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Samaritan advancing cancer diagnosis

■ **200,000 New Yorkers
could lose their caregivers**

PAGE 2

■ **10th Annual FDRHPO
health survey is out**

PAGE 3

■ **Cancer symptoms can
be easy to miss, here's
what to look out for**

PAGE 4

■ **Walker Cancer Center
has new oncologist from
Roswell Park**

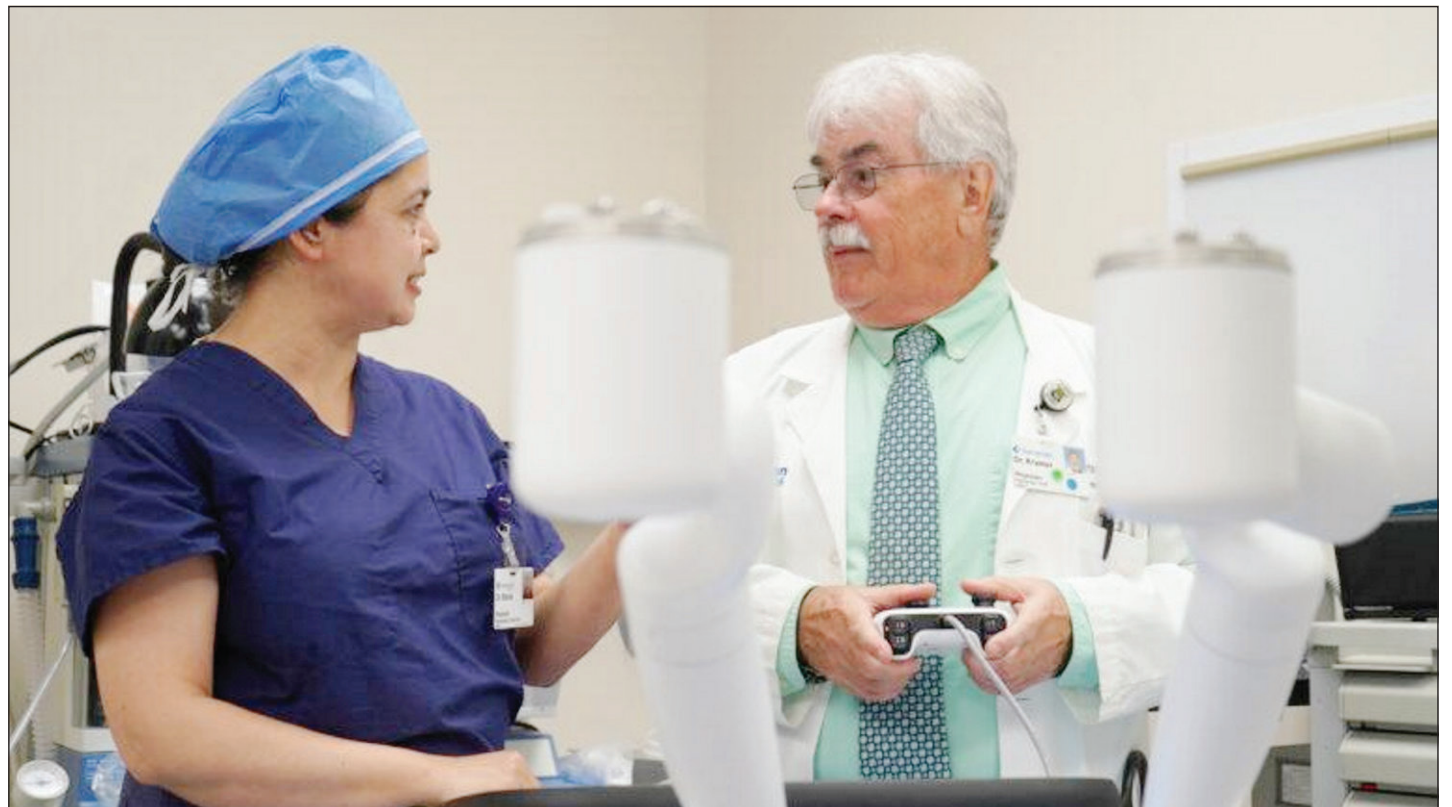
PAGE 5

■ **Critical Access status for
Alice Hyde is paying off**

PAGE 6

■ **River Hospital
welcomes experienced
ENT**

PAGE 11



Dr. Aaliya Burza and Dr. Lawrence Kramer using the equipment together. Contributed.

Innovative Advanced Technology to Improve Lung Cancer Diagnosis

ROBOTIC BRONCHOSCOPY AIMS TO HELP ENABLE EARLIER ACCESS TO LUNG NODULES

WATERTOWN, NY – For lung cancer patients, getting an earlier diagnosis is crucial in creating the opportunity for accelerating treatment discussions. Johnson & Johnson MedTech's MONARCH TM Platform, a robotically assisted bronchoscopy system enhanced with advanced computer-guided technology, is improving how physicians reach and

biopsy lung lesions 1.

The facts:

■ Nearly every 2 ½ minutes, someone in the U.S. is diagnosed with lung cancer, and every day, lung cancer takes the lives of more than 356 people².

■ The 5-year relative survival is 61% in Stage 1 (localized), but when diagnosed at a late stage (distant) there is a 7% 5-year relative survival³.

■ Over 70% of U.S. lung cancer pa-

tients are not diagnosed until stages III-IV⁴.

■ Transthoracic Needle Aspirations have an approximate 20% pneumothorax rate; 7.3% of patients require a chest tube and 2.8% – 9% experience significant bleeding^{5,6}.

We at Samaritan want to enable physicians to provide patients and their fami-

See SAMARITAN H11

Professional Connection Page 8

NY revamped home care for 200,000 patients Now their caregivers risk losing certification

By **DOUGLAS DOWTY**

syracuse.com (TNS)

Thousands of home care workers statewide have an Oct. 1 deadline to be recertified, but many are scrambling to complete a required physical exam in time, families and advocates say.

That threatens to upend care for as many as 200,000 New Yorkers, who rely on the home aides for meals, bathing and other everyday life needs. Without recertification, these workers won't get paid through Medicaid.

In the past, these home care workers would get recertified annually as their individual deadlines came up.

This year, this army of workers — as many as 500,000 — all must get their doctor's checkup by the end of the month. And if they want to avoid paying for the trip to the doctor, they have to find a WellNow Urgent Care with available appointments.

"People are struggling to make appointments," said Jan Lynch, executive director of the Finger Lakes Independence Center, in Ithaca. "Consumers are concerned they won't have their personal aides to help them Oct. 1 if they can't figure this out."

Lynch guessed that 20% of consumers seeking help from her state-funded advocacy group are having problems getting their assistants appointments.

Across vast swaths of Upstate New York, the best chance for the home care workers is at a WellNow. But some local WellNow clinics have run out of appointments before the deadline, Lynch told [syracuse.com](https://www.syracuse.com) | The Post-Standard.

"They're directed to offices 40 minutes or an hour away," she said.

The bottleneck is the latest problem in the state's effort to bring this entire home care network under one umbrella, a move made this year that drew criticism from people who depend on and caregivers who provide the services.

The Consumer Directed Personal Assistance Program, or CDPAP, is a popular program for people with health conditions that require assistance at home. People can hire their friends, relatives or other unskilled employees to provide care. Medicaid, the government's health care program for the poor and disabled, pays the bill. It's a cheaper, more personalized alternative to licensed professional health aides or nursing home care.

In the past, it ran under the oversight of more than 600 administrators spread throughout the state. This year, the state awarded all that work to a single for-profit, PPL First, much to the criticism of many.

As part of the transition, the state set the Oct. 1 screening deadline — but left it up to PPL to work out the details.

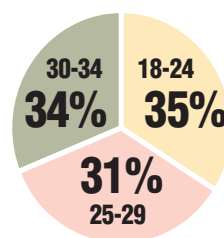
That rush is causing worry for people like Baldwinsville resident Kelly Thomas, 46, who depends on personal assistants so she can live independently with cerebral palsy.

Her mom, Nancy Thomas, is keeping track of the difficulty her daughter's PAs are having in getting

Millennial family caregivers

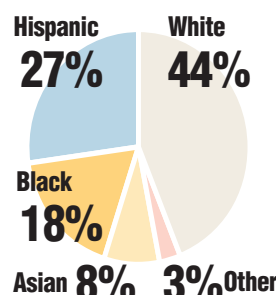
Of the 40 million U.S. family caregivers, about 1 in 4 is part of the millennial generation (ages 18-34). Family caregivers provide critical support to adults with a chronic, disabling or otherwise serious health condition.

Millennial family caregivers by age group



Source: AARP
Graphic: Staff, TNS

Millennial family caregivers by race



an appointment. She alerted her daughter's assistants of the requirement in early August, she said.

Now one is driving to Geneva to get hers done Sept. 24. Another got a date in Camillus — but not until Oct. 3, two days after the deadline. Two others snagged WellNow appointments in Fulton and Liverpool.

Thomas called PPL, reaching a man who identified himself as "Mark from Ohio," who suggested that PAs simply drive to Rochester to get their appointment in time.

That's not an option for Kelly's workers, who earn low wages and often have full-time jobs elsewhere to support themselves, her mom said.

"You just want to tear your hair out," Nancy Thomas said.

The state health department blamed some of the prior administrators "who had an interest in trying to disrupt the transition" for failing to keep PAs up-to-date on screenings. The state ordered everyone get a new screening by the October deadline.

That screening deadline was supposed to be six months after PPL took over.

But then a judge delayed that takeover from April 1 to Aug. 1. Yet the state never adjusted the screening deadline. For those who transitioned later in the process, that shrunk the window from six months to two months to complete the medical appointment.

A health department spokeswoman directed all questions about the medical screenings process to PPL.

PPL said that personal assistants have known for up to six months about the requirement, but some have been slow to sign up.

Still, given the rush before the Oct. 1 deadline, the company said it is committed to opening up more appointments as necessary.

The company "remain(s) eager to help anyone who needs assistance," said PPL vice president of government relations Patty Byrnes in a statement. "This critical health and safety requirement of CDPAP was inconsistently enforced across the more than 600 fiscal intermediaries operating in the pro-

gram previously."

Assistants who still need to sign up should call PPL's subcontractor, Mobile Health, at 646-680-0450.

Mobile Health also said in a statement that it had plenty of capacity, saying that only 30% of available appointments had been claimed.

It also pointed to 10 popup clinics, though the one in Albany is the only one across Upstate. PPL says there are 240-plus other locations with appointments.

State officials say the move to PPL, a for-profit company, was made to rein in wasteful Medicaid spending and eventually save taxpayers money.

The screenings themselves are not especially complicated: it requires routine bloodwork, proof of vaccinations and physical exam to confirm someone is able to provide care.

There are three ways to complete the assessment. A PPL subcontractor, Mobile Health, is holding a series of popup sites. But the only one Upstate is located in Albany, according to Mobile Health's website.

A PA can also get examined by their primary care physician. But PPL will not cover the cost of the visit, nor are there any guarantees someone could make an appointment in time. That could cost hundreds of dollars for someone working a low-wage part-time job.

The third option includes a visit to a health facility for lab work. In Upstate, that option typically means finding a WellNow location that has openings, advocates say.

Lynch's Finger Lakes group, like dozens of others across the state, signed a contract with PPL First to help people navigate the transition. That contract includes a provision that precludes these groups from speaking badly of PPL, she and others have said.

Lynch said that puts her group in a tough position.

"Independent livings centers are supposed to advocate," she said. "They're calling us partners, but we can't fix anything."

PPL told its partners last week that they were working to open up more WellNow appointments for PAs. But Lynch is dubious it will be enough. She joined others in calling for the state to extend the deadline for PAs to complete their medical screenings.

Another group that advocates for home-care workers said that this is yet more proof that the state's transition to a single administrator was misguided.

"Nobody is arguing that we go back to where we were," said Julia Solow, lead state organizer for Caring Majority Rising. "But clearly a private-equity monopoly is not working."

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FDRHPO Releases Findings of 10th Annual Community Health Survey

By **HOLLY BONAME**

FDRHPO

2025 survey includes several updates to reflect the 2025–2030 New York State Prevention Agenda

Watertown, NY– The 10th Annual Community Health Survey of Adult Residents in Jefferson, Lewis, and St. Lawrence counties has been completed for 2025. This year’s participation reached 1,497 individuals across the region, resulting in an average margin of error of $\pm 2.9\%$. To date, 17,188 individuals have participated since the first survey in 2016.

Each year, the Fort Drum Regional Health Planning Organization (FDRHPO) conducts a Community Health Survey to better understand the health behaviors, concerns, and needs of residents across Jefferson, Lewis, and St. Lawrence counties. The 2025 survey includes several updates to reflect the 2025–2030 New York State Prevention Agenda, and its emphasis on social determinants of health (SDoH). New questions were added this year to explore issues like financial strain, housing insecurity, caregiving responsibilities, childhood adversity, and the impact of social media.

Survey questions are developed and updated annually by North Country Health Compass Partners, a group

that includes representatives from Jefferson, Lewis, and St. Lawrence County public health departments, hospitals, healthcare facilities, behavioral health clinics, and a wide range of community-based organizations dedicated to community wellness. Some questions stay the same from previous years, while others are newly created each year to address current needs.

“The Community Health Survey is a resource that our stakeholders look forward to each year,” said Kayla Quinn, Population Health Coordinator at Fort Drum Regional Health Planning Organization (FDRHPO). “The data collected and released showcases the health needs of the community, and we can tailor the survey questions from year to year as we monitor health trends from previous years. It’s a valuable resource for our partners and our communities.”

Key findings:

- A majority (62%) of respondents reported that they trust local doctors, nurses, and healthcare providers the most when it comes to health information, surpassing medical websites, social media, friends and family, or national news outlets.

- Nearly half of all respondents (50%) reported at least one healthcare access

issue in the past year, with long wait times to receive an appointment (45%) cited as the top challenge.

- Preventive screenings are the highest rates observed to date, with 85% of adults (ages 45–75) reporting having had a colorectal cancer screening and 80% of women (ages 40–75) having received a mammogram within the recommended timelines.

- When asked to rate their physical, dental, and mental health, only 35% of adults rated their physical health as “excellent” or “very good”. This is the lowest level recorded in the eight years this question has been asked.

- Traditional cigarette use has declined to 11%, down from 17% in 2021, while vaping has risen to 9%, up from a low of 8.4% in that same year.

- Roughly 28% of adults reported providing at least one hour of unpaid care to an aging or disabled family member or friend. Approximately 12% reported providing 10 or more hours per week, with 5% providing over 40 hours.

- When asked if they could cover an unexpected \$500 expense without borrowing or using a credit card, 51% of respondents said they were “very confident”, while 28% said they

were not confident.

- One in four adults (25%) reported having experienced three or more Adverse Childhood Experiences (ACEs), such as abuse, neglect, or household dysfunction during childhood. Crosstab analysis shows significant links between high ACEs scores and poorer mental and physical health outcomes.

- 75% of respondents said that social media or smartphone use interferes with quality time, work, or daily priorities at least “sometimes”, with 47% saying it happens “often” or “very often”.

“The annual Community Health Survey (CHS) helps turn local data into meaningful action. For example, past survey responses identified gaps in colorectal and breast cancer screening rates across the region. In response to this, we collaborated with local partners to implement targeted outreach and programming, leading to improved screening rates over time.”

Mr. Fontana continued, “Colorectal cancer screening rates among adults 45 and older improved significantly in recent years, climbing from 66% in 2022 to 85% in 2025, thanks to targeted community outreach and education efforts. Mammography screening has


also shown steady improvement over the past several years, with overall screening rates among women 18 and older rising by 24% between 2018 and 2024.”

Now in its 10th year, the annual Community Health Survey results continue to provide valuable data on community health perceptions and behaviors, helping stakeholders monitor health trends as residents establish their regular healthcare routines. These new insights will directly inform upcoming Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs), helping regional stakeholders identify disparities, align resources, and target the most pressing health needs of North Country residents.

“The insights gained from the Community Health Survey are invaluable. This data not only highlights the unique challenges our rural communities face but also empowers stakeholders to develop targeted, effective solutions that address the specific health-related needs of Jefferson, Lewis, and St. Lawrence counties,” said Pat Fontana, Deputy Director at FDRHPO. “Our goal is to leverage these findings to make informed decisions that will improve health outcomes across the region.”

Questions and comments can be directed here. For a full copy of the 2025 Community Health Survey, follow this link.

For additional information, please contact Kayla Quinn by emailing kquinn@fdrhpo.org.



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I'm an oncologist

Here are common cancer symptoms you should know about

By MIKKAEL A. SEKERES, MD

Special to The Washington Post

As an oncologist, I'm often asked by family and friends about swollen lymph nodes. Even I find them concerning at times, wondering if they could be a sign of cancer.

I should know better. Most lymph nodes swell as a reaction to an underlying infection or inflammation and are nothing to worry about.

In a study conducted in England, investigators identified about 8,000 people who were diagnosed with solid tumor cancers and pored over their medical records to determine the health complaints that led to their diagnoses. Ranked from most to least common, the top symptoms included:

- Breast lump
- Urinary tract symptoms, such as difficulty urinating or loss of bladder control
- Change in bowel habits
- Cough
- Weight loss
- Developing an abnormal mole
- Shortness of breath
- Rectal bleeding
- Blood in the urine
- Abdominal pain

Not surprisingly, the findings reflect incidence rates of the most prevalent cancers worldwide: breast, prostate, lung, skin and colorectal.

But these symptoms may also be due to relatively innocent causes. For example, a benign cyst can cause a breast lump, hemorrhoids can cause rectal

Earlier mammograms recommended

Regular mammograms to screen for breast cancer should start younger, at age 40, according to the U.S. Preventive Services Task Force. Women ages 40 to 74 should get screened every other year, the group said. Previously it recommended every two years from age 50 through 74.

BREAST CANCER

Facts and figures

1 in 8 WOMEN
In the United States will develop breast cancer in her lifetime. This year an estimated 316,720 new cases of invasive breast cancer will be diagnosed in women.

62%
of breast cancer cases are diagnosed at a localized stage, for which the 5-year survival rate is 99%.

1 in 1000
Although rare, men get breast cancer too. The lifetime risk for U.S. men is about 1 in 1,000.

2,800
men will be diagnosed with breast cancer this year in the United States and approximately 500 will die.

4 MILLION
breast cancer survivors in the United States.

Early detection Some symptoms

When breast cancer is detected early, and is in the localized stage, the 5-year relative survival rate is 100%. Early detection includes doing monthly breast self-exams, and scheduling regular clinical breast exams and mammograms.

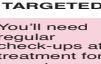
- Skin changes
- Nipple discharge
- General pain
- Shape change
- Nipple changes
- Lumps or nodes

Treatment

In general, there are five treatment options, and most treatment plans include a combination of the following: surgery, radiation, hormone therapy, chemotherapy, and targeted therapies. Some are local, targeting just the area around the tumor. Others are systemic, targeting your whole body with cancer-fighting agents.



CHEMOTHERAPY



You'll need regular check-ups after treatment for breast cancer.

Source: nationalbreastcancer.org
Graphic: Staff, TNS

Prostate cancer

The second most common malignancy in men, after skin cancer, is cancer of the prostate.



Source: cancercenter.com
Graphic: Staff, TNS

Common symptoms

Early stages Often none
Later stages Difficulty urinating, blood in semen, painful ejaculation, lower back pain

Screening

Common tests Manual exam by physician and PSA blood test

Cancer risk factors

Heredity About 15% of men with prostate cancer have a father or brother with it
Race Incidence highest among men of African descent. 60%
Age Risk increases with age; 60% of cases are in men 65 and older

bleeding, and normal aging spots can look sinister.

Here are four symptoms that people often worry about - and the red flags that may signal an underlying cancer.

SWOLLEN LYMPH NODES

In a Dutch study, over 2,500 people were evaluated by their doctors for swollen lymph nodes, and 10 percent were referred to a surgeon for a biopsy. Among patients with swollen lymph nodes, only about 1 percent were found to have cancer, though the likelihood was higher with advancing age.

In other words, your swollen lymph node most likely isn't cancer. A lymph node that swells from an infection is often painful and shrinks after a few days, when the infection is gone. That is, unless you repeatedly press on it, in which case it will continue to swell and hurt - so avoid doing that.

Cancerous lymph nodes, on the other hand, are often painless, hard, fixed and continue to enlarge. Lymph nodes that are larger than about one inch in diameter or increase rapidly in size are also more suspicious for being malignant. A lymph node that doesn't go away and with any of these characteristics may need to be biopsied.

CHANGES IN BOWEL HABITS

We all experience changes in our bowel habits, particularly if we're taken out of our routines, like when we travel. And everyone has a different definition of "normal" when it comes to bowel movements. But symptoms related to cancer are often unusual, at least to us, and persist.

For example, the actor James Van Der Beek and the Brazilian singer Preta Gil, both of whom were diagnosed with colorectal cancer, revealed that they had bowel habit changes that were new to them, and that didn't go away, before their diagnoses.

Researchers have found this scenario to be a common red flag. One study looked at 286 patients diagnosed with colorectal cancer under age 50 and investigated the symptoms that led to their diagnoses. Over half reported changes in their bowel habits (diarrhea more often than constipation) and over half

had rectal bleeding, while 47 percent complained of abdominal pain.

Importantly, the vast majority reported two or more symptoms, and these symptoms lasted two months or longer.

An analysis of about 80 studies that included almost 25 million people with early-onset colorectal cancer came to similar conclusions about the frequency of these symptoms. On average, symptoms persisted for six months before cancer was diagnosed. My advice is to see a doctor if symptoms persist for two months or longer.

UNINTENTIONAL WEIGHT LOSS

My weight will fluctuate 5 or 10 pounds depending on the season and how much I'm exercising. This sort of slight variability in weight is nothing to worry about. But unintentional weight loss, or weight loss while dieting that far exceeds expectations, may be cause for concern.

In a study of over 150,000 health professionals followed for almost 30 years, those with a weight loss of 10 percent or more of their body weight had a 37 percent increased risk of a cancer diagnosis during the following 12 months compared with those without weight loss.

Cancers of the upper gastrointestinal tract, including of the esophagus, stomach, liver and pancreas, were particularly common among those with substantial weight loss.

CHRONIC COUGH

It's common for a cough to linger after a viral upper respiratory infection. In fact, I had a cough that lasted for weeks after a recent cold, putting me among the 25 percent of people who still have symptoms two weeks after a common cold.

That's not the same as a chronic cough, which lasts eight weeks or longer and should be evaluated by a physician. A study of almost 10,000 people diagnosed with lung cancer in Spain found that cough was the most common symptom that led to a cancer diagnosis, present in about one-third of patients. Other estimates report cough in 55 percent of people with lung cancer.

Older adults with a chronic dry cough and a smoking history are more likely to be diagnosed with lung cancer. But overall, in patients with a chronic cough who see a primary care provider, lung cancer is diagnosed only 2 percent of the time or less.

The bottom line is that these symptoms are indeed associated with cancers, but most of the time, they won't lead to a cancer diagnosis. If a symptom doesn't get better, is unusual to you, or worsens over time though, see your doctor just to be sure.

Mikkael A. Sekeres, MD, MS, is the chief of the division of hematology and professor of medicine at the Sylvester Comprehensive Cancer Center, University of Miami. He is author of the books "When Blood Breaks Down: Life Lessons From Leukemia" and "Drugs and the FDA: Safety, Efficacy, and the Public's Trust."

Fighting cancer at Samaritan



Samaritan and Roswell Park joined forces to fight cancer.

To provide our community the best possible cancer care, Samaritan affiliated in 2021 with Roswell Park Comprehensive Cancer Center in Buffalo, NY. The relationship enhance our capabilities and increase our resources, it will elevate our medical oncology offering by connecting patients to the innovative treatments and programs of the Roswell Park Care Network.

Medical oncology patients at Samaritan will benefit from more options and opportunities to decide the best route to treat their cancer, but they'll maintain the same day-to-day interactions with the staff they've come to know.

COLLABORATIVE CARE

When opened in 2018, Samaritan's Walker Center for Cancer Care represented a \$16 million local investment in the health of our community and changed the way cancer care is delivered in our region. Our collaboration with Roswell Park—widely recognized as one of the best cancer centers in the nation—will propel our medical oncology services to the next level by providing:

- Access to clinical trials
- Telemedicine
- Consultations with Roswell Park subspecialists
- Access to multi-disciplinary tumor boards
- Innovative therapies through our affiliation with Roswell Park Comprehensive Cancer Center
- Medical oncology therapies for select cancers through Roswell Park Comprehensive Cancer Center
- Reduced travel for patients who may otherwise seek treatment at cancer centers in New York City or out of state. Patients requiring more complex care may also be referred to Roswell Park in Buffalo.

WHAT TO EXPECT

Samaritan's medical oncology and hematology professionals provide diagnosis and treatment

for patients dealing with all types of cancers and blood disorders. Our dedicated physicians, nurses and staff will guide you and your family through your treatment options, tailoring our services to your unique, individual needs.

Our comprehensive services are state-of-the-art, patient-centered, and provided by people who have an unwavering commitment to achieving the best possible result. We'll keep you informed of possible side effects; monitor each step of your treatment; and fully evaluate your progress. You'll receive expert care, while staying close to the comfort of your home and family.

- Anemia
- Bleeding disorders
- Cancers including but not limited to:
 - Colon, prostate, breast, lymphomas, non-active leukemia, urological, lung, gastric, pancreatic, brain, and melanoma.
 - Coagulation disorders
 - Hemophilia
 - Sickle Cell disease
 - Treatments
 - Anticoagulation therapy
 - Bone Marrow and aspirate & biopsy
 - Chemotherapy
 - Immunotherapy
 - Infusions for other physicians for MS & arthritis
 - Lab
 - Nutrition counseling
 - Transfusions
 - Early Lung Cancer Screening Program

Early detection is a proven, successful strategy for fighting many forms of cancer; Samaritan Medical Center offers low-dose computed tomography (CT) screening for people at high risk for lung cancer.

Lung cancer is the second most common cancer and the leading cause of cancer-related death in both men and women in the United States. Because lung cancer has no symptoms in its early stages, more than 85 percent of the men and women who are

diagnosed with lung cancer today are diagnosed in a late stage, after symptoms occur and when there is very little chance of cure.

Samaritan's Early Lung Cancer Screening program can give you that chance. According to International Early Lung Cancer Action Program (I-ELCAP) research, a CT scan can find 85% of lung cancers in their earliest, most curable stage.

What does Samaritan's Early Lung Cancer Screening Program involve?

Individuals who may benefit from the Early Lung Cancer Screening program are:

- Between the ages of 50-80 who have a 20 pack-year* smoking history and currently smoke or have quit within the past 15 years
- *pack-years = the average number of packs smoked per day multiplied by the number of years a person has smoked. For example, a 30 pack-year smoker may have smoked 1 pack a day for 30 years or 2 packs a day for 15 years.

If you believe you meet the above criteria, speak to your physician about a referral, then call 315-786-4920. The program coordinator will help guide you through the process using National Comprehensive Cancer Network Guidelines.

If the criteria are met, you will be scheduled for a low-dose CT scan of your lungs.

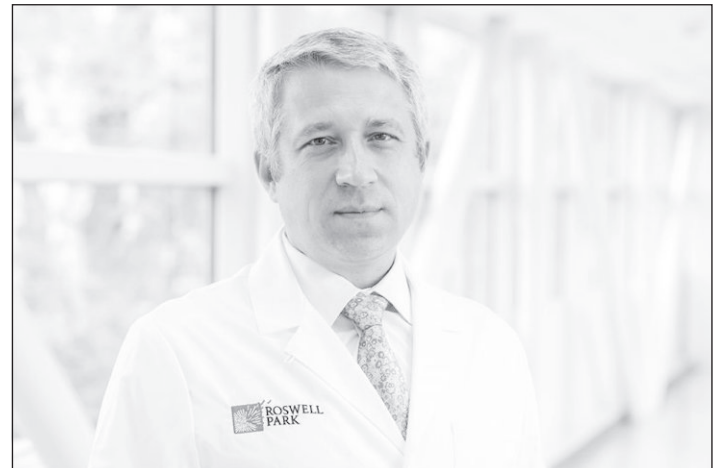
Payment is due at the time of your appointment. During your appointment and prior to your CT scan, a physician will conduct a brief medical screening, confirm the recommendation for the CT scan, and complete the necessary paperwork, including having you sign a waiver/consent form.

Once your CT scan is complete, follow-up will be done within 2 business days with results and recommended next steps.

COST FOR A CT SCAN

The Early Lung Cancer Screening CT scan is now covered by many health insurances, but each plan is unique to please check with your individual insurance plan. If you have questions, you can call the Nurse Navigator at 315-786-4920.

Oncologist joins Samaritan Medical Center's Walker Center for Cancer Care



Samaritan Medical Center's newest medical oncologist Dr. Maksim Liaukovich. Provided photo

WATERTOWN – Samaritan Medical Center has announced that medical oncologist Maksim Liaukovich, MD, has joined its team at the Walker Center for Cancer Care.

Samaritan said Dr. Liaukovich brings years of clinical experience and advanced training to the Walker Center. He received his medical degree from Grodno State Medical University in Belarus and later completed both his internal medicine residency and hematology/medical oncology fellowship at Brookdale University Hospital and Medical Center in Brooklyn. He is board certified by the American Board of Internal Medicine.

Medical oncology services at the Walker Center are provided through an affiliation with Roswell Park Comprehensive Cancer Center in Buffalo as part of the Roswell Park Care Network. Dr. Liaukovich joins Roswell Park-affiliated medical oncologists Florence Arnold, MD, and Ihsan Haq, MD, in providing exceptional cancer care to north country patients through this partnership.

Services offered include: chemotherapy; immunotherapy; anticoagulation therapy; bone marrow aspirate and biopsy; transfusions; diagnose and treat oncology and hematology disorders.

"I am excited and honored to work with the teams at the

Walker Center for Cancer Care and Roswell Park Care Network," Dr. Liaukovich said in a Samaritan statement, "Most importantly, I am grateful to use my expertise to help families here in the North Country. My colleagues and I are committed to serving our community with the best possible quality of cancer care."

"Dr. Liaukovich is a welcome addition to the Walker Center's medical oncology team," Dr. Mario Victoria, vice president for medical affairs and chief medical officer at Samaritan Medical Center, said in the hospital's statement. "His extensive training in medical oncology, hematology and internal medicine will enhance care for our patients and support our goal to stay at the forefront of cancer treatment. We are pleased to bring a full-time permanent position to the patients at the Walker Center."

Dr. Liaukovich comes to Samaritan from AR Gould Northern Light Health Hospital in Presque Isle, Maine. His wife, Dr. Volha Liaukovich, will join the medical staff in October, working for Samaritan's contracted hospitalist group, Apogee Physicians.

For more information about medical oncology at the Walker Center for Cancer Care, visit samaritanhealth.com/cancer-care

Alice Hyde Medical Center builds momentum

Critical Access status providing opportunities

**The Press-Republican,
Plattsburgh (TNS)**

MALONE— Almost two years after its transition to a federally designated critical access hospital (CAH), University of Vermont Health Network– Alice Hyde Medical Center continues to evolve, building upon its long history of supporting the community's health care needs.

“Our goal has always been to continue to do what we do best – provide care to the people in this community; this team has worked hard at becoming and staying sustainable so we can honor that commitment,” Alice Hyde and Champlain Valley Physicians Hospital President Michelle LeBeau said. “There is more work to be done but we are mak-

ing progress. We're focused, too, on keeping care close to home and it's exciting to see just how far we've come. This is the strongest financial position the hospital has been in in five years.”

LeBeau explained that transitioning to a critical access hospital from a sole community hospital has improved reimbursement from government payors, like Medicare and Medicaid, and supported AHMC's commitment to invest in its people and the organization.

Critical Access Designation Part of Sustainability Plan

Located just 10 miles from the Canadian border in upstate New York, AHMC provides essential health care for 55,000 people in the northernmost part of the

state. For years, the hospital weathered numerous challenges faced similarly by other rural hospitals across the country including caring for an older, sicker population, shrinking inpatient volumes and reimbursement rates that did not keep pace with the cost of providing care.

As part of a multi-year plan to make the hospital financially sustainable and offer care that responded to the needs of its community, AHMC's leadership and Board of Directors, in close partnership with University of Vermont Health Network leaders, began the process to become a CAH. The hospital received state and federal approval in October 2023.

“This designation better reflects how this hospital

had been functioning – with a smaller inpatient footprint and an emphasis of solidifying primary and outpatient specialty care,” AHMC Chief Financial Officer Matt Kollar said.

Throughout the process, the Alice Hyde team continued to diligently lay groundwork for the future of care in their community. Kollar said community need and sustainability have been the driving forces.

The collaboration with Hudson Headwaters Health Network is an example of Alice Hyde's vision for the future.

“We're working together to improve primary care access,” Kollar said.

The Queensbury, NY-based non-profit Federally Qualified Health Care net-

work is building a 13,000 square-foot primary care center on the AHMC campus which is scheduled to be completed in 2026.

Enhanced Services and New Providers

AHMC has also been successful in adding and enhancing a number of clinical specialties and services offered in Malone including gastroenterology, general surgery and primary care.

Lori DeFreest, MD, FACS, PhD, general surgeon, began practicing in Malone in 2024, offering a variety of laparoscopic and open surgeries, with a focus on outpatient and ambulatory procedures. Gastroenterologist Robert Gal, MD, joined Alice Hyde in May 2025 providing

See **ALICE HYDE H7**

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Formoza and French Join St. Lawrence Emergency Medicine Team

Rochester Regional Health's St. Lawrence team is pleased to welcome Brandon Formoza, PA-C and Kacee French, PA-C, as its newest Emergency Medicine team members. They are treating patients in the Emergency Departments at Canton-Potsdam and Massena hospitals.

A native of Baldwinsville, NY, Formoza earned his Master of Physician Assistant Studies degree at Clarkson University, Potsdam, NY; after completing a double major to receive his Bachelor of Science in Biomolecular Science and Biology. Furthermore, he minored in Medicine and Healthcare and Biomedical Science and Technology.



Brandon Formoza

Formoza formally joins the medical team after serving the St. Lawrence Region as a Nurse Aide and where he completed his clinical rotations in the fields of behavioral health, emergen-



Kacee French

cy medicine, family medicine, general surgery, infectious disease, internal medicine, pediatrics, and women's health. He also participated in a collegiate group study focusing on the Im-

pact of Acute Myocardial Infarctions on Rural Populations and Hospital Systems.

A native of Russell, NY, French earned her Master of Physician Assistant Studies degree at Clarkson University, Potsdam, NY; and completed her Bachelor of Science in Biology degree from Hobart and William Smith Colleges, Geneva, NY.

French formally joins the medical team with more than a year's experience serving the St. Lawrence Region community. She completed her clinical rotations through Rochester Regional Health in the fields of behavioral health, emergency medicine and urgent care, family medicine, internal medicine,

general surgery, pediatrics, orthopedics, and women's health.

Both Formoza and French also participated in a medical mission trip to Nicaragua where they provided medical testing, treatment, and education to patients in clinical and home-healthcare settings.

As a member of the Emergency Medicine team, Formoza and French treat patients with chest pain, numbness, sudden paralysis, seizures, poisoning, severe burns, heavy bleeding, electric shock, deep wounds, and more. They order and interpret tests, conduct complete physicals, and administer therapeutic procedures.

Options for healthy high-protein meals

ANAHAD O'CONNOR

The Washington Post

How many grams of protein have you eaten today?

If you're like most people, you probably have no idea - and that can be a problem. Protein is an essential nutrient. Your body uses it to build and maintain muscle, recover from injuries, produce hormones and fight off infections. Eating protein promotes satiety and helps balance your blood sugar levels.

Health authorities say that the amount of protein the average adult needs on a daily basis is 0.36 grams per pound of body weight. That's 54 grams of protein daily for a sedentary adult who weighs 150 pounds, or about the equivalent of eating 4 ounces of grilled salmon, 3 ounces of grilled chicken breast and one hard-boiled egg.

But that's the bare minimum. You might need more - perhaps much more - depending on your age, activity levels, overall health and other factors.

Registered dietitians told us that most adults should aim to eat between 25 and 30 grams of protein at every meal. Keep in mind that appetites and nutritional needs vary, so think of this as a general goal.

"For most people this is a pretty good range," said Jason Ewoldt, a registered dietitian nutritionist at the Mayo Clinic in Rochester, Minnesota. "Now obviously if you're an athlete or someone

who's recovering from surgery, then we're going to want to increase that amount. But for the average person, 25 to 30 grams of protein at every meal is a good place to live."

Ewoldt and other dietitians emphasized that protein shouldn't be your only focus. You should prioritize meals that also provide plenty of fiber, healthy fats, vitamins and other important nutrients that can protect your overall health.

That takes some strategizing, but it's not as difficult as it might sound. To help you, we asked the dietitians to give us a sample meal plan. Here's what they told us.

BREAKFAST

This tends to be the meal where people eat the least amount of protein - if they eat breakfast at all, said Katie Dodd, a registered dietitian nutritionist who runs a nutrition blog called the Geriatric Dietitian.

Many popular breakfast foods, such as cereals, bagels, snack bars and pastries, contain very little protein. They also tend to be low in fiber and high in sugar and refined carbohydrates. Getting enough protein at breakfast is crucial because it promotes satiety and balances your blood sugar levels - preventing you from experiencing hunger and cravings throughout the day.

1. Greek yogurt with strawberries and almonds

27.5 grams of protein
¾ cup plain Greek yogurt

1 tablespoon chia seeds
½ cup chopped strawberries
¼ cup sliced almonds

Every dietitian we interviewed recommended plain Greek yogurt. It's high in protein and loaded with probiotics - special bacteria that are good for your gut microbiome and metabolic health. Mix in some chia seeds, berries and sliced almonds to add fiber, vitamins, healthy fats and plant protein. If you're vegan, use a plain, plant-based Greek yogurt as your base.

2. Breakfast burrito

25 grams of protein
2 scrambled eggs
cup cooked black beans
¼ cup diced cooked sweet potato

½ Hassavocado, peeled and sliced

1 whole-wheat tortilla

Having a breakfast burrito is an easy way to start your day with a healthy dose of protein. For added convenience, make a batch and stash the burritos in the freezer for a quick, on-the-go breakfast that can be warmed up in a microwave. Add black beans, sweet potatoes and half an avocado for a big boost of fiber, vitamins and minerals. If you're vegan, swap out the scrambled eggs for sautéed tofu.

LUNCH

Most people eat slightly more protein at lunch than at breakfast, but they still fall short of what they need, Kozil said.

1. Chicken and lentil salad

37 to 40 grams of protein

½ cup cooked lentils
3 ounces grilled chicken
1 cup mixed lettuce or baby spinach

¾ cup chopped vegetables, such as cucumber, carrots, peppers, or tomatoes

Dress with olive oil and apple cider vinegar, or your favorite dressing

2. Roast turkey and hummus wrap

About 25 grams of protein
1 whole-wheat tortilla
1-2 tablespoons hummus
1 slice cheddar or mozzarella cheese

2 slices oven-roasted turkey breast

Chopped lettuce and sliced tomatoes and onion

For a quick and portable lunch, combine your favorite protein and veggies in a whole-wheat wrap. If you like cold cuts, choose sliced turkey, chicken or roast beef. These tend to be less processed and have fewer additives than mixed meats such as ham, salami and bologna. In an analysis of ultra-processed foods, we found that these were the healthiest cold cuts: Wegmans Just Turkey Turkey Breast; Applegate sliced turkey, chicken and roast beef; and True Story Oven Roasted Turkey Breast. For a vegetarian option, try substituting the cold cuts with crispy roasted tofu.

Dinner

For most people, dinner tends to be the highest-protein meal of the day.

1. Grilled salmon with veggies and quinoa

About 36 grams of protein
4 ounces grilled salmon (or rainbow trout)

1 cup cooked quinoa
1 cup broccoli and cauliflower in medium-sized florets sautéed with garlic and olive oil

Seafood is one of the most nutritious high-protein foods you can eat because it's brimming with omega-3 fatty acids, an essential nutrient that our bodies need but can't produce. Health authorities recommend eating at least two servings of seafood weekly. But 90 percent of adults in the United States fall short of that goal. Experts recommend eating salmon, rainbow trout, and small fish such as anchovies or sardines at least two nights a week.

2. Chicken fajitas

About 30 grams of protein
4 ounces chicken tenders
Fajita or taco seasoning
½ large bell pepper, seeded and sliced

¼ large red onion, sliced
Flour or corn tortillas

Chicken is one of the richest sources of protein you can eat, Dodd said. "It's a great source of lean protein," she added. "That's why so many bodybuilders eat chicken." Consider trying this quick and easy recipe for chicken tender fajitas with onions and peppers, which involves sautéing chicken tenders with taco or fajita seasoning, then mixing in bell peppers and onions.

Citizen Advocates president, CEO named to state advisory council

MALONE — Citizen Advocates has announced that James Button, president and CEO, has been appointed by Governor Kathy Hochul and confirmed by the New York State Senate to serve on the New York State Behavioral Health Services Advisory Council (BHSAC).

The BHSAC advises the New York State Office of Mental Health (OMH) and the Office of Addiction Services and Supports (OASAS) on critical issues related to the improvement, integration and equitable delivery of behavioral health services across New York State.

As a member of the council, Button will lend his expertise to a body composed of professionals, consumers, stakeholders and community advocates. Among its responsibilities, the council reviews applications for new facilities, provides policy recommendations, forms specialized committees and works to ensure treatment equity—particularly for underserved and vulnerable communities.

“I am honored to join the Behavioral Health Services Advisory Council and grateful for the opportunity to bring the experiences of New York State behavioral health providers and communities to the table,” said Button. “I look forward to collaborating with fellow members to ensure behavioral health policy in New York meets the diverse needs of all people—especially those who are often overlooked.”

Button serves as president & CEO of Citizen Advocates, as well as St. Joseph’s Addiction Treatment & Recovery Centers, North Country Freedom Homes, Fieldstone Foundation and Harison Place. With master’s degrees in education and clinical social work from the State University of New York and a healthcare administrator’s certificate from the University of Vermont, Button brings both



James Button

deep clinical insight and strong leadership to his roles.

An accomplished public speaker, he is recognized for his ability to translate complex behavioral health issues into accessible, compelling messages. Under his leadership, Citizen Advocates has expanded its reach across Northern New York and the Capital District, delivering integrated behavioral health, developmental disability and support services.

The BHSAC meets at least quarterly to discuss and advise on the delivery of mental health and substance use disorder services, integration with broader health services, treatment disparities and statewide planning.

The council serves as a bridge between New Yorkers, behavioral health providers and state leadership, ensuring industry policy and regulations reflect real world needs. While final authority rests with OMH and OASAS, and ultimately the Governor’s Office, the Council is regarded as the highest formal body of public input informing mental health and addiction treatment policy in the state.

It includes 32 governor-appointed members, alongside commissioners and other key stakeholders, ensuring diverse representation from consumers, families, providers, veterans, local governments and experts in vulnerable populations.

Rochester Regional Health Welcomes New Psychiatric Nurse Practitioner to Behavioral Health Team

Potsdam, NY— Rochester Regional Health (RRH) is pleased to welcome **Al-den Bush, DNP, MPH**, to its growing Behavioral Health team in the North Country.

Board-certified Psychiatric Nurse Practitioner with a doctorate from **Columbia University**, **Dr. Bush** is fluent in English and Spanish, and brings a holistic and patient-empowering approach to mental health treatment, grounded in evidence-based practice and cultural competence.

With a focus on **outpatient psychiatry and substance use disorders**, he provides compassionate medication management and therapeutic support for adults and older adolescents. His extensive clinical



Bush

experience includes a range of conditions including **anxiety disorders, mood disorders, trauma-related conditions, insomnia, dual diagnoses, and a special fo-**

cus on adult ADHD.

“One of the things I truly appreciate about the St. Lawrence Region, especially Canton-Potsdam, is how warmly I’ve been welcomed by both the community and my colleagues,” said Dr. Bush. “Community is vital to our overall well-being, and I’m honored to be part of this one and to serve its people.”

Earning both his **Doctor of Nursing Practice (DNP)** and **Master of Science in Nursing (MS)** degrees from **Columbia University**, he also holds a **Master of Public Health (MPH)** from the **University of New England**, with a concentration in Public Health Practice and Management.

Pediatric Expansion

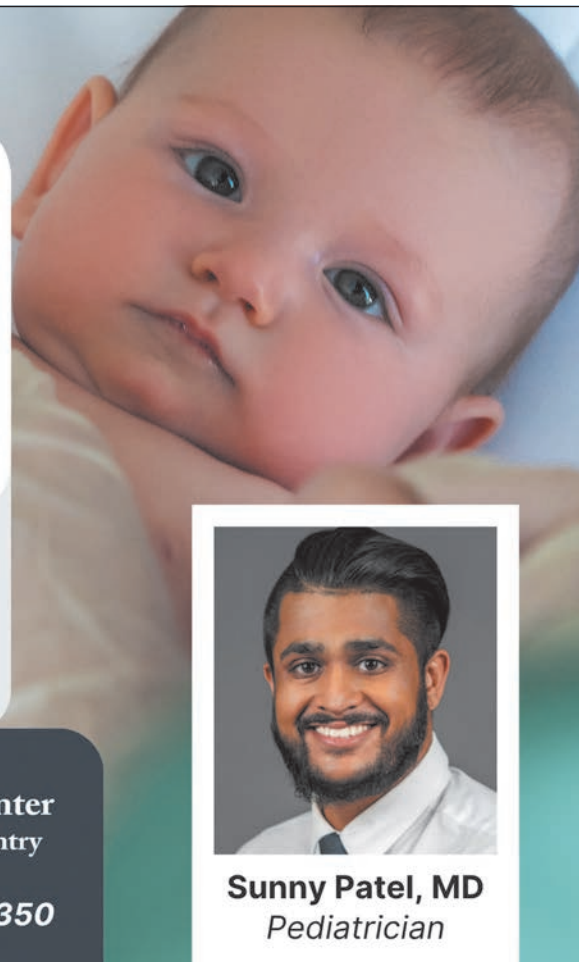
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From H1

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The MONARCH TM Platform is now in use at Samaritan Medical Center enhancing the work of the skilled pulmonologists at Samaritan Pulmonology – Dr. Rory Sears, Dr. David Rechlin, Dr. Lawrence Kramer, Dr. Aaliya Burza, and Dr. Marco Campitelli. The technology effectively integrates bronchoscopes, instruments, navigation, and robotics into one easy-to-use platform that provides the physician with a full suite of possible endoscopic intervention capabilities. The MONARCH TM Bronchoscope is designed for continuous vision throughout the procedure 7,8†. The latest advancement in the platform’s navigation technology, MONARCH TM QUEST, combines next-generation navigation software with the GE HealthCare OEC 3D Imaging System to speed up algorithm and data processing. It is designed to travel deep into the lungs and precisely guide a biopsy instrument into even the

most difficult nodules, while maintaining vision during the most critical segment of the procedure, the biopsy 9‡.

Samaritan is currently the only hospital in New York State utilizing the Monarch Platform with advanced technology. Since its launch, the team has already performed four successful procedures, setting a new standard for lung care in the region.

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Platform will change the future of lung care. “The Monarch Platform is transforming the way we approach lung procedures,” said Dr. Rory Sears, Pulmonary and Critical Care specialist at Samaritan. “Its advanced robotic precision allows us to reach and biopsy lung nodules with greater accuracy and safety, which ultimately means better outcomes



A group photo of Dr. Marco Campitelli, Dr. Lawrence Kramer, and Dr. Rory Sears. Contributed.

and peace of mind for our patients.”

Learn more at www.samaritanhealth.com/lung-care.

About Samaritan Medical Center

Samaritan Medical Center (Watertown, New York) is a 290-bed not-for-profit community medical center, offering a full spectrum of inpatient and outpatient healthcare services. From primary and emergency care to highly specialized medical and surgical services, such as cancer treatment, neonatal intensive care, behavioral

health and addiction services, and imaging services, Samaritan Medical Center and its team of healthcare professionals proudly serves the medical needs of our civilian and military community. Quality, compassion, and safety are the basic principles by which exceptional care is delivered at Samaritan.

Bronchoscopy Indications for Use: The MONARCH TM Bronchoscope and the MONARCH TM Platform and its accessories are intended to provide bronchoscopic visualization of and access to patient

airways for diagnostic and therapeutic procedures.

Bronchoscopy Important Safety Statement: Complications from bronchoscopy may include breathing difficulty, vocal cord spasm, hoarseness, slight fever, vomiting, dizziness, bronchial spasm, infection, low blood oxygen, bleeding from biopsied site, or an allergic reaction to medications. More serious complications from bronchoscopy may include collapsed lung, respiratory failure, hemorrhage, burns, heart attack or cardiac arrhythmia.

River Hospital Welcomes ENT Specialist Dr. David C. Gordon

River Hospital, in partnership with Samaritan Medical Center in Watertown, NY, is pleased to announce that Dr. David C. Gordon, a Board-Certified Otolaryngologist, will begin seeing patients and performing surgical procedures in late September 2025.

Dr. Gordon has more than 20 years of experience treating conditions of the ears, nose, and throat (ENT), with a focus on sinus and allergy-related diseases. He also treats pediatric ENT problems, hearing and balance issues, mouth and throat conditions, and thyroid and parathyroid disorders.

“River Hospital is thrilled to welcome Dr. Gordon to our team in partnership with

Samaritan Medical Center,” said Kelley Tiernan, Chief Executive Officer. “His expertise will allow us to expand the range of specialized ENT services available locally, improving timely access to high-quality care for our community and ensuring patients can receive expert treatment close to home.”

A native of the Thousand Islands region, Dr. Gordon earned his PhD at Queen’s University in Kingston, Ontario, and his medical degree at the University of Toronto, where he also completed his residency in Otolaryngology. He further trained for a year at UCLA-Harbor Medical Center in Los Angeles. Certified by the American Board of Otolaryngology, he is a mem-



Beginning in late September 2025, Dr. David C. Gordon, board certified Otolaryngologist, will see patients and perform surgical procedures at River Hospital. Dr. Gordon, who has more than 20 years of ENT experience. Contributed.

ber of the American Academy of Otolaryngology–Head and Neck Surgery and the American Academy of Otolaryngic

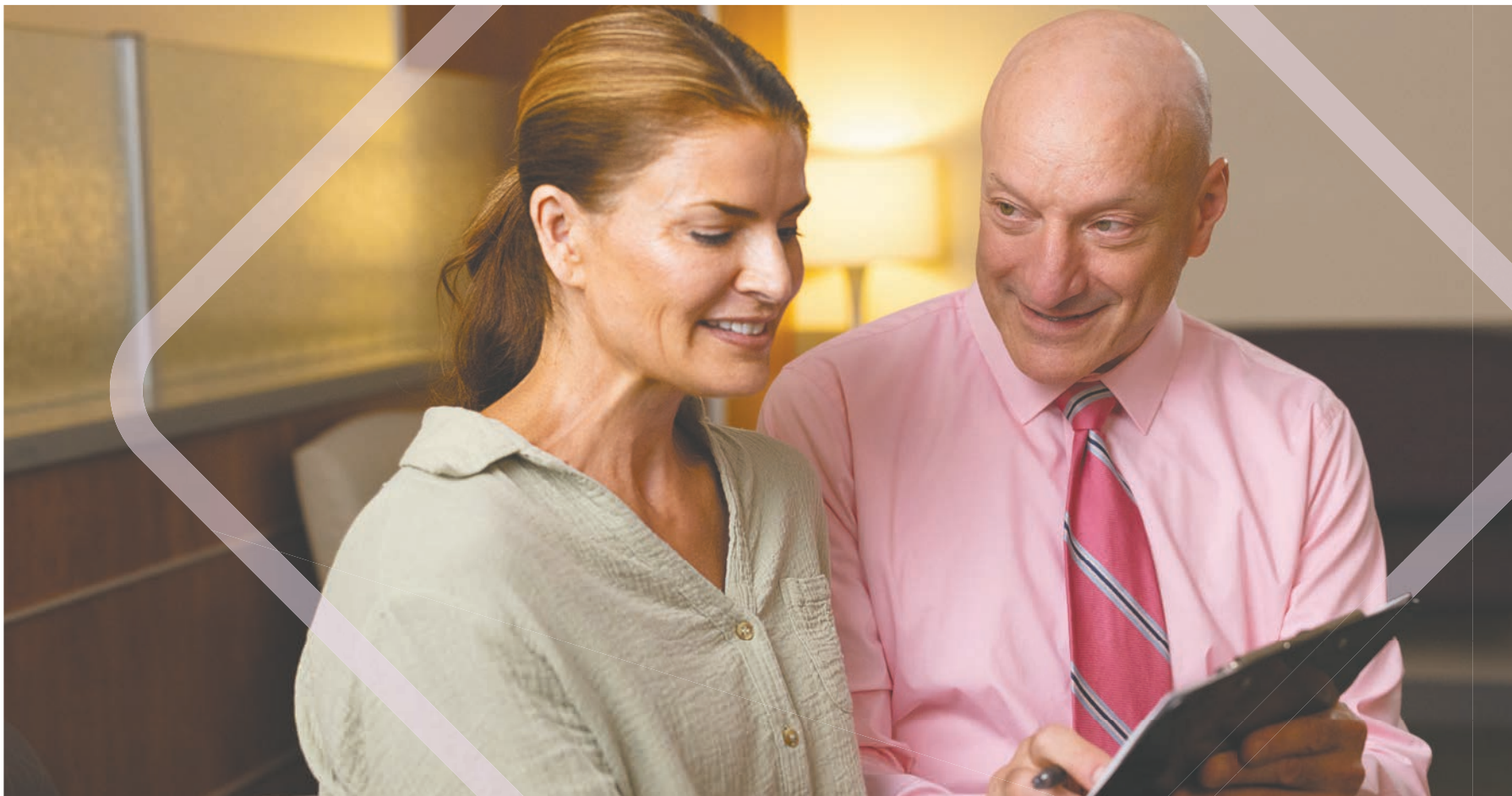
Allergy.

Dr. Gordon currently practices at Samaritan’s Ear, Nose & Throat clinic in Watertown.

He previously practiced in Central New York at Advanced ENT Physicians and Surgeons of CNY and served on the staff of Crouse Hospital, Upstate University Hospital, and Oneida Healthcare.

“Dr. Gordon, and the entire team at Samaritan ENT, represent the largest and most advanced practice in the region. We are so pleased to help bring these needed services to River Hospital and their patients,” states Tom Carman, President and CEO of Samaritan Medical Center.

Patients may schedule appointments with Dr. Gordon beginning now by calling River Hospital at 315-482-2094.

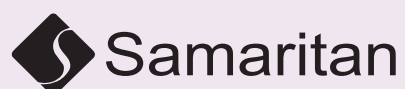


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