Bassett Healthcare Network
Bassett Medical Center

THE CUPOLA

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Cooperstown, New York

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Reflecting on Artificial Intelligence in Medicine

By Dr. Jeyavishnupriya Gopalakrishnah (JVP), PGY-3, Internal Medicine

In 1979, when I first donned my crisp white coat and pants and trudged warily across the bridge and up the hill, Bassett Hospital was a very different place. There was no CAT scanner, and MRI was only a rumored technology of the future. There was no cath lab, and invasive procedures like transcatheter aortic valve replacement (TAVR), stenting or ablation were largely science fiction. Medical technology certainly has transformed the practice of medicine during my career, but the growing use of artificial intelligence (AI) promises an even more profound shift. Your Cupola editorial board has asked Dr. JVP Gopalakrishnan, a medical resident with a particular interest in this subject, to offer her thoughts on how AI is being incorporated into her daily practice of medicine in 2026. Enjoy!

Dr. Doug DeLong

When I matched into residency after several years working for medical technology companies, I thought I was finally coming home. I could speak to patients instead of computers, fix physiology instead of trying to identify bugs. I also began my medical training at a time when papers were still used for patient information, not computers.

My first rotation consisted of primarily doing admissions. This resulted in my first serious relationship with a healthcare system. It was EPIC, literally and figuratively. Years of patient data, laboratory trends, imaging reports, medication histories, and consultant notes—all available with the click of a button!

Then came UpToDate. To my surprise, it was actually up to date. Instead of carrying textbooks as part of residency resistance training, medical knowledge that once required hours in a library was now available with a few clicks while standing outside a patient's room.

When ChatGPT was still in its toddler years, I used the free version and made only important inquiries like "best day trips from Cooperstown!" Now, I ask it to map my patients' closest health clinics and book appointments.

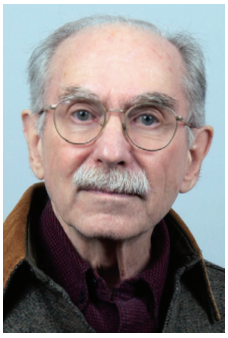
AI to page 6

Message from the President of the Medical Alumni Board of Directors

One afternoon's experience using an AI scribe left me astonished. It was the opposite of what I expected.

In my training I learned that a clinical note was intended to document what a patient described, what I found through my investigations, how I interpreted that information to develop a differential, and what should happen next, all in concise narrative form.

Instead, today's progress note is often a template, many pages long and filled with "data" cut and pasted from the record, sometimes without even a clearly articulated impression or conclusion. I was expecting even worse from AI.



Dr. David E. Newman

I was amazed by the clarity of the AI-generated notes. Although they required editing, each one conveyed the essential information, concisely outlined my reasoning and conclusions, and, most amazingly, selected only what was clinically relevant for inclusion.

We may use AI to save time, but at what cost? A London study found that using physical maps—repeatedly practicing spatial navigation without electronic help—conferred protection from Alzheimer's in enrolled taxi and ambulance drivers compared with controls, presumably because it built neural circuits and cognitive reserve. My own ability to navigate intuitively—to "know where I am" when driving through unfamiliar territory—has diminished with my reliance on Google Maps.

Artificial intelligence might, in fact, serve us best in those applications where it extends or augments human capabilities. Diagnostic accuracy in medical imaging and electrocardiography has already advanced with AI's ability to detect and interpret patterns invisible to the human eye and mind. It can identify abnormalities in a mammogram that would have escaped a human radiologist's notice, and an AI-enhanced ECG program can spot evidence of subclinical heart disease previously unidentifiable by surface electrocardiography alone.

Time will tell if using AI scribes to replace clinicians' thoughtful processing degrades our skills and judgement. But it is worth noticing what we give up each time we automate something, so we can decide if it's worth the efficiency we gain. Sometimes the value is obvious—no one wants to return to washing and drying laundry by hand. But I love assembling the clinical picture myself as I take a patient's history, organize my thoughts, formulate conclusions, and address the questions that the conclusions themselves then raise. For me, these are valuable cognitive exercises, essential to the process—the texture—of this work I know and love. ■

The Cupola is the newsletter of the Medical Alumni Association of Bassett Medical Center. The Association was founded to provide support and recommendations to Bassett's Medical Education Department; to assist in recruiting medical students, house staff and attending staff; and to provide financial support to develop and enhance medical education at Bassett.

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Bassett Alumni Board Annual Meeting – 2026



Kneeling (L to R): Drs. Rashmi Bismark, Gillian Lavik, James Murray, Michael Foltzer, and Anush Patel. Standing (L to R): Drs. James Dalton, Alan Kozak, Douglas DeLong, Kenneth Wilkins, Matthew Gilbert, David Newman, and John Dier. On Zoom screen (top to bottom) Drs. Steven Ching, Jacqueline Bello, Eric Rubin, Madiha Alvi, Rachel Zehr, and Elizabeth Jacob

Dr. Dave Newman, the new Bassett Alumni Board president, (medical resident 1981–1984), called the October 2 meeting to order following the annual John Davis lecture. The bright tone of the meeting stood in sharp contrast to the gray skies and early fall chill outdoors.

Residency program directors gave the morning's first presentations. As new program director for the Transitional Program, Dr. Brian Frodey described continued success with recruitment of highly qualified candidates. Because of a loss of funding, the long-standing Hopkins affiliated Preventive Medicine position has been discontinued. There is hope that this program can be reestablished when funding again becomes available. Medicine Program Director Dr. Russ Moore reported fewer applications, though the total remained high despite visa restrictions on international graduates. The restrictions also delayed a few residents' arrivals at the start of the academic year. The year also saw an increase in entering PGY-1 residents from 10 to 12 per year. The four-year Board pass rate is at a remarkable 100%. Surgery Program Director Dr. Joon Shim reported that applications remain high, and women now make up 70% of the program. Surgery residents consistently far exceed case log requirements during training, and the Board pass rate has been 100% over the past five years. Over the past ten years, 70% of graduates have entered practice, many in rural locations, with others choosing to proceed into outstanding fellowships. All programs provide increased focus on medical humanities and physician wellness.

Dr. Henry Weil, Chief Medical Officer, Director of Medical Education and President of Bassett Medical Center, reported that a break-even year appears achievable. Our educational programs remain fully accredited by both ACGME and LCME. Results from the most recent ACGME Institutional Review are expected soon. A recent review of outcomes from the Columbia-Bassett student program, provided by former student Peter Suwondo, M.D., and Boyd Richards, Ph.D., revealed that 54 percent of graduates surveyed are practicing in rural or inner-city areas. Dr. Weil also reported that the Bassett Research Institute has continued to do well under the interim direction of Julie Sorenson, Ph.D., and newly appointed director, Tyler Malone, Ph.D. Dr. Dan Freilich is the recent co-recipient of a $12 million grant to look at an aspect of antibiotic use in acutely ill patients.

Department chief Dr. Michael Holmes and program coordinator Melissa Hochbrueckner reviewed the Cardiology Department and its fellowship. They reported substantial growth in Cardiology staffing and in the number of non-interventional and interventional procedures performed. The fellowship remains highly competitive resulting in outstanding classes of fellows, now consisting of two per year. As previously reported, fellows have distinguished themselves at both state and national levels by their participation in quiz bowls as well as publications.

Final reports were provided by the Departments of Medicine and Surgery. Dr. Kai Mebust, Medicine Chief, and Dr. Luis Oceguera, Surgery Chief, both described very successful recruitment years with a full staff of hospitalists, an increase in the number of primary care internists, and a variety of both Medicine and Surgery subspecialists. With increases in staffing and subspecialty growth, there has been more demand placed on the hospital, resulting in traffic jams in both the OR and ER. It is hoped that with the development of further capability and staffing at A.O. Fox, where there is available space, congestion at the Bassett facility can be offset.

A brief business meeting followed. Next year's Alumni Board meeting is slated for October 15. ■

Medical Education Hosts Dr. Christopher Adrian



Bassett Alumni Association President Dr. David Newman (right) invited Dr. Adrian to speak at Bassett

Brilliant. Thought provoking. Moving. That's how a few Bassett physicians described Dr. Christopher Adrian's address to practitioners, residents, fellows, and medical students in the Clark Auditorium on October 2, 2026, at Bassett Medical Center. Adrian, the visiting professor for the 21st annual John Davis Lecture, is a pediatric palliative care physician at Oschsner Health in New Orleans, La. He is also an author known for writing essays and fiction that explore medicine, grief, and the human side of healthcare.

"I'm grateful to get reacquainted with the idea of Bassett," said Adrian in his introduction. "I say reacquainted because I feel like I'd met the idea of Bassett in the person of Bassett medical students back when I taught on the Manhattan campus of the Columbia College of Physicians and Surgeons."

Adrian went on to explain how astonished he was by every Columbia student he met, all were "paramount geniuses with an embarrassment of talents," but something set the Columbia-Bassett group apart.

"They seemed grounded in a way different from their peers. They were mensches," he said. "It took me some time to understand the basis for their menschlichkeit. After a few of them explained that they were destined for clinical formation at a rural hospital Upstate, I caught on that they had been selected because they had a talent for community. And not only had they been selected for this talent, the talent would be fostered and formed with great care within a deliberate structure."

So, when he was asked to speak at Bassett, Adrian thought what better place to have a discussion about community and medicine, and the potential value of decentralizing palliative care.

"I love palliative care. Palliative care took me in and gave me a real home in medicine after foster placements in general pediatrics and pediatric oncology," shared Adrian. "But I worry that by convening palliative care as a subspecialty, we've robbed other clinicians of a birthright, namely the portions of care—effective human presence and relationality, mitigation of total pain, and the practical applications of empathy—that we've appropriated to ourselves."

Adrian went on to say there is this "dirty bird bath of trauma and grief" that is uncomfortable to take on. Instead, it is easier to hand the work off to a palliative care team. "Do we, who are in the business of shepherding others into conversation with mortality, really want to protect our colleagues from having that conversation with their patients? Don't we want everyone in the birdbath together?" he asked.

Adrian discussed his work in New Orleans to grow a palliative care community made up of parents, nurses, clinicians, and others who will be educated to a common standard of care and deployed. Adrian suggested that such a community might be a remedy for the potential problem of palliative care as a separate discipline.

In preparation for his visit to Bassett, Adrian reacquainted himself with the hospital's past and its medical education mission by reading Dr. John Davis' book about the history of Bassett Hospital and came away with another thought.

"Maybe the answer to the problem at the heart of palliative care is simpler than I think it is. Maybe the answer is a much slower process of starting with human beings and then preserving and fostering their human beingness. And this last answer seems to me to be very much the Bassett way of making a clinician.

"And since it makes more sense to me that I would learn something here rather than teach something, that I would take something valuable away rather than leave it, I'll take a leaven of Bassett to bring back to my newly adopted home, to my new team, to my new hospital, a leaven of trauma-responsive care, and relationality and community, and try to put it somewhere it will grow." ■

Alumni Join Bassett's Professional Staff



Abolfazl Ahmady, M.D.



Jasvindar Kumar, M.B., B.S.

Abolfazl Ahmady, M.D., has joined Bassett Healthcare Network as Hospitalist at Bassett Medical Center.

Dr. Ahmady earned his medical degree from American University of Antigua in Antigua. He completed his residency at Bassett Medical Center in Cooperstown.

Jasvindar Kumar, M.B., B.S., has joined Bassett Healthcare Network as a Hospitalist at Bassett Medical Center and Little Falls Hospital.

Dr. Kumar earned his medical degree from Khyber Medical College in Peshawar, Pakistan. His residency took place at Bassett Medical Center.

As hospitalists, Drs. Ahmady and Kumar provide care to patients admitted to the hospital, including diagnosis and treatment of illness, prescriptions, specialist referrals following a patient's hospital stay, and more. Visit https://www.bassett.org/providers to learn more. ■

See our latest news and updates at Bassett Medical Alumni Association

THE BASSETT FAMILY ALBUM — ALUMNI NEWS

Please keep your notes and photos coming!

1960s

Karl Ted Wickstrom, M.D. (Rotating intern 1969-70) writes, "Dredging up people and events from Bassett from 1969 has been a richly rewarding challenge. I have vivid memories of being the first house officer group to transit to the then-new hospital; of living every other night in Bassett Hall; of the call room in-house; and of mentors like Imogene and Rod Carter.

"My refuge years after Bassett and Doubleday memories were Indian Health Service in Minnesota and Arizona. Otto Sahler opened the door to radiology residency at Rochester General, which led to years as faculty at University of Utah. Then it was onward to interventional and MRI fellowship at University of Rochester, followed by two years of teaching at Melbourne Monash University and Royal Hobart Hospital in Hobart, Australia. I returned to the U.S. in Prescott, Ariz., where I built an outpatient imaging center and finally, out of breath, retired in 2016 to our simple homes in Prescott and Hermosillo, Mexico. It all started at One Atwell Road. I have been richly rewarded with some regrets, which I have forgotten."



Bradley Lauderdale, M.D.

1980s

Bradley Lauderdale, M.D. (Medicine resident 1980-83) writes, "While a resident at Bassett 45 years ago I ran a little, but then work and children happened. When I turned 50 I started running again, and I found that half marathons fit my ambitions best; I've been running 1-2 races a year for the past 17 years. This year I trained 5 days a week since spring, and in the Fox Cities half marathon, I managed to bring my time back down below 2 hours for the first time in 10 years. I placed first in the over 70 division. Father Time marches on, but it was fun to push him back for a little while. I've been learning a lot about the physiology of aging."



Former medicine residents/attendings had a mini reunion at a concert in Cooperstown recently. They are (L-R) **Eric DelGiacco, M.D.** (Medicine resident 1982-85, chief resident 1985-86, attending physician 1989-2006), **Michael Levenstein, M.D.** (Medicine resident 1981-84, chief resident 1984-85, attending physician 1988-2015), and **Deanna Palumbo, M.D.** (Medicine resident 1982-85, attending physician 1988-2015).

Lewis Zulick, M.D. (Surgery resident 1984-89) After about 32 years working at Clifton Springs Hospital and Clinic as a community general surgeon, I recently retired at the end of May. We continue to live in Canandaigua, N.Y., with summers spent at our cottage on Wellesley Island in the Thousand Islands. My wife, Cheryl, is a realtor working in the Rochester area and the Thousand Islands. I just completed a six-month course to become certified in personal coaching and hope to pursue that in my retirement.

Family to page 5



Standing L-R: **Drs. Ross Baldwin** (Surgery resident 2010-15), **David Fredenberg** (Surgery resident 2013-18), **David Morrow** (Surgery resident 2011-16), **Rebecca Barnes** (Surgery resident 2012-17). Seated **Bob Moglia, M.D.** (attending vascular surgeon 1988-2020).

Alum Invites Colleagues' Feedback

Chuck Greenblatt, M.D. (Flexible intern 1956-57) invites responses from The Cupola audience, such as family physicians, geriatricians, and public health people, to his latest initiative (with Richard Lathe of the University of Edinburgh). It is a "Position Statement" by 20 dementia researchers in the Journal of Alzheimer's Disease. The statement advocates adult vaccination with the century-old tuberculosis vaccine, Bacille Calmette-Guérin (BCG), and the anti-shingles vaccine, Shingrix, for lowering the risk of developing dementia. The statement is available in open access via PubMed, or reach out to Chuck for a pdf. Charles (Chuck) Greenblatt, charlesg@ekmd.huji.ac.il

A Huge Thank You to and Celebration of Kelly Stone



Former residents from across the country returned to Cooperstown to wish Kelly the best in her retirement. Among them were (Front row) Dr. Gillian Lavik (North Dakota), Kelly Stone, Dr. Lisa Hamilton (Minnesota). (Back row) Drs. Olivier Urayeneza (California), Ross Baldwin (Alaska), Ian Kendrick (Wyoming), and Drew Griffiths (Cooperstown)

In October, Bassett's Medical Education Department said goodbye to a person who has shaped the lives of surgical residents and surgeons in Cooperstown for over four decades. Kelly Stone, Senior Program Coordinator for Bassett's General Surgery Residency, retired after spending her entire career supporting BHN's surgical trainees through their intensive five-year residency. To say she had an immense impact on the residency program, the Department of Medical Education, and Bassett is an understatement. Her dedication to the individual development of each surgeon who trains at Bassett is a model for the organization. Kelly has been instrumental in all stages of the resident experience—from recruitment of top applicants, onboarding and orientation, ongoing development and support of residents' surgical competencies, required examination preparation, the arrangement of surgery didactics, rotations, and research, to the close collaboration with program director, Joon Shim, M.D., M.P.H., F.A.C.S., and the entire surgery department. When asked about Kelly's impact on the surgery residency program, Dr. Shim shared: "It is almost impossible for me to separate Kelly from the history of our Surgery Residency Program. She has been part of Bassett since 1979 and part of the residency since 1984, long before the formal Program Coordinator position even existed. When that role was ultimately created, Kelly became our first Program Coordinator—and she will retire as the first and only person ever to have held it. I feel extraordinarily fortunate that I became Kelly's fourth and final Program Director. She has been much more than my coordinator. She has been my partner at work, my institutional memory, my sounding board, and often the person who knew what I needed before I knew it myself. She has helped generations of residents navigate some of the most demanding years of their lives, and she has cared about them not simply as trainees, but as people. Kelly has seen this program through different eras, different leaders, and enormous change, yet she has always been its constant. So much of what we have accomplished during my time as Program Director has been possible because Kelly was beside me. I will forever be grateful for her wisdom, her loyalty, her friendship, and the extraordinary commitment she has given to Bassett and to every resident who has passed through our program. Her retirement truly represents the end of an era, and for me personally, saying goodbye to my partner after all we have been through together is profoundly bittersweet."

Kelly's successor is Lyle Smith, who assumed the Senior Program Coordinator role on October 3. We wish Kelly the best of luck. ■

Family from page 4

2010s

Bob and Maureen Moglia recently cruised to Alaska and were fortunate to be welcomed by a host of former surgical residents (pictured left) now prospering in Anchorage.

2020s

Nadav Mortman, M.D. (Transitional Year resident 2022-23), who is completing a diagnostic radiology residency at the University of Connecticut, matched into the interventional radiology training program at Miami Vascular (Florida International University). Congratulations, Nadav!



Panisara Fangsaard, M.D. (Medicine resident 2023-26) writes, "It was extremely hot this summer here in Georgia, which made me miss Cooperstown already! I also met with **Rene Cormier, M.D.** (Rotating intern 1967-68; internal medicine resident 1968-69/1971-72), and he has been very kind and welcoming. This has made me very grateful for how fortunate I am to be part of the Bassett family." ■

Physician Employment Opportunities in the Bassett Healthcare Network

Thinking of a career move? Do you know another physician seeking a position in an award-winning network of six hospitals and 30 regional sites? Consider these openings in Central New York and Cooperstown.

Cardiologist – Non-Invasive, Interventional, and Structural

Endocrinologist

Gastroenterologist – Division Chief

Gastroenterologist

Hematology Oncology

Neurologist

Orthopedic Surgeon – Service Line Chief

Orthopedic Surgeon – Trauma, Total Joint, and General

Radiology – Diagnostic

Rheumatology

For more information visit:
https://www.bassett.org/careers/physicians-and-advanced-practice-clinicians or call
Medical Staff Recruitment at 607-547-6982.

AI from page 1

Soon after, I discovered another technological overachiever: OpenEvidence. If you asked me about treatment for venous thromboembolism, I could probably tell you that a DOAC (direct oral anticoagulant) would often be appropriate. If you asked OpenEvidence, it would discuss medication options, duration of therapy, special considerations for antiphospholipid syndrome, cancer-associated thrombosis, pregnancy, renal impairment, liver disease, adverse effects, and supporting literature—complete with references.

Needless to say, it was not a fair competition.

I thought staying late to finish notes was just part of residency—until Abridge came along. Abridge can write everything—pre-visit summary, visit summary, after-visit summary—all of it in just a few minutes. Seeing 14 clinic patients suddenly felt manageable, with notes ready for a quick review and signature by the end of the day. I feel like my life should be harder!



JVP and DeLong take a break from clinic to discuss AI and medicine.

But here's what technology is not able to do and maybe never will. Technology cannot physically assess if the patient looks sicker than what the numbers indicate or if the numbers make any sense at all. It can't figure out if the patient is scared, has questions, or if the patient is feeling better. Technology can't determine if the patient just needs an ear or a shoulder. This is the other side to medicine, the human side of it. Yet?

Over time, I realized something important. There is no future version of medicine that is separate from technology. Technology can make information more accessible. Judgment remains our job!

P.S. If you know of any other cool apps, please feel free to write to us about it (cupola@bassett.org). I would love to explore more. ■

Ethan Talbot, M.D., Appointed to Lead Division of General Surgery



Ethan Talbot, M.D.

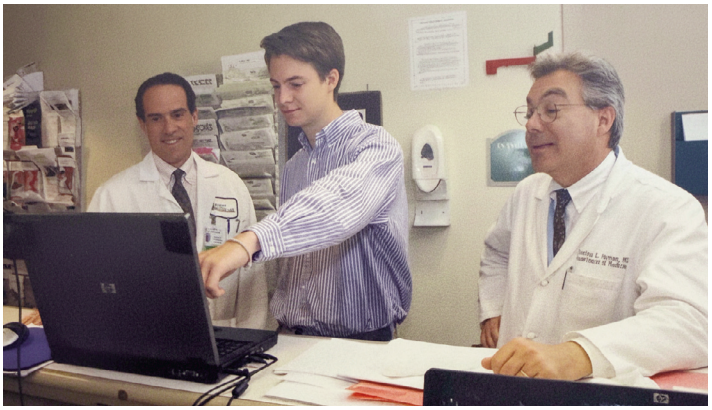
Ethan Talbot, M.D., was appointed Division Chief of General Surgery this past summer. In his leadership capacity, Dr. Talbot will play a key role working with surgical leadership across Bassett Healthcare Network to serve patients.

"I am happy to welcome Dr. Talbot to this role. I have every confidence he will lead our team with skill, compassion, and a patient-focused approach," said Luis Oceguera, M.D., Chief of Surgery and Operating Rooms Medical Director at Bassett Healthcare Network. "He is deeply dedicated to Bassett Healthcare Network and our communities. I would also like to thank Dr. Raul Monzon for his leadership and hard work in this role as he transitions back fully into clinical practice."

Dr. Talbot completed his residency in General Surgery at Bassett Medical Center after finishing medical school at the University of Connecticut, Farmington. After his residency, Dr. Talbot made Bassett his permanent home.

"I came to Bassett as a resident in 2016 and immediately knew this was a special place," said Dr. Talbot. "After five years as a surgical resident, and five more as an attending physician, I am so humbled to be taking the helm of the Division of General Surgery. We have such a tight-knit group of surgeons, and a strong residency program—it is truly an honor to be leading this team. I especially want to thank Dr. Raul Monzon for his more than decade of service and tutelage as the prior Division Chief." ■

BASSETT LOOKS BACK



Medical student Carter Kegelman helps Dr. Lee Edmonds (left) and Dr. Charles Hyman navigate the new electronic health record. Bassett Healthcare Network began the transition to the EHR in 2011.

A reminder: Who are the members of the Bassett Medical Alumni Association?

You are past and current interns, residents and fellows. You are former and current members of the senior doctoral staff. And you are students of the Columbia-Bassett Medical School program or students who spent your final two years of medical school at Bassett.

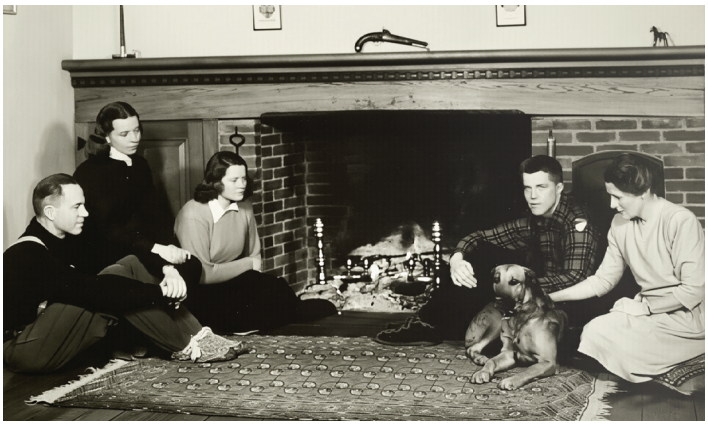
Harrison House Childcare Center to Open on Bassett Medical Center Campus



Bassett Medical Center and The Clark Foundation held a ribbon cutting for the new Harrison House Childcare Center on September 26, Mulhern's 101st birthday.

A long anticipated and much needed employee childcare center is expected to open in January of 2027 on the Bassett Medical Center campus. It will provide care for up to 66 infants, toddlers, and preschool children.

A ribbon cutting took place on September 26 to celebrate the soon-to-be-opened Harrison House Childcare Center. The event took place on the 101st birthday of Barbara Mulhern, the daughter of Dr. Francis F. Harrison, for whom the center is named.



Dr. Harrison family photo from 1947 (L–R): Francis F. Harrison, M.D., Barbara Harrison (Mulhern), Anne Harrison, Dirck Harrison, Carlotta Creevey Harrison

Harrison's Legacy

Dr. Harrison joined Bassett in 1928 as an internist. He served as acting physician-in-chief from 1963 to 1965, during a career that spanned 37 years. Dr. Harrison is remembered for his steadfast commitment to the rural population he served, for providing excellent medical care, and for going the extra mile for patients, even beyond the hospital's walls.

Mulhern still has the original contract her father signed with Bassett Hospital nearly 100 years ago. The agreement stipulated that Harrison would live in Cooperstown, his salary would be $6,000 per year, and he would pay for his own automobile to make house calls on patients. Mulhern remembers riding with her father on some of those calls.



Harrison House rebuilt to look same, but now as a daycare center for employees' children

"My father worked long hours and would drive all over the county to take medicine to patients who lived long distances away and couldn't get to Cooperstown," Mulhern said. "After his death, many patients shared stories of my father shoveling snow and stoking fires," she recalled. "They were grateful for his skills as a doctor and his concern for their comfort and safety."

Harrison, who first served in the Army during World War I at the age of 17, re-enlisted in 1942 after the attack on Pearl Harbor. He served as Commanding Officer of the 33rd General Hospital. Colonel Harrison was honored with the Legion of Merit badge in 1945 for Meritorious Service in the Mediterranean Theater of War. At the end of World War II, he returned to Bassett where Harrison earned a reputation as an outstanding clinician and teacher.

In his book about the history of Bassett Hospital, Dr. John Davis quotes Bassett's first international intern in 1938, Walter Luft, M.D., as saying Dr. Francis Harrison was one of the few at Bassett who really practiced the art of medicine in addition to its science.

Responding to Employees' Needs

The new childcare center honoring Harrison's legacy will employ 20 staff members and operate on a schedule designed to accommodate the unique needs of healthcare staff, from caring for sick children to operating on many holidays and extended evening hours. The center will contain two infant classrooms that will serve children as young as six weeks old, two toddler rooms for children aged 18 months to three years, and two pre-school classrooms for children aged three to four.

"At last, there will be the laughter of children in there again, I am truly excited about that," said Mulhern.

She is grateful to Jane Forbes Clark and The Clark Foundation, which awarded Bassett a $6 million grant to build and underwrite construction of the new employee childcare center, whose exterior replicates the historic look of the original Harrison House.

"My parents loved Cooperstown and lived at One Beaver Street from the time our home was built in the early 1930s until their deaths at the end of that century. It makes me happy to know that staff in the new building will be providing such an important service to hospital employees by caring for many, many children." ■

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A Lasting Gift for a Lasting Impact

Sometimes, making a lasting difference is simpler than we imagine. In fact, one of the most meaningful gifts you could ever make to Bassett Healthcare Network might begin with just a single sentence in your will.

Many people assume that leaving a charitable bequest requires substantial wealth, complicated legal arrangements, or a major financial commitment. The reality is often much simpler.

A bequest is a gift made through your will or living trust that takes effect after your lifetime. It can be a specific dollar amount, a percentage of your estate, or a portion of what remains after your loved ones have been provided for. Best of all, a bequest allows you to maintain full control of your assets throughout your lifetime, ensuring that your own financial needs and those of your family come first.

For Bassett alumni and friends, a bequest offers a special opportunity to give back to an institution that has played an important role in their lives and communities. Your gift, regardless of size, can help support future generations of healthcare professionals, advance medical innovation, and ensure that quality healthcare remains available to the communities Bassett serves.

And here's something worth remembering: You don't have to rewrite your entire estate plan to make a difference. In many cases, a simple amendment to an existing will or trust, prepared with your attorney, is all that's needed.

One sentence. One thoughtful decision. A lasting impact.

To learn more about including Bassett in your estate plans, contact Friends of Bassett Healthcare Network for information and suggested bequest language (friends.office@bassett.org or 607-547-3928). ■

Help Us Keep Your Information Up to Date

Did you know you can now update your information for the Alumni Association on Bassett's website? Just go to Alumni Affairs on Bassett.org and click on the alumni update form.