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Are you or is someone you know seeking a new career opportunity? Review faculty, research, and other positions available at SUNY Upstate Medical University at www.upstate.edu and click on “Jobs at Upstate.”

ON THE COVER:
Courtroom illustration of Stafford Henry, MD ’87, by L.D. Chukman
Dear Alumni,

SOMETIMES CHALLENGING NEWS PRESENTS ITS OWN OPPORTUNITY.

In February, the LCME determined that our undergraduate medical education program be placed on probation. While this decision was sorely disappointing, it also has resulted in more than 100 people on campus — primarily faculty and students — pulling together toward solutions.

You can read further details in this issue, but through its own efforts, the College has already addressed many of the issues of concern to the LCME. On behalf of Interim Dean Dr. David Duggan, MD ’79, who has been marshaling these meetings and communicating the changes, I can say that Upstate will not only meet the standards in those areas, but exceed them.

It is important to note that the quality of our students and faculty was never called into question. It’s also worth mentioning that our University recently was accredited with commendation by the Middle States Commission on Higher Education. We see strength in the accomplishments of our outstanding alumni and in the achievements of our students. At press time we received the results for the USMLE pass rates and both our first- and second-year students are passing at above the national average, with 99 percent of our students passing STEP-II.

While we are not the only medical school facing this challenge, we did opt to be public with this information as soon as the LCME made its recommendation. As a result, there were open Dean’s Forums and Dr. Duggan has conveyed the progress of various committees to faculty and students, as well as set up a public website with ongoing updates. Alumni expressed their support.

Our student leaders immediately stepped up and helped fellow students with their questions. Our admissions committee members were candid with prospects and our admissions personnel directly addressed both the recommendation and the status at every interview session.

It is reassuring that the College of Medicine is continuing to attract outstanding students. As of this spring, paid deposits for the College of Medicine are up over the same time last year and more accepted students are coming back for “Second Visit Day.”

In sharing information, we gained perspective. Student Admissions also has received positive feedback from our prospective students on this transparency. One student who will be joining the Class of 2016 wrote: “I would like to sincerely thank you for taking special interest and care in answering all the questions about the situation with LCME. It is truly appreciated. As a future student, it puts my heart at ease to know that the faculty is totally committed to helping students (and even prospective students) to make informed decisions.”

Do we wish this hadn’t occurred? Of course. But the College of Medicine — through the strength of its students, alumni and faculty — has shown that it has the will to build upon a strong foundation to ensure excellence now and into the future.

David R. Smith, MD
President, Upstate Medical University

College of Medicine fourth-year students Ryan Cuff and Christina DiBattista celebrated Match Day 2012 with a couples match to the Medical University of South Carolina. Students, friends and family celebrated the special day with a reception on the Ninth Floor of Weiskotten Hall. Look for more on Match Day and Commencement in our next issue.
UPSTATE MEDICAL UNIVERSITY’s College of Medicine has been placed on probation by one of its accrediting bodies, the Liaison Committee on Medical Education (LCME).

The Upstate College of Medicine joins five other medical schools on probation by LCME, a national committee charged with governing medical school accreditation. The LCME’s recommendation cited three general areas of concern, falling mostly in administrative areas: governance of the curriculum; management and comparability of clerkships at the two campuses and RMED sites; and communication of specific policies.

The College remains fully accredited and the quality of the education was not cited. Further, Upstate is accredited by a number of agencies, including the Middle States Commission on Higher Education, which recently re-accredited Upstate for a full 10-year term for meeting standards of excellence in areas such as governance, assessment, and student support services. The probation does not affect Upstate’s residency or fellowship programs or any of Upstate’s other academic programs or clinical activities.

“As we work to improve our processes, the quality of our students and faculty is not in question,” says Upstate President David R. Smith, MD. “Our students exceed the national average in licensure examinations and residency placements. While the LCME recommendation is very disappointing, I believe we will continue to attract highly qualified and motivated students to our college.”

The College is well on its way to addressing LCME concerns, and is committed to exceeding accreditation standards and ensuring excellence in medical education, says Smith. A New Directions Task Force is reviewing current curriculum goals, assessment processes, and the infrastructure supporting the curriculum. A new Curriculum Committee is working closely with student class officers to address curriculum concerns. Already, the MLC3 course has been disbanded and will not be reinstated; the committee is evaluating new methods for delivering the essential course content, either through existing courses or a new course. In addition, a proposed academic calendar change has been approved, allowing students to begin electives at the end of their third year, providing additional flexibility during the fourth year to facilitate residency and career choices.

As the College charts a new direction, President Smith has instated new leadership, appointing David Duggan, MD ’79, associate vice president and vice dean for clinical affairs, as interim dean.

“We obviously wish we weren’t in this position but we are going to take every opportunity to use this as a positive experience and learn and grow from it to become a better place in the end,” says Dr. Duggan.

A national search is underway for a senior vice president and dean of the College of Medicine. For more information, visit http://www.upstate.edu/dean/deansearch.

College of Medicine Charts New Directions after LCME Probation

“As we work to improve our processes, the quality of our students and faculty is not in question. Our students exceed the national average in licensure examinations and residency placements.”

—David R. Smith, MD, President
FAQs

WHAT IS THE LCME?
The Liaison Committee on Medical Education is one of many accrediting bodies that oversee education programs, and no other program at Upstate is affected by their review. Overall, SUNY Upstate Medical University is accredited by the Middle States Commission on Higher Education, with citations for excellence in governance, assessment, and student support services. All educational programs are registered through the New York State Department of Education and are approved by the Veterans Administration for the training of veterans under Public Law 98-358.

WHAT DOES BEING ON PROBATION MEAN?
Programs placed on probation retain their full accredited status. It is expected that compliance with the cited standards will be realized within 18 months and probation will be removed.

WHAT ARE THE CHANCES OF THE COLLEGE OF MEDICINE LOSING ITS ACCREDITATION?
Very small. A number of schools, many quite prestigious, have been placed on probation in the last several years. Upstate will remain accredited throughout its probationary period. While many schools have been recommended for probation and have been placed on probation, loss of accreditation has only been advanced once in the history of the LCME, by an offshore medical school.

WHAT IS THE TIMELINE FOR ADDRESSING LCME CONCERNS?
Many changes have already been made and Upstate is committed to a fast track for vigorously and thoroughly addressing all concerns. The College will ask for the earliest possible review by the LCME to remove probationary status and expects to exceed the standards when the LCME reviews the program again next year.

Golisano Gains Full Membership in NACHRI

Upstate Golisano Children’s Hospital has been accepted as a full-voting institutional member of the National Association of Children’s Hospitals and Related Institutions (NACHRI). NACHRI’s 221 members and supporters serve as a collective voice for health systems devoted to the well being of America’s 88 million children and their families. NACHRI’s mission is to keep children’s health a national priority.

Upstate University Hospital has been a supporting member of NACHRI since 2003 when the hospital’s daily average pediatric in-patient population numbered 45. Since Upstate opened the Upstate Golisano Children’s Hospital in 2009, the daily average inpatient census has reached more than 50, enabling it to achieve the status of a full-voting institutional member. In addition, the hospital is in its second-year as a participant in the NACHRI-sponsored Catheter-Associated Blood Stream Infection Collaborative that seeks to eliminate catheter-associated blood stream infections among hospitalized pediatric patients.

“Participation in NACHRI offers us a vast communications network with people who understand children: their needs, their treatment and the financing of their care,” says Leola Rodgers, MPH, associate administrator of the Upstate Golisano Children’s Hospital. “We look forward to bringing our leadership and special insights to the association and joining in the imperative for stronger advocacy on behalf of all children.”
New Bio Incubator to Open in June

The region’s first bio incubator is on track to open this June, a joint project of SUNY Upstate Medical University and nearby SUNY College of Environmental Science and Forestry. The $25-million incubator is intended to provide a launching ground for biotech companies. The site is 1.5 miles from Upstate, between East Fayette and East Water Street, one of the facilities planned for the site now called Loguen’s Crossing.

Incubator clients will be drawn from growth-oriented companies that are developing biotechnologies in environmental, industrial, and medical fields.

A unique feature of the setting is the combination of lab/office space for each client with access to the resources of both Upstate and ESF. Upstate Medical University offers a range of biomedical research and clinical practice, while ESF offers a focus on biotechnology from the natural world.

The new bio incubator intends to be recognized as an international hub for university-industry partnerships that develop and deploy innovative products in the bioscience marketplace and is currently seeking an executive director to lead those efforts as well as provide client companies with business acceleration services and access to industry-specific development resources. For more information, visit www.cnybioresearch.org.

FRANK YOUNG, MD ’56, PHD, VISITS UPSTATE CAMPUS.
This past February 14-16, the Upstate Medical University community was honored to have Distinguished Alumnus, Frank Young, MD ’56, PhD, back on campus. As part of his visit, Dr. Young made two presentations to the Upstate Community. On February 14th, Young presented, Death and Dying: The intersection of Health, Faith and Worldview. The next day, he presented, The Impact of Faith and Religion on Patients and Health Providers. Young also participated with students in the Annual Phonathon. As always, it was a distinct pleasure to have him back on campus.
Upstate Provides Patients Access to Electronic Medical Records

**IN A FIRST** for the region, Upstate University Hospital outpatients will be able to access their own health records, request medical appointments, and help manage their own care from their home computer or smartphone through a new, confidential, electronic medical records (EMR) and practice management system. The program launched January 25 in the Family Medicine practice and will expand incrementally to cover all Upstate ambulatory patients by the end of the year.

An EMR is a paperless, digital system that integrates all of a patient’s records across all components of Upstate Medical University and can be accessed through Upstate MyChart. “Launching Upstate MyChart, our patient-driven EMR access platform, creates convenience for patients, but also promotes consistency for healthcare providers,” says Neal Seidberg, MD ’93, Upstate University Hospital chief medical information officer. “The EMR creates one standardized record of all of that patient’s information,” he says. “For instance, when determining a prescription, a physician can see any other medications that patient may be taking, allergies or related complaints without having to access additional files.”

John McCabe, MD ’79, senior vice president for hospital affairs and chief executive officer of Upstate University Hospital, sees this program as a natural addition to the Upstate offering. “Upstate is committed to embracing opportunities like this that further empower our patients and help to build them a personal network of health information. This is directly in line with our focus on quality and patient safety,” he says.

The Upstate Medical University Community Celebrated Sarah Loguen Fraser, MD, Class of 1876 Day This Past February. The day consisted of the presentation Heart and Soul: Women of Color in Medicine, which featured guest panelists and alumni Sharon A Brangman, MD ’81, and Donna-Ann Thomas, MD ’99. Each panelist shared her journey into the field of science and medicine, with a dinner following the presentation.

Left to right: Donna-Ann Thomas, MD ’99, 2011 Sarah Loguen Fraser, MD scholarship recipient Nicole Sanders ’14, and Sharon Brangman, MD ’81.

6th Annual Career Advisory Network Dinners

In January, the Alumni Association hosted its 6th annual Career Advisory Network Dinners on both the Syracuse and Binghamton campuses. Approximately 150 medical students had the opportunity to network with alumni and faculty regarding various specialties and career paths in a casual atmosphere. Special thanks to the physicians who took time out of their busy schedules to participate as mentors. To learn more about our Career Advisory Network, please visit: www.upstate.edu/medalumni/alumni_resources/can.php.
Financing Secured to Transform Downtown Hi-Rise

**UPSTATE MEDICAL UNIVERSITY** has secured $32 million from the sale of municipal bonds to complete construction on Townsend Tower, a vacant downtown Syracuse high-rise that will be transformed into housing for Upstate students and medical residents.

“We are pleased not only with the opportunity this facility provides for our students and medical residents, but with the potential [it] has to begin a revitalization in this important area of downtown Syracuse. The health and vibrancy of our city is of significant importance to Upstate.”

—David R. Smith, MD, President

Proceeds from the bond sale, arranged locally by M&T Bank, will be directed to Upstate Properties Development Inc., a not-for-profit development corporation created by Upstate in 2007 to facilitate property acquisition and development. No state funding is being used in the development of the tower.

“We are pleased not only with the opportunity this facility provides for our students and medical residents, but with the potential this project has to begin a revitalization in this important area of downtown Syracuse,” says Upstate President David R. Smith, MD. “The health and vibrancy of our city is of significant importance to Upstate.”

Townsend Towers is adjacent to two chief settings for Upstate’s outpatient clinics. It is located at 500 Harrison St., on the corner of Townsend and Harrison streets, next door to the medical facility at 550 Harrison St., and across the street from University Health Care Center (UHCC).

Townsend Tower will be renamed Geneva Tower in a nod to Upstate’s earliest predecessor, Geneva Medical College. The tower will feature various living arrangements: 40 one-bedroom units, 80 two-bedroom units and 19 four-bedroom suites for a total of 276 beds. Each unit will have a kitchen and one or two bathrooms. Other amenities include an exercise facility, group study areas and a lounge.

“This will be an energy efficient building with significant upgrades in windows and insulation, as well as lighting and heating, air conditioning and ventilation systems,” said Tom Pelis, Upstate assistant vice president for facilities and planning.

Upstate plans to complete the renovations in time for the building to be occupied by Fall 2012.
Scheinman Resigns as Dean

After nearly eight years at the helm of the Upstate College of Medicine, Steven J. Scheinman has stepped down as dean. A nephrologist with an international reputation for his research on kidney stone disease, Dr. Scheinman remains on the faculty as professor of medicine and pharmacology.

Scheinman joined the Upstate faculty in 1984 and in 1994 was named chief of the Nephrology Division. Scheinman’s research has concentrated on the genetics of kidney disease, and particularly kidney stones. Much of this work focuses on hypercalciuria—or excessive urinary calcium excretion—the most common identifiable cause of kidney stones. His research, funded by the National Institutes of Health since 1985, has earned him the SUNY Chancellor’s Research Recognition Award (2002), SUNY President’s Award for Excellence and Leadership in Research (2001) and the Charles R. Ross Research Award (1992), among others.

Scheinman became dean of the College of Medicine in 2004. During his tenure, he appointed 17 of the current 25 department chairs, including the first six women ever to serve as department chair in the College. He also oversaw creation of the first new degree program—the Masters in Public Health—since the college opened in 1834.

During his term, the faculty track system and promotion criteria were overhauled, and the Office of Faculty Affairs and Faculty Development was created. The College established two new departments (Bioethics and Humanities, and Public Health and Preventive Medicine). The College partnered with the College of Health Professions to set up the Medical Scholars post-baccalaureate program. Diversity of the student body increased, with the percentage of minority students doubling to more than 20%. Sponsored research grew to a historic high of $41 million.

Dr. Scheinman was very supportive of the students, and of work of the Medical Alumni Foundation. He was active in our outreach to alumni through regional receptions. At his prompting we established the network of class representatives.

Scheinman serves on the Research Foundation Board of Directors, the New York State Council for Graduate Medical Education, and the board of the National Resident Match Program.
A small community in upstate New York was devastated when a car accident claimed the life of a well-respected nurse after her truck went off an embankment into Guilford Lake. Although her husband escaped the vehicle, he was unable to free his wife before the vehicle sunk. Initially considered an accidental drowning, expert medical testimony proved the case was no accident.

The first clues were the small thistle pods discovered on the victim’s hair and clothing by forensic pathologist James Terzian, MD ’75, HS ’79, who asked police where they came from. Had the body been dragged through brush when it was pulled from the water?

Police returned to the accident scene and found no similar botanical material in the area. But when they searched the victim’s backyard, it was loaded.

JAMES TERZIAN, MD ’75
Speaking For Those Who Can’t
In court, Dr. Terzian testified that the woman had been murdered, her death caused by blunt force and asphyxia, not drowning, as she actually had no water in her lungs.

As a medical witness in a criminal case, the Binghamton pathologist is asked to testify as to the cause, mechanism, and manner of death. As Terzian explains it, the manner of death is natural, suicide, homicide, accident, or undetermined. The cause is why the patient died, and the mechanism provides a pathophysiologic explanation of how that cause produced a death.

“In conducting an autopsy, I create data. If the data looks like someone committed a crime, then the district attorney is going to call me to testify,” he says.

Terzian will do so again soon for the third time on this case, which was actually dramatized into an episode of *Forensic Files* after the first trial. Although the husband was convicted and sentenced to 25 years in prison in two separate trials, he has won a third appeal and will be retried again this spring.

It will be one of approximately two dozen court appearances Terzian will make this year, a mix of criminal and civil cases.

His forensic career developed almost as a matter of circumstance. After completing medical school and his pathology residency at Upstate, Terzian got a job in Auburn, New York, at the Cayuga County Laboratory. He and the lab’s senior pathologist, Janice Ross, MD ’72, HS ’76, were the only pathologists between Syracuse and Rochester. When there was a death, they did the autopsies. Terzian learned from Dr. Ross and became increasingly interested in forensics, taking enough courses over the next 10 years to sit for the exam and become board certified (this was before a formal fellowship was required). In 1990, he became the only board-certified forensic pathologist in the Southern Tier of New York.

Today, Terzian is both medical director of pathology and laboratory at Lourdes Hospital in Binghamton, New York, and president of Twin Tier Pathology Associates, a five-physician private pathology group that contracts with Lourdes to render all their pathology services. He’s also on the Upstate faculty and teaches medical students that rotate through the Binghamton Clinical Campus.

As such, the bulk of Terzian’s day-to-day work is in the laboratory at the microscope or the cutting table analyzing tissues, body fluids, and specimens.
for making diagnoses, just as any community hospital pathologist would do.

Approximately 10 percent of his work is forensic in nature. Although Binghamton has physician coroners, they’re not pathologists, so cases that are liable to wind up in court typically get referred to Terzian for consultation (autopsy). “When there’s a homicide, generally the body gets sent to me,” he says. “All the children and babies get sent to me.”

When he began testifying in homicide cases, he started getting calls from lawyers to serve as an expert witness in other types of cases. “After a while, the lawyers get to know you and they know you know how to testify,” says Terzian, who has testified in cases ranging from family court to compensation hearings to medical malpractice, working for both the plaintiff and the defense.

When it comes to malpractice, Terzian prefers defense work. “But again, I’m a patient advocate, so if someone shows me a case and I’m convinced something was done incorrectly, I’m going to say so,” he says.

In many cases it comes down to the mechanism, says Terzian, what effects the treatment had or didn’t have, whether it was justified, and what it produced in the patient in terms of pathology. “I might look at a breast tumor and determine this was a high-grade tumor that grew really rapidly, hence, there was no time for the doctor to make the diagnosis. It grew so rapidly not because of improper treatment but because it was a bad tumor.”

Terzian stresses that he is a pathologist first, not a professional witness. “There are people who do this full time. I don’t advertise. I’m not looking for extra work.”

“Most doctors don’t like to go to court for the simple reason that no matter what you say, . . . one side’s not going to like it. It’s that lawyer’s job to challenge you and sometimes that gets to the point where they belittle you so that you look like you’re incompetent. What doctor, after going through as much training as we have, wants to be put in that position?”

—JAMES TERZIAN, MD ’75

But as a patient advocate, Terzian feels compelled to do so. “Most doctors don’t like to go to court for the simple reason that no matter what you say in the courtroom, one side’s not going to like it. It’s that lawyer’s job to challenge you and sometimes that gets to the point where they belittle you so that you look like you’re incompetent. What doctor, after going through as much training as we have, wants to be put in that position?”

It takes a long time for many people to get used to the courtroom and to learn what you should and shouldn’t say, he explains. “It’s very different from television, which they dress up to make entertaining.”

Terzian credits television crime shows for the intense interest in forensics. “This whole concept of rooting out the bad guys with biology and chemistry is very popular now and largely because of TV programs and movies. Back in the 1970s no one was talking about this,” he says.
While colleges have responded by offering undergraduate degrees in forensics, he says young people are finding they can’t get a job. “In most places, there’s no market for it. To be a forensic pathologist you have to go through med school, residency, fellowship and you’re in your 30s when you finish. It’s not what it is on television,” he says. “And yet when you go into a courtroom, the jurors, who have never been on a jury before, are waiting for the DNA evidence.”

Julian Aroesty, MD ’60, pictured in the Cardiac Catheterization Lab at Beth Israel Deaconess Hospital in Boston.

JULIAN AROESTY, MD ’60
A Natural Teacher

Julian Aroesty, MD ’60, loves to teach. In addition to teaching interventional cardiology to generations of Harvard medical students, residents, and fellows, he developed a lecture on medical malpractice, instructing what to do if they receive that dreaded summons.

When he gave the same lecture as part of a Harvard Medical School Continuing Medical Education course, it attracted 500 physicians from all over the country.

Ironically, Aroesty has never been sued himself. During his 50-year medical career, he established a reputation as one of the nation’s foremost interventional cardiologists serving as head of clinical cardiac catheterization at Beth Israel Deaconess Hospital and associate professor at Harvard Medical School. He conducted 20,000 diagnostic cardiac catheterizations with only one death (the usual death rate is one per thousand) and 2,000 angioplasties with no deaths.

“I’ve been extremely careful and trained people throughout all these procedures about the safest and most cautious way to do them,” says Aroesty, who has learned the ins and outs of the courtroom while serving as an expert witness in medical malpractice cases over the last 15 years. Since retiring from medical practice in December, it’s become his second career.

“I love having this verbal war with the plaintiff’s attorneys, some of whom are very bright and have learned a fair amount of medicine in the course of their work,” he says.

It was a lucky choice when a defense attorney called Aroesty—no doubt impressed by his Harvard title—and asked if he’d consider being an expert witness in a malpractice case. Aroesty agreed and found himself grilled by a very experienced and extremely hostile plaintiff’s attorney, who kept him on the stand for two days.
Rather than buckle, Aroesty prevailed, thwarting the normally successful attorney’s arguments at every turn. When it was over, the defense attorney put his arm around him and said, “Aroesty, you are spectacular! You should think about doing this more often.”

Word of Aroesty’s performance under fire spread through the legal community and the Harvard cardiologist found himself in demand. He’s testified in approximately 50 cases, mostly for the defense. “I think it’s unethical to say I will never take a plaintiff case. When plaintiff attorneys call me, I tell them that almost all of my work is on defense but that I will review their case and will go to court if there’s something really egregious, i.e. this is someone I want to get out of the cath lab. If it’s not egregious, I will write a letter, but I won’t go to court. Sometimes they call someone else,” he says.

His four plaintiff cases included that of a physician who was a drug addict and killed a patient while under the influence. “The hospital had been trying to get rid of him for years. We lost because we were not allowed to bring up his drug use, which the judge determined was unrelated to the matter. A year later he got caught trying to buy drugs from an undercover agent and went to prison,” he says.

In Aroesty’s 45 defense cases, he’s only lost one, a success rate he partly attributes to the fact that he chooses his cases carefully. “When I’m sent a case, if I can’t support it firmly, I say so—settle it or send it to someone else. These are times when I think the doctor didn’t do the best job. I could defend it saying it’s within the standard of care for the average doctor, but not with a lot of enthusiasm. If I recommend settling, they usually do.” Or they find another expert.

The result is that Aroesty can always go to court with strong feelings about his testimony. “The attorney may have to take the case, but as the doctor, you can always wear the white hat and be on the side of the person that deserves your strongest support,” he says.

Aroesty prepares by studying the medical chart, memorizing as much of it as possible so that it’s very clear to the jury that he knows the facts of the case. He reviews the medicine involved, reading all the latest related articles. “The expert for the opposing side is going to get the articles that support their case, so you’ve got to know which ones they are and know how you’re going to counter those facts,” he says.

Although he understands why many physicians don’t enjoy the stress of being picked apart by the opposing counsel, he views it as a challenge. “I’m good at taking complicated material and simplifying it because I’ve done it for years and I like to teach the jury,” he says. “I enjoy drawing and make my own charts—I draw the heart within the chest, the coronary arteries, and show where the lesions are. I will often write out a table—all the things that support this doctor’s decision—on a large tablet. Then I tell the attorney to refer to that chart again during the summary so it’s firmly affixed in the juror’s minds as they go to deliberate.”

The greatest satisfaction is in the outcome, whether it’s the few times he’s played a role in removing a physician unfit for practice, or the many more times he’s helped preserve someone’s career. Says Aroesty, “There are a lot of physicians who want no part of this work so doctors are enormously grateful to me for defending them.”

“I love having this verbal war with the plaintiff’s attorneys, some of whom are very bright and have learned a fair amount of medicine in the course of their work.”

—JULIAN AROESTY, MD ’60

**Expert Testimony**

Julian Aroesty, MD ’60, has testified as an expert witness in 50 medical malpractice trials. In the process, he’s learned some plaintiff attorney tricks and habits and offers the following advice for physicians in court on malpractice charges:

- The lawyer is going to throw questions at you one after another and hope that you stumble or say something you shouldn’t have said. He’s going to try to speed you up. You try to slow him down. That throws off his pattern.

- When asked a question, deliberately think about it. Repeat the question. “Let me make sure I fully understand what you’re asking—Are you asking this?”

- Answer the question and give nothing more. If you give extra information it will be used against you.

- The best way to answer questions is yes, no, or I do not recall. Avoid expanding on your answer until asked to do so.

- Talk to the jury, not to the attorney. They will decide the case.
Competent for Trial

They’re the kinds of cases that often make headlines: Women who kill their children. Pedophiles. Doctors accused of rape. Lawyers who are drug addicts. These are the cases that fall into the hands of Chicago forensic psychiatrist Stafford Henry, MD ’87.

Triple board-certified in forensic, addiction, and general adult psychiatry, Dr. Henry is called upon to evaluate the mental health and competency of individuals accused of crimes or impairments. In criminal cases, he is most often asked to evaluate a person’s competency to stand trial and sanity at the time of an alleged offense, usually for murder trials. His civil work centers on “fitness for duty” evaluations for high-functioning high-liability professions—typically doctors, lawyers, judges, and pilots.

“If you go to the courtroom with an opinion that is well grounded in the evidence and based on clinical expertise, more often than not, you are going to prevail. I try to remember that I’m the expert. Though opposing counsel may be yelling at me, I don’t have to yell back. They may ask me the same question three or four different ways, but I am still going to give the same answer because I believe in my opinion and my opinion is well based.”

—STAFFORD HENRY, MD ’87

“I tell a potential client that I will be happy to see the case but I cannot guarantee or give any indication of what my final opinion is going to be. I can’t make that kind of prediction. I call it like I see it.”

No two cases are alike and it’s important to look at each case individually, he says. For Henry, that process includes reviewing police and psychiatric reports, laboratory data (if drugs or alcohol are a component), interviewing individuals in contact with the subject around the time of the incident, and most importantly, his own face-to-face psychiatric evaluation with the subject, which can take between four and 10 hours.

Pulling that together is a labor-intensive process. “A good report can obviate the need to go to trial or a hearing,” Henry says. “It allows both sides to see the full picture so that a reasonable disposition can be obtained.”

He says the results aren’t always what are anticipated. “There are times when the collateral data might indicate, for example in a civil case, that someone was impaired and my assessment comes out that there is no impairment, or that the impairment is minimal and an intervention can be implemented relatively easily,” says Henry. “What I think is really important is to be objective and thorough and keep my eye on the clinical issues and not be focused or influenced by who retained me.”

In criminal cases, when retained by the defense and the opinion supports the defendant’s case, Henry will likely be called to testify. If it doesn’t, the client will typically find another expert. When retained by the prosecution, regardless of his opinion, he is disclosed. “There have been times when I have been retained by the prosecution and I end up being a witness for the defense,” he says.

Whatever side he’s on, Henry’s goal is not to be influenced by the tenor of the opposing counsel. “If you go to the courtroom with an opinion that is well grounded in the evidence and based on clinical expertise, more often than not, you are going to prevail,” he says. “I try to remember that I’m the expert. Though opposing counsel may be yelling at me, I don’t have to yell back. They may ask me the same question three or four different ways, but I am still going to give the same answer because I believe in my opinion and my opinion is well based.”

Henry enjoys his practice because every day and week is different. He divides his time between evaluations (three or four a week), court testimony (once a month, on average) and counsel-
ing adult psychiatric patients. “Even though I love my forensic and addiction work, I think it’s really important for me to treat patients on a daily basis, because that’s really why I went into medicine and psychiatry,” he says. “There is tremendous satisfaction in helping patients get to a better place.”

Henry actually began his medical training as an OB/GYN resident at Upstate. While he enjoyed helping women through difficult pregnancies, he saw there were many emotional components to gynecological and obstetrical issues and became interested in psychiatry to help address the emotional distress that goes along with medical conditions. He switched residency programs to psychiatry at the University of Michigan at Ann Arbor, following up with a fellowship in forensic psychiatry at Rush Presbyterian Medical Center in Chicago.

Perhaps because of his OB/GYN training, he finds the cases of parents who kill their children at times the hardest to wrap his brain around. “Harming a child, especially your own child, goes against our intrinsic biological wiring and is in complete antithesis to our culture,” Henry says. “Everything in our biological template is geared toward protecting and nurturing our young.”

Henry’s role is to explain what drove the behavior. Often in such cases, the parent suffered from genuine mental illness and had a break with reality. “I’m called upon to explain the genesis of the underlying illness and in each of those cases there has ultimately been a finding of not guilty by reason of insanity. In my opinion, these have been the appropriate dispositions,” he says.

Far more troubling has been his involvement in cases where his assessment shows the motivation during the crime is not related to mental illness, and is in fact, far more nefarious.

“While all these cases are universally tragic, the motivations behind the crimes are at opposite ends of the spectrum— one involving compassion and treatment and the other long-term imprisonment,” says Henry. “It is these kinds of cases that the courts rely on expert testimony so that the most appropriate and just disposition can be attained.”
Private Practice

Internist Bob Cupelo, MD ’82, has opened the first concierge practice in Syracuse, offering more time and attention to patients willing to pay for it.

BY RENÉE GEARHART LEVY

Bob Cupelo, MD ’82, doesn’t consider himself a trendsetter, but his own internal medicine practice over the last 27 years mirrors changes in the business and practice of primary care medicine. Today, he may be ahead of the curve.

On August 1, 2011, Dr. Cupelo became the first Syracuse-area doctor to open a “concierge” medical practice, one of approximately 750 in the nation.

Concierge medicine, perhaps most widely known through the television series Royal Pains, is a small but growing practice concept where a physician charges patients an annual retainer (on top of standard treatment charges) for improved access and enhanced services. Most providers are internal medicine docs, whose increased costs and stagnant insurance reimbursement rates over the last 20 years have driven the need to see more patients and have shrunk the annual physical appointment to an average of 15 minutes.

That annual retainer provides a financial buffer that allows physicians to see fewer patients, in essence returning medicine to a kinder, gentler era where doctors actually have time to get to know their patients.

On August 1, Cupelo’s practice shrunk from 2,300 patients to 423 (he now has 450). Those patients are now scheduled for annual physicals that last more than an hour instead of at 15-minute intervals. Anyone who calls with an illness can be seen the same day. And after-hours complaints? No problem. Patients have Cupelo’s cell-phone number and the okay to call any time.

“It’s a lot like turning back the clock,” he says.

In 1985, Dr. Cupelo opened shop as a solo practitioner, his office located in a house on the main thoroughfare in Fayetteville, NY, a Syracuse suburb, where he and his wife lived upstairs.

He’d purchased the practice from a retiring doc, who’d lived and worked in the building for 30 years. Although the building was zoned residential, both assumed the long-standing existence of a medical practice at the location “grandfathered” its presence.
They were wrong, and Cupelo had problems from almost the beginning with the Village Board.

At the same time, and more worrisome, were the changes sweeping medicine. In the mid-1980s, in response to rising medical costs, managed care became the buzzword. Health Maintenance Organizations proliferated and insurance companies established standards that gave them greater control over treatment choices and hospital stays. Physicians were forced to join insurance provider networks, accepting substantially discounted reimbursement fees in the process. Shrinking reimbursement meant fewer new doctors choosing to enter primary care, creating shortages in some areas.

Complicating matters further were the ever-increasing government regulations, which also drove up costs. Cupelo gives a simple example.

“When I began practice, I used cloth gowns in my office. They’d get washed each week in my home washer and dryer.”

Today, that’s an OSHA violation. “It’s more expensive than paper to use cloth gowns and almost impossible to find a service to launder them because they have to meticulously record the temperature of the water used.”

With costs rising and reimbursement declining, Cupelo was feeling the pinch. “Looking down the road, everyone realized that solo practices would not be viable,” he says. In 1995, he joined a group practice, Central New York Internists. Most of the solo practitioners he shared call with also joined groups around the same time; others became hospitalists, who typically earn a higher income.

Although the reimbursement problem remained, sharing costs helped. “The greatest expense in any practice is labor,” Cupelo says. His practice continued to grow. He enjoyed his patients. But like most of his primary care peers, he was working harder and longer hours to support his growing family (he and his wife, Barbara, have five children). “I routinely worked 15-hour days,” he says. “I always brought work home with me.” But he accepted the situation as the unfortunate norm for primary care physicians. He wasn’t looking to make a change.
But sometimes change comes looking for you. In the fall of 2010, a company called MDVIP began investigating the Syracuse medical market. MDVIP, a Florida-based company owned by Proctor & Gamble, is attempting to mainstream concierge medicine.

According to the American Academy of Private Physicians, the first concierge practice was started by two doctors in Washington State in 1996. The concept has spread slowly, mostly in upscale Metropolitan cities or areas with lots of retirees, such as Florida and Palm Springs. MDVIP was founded in Boca Raton, Florida, in 2001 and as of December had 500 contracted physicians nationwide.

It works like this: patients in an MDVIP practice pay an annual retainer—$1,500–$1,800 directly to MDVIP. This fee entitles the patient to a comprehensive yearly physical that includes enhanced blood testing done at the Cleveland Clinic, in addition to the previously mentioned enhanced access to his or her physician. The premise is that by paying closer attention to wellness and preventive measures—and catching any problems early—people will stay healthier and incur lower medical costs over the long run. MDVIP retains a portion of this retainer (approximately $500) and provides the contracted physician with extensive marketing services, legal counsel, including a secure website for patient/doctor consultation. The rest of the fee goes to the physician. Patients still need health insurance, which is charged for whatever service is rendered.

MDVIP contacted several Syracuse primary care groups to make their pitch. “At first it seemed too out of the ordinary. This is Syracuse not Palm Springs,” says Cupelo. But he and his partners figured they had nothing to lose by talking to them.

The presentation was very appealing. “Here we are working 15, 16-hour days and somebody comes and tells you you can see fewer patients and give them better care and still make enough money to feed your family,” Cupelo recalls.

The group was intrigued, but they had lots of questions. Was it ethical? Would it work in Syracuse? They chose to take the next step.

MDVIP is equally cautious about who they partner with. They don’t want to set up a practice and have it fail, which would be a career disaster for a physician and bad press for them. The company began its analysis of CNY Internists by conducting an extensive phone survey of a large percentage of the practice’s patient population. The next step is data mining, a valuable tool made possible by MDVIP’s corporate connection to Proctor & Gamble. Data mining is the ability to
make assessments about a person’s values by their spending habits, a tool large corporations use all the time from information garnered when consumers use ‘frequent buyer’ and credit cards. Based on their buying habits, people are classified into 18 different groups and MDVIP has determined which are most likely to be interested in a concierge physician.

In January 2011, MDVIP came back to CNY Internists with its analysis: of all the physicians in the group, Cupelo had the patient population to make a successful concierge practice.

Now Cupelo had a choice to make and it wasn’t an easy one. He spoke with his partners, with other physicians, with other MDVIP physicians, with two priests. And then two things happened that made the decision easier.

At his own annual physical that month, Cupelo’s doctor detected a blowing heart murmur, which turned out to be a flail mitral valve. “In retrospect, I was ignoring a lot of symptoms,” Cupelo says. “I was working a grueling schedule and not getting a lot of exercise. I was short of breath and tired. It was a wake-up call.” Ultimately, he had a mitral valve repair, but first he needed a heart catheterization. The night before the procedure, he received an unexpected phone call from a former colleague who had given up his internal medicine practice to become a hospitalist. It was a career choice he found unsatisfying, as it lacked long-term patient relationships. The doctor had just paid off his home mortgage and his kids were out of college. He could actually afford to come back to internal medicine and wondered if there might be room for him in Cupelo’s group.

One of the sticking points for Cupelo when he considered transitioning to a concierge practice was his concern for what would happen to the large number of patients that wouldn’t or couldn’t join. “As it happens,” Cupelo told his friend, “I have 1,800 patients I could give you on August 1. That succession of events made it seem like it was meant to be,” he says.

His days aren’t any shorter yet, but the first year is one of transition. “The physicals I do now are very extensive. I spend about an hour and a half taking the patient’s history. It takes a long time to document that,” he says. “I’m not leaving the office earlier, but when I get home, I’m done.” They say the second year is easier, but Cupelo’s enjoying the opportunity to learn new things about long-time patients, feeling for the first time in years that he’s spending the appropriate amount of time with patients to do his job well.

Last April, he sent all his patients a letter notifying them his intent to change his practice as of August 1, along with information about MDVIP. The company had estimated about 25 percent would sign up, which turned out to be remarkably accurate. (To ensure the level of service promised, the practice has to be capped at 600.)

“In a lot of ways, this is how I practiced when I first started. I did take this amount of time and I could afford to do so,” he says. “Some of the older patients remember that.”

—BOB CUPelo, MD ’82

Cupelo says those patients fall into three main groups. First, he retained a number of elderly patients, which initially surprised him but now makes sense. “Many of those patients have a lot of medical issues and a lot of doctors and look to me to help manage their complex conditions. It is a nice thing because I do have the time to call and follow up on things they have questions with,” he says.

The biggest patient group is in their late 50s or 60s, people who are getting older and want to stay healthy. He also has a smaller group of very motivated younger people who just want to stay as healthy as possible. Financially, he says, the demographics of the current practice are almost the same as the old practice.

“You don’t have to be rich to want this. It’s basically people who value their health and value a relationship with their doctor. There are people who are very well off who opted not to come to the new practice,” Cupelo says.

Mark Murrison, vice president of MDVIP, says concierge medicine is growing because doctors and patients are tired of “conveyor belt medicine” that
focuses on caring for people when they are sick instead of prevention.

In an MDVIP practice, the physical exam happens in two parts. First the patient comes in for an echocardiogram and bloodwork, screenings beyond what most insurance plans typically cover. Once the results are complete, the patient comes back for the 90-minute exam, during which the doctor and patient discuss a wellness plan that encompasses whatever health issues a person may have, as well as weight management, sleep and other concerns.

Cupelo is still a member of CNY Internists, so in some ways he’s a practice within a practice. He continues sharing expenses and remains a part of the weekend call schedule. The group’s accountant helped formulate an arrangement whereby he continues to share in the “risk” of the group and remains a partner.

The only downside so far has been severing the relationship with a large chunk of his patients, although the vast majority remain in the group and he knows they’re in good hands.

Despite the tumult in medicine and his own career, Cupelo never dissuaded his children from entering the health professions. His son is applying to dental school and his oldest daughter is in her third year of medical school at Upstate. “I don’t think she’ll go into primary care, but I still think it’s a great thing to do with your life,” he says.

The problem isn’t medicine, but all the outside influence, he says. The concierge model insulates him somewhat from government and insurance changes providing a real benefit to the way he can practice. “In a lot of ways, this is how I practiced when I first started. I did take this amount of time and I could afford to do so,” he says. “Some of the older patients remember that.”
On the Job Training

MANY UPSTATE MEDICAL STUDENTS GET THEIR FIRST PATIENT EXPERIENCE TREATING SYRACUSE’S HOMELESS AND UNINSURED.

Tara O’Reggio ’14 remembers the first time she volunteered at Amaus Health Services like it was yesterday. The clinic was buzzing with activity and the second-year medical student had no idea what would be expected of her.

“Okay, Tara. I have a patient that needs a flu shot and their blood sugar taken,” said the nursing supervisor. “Can you handle that?”

There was only one problem: she’d never done either before.

While the clinic can be a trial-by-fire experience and learning on the job is the norm, there is also plenty of help and supervision.

Suma Das ’13, a more experienced student—one who’d given injections before—handled the flu shot, while the nurse taught O’Reggio how to do a blood reading.

Then she went and did it for real.

“You just get thrown in, the same way you get thrown in third year,” says O’Reggio. “That’s why Amaus is so popular and is such a good learning experience.”

The clinic was established in July 2007 and now treats up to 1,500 patients a year during the two mornings a week it is open. The volunteer staff is assisted by LeMoyne College nursing students and approximately 50 Upstate medical students each semester, who rotate through as part of their Family Medicine clerkship or sign up for the opportunity via the Amaus Club.

O’Reggio is this year’s president. She got involved during the summer between first and second year, when she served as a work-study student at the clinic assisting Satterly with a

a feel for and commitment to serving those on the margins of the health care system. In that regard, she’s sowing seeds for the future, a bit like Johnny Appleseed.

“Part of being a professional is to be compassionate and competent toward those from whom you expect no compensation—you treat someone who is vulnerable with the same degree of respect and expertise that you would if they were less vulnerable,” says Satterly. “To experience that early in one’s career in a good environment is invaluable for health professionals in training.”

Upstate students Ariba Jahan ’14 and Tara O’Reggio ’14 inventory medication at the Amaus clinic.
She was quickly sucked in by the ethos of the place, both the generosity of the physicians and nurses who run Amaus and the thankfulness of its patients, as well as the unbelievable learning opportunity for medical students whose early training is largely limited to books.

“When you’re in the basic sciences, sometimes you’re so busy studying things out of a book you’re not seeing these things in real life,” she says. “Having that one-on-one patient encounter is a great experience, not only for learning purposes, but to feel reinvigorated that there are patients who value what you do.”

The clinic opens at 10 a.m., but often patients are lined up and the clinic is booked for the day by the time student volunteers arrive. Medical students take the patient history and triage the medical needs of the patient, then work out of one of three patient exam rooms practicing physical exam skills.

“The great part about this is that the attending physicians then come in to speak with the patient and perform a thorough exam,” says Das, an active volunteer and club leader during her first two years. “This allowed me to defer portions of the physical exam I had not yet learned about as an MS1 and then pick up those skills as I saw the exam being carried out.”

Afterward, the physician and student discuss the patient’s medical issues and create a treatment plan based on that patient’s situation and individual barriers to health care.

In the process, students become increasingly competent taking notes and performing physical exam skills.

Like O’Reggio, Emily Cupelo ’13 spent the summer between her first and second years working for Dr. Satterly at Amaus. Her primary responsibility was devising a laboratory follow-up protocol, but many days she wound up seeing patients instead because they needed health care volunteers. Since she had volunteered regularly throughout her first year, she was comfortable seeing patients on her own.

But it continued being an eye-opening experience. “I grew up in Syracuse, so hearing some of the patients’ stories as they described the difficulties and hardships they go through was both surprising and humbling,” Cupelo says. “It opened my eyes to the need for places like Amaus in a city I thought I knew a lot about.”

The majority of patients at Amaus Health Services come from places like the Rescue Mission, the Oxford Inn, and YMCA, typically for complaints such as sinus infections, asthma, or chronic diabetes.

But sometimes patients just needed a physical. “Something as outwardly simple as getting a physical to start a job can be extremely difficult if you don’t have a primary care physician and/or health insurance,” says Cupelo.

That’s one reason Amaus recently started a physical exam clinic on Thursday evenings, another opportunity for students to volunteer and hone their skills.

The physical exam clinic was started by Jane Hudson, MD, another volunteer physician, and medical student Raju Chelluri ’15, who works there each week for three hours, treating patients and helping with some of the administrative work.
“We help put people back to work,” Chelluri says. “Additionally, sometimes we catch a patient’s unknown health issue. One patient had uncontrolled hypertension that probably would have gone undiagnosed if he hadn’t come to us. There are a lot of people in Syracuse who need help and fall through the cracks.”

“Be replaceable.”

That’s one of the lessons Brian Buckley ’13 learned while volunteering at Amaus. “The emphasis on the team rather than the individual was new to me, but in the context of the clinic, it made perfect sense,” he says.

Care at the clinic requires constant coordination of a rotating cast of volunteers, not merely a lone MD seeing patients. Setting up a system in which the absence of one individual could cause it to grind to a halt is not advantageous. “The team spirit required at Amaus to work with a clientele with complex medical and social issues has made me both a better team player and a little less naive about what it takes to best serve a community,” says Buckley, a former Amaus Club leader.

According to Susan Stearns, PhD, director of Upstate’s Office of Community Outreach and Global Health Education and a board member of Amaus Health Services, many students have never been exposed to individuals whose socioeconomic circumstances prevent them from accessing medical care.

“Interacting with these patients at the Amaus clinic gives students an opportunity to see the devastating impact of untreated diseases and conditions, which limits an individual’s ability to live a normal or productive life,” says Stearns, who is also associate professor of cell and developmental biology. “Working together with nurses, physicians, social workers and physician’s assistants at Amaus, students realize the value of being a member of a team that can make a difference in the health and well-being of many members of our community.”

That teamwork is particularly evident during the clinic’s annual foot clinic, held yearly on a winter evening.

“Our patients’ feet take the brunt of the cold winter weather,” Satterly explains. “They are at high risk for frostbite, blisters, infections and circulation problems, especially if they have diabetes. By examining their feet, we can intercept these problems. We’ve collected warm socks and heavy boots to help them through the rest of the winter.”

Outside, patients are lined up waiting to be seen. Inside, volunteers are bustling, filling basins with warm water at the various stations and taking turns working on patients’ feet.

“The service we provide examining and providing some TLC for patients’ feet is about more than just washing feet, it is critical for maintaining the health of diabetic patients and showing them we truly care,” says O’Reggio of the experience.

One patient tells O’Reggio she’s not a diabetic, but she never misses the foot clinic. The medical student can relate; she enjoys a nice pedicure herself.

“It was touching,” says O’Reggio. “The people were so incredibly grateful.”

It was the kind of experience that reminds her why she came to Upstate. “Medical school is hard and there are times when you’re really challenged and overwhelmed,” she says. “But to have that kind of community interaction and see that you can make a difference, that’s what keeps me going.”
1947
Shirley M. Ferguson Rayport, of Perrysburg, OH, edited a new book in 2011, *A community of Scholars, recollections of the early years of the Medical College of Ohio*. She is also the author, along with Mark Rayport, and Carolyn A Schell of a new paper entitled, “Dostoevsky’s epilepsy: A new approach to retrospective diagnosis,” in *Epilepsy and Behavior*.

1952
Martin F. Sturman, of Media, PA, still maintains the medical website, www.EasyDiagnosis.com. He is alive and well at 85 and his wife, children, and seven grandchildren are all fine.

1956
Sheldon H. Barnes, of Melbourne, FL, and his wife, Lucille, celebrated their 64th anniversary with all their children.

1957
William D. Nugent, of Liverpool, NY, is recovering from Whipple surgery for pancreatic cancer, performed at Johns Hopkins in November 2011.

1958
Frank A. Manthey, of Elkton, KY, has recently retired from private practice.

1959
Hamilton S. Dixon, is still in full-time practice and has moved to the mountains of Ellijay, GA, a wonderful place to live.

1962
Morris Asch, of Palos Verdes Estates, CA, and wife Elaine have been married for more than 50 years and still enjoy each other and their three children, their wives, and six grandchildren. Dr. Asch has practiced pediatric surgery for more than 30 years and is still working half time. He is also a serious photographer and just had a photo essay book published about Harbor-UCLA Medical Center, where he is a full professor and until recently, chief of pediatric surgery. They both enjoy golf, skiing, and travel and look forward to attending the 50th class reunion.
Following a Creative Path

After nearly 60 years focusing on patient and disease, J. Barry Hanshaw, MD ’53, DSci. (hon.) ’91, has turned his full attention to the American landscape. In January, the accomplished artist held his 18th invitational exhibit, showing 14 oil paintings at the Westboro Gallery in Westborough, Massachusetts.

The exhibited work included landscapes and coastal scenes from locales including New Mexico, Maine, and the Canadian Rockies, painted from photographs taken during Dr. Hanshaw’s travels. “A photo lets me know where the light is,” he says. “I was never impressed with the idea you have to work on site. After all, Vermeer used a primitive camera.”

If his reviewers are any indication, the technique seems to be working.

“It is no exaggeration to say Hanshaw—at his considerable best—enflames his landscapes and natural scenes with the incandescent palette of English giant J.M.W. Turner,” wrote an art critic for the Metrowest Daily News. “Like a child who catches fireflies in a jar, he seems to have journeyed across the U.S. in search of sun-dazzled scenes to paint.”

Although he’s enjoyed art since he was a teenager sketching war heroes, Dr. Hanshaw has been painting seriously since 1988, when he began taking painting courses at the Worcester Art Museum as a break from his busy medical career.

At the time, Hanshaw was dean of the University of Massachusetts Medical School, having earlier served 10 years as chairman of the Department of Pediatrics, and 15 years as a pediatrician and microbiologist at the University of Rochester, where his research on cytomegalovirus infection made him a worldwide authority. A lecturer in pediatrics at Harvard since 1975, Hanshaw had also authored four books, including Human Cytomegalovirus Infection and Viral Diseases of the Fetus and Newborn.

Hanshaw’s talent was soon apparent and by 1990 he began receiving offers for shows to exhibit his work. He originally worked in pastel but was forced to switch to oils eight years ago after developing pulmonary fibrosis. “It takes a long time to master a new medium but I feel each year things get better,” he says. “I don’t think I’ll ever go back to pastel because of the dust problem but it’s a wonderful drawing medium. Oil has a lot of the same nuances.”

After stepping down as dean in 1989, Hanshaw began working as a student health physician at the Worcester Polytechnic Institute, also teaching UMass pediatric and family practice residents in the process. He also served as chair of pediatrics at Memorial Hospital (which merged with UMASS in 1998) until 2000. He retired from medicine completely in June 2010 at age 81, allowing him to pursue art full time.

Hanshaw, who lives in Boylston, Massachusetts, has a studio in Vermont, where he paints most days in spring, summer, and fall and continues to study at the Worcester Art Museum. “In art, like medicine, you can never stop learning,” he says. “I want to continue to improve.”

He’s received numerous prestigious art awards, including selection for the Guild of Boston Artists’ Regional Painting Competition of 2009, perhaps his proudest achievement as an artist. “For someone who didn’t really get into this until he was 60, I’m competing against the best professional artists in all of New England,” says Hanshaw, whose work resides in 300 institutional and private collections.

“In my particular career, I was always interested in the most creative aspects of medicine,” says Hanshaw, who enjoyed “the creative process, whether that was through research or starting and building a new department at the University of Massachusetts.”

—Renée Gearhart Levy
1964

**Stephen F. Kucera**, of Binghamton, NY, has been reappointed as an associate clinical professor of medicine at Upstate Binghamton Clinical Campus. Since retiring in 1999, Dr. Kucera resides in Sarasota, FL, in the winter and Binghamton, NY, in the summer.

**Jack Egnatinsky**, of Christiansted, VI, received the Distinguished Service Award of the New York State Society of Anesthesiologists during the open ceremonies of the 65th Post Graduate Assembly in New York City on December 10, 2011.

1965

**Peter Adasek**, of Colorado Springs, CO, and his fiancée, Sun, are still living in heavenly bliss. They continue to enjoy dancing, attending balls, concerts, and theater. They are in the process of looking for a new house in the Colorado Springs area and also at winter homes in Las Vegas or the Phoenix-Tucson area.

1966

**Gary L. Fanning**, of Apple Valley, MN, is now retired. Dr. Fanning and Arline live in Minnesota to be near their children and grandchildren. He has written a book entitled, *Things I Didn’t Learn in Medical School: Tough Lessons from a Lifetime of Practice*. Dr. Fanning included quite a bit about medical school and you can read a description of the book on [www.garyfanningmd.com](http://www.garyfanningmd.com).

1968

**Kenneth J. Hoffer**, of Santa Monica, CA, and wife Marcia have been married for 41 years and have enjoyed their three children, but even more so, their two granddaughters (11 and 8) and two new grandsons, both two. Since 1997, they have taken biennial trips to Europe, spending three months in one country or region. Their 2011 trip was through Slovenia, Austria, Hungary and the Czech and Slovak Republics. After 15 years they have spent more than 2.25 years driving around and have visited everything west of Poland. They record these trips on their travel website: [www.KHoffer.com](http://www.KHoffer.com). Dr. Hoffer says after 37 years of research and teaching the subject of IOL power calculation for cataract surgery, he finally published his first scientific text, *IOL Power*.

1970

**Douglas E. Brown**, of La Jolla, CA, is working full-time in the cardiology division at Scripps Clinic.

1971

**Richard M. Stratton**, of Gilbert, AZ, has retired from practice and lives in Arizona and Alaska part of the summer, with his wife Yuki. They enjoy grandkids, their dog Paco, and good weather.

1973

**Ronald S. Bogdasarian, MD ’72**, of Ann Arbor, MI, continues to do exactly what he chooses to do — be an ENT doctor. “Same practice, same house, same wife, same children, but five grandchildren and a relatively new dog.” He has greatly enjoyed seeing his classmate, Jonas T. Johnson, and his wife Janice, through the years.

**James Philip, MD ’73, and Beverly Khnie Philip, MD ’73**, submitted a photo of Annapurna I (8,091 metres) taken from the Annapurna Base Camp.
send you a link. Follow your passions! Their other new passion is their first grandchild, Myriam, now almost a year old. She’s already been skiing—in her father’s backpack—joining their family’s traditions.

1975

Joseph W. Helak is now in Detroit, MI, and was recently appointed chief of cardiology at Henry Ford West Bloomfield Hospital, a state-of-the-art facility. Dr. Helak’s son, Chris, is an intern at St. Johns Providence in general surgery and his wife, Elizabeth, is an intern in pediatrics at Detroit Children’s Hospital. He is expecting his first grandchild soon.

William A. Mahon, of Oswego, NY, has retired from the surgical component of his orthopaedic practice. Dr. Mahon will continue to treat patients who do not require invasive surgical care while seeing patients in an office/out-patient setting. He was recently recognized by Oswego Hospital for his more than 30-year commitment to his patients and the healthcare community with a plaque at the entrance to the primary Orthopaedic O.R. suite, naming the room in his honor. Mahon was the first board-certified orthopaedic surgeon to practice at Oswego Hospital and the recognition is believed to be the first of its kind for the hospital.

1976

Lorinda J. Price, of Tampa, FL, is still practicing pediatrics in two offices part-time and doing other locum tenens work sporadically. Dr. Price was sorry to miss the Reunion, but she had to move that weekend. Her daughter, Linnea, is a senior at Boston University and spent last summer in Brazil and last fall semester in Ecuador. Price is hoping to do more traveling herself this year too!

1978

Mark Davis, of Abingdon, MD, writes his book, Demons of Democracy, was published in the last six months. Its main premise concerns the actions of the legal profession and its disastrous effects on every institution in the nation. Physicians will applaud this work; lawyers will hate it.

Dana Gage, of New York, NY, spoke at Sarah Lawrence College in October about the work she did as a scribe for Neil Sellinger, a retired lawyer with ALS who was writing his essays about dealing with his disease. Dr. Gage also won second prize in a writing contest for Ontario ALS; the title of the 750 word essay had to start with the letters A, L, and S. She chose to write about this same experience and called it “A Lawyer’s Scribe.” In February, she presented at the Literature and Culture Conference in Louisville, KY, about “Stories at the End of Life” and in March she presented a talk at Bedford Hills Correctional Facility Crossing Borders Conference about the use of narrative in treating diabetes. Her co-presenter was an inmate who has been a diabetic since she was three. Gage is three classes away from getting her master’s in narrative at Columbia and she is currently trying to write her first play.

Herbert E. Mendel, of Fayetteville, NY, writes his daughter, Marisa R. Mendel ’11, just graduated from Upstate Medical University and is a first-year resident in psychiatry at Brigham and Women’s Hospital in Boston. Marisa is recently engaged to Joshua Abraham, son of Harriet and Jerry Abraham, MD, from the University Hospital Department of Pathology.

Vincent Waite, MD ’77, of Chelmsford, MA, is a faculty member at the Greater Lawrence Family Health Center Family Medicine Residency, with emphasis on care for the homeless, procedure training, and international medicine. Dr. Waite had been Medical Superintendent at Baptist Medical Centre in Ghana, West Africa, for 15 years.
1980

Bonnie Grossman, of Jamesville, NY, retired as director of the Emergency Department at Oneida Healthcare Center in December 2010. In May 2011, she joined the leadership team at Upstate. She is the associate medical director of Upstate under David Duggan, MD ’79 and she is the chief medical officer at the Community General campus. She says it’s an exciting, challenging time and loves being part of it!

1982

Alan T. Lefor continues to enjoy the challenges of life in Japan as Professor of Surgery at Jichi Medical University, which is about an hour north of Tokyo. In addition, he is enrolling at the Tokyo University of Science to earn his PhD in Theoretical Astrophysics. “What a country!”

1983

Joan L. Thomas, of Fairport, NY, shares that along with being chief of cardiology, she is now president-elect of the Unity Health System medical staff and will be president in 2013. Her husband, Bud, and she are planning a trip to Italy this summer to celebrate their 25th wedding anniversary.

1985

Drew Malloy is “living the dream” in sunny Santa Cruz, CA, with Linda Lou and ten-year-old daughter, Maggie Lou.

1987

John J. Callahan, Jr., of Orchard Park, NY, and Liza welcomed Finbarr Daniel on June 2, 2011, joining siblings, Erin, 13, Kiera, 11 and Jack, seven. Dr. Callahan maintains a busy private practice at Excelsior Orthopaedics in Amherst, NY, and covers upper extremity trauma at Erie County Medical Center.

1988

David J. Hoffman, of Wayne, PA, was selected a 2011 Medtronic Global Hero by the “Twin Cities In Motion” and the Medtronic Foundation. This program was started five years ago to celebrate runners who, with the help of medical technology, have continued to lead full, active lives and whose courage and zest for life serves as an example and an inspiration to others. Dr. Hoffman was among 25 honorees chosen from more than 150 applicants from around the world. He completed running the Medtronic TC 10 Mile on October 2, 2011, in the Twin Cities of Minneapolis and St. Paul, MN. Hoffman, a neonatologist, and his wife, Jennifer, a science teacher, have been married for 25 years and remain blessed by their “no-longer teenage” daughters, Zoe and Maia.

Elizabeth C. Henderson, MD ’81, of Smiths Station, AL, writes that she is currently working for the Department of Deployment Health at Martin Army Community Hospital at Fort Benning, GA. She thoroughly enjoys supporting our soldiers and working in the military healthcare system.

Bonnie Grossman, MD ’80
The extra mild winter across the Northeast has thrown a variety of crop producers into a state of the unknown about how their harvests will fare. One of the first to find out will be the maple syrup producers, who typically tap their trees in late February or early March.

“I have no idea what will happen this year,” says Beth Houck, MD ’88, who with her husband typically produces 60-70 gallons of maple syrup a year, both for personal consumption and sale to local restaurants.

The signal it’s time is typically warm days and sub-freezing nights, weather that’s been uncommonly common for much of the winter in Central New York.

“I’m thinking some time in March,” Dr. Houck says.

Ten years ago, the Syracuse gynecologist and her husband bought 170 acres of undeveloped land in DeRuyter, New York, which included several ponds, two streams, and lots of maple trees, among others.

They built a house, planted a large garden, and stocked their pond with farmed trout and bass from DeRuyter Lake across the street. “We decided we wanted to try to produce products that we could use ourselves and that were healthier,” she says.

Given the number of maple trees on the property, they decided to try their hand at sugaring. They read books, bought some equipment, and soon were boiling gallons of sap into maple syrup.

“It takes 40 gallons of sap to make one gallon of syrup,” explains Houck.

Next came the bees. Houck’s husband ordered them online from Texas. “The Post Office called us to say they’d arrived. I think they were quite nervous about them,” she says.

Unnecessarily so, says Houck, who explains that the bees are really quite tame, except perhaps on cloudier days when “they tend to be a little angrier.”

They produce about five gallons of honey each summer from their five-plus hives, “not as much as we could, but we leave a lot for the bees,” says Houck, a Cortland native whose father grew up on a farm.

Because they had so much land that could be used for pasture, the couple raised a couple of cattle for their own consumption. Two years ago, they invested in three bred American Wagyu cows. The calves were born that spring, and though Houck was in attendance, she says the cows did all the work themselves. “They’re natural mothers; it’s so wonderful,” she says.

The herd is now up to nine, with three more pregnant. “We’re developing a herd that will produce meat for local restaurants and the specialty food market,” Houck says. “Wagyu beef is similar to Kobe in that it is lower in saturated fat and higher in the Omegas. It’s healthier and more flavorful.”

Houck gave up delivering human babies about five years ago, spending her days at her solo gynecology practice. When she comes home, she changes from white coat to Carharts, and begins her farm chores or riding her horse, George.

Each season brings it’s own bounty. Spring is maple syrup time. In summer, the couple harvests the hay they grow, both for use on their own farm and to sell to local horse farms, as well as most of the fruits and vegetables they eat.

It’s not uncommon for Houck to prepare a meal that comes entirely from her own land; the couple cans fruit and vegetables from their garden, and they hunt venison and pheasant on the property for their own use, as well as fish from their ponds.

“It’s rewarding, and it’s healthier,” says Houck, who’s proud of their self-sufficiency. “When we learned how to make alcohol—we have an apple orchard and make hard cider—then we really became self-sufficient.”

—Renée Gearhart Levy
1989
Jonathan Ditkoff, of Upper Saddle River, NJ, was voted New Jersey monthly best doctor for the fifth time in a row.

However, Dr. Ohl tries to keep himself busy. Through his faith and his wonderful family, he has been able to remain quite positive, although he misses practicing family medicine tremendously. He is in the process of writing a memoir of his experiences, both as a physician and a patient. If any publishers are interested in such a book, please contact him.

1992
David E. Abel, of Portland, OR, continues to practice maternal-fetal medicine, and is also part-owner of a NY Jewish deli and a Mexican restaurant in Portland. The names of the restaurants are Kenny and Zuke’s and Mi Mero Mole. Please feel free to contact him if you are in the Portland area. His email is musicmd@comcast.net.

1993
Mark E. Ohl, of Hamilton, NY, writes that due to a neurological condition, he has been forced into early retirement and is left with daily severe pelvic pain. Kathleen G. Hickey of Chesterville, ME, is a practicing pediatrician now in rural Maine along with her husband John. In addition, Dr. Hickey is the rural site director for the Maine Track Longitudinal Integrated Curriculum of Tufts Medical School and says she is really enjoying teaching students again! They have three great kids who love to ski and play music.

1995
Nancy A. Schaefer and Christina (Merski) Brooks, enjoyed another girls getaway to San Francisco and Napa Valley in November 2011. The Vineyards were fantastic and they had a great time. Dr. Schaefer lives in Cape Cod, MA, with her husband and two sons, Jackson, five and Colter, four, and practices emergency medicine at Falmouth Hospital. Brooks lives in Colorado Springs, CO, with her husband and two children Alex, 10, and Kassia, nine, and practices emergency medicine as well. They look forward to their next getaway skiing soon!

2000
Jennifer A. Hamm writes that her husband, Jason, daughter Katie and she moved to Louisville, KY, in May 2011 where she joined the faculty at the University of Louisville as an assistant professor of OB/GYN. Dr. Hamm serves as the director of the division of general gynecology and obstetrics, as well as, the assistant program director for the OB/GYN residency.

2002
Erika B. Johnston-MacAnanny, of Winston Salem, NC, is pleased to share that she and her husband, Paul, welcomed James Colton MacAnanny on October 22, 2011. She writes big sister, Elizabeth Grace, has managed to give hugs, not pinches, but they will see how long that sticks. Dr. Johnston-MacAnanny is in reproductive endocrinology and infertility practice at the Center for

Medical Alumni Reception in NYC
Please join Upstate Medical President David R. Smith, MD, and Professor of Cell & Developmental Biology, N. Barry Berg, PhD, at a reception hosted by the Alumni Association
When: Friday, April 13, 2012, 6pm-8pm
Where: The Cornell Club
6 East 44th Street, NY, NY
RSVP: Medical Alumni
Phone: (315) 464-4361
e-mail: medalum@upstate.edu
To register online, visit our website, www.upstate.edu/medalumni.
Reproductive Medicine at Wake Forest University. Emails and visits from friends and classmates are welcomed. (ejohnsto@wakehealth.edu)

2003
Heather L. Mackey-Fowler, of Grafton, MA, writes that their second child, Declan James Fowler, joined their family on December 24, 2011. He joins his four-year-old brother, Kieran. She took a new position with St. Vincent Family Medicine, in Worcester, MA, in 2009, and still retains assistant professor status with UMASS Medical School as a preceptor for the UMASS Family Medicine residency program.

2004
Joseph F. Scordino, of Jefferson, ME, has joined Pen Bay Orthopaedics in Rockport, ME. Dr. Scordino has professional interest in total joint replacements, treating shoulder injuries and sports-related injury care. He has a particular interest in minimally invasive rotator cuff repair and ACL reconstruction.

2005
Cathryn R. Turley, of Garden City, NY, is pleased to share that she and her husband, Steve, welcomed their second child, Patrick John, on June 27, 2011.

Kelly M. Willman, and her husband, Adam, are currently living in New Orleans, LA. They have one daughter, Isabella, with a second baby on the way. She is doing a trauma/critical care fellowship at LSU.

2006
Terrence M. Li, of Chicago, IL, started as an attending adult neurologist for Advocate Medical Group in August 2011. Dr. Li sees patients in three outpatient clinics and participates in inpatient care at Lutheran General Hospital in Park Ridge, IL.

2007
Stephen E. Mercer, of Hamilton Square, NJ, completed a combined anatomic pathology/dermatopathology residency and fellowship at Mount Sinai School of Medicine in New York City and has assumed the role of director of dermatopathology for Kessel Dermatology of Hamilton Square, NJ. Dr. Mercer is staying on as voluntary faculty in the department of dermatology at Mount Sinai and also serves as a dermatopathology consultant for the anatomic pathology reference laboratory, Plus Diagnostics.

2008
Julie Smolinski, of New York, NY, has accepted a pediatric anesthesiology fellowship position at the Children's Hospital of Pittsburgh of the University of Pittsburgh Medical Center, starting July 2012. She is looking forward to this next stage of her career.

2010
Rokhsanna Sadeghi and Joseph Konwinski ’09, of Rocky River, OH, are recently engaged and will be getting married this summer in Upstate New York.

2014
Ariba Jahan was honored to present her research at the Academic Surgical Congress Conference in Las Vegas this past February. The title of her presentation was “Perioperative Outcomes of Patients With Less Than Clinical N2 NSCLC Receiving Neoadjuvant Vs. Adjuvant Therapy.” She looks forward to a career that entails a synergy of patient care, clinical research, community involvement and education.

Alexandra DeGennaro, MD ’09, of New York, NY, will be finishing her internal medicine residency at St. Luke’s-Roosevelt in June and starting a fellowship in geriatrics at Mount Sinai in July.

House Staff
Louise Prince, MD, HS ’95, associate professor of emergency medicine and quality officer for the Department of Emergency Medicine, has been named chief quality officer for Upstate University Hospital.
**Frucht** was an accomplished sculptor known for his wood carvings and bronzes of birds, mammals, and water-life. He is survived by his wife, [Carolyn](mailto:carolyn@frucht.com); his daughters, Sylvia, Elisabeth, and Abby; and many other relatives.

His offers of free care to those without means often resulted in helping his family and those in need. His offers of gifts of potatoes, hand-knit socks, and paintings. He lectured around the world and wrote many articles and books on bioethics and social justice. He is survived by his wife, Roberta; and several children.

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**1942**

G. CARL ALVERSON, of Lisbon, NY, died December 22, 2011. Dr. Alverson served in the U.S. Army Medical Corps during World War II. Upon his return, he opened his private practice in Heuvelton, NY, in 1946. He was appointed president of the Hepburn Hospital Medical Staff and of the county medical society. He was noted by the American Medical Association for being the first physician to do a newborn replacement transfusion for RH incompatibility. He is survived by his wife, Helen; his sons, William and John; stepchildren, John, Evelyn, Blaine, and Lenore; and many other relatives.

**1947**

HOWARD C. HOOPLE JR., of Wolcott, NY, died January 28. Dr. Hoople practiced in North Rose and Wolcott for approximately 50 years. He was a medical Coroner, and helped with the establishment of the Emergency Medical system in Wayne County. He is survived by his daughters, Beth and Sara; his sons, Howard, James, and Christopher; and several other relatives.

**3/1943**


**1950**

SOLOMON I. GRIBOFF, of Long Beach, NY, died November 13, 2011.

**1954**

ERICH H. LOEWY, of Gold River, CA, died October 26, 2011. Dr. Loewy was a physician and philosopher who tackled moral issues in medicine with candor and compassion as a pioneering University of California-Davis bioethicist. He joined UC Davis School of Medicine as the first chairman of bioethics in 1986. Internationally recognized as a leading expert, he switched to bioethics after almost 20 years as a cardiologist. He lectured around the world and wrote many articles and books on bioethics and social justice. He is survived by his wife, Roberta; and several children.

**1955**

REGINALD H. COOKE, of North Palm Beach, FL, died December 7, 2010.

**1957**

EDMUND J. TREPACZ, of Fayetteville, NY, died November 22, 2011. Dr. Trepacz was a graduate of Hamilton College and the Upstate College of Medicine. He served in the U.S. Navy in WWII. He is survived by a son and two grandchildren, as well as a sister and several nieces and nephews.

**1958**

HENRY BROWN, of Old Saybrook, CT, died January 28, 2011.

**1960**

COLONEL ROBERT K. FREEBERN, of Arlington, VT, died October 5, 2011. In the early 1960’s, Dr. Freebern served the U.S. Army as a general medical officer and in 1967 was the chief of medicine for the 6th Convalescent Center in Vietnam, receiving the Bronze Star for service. Upon return to the states, he worked at Walter Reed Medical Center in Washington, D.C., serving as the assistant chief of ambulatory care and then the chief of rheumatology. He became a lecturer in medicine and a staff physician at Northeastern University and later became chief of medicine at the Bedford Veterans Administration Medical Center. He is survived by his wife, Jean; and many other relatives.

**1961**


**1966**

ARNOLD J. GALLO, of New York, NY, died August 24, 2011.

**1981**

MARTIN C. MICHAELS, of Dalton, GA, died December 18, 2011. Serving the Dalton community as a pediatrician since 1984, Dr. Michaels was the founding partner of Ped’s Care, where he served many families and their children for many years. He was a past president of the Georgia chapter of the American Academy of Pediatrics. He is survived by his wife, Cynthia; his daughters, Amanda and Hannah; his son, Andrew; and many other relatives.

**1997**

ALEXANDER KRINKER, of Brooklyn, NY, died December 11, 2006.

**LEXSEE NICKSON, JR., MD,** of Manlius, NY, died January 26. Dr. Nickson served as the chief of radiology at Syracuse Community Health Center for the past 25 years. Throughout his career he consistently contributed his time and expertise to organizations geared toward humanitarian and community betterment. He is survived by his wife, Marchelle; his son, Jonathan; his daughters, Mary and Zoe; and many other relatives.
Information:
Call (315) 464-4361
murphyL@upstate.edu

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We have reserved a block of rooms at the Crowne Plaza at the great rate of $139 king and $149 double. This block will be available through August 22, 2012.

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NOMINATE SOMEONE YOU THINK HAS “MADE A DIFFERENCE.”
Supporting information about nominee(s) appreciated.
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NOMINATION(S) FOR DISTINGUISHED ALUMNA(US):
Awarded to an Alumna/us who graduated more than 20 years ago.

NOMINATION(S) FOR OUTSTANDING YOUNG ALUMNA(US):
Awarded to an Alumna/us who graduated within the last 20 years.

NOMINATION(S) FOR THE HUMANITARIAN AWARD:
Awarded to an Alumna/us who exceeds normal expectations in improving the lives of those in need.

For nomination guidelines, please visit our website at: www.upstate.edu/medalumni. Mail, fax or e-mail nominations to: Upstate Medical Alumni Office, Setnor Academic Bldg., #1510, 750 E. Adams St., Syracuse, NY 13210. Fax: 315/464-4360, medalum@upstate.edu.
Upstate Medical Alumni Annual Phonathon

The Upstate Medical Alumni Association would like to graciously thank our alumni who answered their phones this past February. We would also like to acknowledge the 130 medical students who volunteered their time to participate in the annual phonathon. In fact, the class of 2015 rallied 87 volunteers in one night. We realize you all have choices when contributing to charities each year and are grateful to you for choosing Upstate! Thank you again!