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Alumni Association of the College of Medicine 💼 State University of New York Downstate Medical Center

IL

REUNION ISSUE P

WHAT'S NEW?

Visit the **Updated Web Site** of the Alumni Association-College of Medicine, Downstate

- Join us for the Alumni Reunion festivities
 5.16.14 5.18.14
 Celebrate with Classes 1944, 49, 54, 59, 64, 6
- Celebrate with Classes 1944, 49, 54, 59, 64, 69, 74, 79, 84, 89, 94, 99, 04 & 09
- * See the Alumni Reunion Weekend schedule
- * Read the latest Alumni Today magazine
- Learn about the activities and programs we sponsor for our medical students and alumni
- Support our activities- pay your dues or make a gift on-line
- Update your contact information and help locate lost alumni
- ★ See who serves on our Boards
- Provide us with your feedback

SUNY

Visit us today at: http://www.downstate.edu/alumni

I thank the many active alumni who allow us to fulfill our mission of helping our Downstate medical students and extend a welcoming invitation for all alumni to join us.

Best wishes for you and your family!

Erika Schwartz, MD '75

President Alumni Association- College of Medicine SUNY Downstate Medical Center Phone: 718-270-2075 E-mail: alumni@downstate.edu

Find A Physician

	al Center				
Alumni Association College of Medicine	Home > Alumni Association - College of Medicine				
What's New					
Student Support Programs	Alumni Association - College of Medicine				
Avenues for Giving	Change Begins Here!				
Become Involved					
Join-Renew Membership	Welcome Alumni and Friends! 2014 Alumni Association				
Alumni Today	Dear Alumni, Reunion: May 16-18				
Alumni Reunion	It is our pleasure to welcome you to				
Locating Lost Alumni	the Alumni Association-College of				
Meet the Board	Medicine website. We hope you will				
Our History	maintain your connection with us by				
Contact Us	utilizing this website as your point of				
A Giving Back -	reference.				

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Alumni Association President's Greeting



Erika T. Schwartz, M.D. '75 President

Dear Fellow Alumni:

e are the Alumni Association of the SUNY Downstate Medical College of Medicine, an independent organization of Downstate graduates established in 1880 with the mission to provide financial support and mentoring to our medical students and enhance networking opportunities after graduation. We invite you to visit often and join our ranks. To give you a brief summary of our involvement in the student activities: Our commitment begins during the first year with our support of the White Coat Ceremony, a symbolic embrace into the long line of the sacred community of healers.

During the ensuing 4 years we provide financial support where needed and scholarships for research and clinical endeavors like the Healthcare in Developing Countries Elective. Other programs we underwrite include:

- The Brooklyn Student Run Free Clinic which offers hands on experience seeing patients and operating a clinic with limited finances.
- The Brooklyn Stories book which encourages students to share their thoughts and experiences in a student literary journal.
- The Mentoring Program where our alumni and faculty donate their time in an informal setting to help students adjust to medical school and begin to explore special areas of interest.

At graduation, we provide a gift to celebrate students' unforgettable moment when they join the ranks of MDs. The Alumni Association is the bridge between the academic building, the neighborhood, the city, and the world.

Our support of these programs helps students expand their world and become aware of options to help fulfill their own dreams in their careers as physicians. For our members, we publish the magazine, *Alumni Today*, to help keep abreast of the latest updates at Downstate Medical Center and our alumni accomplishments as well as keep us connected to our alma mater.

Our annual reunion weekend in the spring brings together alumni of all ages to share history, laugher and good cheer and even network for opportunities available just because we are Downstate Alumni.

Throughout the year, we have quarterly Board meetings and welcome alumni to join us and become involved. Cooperation, networking and connection encompass our mission for all our alumni. We, the Board of Trustees and the Board of Managers, invite all alumni to join and become active members of our society.

The generations of medical students that follow you will benefit and our organization needs you so we can continue being of service to our community.

Sincerely yours,

luita favail us

Erika T. Schwartz, MD '75 President 2013-2014

Editor's Greeting

s a Past President and current member of the Board of Trustees and the Board of Managers of the Alumni Association of the College of Medicine as well as Editor of *Alumni Today*, I have attended almost all of the annual reunions for the past 30 plus years. The 2013 reunion was absolutely the most outstanding and it was my 50th year reunion. The scientific session was excellent and the dinner dance was marvelous. Twenty-five members of the class of 1963 attended and it was fun to see and chat with classmates. Many received awards for their contributions to medicine over the years and their accomplishments add to the wonderful history of Downstate grads.

As Editor of *Alumni Today*, I have tried to showcase our great history and the achievements of our faculty, students and alumni. Our school is recognized nationally as one which provides some of the best clinical training and research opportunities. Our alumni are recognized as being in the top ten group of medical school graduates who make up faculty in medical schools across the country.

Today at Downstate, students are number one. There is a new curriculum which introduces clinical care in the first year. There is a mentoring program for students and a recently formed Brooklyn Free Clinic established and run by students including first and second year with faculty supervision. The Alumni Association has been very involved in helping to fund this undertaking. In addition, the generosity of alumni has allowed the Association to provide scholarship aid to more than 60 students each year. Funding is also provided for many other student programs including Health Care in Developing Countries, Research Fellowships, Match Day, graduation programs, and many other student activities.

We should be proud of our training at Downstate and the fabulous careers we have experienced as we have contributed to its history and to its heritage. All alumni please stay involved. The students depend on your support. To the 25 and the 50 year classes especially, CONGRATULATIONS.

Sincerely, Constance Shames, M.D. '63 Editor, *Alumni Today* Alumni Association, College of Medicine, Box 1204 SUNY Downstate Medical Center 450 Clarkson Avenue, Brooklyn, N.Y. 11203 Email: constance.shames@downstate.edu



Constance Shames, M.D. '63, Editor, *Alumni Today*

Message from the Dean



SOM DEAN'S REPORT

IAN L. TAYLOR MD, PhD, FACP, AGAF 2013

Ian L. Taylor M.D., PhD. Senior Vice President for Biomedical Education and Research Dean, College of Medicine

This article was a presentation by Dr. Taylor to the SUNY Council at Downstate on 9/11/2013.

It is an update in current activities in the College of Medicine, including commendations, new building progress and student data.* –Ed.

NEED FOR MONITORING

ER-2 THE CURRENT FINANCIAL ENVIRONMENT AND IT'S IMPACT ON THE EDUCATIONAL PROGRAM

ED -47 RESPONSE RATES FOR STUDENT EVALUATION OF CLERKSHIPS HAVE VARIED

*SOM-School of Medicine

*LCME-Liaison Committee on Medical Education

LCME REPORT – THREE AREAS OF COMMENDATION

*

*

- The College's diversity programs, practices and culture contribute to a diverse and inclusive academic environment
- The curriculum which helps students recognize and appropriately address gender and cultural biases in themselves and others
- The College's successful development and implementation of programs for potential applicants of diverse backgrounds that heighten awareness of, and interest in the profession

CITATIONS

- TOTAL OF SIX CITATIONS LARGELY RELATED TO THE OLD CURRICULUM
- THREE OTHERS INVOLVING LOCKERS AT KCHC, AFFILIATION CONTRACTS AND INFECTIOUS DISEASE EXPOSURE POLICY MODIFICATION
- 9 CITATIONS COMPARED TO THE NATIONAL MEAN OF 8.4

NO FINDINGS RELATIVE TO:

INSTITUIONAL SETTING

FACULTY STANDARDS

NEW ACADEMIC BUILDING

LCME OUTCOME

- PROGRESS REPORT DUE DEC 1 2013
- PROBABLE LIMITED SITE VISIT 2014
- WE REMAIN FULLY ACCREDITED

- Construction started in 2013 with completion in 2015-16
- New teaching facilities
- Standardized patient testing center
- Simulation center
- Two floors of laboratories built to house multi-investigator research centers
- School of Public Health

Alumni Association of the College of Medicine SUNY

ennead architects

MEDICAL CENTER

5

AAMC STUDENT DATA 2004-5 2011-12 MCAT 30.1 32.3 MCAT WS M O

APPLICANTS	3230	5570 *	
URMS	114	122	

* 73 % INCREASE IN APPLICATIONS SINCE ACADEMIC YEAR 2004-5.



*

AAMC RESEARCH DATA [2012]

690 % GREATER 3-YR GROWTH IN RESEARCH FUNDING COMPARED TO THE MEAN OF ALL STATE SCHOOLS

ABOVE THE MEAN IN : - GRANT FUNDING PER PI
 - % SALARY COVERED BY GRANTS

ADDITIONAL DATA

RANKED 4 th OUT OF 141 US SCHOOLS IN TERMS OF GRADUATES WITH AN ACTIVE LICENSE TO PRACTICE MEDICINE IN THE WHOLE NATION AND TOP PRODUCER OF PHSICIANS FOR NYC AND NY STATE

96 PERCENTILE IN TERMS OF AFRICAN -AMERICAN GRADUATES

93 PERCENTILE IN URM FACULTY

93 PERCENTILE FOR GRADUATES ENTERING ACADEMICS

*AAMC-Association of American Medical Colleges

List of Grants

Distributed by the Alumni Fund Alumni Association-College of Medicine For the 2012-2013 Academic Year

\$185,000 Tuition Scholarships – 50 students

\$30,000 Health Care in Developing Countries - 20 students

- \$22,440 MD/PhD Program – Summer Research Fellowships for 5 students
- \$12,500 Conferences for 17 students to present research at national meetings
- \$10,000 White Coat Ceremony for first year students
- \$9,000 Mentoring Programs for 250 students and faculty
- \$8,000 Admissions Luncheons for applications to Downstate
- \$7,000 Match Day and Graduation Activities for Class of 2013
- \$4,500 The Brooklyn Free Clinic
- \$3,500 AOA Alpha Omega Activities
- \$2,500 **Student Poetry Booklet**
- \$2,500 **Commencement Dinner**
- \$2,400 Student and Resident Service Awards
- \$2,000 International Conference on Ethical Issues
- \$1,600 **Pediatric Ethics Lecture**
- \$1,500 **Faculty Student Association**
- \$1,000 **Student Yearbook**
- \$789 **Downstate Performing Arts**
- \$5,000 Other Programs
- \$392,669 Total

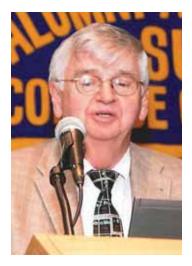
WE INVITE YOU TO KEEP IN TOUCH & BECOME INFORMED

VISIT OUR WEB SITE

www.downstate.edu/alumni

- Learn about the range of programs we support for our Downstate students
- Participate in the Mentoring & Career Mentoring programs with our student body
- Become a Class Chair and/or attend our 2013 Alumni Reunion (5/17/13-5/19/13)
- Provide class notes, updates, change of address
- Help locate alumni with no known current address
- Submit dues & donations
- Review significant and historical contributions of our alumni and faculty, etc...





PRESENTATION BY: William M. McCormack, MD '63, Distinguished Teaching Professor of Medicine and of Obstetrics and Gynecology, *Emeritus*

AIDS at Downstate The First Thirty Years

■ n the early 1980s, I was looking for a job. I had been at the Harvard Medical Unit at Boston City Hospital since 1969, first as an Infectious Diseases Fellow and subsequently as a member of the Faculty.

At Boston City, we had developed a research program into genital mycoplasmas and other sexually transmitted infections which brought in extramural support, produced manuscripts that were published in peer-review journals, and established our group as a leader in what was then a very new area of research.

In the 1970's, Boston City Hospital, like many municipal hospitals of the day, was associated with several medical schools, namely Tufts, Boston University, and Harvard. Declining patient census and increasing deficits led the City of Boston government to decide that Boston City Hospital would become a "one-medical school" hospital. Although Harvard attempted to become that "one medical school", the City fathers choose Boston University. This has been a successful marriage for both parties, especially for the hospital, now known as Boston Medical Center (BMC), which has become a major player, along with the Harvard hospitals, in Boston medicine. To wit, recall the role of Boston Medical Center in the "marathon bombings" earlier this year. As propitious as this change in leadership was for BMC, it was bad news for me. My research depended upon access to appropriate patient populations. The new leadership's attitude to Harvard faculty who tried to continue to work at Boston City could best be described as "pleasantly uncooperative."

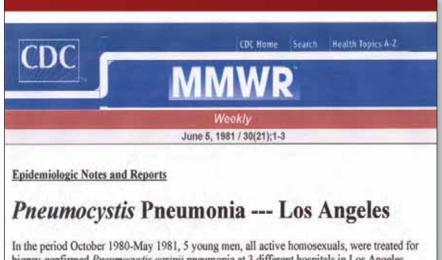
Attractive Position

Accordingly, I embarked on a search for a position in an Infectious Diseases (ID) Division. My quest provided no good matches until I got a letter from Stanley Wallace describing a position as Chief of ID at Downstate. I recalled Dr. Wallace from my student days. I had spent a summer working in his wife Eleanor's Endocrinology Laboratory. It came to pass that I visited Downstate twice in mid-1981. To my surprise, The ID job at Downstate was more attractive than any others that I had explored.

Robert Austrian, who was Chief of ID when we were students, had amassed an unprecedented level of institutional support, which remained after he departed for Pennsylvania to continue his award-winning work on the pneumococcal vaccine. That support included secretaries, technicians and faculty, all supported by the medical school and the hospitals. This support would be gradually reduced in the years to come, but provided a firm base on which to build an ID Division. Accordingly, I moved to Brooklyn in January 1982. I was, of course, aware of the reports describing what was eventually called HIV/AIDS that began to appear in mid-1981. (Figures 1 & 2) In January, 1982, I saw the first of many, many patients who had HIV/AIDS.

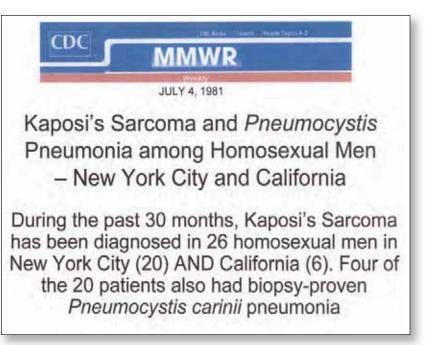
"Bug Drug" Studies

Shortly after my arrival, I was approached in the Downstate Cafeteria by a young faculty member, Sheldon H. Landesman, asking for career guidance. Landesman, also a Downstate alumnus, was then doing in-vitro evaluations of the interaction between antibiotics and bacteria, better known to ID docs as "bug-drug" studies. I had fulfilled my Vietnam-era military obligation in the Epidemic In-



In the period October 1980-May 1981, 5 young men, all active homosexuals, were treated for biopsy-confirmed *Pneumocystis carinii* pneumonia at 3 different hospitals in Los Angeles, California. Two of the patients died. All 5 patients had laboratory-confirmed previous or current cytomegalovirus (CMV) infection and candidal mucosal infection. Case reports of these patients follow.







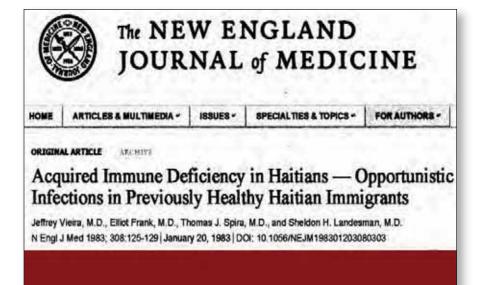
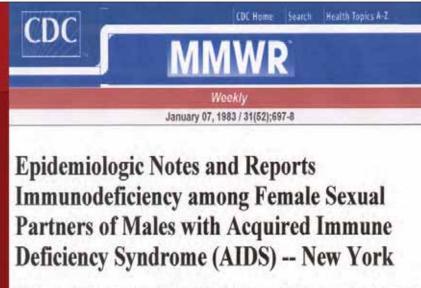


Figure 3



CDC has received reports of two females with cellular immunodeficiency who have been steady sexual partners of males with the acquired immune deficiency syndrome (AIDS).

Figure 4

telligence Service (EIS) of the Center for Disease Control (CDC) in Atlanta. Having received a modicum of training in epidemiology at CDC, I could see in 1982 that HIV/AIDS, as it came to be called, would become an important medical problem. I suggested to Dr. Landesman that he shelf his "bug-drug" studies and begin work on this newly-described illness. The rest, as they say, is history. Landesman took on HIV/AIDS with vigor and began a series of important studies, many of which changed our understanding of HIV and some of which influenced the practice of Medicine.

First Publications

The first major publication from the Downstate Team described acquired immune deficiency in 10 previously healthy heterosexual Haitian men. (Jeffrey Vieira, Elliot Frank, Thomas Spira, and Sheldon Landesman. N Engl J Med 1983:308-125-129: January 20, 1983. (Figure 3) A report on January 7, 1983 in the CDC "House Organ": Morbidity and Mortality Weekly Reports (MMWR) described two women with cellular immunodeficiency who had been steady sexual partners of men with AIDS. (Figure 4) This completed the socalled "Four H Club" describing the risk groups for AIDS (Homosexual men, Heroin users, Haitians and Heterosexuals). Although public health authorities had little hesitation to include the first three H's, there was considerable reluctance to consider heterosexuals as a risk group, perhaps because such information might alarm the public, or even worse, stimulate demand for funding for research and patient care.

The New York State Department of Health

in Albany refused to include Heterosexuals as a risk group well into the 1980's. In Brooklyn at that time, we saw many women who had AIDS whose only obvious risk factor was the unwise choice of a sexual partner. Lack of support for research into and management of AIDS at the federal, state and local level was an important deterrent to the development of an appropriate public health response to this disease, cases of which increased dramatically in the early 1980's.

The draconian budget cuts that characterized the administration of President Ronald Reagan persisted despite the growing need for research into HIV and care for patients who had HIV. It has been said that President Reagan never uttered the term "AIDS" in public until the death of his colleague, Rock Hudson in 1985.

Neither New York City nor New York State was any more responsive than the federal government to the epidemic despite the fact that almost 50% of the patients with HIV/AIDS in the United States reported by the end of 1983 came from New York City. By the end of 1982, 788 persons with HIV/AIDS including 300 fatalities had been reported in the United States. In comparison, the 1976 outbreak Legionnaire's Disease resulted in 29 deaths and the Tylenol tampering incident in 1982 resulted in 7 fatalities. These incidents, as you will recall, drew massive media coverage and an unprecedented governmental response.

Virus Isolated

In January 1983, Drs. Francois Barre-Sinoussi and Luc Montagnier, working at the Pasteur Institute in Paris isolated a virus from an HIV patient's lymph node. Initially called Lymphadenopathy Associated Virus or LAV, this virus was eventually shown to be cause of AIDS and was finally called Human Immunodeficiency Virus or HIV. Of note,



Drs. Francois Barre-Sinoussi and Luc Montagnier . . . isolated a virus from an HIV patient's lymph node.

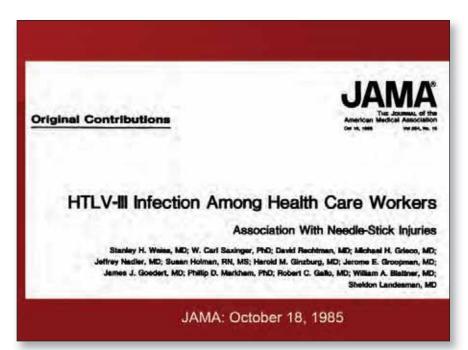


Figure 5

- The authors studied 361 health care and clinical laboratory personnel from Brooklyn and other metropolitan areas.
- Six of 23 health care workers with recognized risk factors had HIV antibodies.
- One sero-positive subject with no recognized risk factors reported possible parenteral exposure to HIV (needle-sticks).

in 2008, Drs. Barre-Sinoussi and Montagnier were awarded the Nobel Prize in Medicine for their discovery of HIV. Serological tests for antibody to HIV were developed shortly after the discovery of HIV.

With a serological test in hand, Dr. Landesman and his team undertook an anonymous blinded sero-survey of 361 health care and clinical laboratory personnel, mostly from Downstate. There were 23 participants who self-identified as having risk factors for HIV. Of the 23, most of whom were homosexual men, 6 (26.1%) were HIV positive. One seropositive subject who had no recognized risk factors reported possible parenteral exposure to HIV through needle sticks. (JAMA 254:2089-2093, October 18, 1985) (Figure 5, 6, & 7)

The finding that 26% of health-care workers with risk factors, most of whom were young male homosexual physicians, were HIV positive in 1985 was both striking and alarming. Similar data arose from a serological survey of participants in the hepatitis B vaccine trial. This trial was conducted in the

HTLV III Antibody Results Among Health Care Workers

Figure 6

	No. Tested	NO. (%) POSITIVE
Risk Group	23	6 (26.1%)
Needle Stick	« 42	1 (2.4%)
No Risk	294	1 (0.3%)

JAMA 254:2089-2093; October 18, 1985

Figure 7

1970's, primarily among young homosexual men in large urban areas. Periodic serologic surveys were conducted into the 1980's. In 1978, 4.5% of participants were HIV sero-positive. The percentage of sero-positivity rose to 20% in 1980 and to 67% in 1984.

(Figure 8)

Of note, the only HIV sero-positive study participant among the 294 subjects without traditional risk factors for HIV reported possible parenteral exposure to HIV through needle-sticks obtained while drawing blood. This and similar patients were reported by the Centers for Disease Control and Prevention (CDC) on September 27, 1985. (Figure 9) This was the first recognition by CDC of the possibility of nosocomial transmission of HIV to health care workers. Recommendations followed which eventually led to the so-called "Universal Precautions" which are now the standard-of-care. HIV SEROPOSITIVITY AMONG MEN WHO PARTICIPATED IN THE HEPATITIS B VACCINE TRIAL IN THE LATE 1970S 1978 – 4.5% 1980 – 20% 1984 – 67%

Figure 8

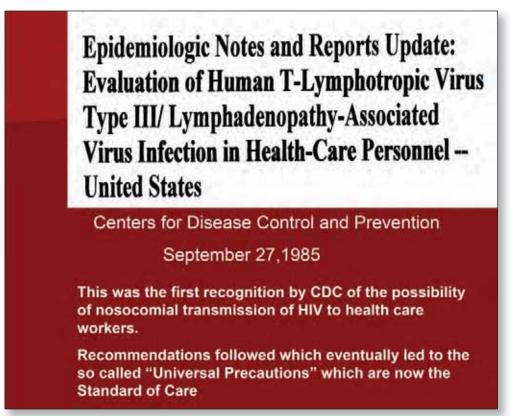


Figure 9

In 1985, the Landesman team reported recurrent *Salmonella typhimurium* bacteremia in eight patients who had AIDS or went on to develop AIDS. This was the first description of *Salmonella* bacteremia as an opportunistic infection in persons with AIDS. (Jordan B. Glaser, Linda Morton-Kute, William Robbins, and Sheldon H. Landesman. Ann Intern Med 1985; 102: 189-193.) (Figure 10)

Physicians with HIV

In the mid- to late 1980's, several physicians in New York City, mainly trainees, were found to have multi-drug resistant tuberculosis. Many of these physicians, most of whom were HIV-positive, did not survive. At that time, management of tuberculosis in New York City was primitive. Patients with newly-diagnosed pulmonary tuberculosis were given a one month supply of medications, usually isoniazid, and rifampin, and an appointment to an outpatient clinic. There was no effort to ensure that the infected patients took the prescribed medication or kept their follow-up appointments. Once HIV/AIDS entered the picture, this was a recipe for disaster. This disaster occurred in New York City in the 1980's.

This disaster continues in Sub-Saharan Africa to the present day. In the late 1980's, NYC Health Commissioner Margaret Hamburg established a task force to address multi-drug resistant tuberculosis. Dr. Sheldon Landesman took a sabbatical leave from his position at Downstate to join this taskforce. The taskforce recommended:

- 1) Initial treatment of tuberculosis with a fourdrug regimen.
- 2) Directly observed therapy (DOT)
- Establishment of a locked ward on Roosevelt Island to which chronically non-compliant tuberculosis patients could be confined during treatment. This is now the standard-of-care in New York City and in most of the rest of the United States.

In the mid-1980's, surveys of medical students at Downstate and of house officers at three NYC

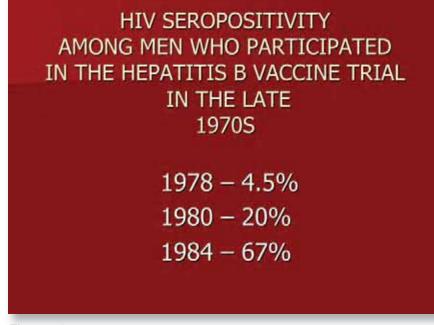


Figure 10

The taskforce recommended:

1) Initial treatment of tuberculosis with a four-drug regimen.

2) Directly observed therapy (DOT)

3) Establishment of a locked ward on Roosevelt Island to which chronically non-compliant tuberculosis patients could be confined during treatment. This is now the standard-of-care in New York City and in most of the rest of the United States.

hospitals revealed negative attitudes about caring for HIV patients as well as a perceived concern for personal risk that was greater than the actual risk. The National Residency Matching Program in 1987 was notable for a massive rejection of Internal Medicine (In 1986, about 60% of graduating senior medical students choose residencies in Internal medicine and it's sub-specialties compared with about 40% in 1987.) Prestigious medical residencies failed to fill all of their positions in unprecedented numbers.

Treatments for HIV/AIDS first became available about 1985 with the introduction of reverse transcriptase inhibitors. These agents quickly engendered viral resistance, necessitating the use of multi-drug regimens. It was not until the introduction of protease inhibitors and other more powerful drugs beginning in about 1995 that HIV/AIDS became an infection that was fairly easy to manage on an outpatient basis. At present, most patients with HIV/AIDS are managed in HIV clinics or in private Physician's offices. The STAR Clinic at University Hospital of Brooklyn and the Center for Hope at Kings County Hospital Center each care for about 1000 patients. Hospitalizations are unusual as are deaths from HIV/AIDS.

Acknowledgements

Aside from my personal recollections, the major source for the information contained herein was: "*And the Band Played On*" by Randy Shilts which was published in 1987. (Figure 11)

Mr. Shilts was a journalist for the San Francisco Chronicle, one of the few publications that covered the HIV Epidemic during the early 1980s. Mr. Shilts died of AIDS on February 17, 1994. He was said to have been correcting the page proofs for his book when he learned that he was infected with HIV.

I also would like to acknowledge the work of Larry Kramer. He has been an outspoken voice of reason since the early days of the HIV epidemic. He helped found Gay Mens' Health Crisis in 1983. His autobiographical play *The Normal Heart* remains one of my best lifetime theatrical experiences.

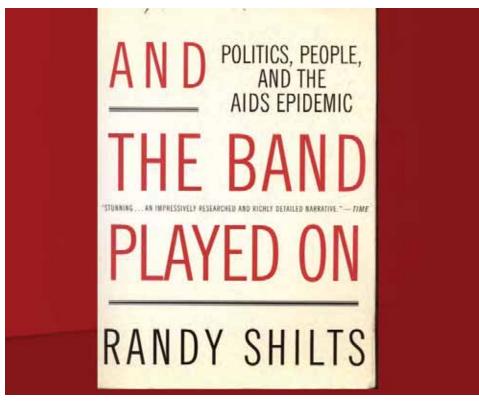


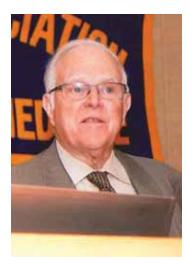
Figure 11

Chronology

June 1969	Stonewall Inn Riots in Greenwich Village First "Gay Pride" parade in New
	York City
1970s – "Gay Liberation"	Bathhouses and sex clubs become a \$100,000,000 industry in New York,
	San Francisco, Los Angeles and other large U.S. cities.
November, 1977	Edward Koch elected Mayor of New York City.
November, 1980	Ronald Reagan elected President of the United States of America.
February, 1981	CDC Budget cut from \$327,000,000 to \$161,000,000. NIH budget reduced
	by \$ 171,000,000.
April, 1981	CDC notes increase in requests for pentamidine for treatment of Pneumo-
	cystis carinii pneumonia (PCP) in New York City.
May, 1981	Article from Los Angeles submitted to CDC for consideration for publication
	in Morbidity and Mortality Weekly Reports (MMWR). (marginal comment by
	editor: "HOT STUFF!!".)
June 5, 1981	"Pneumocystis Pneumonia - Los Angeles" published in MMWR. (Figure 1)
June 5, 1981	CDC forms "Kaposi's Sarcoma Opportunistic Infection Task Force." James
	Curran named Task Force Chair.

June 30, 1981	Medical Grand Rounds at SUNY Downstate given by the author	
	who was an applicant for the Position of Chief of Infectious Dis-	
	eases.	
July 4, 1981	"Kaposi's Sarcoma and Pneumocystis Pneumonia among Ho-	
	mosexual Men - New York City and California" published in	
	MMWR. (Figure 2)	
July 5, 1981	Reports in the New York Times and Los Angeles Times on Ka-	
	posi's Sarcoma and Pneumocystis carinii pneumonia. No ad-	
	ditional mainstream press coverage for the next 12 months.	
Labor Day Weekend, 1987	Larry Kramer sets up a card table near the dock where 15,000	
	men caught the ferry to Fire Island. Asked revelers to contribute	
	for: "Research on Gay Cancer". Collects \$124.00.	
January 2, 1982	The author becomes Chief of I.D. at Downstate.	
January 12, 1982	Gay Men's Health Crisis formed by Larry Kramer and others.	
May, 1982	335 cases, 136 deaths 79% gay/bisexual men; 12% IV Drug	and a
	users; 9% heterosexual women	1999 APRIL
January, 1983	Virus from the lymph node of an HIV patient identified by Luc	
	Montagnier at the Pasteur Institute in Paris. Called Lym-	
	phadenopathy Associated Virus (LAV)	
January 4, 1983	Meeting with Blood Bank Directors at CDC Attempts to have	8
	potential donors screened for high-risk behavior and/or tested	8
	for antibody to hepatitis B are unsuccessful.	*
May, 1983	Total cumulative expenditure by New York City on HIV - \$ 0.00	
May 24, 1983	Attempts to post warning signs and otherwise reduce high-risk	66
	behavior in bathhouses were rejected by owners.	••
June 30, 1983	1641 cases, 644 deaths NYC - 45% of cases; SFO - 10%;	December 1093
	LA – 6%	December 1983
September, 1983	Montagnier presents discovery of LAV at Cold Spring Harbor	Incubation Period
	Conference.	of HIV estimated
December, 1983	Incubation Period of HIV estimated at 5.5 years.	
June, 1984	5000 cases, 2300 deaths in the USA.	at 5.5 years.
1984 Sero-survey in NYC	Gay men – 35% HIV sero-positive IV Drug users – 87% HIV	66
	sero-positive Hemophiliacs – 72% HIV sero-positive.	
April 21, 1985	The Normal Heart, a play written by Larry Kramer opens in NYC.	
July, 1985	12,076 cases; 6,679 deaths in USA.	
October 2, 1985	Rock Hudson dies.	

17



PRESENTATION BY: Richard Engelman, MD '63, Baystate Medical Center, Springfield MA

Ethical Abuse in Medical Research Past, Present & Future

here are two types of ethical abuse in medical research: The first, and probably the most shocking, is actual physical or mental abuse of a research subject, either with or without their consent. The second, and clearly a more subtle form of ethical abuse, is falsification of research data producing conclusions that may not be valid and clearly less disturbing is duplicate publication.

TWO TYPES OF ETHICAL ABUSE

- The first, and probably the most shocking, is actual physical or mental abuse of a research subject, either with or without their consent.
- The second, and clearly a more subtle form of ethical abuse, is falsification of research data producing conclusions that may not be valid and clearly less disturbing is duplicate publication.

PHYSICAL ABUSE IN MEDICAL RESEARCH

 While physical abuse in medical research clearly did not begin in Nazi Germany, the most glaring example on the world stage occurred during WW II. While physical abuse in medical research clearly did not begin in Nazi Germany, the most glaring example on the world stage occurred during WW II. This was clearly brought to the world's attention by the Doctors' Nuremberg Trial. This trial lasted from Dec 46-Aug 47. There were 23 defendants and all were physicians or administrators (who were equally guilty). Sixteen were convicted and 7 executed. This Trial lasted 140 days. There were approximately 85 witnesses and 1500 documents. The Nuremberg Code was developed in response to the judicial condemnation of the acts of Nazi physicians, but this code did not have any coercive

Doctors Trial at Nuremberg

The Trial lasted 140 days. There were approximately 85 witnesses and 1500 documents. The 4 judges can be seen in the film.

The Nuremberg Code was developed in response to the judicial condemnation of the acts of Nazi physicians, but this code did not have any coercive power to compel individuals or institutions to obey its dictums, and while applauded internationally, it was universally disregarded.

power to compel individuals, institutions, or countries to obey its dictums, and while applauded internationally, it was universally disregarded.

•For those of you not aware of this Doctor's Nuremburg Trial, the first and more well known Nuremberg Trial brought 22 prominent Nazi's to trial, but none of them were physicians.

•18 of the original Nuremburg defendants were convicted and 12 executed. This first trial lasted one year, from Oct 1945-46.
•There were four prosecutors for this first Trial, one from each of the

major powers, the US, GB, France and the USSR. The US appointed a Supreme Court Justice to be its prosecutor.

•What is less well known is that there were actually 12 additional Nuremberg Trials. The second or next trial is what we are discussing, the Doctors' Trial.

This Trial lasted from Dec 46-Aug 47. There were 23 defendants and all were physicians or administrators (who were equally guilty).
16 were convicted and 7 executed.

•This trial was a US run effort with General Telford Taylor prosecuting. All four judges were appointed by the War Dept.

Additional well-known examples of research abuse were widely recorded:

 Tuskegee (AL) Syphilis Study ("Tuskegee Study of Untreated Syphilis in the Negro Male"), PHS 1932-72

2. Milgram Experiment (Yale), 1961, inspired by Eichmann Trial, Jerusalem

3. Zimbardo Stanford Univ Prison Study, 1971, inspired the film "Quiet Rage"

WHILE THERE WAS A CODE, THERE WAS NO ENFORCEMENT

ADDITIONAL WELL KNOWN EXAMPLES OF PHYSICAL AND/OR MENTAL ABUSE OCCURRED

- Tuskegee (AL) Syphilis Study ("Tuskegee Study of Untreated Syphilis in the Negro Male"), PHS 1932-72
- Milgram Experiment (Yale), 1961, inspired by Eichmann Trial, Jerusalem
- Zimbardo Stanford Univ Prison Study, 1971, inspired the film "Quiet Rage"

Tuskegee Syphilis Study (1932 - 1972)

 The USPHS conducted a research project from 1932 to 72 to document the natural progression of syphilis in an indigent population. Six hundred low-income, African-American males, 399 of whom were infected with syphilis, 201 uninfected, were recruited for the study. Participants were given free medical examinations, free meals, and burial insurance; however, they were not informed about their disease. The researchers deliberately denied these men appropriate treatment for syphilis even after it became available in 1947.

The Tuskegee Institute Syphilis Study

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- 1947: USPHS established "Rapid Treatment Centers" to treat syphilis; however, men in the Tuskegee study were deliberately not treated, while syphilis declined in the general population receiving available treatment (penicillin).
- 1947-1962: 127 medical students were rotated through the research unit during the study, and none voiced concern.
- 1966: Concern was finally raised about the morality of the study by Peter Buxtun, a United States Public Health Service venereal disease investigator in San Francisco, in a letter directed to the CDC.
- 1969: CDC reaffirmed the need for the study and gained local medical societies' support (AMA officially supported continuation of study).
- 1972: First news articles (NYTimes) condemn study leading to outcry and

discontinuation of study. The participants were compensated with cash and appropriate medical treatment.

- 1973: Congress held hearings and a lawsuit was initiated resulting in a settlement of \$9 million.
- 1997: On May 16th, President Clinton apologized on behalf of the Nation.

The Milgram Study

In 1961, at Yale University, a study was initiated by a psychologist, Stanley Milgram, designed to determine how far a "normal" volunteer would go in providing electric shocks to a subject, called the student, who presumably was required to avoid receiving higher and higher shocks by answering number questions correctly.

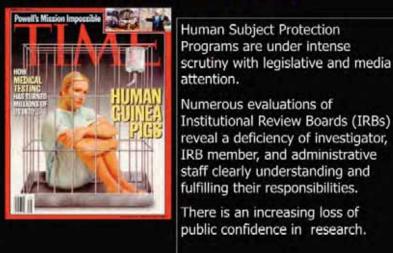
The volunteer subject, called the teacher, was paid \$4.50/hour and told to provide electrical shocks of increasing intensity to the person called the student on the other side of a wall when the answers were not correctly given.

What the teacher or volunteer did not know was that this was scripted to require the teacher to provide consistently higher shocks to the student, an actor, who would pretend to be hurt by

the shocks received.

The goal was to determine how far a "normal" subject, the teacher, would go to satisfy an experimenter by "hurting" the "student", who was to pretend pain. Other than the inducement of the experimenter to continue the ever-increasing severity of the shocks, there was no force applied to the volunteer to provide increasing pain to the student who refused to

Why do we need IRB review ?



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The goal was to determine how far a 'normal' subject, the teacher, would go to satisfy an experimenter by 'hurting' the 'student'. who was to pretend pain. "

Numerous evaluations of Institutional Review Boards (IRBs) reveal a deficiency of investigator,

IRB member, and administrative staff clearly understanding and fulfilling their responsibilities.

There is an increasing loss of public confidence in research.

answer correctly. More than 50% of the volunteer subjects were induced to continue producing pain in the continuation of the electric shocks when the student deliberately gave the incorrect answers.

Stanford University Prison Study ("Quiet Rage"), 1971

No IRB regulation existed to review this protocol. There were no Federal guidelines requiring such review in 1971 for studies not federally supported.

Good intentions can go bad with well-meaning professionals, particularly Dr. Philip Zimbardo, who became president of the Amer. Psychological Association.

College students volunteered to become either guards or prisoners for two weeks to measure the psychology of prison life.

75 undergrads applied and 24 were selected.

Guards and prisoners were chosen at random and were equivalent in temperament, each having completed an identical questionnaire.

Guards were given explicit instructions not to hit the prisoners. The prisoners were, however, not aware of these instructions.

Palo Alto City Police were requested to arrest the prisoners in a fashion that made it appear very realistic.

The guards behaved sadistically toward their peers that now had become prisoners. There was very limited empathy exhibited and the prisoners were suffering with instances of solitary confinement in a cell hardly large enough to fit a single prisoner for 12 hours.

The conclusion of the study came abruptly when it was pointed out to the principal investigator by a grad student viewing the study that this was an abusive experiment. The PI had not realized the implications of the study until that

THE SECOND FORM OF ETHICAL ABUSE IN MEDICAL RESEARCH

FALSIFICATION OF RESEARCH DATA

- Scott Reuben, MD, Baystate Medical Center data for 21 trials falsified in ortho pain control (sentenced to jail time)
- Hwang Woo Suk, DVM, Seoul National University false cloning of human cells (guilty of fraud)
- Andrew Wakefield, MD, Royal Free Hospital implied MMR vaccine → autism (lost medical license)
- Anil Potti, MD, Duke University cancer data falsified →impaired patient care (leading to malpractice suits)



point. It is apparent that reviewers of human research studies cannot be the investigators themselves.

The second form of ethical abuse relates to falsification of research and duplicate publication. The first is clearly a more onerous form of abuse as conclusions can be reached that are both invalid and harmful to patient care. Falsification of research data has become evident in the following four examples and an additional description appearing recently in the Sunday NYTimes magazine of April 28, 2013.

Scott Reuben, MD, Baystate Medical Center data for 21 trials falsified in ortho pain control (sentenced to jail time)

Hwang Woo Suk, DVM, Seoul National University false cloning of human cells (guilty of fraud)

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Anil Potti, MD, Duke University cancer data falsified impaired patient care (leading to malpractice suits)

Diederik Stapel, a Danish psychologist perpetrated fraudulent studies. This became the cover of the magazine section.

These individuals largely gained academic notoriety for there studies and not always monetary reward, although in some of the cases they clearly also benefited financially. Duplicate publication is certainly for academic reward and is difficult to police. ability of oversight groups to prevent such research abuse and of whistle blowers to make us aware of such abuse has limited the potential for this to occur, making the few reported instances of universal interest to the research community.

Conclusion:

The IRB or comparable review panels has largely prevented physical and emotional abuse from occurring in monitored trials worldwide in research studies. With regard to issues of manufactured and false data being published, there are methods in place to police this ethical abuse, but despite our best efforts this is a problem that may never be eliminated. We can only trust our researchers to be honest and forthcoming, and by far most in the world are just that. In addition the

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What does the future hold?

- Increased scrutiny and ever present whistle blowers
- Physical and mental abuse of research subjects limited, but ethical abuse continues, including duplicate publications
- Continued productivity of medical research in all fields with, in most instances, adequate protection of research subjects, and universal acceptance of the IRB



PRESENTATION BY: John F. Mullane, MD, PhD, JD '63 Retired Executive, American Hope Products, New York, NY Retired Executive, DuPont Pharmaceuticals, Wilmington, DE

Propranolol History of Discovery, Development and FDA Approvals

- o begin, I will present some facts regarding major events and approval standards affecting propranolol and then will describe its development in the clinic.
- 1. Dr. Raymond Ahlquist of the Medical College of Georgia defined the concepts of adrenergic receptors in the 1940s and there was a delay in the acceptance of his ideas.
- 2. a) Dr. James Black of Imperial Chemical Industries assembled a team to discover beta blockers to treat angina and ventricular arrhythmias

b) Propranolol was discovered in 1962.

c) In 1988, Dr. Black won the Nobel Prize for his methodologies used to discover propranolol and cimetidine.

d) Both drugs were at one time the leader in worldwide pharmaceutical sales.

- 3. a) In 1954, Imperial Chemical Industries (ICI) appointed American Home Products Corporation as its distributor for selected Western Hemisphere countries
 - b) The companies signed the distribution letter for propranolol in 1964.
- 4. a) Propranolol's Patent protection periodended in the USA in 1984.

b) During the 1964-1984 time period, there were no mandated time standards for review, comment and decision making at the FDA.

5. In propranolol's early years of development, regulatory agencies were focused on drug safety and efficacy standards began to evolve during the 1960s and 70s.

 a) Modern data collection techniques were just being established in the 1970s.

b) When I began my pharmaceutical career in 1973, 100 patients treated for one year was frequently accepted as a chronic safety standard.

An Interest in Research Begins

I became interest in research as a summer research fellow at Downstate under the guidance of Dr. Marvin Gliedman. After leaving Downstate in 1970, my Berry Plan Research deferment lead to a three year assignment at the Walter Reed Army Institute of Research where I was Chief of Experimental Surgery and a Lt. Col. At Walter Reed, my team focused on stress ulcers and pulmonary host defenses. My prior research at Downstate and Einstein had focused on the liver and kidney.

This diverse experience prepared me for my 25-year career in the pharmaceutical industry where after four years, I headed worldwide R&D

and Medical Marketing operations. I managed the development of many drugs including the first successfully marketed beta-blocker, propranolol which is prescribed for cardiovascular and other indications.

In 1960, currently used chronic treatments for hypertension and angina were lacking or just appearing. Hydrochlorothiazide was discovered in 1957. More frequently used antihypertensives in 1960 were hydralazine, chlorothiazide and reserpine but they were not widely used to treat milder hypertension. For angina, researchers had been seeking compounds that would increase coronary blood flow rather than slow heart rate or reduce the workload of the heart. Nitroglycerine provided acute therapy for angina but without today's chronic therapies, the disease was incapacitating. Today, so many similar life style and drug options are available for the subgroups of patients with hypertension or angina that Joint Guidelines for each have about 100 pages of text.





Discovery of Beta-Blockers

Although today no one disputes the importance of beta-blockers, when Dr Black and his team at Imperial Chemical Industries (ICI) discovered propranolol in 1962, there was a fear that blockade of the adrenergic system might have serious consequences. The first two clinical candidates tested either stimulated the heart (dichloroisoprenaline) or produced tumors in mice (pronethalol). There also were theoretical concerns that a beta-blocker might induce heart failure or produce serious bronchoconstriction in an unknown portion of patients.

Propranolol entered European clinical trials for angina and ventricular tachycardia in 1964 and was marketed in Europe as Inderal in 1965. This was two years and eight months from the first animal experiment to commercialization. Such a time frame became impossible in later decades due to expanded testing requirements related to patient safety, longer term clinical outcomes, comparative efficacy, enrolled patients having less severe disease, and quality of manufacturing issues.

Propranolol Approved for Hypertension

Hypertension was the next major indication approved for propranolol in Europe. However, approvals came more slowly in the USA because beta-blockers were feared to be unsafe and the majority of existing evidence came from European studies.

The FDA did approve the ventricular tachycardia indication in 1967 but rejected the angina claim in 1969 and requested two successful adequate, well-controlled American trials as evidence for the angina approval. These trials were ongoing in 1973 when the FDA under the influence of its Director, Dr. Richard Crout, approved propranolol for angina based on smaller American and European controlled trials. There were objections to the approval by consumer health advocates who alleged that adequate evidence for approval was lacking. Congressional hearings were held without any consequences.

Placebo Controlled Trials

The large scale, placebo controlled USA angina trials later produced evidence that abrupt withdrawal of propranolol after a few weeks of dosing could cause heart attacks and deaths. The patients who died had severe angina at baseline and undertook strenuous activities such as hunting in cold weather while missing several doses of propranolol. The Ayerst Laboratories di-

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We submitted supplemental NDAs for twice daily dosing and the combination product in 1978.



vision of American Home Products immediately introduced drug taper periods in all of its ongoing clinical protocols. The FDA quickly approved an abrupt withdrawal warning that is still practiced today.

In 1974, a hypertension NDA was reviewed and rejected by the FDA. This NDA was reformatted and resubmitted. We believed that the first application should have been approved if the presentations had been better. In Europe, propranolol had become first step therapy for hypertension in several countries and we selected two leading European experts, Dr. L. Hanson of Sweden and Dr. B. Prichard of the UK to present the NDA data and the nine year European marketing experience to the FDA Cardio-renal Advisory Committee. After their excellent presentations in 1975, the Advisory Committee recommended the approval of propranolol for hypertension.

After propranolol was approved by the FDA for hypertension with three or four times daily dosing in 1976, Ayerst and the FDA reviewed plans for possible future supplemental NDAs for the hypertension indication involving twice daily dosing for propranolol and its possible combination products. After the meetings, Ayerst focused on preparing two NDAs, one for twice daily dosing and the other for the propranolol-hydrochlorothiazide combination product. To support the twice daily dosing NDA for propranolol as mono-therapy for hypertension, we performed bioequivalence studies comparing four times daily versus twice daily dosing to demonstrate reasonable drug concentrations and reduction in exercise heart rate at different time points during the dosing cycle. The FDA agreed that we could submit a combination product NDA based on published hypertension studies with twice daily dosing plus new pharmacokinetic data showing that combination and individual dosage forms were bioequivalent. We submitted supplemental NDAs for twice daily dosing and the combination product in 1978. Twice daily dosing was approved in March 1979 and propranolol-hydrochlorothiazide was approved in June 1979.

Besides the FDA being slower than European countries for approval of new propranolol indications, the FDA also delayed competitive beta blockers such as metoprolol and atenolol from filing NDAs by establishing requirements that all new beta blockers perform carcinogenicity studies in two animal species and perform comparative clinical efficacy trials with propranolol and placebo. Metoprolol was not launched in the USA until 1978 and atenolol until 1981.

Restrictive Use in Europe

In 1974, concerns for the long-term safety of practolol, a cardioselective beta blocker marketed in Europe by ICI and being tested in USA clinical trials by Ayerst, lead to its restrictive use in Europe and withdrawal from testing in the USA. Fortunately, any adverse reaction findings reported for propranolol were dissimilar to eye, skin and retroperitoneal findings observed with practolol

A double-blind, longer term, placebo controlled trial of practolol administered to patients recovering from a heart attack was terminated prematurely because of the oculocutaneous and peritoneal reactions. Important findings from the trial that were relevant to propranolol were published in 1975. The practolol treated group of post-MI patients showed significant reductions in overall mortality, sudden deaths, and all cardiac events.



Ayerst was then approached by Dr. Willerson of the University of Texas at Houston who was seeking clinical materials and financial support for a large scale, multiyear, post-MI, prevention trial. Ayerst projected that the project might cost up to \$20 million dollars, start in 1976, have results in 1981 and FDA approval one year prior to the propranolol patent expiration. The company elected to not participate other than to possibly provide clinical materials should Dr. Willerson obtain support from the National Heart, Lung and Blood Institute (NHLBI) or elsewhere.

Beta Blocker Heart Attack Trial

The Clinical Trials Branch of the NHLBI elected to design and support a secondary heart attack prevention trial to be called BHAT (Beta Blocker Heart Attack Trial). Propranolol was selected as the beta-blocker because of its more than ten years of favorable, American and European clinical experience. It was dosed at 60 or 80 mg three times daily based on the degree of beta blockade at the end of an initial dosing interval. Many substudies were proposed that would help interpret any outcomes but these had to be limited because the trials projected cost was 25 million dollars.

After BHAT was funded and organizational efforts began, Merck elected to do a similar trial with its non-selective beta blocker, timolol. In 1981, first Merck and then NHLBI announced favorable mortality outcomes for their trials. The FDA required 18 months to approve propranolol for the prevention of second heart attacks. Although timolol received the first approval, the propranolol results were well known and propranolol obtained the major share of post-MI prescriptions.

In the earlier years, ICI and Ayerst focused their clinical development efforts on propranolol' s cardiac indications but independent clinicians explored a number of non-cardiac indications in small trials. The companies could not establish superiority of propranolol in blinded Phase 2 trials for treatment of schizophrenia or alcoholism but results were promising for migraine, tremor and anxiety

Effective Migraine Therapy

Since propranolol was very effective for preventative therapy of migraine, patient enrollment in randomized, double blind, placebo-controlled trials was very rapid, the efficacy results were very significant, and the FDA approved the supplemental NDA for migraine in January 1979.



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For fifty years after its creation, propranolol has been the prototype for beta blockers.

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Ayerst had no program to develop propranolol for essential tremor and prepared an NDA utilizing ICI European registration data plus a review of the literature and submitted the application in December 1979. The NDA had low priority at the FDA. In March 1984, Ayerst submitted another supplemental NDA seeking to extend the tremor claim to the propranolol long acting dosage form. The essential tremor approvals were finally issued in 1986, seven years after NDA filing.

ICI obtained approvals for generalized anxiety disorder in European countries with data from many smaller trials. Averst assigned a low priority to the anxiety indication because of the popularity of the benzodiazapines, the greater medical need for the approval of the cardiovascular indications, and anticipated delays at the FDA. The propranolol NDA for anxiety was filed in September 1980 with evidence from one multicenter trial and a review of the clinical literature. There were no time limit standards for the FDA to review and respond. Four years later the company was advised by the FDA that the widespread prescription of propranolol for anxiety by general practitioners might produce excess adverse event outcomes and this made benefit to risk evaluation difficult. The propranolol patent had expired in 1984 and Ayerst did not pursue this indication further. Propranolol is used today as single dose or shortterm therapy for situational anxiety.

Other Approved Uses

Besides propranolol usages already discussed, other approved adult uses include pheochromocytoma, hypertrophic subaortic stenosis and rapid ventricular rate with atrial fibrillation.

In 1977, Ayerst began formulation experiments to develop a long acting, once a day, more convenient, propranolol dosage form. The primary challenge was the significant first pass extraction in the liver that might be exaggerated with a slow release formulation. Ayerst eventually had an encapsulated, pellet dosage form that was about two-thirds bioavailable compared to conventional tablets but had sustainable drug concentrations over 24 hours to maintain beta blockade. The propranolol LA NDA was submitted in April 1981 and approved in April 1983. The LA patent protection lasted until 1996.

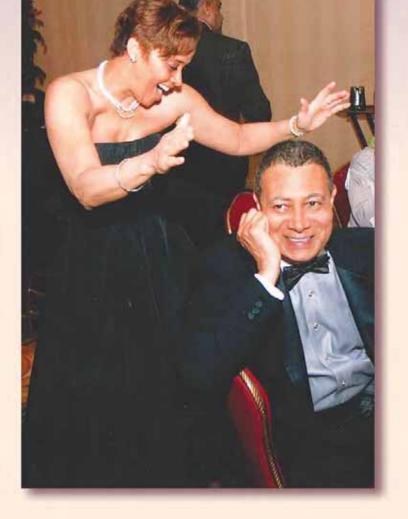
For fifty years after its creation, propranolol has been the prototype for beta blockers. While it has not been regularly investigated or promoted by a pharmaceutical company for at least seventeen years, a number of joint medical specialty committees define its therapeutic role for the various uses and whether it is first, second or third line therapy.

2013 ALUMN







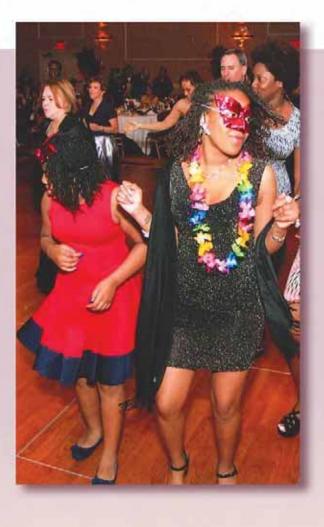




JI REUNION











AWARD RECIPIENTS FOR 2013 ALUMNI REUNION

AWARDS OF DISTINCTION

ALUMNI SERVICE AWARD TO JOSEPH S. WINIK '74

CLARK-CURRAN AWARD IN MEDICAL ADMINISTRATION TO AKRAM BOUTROS '88

> ALUMNI PUBLIC HEALTH AWARD TO CHRISTOPHER BEYRER '88

DISTINGUISHED ALUMNI ACHIEVEMENT AWARD TO MICHAEL A. APICELLA '63 TO LOWELL A. GOLDSMITH '63

CLARENCE AND MARY DENNIS DEDICATED SERVICE AWARD TO WILLIAM M. MC CORMACK '63

PRESENTATION OF MASTER TEACHER AWARDS WILLIAM DOCK, MD AWARD IN MEDICINE TO JILL P. CRANDALL '88

LOUIS M. HELLMAN, MD AWARD IN OBSTETRICS-GYNECOLOGY TO JESSICA L. BIENSTOCK '88

SAMUEL SEIFTER, PhD AWARD IN BASIC SCIENCES TO JOHN F. MULLANE '63

RICHARD L. DAY, MD AWARD IN PEDIATRICS TO LISA F. IMUNDO '88

JEAN R. OLIVER, MD AWARD IN PATHOLOGY TO JOSEPH M. MIRRA '63

PHILLIP L. LEAR, MD '34 AWARD IN SURGERY TO RICHARD M. ENGELMAN '63 TO LAWRENCE S. HAKIM '88

GEORGE LIBERMAN, MD AWARD IN FAMILY PRACTICE TO WILLIAM A. FIFE, JR '98 PRESENTATION OF SPECIAL SERVICE AWARDS SPECIAL RECOGNITION AWARD IN CARDIOLOGY TO MORTON A. DIAMOND '63

SPECIAL RECOGNITION AWARD IN HEMATOLOGY TO SAMUEL WAXMAN '63

SPECIAL RECOGNITION AWARD IN ENDOCRINOLOGY TO STANLEY FELD '63

SPECIAL RECOGNITION AWARD IN COLORECTAL SURGERY TO KEVIN J. McKENNA '88

SPECIAL RECOGNITION AWARD IN CARDIOTHORACIC SURGERY TO MARVIN L. HARTSTEIN '63

SPECIAL RECOGNITION AWARD IN OBSTETRICS-GYNECOLOGY TO ANDREW DITCHIK '88

SPECIAL RECOGNITION AWARD IN OTOLARYNGOLOGY TO ALVIN KATZ '63

SPECIAL RECOGNITION AWARD IN PEDIATRIC UROLOGY TO KENNETH I. GLASSBERG '68

SPECIAL RECOGNITION AWARD IN NEUROLOGY TO HOWARD W. SANDER '88

SPECIAL RECOGNITION AWARD FOR STUDENT SCHOLARSHIP SUPPORT TO MARVIN C. KOCHMAN '53 TO BRUCE M. SCHLEIN '63

> HONORARY ALUMNI INITIATION TO KAREN E. BENKER, MD, MPH TO PAMELA DAUN SASS, MD

ALUMNI AMBASSADOR AWARD TO CONSTANCE SHAMES '63



Pamela Sass, MD '13H Senior Associate Dean for Academic Affairs SUNY Downstate Medical Center College of Medicine

Integrated Pathways Curriculum

e welcomed another class to Downstate's School of Medicine on August 5, 2013. The selection of approximately 180 new students from 5,500 worthy applicants is a daunting task. Our student body reflects the broad diversity of New York City and Brooklyn in particular. Last year 54 different languages were spoken in our entering class and over 50% of the students were first or second generation Americans. We all have the privilege here at Downstate of seeing the American Dream alive and well every day in the faces of our students. The mission of this school is truly unique in every aspect and it is something we are all very proud of.

This year has, like many before it, been characterized by ups and downs. The health care crisis in the Borough of Brooklyn has forced the closure of several hospitals and others are struggling because of continued financial stresses. On the other hand construction has started on our latest academic building which will house new teaching facilities, our School of Public Health and new research laboratories. In addition, Downstate students continue to meet or exceed national norms on National Board written exams. Despite this, the most recent report on medical education, which is referred to as Flexner II, calls for some fundamental changes in medical school curricula. For this reason, we embarked on a review and redesign of our curriculum three years ago, which resulted in the Integrated Pathways Curriculum (IPC) that is being fully rolled out with this class. The rest of this article will be devoted to a summary of the IPC by Dr. Pamela Sass who has spearheaded this endeavor.

Picture the first week of medical school with first year medical students in clinician led small groups, working to identify and clarify medical issues in a case of a woman wishing to start an exercise program who has a mildly elevated blood pressure. In that session, they not only think about what clinical issues may be involved but are introduced to the concept of a medical history and the interpersonal communication skills required of a good physician. The next day, they are introduced to the principles of homeostasis and circulation, learn and practice taking blood pressures and other vital signs under supervision of clinicians and 4th year medical students and participate in an echocardiogram lab. The students listen to patients who in person describe their experience of bypass surgery and heart transplantation. In another physical examination lab, they figure out the difference between a bell and a diaphragm and listen to each others hearts and find pulses. Finishing the week, in small groups they complete problem set on cardiovascular function. Over the weekend, at home after studying the material for the week, they complete an ungraded, timed practice test to help them assess if they learned the week's material. This is the first week of the Integrated Pathways Curriculum at Downstate where clinical medicine and skills are integrated into learning foundational biomedical science from the very beginning of medical school. And where the emphasis is on adult and active learning as students form their identity as physicians and life-long learners.



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This is an exciting time to be involved in medical education because medicine itself is rapidly changing.

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This is an exciting time to be involved in medical education because medicine itself is rapidly changing. The expansion of biomedical knowledge and the advances in clinical medicine and population health present tremendous opportunity for advances in the health of individuals. The landscape of health care delivery is shifting, and technologic advances in information management, communications, and education itself are driving change. Patients want knowledgeable physicians who know how to listen and can help patients make informed decisions. And, our understanding of how to best train students with the skills needed to thrive and contribute to society and the profession have evolved as well. Medical school accreditation depends on our ability to explicitly demonstrate how we teach and assess students across the four years of medical school to assure they will graduate with the knowledge, attitudes and skills needed by today's physician.

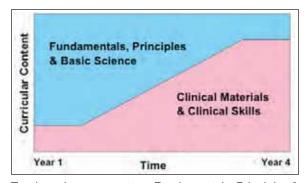
Goals for Education

The Carnegie report, or "Flexner II" laid out four goals for medical education.

- 1. Standardization of learning outcomes and individualization of the learning process.
- 2. Integration of formal knowledge and clinical experience.
- Development of habits of inquiry and innovation.
- 4. Focus on professional identity formation.

During the past three years, Downstate faculty and students have been hard at work re-envisioning a curriculum that meets these broad goals by building on the strengths and resources of Downstate. Curriculum renewal is seen as a long-term process, which is not static but continually evolves in response to the changes in medicine and changing expectations of physicians. The basic structure and principles of the Integrated Pathways Curriculum are noted below.

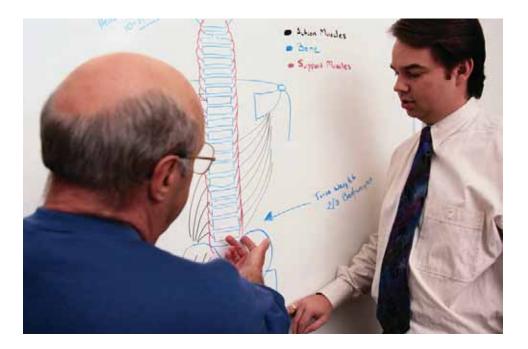
The Integrated Pathways Curriculum has been designed as an integrated four-year experience with three phases. Biomedical learning and the



Two broad components — Fundamentals, Principles & Basic Science; Clinical Materials & Clinical Skills — will be present throughout the curriculum but their relative emphases will change over time.

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The Integrated Pathways Curriculum has been designed as an integrated four-year experience with three phases.



development of clinical competencies are distributed throughout the four years. Depth of knowledge and clinical skills build in a developmental manner that are assessed at the four gateway points.

The Foundations of Medicine

The Foundations of Medicine portion of the curriculum, led by the Associate Dean for Foundations in Medicine, Dr. John Lewis, PhD, consists of six interdisciplinary units during which students learn foundational biomedical knowledge and clinical skills. Students learn the fundamentals of normal human biology and functioning very close to or integrated with learning about disease and illness. The focus is on active learning with the use of problem based learning, interdisciplinary labs such as combined anatomy and imaging labs, clinical skills training involving role-playing, standardized patient experiences, and work with physicians in the office. Over the weekend, students take a self-assessment exam on the preceding week's learning. This enables the student to track their learning and focus on areas of weakness. This weekly assessment, also allows the faculty to identify and help students who are struggling.

The Core Clinical Medical Years

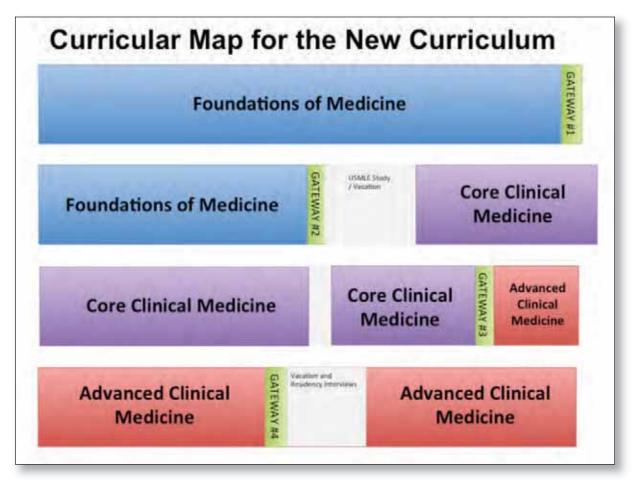
The Core Clinical Medicine years are the core clerkship years which include the gradual implementation of a 24-week longitudinal primary care experience. Clerkship directors are working with the Associate Dean for Clinical Medicine, Dr. Jeanne Macrae, to integrate learning across clerkships and to implement new assessments of clinical skills such as increased use of standardized patients. The Advanced Clinical Year, also

under Dr. Macrae's direction, includes new required experiences in imaging, critical care, and translational and basic science.

This integrated curriculum resulted from an intense collaboration between faculty from different departments and areas and between faculty and students. This collaboration has enriched not only the education we offer to students, but has built the foundation that allows Downstate College of Medicine to continue to grow and creatively respond changes in medicine and medical education in the future. **66**

This integrated curriculum resulted from an intense collaboration between faculty from different departments and areas and between faculty and students.

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This figure shows the 6 units in the Foundations of Medicine Phase, the grouped clerkships in the Core Clinical Year and the rotations and experiences in the Advanced Clinical Year.



Erika T. Schwartz, MD '75 Alumni Association President 2013-2014

Commencement Address SUNY - Downstate College of Medicine Wednesday, May 29, 2013

hank you President Williams, Dean Taylor, Dean Imperato, Dean Stewart, Board of Regents, Distinguished Guests, parents and graduates — of course.

On behalf of the Downstate Alumni Association, I congratulate the graduates of the School of Public Health and Graduate Studies as well as our MD grads on your exceptional achievement, wish you, the best of luck in your careers, and personal lives.

While today you may be leaving the medical school, please know the Alumni Association is the connection between you and Downstate for the rest of your life.

For the past 133 years the Alumni Association has provided support in the education of generations of Downstate graduates.

Please remember we are here and welcome you right now to become part of our family.

Don't wait till your 25th reunion or when you have a child applying to medical school to become an active member. Join us now!

I want to take this opportunity to share with you, the main life lesson, I've learned, in more than three decades of being a physician, while still working at becoming a good doctor.

Medicine is a strange profession. It is the only

profession where the moment you receive your MD you are instantly given unconditional trust and utmost respect by the world around you and all the patients who will call you doc.

Not many will tell you that, but this is a responsibility to be taken very seriously.

From the standpoint of education, you are now MDs. You have the training and the basic tools to be called doctors.

But this is just the beginning.

Commencement Address

As you head into your postgraduate training take the time and focus and become true physicians, healers, humans who are given the unparalleled opportunity to change the lives of others for the better.

Become a powerful vehicle of positive change.

Regardless of what specialty you choose, as long as you stay in clinical practice there is only one thing that will keep you satisfied, content and passionate about being a physician for the rest of your career.

That thing is the **love** for your patients. The way you treat your patients, the honest, caring respect and kindness you give them will define who you are as a physician and human being.

Medicine is at a serious crossroads and the changes in healthcare you are witnessing will im-

pact you as humans and may define your careers as doctors.

In this sea of change the only thing you can control is how you behave towards your patients. As everyone struggles to figure out which way health care is going, the only thing you can surely rely on is your relationship with your patients.

Make the patient your number one priority. Listen to the patient, respect the patient and become the patient's advocate.

To accomplish this goal I wish you clarity of thought, the courage and conviction to always put your patients first, to represent only the patient's interest in all interactions and to never forget that what truly defines a great doctor is the love of their patients.

I wish you all, patients who will love you.



CONGRATULATIONS!!!



David Serur, MD '88 Medical Director, The Rogosin Institute Transplantation Program Associate Professor of Clinical Medicine, Weill Medical College of Cornell University Associate Attending Physician, New York-Presbyterian Hospital/Weill Cornell

White Coat Ceremony Class of 2017

t is a great honor to be invited to this wonderful occasion. About 18 invited speakers came before me and I am honored to be grouped amongst them. But my mother, who is in the audience, is probably wondering what is wrong with Downstate that it took so long to call me.

I graduated 25 years ago before there was ever a white coat ceremony but my wife, Downstate class of 1999, was here for the first white coat ceremony back in 1995. It feels good to be back. I recall calling Dr Eli Friedman a few years back to discuss a common patient. I told him who I am and that I am now at Cornell but graduated from Downstate. His response: "Well, at least you used to have promise..."

What brought me to medicine?

As a kid I liked fixing things, took things apart to see what is inside. My father was a mechanic and shied me away from that. He put a book in my hands instead of a wrench. Try asking me now to change oil in the car. Good luck with that. I liked fixing things but I also liked the human interaction and medicine is great for that.

I found myself, at age 8 or so, in the library at school asking for books on the human body. I loved National Geographic—nude pygmies and all, but also how things work… I remember seeing a cutout of an eye and how the lens projects the image on the retina, etc—I was dazzled.

In high school I loved biology and entered the 7 yr. program with Brooklyn College and Downstate.

Downstate had a great section on glomerulonephritis, electrolytes, and renal physiology, taught by internationally recognized authorities but it was hard and it intimidated me so I did not consider that. I assumed that I would pick GI or Cardiology like many of my friends...

During internship at Staten Island University Hospital I was intrigued by acid/base/electrolyte problems, and the patients with chronic kidney disease. I was so happy to find a field that I liked above the others. If you find a field you really like—that is the one to choose.

In my fellowship at Cornell, I learned Clinical Nephrology and I was amazed by the immediate gratification of kidney transplantation and went into that field... A patient is one dialysis one day and suddenly freed of it after the transplant.

Now as you begin your medical careers let me give you a few tips on how to become a good doctor

Lesson #1

LISTEN TO YOUR PATIENTS: History taking is so important. Sir William Osler said: Listen to your patients; they are giving you the diagnosis. My old boss at Staten Island, Dr. Tom Mcginn used to say: "If there is a sick patient in front of you and after taking a history you still can't make a diagnosis, that patient is in trouble." The physical exam is important but not as vital as the history.

A recent patient, Carlos, who I follow for IgA Nephropathy, recently had an acute deterioration in kidney function as seen on the blood test. What to do? Biopsy the kidney again? Start strong medications? Hospitalize? No, some-times you don't just do something, you stand there. So you take a history and in this case you find out that just before the recent blood test he spent two hours doing "hot yoga" and was dehydrated and all he needed was to drink and rehydrate... which he did and the blood test returned to normal.

So you listen to your patients but also make sure they are hearing what you are saying...

Listen, explain and give them time to take it all in. Beware of the patient with the deer in the headlight look. Watch out for those nodding yes the whole time and not asking any questions. It is likely you just shocked them with some medical news—let it sink in. Let the tears flow, if they must, but

Listen to your patients: History taking is so important



again make sure they understand what you are telling them.

Lesson #2

LISTEN TO YOUR NURSES, PAS, NPs, PharmDs, and not just to your residents and professors. Learn from them... they are giving you freebies, pearls of wisdom... most have been there for a long time and have great practical experience. I've learned a lot from nurses. On my first day in a dialysis unit the nurse approached me and reported that "the catheter is sucking" and that I should do something. Huh? She patiently explained that the tip of the dialysis catheter is likely up against the blood vessel wall and is giving that "sucking" phenomena. She advised on how I should adjust it and I did. You don't learn that in medical school.

Another time a nurse told me that a transplant patient has a low white cell count and it might be due to one of the medications. I said "Aha! Stop the medication". She suggested that another approach might be first to reduce and not completely discontinue the medication. I said: "Yea, let's do that" and the patient's white cell count improved.

Lesson #3

DON'T BE AFRAID TO SAY: "I DON'T KNOW". But be eager to find out the answer or find another doctor that knows the answer. It is OK not to know something but not OK to not know everything—keep up to date... The patients are counting on you... You will retain the most from a case that is new to you, or perplexes you and drives you to review and learn and search out the answers.

Lesson #4

DON'T MAKE ASSUMPTIONS ABOUT THE PEOPLE ACCOMPANYING THE PATIENT TO THE VISIT. If your 34 yr old male patient is accompanied by a much older looking woman do not assume that she is his mother... Don't say things like: "It is good of you madam that you came with your son". One such lady responded to me: "Son? He's my husband!" Ouch!

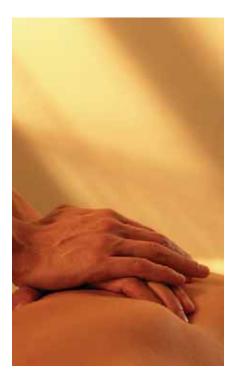
Lesson #5

IT IS OK TO GET PERSONAL. Reveal something of yourself—you will become someone they can trust and not simply be afraid of—this is not

Listen to your nurses. . . not just to your residents and professors.



It is OK to get personal. Reveal something of yourself.



to mean to be their "BFF" but show them you are human too...

One night in the ER I saw a middle aged man being wheeled after vomiting blood. He looked like he had a stroke years ago, his hands and legs were a bit contorted and he had slurred speech. I informed him that he will need a tube to go in from his nose to his stomach and that it is painful. He nodded that he knew that. I asked how did he know that-has he had one before? No, he nodded and then he pointed to a ring on his finger and I looked at it. It said "NYU school of medicine, 1963". He was an accomplished cardiothoracic surgeon who got up one morning and collapsed from a horrible stroke. He used to be quite physically active and was a fighter pilot before medical school. Shortly after the debilitating stroke the nurse taking care of him fell in love with him and actually married him. We became friends and I showed him his chest X-rays and EKG to get his opinion about his treatment plan. I visited him at home and he visited me at my parent's home. When I was nervously studying for my Internal Medicine Boards he sent me a card and wrote in chicken scratch with his contorted hand: "You will make it, my friend". He died 3 yrs ago well into his 70s.

I have known some patients for 22 years now through their first encounter with kidney problems to dialysis and ultimately to transplant. One patient I am close with I have known since my first day of fellowship. She said I was very arrogant as a fellow. How can somebody as great as I am be arrogant? She was first on dialysis, then her husband donated a kidney, then she suffered through two cancers, then back to dialysis. I was at her daughter's Bat Mitzvah; she sends candy to my kids at Holidays...

But be wary of patients bearing expensive gifts:

15 yrs ago a very appreciative patient gave me a Zegna suit, then a Bill Blass sport jacket. I assumed he owned a boutique. I should have taken a better history. He was in jail for 8 years for larceny.

Another patient deeply affected me. I was following Vivian for many years for dialysis and lupus; she was a tiny lady, 5 feet and 90 lbs and had valvular heart disease which I missed. Her cardiologist picked it up and began treatment. She gently reprimanded me for missing the diagnosis and I was crushed. She was right to be upset and I was surprised how vulnerable I was to patient criticism, especially if true. She went on a Caribbean vacation, and brought me back a rock on which she engraved: "from your favorite patient". She probably felt bad for reprimanding me. She showed me pictures from her trip—I asked her if I could keep one, knowing she does not have much time left with all her diseases. Years later I went to her funeral which leads me to Lesson number 6.

Lesson #6

DON'T BE AFRAID OF PATIENT'S FUNERALS: A patient dies. It happens a lot. You feel guilty that you "failed", perhaps you missed something, perhaps you could have done more. You go to the funeral feeling low and guilt ridden but come out somehow feeling better, perhaps even elated—the response of the families is tremendous. They really appreciate what you did for their loved ones when they were alive and the respect you pay them at the funeral.

Lesson #7

INTRODUCE PATIENTS TO OTHER PATIENTS WITH SAME PROB-LEM. If a patient needs a kidney transplant or to start dialysis there is no better teacher than another patient that has been through it.

Lesson #8

MARRY THE PERSON YOU LOVE. We all know that, nothing new there. But if you happen to be in love with someone that is also in the health field—marry them... it helps.

There are more rules and tips but this will be a good start for you. You are embarking on a career that is the most rewarding in the world, the most prestigious in the world, a career where you actually get paid well to do good things. Medicine is both science and art and combining the two you will have a wonderful fulfilling role in society. You will get the MD degree in a few years, but just like President Obama's Nobel peace prize, that is just the beginning. Most of clinical medicine will be learned in your residency and practice. Many will hold you in awe and it is your responsibility to be worthy of it. Good luck... Introduce patients to other patients with the same problems.



CLASS NOTES

1940's

DAVID W. CUGELL, MD '47 was recently honored for his 57 years of service to Northwestern University Feinberg School of Medicine on September 19th, 2012; his 89th birthday. His work at Northwestern includes establishing the Pulmonary Function Laboratory at Northwestern Memorial Hospital and serving as chief of the Division of Pulmonary Medicine for 17 years, from 1965-1982.

JACK J. FALSONE, MD '47 is happy to write that he volunteers for Ameri-Cares Free Clinic in Norwalk, Connecticut.

MARVIN MOSER, MD '47 recently published the 9th edition of his book *Clinical Management of Hypertension*. He continues to work as a Clinical Professor of Medicine and Cardiology at Yale University and Chief of Medical Roundtable in Cardiology. He also serves as Adjunct Professor of Medicine at SUNY Downstate Medical Center and enjoys coming in contact with the student body.

ROBERT J. WALDRON, MD '47 re-

cently celebrated the birth of his 4th great-grandchild.



PHILIP R. ARONSON,

MD '48 has written a textbook *Bed-side Cardiology*. He is also trying to "develop his interest and enthusiasm for technology!"

1950's

CAROLIN G. BAUMAN, MD '50 is still in practice. She keeps busy as President of the Westchester Chamber Music Society and enjoys spending time with her family and friends.

ALFRED HAMADY,

MD '50 was recently inducted into the Bronson Battle Creek Physicians' Hall of Fame; created in



2009 to recognize doctors who, through their long tenure and accomplishments, have mentored and served as an inspiration to others.

BENJAMIN A. ROSENBERG, MD,

FACP, FACC, '50 was awarded the Ailanthus Award at the 2012 SUNY Downstate Medical Center, College of Medicine Commencement cere-

mony on May 26th, 2012 for his significant contributions to Downstate and starting the Special Cardiol-

ogy Clinic

at King's County Hospital Center.

He continues to play the trombone and bass trumpet and pursue his passion for music and medicine.

JOSEPH R. BERTINO, MD '54 was featured in an article in the August 15th, 2013 issue of the ASCO Post. His endless accomplishments include breakthrough work in Methotrexate Resistance, which led to understanding why cancer drugs fail. He was quoted in the article expressing "that his greatest professional satisfaction comes from seeing his former students and oncology fellows go on to achieve great success in their own medical and research careers."

SANFORD S. ZEVON, MD '54 retired 5 years ago, but continues to volunteer at the Westchester Community College in a program called "Conversation Partners." Through this program, foreign students are paired with English speaking volunteers to help them improve

their language skills. Dr. Zevon, through this experience, wrote a book with one of the students called *My Journey*



to Freedom-One Girl's Survival Story. The book is available on <u>www.amazon.com</u> and more information regarding the book can be found on <u>www.journeyfromtibet.com</u>

HAROLD S. GOLDSTEIN, MD '56 is the Chairman of the Ethical Research Committee at Baptist Health in South Florida.

ROY E. EHRLICH, MD '57 is on the Board of Directors for the MIRA Foundation, USA; the only not-forprofit foundation dedicated to supplying guide dogs to children free of charge. He would welcome any suggestions for children in the New York Metropolitan area as possible dog recipients and can be contacted at <u>mdshrink@yahoo.com</u>

Alumni Today 🔳 Fall 2013

LIONEL A. GAYRON, MD '57 welcomed his 11th grandchild 4 days after his 80th birthday. He stays active, volunteering at St. Jude's Children Research Hospital.

MARTIN J. SALWEN, MD '57 was honored with the Ailanthus Award this past May, 2013 at the SUNY Downstate Medical Center-College of Medicine commencement ceremony. He received the award for his dedication to the history of Downstate and the art of medicine.

ROBERT S. BENINTENDI, MD '58 practiced Ob-Gyn in Georgetown, Ohio until his retirement in November, 2012. He spends time with his 6 children who all live in Cincinnati with his 18 grandchildren. He also takes courses at the University of Clermont. Dr. Benintendi sends congratulations to FLORENCE KAVALER, MD, MPH '59 and expresses interest in hearing from his classmates especially, HENRY J. MAGLIATO, MD '58, JEROME W. LEHRFELD, MD '58, DONALD S. BELK, MD '58 and JEROME E. BO-DIAN, MD '58.

STRATOS G. KANTOUNIS, MD '58



still assists in surgeries and teaching residents and medical students. He is happily married to his wife, Joan, and together they enjoy his semi-retirement. NORMAN GOLDSTEIN, MD '59 recently received an Adjunct Professorship of Dermatology at SUNY Downstate Medical Center. He is now in his 54th year of medical practice, maintaining licenses in New York, Hawaii and Colorado.

ABBY J. GREENBERG, MD '59

serves as the First Vice President of the Nassau Pediatric Society. She continues on as a member of the Nassau County Board of Health and

as a member of the Professional Advisory Committee of the Visiting Nurse Association of Long Island.

MICHAEL W. MOSESSON, MD '59 reports that he will be retiring soon.

1960's

GERALD E. SCHATTNER, MD '60 is happily retired.

STEPHEN R. SHAPIRO, MD '60 sends best wishes to all his classmates. (Passed away after sending in this classnote.)

MARTIN WINICK, MD '60 continues to practice half-time as a Pediatric Surgeon at Good Samaritan Hospital in West Islip, NY. He spends his winters at Frenchman's Creek in Palm Beach, Florida. Dr. Winick welcomes classmates to contact him while he is in Florida.

RICHARD J. COHEN, MD '61 is "still a 'Bald Dude' on the field for the San Francisco Giants. He has been awarded his second World Series Ring."

FREDERICK FRIEDMAN, Sr., MD '61 is the President of the AARP Chapter 3663, Commander of the American Legion Post 201 and Quartermaster Jewish War Veteran Department Post 201 in New Jersey.

GERALD W. DEAS, MD, MPH '62

stands among our most accomplished graduates. He remains a vital part of SUNY Downstate Medical Center's Faculty, as he spearheads the "Gerald W. Deas, MD, Professorship in Preventative Medicine" while motivating Downstate's minority medical students to appreciate, value and give back to their communities. Dr. Deas is admired for his work ethic, patient care and community outreach as well as his efforts to promote these qualities in other physicians. His accomplishments are many and include being the first black recipient of the "New York State Medical Society Award." He was integral in leading a campaign that called for industries to put clearer warning labels on their prod-

ucts for the safety of their consumers. He is a treasured member of his church and St. Albans community, where he began the "Balm in Gilead Health Lines, Inc." calling on members



of black communities nationwide to take action and fight back against cancer, heart disease and diabetes;



diseases that plague their communities. He is a passionate physician, accredited author, filmmaker and poet and a loving husband to his wife Beverly, whom he notes as his guiding force and irreplaceable help throughout his medical career.

Dr. Deas was awarded the Lifetime Community Service Award from the Medical Society of the County of Queens, on November 23rd, 2013, for "serving the people of Queens for over 50 years as a physician, author, activist, educator and playwright. He dedicated his life to serving the community and providing leadership in urban medicine."

DAMIANO BUFFA, MD '63 retired from practice after 42 years in May, 2012. He is enjoying life.

ALVIN KATZ, MD '63 continues to practice Otorhinolaryngology in Manhattan and Engelwood, New Jersey. He was recently re-elected to the Board of Directors for the Medical Liability Insurance Company for the 30th year.

MICHAEL J. EPSTEIN, MD '64 celebrates his recent marriage to Janice Poplack, enjoys his retirement and

supervising the renovation of their new home.



DAVID H. DRUCKER, MD '65 excitedly announces the opening of his new medical spa "Celestial Medical Spa" in Chattanooga, Tennessee. RALPH SNYDERMAN, MD '65 was recently elected to the Board of Directors for Press Ganey Associates, Inc.

HARVEY J. STEINFELD, MD '65

continues to practice Family Medicine and Pediatrics full time. He is happy to announce the birth of his 1st grandchild, Ava Rose, March 22nd, 2013.

ROBERT ISKOWITZ, MD '66 is semiretired from practicing Physical Medicine and Rehabilitation. He spends his free time as a judge advocate and a volunteer for several New York City initiatives. Dr. Iskowitz recalls his son, Mark, living in the College of Medicine dorms and happily writes that he recently turned 50.

DEBORAH TOLCHIN, MD '66

retired from Pediatric practice but teaches once a week at the Albert Einstein College of Medicine. She and her husband, Richard Tolchin, a judicial hearing officer, enjoy spending time with their 7 grandchildren. They also have 3 sons; all lawyers.

JOHN M. AVERSA, MD '67 continues to be a very busy Orthopaedic Surgeon and has assisted in the integration of St. Raphael's Hospital with Yale New Haven Hospital. He and his wife, Ellen, share 4 children and 7 grandchildren. John is a Colorectal Surgeon, David is an Adult, Child and Forensic Psychiatrist, Kristin is an Obstetrician-Gynecologist and Monica will complete her MBA in June.



RALPH SCHMELTZ, MD '67 was honored with a prestigious Laureate by the Pennsylvania Chapter of the American College of Physicians. The chapter presented Dr. Schmeltz with the award at their dinner in December, 2012. It was held in Hershey.

BENJAMIN S. VOGEL, MD '68 and his wife RENEE G. VOGEL, MD '68 are still going strong after 47 years. Dr. Renee Vogel has retired, but Dr. Benjamin Vogel still practices Gynecology. He also enjoys playing golf in his free time.

BERNARD M. AARON, MD '69 is pleased to write of his son, Robert S. Aaron, MD, who has a position in Gastroenterology outside of Boston, Massachusetts.

EDWARD R. KATZ, MD '69 is "alive and well!"

1970's

ROBERT G. KULAK, MD '70 is pleased to provide an update on his daughter, Amy R. Kulak, MD. She completed her Ophthalmology Residency at SUNY Downstate Medical

Center in 2012 as well as a Fellowship in Oculoplastics in Detroit. He also writes that she will be joining an Oculoplastic practice in Jacksonville, Florida.

TERRY M. SILVER, MD '70 welcomed a new grandson, Jonah, on July 29th, 2012. He is happily retired in Ann Arbor but looks forward to spending his winters in Scottsdale, Arizona.

ERIC S. CAMERON, MD '71 retired in October, 2012 from the Joe DiMaggio Hospital in Hollywood, Florida.

LLOYD E. GRANAT, MD '71 is retired in Jacksonville, Florida with 5 grandchildren, ages 4-9. He enjoys his free time fishing, reading and "staying busy!" He and his wife, Ellen,

celebrated their 45th wedding anniversary in August, 2013.

PAUL S. QUENTZEL, MD '71 has spent the past few years working as a Locum Tenens Gastroenterologist. He recently completed working at the Ireland Army Hospital in Fort Knox, Kentucky.

VINCENT J. STEPHENS, MD '71 has retired from hospital psychiatry and now has a full time private practice. His wife, Anne, also continues her full time private practice in clinical psychology. Their older daughter, Rachael, is on her path to completing her PhD in Anthropology, while their younger daughter, Rebecka, starts Providence this fall. (Passed away after classnote was received.)

STEVEN BROZINSKY, MD '72 happily writes that he is a tenor in the San Diego Jewish Men's Choir.

QUENTIN A. FISHER, MD '72 recently celebrated 20 years since completing his fellowship in Pediatric Anesthesiology. He remains on staff

at Med Star Washington Hospital Center in the Washington, D.C. area. He and his wife, Gail, are celebrating their 43rd year of marriage. They both volunteer, practicing medicine abroad,

with recent visits to Nepal, Ethiopia and Mali.

ARTHUR A. KLEIN, MD '72 has been nominated President of the Mount Sinai Health Network. He will oversee the network of satellite practices, affiliations and Mount-Sinai owned practices.

DANIEL J. NICOLL, MD '72 has been appointed National Medical Director for Fraud and Abuse for CIGNA Healthcare.

ALFRED DiSTEFANO, MD '73 is happy to be alive, working full time at Arlington Cancer Center. REED E. PHILLIPS, MD '73 practices Medical Oncology part time. He works as an applied physicist and inventor at Stony Brook University in the field of alternative energy harvesting. Dr. Phillips is happily married to his wife Susan. They celebrated their 38th wedding anniversary in November, 2012.

ALLAN B. WARSHOWSKY, MD '73 is the author of *Healing Fibroids-A Doctor's Guide to a Natural Cure* and Director Emeritus of the American Board of Integrated Holistic Medicine.

DAVID M. KLEIN, MD '75 and his colleague Dr. Mark Asperilla share great news of receiving a generous donation to their free clinic, The Virginia B. Andes Volunteer Community Clinic, for unin-

sured adults in Florida. The donation has allowed for the expansion of the clinic, which has had over 20,000 patient visits, and it's relocation to Ocean Boulevard in Port Charlotte, Florida.

THOMAS A. QUARESIMA, MD '77 is pleased to update that his sons, Mark and John graduated from SUNY Upstate Medical University and his daughter, Laura, from Villanova University-School of Nursing.

MITCHELL L. BRESSACK, MD '78 is enjoying a "calm a peaceful life" while awaiting the birth of his first grandchild.

DONALD J. PALMADESSA, MD '78 is proud to be opening a clinic in Queens, New York for Gastroenterology.

STEVEN E. RUBIN, MD '78 was the Partners in Performance Excellence 2012 Silver Award Recipient.

BRIGID GLACKIN, MD '77 retired from head and neck surgery practice in June, 2013. She looks forward to volunteering locally and internationally and spending more time with her husband and children. Dr. Glackin also shares that she lives in close proximity to fellow classmates ELIZ-ABETH GLACKIN, MD '77 and MICHAEL ERDIL, MD '77. Both practice Occupational Health in Massachusetts.

1980's

ROBERT J. HIRSH, MD '80 is an Assistant Professor at Albert Einstein College of Medicine. He is also a full time faculty member at Montefiore Medical Center.

JAY M. WEISSBROT, MD '80 shares that his son, Joseph, is a medical student at New York University and his daughter, Alison, is a junior at the University of Michigan.

LAWRENCE A. SMILEY, MD '82 has opened a new practice in Jericho, New York; Men's Medical New York, P.C.

SHEILA A. TURKEN, MD '82 practices Endocrinology in Yonkers and Queens, New York.



AMY L. FRIEDMAN, MD '83 has joined the New York Organ Donor Network as their new Medical Director. She recently served as Medical Director for the Finger Lakes Donor Network and was also Professor of Surgery and Director of Transplantation at SUNY Upstate Medical University, in Syracuse, New York.

JOEL H. SELTER, MD '84 is President and Medical Director of Allergy and Asthma Care of Rockland, P.C. with offices in Suffern and Monroe, New York.

STEVEN L. BERNSTEIN, MD '85 is now the Vice Chair of the Department of Ophthalmology at the University of Maryland in Baltimore.

SETH G. LEVRANT, MD '86 celebrated his 30th wedding anniversary in March, 2013. He

still practices in the Chicago suburbs and



also shares that his daughter Marriel, is in her 1st year of medical school.

SALVATORE S. VOLPE, MD '86 in-

forms us of the very eventful year he and his family had in 2012. His older son, Gino, spent a semester studying abroad at St. John's University Rome campus. His younger son, Salvatore, served as one of the drum majors for the nationally recognized Monsignior Farrell Marching Band. Rachel, his wife, completed a successful year as Director of Operations at the Staten Island Heart Society and his practice was the first solo practice to receive 2011 National Committee for Quality Assurance (NCQA), Patient Centered Medical Home Level 3 recognition.

JANET PISCITELLI-BOSSO, MD '87 is the new Medical Director for Quest Diagnostics, New York and New Jersey Business Units.

SUSAN RACHLIN, MD '87 has been inducted as a Fellow in the American College of Radiology (ACR). The induction took place in Washington, D.C, during the ACR's Annual Meeting and Chapter Leadership conference in May, 2013.

RICHARD J. GRIECO, MD '88 was recently appointed Clinical Vice Chairman for the Department of Anesthesiology, North Shore University Hospital in Manhasset, New York. He is also Regional Director for the North American partners in Anesthesia (NAPA).

LEON ZACHAROWICZ, MD '88 has

joined the Department of Neurology at SUNY Upstate Medical University as an Assistant Professor. He specializes in Pediatric Neurology at SUNY Upstate Medical University Golisano Children's Hospital. Dr. Zacharowicz is a Diplomate of the American Board of Psychiatry and Neurology, with special qualifications in Child Neurology. He resides in Dewitt, New York.

1990's

CHAD G. KELMAN, MD '93 has three children; two boys, Lucas, who is 17 and Benjamin, who is 13 and a girl, Alexa. She is 10.

JILL E. EDISON, MD '93 completed her Internal Medicine Residency at University of California, Los Angeles in Westwood and her Nephrology Fellowship at the University of San



Francisco. She has been in practice since then, eventually marrying her boss at the time, CARL WILSON, MD '78. She has one son, Dylan, from a

previous marriage. He is 16 years old. Dr. Edison is still in touch with fellow classmates JOSEPH A. De-SANTO, MD '93 and STEVEN S. GALEN, MD '93.

MERLE MYERSON, MD, EdD, FACC '93 was recently honored as a "Luminary" by the Go Red for Women, American Heart Association. She was honored for her commitment to women's heart health and for running a preven-

tion program that helps educate patients on ensuring heart health. Dr. Myerson is a Cardiologist and Director of the Center for Cardiovascular Disease Prevention at St. Luke's Roosevelt Hospitals in New York City.

RICHARD J. MACCHIA, MD '94H received a Distinguished Contribution Award from the American Urological Association in May, 2013. He was also recently selected by the Canadian Journal of Medicine for its LEG-ENDS series.

KAREN A.N. MYRIE, MD '94 works hard as the Director of Health Services for a foster care agency; a "challenging but necessary" job.

ERICH P. VOIGT, MD '94 excitedly reports of his new role as Director of New York University-Long Island Otolaryngology Network and Associate Professor of Otolaryngology. He reluctantly left his position at Weill Cornell after 15 years.

ANDREW C. YACHT, MD '96 has been appointed Chief Academic Officer for North Shore-Long Island Jewish Health System. JENNIFER L. PINTILIANO, MD '98 is the Associate Chairperson for the Department of Pediatrics at Coney Island Hospital.

2000's

JONATHAN B. COHEN, MD '07 hap-

pily announces the arrival of his son, Logan Jacob Wolff-Cohen. He is healthy at home after spending 19 weeks in the NICU.

WILLIAM GOLDENBERG, MD '07 bravely did an active duty tour in Afghanistan in 2012.

KRISTINA M. JAVIER, MD '07 celebrated her daughter's first birthday as well as her 10 year wedding anniversary this year. She has a private practice in Orlando, Florida.

MOHAMMED J. HUSSAIN, MD '09 was recently hired as the Clinical Instructor of Pediatrics at Cooper University in Camden, New Jersey.

MELISSA I. ROSADO, MD '09 recently graduated from Mount Sinai Medical School.

BRIDGET A. LEONE, MD '13 is in a Pediatrics Residency at Mount Sinai Hospital in New York City.





To: Jill Ditchik

Last year's fiftieth was a wonderful surprise. You and your staff did a great job. Thanks.

Allen Silberstein '62

We had a wonderful time at the reunion and hope our 40th will be even bigger and even more fun.

Antoinette Notaro '78

To: Dr. Constance Shames

Thanks for the great reports on the advancements of medicine, patient care and bio forensics as well as alumni contributions to some of these sectors that were included in the fall 2012 *Alumni Today*.

Howard Sherman, MD '60

Student Accolades

Emily Anne McDonald '16

Downstate's Alumni Association has generously funded the Brooklyn Free clinic since it opened 5 years ago. With the support of the Alumni who have come before us, students recall their first encounter as a medical student while volunteering at the Brooklyn Free clinic.

Shumpei Okochi '13

I am a recent graduate of the SUNY Downstate College of Medicine, class of 2013, I would not be where I am today without the help which I received from many people... friends and family... and the Alumni Association, College of Medicine... I reached out to the Alumni Association for their Alumni Fund Research Scholarship and once again I received support from them, this time for a full year... I was able to successfully complete... two basic science projects working with C type lectin like proteins in colon cancer and acute pancreatitis mice models... I strongly believe that one cannot get through something as difficult as medical school alone, and I am very grateful for the support of the Alumni Association during my years here.

Rachel Macuasz '13

The Alumni Association, College of Medicine is integrated into the medical students's life from day one... and provides different resources along the four years of medical school. They assign students with mentors during the first and second year of medical school... they help fund Brooklyn stories... that consists of poetry and art by student, staff and faculty of Downstate. They also fund student summer research projects... They helped fund my fourth year of medical school by providing me a tuition scholarship as well a sponsoring me to go to India... as part of the elective "Health Care in Developing Countries." I am personally grateful to the Alumni Association College of Medicine. They have a great presence in the Downstate Community and I hope it just continues to grow.





Karis Cummings, MD '03 tells us how "thrilled I am to be here at this event. We need to understand how Downstate supported us and we need to support Downstate now."

Edward Lebowitz, MD '63 is "thrilled to be at his 50th year reunion. It is great to be able to see so many people that I haven't seen in such a long time. I hope to be back for our 75th!"

Robert Lefkowitz, MD '73 advises life is great. 40 years later (after graduating from Downstate) he is "grateful to the faculty, nurses and all the people who helped me along the way. I am very grateful for my medical education. I have had and still enjoy a great career thanks to Downstate."

Phyllis Weiner, MD '63 exclaims she is "with the 50 year reunion class and is so happy to be here and see everyone. This has been an enormous trip down memory lane and I am so glad everyone is enjoying themselves and having a great time!" Meron Levitats, MD '63 informs us that "in case his classmates can not attend every 5 years they agreed to attend their 75th reunion!" He sang a few songs with the chorus of the last song as follows:

"50 years and still counting Can it really be that long Some things changed and some did not along the way Are the good times all but gone It is time for moving on I'll look for you down that road come what may. Fifty year!"

Morton Diamond, MD '63 enthusiastically reports that he is "absolutely delighted to be back to Downstate for the first time in 50 years and see all of his wonderful and very accomplished classmates!" He is "here with Dr. Kitzes with whom I spent 12 years in undergraduate and medical school and post graduate training."

Angela Kerr, MD '83 affirms that she "hopes the tradition of Downstate Medical Center will continue with that of inquiry, promotion of health care and of course academic endeavors."

REMEMBRANCES

Edited by Contance Shames, M.D. '63

VINCENT BARRESI '65

June 15, 1939-April 21, 2013

Dr. Barresi was born in Brooklyn. He attended John Quincy Adams high school in Queens and graduated as valedictorian. He completed a BS cum laude at Washington Square College, the Greenwich Village campus of NYU. He served in the US Navy after receiving his MD from Downstate and a year of medical residency at Maimonides Hospital.

After a second year of residency at the hospital at the University of Pennsylvania, he completed a fellowship in cardiology there and at Rush Presbyterian in Chicago. Dr. Barresi spent many years in private practice in cardiology, and occupied numerous committee positions at Mount Carmel Health including Ethics Advisory and President of the Medical Staff there. He was very proud of his love of opera and also served on the Board of opera in Columbus. He was also a member of Save the Redwoods League as well as a supporter of the Columbus Museum of Art and the Columbus zoo.

Ø

CARL SILVER '58

Dr. Silver died on September 24, 2012.

His professional post graduate history includes a medical internship at Beth Israel Hospital; Residency in Otolaryngology at the Graduate School of Medicine, University of Pennsylvania; post graduate fellow at Temple University School of Medicine; and Board Certification in Otolaryngology 1966.

Dr. Silver's private practice was in Woodmere and Lawrence in New York and he served as Director of Otolaryngology at Peninsula General Hospital, Brookdale Hospital and St. Catherine-Siena Medical Center. He was a member of the American Academy of Otolaryngology since 1967.

EDWARD M. SCILEPPI '61

Dr. Scileppi died on March 9, 2013. He was born in 1935 in Flushing, NY. He received his undergraduate degree from Cornell University and after graduating from Downstate he completed an OBGYN residency at Kings County Hospital and Bellevue Hospital. He served as a major in the US Army Med-



ical Corps and then began his private practice in Springfield, Vermont.

He practiced at Marietta Memorial Hospital for 31 years and was responsible for the implementation of fetal heart monitoring, and the use of the latest laparoscopic and laser techniques. Beloved by his patients, during the span of his career he safely delivered over 8000 babies.

Aside from his busy career he enjoyed raising, training and breeding Morgan horses. His farm produced several national champions. He was also an avid hunter and enjoyed raising pheasants, quail and hunting dogs. He loved gardening and caring for his orchard and vineyard. He was also a history buff and enjoyed traveling through many European destinations.

OS

CLEOMENES GENERALES '45

March 6, 1922-Dec. 31, 2012

Dr. Generales was a highly respected doctor. He was born in Lowell, Mass. and studied at Columbia University and Suny Downstate. After a drive West, he met and married the love of his life, Penelope. He dedicated his life by serving in the Army, practicing medicine at Olive View Hospital of San Fernando, St. Joseph's Hospital of Burbank, and private practice in Toluca Lake.

CARL EDWARD FABIAN '60

November 1, 1934-Dec. 24, 2012

Dr. Fabian attended Brooklyn Technical High School, Cornell University and then SUNY Downstate College of Medicine. He was a resident in Radiology at Kings County Hospital. He spent two years in the U.S. Army Medical Corps and then moved to Miami Florida where he entered the private



practice of radiology and continued a long career of teaching at the University of Miami Medical School.

He loved life and lived it to the fullest. His interests included classical music, chess, tennis and windsurfing. He volunteered as a camp physician every summer for over thirty years. He had a flair for languages and enjoyed traveling abroad. He was a remarkable man, and was energetic and caring. He will be remembered for his kindness, loyalty, generosity and resilience and for his keen intellect as well as his wonderful sense of humor. Most of all, however, he will be remembered for his eternal optimism. Whenever he was asked how he was doing he would respond, "Never better."

This remembrance information was submitted by Dr. Sylvan Henry Sarasohn '51 who adds, "It was a pleasure to practice with Carl Fabian in Miami all those years."

Ø

WALTER A. PETRYSHYN '45

1922-May 15, 2012

Dr. Petryshyn was an otolaryngologist who practiced in Montclair, New Jersey for many years.

Ø

HERMAN M. ROBINSON '62

12/18/33-7/8/2013

Born in Brooklyn, he earned his B.S. from Brooklyn College and graduated cum laude from Downstate in 1962. His career was marked by exceptional skill, integrity and warmth. He was President of several medical societies and Fellow of the American College of Radiology. He was known to be a Renaissance man. Overcoming disability from polio he became a swimmer, tennis player, skier, and golfer. He was also an amateur photographer, and a lover of theater, opera, sports, nature and books.

EDWIN LEAR '52

Jan. 1, 1924- Feb. 7, 2013

Dr. Lear was a past president of the Alumni Association College of Medicine in 1987. He was a very active member of the Association and served in many offices including Board of Managers, Board of Trustees and Secretary Treasurer.

After graduation from medical school he served as an intern at Long Island College Hospital and then a residency in Anesthesiology at Brooklyn Jewish Hospital.

He is an emeritus Professor of Anesthesia at Albert Einstein College of Medicine, served as Professor of Anesthesia at SUNY Downstate, and Director of Anesthesia at Beth Israel Medical Center in NYC. In addition he was an attending in Anesthesia at Kings County Hospital, Chairman of the Department of Anesthesia at the Catholic Medical Center in Jamaica, NY, Director of Anesthesia at Queens Hospital Center and served also at Long Island Jewish Hospital and the VA in Brooklyn.

His Committee work and educational activities are remarkable. His work on bylaws, postgraduate assemblies, public relations, offices at the Academy of Medicine, editor, delegate to numerous assemblies, and teaching responsibilities are extraordinary. He also participated in many presentations and lectures in critical care medicine, topics in anesthesia including use of premedications and special problems in clinical anesthesia.

His publications are extensive and include book chapters, and papers as well as a movie and exhibits. His memberships run from AOA to all the important anesthesiology organizations.

In 1987 his uncle, Phillip E. Lear '34 had the honor to present Dr. Lear with the prestigious Babbott Award for his accomplishments in medicine and his contributions to society.

G

LEONARD SHULMAN '70

August 27, 1943-January 13, 2013

Dr. Shulman's clinical practice included Pediatrics, Family Medicine and Public Health. He was Board Certified in Pediatrics and Family Medicine.

Submitted by Alan Rote, '70

STEVE SHAPIRO '60

It is with deep regret that I report the death of my classmate, fellow Air Force physician and best friend for over 50 years. Brigadier General (ret) on 20 March, 2013 which ironically was my 77th birthday. In the late 70's Steve and I were both assigned as commanders of USAF medical facilities at RAF bases in England. This gave us opportunities to travel together with our families to many historic and interesting places in the U.K. and Europe.

General Shapiro was assigned to Air Force Systems command in the D.C. area during the mid 80's and was designated to serve as the support liaison for our Shuttle landings. He was instrumental in garnering necessary medical and surgical physicians from the Air Force Reserve forces and coordinated the utilization of medical units in the California Air Force National Guard. He also worked with our hospital administrator and Pharmacist to ensure rapid transport of extra tents and needed medications. With 200,000 adults and kids, pets, VIPs and troops on base, in a packed and highly concentrated area, and concerns about heat stroke, sun burn, safe and adequate water supply, food sanitation coyotes and snakes, we needed a safe and rapid means of responding to medical and trauma incidents. Steve and our Chief Nurse came up with the idea of employing large golf carts manned by a physician, a nurse and medical technician, with emergency kits, medications and water and small oxygen tanks plus night light and horns on some of the larger vehicles. This worked! Columbia missions 1,11, and 1V had successful and safe completions. Columbia 111 was diverted safely to White Sand Missile Base in New Mexico when our Rogers Dry Land Bed was flooded.

Steve graduated second in our class at Downstate and was a fine allergist and Internist. He knew how to manage patients in a firm yet cordial and respectful manner and was a real patriot. After 32 years in the Air Force he had a second career for 15 years as Chief of Professional Services at the El Paso V.A. Clinic. During our 57 year friendship, Steve and I had only one major disagreement. "Brooklyn Steve" a Dodger fan and "Bronx Howard" a Yankees/Giants fan.

Our alma mater, Downstate, can take pride in the fact that it started him on a medical journey!

Submitted by: Howard Sherman, M.D., F.A.C.A. Colonel (Ret) USAF< MC SFS

CS

ALLAN J. GHERINI '50

Died January 30, 2013 at the age of 92.

Dr. Gherini graduated from Stanford University on 1946 and from SUNY Downstate in 1950. He had served in WW11 and was then stationed in Australia.

He completed his surgical training in California and subsequently opened a private practice in Gilroy. He retired in 1986 to Palm Springs and then to Manhattan in 2011.

CS

VINCENT J. STEPHENS '71

Dr. Stephens was born in Queens, N.Y. on September 14, 1943. He attended Xavier H.S. in Manhattan, The Seminary of the Immaculate Conception in Huntington, N.Y. and received his M.D. degree from SUNY Downstate. He served as a flight surgeon in the U.S. Navy. He then completed his psychiatric residency at the Institute of Living in Hartford where he worked as an attending for 10 years. He then worked at Windham Hospital in CT. for the next 21 years, including serving as Chief of Psychiatry until he retired in 2012. He then continued in private practice and with the Diocese of Norwich.

Dr. Stephens maintained a truly boundless enthusiasm for life. He was also committed to his faith. He maintained an endless project that became the Stephens' house. His dream was to build a place for friends to gather and celebrate the "miraculous gift of life." He believed that life was meant to be enjoyed to its fullest.

In Memoriam List For 2012-2013

Included below are all the reported deaths received by the Alumni Association in 2013.

Class of	Name	Date	Class of	Name	Date
' 40	Stanley A. Kornblum	1/14/12	[°] 56	Abraham M. Lenobel	10/26/12
'44	Harry Goldberg	5/25/12	[°] 56	Myron Winick	11/1/12
' 45	Carroll S. Crawford	5/26/12	` 57	Henry D. Rubenstein	1/20/12
' 45	Cleomenes A. Generales	12/31/12	'58	John E. Donnelly	2/20/12
' 45	Walter A. Petryshyn	5/15/12	'58	Alan J. Messinger	5/6/13
' 45	Frank R. Schell	1/9/12	'58	Carl Silver	9/24/12
'47	Brian F. Hoffman	2/11/13	[`] 59	Ronald Schreier	4/12/13
' 47	Paul E. Rockwell	1/29/12	[°] 60	Carl E. Fabian	12/24/12
'48	A.W. M. Marino	2/2/12	[°] 60	Stephen R. Shapiro	3/20/13
'48	Robert C. Stivelman	11/7/12	` 61	Daniel S. Friend	8/10/12
'48	David S. Wax	2/1/13	` 61	Edward M. Scileppi	3/9/13
'49	Joseph H. Davis	3/27/13	·62	Herman M. Robinson	3/9/13
'50	Allan J. Gherini	1/30/13	°62	Harvey C. Shapiro	6/15/12
'50	William S. Rosenthal	6/8/12	°65	Vincent A. Barresi	4/23/13
'51	Jack Hasson	5/31/13	[°] 65	Henry P. Kaplan	9/9/12
'52	Erwin Lear	2/7/13	` 67	Joseph C. Mirabile	9/27/12
'53	Louis C. Cutolo	4/16/12	[`] 68	Harris A. Lappin	7/26/12
'53	Edward Echikson	8/7/12	'69	Bruno Borenstein	8/1/12
'53	Jerome W. Feldstein	11/22/12	'71	Tadeusz S. Stefanski	6/23/12
'53	Herbert J. Schulman	1/7/12	'71	Vincent J. Stephens	2/22/13
'54	John L. Fischetti	1/3/12	'72	Wing Chu	5/1/1
'54	Seymour Haber	9/7/12	[°] 73	Philip Marcus	5/9/12
'54	Joseph P. McDonald	8/31/12	[°] 75	Irwin M. Berlin	3/30/12
'54	William O. Pischnotte	9/14/12	'77	Robert J. Moran	8/29/12
'54	Emanuel Silverstein	8/13/12	[°] 79	Grant H. Greeley	5/3/13
'55	Sidney A. Martin	5/6/12	^{'82}	Jay F. Stark	8/26/12
'55	Marvin Sussman	5/3/12	'90	Leonard J. Ram	12/19/12
'56	Sheldon J. Bleicher	5/1/12	`12	Anna R. Cruz	8/1/12

We Applaud Our Lifetime Dues Membership Society

4 4 4 4

Foo G. Louie, MD '66

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* This indicates alumni whom we thank in memoriam.

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Corrections from Fall 2012 Alumni Today magazine

Class Notes:

Page 45 under 1960's: The name of Steve Shapiro, MD '60 was not spelled correctly so please note correct spelling.

Page 46 under 1970's: Steven Brozinski MD '72 and Eric Manheimer, MD '75 names were not spelled properly so please note correct spelling.

Page 46: The names for the photos on the far left were transposed. The person to the left was Dr. Patric Baran-McNair and the person on the right was Dr. Marg Hilliard-Alford.

Page 47 under 1980's: Michael Wertheim, MD '80 name was not spelled properly so please note correct spelling.

2014 Alumni Reunion Event Schedule * May 16-18, 2014

FRIDAY MAY 16, 2014

2:00 PM – 4:00 PM Tour Downstate Medical Center and Kings County Hospital

5:00 PM – 7:00 PM Welcoming Reception at Marriott NY at the Brooklyn Bridge

Party for 5 and 10 Year Classes: 2004 and 2009

DINNER DANCE

Price: \$250/person. A special price of \$100/person for Class of 2004 and 2009. Special Diets available – fish, kosher, etc.; Seating requests accommodated.

TRANSPORTATION

Free transportation will be provided on Friday afternoon taking people to and from the Medical School and Marriott NY at the Brooklyn Bridge.

SATURDAY MAY 17, 2014*

8:00 AM – 8:45 AM Annual Alumni Business Meeting

8:45 AM – 10:45 AM Scientific Program (CME Credit)

11:00 AM – 11:30 AM Address to Alumni John F. Williams, MD, EdD, MPH, FCCM (Downstate President)

11:30 AM – 1:00 PM Awards Ceremony

1:00 PM – 2:30 PM Complimentary Luncheon

7:30 PM – 8:30 PM Cocktail Hour

8:30 PM – 12:30 AM DINNER DANCE

SUNDAY MAY 18, 2014*

8:00 AM – 10:00 AM Complimentary Breakfast

HOTEL ACCOMMODATIONS

- 1. Blocks of rooms are reserved until 5/1/14 at the Marriott NY at the Brooklyn Bridge. Call 718.246.7000 or 1-888-436-3759 and mention the "Alumni Association" to get the special low rate.
- 2. Singles and doubles are \$199.00 plus tax per night.
- 3. Valet parking is available for a fee at the hotel.

^{*}All activites Saturday and Sunday will be held at the Marriott NY at the Brooklyn Bridge, 333 Adams Street, Brooklyn.

Alumni Association-College of Medicine MSC 1204, SUNY Downstate Medical Center 450 Clarkson Ave Brooklyn, NY 11203-2098

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