Defense Practice
UPDATE

MARTIN CLEARWATER & BELL LLP

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In this Issue:

Strategic Use of *Frye* Motions in Medical Malpractice Litigation

BY: DANIEL L. FREIDLIN, ESQ.

A *Frye* motion can be used as a tool for shaping the evidence during trials in complex litigation, including cases of alleged medical malpractice. Unlike jurisdictions that follow the federal *Daubert* standard, New York adheres to the traditional test established in *Frye v. United States*.[1] Under *Frye*, expert testimony must be based on scientific principles or methodologies that have achieved "general acceptance" within the relevant scientific community. The goal is not to scrutinize the expert's conclusions but to evaluate the underlying science methodology itself.

The New York Court of Appeals followed the *Frye* standard in *People v. Wesley*[2], confirming that the inquiry focuses on whether the methodology is sufficiently established and accepted. The Court emphasized that *Frye* addresses the "general reliability of a scientific procedure," not the admissibility of every opinion that flows from it. Subsequent appellate decisions have reinforced New York's use of the *Frye* test. In *Parker v. Mobil Oil Corp.*[3], the Court of Appeals clarified that even when the underlying methodology is generally accepted, an expert's opinion may still fail under traditional evidentiary rules (such as factual foundation) even if it passes *Frye*.

> UNDER *FRYE*, EXPERT TESTIMONY MUST BE BASED ON SCIENTIFIC PRINCIPLES OR METHODOLOGIES THAT HAVE ACHIEVED "GENERAL ACCEPTANCE" WITHIN THE RELEVANT SCIENTIFIC COMMUNITY.

Frye challenges are uncommonly used in claims of alleged medical malpractice. However, consideration must be given to the strategic use of *Frye* motions when there is a valid basis to challenge the scientific basis of a plaintiff's causation theory. Examples include novel scientific theories, emerging methodologies that have not been tested, cutting edge forensic tools, untested medical causation theories or as in our recent case where there was no peer reviewed literature to support the plaintiff's theory on how his injury could have occurred.

1 293 F. 1013 (D.C. Cir. 1923)
2 83 N.Y.2d 417 (1994)(considering the admissibility of DNA evidence in murder and rape cases).
3 7 N.Y.3d 434 (2006)

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Strategic Use of *Frye* Motions in Medical Malpractice Litigation

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The use of a pre-trial *Frye* motion, often as a motion *in limine* can reduce the opposing party's ability to prove causation or liability. If successful in eliminating the plaintiff's theory, the motion could effectively end the plaintiff's case. Even if the motion is unsuccessful, the use of the motion can provide the defense with invaluable ammunition for cross-examining the plaintiff's expert.

A *Frye* motion, once legitimately raised, puts the burden on the opposing party, most often the plaintiff, to establish general acceptance of their causation theory. Courts typically require detailed scientific sources, peer-reviewed studies, or treatises. If science is too new, controversial, or insufficiently validated, a *Frye* challenge may prevent jurors from hearing expert testimony that may be persuasive but scientifically unreliable.

New York courts have historically entertained *Frye* motions in complex litigation[4], but the strategy remains underused in medical malpractice cases. Courts will require that the proponent of a *Frye* motion clearly articulate the scientific theory being challenged. To establish a lack of scientific reliability, the defense[5] may strategically submit the sworn affirmation of an expert to establish the plaintiff's theory and scientific methodology are novel and unreliable. The opposing attorney will then often, but not always, submit an affirmation from their expert to oppose the *Frye* challenge. New York courts typically then look for peer-reviewed publications, treatises, position papers, and evidence of professional consensus to determine whether the causation theory is reliable. While the Courts may decide the issue on the motion papers alone, a hearing may be scheduled where cross-examination of the experts is permitted.

NEW YORK COURTS HAVE HISTORICALLY ENTERTAINED *FRYE* MOTIONS IN COMPLEX LITIGATION[1], BUT THE STRATEGY REMAINS UNDERUSED IN MEDICAL MALPRACTICE CASES.

In a recent case, we made a *Frye* motion to challenge the plaintiff's expert opinion contending that the amount of pressure applied during an echocardiogram caused the patient's sternal wires to fracture, requiring further surgery. We had previously made a motion for summary judgment at the close of discovery arguing that the echocardiogram was performed properly and alternatively even if the court found a departure from the standard of care in the performance of the test, that the amount of pressure applied during an echocardiogram could not cause a sternal wire to fracture. Unfortunately, the plaintiff's lawyer retained an expert that argued to the contrary and without analysis, the judge determined that there was an "issue of fact" to be decided by the jury.

Prior to trial, knowing there were no peer review articles to support the plaintiff's position that an echocardiogram could cause sternal wires to fracture, we filed a motion *in limine* under *Frye*, supported by the Affirmation of an expert cardiologist (we relied on our summary judgment expert and retained a separate trial expert to avoid possible cross-examination using the Affirmation) arguing that the plaintiff's theory was novel and unscientific.[6] In response, the plaintiff's attorney submitted an Affirmation from their trial expert contending that the theory that the application of pressure could cause sternal wires to fracture and analogized to performance of cardiopulmonary resuscitation. Despite recognizing that the amount of force applied during cardiopulmonary resuscitation is significantly greater than the performance of an echocardiogram, the Court declined to preclude the plaintiff's expert. However, our motion demonstrated the weaknesses of the plaintiff's case to the trial judge, which we believe predisposed the trial judge to decide in our favor on multiple rulings. More importantly, we forced the plaintiff to submit an Affirmation from their expert. On cross-examination of the plaintiff's expert, he conceded that he conducted research prior to testifying at trial and that he could not find any published literature where an echocardiogram caused the injuries claimed in the case. This led to a strong argument during summation that to find for the plaintiff would require the jury to find that this was the "first time in the history of the world" that this has happened. The jury rendered a defense verdict in well under an hour.

4 *See, e.g., Cornell v. 360 W. 51st St. Realty, LLC*, 22 N.Y.3d 762 (2014)(holding the plaintiff's causation theory in a toxic mold case as novel and unreliable); *DeLong v. County of Erie*, 60 A.D.3d 1371 (4th Dept. 2009)(excluding expert testimony based on a novel approach to memory reliability).

5 While not the purpose of this article, it should be noted that any party can bring a motion under *Frye*, not just the defense.

6 In our summary judgment motion, we reserved our right to move under *Frye* at the time of trial should the motion be denied. While likely not necessary, we did not want to risk an argument by the plaintiff that despite the standards being different, the *Frye* motion was an attempt to reargue the denial of summary judgment.

Strategic Use of *Frye* Motions in Medical Malpractice Litigation

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Frye motions remain a powerful tool for controlling the admissibility of expert testimony. By using *Frye* challenges in appropriate cases, attorneys can gain significant strategic advantages and often reshape the case before it reaches the jury. Even where the *Frye* motion is unsuccessful, as we saw in our recent case, there are strategic advantages to making the motion where the plaintiff's causation theory is weak and unsupported by literature. These advantages include demonstrating to the trial judge the weaknesses of the plaintiff's case, before trial, and forcing the plaintiff's trial expert to submit a sworn written statement that can then be used during cross-examination. ■

Daniel L. Freidlin is a Senior Trial Partner at Martin Clearwater & Bell LLP. Mr. Freidlin focuses his practice on the defense of medical malpractice and professional liability cases and represents major teaching hospitals in New York as well as individual physicians.

Appellate Division Permits Amendment of Answer on Eve of Trial and Dismissal of Action Based on Waiver Provision of September 11th Victim Compensation Fund

BY: RICHARD WOLF, ESQ.

The Appellate Division, Second Department addressed the September 11th Victim Compensation Fund and its related waiver of claims. Practitioners should be aware of the Fund and the potential defense to a medical malpractice claim that arises if a plaintiff has also filed a claim with the Fund.

Following the terrorist attacks on September 11, 2001, Congress enacted the Air Transportation Safety and System Stabilization Act (Pub. L. 107-42) (the "Air Stabilization Act"). Title IV of the Air Stabilization Act created the September 11th Victim Compensation Fund of 2001 (the "VCF"). The purpose of the VCF was to "provide compensation to any individual (or relatives of a deceased individual) who was physically injured or killed as a result of the terrorist-related aircraft crashes of September 11, 2001." Air Stabilization Act at § 403. Although the VCF originally limited the time to file claims to December 22, 2003 (*see* Air Stabilization Act at § 405(a)(3); 28 C.F.R. § 104.62), the VCF was subsequently reopened through the James Zadroga 9/11 Health and Compensation Act of 2010 (Pub. L. 111-347), reauthorized in 2015 (Pub. L. 114-113), and eventually permanently authorized through the Never Forget the Heroes: James Zadroga, Ray Pfeifer, and Luis Alvarez Permanent Authorization of the September 11th Victim Compensation Fund Act (Pub. L. 116-34).

Since its inception, the VCF has provided for an election of remedies, requiring all claimants who filed with for no-fault compensation to waive the right to sue for injuries resulting from the attacks, except for collateral benefits. *See* Air Stabilization Act at § 405(c)(3)(B)(i). A second exception to allow claimants to sue individuals responsible for the terrorist attacks was later added. *See* Aviation and Transportation Security Act (Pub. L. 107-71) at § 201(a). As currently enacted, the waiver provision states: "Upon the submission of a claim under this title, the claimant waives the right to file a civil action (or to be a party to an action) in any Federal or State court for damages sustained as a result of the terrorist-related aircraft crashes of September 11, 2001, or for damages arising from or related to debris removal. The preceding sentence does not apply to a civil action to recover collateral source obligations, or to a civil action against any person who is a knowing participant in any conspiracy to hijack any aircraft or commit any terrorist act." 49 U.S.C. § 40101 Note.

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Appellate Division Permits Amendment of Answer on Eve of Trial and Dismissal of Action...

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SUBMISSION OF A CLAIM TO THE SEPTEMBER 11TH VICTIM COMPENSATION FUND (VCF) CONSTITUTES A WAIVER OF THE RIGHT TO SUE FOR RELATED INJURIES. AS SEEN IN *BRENNAN V. MACDONALD*, THIS APPLIES EVEN TO MEDICAL MALPRACTICE CLAIMS FOR FAILURE TO DIAGNOSE CONDITIONS LINKED TO THE VCF CLAIM.

In *Brennan v. MacDonald* (___ A.D.3d ___, 2025 N.Y. Slip Op. 03994 (2d Dep't July 2, 2025)), the Appellate Division, Second Department addressed whether a defendant physician was properly permitted to amend his Answer on the eve of trial to add an affirmative defense based on the VCF waiver. In short, the plaintiff was a bay constable on Long Island who worked at the World Trade Center in a law enforcement capacity for two weeks immediately after September 11th. Years later, the plaintiff was treated by the defendant, his primary care physician. The plaintiff filed suit in 2021 alleging the defendant failed to timely diagnose and treat his prostate cancer. The plaintiff also filed a claim with the VCF in 2021 alleging that his prostate cancer was caused by his exposure in and around Ground Zero. Although the defendant was aware that the plaintiff had filed a VCF claim during his deposition in July 2021, the defendant did not move to amend his Answer until December 2022, just three weeks prior to when jury selection was scheduled to commence. The Supreme Court granted the motion to amend, and upon amendment, dismissed the Complaint pursuant to the VCF waiver.

The Appellate Division affirmed. Relying heavily upon the decision of the United States Court of Appeals for the Second Circuit in *Virgilio v. City of New York* (407 F.3d 105 (2d Cir. 2005)), the Second Department held that by submitting a claim under the VCF, the plaintiff waived the right to maintain his action. The Court found that since the plaintiff's prostate cancer resulted from his work in and around the World Trade Center site in the aftermath of the September 11th attacks, the alleged failure to diagnose and treat the cancer was encompassed by the VCF waiver. Moreover, the plaintiff waived his right to file a civil action just by submitting a claim to the VCF, regardless of whether it was granted or denied. Thus, the plaintiff's argument that he was prejudiced by the defendant's delay in moving to amend the Answer because he could have chosen to withdraw his VCF claim had the waiver defense been raised earlier, was without merit.

Practitioners should be aware of the VCF waiver and its potential use as an affirmative defense. It may be useful practice to inquire at the depositions of plaintiffs whether they lived or worked in the areas of the World Trade Center, Pentagon, or Shanksville, Pennsylvania at the time of the September 11, 2001 terrorist attacks or shortly thereafter. Moreover, the Appellate Division's decision in *Brennan* may be useful for any defendant moving to amend an Answer to assert new affirmative defenses, including late in litigation. ■

Richard Wolf is a Partner at Martin Clearwater Bell LLP, and an integral part of the Firm's Appellate practice group. He is well-versed in handling appellate matters, and was a former Senior Appellate Court Attorney at the Second Department of the New York Supreme Court.

Recent Case Results


Michael A. Sonkin


Casey M. Hughes


Keleisha A. Milton

Defense Verdict Secured in Post- Hysterectomy Bowel Injury Case

Senior Trial Partner **Michael A. Sonkin**, Partner **Casey M. Hughes** and Associate **Keleisha A. Milton** successfully obtained a defense verdict in a Nassau County matter arising from a 2014 laparoscopically assisted vaginal hysterectomy performed by MCB's clients, along with a prolapse repair performed by a co-defendant, which the plaintiff alleged caused a bowel perforation. The co-defendant settled out just before trial, and MCB argued on behalf of our clients that no perforation occurred during either procedure, highlighting that the patient was afebrile and reported no unusual abdominal pain in the immediate postoperative period. After returning to the hospital thereafter with a fever, a CT scan revealed an abscess consistent with an infection. MCB argued that the abscess was not due to perforation, as the patient's fever, elevated white blood cell count, and pain all improved following IR drainage. Although a rectovaginal fistula ultimately developed 10 days postoperatively, MCB maintained that this was not caused by the perforation but by an infection leading to breakdown of the bowel wall in an area of a prior surgery. The case was tried over a two-week period, with the jury returning a unanimous defense verdict in less than one hour.

Defense Verdict Secured in Podiatry Case Involving Toe Amputation


Christopher A. Terzian

Senior Trial Partner **Christopher A. Terzian** successfully obtained a unanimous defense verdict on December 9, 2025, in Westchester County Supreme Court, in favor of MCB's podiatrist client, just 15 minutes after jury deliberations following a weeklong trial.

The defendant podiatrist was accused of negligent care on March 15, 2017, when the then 54-year-old female plaintiff presented for trimming of an incurvated, fungal right great toenail. The plaintiff was diabetic, smoked, and had a history of hypertension. The plaintiff alleged that the doctor's purported improper care caused a skin wound that allowed bacteria to seed into the tissues, leading to a right great toe infection and the eventual amputation of the toe more than five months later. The plaintiff then experienced a lengthy recovery, including a several-month long admission to a rehabilitation center, along with subsequent wound and bone infections.

Mr. Terzian, with his expert podiatrist and expert vascular surgeon respective testimony, demonstrated that the plaintiff's right great toe infection and subsequent amputation were caused by a lack of blood flow to the toe, which was diagnosed within two weeks of the plaintiff's visit to the defendant podiatrist. The proof also showed that there was a mistaken diagnosis of a wound infection arising after the defendant's care. Mr. Terzian and his experts explained and persuaded the jury that, once sufficient blood flow through the dorsalis pedis artery to the toe was compromised, the tissue became necrotic and subsequently served as a nidus for infection. The experts further testified how the plaintiff's uncontrolled diabetes and history of smoking contributed to her vascularly compromised condition, thereby hampering all reasonable efforts to revascularize her right great toe.

Plaintiff's counsel asked the jury to award $500,000 for his client's past pain and suffering, and $500,000 for her alleged future pain and suffering for the rest of her life.


Rosaleen T. McCrory


Samantha E. Shaw


Edmund T. Rakowski

Summary Judgment Secured in Ovarian Mass Removal Surgery

Senior Trial Partner **Rosaleen T. McCrory**, Partner **Samantha E. Shaw**, and Associate **Edmund T. Rakowski** successfully obtained summary judgment in Queens County in a case involving a plaintiff, a then 45-year-old woman, who alleged that MCB's clients, a hospital, an OB/GYN surgeon, and an OB/GYN resident, failed to properly perform an ovarian mass removal surgery, improperly allowed morphine to be provided for anesthesia despite plaintiffs reported allergy, and failed to properly manage her anticoagulants and neurological symptoms postoperatively. Plaintiff claimed these failures resulted in an anaphylactic reaction that caused long-term neurological deficits. The plaintiff's husband asserted a derivative cause of action. The anesthesiologist, anesthesiology group, and attending neurologist were also named as co-defendants in the case.

MCB moved for summary judgment on behalf of its clients, utilizing expert opinions from a neurologist and an OB/GYN surgeon. In its motion, MCB argued that the ovarian mass removal surgery was properly indicated and performed skillfully,

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within the standards of care, and with no evidence of negligence. As to the alleged contraindicated use of morphine, MCB maintained that its clients appropriately deferred responsibility to the co-defendant anesthesiologist, for whom anesthesia was within the scope of practice. The anesthesiologist was aware of the plaintiff's reported morphine allergy and prescribed hydromorphone, a derivative, but not morphine itself, which was a reasonable and non-contraindicated alternative.

Moreover, MCB argued that the plaintiff's postoperative symptoms, left-lower extremity numbness and right-sided facial numbness occurring hours after surgery, were consistent not with an anaphylactic reaction but with a rare MRI-negative stroke. MCB's experts opined that an allergic reaction to hydromorphone would have presented acutely and with different symptoms. They further opined that the plaintiff's postoperative condition was timely diagnosed and appropriately managed. Finally, MCB contended that the plaintiffs improperly relied on vague allegations not properly specified in the Bills of Particulars or Supplemental Bills of Particulars.

Summary Judgment Obtained in Skin Breakdown and Nerve Injury Case

Charles S. Schechter

Jacqueline D. Berger

Gabriella M. Verdone

Senior Trial Partners **Charles S. Schechter** and **Jacqueline D. Berger** and Associate **Gabriella M. Verdone** successfully obtained summary judgment in Kings County in a medical malpractice action in which the plaintiff alleged that MCB's clients, a Hospital and pulmonology attending physician, were negligent in their treatment of a patient who presented to the Hospital with diabetic ketoacidosis, septic shock, and persistent lung infections. The plaintiff claimed that the alleged inadequate treatment over the course of a two-month admission caused him to suffer a left wrist drop, radial nerve palsy, and pressure ulcers.

A motion for summary judgment was filed, supported by two expert affirmations. Specifically, MCB argued that appropriate positioning and skin-care measures were implemented, as shown in the hospital record. The plaintiff opposed the motion utilizing two expert affirmations, alleging that defendants did not implement the required treatment for skin integrity and proper positioning during the plaintiff's hospital admission, resulting in skin breakdown and radial nerve palsy/wrist drop, and further alleging that, had proper care been implemented, the plaintiff would not have suffered those injuries. In reply, MCB argued that it was improper to use hindsight reasoning and that a bad result does not indicate that medical malpractice occurred. MCB further argued that plaintiff failed to defeat our prima facie entitlement to summary judgment by failing to identify any departures causing the plaintiff's injuries, and that the plaintiff had ignored documentation in the hospital chart indicating all appropriate measures were implemented in an attempt to prevent skin breakdown and any nerve injury.

After oral argument, the Court agreed that plaintiff's expert opinions were insufficient to refute defendants' prima facie showing of entitlement to summary judgment. Accordingly, the action was dismissed and the motion for summary judgment was granted in its entirety.

Yuko A. Nakahara

Nicole S. Barresi

Ashley Mullings-Maragh

Summary Judgment Secured in Claims against Hemodialysis Center

Senior Trial Partner **Yuko A. Nakahara**, Partner **Nicole S. Barresi** and Associate **Ashley Mullings-Maragh** successfully obtained summary judgment in Queens County in a case where the plaintiff alleged that MCB's client, a Hemodialysis Center, was negligent in their post-treatment supervision of a patient by allowing her to suffer a fall and sustain injuries that were claimed to have led to her death.

A motion for summary judgment was filed on behalf of the dialysis center and its named staff, supported by an expert affirmation attesting to the adequacy of the care and supervision provided prior to, during, and following the patient's dialysis treatment. The plaintiff's case focused on an allegation that the defendants should not have permitted the decedent to stand unassisted for testing following the completion of dialysis. In support of the motion, the defense argued that this was necessary to ensure that this ambulatory patient was stable for discharge. Plaintiff opposed the motion and argued that the defendants were negligent in permitting her to stand and ultimately fall. The Court found the Plaintiff's expert's opinions to be grossly vague, speculative, and conclusory, and therefore insufficient to rebut defendants' prima facie showing of entitlement to summary judgment. Accordingly, the action was dismissed and the motion for summary judgment was granted in full.

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Summary Judgment Obtained in Squamous Cell Carcinoma Treatment Case

Daniel P. Borbet

Oladapo O. Ogunsola

Associates **Daniel P. Borbet** and **Oladapo O. Ogunsola** obtained summary judgment in Kings County Supreme Court in a matter involving a then 35-year-old plaintiff who alleged injuries arising from MCB clients' failure to timely diagnose and appropriately treat squamous cell carcinoma of the right lower extremity. The plaintiff claimed that the alleged negligence resulted in a below-the-knee amputation of the right leg, multiple surgical procedures, progression of the squamous cell carcinoma to the left thumb, upper chest, neck, and chronic non-healing ulcers. It was further alleged that MCB's client physicians and hospital were negligent in the surgical management of the plaintiff's squamous cell carcinoma. A derivative claim for loss of services was asserted on behalf of the plaintiff's wife.

The Honorable Consuelo Mallafre Melendez issued a 50-page Decision & Order finding that MCB clients had established a prima facie entitlement to summary judgment. Based on documentary evidence and an expert affirmation from a licensed board-certified physician in dermatopathology and pathology, the Court found that the defendants did not depart from accepted standards of care and did not proximately cause the plaintiff's alleged injuries.

The Court found that MCB's expert properly concluded that all treatment rendered during the relevant time period of alleged malpractice complied with the applicable standards of care, and that the plaintiff's amputation resulted from the development of his linear scleroderma condition. The Court further held that the debridement and excision procedures were appropriate, did not contaminate the wound or cause the cancer to spread, and that any alleged delay in treatment was minimal and had no impact on the ultimate outcome.

In opposition, the Court determined that the plaintiffs' expert was not qualified to opine on the standard of care and lacked training or expertise in oncology, dermatology, and/or pathology. The Court further found the expert's opinions conclusory and speculative, insufficient to rebut defendant's expert's affirmation, and inadequate to raise triable issues off act as to proximate causation. The Court further dismissed claims for lack of informed consent, negligent hiring and supervision, and res ipsa loquitur claims against MCB's client hospital.

John M. Bugliosi

Adam T. Brown

Emily N. Galvez

Summary Judgment Secured in Electronic Fetal Monitoring Case

Partners **John M. Bugliosi** and **Adam T. Brown**, assisted by Associate **Emily N. Galvez** successfully obtained summary judgment in Ulster County Supreme Court on behalf of the infant Plaintiff, by his parents. Following prenatal care by MCB's client medical group, the infant was delivered via emergent C-section at 41 weeks 4/7 days at MCB's client hospital on July 4, 2019. The infant plaintiff's mother had been admitted for labor induction, but fetal distress was detected in the early morning hours of July 4. The infant was diagnosed with hypoxic ischemic encephalopathy and sustained profound developmental delays.

The critical issue for liability was that electronic fetal monitoring was discontinued overnight with fetal distress detected on July 4th when the monitor was applied. MCB's client OB/GYN, a medical group employee, took the position that she intended there to be continuous monitoring overnight. The co-defendant, Nurse, testified that MCB client OB/GYN verbally instructed her to discontinue the monitoring. MCB obtained a stipulation limiting the claims against the client solely to vicarious liability for the OB/GYN. MCB then filed a summary judgment motion on behalf of their client OB/GYN and adopted the arguments of her expert.

Plaintiffs opposed the motion, with their expert opining that the standard of care required MCB's client OB/GYN to remain in the hospital overnight. In reply, we argued that plaintiffs were improperly introducing a new theory not previously pled and that it was entirely speculative that the outcome would have differed merely because the OB/GYN slept in the hospital. The co-defendants also opposed the Summary Judgment motions, arguing that the nurse's testimony created a triable issue of fact.

The Court found that both defendants established prima facie entitlement to judgment as a matter of law and that plaintiffs failed to overcome that showing. The Court further held that the co-defendant lacked standing to oppose the motions. Accordingly, all claims against MCB's client OB/GYN were dismissed, and therefore all claims against the MCB client were dismissed in accord with the prior stipulation. ■

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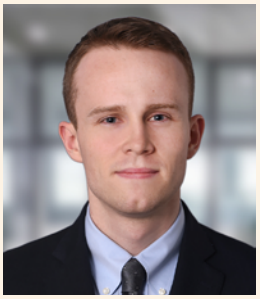
What's New at MCB?

Achievements


Kenneth J. Burford


Casey M. Hughes


Stephen C. Lanzone


Fiachra P. Moody


Gabrielle F. Murray

MCB CONGRATULATES ITS NEWEST PARTNERS!

MCB is pleased to announce the promotion of five talented attorneys to our team of partners, effective January 1, 2026. Each has demonstrated outstanding legal skill and dedication to their clients. We appreciate their contribution to the success of our Firm and congratulate them on this well-deserved professional achievement.

Events & Sponsorships

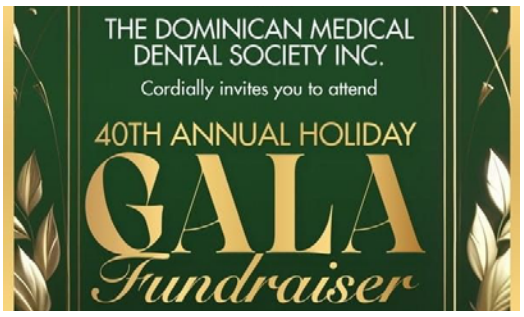
MCB is honored to support a wide range of charitable initiatives, with a special focus on the causes championed by our health care clients. We furthermore remain actively engaged in the legal community by attending and sponsoring functions that are vital to the advancement of our profession.

FRIENDS OF MERCY HOSPITAL 89TH ANNUAL MERCY BALL

MCB was a proud Sapphire Sponsor of the 89th Annual Friends of Mercy Hospital Mercy Ball on December 6, 2025. The event raised funds for the acquisition of Oneview Healthcare, a state-of-the-art digital platform that provides patients with bedside access to their clinical data, educational resources, and more. By supporting this initiative, the Firm joins Mercy Hospital in its continued commitment to enhancing the patient experience.

DOMINICAN MEDICAL DENTAL SOCIETY HOLIDAY GALA

MCB was honored to support the Dominican Medical Dental Society's 40th Annual Holiday Gala Fundraiser. As a sponsor of this milestone event, the Firm contributed to the Society's mission of providing medical and dental care to underprivileged and high-risk populations. These funds support the Society's domestic and international missions, while also facilitating continuing medical education seminars to ensure the highest standards of care.



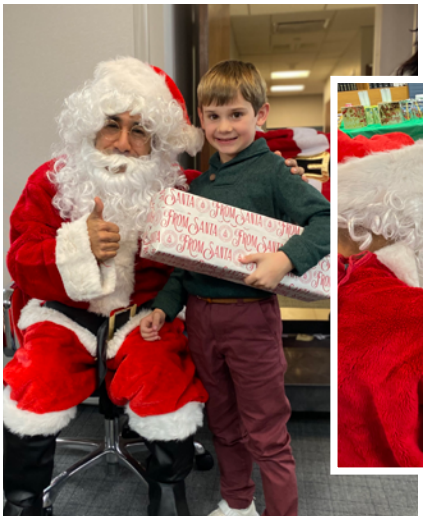
Community

This past holiday season was a special time for our Firm family, marked by our annual holiday celebration and the magic of Santa's visit to our children's party. Beyond the festivities, our spirit of giving shone through in the success of our annual toy drive, making it a season to remember.

FIRM-WIDE HOLIDAY PARTY

CHILDREN'S HOLIDAY PARTY

Children of our employees were the guests of honor at our children' holiday party, and Santa didn't disappoint!



ANNUAL TOY DRIVE

Our team collected loads of toys to benefit the Maria Fareri Children's Hospital. Many thanks to all who donated!

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