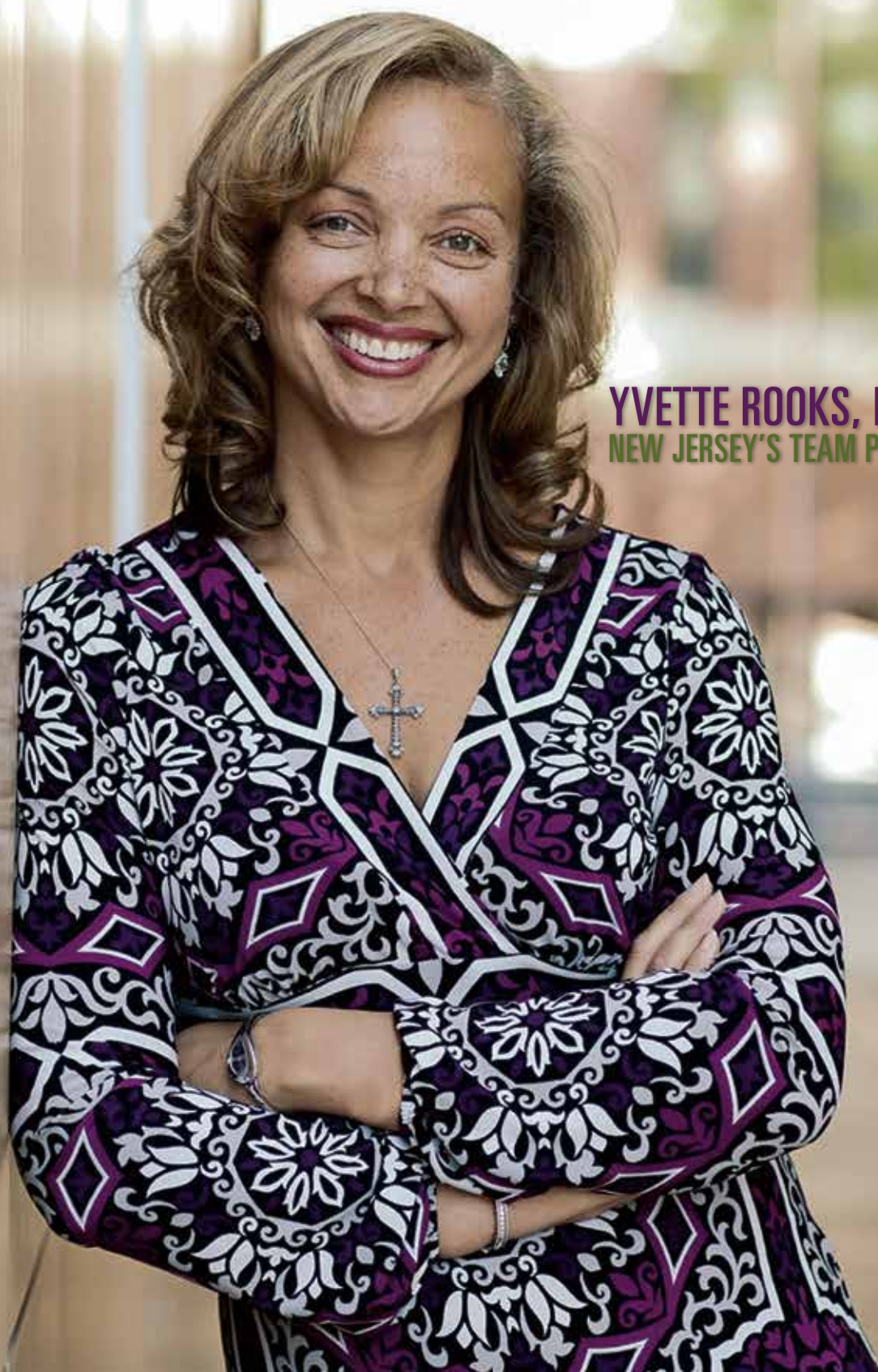


UPSTATE MEDICAL Alumni JOURNAL

SPRING 2018 PUBLISHED BY UPSTATE MEDICAL ALUMNI FOUNDATION



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UPSTATE MEDICAL Alumni JOURNAL

SPRING 2018 ISSUE

Published three times in

2018 in spring, autumn,

and winter. Copyright

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Medical Alumni Foundation.

Opinions expressed are those

of the individual authors

and subjects and do not

necessarily reflect the views

of the Alumni Foundation or

Upstate Medical University.

Published by the Syracuse

(HSC) Medical Alumni

Foundation of Upstate

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13210-9976

Issue Number: 73

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ON THE COVER:

Yvette Rooks, MD '93
chief medical officer for
athletics at RWJBarnabas
Health System

Medical Alumni Foundation

UPSTATE
 MEDICAL UNIVERSITY
 COLLEGE OF MEDICINE


Dear Fellow Alumni:

It is my honor to serve in the role of president of the Upstate Medical Alumni Foundation. My family has had the privilege of graduating four generations of physicians from the College of Medicine and I feel a profound debt of gratitude. As time passes, I think we all appreciate the excellent opportunity afforded us by our education and experience at Upstate Medical University.

I would like to thank all of the past presidents, board members, and the Medical Alumni Foundation staff for making my transition to board president a smooth and easy process. The Alumni Foundation has a long history of providing services that support our medical students. For more than 25 years, the Alumni Foundation has provided financial and program support, mentorship activities, and most important, provided scholarships to students to support their medical education. The Alumni Foundation and its board and alumni membership also play an important role in providing the Upstate administration with a valuable historical perspective.

Upstate continues to recruit many of the best, brightest, and most highly qualified students from New York State and other areas. The cost of tuition has increased to levels that were unimaginable for many of us, resulting in students and families struggling to meet these costs. Today, our students can graduate with high levels of debt comparable to students at private universities. Alumni contributions allow us to assist students in meeting these costs. In 2017, we presented 135 scholarship awards with a total value of more than \$438,000. For the first time, a full four-year scholarship was awarded to an incoming student—thanks to the generous support of an anonymous alumnus.

Alumni contributions allow us to deliver opportunities to improve the medical education experience at Upstate and help nurture a positive relationship with graduating physicians. With your support, I would like to grow our endowment to enable us to make an Upstate medical education more affordable to more of our students. I encourage everyone to do what they can to give back.

I thank you for your current and future support!

Sincerely,

Dennis D. Daly, MD
 Class of 1983

Upstate Joins SUNY Efforts in Haiti

Upstate Medical University has joined nine other SUNY campuses and five not-for-profit organizations in a statewide collaboration to establish a sustainable village and learning community (SVLC) in Haiti that will provide resources and services for the town of Akayè.

Each campus in the collaboration was selected to bring expertise in a certain specialty to the community. Upstate, along with SUNY Stony Brook University and Nassau Community College, is part of the Health and Wellness working group.

Other campuses and their specialties include University at Albany (international development for management), Binghamton University (public administration), University at Buffalo (social work), Buffalo State College (performing arts), SUNY Cobleskill (agriculture and fisheries), SUNY-ESF (landscape architecture) and SUNY New Paltz (disaster mental health).

"Our involvement in our communities in Central New York and in our global communities around the world is all part of the academic mission and strategic plan of Upstate Medical University to create a healthier

"This global outreach . . . sets us on a path toward building a sustainable village that can impact lives, the environment and health equity in Haiti through education, clinical care, and research."

Mark Polhemus, MD

world," says Danielle Laraque-Arena, MD, president of Upstate Medical University.

Upstate's participation in the initiative is being coordinated through the university's Center for Global Health and Translational Science. "This global outreach from Upstate sets us on a path toward building a sustainable village that can impact lives, the environment and health equity in Haiti through education, clinical care, and research," says the center's director, Mark Polhemus, MD, associate professor of medicine, and microbiology and immunology.

As part of the Health and Wellness work group, Upstate's Janice Bach, MD, assistant professor of pediatrics, and Bonnie Grossman,

MD '80, assistant professor of emergency medicine, visited Mirabalais Hospital and St. Marc Hospital, looking at these facilities as models (using the World Health Organization's Framework for Action for strengthening health systems to improve health outcomes) to help guide development efforts in Akayè.

Objectives to be addressed by the Health and Wellness group include proposing a health center model with the aim of reducing health inequity for the community of Akayè, Haiti, by addressing its unmet healthcare needs; building the healthcare capacity of the community through proposed training programs; developing the educational and research capacity of the healthcare community and partner universities through proposed educational programs; and integrating SUNY faculty and students into the proposed programs.

The SUNY collaboration is funded by a nearly \$800,000 grant from the W.K. Kellogg Foundation to support the project, which will develop educational, economic, and social programs, resources, and other needed services on 40 acres of land donated by a Nassau Community College professor emeritus.

The five not-for-profit organizations partnering on the project are: African Methodist Episcopal Church Service and Development Agency (AME-SADA), Effort Commun Pour Le Développement de L'Arcahaie (ECODA), Haiti Development Institute, Hope on a String and YouthBuild International.



Janice Bach, MD, (third from right) and Bonnie Grossman, MD '80, (second from right) with other members of the SVLC team.



Thomas Schwartz, MD '95, announces plans for an inpatient adolescent psychiatric unit at Upstate.

Upstate Plans Eight-bed Inpatient Adolescent Psychiatric Unit

UPSTATE UNIVERSITY

Hospital has received approval from two state agencies to open an eight-bed inpatient adolescent psychiatric unit.

Upstate currently does not provide inpatient, hospital-based services nor does it currently perform intensive emergency-room based child or adolescent psychiatric services.

The \$3.2 million unit will be located on the seventh floor of the main hospital on the Downtown Campus. In addition to the eight beds, it will feature a family lounge and visiting area. Construction is expected to begin this spring with the opening planned for early 2019.

The unit will provide treatment

for individuals, ages 12 to 17 with a length of stay between five to seven days.

"We appreciate the state's approval of this much-needed unit," said Thomas Schwartz, MD '95, professor and chair of the Department Psychiatry and Behavioral Sciences. "This unit will keep children and their families together in our community while they receive this care, but this is only the beginning, as there is much more work to be done in bringing additional mental health services to children to our region."

On average, about eight, but as many as 23, children and teens at Upstate are awaiting transfer each day to a facility that provides inpatient psychiatric

care. Some of these children are transferred out of the area to centers in Buffalo and Saratoga Springs. Many more children are waiting in other area hospital Emergency Departments for access to inpatient psychiatric treatment.

In addition to the eight-bed unit, Upstate is looking at other ways it might help to address the critical shortage of pediatric mental health, including the development of a therapeutic consultation team to aid children in the Emergency Department, as well as working with other agencies, such as Hutchings Psychiatric Center, to address children who need longer inpatient care.

Upstate Opens Outpatient Pharmacy

Upstate University Hospital opened its own outpatient pharmacy to serve patients being discharged, patients being treated in Upstate's outpatient clinics, and the public.

The pharmacy opened in a temporary location on University Hospital's lower level in late February, and will move to its permanent site in the hospital's first floor lobby in April. The Upstate Pharmacy will be the first outpatient pharmacy owned and operated by New York State.

"This is an exciting opportunity that enables Upstate to provide an added layer of care to our patients," says Luke Probst, Upstate's executive director of Pharmacy. "Ensuring that patients have their prescription medicines before they are discharged helps improve medication adherence and can reduce hospital readmissions."

Botash Named Senior Associate Dean

ANN BOTASH, MD '85, has been named senior associate dean for faculty affairs and faculty development. Dr. Botash, a SUNY Distinguished Teaching Professor, is professor of pediatrics, director of Upstate's Child Abuse Referral and Evaluation program, and medical director of the McMahon/Ryan Child Advocacy Center. She succeeds Paula Trief, PhD, who stepped down from the position after 11 years to concentrate on her research into Type-2 Diabetes.



Ann Botash, MD '85

Student Volunteers Offer Companionship to Dialysis Patients



Medical students Colleen Fei '20 and Megan Harris '20

UPSTATE MEDICAL UNIVERSITY

students offer companionship and comfort to patients at the University Dialysis Center during lengthy dialysis treatments through a program sponsored by Upstate's Center for Civic Engagement.

Patients undergo treatments three days a week, four hours at a time. Students from across Upstate can volunteer to simply visit with and keep patients company during their treatments, so long as they can commit to a weekly or bi-weekly visit of an hour or 90 minutes.

"It tells you a lot about healthcare outside the minutiae of medicine," says second-year medical student Colleen Fei of the experience. "The patients face other barriers besides (kidney) disease. They also provide their perspective of healthcare—what makes a good doctor or a bad doctor. It shows the importance of really listening to your patients and listening to their concerns."

Classmate Megan Harris says the program reinforces the

importance of empathy and has shown her what having a chronic condition is like.

"My patient was shy at first. He's an older man with cool life stories, once I got him talking. He's always appreciative. He'll tell me, 'You have no idea how much better this makes it when you're here.'"

The volunteers serve approximately 27 patients, and more are needed, says Marnie Annese, Center for Civic Engagement program coordinator. The patient demographic is diverse and companions who speak Bengali or Swahili are needed. "It's flexible," says Annese. "Students read to them, talk with them, write letters for them, or play board games."

Harris said she feels for the patients who don't have visitors. "I wish I could talk to all of them," she says. "It's well worth a couple of hours a week. I love my classmates, but it's nice to talk to someone on the other end of healthcare."

Black History Month

STUDENTS AND STAFF PERFORMED AT THE BLACK HISTORY MONTH OPENING CEREMONY

on February 1. From left: Alza Johnson, LPN, Immune Health; Desirree Pizarro '21; Kadeeja Fredankey '20; and Simone Seward, MPH, director of civic Engagement. Not pictured: Malcolm Philogene '20, on piano.





Hesham Masoud, MD, fields questions about the DEFUSE-3 study results.

Clinical Study Shows Wider Window for Clot Removal Procedure

A nationwide clinical study, using a brain-imaging technology in use at Upstate University Hospital, has shown that doctors have more time than first thought to perform a life-saving clot removal procedure on stroke victims.

Previously, the window for performing a thrombectomy was about six hours, but results of the DEFUSE-3 study supports evidence showing a positive effect for late presenting patients, with the procedure performed up to 16 hours after stroke onset. This is the second study showing benefits of treatment in late presenting patients. The DAWN trial reported similar positive results in the six to 24 hour treatment window after stroke onset.

The American Stroke Association recently

updated guidelines to extend the time window based on the overwhelming evidence for treatment in this group of patients.

Both studies used a special imaging technology—which Upstate acquired last year in anticipation of joining the DEFUSE-3 study—which allows doctors to examine the brain and identify patients with viable brain tissue that still might be saved despite delayed presentation. The imaging technology, called RAPID, was developed at Stanford University by the principal investigator of DEFUSE-3, and takes only minutes to process brain scans compared to older systems.

"We've gone from one end of the spectrum to the other in terms of stroke care," said Upstate vascular and interven-

tional neurologist Hesham Masoud, MD. "We now have this opportunity to identify more patients who can benefit from a thrombectomy. Previously it was thought that these late presenting patients did not have options. One in three patients now have the chance to go home with little or no disability; that's a pretty incredible effect."

Masoud says the study results should be especially encouraging for remote hospitals.

"I think the broader implication for this trial is for those centers or hospitals that will not transfer patients to our hospitals for thrombectomy, because they think, 'Oh well, this happened six or seven, eight hours ago, so that's beyond the window,'" he says.

Morley Named Chair of Public Health and Preventive Medicine

CHRISTOPHER P. MORLEY, PHD, has been named chair of the Department of Public Health and Preventive Medicine. Dr. Morley joined Upstate in 2001 as a principal research support specialist in the Department of Psychiatry and Behavioral Sciences. He has held faculty positions at Upstate since 2007, when he joined the Department of Family Medicine as the director of research development, and later vice chair of research.

While at family medicine, Morley was an early participant and core faculty member of the Central New York Master of Public Health Program, with a joint appointment to the Department of Public Health and Preventive Medicine. He was appointed interim chair of Public Health and Preventive Medicine in January 2016. Morley will retain his title and appointment in family medicine, as well as a joint appointment in the Department of Psychiatry.



Christopher P. Morley, PhD

Morley holds a PhD in social science, with a master of arts in public administration and a certificate of advanced study in health services management and policy from the Maxwell School of Syracuse University. His research interests include health disparities and social determinants of health, mental health, cancer prevention, tobacco control, and work in psychiatric genetics. His current active research interests focus mainly upon primary care workforce issues and practice improvement.

Autoimmune Center Named for Emeritus Professor Paul Phillips, MD

THE LUPUS, Autoimmunity, Inflammation and Immune Health Center of Excellence (LACE), established at Upstate Medical University last year, has been named in honor of Professor Emeritus Paul E. Phillips, MD.



Susan P. Sullivan and Paul E. Phillips, MD

The Dr. Paul Phillips Lupus, Autoimmunity, Inflammation and Immune Health Center of Excellence (PLACE) focuses on the metabolic control of autoimmunity, inflammation and immune health and supports new collaborative initiatives in autoimmunity and inflammatory diseases. It is led by Andras Perl, MD, PhD, SUNY Distinguished Professor and chief of rheumatology.

Phillips and his wife, Susan P. Sullivan, have given generously to the Upstate rheumatology division's research program for many years. Their personal support has helped maintain research initiatives when other funding sources have lagged. The Phillips also established a visiting professorship in rheumatology at Upstate.

Dr. Perl says he is honored by the center's connection to Phillips. "Dr. Phillips recruited me to Syracuse back in 1992. Ever since, he has supported our research into the causes of lupus and autoimmune inflammatory disease as well as the development of new treatments," he said.

Phillips was recruited to Upstate in 1981 to be chief of Division of Rheumatology in the Department of Medicine. Over the next 20 years, he built the division's programs in patient care, teaching, and research. In the early 1990s, he recruited and mentored Perl, who assumed leadership of the division when Phillips retired in 2001. Now an emeritus faculty member, Phillips still teaches and sees patients at the VA Arthritis Clinic.

Medical Mentorship

MEDICAL STUDENTS ON BOTH THE SYRACUSE AND BINGHAMTON CAMPUSES HAD THE OPPORTUNITY TO CHAT WITH ALUMNI and other physicians from a variety of medical specialties in a relaxed atmosphere at the 12th annual Career Advisory Network dinners, held in January. The Career Advisory Network gives students the opportunity to explore their interests in various specialties and gather advice from local physicians with first-hand experience in those fields.





Golisano Launches Red Safety Light Initiative

A new patient safety initiative at Upstate Golisano Children's Hospital gives nurses the option of turning on a red light indicating they are not to be distracted during tasks critical to patient care. Red lights have been mounted on all pediatric workstations on wheels. In the Pediatric ICU, red lights are mounted on doors.

Designed primarily to prevent interruptions that can lead to medication errors, the idea of a "No Interruption Zone" at Upstate was presented to Upstate's Pediatric Nursing team by Pamela Haines, RN, MS, assistant director of Nursing Quality and Patient Safety, and it was quickly approved.

"We spent time investigating various lights and different ways to display them, staffs have received

education on their use, and signs will be visible to patient families and visitors," says Bonnie Seitz, MS, RN, CPN, Clinical Nurse Specialist and Pediatric Safety Officer at Upstate Golisano Children's Hospital.

The No Interruption Zone concept is similar to the "sterile cockpit" rule, used by the aviation industry to reduce errors during critical phases of flying by requiring pilots to refrain from activities deemed non-essential to the safety of the flight, and is recommended by the Institute for Safe Medication Practices. Patient medications are typically prepared by nursing staff for delivery and documentation at a workstation on wheels (WOW) in hallways just outside a patient's room.

Children's Hospital of Philadelphia and Cleve-

"We spent time investigating various lights and different ways to display them. Staffs have received education on their use, and signs will be visible to patient families and visitors."

Bonnie Seitz, MS, RN, CPN

land Clinic Marymount Hospital also use the No Interruption Zone model.

"Over a decade ago, we committed to a major focus on the safety of our patients. Today, we are part of a national group of children's hospitals working together to improve safety. The new red light project is just one part of our comprehensive safety program," says Thomas Welch, MD, medical director of Golisano Children's Hospital.

INSPIRATION

New feature film draws from family tragedy to tell a story of inspiration and perseverance.

Erne Found, MD '80, wants you to know this: He's a better magician than William Hurt. The Academy Award-winning actor portrays Dr. Found in the film *The Miracle Season*, released nationally on April 13.

The film is based on events that spawned from the Found family's tragedy. In August 2011, Found lost both his 17-year-old daughter, Caroline, to a head injury suffered in a moped accident, and his wife, Ellyn, to pancreatic cancer, within a two-week span. Only months earlier, Caroline, known as "Line," had led her high school volleyball team to the state championship. The team captain and setter, she was the glue of her team but also widely liked and respected among her classmates as someone who always had a smile and kind word for everyone.

As depicted in *The Miracle Season*, the team and their coach, Kathy Bresnahan (played by Academy Award-winning actress Helen Hunt) come together to deal with their heartbreak and loss. Bresnahan held tryouts for Line's position—a role that nobody wanted to take. Eventually, Caroline's best friend filled the position after encouragement from Bresnahan, her teammates, and Found.

The team dedicated their season to Line's memory. The student body wore shirts with Caroline's name and number and the words "Live Like Line" on the front. After every game, the crowd sang Neil Diamond's "*Sweet Caroline*." Found was there every game.

It was a movement that spread, the Live Like Line slogan appearing throughout Iowa City, even worn by opposing teammates, as the community came together to heal from tragedy. Spurred by the support and each other, the team fought their way back to the state tournament, ultimately winning an improbable second championship.

That story was first told the following year by veteran sports reporter Frank Deford on an episode of HBO's *Real Sports with Bryant Gumbel* (and later in the book *Live Like Line, Love Like Ellyn*, by Iowa City writer Bill Hoefl). Although he didn't want the attention and had reservations, Found says he'd always adored Frank Deford, and ultimately put his trust in the veteran sports journalist. The two developed a relationship that continued until Deford's death last year.

Deford's story struck a chord. Within weeks of its first airing, Hollywood came calling. "I was contacted by five or six movie companies that wanted to turn that 15-minute piece into a feature film," Found recalls. "There were movie execs flying out to Iowa City on their private jets to meet with us."

His answer was clear. "No way."

"It was all still too raw," says Found. "We didn't have any desire, interest, or need to have some movie made about our family tragedy."

But one film company stuck around, spending several weeks in Iowa City, talking to people, and making a concerted effort to understand the community and its response. And although they got the same answer from Found, they didn't give up.



Ernie Found, MD '80, chats with actor William Hurt off set.



Caroline's volleyball shoes with inspirational message about her mom

Two years later, the company, LD Entertainment, reached out again. They had interested screenwriter David Aaron Cohen, a father of five whose credits include *Friday Night Lights*. Would Found be willing to meet with him?

Once he met Cohen and was confident of his intent, Found agreed to the project, although not without trepidation. He was allowed to read and offer comment on the screenplay, and was asked who he thought should portray him in the film. (His suggestion, Clint Eastwood, was rebuffed as "too old," Found jokes.)

Found was astounded when two Academy Award winning actors were attracted to the project, and spent time with Hurt, who wanted to get a sense of Found as a person. "There's so much emotion in this story, and it all comes through you," Hurt told Found.



In a movie still from the film, teammates draw on a portrait of Caroline for their inspiration.

FOUND

Although Found says he likely missed half the movie “because my eyes were filled with tears and my mind was wandering to other memories,” his emotion after watching it was that he was “joyously relieved” with the finished product.

Although the film is based on his family’s tragedy, ultimately, Found says, *The Miracle*

Season is a female sports inspiration story. “That’s really why I felt it was okay to do this,” he says. “You can name dozens of inspiring sports movies about football, basketball, or hockey, but there just isn’t anything like that for young women. And our country needs that, especially now. If this story can help others, or inspire others, then something good can come from our tragedy.”

That sentiment exemplifies Found’s spirit. The daughter who was so well liked undoubtedly took after her father, who chooses to seek out the positive. “Life isn’t fair,” says Found “but life is good.”

He retired last year after 30 years on the faculty of the University of Iowa Department of Orthopedic Surgery, and spends his retirement enjoying many pursuits: maintaining a small farm and orchard on his property; playing keyboards in a rockabilly band and jazz quintet group; and spending time at a lake house in New Hampshire, “a special place” near where he and his wife were married.

“What I remember most about Caroline was her smile and her laugh,” says Found of his youngest daughter, whose spirit is not only memorialized in

the film but also through a scholarship at Upstate Medical University created by some of Found’s medical school classmates.

The Friendship Scholarship, Given in Honor of Dr. Ernie Found ’80, in Loving Memory of His Wife, Ellyn, and Daughter, Caroline, was established in 2014 and has thus far been awarded to three students. Found was on hand to present it himself at Reunion 2017.

“I am most thankful for those friends developed during medical school that I have continued to stay in touch with through the years and honored that they took the initiative to set up such a scholarship and want it to continue,” Found says.

In March, *The Miracle Season* held a special hometown screening in Iowa City. “The community played such a big part in this story, I think it’s fitting that they share in this experience as well,” says Found.

Viewers were impressed with the extent the filmmakers went to recreate the volleyball scenes from the team’s championship game (Canadian college players were used except for actors in a few key roles), and the actors depiction of the coach, and Found’s family. Hurt did a “fine job,” says Found, although “I’m not quite as solemn as he portrayed me.”

Found says some characters and events were condensed for the sake of storytelling, but the film is an overall honest depiction. “They condensed four months of the absolute lowest and highest emotions into an hour and a half,” he says. “It’s not exactly as it happened, but for those of us that lived it, nothing is going to change that.” ■

The orthopedic surgeon is an amateur magician who used to entertain his daughter’s friends, who frequently hung out in the barn on their property. “Bill asked me if I could teach him some magic tricks, but I had to explain that wasn’t something you could learn in a few hours.” Ultimately, Hurt spent a couple of weeks training with a magician for the scenes in the film.

Last fall, Found received word that the trailer for the movie was complete and would be shown with the new Star Wars movie, *The Last Jedi*. “I told them I needed to see the movie before they did that,” he says. “I needed to make sure there was nothing outlandish in it.”

Found did not want to see the film alone or with only his children, daughter Catharine, a veterinary student, and son Gregg, who works for ESPN. In December, the studio brought the film to Iowa City and screened it for the Found family, Coach Bresnahan, and some of Line’s former teammates and their parents. “I wanted to see it with everyone else whose heart was involved,” Found said. “We were going to be asked about it so we needed to make sure it was okay or to know that we didn’t want anything to do with it.”

A WIN-WI

IN HER NEW ROLE AS NEW JERSEY'S "TEAM DOC," **YVETTE ROOKS, MD '93**, HAS A NEW PLATFORM TO IMPROVE HEALTH AND WELLNESS, ALONG WITH ATHLETIC PERFORMANCE.

BY RENÉE GEARHART LEVY

"How many of you had breakfast?"

"How many hours of sleep do you think you need?"

Yvette Rooks, MD '93, is speaking to a gym full of boys taking part in a youth basketball camp at Rutgers University. The family medicine doc is just a few months into her role as chief medical officer for athletics at the RWJBarnabas Health System, the largest health provider in New Jersey, which has partnered with Rutgers University to provide sports medicine services.

"Part of my role is to bring a specialized sports medicine program to the community," says Dr. Rooks. "People often think of sports medicine in terms of treating injury, but my focus is really on wellness and behavioral health, and it's important to instill those messages early."

Having the platform to do that is what lured her to New Jersey from the University of Maryland, where she served for 23 years, most recently as executive vice chairman and residency director of the Department of Family and Community Medicine and head team physician for University of Maryland athletics. Last year, RWJBarnabas Health partnered with Rutgers to become the exclusive healthcare provider for Rutgers Athletics, part of an initiative to create a best-in-class sports medicine program that can be expanded across the state. Essentially, that makes her the head "team doc" for the state of New Jersey.

"Being chief medical officer of a system allows me to impact wellness beyond the college athlete," she says. The opportunity allows her "to develop

a systematic approach to prevention and wellness under the guise of sports health along a system of hospitals," she says.

Rooks newly created position encompasses undergraduate athletics at Rutgers, research and clinical opportunities in sports medicine and family medicine at Rutgers Medical School, and sports medicine activities at RWJBarnabas, which includes supervision of medical facilities for a new \$115-million Athletic Performance Center currently under construction. Rooks coordinates a staff of 19 athletic trainers, as well as strength and conditioning coaches, nutritionists, physical therapists, chiropractors, and sports psychologists.

According to RWJBarnabas CEO Barry Ostrowsky, Rooks was selected for her "depth of knowledge," her "commitment to ensuring the best overall health for the student-athlete, both physical and mental," and her "incredible leadership capability."

Despite her wide umbrella, Rooks is very much a clinician, with her primary focus on the health and wellness of Rutgers 600-plus Division 1 athletes. That ranges from pre-participation physicals to routine healthcare. "Our athletes only come to the athletic clinic. I take care of athletes with diabetes, with HIV, with cystic fibrosis. I take care of their coughs and colds," she says.

Mental health is a major focus. "College athletes face tremendous pressure, from school, parents, and coaches," says Rooks. As a former college athlete—she played volleyball for SUNY Albany—she understands those pressures well, one factor that contributes to her ability to relate to and connect with her patients.

After the suicide of a Washington State University



Yvette Rooks, MD '93, directs care for an injured football player at the University of Maryland. She is now chief medical officer for athletics at RWJBarnabas Health System and head team physician at Rutgers University.

football player, Rooks gathered her football team to talk about it. “We are our brother’s keeper,” she told them. “If you see someone having a bad day that’s been ongoing, let him know it’s okay to come see me or one of the other doctors. We are a safe haven. If you don’t want to talk to me, I’ll find someone who understands what you’re going through.”

Rooks continues to care for former athletes now playing in the professional ranks and beyond. “I have some men struggling with post-concussive syndrome who only trust me because I have cared for them and been their family doc for years,” she says.

Rooks was a high school senior trying to decide whether to play volleyball at Duke or the University of Virginia, when her father, a police officer, suffered a massive heart attack and died. “It changed my life forever,” she says. “I ended up staying in state and going to SUNY. It also cemented my desire to be a doctor because my dad died of heart disease, which is preventable.”

At Albany, Rooks played middle hitter for the Great Danes and from 1987 through 1989 was a mem-

ber of the United States Volleyball Association team. She was also an outstanding student, graduating with honors in biology and chemistry and receiving recognition as Outstanding Senior Woman. She came to Upstate with plans to pursue surgery. One of her instructors, Patricia Numann, MD '65, suggested she do a rotation in ambulatory medicine so she could see how potential surgical patients were worked up by their primary care doctors.

Rooks went to Yonkers to do a family medicine rotation close to home (White Plains). When she returned, she told Numann she’d found her calling: family medicine. It was during an acting internship at St. Joseph’s Health Center that she met James Tucker, MD, the mentor who would help script her career.

While Rooks was a medical student at Upstate, her brother George was a standout football player for the Syracuse Orange. Watching her brother play, she noticed Dr. Tucker, one of her family medicine attendings, on the sidelines. “So I asked him about it and found out he’d been a long-time team physician,” she says. “I thought that was something only orthopedists did.”



Dr. Rooks with members of the Rutgers women's gymnastics team (above) and with Rutgers women's basketball coach C. Vivian Stringer (right). Stringer's late husband, William Stringer, completed two years of medical school at Upstate before pursuing a doctorate in exercise physiology at Temple University.

"PEOPLE OFTEN THINK OF SPORTS MEDICINE IN TERMS OF TREATING INJURY, BUT MY FOCUS IS REALLY ON WELLNESS AND BEHAVIORAL HEALTH, AND IT'S IMPORTANT TO INSTILL THOSE MESSAGES EARLY."

—YVETTE ROOKS, MD '93

Rooks told Tucker she wanted to be him when she grew up. He encouraged her. She went on to do her family medicine residency at the University of Maryland, where she became chief resident and was honored in 1996 as one of the nation's top 20 residents in family medicine. There, Rooks found a mentor in a second Dr. Tucker, Andrew Tucker, MD. As serendipity would have it, midway through her residency, the Cleveland Browns moved to Baltimore, becoming the Baltimore Ravens. Tucker became team physician. When Rooks was ready to pursue a fellowship in sports medicine, Tucker asked her to stay on and work with him.

The fact that there was no sports medicine fellowship was no deterrent. Tucker created one and Rooks became the first sports medicine fellow at the University of Maryland. Once completed, she was asked to join the faculty and become a team physician for the University of Maryland. She became head team physician in 2008.

During her tenure at Maryland, Rooks made a big impact as a clinician (she was named to *Baltimore* magazine's "Best Doc" list eight times) and as a teacher, having been selected numerous times by medical students as a commencement faculty marshal, hooder, or speaker.

Particularly in the beginning, there were very few women in her role as team physician. Rooks is grateful to have had mentors in her corner who saw her work ethic and skill rather than her gender or



race, or that she was a pregnant, single mother (her daughter is now a 20-year old senior at the University of Maryland College Park).

She's tried to pay that forward as a positive role model. "Just being at the table and not taking second fiddle," says Rooks, who has mentored many young people into careers in health science. "I don't want people to think they can't do something because people say it's hard. It is hard, but it's worth it. So I tell students the same thing I was told, 'You can do this.'"

It's easy to be a role model when you love what you do, and clearly, Rooks is in her element. "Working with students helps keep me young," says Rooks, who keeps a daunting schedule. She and her two sports medicine fellows provide home-game sideline coverage for football, men's and women's basketball, and men's and women's lacrosse.

Rooks travels with the football and women's basketball teams to away games, and at least once a season with the other teams. She is assisted in providing primary care in the athletic health clinic by three additional physicians from the Rutgers School of Medicine Department of Family Medicine.

"It seems that there are five of her because she's everywhere and making an impact already," Rutgers Athletic Director Pat Hobbs told the media two weeks after her arrival.

As a primary care physician, Rooks focuses on her patients not just as athletes, but as people. "I like to listen to them. Everybody's story is different. I like to find out the environment from which they came because sometimes that can dictate their perception of the world," she says. "I let them know I'm there to care about them."

Education is a big part of the job—issues including opioids, the influence of legalized marijuana on college campuses, domestic violence, and sexual behavior. "They're at a vulnerable age and these four years can really impact the rest of their lives," she says. "They don't want to leave with negative baggage."

Rooks also has oversight over big-picture issues, such as the system's concussion management program, heat illness program, emergency preparedness, nutrition and hydration for 600-plus athletes, as well as developing and implementing policies and protocols for issues ranging from concussion to drug testing.

And she's on the road a lot. During two weeks in February, for example, she traveled with the

women's basketball team, testified on behalf of the Maryland Athletic Trainers Association on proposed legislation to expand the definition of their autonomy (she's on the board of directors of the College Athletic Trainers Society), and participated in a national concussion conference in Arizona.

Her drive comes naturally and she's not one to let adversity or excuses get in the way. She traveled to Rutgers to interview for her current position the day after having shoulder surgery for an old volleyball injury. "I got on the train with a PICC line in my neck," she says. "I was not going to miss that interview."

Rooks credits her mother. "After my father died, my mother brought us into her bedroom and said 'your father is in heaven now. You will not stop. I will be your cheerleader forever,'" recalls Rooks. "She always pushed me to go after what I wanted. I did, and there's still more I want."

While Rooks isn't looking to go anywhere—after all, this is only her second job—she'd welcome opportunities to have a bigger voice. Two years ago, she spoke at the White House Conference on Men's Health. "I'd love to one day be on the President's Council on Fitness, Sports, and Nutrition," she says. "I think I have a message to offer nationally and could be a good consultant."

"As a woman of color, sometimes there's a boundary; you don't think you can get there," she adds. "So to have people see you get there, I think that's good." ■

Football And Concussion

As a seasoned sports medicine doctor who has worked with thousands of student athletes during her career, Yvette Rooks, MD '93, has seen plenty of concussion and post-concussive syndrome. But she's not ready to indict football as a death sentence.

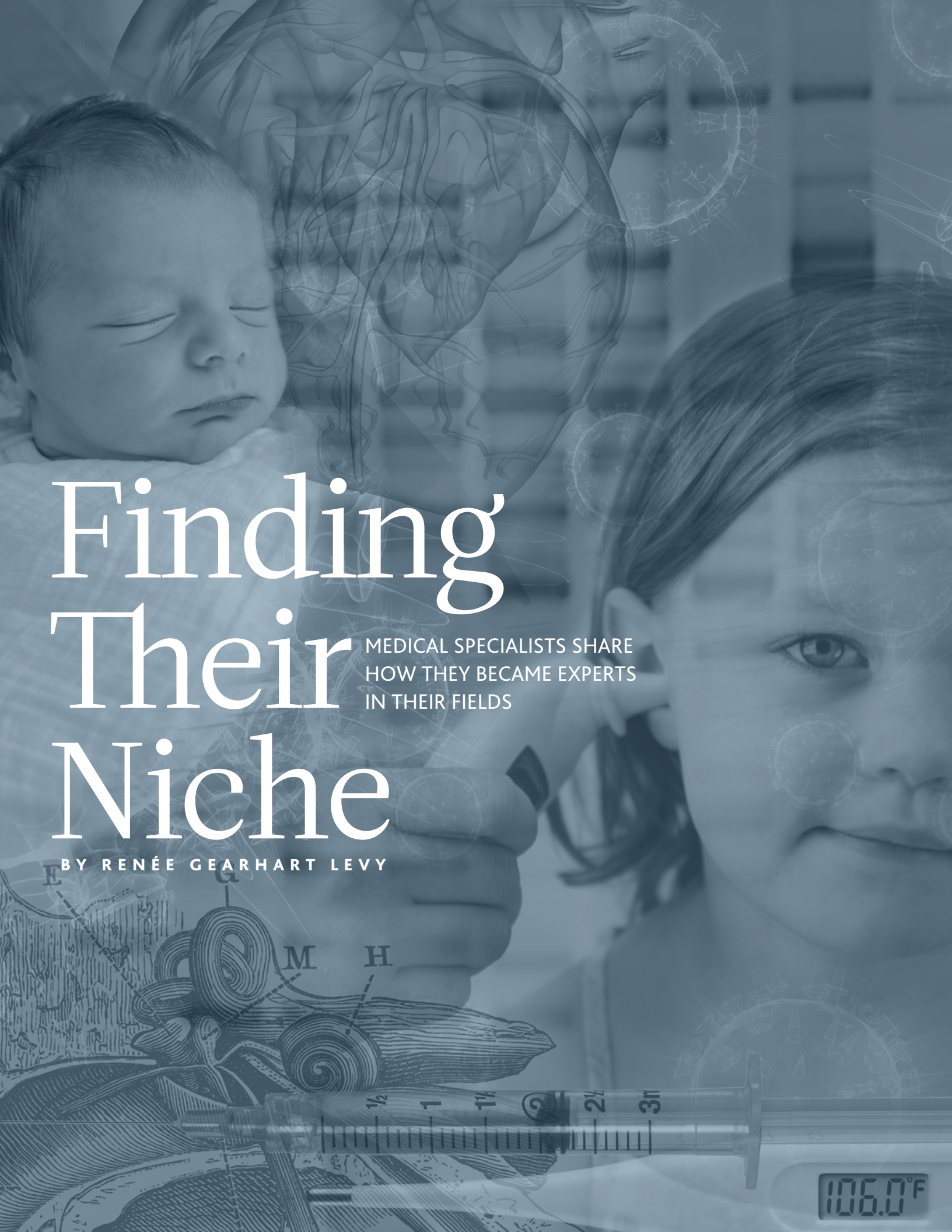
"Obviously, we know repetitive head injury is a factor, just as it is in boxing," she says. "But we have to look at other events and choices across the life continuum that may have contributed, such as drugs and alcohol or accidents."

Rooks advocates proper education and training from the earliest levels. She points to soccer, which had the highest rate of concussion among young women, and now limits heading the ball until age 13.

"It's vital to have the appropriate medical personnel, athletic trainers, and coaching to teach young people how to tackle properly, how to take care of themselves, and to report when they're not feeling well," she says. "We need to get away from the attitude of 'be tough and get back in there,' otherwise, when they're in college or the NFL, they won't come to me and say, 'you know, I'm just not feeling right.'"

The education about taking care of one's body needs to start the first time Johnny or Susie gets a ball in their hands, she says. "I love football. If I had a son, I'd let him play, but only under the guidance of a good coach and good wellness care." ■





Finding Their Niche

MEDICAL SPECIALISTS SHARE
HOW THEY BECAME EXPERTS
IN THEIR FIELDS

BY RENÉE GEARHART LEVY

106.0°F

Sivia Lapidus, MD '03

PEDIATRIC RHEUMATOLOGIST

EXPERT IN: *Periodic Fever, Aphthous Stomatitis, Pharyngitis, and cervical Adenitis (PFAPA) Syndrome*

In her seven years as chief of pediatric rheumatology at Goryeb Children's Hospital in Morristown, New Jersey, Sivia Lapidus, MD '03, has gained a reputation as one of New Jersey's top pediatric rheumatologists. In addition to caring for children with chronic autoimmune disorders such as inflammatory bowel disease-related arthritis, lupus, and juvenile idiopathic arthritis, Lapidus runs a program for auto-inflammatory disorders treating patients with a variety of disorders including PFAPA, which is a common recurrent fever syndrome.

Children with PFAPA suffer recurrent very high fevers every two to eight weeks. "The disease presents like a viral illness but then it continues to recur," says Dr. Lapidus. "It's not unusual, if children are treated by multiple providers within a group practice, that it takes awhile to realize that it's happening on schedule," she explains. "Parents wonder why their kid keeps getting sick. Often, a child is admitted to the hospital because their fever is so high and that's where someone thinks about this category of diseases."

After a residency in pediatrics at Schneider Children's Hospital at the North Shore-Long Island Jewish Hospitals, Lapidus did a three-year fellowship in pediatric rheumatology at duPont Hospital for Children, Thomas Jefferson University, in Wilmington, Delaware. After one



Sivia Lapidus, MD '03

year of pure clinical training, she spent 80-percent of her time conducting research at NIH, where she focused on PFAPA, working with the scientist who discovered the gene that causes several auto-inflammatory disorders.

"Immunologically, it's a fascinating subset of disorders. These children are often really suffering and the proper diagnosis and treatment can lead them to a normal childhood and healthy life," she says. "We see kids who can't go to school, aren't developing, are unable to walk, but with the proper medication are able to run, dance, and live normal lives as if they don't have a chronic disease."

Lapidus, named a 2017 Top Doctor in Morristown, New Jersey, says she was attracted to rheumatology because of the

"IMMUNOLOGICALLY, IT'S A FASCINATING SUBSET OF DISORDERS. THESE CHILDREN ARE OFTEN REALLY SUFFERING AND THE PROPER DIAGNOSIS AND TREATMENT CAN LEAD THEM TO A NORMAL CHILDHOOD AND HEALTHY LIFE."



multi-system nature of the diseases it encompasses. "You get to know the whole person, and in many cases, care for patients for years," she says. "It's rewarding to grow with these children and their families."

Lapidus remains a guest researcher at NIH, studying the genetics of PFAPA. She also leads the PFAPA work group for the Childhood Arthritis and Rheumatology Research Alliance, a multi-center rheumatology research organization, which brings together rheumatologists from North America to look at treatment outcomes and develop consensus treatment plans. "We're trying to develop an auto-inflammatory registry and to provide data to support decision making that can be helpful to families," she says. ■

Kenneth Grundfast, MD '69

PEDIATRIC OTOLARYNGOLOGIST

EXPERT IN: Vestibular Disorders and Tinnitus

Kenneth Grundfast, MD '69, was attracted to otolaryngology by the intricate anatomy of the head and neck and the physiology of hearing, taste, and smell. One of the first fellowship trained pediatric otolaryngologists in the United States, he helped to establish pediatric otolaryngology as a distinct subspecialty. He served for 16 years as chair of Otolaryngology

at the Children's National Medical Center, then as interim-chair of Otolaryngology at Georgetown University Medical Center, and from 1999 until 2017, he was the chair of Otolaryngology at Boston University Medical Center where he no longer confined his practice to the care of children.

Approaching the point in his career when he thought he should no longer continue performing surgery, Grundfast began to focus his practice on evaluation and management of patients with dizziness and tinnitus, both disorders that involve complex neuroanatomy and can be challenging to diagnose. "Properly evaluating these patients tends to be time consuming, challenging, and these patients rarely need to have surgery," Grundfast explains. "I thought I could help my department by caring for these patients so that the younger otolaryngologists could have more opportunity to see patients with disorders that might need to be managed with surgery."

Patients with vestibular disorders typically have vertigo, a frightening sensation of the environment spinning around, dizziness, and a sense of being off balance. Tinnitus patients experience an annoying sound of unknown origin in one or both ears that can be terribly irritating and impair quality of life. Both disorders tend to affect middle aged and elderly patients.

Grundfast now splits his time between treating patients at Boston Medical Center, the Massachusetts Eye and Ear Infirmary, and a VA Hospital; teaching medical students, residents, and fellows at Boston

University School of Medicine, where he is professor of otolaryngology and also an assistant dean in the Office of Student Affairs. In addition, he now serves at the Boston Medical Center as the Physician Leader for improving patient experience.

Earlier in his career, Grundfast spent 10 years as chair of the medical center's Ethics Committee, having taken an intensive course in medical ethics while at Georgetown. He has also held leadership positions in many professional societies, been a frequent invited speaker, and published more than 100 reports in medical journals. His career honors include being the recipient of the Sylvan Stool Award for Lifetime Achievement and the Steven Gray Humanitarianism Award, both presented by the Society for Ear, Nose, and Throat Advances in Children; the American Broncho-Esophagological Association Presidential Citation; and being recognized in *Boston Magazine's* Top Doctors in otolaryngology for more than 10 years.

Grundfast is happy to continue making contributions to the field. "I've always liked the challenging problems and the challenging cases because it's very rewarding when you can figure out what someone has if they've been frustrated by not having an answer to their problem," he says. ■



Kenneth Grundfast, MD '69

Gerard Martin, MD '81

PEDIATRIC CARDIOLOGIST

EXPERT IN: *Congenital Heart Disease*

Congenital heart disease is the number one birth defect in children, occurring in about one out of every 100 live births, and accounts for more deaths in the first year of life than any other defect. Early detection of serious forms of the disease greatly improves health outcomes for those babies.

Early in his career as a pediatric cardiologist, Gerard Martin, MD '81, says children were typically diagnosed with congenital heart disease after demonstrating symptoms or failure to thrive. When he joined Children's National Health System in Washington, DC, after fellowship, Dr. Martin focused on helping the hospital develop its noninvasive diagnosis of congenital heart disease. It was an interest he'd had since medical school, where he was influenced by Upstate pediatrics professors Henry Sondheimer, MD, and Rae Ellen Kavey, MD, who was a pioneer in using ultrasound to diagnose congenital heart disease in Syracuse, rather than cardiac catheterization, which had been the norm.

Martin, who served as the chief of cardiology from 1997 to 2009, senior vice president for the Center for Heart, Lung and Kidney Disease from 1999 to 2015, and founded the Children's National Heart Institute in 2004, became an early advocate of routine newborn pulse oximetry screening. The test is an inexpensive, non-invasive method to measure oxygen saturation, and based on the presence of hypoxemia, detect cardiac lesions.

In 2011, Martin was part of



Gerard Martin, MD '81

a federal advisory panel that issued a national recommendation for adding the screening test as the standard of care for newborn babies to help detect potential heart problems and save lives of those at risk of being missed. "We know this test can identify some babies previously missed with critical congenital heart defects with minimal impact on routine care," says Martin.

Since then, all states and the District of Columbia now have legislation, regulations, or hospital guidelines in place supporting newborn screening for congenital heart disease.

While the survival rate from CHD treatments has risen from 70 percent in the 1980s to nearly 97 percent today, the disease remains a problem in developing

countries, where Martin works to improve the health needs of children with CHD.

Martin is currently director of Global Services at Children's National, which treats between 250 and 300 children that come to Washington from around the world for healthcare each year. He's also continued his advocacy, focusing on congenital heart disease screening and treatment in Europe and the Middle East. "There are tremendous disparities in the world, when it comes to access for care for congenital heart disease. Ninety percent of children in the world don't have easy access to safe surgeries or catheter interventions," he says. "That's what we're working on now, because many of those children die in the first year or in early childhood." ■



Clayton Peimer, MD '71, HS '76

ORTHOPEDIC HAND SURGEON

EXPERT IN: Dupuytren Disease

Hand surgeon Clayton Peimer, MD '71, HS '76, recalls first seeing patients with Dupuytren contracture as a resident in orthopedics at Upstate Medical University. "Anywhere there are males of Northern European descent, you're going to see Dupuytren," he says.

The affliction is a hand deformity that causes a thickening of the collagen tissue under the skin of the palm, causing fingers to contract and making everyday activities difficult. "It's a vexing problem that causes dysfunction out of proportion to what is a localized affliction," says Dr. Peimer, who completed a hand surgery fellowship at Massachusetts General Hospital.

bend," he explains. "Or there would be reoccurrence, or new disease in another finger."

Peimer became deeply focused on Dupuytren as an area of interest. "It seemed like we ought to be able to solve this problem," he says.

In the 1990s, as a consultant to the NIH, Peimer visited SUNY Stonybrook to offer an opinion on research using injections of an enzyme called collagenase derived from the bacteria *Clostridium* to treat Dupuytren. He was so impressed by what he saw, he asked to be part of the next phase of the study, ultimately directing one of 15 research sites in the United States for the program, leading to FDA approval of the treatment.

Peimer went on to originate and senior author a number of studies, with and without pharmaceutical support, receiving an award from the International Dupuytren Society for the Best Published Peer-Reviewed Paper in 2014-15. That same year, he was an invited speaker at the International Conference on Dupuytren Disease, held in the Netherlands, a talk that was adapted as a chapter in the text *Dupuytren Disease and Related Disease-The Cutting Edge* (Springer International Publishing, 2017).

But the biggest impact was in patient treatment. "I went from 100-percent surgery to about one-percent surgery in my last five years of practice," says Peimer, who retired in 2017 and recently relocated from Marquette, Michigan, to



Clayton Peimer, MD '71, HS '76

"YOU'D GET THE FINGERS TO STRAIGHTEN OUT BUT THEY'D BE STIFF AND WOULDN'T BEND. OR THERE WOULD BE REOCCURRENCE, OR NEW DISEASE IN ANOTHER FINGER."

For the bulk of his 40-year career, the only solution was surgery. Peimer had a reputation as an excellent hand surgeon, serving as chief of hand surgery at Erie County Medical Center in Buffalo, chair of orthopedics at both Evanston Northwestern Healthcare and Henry Ford Health System, and vice-chair of surgery at Marquette Health System. Nonetheless, Peimer says there were patients that just didn't do well. "You'd get the fingers to straighten out but they'd be stiff and wouldn't

North Kingstown, Rhode Island. "Patients from around the country came to me in their search for nonsurgical treatment," he says.

While neither treatment cures the disease or prevents reoccurrence, the injection treatment is easier and less expensive for the patient and avoids potential surgical complications. "Most patients can be effectively treated right in the office with an injection," Peimer says. "It is truly fantastic that we have made such great strides in nonsurgical treatment." ■

Era Hanspal, MD '05

NEUROLOGIST

EXPERT IN: *Huntington's Disease*

As a neurologist at Columbia doing a fellowship in movement disorders, Era Hanspal, MD '05, developed an interest in Huntington's Disease, a fatal genetic disorder that causes the progressive breakdown of nerve cells in the brain. A Huntington's diagnosis is compounded by its familial connection—every child of a parent with Huntington's has a 50/50 chance of carrying the faulty gene.



Era Hanspal, MD '05

"Huntington's disease can be profoundly sad. Whenever someone finds out about their disease, there is a part of them that feels devastated," she says. Since most of the other fellows had little interest, Dr. Hanspal spent two years rotating in Columbia's Huntington's Disease Clinic, a designated Center of Excellence, rather than the typical six months.

Hanspal says she was drawn to this group of patients for the same reasons she became inter-

"HD IS FAMILY. ONE PERSON IS NOT AFFECTED IN ISOLATION. WHOLE FAMILIES GET INVOLVED IN CARING FOR THOSE THAT ARE AFFECTED."

ested in movement disorders in general. "It's a really difficult disease and those affected need as much help as they can get," she says. "Although there is no cure, offering hope and support is just as important."

After completing her fellowship in 2005, Hanspal joined the Movement Disorders Clinic at Albany Medical Center. Although she sees patients with a variety of movement disorders, including Parkinson's disease, multiple sclerosis, and essential tremor, her experience made her the go-to physician for Huntington's.

In 2016, largely due to her efforts, Albany Medical Center became a Level 2 Center of Excellence by the Huntington's Disease Society of America (HDSA). The designation comes with funding from the HDSA to help run a multidisciplinary clinic, which Hanspal directs. "These sorts of diseases really benefit from clinic visits that involve more than just your neurologist," she explains. "Because Huntington's is a non-curable disease, patients are affected in a very unique way that's often devastating for them and their family. They're able to meet not just with medical staff, but with psychologists, with a social

worker, with physical therapy."

Huntington's is the first movement disorder with an identified abnormal gene, allowing family members of those diagnosed to be tested to determine whether they are carriers of the abnormality. "The predictive testing process is a big part of what we do," Hanspal says.

There's a saying among those with Huntington's Disease that "HD is family." Hanspal says that motto alludes to more than the genetic component. "One person is not affected in isolation. Whole families get involved in caring for those that are affected," she says.

Hanspal finds the long-term relationships with those families hugely rewarding. "There is a big change as a person progresses through their disease. As their caregiver and doctor, it is really important to remember that they are still the person that they were before they became symptomatic. And so part of what I do is to remember that person, and remind their family of that person as I treat them," she says. ■

Growing Good Health

MEDICAL STUDENTS ADDRESS NEEDS OF WOMEN SHELTERED AT THE RESCUE MISSION THROUGH A COMMUNITY GARDEN AND STRESS RELIEF.

One of the first signs of spring in Syracuse are the tulips and daffodils pushing from the earth to reveal their sunny faces. At the Syracuse Rescue Mission, residents were treated to a display of color, the handiwork of a group of Upstate medical students who created a garden at the Rescue Mission last fall.

The tulips are just a start to what is intended as a community garden, the brainchild of second-year student Sydney Russell Leed. The first goal is to grow produce that can be used by the kitchen at the Rescue Mission. Ultimately, Russell Leed hopes that long-term residents will claim plots for their own gardens. “Eventually, it would be nice to have space dedicated for individual residents of the long term housing to grow whatever they want to cook in their own kitchen,” she says.

Russell Leed’s garden initiative is the latest in a long history of volunteerism by Upstate medical students at the Rescue Mission. Those efforts include a foot-care clinic, Helping Hands for Forgotten Feet, ongoing since 2012, and the Women’s Health, Education and Learning Group, known as HEAL, established in 2015 when the Rescue Mission began admitting women into its emergency shelter. Both programs run through Upstate’s Center for Civic Engagement (CCE).

The CCE works with commu-



Upstate students involved in improving health and wellness for residents of the Rescue Mission include (L-R) Mary Beth Gadarowski '20, Kendal Glynn '20, Sydney Russell Leed '20, and Christina Marcelus '20.

nity partners to help drive lasting improvements in the health of local, regional, and global communities. These partners, such as the Rescue Mission, provide a social and environmental context to engage students (as well as faculty and staff) in an effort to explore public health issues and translate classroom learning into real-world application. Medical students interested in leadership opportunities in various community programs administered by the CCE can apply to become Student Learning Leaders on specific projects, earning elective course credit.

Last year, with intentions to start a women’s health clinic at the Rescue Mission, the HEAL group Student Learning Leaders performed a needs assessment, interviewing 35 women residents about their greatest needs. “The one-on-one interviews allowed us to ask if they’re experiencing any barriers to treatment, and what their

current needs are,” says Mary Beth Gadarowski, one of five Student Learning Leaders for the HEAL program this year. “We asked them what they needed and what we can do.”

The students found that while most of the women actually did have access to healthcare through Medicaid, the women’s responses highlighted a desire for better nutrition. “The majority of the women stated that the food provided at the Rescue Mission—mostly donation-based from large food corporations—is unhealthy with no options for better dietary control,” says Gadarowski.

That’s what spawned the community garden. “My initial thought was to call local farms to see if they would donate produce to the Rescue Mission,” says Russell Leed, also a Student Learning Leader. “When I pitched this idea to one of the Rescue Mission social workers, she mentioned that they had all this outdoor space they weren’t using and wondered if it would be possible for us to build a garden instead.”

Russell Leed took on the problem as a project for Upstate’s Physicians and Social Responsibility course, which asks students to identify a social problem and develop a solution to “fix” or make it better. She spent last summer contacting local businesses for donated supplies. In September, during Upstate’s annual Day of Service, Russell Leed and other medical students built the garden,



The Rescue Mission was one of six sites that benefitted from Upstate's annual day of service. Medical students spent the day installing a community garden that will be planted with vegetables this spring.

installing raised beds, filling them with soil and mulch, and planting tulip bulbs with supplies donated by Salt City Ace Hardware, Valu Home Centers, and Home Depot. In November, Russell Leed planted garlic with the assistance of a long-term Rescue Mission resident who already maintains a small garden of his own.

The real work is yet to come, says Russell Leed, who is working with Rescue Mission social workers to integrate garden activities into Rescue Mission programming, so that the garden is ultimately maintained and sustained by residents rather than medical students.

"Most community gardens are organized around a public housing unit or a neighborhood that serve people who are permanently in one place," says Russell Leed. "A homeless shelter is an unusual setting because it's so transient. It will be

interesting to see how this garden might serve as an anchor for people who are coming and going."

While difficult to interest residents staying at the facility for only a couple of days, Russell Leed is focusing on those residents in longer-term housing. This spring, she plans to start plants from seed in an indoor space at the Rescue Mission, which will be planted outside in the garden once they are large enough.

In addition to nutrition, the HEAL group's needs assessment identified space and activities for female residents to de-stress. That's become a focus area for the HEAL student learning leaders, who meet twice a month with women sheltered at the Rescue Mission, offering activities such as yoga, Zumba, coloring, or just providing someone to talk to.

"Listening to the women in a non-judgmental, stress-free envi-

ronment can have a huge impact in their getting through the day, and the next day," says second-year student Kendal Glynn, another Student Learning Leader. "We're not tackling all their problems or telling them what they should do."

Both the garden and the HEAL program activities are intended to improve community health in Syracuse. "Women's health is so important overall to a community's health," adds second-year student and volunteer Christina Marcelus. "If we can improve their lives, we can empower women and entire families."

Russell Leed hopes to do that one meal at a time. The chef at the Rescue Mission has requested fresh herbs. "And we're definitely planting zucchini," she says. "The people who live at the rescue mission are very excited about zucchini." ■

CLASS NOTES

1948 Reunion

September 21•22, 2018

1952

Martin F. Sturman, of Media, PA, celebrated his 91st birthday on New Year's Eve!

1953 Reunion

September 21•22, 2018

1954

Arnold M. Moses, of Syracuse, is retired from SUNY Upstate as distinguished service professor emeritus. He had a notable career in clinical endocrinology and research and served as director of the clinical research unit from 1975 to 2011.

1955

Ronald H. Spiro, of Jerusalem, Israel, has been living in Israel almost five years and keeps busy with family. He recently celebrated the birth of his eighth great-grandchild and the engagement of a granddaughter.

1956

Michael L. Del Monico, has returned to Rhinebeck, NY, after spending time in North Carolina with his daughter.

Ira H. Scheinerman, of Melville, NY, has designated his retirement occupation as hedonist! He and Sue continue to travel. This past year they visited Greenland and northern Canada, the Amazon, and returned for a second trip to the Galapagos. Sue is an avid duplicate bridge player and has long been a life master. Ira has a love of photography and is an active member of a local camera club. "These old legs are still good for biking and skiing and I will be in Colorado in February. Meanwhile our family has grown. Four of our grandchildren are married and we now have four great-grandchildren," he writes.

1958 Reunion

September 21•22, 2018

Richard Schoenfeld, of Bethesda, MD, is happily enjoying retirement with his wife, Sondra, three children, and eight grandchildren. Cruising is their new passion—they recently went through the Panama Canal.

1960

Julian Max Aroesty, of Lexington, MA, has four children but no MDs. He has five grandchildren and none headed in the MD pathway, but along came Hayden Julian in his grandfather's uniform of chino pants, blue button-down shirt and navy vest. "I won't be here to see it, but I feel this one is Cornell '39, MD '43."



Julian M. Aroesty '60 and grandson Hayden Julian

1963 Reunion

September 21•22, 2018

Bernard W. Asher, of Batavia, NY, retired from general surgery one year ago at age 80. His health is holding up. Lilian and he enjoy their grandchildren and condo in Skaneateles and fill their time with travel, theater, and reading. He is still active with flying

their two small airplanes, a Malibu and a Flight Design CTLS amphibian. Visitors are always welcome in Batavia or Skaneateles (summertime).

Malcolm E. Levine, retired three years ago and continues his interest in golf and photography, and has resumed his interest in competitive bridge, having achieved an ACBL ranking of Club Master. He and Margie continue to enjoy their life in Palm Beach Gardens, Florida.

1964

Alan J. Noble, of Mill Valley, CA, is retiring after 50 years practicing internal medicine in San Francisco.

A. Albert Tripodi, of Longboat Key, FL, continues to enjoy his retirement with cycling and sunning daily. He is the medical director of the Ruben Center for Healthy Aging, a part of the friendship centers of Sarasota. He is also on the faculty of the Ringling College Lifelong Learning Academy, teaching preventive medicine and the history of medicine to adults. He also enjoys taking history courses there. "I am still passionate about medicine, helping my fellow man, supporting the mission of the Friendship



Bernard W. Asher '63 at his retirement party with OR nurses

Robert H. Zimmer '54, of Jamesville, NY, writes, "Having reached 90 this past year with good health enables me to continue biking the Erie Canal Towpath, ski (for free) at Toggenburg, and hunt deer with the progeny of our departed classmate Bill Wiley."

Centers of Sarasota, and helping the underserved," he writes. His granddaughter is at Hastings Law School in San Francisco and his grandson is a junior at Cornell's International Labor Relations School. He visits them often as well as visiting his other five grandchildren in and around Syracuse.

1965

Ronald A. Rohe, of Bedford, NH, is considering retirement this year. "So far, so good," he writes.

Lawrence F. Simon, of Pomona, NY, is still operating and taking call at Nyack Hospital, and is still enjoying the work. "Hope to get up to see my grandson at SU and see what's changed after 52 years."

1966

A. Michael Kaplan, of Dix Hills, NY, is still working, but enjoys homes in Delray Beach, FL, and Lenox, MA. His pediatric group has expanded to 10 MDs and four nurse practitioners with three offices on Long Island. "Hope all is well with the rest of the class."



Frank G. Yanowitz '66

Frank G. Yanowitz, of Salt Lake City, UT, is retiring June 30, after 45 years with the University of Utah School of Medicine and Intermountain Healthcare. He and Betty will remain in Utah to enjoy family and friends. "There will still be some jazz piano in my life," he writes.

1967

Abba E. Borowich, continues to live in Jerusalem and Hollywood, FL. He is spending quality time with his children and grandchildren. "Would love to welcome classmates visiting Jerusalem."

Bruce L. McClennan, of Chicago, IL, is being honored in the spring at the annual American Roentgen Ray Society meeting in Washington, DC, with the Roentgen Fund Honorary lecture in his name.

1968 Reunion

September 21-22, 2018

1971

Lester D. Miller, of Aptos, CA, retired from rheumatology practice in Santa Cruz, CA. He continues to teach rheumatology at University of California-San Francisco, where he is associate clinical professor of medicine. In 2016, he was awarded the Lifetime Achievement Award from the California Rheumatology Alliance, the state society of rheumatologists. Last year, he and his wife, Martha, celebrated their 43rd wedding anniversary.

1972

Solomon Miskin, of Mount Kisco, NY, writes, "Just back from a trip with the family to Thailand, a virtual paradise. Greeted with minus eight degrees at the parking lot. Whence, global warming."

1973 Reunion

September 21-22, 2018

Steven M. Rothman, of Clayton, MO, after briefly retiring, has been returning to Syracuse to help staff the pediatric neurology service at Upstate every few weeks. "If you are passing through or live here let me know at rothmans@upstate.edu."

Steven A. Schenker, of Jacksonville, FL, shares that his son, Matthew Schenker, MD, was recently named the director of the interventional radiology division in the department of radiology at the Brigham and Women's Hospital in Boston.

1977

Jay S. Steingrub, sends greetings from Wilbraham, MA. "Wishing all of the class of 1977 a happy and healthy 2018 as we all endure the challenges to promote effective health-care to our patients. I recently stepped down after 30-plus years of the directorship of the medical ICU and have redirected my efforts as the director of the center for clinical trials and translational investigation. Personally, my son just got accepted to Bowdoin and life is good. Into opera and cryptocurrency, a weird combination, but pays the bills. Would very much like to hear or see classmates who live in the New England region. Looking to contact Irv Weintraub."

1978 Reunion

September 21-22, 2018

CLASS NOTES

1979

James P. Corsones, of Hurley, NY, and wife Linda are happy to announce the engagement of their daughter, Rebecca, to Ryan Finney. A July 2018 wedding is planned.

Elizabeth A. Rocco (Ackley), of West Hartford, CT, retired after 33 years as partner at Middlesex Eye Physicians in Middletown. She is looking forward to the second phase of her life.

1982

Brett P. Godbout, of Bethlehem, PA, shares that his daughter Jennifer is a 2015 Colgate graduate and a first-year medical student at University of Rochester.

1983 Reunion

September 21-22, 2018

1984

Hindi T. Mermelstein, of Great Neck, NY, writes, "It's been a busy few months for our three daughters. Our eldest Rachel, completed New York University Nursing School; our middle daughter, Tamar, started medical school at Northwell-Hofstra this past summer; and our youngest, Shoshana, is doing that impossible junior year in high school and was just inducted into the National Honor Society with college decisions right around the corner. We couldn't feel prouder or more blessed."



Sharon A. Brangman '81 and her daughter, Jenna Lester, MD

1981

Sharon A. Brangman, of Syracuse, along with her daughter Jenna Lester, MD, a dermatology resident at the University of California, San Francisco, was interviewed in January for the NPR series StoryCorps, about how race and gender have impacted their medical careers. Brangman is Distinguished Service Professor and chair of the Department of Geriatrics at Upstate. The interview is available on the NPR website.



Bruce Flareau '87 in Iceland

1986

Thomas J. Madejski, of Albion, NY, took office as president of the Medical Society of the State of New York at the annual House of Delegates meeting in Buffalo on March 24, 2018. His is a board certified internist, and currently serves as chief of medicine at Orleans Community Health, and is a member of the American Medical Association Council on Medical Service.

where he oversees physician services for their Florida-based health system. He has authored a number of books including the *Six P's of Physician Leadership*, and most recently, *Life Management, a Guide to Personal Excellence*. He and his wife, Kathy, and their two daughters, Danielle and Christine, all love to travel and have taken on the personal life brand of being "On Expedition." To share their adventures, they keep a web site called *OnExpedition.com*, where they share their travel stories.

1987

Bruce Flareau, of Saint Petersburg, FL, has practiced as a family physician for 20 years, including an academic career as a program director, before becoming a full-time physician executive. He is now executive vice president and chief medical officer of BayCare Health System,

SUSAN C. BALL, MD, HS '89, MPH, MS

A Dedicated Focus

The internist's career was shaped by residency training during the advent of HIV/AIDS.

As an internal medicine resident at Upstate in the mid-1980s, Susan Ball, MD, HS '89, MPH, MS, says her experience was heavily impacted by patients with HIV and AIDS. "It was the earliest days of HIV and we just barely knew what caused it," she says. Because it presented in so many ways, it largely fell under the care of general medicine. "People were presenting with Kaposi's sarcoma, with CMV retinitis, with unremitting diarrhea. Doctors weren't initially seeing those things and automatically thinking HIV."

Dr. Ball did her senior project on AIDS in Africa, and after residency, enrolled in a master of public health program at Columbia University with the intent to do international relief work. She also worked part-time at Columbia's general medicine clinic. "The hospitals in New York were overrun with cases of HIV and the patients were so sick," she recalls. "It quickly became apparent that I didn't need to go to Africa to take care of people who needed me."

Ball says HIV/AIDS patients were a very marginalized population, mostly gay men, substance users, Haitians, and other people on the fringes of society. "Then they come in with this devastating illness that makes them look awful. There was a tremendous amount of stigma and a lot of physicians were not interested in caring for them," she recalls. "But many of the patients were my age. It was very compelling to me to try to help these people."

After completing her MPH in 1991, Ball joined the medical staff at Weill Cornell's Center for Special Studies, a dedicated AIDS care center. She has remained there throughout her career. In the beginning, she says, the center fell under the umbrella of internal medicine and everyone except the Center's founder/medical director was an internist. By the late 1990s, when it became apparent HIV/AIDS was an infectious disease, that began to shift. As one of the longest serving doctors, Ball is now one of the few not trained in infectious disease. "Having a background in infectious disease never impacted what kind of an HIV specialist I was because I learned with everybody else right from the very beginning," she says.

Ball's work has changed dramatically through the years with advancements in medicine and medication. "We really had no effective treatment until 1995 when the first pro-

tease inhibitors were approved," she says. "Instead of patients coming in and just dying, we finally had some medicine to halt the progression of the immune suppression. Many patients who were literally on the verge of death were saved. We were able to treat HIV as a chronic illness rather than a death sentence."

Instead of spending her days in the hospital caring for inpatients actively dying, Ball now spends nearly all her time on outpatient work. "I'm watching their diabetes and their blood sugar, trying to get people to quit smoking, to lose weight and exercise, doing all those things that primary care doctors do," she says.

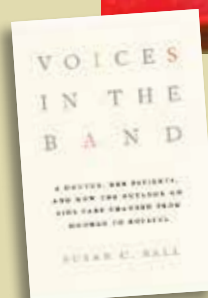
While that change is positive, both for patients and physicians, Ball is concerned by the persistent levels of new HIV infection. "People are less careful because they don't have the awareness of what a devastating illness it was and how literally hundreds of thousands of people died in this country."

In 2009, Ball went back to Columbia to complete a two-year master's in narrative medicine. As part of that, she wrote a book about her experiences with the clinic and the HIV epidemic, *Voices in the Band*, which was published in 2015.

"Regardless of the specialty, HIV had a big impact on the experience of anyone who did their medical training in the 1980s. I feel fortunate that I had this experience and was part of such a dramatic piece of medical history," says Ball.

"I'm also happy to say that our residents don't really blink when they're taking care of a patient with HIV now, and very often those patients are in the hospital for a reason not at all related to their HIV."

—By Renée Gearhart Levy



Susan Ball, MD, HS '89 wrote a book about her career caring for patients with HIV/AIDS, *Voices in the Band*.

CLASS NOTES



Peter J. and Jeanine M. Morelli '87 and son Justin Morelli with his wife, Kiera MacDonald, and family

Peter J. and Jeanine M. Morelli, of East Setauket, NY, were disappointed they were unable to attend their 30th reunion as they were in Boston watching son Patrick play football with the Hamilton College team, but they hope to

attend the next reunion. They both still work at Stony Brook School of Medicine. They are also happy to welcome daughter-in-law Kiera MacDonald to their family, as she and their son, Justin, were married at Mount Sunapee, NH, in July.

G. Michael Ortiz '89, of Saratoga Springs, NY, is happy to report that his oldest son, AJ, will be attending SUNY Binghamton for his undergraduate education. “Also sending out invites to all who want to attend the ‘pre-reunion’ reunion in September 2018 in Upstate NY. Plans include the Saratoga Food and Wine Festival at SPAC. Contact me for more info, and please, no boots allowed!!”

1996

Valerie K. Merl, of Los Alamos, NM, and **Sonja Lichtenstein Zayneh '96**, **Mike Szostak '96**, and **Karen Williams '96** all met up at the 2018 Disney World Marathon weekend. “Karen was crazy or brave enough to complete the Dopey Challenge—48.6 miles in 4 days!”

three years. His best marathon time was under four hours last year in Corning. He continues to practice dermatology in Central New York and is the owner and president of Reflections Dermatology and Psoriasis Center with offices in Auburn, Skaneateles, and Syracuse. He lives in Auburn with his wife, Wendy, and their four boys, Nick, TJ, Mike, and Jon.



Valerie K. Merl '96 with Sonja Lichtenstein Zayneh '96 and Mike Szostak '96 at Disney World



Karen A. Williams '96 with husband Joe

1988 Reunion

September 21-22, 2018

Adam L. Seidner, of Old Lyme, CT, has started a new phase of his career as chief medical officer for the Hartford Insurance Company. He continues teaching residents and medical students part-time at the Middlesex family medicine program in Middletown.

1993 Reunion

September 21-22, 2018

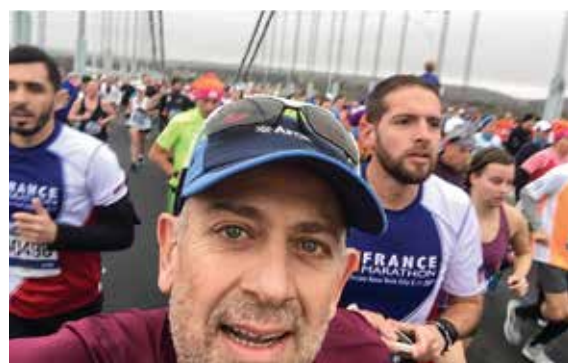
1998 Reunion

September 21-22, 2018

Jeffery R. LaDuca, of Auburn, NY, finished the New York City marathon in November. This was his third marathon in the last

2001

Jamie Shutter, of Tampa, FL, was named senior vice president of laboratory development for Unified Physician Management.



Jeffery R. LaDuca '98

BRIAN T. FENGLER, MD '05

Evidence-Based Diagnosis

An ER doc's IT start-up aims to aid physicians at the bedside.

As an emergency medicine resident at the University of Virginia, Brian T. Fengler, MD '05, spent a year researching pulmonary embolism, resulting in a protocol for how emergency department physicians should treat patients that was published in the *American Journal of Emergency Medicine*.

Despite being an "expert" on the condition, Dr. Fengler found himself at a loss several years later as a young emergency room physician in Nashville when treating a patient with a large pulmonary embolism between her heart and lungs, because this patient was also 36-weeks pregnant. Although he knew the patient needed clot-busting medications quickly, he did not know how the treatment would affect her unborn baby. An Internet search did not provide the answer in the necessary time frame. "I had to make the decision myself with incomplete information," recalls Fengler.

That incident stayed with him. Fengler, an entrepreneurial spirit who was also the founding partner in several urgent care centers in Nashville, believed there had to be a way to filter the vast library of evidence and guidelines to allow medical providers to access treatment recommendations specific to each patient in a timely manner. He spent several years and \$100,000 of his own money developing the first version of EvidenceCare, a clinical-decision support (CDS) tool that provides instantly accessible evidence-based clinical knowledge at the point of care to help providers make informed treatment decisions and improve outcomes.

"It's a tool that allows providers to input variables specific to their patient and it generates recommended treatments, all of the data that supports those recommendations, and an easy-to-understand care summary that can be shared with the patient in a graphical format," explains Fengler. "For example, if you're trying to explain to parents why their 14 year old with a concussion doesn't need a head scan, you can easily share the data on why that's not indicated and what the risk for radiation exposure is in a way that's easy for them to understand while letting them know that you're providing proper care."

Today, after bringing on an experienced executive team and raising more than \$5 million in venture capital, EvidenceCare is poised to disrupt the quality of care in a dramatic way. The web-based version, launched in summer 2016, already has thousands of users across the globe. The

website can be used for free, or with a subscription, users can earn CME credits for their time spent delivering this best care possible to their patient. With partnerships with both the American College of Emergency Physicians (ACEP) and American Academy of Emergency Medicine (AAEM), and a handful of other major specialty partnerships being announced later this year, EvidenceCare is positioning itself as the most credible source for point of care evidence-based content, Fengler says.

The company is now partnering with all the major electronic health record (EHR) vendors to integrate EvidenceCare into their applications so that providers can access EvidenceCare from within their clinical workflow in a manner that accelerates their clinical documentation and order entry.

"Most of the EHR programs were originally built as coding and billing software and not through the lens of patient-focused care," says Fengler. "We're developing an application that actually plugs right into the EHR to recommend, based on the latest evidence specific to THAT patient, the correct care path, help the provider achieve their clinical documentation, and generate the orders necessary."

In April, EvidenceCare launches its first hospital partnership with Medstar Health in Washington, DC, within their Cerner EHR system. Applications for other major EHR systems will be launching in the summer. "This is very much still in its infancy but this is a big year for us," says Fengler, who took a sabbatical from practice two years ago to focus on the venture full time.

"For me, the whole goal of this is to bring better care to the bedside," he says. "So much of that is getting lost in healthcare right now between government and insurance mandates. Providing the right care for each patient, and doing that day after day, that's ultimately how you fix the healthcare system; from the bedside not from Washington." — Renée Gearhart Levy



Brian Fengler, MD '05, wants to improve patient treatment through EvidenceCare.

CLASS NOTES

2002

Timothy D. Riley, of Lititz, PA, was named associate vice chair for wellness in the Department of Family and Community Medicine at Pennsylvania State University.

2003 Reunion

September 21-22, 2018

2008 Reunion

September 21-22, 2018

Sarah E. Matt, of Austin, TX, welcomed a new addition to her family this fall. Lincoln Christenberry Lott was born September 30th. Big brothers Logan, Lamar, and Leif are all very excited.



Lincoln Christenberry Lott, son of Sarah E. Matt '08



Sari B. Eitches '10 and Arun Ramachandran '10 with daughter Lola and son Aero River

2010

Sari B. Eitches and **Arun Ramachandran**, welcomed their son, Aero River, on October 2, 2017. They reside in Los Angeles, CA, and both work at Cedars Sinai where Sari is an internist and Arun is a neurologist.

2011

Yening (Daniel) Xia, of Toronto, ON, became assistant professor in the Department of Laboratory Medicine and Pathobiology at the University of Toronto.

2013

Samuel A. Schueler, of Boston, MA, was married on November 11, 2017 to Elia Enid Acevedo Diaz, MD.

2015

Devin R. Halleran, of Columbus, OH, recently presented his research at the 2018 American Surgical Congress pediatric surgery session. After the end of the session, he started talking with one of the other presenters and soon realized that she was a graduate of Upstate. **Lori Gurien '11** was presenting research on appendicitis and also intends to pursue a career in pediatric surgery.



Lori A. Gurien '11 and Devin R. Halleran '15

2016

Matthew J. Cortese, of Cincinnati, OH, was engaged to Hyun Jung Ji on January 1, 2018.



Matthew J. Cortese '16 and Hyun Jung Ji



Hilda Der Zakharian's MD, HS '81, son Jesse and his wife, Chelsea

Resident/ House Staff

Hilda Der Zakharian, MD, HS '81, of Escondido, CA, shares that her younger son, Jesse, married his sweetheart Chelsea in June 2017 in beautiful La Jolla Shores, witnessed by family and friends. Jesse is the financial analyst at Wrapify and his bride is an entrepreneur. They live in Cardiff by the Sea, CA.



Victor L. Roberts, MD, HS '83

Victor L. Roberts, MD, HS '83, of Winter Park, FL, has been recognized by Marquis Who's Who Top Doctors for dedication, achievements, and leadership in medicine. He serves as the president and CEO of Endocrine Associates of Florida, PA, and is a widely regarded expert in the field of endocrinology. He was also recognized among the Top Five Percent of Health Care Professionals in the country by Castle Connolly in 2015. To read more visit marquistopdoctors.com/tag/biology/.

MPH

Allison K. Philips '17, of Liverpool, NY, writes, "I have taken on a brand new role as breast imaging nurse navigator at two wonderful locations, Women's Imaging/Breast Care & Surgery Center at 550 Harrison Center and Wellspring at Community Campus. Collaborating with providers and other health-care professionals, I will help educate and guide the patients through the breast care continuum, while reducing or eliminating barriers along the way."

Were you the
prankster in
your class?

Are you ready to come clean?

We'd like to hear your story.

Email the Alumni Journal
at norcrosp@upstate.edu.

I N M E M O R I A M

1953

RICHARD A. SLEZAK, of Ridgefield Park, NJ, died December 9, 2017. Dr. Slezak enlisted in the Navy in 1942 and served in World War II from 1942 to 1945 as a musician second class in the United States Naval Reserve, stationed in Jacksonville, FL. After the war, he attended Long Island University, then transferred to Syracuse University and continued on to Upstate Medical University. He completed an internship and residency with a focus in psychiatry at Queens General Hospital in Jamaica, Long Island. Slezak worked as a general practitioner in Tully, NY, from 1955 to 1957, then as a ship's doctor on the Grace Line, followed by working at Oneida County Hospital in Rome, NY. In 1959, he began a two-year residency at St. Luke's Hospital in New York City, and stayed on as an attending physician specializing in anesthesia until 1963. He then joined the staff at Holy Name Hospital in Teaneck, NJ, in 1963, where he introduced the epidural procedure to the staff, and served as the chief of anesthesia from 1979 until 1985. He retired in 1989. Slezak was survived by daughters Nancy, Martha, Kathryn, and Patty; son Robert; and four grandchildren.

1954

DAVID C. GREEN, of Annapolis, MD, died February 22, 2017. After medical school, Dr. Green enlisted in the U.S. Army Medical Corps, where he served 22 years, beginning with a general surgery residency at West Point and a thoracic cardiovascular residency at Brooke Army Medical Center, Fort Sam Houston, Texas. He was then posted to an Army hospital in Pusan, Korea, before taking command of the 71st Evacuation Hospital in Plei Ku, Vietnam, where he came under repeated enemy bombardment during the height of conflict. Green then moved to Washington, DC, where he headed the thoracic surgery unit at Walter Reed Medical Center from 1971 to 1977. He retired with a rank of colonel to a professorship at University of Maryland University Hospital in Baltimore and the Uniformed Services

University of the Health Sciences in Bethesda. Later, he pursued private practice in Annapolis, his home for the last 36 years. He was survived by his wife, Susan; daughters Lane, Rebecca, Suzan, and Caroline; and six grandchildren.

MARVIN H. GELLEN, of Davis, CA, died May 27, 2017.

1955

MONROE F. RICHMAN, of Kolala, HI, died December 12, 2017.

1958

SAMUEL A. STORNELLI, of Martinville, NY, died April 29, 2016. Dr. Stornelli was a lieutenant in the U.S. Navy Reserves from 1957 to 1961 and was transferred to the U.S. Air Force 616th USAG Field Hospital (Airborne) as captain for a special mission. He interned at Genesee Hospital in Rochester, NY, then began his residency at the U.S. Naval Hospital in Long Beach, CA, in neurology/psychiatry. He also began neurosurgery training at the U.S. Naval Hospital. Stornelli returned to Syracuse and opened a private practice and was attending trauma neurosurgeon for hospital emergency rooms at St. Joseph's, Community General, and Auburn Memorial hospitals. He was a consulting neurosurgeon for Willard State Hospital, Seneca Falls Hospital, St. Mary's Hospital, Lee Memorial (Fulton) and Oswego Hospital. In 1996, he became the full-time physician for New Process Gear and completed his master's degree in public health in 1995. He ran the clinics at Willard Drug Treatment Campus and 5 Points Correctional Facility, until his retirement in 2006. He was survived by his son, Marc.

1959

ARTHUR D. GOLDSTEIN, of Suffern, NY, died December 15, 2017. Dr. Goldstein dedicated 60 years of service to the community as a plastic surgeon. He also attended New York University Dental School and his plastic surgical residency at Montefiore Hospital. He served as the surgeon for the Sheriff's Department, Ramapo Police, and Brewer Fire Department. Goldstein was also assistant medical examiner for Rockland County. He was survived by his wife, Sheila; daughter Marla; son Marc; and six grandchildren.

1960

RICHARD P. MALSAN, of Delmar, NY, died on September 18, 2017. Dr. Malsan completed a one-year internship at Madigan General Hospital in Tacoma, WA, then was commissioned as a captain in the U.S. Air Force and practiced for two years at Andrews Air Force Base. He then spent one year as a pharmaceutical research coordinator at Wyeth Laboratories in Bryn Mawr, PA, followed by a residency in anesthesiology at the E.J. Meyer Memorial Hospital in Buffalo. He served as an attending physician at St. Peter's Hospital in Albany until his retirement in 1996. He was survived by four sons: Daniel, David, Stephen and Kenneth; daughters Sharon and Laura; and 10 grandchildren.

1961

JOHN A. ANZIULEWICZ, of Moneta, VA, died November 1, 2017. Dr. Anziulewicz served his country in the U.S. Navy as chief medical officer aboard the USS Arneb during Operation Deep Freeze, a resupply operation to McMurdo Station in Antarctica. He worked in the emergency room at Bethesda Suburban Hospital and the AEC. He did a specialty in radiology at Washington, DC, Hospital Center. Anziulewicz then moved to Bluefield, WV, and worked at Bluefield Community Hospital and his private

1973

radiology practice, and served as medical instructor of radiologic technology at Bluefield State College School. He was survived by his wife, Patricia; sons Charles and Matthew; daughters Ann and Sharon; and seven grandchildren.

ROBERT M. BARONE, of Orchard Park, NY, died October 6, 2016. Dr. Barone was a long-time general surgeon. He completed an internship and residency at Millard Fillmore Hospital and practiced both there and at Millard Fillmore Suburban Hospital, retiring in 2008. After retiring, he worked for a year at the Gates Wound Care Clinic. He was an assistant clinical professor at the University at Buffalo and was president of the Millard Fillmore medical staff during the 1990s. He was survived by his wife, Shirley; daughters Susan and Kathleen; sons Robert and Steven; and six grandchildren.

LOUIS J. RIPICH, of Fayetteville, NY, died January 12. Dr. Ripich joined the Air Force during the Korean War serving from 1951 to 1955. He was an esteemed psychiatrist and practiced for 63 years in Syracuse. He had a private practice for 40 years, and after retiring, continued to treat patients until the age of 83. He was a respected mentor to many colleagues, medical students, and residents at Upstate. He aided in the development of many psychiatric careers by mentoring using the "Observe Psychotherapy" technique, allowing residents and colleagues to observe the process of therapy behind a two-way mirror. Ripich was survived by his wife, Ann; daughters Lina and Alexandra; son Gregory; and eight grandchildren.

1963

BURTON SACK, of South Easton, MA, died January 20. Dr. Sack was a dedicated rheumatologist in Brockton, MA, and practiced for more than 50 years. He also had a passion for teaching and was a clinical professor of medicine at Boston University Medical School for more than 30 years. Dr. Sack was survived by sons Larry, Andy, David and Steven; eight grandchildren; and a brother, Michael.

ELLIOT J. KOPP, of Raleigh, NC, died August 25, 2016. Dr. Kopp completed his internship and residency at Loma Linda University Medical Center and his fellowship at Stanford University. He was board certified in internal medicine, rheumatology, and allergy/immunology. He was survived by his wife, Cheryl, and daughter, Brittany.

ROBERT W. WALLACH, of Clyde Hill, WA, died March 8, 2016. Dr. Wallach completed his training with a residency in internal medicine and an additional year as a chief resident at Upstate. He relocated to Seattle in 1977 and joined the cardiology department at Group Health Cooperative Hospital and practiced there until his retirement in 2010. He walked the El Camino de Santiago trail in Spain twice. He especially loved Vietnam, making several trips to the Hue Hospital, where he brought supplies and trained physicians as part of an exchange with Group Health Cooperative. He was survived by his three children, Rebecca, John, and Jake.

1974

LEONARD SCHWARTZ, of Indian Wells, CA, died April 10, 2016. Dr. Schwartz owned and operated his ophthalmology practice with his wife for 33 years at the Eisenhower Medical Center, where he served a number of terms over the years as section chief in ophthalmology and on the board of directors. He was survived by his wife, Kathy; daughter, Stephanie; and son David.

1993

PETER KIM, of New York, NY, died December 5, 2017. Dr. Kim was an associate professor of neurology at the Columbia University Medical Center. Born in South Korea, Kim came to the United States as a child. He attended the University of Rochester, where he attained a bachelor's degree and subsequently a PhD before attending Upstate. In 1994, he went to Columbia University-New York Presbyterian and

completed a residency in neurology, joining the faculty after his training. Kim was an outstanding teacher and all who worked with him considered him a true friend and caring physician. He was survived by his parents, Young Han and Jung Soon Kim; and two sisters.

1994

FREDERICK SEAN HODGE, of Cazenovia, NY, died December 15, 2017. Dr. Hodge completed his residency in otolaryngology at Upstate Medical University and then practiced otolaryngology in Syracuse for two decades prior to his death. He was a caring physician dedicated to his patients and doing what he judged to be in their best interest. He was survived by his wife, Susan and daughters Olivia and Abigail.

Residents

SERGIO Q. CUISON, MD, HS '70, of Spring Lake, MI, died January 30, 2017. Dr. Cuison was an anesthesiologist and retired from Hackley Hospital. He volunteered on many medical mission trips. Cuison was survived by two children, Maryvic and Sergio; and eight grandchildren.

Emeritus Faculty

HARVEY PENEFSKY, PHD, died July 20, 2017. Dr. Penefsky was a highly admired and beloved faculty member for more than 40 years, and a giant in the fields of bioenergetics and enzyme kinetics. He was a Chicago native who served in the Army. He obtained a bachelor's degree in 1956 and a PhD in 1960 from New York University. His thesis work with Efraim Racker and Maynard Pullman on the isolation of the ATPase (F1) factor responsible for oxidative phosphorylation was a key advance for biological sciences. Penefsky was a faculty member of SUNY Upstate from 1988 to 1996.

Your UPSTATE MEDICAL Alumni JOURNAL

Three times a year, the *Upstate Medical Alumni Journal* hits the mailboxes of alumni, parents, and friends. Please take a moment to answer a few questions about your experience as a reader. You can link to this survey from the QR code below, find it at medalumni.upstate.edu/survey or complete your answers below and mail to us at:

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Thank you for your time and interest!

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Is There an Aspiring Doctor in Your Family?

Applying to medical school is a highly competitive—and often highly stressful—process. We'd like to help.

As a service to our alumni, the Upstate Student Admissions Office is hosting a workshop designed to help “friends” of Upstate as they prepare to apply to medical school. The half-day interactive workshop, intended for college students and beyond, will provide an insider’s view on how we evaluate applications and offer tips on preparing for interviews, as well as one-on-one constructive feedback regarding individual applicant credentials.

Friends of Upstate Admissions Workshop June 11, 2018

- 9:00 am Arrival / Continental Breakfast
- 9:30 am Welcome & Overview of the Day
Jennifer Welch, Associate Dean of Admissions & Financial Aid
- 9:45 am How to Apply to Medical School: Application Nuts and Bolts
 - Do's and Don't's
 - What the Admissions Committee Really Wants to See
 - Examples of Applications
- 10:30 am The Personal Statement
 - What are we *really* looking for
- 11:00 am The Interview
 - Do's and Don't's
 - What Interviewers Want to Hear
- 11:30 am MMI Overview
 - Clinical Skills Lab
- Noon Lunch
- 12:30 pm Optional One-on-One counseling session with Admissions Staff*

*For students with any remaining specific questions

This program is designed to help future applicants assess potential strengths and weaknesses so they can prepare the strongest application possible, wherever they choose to apply to medical school. Although we hope your loved ones will choose to apply to Upstate, participation in the workshop should not be viewed as indication of future admission.

To register, please visit **medalumni.upstate.edu/prospective** prior to June 4



UPSTATE MEDICAL ALUMNI ASSOCIATION/FOUNDATION

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SEPTEMBER 21 & 22

For classes
ending in
8 and 3