the field to provide the services that so many people need."

Board certification in any specialty allows one to enroll in a year of subspecialty training in addiction medicine. Recognition will make it possible for addiction medicine fellowship training programs to seek accreditation by

the Accreditation Council on Graduate Medical Education, leading to increased access to funding for fellowship training.

Addiction psychiatry has been a subspecialty of psychiatry for 30 years. Upstate has offered a one-year fellowship in addiction psychiatry since 2010, directed by Brian Johnson, MD.

"There is a need for specialists in both addiction psychiatry and addiction medicine," says Dr. Johnson. "Thirty-nine percent of Americans die from addiction: nicotine 18%, food 16%, alcohol 4%, drugs 1%. Physicians need training on how to make a therapeutic relationship with patients who are ill with addiction as early in life as possible so as to treat addictions before the medical sequelae make recovery less and less likely as patients age."



Brian Johnson, MD

CHASING A DREAM

BY RENÉE GEARHART LEVY



Major Dave Prakash is one of 11 pilot-physicians currently serving the Air Force.

In April, the Pentagon released a video showing a B-52 bomber airstrike against a terrorist weapons facility in Iraq, the inaugural use of the iconic aircraft in the fight against ISIS.

The success of that mission can be credited in part to the work of Air Force Major Dave Prakash, MD '03, an operational test pilot on the B-52H. As part of the 49th Operational Test and Evaluation Squadron located at Barksdale Air Force Base in Louisiana, his job is to test new weapons, systems, and tactics for the B-52. He has developed tactics for striking high-speed moving vehicles with laser guided munitions, tested experimental precision guided mines, and helped develop field lenses that protect pilots eyes from laser energy.

But that's only one aspect of his role. Dr. Prakash is also a flight surgeon, responsible for monitoring and evaluating pilot health. When not flying a test mission, he can be found in the clinic evaluating pilot health and performance. He is one of only 11 pilot-physicians currently serving the Air Force.

"As a pilot-physician, my job is not to be a part-time pilot or part-time physician but rather a third entity altogether that melds the two skill sets to optimize human performance in the aviation environment," he says.

A TALE OF DUAL PASSIONS

Prakash grew up in suburban Syracuse. Born in India, he immigrated to the United States at age two with his parents, who held education in high regard. He was drawn toward medicine and, after being treated for a high school sports injury, set his sights on becoming an orthopedic surgeon. He went to Johns Hopkins University as a pre-med chemistry major.

DAVE PRAKASH, MD '03, FOLLOWS DUAL PASSIONS TO BECOME BOTH FLIGHT SURGEON AND MILITARY PILOT.

It was a random cold call from a Marine recruiter during his sophomore year that planted another seed. Prakash asked about medical opportunities and was told none were available. Then he had another thought. From the time Prakash was a young child, he had been fascinated with aviation and space travel. Could he become a military pilot?

Prakash took some qualifying tests and was cleared to join the Marines in a pilot-training capacity. But he wasn't so sure. "Being a doctor was also a long-held dream, so I was hemming and hawing between the two," he recalls.

Six months later, the decision would be made for him. As he was crossing the street in Baltimore, Prakash was hit by a car. He bounced off the windshield and was sent airborne for 20 feet. He spent a week in the hospital and required two follow-up surgeries to repair his shattered left leg.

"Because of the titanium hardware in my leg, I wasn't qualified to be a military pilot any more," he recalls. But there was a side benefit. All that recuperating left him plenty of time to study for the MCAT. "In a way being struck by a car helped me get into medical school," he says.

AN UNCONVENTIONAL PATH

But the urge to fly didn't pass. Prakash graduated a semester early and trained for his private pilot license while waiting for medical school at Upstate to begin.

Once underway, he says he devoted himself to his medical studies. The titanium in his leg was becoming bothersome, and during his second year, he had surgery to remove it.

After third year, Prakash, took a two-year leave to do a fellowship with the National Institutes of Health at the FDA laboratories, doing molecular biology research.

He says it was by chance that one day at work he stumbled upon a website for the International Association for Military Flight Surgeons and Pilots. It had never occurred to him that he might be able to combine his two interests into one career path.

Prakash emailed every individual with an email address listed on the site and ultimately spoke with an Air Force colonel.

He learned that having had the titanium removed from his leg made him eligible once again to fly. If he completed his internship and earned his medical license, he could

enter the Air Force as a flight surgeon. But given the fact that he'd be just over 30 at that point, he would be ineligible to become an Air Force pilot (the Air Force requires pilot training to commence before age 30).

However, there was an alternate route. Typically, physicians enter the military at the rank of captain. If Prakash was willing to ignore his physician status, he could join the Air Force as a second lieutenant line officer and go through pilot training. After three years of operational flying experience, he could try to become a flight surgeon.

It was an unconventional path, but there was one other Air Force pilot-physician who had taken this route back in the 1980s.

Prakash was conflicted, but either way, he'd have to finish medical school and his internship.

The 9/11 attacks occurred during his time living in Washington. "It was chaos that day. My building was evacuated," he recalls. "The experience had a profound effect on me."

Prakash returned to Upstate, finished his last year of medical school, matched into anesthesiology, and set off for his intern year in Cooperstown with his wife, Naomi.

In the meantime, his younger brother, who had followed him to Johns Hopkins, had enrolled in ROTC, graduated, and was now serving in Iraq.

"I loved my internship and was looking forward to being an anesthesiologist, but there were voices in my head telling me I needed to do something else," he says.

SPREADING HIS WINGS

Prakash applied to Air Force Officer Training School, was awarded a pilot slot, and began Air Force pilot training a month before his 30th birthday (he'd earned his private pilot's license before starting his second year at Upstate). Pilot training takes a little less than two years, which he spent at the Euro-NATO Joint Jet Pilot Training Program in Wichita Falls, Texas, the world's only multi-nationally manned and managed flight training program. Prakash trained alongside Italian and Norwegian pilots, learning to fly T37 and T38 jets. He was subsequently selected for bombers and went into the B-52, where he was assigned to Barksdale Air Force Base in Shreveport, Louisiana.

To stay current in medicine, Prakash volunteered with the Red Cross during Hurricanes Katrina, Ike, and Gustav, and also at a health clinic in downtown Shreveport that provides medical services for the indigent and non-insured.

In the summer of 2011, after three years of flying as a B-52 pilot, the 2nd Operations Group allowed Prakash to take a brief leave of absence to attend a six-week class in aerospace medicine at Wright-Patterson Air Force Base, where he attended the Aerospace Medicine Primary course. In the summer of 2012, he attended a five-month refresher training in medicine at the 81st Medical Center at Keesler Air Force Base, where he worked in departments ranging from emergency, internal, and aerospace medicine to dermatology and cardiology.

In 2012, Prakash officially became a flight surgeon and began working in the flight medicine department of the 2nd Medical Group while maintaining his qualification as a pilot. After completing a full year as a flight surgeon, he was accepted into the pilot-physician program. In 2013, Prakash was selected to become an operational test pilot in the 49th Test and Evaluation Squadron. Now he spends most of his time executing test programs and improving Human-Systems Integration in the B-52. "What I've been doing for the past three years is exactly what I hoped to be doing," he says.

"My advice is, if you want to chase a dream, be willing to risk it all. There's no guarantee that everything will work out as you planned. But in the end, you discover a great deal about yourself and you live without regret."



THE PILOT-PHYSICIAN

Physicians have been involved with aviation since the days of manned hot air balloon flights in the late 1700s. In World War I, Major (Dr.) Ralph N. Greene, a neuropsychiatrist from Florida, became the first U.S. Army medical officer known to receive orders as a military aviator.

While others followed, flight surgeons also trained as pilots were rare during World War II. The pioneer of the modern Air Force Pilot-Physician Program is considered to be Harry G. Armstrong, MD, who became the USAF Surgeon General in 1949. As aircraft improved in maneuverability and performance, Dr. Armstrong trained physicians as pilots to help solve physiologic risks and problems of flight. The program was formalized in 1954. Today, according to Prakash, the Air Force is working to place one pilot-physician in each airframe.

He's the pilot-physician for the B-52, one of the oldest active aircraft in the Air Force. It was designed in the 1950s during the Cold War to serve as a long-range,

high-altitude intercontinental nuclear bomber that could strike deep into the Soviet Union. The plane can carry up to 70,000 pounds of bombs and missiles, and can fly for 10 hours at a time or over 30 hours with aerial refueling.

Prakash says the B-52 is one of the most well-known aircraft and, because of its capabilities, "its mere presence sends a strong political message where ever it goes."

There are inherent risks with high-performance aircraft, Prakash says. "Combat aircraft fly with much less pressurization than commercial airplanes in order to mitigate the risk of rapid pressurization if the cockpit is shot," he explains. This means carbon dioxide off-gases at a faster rate even with normal respiratory rates. There is also less ambient oxygen even while wearing a mask. "Sometimes symptoms of hypocapnea can be mistaken for hypoxia and the emergency actions for hypoxia may only make things worse," he says. "Part of my job is educating aircrew on the risks they face from within the aircraft."

He says being a pilot helps him as a flight surgeon. "When I respond to an in-flight emergency, especially for a physiologic incident, I know the checklists the pilots are running in the air, I know what questions to ask," he explains. "Understanding what happens in this jet and what the crew was doing helps me arrive at an aeromedical disposition. Plus I've deployed with these guys. They are my brothers in arms so I try to take care of them, their spouses, and their children just like my own family."

His dual training provides a unique perspective in the man-machine interface that is particularly helpful when determining whether a pilot is clear to fly or should be disqualified.

He offers the example of a pilot who had been disqualified from flying the B-52 because of a blind spot in his nasal field of view in one eye. There was concern that he



Dr. Prakash with his wife, Naomi, and sons Avi (now 9) and Nyan (now 12). Below: The cockpit of the iconic B-52 bomber. Prakash has been asked to help design the cockpit of a new aircraft in development.

did not possess adequate stereopsis or depth vision. Prakash was able to correlate his specific pathology with how the B-52 is operated and employed in combat to demonstrate why the pilot should return to flight status. “When performing night aerial refueling—which involves finding another jet in the sky at three miles, maneuvering to within 11 feet of it in the dark, and then maintaining contact for a half hour while taking on 15,000 pounds of gas—pilots don’t rely on depth perception. They rely on other aspects of vision like monocular cues, parallax motion, visual references and aircraft systems such as infrared cameras and radar to determine relative position,” he offers as example. “I was able to return this individual to the cockpit, not because of any exceptional expertise in ophthalmology, but because I understand medicine and aviation and looked at the problem from a unique perspective.”

In addition to the health and safety of individual pilots, Prakash is concerned with the safety of his aircraft in general. Of particular focus is the B-52 ejection seat. “I’ve lost friends over the years so I’m exploring how to make this jet more survivable,” Prakash says. “Because of my unique position in a test squadron and as a pilot-physician, I can collaborate with engineers and specialists to evaluate the performance and sustainment costs of our current seat, and analyze the benefits of upgrading the seat in terms of cost and survivability.” This all falls under the emerging discipline of Human-Systems Integration.

Prakash says his overall goal is to improve the B-52, in terms of lethality and survivability. “As a physician, my focus is keeping our pilots safe and that’s the mark I hope to leave on this jet,” he says. “Regardless of the technology, in the end we rely on the people to accomplish the mission. Being a pilot-physician is about helping pilots do their job quicker, safer, and better.”



LIVING THE DREAM

Among the culture of combat aviators is the tradition of call signs given to pilots by their squadrons. Prakash is known as Indy.

“I rarely know anyone’s first name,” he says of his fellow pilots.

Other than the nicknames, Prakash counsels that joining the military isn’t like what’s depicted in the movies. “You have to have a sincere desire to serve your country and be willing to make a lot of sacrifices,” he says.

That said, aviation medicine has been a great fit for his own interests and talents. “It’s a unique niche and it’s not for most people,” he says of his specialty. “My advice is, if you want to chase a dream, be willing to risk it all. There’s no guarantee that everything will work out as you planned. But in the end, you discover a great deal about yourself and you live without regret.” ■

A Mission to Learn and Serve

FIFTEEN UPSTATE STUDENTS AND RECENT GRADUATES TRAVEL TO THE DOMINICAN REPUBLIC TO VOLUNTEER MEDICAL CARE.

The mother was frazzled. She had brought her three young children to see the doctor, each with worrisome medical issues. One had a fungal infection around his head, another was having GI distress, and the other was coughing and had a fever.

Managing disparate diagnoses and treatments along with a concerned parent was slightly stressful, particularly in a rural pop-up health clinic in the Dominican Republic, but newly-minted doctors Brandon King, MD '16, and Delia Vahey Montalto, MD '16, were up to the task.

The two were among 15 Upstate-affiliated participants—seven recent College of Medicine graduates, five rising second-year medical students, and three physician's assistant students—treating patients in the Dominican Republic as part of a week-long, faith-based medical mission through SCORE International.

“It’s easy to think about global health from a philosophic or systems-based approach, but I think actually seeing how it plays out will be very valuable.”

—Brandon King, MD '16

Although the trip had no formal affiliation with Upstate, second-year students received elective credit through the Center for Community Engagement and students were supported with travel grants from the Upstate Medical Alumni Association.

The team stayed at the organization’s headquarters in Juan Dolio, DR, and each day traveled to a remote area where they set up a mobile clinic. With the help of translators, they saw hundreds of patients a day.

King had participated in several mission trips growing up, which is actually what sparked his interest in medicine. “This trip represented the

chance to make everything come “full circle” for me, returning as a physician. Indeed, with the trip departing a week after graduation from Upstate, he looked forward to putting his medical degree to use for the first time and hoped to gain a better appreciation of the medical needs in third world countries from “the ground.”

“It’s easy to think about global health from a philosophic or systems-based approach, but I think actually seeing how it plays out will be very valuable,” he said before he left.

Because he and Montalto speak Spanish, they were able to run their station without a translator, allowing them to see “many, many” patients, King says.

He found the need for physicians in underdeveloped areas to be a very real problem, particularly in regard to patient follow-up and access to health care. “I was aware of this from observing during previous experiences, but it really hits home when you have the patient in front of you and are trying to coordinate all of those logistical concerns that will lead to better health.”

Despite the disparity in access to care, his encounter with the mother and her three children made him realize something else. “Sometimes we think that by going to a third-world country, we are somehow experiencing something entirely unique, but it struck me that the concern and seeming desperation in that mother is something that is shared by most any mom coming with three kids,” says King, who began his anesthesiology residency at the University of Vermont in July.

“It is important to remember that people are fundamentally the same. It’s our job to diagnose and treat, sure, but it’s so much more important to meet each other on a basic, human level.”

The Upstate participants were recruited for the trip by Matt Helm, MD '16, and his wife, Leesha Alex Helm, MD/MPH '16. The mission trip was sponsored by Dr. Helm’s family’s church in the Buffalo area, and his parents (dad is a dermatologist and mom is an allergist) served as the medical directors. He had participated three times previ-



Above and right: Amanda Gemmiti '19 enjoyed her experiences caring for pediatric patients.

ously, twice as an undergrad and again after finishing his first year at Upstate, a trip that Leesha and Montalto also were part of.

During that trip, the three were limited to assisting the medical staff. This time around, now doctors, they had supervisory capacity and spent significant time mentoring the younger medical students.

"I think it's a powerful experience to have early in medical school before you start your clinical years and gives you a 'driving course' for when you do start seeing patients in your clinical years," says Dr. Leesha Helm, who says she thoroughly enjoyed her mentorship role this time around. "It was such a rewarding experience giving back to other students from the same university that contributed so much to my growth," she says.

"They asked good questions and had such a passion for learning," adds Matt Helm, who began his dermatology residency at Hershey Medical Center in July. "By working with them I feel like I was constantly challenged to learn more, and be an even better doctor."

One of those was Amanda Gemmiti '19, who says she learned more than she expected about medicine and pharmacology during the trip.



Above: Stefanos Haddad, MD '16, and Jordan Vokes, MD '16, take a patient history.

Left: Elana Cook '19 and Leesha Helm, MD/MPH '16, advise mothers on their children's healthcare.

STUDENT ROUNDS

Upstate students and recent graduates who volunteered medical care in the Dominican Republic, included (back row from left to right) Elana Cook '19, Heather MacLean (PA), Jordan Vokes, MD '16, Brandon King, MD '16, Matthew Helm, MD '16, Leesha Helm, MD/MPH '16, Delia Montalto, MD '16, Stefanos Haddad, MD '16. Middle row, left to right: Chuks Alozie-Nwagboso, MD '16, Zach Kitchen (PA), Amanda Gemmiti '19, Angelica Mazzolla (PA), Sophia Loftus '19. Bottom row left to right: Simon Hernandez '19, and Benjamin Meath '19.



“This experience really pushed me to explore the potential financial, emotional, and physical limitations my future patients will have with respect to their medical care, and accessing of services.”

—Leesha Helm, MD/MPH '16

Her most memorable patient encounter was with a young woman who was her own age but had never before received medical care. “She was visibly nervous at the beginning of our encounter,” says Gemmiti. “Our team worked together to not only provide this patient with a diagnosis and treatment plan, but did so with compassion so she felt comfortable and safe in our hands. The woman couldn’t thank us enough.”

Leesha Helm, who began her family medicine residency at Hershey Medical Center in July, worked with second-year student Elana Cook '19. “When I signed up for this trip I had no idea what to expect,” says Cook, who was surprised and disheartened by the level of poverty and lack of access to clean water facing communities they visited. Nonetheless, she says the resiliency of the people was inspiring and she appreciated the opportunity to practice her medical history taking and improve physical exam skills. “We witnessed cases of GI parasitic infections, chicken pox, many dermatological conditions, and chronic conditions such as hypertension, diabetes, and congestive heart failure.”

Leesha Helm recalls in particular a patient who came to their station after a recent hernia repair surgery. “He could not afford the antibiotics or pain medication that had been prescribed for his post-operation period. He was in excruciating pain and could barely move,” says Helm, who was able to send him home with all of his medications free of charge. “The joy on his face and the huge



Brandon King, MD '16, and Delia Montalto, MD '16, speak spanish and were able to communicate with patients without a translator.

hug he gave us as he prepared to leave will stay etched in my memory for years to come.”

The days were long, hot, and intellectually and emotionally demanding, and the Upstate contingent was happy to have had each other to rely on. “Our conversations regarding medical practice abroad, global health, and faith ended up being one of the highlights of the trip,” says King.

And whether they are off to begin specialty training or continuing their studies, all of the participants say the experience provided a valuable perspective into medical care overseas, as well as the barriers to care and access that can be faced by many underprivileged individuals.

“This experience really pushed me to explore the potential financial, emotional, and physical limitations my future patients will have with respect to their medical care, and accessing of services,” says Helm. ■

Feeding the City

As medical students, Leesha Alex and Matt Helm met over a cadaver during their first year at Upstate. They married this past April—two weeks after Match Day—and now are doing residencies at Penn State’s Hershey Medical Center in Pennsylvania, Leesha in family medicine and Matt in dermatology.

Faith is an important part of their lives and while living in Syracuse they became active members of Faith Chapel. For more than a year they volunteered with the church’s food pantry and outreach program, Feed the City, which delivers food to the

doorsteps of individuals in need living in low access areas in Syracuse.

At the same time, Syracuse was making headlines for its dismal poverty rates. Leesha, a joint MD/MPH student, could see the tremendous need for Feed the City, and chose to study the program in the context of food insecurity for her master’s thesis.

In May, she held a community engagement event at Faith Chapel to share the results of her study, raise awareness about food insecurity, and help foster relationships with community partners, such as the Food Bank of Central New York, and

local leaders. Leading up to the event, she and Matt organized a food drive at both Upstate campuses during the month of May. The Helms hope that their parting gift to Syracuse can be to raise awareness.

“Feed the City is in desperate need of stronger, more stable community partnerships, more food sources, and more financial support,” says Leesha. “We hope the community engagement event and food drive will help to ultimately address food insecurity in the city of Syracuse through Feed the City.”



CHARLES WAINWRIGHT

Leesha Helm, MD/MPH '16 and her husband Matt Helm, MD '16, at the Faith Chapel food pantry

CLASS NOTES

12/1943

William A. Schiess, of Cicero, NY, and wife Betty are still at their home on Oneida Lake. "Come see us!"

1945

Murray A. Grossman, of East Syracuse, NY, is still alive and well. He finally stopped skiing and sold their home in Park City, Utah, but is still golfing. They have four children and five grandchildren; none elected medicine, although one runs a health-industry hedge fund. They now summer in Syracuse and winter in the Santa Barbara area. "Hoping to make my 75th reunion in 2020," he writes.

1946 Reunion

SEPTEMBER 23•24, 2016

James J. Norton, of Montour Falls, NY, and his wife will attend the reunion dinner and activities on September 23 and 24.

1951 Reunion

SEPTEMBER 23•24, 2016

1956 Reunion

SEPTEMBER 23•24, 2016

Robert Penner, of Chula Vista, CA, and **Arvin J. Klein**, are sorry that they will miss the class of 1956 reunion. "We just can't walk that far," he writes.

Arthur I. Segaul, of Carbondale, CO, and wife Barbara are doing very well, and are active and living full-time in Carbondale. Barbara teaches water aerobics at their club three times a week. He works out in the water, the gym, and plays golf. They gave up skiing two years ago. They were looking forward to this year's reunion but unfortunately have a family wedding the same week-end. They look forward to their 65th when Art will be 89. "Regards to all, we will miss you," they write.

1957

Ronald Leifer, of Richford, NY, has self published a new book called *The Search for Swin Semilla: A Fictional Memoir*, based on a trip he took to Mexico in 1967. He also published an essay called *Psychiatry: Imposters, Liars, and Frauds*. He will send a copy of it by mail to anyone who requests it by email at ronleifer@aol.com.

1958

George S. Goldstein, of Boca Raton, FL, writes, "Syracuse is beautiful in the spring, but Boca Raton, is nicer in the winter." He and his wife, Shirley, have now lived in Boca Raton full-time for three years and love it. George retired in 2005 after 17 years in private practice of pediatrics in Westchester County, NY, and 30 years in the pharmaceutical industry, ultimately as corporate VP worldwide for medical and regulatory affairs for Sterling Drug, Inc. He is now enjoying time as an (unpaid) research assistant to a prominent South Florida historian, advisor to a local university's Lifelong Learning Institute, and serving on several boards and playing lots of bridge. Shirley, besides also immersed in bridge, contributes her time to a few local organizations while trying to fend off requests for her time by others and enjoys the Atlantic Ocean's waves lapping 30 yards away. "Best wishes for good health and long life to all my classmates from SUNY@Syracuse 1958," he writes.

1959

Arthur D. Goldstein, of Suffern, NY, is beginning his 51st year of medical practice as a plastic surgeon.

1960

Julian M. Aroesty, of Lexington, MA, is the first volunteer in a federally sponsored pilot program, MAVEN (medical advanced volunteer expert network), that recruits retired MDs to provide pro bono specialty care via the web to underserved clinics. He is still active in the teaching program at the hospital. He is dealing with painful knees due to bilateral torn menisci (decades of downhill skiing) but is cycling 20-30 miles several times per week. He spends his winters in Longboat Key, FL. Most importantly, his family is well but scattered across the country. They get everyone together at least twice per year, usually somewhere in the U.S., but occasionally at a more exotic location (Mexico, Ireland, Spain, and this year Tuscany) so that the next generation can maintain contact with each other. He has four grandchildren so far, but no physicians. "I am not surprised that none chose the frenetic life of an interventional cardiologist but had hoped some might seek a more manageable lifestyle medical career," he writes.

Bertram Warren '57, of Springfield, VA, and his wife have retired to Greenspring, a continuing care community in Springfield, to be near one of their daughters. Bertram is retired from private practice and from his job as clinical director of a local psychiatric clinic.

WILLIAM TEDESCO, MD '61

One Step at a Time

In the Fall of 2015, William Tedesco, MD '61, embarked on a 500-mile hike across Northern Spain, a pilgrimage known as the Camino de Santiago.

Many hike the Camino, which was originally a Roman trading route, as a spiritual journey or retreat. For Dr. Tedesco, it was a means to mark a period of major transition in his life: within the last year, he had lost his wife, had turned 80, and had retired from his 50-year practice of family medicine in Glens Falls, New York.

On a trip to Spain years earlier, the Tedescos had seen pilgrims on their journey and remarked that was something they might like to do, but given the time commitment—the journey averages 35 days—it would have to wait until retirement.

Tedesco took on the pilgrimage both in honor of his wife and to raise money for High Peaks Hospice, where he remains director of palliative care. He began his journey in Southern France on the North Slope of the Pyrenees on August 31, 2015.

He says he embarked on the journey alone because he wanted to find his own pace. He walked an average of 12 miles a day over eight hours, from east to west across northern Spain, arriving at the Cathedral of St. James in Santiago de Compostela 40 days later.

But he wasn't hiking alone. Traversing the Camino is a somewhat communal experience, and for many—Tedesco included—the accomplishment is more about the journey than the destination.

Tedesco never imagined the friendships he would forge along the way. "I met people from 30 different countries and still keep in touch with many of them," he says.

That camaraderie began his very first night on the trail. "I met people at the hostel over dinner. One couple I walked with for two-and-a-half weeks before they went ahead. Another couple I was with the whole time," he recalls. He spent two weeks walking with a blind man being guided by a friend.

Tedesco says he met walkers of all ages, but given that the itinerary takes at least a month to walk, the majority were post college or post retirement. At 80, he was among the oldest. "I was always offered the bottom bunk at the hostels," he jokes.

While the trip was mostly enjoyable, he says there were certainly days—including walking through the tail of a hurricane on a high plain—that he questioned his trip. "You have to be willing to live outside of your comfort zone," he says. "My fellow walkers, we kept each other going."



After turning 80 and retiring from medical practice, William Tedesco, MD '61, spent 40 days hiking the 500-mile Camino de Santiago.

Although an avid skier, Tedesco says his previous hiking experience was limited to the occasional day hike in the neighboring Adirondack mountains. Hiking the entirety of the Camino de Santiago was a "tremendous physical accomplishment."

But even more rewarding was the emotional and spiritual experience. "I don't think anyone comes away from the Camino without feeling changed," he says.

Tedesco describes walking the Camino as a metaphor for how we should live our lives but rarely do in a busy world. "Walking every day toward the horizon, carrying no 'baggage' except what we need for our personal needs, leaving oneself open to the next curve in the path, and knowing there are others doing the same thing who are willing to help you along the road," he says. "Knowing there is a shower, a bed, and good food and wine awaiting you at the end of the day also helps."

Tedesco returned from what he calls "an amazing experience of friendship and camaraderie" a week before the terrorist attacks in Paris, which provided "the dichotomy between the love that people express to each other and this horrible hate that goes on in the world," he says. "It gives you some perspective of how things could be in this world but are not."

—Renée Gearhart Levy



CLASS NOTES

Leonard R. Friedman, of Middleton, MA, would like to recognize classmate **Philip A. Wolf**. Dr. Wolf retired as principal investigator for the Framingham Study after 43 years. He had been a leading research doctor among the class of 1960, specifically dealing with strokes and dementia.

1961 Reunion SEPTEMBER 23•24, 2016

1963

Carl Salzman, of Cambridge, MA, continues to work pretty much full time as a professor of psychiatry at Harvard Medical School. He has no plans for retirement. He visits his house on Cape Cod with his children and grandchildren. Four years after the untimely death of his wife Judy, he is in a wonderful committed relationship with Nancy Chodorow, a well-known psychoanalyst and former professor. When not working, he plays the piano daily and takes a weekly lesson (classical music). The piano (and music) have been one of the great loves

of his life and he finds, in older age, that it keeps his CNS functioning, especially the frontal and temporal lobes. He also continues to play the guitar and banjo, as he used to with **Gerry Schwartzberg**. "It was great seeing Gerry at our 50th reunion and talking about music and our playing together," he writes. "Overall, I would say that my life is terrific and I am surprised by the emotional fullness of late life. I hope it continues."

Gary L. Schechter, of Naples, FL, writes that despite the problems of aging, he and Barbara keep on "chugging along." They spend winters in Naples and summers in Chesapeake, Virginia, close to most of their children. Having had the privilege of being the founding chairman of the department of otolaryngology-head and neck surgery at the Eastern Virginia Medical School in 1974, he now has the obligation to document a written history for posterity. "Better hurry up before the 'Grim Reaper' gets me," he writes. "Best regards from Barbara and me to all of our classmates who are still breathing. We look back on our years at SUNY with great fondness."

Kenneth T. Steadman, of Geneva, NY, and his wife, Eva, were honored this May with the Springstead Award at the Geneva Rotary Service Above Self event, for their exemplary community service to Geneva. Kenneth practiced obstetrics and gynecology with Geneva Medical Associates from 1970 to 1999, and Eva has been active in many community organizations.

1964



Stanley B. Burns, of New York, NY, along with his daughter, Elizabeth A. Burns, published a book *Stiffs, Skulls & Skeletons, Medical Photography and Symbolism*. The book is an intriguing and comprehensive exploration of the skeleton and the dead body and includes more than 400 rare photographs.

1966 Reunion SEPTEMBER 23•24, 2016

Ernest Kovacs, of Roslyn, NY, is still practicing and teaching psychiatry. He enjoys his children, grandchildren, wife, family, and friends, and is also travelling, flying, and enjoying life.

1968

Robert L. Bard, of New York, NY, will be speaking September 16, 2016, on dermal sonography at the International Society Dermatologic Surgery's 37th Annual Meeting in Amsterdam. He also spoke at the Mt. Sinai Medical Center Department of Surgery on July 15th, to view the video <http://www.ustream.tv/recorded/66908256>.

Peter F. Coccia, of Omaha, NE, was honored in April for his significant service, guidance, and contributions to the University of Nebraska Medical Center and the University of Nebraska, with the Faculty Senate Resolution by the UNMC, where he served from 1987 to 2016. He is also Emeritus Professor as of July 1.



1969

Jeffrey G. Kaplan, of Highland Mills, NY, is semi-retired, still teaching a bit, and has a website, <http://ManagingManagedCare.com> that is a commercial-free resource for practitioners, advocates, and patients. He also has a medical economics blog.

Edward M. Nathan, of Las Vegas, NV, left a successful surgical practice in Syracuse, NY, after 20 years and relocated to Las Vegas. There he joined United Healthcare, where he served as medical director for 19 years.

Louis A. Rosati '66, of Mesa, AZ, looks forward to his 50th Reunion this September. "Hope to see many classmates. Since retirement I have been enjoying writing. I have short stories about some of our faculty, Drs. Rohner and Prior, to share."

After leaving United, he was invited to join Wynn Resorts, where he serves as medical director. He and Sandi celebrated their 50th anniversary last year. Daughter Allyson lives in Phoenix, AZ, and Ronna lives in Pacific Palisades, CA; granddaughters Madeline and Claudia are in California.

Robert H. Osofsky, of Longmeadow, MA, is still working in his office in Springfield.



Robert A. Warner, of Tigard, OR, recently wrote a book, *Optimizing the Display and Interpretation of Data*, which has been published by Elsevier Inc. and is available in print or online at Elsevier.com or Amazon.com. The methods described are based upon his research for reviewing and interpreting medical diagnostic data. Warner served on the faculty at Upstate in the Department of Medicine for nearly 25 years.

1970

Roy A. Kaplan, of Oakland, CA, lost his wife, Barbara, to cancer after 45 years of marriage in 2012. They were married when he was a second-year student at Upstate. In 2015, he married Janet Saunders, a seventh-grade classmate. They live in Oakland and Davis, CA, and would love to hear from 1970 classmates.

Alexander "Sandy" Kuehl, of Fernandina Beach, FL, had an intimate but enjoyable dinner at reunion last September with classmates **Alan Williams, Steve Lefkowitz, Burt Crain**, and **Ed Miner**. They were joined by wives and Ed's daughter, Stephanie, who is mayor of Syracuse. They have agreed to work to double the attendance at their 50th. Sandy and Jane have retired to Amelia Island, FL, for the winter months and to the Thousand Islands for the summer. Sandy's book *1815*, about the War of 1812 and the Treaty of Ghent, is at the editor. Hopefully it will be ready for their 50th.

Mark L. Wolraich, of Nichols Hills, OK, is still working at the University of Oklahoma Health Sciences Center as chief of the Section of Developmental and Behavioral Pediatrics and was recently appointed to chair the committee of the American Academy of Pediatrics that is revising the clinical guidelines for attention-deficit/hyperactivity disorder. They have also added their fifth grandchild, Johana Marie.

1971 Reunion

SEPTEMBER 23-24, 2016

Richard M. Stratton, of Gilbert, AZ, continues retired life with his wife, dog, and grandchildren.

John J. Zone, of Salt Lake City, UT, still works full-time and is chairman of dermatology at the University of Utah.

1973

Charles E. Jordan, of Geneva, NY, has had a part-time orthopedic independent medical practice since his retirement from surgery in 2004. He works on the panel of several companies and sees mostly worker's compensation cases with additional motor vehicle cases and a few liability cases. He currently sees clients two half-days per week and spends additional time on chart review and dictation of the reports. In the Geneva office he sees clients from Rochester, Syracuse, Ithaca, Auburn, Penn Yan, Seneca Falls, and Waterloo, in addition to many other surrounding towns. Charles plans to retire permanently as soon as his home on Seneca Lake sells, and is looking for someone to take over his practice. The office would not need to be in Geneva, it could be anywhere in the area.

JoAnn M. Smith '74, of Norwalk, CT, still enjoys practicing with her husband, Jeffrey Deitz, MD. JoAnn is also an avid sculler and USRowing class G lightweight national champion, 2009 and 2010. Her son, William, was married last fall.



JoAnn M. Smith '74

CLASS NOTES

1975

Joseph W. Helak, of Blowing Rock, NC, is happy to announce that his son, Chris, completed a general surgery residency at St. John's Providence in Detroit and will be joining a practice in Whiteville, NC, along with his wife, Elizabeth, who will be joining a pediatric practice there. They now have three beautiful grandchildren.

Mark H. Katz, of Los Angeles, CA, retired (mandatory at age 65) from the Kaiser partnership this past year, but continues to work full-time as a per diem. He has been in charge of a transgender program to bring so-called "gender confirmation surgery" into their organization. He and his husband, Bob, are purchasing a 10-acre plot of land in the "High Desert" outside of Palm Springs. "Plenty of room for any of you to pitch a tent there," he writes.

Robert S. Pyatt, Jr., of Chambersburg, PA, has been elected to the Board of Chancellors for the American College of Radiology, starting May 2016, for a three-year term.

1976 Reunion

SEPTEMBER 23•24, 2016

H. James Brownlee, Jr., of Saint Petersburg, FL, is professor emeritus, University of South Florida Morsani College of Medicine, Department of Family Medicine. He retired in 2015.

1977

Vincent Waite, of Chelmsford, MA, received the 2016 Family Physician of the Year Award in recognition of his exemplary service and his engagement in the well being of his patients and community on March 8, by the Massachusetts Academy of Family Physicians.

1978

James E. Schlosser, of Bolton, MA, was appointed chief of staff at the Manchester VA Medical Center on May 1. He served as acting chief of staff since November 30, 2015.



James E. Schlosser '78

1980

Jeffrey S. Abrams, of Princeton, NJ, is the current president of the Arthroscopy Association of North America and past president of the American Shoulder and Elbow Surgeons.

John F. Fatti, of Camillus, NY, has been in orthopedic/hand surgery practice in Syracuse for 30 years. His first grandchild arrived on May 3, 2016. "Easton Thomas Fatti resides in Denver, CO, with my son, Colin, and his wife, Meggie. He will be encouraged to come east to college," he writes.

1981 Reunion

SEPTEMBER 23•24, 2016

Charles F. Carrier, of Bedford, NH, shares that his son graduated in 2015 from Tuft's University School of Medicine with honors, and is now at Harvard in their combined orthopaedic residency program.

Anthony J. Viglietta, of Manlius, NY, is "thrilled to have retired in September of 2015, and now livin' the good life!" His four kids are doing well, and his oldest son just matched to a psychiatry residency.

1982

Nicholas G. Tullo, of Towaco, NJ, was the recipient of the Harvey E. Nussbaum Golden Apple Award for excellence in teaching, awarded by St. Barnabas Medical Center in Livingston, NJ. He is also the creator of the educational website www.ECGAcademy.com.

1983



Robert J. Ostrander '83 and
Geoffrey Ostrander '11

Robert J. Ostrander, of Rushville, NY, is finishing his third decade in family practice in Rushville, in the Finger Lakes. He is re-balancing some, though still devoting most of his work time to patient care. In June, he will be installed as president of the New York State Academy of Family Physicians. He has also increased his involvement in Upstate's Rural Medical Scholars' Program and has been appointed as the American Academy of Family Practice representative to the Department of Health and Human Service's Advisory Committee on heritable disease of newborns and children. Last August,

his son **Geoffrey P. Ostrander '11** joined their practice. "It is hard to describe what it is like to work side by side—maybe the best single word is 'satisfying' with all its connotations."

Ruth Zodkevitch Scher, of Holmdel, NJ, is thrilled that her daughter, Alyssa, will join the College of Medicine in August 2016. "Thank you SUNY Upstate!" she writes. Daughter Rachel loves nursing at Emory and son Evan enjoys business at TCNY.

1984

Brian D. Woolford, of San Diego, CA, completed a three-week trip in April that included a 14-day transatlantic cruise with ports of call in Lisbon, Bilbao, Le Havre, and Southampton. He dined with his niece, Brittany Woolford, a first-year DO student at Nova Southeastern University in Ft Lauderdale, prior to departing and spent five days exploring London at the end of his trip. In May, he spent a stint at Camp Laurel Spring Family Camp in Julian, CA, as volunteer Medical Director. Camp Laurel is dedicated to supporting HIV infected/affected children.

1985

Coleen K. Cunningham, of Chapel Hill, NC, is still working at Duke. "Any alumni in the area, please send me an email at coleen.cunningham@duke.edu," she writes.

Catherine and James Palmier, of Pace, FL, write, "Time is flying by and the kids are all grown up. Megan is married and is a pharmacist, Emily is in graduate school for speech-language pathology and graduated with an undergraduate degree in music therapy and harp performance. Andrew (Emily's twin) is a graduate of the Air Force Academy, and just graduated from flight school."

Mark S. Potenza, of Syracuse, NY, writes, "I'm probably one of the few who has not mastered the art of slowing down! With that said I am blessed with a practice that keeps growing, so slowing down is not an option. As the fifth of our six kids headed off to college in the fall, and one started her residency in July, I believe Theresa and I are making some progress in getting the kids out of the house (though likely well behind most of you with one still in the 9th grade). I'm getting a bit tired of paying tuition! My incredibly wonderful family continues to provide a multitude of exciting milestones and experiences. I also have not figured out how to downsize, as we are completing plans to rebuild

our place in Skaneateles, which is no small undertaking. My entrepreneurial son, Chris, has been instrumental in providing me an opportunity to replace the time spent on their sporting activities with a new and growing business venture. We have opened our first Rock 'n Joe Coffee House in Pittsburgh. Looking to add one a year until 2020. Although I am not ready to quit my day job, learning to be a barista is right around the corner. If ever in Pittsburgh, check us out on the corner of 5th and Penn. I hope all is well with the rest of the Class of 1985. I continue to cherish the memories of our times at Upstate and look forward to our 35th Reunion in 2020. Be well."



Drs. Catherine and James Palmier '85 and family



Brian D. Woolford '84 (in white) with volunteer medical staff

John D. Bisognano '90, of Pittsford, NY, has been elected president of the American Society of Hypertension, an organization of physicians and scientists dedicated to advancing research and care for hypertension.

1986 Reunion

SEPTEMBER 23-24, 2016

Georgianne Arnold, of Pittsburgh, PA, has taken a position with the Genetic Metabolic Center for Education, doing professional education in inborn errors of metabolism.

Technology in Charleston, SC. Daughter Grace is a recent college graduate. They still ski at least 25 days a year and enjoyed a February trip to Innsbruck to ski the Austrian Alps. "Looking forward to Aosta, Italy, and Chamonix, France, next winter. Life is good," she writes.

1988

Leo Katz, of Voorhees, NJ, was appointed medical director of the office of patient experience at Thomas Jefferson Hospital.

1989

Susan L. Auffinger, of Clemmons, NC, and her husband, Steve, recently celebrated their 30th wedding anniversary. They were married July 26, 1986, with classmates **Gloria Albarelli Kennedy** and **Elizabeth Horgan Higgins** in attendance. Susan is medical director of two skilled nursing facilities and Steve has his own engineering business. Since 1996, they have resided in North Carolina. Their son, Sean, is a chemical engineer with Boeing Research and

1991 Reunion

SEPTEMBER 23-24, 2016

1993

Robert Reeves, of Queensbury, NY, had a great winter hike in Vermont with classmates **Pete Hogenkamp** and **Rob Grondahl**, who hadn't seen each other in 15 years.



Pete Hogenkamp '93, Robert Reeves '93, and Rob Grondahl '93

1995

Daryll C. Dykes, of Minneapolis, MN, has been named Health Policy Fellow by the National Academy of Medicine and Robert Wood Johnson Foundation. Beginning in September, Dykes will spend a year in Washington, DC, working on health-related legislative and regulatory issues with members of Congress and the executive branch. On April 13, he presented "The Meaning, Methods, Myths and Magic of Mentoring," to the Upstate campus as Distinguished Alumni Day speaker and honored guest.

Manuel P. Santos, of Garden City, NY, and his wife, Karee, co-authored the book *The Four Keys to Everlasting Love: How Your Catholic Marriage Can Bring You Joy for a Lifetime* (Ave Maria Press, 2016). The book includes case studies based on patients from Manuel's psychiatric practice as well as an entire chapter on contraception, in vitro fertilization, and natural family planning. He currently works at Mercy Medical Center and has private offices in Manhattan and Long Island. He and his wife have been married 16 years and have six beautiful children.



Manuel P. Santos '95 and family

1996 Reunion

SEPTEMBER 23-24, 2016

A.J. Amadi, of Seattle, WA, is director of oculofacial plastic and reconstructive surgery at the University of Washington Medical Center. This spring, he also started his private practice, Seattle Face and Skin. "Looking forward to catching up with friends/classmates in Syracuse this year for the 20th Reunion for the Class of '96."

MATTHEW DOUST, MD '98

Study Questions Lab Testing Accuracy

For more than a year, controversy has been swirling around biotech start-up Theranos and the accuracy of the company's direct-to-consumer lab testing. A study published in the *Journal of Clinical Investigation* in March lent credence to that skepticism. The paper reported results of a clinical trial that found significant discrepancies between some of Theranos results and traditional lab testing, especially in cholesterol tests.

Theranos promotes a cheaper and easier method of lab testing conducted via a finger stick rather than an intravenous blood draw. "There's been a lot of questioning about Theranos' techniques because they haven't been very open about how they get their results," says Matthew Doust, MD '98, a primary investigator on the study. "As physicians, we want to make sure we are developing treatment protocols based on accurate test results."

Dr. Doust, an anesthesiologist who focuses on pain management, is a partner in The Pain Center of Arizona, based in Phoenix, and the affiliated Hope Research Institute, which conducts clinical trials across multiple research areas.

That's how he got involved in the Theranos study, which was spearheaded by researchers at the Icahn School of Medicine at Mt. Sinai in New York City. Theranos operates only in California and Arizona, with Arizona having the majority of testing sites, located in Walgreens pharmacies. "They've been very successful here in Arizona," explains Doust, who says the Icahn researchers reached out because of Hope Institute's successful record with clinical trials as well as their Phoenix location. "They had already drawn up the study; we made some minor changes to the protocol and the inclusion/exclusion criteria."

Doust's role as primary investigator at the site was to perform a physical exam on the 60 patients enrolled to make sure they met the inclusion/exclusion criteria. The study occurred over several days but each patient was involved for just one day over six hours.

"We'd screen the patients, they'd undergo one lab draw and then we would send them by Uber car to two different Walgreens, where they'd undergo testing at Theranos sites," explains Doust. "It was a really quick study for patients; they were basically finished the same day they started."

The blood draw taken at Hope Institute was sent to LabCorp and Quest for comparison testing. The study found that while much of the test results were consistent

across the three labs, a significant portion of Theranos results were markedly different, especially in the lipid panel results. "Those were significantly different," says Doust. "The reason this is so important is that patients are getting this lab testing done, and as physicians and clinicians, we want to make sure that the sensitivity and specificity of the tests are accurate."

Doust believes Theranos is on to something but still has work to do. "In this era of high-deductible insurance plans that we're seeing patients on right now, the ability to reduce costs is important, but Theranos just hasn't withstood the scientific method in regards to how they do their testing and get their results," he says. Doust says he never imagined being involved in clinical research while he was in medical school or training but has found it a huge benefit to his practice and his patients. "It's a different tool in the tool belt and is nice to be able to offer patients with chronic pain something they wouldn't have available at any other pain practice in the Phoenix area," he says.

Doust played an active role in a major trial for a spinal cord stimulation device to help patients with back and lower extremity pain, results that were published in *Anesthesiology* in 2015.

"That was a big deal in terms of what I do every day," he says. "To be able to offer that expensive technology to patients for free and get the results that we saw with that study was life changing for some of my patients. It showed me the importance of being open to adding clinical research to your practice."

—Renée Gearhart Levy



The Doust Family. Front: Sage (8), Lake (6), and Aspen (10). Back: wife Season holding Cedar (9 mo.) and Matthew.



Dr. Doust was primary investigator on a study that compared Theranos lab test results with conventional lab testing.

1997

Valerie J. Lang, of Rochester, NY, is finishing her term on the board of directors of the Alliance for Academic Internal Medicine. She is acting chief of hospital medicine at the University of Rochester, sub I director and academic director of curriculum courses at Med U. She is living in Rochester enjoying life with her husband, Alex, a medical oncologist, and their future Jedi, Charlie, age eight.



Cheryl A. Morrow '97 and husband Ernest

Cheryl A. Morrow, of Syracuse, NY, and her husband, Ernest, took a four-month, around-the-world cruise. She retired the end of December 2015 (now on per diem status only) after 15 years as a nursing home doctor.

Saqib Rehman '99, of Moorestown, NJ, earned his MBA from the Fox School of Business at Temple. He still works as associate professor and director of orthopaedic trauma at Temple. He has also gotten interested in online education and started a free educational website, www.orthoclips.com.

1999

Beth A. Biggee, of Andover, MA, is married to **Andrew E. McQuide '01**. They have three children, AJ, and twins Margaret and Elliot. Beth is in private practice of rheumatology.

Steve J. Ognibene, of Penfield, NY, and Rochester Colon & Rectal Surgeons, was elected president of the Monroe County Medical Society for 2016-2017.

2001 Reunion

SEPTEMBER 23-24, 2016

2005

Mita R. (Sanghavi) Patel, of Strongsville, OH, is married to Saurin Patel and has three children: Shayar, four; Aashik, two; and Anjali, one. She is a breast surgical oncologist at the Cleveland Clinic Foundation.

2006 Reunion

SEPTEMBER 23-24, 2016

Jason L. Freedman, of Philadelphia, PA, married Neil Patel on April 30, 2016 at the National Museum of American Jewish History in Philadelphia. Many classmates including **Adam Schoenfeld**, **Donna Esposito**, **Matthew Grant** and **Evan Cohen '07** were there to celebrate with them. Jason and Neil met at the Children's Hospital of Philadelphia (CHOP) in 2010, where Jason was completing his pediatric oncology fellowship. Neil is an oncology clinical pharmacist and ambulatory pharmacy director. Jason was recently appointed assistant professor of clinical pediatrics at the University of Pennsylvania Perelman School of Medicine, and his clinical specialty is pediatric blood and marrow transplantation. He hopes Neil will meet many of his classmates at the reunion this September!



Jason L. Freedman '06 and husband Neil Patel

Joanne Kacperski, of Loveland, OH, and her husband, Jeff Damadeo, would like to announce the birth of their third child, Avery Noelle, in July 2015. She joins big brothers, Preston, five, and Christian, two.

2008

Steven Altmayer, of Lancaster, NY, and **Lindy Davis**, are excited to announce the birth of their first child, Cole Altmayer, this past February in Buffalo, NY.



Robert Nastasi '08, wife Wendy, and children

Robert Nastasi, of Ponte Vedra Beach, FL, and his wife, Wendy, have two young boys: Ethan, three and Quinn, one. They enjoy spending time on the beach in Ponte Vedra when Rob is not working at his private practice pain medicine office. "Go Jags!"

2012



Blessere (Punzalan) Kazacos '12 and Stefan Kazacos '12

Stefan Kazacos and **Blessere (Punzalan) Kazacos**, of Seoul, South Korea, got married on August 24, 2014. They both completed their emergency medicine residencies in 2015 and are currently living and working in Seoul on the U.S. Army base. In May they went on a Mongolian horseback riding adventure trek. They are expecting

their first child in October.

Meaghan Stumpf, of Memphis, TN, and her husband have had two children since graduation: Ryker, two, and Declan, born in April. She will be completing her residency in Med-Peds this June and starting endocrinology fellowship at UVA this July.

Christopher Weaver, of Charlottesville, VA, will join a comprehensive ophthalmology practice in Greensboro, NC, in August 2016. He and Jenna were also happy to welcome Adalyn Rose on April 2, 2016.

2013

Anthony T. Giuffrida, of Albany, NY, recently proposed to his girlfriend, Brittney Fellows. They are planning to be married in summer 2017.



Anthony T. Giuffrida '13 and fiancée Brittney Fellows



Justin P. Meyer '13 and Jenny A. Johnson '13 with Upstate friends and classmates

Justin P. Meyer and **Jenny A. Johnson**, of New York, NY, were married on May 29, at Highland Forest in Fabius, NY. Justin is chief resident of psychiatry residency at Mt. Sinai, and Jenny is chief resident of neurology residency at Montefiore Medical Center/ Albert Einstein School of Medicine. Jenny was accepted to neuromuscular fellowship starting in 2017, and Justin plans to work as an inpatient psychiatry attending.

John and Mark Quaresima, have joined forces at Hudson Headwaters Health Network in Queensbury, NY. They were former chiefs at Dartmouth and Albany, respectively, and will be helping HHHN start a new family medicine residency serving the southeastern Adirondacks. Mark and his wife, Meghan, recently welcomed a second baby boy, Ian, in May, who joins Luke, two. John and his wife, Jennie, have three girls: Amelia, seven; Eliza, four; and Izabella, one.

House Staff

Robert S. Wilkinson, Jr. HS '62, of Washington, DC, has been awarded the Outstanding Volunteer Clinical Teacher Award from the American College of Physicians, the national organization of internists. The award was presented at ACP's annual Convocation ceremony on May 5, 2016. He remains very grateful to Dr. Richard Lyons, who was chair of the department of medicine when he was a resident and fellow and had such a positive impact on his professional career.



Robert S. Wilkinson, Jr.

I N M E M O R I A M

1944

KENNETH A. KURTZ, of Oswego, NY, died April 23. Dr. Kurtz was a prominent surgeon and physician in Fulton for many years. He was survived by his children, Guy, Evan, Noel, and Monica; and grandchildren.

1945

DONALD J. O'BRIEN, of Atlanta, GA, died October 17, 2013.

ELOISE E. JOHNSON, of Chicago, IL, died February 3. Dr. Johnson did her residency in Buffalo and became a pediatrician. She then moved to Johns Hopkins Hospital in Baltimore, where she did a fellowship under Helen Taussig, MD, widely considered the founder of pediatric cardiology, and worked with surgeon Alfred Blalock, MD, and others to develop an operation to correct the congenital heart defect that causes "blue baby syndrome." Johnson came to Lurie, (later Children's Memorial Hospital) as a pediatric cardiologist in 1956, simultaneously joining the faculty of Northwestern University. She became Emeritus in 1997. In 1970, after she suffered a hearing loss and was no longer able to clearly hear faint heart sounds, she switched fields. She was determined to continue to practice medicine and she completed a fellowship in allergy and immunology at what is now Northwestern University Feinberg School of Medicine. She practiced privately with her husband, Dr. James Johnson, and also treated patients at Jesse Brown VA Medical Center in Chicago. She continued working with veterans until she was 90. Dr. Johnson was survived by her daughter, Toni; her son, James Jr.; and one granddaughter.

1947

CARLYLE W. SCHUMACHER, of Millburn-Short Hills, NJ, died on March 10. Dr. Schumacher completed his internship and residency programs, then served two years as a U.S. Army doctor, achieving the rank of captain. After his military service, he was employed as a corporate physician for both Standard Oil of New Jersey and Prudential Life Insurance in Newark, NJ. He began private practice in internal medicine in Millburn and practiced in Short Hills for more than 34 years. Schumacher was survived by his wife, Virginia; three sons, Warren, William and Barry; his daughter, Marilyn; and six grandchildren.

1949

MARGARET S. VERCILLO, of Wellington, FL, died February 27. Dr. Vercillo loved her work, but she had four children in her first six years of marriage. She made the decision to postpone her career to care for her family and five years later had her fifth child. During this time she volunteered her medical expertise and service to the school district and the Catholic Church. When her children had grown and she was able to pursue the career she had always longed for, she became the medical director of the Syracuse Public School System, and later became the director of the St. Joseph's Hospital Emergency Room. Her final position was as vice president of MONY Insurance Company. Vercillo was survived by her husband, **Arthur A. Vercillo, MD '47**; daughters, Susan, Jean, Nancy, and Mary Beth; son, **Arthur, MD '82**; and nine grandchildren.

1950

ARTHUR G. SMITH, of Dunedin, FL, died November 12, 2015. After finishing his residency in pediatrics at Walter Reed Hospital in Washington, DC, Dr. Smith served for six years in the U.S. Air Force and was stationed in Japan as head of pediatrics for the Pacific Rim. Smith settled in Dunedin, where he was the first pediatrician at Mease Hospital. He was also the team doctor for the Dunedin High School football team in the 1970s. Smith was survived by his six children, Arthur Jr., Dan, Barbara, Joel, June and Peter; and 14 grandchildren.

1952

ALDONA L. BALTCH, of Menands, NY, died May 2. Dr. Baltch completed her internal medicine residency and infectious disease fellowship in Syracuse. She went on to develop her research skills at Case-Western University and the Research Hospital of the University of Illinois, where she served as a faculty member in internal medicine and infectious diseases. She returned to Syracuse as chief of infectious diseases at the Syracuse VA Medical Center, then relocated to Amsterdam, NY, where she practiced internal medicine and was chief of medicine at St. Mary's Hospital. She taught infectious disease at Albany Medical College and, in 1972, became chief of infectious diseases at the Stratton VA Medical center, a position she held until 1999.

ROBERT C. MCELIGOT, of Napa, CA, died January 4, 2014.

FRANK J. STAUB, JR., of Lakewood, OH, died March 10. Dr. Staub was a man of science and provider of medicine. He continues to aid in Alzheimer's research at University Hospitals, Cleveland, even after his death through his brain donation. Staub was survived by his wife, Arlene; sons Carl and Allan; daughter Diane; seven grandchildren; and three great-grandchildren.

1955

ROBERT H. DRACHMAN, of Tinmouth, VT, died January 21. Dr. Drachman had a 55-year career in pediatrics and was associated with SUNY, Johns Hopkins Hospital, and the University of Vermont. He worked in public health at Head Start and health departments in Maryland. Drachman was survived by his wife, Ruth; sons, Michael and Peter; and two granddaughters.

1956

ALEXANDER L. HASTIE, of Wellington, FL, died May 19. Dr. Hastie interned at St. Joseph's Hospital in Syracuse, then joined the Anesthesiology Group and practiced until his retirement in 1993. Hastie was survived by his wife, Jean; his children, Andrew, John, Karen, Pat, Jean Margaret, Joan, Beth, and James; 19 grandchildren; and eight great-grandchildren.

1958

STEPHEN S. ELGIN, of Bethesda, MD, died January 17. Dr. Elgin was survived by his wife, Virginia Elgin, and family.

ROBERT C. ZUREK, of El Paso, TX, died August 24, 2015. He was survived by his wife, Rosemarie.

1960

HOWARD I. LEVINE, of Rockville, MD, died September 5, 2015. Dr. Levine was survived by his wife, Janet; sons David and Jon; daughter, Lauren; and six grandchildren.

1961

ROBERT C. KELLY, of Carlsbad, CA, died February 10.

1962

ROBERT FAND, of Bethel, CT, died January 1, 2013. Dr. Fand served as Captain in the U.S. Army at Fort Hood, TX, from 1964 to 1966. He established a medical practice in Danbury in 1966. Fand was survived by his wife, Suzanne; his children, Aaron, Dana, Joyce, Karen, Alison, and Cynthia; and eight grandchildren.

1963

BRUCE R. GEER, of Bishop, GA, died January 23.

1971

C. ERIC WALBURGH, of Asheville, NC, died September 29, 2015. Dr. Walburgh served in the U.S. Naval Reserve with the rank of Lieutenant Commander. He trained in pediatric surgery at Montreal Children's Hospital, McGill University. His skill and excellence allowed him to successfully operate on the nation's first in-vitro baby and on premature babies who weighed less than one pound. Prior to his service at Missions Hospital, Walburgh spent 13 years in Norfolk, VA, in clinical practice at the Children's Hospital of the King's Daughters, where he served as chief of the department of surgery and as assistant clinical professor of pediatrics and surgery at the Eastern Virginia Medical School. Walburgh was survived by his wife, Regie; his brother, Tom, and his sister-in-law, Sharon.

1981

JAMES E. PANCURAK, of Toms River, NJ, died February 13, 2014. He completed the Ophthalmology Lancaster Basic Science course at Harvard Medical School Massachusetts Eye & Ear Infirmary and his ophthalmology residency at the University of Illinois Eye and Ear Infirmary in Chicago. Dr. Pancurak practiced ophthalmology for 28 years in central and southern New Jersey, where he had several offices. He was survived by his wife, Leila; son Adam; and daughters Jane, Sara, and Susan.

1983

CLIFFORD H. TUREN, of Clarksville, MD, died January 13, 2013. Dr. Turen was an orthopaedic trauma surgeon at Bayhealth Medical Center in Dover. He previously worked at Shock Trauma Center in Baltimore for 20 years, serving as chief of orthopaedic trauma services and as director of its orthopaedic traumatology fellowship program. Turen served for 28 years as a Commander in the Medical Corps of the U.S. Navy Reserve. While on active duty he was medical officer for the Navy Seals. He was survived by his wife, Bethanne; sons Jonathan and Jason; stepchildren Jessica, Margaret, and Zach; and one step-grandson.

1986

DAWN A. MARCUS, of Pittsburgh, PA, died October 19, 2013. Dr. Marcus was a professor of anesthesiology and associate professor of neurology. She became a resident in neurology in 1987 and then joined the anesthesiology faculty as an assistant professor in 1990 and received her secondary appointment in neurology the following year at UPMC Pain Medicine at Centre Commons. She was an expert on chronic pain and migraines. Marcus was survived by her husband, **Richard J. Marcus, MD '87**; and sons Steven and Brian.

2002

MICHAEL D. MESZAROS, of Westport, CT, died May 2. Dr. Meszaros was a partner at Advanced Radiology Consultants at St. Vincent's, where he was the section chief of neuroradiology. He was survived by his wife, Mary; sons Michael and John; and daughter Katherine.

House Staff

JOHN P. MCCREARY, of Watertown, NY, died November 11, 2015. Dr. McCreary entered the U.S. Navy in 1944 and was honorably discharged in 1946. He received his pre-medical education from Cornell University and attended Cornell University Medical College in New York City. He did his internship and residency in radiology at Upstate from 1953 to 1957. He was board certified by the American Board of Radiology in April 1957. That same year, he joined Drs. Sickels and Crosgrove in Watertown in the practice of radiology. The practice grew to become Northern Radiology, which he served as president until his retirement in 1986. He was survived by his wife, Virginia; sons David, R. Bruce, and Stuart; daughter Jennifer; and six grandchildren.

PAULA A. PRIOR, of Saddle River, NJ, died, March 13. Dr. Prior enlisted in the Army and served in the infantry at Fort McClellan, AL. He was selected to attend Officer's Candidate School at Fort Knox, KY. After graduation, he was commissioned as a lieutenant in the Armored Corps and was assigned to the South Pacific Theater as an Armored Officer. His last assignment was as company commander in the World War II Occupation Army in Tokyo, Japan, with the 1st Cavalry Division. He attended Vermont Medical School and received his medical degree in 1952. He was board certified by the American College of Radiology in 1956. He was assistant professor of radiology at Upstate and served as director of radiology at St. Joseph's Hospital in Syracuse from 1956 to 1965. He was survived by his sons Paul Jr., and David; daughters Pamela, Joanne, and Susan; and four grandchildren.

WILLIAM A. STEWART, of Fort Myers, FL, died February 29. Dr. Stewart was professor of clinical neurosurgery at Upstate Medical University when he ended his practice at age 79. He was USNR Ret. He spent his active duty with the Marines as a Naval surgeon in Vietnam aboard the USS Repose in 1966. He belonged to several national and international societies working to maintain high standards of medical practice and was a 20-year member of the New York State Department of Health, Board of Professional Medical Conduct. Dr. Stewart spent a year in Nigeria as director of a Project Hope mission to start a teaching hospital in Ile-Ife. Stewart also served in the Mujahedeen field hospitals during the Soviet invasion of Afghanistan. He was survived by his wife, Nancy; daughters Katherine, Betsy, Janet, **Sarah Stewart, MD '00**, Heather, and Alexandra; and eight grandchildren.

Remembering Robert K. Kanter, MD

THE LONGTIME PEDIATRICS FACULTY MEMBER STARTED UPSTATE'S PEDIATRIC ICU

ROBERT K. KANTER, MD, a nationally known pediatric intensivist who established the specialty in Syracuse in 1980, died on March 29 after a two-year battle with pancreatic cancer.

Dr. Kanter received his undergraduate degree from the University of Pennsylvania and graduated from the University of Pennsylvania Medical School in 1976. He completed his pediatric residency at Upstate under the mentorship of Frank Oski, MD, including one-year tenure as chief resident. He completed a fellowship in pediatric care at Children's Hospital National Medical Center in Washington, DC, and then returned to Syracuse to open the first pediatric intensive care unit in the region.

Upon his return to Upstate, Kanter first headed a temporary PICU in a former four-bed unit at the end of the 4A wing. A long-time dream was realized in 1985 when a modern state of the art PICU was opened. At the time, it was the largest major fundraising campaign for the Upstate Foundation at \$1 million.

Over the next 35 years, Kanter served as division director of pediatric critical care medicine and professor of pediatrics at Upstate, adjunct senior research scientist at the National Center of Disaster Preparedness at Columbia University, and vice chair of the emergency medical services for children advisory committee in the New York State Department of Health.

Kanter had a profound influence on the students and residents he helped train as well as his peers. "He had an incredible clinical gift. Bob could walk into the room of a critically ill child, examine the child, ask a few questions,

review the clinical data, and then instinctively and immediately know how to organize and implement a treatment plan to address the patient's needs," says Bill Hannan, MD '81, an attending on Upstate's Pediatric Intensive Care Unit. "He was perfectly suited to his work teaching the next generation of doctors how to care for the sick child in front of them. Bob was my inspiration and the reason I am where I am today."

By Hannan's count, Kanter helped inspire at least 20 pediatric residents to enter the field of pediatric critical care medicine during his tenure at Upstate. "That's a lot," he says.

In addition to being a talented physician and teacher, Kanter earned a reputation as a renaissance man. He was an accomplished painter who showed his work locally and continually challenged himself intellectually. He earned a master's in public administration from the Maxwell School in the 1990s and left Upstate to become a researcher at the University of North Carolina-Chapel Hill. Howard Weinberger, MD '58, then chair of pediatrics, was able to entice him to return two years later, much to the delight of his colleagues. He later became interested in disaster preparedness and public health.

"I can remember how versatile Bob was," says Dr. Weinberger. "He had this terrific skill at taking care of our most complex patients. He did not tolerate mistakes or sloppy work and he had a lot of respect for the role of the nurse. It was always a team effort in the approach to the care of the acutely ill child."

That team approach is evident in his prolific list of publications, which are sprinkled with co-author names familiar to Upstate

including Oski, Weiner, Bove, Robson, Zimmerman, Stuart, Madden, Thompson, Smith, Terndrup, Dosa, Hannan, Domachowske, Andrade, Ragosta, Casper, and Davey. Kanter also received multiple teaching awards during his tenure at Upstate; he was recognized by the pediatric residents with the Pediatric Faculty Teaching Award on three different occasions and once by the emergency medicine residents. Kanter also received the President's Award for Teaching in 2002.

In 2014, Kanter accepted a position as professor of pediatrics at Virginia Tech Carillon School of Medicine in Roanoke, Virginia, but then was unable to follow through due to his illness.

"I've heard people talk about Bob's legacy," says Hannan. "Bob was a very humble man, and for him, it was never about his legacy. His sole concern was demanding excellence in the care of sick infants and children and teaching residents, students, and nurses at the bedside."

Kanter was survived by his wife, Deborah; his children Caitlin, David, and Anna; and grandson Ellis.



1946 | 1951 | 1956 | 1961 | 1966 | 1971 | 1976 | 1981 | 1986 | 1991 | 1996 | 2001 | 2006



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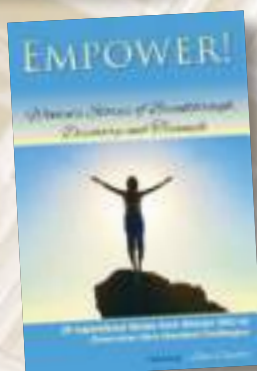
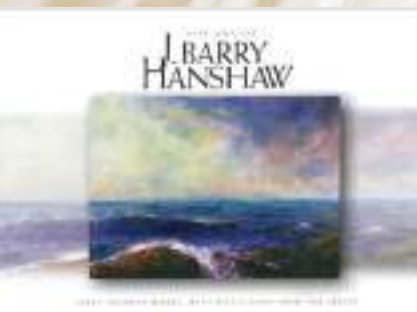
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