

LEGACY PARTNERS

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VISIONARIES | RICHARD BECKER

Music publisher Richard S. Becker is best known in the industry as a “star-maker,” thanks to his remarkable abilities to spot raw talent and transform countless “diamonds in the rough” into groundbreaking musicians.

Richard’s music publishing career started at Colony Records in New York City where, he remembered, “After the shows closed at night, all of the stars would meet at the shop. I went to work there as a teenager because all of the famous people were there.” He also worked with Johnny Marks, who wrote the songs ‘*Rudolph the Red Nosed Reindeer*’ and ‘*Rockin’ around the Christmas Tree*.’ By the time he was 19, Richard had landed a job at the music publishers Shapiro, Bernstein & Co., promoting songs that were featured in films such as ‘*The Guns of Navarone*’ and ‘*Walk on the Wild Side*.’

Richard later went on the road and worked with Noel Ball, a leading disc jockey in Nashville. He recounts a story of one of his discoveries, “We listened to a record, loved the artist and the song, and immediately thought, this is a hit. Afterward, we learned that everyone in the business had turned it down.” The record was Arthur Alexander’s ‘*You Better Move On*.’ As a result of Richard’s booking Alexander on *American Bandstand*, hosted by Dick Clark, it became the first hit record of Muscle Shoals, the studio that produced the sound that dominated the charts in the 1960s and 1970s and was the first racially integrated music studio in the South. Through Richard’s efforts, ‘*You Better Move On*’ was covered by The Rolling Stones on their debut album, which went to #1 in Europe and gold in America. Richard continued to manage Alexander and, as a result of his

AT THE FOREFRONT OF DIAGNOSTIC AND INTERVENTIONAL RADIOLOGY

A discussion with Robert J. Min, M.D., M.B.A.
Radiologist-in-Chief, NewYork-Presbyterian/Weill Cornell Medical Center
Chair of Radiology, Weill Cornell Medical College
President, Weill Cornell Imaging at NewYork-Presbyterian

What is Interventional Radiology?

Interventional radiology is a medical subspecialty that utilizes imaging guidance to perform minimally invasive procedures to diagnose and treat diseases in nearly every organ system.

Interventional radiologists use imaging during all aspects of the care we deliver, treating many life-threatening conditions without any need for major surgery. A representative case might be a patient with a blood clot that has traveled to her lungs. After reviewing the CT scan that diagnosed the blood clot, an interventional radiologist might access a vein in the patient's hip area through a small nick in the skin using ultrasound guidance. He or she would then use x-rays (fluoroscopy) to guide catheters to the clot and then use an array of tools, from rotating wires to medication-delivery catheters, to break up the clot and restore flow.

You are a pioneer in the field of vascular interventional radiology. What inspired you to specialize in this field?

I wanted a medical career in interventional radiology because I wanted to contribute to a future where minimally invasive techniques would be the new standard of care. I was fascinated by the ability of interventional radiologists to get anywhere in the body by traveling through blood vessels guided by imaging.

It seemed to me that the ability to make a diagnosis or treat a condition less invasively had the potential to improve health outcomes with decreased risk and faster recoveries. I believed so much in this that I left a residency program in orthopedic surgery to pursue further training in interventional radiology.



Dr. Robert J. Min

I was particularly drawn to vascular interventional radiology because it would enable me to make a positive impact on the lives of so many people. After all, vascular ailments are some of the most common conditions: Millions of people in the United States alone have to contend with symptomatic varicose veins. I went on to develop endovenous ablation for treatment of venous insufficiency, a minimally invasive technique that is now widely used across the world to treat a variety of conditions.

Traditional treatment for venous insufficiency entailed ligation and stripping – a very invasive procedure requiring extensive anesthesia and a long recovery. Endovenous laser ablation has now become the treatment of choice and represents a huge advance in terms of minimized risk, cost reduction, faster recovery and better patient outcomes when compared with traditional surgical treatment.

Minimally invasive techniques also serve an excellent palliative purpose by offering pain relief and a higher quality of life, especially when a patient is too ill to undergo invasive therapies or procedures.

“I was particularly drawn to vascular interventional radiology because it would enable me to **make a positive impact** on the lives of so many people.”

It is exciting to be part of groundbreaking advances in this field. I was also one of the first to use uterine artery embolization to treat uterine fibroids, eliminating the need for surgery, and to treat uterine fibroids with 3T magnetic resonance (MR)-guided high-intensity focused ultrasound. The latter technique is an exciting new technology that can destroy tumors and other conditions noninvasively, without a single incision.

Fibrous tumors in women were traditionally treated using a surgical method such as a hysterectomy. Now, interventional radiologists can treat many such tumors with local anesthesia by blocking blood supply to the tumors and causing them to shrink, preserving the uterus in the process and allowing the patient to return home the very same day.

Many non-uterine tumors can also be treated using this same technique. We are currently working with our Department of Urology on a novel method of treating prostate tumors and with our Department of Neurosurgery to use non-invasive techniques to treat brain tremors and, potentially, brain tumors. These tumors are often a challenge to treat using traditional surgery as brain lesions can be deep and difficult to reach.

What makes our diagnostic and interventional radiology units unique?

We provide comprehensive, state-of-the-art diagnostic and interventional radiology services. These include computed tomography (CT) scans, magnetic resonance imaging (MRI), positron emission tomography (PET), ultrasonography,

mammography and x-rays. Our radiologists, many of whom are internationally recognized leaders in their fields, perform over 500,000 diagnostic and interventional procedures every year.

In my position, I am privileged to be able to prioritize our commitment, putting each one of these patients first by addressing their needs and ensuring their well-being, whether it's through a personalized treatment plan or a casual bedside chat that answers their questions and calms their nerves.

Early on in my career, I was one of the few interventional radiologists that saw every patient under my care. When I became Radiologist-in-Chief, it was only natural for me to champion a longitudinal approach to care, which involves seeing patients, overseeing treatment and providing all follow-up care. Gradually, other radiology departments are beginning to follow suit, as it has become increasingly accepted that you can't provide great patient care if you just concentrate on procedures. Doctors need to know their patients, suggest appropriate therapy and be equipped to handle follow-up care.

A great example of our patient-centered care includes the MRI Heroes Kit developed by Siemens Healthcare and Marvel Custom Solutions in collaboration with Weill Cornell Imaging at NewYork-Presbyterian. “If Marvel's Captain America can lie still



The MRI Heroes comic book

during an MRI exam, so can kids.” That's the message of a special comic book designed to ease children's fears before they undergo a scan, which requires them to lie still in a narrow, loud machine in order for it to produce clear images. The kit

IS YOUR ESTATE PLAN IN ORDER?



Karin J. Barkhorn, Esq.
Bryan Cave LLP
NewYork-Presbyterian Planned Giving Advisory Council

Although many of us are reluctant to face our own mortality, for the sake of our loved ones and favored charities, it is important to have our estate planning documents in order. The following is a checklist of the key documents everyone should consider.

- A **Will** disposes only of property in your name alone at your death. It does not dispose of jointly held property if the other joint tenant survives, insurance proceeds or retirement plan benefits with named beneficiaries or trust assets. A Will allows you to name the persons who will receive your property. A Will can include bequests to charity, family members who may not be your legal heirs and friends. It allows you to choose your Personal Representative or Executor – the person or bank who collects your assets upon your death, pays expenses and debts and distributes the remaining assets to your beneficiaries. With a Will, you can name a Guardian, who will care for your minor children under age 18. Most importantly, a Will allows you to do tax planning by structuring bequests to a surviving spouse, children, grandchildren and charities in a tax-efficient way. Without a Will, your child will receive his or her inheritance at age 18.

If you do not have a Will, your assets will be distributed according to the law of the state in which you are domiciled at your death and your

administrator will be chosen according to state law. For example, in New York, if a person dies without a Will and has a spouse and children, the spouse receives \$50,000 and one-half the balance and the children get the other half. A Will allows you to control the disposition of your assets.

- When property is transferred to the Trustee of a **Trust**, it is governed by the terms of the Trust Agreement. There are different types of Trusts: Testamentary Trusts, which are created under a Will; a lifetime Revocable Trust; and a lifetime Irrevocable Trust. Increasingly, individuals are establishing Revocable Trusts, also known as Living Trusts, and during their lifetime transferring their assets to them. Such Revocable Trusts take the place of a Will (although it is good practice to also execute a pour-over Will, which picks up any assets not transferred to the Revocable Trust). A Revocable Trust may be revoked or amended at any time. The creator of the Trust retains control over all the property as long as he or she is competent.

“**A Will allows you to do tax planning by structuring bequests to a surviving spouse, children, grandchildren and charities in a tax-efficient way.**”

If all of your assets are transferred to the Trust, probate and court proceedings are avoided. A Trust also provides management of assets in the event of incapacity. Revocable Trusts have no tax benefits and some administrative burdens accompany them.

- A **Durable Power of Attorney** is a powerful document that authorizes your attorney-in-fact to act for you in managing your property and affairs. The powers that the attorney-in-fact receives may be broad and include the power to deal with bank accounts, investments, retirement accounts and real estate. If you give your attorney-in-fact gift-giving powers, he or she can also do estate planning. Since such a power of attorney is effective in the event of incapacity, it can be a very useful tool in managing the financial affairs of an incapacitated person.

VISIONARIES | RICHARD BECKER continued

representation, The Beatles covered the artist's song, *'Anna (Go to Him)'*, on their first album released in the U.S. The album remained at #1 in the United Kingdom for 30 weeks and established Becker as one of the major music publishers in modern music.

Richard's influence over music was broad ranging from rock to pop to R&B and country. In the 1970s, he collaborated with a team to produce the gospel musical, *'Your Arms Too Short to Box with God.'* World-renowned composer Gian Carlo Menotti premiered the show at his Festival of Two Worlds in Spoleto, Italy, where it became an instant success. It later moved to Ford's Theater in Washington, D.C., went on a national tour and premiered on Broadway. The musical's success continued – winning a Tony Award, selling out three Broadway runs in six years and featuring performers such as Al Green, Patti Labelle and Jennifer Holliday in her professional debut.

“If I had waited one more day, I would have died. **NewYork-Presbyterian saved my life.**”

Several years ago, Richard faced a life-threatening medical emergency that inspired him to use his passion for music to help others. He was transferred from a hospital near his home on the New Jersey shore to NewYork-Presbyterian Hospital, where he had heart surgery and was treated for kidney failure. “If I had waited one more day, I would have died. NewYork-Presbyterian saved my life,” he says.

After recovering, Richard decided that “the most important thing now is for me to do something for the Hospital. Everyone was so kind and took absolutely wonderful care of me, from the doctors and nurses to the receptionists. I was alone and they made such a huge difference in what could have been a terrifying experience.”

Richard decided to brighten the days of our pediatric patients with the joy of music. The Richard S. Becker Music Library, established in 2007, has become

an integral part of the Child Life Department at NewYork-Presbyterian/Morgan Stanley Children's Hospital.

Richard adds, “Being in the music business, I came up with a gimmick. I got a jukebox, something my family sold during my childhood, for the children at the Hospital. When the kids saw this jukebox, they thought it was a robot. They never saw anything like it and were fascinated. When the kids hear the music and see the jukebox, they forget about their pain and feel a sense of calm.”

The first jukebox was so popular that Richard procured another one for the Hospital's pediatric outpatient oncology department.



Richard Becker with a jukebox he donated to NewYork-Presbyterian/Morgan Stanley Children's Hospital

Despite a long and successful career in the music industry marked by well-known collaborations, Richard notes, “No project - not even working with the Rolling Stones, the Beatles or Frank Sinatra - means as much to me as creating this music library for the kids at the Hospital.”

Richard has also chosen NewYork-Presbyterian Hospital as a beneficiary of his estate plans. He deeply appreciates the care and support he received at the Hospital when he needed it the most and is now “paying it forward.” Richard's legacy of generosity will benefit NewYork-Presbyterian Hospital patients and New Yorkers at large for generations to come.

SIMPLE GIFTS FROM YOUR ESTATE: BEQUESTS AND BENEFICIARY DESIGNATIONS

Like our friend Richard Becker, many generous donors have remembered NewYork-Presbyterian Hospital in their estate or financial plans. Bequests through Wills or Living Trusts and beneficiary designations are great ways to support your favorite charity while not affecting your cash flow or portfolio.

A Bequest Through Your Will or Living Trust

A bequest may take several forms. You may designate a specific dollar amount or a specified item of property. You may also choose to bequeath a percentage of the residuary of your estate.

To include a bequest to NewYork-Presbyterian Hospital in your Will or Living Trust, we suggest the following language:

“I give, devise, and bequeath to New York-Presbyterian Fund, Inc., a corporation created under the New York State Not-for-Profit Corporation Law and located in New York City, New York, (the sum of \$___or ___% of my residuary estate) to be used for the general corporate purposes of NewYork-Presbyterian Hospital as its Board of Trustees shall determine.”

New York-Presbyterian Fund, Inc. exclusively supports NewYork-Presbyterian Hospital. The Tax Identification Number for New York-Presbyterian Fund, Inc. is 13-3160356.

Beneficiary Designations

Naming the Hospital on a beneficiary designation form is an easy and quick way to support state-of-the-art, compassionate healthcare for all.

■ **IRAs and other qualified retirement plan designations:** You can designate the Hospital as ultimate beneficiary of a retirement account such as an IRA or 401(k). To do so, you would simply complete a beneficiary designation form and return it to the plan’s custodian. Typically, there are additional tax benefits available when donating this type of asset. For example, the majority of the value of an IRA you bequeath to your heirs could be eaten up by taxes. Naming the Hospital as beneficiary of a qualified

retirement plan may avoid income and estate taxes that otherwise might be due.



■ Life insurance beneficiary designations:

The Hospital can be named a beneficiary of an existing life insurance policy if your family no longer needs the insurance benefits. You would simply complete and return to the insurance company a form designating the Hospital as recipient of all or a portion of the ultimate benefit associated with the policy. Life insurance can represent a significant gift to the Hospital at a relatively low cost to you.

■ **Payable on Death (“POD”) and Transfer on Death (“TOD”) Accounts:** A POD or TOD account allows for the money remaining in the account, when the account owner passes, to go directly to the beneficiaries named. POD/TOD designations can be created for most bank and investment accounts and for certificates of deposit and U.S. Savings Bonds. To create a POD/TOD account, you simply complete a form instructing your bank or investment account administrator to pay to your favorite charity all or a portion of what remains in your account at the end of your lifetime.

■ **Donor Advised Fund designations:** You are generally able to recommend in advance (on a form provided by the account manager) that a lump-sum grant be made from your donor advised fund account to a charity upon your passing.

Please name the Hospital on your beneficiary designation form as “New York-Presbyterian Fund, Inc.” It is advisable to review these and all gifts with your legal and/or financial advisor.

ADVANCES | DIAGNOSTIC AND INTERVENTIONAL RADIOLOGY continued

empowers our littlest patients to learn about MRIs in a compelling way, easing their fear so that clinicians can get the highest-quality scans, preferably doing so while avoiding sedation.

Tell us more about the significant radiology developments taking place at NewYork-Presbyterian.

We expect the number of radiology patient visits we see each year to double in the next five years. We are very excited to have a significant presence in NewYork-Presbyterian's David H. Koch Center, which will offer state-of-the-art ambulatory care when it opens in 2018.

The interventional radiology facilities within the David H. Koch Center will have the most advanced diagnostic tools in the nation, with a whole floor dedicated to utilizing advanced imaging to guide minimally invasive procedures. We will custom-build an MRI/PET interventional suite, which will be the only one of its kind in the world. It will also

have fluoroscopy, ultrasound and CAT scan abilities, which will allow our patients to remain within the suite while our radiologists use real-time imaging combined with prior imaging to deliver extremely precise and targeted treatment. Simultaneously, we will be able to check if the therapy is complete by using immediate imaging to distinguish between benign and malignant tissue.

The decision to make interventional radiology a major focus of the David H. Koch Center supports our belief that using imaging guidance to perform both routine and extraordinary procedures has the potential to make the care we deliver safer, more effective and more efficient. Combining our core strengths – exceptional physicians, a multidisciplinary coordinated care approach and our ability to provide patients with leading-edge treatments in one location – will be of tremendous benefit to New Yorkers and those who travel to NewYork-Presbyterian from near and far.

ASK THE EXPERT | KARIN J. BARKHORN continued

- A **Living Will** states that if you become terminally ill or comatose, you do not want any extraordinary death-delaying medical procedures administered to you. You may also enumerate specific treatments that you do or do not want administered. You name a healthcare proxy who will carry out your wishes and decisions for you in the event you are unable to do so.

- A **Health Insurance Portability and Accountability Act (HIPAA) Waiver** allows your named agent to receive your medical information from doctors and hospitals.

- If you wish to be cremated, it is valuable to sign an **Appointment of Agent to Control Disposition of Remains** and name the person who can effectuate your wishes.

This article provides the basics. To properly implement your estate plan, it is important to consult with an attorney who is experienced in trusts and estates law.



LEGACY MINUTE

The first eye bank in the United States to store human corneas for transplant operations opened in 1944 at New York Hospital, an institution that exists today as NewYork-Presbyterian/Weill Cornell Medical Center.

Beginning in 1963, Drs. Harvey Lincoff and John McLean performed cryosurgery for retinal detachments. Dr. Lincoff, an ophthalmologist and internationally recognized retinal detachment expert, is credited with developing this revolutionary procedure, which has been adopted by ophthalmologists globally.

Photograph by Bernard Cole. Courtesy of the Medical Center Archives of NewYork-Presbyterian/Weill Cornell.



Harvey Lincoff, M.D. (left) and John McLean, M.D. (right) operating on a patient

MEET THE PLANNED GIVING STAFF



From left to right: Austin Wrubel, Camille Mantelin, Lynfred Hoyte and Nicholas R. Pitaro

Our Planned Giving staff is available to answer your questions about gift options, such as bequests, charitable gift annuities, charitable trusts or tax-free giving from your IRA. We would be pleased to consult with you and/or your advisors, in confidence and with no obligation. Please contact us using the enclosed reply card, or feel free to call, write or email. Our contact information is also listed below.

For more information, please contact:
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646-317-7499 or legacy@nyp.org,
or visit nyp.org/giving/planned-giving

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