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April 2026



Samaritan to Host Dinner to Recognize Physicians DR. SARAH DELANEY-ROWLAND TO RECEIVE LIFETIME ACHIEVEMENT AWARD

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Samaritan Medical Center will host its annual Physician Recognition Dinner on Thursday, April 2, 2026. Sponsored by the Samaritan Medical Center Medical Executive Committee and the Samaritan Foundation, the event celebrates National Doctors' Day, honoring active and retired physicians for their tireless dedication to the community. National Doctors' Day is observed on March 30 each year.

During the dinner, one physician will receive the twelfth Lifetime Achievement Award, recognizing a Samaritan doctor for their leadership and long-term service to the health and well-being of Northern New York. Samaritan physicians contribute their expertise through private practice, hospital duties, leadership roles, and volunteer efforts.

This year's Lifetime Achievement Award recipient is Dr. Sarah Delaney-Rowland, an emergency medicine physician, honored for her 22 years of outstanding service at Samaritan Medical Center, marked by exceptional clinical expertise, compassionate leadership, and unwavering commitment to patients and



Dr. Sarah Delaney-Rowland. Contributed.

colleagues.

Born and raised in Watertown, Dr. Delaney-Rowland earned her medical degree

from the State University of
New York Health Science

See **AWARD H11**

*The Lifetime
Achievement Award
was established in
2013.*

Past recipients
include:

- Dr. Jack Rush
- Dr. Karl Komar
- Dr. Maja Lundborg-Gray
- Dr. Jan Turcotte
- Dr. LaVerne VanDeWall
- Dr. Al Maloney
- Dr. John Poggi
- Dr. Collins F. Kellogg Jr.
- Dr. David P. Rechlin
- Dr. David O. VanEenaam
- Dr. Ronald G. Perciaccante

Professional Connection Page 8

A simple test that could save your life: Why colonoscopy matters

KRISTIN SCHERMERHORN

Rural Medical Education, SUNY Upstate Medical University

After having her fourth child, a 30-year-old woman was having issues with constipation and hemorrhoids. She assumed the bleeding she had with her bowel movements were due to her hemorrhoids. Her doctor suggested she undergo a colonoscopy just to be safe.

During her procedure, two pre-cancerous growths were found and removed. It is likely that they wouldn't have been found, and may have progressed into cancer without a colonoscopy. The procedure saved her life.

Stories like this are common. While I was working with a local physician at the Samaritan Medical Academic Residency Training clinic through SUNY Upstate's Rural Medical Education Program, four patients in a single day were found to have positive stool sample screening results. Each of them now faces a period of uncertainty. Was the test result a sign of something serious, or just a false alarm? The only way to know for sure is through a colonoscopy.

Colon cancer is often called a "silent disease" because it can grow for years without symptoms. By the time signs like bleeding, fatigue, or weight loss appear, the cancer is often in a later stage. Colonoscopy is the most effective way to definitively detect and prevent colon cancer.

Colorectal cancer is one of the most preventable cancers, yet Jefferson and Lewis counties have higher rates of both new cases and deaths than the New York State average. Several factors contribute to this issue: lower screening rates, higher rates of smoking and obesity, and diets that are often high in red or processed meats and lower in fiber, fruits, and vegetables. In our community, where people work hard and put off their



Kristin Schermerhorn

own health needs, these risk factors add up. That means more of our friends, family members, and neighbors are being diagnosed later, when treatment is more difficult and survival rates are lower.

Early detection through screening can make all the difference, often turning what could be a deadly disease into one that is preventable and treatable.

There are several ways to screen for colon cancer. The fecal occult blood test (FOBT), or fecal immunochemical test (FIT), looks for tiny amounts of blood in the stool—something you can't see yourself. These tests include Cologuard, OC-FIT, and the Hemoccult tests. These tests are simple and can be done at home, but a positive result doesn't always mean cancer; it could be from hemorrhoids, diet, or other causes.

A positive result must always be followed up with a colonoscopy. Only colonoscopy allows doctors to see the entire colon and also remove polyps, small growths that can turn into cancer over time, during the procedure. That's why colonoscopy is considered the most thorough and effective screening test. It doesn't just find cancer early, it can prevent it altogether. Yet, too few people in our counties undergo this procedure. Fear, lack of time, and worries about discomfort are

common reasons for delays.

Modern colonoscopies are safe, quick, and usually done under sedation so patients don't feel anything, or remember the procedure. The preparation for the "clean-out" the day before has improved over the years, with better-tasting solutions and shorter periods of fasting before the procedure. The peace of mind afterward is worth every bit of effort.

If you're 45 or older, you should talk with your health care provider about getting screened and even sooner if you have a family history of colon cancer or other risk factors such as rectal bleeding, changes in your bowel habits, or persistent abdominal pain. Screening is covered by most insurance plans including Medicaid and Medicare, and local hospitals and clinics in Jefferson and Lewis counties offer affordable options for those without coverage.

Our community is filled with hardworking people who care deeply for their families and neighbors. Taking the time to schedule a colonoscopy is one of the best ways to stay healthy and keep being there for the people who depend on you. Colon cancer doesn't have to be a silent killer, it's one of the few cancers we can stop before it starts. Let's make sure we do.

Kristin Schermerhorn is a fourth-year Rural Medical Education medical student at SUNY Upstate Medical University and a proud native of Carthage. She plans to pursue family medicine, with a strong interest in rural health and patient education. She hopes to practice in the Watertown area after residency to serve the community that shaped her, providing comprehensive, patient-centered care.

RRH St. Lawrence Region Welcomes Physician Assistant Camille Perkins

POTSDAM — Rochester Regional Health's St. Lawrence Region is pleased to welcome Physician Assistant (PA) Camille Perkins to its Infectious Disease team.

Perkins earned her Master of Science in Physician Assistant Studies from the University of Mary Hardin-Baylor, Mayborn College of Health Sciences PA Program in Belton, Texas. She completed a Bachelor of Science in Biology at the University of Mary Hardin-Baylor, where she earned Dean's List honors.

During her clinical training, Perkins gained hands-on experience across a wide range of medical specialties, including internal medicine (outpatient and inpatient), family medicine, pediatrics, neonatology, Obstetrics/Gynecology, behavioral and mental health, surgery, pediatric cardiology, and pediatric urology. Her broad clinical background supports a patient-centered approach to diagnosing, treating, and managing complex conditions—especially for patients with multiple health needs.

"I'm excited to join Rochester Regional Health and serve the communities of the St. Lawrence Region and the North Country," Perkins said. "I was drawn to this opportunity because of the region's strong sense of community and the chance to practice patient-centered care while building lasting relationships with patients. That connection is incredibly important to me as a provider."

In addition to her clinical work, Perkins has been involved in community service through Memorial Baptist Church in Killeen, Texas,



Perkins

where she has volunteered since 2021 in youth and children's ministry, outreach programs, and community events.

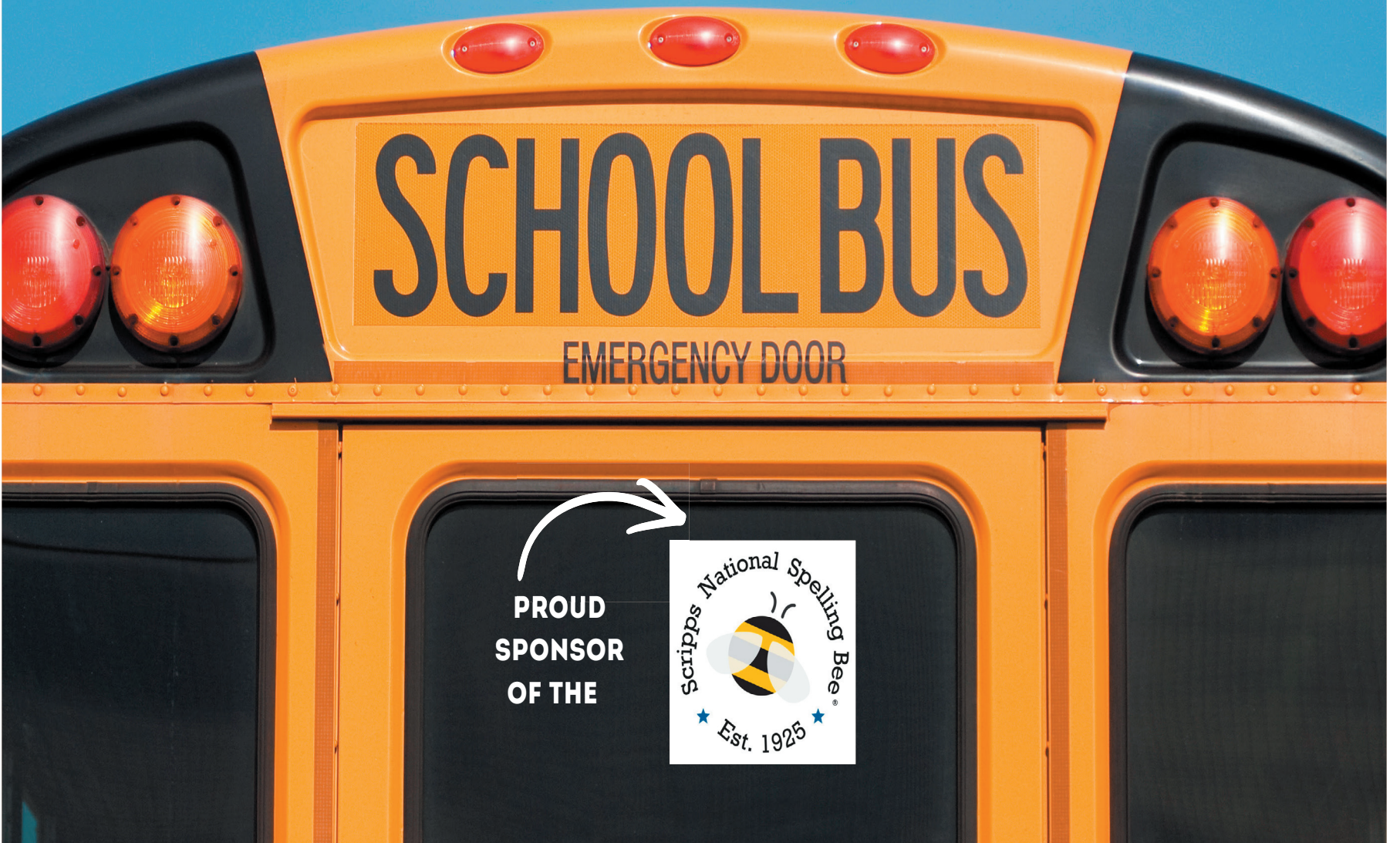
Perkins and her husband are also looking forward to putting down roots in the North Country. The couple enjoys being outdoors—especially snowboarding and hiking—and have set a goal to work toward becoming Adirondack 46ers. Both former cross-country runners, they continue to enjoy running as a way to explore new trails and scenery. During the winter months, they enjoy giving back by teaching a local dance class.

"We're excited to be part of this community and to explore everything the area has to offer," Perkins added. "I look forward to becoming part of the community both professionally and personally."

To learn more about Camille Perkins, visit rochesterregional.org/providers/camille-perkins



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Samaritan Medical Center Welcomes Interventional Radiologist Dr. Russell Reeves

Samaritan Medical Center is pleased to welcome Interventional Radiologist Russell Reeves, MD, MBA, MS, RPVI, to its medical staff.

Dr. Reeves specializes in using minimally invasive image-guided procedures to diagnose and treat diseases- including cancers and cancer-related problems- in nearly every organ system. He completed his medical degree at Dartmouth College's Geisel School of Medicine, in Hanover, N.H., followed by a diagnostic radiology residency at the Sidney Kimmel Medical College at Thomas Jefferson University in Philadelphia, and a fellowship in Interventional Radiology at the UCLA David Geffen School of Medicine in Los Angeles. He is board-certified by the American Board of Radiology in Diagnostic Radiology with subspecialty certification in Interventional Radiology.

Dr. Reeves also holds a Master of Science in Bio-engineering from Clemson University and a Master of Business Administration from the Kanbar College of Commerce at Thomas Jefferson University.

He offers comprehensive services to treat conditions in many areas, including:

- Pain
- Vertebral compression fractures (from osteoporosis or injury)
- Degenerative disc disease causing chronic lower back pain
- Lumbar spinal stenosis
- Knee, hip and sacroiliac joint pain
- Women's Health
- Uterine fibroids causing heavy periods, pain, or pressure
- Pelvic congestion syndrome (chronic pelvic pain from vein reflux)
- Men's Health



Dr. Russell Reeves. Contributed.

Varicocele (swollen scrotal veins causing pain or fertility issues)

Enlarged prostate (BPH) causing difficulty urinating

Cancer

Liver tumors (primary or metastatic)

Other solid tumors in the lungs, kidneys, bones, or soft tissues

Liver Disease

Cirrhosis

Ascites

Jaundice or bile duct blockage from stones, strictures, or tumors

Arterial (Artery) Conditions

Peripheral artery disease (PAD) causing leg pain when walking

Critical limb ischemia (severe blockages threatening limb loss)

Venous (Vein) Conditions

Deep vein thrombosis (DVT) – blood clots in deep leg or arm veins

Pulmonary embolism (clot traveling to the lungs)

Varicose veins or superficial vein reflux causing leg swelling/pain

Chronic venous insufficiency with leg ulcers

Urinary Tract Issues

Kidney or ureteral stones causing pain, infection, or blockage

Ureteral strictures or ob-

structions needing drainage

"I'm honored to join a team that shares my commitment to compassionate, high-quality care," said Dr. Reeves. "Interventional radiology is a powerful tool for diagnosing and treating a wide range of conditions, from varicose veins to cancer. My goal is to ensure North Country patients have access to the same cutting-edge procedures available in major medical centers without having to leave the local area."

"Samaritan is fortunate to have Dr. Reeves on its medical staff," said Dr. Mario Victoria, Vice President for Medical Affairs and Chief Medical Officer at Samaritan Medical Center. "With his expertise in advanced, minimally invasive procedures, he is a great addition to our hospital and a tremendous benefit for the health and well-being of our community."

Dr. Reeves is accepting new patients. To refer a patient or schedule an appointment, please contact Samaritan Interventional Radiology at 315-786-4879.

Medicaid cuts could add pressure to already-stressed psychiatric units

By **NADA HASSANEIN**

Stateline.org (TNS)

Federal Medicaid cuts could exact a heavy toll on psychiatric units at hospitals across the country, many of which are already struggling to keep their doors open but provide essential mental health care to people who need it.

Psychiatric units are costly and, like labor and delivery services, typically lose money for hospitals and tend to be reimbursed at lower rates than other health services. In contrast, some specialty units, such as cardiovascular care, are lucrative: Cardiologists can generate up to seven times their salaries for hospitals.

Between 2023 and 2024, 126 hospitals across the U.S. shut down their inpatient psychiatric units, according to data provided to Stateline by the American Hospital Association.

"(Psychiatric units) are often in the red, and, for lack of a better word, kind of subsidized by the rest of the health system," said Sarah Steverman of the National Association for Behavioral Healthcare. Steverman oversees regulatory affairs and is the liaison for a committee of hospital psychiatric unit administrators and clinicians.

The One Big Beautiful Bill Act that President Donald Trump signed into law last year will add to the strain, Steverman and other experts say.

The law is projected to cut federal Medicaid spending by an estimated \$886.8 billion over the next decade, largely because new work requirements will push people off the rolls, according to estimates

by the Congressional Budget Office. CBO estimates that it could increase the number of people without health insurance by 7.5 million in 2034.

Those cuts will have a significant effect on mental health care because Medicaid, jointly funded by the federal government and the states, covers more people with mental illness than any other public or private insurer — roughly 29% of the estimated 52 million nonelderly adults with mental illness, or about 15 million people, according to health research group KFF.

Behavior health policy experts say the Medicaid changes will force hospital psychiatric units to provide care to many more people who don't have insurance. Even before the law, Medicaid often didn't fully reimburse hospitals for the cost of mental health care, unit administrators said.

Along with increasing the number of people without insurance, the One Big Beautiful Big Act places new limits on states' ability to maximize federal funding and reimburse providers.

The federal government allows states with contracted Medicaid managed care organizations running their Medicaid programs to direct them to pay providers more. But beginning in 2028, the One Big Beautiful Bill Act will cap these state-directed payments, forcing state Medicaid programs to reduce reimbursement rates by 10 percentage points each year until they reach either 100% or 110% of what Medicare pays.

The federal law also caps

Cuts

From H4

provider taxes, a strategy states have used to boost the Medicaid dollars they get from the federal government.

As a result, states will face the choice of replacing the lost federal money with state dollars, scaling back services or providing coverage to fewer people.

Conservatives who have backed the Medicaid cuts say such tools are accounting tricks that states have used to draw down more federal money. Some have even called the provider taxes a "money laundering" scheme. Eliminating them, they say, will force states to be more accountable for their Medicaid spending.

"States are gaming the system — creating complex tax schemes that shift their responsibility to invest in Medicaid and rob federal taxpayers," Dr. Mehmet Oz, the administrator of the federal Centers for Medicare & Medicaid Services, said in a news release last year.

But Angela Kimball, chief advocacy officer at Inseparable, a mental health advocacy organization, said the tools are essential, and that the cuts will be detrimental.

"For the mental health system, and particularly for facility-based care, it (Medicaid) is the financial foundation. And when you simultaneously reduce who's covered, what providers get paid, and limit the tools states have to make up the difference, you're not just trimming around the edges; you're undermining the whole structure," Kimball said.

The mental health field is also struggling with workforce shortages across states, especially in rural areas. As of December 2024, more than 122 million Americans lived in designated mental health professional shortage areas.

Dr. Arpan Waghray, a psychiatrist and CEO of Providence's Well Being Trust, serves as a member of the American Psychiatric Association's Council on Health-care Systems and Financing. Providence has 16 psychiatric



A rendering of the expanded behavioral health unit at Samaritan Medical Center. Courtesy of King + King Architects/SMC

units across Alaska, California, Oregon and Washington state, and Medicaid and Medicaid HMOs account for 42% of patients across those units. That number increased as the states expanded eligibility under Obamacare.

In contrast, Medicaid pays for roughly 13% of oncology inpatients and about 10% of cardiology inpatients across the hospital systems.

"Inpatient psychiatric units, especially when they're part of larger hospitals and academic centers, like our community hospitals ... they generally tend to operate on a loss," Waghray said. "We are no exception to that."

He noted that estimates show psychiatric units have a negative operating income of about 37%.

"We don't want to make a profit on psychiatric units," he said, adding the goal is to at least "break even."

Waghray said if more units are forced to shutter, that will lead to more crowding in emergency rooms and jails. Often, jails and prisons — facilities with inadequate care — end up being mental health care providers for people who lacked access to care. People in crisis also may be forced to

wait for a psychiatric bed to open up elsewhere.

"It has this cascading effect that touches everyone's lives," Waghray said. "The two places where people get care if they don't get care in the right setting is the inpatient (psychiatric) unit, and you cut that, then essentially you have emergency departments that are overcrowded or jails that are overcrowded."

Health economist John McConnell, director of the Center for Health Systems Effectiveness at Oregon Health and Sciences University, said "the whole mental health system is really going to get hit with a shock here."

"Crisis care funding is all over the place, and there's not really a consistent way of funding it, and it's often underfunded," he said. "You had a fragile system ... made more fragile with a lot of the executive orders from the Trump administration — and then (the new federal law) has sort of further chipped away at it."

Steverman said that people with severe mental health emergencies — such as acute psychosis, mania or suicidality — who need urgent treatment after emergency room intake often require multiple clinical

staff and observation.

Gretchen Clark Bower, senior director of Behavioral Health Services at Providence Regional Medical Center Everett, in Washington state, said the hospital's inpatient psychiatric unit, which opened about five years ago, relies heavily on Medicaid: Roughly 80% of psychiatric inpatients are covered by Medicaid, and many have severe illnesses.

"It has been a stretch financially for a long time," Bower said. "The costs of providing care are far more than what we're getting reimbursed. And that is extremely challenging."

Everett's average psychiatric hospitalization is about 16 days. But sometimes, insurers will only cover up to a certain number of hospitalization days for mental health, Bower said. That leaves the hospital to absorb the rest of the costs.

"We want to make sure that we are discharging people when they are safe to discharge — not just when their insurance stops paying," Bower said.

Bower said she worries the cuts will destabilize people if their care gets interrupted after losing coverage, putting more pressure and costs on the health system.

"It worries me a lot," she said. "How do we continue to take care of our community into the future, and how do we sustain ourselves financially as we do that? It's an incredibly difficult task."

A report from the American Psychiatric Association found that states that had expanded Medicaid eligibility saw smaller increases in suicide compared with nonexpansion states: Medicaid expansion was associated with about 0.4 fewer suicides per 100,000 people yearly.

"Combined with workforce shortages and long-standing insufficient reimbursement for psychiatric services, further reductions in Medicaid will increase pressure on already struggling facilities," said Ben Teicher, spokesperson for the American Hospital Association. "Our members have been worried about their psych units for a long time, and any further erosion of what Medicaid pays for would make it even worse."

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Hospice of Jefferson County's New Program, Wave Riders of Hope, Brings Healing and Strength to Grieving Teens in Local Schools



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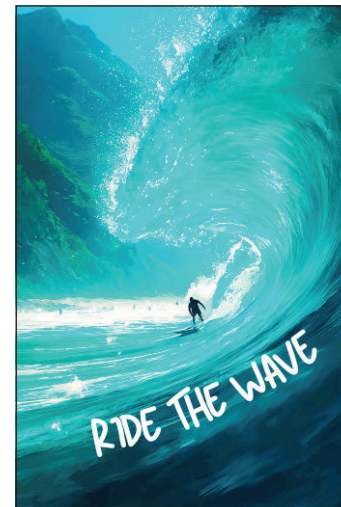
**Ask for the
Hospice
Navigator**

**By Kathy Arendt and Janetta Brown,
BSW**

Hospice of Jefferson County

For many young people, grief is an invisible burden: quiet, heavy, and often goes unnoticed. In classrooms and neighborhoods across our communities, countless students shoulder the pain of losing someone or something they loved while trying to meet the daily expectations of society, school, and adolescence.

During a stage of life already marked by rapid change and emotional complexity, grief can intensify feelings of hopelessness and deepen isolation. While resources for grieving adults in the North Country exist, support tailored specifically for young people has long been overdue. Hospice of Jefferson County is working to address that gap for local high schools and middle schools.



This year, the organization introduced Wave Riders of Hope, a six-week, in-school bereavement program designed to ensure that no young person has to navigate loss alone. The program offers a compassionate space for students to re-

See HOSPICE H9

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Strengthening Emergency Response in the North Country

**FDRHPO EMS PROGRAM AGENCY
EXPANDS RECRUITMENT AND
RETENTION TO BOOST THE
REGIONAL EMS WORKFORCE**

The Fort Drum Regional Health Planning Organization (FDRHPO) EMS Program Agency is addressing one of the growing challenges in rural healthcare – recruiting and retaining Emergency Medical Services (EMS) professionals.

Through workforce initiatives, including an EMS internship program and financial aid options for a newly established paramedic scholarship, the FDRHPO EMS Program Agency is helping

to create a stronger pipeline of future EMS Providers in Northern New York and the Mountain Lakes Region.

“EMS providers play a crucial role in community health and safety,” said Jonathan Cole, EMS Program Agency Director at FDRHPO. “They provide life-saving care during medical emergencies and act as a vital link between patients and the healthcare system.”

However, rural areas across the country face workforce shortages and training barriers, which is why the FDRHPO

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Hospice

From H6

flect, connect, and find their footing as they move through grief. Early participant feedback suggests the program is becoming a meaningful source of comfort, education, and understanding for teens navigating grief.

Filling a Gap That Has Been Overlooked for Too Long

Hospice of Jefferson County has supported grieving adults for decades through a wide range of complementary bereavement services, available not only to Hospice families but to any community member experiencing loss. These services are provided without reimbursement from Medicaid or Medicare. When tragedies struck, and schools or organizations reached out for help supporting grieving youth, it became clear that young people were hurting too, yet had far fewer resources available to them. Counselors and social workers throughout the nation report feeling undertrained in youth-specific grief support. As a research article in *Psychology in the Schools* notes, “School-based mental health professionals consistently report that they are either not prepared to support grieving students, or do not have time to integrate crisis intervention support into their hectic schedule” (Brown, Snider, Hall, Rotzal, & Gow, 2024). Surveys of school mental-health professionals indicate that fewer than 25% of programs provide dedicated grief training. Studies also suggest that many school counselors graduate with little to no formal coursework specifically focused on grief support, with the majority reporting that they “had zero courses devoted to grief support during their graduate degree” (Brown et al., 2024).

Kathy Arendt, Foundation and Operations Director, felt compelled to act after watching grieving youth slip through what felt like a “black hole” in the healthcare system, an issue that sparked bringing Wave Riders of Hope to life. Arendt shared her vision for grief-informed services with Jannetta Brown, then the Bereavement Coordinator at Hospice of Jefferson County, and together they set out to challenge what they called the “black hole” of grief support for youth in Jefferson and Lower St. Lawrence counties. Brown, now the organization’s Bereavement Counselor and Youth Educator, was determined to create a program that met teens exactly where they were, approaching their needs with compassion, accessibility, and understanding.

Brown and Arendt’s shared belief that every young person deserves a safe space to process loss became the foundation of their commitment to Wave Riders of Hope. The program provides a supportive, school-based environment where teens can explore the emotions that come with

grief, express their experiences openly, and connect with peers who truly understand, helping to break the isolation that so often accompanies loss.

A Compassionate Approach to Healing

Wave Riders of Hope is built on the three needs of a griever:

- every griever needs **words to help process their loss**,
- every griever deserves the opportunity to **speak those words out loud**, and
- every griever requires reassurance knowing their story has been **heard and has value**.

These guiding principles come to life in weekly sessions that blend creative expression, age-appropriate grief education, and thoughtful peer discussion. Students explore art-centered expression while learning the fundamentals of grief. In addition, teens explore healthy coping tools like self-care, affirmations, continued bonds, self-advocacy, and activities that help them process grief in ways that feel approachable and meaningful.

The result is a supportive environment where students can finally exhale. Many report feeling lighter, more confident, and more connected to their peers by the end of the program.

Breaking Isolation and Building Hope

For grieving adolescents, one of the hardest feelings to carry is the belief that they are alone. Wave Riders of Hope is designed to replace that isolation with community.

“When students look around the room and realize others have lived through similar losses, something shifts,” said Brown. “They begin to understand that the discom-bobulation they feel on the inside is natural and normal, and they no longer have to face it by themselves.”

Participants often leave the program with new friendships, stronger emotional awareness, and a renewed sense of resilience, qualities that support them not just in school, but throughout their lives.

A Growing Movement of Care

As awareness increases about the long-term impact of grief during childhood and adolescence, Wave Riders of Hope offers a timely and transformative model of care. Hospice of Jefferson County hopes to expand the program to even more schools in partnership with educators, healthcare providers, and community leaders who believe young people deserve compassionate support.

“Our goal is simple,” Brown said. “We want every grieving teen to know they have a place to be seen, heard, and supported.”

Wave Riders of Hope is more than a program; it is an invitation for students to discover strength within themselves and hope within their community. By meeting adolescents where they are, the program helps them not just endure loss, but rise with new skills, a deeper understanding, and the confidence to keep moving forward.

It Takes a Village

Arendt and Brown met with Tina M. Lane, Assistant Superintendent for Personnel & Student Services at the Watertown City School District, to discuss the school’s need for an adolescent grief program and its integration into student schedules. Lane immediately supported designating WHS as the pilot school. She then approached her superintendent and school board, who approved adding Wave Riders of Hope as an in-school program. “The Watertown City School District is committed to fostering resilience, hope, and healing for every child,” said Lane. “We view Hospice of Jefferson County’s Wave Riders of Hope program as a vital partner in this effort and are proud to support it as part of our broader initiative to give students the tools to thrive academically and emotionally.”

Because Hospice is a not-for-profit, Arendt and Brown knew they had to secure separate funding for this program. They began by reaching out to private donors and applying for appropriate local and national grants to help make the program a reality. To date, Wave Riders of Hope is the grateful recipient of generous grants from the Northern New York Community Foundation, the Jane E. Deline Foundation, Youth Philanthropy Council of the Northern New York Community Foundation, and The CAR-FRESHNER Corporation Charitable Fund of the Northern New York Community Foundation. The Henderson/Henderson Harbor Committee has also generously pledged funds to support this program. These contributions have allowed the program to grow at a pace that Arendt and Brown didn’t even dare imagine. “After a successful first session at Watertown High School, with incredible support from our CEO, Anna Patterson, and Hospice Boards, and the generous support of our granters and community, we are ready to offer sessions to all area schools,” said Arendt.

Wave Riders of Hope serves as a life raft for North Country students navigating grief, offering steady support through turbulent waters, ensuring no student is ever left behind.

Wave Riders of Hope is made possible because of the generosity of our granters and donors. Thank you to the Northern New York Community Foundation, Jane E. Deline Foundation, The CAR-FRESHNER Corporation Charitable Fund of the New York Community Foundation, and the Henderson/Henderson Harbor Committee.

For more information about Wave Riders of Hope and how to sign up for the program in your school, please visit the Hospice of Jefferson County website: jeffersonhospice.org

APA Citation:

Brown, J. A., Snider, K. M., Hall, H. G., Rotzal, J. L., & Gow, M. M. (2024). School psychologists' training and experience in providing grief support. Psychology in the Schools. Advance online publication. <https://doi.org/10.1002/pits.23185>

Response

From H7

EMS Program Agency is making recruitment and retention a top priority for regional EMS leaders.

To help address this challenge, the FDRHPO EMS Program Agency is launching initiatives to provide students and prospective EMS providers with hands-on learning experiences, such as job shadowing and internships, while supporting current providers who want to advance their education and careers and remain in the profession.

Creating Pathways to EMS Careers

A key initiative is the EMS Internship Program, offering hands-on experience, mentorship, and exposure to real-world EMS operations for those interested in emergency services. It aims to connect participants with regional EMS leaders, develop professional skills, and familiarize them with the realities of pre-hospital emergency care.

Offering observational and experiential learning opportunities through the internship program allows interested community members and students to explore EMS as a career while strengthening relationships between EMS Agencies and future providers. The internship program is volunteer and requires 8 to 12 hours to complete.

Supporting Education Through Scholarships

Along with offering career exploration opportunities, FDRHPO is working to reduce financial barriers to advanced training through its Paramedic Scholarship Program. The scholarship supports individuals pursuing paramedic education, helping EMS agencies keep experienced providers and increasing the number of advanced life support clinicians in the region.

These scholarships, offered in the North Country and Mountain Lakes Region, offset the cost of tuition and related training expenses,

See RESPONSE H11

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100 Patients Served, One Dedicated Team:

A Milestone in Lung Care



{L-R: Director of Clinical Network Operations Gretchen Strawser; Licensed Practical Nurse Shane Booth; Pulmonologist Rishi Kumar, MD; Registered Nurse Rachel McKinney; Business Manager of Surgical Services Doug Reynolds; Senior Director of Nursing and Perioperative Services Val Skomsky; and ION Clinical Representative Ben Coates}

Rochester Regional Health's St. Lawrence Region is excited to announce a milestone made possible by teamwork. The organization recently celebrated its 100th robotic bronchoscopy procedure, a testament to the collaboration and dedication of our multidisciplinary care team.

We are incredibly honored to have served 100 patients with this state-of-the-art technology, providing them with advanced, minimally invasive care close to home. From pulmonologists and anesthesiologists to nurses, respiratory therapists, and surgical support staff, every role is

essential in delivering this high standard of care. Together, this team continues to raise the bar for early lung cancer detection and treatment, bringing leading-edge technology and compassionate care to our communities. {L-R: Director of Clinical Network Operations Gretchen Strawser; Licensed Practical Nurse Shane Booth; Pulmonologist Rishi Kumar, MD; Registered Nurse Rachel McKinney; Business Manager of Surgical Services Doug Reynolds; Senior Director of Nursing and Perioperative Services Val Skomsky; and ION Clinical Representative Ben Coates}

Award

From H1

Center at Syracuse in 1997 and completed a residency in emergency medicine at the MetroHealth Medical Center/Cleveland Clinic in Cleveland, Ohio. She is board certified by the American Board of Emergency Medicine. After residency, she served in the U.S. Air Force as an emergency medicine physician at Ehrling Bergquist Hospital at Offutt Air Force Base in Nebraska, earning an honorable discharge as a Major in July 2004. She then returned to Watertown and joined the medical staff of Samaritan Medical Center through Emergency Medicine Consultants, PC, becoming an owner of the group, now North Country Emergency Medicine Consultants, PC, in 2008.

Dr. Delaney-Rowland has shown longstanding leadership and service within Samaritan Medical Center and the region. She has served as

Chairman of the Department of Emergency Medicine since 2011 and holds roles on the Medical Executive Committee and Emergency Department Management Committee. She is active on various hospital and regional committees, focusing on quality improvement, patient safety, and emergency management, and serves as Medical Director for several area fire and ambulance services.

Outside of her hospital responsibilities, Dr. Delaney-Rowland engages in community service, supporting the Lyme community through fundraising, coordinating donations to Project V.E.T.S. and Partners for World Health, and owning Elmwood Labradors with her husband, Chris, where they breed and train English Labradors. She is also involved in pet therapy through Pet Partners and provides emotional support during crises and disasters.

"In honor of Doctors' Day, this event allows us to recognize and thank our physicians

and celebrate their essential role at Samaritan," said Thomas H. Carman, president and CEO of Samaritan Medical Center. "Dr. Delaney-Rowland exemplifies the highest standards of patient care, leadership, and community service, impacting Samaritan and the region profoundly."

Dr. Delaney-Rowland is married to her high school sweetheart, Chris, and they have four children: Christopher, Gwyneth, Madeleine, and Graham. She is the daughter of Michael and Lori Delaney.

The Physician Recognition Dinner is set for 5:30 p.m. on Thursday, April 2, 2026, at Samaritan Summit Village, 22691 Campus Drive, Watertown, NY. The event is open to the public, with tickets priced at \$60 per person. For more information or to RSVP, visit www.samaritanhealth.com/physiciandinner or call 315-785-5745.

Response

From H9

enabling more EMS providers and aspiring providers to continue their professional development and advance their careers.

Strengthening EMS Across Northern New York and the Mountain Lakes Regions

The FDRHPO EMS Program Agency supports more than 175 EMS agencies across an eight-county region in Northern New York. Program agencies provide essential services, including training coordination, credentialing support, quality improvement initiatives, and technical assistance to EMS providers and agencies.

"Highly trained and skilled EMS professionals are essential to the health and safety of communities across the North Country," said Mr. Cole. "Our region depends on dedicated EMS providers

who are prepared to respond to emergencies in all conditions. Through programs like the state's internship opportunities and our paramedic scholarships, the EMS Program Agency is committed to supporting the next generation of providers while also investing in the continued development and retention of the professionals who serve our communities every day."

Building the Next Generation of EMS Professionals

By working with regional EMS agencies, educational institutions, and community partners, FDRHPO stays dedicated to creating innovative solutions that tackle workforce shortages and promote the long-term viability of EMS in rural areas.

Anyone interested in participating in the EMS Internship Program or applying to the Paramedic Scholarship Program can learn more by visiting www.fdrhpo.org/recruitmentretention.



NATIONAL
DOCTORS'
 DAY

March 30, 2026

In recognition of National Doctors' Day, the Board of Trustees and Staff of Samaritan Medical Center, Samaritan Keep Home, Samaritan Summit Village and the Samaritan Medical Center Foundation would like to thank all of our physicians for their hard work and dedication.

From performing lifesaving procedures to helping us endure the common cold, these individuals touch our lives each and every day.



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 Honeylee Agustin, MD
 Shaikh Ahmed, MD
 Basel Al Haddad, MD
 Mohsin Ali, MD
 Jeffrey Amidon, DO
 Nathan Ashby, DPM
 Shehroz Aslam, MD
 Caleb Atkins, MD
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