

UPSTATE MEDICAL **Alumni** JOURNAL

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ON THE COVER: Nicole Alexander-Scott, MD '01, director of the Rhode Island Department of Health. Photograph by Sandor Bodo for *The Providence Journal*.

Medical Alumni Foundation

UPSTATE
 MEDICAL UNIVERSITY
 COLLEGE OF MEDICINE


Dear Alumni and Friends,

This has been a year of unprecedented change for our medical school and the entire country. We are facing the challenges of a COVID-19 pandemic that has a disproportionate negative impact on our most vulnerable populations, and especially, people of color. In addition, we have been confronted again with evidence of structural and institutional racism in our country that demands significant and lasting change. One way the College of Medicine can make a difference is through our curriculum. I want to highlight curricular adaptations that will provide a learning environment that is safe for faculty, staff, and students but also results in improved medical education and advocates for health equity.

For some time, we've seen how traditional lectures are poorly attended and predominantly viewed online. There has also been a migration to online resources that can deliver knowledge in an efficient, and sometimes more effective, manner. We plan on replacing some lectures with curated online resources, which will allow us to eliminate large gatherings in lecture halls and focus our faculty on providing more personalized attention through active learning in small groups or teams. I want to emphasize that we will not turn into an online college. I believe mastering the art and science of medicine requires developing empathy and having personal interactions. For example, we will have in-person small group classes in gross anatomy that will meet with appropriate physical distancing. All classrooms will be reconfigured to allow for appropriate distancing and there will be symptom screening with available masks at all entry points. Students on clinical rotations have attested to a required COVID-19 educational course and observe the same precautions as the other hospital staff at inpatient and outpatient sites.

The other important curriculum change is continuing to integrate more content about social determinants of health. This is largely done in our P2P (Patients to Populations) longitudinal course, but we will expand to other settings and also examine our educational content so that we do not continue to perpetuate racial bias. We are also restructuring our student advising and mentoring system (Learning Communities) to reflect the curriculum and promote reflection on the role of physicians in society. Our students and faculty have proven to be resilient and courageous during this crisis. More than ever, I am confident that we will emerge a stronger and more compassionate College of Medicine.

Thank you for your continued support.

Lawrence Chin, MD
 Dean
 College of Medicine

Daryll C. Dykes, PhD '92, MD '95, JD, Named Chief Diversity Officer



Daryll C. Dykes,
PhD '92, MD '95, JD

UPSTATE MEDICAL UNIVERSITY's new chief diversity officer (CDO) is looking to make "measurable change" at the institution and in the larger community. Daryll C. Dykes, PhD '92, MD '95, JD, was appointed CDO in May, adding to his responsibilities as clinician, teacher and researcher as professor of orthopedics.

After his CDO appointment, Dr. Dykes says he initially planned to spend some time gathering information and meeting with faculty and administrators. But within weeks, George Floyd's death at the hands of police sparked national outrage and an unprecedented conversation on race. "It's become an incredible and unique opportunity to make some meaningful change that might not have previously been possible," Dykes says. "Members of our community across the spectrum are activated and motivated."

At the impetus of students looking for ways to get involved, Dykes hosted a virtual forum on June 4 as a means for the campus community to discuss concerns about racism and brainstorm ideas for improvement. More than 300 students, faculty, and staff participated in the 90-minute conversation. "It was an opportunity to listen and to kickstart the conversation," says Dykes.

That forum led to the creation of a task force that will meet over six weeks to propose institutional goals and action plans related to diversity and inclusion. "This is an action-oriented process with a short time line," he says.

Dykes says his evolution into his role as CDO was organic. Since joining the Upstate faculty in 2018, he was naturally drawn to mentoring students of color and working with administrators on issues related to diversity. Upstate's interim chief diversity officer, Malika Carter, PhD, was primarily focused on legal and investigatory and mandated reporting functions. "There wasn't enough bandwidth to take on some of the more cultural leadership, visionary parts, of what the Office of Diversity and Inclusion could be doing," he says.

In May, the office was reorganized, with Dykes becoming CDO and leading Upstate's Office of Diversity and Inclusion (ODI). A new Office of Institutional Equity was created to focus on investigatory and Title IX training functions. Carter will serve as interim chief equity officer through August.

"By moving our training and investigatory protocols to a separate office, we can better assist our employees and have a greater focus on our university's strategic plan to measurably increase diversity in all aspects of our campus-clinical care, research and education," says Interim President Mantosh Dewan, MD. "Dr. Dykes brought many remarkable talents with him when he joined Upstate and I am pleased that he will serve as our chief diversity officer."

A Syracuse native, Dykes is a graduate of Fowler High School and Syracuse University. He was one of the first students to complete Upstate's MD/PhD program, where his research

earned him several awards, including the John Bernard Henry, MD, Endowed Scholarship and Award and the David G. Murray, MD, Award for Excellence in Orthopedic Surgery. Before joining the Upstate faculty, he served as president and CEO of Medical and Surgical Spine Consultants of Minnesota and as a Robert Wood Johnson Foundation Health Policy Fellow in the United States Congress and FDA.

In addition to addressing campus issues, Dykes is excited to engage in productive and creative activity to impact the greater Syracuse community. For instance, he is involved in efforts to coordinate activities among chief diversity officers across academic institutions, government, and industry in the area. "Upstate is the largest employer in the region and we take care of most of the patients in the area," he says. "I think this is a way to engage more closely with the community and expand what we're doing to achieve greater diversity, inclusion, equity and belonging, both on campus and with our neighbors."

Dykes wants to engage alumni in the effort as well. He, Gregory Threatte, MD '73, and Sharon Brangman, MD '81, are working on plans for the first-ever reunion of the College of Medicine's black and brown alumni. "We are looking to reinvigorate connection and support with this group of alumni," he says. "We are hoping to host a virtual event this summer and follow up with an in-person gathering next year."

Xiuli Zhang, MD, Named Chair of Anesthesiology

XIULI ZHANG, MD, was appointed chair of the Department of Anesthesiology, effective May 11. Dr. Zhang has served as interim chair of anesthesiology since August 2019.

"I am pleased and honored to have Dr. Zhang lead the Department of Anesthesiology. The department has benefited greatly from her interim service and we look forward to her continued leadership as chair," says College of Medicine Dean Lawrence Chin, MD, of the appointment.

In her six months as interim chair, Zhang worked ceaselessly to ensure that clinical operations continued without interruption while maintaining standards of excellence. She also recruited five physicians who will join the faculty this year and maintained collaborative relationships with faculty, administration, and surgical and nursing teams.

"Throughout my time as interim chair, I have been struck by my encounters with many hard-

working, passionate colleagues who, across disciplines and specialties, are dedicated to working together for the greater good," says Zhang. "They have motivated and inspired me, and my ambition to lead our department into an era of growth and success is greater than ever."

Zhang earned her medical degree from Qingdao Medical College, China. After coming to the United States, she became a research fellow in the field of immunology at Tufts University School of Medicine. She completed an internship in general surgery at Brooklyn Hospital Center prior to entering anesthesiology residency at Upstate Medical University in 2002.

After completing her training as chief resident (2004-05), Zhang continued at Upstate as a faculty member. She has been recognized several times as Attending of the Year and received the Upstate Gold Standard Award in 2012.



Xiuli Zhang, MD

Urology Professor Lands Federal Grant to Continue Kidney Cancer Research

Upstate Medical University urology professor Mehdi Mollapour, PhD, has been awarded a \$400,000 grant from the Department of Defense (DOD) to continue and advance research on kidney cancer.

Dr. Mollapour is vice chair for translational research for the Department of Urology. The grant supports continuation of a decade-long research project into understanding kidney cancer biology and development of novel therapeutic strategies to treat patients. Mollapour, professor of urology, molecular biology and biochemistry, is also the director of kidney cancer biology at Upstate.

His research is published in high-impact-factor and is currently also funded by several grants from the National Institutes of Health and the National Cancer Institute.

"It's always exciting when any grant is funded," he says of the DOD award. "From small amounts to big amounts, to have the funds to be able to continue our work and pay students and pay researchers is exciting."



Mehdi Mollapour, PhD

College of Medicine Graduate Receives SUNY Chancellor's Award for Student Excellence



Jared Sweeney, MD '20

RECENT UPSTATE College of Medicine graduate Jared Sweeney, MD '20, has been awarded the prestigious SUNY Chancellor's Award for Student Excellence. Dr. Sweeney is the only student from Upstate to receive the award in 2020 and one of only 213 to receive it from among SUNY's 415,500 students this year.

Sweeney graduated at the top of his class and was one of only two students in his class of 170 elected to both medical honor societies, Alpha Omega Alpha and the Gold Humanism Honor Society. He began his residency in neurosurgery at Albany Medical Center on July 1.

Created in 1997, the Chancellor's Award for Student Excellence, recognizes students who have

best demonstrated, and have been recognized for, the integration of academic excellence with accomplishments in the areas of leadership, athletics, community service, creative and performing arts, campus involvement, or career achievement.

Sweeney said he felt lucky to learn from countless talented professors during his four years at Upstate but was particularly influenced by mentorship from Upstate Vice President for Academic Affairs Lynn Cleary, MD, who nominated Sweeney for the award, and Lawrence Chin, MD, dean of the College of Medicine and a neurosurgeon, who encouraged Sweeney's interest in the field.

Upstate Program Addresses Rural Psychiatry Shortage

Upstate's Rural-Academic Partnership Program (URAPP)—a program designed to address the shortage of psychiatrists in rural areas of Central and Upstate New York—has been recognized by the American Psychiatric Association

with a 2020 Psychiatric Services Achievement Bronze Award.

The award, presented in April, recognizes Upstate for using "collaboration and community engagement to extend psychiatric expertise to distressed populations and rural hospitals facing a shortage of mental health manpower."

"We're delighted to receive this honor for the community/rural track of our psychiatry residency program that addresses the need for well-trained psychiatrists in rural areas of Central New York," said Zsuzsa Meszaros, MD, PhD, director of the residency program in the Department of Psychiatry and Behavioral Sciences.

"Residents trained locally are more likely to enjoy working at rural settings and staying long term, which benefits underserved communities."

The program provides six rural medical institutions with the ability to partially fund a psychiatric resident in exchange for a five-year obligation from the resident to affiliate as an attending with the medical institution through Upstate's Department of Psychiatry.

During the residency portion of the program, psychiatric residents will spend several months each year assisting at their institutions' inpatient psychiatric and outpatient adult psychiatry clinics. Upon completion of their residency training, the individual becomes an attending physician at their partner institution.

URAPP began in 2015. One of the first residents to complete the program is now employed as an attending physician at Samaritan Medical Center. Thirteen others are in the process of completing their residency or post-residency service obligations.

In addition to Samaritan Medical Center, institutions connected with URAPP include Binghamton General Hospital, Oswego Hospital, St. Lawrence Psychiatric Center, Mohawk Valley Psychiatric Center and Mohawk Valley Health System, St. Luke's campus.

"Residents trained locally are more likely to enjoy working at rural settings and staying long term, which benefits underserved communities."

—Zsuzsa Meszaros, MD, PhD



COVID-19 More Lethal to Patients with IDD

A new study published recently in ScienceDirect by researchers from Upstate Medical University and Syracuse University shows that people with intellectual and developmental disabilities (IDD) are more likely to die from COVID-19 than those without IDD.

According to the researchers, the disparity is likely related to a higher prevalence of comorbid diseases among those with IDD, and/or a higher percentage of people with IDD are living in congregate residential settings.

Their study, "Intellectual and Developmental Disability and COVID-19 Case-Fatality Trends: TriNetX Analysis," was published by ScienceDirect's *Disability and Health Journal*. The study included 30,282 people who were identified as COVID-19 positive in the TriNetX COVID-19 Research Network Platform.

"This is the earliest published study with empirical evidence showing death rates are higher for people with than without IDD at ages 0-17 and 18-74, but with similar rates at ages 75 and older," says Upstate Distinguished Service Professor Margaret Turk, MD, who holds academic appointments in physical medicine and rehabilitation, pediatrics and public health and preventive medicine. "These age difference trends in death rates were noted in people with IDD who demonstrated overall higher rates of health conditions considered a risk for severe outcomes with COVID-19 at all ages."

The researchers also found that individuals with IDD had a higher prevalence of comorbid circulatory, respiratory, and endocrine diseases across all age groups. While they could not test causality in this data, it is possible this partly explains the differences they found in case-fatality rates. Some of this difference may also be due to the higher percentage of individuals with IDD who reside in congregate settings—a characteristic the researchers could not account for in the study but are continuing to investigate.

"Our study highlights the age effect within a population who often die at younger ages and the presence of multiple health conditions across all ages as risk factors for poor outcomes—and merits further investigation of COVID-19 outcomes in this and other disability groups," says Turk.



Alumni Generosity Supports Student Emergency Fund During Pandemic

IT'S NO SECRET that obtaining a medical education is an expensive undertaking. In addition to tuition and housing, students face significant expenses in taking national STEP exams and traveling for residency interviews.

The shutdown caused by the COVID-19 pandemic has exacerbated those financial pressures for many. That is why the Medical Alumni Foundation partnered with the Upstate Foundation to launch the Student Retention Emergency Fund, which provides assistance to students who experience sudden and/or significant financial hardship that may impact their ability to remain in school.

Established in March, the fund has already assisted 80 College of Medicine students.

"We've had requests from students who helped support themselves with part-time jobs that were lost during the pandemic," says Lori Murphy, associate director of the Medical Alumni Foundation. "Some students had counted on support from parents, whose income was negatively impacted by COVID-19. We've also received requests for assistance from many students whose STEP exams were canceled due to the pandemic, and the only available tests to reschedule were in far-flung cities resulting in significant unexpected travel expenses."

According to Paul Norcross, executive director of the Medical Alumni Foundation, the fund raised \$60,000 in its first three months. "We are grateful to alumni for helping our students through this difficult time and we hope that generosity will continue. COVID-19 has caused a lot of financial uncertainty for many, and I expect that will continue to impact our medical students through this academic year."

Norcross stresses that supporting this fund is separate from Alumni Annual Fund gifts, which assists students with textbooks, scholarships, and programming. "The Emergency Fund is just that—emergency assistance to help students complete their medical education. We don't want to lose future physicians due to financial fallout from the pandemic."

To support the Student Retention Emergency Fund, please visit <https://medalumni.upstate.edu/donate>.

Upstate Holds First Virtual Commencement Celebrating “Graduates and Heroes”

Due to the COVID-19 pandemic, Upstate Medical University conducted its first-ever virtual Commencement on May 1, conferring degrees on 419 students who graduated from its four colleges.

Interim President Mantosh Dewan, MD, the college deans, and other speakers emphasized Commencement’s unique circumstances and praised members of the class of 2020 for their resilience and dedication to a field centered on helping others.

“More than ever, we need each and every one of you,” Dewan said. “Close your eyes and walk across a splendid stage and out into a temporarily troubled world as a graduate and a hero.”

Dewan thanked students’ families for their unwavering support and the Upstate faculty for imparting their wisdom. He touched upon the global coronavirus pandemic and how the class of 2020 will be called upon as humanitarians and medical professionals.

“Today we watch with pride as you commence onto an even bigger stage and embrace wonderful new roles,” he said. “These roles will call for the best in you. You are going out into a scary world not to do a job but to follow your profession; to fulfill your higher calling, to pursue your dreams of changing the world. You are everyday heroes that we so desperately need.

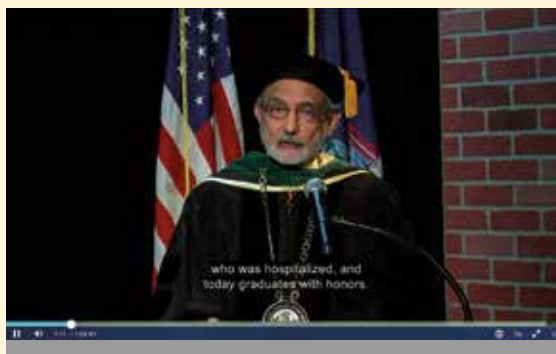
“Most importantly, you will be human at a time when a hug is more precious than gold. When you provide the only love and humanity to a suffering person isolated from everyone they love. And you will bring hope.”

New York Health Commissioner Harold Zucker, MD, JD, who has been at the center of the state’s COVID-19 response, was the ceremony’s featured speaker. Dr. Zucker highlighted efforts of the Upstate graduates during the pandemic, including the 65 students who graduated early to assist with efforts near New York City and those in Syracuse who were researching emerging COVID-19 literature to support clinicians on the front lines.

“I am immensely proud of all of you as you are the best this university stands for,” Zucker said. “You are embracing new professions at a moment of incredible public need that did not exist a year ago when I addressed the class that came before you.”

Zucker praised Upstate’s joint Commencement for representing healthcare’s necessary and growing focus on collaboration, which has proven beneficial in the state’s fight against COVID-19.

“The future I see for healthcare is not one of complacency but of resiliency and ingenuity and that’s what we have seen on the front lines fighting this pandemic in New York State,” Zucker said. “We have seen incredible resourcefulness, the strength derived from compassionate peer support; an unflagging dedication to making the system work better in the future.”



Upstate Interim President Mantosh Dewan, MD

During Commencement 2020, the College of Medicine awarded 168 degrees (149 doctor of medicine, 16 master of public health, three certificates of advance study in public health, and one MD/MPH). In addition, the College of Graduate Studies awarded two combined MD/PhD degrees.

Upstate’s virtual commencement broadcast, included a live chat feature where the more than 1,000 people viewing could also express congratulations to the graduates. Friends and families kept a steady stream of “congratulations” going throughout the one-hour, online ceremony. One commenter wrote, “You will make the world a better place than you found it!”

Upstate Graduates 65 Medical Students Early to Aid in COVID Fight

SIXTY-FIVE MEDICAL STUDENTS at Upstate Medical University became doctors April 10, graduating early under an executive order from Governor Cuomo so they could join other health care workers fighting the COVID-19 pandemic.

The 20-minute virtual ceremony featured the recitation of the Physician’s Oath and remarks by College of Medicine Dean Lawrence Chin, MD.

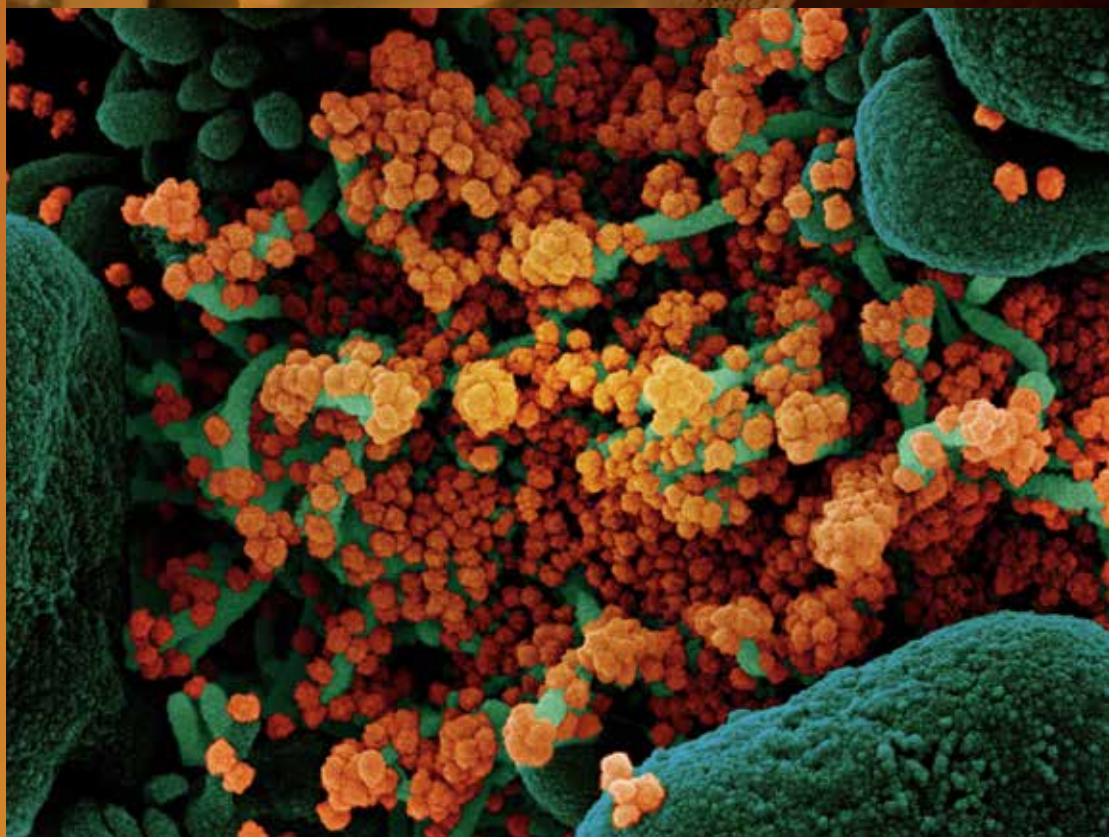
The dean expressed his disappointment at not being able to share this proud moment with students in person. “As much as I wanted to share and celebrate these moments with you, I believe your sacrifice is the right thing to keep this terrible disease from causing more damage,” he said.

Students who elected to graduate early did so with the intent of going to hospitals to provide relief to an already strained health care workforce treating COVID patients.

MEDICINE DURING COVID-19

Across the nation and the world, medical professionals have emerged as frontline heroes, finding resilience, resourcefulness, and courage they may not have known they had in the fight against COVID-19.

On the following pages, alumni share their experiences—and their fears—practicing during the pandemic.



DISASTER RELIEF



Christopher Tanski, MD '10

At the height of the pandemic, Christopher Tanski, MD '10, led clinical care at a temporary emergency hospital at NYC's Javits Center.

Having attended his share of medical conventions at New York City's Jacob J. Javits Center, Christopher Tanski, MD '10, couldn't help feeling a little strange when he first stepped foot into the convention center floor on April 9 and saw the huge space repurposed into a giant hospital ward with hundreds of beds.

Dr. Tanski had arrived at the Javits Center "on loan" from his role as an emergency medicine physician at Upstate Medical University to serve as chief of clinical care, helping the medical team charged with caring for overflow patients from New York City hospitals at this pop-up hospital.

In late March, as New York City emerged as the epicenter of the COVID-19 pandemic and hospitals struggled to accommodate the large numbers of sick patients, Governor Andrew Cuomo enlisted support from the federal government to convert the Javits Center into a temporary emergency hospital for COVID patients, a transformation completed by the Federal Emergency Management Administration (FEMA) and the National Guard. In addition to the 2,500 new beds at the Javits Center, the U.S. Navy hospital ship Comfort, docked at Manhattan's Pier 90, provided another 1,000 beds.

While these facilities were staffed with military medical personnel, oversight was required to comply with state healthcare regulations. With New York City hospitals stretched thin, the Department of Health reached out to Upstate Medical University for assistance. When that request came in, Tanski was an obvious choice.

For more than 10 years, Tanski has served on the Federal Disaster Medical Assistance Team (DMAT), part of the National Disaster Medical

System. It's akin to being part of the National Guard, but for medicine, providing on-site medical assistance at disaster scenes ranging from hurricanes and floods to terrorist attacks. Tanski, who served as an EMT before attending medical school, is on call three months out of the year. If a "disaster" occurs during that time, he's deployed for a two-week period. He's been on the scene after Hurricanes Katrina and Harvey, as well as several presidential inaugurations in Washington, DC.

Tanski was in New York City the day after the call came in. Although his experiences with the DMAT were providing hands-on medical care, he knew what needed to be done here: set up infrastructure and develop policies to support treating sick patients for as long as needed. And that was the big question mark.

"People talk about the peak or the curve—I don't even know where we are on that," he said shortly after his arrival. "Are we getting worse still? We have no idea. Is it going to get worse again? That's what's different about this."

That, and the fact that COVID was not contained to New York City, but a world-wide pandemic. Who knew what would happen in Syracuse while he was away, and Tanski was leaving behind his wife and two young daughters, ages four and six months.

"I was being asked to take on something big, but it was going to be equally hard for my wife to be isolated at home by herself with our children," he says. Ultimately, they decided that's what he had signed up for and he needed to do what he could to help.

His first order of business was to help establish some basic policies. "At a regular hospital, hundreds of policies are in place, so you don't really think about it," he says. "We had only physical facilities



Dr. Tanski overlooking the command center at the Javits Center.

but no procedure. What do you do when a patient dies? How do we handle non-COVID medical issues that may arise? What do we do with medical records?”

Tanski and the 100 or so other medical administrators worked from a command center on the floor above the four medical wards set up in the main showroom. In addition to a daily medical officer meeting, Tanski and other leadership would conduct medical rounds of the hospital floor each day at noon. “From the beginning, I told them the only way we’re going to get a handle on this is if we go down to the patient care area a lot and see what’s happening.”

It was by talking to the doctors and nurses providing direct patient care that Tanski says he learned of very basic needs. “There were no clocks. There were no white boards. There were no stands to hold patient charts. Again, things that you take for granted in a hospital, but this was open space in a convention center,” he says. “We figured things out on the fly.”

Tanski says fear of contagion was ever present. “It was 100-percent COVID patients; incredibly high-risk,” he says.

Even working in the command center, Tanski says medical officers followed a methodical process for putting on personal protective equipment at the beginning of shifts and removing it at the end.

Every morning teams were sent to area hospitals overwhelmed with patients to try to offset their load. Over four weeks, the Javits Center facility treated 1,095 patients—with 500 patients at once during the busiest period—and only six fatalities.

Tanski was impressed by the military medical providers and, with no military experience himself, enjoyed having a window into that world. “These professionals worked incredibly hard, day and night, often with no or minimal time off, providing

care while also being away from home and loved ones. I would work with them again anytime,” he says. In addition, he had the opportunity to meet high-ranking officials visiting the facility, including Four-Star General Terrence O’Shaughnessy, commander of the United States Northern Command and commander of the North American Aerospace Defense Command, he says.

The last patient treated at the Javits Center was released on May 1. “We made a bit of fanfare out of it, cheered the patient as he left,” says Tanski. “That was meaningful for a lot of us.”

Tanski remained on site for another week, helping supervise the demobilization of the hospital and decontamination of the Javits Center. Now back in Syracuse, he’s working to develop a reset plan should the facility need to re-open in the future, as well as to direct research assistants in assessing demographic information from patients and their outcomes that might be helpful for publication.

A big question was what to do with the patient records—which were all on paper. “Because it was a state facility, the records belong to the state,” says Tanski. “We had them uploaded to a secure state server and the state is actually finalizing an agreement with Upstate to take on the medical record function.”

Tanski is back in the University Hospital ED, and while there are still occasional patients with COVID, it’s nothing like the 14-hour days he experienced during his five weeks in New York City. But he’s very aware that could change at any time.

Tanski says that other “disasters” he’s been involved with were singular events. “You helped with the recovery and then it was over,” he says.

But COVID-19 is ongoing. “The virus is going to dictate the term,” he says.

—Renée Gearhart Levy



Dr. Alexander-Scott addresses reporters about the coronavirus pandemic in mid-March, before daily briefings were moved to the Rhode Island State House and held remotely.

COVID PANDEMIC SHINES SPOTLIGHT ON HEALTH INEQUITY

Nicole Alexander-Scott, MD '01, MPH, director of the Rhode Island Department of Health, is an infectious disease expert and an advocate for health equity.

For many months, Nicole Alexander-Scott, MD '01, MPH, has been a near-daily presence in the lives of Rhode Islanders, as familiar locally as Dr. Anthony Fauci is nationally.

As director of the state Department of Health, she stands alongside Rhode Island Governor Gina M. Raimondo during each day's televised updates on the coronavirus crisis, providing the latest data on deaths, positive tests, and hospitalized patients.

She details the directives aimed at slowing the spread of the disease, reminding us to wash our hands with warm soap and water, sanitize high-touch surfaces, and recently, to cover the lower part of our faces with scarves, T-shirts, or bandanas.

Dr. Alexander-Scott, who has held her position since 2015, is a specialist in infectious diseases for children and adults—expertise in high demand in the midst of a pandemic.

She is the first African-American to lead the Rhode Island Department of Health and is an advocate for health equity, committed to ensuring “that a person's health does not depend on his or her ZIP code,” she says.

And she is the mother of an infant son. At earlier news conferences, she wore a splint on her wrist for inflammation from holding the baby.

Alexander-Scott describes her son as “our miracle,” saying, “He helps remind us what life is about.” And she calls her husband “my absolute hero. Without him, none of what I am doing would be possible.”

For some, Alexander-Scott is more than just an expert helping to lead the state's battle against a deadly virus. She's a role model, a symbol of possibility.

“As a fellow woman of color, it's greatly gratifying to think of all those little girls and boys in communities of color who are watching Alexander-Scott,” said Secretary of State Nellie

M. Gorbea, who is the first Latino elected to statewide office in New England.

Rhode Islanders are lucky to have Alexander-Scott heading the health department during the epidemic, Gorbea says, “not only because of her expertise in infectious diseases, but because of her character and commitment.”

High-profile leadership positions have traditionally been held by white men, Gorbea noted. “So for me, what's been really special is to see these two women change the way people see leadership,” she says, referring to Alexander-Scott and Raimondo. “Rhode Islanders are now able to see women who are strong, competent, effective leaders.”

Raimondo described Alexander-Scott as “brilliant, hardworking, and thoughtful” as well as “a devoted mother, a supportive and empathetic boss, and a great friend.”

She has remained “unflappable and decisive” during the crisis, the governor said. “Rhode Islanders are

incredibly fortunate to have her expertise guiding us through one of the most difficult times in our state's history.”

Alexander-Scott grew up in the Park Slope section of Brooklyn, the daughter of a mother who worked as a nurse and a father who died when she was 11, but who often told people that his daughter was going to grow up to be a doctor.

She majored in human development and family studies at Cornell University's College of Human Ecology, where she was a dean's list student and a member of the Mortar Board National Honor Society.

She earned her MD at Upstate Medical University in 2001, where she received the James L. Potts Medical Principles Award, presented annually to a graduating African-American medical student who excels in clinical medicine and makes contributions to the community. After completing a combined internal medicine–



Alexander-Scott discusses the state's response to the coronavirus pandemic during a briefing at the State House in April.

pediatrics residency at SUNY Stony Brook University Hospital, she finished a four-year combined fellowship in adult and pediatric infectious diseases at Brown University.

Alexander-Scott received a master's degree in public health from Brown University in 2011 and became an assistant professor at Brown University's Warren Alpert Medical School in the pediatric and adult infectious diseases divisions. She served as a consultant to the Rhode Island Department of Health during the H1N1 pandemic in 2009 and 2010.

Alexander-Scott's specialty in infectious diseases has focused on health care for both the very young and the very old—a focus that has helped in the current crisis because the coronavirus is hitting Rhode Islanders of a wide range of ages.

In fact, the state's first case stemmed from a school trip sponsored by Saint Raphael Academy, a Catholic high school in Pawtucket; now many of the deaths associated with the coronavirus have been in an older population in nursing homes in North Providence and Pawtucket.

Alexander-Scott says her infectious disease training helped hone investigatory skills needed to figure out how people become exposed to viruses. "Infectious disease doctors are often known as the Inspector Gadgets," she says.

And she says her master's degree in public health helped her focus on matters of health equity—how health problems can have a disproportionate impact on vulnerable populations.

A *Washington Post* analysis found that counties that are majority black have three times the rate of infections and almost six times the rate of deaths as counties where white residents are in the majority.

Alexander-Scott said Rhode Island is still compiling data on the outbreak's impact on specific demographic groups. "We are

“WE DO KNOW THAT, CERTAINLY, ENVIRONMENTAL, SOCIAL, AND ECONOMIC FACTORS MAKE CERTAIN PEOPLE MORE VULNERABLE. WE TALK OFTEN ABOUT HOW YOUR HEALTH SHOULD NOT DEPEND ON THE ZIP CODE YOU ARE FROM.”

—NICOLE ALEXANDER-SCOTT, MD '01

continuing to investigate that,” she says.

“We do know that, certainly, environmental, social, and economic factors make certain people more vulnerable,” she says. “We talk often about how your health should not depend on the ZIP code you are from.”

The disparities seen with coronavirus cases in places such as Chicago and Louisiana underscore health disparities that existed long before the outbreak, Alexander-Scott says.

“It really exposes what we talk about all the time in non-pandemic situations,” she said. “This virus clearly does not have predilections for groups, but when you see groups disproportionately impacted, it allows you to recognize and bring attention to the fact that folks experience social and environmental and economic conditions that put them more at risk.”

Those conditions can include a lack of health insurance, economic instability, a lack of access to fresh fruits and vegetables, the prevalence of underlying conditions such as

THE PROVIDENCE JOURNAL FILE/STEVE SZYDLOWSKI



Dr. Nicole Alexander-Scott, Rhode Island's health director, has become a familiar face during the coronavirus pandemic. She is shown here discussing racial disparities in health care during a 2015 interview with *The Providence Journal*.

diabetes, unstable housing conditions, and the inability to stay at home if you must work.

“When we start to rebuild, we need to be conscious of these kinds of structural inequities,” she says.

So what have been the best and worst parts of overseeing Rhode Island's response to the epidemic?

Alexander-Scott says the highlight has been the “amazing heart, determination, resilience, and compassion” of state health officials who are working weekends, putting in long hours. “My heroes have been my colleagues here at the department,” she says.

The worst part has been seeing families lose relatives to the virus, including those who have died in nursing homes. “Those are grandparents, aunts, and uncles who are loved,” she says.

Alexander-Scott urged Rhode Islanders to adhere to the social-distancing directives aimed at keeping the virus at bay.

“If we keep following the instructions,” she said, “we will get through this together.”

—Edward Fitzpatrick

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PREVENTING COVID

Public Health Expert Stephen Heyse, MD '74, MPH, Paused Retirement to Assist on Vaccine Trial



Stephen Heyse, MD '74, MPH

For 19 years, Stephen Heyse, MD '74, MPH, served as medical officer and consultant at the National Institute of Health's National Institute of Allergy and Infectious Disease (NIAID), much of his time post-9/11 spent focused on clinical trials of vaccines and therapies for possible bio-terror threats, including smallpox, anthrax, pneumonic plague, and tularemia.

"Fortunately, none of these things were ever needed," he says.

With the onset of the COVID-19 pandemic this spring, Dr. Heyse came out of retirement to volunteer his expertise as a consultant to the Biomedical Advanced Research and Development Authority (BARDA), a division of the public health service. Heyse is working on the Janssen Pharmaceuticals Companies (a component of Johnson & Johnson) vaccine project, assisting with the clinical trial, which is expected to begin in mid-July in the United States and Belgium.

"They've pushed up the timeline by two months. The Phase I/IIa trial will be the first human study of the AD26.COV2-S, recombinant. It will be a large trial, with more than 1,000 subjects," Heyse says.

According to Janssen, the randomized, double-blind, placebo-controlled Phase I/IIa study will be designed to assess the safety, response to vaccination, and immunogenicity of Ad26.COV2-S, recombinant, in 1,045 healthy adults aged 18-55 years, as well as adults aged 65 years and older.

Janssen is in talks with NIAID to accelerate the schedule for the vaccine's Phase III trial, depending on the outcome of the Phase I/IIa study and approval from regulators. "If things go well, they'll be looking to have pre-authorization for use in an emergency by January," Heyse says.

"COVID-19 is a serious threat," he says. "It's causing at least six and perhaps as much as 60 times more fatalities



per case than influenza, although we don't really know either the denominator or the numerator at this point. What we do know is that, for those that end up in a hospital ICU—particularly the elderly—the fatality rate is quite high."

After earning his MD from Upstate Medical University, Heyse went on to earn a master's in public health from Johns Hopkins University and spent his entire medical career in the Public Health Service. After hitting 30 years in 1996, he retired from his position as director of the Office of Prevention, Epidemiology, and Clinical Applications at the National Institute of Arthritis and Musculoskeletal and Skin Disease, then joined NIAID as a consultant, where he remained until 2015.

"I'm very excited to be doing this," says Heyse of his new role. "I just felt compelled to get back in the game. It's very serious."

—Renée Gearhart Levy



TRAINING UNDER

Four second-year residents share their experiences at busy training hospitals during the COVID-19 pandemic.



Demetrio Muñoz, MD '18 Emergency Medicine, New York City

The first cases we saw of respiratory distress that eventually tested positive for COVID were in early March. By mid-March, the ER was full of COVID.

As an emergency medicine resident working in two hospitals in Manhattan, I frequently heard from friends outside the city and outside of medicine who wondered if the pandemic was truly as bad as the news reports. Yes, I told them. Yes, it is as bad as everyone says. Please stay home.

The first cases we saw of respiratory distress that eventually tested positive for COVID were in early March. By mid-March, the ER was full of COVID. We began treating every patient as if they had COVID because we learned the hard way that even people with no fever and no shortness of breath could go into respiratory distress at any time. It became commonplace to intubate multiple patients every shift in the ER, something that was also happening on the medical floors upstairs. ICUs that don't normally care for patients in respiratory failure (such as the cardiac ICU, cardiothoracic ICU, surgical ICU, neuro ICU, and burn ICU) became filled with intubated COVID patients and the hospital began converting operating rooms no longer in use

because elective surgeries were cancelled into ICUs to care for more intubated patients.

And as bad as things were in Manhattan, they were much worse in poorer neighborhoods in Brooklyn and Queens, where many people had less ability to social distance and the number of sick people with COVID overwhelmed hospital capacities and they were literally putting body bags in a refrigerated truck outside of a hospital in Queens because there was no more room in their morgue.

More than a few colleagues ended up as patients, intubated and on ventilators in the ICU. Some of them likely got COVID when they were intubating a patient, which involves getting close enough to their face that we can see their vocal cords. That proximity necessitates personal protective equipment (PPE). But when a patient is crashing, every individual has to make a decision for themselves about how much time they want to spend putting on all the PPE they need versus how badly that patient needs them at their bedside "right now."

I was fortunate to work in a

hospital that was fully stocked with PPE. Nonetheless, by the end of March I was sick.

Although, I'll never know where I got it from, I suspect it was from a patient who came to the ER with nausea, vomiting, and diarrhea, but with no fever and no shortness of breath she was triaged to the non-COVID area of the ER. Like many patients, she was fine until she wasn't. She went into respiratory distress and we had to emergently intubate her. As I said, we learned the hard way.

My own symptoms included cough, fatigue, nausea, and vomiting, all known COVID symptoms. I was lucky that during my two weeks of home quarantine I could check my temperature, check my oxygen, and listen to my own lungs at home. Having seen patients younger and healthier than me suddenly go into respiratory distress, contracting COVID myself was a terrifying experience as well as distressing to be distanced from my partner, my mother, and other family. I was fortunate, that, like many coworkers, my symptoms did not become severe and

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I recovered and returned to work. Because of a shortage, I was unable to get tested for COVID when I was symptomatic.

By mid April, the impact of social distancing was evident. While the ER was much less busy than several weeks earlier, the ICU was still overflowing. I was moved up into one of our overflow ICUs that was still full. There were a few days in May where my ERs were literally empty. Thankfully no more new COVID admissions, but our regular patients with chest pains, appis, and headaches were still too scared to come in.

There's so much about how COVID works that we still don't understand. For example, at my hospital, we managed not to run out of ventilators but we did run out of dialysis machines so some patients received less than the full amount of dialysis they needed. None of us knew beforehand that so many of the patients in respiratory failure from COVID would also go into renal failure. We have no idea how many people have been exposed to COVID or whether having recovered from COVID provides any future immunity.



I was finally able to get a COVID test in April. First, from a doctor friend who managed to buy a box of testing kits from China, and then later, two serum tests, one from work and one from my own primary care practitioner. All negative. I have to admit I was disappointed when I heard that, and jealous of my friends who started to announce they had antibodies and didn't even know they were sick. How much of my sickness earlier was just anxiety? Would getting swabbed earlier and finding out I was negative have reduced my symptoms? I guess we'll never know.

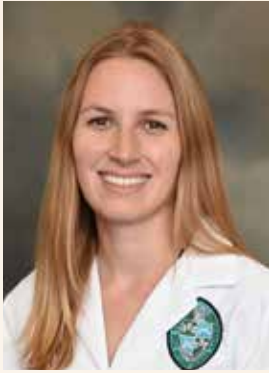
It's now mid-June. Given everything that's happening in

the world, the COVID peak feels like an age away. In the ER, our volume of regular patients is finally starting to come back, but it feels like we're all waiting for the next shoe to drop. Will we get a second wave now that many people have stopped social distancing? Will we get a second wave once flu season starts? Will we never get a second wave? Having gone through this once already, we'll know what to do when and if it comes again. At least I'm thankful for that.

Demetrio Muñoz, MD '18, is currently a third-year emergency medicine resident at New York-Presbyterian Hospital in Manhattan.

TRAINING UNDER

Abbey Phelps, MD '18 Internal Medicine, New Orleans



Very quickly, the code discussion—asking patients their wishes about intubation—became one of the first things I asked patients instead of the last. It was not a formality. One night I had three patients code, one after the other.

Three months into the Coronavirus pandemic, we now know that the virus is particularly deadly to the black community. I've witnessed this first hand in New Orleans, where I was a second-year internal medicine resident during the height of the pandemic, when New Orleans led the nation in COVID-19 deaths per capita.

The first case of COVID at one of my hospitals was diagnosed on March 6, almost exactly two weeks after Mardi Gras, when New Orleans has our highest influx of tourists. I was actually at a resident retreat at the beach in Alabama when two of my co-residents received phone calls that they had been exposed and needed to immediately self isolate.

Life literally changed over night. When we returned, I began a two-week assignment on the admitting service. Virtually every patient I admitted had COVID, most presenting severely short of breath with oxygen levels at around 80 percent. We had so many sick patients coming in that they only got admitted if they required oxygen because there weren't enough beds.

Because we were in an overflow admission situation, our program responded by removing all residents from clinic rotations for six weeks to free them up for the hospital wards. Each of our three hospitals had a dedicated COVID team comprised of residents who were previously assigned to the clinic or an elective rotation. The remaining residents were

part of what we called the "jeopardy pool." If someone was exposed without a mask or developed symptoms, they would have to self isolate and someone from the jeopardy pool would be pulled in their place.

In addition, many residents from services that weren't really seeing patients—dermatology, anesthesia, radiology, and ophthalmology—volunteered to act as interns. Anyone who'd had a medicine prelim year was eligible. It was kind of funny having a fourth and fifth-year residents serve as interns.

I was part of night coverage for the COVID team at Tulane's University Medical Center. I have never experienced so many rapid calls or critically ill patients before. Very quickly, the code discussion—asking patients their wishes about intubation—became one of the first things I asked patients instead of the last. It was not a formality. One night I had three patients code, one after the other.

In the beginning, we weren't putting patients on BiPAP because we were concerned about aerosolization of the virus. They were going straight from a non-rebreather oxygen mask to ventilating patients, which we don't do anymore. Now we are utilizing BiPAP much more, but on my last night of night float, there was only one open bed left in the ICU, which was nerve wracking. Not being able to use BiPAP, it was like, what happens when the last bed is filled? Fortunately, the next day, the hospital, which had

been under construction since Hurricane Katrina, opened up a third ICU. It was originally intended to be a neuro ICU, but will remain a medical ICU for as long as needed.

Things were very overwhelming with many patient deaths for about a month. And we never had enough PPE. Gowns and N95 masks, in particular, were in short supply. We would wear a gown to go into a room, then hang it up outside when you exited. When you went back, you would re-use the same gown over and over again. We would be given one N95 per shift and would simply change the surgical mask on top of it between patients.

No one from my residency program has been hospitalized, although several residents got sick and tested positive for COVID. The antibody test is now available for free for residents, and out of everyone I know, I am the only person who has had a positive antibody test who never developed symptoms.

Before the retreat, I had seen a couple patients with odd chest x-rays, like a weird pneumonia I'd never seen before. In all likelihood these were COVID patients. We just didn't know it yet, and we weren't wearing PPE.

The worst part of the pandemic was having so many patients dying in what felt like a very short time period. The hospitals had stopped allowing visitors unless death was imminent. At that time, we would call families to come in and then

FIRE

they were only allowed 10 minutes with their loved one, again, to reduce exposure. The palliative care team got involved with almost all of those patients and were probably working over time as well so that the ICU team didn't have to spend time on the phone having those conversations instead of caring for patients.

Things have calmed down a lot, but it's a different normal. The COVID teams have been disabled for now. Residents are back on clinics. At the VA, we're still mostly doing telemedicine unless a patient requests to be seen in person. For a while, many patients with non-COVID complaints (such as heart failure) were avoiding the hospital, so now they're more ill than if they had come in sooner. We're still short of N95 masks and gowns, but our volume is also less.

During the worst of it, I had a recurring nightmare that I had three patients decompensating at the same time. Only one could be intubated and I had to decide which one. Fortunately, that's stopped. Despite the stress and emotion, I do think it's been a tremendous learning experience and I'm very thankful to my program for making sure we were well taken care of.

Abbey Phelps, MD '18, is currently a third-year internal medicine resident at Tulane University School of Medicine in New Orleans.

Jordan Levy, MD '18 Psychiatry, Miami

News reports on COVID-19 and mental health focus almost exclusively on the emotional impact of the pandemic in terms of social isolation, loss of income, or fear of contracting the virus. Those are all valid issues and there is no doubt that COVID-19 has increased anxiety across the general population.

But when treating hospitalized psychiatric patients, the issues are much more basic. Where do you put psychiatric patients who also have COVID? And what do you do when your patient is homeless and has nowhere to quarantine? These are issues I've faced over the last several months as a second-year psychiatry resident at a busy public hospital in Miami.

I'll never forget my first experience with a COVID patient. It was early March and I was on call, the only psychiatrist physically present at our VA Hospital. The police brought in a patient to the emergency department after a suicide attempt. This is a common occurrence. I had just completed the admission order when the patient began coughing. The medical doctor on call suspected the patient had COVID.

Even on the psychiatry service, we were all acutely aware of COVID. The weekend earlier, a long-time nurse at the hospital died from COVID and a fellow on my unit tested positive. As at many hospitals, PPE was in short supply. I had been issued one N95 mask that I wore for two weeks straight until it was visibly

soiled. I doubled up on surgical masks until I could get another.

Getting a test result on the patient could take up to a week. As I tried to determine where this patient should go, it became quickly evident there was no protocol for psychiatry in-patients with suspected COVID.

By nature, psychiatric wards are open units. Unlike medical floors, where patients can easily be isolated in separate rooms, psychiatric units are designed to prevent solitude and facilitate interaction. Ours is no different. While patients who are a danger to others can be isolated, that's the last thing you want to do with a patient who is actively suicidal. On a milieu-style unit, there is no way to physically isolate the patient. All rooms are shared and our only "isolation" room is the room we use for patients requiring 4-point restraints; this room doesn't even have a bathroom, let alone a negative pressure system, so a patient would need to leave that room to use the bathroom and shower. It is a less than ideal setup to work with in a pandemic setting.

I spent hours on the phone with various department heads and attendings, who contradicted each other's recommended course of action. At one point, it was determined the patient could go to a room that is designed for seizure patients and can be monitored by camera. But with no staff available to monitor the patient 24/7 that was determined not to be a viable option and the patient ended up in "isolation"



By April, the hospital opened a separate psych unit for COVID-positive (or suspected positive) patients. But then a separate complication emerged. Many of our patients are homeless, with no place to quarantine after a COVID diagnosis.

TRAINING UNDER

(a private room) on the psych ward. Fortunately, that patient was ultimately COVID negative.

I wish I could say this was an isolated experience, but for weeks, policy changed on a daily, sometimes hourly, basis.

By April, the hospital opened a separate psych unit for COVID-positive (or suspected positive) patients. But then a separate complication emerged. Many of our patients are homeless, with no place to quarantine after a COVID diagnosis.

In May, I had a patient who was ready for discharge after six weeks in the hospital on an involuntary admission. Psychiatrically he was stable. But he'd

also had COVID and had been on the psychiatric COVID unit. His COVID testing was erratic. One day he'd be negative and then two days later, positive again. Because the patient was homeless, he had no place to quarantine.

Nonetheless, the patient threatened legal action to be discharged. After consulting with the Miami Department of Health, it was determined the patient would be involuntarily admitted to a medical unit until COVID negative.

Now July, Miami is considered the epicenter for COVID-19. Jackson Memorial Hospital, the busiest public hospital in the

state, is under emergency pandemic response. In addition to requesting 100 additional nurses to work in the ICU's, the hospital is pulling residents who have completed an intern year from all specialties to assist.

And despite a positive COVID test rate of nearly 30 percent, tourism in Miami remains constant. With state leadership focused on the economy rather than public health, I see no change in sight.

Jordan Levy, MD '18, is currently a third-year psychiatry resident at Jackson Memorial Hospital in Miami.



FIRE

Prateek Harne, MBBS, HS '21 Internal Medicine, Syracuse

“I am very scared,” my patient said. She wasn’t the only one.

As I write this (at the end of March), the coronavirus pandemic has reached more than 580,000 cases worldwide, the United States has surpassed China with the most cases, and it’s still rising.

I am a resident physician working at SUNY Upstate Medical University Hospital in Syracuse, New York. I was mentally prepared to see these cases in our hospital, but roughly two weeks ago, when I did — in the context of what we know about this virus so far — it left me changed.

As a doctor, we are trained to listen calmly and to understand and validate our patient’s anxiety. Through numerous encounters, we are equipped to handle these situations so that our patients feel acknowledged and relieved after we have had a conversation with them. But every now and then there comes an interaction that leaves an indelible impact.

My first encounter with a COVID-19 positive patient is something I will never forget. She had been admitted three days earlier, and I was asked to evaluate her, as her oxygen requirements had dramatically increased. As I stood in her room, my heart was racing. I didn’t quite realize it in the moment, but I was scared.

With a distinct heaviness in her breath, she told me how nice everyone had been to her in the hospital. After examining her, I told her that we would need to

intubate — insert a tube into her airway — for her to breathe better, and she replied by telling me she was very scared. I held her hand and told her it takes courage to do what she was doing.

She asked me to call her husband, who was being quarantined at home after testing positive, and tell him that she loved him a lot. I did what she asked, and he asked me if I could tell her the same.

Four days later, she passed away due to severe respiratory failure, despite maximal medical supportive therapy. Ever since then, every time I have entered a patient room with a potential COVID-19 infection I have felt scared — scared that I will infect other patients, my colleagues or my loved ones.

Health care providers internalize — and even forget — the emotional toll the job can take. If you meet any of us in the hallway, you may forget for a moment that we are in an ongoing pandemic. We walk into work, smiling, calm and composed. My days off are spent dispassionately debunking myths about this virus with my family and close friends.

We all portray a version of ourselves to the outside world, one that is undeterred by the uncertainty associated with this pandemic, even as we all know that we are scared.

This act of gallantry comes at a deep personal cost. The heaping emotions chip away little parts of you without your even knowing, leading to suppressed turmoil and eventually — for some — burnout. We do not show our

vulnerabilities to the world, as we believe that doing so would evoke more panic to those on the outside.

It is completely justified to be overwhelmed. But we know that panic and chaos can never side with you when you are managing a dying patient, or a pandemic for that matter.

During these times, we find ourselves going back to something that makes us human. Something unrelated to this pandemic that threads us together. From singing songs in balconies, like many of those housebound in Italy did to cope and show solidarity, to donating to hospitals, to offering help to health care providers, to staying at home and maintaining social distance, all of this tells us that each one of us is doing our part. I find my salvation in writing.

There is a lot to worry about amidst the increasing incidence, high transmissibility, non-conclusive treatment modalities, potential scarcity of PPE, crashing economy and unemployment that this world is facing — that you and I face. But if we take one day at a time, calmly focus on our role in this fight, then we might be able to see the light at the end of this tunnel, and probably soon.

I am a soldier in this battle, I am fighting my piece, and I ask you to fight yours. Breathe and keep fighting.

Prateek Harne, MBBS, is a third-year internal medicine resident at Upstate Medical University in Syracuse. This essay originally appeared on CNN.com.



I am a soldier in this battle, I am fighting my piece, and I ask you to fight yours. Breathe and keep fighting.

MEDICAL SCHOOL, INTERRUPTED

COVID-19 ended the year early for the Class of 2020



In March, the Class of 2020 reconvened on the Upstate campus after months of away rotations, residency interviews, and for some, clinical training in Binghamton. They were there for the four-week March Into Residency training program, which would be followed by a celebratory dinner dance, Match Day, and graduation.

“We were all enjoying being back together and celebrating our four years of hard work,” says Mary Beth Gadarowski, MD ’20.

Day to day, COVID-19 was a bigger part of the news. “There were more physicians and fewer politicians,” she says.

On March 11, Dr. Gadarowski and her classmates received an email notifying them that March Into Residency and any remaining electives were canceled immediately. Overnight, medical school was over. For Gadarowski, it was an unsatisfying ending to a challenging yet gratifying medical school experience. A week later, like many of her classmates, she went home to her parents to await Match Day and residency.

“It was a huge disappointment for many of us,” she recalls. “At that point, we were still holding out for the possibility of a graduation. In reality, I said goodbye to classmates that I may not see again, which is really kind of sad.”

At home watching the news, Gadarowski couldn’t help but think about her upcoming role as a new trainee in the midst of a pandemic, something she found exciting and terrifying at the same time.

“Medical school doesn’t necessarily allow much time for reflection or introspection so COVID has been a really unique time for many of us to pause and reflect on our collective experiences,” she says.

Gadarowski wanted to connect to her classmates in a final ode to their role as physicians in society at such a remarkable time, and wrote an essay that was published on April 4 on KevinMD.com. “It was my attempt to sum up four years of medical school,” she says. “I just wanted to feel a connection to my classmates who had suddenly left Upstate and were off and do amazing things.”

Gadarowski is now in San Antonio, Texas, beginning an intern year in internal medicine at San Antonio Military Medical Center before further training in dermatology. “It’s been nice to have had this time, but I’m ready to get started and get back in the swing of medicine again,” she says.



COVID-19 AND THE HIPPOCRATIC OATH

By Mary Beth Gadarowski, MD '20

On a sticky summer day four years ago, a class of eager medical students and I harmoniously chimed the Hippocratic oath, binding us to the highest standards and code of medical ethics.

As newly accepted and unassuming medical students, how could we understand the sacred nature of this rehearsed and recited 'covenant'?

While pledging the words embedded in this sacred vow, we were completely unaware that the culmination of our medical education and the start of our journey as practicing physicians would be cloaked in the uncertainty of a sweeping global pandemic.

This seemingly ancient oath has never seemed so vibrant and alive as it is now, as massive efforts to contain and curtail a virus unfold at an almost incomprehensible rate.

Little did we know as second-year medical students, how pertinent preventative medicine, epidemiology, and statistics would become. As management guidelines consume the headlines, my peers and I have grown to understand these headlines. The pillars for a foundation of knowledge and guidance is how we will do our part, for the benefit of the sick, to the best of our abilities and judgments. We will do this to keep them from harm and injustice.

Little did we know, or appreciate even, as weary third-year medical students, the lessons to be gleaned from a disaster preparedness exercise, just one assignment of many to be checked-off. Knowing that prevention is preferable to curative medicine, we have sworn to prevent disease whenever and wherever we can. The time to prevent has never been as crucial as it is now.

Little did we know how impactful and influential the bioethics sessions on 'the role of a physician' would be. Little did we know the importance of those mock scenarios we performed, to finesse our decision making in health care, to allocate finite resources in a system already at capacity. As this pandemic unfolds, we will call upon these sessions to tread carefully in matters of life and death. In order to adequately care for the sick at this time, we will remember that we do not treat a fever chart or a malignant growth, but rather a human being.

And yet in the recent wake of a pandemic sweeping the globe and now the United States, this is what my classmates and I do know: we are honored to join this profession, who are bound to uphold the standards of society. We have sworn to respect the hard-won (and hard-earned) scientific gains of the physicians in whose steps we follow, and in several short months, whose steps we will walk in tandem with.

With four years of medical education behind us, we feel humbled to join the ranks of those on the front line of this unprecedented virus. In this time, we are beginning to understand the dedication, the commitment, the truth in our obligations to all fellow human beings, of those well and unwell.

May my peers and I act to preserve the finest traditions of our calling in a time of unrest, fear, and anxiety. May we long experience the joy of healing those who seek our help. We swear to fulfill, to the best of our abilities and judgments, this very covenant.

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STUDENT ROUNDS

Taking PPE to the Streets

MEDICAL STUDENTS CREATE PANDEMIC “CARE PACKAGES” FOR CENTRAL NEW YORK’S HOMELESS

With the onset of the COVID-19 pandemic, essential protective gear such as masks, hand sanitizer, and gloves became increasingly difficult to come by. And for homeless individuals with little to no resources, those items were simply out of reach. Helping that vulnerable population protect themselves and others was the motivation for Stephen Lucas ’22 and Summer Carbone ’22, Upstate College of Medicine students who organized an effort to provide protective pandemic “care packages” to the homeless in several Central New York communities. As of June, they had donated 1,000 bags to shelters in Syracuse, Utica, and Rochester.

Lucas spent much of last academic year organizing a “street medicine” interest group with the a goal of launching an elective where students could work with David Lehmann, MD, an Upstate internist who regularly provides medical care to Syracuse’s homeless population. Dr. Lehmann’s House Calls for the Homeless program, launched in 2018, provides medical, psychiatric, and addiction services for the region’s homeless men and women on the streets where they live.

The student interest group had just gotten off the ground when the coronavirus hit Central New York, preventing medical students from engaging in clinical or volunteer activity.

Undeterred, Lucas was determined to find ways to help. With no television, phone, or Internet access, the homeless have a near total lack of access to information about the COVID-19 pandemic and how to protect themselves. Lucas put together an infographic sheet, which he had photocopied at Upstate’s Center for Civic Engagement and planned to distribute. The CCE staff told him that another student had similar concerns—

Carbone was planning to make hand sanitizer to donate to the homeless.

“The ability to wash your hands, something we take for granted every day, can make a huge difference to keep this virus contained,” says Carbone of her motivation.

Lucas reached out, and the duo decided to join forces. Together they were able to make a bigger impact than either had initially dreamed of.

Via Facebook, Carbone and Lucas solicited donations of supplies for their care packages and received an overwhelming response, including masks, gloves, hand sanitizer and socks.

“We just kept posting to Facebook and our friends and family would share the posts and people they knew would reach out and give us things,” says Lucas. “We got really great support from our own student body, which is something I didn’t even expect because we’re students—it’s not like we have a lot to give. A quilting company sewed masks for us; other businesses gave us deals on hand sanitizer and masks. The Department of Emergency Medicine set up a sock drive. It really, truly was a whole community effort.”

Carbone says her initial goal was to help 200 individuals. But with the outpouring of donations—including \$2,000 cash—and Lucas’s contacts with groups and organizations that distribute materials to the homeless, they realized they could do more.

Once a week, they would gather several of their friends in Lucas’s apartment and, sitting six feet apart and



Summer Carbone ’22

wearing masks, assemble care packages. Each bag contained a coronavirus info sheet, mask, gloves, hand sanitizer, a pair of socks, and some snack items.

When they had a couple hundred bags assembled, they would reach out and deliver them to an area shelter.

“When the pandemic began, we all felt sort of helpless,” says Carbone. “Because we’re limited in our clinical experience and our knowledge, there was really nothing we could do besides stay home and social distance. I wanted to use that extra time to do this.”

It was neither student’s first effort on be half of the homeless. Lucas had shadowed Lehmann several times. That was how he knew socks would



Stephen Lucas '22

be a valuable contribution to the bags, even though not related to pandemic precautions.

"Socks are like gold to this population," Lucas says. When out with Lehman, he says patients often asked for socks.

Last year, Carbone attended a lecture on health disparities that touched on the lack of feminine hygiene products for homeless women. In response, she organized a feminine hygiene drive and was able to donate more than 5,000 individual products.

"These people are our brothers and our sisters; they're part of our community. If we are banding together as a community to fight this pandemic,



Lucas and Carbone prepare individual hand sanitizers for care packages.

we can't just leave these people behind," she says.

Carbone and Lucas will continue the project as long as they have supplies and there is need. Both are looking forward to the ability to resume clinical activities on July 1.

"We're really excited about finally, things loosening up and students actually being able to go out and experience street medicine without the fear of contracting COVID," says Lucas. "That's the most exciting thing, personally, to have an educational opportunity where you can see medicine being done, and at the same time, help people."

CLASS NOTES

1949

Stuart K. Cohan, of Houston, TX, writes, "I just turned 93 and can still talk medicine with my two grandchildren, who are doctors."

1950 Reunion

APRIL 24, 2021

1955 Reunion

APRIL 24, 2021

1956

Michael L. Del Monico, of Raleigh, NC, is adjusting to North Carolina weather. "It is better here with family, but I still miss New York."

John G. Egner, of West Islip, NY, is still hanging in there at 91 and may be one of the oldest of his class.

"Hope all is well," he writes. "I miss my days in medical school. I remember our anatomy instructor, Dr. Armstrong, who was relentless in our dissections, and made us all benefit from that great medical education that Upstate provided for us. I am indebted to him and all our teachers and instructors at Upstate. They all made my life one that I would never regret and one that I loved. It's been a good road for me and I look back on it and rejoice on attending school where they molded me into a physician and provided me the abilities to lead the life that I have lived and loved. I am in the twilight of my years now and wouldn't change a thing."

1959

Myron Miller, of Baltimore, MD, continues to work part-time teaching medical residents, now by use of Zoom and other video sharing programs. "Slowly emerging from COVID-19 shutdown, but still a long way to go before any semblance of normalcy returns," he writes.

distancing, my string quartet has been put on hold. During the interlude, I have decided to teach myself the piano and am very much enjoying it."

1960 Reunion

APRIL 24, 2021



Richard J. Lubera '59

Richard J. Lubera, of Grosse Pointe, MI, was excited to join a large medical group in August 2019 after 53 years in private practice. "I feel very privileged to still have an active practice and be assisting my patients during this COVID-19 crisis through working at the hospital and utilizing telemedicine at my office. As a 1959 graduate, my classmates and I would never have imagined the telemedicine technology that we use today to help our patient. My wife, Liz, and I both feel very blessed by our wonderful family and we celebrated our 62nd wedding anniversary on June 14. Because of social

Jerome Glazer, of Boca Raton, FL, and his wife are surviving the virus. Their two sons are physicians and are working hard helping patients with the virus. "Best Regards," he writes.

Frank J. Weinstock, of Boca Raton, FL, is enjoying retirement. "I totally recommend it. If you are in the area call us at 561-368-8376."

1961

A. Stephen Casimir, of Scottsdale, AZ, and wife Sally have spent the past 18 years as snow birds, wintering in Arizona and returning to their lake

Robert Penner '56 of Chula Vista, CA, recently received a Bronze Telly Award for his efforts with the San Diego start-up Color Butler, to help those with color vision deficiency. The Color Butler iPhone App uses a patented approach to help people dress for success by color matching their clothes. This is useful for people who are visually impaired through color blindness and are unable to properly judge colors and color matching. He himself has lived with color vision deficiency his entire life.

home in Greene, NY, in June. "Not this year," he writes. "Folks back East have strongly suggested that we not travel home, but remain in Arizona, and so we will. We will experience firsthand what the dry heat and dust storms of an Arizona summer are really like. Let us hope that we will be able to have a 60th reunion next year and that we will be able to attend. Be well; stay well."

Howard R. Nankin, of Columbia, SC, joined the new medical school at the University of South Carolina, in Columbia, SC, as a faculty member. "Over the years, I had great colleagues," he writes. "We did patient care, teaching, and endocrine research. Retirement came in three stages and was completed on December 31, 2008. That was followed by a 17-week master gardener course given by Clemson University. Even with that training, growing tomatoes has become more difficult here as the climate warms. During the past few weeks I have contacted five Upstate classmates; two in Southeast Florida, one on the West Coast of Florida, one in the middle U.S., and one in Southern California, the latter two, having had no contact for 59 years. It seemed as if we had seen each other a few days ago. Everyone has an interesting story to tell. Stay well."



Kirtland E. Hobler '62 and his wife, Joanna

1962

Kirtland E. Hobler, of Milford, OH, is trying, during this pandemic, to become a barber-surgeon in order to keep Joanna out of hair salons in Milford. "I'm quite excited to try, but Joanna is not so sure," he writes.

1963

Carl Salzman, of Cambridge, MA, is professor of psychiatry at Harvard Medical School. He was awarded the Lifetime Achievement Award by the Massachusetts Psychiatric Society in May.

1965 Reunion

APRIL 24, 2021

Anthony R. Caprio, of Fall River, MA, says all four of his grandchildren are well and attending college. "The bills are on their parents," he writes.

Pete Haake, of Scottsville, NY, and Cathy are enjoying retirement and are near almost all of their children and grandchildren. So far, they have two great-grandchildren.

Robert A. Sargent, of Englewood, CO, is clinical professor Emeritus at the University Colorado Medical Center. He has been on 92 charity missions, teaching eye surgery at third world locations. His wife, Margo, is residing at an Alzheimer's facility in Denver.

1966

Neal M. Friedberg, of New York, NY, retired from hematology/oncology in 2005. He has been sequestered in Columbia County since mid-March. His entire family is either negative or recovered from COVID, including his three-month-old great-grandson. His interests include fiction, music, photography, and friends.

Susan and Bernard D. Glasser, of Los Angeles, CA, have been retired since the end of 2002. "We are now isolating at home for two-plus months with our son and his family while his house is being remodeled and he is running his psychiatric practice online from our house. I am keeping busy as vice commodore of our yacht club, helping to manage a mid-size resort in the midst of the pandemic."

Austin M. Pattner, of Englewood, NJ, shares, "It's a boy," his third grandchild. He is completing 46 years in active practice with no end in sight because of enduring patient relationships.

1967

Harold C. Burchel, of Burlington, NC, writes that he and his wife, Ruthan, were missionaries in East Africa for many years. In between mission assignments, he worked 15 years in family practice and about 20 years intermittently in emergency departments. He retired in May 2017 after 50 fulfilling years in medicine. They have four wonderful children, 10 grandchildren, and seven great-grandchildren. The last two were born in early spring, identical twin girls, weighing in at 6 lb. 7 oz. and 6 lb. 2 oz. Mom, dad, and two-and-a-half-year-old brother are doing well. "I will always be deeply grateful to Upstate for allowing me to work my way through medical school. We now live in North Carolina, close to most of our family. My wife is disabled, but we are in a lovely independent living facility and are well cared for."

Martin L. Cohen, of Morristown, NJ, reports that coronavirus may have sent him into retirement. "I was still working six-to-eight days a month, but not now," he writes. "Joan and I bought a new place in Boynton Beach, FL, and had looked forward to seeing

Charlie and Jackie Sitrin there at Tanglewood in July. That has all changed. Two grandchildren are in college, one pre-med, and one in biomedical engineering. Joan and I just keep busy at home in the time of coronavirus. Hope everyone stays safe."

1968

Robert L. Bard, New York, NY, is editor of a book on COVID-19 with contributors from six countries, *Image Guided Management of Covid-19 Lung Disease*.



Rear Admiral Robert B. Halder, USN (Ret) '68

Rear Admiral Robert B. Halder, USN (Ret) of Bonsall, CA, interned in surgery at University of California, San Diego, where in 1969 he was named Intern of the Year. He joined the U.S. Navy in 1969 as a flight surgeon and served with a Helo Squadron until 1971, when he entered the ophthalmology residency program at Naval Hospital, San Diego. Upon completion, he was boarded and served at Naval Hospital, Camp Pendleton from 1974-84 as staff surgeon, a member

CLASS NOTES

of former President Nixon's medical team, and hospital chief of staff. In 1984, he was executive officer at Naval Hospital, Long Beach, CA. From 1985-87, he was commanding officer at Naval Hospital, Naples, Italy, and from 1988-92, Commanding Officer of the Navy's largest hospital, Naval Hospital, San Diego. Upon his retirement, he was awarded the Distinguished Service Medal, the Navy's highest non-combat award. From 1992-2002 he served as an internationally recognized expert in the area of clinical quality improvement, consulting world-wide, including with the Mayo Clinic. He has published numerous articles in this field. Living in Italy with his wife, Marilyn, from 2003 to 2010, he served as president of the Navy League, Naples, Italy. Upon his return in 2010, he cofounded two local not-for-profits to provide support for wounded warriors. His two sons are successful executives and he and Marilyn have five grandchildren. They return to their beloved Italy every other year.

Kenneth J. Hoffer, of Santa Monica, CA writes, "We celebrated our 50th Wedding Anniversary on May 30."

1969

Joann Dale Tomaszewicz, of Rochester, NY, writes, "I hope all of you are well. Sadly we are in the high risk group during this pandemic. When New Yorkers were

ordered to isolate themselves at home, I felt this was no great sacrifice for me. As a retired widow, I felt that I pretty much stayed home all the time, venturing out for groceries and doctor or dental appointments. Soon the reality set in as two of my scheduled tours were canceled. I guess my hobby is traveling, but I also entertain, visit with friends, offspring, and neighbors, and go out to dinner and to shows. It has been very lonely, but I was fortunate to enjoy a cruise in Australia and New Zealand in January and then a land tour in Morocco in February. Now that the weather has finally warmed up, I have been able to entertain my daughter and her family, my son and his, and the couple who are my dearest friends, while sitting outside six feet apart. We survived medical school, so we can surely survive this!"

1970 Reunion

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1971

Richard M. Stratton, of Gilbert, AZ, writes, "What happened to the golden years. Our outings are now doctor's appointments. But Yukiko and I have positive attitudes and grand kids."



Philip R. Caropreso '72

1972

Philip R. Caropreso, of Keokuk, IA, has been elected second vice president of the American College of Surgeons and was installed at the annual convocation in Boston on October 27. He is one of three elected officers in the organization and the first surgeon ever from Iowa. He is looking forward to representing surgeons all over the world, with plans to travel to Chile and Germany. He practiced in Iowa and Illinois from 1976 to 2013 and is now fully retired from rural general surgery practice.

1973

Steven M. Rothman, of Clayton, MO, has been coming to Syracuse several times annually to attend on the pediatric neurology service at Upstate University Hospital since 2016. The pandemic put a halt to travel but he is doing out-

patient pediatric neurology for Upstate via telemedicine. Otherwise, he is splitting time between St. Louis and Belfast, Maine.

Gary M. Kohn, of Algonquin, IL, has been working at a local free clinic doing telehealth during the quarantine.

1975 Reunion

APRIL 24, 2021

Joseph A. Cincotta, of Syracuse, NY, enjoys being back at Upstate as part of the family medicine residency faculty. They welcomed their second class of six residents in July and are making an effort to cultivate family medicine as a preferred medical career path for their students. He spends his free time cycling and enjoying the central New York region, including the winters.

Robert M. Goldberg, of Somers Point, NJ, is happy to say that he is in good health and coming up on 40 years of practice in medical oncology/hematology in his solo practice in Somers Point, between Ocean City and Atlantic City in South Jersey. "I love what I do (hate the system) and was just listed again as a "Top Doctor" in Philadelphia magazine. I am proud to say my younger daughter, **Jackie Mandell '10**, is board-certified in ophthalmology and did her residency at Upstate and fellowship-trained in medical retina. She is practicing in San Diego and is a mom to two delightful little



Wedding photo of Kenneth J. Hoffer '68 and wife Marcia

daughters. I am awaiting to see what will happen as to our 45th class reunion in September."

James A. Terzian, of Vestal, NY, writes, "My first grandchild, James, age one, born to my son **James '07** and his wife Amanda!"

1976

Richard M. Alexander, of Houston, TX, continues to work full time in cardiovascular surgery. "I hope everyone is safe in these crazy COVID-19 times," he writes.

Harriett L. Burris, of Alexandria Bay, NY, retired from River Hospital in 2014. "I've been busy with the Thousands Islands Arts Center with weaving and the Bay House Artisans, where I sell my knitting, and with enjoying life in my hometown, Alexandria Bay," she writes. Her oldest daughter, Liz, lives in Seoul, South Korea, with her husband, Won Heo. She has a master's in international cooperation from Yonsei University and teaches English to Korean corporate types. Daughter Kate and her wife, Shanna, are currently in Hockessin, DE, raising Burris' first grandchild, Christopher David Kline. Kate worked for Aramark for 14 years, most recently as a senior financial officer. In January, 2019, she took a finance job with Rentokil in Reading, PA. They are one of the largest pest control companies in the world, based in the UK. Shanna is taking

time off from echocardiography since the baby. All three have been at home since March. "Husband John is well. We finally invested in a ramp this spring, only three years after he became wheelchair bound (he's not what you'd call an early adopter)."

1977

William R. Latreille, of Malone, NY, was re-elected speaker of the Medical Society of the State of New York on May 7. He will continue to play an active role in the outpatient medical practice at the University of Vermont Health Network, Alice Hyde Medical Center in Malone, NY. He will also continue his internal medicine practice in Malone and at the Indian Health Center in Hogsburg, NY.

1979

James P. Corsones, of Hurley, NY, recently welcomed his fourth grandchild, Jameson Douglas Finney, born on March 3 to daughter Rebecca Corsones Finney and husband Ryan Finney.

1980 Reunion

APRIL 24, 2021

Ernest M. Found, of Iowa City, IA, writes, "I can't make it to the 40th reunion, bummer. I retired a year ago and it's the BEST! Cheers to all."

Gerald A. Lauria '81 of Orchard Park, NY, led a medical team to Los Naranjos, El Salvador, in February, his sixth such trip. They saw 400 villagers over four days with a variety of complaints.

1982

Nicholas G. Tullo, of Towaco, NJ, is on the medical advisory committee for the Arrhythmia Alliance, an international advocacy group based in the UK, and was interviewed online regarding patients with syncope. His oldest son, Chris, is a graduate student majoring in mental health counseling. His younger son, Alex, will be a senior at Ringling College of Art and Design in Sarasota, FL, majoring in computer animation, and his daughter, Veronica, will be starting as a film production major at Chapman University in Orange County, CA, in the fall. "Best regards from New Jersey! Stay safe," he writes.

1983

Richard G. Birkhead, of Dracut, MA, is a cardiologist at Merrimack Valley Cardiology in Lowell, MA. He recently stepped down as managing partner of the 12-person group and is past president of the Lowell General Hospital medical

staff. He has been married to Jean almost 10 years. He is a proud parent to three kids, including two Tulane Medical School graduates and a social worker, and three step-kids, including a Green Beret.

Theodore M. Mazer, of Poway, CA, and wife Marcy are now grandparents, with the safe birth of Isaac Bowie on April 3 to Neil and Jennifer in Manhattan, during the COVID outbreak. Ted is now serving on the Financial Solvency Standards Board of the California Department of Managed Health Care. He is the vice chair of the California Delegation to American Medical Association.

Susan Zahalsky Jensen, is happily retired in Fort Mill, SC, about 10 minutes south of Charlotte. She is keeping busy, even in quarantine, with work as *Mensa World Journal* profiles editor, contributing writer to new Italian online food magazine thegoosto.it, and freelance writer for local and national newspapers. She began indoor hydroponic gardening and is studying to become a South Carolina BBQ judge. Her 18-year-old daughter,

Jessica, is off to the Darla Moore International School of Business at University of South Carolina, Columbia, in just a few months. "We are grateful the school is opening for classes. Wishing everyone good health," she writes.

1984

David J. Anderson and **Pamela J. Reinhardt**, of Plattsburgh, NY, are delighted to welcome their first grandchild, Audrey Marie Anderson, born to their son Ian and his wife **Taylor M. Pong '23** on April 29, 2020. "All are healthy and we are looking forward to meeting Audrey as soon as possible, when it's safe."



Audrey Marie Anderson, granddaughter of David J. Anderson '84 and Pamela J. Reinhardt '84 and daughter of Taylor Pong '23 and husband Ian Anderson

CLASS NOTES



Brian Sorrentino '85 and Robert C. Berlin '85

Suzanne B. Sorrentino, of Memphis, TN, writes, "Thank you so much to **Robert C. Berlin '85** for endowing the Sorrentino Scholarship in memory of my husband, **Brian Sorrentino '85**. And a special thank you to all their classmates who gave in his memory. This scholarship will continue to make a difference in the lives of future physicians, and I am forever grateful."



Michael F. Trevisani '84

Michael F. Trevisani, of Spring Hill, FL, is starting a new position at HCA Regional Medical Center Bayonet Point in Hudson, FL, as the chief medical officer.

1985 Reunion
APRIL 24, 2021

Drew (Edward) Malloy, of Santa Cruz, CA, writes, "I feel fortunate to have my health and meaningful work. My family is healthy and I enjoy my job as a family physician at UC Santa Cruz Student Health, taking care of young adults. My daughter Maggie is finishing her first year at UC Davis, where she was part of the Aggie swim team. My thoughts are with all of you striving on the front lines to manage this novel virus during these uncertain times."

1986

Elizabeth A. Prezio, of Clifton Park, NY, is proud to report that her daughter, Sarah Whitney Jenkins, graduated with her MD from University of Texas Medical Branch in Texas.

1987

Robert E. Lubanski, of Wilmington, NC, is still practicing full-time anesthesiology with a part-time job as vice president of medical affairs for a local hospital system. His son, Ethan, graduated from East Carolina Medical School and will be starting anesthesiology residency at Miami. "If passing through coastal North Carolina or Naples, FL, give me a call," he writes.

Jeanine M. and Peter J. Morelli, of East Setauket, NY, wishes to thank classmate **Mike Farrell** for the excellent prenatal care for



Erin Wilcox, niece of Jeanine M. '87 and Peter J. Morelli '87 and daughter Mackenzie

their niece, Erin Wilcox, and the delivery of Mackenzie who was born July 2019 at Lourdes Hospital in Binghamton. They are still working and teaching at Stony Brook, Jeanine in family medicine and Peter in pediatric cardiology.

1988

Erick C. Bulawa, of Greeneville, TN, announces that his daughter Lillith graduated from East Tennessee State University. "She is now following in her parents' footsteps by accepting a position to join the 2020 medical school class at the East Tennessee State University James H. Quillen College of Medicine. She has two very proud parents," he writes.



Erick C. Bulawa '88 with daughter Lillith

1989

R. Eugene Bailey, of Manlius, NY, is residency program director in family medicine at Upstate Medical University. The program welcomed its second class in July. He also has been awarded a grant through the March of Dimes to expand implementation of interconception care as part of a large IMPLICIT network. Data will be shared to improve pre-term delivery and premature births. He and his wife, Karen, have three children: Joanna, Frank and Zoe, and they enjoy family time together.

1990 Reunion
APRIL 24, 2021

Jeffrey R. Allen, is chief medical officer at the Greater Rochester Independent Practice Association (GRIPA) and Cognisight. He practices internal medicine with a subspecialty in hospice and palliative care medicine. He is married to Sandra and they reside in Victor, NY. They have four grown children; Rebecca Harper, Daniel, David, and Mary.

1991

Edward C. Gabalski, of Bellmore, NY, was named chief of otolaryngology and head and neck surgery at Glen Cove Hospital. He

JENNIFER McCONNELL, MD '94

Stepping Up

Car accidents, sports field concussions, heart attacks, insulin spikes. Whenever someone has a medical emergency in a grocery store, on a plane, on the road or during a sporting event, if Jennifer McConnell, MD '94, is on the scene, she's often the first to offer help.

"It doesn't matter where she is, she's the first one to the rescue, to do whatever she can to help someone," said Dr. McConnell's daughter, Julie.

So it wasn't a surprise when McConnell told her family she wanted to work at the local coronavirus testing and screening tent.

McConnell's wife, Lori Smail, was concerned about the risk to McConnell and their family from a virus that has created a pandemic.

"The first question I asked Jenn was, 'How well will you be protected?'" said Smail, an elementary school principal.

McConnell reassured her wife and daughters that she would be fully protected with a motorized respiratory mask that filtered and cleaned air.

"Once I was confident that she was safe, I was 100-percent supportive," said Smail.

A physician for 26 years, McConnell worked as a family doctor for Maine General Health in Augusta, Maine, for years before opening her own practice with a partner. Known for her dry wit and unflappable character, McConnell is not shy about standing up for what she believes in—whether battling unfair insurance practices or fighting for educational support for her 18-year-old daughter, Sarah, who has autism.

So when her medical partner Lisa Clarcq, DO, heard that Maine General needed doctors to staff the coronavirus screening tent, McConnell and Clarcq immediately volunteered.

"We both jumped two feet in," McConnell said.

From mid-March to mid-April, McConnell and Clarcq rotated shifts, working every other day from 7 a.m. to 7 p.m. A few of the patients McConnell evaluated had to be immediately hospitalized. Ten percent were sent to an emergency room for further evaluation.

"And some, about five percent, came back several days later, sicker, and needed to be admitted," McConnell said.

The Augusta screening and testing facility is one of about a half-dozen tents set up outside Maine hospitals.

"Our goal is to keep the less acute patients out of the ER, so the doctors, nurses and respiratory therapists can take care of the really sick patients," said McConnell.

Each day, after being cleared by security and the registration nurse, patients pull up to the COVID tent, where McConnell approaches their car. To protect herself and the patient, she wears a hospital gown, gloves and a PAPR — a motorized respiratory mask with a plastic shield.

"My first line to the person is always: 'Tell me your story,'" McConnell said. "So I get a sense of whether or not they have been sick or exposed to the virus."

McConnell asks about fever, sore throat, cough, what they do for work, if they or someone they know have traveled recently. She also tests the patient's temperature, heart rate, and oxygen level.

The big concern, McConnell said, is their oxygen levels.

"I tell them if they are so short of breath that they can't walk from their couch or their bed to the bathroom, that would be a reason to be very concerned, and to come back or call 911," she said.

Many of the patients McConnell treats and counsels are anxious and scared. Calming them is a priority, a skill she has honed.

Jessie Blake, a home healthcare nurse and one of McConnell's patients, recently came to the screening tent with a sore throat, cough and fever.

"Jenn told me to come get checked so I don't spread it to my patients," said Blake. "When she told me she was at the testing tent, I was so proud of her. She is a phenomenal human being, putting herself out there like that in this unprecedented time."

Though she is proud of her mother, McConnell's daughter Julie can't help but worry as Maine's coronavirus infections and deaths continue to spike. Along with working 12-hour shifts at the screening tent, her mother still cares for her private practice patients and offers medical care to people in recovery.

"What she is doing is really great," said Julie. "I try to stay positive, but that fear is there. She is at a much higher risk exposing herself."

But Julie understands that her mother cannot stand on the sidelines during a pandemic, a time when her community needs her.

"She would do anything to try and help make things better," Julie said. "She's definitely a hometown hero."

McConnell herself tries to tamp down her fears. She has stopped watching news reports about healthcare professionals who die from the virus. "This is a pandemic with so many questions and few answers," she said. "I don't know how long we're going to be fighting this."

—Barbara Walsh

This article originally appeared on PineTreeWatch.org. Adapted with permission.



Maine family doc Jennifer McConnell, MD '94, volunteers at a COVID-19 screening tent in Augusta.

CLASS NOTES

also remains part of the head and neck team for the Northwell/Hofstra otolaryngology program. "Our department started our own residency program this year and we continue to help host residents from the Montefiore program. It is a privilege to help train the next generation of otolaryngologists," he writes.



The Intern by Peter Hogenkamp '93

1993

Peter Hogenkamp, of Rutland, VT, published his first novel, *The Intern*, which was released April 13. The book was inspired by an interaction he had with a 12-year-old boy dying of cancer, during his internship at St. Joseph's Hospital in Syracuse. The boy died a few days after Peter met him, but Peter never forgot the boy's resilience, courage and strength, and more than 15 years later, he sat down to write a book in which the main character was based on the boy he never forgot. The character

has been influenced by dozens of other people—patients he treated, people he knew, characters he met in novels, and several editors who have worked on the book—but that original boy is still there. If you would like to read more about *The Intern* check his author website, <http://www.peterhogenkamp-books.com/>

1995 Reunion

APRIL 24, 2021

1997

Carolyn Milana, of Miller Place, NY, was promoted to chair of the Department of Pediatrics at Stony Brook Medicine as well as the physician-in-chief of Stony Brook Children's Hospital.

2000 Reunion

APRIL 24, 2021

2004

Kenar D. Jhaveri, of Great Neck, NY, was appointed editor-in-chief of the American Society of Nephrology's journal, *ASN Kidney News*.

2005 Reunion

APRIL 24, 2021



Denise Cinquegrana '13 and daughter Lucia Grace Lara

2010 Reunion

APRIL 24, 2021

2013

Denise Cinquegrana, of Baltimore, MD, writes, "We welcomed our first child, Lucia Grace, on October 21, 2019. Congrats to many of my classmates who also had babies this year (there were quite a few of us, and it has been wonderful to swap cute baby pics.) I am still working on the COVID front lines in anesthesiology at Johns Hopkins. It is a challenging but very rewarding role. Hoping that all of my Upstate colleagues and friends are staying well during these crazy times!"



Grace Catherine, daughter of Michael R. '13 and Emily C. Daugherty '13

Emily C. and Michael R. Daugherty, of Cincinnati, OH, welcomed a daughter, Grace Catherine, on March 15. "Big brother Jack and grandfather, **Bob Cupelo '82** are very excited to have her in our family. Mickey started at Cincinnati Children's Hospital Medical Center in July as an assistant professor in pediatric urology. I remain an assistant professor in radiation oncology at the University of Cincinnati Medical Center and recently became medical director of the Department of Radiation Oncology at the Barrett Cancer Center in September 2019," she writes.

JOSHUA SCHOEN, MD '02

From OR to ICU

ANESTHESIOLOGIST JOSHUA SCHOEN, MD '02, SPENT THE PANDEMIC INTUBATING COVID PATIENTS

At Nyack Hospital, located 25 miles outside Manhattan, all elective procedures were halted on March 12. "We had admitted our first few patients with COVID-19 and then saw the surge very quickly after that," says Joshua Schoen, MD '02, assistant director of anesthesia.

New York Governor Andrew Cuomo asked all New York hospitals to increase capacity by 50 percent. Nyack Hospital came up with a plan to increase capacity by 100 percent, converting operating and recovery rooms into ICUs, and using an emergency room that was undergoing renovation as an emergency department ICU.

"We're a small community hospital, but the response from our administration and staff was phenomenal," Schoen says. "Everybody pulled together to put together this action plan. At our peak we had five ICUs in operation."

With no elective surgeries, physicians from different specialties were recruited to help out in the ICU as much as possible. Dr. Schoen stepped in to volunteer as an intensivist. "Intubating a COVID patient is a high-risk procedure with exposure to the airway a big concern," he says. "We wanted the most experienced people doing the intubations, which for the most part, were anesthesiologists."

At the peak of the pandemic, the hospital had 200 COVID patients with 70 intubated. "There was a short period of time where we used anesthesia machines as ventilators," he says.

Normally, Schoen says, anesthesiologists are on call at the hospital for 24 hours. But during the peak of COVID, it became simply too much. "I would go in at 5 p.m. and work until 7 a.m., sometimes intubating 10 to 12 patients during that time," he says. "Often the biggest challenge was running from room to room taking PPE off and on."

Fortunately, he says his hospital never had a serious shortage of PPE. "They even got us the PAPR positive airflow respirators," he says.

While not all of his partners used them, Schoen says he wore his all the time. With a wife and four children at home, he was always acutely aware of the risk.

"Being in the ICU and intubating patients, there was zero chance of not being exposed," he says. "I told my wife up front I thought there was an 80 percent chance that at some point I would become infected and get sick."

In the beginning, he says he would shower immediately when he got home from work and wouldn't touch his kids. "It was really traumatic," he says.

But over time, he saw that his colleagues weren't getting sick. "It seemed like the PPE and the hand washing was really working," he says. "Out of 100 medical staff, only two or three people got sick, and fortunately, only with minor symptoms."

Schoen had a negative antibody test in May and a negative COVID test in June, when his hospital began performing elective surgeries again. "We're slowly ramping up. We started at 25 percent capacity and by July hope to be at our regular elective schedule," he says. "With social distancing, you just can't bring patients in as quickly. You can't have them as close to each other. It's complicated, just like everything else. You've got to think three steps ahead."

As of early June, there were only nine COVID patients in the hospital. "I've only intubated one patient in the last three weeks," he says. "We're getting back to doing more of what we usually do."

Schoen says the pandemic is the most impactful experience of his medical career. "This is like nothing I'd ever done before or ever want to do again in my life," he says. "I really love anesthesia but I made a very conscious decision when I was a resident not to do an ICU fellowship."

The silver lining, he says, was to see how his hospital administrators and colleagues pulled together and adjusted their practices to make a difference for patients during a very difficult and scary time.

"We were scared of this thing in the beginning—not that we're not scared of it now—but we really came together and worked as a team to fight this," Schoen says. "I'm proud to have been part of that effort."

—Renée Gearhart Levy



Joshua Schoen, MD '02

CLASS NOTES



Justin P. '13 and Jenny A. Meyer '13 with son Pike Johnson Meyer

Justin P. and Jenny A. Meyer, of Jamesville, NY, announce the birth of their son, Pike Johnson Meyer in February. They currently work at Upstate in psychiatry and neurology, respectively.

2015 Reunion
APRIL 24, 2021

2016

Nicole M. Cifra, of Fairport, NY, was married on July 6, 2019, to Alexander Gancayco.

Saeed D. Mohammad, of Tuckahoe, NY, matched at the Joseph H. Boyes hand surgery fellowship at University of Southern California. He and his family will be moving to Los Angeles for 2021-2022 after he completes his orthopedic surgery residency.

2017

Julia A. Reiser and Connor G. Policastro '18 of Syracuse, NY, welcomed their first child, Nora Joan Policastro on May 24. They are both currently residents at Upstate, Julia in orthopedics and Connor in urology.



Nora Joan Policastro, daughter of Julia A. Reiser '17 and Connor G. Policastro '18



Styve M. Pamphile '18, Elaine Rodriguez '16 and Allen M. So '16

2018

Styve M. Pamphile, of Riverdale, NY, shares that he, **Elaine Rodriguez '16**, and **Allan M. So '16** are Jacobi-Montefiore residents and are on the front lines of the COVID-19 pandemic.

MPH / 2018

Nicolette C. Nunez-Ford, of Monroe, NY, writes, "I am now an MD candidate for 2022. On May 12, I married Tyree Ford. We had to postpone our big destination wedding to January 2021, but did not want to wait until January to take that big step, and we are so happy that we kept our original date."



Nicolette Nunez-Ford MPH '18 and husband Tyree Ford

Residents

Marvin Koss, of Fayetteville, NY, was recently elected to the position of Secretary of the New York State Psychiatric Association.

Barbara E. Krenzer, of Manlius, NY, shares that daughter **Elizabeth M. Stone '20** graduated from Upstate and is going to Brown for her pediatric residency. "I did my internal medicine residency at Upstate from 1983-86 and have been on faculty here in internal medicine and palliative care ever since. It has been wonderful to have her here these last four years," she writes.

Stuart Trust, of Syracuse, NY, was named in the "Exceptional Teacher Initiative." The initiative shares information from students on how a faculty member, resident, nurse, therapist or anyone else has impacted or influenced them in a significant way and how it changed them.

Robert S. Wilkinson, Jr., of Washington, DC, was on house staff from 1958-62. He was recipient of the Albert Nelson Marquis Lifetime Achievement Award and was included in Marquis Who's Who Top Professionals in the category of Top Doctors.



Elizabeth M. Stone '20 and Barbara E. Krenzer, MD

Mystery Photos



Above: No information available.

Right: Associated with Binghamton Clinical Campus in the 1990s. Do you recognize anyone?



Do you have photographs or papers from your school days that you would like to donate? For details email Howec@upstate.edu or call (315) 464-4585.

I N M E M O R I A M

1948

WILLIAM G. PHIPPEN, Col U.S. Army Retired of Concord, NH, died March 13. Dr. Phippen joined the U.S. Army Signal Corps as World War II was ramping up. He had a 27-year military career, as a general and orthopaedic surgeon, including serving at the U.S. Military Academy, West Point, NY, where he was a physician for the cadets and the Army football team under head coach Red Blaik and assistant Vince Lombardi. He actively served in during World War II, the Korean conflict, and the Vietnam War. He retired from military service for the first time in 1964 at Valley Forge Army Hospital, Phoenixville, PA, as a Lt. Colonel. Phippen practiced orthopaedic surgery in Lancaster, PA, for more than a decade with privileges at Lancaster General Hospital and St Joseph's Hospital. The U.S. Army recruited and recommissioned Phippen as a Colonel for surgical services at Ft. Eustis, Newport News, VA, for three years. He again retired his commission and worked with the Department of Disability Determination for the State of New Hampshire. Phippen was survived by his wife, Doris; daughters Pamela and Elizabeth; sons William Jr. and David; and two grandchildren. Donations can be made in memory of Dr. William G. Phippen to the Upstate Medical Alumni Foundation, Setnor Academic Building, Ste 1510, 750 E. Adams St., Syracuse NY 13210.

1949

CHARLES BENNETT MARSHALL, of Martinsville, VA, died February 17. Dr. Marshall was accepted into medical school on an accelerated wartime program after briefly attending Hamilton College in Clinton, New York. After two intern years, first at University Hospital, August, Georgia, then at North Carolina Baptist Hospital, Winston-Salem North Carolina, he was drafted during the Korean War and served from 1951-1953 in the Army Medical Corps in Japan. Upon discharge he continued his Ob-Gyn training at Free Hospital for Women in Boston and completed his residency at Upstate. He began his OB-GYN practice in Martinsville, Virginia in 1957 at the old Martinsville, General Hospital. After their children were grown he and his wife responded to the call that their Lord Jesus had on their lives to serve as medical missionaries wherever they were sent. From 1971 until 1983 they served year round in diverse fields, a modern hospital in South Korea to a clinic in American Samoa, to refugee camps in Thailand, Malaysia, and Somalia. From 1983 to 1987 they returned to Martinsville to care for his mother and resumed his OB-GYN practice. In 1987 he and Doris went on half year mission assignments under World Medical Mission, including Ivory Coast, Niger, Kenya, Belize, Honduras, Guatemala, Ecuador, Papua New Guinea, and Albania, until 2007. From 2007 to 2012

He was the volunteer doctor in the Martinsville Free Clinic. Dr. Marshall was survived by his daughters Gael, Jodi and Anne; son Peter; eight grandchildren; and nine great grandchildren.

1951

HELEN RAWSON EARLY, of Lansdale, PA, died May 7, 2018. Dr. Early completed her internship at Philadelphia General Hospital in 1952, a fellowship at Upstate in 1953, and a residency at Children's Hospital of Philadelphia. Early moved to Lansdale in 1955, where she established her pediatric medical practice. She was on the pediatric staff of North Penn Hospital and Grand View Hospital. She retired in 1991. Dr. Early was survived by her daughter Elaine and son John.

1953

JAMES B. HANSHAW, of Boylston, MA, died December 19, 2019. Dr. Hanshaw served in the U.S. Air Force as a medical officer at Cincinnati General Hospital and at the USAF Hospital in Tachikawa, Japan. He did his residency in pediatrics at Strong Memorial Hospital at the University of Rochester. He then became a postdoctoral fellow in virology at the Harvard University School of Public Health in the laboratory of the Nobel Laureate Thomas Weller. His work focused on the congenital cytomegalovirus (CMV). He became Lecturer in Pediatrics at Harvard Medical School in 1975. Hanshaw returned to the University Rochester Medical School in 1960 and joined the Department of Pediatrics for 15 years. He was awarded a 10 year grant from the NIH in 1962 to conduct research of CMV. He developed a screening procedure for CMV, which can cause deafness and developmental disabilities in children. In 1971, he served as visiting professor in the Department of Microbiology at the Hospital for the Sick Children, and the Institute of Child Health, Great Ormond Street, London, where he worked with Alistair Dudgeon, a leading British virologist. They co-authored the book *Viral Diseases of the Fetus and Newborn* in 1978. He returned to the U.S. and became chairman of the Department of Pediatrics at Genesee Hospital. In 1976, he became the founding chairman of the Department of Pediatrics of the University of Massachusetts Medical School in Worcester, and later served as dean, provost, and interim chancellor of the medical school. He retired in 2010. Hanshaw was survived by his wife, Marian; his children, Thomas, Lee, Liza, John, and Margaret; and three grandchildren.

SHELDON ("SHELLY") HOROWITZ, of Fayetteville, NY, and Scottsdale AZ, died on June 28. Dr. Horowitch attended Hamilton College, and as an undergraduate, enlisted in the Navy during World War II. After graduating from Hamilton and Upstate Medical University, he interned at Michael Reese Hospital and Medical Center in Chicago and completed an internal medicine residency at Mt. Sinai Hospital in New York City. He started a medical practice in Syracuse and continued in private practice for more than 25 years, specializing in internal medicine with a sub-specialty in hematology. He also served as the director of the CNY Blood Bank of the American Red Cross and frequently participated in national conferences in Washington, DC. In 1974, he became president of the Morris Distributing Company, a wholesale distribution and marketing company of consumer electronics and home appliances, which had been founded by his father. After running the company for 12 years, he engineered the successful sale of the business to Hamburg Bros. of Pittsburgh, PA in 1986. Turning to a life-long interest in real estate, he founded Morris Management Company and spent the rest of his business career owning and managing residential and commercial real estate. In addition to his business interests, he served as a trustee of Hamilton College and was an avid golfer, tennis player, equestrian, and a voracious reader of medical literature. Horowitch is survived by his wife, Sheila; daughters Jill and Amy; son David; and seven grandchildren.

1957

MICHAEL G. GWARDIJAN, of Patchogue, NY, died January 17. Dr. Gwardijan was survived by his wife Norma; daughter Linda; son Mike Jr.; seven grandchildren; and 14 great-grandchildren.

1959

ALLEN C. MINSER, of Gold Hill, OR, died November 12, 2019.

1960

LYNN J. DEFREEST, of Naples, FL, died December 1, 2019. Dr. DeFreest was an orthopedic surgeon in Barberton and Akron, OH, and founded Orthopaedics, Inc. DeFreest was survived by his wife Patricia; sons Eric and Jeff; stepchildren Kim, Keith, Warren and Mark; and three grandchildren.

WILLIAM B. KREMER, of Lakeville, CT, died April 19. Dr. Kremer attended Duke University Medical Center for his internship and residency. In 1962, he received an appointment to the National Institutes of Health in Washington, DC, as a clinical associate to research cancer. Returning to Duke, he became a clinical investigator, associate professor of medicine, and chief of the hematology/oncology division in the late 1960's. He moved to Lakeland, FL, in 1975, where he practiced oncology at the Watson Clinic and Lakeland General Hospital. In 1996, he became the medical director of Good Shepard Hospice. He retired in 2006. Kremer was survived by his wife Anne; son Joe; daughter Sarah; two grandchildren; and one step grandchild.

1961

ANDREW C. GODWIN, of Conway, SC, died November 15, 2019. He was survived by his daughter Stacey; sister Nancy; and brothers Tom and Jim.

1968

ARLENE BRANDWEIN, of Sacramento, CA, died April 22, 2020.

RICHARD J. FEINSTEIN, of Coral Gables, FL, died August 19, 2019. Dr. Feinstein completed his internship at DC General Hospital Georgetown Division in Washington, DC. He received his commission as an officer in the U.S. Public Health Service, Division of Indian Health, and moved to Chinle, AZ. He completed the dermatology residency program at the University of Miami and later became clinical professor of dermatology, teaching residents and medical students every Friday for 29 years. In 1973, he opened his dermatology practice at Mercy Hospital Professional Building in Coconut Grove, where he practiced dermatology for 40 years. Feinstein was survived by his wife Daria; daughters Rachel and Lisa; and six grandchildren.

1969

LAURA L. BERNSTEIN, of Graton, CA, died April 3. Dr. Bernstein trained in anesthesiology at Boston University but elected to practice emergency medicine before it was considered a specific specialty. She worked as an emergency doctor at Kaiser Hospital in Hayward, CA, for 12 years. Later, she became the medical director of a substance abuse program in Oakland. Bernstein was survived by her husband Allan Bernstein '69 and several nieces and nephews.

FREDERIC C. FENIG, of New York, NY, died April 16. Dr. Fenig began his career as a Lieutenant Commander for the U.S. Navy in Newport, RI, under the Berry Plan. He served as chief resident at Metropolitan Hospital Center. Fenig built a thriving dermatology practice in Manhattan and practiced for 50 years. Fenig was survived by his wife Neva; daughters Arielle and Barbara; and two grandchildren.

1970

PHILLIP T. SWENDER, of Montrose, NY, died May 3. Dr. Swender earned bachelor's degrees in theology and biology at Binghamton University before his medical degree. He was a member of the U.S. Airforce, served as chief of pediatrics at Clark Air Force Base Hospital and directed the medical screening for the Vietnam Orphan Evacuation of 1975. After returning to Upstate New York, he served for many years as associate professor of pediatrics at Upstate, as well as director of the Cystic Fibrosis Center and Pediatric Pulmonology Center. He had a weekly radio show "Kids and Health" that aired for almost a decade. Swender was survived by his daughters, Jennifer and Melissa; his former wife, Elvira; and four grandchildren.

1971

LEONARD R. SCHWARTZBAUM, of Sarasota, FL, died August 11, 2018. Dr. Schwartzbaum served in the U.S. Air Force from 1972-74 as a general duties physician and earned the rank of Captain. He later practiced as a board certified family physician in Sarasota from 1976-2007. He was survived by his wife Judith; daughters Anne and Amy; son Daniel; and two grand-children.

1984

DANIEL J. DUPREY, of East Stroudsburg, PA, died December 18, 2018. Dr. Duprey practiced internal medicine for 29 years. He was licensed to practice medicine in Pennsylvania, New York, and New Jersey. He had certifications in advanced cardiac life support and advanced trauma life support. Duprey was survived by his wife Mary Jo; son Matthew; and daughter Sara.

Residents

VISHAL S. ANAND, of Austin, TX died January 12, 2011. Dr. Anand began his career as a psychiatry resident in Syracuse and forensic psychiatry fellow in Rochester, NY. He later moved to Roanoke, VA, where he lived and practiced psychiatry for eight years and then moved to Austin in 2008, where he began working for the Central Texas Veterans Health Care System. Anand was survived by his wife, Nordeli; his mother, Veena; and brother, Pavan.

JAMES RICHARD APPLETON, of Springfield, MA, died January 13. Dr. Appleton received his medical degree at the University of Maryland and pursued a successful career in otolaryngology and plastic surgery. He served as a Captain during the Vietnam War and as an ear, nose, and throat surgeon. Appleton was survived by his wife, Linda; daughters Martha and Rebecca; son Doug; 14 grandchildren; and six great-grandchildren.

STANLEY J. CHARLAMB, of Fayetteville, NY, died June 21. Dr. Charlamb graduated from the University of Lausanne School of Medicine. He completed his ophthalmology training at Upstate. He practiced ophthalmology in Syracuse for more than 40 years until retiring well into his 80's. He was survived by his wife, Arlene; sons Larry Charlamb '88 (Jayne) and Mark Charlamb '91 (Mara); grandchildren Brian Jacob, Max, Abigail, and Leo; and sister Roberta Lerea. Donations in his memory may be made to the Upstate Medical Alumni Foundation.

PANKAJ S. DALAL, of Tucson, AZ, died March 11. Dr. Dalal was the first female to complete residency in radiation oncology at Upstate and was on faculty for decades. She was survived by her husband, Subhash; and her children, Monisha, Ami and Jay '05.

IN MEMORIAM

WILLIAM J. LASHER, of Rochester, NY, died October 15, 2009. Dr. Lasher completed his medical degree in 1975 from the University Wisconsin Medical School, Madison. He started his psychiatry residency at Brown University Medical School in Providence, RI, and finished at Upstate. He spent 20 years in private practice and retired his practice in Corning, NY, in 2000. Dr. Lasher was survived by his father William C.; and three siblings.

RICHARD C. WOLFF, of Caldwell, NJ, died February 27. Dr. Wolff enlisted in the Army in 1941 and activated at New York University as a meteorology student and was commissioned a 2nd Lieutenant in the Army Corps. He was stationed at Douglas Army Airbase as a meteorologist until 1945, when he trained in priorities and traffic and moved to the 1333 Air Force Base Unit in Chaba, India. In 1946, he ended his active duty and remained as a reserve officer in the Army Air Corps. He received his medical degree from the University of Vermont in 1953 and interned at Upstate, followed by anesthesiology residency at the Hospital of the University of Pennsylvania. He returned to CONUS in 1960 as chief of anesthesiology at MacDill Air Force Base. At MacDill, he trained with other Army, Navy, and Air Force physicians with NASA in support of the Astronaut Recovery Program. He was sent to Wilford Hall USAF Hospital to develop and command the new aerospace clinical research laboratory in 1961 and came to San Antonio with the Mercury 7 Astronauts. He also worked as an anesthesiologist in the hospital, and attended the USAF Biomedical Research Methodology course at Brooks Air Force Base. He retired in 1972. Wolff was survived by his sons, Eric and Richard; four grandchildren; two great-grandchildren; and two step great-grandchildren.

Emeritus Faculty

MAXWELL M. MOZELL, of New York, NY, died March 28. Dr. Mozell was professor emeritus of neuroscience and physiology at Upstate Medical University and former dean of its College of Graduate Studies. He received his PhD in physiological psychology in 1956 and enlisted in the Navy, where he was assigned to the Pensacola Naval Air Station. He studied the effects of flight and g-forces in the nascent space program. In 1978, he founded the Association for Chemoreception Sciences or, AChemS. He was the editor of its journal, *Chemical Sciences*, for many years. Founded as a focus for the coalenscence and promotion of chemosensory research, AChemS grew into a global society with two members awarded the Nobel Prize in Physiology or Medicine in 2004. Mozell's first academic appointment came in 1961 at Upstate where he remained for 47 years. Mozell maintained the same NIH grant he first received in 1961. He published 78 peer reviewed articles and several book chapters. He received the Monell Institute's Mannheimer Award for achievement in Chemosensory Sciences, the Javitz Neuroscience Investigator Qsard from the NIH, and the SUNY Chancellor's Award for exemplary contributions to research. Mozell was survived by his long-time partner, Beatrice; son Everett Mozell '83; daughters, Michelle, Robin, Samantha and Rachel; 12 grandchildren; and 12 great grandchildren.



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In response to the COVID-19 crisis, the Upstate College of Medicine established the Student Retention Emergency Fund. The Upstate Medical Alumni Foundation reached out to alumni for support, raising nearly \$60,000 in only three months' time.

Those funds have helped support and retain 80 students thus far with expenses resulting from COVID-related changes, such as child care, paying rent in multiple locations, and academic support and travel expenses for rescheduled board exams. Your rapid and generous response to our medical students in need has been amazing!

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