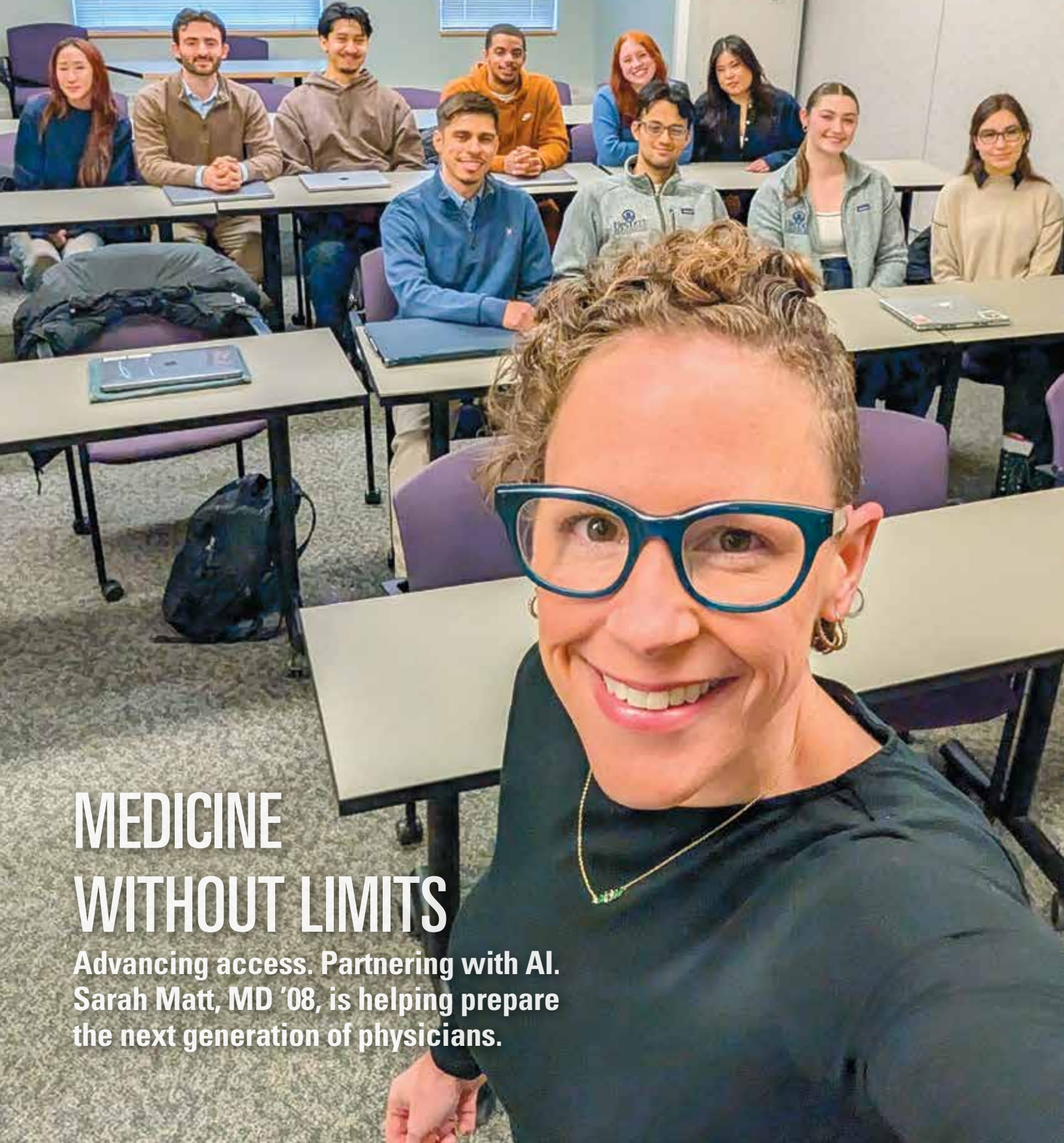


UPSTATE MEDICAL Alumni JOURNAL

SPRING 2026 PUBLISHED BY UPSTATE MEDICAL ALUMNI FOUNDATION



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Advancing access. Partnering with AI.
Sarah Matt, MD '08, is helping prepare
the next generation of physicians.



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UPSTATE MEDICAL Alumni JOURNAL

SPRING 2026 ISSUE
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*Medical Alumni Foundation***UPSTATE**
MEDICAL UNIVERSITYALAN AND MARLENE NORTON
COLLEGE OF MEDICINE

Dear Alumni and Friends,

Airports are not typically where you expect to be reminded why your work matters. But during a recent trip to Boston—facing an unexpected four-hour delay—I found exactly that.

Seated in a lively gate area, I couldn't help but overhear the animated phone conversation of a young woman beside me. Her voice carried easily over the noise, her excitement unmistakable as she spoke about medical school. When she hung up, I introduced myself. She shared that she was from the island of St. Vincent and completing her master's degree at Upstate. She will begin medical school here in August.

What followed was a conversation I won't soon forget.

She spoke with genuine enthusiasm about her dream of becoming a physician, about caring for patients, about purpose, about possibility. Just as striking was what she said about us: how much she valued the staff in the Medical Alumni Office and the people who had supported her along the way thus far.

In that moment, the mission of our Medical Alumni Foundation felt especially tangible. It is easy to think of our work in terms of programs, funding, and initiatives, but at its heart, it is about students who arrive with determination and leave prepared to serve, to heal, and to lead.

That encounter reinforced why our collective support matters. Through your engagement—whether by mentoring, volunteering, or giving—we help shape the next generation of physicians. We help ensure that talented, passionate students have the opportunity to succeed and, in turn, make a meaningful difference in the lives of their patients.

There are many ways to be part of this impact. From annual gifts to planned giving, every contribution strengthens our ability to support students and advance medical education. I am especially pleased to share that a recent \$4.5 million bequest will have a transformational impact—establishing scholarships while also creating an endowed professorship and chair to enhance the educational experience for years to come.

Together, we have the opportunity—and the responsibility—to help guide the future of medicine. Thank you for being part of this important work.

Sincerely,

A handwritten signature in black ink that reads "Robert A. Dracker MD".

Robert A. Dracker, MD '82
President, Upstate Medical Alumni Foundation Board of Directors

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Upstate Breaks Ground on State-of-the-Art Upstate Pathology Institute

Upstate Medical University officials broke ground July 7 on a new, state-of-the-art, 109,000-square-foot clinical pathology laboratory facility, known as the Upstate Pathology Institute. The new facility will consolidate and modernize Upstate's Pathology Department, positioning it for future growth, improved efficiency, and expanded regional service that drone operations will facilitate.

The Institute will be located adjacent to Upstate Bone and Joint, home of Upstate Orthopedics, and will centralize Upstate's sprawling pathology services into a single location.

Upstate's pathology services currently operate across 55,000 square feet in five separate floors in three different buildings on Upstate's downtown Syracuse campus.

The new three-story building, scheduled to open spring 2027, will bring together services including the Core Laboratory, Microbiology Lab, Histology, Immunohistochemistry (IHC), Cytology, Electron Microscopy, Bone Marrow, Hematopathology, Cytogenetics, Flow Cytometry, Molecular Lab, Bioinformatics and Digital Pathology, and more. The building will also include

teaching, conference, and employee support spaces, as well as areas for drone and courier specimen transport.

"This new Institute will transform the practice of pathology and help us meet the increasing demand for our services with greater efficiency and set a standard for laboratory science," says Upstate Medical University President Mantosh Dewan, MD, HS '79, Alan and Marlene Norton Presidential Chair. "This expansion enhances our academic mission, supports patient care across the region, and reinforces Upstate's commitment to being a leader in innovative, accessible, and high-quality healthcare."

The facility will feature advanced molecular diagnostics, which is the core of precision and personalized medicine and fuses it with advanced digital imaging and artificial intelligence. Telepathology capabilities will expand access to the large region Upstate Pathology serves.

Upstate recently executed a first-of-its-kind drone operation in preparing for the new facility, which will include a drone bay for recharging and maintenance of the transport drones into the national airspace.

The new facility will aid in the preparation of anticipated growth by Upstate's Pathology Department as it plans for increases in analysis volume and regional service reach. Already, more than half of the lab's services are provided to clients outside of Onondaga County. The facility's strategic location near the intersection of Route 90 and the future Route 81 will further enhance delivery and logistics capabilities, including the innovative use of drone technology for specimen transport.



Michel Nasr, MD, professor and chair of the Department of Pathology (above right and speaking), leads the ground-breaking celebration for the new Upstate Pathology Institute.



Dana Mihaila, MD, PhD, Named Associate Dean for Undergraduate Medical Education

Dana Mihaila, MD, PhD, an assistant professor of cell and developmental biology and neurology, has been named associate dean for undergraduate medical education at the Norton College of Medicine.

In this role, Dr. Mihaila oversees all aspects of undergraduate medical education, with a focus on medical science inquiry, compassionate care, research opportunities, community engagement, and social justice. She ensures that the educational program complies with all accreditation standards, manages the educational office staff and budget, and is responsible for the delivery of the curriculum and student assessment.

She had served as interim associate dean for undergraduate medical education since July 2024.

In addition to her role as associate dean, Mihaila continues to hold several other key positions, including director of Upstate's Anatomical Gift Program, which

facilitates the donation of human bodies for teaching, research, and training purposes.

Mihaila's educational research focuses on neuroanatomy and its clinical applications, with particular emphasis on sensory and reflex pathways of the central nervous system. Her work, published in *Anatomical Science Education*, expands her scope to include applied anatomical research—specifically investigating the presence and persistence of SARS-CoV-2 in human cadavers—demonstrating her interest in integrating neuroanatomy with public health and forensic science.

Among her many professional affiliations, she is a member of the International Association of Medical Science Educators, the American Association of Clinical Anatomists, and is also a member of the Academy of Upstate Educators.



Dana Mihaila, MD, PhD

Upstate Physicians Honored by Onondaga County Medical Society

Upstate physicians were prominent among honorees during the 2025 Onondaga County Medical Society Annual Service Awards Ceremony.

Mantosh Dewan, MD, HS '79, the Alan and Marlene Norton Presidential Chair, received the Distinguished Service Award. His career at Upstate spans more than four decades, with service as a faculty member, department chair, interim dean, president, author, and researcher. As president, Dr. Dewan oversees the region's largest employer, with more than 13,000 employees and an economic impact of \$3.2 billion, nearly double the impact measured in 2008. Dewan's many honors include being named a Distinguished Life Fellow by the American Psychiatric Association and earning SUNY's highest faculty honor as a Distinguished Service Professor.

Kaushal Nanavati, MD, an Upstate family medicine physician, received the Carrie Lazarus Contribution to Community Wellness Award. Dr. Nanavati serves in multiple roles at Upstate, including director

of integrative medicine and survivorship and assistant dean of wellness. He is also the author of the *CORE 4 of Wellness* book series, which explores how nutrition, exercise, stress management, and spiritual wellness contribute to overall well-being.

Sanaea Bhagwagar, an MD/PhD student at Upstate, was honored with the Jerry Hoffman Advocacy Service Award. Her research centers on neurodegeneration and mitochondrial biology, and she is currently pursuing her PhD in the laboratory of Xin Jie Chen, PhD, in the Department of Biochemistry and Molecular Biology. Beyond her academic work, Bhagwagar has contributed to publications focused on neurodegenerative disease mechanisms, equity in medical education, and emerging learning technologies.

Alumna Ruth Hart, MD '80, a retired emergency room physician who teaches medical humanities at Upstate, was honored for Physician Service to the Medical Society.



Mantosh Dewan, MD, HS '79



Kaushal Nanavati, MD



Sanaea Bhagwagar



Ruth Hart, MD '80

Upstate Student Receives Harvey Milk Award for Student Leadership

Lianne De La Cruz '26, a medical student at Upstate Medical University, has been named the recipient of the second annual SUNY Harvey Milk Award for Student Leadership. This scholarship honors the legacy of Harvey Milk, a State University of New York at Albany class of 1951 alumnus and LGBTQIA+ rights champion and recognizes an exceptional upper-level student who dedicates their time to growing LGBTQIA+ inclusiveness on their campus. The award will provide De La Cruz \$2,000 to help fund her education and continue her mission.

De La Cruz's dedication to creating trauma-informed, identity-affirming mental health care for members of the LGBTQIA+ community is underscored by her work with The Rural and Underserved Service Track (TRUST), where she led educational initiatives about the LGBTQIA+ patient population for future healthcare providers. She is a queer, Latina, first-generation graduate, and a child of immigrants.

De La Cruz also works to strengthen allyship and community engagement as she did in previous roles as philanthropy and outreach chair for Upstate's Spectrum organization, and as co-chair of the Latino Medical Student Association's mentorship program. She promotes education and visibility in LGBTQIA+ mental health on a national level as medical student committee chair for the Association of LGBTQ+ Psychiatrists.

"I am so honored to be this year's recipient of the SUNY Harvey Milk Scholarship Award for Student Leadership," says De La Cruz. "Coming from a community that remains persistent in the face of oppression and uncertainty, it is the work of Harvey Milk and other activists that highlights the collective resilience and inspires me every day."



Lianne De La Cruz '26

Career Advisory Network Dinner



Norton College of Medicine students had the opportunity to chat with local physicians in different medical specialties, many of them alumni, at the annual Career Advisory Network Dinner, held February 4. For information on becoming a mentor, visit medalumni.upstate.edu/career-mentor

BREAKING BORDERS

Sarah Matt, MD '08, Tackles Healthcare's Most Urgent Problem: Access

The patient should have been easy to reach.

The appointment reminder had gone out. The instructions were clear. The clinic had availability. But when the day came, the patient never arrived. Again.

In many healthcare systems, the explanation would have been swift and unsatisfying: *noncompliant*. But Sarah Matt, MD '08, MBA, knows that word often obscures more than it explains.

"It might not be just because they can't afford the copay," she says. "It's for all the secondary reasons we don't really think about sometimes. They didn't have transportation. They had to take a bus—

three transfers. They had to pay for child-care. Or they work a nine-to-five job without sick leave, and if they miss work, they could lose their job."

In other words, the system was built for someone else.

"Access problems almost never show up as access problems," she says. "They show up as no-shows, delayed care, and worse outcomes."

To Matt, that missed appointment is not an isolated inconvenience. It is a structural signal. And it reflects what she believes is the most universal—and most solvable—problem in American healthcare.

"You can walk into any room, anywhere, and everyone has an access

story," she says. "No matter where you're from or how much money you make, access touches everyone."

A well-insured executive waits months for a specialist. A rural patient drives two hours for follow-up care. A working parent cancels appointments because clinic hours collide with shift work. A young adult with patchy coverage postpones preventive care until symptoms force action. These are not isolated glitches. They are design outcomes.

And after two decades spent inside operating rooms, health technology companies, startup boardrooms and community clinics, Matt has reached a conclusion: access failures are rarely accidental.

Dr. Matt teaches Foundations of Medical Reasoning at the Norton College of Medicine.



They are engineered by incentive structures.

“We’re a healthcare sector based on reimbursement,” she says. “The way insurance works defines how care is delivered, how technology is built, how patients are scheduled. Everything flows from that.”

Matt occupies a rare vantage point. She has led product and corporate strategy inside major health technology companies. She helped shape global healthcare cloud initiatives. She played a significant role during Oracle’s acquisition of Cerner. And she continues to practice medicine and volunteer

“Access problems almost never show up as access problems. They show up as no-shows, delayed care, and worse outcomes.”

—SARAH MATT, MD '08

in community care settings.

“Having hands-on patients is vitally important to me,” she says.

That dual lens—technology executive and clinician—changed how she sees access.

When she spoke with physicians, patients, and innovators across the country, she expected to hear about technical limitations.

Instead, she found something else. “The technology is there,” she says. “Technology is the easy part.”

Matt recalls hearing that sentiment in executive meetings early in her technology career and thinking it sounded simplistic. But after listening to rural physicians, military veterans, startup founders, and patients themselves, a different pattern emerged.

Tech companies were building impressive tools and still struggling. Providers were working tirelessly and still falling short. Patients were trying to engage and still getting lost in the system.

“It wasn’t because of the tech,” she says. “It was because of other reasons.”

Those “other reasons” almost always traced back to incentives.

Matt asserts that the U.S. healthcare system is not broken in the way many clinicians believe but is working exactly as it was designed to work.

Clinics operate nine-to-five because reimbursement supports it. Preventive care struggles because late-stage intervention pays better. Digital tools assume broadband access because vendors build for the most profitable users first.

The system behaves according to its design, which is precisely why Matt believes access must be treated not as charity—but as strategy.

“It has to be intentional,” she says. “If your goals for your product, solution, or business don’t include access, you’re not going to build access into your solutions.”

That pragmatic perspective—critical but not cynical—has made Matt a respected voice across clinical, academic, and industry settings. It also helps explain the arc of her own career, which has unfolded across operating rooms, startups, global technology firms, and classrooms.

Trained as a surgeon, Matt now focuses on advising technology startups in the healthcare sector with a goal to improve healthcare access for all.

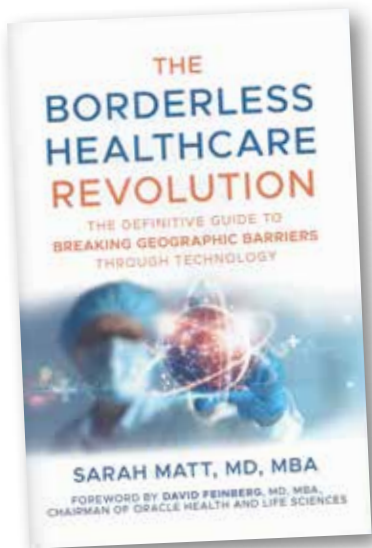




Dr. Matt speaks frequently on topics of healthcare access and medical technology.

“We can’t just burn it all down and start over,” Matt says. “People need care right now. So, we have to work within the system while we make these changes.”

That conviction became the foundation of her book, *The Borderless Healthcare Revolution* (Wiley, 2025).



THE FIVE PILLARS

In 2024, Matt was approached by nonfiction publisher Wiley about writing a book on healthcare. The subject was up to her. “It was a very polarizing time, particularly in the United States, and I wanted to focus on a topic that would not only help people but bring them together,” she says. “For me, access is a topic where I think everyone can put differences aside to work on this one thing that will actually help every single person.”

Drawing from her own professional experiences and interviews with professionals across the country, Matt set out to build a framework for action. “The book’s focus is not on futuristic solutions, but on practical shifts—some technological, some organizational, some cultural—that can be made now,” she says.

Matt focuses on what she calls the five pillars of access—geographical,

financial, cultural, digital, and trust and knowledge. The framework is intentionally practical, meant to help clinicians and leaders identify root causes rather than symptoms. “When you really break those things apart, every story makes sense,” she says.

Geographic barriers are obvious, but not simple. A zip code can determine whether a patient has access to robotic surgery or only basic procedural care. A two-mile boundary can separate advanced treatment from limited options.

“Geographic access isn’t just rural versus urban,” Matt explains. “It’s whether people can actually get to care in a way that fits their lives.”

That includes clinic hours, availability of specialists, transportation, and the number of visits required to receive care. A patient may live close to a hospital and still lack access if appointments are booked months out or require repeated time away from work.



Active in her community, Matt serves as a volunteer firefighter with the Fayetteville (N.Y.) Fire Department.

Financial access is often reduced to insurance coverage, but Matt argues that view is far too narrow.

Patients may appear disengaged when, in reality, they are navigating impossible tradeoffs. “A lot of people end up having to choose survival instead of healthcare,” Matt says.

Cultural access asks whether care is designed for the people receiving it.

“Our system is built for people who speak English as a first language, who have cars, and who have nine-to-five jobs with sick leave,” Matt says. “A lot of people don’t fit that mold.”

Cultural access also includes historical context. “There are hundreds of years of real experiences that have created mistrust,” she notes. “You can’t just wipe that away.”

Improving cultural access requires listening, adapting communication, and meeting patients where they are—rather than expecting them to conform to the system.

Digital barriers include broadband gaps and literacy, but also over-engineering.

“If we assume everyone has broadband internet and the latest phone, we’re designing for a very small population,” she says.

Digital access includes connectivity, data limits, device literacy, and

“You can build teams that do the same thing every day or you can build teams that are comfortable doing new things when the situation changes. Some people see chaos and shut down. I see complexity and a problem to be solved.”

—SARAH MATT, MD '08

comfort with technology. “Sometimes the most effective solution isn’t a fancy tool,” Matt adds. “Sometimes it’s a phone call. Or a letter.”

The goal, she says, is not more technology—but the *right* technology.

Trust and knowledge form the most difficult pillar.

“Healthcare is no longer trusted by default,” Matt says. “People are going to research. They’re going to question. And that’s not a bad thing.”

The challenge is helping patients navigate information safely and meaningfully. “The real education,” she

explains, “is knowing what to trust, when to question, and what the limitations are.”

According to Matt, the five pillars offer a diagnostic lens. “When you break access down this way, you can take any problem in healthcare and start to understand the root cause.”

And once the cause is clear, she adds, “every single person in the system can do something about it—today.”

FROM UPSTATE TO SYSTEMS THINKING

Long before she became a strategist or author, Matt was a medical student at Upstate Medical University, drawn to surgery and the team-based intensity of procedural care. During her clinical training at the Binghamton clinical campus, she found mentorship that cemented that path.

She completed surgical residency training at Washington Hospital Center in Washington, DC, which she followed with a burn surgery fellowship, dividing her time between clinical work and research. “I was doing complex experimentation, writing grant proposals, and getting money, and I began tapping into another skillset,” she recalls.

She wasn’t just practicing medicine, but solving problems. “It was operations and project management,” she says.

Matt began to question whether she wanted to impact health care one patient at a time.

“In surgery, you might see 20 or 40 patients on a very busy day,” she says. “I realized I could make a bigger impact—hundreds, thousands, maybe millions of people at once.”

Matt and her husband relocated to Austin, Texas, where she enrolled in the MBA program at the University of Texas. While studying strategy and operations, she ran a Medicare house-call practice, caring for homebound patients whose circumstances made traditional office visits impossible.

The juxtaposition was instructive.

By day, she analyzed markets and incentives. By night, she navigated the lived realities of patients for whom transportation, scheduling, and cost—not medical complexity—were the primary barriers to care.

Midway through her MBA, Matt began applying for roles that would allow her to bridge medicine and systems design. She joined NextGen Healthcare as a physician advisor—initially to explain what clinical care actually looks like inside hospitals.

Within months, she was asked to lead clinical product management for an acute-care electronic health record system serving critical access hospitals nationwide. The role put her at the intersection of regulation, usability, and clinical reality.

It was difficult work. Hospitals were under pressure to digitize. Clinicians were frustrated. Technology was advancing faster than workflows could adapt. But Matt saw something others missed: how profoundly system design shapes daily medical practice.

Over time, Matt rose to serve as chief strategy officer and chief of staff

at NextGen, leading global teams and working on mergers and acquisitions. Later, at Oracle, she helped build the company’s healthcare and life sciences cloud strategy worldwide, collaborating with ministries of health, payers, pharmaceutical companies, and large health systems.

Her role expanded further during Oracle’s \$29 billion acquisition of Cerner, the largest healthcare technology acquisition to date. Matt was deeply involved in evaluating Cerner’s software portfolio—deciding what to keep, what to rebuild, and what the future electronic medical record should enable.

The lesson, once again, was that technology alone is never the answer.

“The technology is the easy part,” Matt reiterates. “Trust, adoption, reimbursement—that’s the hard stuff.”

That belief guided her next move into startups focused on remote robotic surgery and prehospital care—efforts aimed squarely at breaking geographic barriers to expertise.

REBUILDING BORDERS

During the pandemic, Matt relocated her family—she’s the mother of four boys—back to her hometown of Fayetteville, New York. Today, she divides her professional time between consulting with startups working in the areas of health technology and healthcare delivery systems, providing volunteer clinical care at the Mary Rose Clinic in Oneida, New York, and teaching at the Norton College of Medicine. She’s also a volunteer firefighter, though she is currently sidelined from responding to calls after breaking her leg playing roller derby.

Firefighting, parenting, and even roller derby have reinforced the same lesson she applies to healthcare reform: conditions change quickly, teamwork matters, and progress depends on the ability to absorb impact and keep

moving forward.

“You can build teams that do the same thing every day,” she says, “or you can build teams that are comfortable doing new things when the situation changes. Some people see chaos and shut down. I see complexity and a problem to be solved.”

At Upstate, where she teaches Foundations of Medical Reasoning to first- and second-year medical students, Matt challenges future physicians to think systemically.

“We’re no longer in a world where you can just memorize information,” she says. “There’s infinite information. What matters is knowing how to think, how to question, and how to use tools safely.”

For Upstate alumni practicing across Central New York and beyond—many serving rural communities, safety-net hospitals, small practices and large health systems alike—her message carries particular weight.

“Physicians already have more influence than they think,” she says. “Access is shaped by everyday decisions—how we schedule patients, how we communicate, and how we challenge assumptions.”

The Borderless Healthcare Revolution is not a call to abandon medicine as it exists, but an invitation to practice it more intentionally, says Matt. For her, that intention was forged at Upstate, where she learned not only how to care for patients, but how to see medicine as a responsibility that extends beyond individual encounters.

“Borders in healthcare aren’t inevitable,” she says. “They’re built by systems. And systems can be rebuilt.” ■



Matt also enjoys roller derby, although she fractured her leg last fall.



The New Clinical

AI From the ED to the radiology suite, alumni physicians explore how artificial intelligence is reshaping care—and why judgment, guardrails, and education matter more than ever. *BY RENEÉ G. LEVY*

In an emergency department in Connecticut, a physician listens as his patient describes chest pain. In the background, an algorithm is already drafting the clinical note.

In Illinois, a radiologist opens a scan—and before he has even reviewed the images, software has flagged a potentially life-threatening abnormality.

In Washington, DC, a medical technology consultant stands before a room of attorneys and asks a question that leaves them uneasy: Who is responsible when an AI-guided medical decision goes wrong?

Artificial intelligence in medicine is no longer theoretical. It is infrastructure—embedded in documentation systems, imaging platforms, analytics dashboards, and decision-support tools. For alumni physicians working with new technology, AI represents both extraordinary acceleration and urgent responsibility.

Across specialties, their message is consistent: AI is rewriting the practice of medicine, but it doesn't replace physicians.



Partner:



A TOOL, NOT A REPLACEMENT

For Sarah Matt, MD '08, MBA, artificial intelligence isn't a futuristic threat or a magic cure-all. It is something far more practical. It's a tool—powerful, promising and potentially transformative—but only when used with intention.

"AI is not going to be replacing doctors," she says. "Doctors that use AI in a proper way are going to be replacing those who don't."

Trained as a surgeon, Dr. Matt has spent her career at the intersection of clinical care and health technology, from electronic health records and cloud infrastructure to digital strategy and the development of remote robotic surgery. She has watched waves of innovation crest and break, often with equal parts hype and frustration. Her view of AI is pragmatic: start with the problem, not the product.

"The best way to consider AI is first recognizing what problems you're trying to solve," she says.

Without a clearly defined use case—reducing documentation burden, improving diagnostic support, streamlining care coordination—AI risks adding friction rather than relieving it. Tools that require extra logins, duplicate documentation or new administrative steps are not transformative, she argues. They add more workload.

Sarah Matt, MD '08, MBA, is a health technology strategist focused on using digital tools to expand access to healthcare.

She points to ambient listening tools that generate clinical notes as one of today's most visible applications. These systems can reduce after-hours charting and mitigate burnout—but only if they integrate seamlessly into workflow.

She also urges physicians to understand AI's limits. An AI diagnostic tool may flag a potential condition, but clinicians must interpret that suggestion within a broader clinical picture. "The limitations are that AI only has the context that it's been given," she says.

The real skill lies in knowing when to rely on AI output—and when to question it.

For Matt, education is the fulcrum. Medical training must move beyond warning students about "Dr. Google" and toward teaching responsible AI use: understanding how models are trained, where bias may enter, and where guardrails belong. AI, she believes, should expand access and equity—not widen disparities.

Building inclusive tools requires intentional design, thoughtful governance, and ongoing human oversight, says Matt. "When aligned with real clinical needs and patient realities, AI can reduce friction, expand reach, and return time to what matters most: the patient-physician relationship."





Matthew Kuhn, MD '82, using a telescope in his backyard in Illinois. Dr. Kuhn's interest in AI links back to his use of computational tools while studying astronomy as an undergraduate.

SEEING WHAT THE HUMAN EYE CAN'T

Long before artificial intelligence became a buzzword, neuroradiologist Matthew J. Kuhn, MD '82, was already experimenting with computational imaging.

Today, Dr. Kuhn serves as chief medical officer of AI Analysis, Inc., a startup focused on detecting subtle changes in serial medical images—technology designed to help radiologists spot new or evolving lesions on follow-up scans. The technology relies on algorithms that “detect and analyze abnormalities that humans cannot otherwise visualize,” operating with speed and reliability.

The company also works in synthetic contrast enhancement for MRI and CT, potentially allowing physicians to reduce contrast dosing while maintaining diagnostic quality. For patients with renal risk or repeated imaging needs, that reduction could be significant.

Kuhn's interest in AI dates back to his undergraduate days at Binghamton University, where he studied astronomy and the computational tools used to detect distant stars and planets. During his radiology residency at Mount Sinai Beth Israel, he had a realization: “some of those tools used to study space could be repurposed for medical imaging,” he recalls.

The same mathematical principles used to identify faint celestial bodies could be applied to subtle abnormalities within the human brain.

UPSTATE LAUNCHES AHEAD CENTER FOCUSED ON AI AND HEALTH EQUITY

Upstate Medical University is taking a major step into the future of medicine with the creation of the AI for Health Equity, Analytics, and Diagnostics (AHEAD) Center—a new interdisciplinary hub designed to harness artificial intelligence to improve patient care while confronting disparities in health outcomes.

AHEAD is designed to advance both innovation and equity.

The center will focus on:

- Developing clinically useful AI algorithms to enhance patient care and improve the experience of providers, students and staff
- Designing novel, transdisciplinary AI architectures to address pressing clinical and research challenges
- Expanding AI education and training for medical, nursing, and graduate students, as well as residents and interns
- Ensuring AI applications in healthcare are equitable, inclusive and ethically grounded
- Engaging the community through public education about AI's role in medical research and care
- Optimizing healthcare technologies that support clinical care, research and education

The center will draw expertise from Upstate's colleges of medicine, nursing, health professions and graduate studies. Faculty from Syracuse University's departments of humanities, bioethics, and computer science will also contribute, bringing perspectives from engineering, social sciences, and computing into the healthcare arena.

“We are coordinating multiple initiatives to advance the AHEAD Center, including supporting Upstate faculty who are interested in using AI in their research, expanding AI education, and organizing talks and meetings to facilitate collaborations across regional universities and industry partners,” says Bardia Rodd, PhD, associate director of AI Innovation, SUNY Upstate AHEAD Center.

AHEAD is also working with Upstate's colleges on curriculum offerings to prepare students and faculty to apply AI responsibly in clinical and research settings. Emphasis will be placed on real-world applications, ethical decision-making, and the responsible use of emerging technologies.



He began working with artificial intelligence as early as 1989 at the University of Illinois' National Center for Supercomputing Applications, developing applications on the Cray-2 supercomputer for neuro-radiology databases. In many ways, he was building AI infrastructure decades before it entered mainstream clinical conversation.

Today's tools are far more sophisticated—and faster. In clinical practice in Peoria, Illinois, Kuhn uses AI-powered systems that triage stroke with perfusion CT and flag pulmonary emboli or intracranial hemorrhage from a patient worklist before a human has even opened the study.

For Kuhn, the power of AI lies in acceleration.

In one striking case, a 20-year-old postpartum woman presented with chest pain. A CT angiogram was performed to rule out pulmonary embolism. The AI confirmed normal pulmonary arteries but flagged a subtle coronary artery dissection that required urgent attention.

Kuhn says working at the intersection of medicine and AI provides a glimpse into the future of medicine. "The field is rapidly changing," he says. "We are working in a remarkable space with exciting teams from many different disciplines."

As long as AI remains focused on improving quality and patient care, he is optimistic. Pattern recognition may be augmented by machines, but empathy and judgment remain human.

"With the addition of AI, I would hope that physicians are even more able to offer kindness, compassion and warmth to their patients," he says.

THE ALGORITHM IN THE ROOM

On a busy shift in the emergency department, Peter T. Porrello, MD '97, MBA, moves between rooms at a relentless pace. Chest pain. Abdominal pain. A medically complex elderly patient. The cognitive load is enormous.

And quietly, AI is working alongside him.

Dr. Porrello, an emergency physician at Danbury and New Milford Hospitals and clinical assistant professor at the University of Vermont College of Medicine, has integrated AI into both the clinical and operational sides of his practice.

In the exam room, his department uses the Oracle Clinical AI Agent to generate documentation from recorded patient encounters (with consent). The system drafts structured sections—history of present illness, review of systems, physical exam, and medical decision-making—directly into the electronic medical record, where Porrello reviews and edits them.

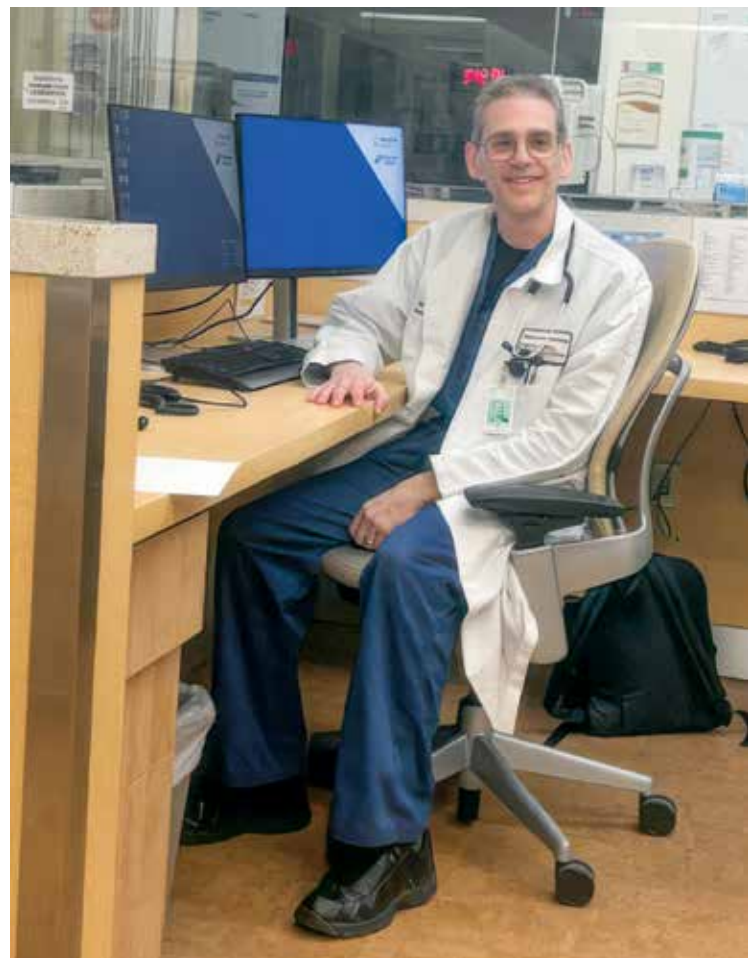
"The most immediate impact has been on documentation workflow," he says.

Less typing means more listening. More eye contact. More attention directed at the patient instead of the screen.

But the tool requires vigilance. "While errors are rarely egregious, in medicine, plausibly incorrect information can be more dangerous than obviously incorrect information, because it may go unnoticed," he says.

When AI output conflicts with clinical judgment, the physician's judgment prevails. AI is a draft assistant—not a decision-maker.

Beyond documentation, Porrello uses AI-enhanced reference platforms such as OpenEvidence to refine differential diagnoses and treatment plans. In modern emergency medicine—where patients arrive with extensive medical histories and layers of electronic



Peter T. Porrello, MD '97, has integrated AI into both the clinical and operational sides of his practice in the emergency department of his hospitals.

TRAINING TOMORROW'S DOCTORS FOR AN AI-DRIVEN FUTURE

As artificial intelligence rapidly reshapes clinical practice, educators at Upstate's Norton College of Medicine are rethinking how best to prepare tomorrow's physicians—not by turning them into computer scientists, but by teaching them how to think critically about tools that are evolving rapidly.

For Sriram Narsipur, MD, assistant dean of undergraduate medical education, the central challenge is keeping up with constantly evolving technology. Traditional medical curriculum is built around relatively stable foundations—basic sciences and how different body systems work. “AI is a completely different animal,” he says. “Everything is happening so fast that we can't make it a class because technology becomes outdated between conception and implementation.”

Instead, the Norton College of Medicine is weaving AI concepts throughout existing coursework. One key strategy is integrating AI into simulated clinical encounters. Students work through a series of online patient cases designed to mirror real-world diagnostic challenges. Within those exercises, they explore not only how AI might assist with diagnosis or treatment recommendations, but also the broader implications of relying on such tools.

Importantly, the focus is not on building algorithms. “We're consciously staying away from the computer science part of it,” Narsipur says. He likens AI to a CT scanner: physicians may not understand the engineering behind it, but they must know how to interpret results responsibly and effectively in patient care.

One practical concept now entering the curriculum is “prompt engineering”—the art of asking AI the right question. Patients increasingly consult AI tools before seeing a doctor, often returning with printouts or screenshots. The quality of the answer depends heavily on how the question is framed. Teaching students to be specific and intentional in the information they provide to AI systems is becoming a core skill. That training appears in health systems science modules and clinical communication exercises, where students learn to articulate findings clearly—both for patients and for digital notetaking systems that may be “listening.”

“By the time students graduate, there may be AI charting systems that are also ‘watching,’ but for now, we are teaching



Sriram Narsipur, MD, assistant dean of undergraduate medical education

students to be intentional about verbalizing what they are doing. “I'm going to take your blood pressure now,” he offers as an example.

Ethics and legality, however, sit at the center of the conversation. Who is responsible if a physician follows AI advice and a patient suffers harm? What if a physician ignores an AI recommendation and a bad outcome occurs? “We don't know the answers to that,” Narsipur acknowledges. These questions are embedded in case discussions to sensitize students to the professional and legal gray zones they will likely encounter.

Bias and data limitations are also part of the dialogue. AI systems are trained on published data, which may underrepresent certain populations. For example, dermatologic images have historically focused on white skin, potentially limiting

diagnostic accuracy in patients of color. Students are taught to vet AI-generated information carefully and to recognize what the technology does not know—unpublished research studies, decades of clinical experience, or subtle nonverbal cues from a patient.

Upstate students are permitted to use AI tools during clinical rotations within established guidelines. Prohibiting AI use, Narsipur argues, is neither realistic nor productive. “Students entering medical school today have already been using AI tools throughout college,” he says. “In some cases, they are more adept with AI than the faculty teaching them.” That generational shift presents both a challenge and an opportunity. Rather than positioning faculty as sole authorities, the curriculum invites open discussion, allowing students to share AI experiences while grounding those conversations in clinical judgment and professional responsibility.

Through collaboration with Upstate's new AHEAD Center and by drawing on educational resources from peer institutions, the Norton College of Medicine aims to remain nimble in its approach to AI. The goal is not to deliver definitive answers about a moving target, but to cultivate adaptable, ethically grounded physicians. As Narsipur puts it, while the tools will evolve, “we're the humans that have to deal with the ethics and legality.” In an era of accelerating technology, that human responsibility remains constant.

data—AI serves as what he describes as a “data-collation and summarization engine,” compressing large volumes of information into digestible formats.

As an administrator, Porrello is currently the only physician in his hospital actively integrating AI into operational analytics. He uses it to assist with data extraction, Excel formula construction, trend analysis, and report generation. What once required hours of manual spreadsheet work can now be drafted rapidly, allowing him to focus on validating results and interpreting operational significance.

That shift has produced measurable gains. By analyzing arrival patterns, throughput bottlenecks and staffing alignment, the department adjusted physician coverage during high-volume windows, improving door-to-provider times and smoothing patient flow. AI didn't independently make operational decisions; it accelerated the identification of actionable trends.

Porrello believes AI will meaningfully reshape healthcare delivery, however, cautions that its integration must be deliberate and governed responsibly. That includes training physicians against cognitive deskilling in their medical education.

“Clinical reasoning, intuition, and pattern recognition develop through repetition and deliberate practice,” says Porrello. “Overreliance on AI could erode those foundational skills if not balanced carefully.”

Medical education, he argues, must teach not only how AI works—but how it fails. Understanding algorithmic bias, data limitations and hallucination risk is essential. AI literacy must include critical appraisal, not blind adoption.

Ultimately, he says, AI is a tool. “Physicians must remain accountable for patient care, exercise independent judgment, and ensure that technology serves the patient—not the other way around.”



As an applied technology advisor, Dave Prakash, MD '03, is helping health systems and federal agencies implement AI responsibly.

GUARDRAILS NEEDED

When Dave Prakash, MD '03, MBA, addressed a meeting of the American Bar Association, he posed a question that exposed the system's uncertainty: What happens when a physician follows AI advice and harm occurs? And what happens if they override it—and are wrong?

“The legal system hasn't caught up,” he says. “We haven't clearly defined the boundary between product liability and physician liability.”

As AI becomes more embedded in care delivery, physicians face what he calls an uneasy dilemma about responsibility. “Right now, the liability almost always falls back on the clinician,” he says. That ambiguity, he argues, must be clarified as tools move closer to the bedside.

A former Air Force physician and pilot, Prakash now serves as an applied clinical technology advisor at Booz Allen Hamilton, helping federal agencies and health systems implement artificial intelligence responsibly.



His role spans infrastructure, policy, and governance. “You cannot simply purchase and deploy AI without first having people, processes, and technology in place to ensure the AI is performing safely and ethically,” he says.

He is deeply involved with the Coalition for Health AI (CHAI), a collaboration among academic medical centers, industry leaders, and health systems working to establish standards for responsible AI in healthcare. Through that work, he has helped develop AI governance playbooks and policy frameworks designed to guide hospitals in evaluating tools for accuracy, bias, privacy protections, and appropriate use. “We need structured ways to evaluate these models,” he says, arguing that physicians should treat AI evaluation much like a journal club—critically assessing training data, performance metrics, and applicability to their own patient populations before deployment.

One of Prakash’s chief concerns is misplaced trust. Large Language Models (LLMs) are widely used by clinicians and patients alike, yet research shows error rates in healthcare contexts “anywhere between 35 to 68 percent,” he says. In addition, sensitive patient information is routinely entered into public systems. He also points to automation bias—the tendency to accept algorithmic recommendations without fully engaging one’s own clinical reasoning, similar to the way people have become dependent on using GPS, even in familiar areas.

Yet Prakash remains energized by AI’s transformative potential. He envisions a shift from hypothesis-

driven science—where breakthroughs depend on what a physician believes might work—to data-driven discovery, where algorithms analyze billions of variables and outcomes to identify causal relationships humans would never imagine.

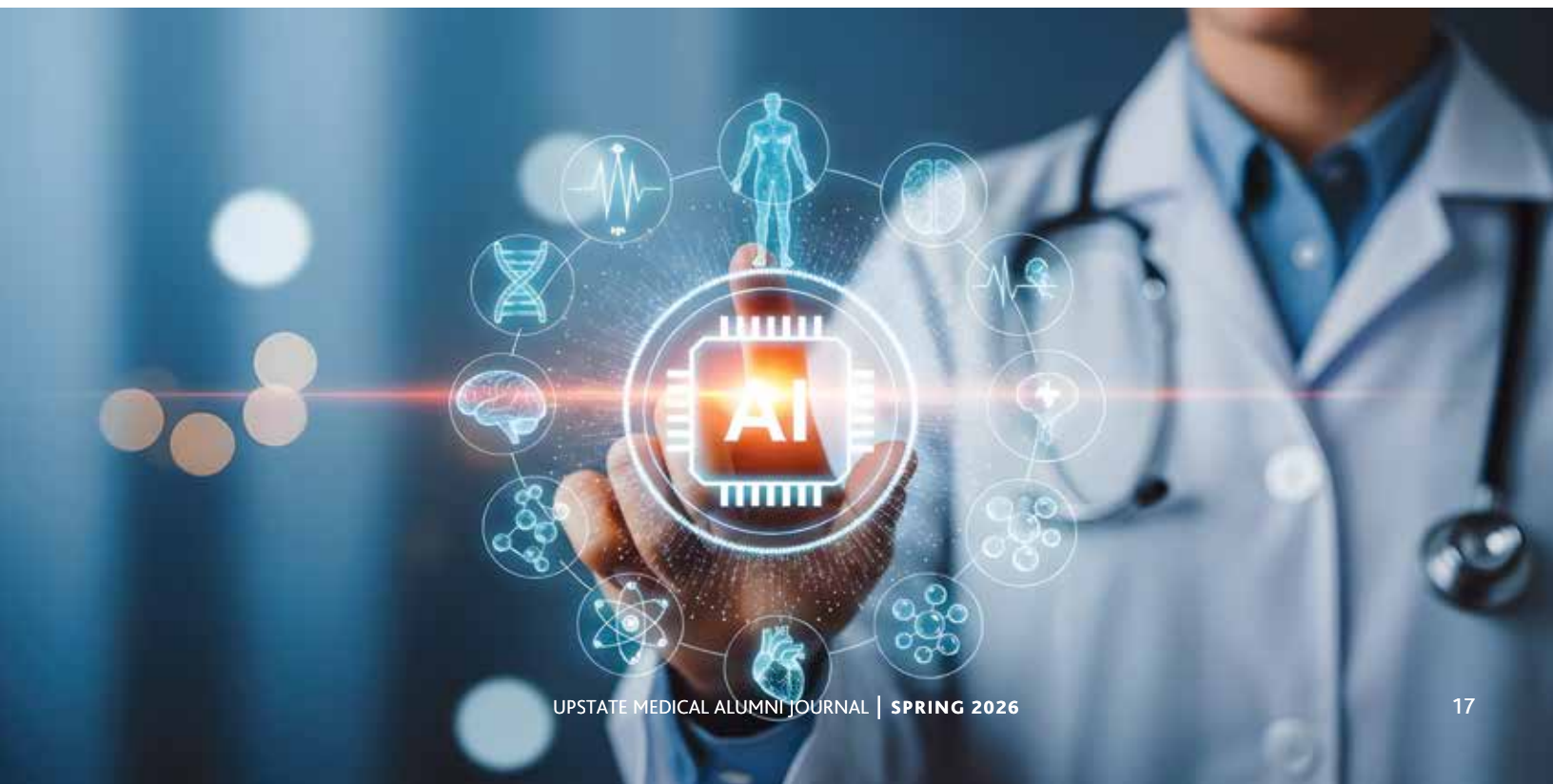
In one project, his team used large-scale insurance data to match patients with Type 2 diabetes to therapies that proved most effective for clinically similar individuals—potentially eliminating years of trial-and-error prescribing.

Yet even the most promising technology must contend with the reality of a reimbursement-driven industry. Many AI tools depend on CPT codes or payer approval to gain traction in clinical practice, regardless of their clinical value. Hospitals may invest in AI systems that promise efficiency only to discover they do not meaningfully bend the cost curve. Technology can add layers of oversight and administrative burden before it subtracts labor.

Prakash describes AI procurement as a “three-way tug of war” inside hospitals between buyers, users, and beneficiaries. If physicians remain passive, business incentives may dominate. Doctors, he argues, cannot afford to treat technology as someone else’s domain. They must understand it, question it, and help shape it.

“Doctors need to have a voice,” he says.

By bringing clinical judgment, ethical clarity, and patient-centered priorities to the table, “AI can become not just a powerful tool, but a principled extension of medicine itself.” ■



Medicine With a Mission

SERVICE ABROAD SHAPES KEZIAH CROSSLEY'S APPROACH TO HEALING, EQUITY, AND CARE.

On a sunbaked church courtyard in rural El Salvador, children kicked a worn soccer ball back and forth during a midday break at a mobile medical clinic. Keziah Crossley '28 noticed almost immediately that one boy lagged behind the others. His movements were stiff. When Crossley, then a first-year medical student, knelt beside him and gently asked what was wrong, he shrugged it off. But when he turned his arm, she saw the reason: a deep, infected dog bite, swollen and draining, left untreated for days.

The boy had walked alone through the mountains to reach the clinic. His parents were working. They had no money for medicine, no supplies to clean the wound. What he did have was pain.

Within minutes, Crossley brought him to the clinic's lead physician. Antibiotics were started. The wound was cleaned and dressed. His parents were found and given supplies and instructions for follow-up care. What could have become life-threatening was stopped in its tracks.

"Moments like these," Crossley says, "are why I chose medicine, and more specifically, why I chose a path shaped by mission work—one that emphasizes presence, humility, and care for those most often overlooked."

Now a second-year medical student at the Norton College of Medicine, Crossley traces her calling not to a single experience, but to years of service that gradually transformed her understanding of what it means to heal.

That transformation began long before medical school. Growing up in Indiana, Crossley was fascinated by medicine from a young age, gravitating toward science courses and seeking out opportunities to learn more about healthcare. At Indiana University, where she earned a bachelor's degree in neuroscience, her academic



Keziah Crossley '28 caring for a baby so that the mother could be seen for her postpartum needs.

"Moments like these," Crossley says, "are why I chose medicine, and more specifically, why I chose a path shaped by mission work—one that emphasizes presence, humility, and care for those most often overlooked."

—KEZIAH CROSSLEY '28

interests deepened. But it was mission work that gave them purpose.

As an undergraduate, Crossley joined a medical brigade to Tennessee through Timmy Global Health, her first exposure to mobile clinics serving under-served communities. Schools were converted into makeshift medical centers. Ophthalmologists, dentists, surgeons, and family physicians volunteered their expertise. Medical students worked long days alongside attending physicians, providing care to patients who might otherwise go without.

What struck Crossley most was not just the need, but the generosity. "Seeing medical students give up their limited free time to serve," she recalls, "opened my eyes to the kind of physician I wanted to become." Mission work didn't feel separate from medicine, it felt central to it.

Service had always been a throughline in Crossley's life. In high school and college, she volunteered at food banks, participated in hurricane relief efforts, and eventually became president of a faith-based campus ministry. The work nurtured a sense of responsibility not just to treat illness, but to care for communities.

After graduating in 2021, Crossley took a gap year that would prove pivotal. Shortly after her family moved to Hershey, Pennsylvania, she joined a church-affiliated medical mission trip to El Salvador. Working alongside pharmacists, nurses, physician assistants, and physicians, she helped operate mobile clinics in remote villages—some accessible only after hours of travel by foot.

Patients came from all walks of life. Some had not seen a doctor in years. Others arrived with chronic conditions left unmanaged simply because care was too far away or too expensive. "Health care is a fundamental right," Crossley says. "Seeing



Crossley visits with a young child who traveled by himself to come to the clinic for the first time.

how many people lacked access made that truth impossible to ignore.”

The fact that she had limited medical experience made no difference. “Even if I was just helping patients find a seat or giving out medicine, it really touched my heart to be a part of it,” she says.

The experience was so impactful that Crossley asked to return—not for another short trip, but for five months. With the support of the local mission organization,



Crossley learned under the direction of head physician, Boris Magaña, MD, founder of the King’s Castle medical clinics.

she moved to El Salvador and spent nearly half a year assisting local physicians as clinics traveled across the country. Churches and schools became exam rooms. Care became longitudinal, with patients followed over time rather than treated once and sent away.

It was during that season that Crossley met her future husband, Quinn, on a medical mission trip in 2021.

Their shared commitment to service and faith would become the foundation of their life together.

After returning to the U.S., Crossley earned a master’s degree in medical sciences at Boston University. While there, she conducted thesis research at Harvard’s Collaborative Center for X-linked Dystonia Parkinsonism (XDP) that bridges science with humanitarian goals for a rare movement disorder that disproportionately affects Filipino men. The work focused on enhancing the quality of life of XDP patients by expanding access to care, advancing cutting-edge therapeutic research, and ultimately working toward a cure. She also commissioned into the U.S. Navy Reserve Medical Corps, continuing a family legacy of military service while preparing for a future in academic medicine.

Now engrossed in the rigors of medical school, mission work remains central. During the summer after her first year at Upstate, Crossley returned to El Salvador, this time with new skills and a deeper clinical foundation. Working closely with the country’s lead clinic physician, Boris Magaña, MD, she learned to recognize

region-specific illnesses, from parasitic infections to chronic hypertension, and to understand how environment shapes disease.

“He taught me how context changes everything,” Crossley says. “You learn not just what a disease is, but why it’s happening here.”

One of the most meaningful moments came when a child was diagnosed with a rare parasitic infection that could have become life-threatening if left untreated. When the child’s mother mentioned another child in the village with similar symptoms, the clinic arranged transportation so both could be evaluated and treated. For Crossley, the moment illustrated how medical care can ripple outward, saving not just one life, but potentially many.

At Upstate, Crossley continues to integrate mission-driven values into her academic work. Her dermatology research focuses on how skin conditions present in women of color, examining disparities in diagnosis and treatment timelines—work that echoes lessons learned abroad about equity, access, and attentive care.

As she looks ahead to clinical rotations and residency—potentially in emergency medicine, general surgery, or family medicine—Crossley remains grounded in the experiences that first shaped her path. She and her husband hope to continue returning to El Salvador each year, with a long-term vision of dedicating their lives to global medical mission work.

“Medical school can be a lot at times, but I feel fortunate being able to learn to help others and pour into their lives in a way that can add quality and value. That’s something I’m very grateful to be able to learn and do.”

CLASS NOTES

1956

Douglas S. Langdon, of Boonton, NJ, and wife Arlene celebrated 70 years of marriage and five children this past June. "I retired from 33 years of private practice in Cranford, NJ, in 1995 and then switched to volunteering part-time at the then-Free Community Clinic in Dover, NJ," he writes. "I published my first and only book in 2022, *A Preservationist Community on Lake George, NY*. Sad to say, it didn't make the *New York Times* bestseller list! Our congrats to Upstate and Dr. Dewan, et al. for helping create the North Country Medical Scholars Program. It's a home run for the entire eastern region of the Adirondacks and very highly appreciated."

1961 Reunion

September 18-19, 2026

Carlo R. de Rosa, of Placida, FL, shares that on February 22 he will have completed his 91st trip around the sun. "I cannot believe it is happening. I am a 2x alum, having completed an orthopedic surgery residency in 1968. I remained in Syracuse to practice with Drs. Bastable and Nussbaumer. I was a clinical associate with the department until I retired in 2005-2006. I enjoyed it all and figure I played a part in the education of approximately 200 young orthopedists. It was a pleasure to work with Dr. David G. Murray as well as Dr. Fred Nussbaumer, who are both

marvelous. I am a very fortunate individual."

Howard R. Nankin, of Columbia, SC, and **Jack Cohen** met for lunch in February in Boynton Beach, FL.

1965

Lawrence F. Simon, of Pomona, NY, writes, "Retirement sucks. So, I'm doing wound care to keep my sanity."

1966 Reunion

September 18-19, 2026

1967

Bertram Zarins, of Marion, MA, was born in Latvia. He came to the United States at age four and went on to build a career as an orthopedic surgeon. In 1990, he founded the Latvian Medical Foundation to help improve medical care in Latvia. The President of Latvia, Edgars Rinkevics presented him the Certificate of Merit on June 11, 2025, in the Riga Castle honoring his role in helping

develop Latvian medicine and introducing new treatment methods.

1969

Joann T. Dale, of Rochester, NY, writes, "After my classmate and husband, **Robert Dale**, died, I lived alone in the nine-room house where we had raised our two children. One evening when I was happily curled up in the family room reading a book, I heard noises coming from the living room, including glass breaking. Since I was alone, that was unsettling, so I went to check on it. Oh my gosh!! There was a furry black creature running along and jumping between the walls. Shaking, I was terrified. I grabbed the sturdy door of the pantry, and called my son for help. By the time he arrived, the invader was gone. Behind my house was a small parcel of land owned by the four houses that bordered it. The forever wild plot was a haven for visiting deer, turkey hawks, and, of course, squirrels. Unknown to me, I had a squirrel hotel in my attic! Neighbors had

had similar problems, so I soon engaged a recommended exterminator and the invaders disappeared. That was when I decided that I didn't belong in a large house sitting on a large lot that I was no longer taking proper care of. Last August, I moved to a huge senior community not very far from my former house. There are tall apartment houses for the very fit as well as one-floor little houses with attached garages, an assisted living center, and a set of three connected two-story apartment houses, all with an assortment of activities, a restaurant, a cafe that offers meals to go, and assorted supplies. I have an apartment on the second floor with a porch. I made a wise move and hopefully am making new friends."

Mark C. Rogers, of Miami, FL, writes, "With the publication of the 6th edition of *Rogers' Textbook of Pediatric Intensive Care*, I still get invitations to speak around the world even though I am no longer in clinical practice. Last year, I lectured in Baku, Azerbaijan, and this spring it will be at the Beijing Children's Hospital. I don't know how many more editions I will get to see but, in the meantime, it is fun. My medical entrepreneurial career also continues with a company I founded and chair, getting NIH support and FDA approval for our next phase II clinical trial in Glioblastoma which starts this spring. It would be very pleasing to make some progress in this terrible disease. Elizabeth, my wife of 53 years and a prominent



Bertram Zarins '67 and Latvian President Edgars Rinkevics

academic physician in her own right, and I are blessed with two grown children and five wonderful grandchildren dealing with college. I look back on Upstate with affection for having helped me on this wonderful journey."

1970

Lawrence Handelsman, of Ann Arbor, MI, writes, "This past year, I did not get engaged, married, divorced or have any kids (whew—my wife woulda been pissed). Every morning (so far) I wake up, both sides of my body seem to be in reasonable working order, and I can still walk three miles comfortably, although I have noticed that I am taking an awfully large handful of pills each day, including Prednisone for the past seven months. Quality research continues to be performed regularly (seeking out quality restaurants and theaters). I made it to Paris for 10 days last May (learning that I dislike French pastries), and saw my first medical school classmate in decades (although **Barry** nicely did not take any money off me). The only award anyone offered up was a white golf hat noting the hole-in-one I made last summer. Darn—if Mr. Netflix was a novelist then I could have bragged to you about all the 'books' I read. Now, if one of you would please tell me where I left my glasses. To say hello, email me at drhandelsman@gmail.com."

Steven H. Lefkowitz, of Scottsdale, AZ, writes, "My younger son, Marc, finally found his soulmate in Masami while working in Tokyo. He was married in Hawaii in December. Marc will host a party in Tokyo for family and friends in fall 2026 and we will have a party in Scottsdale, AZ, in the spring 2027 for our family and friends. In May, my wife, Susie, and I will visit Milan, Innsbruck, Munich, Warsaw, Krakow, and Budapest."

1971 Reunion

September 18-19, 2026

1972

Philip R. Caropreso, of Keokuk, IA, writes, "2025 was a difficult year. 2026 is starting off much improved. Today, I learned that I am in remission from my urinary bladder cancer. I have also continued to serve as the chair for the Lee County Iowa Health Department. I have been appointed by the city of Keokuk to the Veterans War Memorial Commission. I will start all American Legion Post 41 services with a prayer as the chaplain."

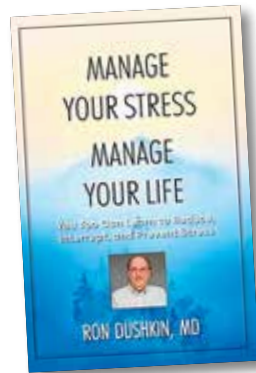
1974

Stephen P. Heyse, of Silver Spring, MD, shares that he and Chris are very proud of their oldest granddaughter, Natalie, who will be receiving a master of public health degree from George Washington University this spring.

1976 Reunion

September 18-19, 2026

Ronald Dushkin, of New York, NY, is happy to announce the publication of his book on Amazon, *Manage Your Stress, Manage Your Life*.



1978

Steven Strongwater, of Natick, MA, is happy to share that he retired after a long career practicing medicine and running hospitals and large physician practices. "I am living outside of Boston and helping start-up companies as well as serving on a number of boards. I wish you all well," he writes.

1981 Reunion

September 18-19, 2026

Richard M. Steinbruck, of Staten Island, NY, shares, "I am now celebrating my 40th year in practice and am a full-time attending faculty member and site director of surgery at the Prince's Bay campus of Northwell Health-Staten



Richard M. Steinbruck '81 and wife Laurie

Island University Hospital, and still active in general surgery, surgical oncology, laparoscopic, and robotic surgery, and resident and medical student education. With three kids and two grandkids, Laurie and I, married for 43 years, are saving less and traveling more. The balance is great, so I'm not retiring yet!"

1983

Susan Zahalsky Jensen, of Fort Mill, SC, continues to enjoy her second career in journalism. She is writing an article on retired physicians who have branched into a new direction after leaving clinical medicine. If you have begun teaching bridge on cruise ships, playing an instrument in a local band, discovering a

CLASS NOTES

new hobby/talent/ passion, etc., and would like to be included in the article, she would welcome hearing from you at: suejensen57@gmail.com

1984

Paula R. Dhanda, MD, of Lake County, CA, completed a medical mission to Cambodia and Laos, where she led a team of volunteers in conducting HPV screening, providing surgical equipment, and partnering with local hospitals to improve gynecologic care. She continues to lead World-wide Healing Hands, the nonprofit organization she founded to expand global access to cervical cancer prevention, surgical training, and women's healthcare.



Paula Dhanda '84 performing volunteer gynecologic surgery

1986 Reunion

September 18-19, 2026

Steven B. Goldblatt, of Haddam, CT, writes, "I have been enjoying my semi-retirement from cardiology practice although I continue to work one to two days a week at Windham County Memorial Hospital in Willimantic, CT, which is part of the Hartford Vascular Institute. I have been part of National Ski Patrol for the past seven to eight years and medical advisor for Ski Sundown ski patrol as well as the state of Connecticut National Ski Patrol. One of the latest projects is exploring methods of CPR during sled transport and focusing on women and CPR, removing CPR hesitancy. I am also working on the Connecticut disaster management assistance team through Health and Human Services. Most recent deployments were in October 2024 when deployed to Western North Carolina following hurricane Helene, one of the hospitals affiliated with the Blue Ridge Hospital system. I have also started to take an interest in instructing EMT students in subjects beyond their basic training. My boys, Ian and Colin, are busy in their pursuits. Ian is an emergency room nurse at Lowell General Hospital in Massachusetts and Colin is at Rutgers pursuing a career in writing."



Beth Prezio, Dan Esper, Richard A. Rubin, and Shelley Berson, all class of 1986

Richard A. Rubin, of Slingerlands, NY, attended the Albany White Coat Soiree in October, along with classmates **Beth Prezio, Dan Esper, and Shelley Berson**. "We are hoping to see classmates at our upcoming 40th reunion September 18 and 19. Please consider attending this milestone event. **Shelley Berson, Gabriel Cohn**, and I are the dinner chairs!"

1987

Kirsten P. (Nicolaisen) Magowan, of Baldwinsville, NY, shares she celebrated her retirement and 40 years of marriage to Danny on June 22, 2025. Friends and family gathered at Jamesville Beach including **Elizabeth A. Magowan '17, Colleen N. Magowan '27, Barb (Safee) Stouter '87 and Liz (Midura) Rajamani '87**. "I am looking forward to seeing a lot of our 1987 classmates at our 40th reunion next year," she writes.



Kirsten P. Magowan, Barb Stouter and Liz Rajamani, all class of 1987

MICKEY LEBOWITZ, MD '85

The EQ Prescription

In a new book, Mickey Lebowitz, MD '85, offers a practical approach to emotional intelligence as a tool for enhancing fulfillment and strengthening patient care.

For Mickey Lebowitz, MD '85, connection in health care doesn't begin with a diagnosis or a treatment plan. It begins in the seconds before a word is spoken—when posture, tone, and expression quietly reveal how a person is really doing.

"In health care, connection often happens, or is missed, in seconds," Dr. Lebowitz writes in *The EQ Prescription: Put Yourself First to Thrive in Health Care* (River Grove Books, 2025), his recently released book that focuses on emotional intelligence as a practical, learnable skill for clinicians. The idea is simple but powerful: before physicians can give their best care, they must be well themselves—emotionally and physically—and able to read the emotional landscape of the people around them.

Lebowitz has spent four decades navigating medicine from nearly every angle: private practice endocrinology, hospital medicine, quality leadership, medical education, healthcare administration, and research. Along the way, he has become increasingly convinced that emotional intelligence, often referred to as EQ, is not a soft skill, but an essential clinical competency.

He learned that himself the hard way. In 2007, after 17 years in private endocrinology practice and struggling with the reality that practicing medicine did not meet his expectations, he made the difficult decision to step away. "It was a gut-wrenching decision," he says, writing candidly about his frustration with the insurance-driven health-care system and its impact on his own burnout in his first book, *Losing My Patience: Why I Quit the Medical Game* (2009). Looking back now, he sees the decision as one that opened doors to broader impact.

"I still wanted to play for my team of patients and clinicians," he wrote, "though on a different place on the field."

That "different place" included a formative period at the Syracuse VA Medical Center, where Lebowitz served as a hospitalist and educator. He later spent seven years as senior medical quality director at Crouse Hospital, where he focused on patient safety, systems improvement, and leadership development, work that shifted his lens to shaping care for entire populations.



Mickey Lebowitz, MD '85, is an advocate of building emotional intelligence as a means to professional and personal fulfillment.

"After leaving my bubble of seeing patients all day every day, I was able to see the distress that so many of my colleagues were experiencing that was similar to my own," he says. "I wanted to do something that could help my colleagues stay

well, have professional fulfillment, and take great care of patients without burning out and leaving practice prematurely, like I did."

It was during these leadership years that Lebowitz began to formalize ideas that would later become *The EQ Prescription*. Through training with Six Seconds, a global emotional-intelligence organization, and collaboration with colleagues on clinician resilience, he began to connect emotional intelligence with the concept of a "resilience zone"—a state in which clinicians are regulated, effective, and at their best.

"How do you know if you're in your zone or not?" he asks in the book. "That's

self-awareness. How do you know if the person you're dealing with is in their zone? That's social awareness." Emotional intelligence, he offers, helps clinicians pause, respond instead of react, and navigate high-stakes conversations without escalating conflict.

The EQ Prescription is written primarily for health care professionals, but anyone can use these strategies successfully in their personal lives. Lebowitz emphasizes that EQ is a competency, not a fixed trait—something that can be practiced, strengthened, and improved over time. "The difference between IQ and EQ is that EQ is learnable," he says.

Today, Lebowitz continues to practice clinically as an inpatient endocrinologist and leader of the inpatient diabetes program at Crouse Hospital while also speaking nationally on his EQ research and the benefits of the emotional intelligence zone in healthcare education and clinical practice. He gratefully hears from readers who successfully apply its strategies at work and at home.

At its core, Lebowitz says, the message comes down to control. "I can't control the system," he reflects, "but I can control me." Emotional intelligence, he believes, gives clinicians the tools to do just that—and, in the process, to care better for themselves and for others.

—Renée Gearhart Levy

CLASS NOTES

1991 ReUnion

September 18•19, 2026

Lawrence S. Goldstein, of Solon, OH, shares that after 27 years in private practice in Youngstown, OH, he has started practicing closer to home by joining the Cleveland Clinic as a staff pulmonologist/intensivist.

1996 ReUnion

September 18•19, 2026

1997

William H. Gans, of Jupiter, FL, completed his MBA from University of Massachusetts Amherst.

2001 ReUnion

September 18•19, 2026

2006 ReUnion

September 18•19, 2026

2009

Sandeep Mannava, of Pittsford, NY, is an associate professor of orthopaedic surgery at University of Rochester specializing in sports medicine and complex shoulder surgery. He traveled to Italy to serve as a team physician during the 2026 Milan Cortina Olympic Games—providing medical care for Team USA.

2011 ReUnion

September 18•19, 2026

2012

Toni Melville, of Charlotte, NC, was married to Sam Carson in November 2025 in Charlotte, NC, and **Anna Klausner** attended the wedding.



Toni Melville '12 and Sam Carson

2013

Anthony S. Rossettie, of Corning, NY, and family are coming back, after a decade in Texas, to live and practice in the beautiful hometown of Corning. They look



Sandeep Mannava '09 with Olympians at the 2026 Milan Cortina Olympic Games



Anthony S. Rossettie '13 and his family

forward to reconnecting with Upstate classmates, especially the Meyer and Smith families. "Cheers!"

2016 ReUnion

September 18•19, 2026

2019

Jordana L. Gilman and **Jenny L. Schreiber**, of Rochester, NY, had another baby last year to complete

their family. Avi is three years old, and Zac is now eight months old. Jenny is a hospitalist at Highland Hospital in Rochester and Jordana is an OB/GYN at Highland.

2023

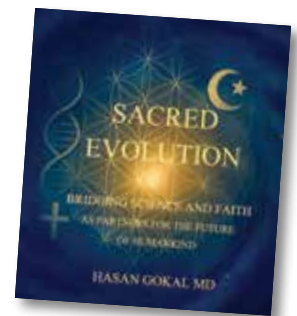
Eunice E. Choe, of Plattsburgh, NY, matched into geriatric fellowship at University of Pennsylvania. She also was selected for the Post-Acute and Long-Term Care Medical Association FUTURES program.

RESIDENTS

Hasan K. Gokal, of Sugar Land, TX, recently published a book, *Sacred Evolution, Bridging Science and Faith as Partners for the Future of Humankind*.



Jordana L. Gilman '19 and Jenny L. Schreiber '19 with Avi and Zac



AMY REYNDERS, MD '01

Playing the Long Game

As an ENT surgeon and Upstate Medical Alumni Foundation Board member, Amy Reynders, MD '01, focuses on continuity—caring for patients across their lifetime while helping shape the future of medical education.

Amy Reynders, MD '01, has built her career on relationships—relationships with patients, colleagues, and the institution that helped shape her path in medicine. As a partner with Syracuse ENT Surgeons in DeWitt, New York, and a longtime member of the Upstate Medical Alumni Foundation Board, Reynders has remained deeply connected to Upstate Medical University, giving back to the place she credits with launching her career and reinforcing the values that guide her work today.

Reynders grew up in Rochester, New York, and attended Rutgers University, where she was recruited to play Division I basketball. She also majored in biological sciences, with a plan to pursue medical school. She chose Upstate because of its proximity to family and the connection she felt to the region. That sense of community ultimately played a defining role in her professional journey.

As a medical student, Reynders recalls sitting in lecture and watching the clock as mid-day approached, waiting for just the right moment to slip out.

"I'd be like, 'Okay, when is someone going to leave first?'" she says. It wasn't that she wasn't interested in the topic at hand, only that she wanted to secure a spot in the daily pick-up basketball games at the Campus Activities Building.

During clinical rotations, Reynders discovered her calling in otolaryngology. Initially torn between internal medicine and surgery, she found inspiration in the ENT residents and faculty she encountered.

"They all just seemed to be very nice and normal people that enjoyed what they were doing," she says. "As I got into it, I was drawn to the combination of procedural, surgical, and medical care," she says.

Reynders completed a five-year residency at Upstate, one of the only female ENT residents during her tenure. After finishing, she stayed local, joining Syracuse ENT Surgeons in 2006 to partner with colleagues she had trained alongside. Nearly two decades later, she remains with the same practice, a testament to the professional satisfaction she has found in both the specialty and her colleagues.

As a general ENT physician, Reynders treats patients across all stages of life, an aspect of the specialty she finds especially rewarding.



Amy Reynders, MD '01, second row, fourth from left, enjoys spending time with her extended family in Central New York.

"You take care of the child that comes in at nine months old and then they have siblings," she says. "There is that continuity where you take care of several family members as time goes on. Yesterday I saw a patient who was 101."

Her long-standing relationships with physicians trained at Upstate also remain an important part of her practice. "I feel I've been very blessed. You can always pick up the phone," she says, describing the collaborative network she continues to rely on when coordinating patient care.

That deep appreciation for her training inspired Reynders to join the Upstate Medical Foundation Board a decade ago. Recruited by alumni leadership after she became more established in her practice, she viewed the opportunity as a meaningful way to give back.

Through scholarships, ceremonial traditions, and student support initiatives, the Medical Alumni Foundation helps maintain what Reynders views as the heart of Upstate's mission. She believes alumni involvement ensures the institution preserves its core values while evolving to meet modern challenges. "There are many board members who have been involved a long time because they're so committed to Upstate and its students," she says. "That says a lot about the institution."

Outside of medicine and philanthropy, Reynders prioritizes family and personal wellness. One of six siblings, she remains closely connected with her extended family in the Syracuse area. A former triathlete who has completed Ironman competitions, she now prefers cycling, gardening, and baking—activities that reflect her evolving approach to balance.

Looking back, she sees a common thread running through her experiences, from CAB basketball games to operating rooms to board meetings: the importance of community.

"At the end of the day," she says, "that's kind of what we all want—to be doing what we enjoy and be surrounded by people that make it nice to come to work each day."

—Renée Gearhart Levy

If you are interested in learning more about the Medical Alumni Foundation Board, please contact Paul Norcross, executive director, at norcros@upstate.edu.

IN MEMORIAM

1950

KENNETH F. GOLDEN, of Boca Raton, FL, died December 18, 2025. Dr. Golden specialized in internal medicine and hematology. He was a private practice physician in Fayetteville, NY, and a clinical associate professor of medicine at Upstate Medical University, with previous service as president of the medical staff at Crouse Irving Memorial Hospital and as a board member of the hospital foundation. He was appointed by the governor of New York to be a member of the Board of Visitors of Roswell Park Cancer Institute in Buffalo. He was a longtime volunteer for the American Cancer Society, serving as president of its Onondaga County unit and board member of its New York State division. Golden was survived by his wife, Jeannine; daughter Amy, sons David and Jeffrey; two grandsons; and two great-grandchildren.

1955

JOSEPH C. ROSENBLUTH, of Boynton Beach, FL, died June 15, 2022.

1957

CHARLES DAVID WIDGER, of Ellicottville, NY, died July 5, 2021. Dr. Widger entered the U.S. Air Force in July 1957 as a lieutenant in the Medical Corps. He served his country for 10 years. In 1962, he earned an early promotion to major. He retired in 1967 and returned to the Salamanca area to start his private medical practice. He and his longtime partner, Angel Gutierrez, MD, of Buffalo, NY, served the communities of Cattaraugus County for many years. Widger was chief of staff at the Salamanca District Hospital; school doctor for Ellicottville and Little Valley school districts; and served as a physician for the Seneca Nation of Indians at their medical clinic in Steamburg, NY, for many years. He also served as physician for the Cattaraugus County jail. Widger was an assistant professor at the University of Buffalo and taught every Friday at Children's Hospital. In 1970, he and Gene Cortner, MD, started the first residency program that specialized in "rural medicine." He and wife Heidi operated the Ellicottville Medical Office together, where she served as the office manager until their retirement in 1996. Widger was survived by his first wife, Kathleen Fitzpatrick; their children Nina and Andrew; his wife, Heidi; bonus son John C.; seven grandchildren; and five bonus grandchildren.

1958

KEDAR KARIM ADOUR, of San Francisco, CA, died November 1, 2024. Dr. Adour grew up on a farm in Clark Mills, NY, and worked his way through Hamilton College. Adour was survived by extended family.

1959

JAMES ALEXANDER GRAY, of Rutland, VT, died November 8, 2025. Dr. Gray practiced family medicine and assisted in surgeries for more than four decades. He completed his intern year at the Lying-In Hospital in Providence, RI, now Women and Infants Hospital, and his residency in general practice at Dartmouth's Mary Hitchcock Hospital. His greatest joy was delivering babies; he delivered more than 2,000. He was an old-fashioned doctor dedicated to patient care who worked late hours and made house calls at age 70. He was a leader in church life, scouting, and the National Guard and proudly served six years in the National Guard as captain of the Rutland Medical Platoon. Gray was survived by children James, Peter, Susan, John, and Carol; 10 grandchildren; five great-grandchildren; and two more on the way.

1960

SAMUEL O. THIER, of Chestnut Hill, MA, died January 3, 2026. Dr. Thier was a mentor to generations of physicians and research scientists, as well as a renowned administrator who shaped healthcare systems across the nation and helped to establish the foundations of modern academic medicine in America. He attended Cornell University at 16 and left without a degree in order to study medicine at Upstate Medical University. He trained at the Massachusetts General Hospital (MGH), where he was eventually chief resident and then chief of the renal division. He then served as associate chief of medicine at the University of Pennsylvania and chairman of medicine at Yale. In 1985, he left Yale to become the president of the Institute of Medicine (now the National Academy of Medicine), where he issued the first public health report on the AIDS epidemic and was instrumental in forcing the federal government to acknowledge the scale of the disaster. He left the IOM to become president of Brandeis University, where he stabilized the university's finances and developed a new undergraduate curriculum, before returning to the MGH. There he served as the hospital's president, and then, as president and

CEO of Partners Healthcare, secured its partnership with Brigham and Women's Hospital, a complex, contentious, and historic union between rival institutions. While Thier received more awards than anyone could count, he particularly cherished the George M. Kober Medal, a lifetime achievement award for scientific rigor in internal medicine. He was survived by his wife, Paula; sisters Lenore and Roberta; daughters Audrey, Stephanie, and Sara; six grandchildren; and seven great-grandchildren.

1965

JANICE A. LINDSTROM, of Marquette, MI, died December 16, 2025. Dr. Lindstrom completed an internship at St. Louis University Medical Center in St. Louis, MO, and a residency at the University of Michigan Hospital in Ann Arbor, MI. She then served as a faculty member at Michigan State University College of Human Medicine from 1972-1978. In 1978, she started a private medical practice in neurology until her retirement in 1990. Following retirement, she served as a volunteer member of committees at Marquette General Hospital and the Michigan Department of Natural Resources. Lindstrom was survived by her sister, Shirley; stepson Rick; two step-grandchildren; and two step-great-grandchildren.

1979

GREGORY L. CARTLEDGE, of Syracuse, NY, died December 29, 2025. Dr. Cartledge practiced emergency medicine at Oneida Health for more than 30 years. His compassion and calmness were the glue that kept the emergency department together even on the toughest days. He was fearless and an adventurer. He traveled to beautiful places and dove some of the most beautiful waters. Cartledge was survived by his wife, Nancy; sisters Jacqueline and Patricia; stepsons Jeff and Dan; three grandchildren; and several nieces and nephews.

1984

KENNETH J. EDWARDS, of St. Joseph, MI, died October 5, 2025. Dr. Edwards joined the U.S. Navy and continued his medical degree at Upstate Medical University. After graduation he trained at Rush Hospital in Chicago and pursued a fellowship in trauma medicine at Harborview in Seattle, Washington. He concluded his service in the Navy as a lieutenant commander at Great Lakes Naval Hospital before moving to

St. Joseph. He joined James Amlicke, MD, to start Southwest Michigan Center for Orthopedics and Sports Medicine. He cared for countless patients during his career and had an unwavering commitment to improving the health of all residents of Southwest Michigan and served as the vice chairman of the Berrien County Board of Health. Edwards was survived by his wife, Wendy; children David, Jordan, and Kathleen; and two grandchildren.

2021

STEFANI PATTEN, of Rochester, NY, died December 27, 2025. Dr. Patten completed her emergency medicine residency at the University of Rochester, where she served as chief resident. Despite her diagnosis, she chose to continue her training with a fellowship in pediatric emergency medicine, from which she was scheduled to graduate in 2026. Her friendly disposition and selfless nature were defining traits, which shined in the intensity of the emergency department. She took pride in compassionately caring for the underserved and was quick to find small ways to ensure the well-being of her patients. She chose to focus on pediatric emergency medicine partially because of the delight she got in helping children not just feel better, but to go home. Patten was a perceptive and patient colleague whose support and counsel was valued by many. She was survived by her husband, **Calvin Patten '19**; parents Stefan and Laura Schmitz; brother Robert; and many extended family members.

Resident

NORVAL ELDRED BERNHARDT, of Milwaukee, WI, died September 12, 2021. Dr. Bernhardt attended medical school at UW-Madison. He served his internal medicine residency in the Panama Canal Zone, and his surgical and ENT residencies at Upstate Medical University. He served as a U.S. Army battalion surgeon both in Vietnam and stateside. He practiced ENT at the Jackson Clinic in Madison for 23 years and completed his career at the Mayo Clinic in Rochester, MN. Bernhardt and his wife enjoyed adventures in more than 60 countries and carried out medical missions in 11, and locally served through the Salvation Army, Luke House, Habitat for Humanity, Canyon Scholars, and Bethel Horizons. Bernhardt was survived by his wife, Carrie; son Jason; daughter Bethany; and seven grandchildren.

DONALD SKINNER BICKNELL, of Vergennes, VT, died March 2, 2020. Dr. Bicknell attended the University of Vermont College of Medicine and interned at Upstate Medical University. He then entered the U.S. Army Medical Corps, where he served for a year each at Fort Douglas in Utah and at Madigan General Hospital in Tacoma, WA. He returned to Vermont in 1964 and set up his medical practice in the Vergennes family home on Main Street. Later, he moved to a single converted apartment on North Street. When his son Tim joined his practice in 1995, another son, Peter, built them a new office on North Street, becoming the Little City Family Practice. He practiced for 50 years and went from a solo practitioner to having a staff of more than 20 caring and dedicated employees. He made house calls and met patients at the office on weekends until retirement at 77. Bicknell was survived by his wife, Elizabeth; children David, Timothy, Annie, Paul and Peter; and 10 grandchildren.

JEAN-PAUL BIERNY, of Tucson, AZ, died October 3, 2023. Dr. Bierny earned his medical degree in Belgium before spending three years practicing in Africa and came to Tucson in the early 1970s after studying radiology at Upstate. He was president of the Arizona Friends of Chamber Music for 35 years. Bierny was survived by his wife, Chris; son Philippe; daughters Nevenka and Vivianne; and two grandchildren.

JORGE F. CASSIR, of Atlantic City, NJ, died November 7, 2023. Dr. Cassir attended Universidad de Valle in Cali, Colombia. He served in the army as a flight surgeon stationed in Korea. He completed a residency in internal medicine at Upstate Medical University and training at Memorial Sloan Kettering in New York City. He practiced radiation oncology in New Jersey for more than 40 years at Atlanticare, Shore Memorial Hospital, and Cape May Regional. Cassir worked as a spiritual coach and was an author of various books, the latest *Intentional Conception*. Cassir was survived by his wife, Eileen; daughter Jacqueline; son Jon; sister Gloria; and four grandchildren.

PAUL G. DUPONT, of Hellertown, PA, died February 12, 2025. Dr. Dupont attended New York State Medical School at Stony Brook. He did his residency and post-doctoral studies in neuro-radiology at Upstate. He worked at Sacred Heart Hospital in Allentown and became the head of the radiology department at St. John's Episcopal Hospital in New York. Dupont was survived by his wife, Marie Jeanne; his parents; and brother John.

AMIN M. EL-HASSAN, of Skaneateles, NY, died May 27, 2023. Dr. El-Hassan attended medical school at the American University of Beirut and completed his residency in urology at Upstate. He was a skilled surgeon and cared for thousands of patients in his community of Cortland and in

the greater Syracuse area for more than 35 years. El-Hassan was survived by his wife, Nada; his three children, Dania, **Ramzi '17**, and Danny; and one granddaughter.

GERALD L. EVANS, of Bonita Springs, FL, died June 22, 2025. Dr. Evans earned his medical degree from the University of Vermont College of Medicine in 1959. He then settled in Sudbury, MA, and was invited to join Lew Dexter's prestigious cardiology lab as a two-year fellow at Peter Bent Brigham Hospital in Boston. In 1968, he served his country during the Vietnam War at Walter Reed Army Medical Center, where he rose to the rank of major. In 1970, he was invited to lead the Department of Cardiology at Framingham Union Hospital in Massachusetts. There, he established the hospital's catheterization lab, exercise lab, and cardiology lab. In 1990, he founded HeartVentures, a physician-led program designed to help corporate employees reduce their risk of cardiovascular disease through diet and exercise. Evans published two books, *Why Health Insurance Does Not Ensure Health (Only YOU Can Prevent Heart Disease)* in 2010, and *Heart Disease, Prevention Is Better Than a Cure* in 2017. Evans was survived by his children, Douglas, Craig, and Laura; five grandchildren; and one great-grandchild.

JOHN M. GLEZEN, of Rockwall, TX, and previously Fayetteville, NY, died October 12, 2024. Dr. Glezen specialized in obstetrics and gynecology in Syracuse, NY, for 30 years of private practice. He was dedicated to serving his patients and delivered many newborns into this world. He attended medical school at Columbia University in New York City and completed his OB/GYN residency at Upstate. Glezen was survived by his children, Marsha, Alison, Priscilla, and John; his sister Jean; and four granddaughters.

JOSEPH ANTHONY GUZZETTA, of Denver, CO, died April 29, 2025. Dr. Guzzetta attended the University of Vermont for medical school and graduated in 1966. He completed a residency in radiology at Mass General Hospital in Boston and Upstate Medical University. He served as an Army major during the Vietnam War in Landstuhl, Germany, working as a radiologist at the hospital. He was honorably discharged in 1973 and returned to the United States. Guzzetta began work as a radiologist at Heywood Hospital in Gardner, MA, eventually becoming the chief of radiology. His deep love of learning was apparent in his work, as the first CT scanner and MRI equipment were brought in under his leadership. Guzzetta was survived by his wife, Janet; children Stephen, Karen and Leane; and five amazing grandchildren.

IN MEMORIAM

WILLIAM ARTHUR MILLER, of Bluffton, SC, died May 16, 2019. Dr. Miller was a graduate of Yale School of Medicine. He completed an internship at Upstate Medical University, an anesthesiology residency at Massachusetts General Hospital, and a diagnostic radiology residency program at Yale School of Medicine where he was chief resident. During his 35-year career at Memorial Health University Medical Center, he established the radiology residency program and was its first director. He was an associate professor of medicine at the Medical College of Georgia, and was responsible for researching, selecting, and bringing the first CT machine to Savannah's Memorial Hospital, only the third machine in Georgia. Miller was survived by his wife, Ann; daughters Sally and Jane; and two grandchildren.

PRAKASH B. PATEL, of Cincinnati, OH, died March 9, 2022. Dr. Patel was a respected doctor whose patients loved him and a loving father whose family adored him. He completed his residency at Upstate Medical University. Patel was survived by his wife, Kalpana; and daughters Kanan and Payal.

SHAMSUDDIN RANA, of Lourdes, NY, died March 4, 2025. Dr. Rana was a doctor specialist in pulmonary medicine. He completed his medical training at Nishtar Medical College in 1964. Between 1967 and 1976, he completed eight fellowships in allergy and immunology and pulmonary medicine. Rana was well known at Wilson Memorial Hospital, Binghamton General Hospital, Our Lady of Lourdes Hospital, A.O. Fox Hospital, and Guthrie Clinic/Robert Packer Hospital. He was a respected pulmonologist at Lourdes for the past 40 years, providing medical care to tens of thousands of patients. Rana was survived by his wife, Nasreen; and family.

J. TRACY SCHREIBER, of Cincinnati, OH, died December 10, 2023. Dr. Schreiber attended St. Louis University Medical School in 1959. He completed his residency in cardiovascular thoracic surgery at the Cincinnati General Hospital. After finishing his residency, he was drafted into the Army and was sent briefly to Fort Ord, CA, before moving on to Camp Zama, Sagami-hara, Japan, for three years before his discharge with the rank of major. He taught at the University of Cincinnati Medical School for a brief time in the 1980s and at the University of Texas Southwestern Medical School in Dallas, TX. He returned to Cincinnati and spent the remainder of his career in private practice. Schreiber was survived by his children, John, Patrick, and Ann; and two grandchildren.

ROBERT R. STUBER, of St. Joseph, MI, died September 9, 2023. Dr. Stuber attended medical school at the University of Kansas, completed an internal medicine residency and a cardiology fellowship at Boston Hospital, and served a stint in the U.S. Air Force as a captain and general medical officer. He practiced and worked in the medical community in the town he loved for 50 years. He started in solo practice in St. Joseph before establishing Specialists of Internal Medicine, a group he led for 30 years. He retired and then resumed medical activity to become co-medical director and eventually medical director at Heartland Hospital. Stuber was survived by his wife, Mary Helen; children Becky, Cathy, and Scott; stepson Chad; three grandchildren; step-grandchildren Kellie Sieger and Kurtis Stuber; and seven great-grandchildren.

EVAN B. WEISMAN, of Atlanta, GA, died December 4, 2018. Dr. Weisman was a lifelong Atlanta cardiologist. He attended medical school at Emory University, with a residency at Upstate Medical University and public health service in Salt Lake City. He began his cardiology practice in Marietta in the 1960s and rounded at Kennestone and Windy Hill Hospital. Weisman was survived by his wife, Nancy; daughter Jamie; sons Mark and Jonathan; and four granddaughters.

Faculty

DANIEL TSO, PhD, of Jamesville, NY, died October 30, 2025. Dr. Tso received his bachelor's degree from Harvard College and his doctorate at Harvard Medical School, where he was a graduate student of Dr. Torsten Wiesel, the recipient of the 1981 Nobel Prize in Physiology or Medicine. He later moved with Dr. Wiesel and his laboratory to Rockefeller University in New York City to finish his training. He spent a few years at Baylor College of Medicine in Houston, Texas. He joined the faculty of Upstate Medical University in the Department of Neurosurgery. It was in the Department of Neurosurgery that he enjoyed undertaking research, teaching students, and immersing himself in the outstanding environment of the Upstate community. His professional interest focused on the brain; specifically decoding the logic of cortical region development and the neural pathways in visual processing of the brain. His work has had important implications for the understanding the brain's architecture and connectivity. Tso was survived by his wife, Kathleen; children Daniel and Alexander; one grandchild; and his mother, Muriel.

Emeritus Faculty

EDWARD T. SCHROEDER, of Manlius, NY, died September 16, 2025. Dr. Schroeder was drafted and spent two years in the U.S. Army in occupied Japan. Upon discharge, he attended and graduated from Western Reserve University on the GI Bill, earning a bachelor's degree and then an MD, graduating in 1959. He did his medical internship in Denver, CO, and completed his residency and a fellowship in nephrology at Cleveland Metropolitan Hospital. In 1965, he took a faculty position at Upstate Medical University, where he remained until his retirement in 2003. He focused on improving the lives of patients with kidney disease. He was a driving influence in creating the first outpatient dialysis unit in Central New York, the University Dialysis Center on East Genesee Street. Schroeder subsequently expanded with outpatient units in Auburn and Oswego. He provided nephrology support to Upstate's Kidney Transplant Program. He was responsible for supervising academic faculty in the division of nephrology at Upstate and for training and mentoring a generation of nephrologists who now practice all over the country. In 1997, he received the SUNY Health Science Center President's Award for Excellence in Teaching. He also served as the chief of Nephrology Section for 25 years, director of dialysis programs, and medical director of the University Dialysis Center. Schroeder was survived by his wife, Lois; daughter Annie; son Glen; six grandchildren; and one great-grandson.

Ullrich Bequest of \$4.5 Million Establishes Endowed Chair, Professorship, and Scholarship at Alan and Marlene Norton College of Medicine

The Upstate Medical Alumni Foundation has received a transformative \$4.5 million bequest from the estate of alumnus Christopher G. and his wife, Betsy C. Ullrich—an extraordinary act of generosity that will shape the future of medical education and academic excellence at the Norton College of Medicine for generations to come.

The Ullrich bequest will establish three permanent endowments:

- The Christopher G. and Betsy C. Ullrich Endowed Scholarship at the Norton College of Medicine (\$1 million)
- The Christopher G. and Betsy C. Ullrich Endowed Professorship of Neuroradiology at the Norton College of Medicine (\$1.5 million)
- The Christopher G. and Betsy C. Ullrich Endowed Chair of Radiology (\$2 million)

Together, these endowments will strengthen faculty leadership, advance innovation in radiology and neuroradiology, and provide meaningful financial support to medical students.

“This is a visionary gift,” says Paul Norcross, executive director of the Upstate Medical Alumni Foundation. “Endowed positions and scholarships create lasting impact. They elevate academic excellence, attract and retain outstanding faculty, and ensure that talented students can pursue a medical education without being limited by financial barriers.”

Christopher G. Ullrich, MD '76, practiced neuroradiology in Charlotte, North Carolina, for nearly 40 years. He trained in diagnostic radiology at Upstate, followed by a two-year fellowship in neuroradiology at Johns Hopkins. He was active in the American College of Radiology, the North Carolina Radiology Society, the Cervical Spine Research Society, and the Southeastern Neuroradiology Society, where he received many awards and medals for his work and book publications. He died in 2021. His wife, Betsy Coleman Ullrich, died in 2025.



Betsy C. and Christopher G. Ullrich, MD '76, with good friends Vince F. and Suzanne M. Saele

The Ullrich bequest underscores the profound impact of planned giving. Estate gifts allow alumni and friends to make transformational contributions while aligning their philanthropic goals with their long-term financial plans.

“Planned giving is about legacy,” says Norcross. “It’s about honoring the education and experiences that shaped your life and ensuring future generations benefit in the same way. The Ullrich family’s generosity will be felt not just today, but decades from now—by faculty who lead, by students who learn, and by patients whose lives are improved because of both.”

Through the establishment of these three endowments, the Christopher G. and Betsy C. Ullrich name will be permanently woven into the academic fabric of the Norton College of Medicine—supporting excellence in radiology and empowering the physicians of tomorrow.

To learn more about our planned giving program, visit, medalumni.upstate.edu/planned-giving

UPSTATE MEDICAL ALUMNI FOUNDATION

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Alumni Events! Save the Date!

You are cordially invited to join us for these fun-filled events.

White Coat Soiree Happy Hour
Washington, DC, Area

April 23, 2026 | 6:00-8:30 PM

Pizzeria Da Marco
Bethesda, MD

Wyndemere Country Club
Naples Alumni Reception

April 29, 2026 | 6:00-8:30 PM

The Wyndemere Country Club
Naples, FL

White Coat Soiree Happy Hour
Rochester, NY, Area

May 7, 2026 | 6:00-8:30 PM

Rohrbach Brewing Company
Railroad St. Beer Hall
Rochester, NY

White Coat Soiree Happy Hour
Boston, MA, Area

May 21, 2026 | 6:00-8:30 PM

Davio's Northern Italian Steakhouse—
Chestnut Hill Location
Chestnut Hill, MA

White Coat Soiree Happy Hour
Central New York Area

June 11, 2026 | 6:00-8:30 PM

Francesca's Cucina
Syracuse, NY

White Coat Soiree Happy Hour
Albany, NY, Area

Fall 2026 | date and location TBD

Reunion Weekend

**September
18 & 19, 2026**

Classes of 1961,
1966, 1971, 1976,
1981, 1986, 1991,
1996, 2001, 2006,
2011 & 2016



Go to medalumni.upstate.edu/events for additional events and information

