

V E R M O N T

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# medicine

UNIVERSITY OF VERMONT COLLEGE OF MEDICINE

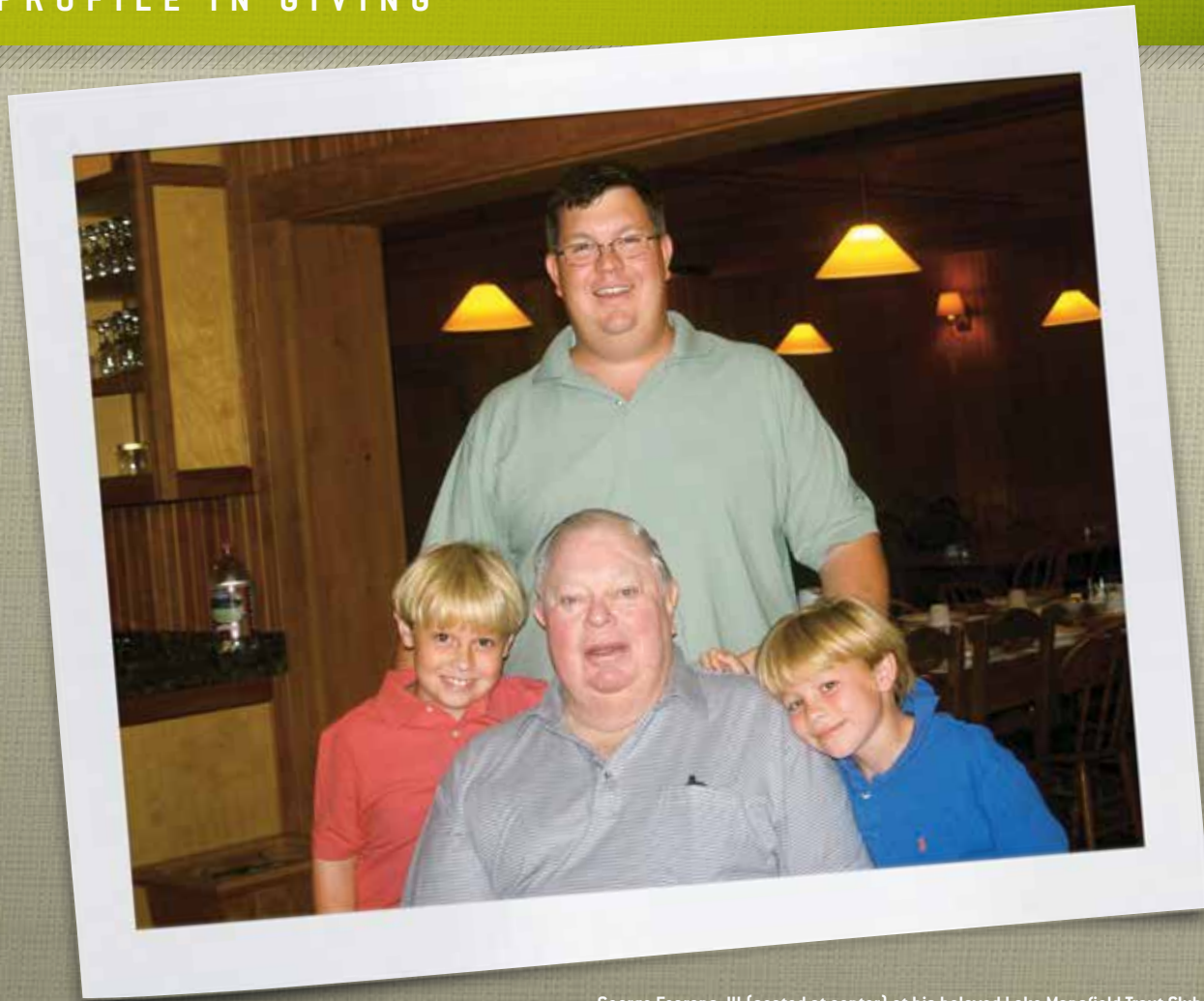
## THE “VERMONT MODEL”

FOR 25 YEARS OF  
HIV CARE AND ADVOCACY

ALSO FEATURED:

- ▶ Dallas Boushey Remembers
- ▶ PEP Guides Potential Medical Careers





George Fearons, III (seated at center) at his beloved Lake Mansfield Trout Club with his son, George, and grandsons Patrick (left) and Seamus (right).

## A Vermont Tribute

When your roots are in Vermont, you never really leave the state behind, even if circumstances lead you to a life away from the Green Mountains. That's what happened to **George Fearons, III**. As he neared the end of his life, Mr. Fearons, who had spent more than 50 years as the owner and operator of Stowe Travel Service, shared with his family his deep desire to leave something behind that would have a positive impact for Vermonters.

The Fearons family, though they live now in Massachusetts, decided to direct funds from his estate to support research by College of Medicine faculty members. The Fearons' gift will fund new research on Alzheimer's Disease by Professor of Neurological Sciences William Pendlebury, M.D.'76. Another portion of the gift will support cancer-related research by Associate Professor of Medicine Chris Holmes, M.D.

As Mr. Fearons' son, also named George, said: "We knew that giving in this way would have a greater impact in Vermont than any other place, and it would honor my father's ties to the state in a really meaningful way."

For more information about how you can support the College of Medicine and its faculty and students, please contact the Medical Development and Alumni Relations Office.

**University of Vermont College of Medicine**  
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## 3 College News

Two firsts at the College: a new chair of neurological sciences and a new College ombudsperson, plus research news, student notes, and more.

# features 12



## 25 Years of Care and Advocacy

Beginning in 1987, a team of Vermonters built a statewide network — a safe place for people with HIV and AIDS to receive the best of care. Today, with improved medications, the response to the disease has changed, but the caregivers are still at work.

By **Sarah Zobel**

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## A Look Ahead to a Life in Medicine

Medical school is rigorous; but blazing the path through the undergraduate years to prepare for medical school can be daunting too. UVM's Premedical Enhancement Program seeks to help ease the task.

By **Erin Post**

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## Anatomy of an Extraordinary Life

In the depths of the Depression, a kid from South Burlington with just an eighth-grade education came to work at the College of Medicine. Fifty years later he retired as an assistant professor of anatomy. Now in his tenth decade, Dallas Boushey remembers.

By **Edward Neuert**

## WebXtras in this issue:

- "The Mary Fletcher" circa 1965
- Schweitzer Fellows blog
- Student tablet video
- Translational research article
- Match Day video & student perspective
- PEP student comments
- CCC Rural Health article
- Dallas Boushey model slideshow and 1988 profile
- Foundation Awards listing



Go to: [uvm.edu/medicine/vtmedicine](http://uvm.edu/medicine/vtmedicine)

**ON THE COVER:** Professor of Medicine and Comprehensive Care Clinic founder Christopher Grace, M.D., sees a patient in the Rutland clinic. Photograph by Raj Chawla.

[f](#) [t](#) The College of Medicine is now on Facebook and Twitter. Check in to see what's happening today!

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## FROM THE DEAN

Spring is a busy time on our campus, with the medical school seniors learning their residency matches and preparing for commencement in May, a transition in the clinical clerkship year for second- and third-year students, and graduate students preparing to defend their doctoral theses. In addition, we welcomed new department chairs

Debra Leonard, M.D., in Pathology and Gregory Holmes, M.D., in Neurological Sciences this spring. While it's easy at a time like this to focus on what's happening here, our work continues to have a much broader impact throughout Vermont and across the nation.

Twenty-five years ago, HIV infection and AIDS were hot topics around the world. In this country, AIDS was widely considered an "urban disease" and few people realized the need for specialized care for HIV-positive people in a rural environment. However, College of Medicine faculty, along with our partners at the Vermont Department of Health, saw what others had not seen. Led by infectious disease specialist Professor Christopher Grace, M.D., they set out to create a comprehensive care system to serve this widely scattered patient population in Vermont — essentially creating a "medical home" over two decades ago. Our cover story highlights this groundbreaking project that continues as a model for care.

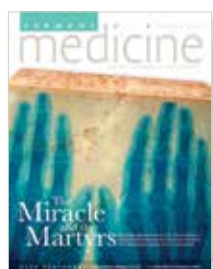
Outreach to students that encourages the pursuit of medicine as a career has always been an important initiative of the College. Here on the UVM campus, the Premedical Enhancement Program (PEP) identifies outstanding undergraduate students with interests in the sciences and medicine. Through a unique mentoring partnership, current medical students, and faculty guide PEP students throughout their undergraduate years to prepare in the best way possible to enter the medical professions. In this issue, alumni, medical students and undergraduates reflect on the benefits of this early mentorship.

For our alumni, that intensely personal brand of teaching is a familiar memory. Graduates from the 1940s through the 1980s will remember Dallas Boushey, whose personal journey was as compelling as his knowledge of human anatomy was amazing. Everyone who reads Professor Boushey's words in this issue, and especially his former students, will be glad to see that his journey continues still, even in his tenth decade.

Thank you for all you do to support the College in fulfilling our missions. I look forward to seeing many of you as we prepare for Commencement and Reunion, and as my travel schedule increases with the coming of the warmer months.

**Frederick C. Morin III, M.D.**

Dean, University of Vermont College of Medicine



### ◀ CASE Article of the Year Award

This January, the Council for Advancement and Support of Education (CASE) District I recognized "The Miracle and the Martyrs," an article by Sarah Zobel that ran in 2011 in *Vermont Medicine*, with the bronze medal in the Article of the Year category of the association's Excellence Awards. The story, which was inspired by former Chair and Professor Emeritus of Radiology John Tampas, M.D.'54, detailed two early radiological pioneers at UVM who lost their lives to radiation poisoning.

# VERMONT medicine

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## COLLEGE NEWS

### Holmes Named Chair of Neurological Sciences

**Gregory Holmes, M.D.**, has been appointed the inaugural professor and chair of neurological sciences at the College of Medicine and physician leader of neurology at Fletcher Allen Health Care. He succeeds Rodney Parsons, Ph.D., and Rup Tandan, M.D., who have shared leadership of the new department since August 2012. The establishment of the Department of Neurological Sciences — a merger of the departments of neurology and anatomy and neurobiology — was approved by the UVM Board of Trustees in May 2011.

A graduate of the University of Virginia Medical School, Holmes comes to UVM from the Geisel School of Medicine at Dartmouth and Dartmouth-Hitchcock

Medical Center, where he served as professor and chair of neurology and director of the Neuroscience Center. After joining Dartmouth in 2002 as professor of medicine and pediatrics and section chief of neurology, he became Dartmouth's inaugural chair of neurology in 2009. Prior to joining Dartmouth, Holmes served as professor of neurology at Harvard Medical School and director of the clinical neurophysiology and epilepsy program at Children's Hospital Boston, where he also directed the Center for Research in Pediatric Epilepsy.

"Dr. Holmes is an outstanding scientist, clinician, and teacher, as well as a dynamic leader and administrator with a successful track record for delivering top-



Gregory Holmes, M.D.

notch patient care, directing strong clerkship and teaching programs, and leading well-funded translational research," said Dean Rick Morin when announcing the appointment.

The Department of Neurological Sciences is closely aligned with the UVM Neuroscience, Behavior and Health initiative.

**"Dr. Holmes is an outstanding scientist, clinician and teacher, as well as a dynamic leader and administrator..."**

— Dean Rick Morin



Sally Bliss, R.N., M.S.B.

**"I anticipate serving the college's greatest asset, its students, as a confidential, neutral facilitator for problem solving and referrals."**

— Sally Bliss, R.N., M.S.B., Ombudsperson

### Nurse and Clinical Ethicist Appointed Ombudsperson for the College of Medicine

**Sally Bliss, R.N., M.S.B.**, clinical ethicist at Fletcher Allen Health Care and adjunct assistant professor of medicine, has been appointed as ombudsperson for the College of Medicine. In this new position, Bliss will provide medical students, residents, and fellows with a neutral, safe, and confidential environment to hear concerns and complaints, mediate conflicts, discuss options, and provide referrals to appropriate resources. In this role, she will not participate in existing academic processes or the formal grievance process.

"I anticipate serving the college's greatest asset, its students, as a confidential, neutral facilitator for problem solving and referrals," Bliss said.

Bliss holds a Master of Science degree in bioethics from the Union Graduate College/Mt. Sinai School of Medicine Program for Bioethics, where she taught for four years as an assistant professor of clinical ethics. As ombudsperson, Bliss will report to Dean Rick Morin, and will work closely with the Learning Environment and Professionalism Committee.



## Larners Donate Cardiopulmonary Manikins to Simulation Lab



Helen Larner &amp; Robert Larner, M.D.'42

Five high-tech manikins that can simulate a range of cardiac conditions have been introduced to the UVM/Fletcher Allen Clinical Simulation Laboratory thanks to a \$300,000 gift from College of Medicine alumnus **Robert Larner, M.D.'42** and **Helen Larner**.

The Larners, who live in California, have a long history of giving at the College of Medicine. In 1985, they established the Larner

Endowment Fund, which has provided financial support to more than 1,000 UVM medical students and receives over 150 alumni contributions annually.

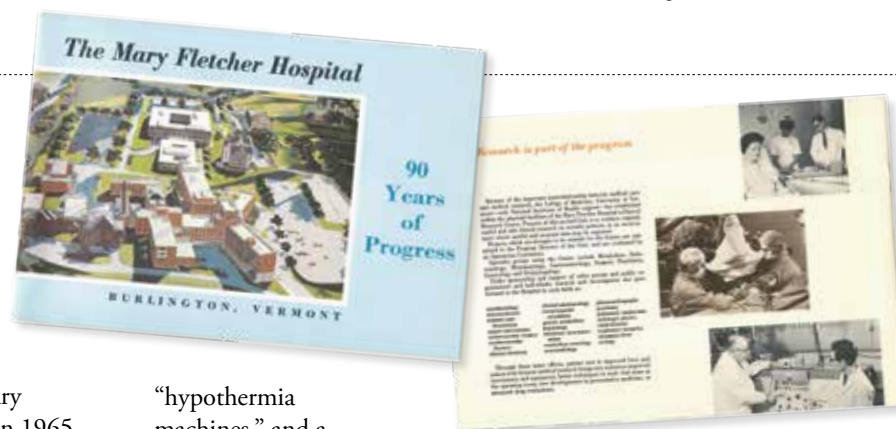
The Harvey® Cardiopulmonary Patient Simulator is a full-sized, portable manikin. Students can feel pulses and use built-in stethoscopes — which are connected via infra-red technology to the manikin — to listen to six different breath sounds and nine different cardiac auscultation areas. The Larners also funded the acquisition of a “Choking Charlie,” an adult torso used to train students in the Heimlich Abdominal Thrust Maneuver.



Senior Simulation Specialist Eric Zelman (at left) observes medical students Nicholas Sinclair '16 (center) and Matthew Lin '16 as they work with a new Harvey® simulator in the Clinical Simulation Laboratory.

## Looking Back

“No one can foresee the future of our nation’s hospitals, nor even predict the changes and trends of the next decade.” The words could have been written for a 21st century audience, but when the brochure about Mary Fletcher Hospital was published in 1965, change was in the air: legislation creating Medicare and Regional Health Centers stood to transform health care in the United States. Titled “The Mary Fletcher Hospital, 90 Years of Progress,” the booklet highlights the hospital’s state of the art services — including “three EEG consoles,”



“hypothermia machines,” and a “two million volt x-ray generator” — and outlines plans to meet changing needs.

A precursor to today’s Fletcher Allen Health Care, Mary Fletcher Hospital had stood atop the same hill adjacent to the UVM campus since 1879. At the time the booklet was published, plans were underway to construct the Baird Wing, referred to as “phase II of a long-term plan for keeping pace with the times.” The \$5.5 million project, scheduled for occupancy in early 1968, was slated to provide about

200 additional beds, increasing the hospital bed count by about 60 percent. At the same time, the construction of the Given Building was underway, and

by 1968 the College of Medicine would fully reside next to “the Mary Fletcher.”

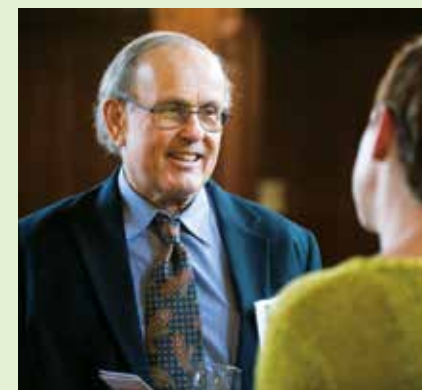
A graphic in the brochure — illustrated with the signs of the Zodiac — highlights how the medical center has changed over the past roughly 50 years. The number of surgical procedures performed per day has nearly quadrupled, as have Emergency Department visits per day, and the number of births has doubled. What remains the same are the close ties between Fletcher Allen and the College of Medicine.

UVM Med Photo

## Notables

### Low Named UVM Interim Provost

UVM President Tom Sullivan has appointed **Robert B. Low, Ph.D.**, professor emeritus of molecular physiology and biophysics, as interim provost and senior vice president of UVM. Low’s service began in January, and will continue through the completion of UVM’s national search for a permanent provost. Low replaces Jane Knodell, Ph.D., who served in the role from December 2010 through December 2012. Low has been a faculty member in the College of Medicine since 1970, and has served in several administrative positions including UVM interim provost and provost from 1992–1996.



Robert B. Low, Ph.D.

### Schapiro Named Interim Senior Associate Dean of Clinical Affairs and UVMMG Interim President

**Howard Schapiro, M.D.'80** has been named interim president of the University of Vermont Medical Group at Fletcher Allen and interim senior associate dean of clinical affairs at the College of Medicine. Schapiro comes to the role after serving as health care service leader for anesthesiology at Fletcher Allen and associate professor and chair of anesthesiology at the College of Medicine. Schapiro earned his medical degree from UVM in 1980 before going on to surgical and anesthesiology residencies at the former Medical Center Hospital of Vermont (now Fletcher Allen). He then completed a fellowship in obstetrical anesthesia at Columbia-Presbyterian Medical Center in New York City before returning to UVM/Fletcher Allen as an attending anesthesiologist and assistant professor. Schapiro was promoted to associate professor

in 1995 and in 1997, assumed leadership of the Fletcher Allen Health Care Service and UVM Department of Anesthesiology.

Throughout his tenure, Schapiro has been actively involved in the UVM Medical Group, where he is chair of the Finance Committee, and the Fletcher Allen Medical Staff, for which he serves as treasurer. Recently re-elected as treasurer of the Vermont Medical Society, he has been active in numerous national professional societies, including the American Society of Anesthesiology and the International Anesthesia Research Society.



Howard Schapiro, M.D.'80

### Ray Keller, M.D., Named Medical Director of Emergency Department

**Ray Keller, M.D., FACEP**, associate professor of surgery, has been appointed medical director of the Emergency Department at Fletcher Allen Health Care after serving as interim medical director since October, 2011. As chief of the division of emergency medicine, Keller will oversee 21 emergency medicine physicians and 14 physician assistants who handle approximately 61,000 visits per year to the emergency department and the only

Level 1 Trauma Center in Vermont. In his 20 years as a board certified emergency medicine specialist, Keller has served in a variety of leadership roles and was a founder of the Fletcher Allen Coordinated Transport (FACT) service, of which he remains medical director.



Ray Keller, M.D., FACEP

### Adams to Serve as Interim Chair for Anesthesiology

**David Adams, M.D.**, has been named interim chair and physician leader of anesthesiology. An associate professor and vice chair for education and research for anesthesiology, he also serves as associate dean for graduate medical education at the College of Medicine and designated institutional official at Fletcher Allen. After joining the Department of Anesthesiology at UVM and Fletcher Allen in 2000, Adams was appointed residency program director in 2004 and vice chair for education and research in 2006. He has served as chair of the Graduate Medical Education Committee since 2007, and currently chairs the UVM Medical Group Research and Education Committee. He is also chair of the joint UVM/Fletcher Allen Learning Environment and Professionalism Committee.



David Adams, M.D.

### Vermont Cancer Center Receives Top Ranking from National Commission

The Vermont Cancer Center has been awarded a “Three Year Accreditation with Commendation” from the Commission on Cancer, a component of the American College of Surgeons. It is the highest performance rating granted by the Commission, and is based on comparisons to all accredited cancer programs in the nation. The Vermont Cancer Center (VCC) earned this renewed designation for surpassing numerous standards that encompass research activity, clinical care, quality improvement, and community outreach. Seven areas gained special recognition including outcomes analysis, the number of clinical trials underway, and strong efforts to educate the public on prevention and early detection.



Read the whole 24-page document online.  
Go to: [uvm.edu/medicine/vtmedicine](http://uvm.edu/medicine/vtmedicine)



# STATSHOT

## Vermont Earns an "A"

Vermont was tops among four states, including Oregon, New Hampshire, and Maine — to receive an "A" on the March of Dimes latest Premature Birth Report Card, based on 2012 data.

# 11.7

The U.S. preterm birth rate percentage during the past year, which dropped to the lowest level in a decade.

# 15

MILLION

Number of babies born prematurely each year worldwide. More than one million of those infants die as a result of their early births.

# 131

U.S. ranking on premature birth number in a 2012 report issued by the March of Dimes and several partners. (of 184 reported)

# 9.6

March of Dimes goal for preterm birth rate percentage that earned Vermont and the other three states an "A." The U.S. as a whole earned a "C" on the Report Card.

The Institute of Medicine has estimated that prematurity is a \$25 billion per year problem, due not only to the immediate care of the preterm babies, but the long-term disabilities they develop because of prematurity.



## STUDENT NOTES



### First-Year Medical Student Appointed to UVM Board of Trustees

First-year medical student **Raj Thakrar** has been appointed by the Associated Directors for the Appointment of Student Trustees to the UVM Board of Trustees. He began his two-year term of service in March. "I am very honored to have been selected as the next Student Trustee for the University of Vermont," Thakrar said. "I believe that, as a medical student, I will bring a unique perspective to the Board of Trustees." Thakrar received a master's in physiology and biophysics from Georgetown and a bachelor's in neuroscience from Johns Hopkins University.



### Patten Receives VMS Education and Research Foundation Scholarship

Third-year medical student **Vanessa Patten** has received a \$10,000 scholarship from the Vermont Medical Society's Education and Research Foundation. The scholarship is awarded annually to medical students who are committed to practicing medicine in Vermont. Mildred Reardon, M.D., professor emerita of medicine, created the scholarship program. Patten earned a bachelor's degree in animal science in 2009 from UVM, where she participated in the Premedical Enhancement Program (PEP) detailed on page 20. Patten hopes to practice family medicine in Vermont.



### Schweitzer Fellow Project Featured in Beyond Boulders Blog

Through her work as a New Hampshire-Vermont Schweitzer Fellow, second-year student **Tamar Goldberg** created a respite care program for families of children with special health needs. *Beyond Boulders*, the Schweitzer Fellow blog, featured her project in a "Five Questions for a Fellow" piece. In the post she says: "Through providing temporary relief for these parents, respite care can help reduce stress levels and promote the health and well-being of the entire family." She is one of nine current Schweitzer Fellows from the College of Medicine.



Read the Schweitzer Fellow blog post about Tamar Goldberg. Go to: [uvm.edu/medicine/vtmedicine](http://uvm.edu/medicine/vtmedicine)

## 3 QUESTIONS

### for Margaret Tandoh, M.D.

Assistant Dean for Diversity and Inclusion and Assistant Professor of Surgery at the UVM College of Medicine

*Dr. Tandoh, in addition to her role as assistant dean, also chairs the Dean's Advisory Committee on Diversity and Inclusion, which she has been a member of since its formation in 2012. She also conducts research, teaches, and performs clinical duties as an attending trauma surgeon at Fletcher Allen Health Care. She joined UVM/Fletcher Allen in July 2011. Dr. Tandoh came to Vermont from SUNY Upstate Medical University in Syracuse, N.Y., where she was assistant professor of surgery and director of the Clark Burn Center, and assistant dean for multicultural affairs. She earned her bachelor's degree in biology at Grinnell College in Iowa, and her medical degree from Meharry Medical College in Nashville, Tenn.*



Margaret Tandoh, M.D.

**VM:** What are the most important things for people to realize about the scope of your new position and this new office?

**MT:** For a lot of people, when they hear diversity, they naturally think in terms of black and white. But at the College of Medicine we define diversity as more than just race and ethnicity. We've included gender, so we have a diversity statement that says diversity is more than just race. And the College values diversity as a driver of excellence in everything we do, whether it's our research, patient care, and teaching, and everything else that comes with it. "Diversity" is a wide-ranging term, and it points to the broad scope of people and situations that our students will find in their future practices. It's our job to make sure this happens throughout their experience at the College of Medicine. Part of what I'm doing now is introducing our new office of diversity and inclusion, going to every department and meeting with chairs and faculty members and explaining in detail why we're here and laying out in detail the full scope of our efforts.

**VM:** Your title includes not just the word "diversity," but "inclusion" too. What's the significance of that?

**MT:** Inclusion is a very important part of how we look at ourselves. When you look at a community, you have to see more than just that group of people over there, and that other group over there. We look at our community as a whole, because that's how it functions, and we're trying to include everybody as a whole. Typically when I explain this to people I ask them to think about people with disabilities — whether it's physical or learning or emotional disabilities — being included, as they are today, as part of the whole and not as singled-out groups. That's the direction we're approaching this from — making sure that the community understands that when we talk about diversity we're talking about our whole community, and everybody is a part of that. We embrace diversity in its broadest forms, encompassing not only racial and ethnic diversity, but also gender, gender identity, religion, sexual orientation, socioeconomic background, and life experience.

**VM:** How do you spread your message effectively and see that it gets put into action?

**MT:** We're open to using any avenue we can, whether that is through education, through programming, through our curriculum, faculty development, or staff development. Outreach, too — through pipeline programs for students, undergrads, even middle school students and high school students; getting them interested in science early, giving them the message that they can choose the health professions, and UVM is a great place to do that. Close to home, we've begun to use the Association of American Medical Colleges' teaching assessment for cultural competencies tool to examine our curriculum and see how we can incorporate material to keep these competencies strong throughout our instruction. Our students see a very diverse patient population at our four clinical teaching sites from Florida to Maine, and we know that is vital preparation for their future careers. It's important to keep in mind that, though we're a Vermont school, our students get their clinical education in a wide spectrum of places.



## One Tablet, One Ready Source of Information

UVM College of Medicine students who headed into their clerkships in March brought the same tools generations of students have found useful, including a stethoscope, a supply of pens, a notepad, and maybe a medical reference guide. This year, they have one more item to slip into the pocket of their white coat: A Google Nexus 7 tablet.

After thoroughly testing the devices, the College decided to purchase a tablet for every member of the class of 2015, says Jill Jemison, director of technology services for the College of Medicine. They were distributed to students in early March, making the College one of the first medical schools in the country to be using this particular tablet as a professional tool.

Functionality is key. After the device debuted in the summer of 2012, information technology staff and several students vetted the tablet to make sure it worked with all of the tools and applications medical students commonly use, including COMET, the College's online learning environment, the College's email and calendar system, a virtual microscope application, a clinical interaction tracker, and several other programs. The tablet, which uses the Android operating system and apps from the Google Play store, performed well in all of the tests, Jemison says. The devices are also equipped with the same sophisticated security features as smartphones and other tablets supported by the College.

"The goal is for students to be able to bring them as a reference device," Jemison says. "This is evidence-based medicine at their fingertips."

One of the main selling points was cost: At just under \$200 each, the tablets carry a "price point we could feel good about," Jemison says. Other universities jumped into the tablet market earlier, in some cases relying on one-time grant funding for more expensive devices, but



Third-year medical student George "Bud" Vana uses a Google Nexus tablet while rounding at Fletcher Allen Health Care.

Jemison says she wanted to make sure costs "were not passed along to students."

"If this is an important learning device it needs to be something we support and sustain," she says.

Andy Jones, a second-year medical student who helped test the tablet, says the convenience and functionality of the device make it a viable tool for students.

"It's a world of well-respected peer-reviewed information in your pocket," he says.

Before pursuing medicine Jones spent six years in the information technology field, most recently as associate director of help-desk services at California College of the Arts, so his background makes him particularly suited to vetting the tablet's technical features.

"Everything I wanted to go to my computer to do I went to the tablet first," he said, finding that its ease of use and portability was great for doing research and accessing information quickly.

Bud Vana, a third-year medical student, brought his own tablet with him during clerkships in Maine, Connecticut, and at Fletcher Allen Health Care, with an eye on trying it out as a reference device. He consulted with the IT staff as they tested the Google tablets and will be on hand to help train students. During his clerkships,

he found himself using it to quickly access the most current information available, including potential drug interactions or relevant research. At a site in Maine, he pulled up new information on genetic diseases for a pediatric geneticist. At another site, he accessed statistics a pulmonary doctor needed about a rare condition.

"It's a way we can become more useful to the attending and help out the team," he says. "It makes us more productive."

As the volume of medical research continues to grow, Jemison says knowing "the question to ask and the database to use" will only become more important for physicians. This, in turn, has implications for medical education.

"Most of technology is culture change," she said. "We have to be respectful of the change it will have in the teaching culture."

Introducing the tablets now is an opportunity for students to learn early on how they want to integrate technology into their practice. For Vana, he sees it as preparation for his career and fodder for thought on how "these devices may improve the patient/doctor experience."

"This is an opportunity to learn etiquette and best practices," he said. "UVM can send out medical students to harness this technology in the right way."

## Research Notebook

### Research Yields Breath Test for Lung Infections

A team that includes College of Medicine faculty recently published research showing the effectiveness of a breath test to detect differing strains and species of bacteria in the lungs of laboratory mice. This new technology may lead to faster and less expensive diagnosis for infections like tuberculosis. Results were presented online in the *Journal of Breath Research*. Team members include **Laurie Leclair, M.D.**, associate professor of medicine, **Matthew Wargo, Ph.D.**, assistant professor of microbiology and molecular genetics, and engineering researcher **Heather Bean**. UVM graduate student **Jiangjiang Zhu** and **Jane Hill, Ph.D.**, assistant professor of engineering and an investigator in the Center



Jane Hill, Ph.D.

for Immunology and Infectious Diseases, co-led the study. The College of Medicine's Institutional Development Award (IDeA) from the National Institute of General Medical Sciences within the National Institutes of Health; the Cystic Fibrosis Foundation; and NASA EPSCoR supported the study.

### Kirkpatrick, Pierce, and Team Publish on Promising Dengue Fever Vaccine

New results from an early-stage clinical trial of a dengue fever vaccine co-developed by researchers at UVM, Johns Hopkins University, and the National Institutes of Health, bring positive news for the reported 50 to 100 million individuals infected annually with the virus. According to the findings, the vaccine is safe and stimulates a strong immune response in most vaccine recipients. The study appeared in the March 15, 2013, issue of the *Journal of Infectious Diseases*. Associate Professor of Medicine **Beth Kirkpatrick, M.D.**, was one of two principal investigators. **Kristen Pierce, M.D.**, assistant professor of medicine and investigator at UVM, says that she and her collaborators found that a single dose of



Kristen Pierce, M.D., and Beth Kirkpatrick, M.D.

the NIH vaccine induced an immune response comparable to three doses of the leading candidate vaccine. Kirkpatrick's work in the vaccine field was recently recognized when she received the 2012 Bailey K. Ashford Medal for distinguished work in tropical medicine.

### Weiss Publishes Results of Stem Cell Therapy Trial for COPD

**Daniel Weiss, M.D., Ph.D.**, professor of medicine and a pulmonologist at Fletcher Allen Health Care, has conducted the first-ever clinical trial examining the potential of mesenchymal stem cell (MSC) therapy to reduce inflammation in patients with moderate to severe Chronic Obstructive Pulmonary Disorder (COPD). Weiss's study, which involved 62 patients at six sites, demonstrated the safety of administering the MSCs, and opens the door for larger trials to determine efficacy. MSCs are stem cells isolated from bone

marrow, adipose, and other tissues. Isolated MSCs are not associated with immune system rejection, which allows for safe administration of MSCs obtained from unrelated donors. The results of Weiss's study were published online in *CHEST*, the journal of the American College of Chest Physicians.



Daniel Weiss, M.D., Ph.D.

### Galbraith Co-Authors on Translational Research

The challenge of "engaging basic scientists in translational research" was the topic of an article co-authored by **Richard Galbraith, M.D., Ph.D.**, professor of medicine and director of the Center for Clinical and Translational Science, in the December 2012 issue of the Association of American Medical Colleges' *AAMC Reporter*. His coauthor was Judith Bond, Ph.D., president of the Federation of American Societies for Experimental Biology.



Richard Galbraith, M.D., Ph.D.



Read the *AAMC Reporter* article co-authored by Richard Galbraith, M.D., Ph.D. Go to: [uvm.edu/medicine/vtmedicine](http://uvm.edu/medicine/vtmedicine)



[From left] Adam Mirando, Ph.D., postdoctoral fellow in biochemistry; Tamara Williams, Ph.D.; Christopher Fracklyn, Ph.D.; and Karen Lounsbury, Ph.D.

### Study Uncovers Enzyme's Double Life, Critical Role

Several amino acids known as tRNA synthetases were recently found to have an unexpected — and critical — role in cancer metastasis in a study conducted collaboratively in the labs of **Karen Lounsbury, Ph.D.**, professor of pharmacology, and **Christopher Fracklyn, Ph.D.**, professor of biochemistry. The group determined that threonyl tRNA synthetase [TARS] helps regulate a pathway used by invasive cancers to induce angiogenesis — the formation of new blood vessels that sustain their growth. **Tamara Williams, Ph.D.**, a lecturer in nursing and postdoctoral fellow in pharmacology, was first author on the study. The team's research was published in February in *Nature Scientific Reports*.



See a video demonstration of a tablet by a medical student. Go to: [uvm.edu/medicine/vtmedicine](http://uvm.edu/medicine/vtmedicine)









# 25 YEARS OF CARE AND ADVOCACY

by Sarah Zobel | photographs by Raj Chawla

Beginning in 1987, a team of Vermonters built a statewide network — a safe place for people with HIV and AIDS to receive the best of care. Today, with improved medications, the response to the disease has changed, but the caregivers are still at work.

**+ SO MUCH HAS CHANGED** for the better in the quarter century since infectious disease specialist and Professor of Medicine Christopher Grace, M.D., and his colleagues founded the network of Comprehensive Care Clinics (CCC) that serve people with Human Immunodeficiency Virus throughout Vermont. Twenty-five years ago, patients with HIV/AIDS contracted disfiguring and deadly infections and cancers, suffered terribly, and were doomed to die. The human toll on the patients, most of whom were still young, and on their loved ones was catastrophic. Mostly they needed hospice care, or a plan that included it eventually. Today they need job training and routine cholesterol checks. Their future has been altered in that most of them now have a future.

“I never used to ask when they’d gotten their last tetanus shot,” says Deborah Kutzko, A.P.R.N., of her HIV-positive patients at Fletcher Allen’s Comprehensive Care Clinic, for whom tetanus was low on the list of concerns.

Professor of Medicine and Comprehensive Care Clinic founder Christopher Grace, M.D., listens to a patient at the clinic in Rutland.



“Now we’re doing tetanus shots and mammograms and colonoscopies because we fully expect them to live a normal lifetime.”

“That’s been the biggest change in HIV practice,” says Kemper Alston, M.D., professor of medicine and director of infection prevention at Fletcher Allen, “the shift from a traditional hospital-based, hospice-based illness model to more of a social one.” Behind that change is the significant advancement in medications that control the level of the Human Immunodeficiency Virus. While in the early years of the epidemic patients had to take fistfuls of pills several times a day — sometimes 30 to 40 daily pills laden with highly toxic medications — the advent of protease inhibitors in 1996 led to the development of highly active antiretroviral treatment (HAART).

“That was a game changer,” says Grace, who in addition to directing the CCC is director of the Infectious Disease Division at the College of Medicine and Fletcher Allen. “It’s almost like a switch was turned, and outcomes changed.” As a rule, today’s patient only needs to take one pill, once a day. The drawback is that the medications cost in the range of \$22,000 to \$28,000 per year. Most insurances cover some or all of that, but for patients faced with a 50 percent copay or those without insurance, the Ryan White Care Act fills the gap.

“There is virtually nobody in our clinic who should be on drugs who isn’t because they can’t afford it, which is truly wonderful,” says Kutzko.

The goal of the program in 1987 was to develop a model of care for those with a complex, deadly, and socially-stigmatizing disease that could be delivered in a rural state such as Vermont, where the level of medical expertise was limited. The team felt that the direct personal relationship between

the patient and the care team was key, so the model used a specialty outreach design that focused on bringing the expertise to the patient in their own community. The clinic program is actually four clinics, specifically placed in each of Vermont’s geographical quadrants. The initial clinic was established in 1987, about five years after the first reported case of the disease in Vermont, and is located in the Fletcher Allen Infectious Disease division in Burlington; it’s still the largest of the four. The three satellites are in Rutland (founded in 1994), Brattleboro (1995), and St. Johnsbury (1996).

The idea behind the clinics was to bring medical care to the patients, so that, for example, a Bennington patient who called in with uncontrollable diarrhea wouldn’t have to make the nightmarish drive all the way to Burlington or Albany or Boston to be seen by medical personnel.

“We created a ‘medical home’ before the term was invented,” says Grace, surrounding the patient with all points of care that he or she might need, including doctors, nurses, social workers, psychiatrists, and dieticians. The word *cocoon* comes up frequently in conversations about the clinics.

The clinic nurse is on site at each of the satellite clinics. The clinic physicians, psychiatrist, and dietician drive to the satellite clinics monthly, while working with the clinic nurse by phone between visits. These clinic days can be long ones, with



(Top) Professor of Medicine Kemper Alston, M.D., treats patients at the CCC clinics in both Brattleboro and Burlington. (Above) Deborah Kutzko, A.P.R.N., has been a part of the CCC staff since the program’s inception.

“I never used to ask when they’d gotten their last tetanus shot... Now we’re doing tetanus shots and and mammograms and colonoscopies because we fully expect them to live a normal lifetime.”

— Deborah Kutzko, A.P.R.N., Infectious Disease Nurse Practitioner, Fletcher Allen Comprehensive Care Clinic

“We created a ‘medical home’ before the term was invented.”

— Christopher Grace, M.D., Professor of Medicine and Infectious Disease Division Director

round trips of 200 to 300 miles in addition to the hours spent providing care to a full day’s schedule of patients. Vermont winters add to the challenge of making this model of care work.

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Funding for the expanded clinics came from a 1994 Special Projects of National Significance (SPNS) grant under the Ryan White HIV/AIDS Program through the U.S. Health Resources and Services Administration (see sidebar). Grace and Kutzko spent two years planning the clinic program, which entailed patient and hospital surveys, data collection, grant writing, innumerable meetings with AIDS service organizations, local hospitals, administrators, patients, and patient advocacy groups. The hospitals were very supportive, and more than willing to provide space for the clinics, generally located within other departments, partly for purposes of confidentiality. They named them the Comprehensive Care Clinics because they knew patients might shy away from an “HIV Clinic.” Grace and his colleagues have published their results, which show that the model provided the same expert care to rural Vermonters with HIV as they would have received in any urban university program.

“We certainly had HIV/AIDS patients here in the community,” says Tom Huebner, Rutland Regional Medical Center CEO, “and we had internists and family practitioners dealing with it, but they didn’t have the level of expertise that was needed, so we said yes almost immediately.”

Northeastern Vermont Regional Hospital’s CEO Paul Bengtson echoes that sentiment.

## The CCC Genesis

The Special Projects of National Significance (SPNS) from the Federal Health Resources and Services Administration (HRSA) provided a grant to establish the satellite clinics in Rutland, Brattleboro, and St. Johnsbury. According to HRSA, SPNS is intended to assist in the development of “innovative models of HIV treatment, in order to quickly respond to emerging needs of clients served by Ryan White HIV/AIDS Programs,” particularly among underserved populations.

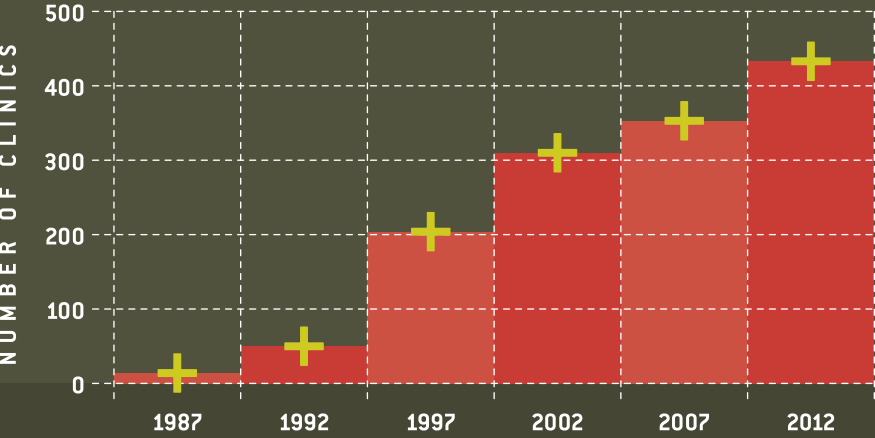
The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act was signed into law in 1990 to provide HIV-related treatment to any patient with insufficient insurance or finances to cover it. The Act has been amended and reauthorized four times since then — in 1996, 2000, 2006, and 2009 — and is due to expire this year. At the time of the initial reauthorization, in 1996, Sen. Jim Jeffords was a member of the Health, Education, Labor and Pensions committee (HELP), overseeing the legislation. A close personal friend, David Curtis, a Montpelier native with whom Jeffords had clerked in the 1960s and who would later chair the Vermont Democratic Party, was openly HIV positive and urged Jeffords to support the Act.

Curtis testified before the HELP committee: “As you know, . . . AIDS is a disease that can strike anyone, whether it be a white, Anglo-Saxon, Protestant lawyer like me, or whether it be women, children, or people of color. . . . It is also expanding and growing in rural areas such as Vermont, and that is a problem that we need to deal with as well. My experience in Vermont has been that the majority of people with AIDS . . . are considerably less advantaged than I am, and I would ask you to seriously consider these people in your deliberations and the reauthorization of this Act.” Curtis died in 1999.

In 2000, with Jeffords then chair of the HELP committee, Vermont CCC director Christopher Grace, M.D., was invited to testify. He reinforced the fact that although the “AIDS epidemic has traditionally been considered a phenomenon of large metropolitan areas . . . [it] has crept insidiously into all rural areas of the United States.” Grace also noted that the fear that many patients feel about telling their families, friends, employers, and even doctors about testing positive is compounded in close-knit, rural communities.



U.S. Senator Jim Jeffords in 1996 with David Curtis and Senator Nancy Kassebaum of Nebraska.



### THE GROWTH OF COMPREHENSIVE CARE CLINICS ACROSS THE U.S.

Funding from the 1990 Ryan White Comprehensive AIDS Resources Emergency (CARE) Act has allowed the number of comprehensive care centers in the nation to grow more than thirty-fold. The “Vermont Model” has become the approach for delivering HIV care in rural settings.





One CCC patient, Kris (at left, in his kitchen) waited three years before telling his family of his HIV-positive status. Above, he apportions his medications for the week.

A psychiatric nurse practitioner and a dietician were brought on board to round out the team — the two now travel to each of the satellite locations monthly. Postlewaite also routinely helped patients get community support from various AIDS service organizations, confirmed that they were set with insurance or some form of coverage, and that they had needed social support.

“In the beginning, I tell people that if you choose to talk to someone, make it someone who has the ability to support you,” says Postlewaite, adding that there are still plenty of patients who don’t feel comfortable talking about HIV and AIDS outside the clinic walls. Kris (not his real name) is one such individual. After testing positive in 2000 he waited three years before telling his family. They all live locally, and he didn’t want the news to adversely affect the family’s reputation.

“There’s a lot more education now about how HIV does not equal AIDS does not equal death,” says Kris, 39, but at the same time he feels there’s still plenty of ignorance on the part of the general public. He thinks many at-risk Vermonters aren’t getting tested because they don’t understand that HIV is still something to be concerned about.

““Oh, HIV. Isn’t that taken care of? Don’t we have that cured yet?” Those are words people have said to me,” says Kris, explaining that, while he wants to educate

people, “as soon as I step out and say something, then I’m the poster child. I want to believe that the stigma is over, but once I take that step, it’s all over. I don’t want HIV to be why people are looking at me.”

Gary Barto is another CCC patient; he’s been seeing Dr. Grace since 1992, and he and his wife, Susan, helped with hospital administration training services when the Rutland clinic was getting going. The Bartos helped deliver a primer on HIV patient care to doctors and nurses on staff there. “They were going to be the hand holders,” says Gary, “and they needed to know that it was safe to hold hands.”

The couple speak candidly about Gary’s infection (“I can be open about it in certain circles,” he says, “but it’s not something I run around broadcasting”), in part because he didn’t fit the patient stereotype. He says he doesn’t know how he contracted the virus — he’s not “the one people think of” — and was shocked when he tested positive 11 days before the couple’s wedding. Susan has accompanied Gary to every appointment at the clinic, which Kutzko says is common. “We have a lot of partners and even parents who come to visits,” she said, “and we try to make family members feel comfortable coming to clinic if the patient wants them there.”

The question of an HIV-positive patient “profile” is part of the reason new cases go undetected, often for years. So one of the goals of the clinics’ medical teams is to encourage primary care doctors to routinely test for HIV, rather than waiting until all other possible avenues have been considered. Kutzko describes a new patient who exhibited classic HIV symptoms, including swollen lymph nodes and significant weight loss, but who nevertheless wasn’t diagnosed by his doctors for five years.

“It’s not something they think about,” she says. “There’s this myth that we don’t have HIV here in Vermont, or it’s just too embarrassing to ask the question.” Others might be concerned that their patients will feel judged, or that assumptions are being made about their lifestyle choices. Grace

“It’s a huge lifestyle change to say, ‘Now you have to take pills every day of your life for the rest of your life, and by the way, you can’t miss more than five percent of your meds.’”

— Casey Lapointe, R.N., CCC adherence nurse

maintains that in areas where HIV is not prevalent, it is just not on physicians’ radar. He and his colleagues want to change that. The Centers for Disease Control standards recommending routine testing for everyone between the ages of 16 and 64, as a matter of standard medical care, will help.

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Deborah Kutzko has been the driving force behind a protocol that encourages local obstetricians to routinely test pregnant women; Fletcher Allen now has a policy that every woman who comes to the hospital to deliver must be tested.

According to Kutzko, roughly 17 percent of the CCC’s patients are women, and to date, no pregnant woman in their care has given birth to an HIV-positive infant. That’s because after the first trimester, every HIV-positive mother-to-be is given enough medication to get her viral load down to an undetectable level. Newborns are continued on medications, administered at six-hour intervals for one month, and then tested intermittently until 18 months.

Tanya (not her real name), 42, an alcoholic, was pregnant with twins when she learned she was HIV positive. Like Gary Barto, she didn’t fit the profile, so even though she’d been sick before her pregnancy and undergone extensive blood tests and the removal and biopsy of a lymph node, it wasn’t until the time of glucose testing, around 24 weeks, that

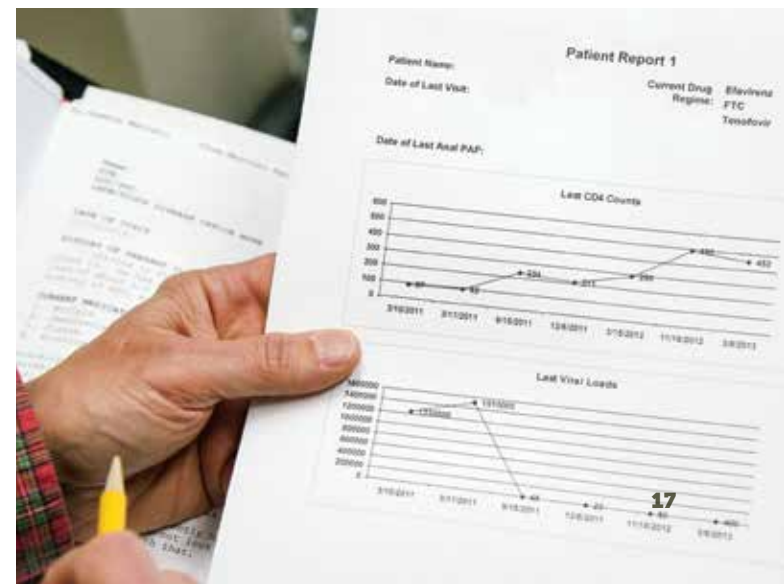
she was also tested for HIV. Though she was careful to avoid alcohol and to properly take her medications during the remainder of her pregnancy, when her twins were six months old, she was overcome with despair and reversed that approach. She stopped visiting the CCC and her husband, Michael, had to force her to take her pills. Eventually, she went back, but with trepidation, concerned that she would not be welcomed.

“The reason I’m here today is because they never judged me,” Tanya says, explaining that the entire staff was “pro-Tanya” — even providing Christmas presents for her children, unsolicited.

“It’s like a big family,” Michael says. One that gently encouraged Tanya to take her medications, while helping her feel empowered to do so.

“All I could think when I saw them was, *I have HIV*,” she says of her pills.

That’s a common sentiment, one that adherence nurse Casey Lapointe, R.N., encounters routinely. One patient who was diagnosed years ago had stopped taking his medicine around the year 2000, and only recently decided to come back to the clinic for care. He told Lapointe, “When I take those pills, I’m reminded of HIV every day, and I don’t want that.” She suggested he



Christopher Grace, M.D., holds a patient report that shows a positive reaction to medication.

“We have a lot of partners and even parents who come to visits,” she said, “and we try to make family members feel comfortable coming to clinic if the patient wants them there.”

— Deborah Kutzko, A.P.R.N., Infectious Disease Nurse Practitioner, Fletcher Allen Comprehensive Care Clinic

“Without a lot of fanfare, it was set up and running pretty quickly,” he says, noting that the only real concern expressed was by patients, who were worried about confidentiality. That has not proved to be an issue.

In Burlington, the clinic was initially housed in the oncology department at University Health Center.

“We were at the very end of a hall, which was perfect,” says Kutzko, since the majority of patients hadn’t even told their families and friends of their HIV-positive status. “We had our own little waiting room, and people would just hang out. We tried hard to make it a safe place.” Many of those patients were wasting, covered with Kaposi’s sarcomas, but they were treated warmly by the staff, who joked with them and were welcoming.

“That’s what you have to do when you’re treating a bad disease with toxic medicine,” says Grace. “You have to create that welcoming atmosphere.”

In addition to a clinician and a nurse practitioner, each clinic is staffed with a social worker. New patients routinely meet with the nurse practitioner and social worker before seeing a physician, which was a fairly unique approach to care. Both Kutzko and the team social workers have sat in primary care physicians’ waiting rooms so they could be on hand when patients were given HIV diagnoses.

“A lot of ground work is done before a new patient comes in to see the doc,” says

Grace. “We wait until some of the social and psychiatric issues are stabilized before we even see them, because if they’re not stabilized then they’re not going to take their meds.”

Once the proper medications have been successfully established, ideally patients only need to be seen every four to six months. There are those who visit more often, particularly for help with psycho-social issues.

“I always looked at my job as handling barriers to care: what do we need to do to make sure that person comes back for the next appointment?” says Ellen Postlewaite, M.Ed., the Burlington clinic’s social worker from its inception until her retirement earlier this year. Some of the more common barriers included issues around money, insurance, transportation, and the anticipated stigma, as well as a sense of resignation in the early days of “What can they do for me since I’m going to die anyway?” she says. In addition, many patients had pre-existing psychiatric issues, while others suffered reactive depression in response to their diagnosis.



think of them differently, as being what’s keeping him alive, for himself, and his partner, and even his job. Two months later he returned, telling her that he had a new outlook toward the medication.

The role of adherence nurse evolved as the hospice nurse’s job was phased out. It’s not a common part of most medical teams because the decision to take medications as prescribed is individual. In the case of HIV, however, it’s a public health issue.

Lapointe, whose patients affectionately call her the “pill police,” sees some patients every week, filling their pill boxes and ensuring that they understand the importance of taking their medications routinely. Others use alarm watches or figure out the best place to keep the pill bottle so they don’t miss a dose — that often means the bedside table, which isn’t an option for the many CCC patients who are homeless.

“We ask what life looks like for them,” says Lapointe, recalling one patient who kept his medication in his socks until, he says, someone stole them. “It’s understanding what their day to day looks like,” but also recognizing that not everyone has a routine. For patients who start the day with a cigarette, Lapointe suggests keeping pills next to the cigarette box.

“It’s a huge lifestyle change to say, ‘Now you have to take pills every day of your life for the rest of your life, and by the way, you can’t miss more than five percent of your meds,’” says Lapointe. She hopes her job may one day be rendered moot, as advances in care continue.

“It’s a wily virus,” says Postlewaite, “and it mutates around the medications.” Because they’re strong drugs, there are also concerns about long-term side effects, including bone demineralization and renal function.

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It’s the keeping track of medications that at least one patient cites as a significant benefit of the CCC. Michael, 49, has been a patient in the St. Johnsbury clinic for close to 15 years. He was diagnosed in 1984, while living in Burlington, by



Associate Professor Mary Ramundo, M.D., sees patients in the St. Johnsbury Comprehensive Care Clinic. She works closely with the St. Johnsbury Vermont CARES office located in the same facility.

“For patients, when things are chaotic, having the same caregivers is reassuring. That’s been a huge attribute of this clinic.”

— Kemper Alston, M.D., professor of medicine and director of infection prevention

a physician who told him he had less than five years to live, the longest life expectancy at the time. He was told to find a specialist, but that would have meant traveling to New York or San Francisco, so instead he did nothing for a decade (“I think I got through the first ten years by pickling myself,” he says, laughing). When he did get around to seeking treatment, Associate Professor of Medicine Mary Ramundo, M.D., the St. Johnsbury clinic’s physician, tried various combinations of medications before finding the one that was effective. Michael says that having the clinic religiously monitoring him meant they were more quickly able to find the combination of medicines that would work to control the virus, in a way that a general practitioner could not.

The St. Johnsbury clinic is the smallest of the four; Ramundo says she averages between 12 and 15 patients, many of whom are brought over from the nearby Northeast Correctional Complex. Because of the clinic’s relatively small size, there is no on-staff social worker. Instead, it has an extremely close working relationship

with the Vermont Committee for AIDS Resources, Education and Service (CARES), so every time the clinic’s location has changed, the St. Johnsbury Vermont CARES office has moved alongside it. For someone like Michael, who lives just a few miles away, having the clinic nearby has literally meant the difference between life and death. Echoing the comments of many CCC patients, he appreciates Ramundo’s expertise and the fact that she knows him as an individual.

“We have a one-on-one relationship, and I’m talking to somebody who’s knowledgeable,” he says.

In Brattleboro, Alston hears the same thing. His patients know he drives 150 miles each way to see them, and they are grateful.

“They know that with less than perfect weather conditions, it’s sometimes a big deal to get there,” Alston says, “so the attendance is really good and they’re appreciative, and at some level they realize they’re getting specialty care in their little clinic.” In Brattleboro, uniquely among the clinics, Alston shares duties with a

physician from Dartmouth-Hitchcock Medical Center, Jeffrey Parsonnet, M.D., in an arrangement that was established at the outset. That means a doctor is on site every two weeks, rather than every four, as in St. Johnsbury and Rutland (where Grace is the physician on staff).

All sites have enjoyed minimal personnel turnover, and that continuity has not gone unnoticed. Grace attributes that longevity to “the dedication of the staff, being part of an important mission for Vermont, and, I like to think, a well-run program.”

“For patients, when things are chaotic, having the same caregivers is reassuring,” says Alston. “That’s been a huge attribute of this clinic.” The ratio of providers to patients at all four locations mean individualized care not found in other HIV clinics, particularly those in larger cities, where physicians can have thousands of patients, some of whom might eventually fall through the cracks, Alston says. He has patients who have moved to Florida and then come back, once they’d spent time sitting in waiting rooms and realizing “what a good thing they had here.”

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In Vermont, roughly 30 to 50 new patients come to the clinics each year for treatment. According to Erin LaRose, grant manager

at the Vermont Department of Health (VDH), the Green Mountain State “owns” 420 HIV cases and serves 588 people with HIV who are owned elsewhere. The CCC clinics see roughly 450 of those patients. VDH surveillance information suggests there are another 100 or so individuals who are HIV positive but don’t know it.

As always, one key to limiting new infections is reaching those who are most at risk. The CCC, spearheaded by Postlewaite and the VDH, have worked together to establish *gettestedvermont.com*, which they’re using to spread the word about all aspects of HIV, from infection to testing and treatment. Clinic staff are also contacting service providers working with vulnerable and notoriously difficult to reach populations — those dealing with poverty, domestic violence, and drug treatment — to let them know that no client will be refused testing and treatment. Those are the people whose numbers are rising.

“We’re seeing more people whose native intelligence is hovering around the mentally disabled level,” says Kutzko. “Or it’s people who are having sex for a place to live, or folks who are destitute or regular drug users. It’s a hard place to get people tested.”

But it’s testing that could play a major role in minimizing the spread of the virus, since data have shown that some 21 percent of U.S. residents who are infected with HIV are not aware of it. Until there is

a cure, the route to cutting down on new cases depends on suppressing viral loads, thereby minimizing the risk of transmission. That’s a different approach than

early responses, which focused more on behavioral change, including safe-sex practices — “which quite frankly never really worked,” says Grace — and had little

effect on checking the nearly 50,000 new cases per year that consistently appear in the U.S.

“A lot of the younger folks grew up in an era where there was always HIV around them,” says Kutzko, “and they’re more blasé about it” because they don’t see people dying from it. Indeed, the rates of sexually transmitted diseases — including chlamydia and gonorrhea — in all populations are soaring, both nationwide and locally. Even syphilis, once thought to be under control, is on the rise, particularly among men who have sex with men, and potentially contributing to new incidences of HIV.

Daniel Daltry, MSW, who is VDH Program Chief for HIV, STDs, and Hepatitis, says the Comprehensive Care Clinics are a resource for all infectious disease — particularly HIV, of course, but also for STDs.


“I feel like I have a golden resource in my pocket,” says Daltry, “knowing that Comprehensive Care is there for anyone who tests positive, or for someone who might have a complicated infectious disease.”

For patients, acceptance is perhaps one of the most important pieces, second only to regular and proper use of medications.

“It’s always on my mind, it’s always something I think about, but now it’s become a background, a sub-line to my life,” says Kris. “For the first five years or so, you’re always thinking about it — when life is going to end — and you’re constantly thinking about your mortality. The last five years or so, it’s just become a background thing to me. I don’t think about it every day. I don’t think about my mortality. I just take my meds and think about it every three months when I get my checkup, and make sure my health stays in check.” **VM**



At left and above, sights in the waiting room at the Comprehensive Care Clinic in St. Johnsbury.



Read the 2010 peer-reviewed journal article authored by Vermont CCC clinicians on “The Vermont Model for Rural Health Care Delivery” in the *Journal of Rural Health*. Go to: [uvm.edu/medicine/vtmedicine](http://uvm.edu/medicine/vtmedicine)



# A LOOK AHEAD TO A LIFE IN MEDICINE

by Erin Post | photographs by Raj Chawla

## The Premedical Enhancement Program from the College's Office of Primary Care and the UVM Honors College gives promising undergraduates an early immersion in the healing arts.

**I**n his sophomore year at the University of Vermont, Tyler Van Backer walked into Fletcher Allen Health Care for his first day shadowing a trauma surgeon. Just after he arrived, the physician — amidst the bustling of the surgical intensive care unit — pointed to a room and suggested he might want to watch a team insert a chest tube in a patient.

As he watched the scene unfold, something clicked with Van Backer. “I found that I love the environment of the OR — the teamwork, the collaboration,” said the Wilmington, Vt., native. “I like the idea of being able to fix something with my hands.”

Van Backer visited the hospital nearly every week he was on campus that year, observing and asking questions. After graduating from UVM with a neuroscience degree in 2011, he's now a second-year medical student at UVM. And the surgeon he worked with as a sophomore undergraduate wrote him a letter of recommendation for his medical school application.

UVM's Pre-Medical Enhancement Program (PEP) helped make Van Backer's academic path possible. Founded in 2004, the highly-competitive program matches ten academically gifted UVM undergrads

each year with medical student mentors and physician mentors. Through observing different specialties and participating in activities at the College of Medicine, PEP students enter medical school with a deep understanding of the rewards and challenges of the field.

Mildred Reardon, M.D., professor of medicine emerita and former associate dean for primary care, describes PEP as a chance for undergraduate students to see themselves in the role of doctor.

“This is a wonderful opportunity for an undergraduate student to see what medicine is like,” she said.

Reardon spearheaded the program at its inception; she has since retired and passed the reins to Charlotte Reback, M.D., associate professor of medicine and director of medical student programs in the Office of Primary Care. Reback says the experiences PEP students bring to medical school stick with them well into their



professional careers, helping to shape how they practice medicine.

“It makes a strong impact on them when they become physicians,” Reback said.

“They have an early understanding of what it means to be a doctor.”

### Finding a Balance

Running the PEP Program is a collaborative effort: The UVM Honors College advertises the program and gathers applications; the College of Medicine Office of Primary Care coordinates placements with physicians and tracks the progress of PEP students. Students who meet all PEP requirements and MCAT expectations for the College of Medicine can apply in their junior year and are given the chance to interview. The Admissions Committee for the College makes final decisions. About half of the PEP students

Above: UVM undergraduate Greg Roy (at left) shadows his PEP mentor, medical student Tyler Van Backer.



who have graduated in the past three years have entered medical school at UVM. Others have attended medical school at the University of Pennsylvania and University of Massachusetts, or have gone on to veterinary, dentistry and chiropractic schools, and physician assistant and graduate dietetics programs.

The relationship between each PEP student and their medical student mentor lasts for the three years PEP students are in the program, and often much longer. It's a program that requires careful planning. And every academic year, PEP students spend a minimum of 16 hours per semester with their physician mentor; rotating through specialties including everything from primary care and surgery to dermatology and infectious diseases.

Laurie McLean, program specialist in the Office of Primary Care, tracks each undergraduate student's progress. She watches grades and makes sure students submit written reflections. McLean said her office supports students as they learn how to manage their time and navigate college requirements. Although it's rigorous, the goal is to make sure students have the academic preparation they need for future success in medical school.

"We want students to stay healthy and find a good balance," she said.

The ten students who enter the PEP Program annually have already proven themselves to be high achievers. PEP applicants are required to have a cumulative GPA of 3.5 after their first two semesters at UVM, and a 3.5 GPA in math and science classes. They must submit letters of recommendation and sit for an interview.

**"I saw patients rely on their doctors and confide in them ... Seeing them in that moment — as hard as it was — made me realize the special nature of the physician's role."**

— Heather Lutton '14

**"We want to see them make connections between the outside world and the practice of medicine. Medicine is becoming such an integrative discipline; we're looking for original thinkers."**

— Charlotte Reback, M.D., Associate Professor of Medicine and Director of Medical Student Programs in the Office of Primary Care

Once they are in the program, students are expected to meet GPA requirements, take required pre-med classes, attend two medical seminars per semester and log the required time with their physician mentors.

The admissions process is governed by a six-member committee, which includes Charlotte Reback; Faith Rushford, UVM's pre-health advisor; Lisa Schnell, Ph.D., associate dean of the Honors College; and leaders in the College of Arts and Sciences and the College of Agriculture and Life Sciences. With roughly 25 applicants from across the university annually, the committee is tasked with determining which students will fit well and benefit most from the program. Academic achievement is certainly important, but so are factors such as maturity level and critical-thinking ability. The committee asks questions that tease out students' perceptions of medicine, focusing on how applicants relate the field to issues that may not seem immediately pertinent to the doctor's office.



"We want to see them make connections between the outside world and the practice of medicine," said Reback. "Medicine is becoming such an integrative discipline; we're looking for original thinkers."

It's a sentiment echoed by Rushford. Authenticity and seriousness of purpose are important to the committee, she said. In her work with students in all pre-health fields she helps them seek out opportunities that put them in work settings, getting to know practitioners. PEP is especially beneficial for first-generation college students and others who may be building those connections from the ground up.

"Students vary in the kind of network they have to begin with," Rushford said. "PEP is a great opportunity to develop professional mentors."

The PEP Program is a "big recruiting tool," said Schnell, and students often hear of it through word of mouth before the Honors College even sends out notices to undergrads. Although in the past, recruitment has focused on students in hard science majors, now all first-year students with a 3.3 GPA or higher after their first semester receive information about PEP.

Above: PEP Program founder, Professor of Medicine Emerita Mildred Reardon, M.D.'67.

## PEP: the Vision of "Gifted Leaders"

As one of many programs under the umbrella of the Office of Primary Care (OPC), students in the PEP Program benefit from the OPC's focus on education and awareness. Founded by Reardon in 1993, the OPC supports the state's healthcare workforce and links UVM academic healthcare programs with communities, in part through a network of Area Health Education Centers.

This same spirit of community involvement infuses the PEP Program, said Reback, and is one of the reasons every student shadows a primary care physician for at least one year. As an undergraduate, students can absorb what they experience, and enter medical school grounded in what primary care practice and other specialties are all about.

"The program teaches them to take some responsibility," Reback said. "It also gives them some autonomy while being accountable." Each semester, PEP students must attend four clinical sessions and two academic medical seminars.

There are few, if any, models for a pre-medical program as comprehensive as PEP, said Reardon, and that it exists at all is thanks in large part to the "vision of two very gifted leaders at the University," both of whom have since passed away.

Joseph Warshaw, M.D., who served as dean of the College of Medicine from 2000 to 2003, and Joan Smith, Ph.D., former dean of the College of Arts and Sciences, created the program in an effort to support talented and motivated UVM undergraduates pursuing medicine, and to encourage them to apply to the UVM College of Medicine. They saw the opportunity to shepherd students through the sometimes daunting process of becoming a physician, said Reardon. In the



At left: Soon to be a graduate of the College of Medicine, Gwen Fitz-Gerald '14 found that PEP gave her a more realistic view of life as a med student. Above: Current PEP student Rob Rudy at Burlington's Community Health Center.



years since its founding PEP has also become a community.

"A special attribute of the program is its ability to connect undergrads, medical students and physicians and get them all working together," Reardon said.

## A Day in the Doctor's Office

During her three years in the PEP Program, Heather Lutton (UVM '10), now a third-year UVM medical student, witnessed a baby's birth. She was also present in moments of crisis, and when doctors delivered life-changing news to patients. The gravity of these situations helped her understand the responsibility and privilege inherent in being a doctor.

"I saw patients rely on their doctors and confide in them," she said. "Seeing them in that moment — as hard as it was — made me realize the special nature of the physician's role."

A Cambridge, Vt., native who has no immediate family members in the medical field, Lutton said the PEP Program gave her connections she might not have made otherwise. Participation helped her decide that medicine was right for her. It also

piqued her interest in mentoring. As a medical student she helped with another program run by the Office of Primary Care, called MedQuest, that introduces high school students to health careers.

Gwen Fitz-Gerald (UVM '08), a fourth-year medical student from Vergennes, Vt., learned a lot from her medical student mentor. She remembers her surprise at walking into her mentor's apartment for dinner to see a group of her classmates chatting and relaxing. Some of the mystique of the medical school — that they are filled with super-achievers who are supremely focused and always on task — lifted a little.

"Nothing is really preparation for med school until you're in it," she said. "But it was nice to have a bit of the anxiety relieved. I could see people not only survived medical school, they could actually thrive there."

Some PEP students find their intuitions confirmed. Rob Rudy, a senior undergraduate from Palo Alto, Calif., said his time shadowing physicians in neurology/sleep medicine, breast cancer surgery, and primary care gave him the experience he craved. It also turned him on to mentoring. He's one of the first pre-med peer mentors on campus. Combined with international public health volunteer work, he's on his way to finding his calling.



## “Students vary in the kind of network they have to begin with ... PEP is a great opportunity to develop professional mentors.”

— Faith Rushford, UVM Pre-Health Advisor

“PEP makes you really confident in what you’re getting into,” he said. “It’s only made me want to do this more.”

Tyler Van Backer developed a similar passion that has stayed with him into medical school. After enjoying his time with the trauma surgeon while an undergraduate, he joined the Surgery Interest Group as a medical student. This led to an opportunity working in the research lab of Professor of Surgery Peter Cataldo, M.D. Van Backer credits PEP with helping to steer his focus.

“There is no way I would have gotten where I am today without help,” he said. “I want to continue to give back.”

Van Backer has already started to return the favor. He’s served as a MedQuest counselor and now he’s a PEP mentor himself, paired up with sophomore UVM engineering major Greg Roy. Roy, a Rutland, Vt., native, has attended labs, Grand Rounds, and a panel discussion that introduced him to the ethical dilemmas involved with *in vitro* fertilization. He spent time shadowing a physician at Burlington’s Community Health Center, where doctors see many recent immigrants and refugees. One afternoon, Roy watched as his physician-mentor communicated with a patient from Thailand through a translator. Roy said it opened his eyes to the nuances of primary care; in fact, he enjoyed the Community Health Center so much he is planning to spend additional time



there in his final semester — beyond the required 16 hours.

That students want to spend as much time as they can with their mentors is no surprise to Mary Stanley, M.D., a surgeon who has served as a PEP mentor at various times for more than a decade. She said students have scrubbed in on surgeries and talked about everything from the science of breast cancer to



the importance of working as a team in the operating room. The goal, she said, is to make sure students feel comfortable asking all of the questions they need answered.

“They’re like sponges,” she said. “They soak it all up.”

Lindsay Christensen Corse graduated from UVM in 2008 and from the College of Medicine in 2012. She was one of the first PEP students to complete the PEP and graduate from medical school. A biology major and a Spanish minor, her time in PEP helped in unexpected ways.

The experiences she had shadowing — in pediatrics, emergency medicine, and oncology — all fed into the choice she made to become a primary care physician.

Now she’s a resident at Boston University Medical Center, working in a clinic in East Boston where roughly 70 percent of the patient population speaks Spanish. She’s been on rounds where translators for five different languages have participated.

A Jericho, Vt., native, she hasn’t ruled out coming back to Vermont to practice at some point, although she’s keeping her options open. She knows, however, that primary care was the right choice for her, and PEP helped her see that.

“Having gotten an early look at medicine, I knew I wanted to do everything and see everything and work with different age groups. I love the scope of practice and the emphasis on preventative care,” she said. “It was really helpful to have a picture of what daily life as a physician is like.” **VM**

Above: UVM undergraduate PEP student Greg Roy listens to a Pathology Lab instructor. At right: Lindsay Christensen Corse, M.D.’12, opens her residency match letter in 2012. The PEP alumnus is now a resident at Boston Medical Center.

# A Deeper Understanding

Rob Rudy UVM ’13

Every year, students who take part in the Premedical Enhancement Program are asked to write a reflection on their time as a PEP student. The following are some typical submissions from PEP participants.

“I thought everything would be so serious and sad at the Breast Care Center, but Dr. Sowden, with her gift of humor, skillfully managed to make the topic of breast cancer funny to her patients and made them laugh and smile. Out of all the experiences I had with her and the patients that’s what I’ve come away with and that’s what has really made an impression on me — the smiles that she put on her patients’ faces... Dr. Sowden often said that she was both a psychiatrist and a surgeon. She had to pick up on the personalities of her patients very quickly, to explain a painful topic to them, to offer them support and reassurance, and to perform the surgery. This gave her a close relationship with her patients, one that any good doctor would want. Most of the patients I saw were already aware of their disease and were either going into surgery very soon or had already been through surgery. However, I remember one woman in particular who was waiting to hear for the first time from Dr. Sowden about her disease. It was

very emotional for both her and her husband. Dr. Sowden’s entire body language changed. She sat close to the patient and leaned in as if to let her know that she’s not alone. I saw the incredibly serious and truly caring side of Dr. Sowden. It was a reminder of the most basic part of being a doctor — being a supportive caretaker. Thank you for giving me the chance to witness the special relationships that Dr. Sowden had with all her patients. She is truly an inspiration.”

— Inessa Manuelyan UVM’14

“I spent the past four months shadowing Dr. Garrick Applebee, a pediatrician by training who, after further fellowship training, now specializes in sleep medicine. Over the course of my shadowing experience, I began to understand the complexity and necessity of treating people who have extraordinary difficulty getting a good night’s sleep... I had a great semester with Dr. Applebee, and was

introduced to a new realm of medicine with which I previously had no experience. Like the previous PEP doctors I have shadowed, Dr. Applebee is a fantastic teacher; we were frequently accompanied by medical students, residents, and a sleep fellow working in the clinic. As I get closer to medical school and to medicine in general, I greatly appreciate time with doctors who are not only incredibly knowledgeable and skilled in their trade, but are also great at working with others, and helping others to learn as much as they can about their specialty. Dr. Applebee, like Dr. Goering and Dr. Stanley, will serve as a role model for how I would like to practice medicine one day.”

— Rob Rudy UVM’13



Read more comments from PEP students, as they reflect on the value of the program, and see additional photos from their encounters. Go to: [uvm.edu/medicine/vtmedicine](http://uvm.edu/medicine/vtmedicine)





# ANATOMY OF AN EXTRAORDINARY LIFE

In the depths of the Great Depression, a kid from the farm fields of South Burlington with just an eighth-grade education came to work at the College of Medicine. Fifty years later, he retired as an assistant professor of anatomy. Now in his tenth decade, **DALLAS BOUSHEY** shares his memories with Edward Neuert of *Vermont Medicine*.

Assistant Professor Emeritus Dallas Boushey's house on Shelburne Road in Burlington stands square and stately, a reminder of a time decades ago when this was a mostly residential district, practically the outskirts of the town. Now, stores and restaurants are mixed in with the homes, and traffic whizzes by at all hours. Behind Boushey's house sits a black four-door Lincoln that has obviously not been driven in a while. Dallas Boushey is almost always home these days, in the house where he and his late wife, Mary Ann, raised four daughters. At 93, his characteristic vigor is somewhat diminished. He spends most of his day comfortably ensconced in an easy chair in a sunny ground-floor parlor room, with everything he needs in easy reach, including a walker that he now uses to get around. His body may be weakened, but his mind is still scalpel-sharp, and he can trace back the memories of his nine-plus decades as easily as he once tracked the blood vessels of the heart for the thousands of medical students he taught during all the years he spent in the College of Medicine anatomy lab, a tenure that lasted formally from 1940 to 1987, but that continued on with informal stints in the lab well into the 1990s.

**VERMONT MEDICINE:** You have some copies on the table next to you of publications, such as *Yankee*, that have written about you over the years.

**DALLAS BOUSHEY:** Now that story in there, in *Yankee*, doesn't exactly start where I really started.

**VM:** Where did you start?

**DB:** Most of my family was from here, but I was born in Kampsville, Illinois, in 1919. My parents were separated and at about 6 years old I moved with my family to my grandparents' house in South Burlington. We had a little house that's still there, across the street from where



Al's French Frys is now. It was a rural place then. We had a lot of truck farmers out there. We had a neighbor who raised asparagus and gladiolas and used to use a horse and wagon to bring his wares into town in Burlington to peddle them.

We were too poor for me to pay tuition to Burlington High School (South Burlington didn't have a high school back then), but we were not poor enough to go on welfare relief and get free tuition, so I left school, or it left me, after eighth grade. It was the Depression, so I worked lots of jobs for very little. Before I got to UVM I did landscape gardening for a house near the Redstone campus for 35 cents an hour. You didn't break the bank with that, or fill it up either! And then I got into painting — sign painting for a fellow on Center Street. I was learning gold-leaf lettering and getting a dollar a week at that time. I wasn't making enough to put parts on my bicycle! So you might say I started out pretty small, and when I got to UVM it increased a bit. My first job there was seven days a week for 15 dollars a week.

**VM:** So where did you start at UVM?

**DB:** Well the College of Medicine decided that they needed an animal research laboratory. And the doctor that was in charge heard of my uncle, who was a sheet metal worker, because they needed a lot of cages made for the animals — rats, pigeons, you name it. So the doctor in charge went over to my uncle's shop, just before you cross the bridge to Winooski. He was an auto body shop and a sheet metal worker. And my uncle said to him — you got anybody to take care of all these



Facing page: Dallas Boushey and two medical students examine "Killer" the skeleton in the anatomy lab in the 1950s. Above right: Boushey at home earlier this year; and his honorary UVM degree. Above left: Boushey's handmade model of the trachea and bronchi.

animals that you're going to get? And the doctor said no, not really. And my uncle said, well I got just the person for you. That was me. And that's where I started.

**VM:** And that was in the old medical building, on the corner of Pearl and Prospect?

**DB:** The little building next to it. I think now it's for the Outing Club. And then they put in another building, a Quonset hut, behind it, and they moved the animals into that, but that was after my time. 1937 was when all this happened — when I started with the animal research department. Then in 1940, the job opened up in the anatomy and neurobiology



“Dr. Stultz saw that I was able to adapt and learn. He said, why don’t you come out in the lab and see how you get along with the students? And I was nervous, but said OK.”

— Dallas Boushey

department. They were looking for somebody, and the head of the department at that time was Dr. Newhall — Chester A. Newhall, M.D.

**VM:** We hear a lot of people at Nostalgia Hour at reunions reminisce about Dr. Newhall. Was he a pretty formidable guy?

**DB:** Oh yes, but fair. He’d heard that I was a good worker, and when I seemed a little squeamish about the anatomy lab, he said well, give it a try and if you don’t like it you can have your old job back. That seemed fair enough. So I tried it in 1940, and I retired from it in 1987.



Above: Professor and Chair of Anatomy Chester A. Newhall, M.D.’28, (at right above, holding skeleton’s hand) brought Dallas Boushey into his department in 1940. At right: Boushey’s model of the blood vessels of the heart is still frequently used by today’s medical students.

**VM:** I guess it agreed with you?

**DB:** I stayed. I didn’t know how it would work out — I used to get queasy in the barber chair! I don’t know what happened, but I just took to it. And that lasted nearly 50 years.

**VM:** At first, what were your duties in the anatomy department?

**DB:** Mopping the floors, up on the 4th floor, and then I started working with skeletal material. Painting muscles on them. Red for origin, blue for exertions. At one point in time we had about 50 of them that I had made and painted, so that each student could have an upper and lower limb, besides a selection of bones, a variety from throughout the body — a clavicle, a vertebra, humerus, radial ulna, that sort of thing.

After a couple of years, Dr. Walter Stultz saw that I was able to adapt and learn. He said, why don’t

you come out in the lab and see how you get along with the students? And I was nervous, but said OK. I had to learn every muscle. I had to know the origin, the insertion, the blood supply, the nerve supply, the lymphatic drainage, the venous drainage, the whole nine yards. And after a couple years of doing that I had quite a lot of that information in my little bird brain. So I went out into the lab. I had a dental probe, and I filed the end so it was just a little bit sharp. So when I was out in the lab and looking for a certain thing, if a student said “I can’t find the axillary nerve” I’d say, hang on then, and I’d use the probe and find it and say here it is, and then I’d move on to the next table, wherever they asked me to go. So I kept right on with that. And I was still mopping up the lab and things of that nature.

Of course, once World War II started we had quite a time there with all the shortages. We had an elevator that went from the basement up to the 4th floor that we used to transport bodies that had been donated. But it was only a few feet wide, and it wasn’t long enough for a whole casket or basket, so we’d have to put a body in the elevator and stand it on end to get it upstairs. Well then the elevator broke down during the war, and we couldn’t get



parts for it. Well, we couldn’t carry them up the back stairway, because the turns were too short, and we’d have them in heavy wicker baskets. So we’d have to wait till the traffic through the main lobby front door died down, and then grab a student or whoever happened to be around, and carry the basket through the front stairway! Had to do this for the rest of the war. I was gone for part of the war years, in the Navy medical corps.

**VM:** Did you gradually over the years take on more of a teaching role?

**DB:** Yes, but I always had stage fright, so I didn’t lecture per se. My job was in the lab, finding structures that the students couldn’t find. And I’d try to find them — I’d find most of them. And then as time went on, in 1972, the fourth-year medical students gave me the Teacher of the Year award, so the people in charge of the anatomy department at the time, they realized that they didn’t quite know what to call me — a technician, senior technician, a demonstrator in anatomy — what can we call you, they asked? You don’t have any degrees! That made the administrators think about doing something else for me. So they made me an assistant professor. Then, in 1990, the university gave me an *honoris causa*, doctor of science degree — me with my eighth-grade education! I don’t think they’ll ever do that again!

I stayed at UVM three years longer than I needed for retirement. Dean Luginbuhl said, “You don’t have to go, you can stay as long as you want.” I stayed because I loved it, and I wanted to round it out at 50 years.

**VM:** Can you talk about the models you made? You are well known for these, and they continue to be used to this day.

**DB:** I know they use the whole skeleton — we called it “Killer.” I added a lot of wires to it representing the arteries and nerves. And I made over a dozen other models, like the brachial plexus, blood supply of brain, venous drainage of the brain. These were all wire models, using



At top: Walter Stultz, M.D. [in white coat] lectures students in the anatomy lab in the 1950s. At Stultz’s urging, Boushey began one-to-one instruction of students in the 1940s that continued [above right] into the early 1990s. Above left: Boushey holds his well-worn, personalized copy of *Gray’s Anatomy*.

stovepipe wire, and wrapped with gauze strips about a half inch wide and soaked in shellac. When they were dry, I’d put red latex, liquid rubber, over the gauze, and then I’d color the different branches of the bronchial trees, for instance, different colors and then label them. They are still using a lot of my old models. That’s nice to know.

**VM:** Do alumni still come back and visit you?

**DB:** Yes! Rick Houle, he’s from the Class of ’72, he’s been here two or three times with breakfast. I remember after the lab sessions were over, I’d still have to do a lot of washing up and cleaning, and I

“I always had stage fright, so I didn’t lecture per se. My job was in the lab, finding structures that the students couldn’t find.”

— Dallas Boushey



See a slideshow of anatomical models, and read the 1988 *Hall A* profile of Dallas Boushey written to mark his retirement. Go to: [uvm.edu/medicine/vtmedicine](http://uvm.edu/medicine/vtmedicine)



remember Rick several times coming in to help me — I really appreciated that. So he still comes and looks me up when he's here.

**VM:** You must have always had an incredible memory.

**DB:** My memory was pretty good at that time. I've got my *Gray's Anatomy* here — this is what I learned most from. This is a special copy the publishers gave me, and they put my name on the bottom. It's had a bit of use. They sent that to me *gratis*.

**VM:** There's a story that you once received a phone call from a former student who was calling from an operating room to ask you an anatomy question. Did that really happen?

**DB:** Yes, I recall he was calling from out of state.



At top: Dallas Boushey's protégé and successor Bruce Fonda, M.S. Above: Associate Professor Patricia Powers, Ph.D., was a colleague of Boushey's for many years.

**VM:** You retired in 1987, but you still saw your old colleagues often?

**DB:** After I retired I used to go up and cover for the person who took my job, Bruce Fonda. I had about six people up interviewing for my job when I was about to retire, and as soon as I'd mention cadavers, they say "see you later"! And of course I knew Bruce, because he'd gotten his master's degree in our department. So I knew him quite well. He used to take pictures of my kids' weddings and was very good to me. So we worked together for about seven years and then I retired and he took over. He called me the Big D and he was the Little-D-in-training. We had a good association. And he'd come down, and sometimes Pat Powers, after I'd retired, and we'd get in my old Lincoln, and we'd go down to the Ponderosa for lunch.

*Editor's note: Bruce Fonda died in 2005, and Patricia Powers, Ph.D., passed away in 2007.*

**VM:** How long have you lived in this house?

**DB:** Since 1952. This was my wife's family's house. I said "we'll never fill it up with furniture," and now I have too many things! We raised four daughters here. My daughter Suzanne checks on me every day, brings the *Free Press* and any groceries I need. I've been borderline diabetic for years. I stick myself every night and do a blood sample, and if it's a little bit off I know how much of something sweet to eat, like a Little Debbie cake. I've got that all scaled out. That's so I'll wake up in the morning!

I've been in Masonry for 70 years, so that took up some of my time after I retired. I've got 70 years in Washington Lodge No. 3, and 50 years in the Scottish rite. I've been a member of the Mount Sinai Shriners in Montpelier for 25 years.



One of the larger models made by Dallas Boushey is this showcase of the layers of the abdominal wall, which allows each component of muscle, fat, etc. to be pulled away like the pages of a book.

**VM:** Ever drive one of those funny little cars?

**DB:** No, but I've owned three-wheel ATVs — owned three of them, and I used to take them up to some land I owned in Bakersfield, up in the boonies.

I also did Meals on Wheels for about five years after I retired. I was the runner. Upstairs — downstairs — you name it. That was an experience.

**VM:** Well, you're still fondly recalled at the College of Medicine.

**DB:** I hear there's a plaque on the wall up there. Students must see that today and see "1937 to 1987" and I bet they think — well, he must've died in 1987! But no, here I am. Still here, for now.

*The UVM Board of Trustees, by special vote, approved the naming of Dallas Boushey as an assistant professor of anatomy in 1972. He remains the only UVM professor in modern times without a formal degree. As he notes in his interview, the university presented him with an honorary Sc.D. degree in 1990.* **VM**

Above: Ed Neuert



# hall a

In 1905, when the College of Medicine completed its third home at the corner of Prospect and Pearl Streets in Burlington, the main lecture room was named Hall A. For the next 63 years, students (such as the members of a class in the 1950s shown below) learned the science of medicine while perched on those rows of steeply-raked wooden seats. When the College moved to the top of the hill in 1968, the designation of Hall A moved too: to a slightly more comfortable assemblage of orange-upholstered seats on the second floor of the Given Building.

Today's learning environment fits today's medical curriculum. Students take in lectures as a class in the Sullivan Classroom, and they work in small group environments and in UVM's cutting-edge Clinical Simulation Laboratory. The settings have changed, but the mission remains the same: inspiring a lifetime of learning in the service of patients. This section of *Vermont Medicine*, named in honor of that storied hall, serves as a meeting place in print for all former students of the College of Medicine.

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## PRESIDENT'S CORNER

In mid-March, I had the pleasure of attending my first Match Day as President of the Medical Alumni Association Executive Committee. Of course, I've been to Match Day before — once as a nervous fourth-year student, and several times after that as a faculty member hoping to see my students realize their dreams.

Match Day is even more celebratory these days at the College of Medicine. Instead of taking place in one quick rush of students tearing envelopes from our mailboxes at the stroke of noon, as it happened in my day, the College now makes a much more extended ceremony out of it, where students and family members gather in the Hoehl Gallery and cheer as individual students come up on stage and are handed their match envelopes, which they open and read in front of the crowd. It's kind of like a loud, flash-mobbed, Oscar night, only much shorter in length!

And we certainly had some nice things to celebrate. Our senior medical students matched to a range of prestigious programs. You can read the whole list on page 11, and I invite you to follow the link address on that page to see the online video of the actual Match Day celebration. Even if you watch just a few minutes it will bring a smile to your face.

Match Day gives us a chance to see a whole class of students, and to get a feeling for what extraordinary individuals they are, and how important it is that we keep supporting them with scholarship assistance, so they can go on to practice the specialties they want based solely on their talent and interests.

I also saw this same class the night before Match Day, at the Fourth-Year Dinner. I welcomed them into the fold as alumni of the College, and I noted that this return to campus from clinical rotations around the country is a bit like the returning feeling they'll experience at future reunions. I encouraged them — as I encourage all graduates of this special school — to take advantage of reunion as a chance to reconnect with their old friends and teachers. I hope to see many members of the classes ending in "3" and "8" this year from May 31 to June 2.

**Mark Pasanen, M.D.'92**  
Associate Professor of Medicine



## MEDICAL REUNION MAY 31–JUNE 2, 2013

|      |      |      |      |      |      |      |
|------|------|------|------|------|------|------|
| 1943 | 1953 | 1963 | 1973 | 1983 | 1993 | 2003 |
| 1948 | 1958 | 1968 | 1978 | 1988 | 1998 | 2008 |

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#### Send Us Your Stories

If you have an idea for something that should be covered in *Vermont Medicine*, please email: [vmstories@med.uvm.edu](mailto:vmstories@med.uvm.edu).

## HALL A | M.D. CLASS NOTES

If you have news to share, please contact your class agent or the Development & Alumni Relations office at [medalumni.relations@uvm.edu](mailto:medalumni.relations@uvm.edu) or (802) 656-4014. If your email address has changed, please send it to [medalumni.relations@uvm.edu](mailto:medalumni.relations@uvm.edu). For complete list of class agents, please see page 40.

## 1950s

REUNION 2013: 1953 + 1958

'55 **Paul G. Stevens** writes: "I am still doing a little office practice in Hawaii, but not enough to interfere with getting to the golf course. Also active as a trustee of Molokai General Hospital and a trustee in the Molokai Health Foundation."

'56 **Don R. Lipsitt** reports that he is: "Still teaching, writing and practicing. But to simplify life have moved from home of 50-plus years in Brookline, Mass., to a small condo in Cambridge. See **John Manuelian** from time to time at our son's concerts with Boston Classical Orchestra."

'58 **Francis J. Durgin** writes that he is still "practicing psychiatry half-time."

## 1960s

REUNION 2013: 1963 + 1968

'64 **Prescott J. "Mike" Cheney** writes: "Approaching 75th birthday, very active and feel great but have prostate cancer — expectant management at Brigham & Women's in Boston. Otherwise out of the loop in medicine."

'65 **James F. Butler, III** reports that he "Will retire (soon)."

## 1970s

REUNION 2013: 1973 + 1978

'72 **Richard Houle** is "Still hanging on, not retired yet. Losing **Russell Page** was a big blow to our class. We miss him."

**Bruce Shafiroff** retired December 31, 2012. He is president of The Humane Association of Central New York, A large no-kill shelter. Shirley (1967) has fully recovered from her CVA; Annie (UVM 2001) is teaching in South Burlington, Vt.

'73 **Joseph Lacy** begins his third year as chairman of the board of the Palo Alto Foundation Medical Group (PAFMG). PAFMG is a multi-specialty group of 1,000 physicians that serves the peninsula costal region south of San Francisco, California.

**Ralph S. Albertini** writes "I hope to see many classmates at our reunion in June 2013!"

**Cressey W. Brazier** reports: "Eldest daughter Cressica in architecture doctoral program at MIT; second-oldest Shireen to be married August

24, 2013; youngest Cristin has had my fourth grandchild, Hanna. December 30, 2012 celebrated eleventh wedding anniversary with Teresa."

**David Bronson** writes: "We continue to work at the Cleveland Clinic where Kathy is dean of admissions and student affairs of our Case Western Reserve University-based medical school, and I serve as president of our nine-community-hospital health system. Kathy was recognized as the institution's Master Educator this year. I am serving this year as president of the American College of Physicians, and continue as a board member of the Joint Commission and the AHA Health Systems Governing Council. Honored with fellowship in the Royal College of Physicians of Edinburgh and the European Federation of Internal Medicine this year. Our six children are doing well with three in health care — one an NP, one a PA, and our youngest a second-year Family practice resident at Northwestern, and one fabulous granddaughter. Enjoyed dinner with John Frymoyer recently; and shared many warm stories of our UVM years."

**Irvan Paradis** writes: "I have decided to retire from the practice of medicine at the end of May of this year in order to pursue other interests such as historic



## New Major Gift Officer

The newest member of the Medical Development and Alumni Relations Office of the UVM Foundation is Meredyth Armitage. Meredyth, who joined the department in early April, comes with many years' experience in fundraising in the world of medicine, most recently at Newton-Wellesley Hospital and Charitable Foundation.

## UPCOMING EVENTS

**May 19, 2013**  
2:30 p.m.  
Graduation  
Ira Allen Chapel  
UVM Campus

**May 31–June 2, 2013**  
Medical Reunion Weekend  
UVM Campus

**August 12–16, 2013**  
Class of 2017 Medical Student Orientation  
UVM Campus

**October 4–6, 2013**  
UVM Homecoming & Family Weekend  
UVM Campus

**October 7, 2013**  
Alumni reception in conjunction with the American College of Surgeons — Annual Clinical Congress  
Washington, DC  
(All local alumni & friends welcome.)

**October 18, 2013**  
Medical Student White Coat Ceremony  
Ira Allen Chapel  
UVM Campus

**October 19, 2013**  
Medical Student Family Day  
UVM Campus

**October 26, 2013**  
Alumni reception in conjunction with the American Academy of Pediatrics National Conference  
Orlando, Fla.  
(All local alumni & friends welcome.)

**December 3, 2013**  
Alumni reception in conjunction with Radiological Society North America  
Chicago, Ill.  
(All local alumni & friends welcome.)

For updates on events see:  
[www.uvm.edu/medicine/alumni](http://www.uvm.edu/medicine/alumni)

College of Medicine graduates are also members of the UVM alumni Association. See those events at: [alumni.uvm.edu](http://alumni.uvm.edu)





Class of '81 Alumnus in Rwanda

**Bruce Leavitt, M.D.'81** finished a ten-day experience this February in Rwanda with Team Heart, a non-profit agency that has been working since 2007 to build cardiac surgery programs in Rwanda. In an email to friends and colleagues sent during his trip, Leavitt said: "We will do 16 heart valve operations these 8 days. All valve replacements for untreated rheumatic valve disease. I operated on 5 patients so far ranging from 15 to 25 years of age. It has been an incredible experience."

Dr. Leavitt's work with a Doctors Without Borders team in Sri Lanka was recounted in the spring 2010 issue of *Vermont Medicine*.



preservation, gardening, fishing, and travel. I have always been grateful for the quality of the education I received at UVM, both at the undergraduate and graduate level. This education has served me well. Thank you, UVM! I met my future wife, Cynthia Fox, Class of 1973, as an undergraduate nursing student at UVM. We are still together 40 years later. Our three sons and two grandchildren all live out west and want us to move out there but New England still holds us fast. One of our sons is also a UVM undergraduate. Please visit us whenever you might be in our neighborhood in Hallowell, Maine."

**'76 Mark S. Yerby** is Chairman of the Scientific Advisory Committee of the North American Epilepsy and Pregnancy Registry.

**Bob Backus** continue as a Family Physician/Geriatric of Grace Cottage Hospital in Townshend, Vermont, and says "I owe my ability to be a doctor to Dave Tormey."

1980s  
REUNION 2013: 1983 + 1988

**'81 Andrew Weber** is "still in solo practice in a private house and feeling like a dinosaur. Boys doing well in college, and we're enjoying living on Long Island as empty-nesters. Playing tennis, gardening, and sports remain my passion — that and never growing up!"

**Generations Together**

The oldest living graduate of the Neurosurgery Residency Training Program at the University of Minnesota is Gerald L. Haines, M.D.'44 [center]. The current department chair and program director is his son, Stephen J. Haines, M.D.'75 [right]. And the newest resident in the program is Molly Hubbard, M.D., UVM College of Medicine Class of 2012 [left].

**'87 '88 Susan Kim Foley ('87) and Christopher Foley ('88)** write: "We continue to evolve towards an empty nest. We have a senior in college applying to med school and a freshman at Bowdoin. Our professional lives are satisfying and our youngest keeps us active!"

**'88 Michael Rousse** writes: "Looking forward to seeing **John Koella, John Davine, Nial McGarvey, Art Papier, Jamie Rines, Bill Roberts** and all the fellas at our reunion!"

**Wendy Cathcart** is an internist in Portland, Maine, where she lives with her husband, Charles, and three children. She was recently elected division chief of internal medicine at InterMed, and is a teaching attending at Maine Medical Center, where she acts as an advisor to Tufts medical students.

**'89 George Terwilliger** "Just moved with my wonderful wife from rural Putney to urban Brattleboro, Vt., and loving it! We're busy with a passel of adult children, two of whom are in college and one to be entering college in a few months. I work in three EDs: Keene, N.H., Brattleboro, and Middlebury. We visit our UVM freshman daughter in Burlington fairly often."

**Dean Mastras** writes: "My radiation oncology practice continues to grow serving a large area of the South Puget Sound. We are part of the American College of Brachytherapy Fellowship Program and are training residents from all over the country. We have hired our own urologist who has joined our group."

1990s  
REUNION 2013: 1993 + 1998

**'90 Philip Lapp** reports: "Well, it's official — our beautiful daughter Kate Lapp is a proud member of the UVM class of 2016! She's pursuing her passion: political science. Look out world!"

**'92 Mara Liebling** is "Now officially raising a teenager! Enjoying my part-time practice on Cape Cod with Phoebe (13), Sam (12), and Quinn (9)."

Development News

Grateful Patients Fund Professorship

Two anonymous donors have given a total of \$1 million for a professorship to honor Professor of Surgery **Frank Ittleman, M.D.**, who provided treatment to both the individuals. The Ittleman Professorship in Cardiothoracic Surgery will help the College of Medicine and Fletcher Allen Health Care attract and retain a nationally recognized cardiothoracic surgeon.

"I am humbled, proud, and pleased. I do want to make clear, however, that this gift is not about me — it is a reflection on the institution as a whole and all the people who work here every day," said Ittleman, who has performed approximately 10,000 operations in his 33-year career at UVM/Fletcher Allen. "Any of my colleagues could have treated these two individuals, so I feel fortunate to have this professorship named for me," said Ittleman.

"The Ittleman professor will provide superb clinical expertise, excellent training for our medical students and residents, and continued innovation with new procedures," said Marion Couch, M.D., Ph.D., M.B.A., professor and interim chair of the Department of Surgery.



Professor of Surgery Frank Ittleman, M.D.



Rees Midgely, M.D.'58 examining his class photo at Reunion 2008.

A Special 55th

Preparations for Reunion 2013 are well underway, and alumni from across the past six decades are stepping forward to support their medical alma mater's development efforts. One of these is **Rees Midgely, M.D.'58**, from Ann Arbor, Mich. A retired professor of pathology (he spent 41 years on the faculty of the University of Michigan Medical School), Dr. Midgely has made a generous gift to the Dean's Fund in honor of his class. He now is president of InDepthLearning, a non-profit company he founded upon his retirement to promote using the World Wide Web for teaching.

Millers Give to Palliative Care Collaborative

A passion and concern for the community is the motivation behind the most recent gift to UVM from **Holly** and **Bob Miller** of Burlington. The Palliative Care Collaborative, composed of the College of Medicine, College of Nursing and Health Sciences, Fletcher Allen Health Care, and the Visiting Nurse Association of Chittenden and Grand Isle counties, has recently received a \$100,000 gift from the Millers to fund the Advanced Practice Nursing Fellowship in Hospice and Palliative Care.



Bob and Holly Miller



Patent attorney and pilot Erving Trunk

A Different Path to Gratitude

The College of Medicine has many grateful alumni. But **Erving Trunk** of Plano, Texas, is something very special — a grateful "almost" alumnus. Mr. Trunk came to the College to study for his M.D. in the early 1950s. In 1953, at the end of two years of study that he himself would characterize as not as successful as originally planned, he left the school. But there was a good second chapter in store for the Erving Trunk story. Mr. Trunk went on to earn a law degree and become a successful patent attorney in Texas. He remains grateful to the medical school whose decision 60 years ago, though it may have seemed unlikely at the time, actually put him on the path to a rewarding and successful life helping to foster technological innovation. That gratitude, and that love of innovation, have led Mr. Trunk to donate \$400,000 to support the leading-edge x-ray crystallography research of Professor of Microbiology and Molecular Genetics Sylvie Doubl  , Ph.D., whose Given laboratory room will be named in honor of Mr. Trunk's father, William Trunk.



# 2013 MEDICAL ALUMNI ASSOCIATION AWARDS

The Medical Alumni Association of the College of Medicine has, for four decades, honored the accomplishments of its members for their work caring for patients, creating new advances in the laboratory, and contributing to their communities. The 2013 awardees will receive their honors at the Celebration of Achievements during Reunion 2013 on May 31.

**A. Bradley Soule Award:**  
Presented to an alumnus/a whose loyalty and dedication to the College of Medicine most emulate those qualities as found in its first recipient, A. Bradley Soule, M.D.'28.

**Distinguished Academic Achievement Award:**  
Presented to alumni in recognition of outstanding scientific or academic achievement.

**Service to Medicine and Community Award:**  
Presented to alumni who have maintained a high standard of medical service and who have achieved an outstanding record of community service or assumed other significant responsibilities not directly related to medical practice.

**Early Achievement Award:**  
Presented to alumni who have graduated within the past 15 years in recognition of their outstanding community or College service and/or scientific or academic achievement.

## DISTINGUISHED ACADEMIC ACHIEVEMENT AWARDS

### Richard H. Feins, MD '73

Professor of Surgery, Division of Cardiothoracic Surgery, University of North Carolina School of Medicine, Chapel Hill, N.C.



Dr. Feins is a thoracic surgeon celebrating his 40th reunion year. He trained in general surgery and cardiothoracic surgery at the University of Rochester, where he served on the faculty until 2005. He then moved to the University of North Carolina at Chapel Hill as Professor of Surgery and Head of General Thoracic Surgery. Throughout his career, Dr. Feins has demonstrated creative leadership and innovation in thoracic surgery education. He has served on the American Board of Thoracic Surgery as a director for eight years and then as Chair from 2007–2009. In addition, he has served on the Board of Directors of the Society of Thoracic Surgeons, the Joint Council for Surgical Education, the Thoracic Surgery Foundation for Research and Education, and the General Thoracic Surgery Club. He is the co-director of the national Cardiothoracic Surgery Resident Boot Camp and the Executive Director of the Cardiothoracic Surgery “Senior Tour,” a nationwide organization of retired cardiothoracic surgeons who volunteer in the training of cardiothoracic surgery residents. Dr. Feins is recognized nationally as a “go-to guy” on matters pertaining to the education of future thoracic surgeons and for simulation-based training.

### Edward P. Havranek, MD' 83

Professor, University of Colorado School of Medicine, cardiologist at Denver Health Medical Center, and Director of Health Services Research for Denver Health



Celebrating his 30th reunion year, Dr. Edward P. Havranek is a Denver, Colo., cardiologist with a long-standing interest in measuring and improving the quality of care for cardiovascular disease, particularly heart failure. His current funded research focuses on causes and solutions to the problems of health disparities based on race and ethnicity. Dr. Havranek served as chair of the American Heart Association's Quality of Care and Outcomes Research Annual Scientific Forum Program Committee, and was a member of the Database Steering Committee for the American Heart Association, as well as a member of the Technical Advisory Committee for Colorado's Regional Health Information Organization. He was a clinical coordinator for the Centers for Medicare & Medicaid Services-sponsored National Heart Care Projects from 1999 to 2005, chair of the Care Standards Committee of the Heart Failure Society of America from 2002 to 2006, and a member of the governor's Health Information Technology Advisory Committee for Colorado in 2008 and 2009. Dr. Havranek serves on the editorial boards for several major cardiology journals.

### Douglas W. Losordo, MD '83

Interventional Cardiologist and Professor of Medicine, Northwestern University Feinberg School of Medicine Chicago, Illinois



Celebrating his 30th reunion year, Dr. Losordo is board-certified in internal medicine, cardiovascular disease, and interventional cardiology and is a fellow of the American College of Cardiology, the American Heart Association, the American Association for the Advancement of Science, the American College of Physicians, the American College of Chest Physicians, and the Society for Cardiac Angiography and Interventions. His major research interests encompass angiogenesis/vasculogenesis, progenitor/adult stem cells, tissue repair/regeneration, and vascular biology. Working with the late Jeff Isner at St. Elizabeth's Medical in Boston, Mass., he developed a program in therapeutic angiogenesis and cell-based tissue repair and executed the full “translational medicine” paradigm: identifying novel therapeutics in the laboratory, developing these strategies in small and large animal models and designing and executing first in human clinical trials. Dr. Losordo previously served as director of the Feinberg Cardiovascular Research Institute and the Eileen M. Foell Professor of Heart Research at Northwestern University's School of Medicine and director of the Program in Cardiovascular Regenerative Medicine at Northwestern Memorial Hospital.

## A. BRADLEY SOULE AWARD



### John J. (Jack) Murray, MD '63

Pediatrician (retired), partner, Timber Lane Pediatric Associates, South Burlington, Vt; Clinical Professor of Pediatrics (retired), University of Vermont College of Medicine

Dr. John J. (Jack) Murray has a long history of dedication and service to the College Of Medicine. Returning to Burlington in 1968 after serving two years in the U.S. Air Force, Dr. Murray worked as a pediatrician in private practice and as a clinical instructor in the Department of Pediatrics from 1968 to 2007. During his clinical teaching years he was privileged to help educate House staff and students in both hospital and office settings. He developed the Pediatric Senior Sports Medicine Elective in 1983, serving as Director until 2005. As a member of the UVM Admissions Committee from 2007 through July 2012, Dr. Murray helped to select an impressive group of candidates for admission to the College. His dedication to excellence in medical practice is reflected in his service on that Committee and the wisdom acquired from his many years of working as a pediatrician. He has been a class agent since graduation, ensuring that the members of his class remain engaged with the College and one another. Dr. Murray also earned the Medical Alumni Association's Service to Medicine and Community Award in 1995.

## SERVICE TO MEDICINE & COMMUNITY AWARDS

### Joyce M. Dobbertin, MD '98

Family Physician, Corner Medical Office, Northeastern Vermont Regional Hospital



Dr. Joyce M. Dobbertin is celebrating her 15th reunion year and has been a dedicated and active member of her local community in St. Johnsbury, Vt. As a physician, she has been tireless in her involvement with patient care as well as the coming of age of medicine as regards electronic health records, community outreach, and epitomizing what a “community doc” should be. She is the physician champion for the Vermont Blueprint at NVRH, Corner Medical helping with the design and implementation of the Blueprint in the Northeast Kingdom. Dr. Dobbertin was named Physician of the Year in 2012 by the Vermont Medical Society and Medical Director of the Year in 2008 by the Vermont Health Care Association. For the last several years, Dr. Dobbertin has served as Volunteer Medical Director for two weeks a year at the Hillside Medical Clinic in Punta Gorda, Belize, and performed similar volunteer work in Kingston and throughout Jamaica. In addition, she served on the Board of Trustees of the Northeastern Vermont Regional Hospital in St. Johnsbury from 2007 to 2010.

### Omar Khan, MD '03

Medical Director, Preventive Medicine & Community Health & Director, Global Health Residency Track, Christiana Care Health System; Chair, Global Health Working Group, Delaware Health Sciences Alliance; Section Editor, Global Health, BMC Public Health



Dr. Omar Khan has made extensive contributions in the realm of global and community health, including experience working with USAID and serving as faculty at the Johns Hopkins School of Public Health and UVM. In addition to his appointments at Christiana Care and Alfred I. duPont Hospital for Children, he holds faculty appointments as clinical associate professor with Drexel University's College of Health Sciences and as clinical assistant professor with the Departments of Family Medicine at the University of Pennsylvania, Jefferson Medical College, and UVM. A reviewer and editorial board member for a number of prestigious medical journals, he has authored or co-authored five books, including the 2011 *Megacities & Global Health* and more than 55 journal articles. He is a reviewer for the Patient-Centered Outcomes Research Institute. In 2009 he was named a “Top Doc” by *Philadelphia* magazine.

## EARLY ACHIEVEMENT AWARD



### Halleh Akbarnia, MD '98

Attending Emergency Physician, St. Francis Hospital of Evanston, Ill.

Dr. Halleh Akbarnia is celebrating her 15th reunion year. She joined the medical staff of Saint Francis Hospital (SFH) in 2007, and is an active member of the SFH Critical Care, Sepsis, and Graduate Medical Education Committees. She served as the Chair of the Performance Distinction Committee, representing SFH at the system level, and a member of the Medical Executive Committee 2010–2011. She was awarded the “Non-Medicine Specialist of the Year” for the 2010–2011 year by the graduating 2011 Internal Medicine Residents, and the 2009–2010 “Teacher of the Year” by the Resurrection Emergency Medicine Residents. Prior to joining St. Francis Hospital, she was Assistant Medical Director at her residency program, VCUHS/MCV in Richmond, Virginia, and was named “Teacher of the Year” in 2005 by the residents there. Dr. Akbarnia is a class agent for the Class of 1988.

**2014**  
NOMINATIONS...  
Do you know a class member deserving of recognition? Send in your nominations for the 2014 awards at:  
[www.uvm.edu/medicine/alumni](http://www.uvm.edu/medicine/alumni).



# 2013

## CONTINUING MEDICAL EDUCATION CONFERENCE SCHEDULE

### Women's Health Conference

May 8–10, 2013  
DoubleTree Hotel  
Burlington, Vt.

### Child Psychiatry in Primary Care

May 31, 2013  
Hampton Inn  
Colchester, Vt.

### Family Medicine Review Course

June 11–14, 2013  
Sheraton Hotel  
Burlington, Vt.

### Vermont Summer Pediatrics Seminar

June 13–16, 2013  
The Equinox Hotel  
Manchester, Vt.

### Jeffords Quality Care Symposium

September 6, 2013  
Sheraton Hotel  
Burlington, Vt.

### Primary Care Sports Medicine

September 25–27, 2013  
Sheraton Hotel  
Burlington, Vt.

### Imaging Seminar

September 27–29, 2013  
Sheraton Hotel  
Burlington, Vt.

### Breast Cancer Conference

October 4, 2013  
Sheraton Hotel  
Burlington, Vt.

### Critical Care Conference

October 17–19, 2013  
The Essex  
Essex Junction, Vt.

### Northern New England Neurological Society Annual Meeting

October 25–26, 2013  
North Conway Grand Hotel  
North Conway, N.H.

### Neurology for the Non-Neurologist

October 25, 2013  
North Conway Grand Hotel  
North Conway, N.H.

### Bridging the Divide

November 8, 2013  
Hampton Inn  
Colchester, Vt.

### FOR INFORMATION CONTACT:

### University of Vermont Continuing Medical Education

128 Lakeside Avenue, Suite 100  
Burlington, VT 05401  
(802) 656-2292  
[www.uvm.edu/medicine/cme](http://www.uvm.edu/medicine/cme)

**'93 Christina Atkin** writes:  
"Have been for several years  
New York Medical College's Child &  
Adolescent Psychiatry Division  
director."

**'97 Clifford Chapin** sends  
"Greetings all! I'm living a few  
miles south of the Laurentian Divide  
in severely northern Minnesota. After  
12 years of IM outpatient, Hospitalist  
work and ER moonlighting, I am  
working solely in the ER. It is nice to  
have less than two simultaneous  
FTEs. Noah, age 20, lives with me, and  
I have four platinum-blond

grandchildren. (!) My family is  
scattered from N.H. to Hawaii! Some  
significant changes in my personal  
life have made my last year my  
happiest ever, and I hope the same is  
true for each of you."

**'98 Joyce Dobbartin** writes: "Last  
November **Anne Galante** and I  
went to Jamaica and worked with  
Medicine in Action. My first grandchild  
was born in May and, luckily, I get to  
see him often."

## HALL A | M.D. CLASS NOTES



### Class of '98 Mini-Reunion

Some members of the Class of 1998 held a "mini-reunion" last fall. Attendees included: Top Row, Right to Left: Ben Lowenstein, Jim Parker, Stewart Jester (undergrad UVM '94 and Halleh Akbarnia's husband), Halleh Akbarnia, Gavin Webb; bottom Row, Right to Left: Scott Musicant, Beth Lowenstein (Ben's wife), Amy (Floor) Parker, Carrie Musicant (Scott's wife), Melanie Mailloux.

## 2000s

### REUNION 2013: 2003 + 2008

**'00 Melanie Lawrence** is enjoying  
running her own clinic in  
Newbury, Vt. Her dream of working as  
a small town doctor, walking or riding  
her bike to the office, and serving a  
local community has been fulfilled.

**'08 Megan Moran Leitch** reports:  
"John and I welcome our first  
child, Mark Leitch, in November. I'm  
completing a fellowship this year in  
Clinical Neurophysiology. I have  
recently accepted a faculty position  
at Robert Wood Johnson Medical  
School in New Jersey. We hope to  
make it to the reunion. We miss  
Burlington!"

**Deanna Nelson**, who is a resident in  
surgery at Fletcher Allen Health Care,

was one of the winners of a 2013  
Arnold P. Gold Foundation Humanism  
and Excellence in Teaching Award  
from the College of Medicine class of  
2014 students at the Student Clinician  
Ceremony held March 14.

**'09** The College of Medicine Class of  
2014 awarded **Anne Dougherty**, who is a resident in  
obstetrics, gynecology at Fletcher  
Allen Health Care, one of the 2013  
Arnold P. Gold Foundation Humanism  
and Excellence in Teaching Awards at  
the Student Clinician Ceremony.

**'10 Sanchit Maruti** was honored  
with an Arnold P. Gold  
Foundation Humanism and Excellence  
in Teaching Award from the College of  
Medicine Class of 2014 at their  
Student Clinician Ceremony on March  
14. Sanchit is a resident in psychiatry  
at Fletcher Allen Health Care.

## CALLING ALL PH.D.S!

The Graduate Alumni committee of the UVM College of Medicine seeks  
more news from Ph.D. graduates of the College to share with their fellow  
community members in the pages of *Vermont Medicine*. Send your  
news to [medalumni.relations@uvm.edu](mailto:medalumni.relations@uvm.edu) or call (802) 656-4014.  
No need to write another dissertation — just a brief catch-up for your  
old friends and former faculty on where you are, and what you're doing!

## HALL A | M.D. CLASS NOTES

## FLASHBACK



### Rapt Attention, ca. 1951

Albert George Mackay, M.D., (1907–1978) a member of the College of Medicine's Class of 1932, held the chair of the Department of Surgery longer than anyone else in the College's history — for the 27 years from 1942 to 1969. He is identified in this archive photo from the 1950s, speaking to Class of 1954 members (probably somewhere in the Mary Fletcher Hospital, since a patient is seen on the left).

We're pretty sure that's John Tampas, M.D.'54 partially obscured in the back row, and would be happy to note the identification of other class members. Send in any information you may have to [edward.neuert@uvm.edu](mailto:edward.neuert@uvm.edu) and we will include it in a future issue of *Vermont Medicine*.



The Flashback photo in the previous issue of *Vermont Medicine* (at left) generated enthusiastic response from alumni and friends of the College, and the remaining two "unknowns" in the picture with Dr. Donaghy were identified as Stan Stein, M.D.'59 on the left, and Bruce Chafee, M.D.'60 on the right. Thanks to Dr. Stein and Phil Whitney, M.D.'60, Dick Caldwell, M.D.'60, Dan Palant, M.D.'62, and former staff member Judith McGivney Moulton, who wrote in.

Another touching message was passed along from Mrs. Frances Donaghy, who called in to the alumni office to say how pleased she was to open the magazine and see the face of her wonderful husband. We're pleased to have been able to show him in action, teaching students who would go on to decades of medical practice.



# Class Agent Directory

Class agents are dedicated alumni who volunteer their time to serve as the voice of their classmates at the College of Medicine, and who work to encourage support of the College each year. Agents help deliver information to their far-flung friends about the ongoing work of the College, and at the same time help their medical alma mater keep abreast of the news and views of their class. If you would like to learn more about serving as a class agent, contact **Cristin Gildea** at **[802] 656-4014** or **Cristin.Gildea@uvm.edu**.

- '43 Francis Arnold Caccavo, 51 Thibault Parkway, Burlington, VT 05401, [802] 862-3841, drcac@verizon.net  
Carleton R. Haines, 88 Mountain View Road, Williston, VT 05495, [802] 878-3115
- '44 Wilton W. Covey, 357 Weybridge Street, Middlebury, VT 05753, [802] 388-1555
- '45 Robert E. O'Brien, 414 Thayer Beach Road, Colchester, VT 05446, [802] 862-0394, drreobrien@aol.com  
H. Gordon Page, 9 East Terrace, South Burlington, VT 05403, [802] 864-7086
- '46 Please email **medalumni.relations@uvm.edu** if you'd like to serve as 1946 class agent.
- '47 Edward Crane, MD '47, P.O. Box 1799, Frisco, CO, 80443
- '48 S. James Baum, 1790 Fairfield Beach Road, Fairfield, CT 06430, [203] 255-1013, baum@optonline.net
- '49 Joseph C. Foley, 32 Fairmount Street, Burlington, VT 05401, [802] 862-0040, jcfoley@adelphia.net  
Edward S. Sherwood, 24 Worthley Road, Topsham, VT 05076, [802] 439-5816, lois@vermontel.net
- '50 Simon Dorfman, 8256 Nice Way, Sarasota, FL 34238, [941] 926-8126
- '51 Edward W. Jenkins, 7460 South Pittsburg Ave., Tulsa, OK 74136 , [918] 492-7960, DrEWJmd@aol.com
- '52 Arthur Kunin, 226 Windmill Bay Road, Shelburne, VT 05482, [802] 985-5410, akunin@uvm.edu  
Arthur Perelman, 165 Woodland Ave., Summit, NJ 07901, [908] 277-6454, ajperelman@verizon.net
- '53 Please email **medalumni.relations@uvm.edu** if you'd like to serve as 1953 class agent.
- '54 John E. Mazuzan Jr., 366 South Cove Road, Burlington, VT 05401, [802] 864-5039, mazuzan@burlingtontelecom.net
- '55 Richard Bailey, 2100 Lambiance Circle, Apt 201, Naples, FL 34108, rhhboo@gmail.com
- '56 Ira H. Gessner, 1306 Northwest 31st Street, Gainesville, FL 32605, [352] 378-1820, gessnih@peds.ufl.edu

- '57 Larry Coletti, 34 Gulliver Circle, Norwich, CT 06360, [860] 887-1450
- '58 Peter Ames Goodhue, Stamford Gynecology, P.C., 70 Mill River Street, Stamford, CT 06902, [203] 359-3340
- '59 Jay E. Selcow, 27 Reservoir Road, Bloomfield, CT 06002, [860] 243-1359, jeselcow@comcast.net
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**'55 Marshall G. London, M.D.**  
Dr. London died at home in Burlington, Vt., on Dec. 12, 2012. He was 83. He was born and raised in Burlington's Old North End, and graduated with his bachelor's degree in 1951 from UVM, where he was president of the Tau Epsilon Phi Fraternity. After medical school Dr. London began his career with an internship at the Mary Fletcher Hospital, followed by a residency at Mount Zion Hospital in San Francisco, Calif. Subsequently, he served as a flight surgeon in the U.S. Air Force in South Carolina. From 1961 to 1963, he completed a rheumatology fellowship at the Manchester Royal Infirmary in England, which included clinic visits across Europe. After returning to Burlington from England, he and his family moved to California, where he joined a private practice in Los Gatos. In 1970, they again returned to Burlington, where Dr. London opened a private practice on Orchard Terrace. A lifelong advocate of universal healthcare, he was committed to providing for the underserved and the elderly, and he volunteered as a mentor and teacher at the College of Medicine for many years. He made house calls equipped with his medical bag, and sometimes with plumbing or electrical tools to assist with all manner of repairs. He retired in 1997, but continued, even in his last year, attending Grand Rounds at Fletcher Allen Health Care and visiting former patients in their homes.

**'56 Irwin W. Pollack, M.D.**  
Dr. Pollack, a professor emeritus of psychiatry and neurology at the Robert Wood Johnson Medical School, died on Jan. 6, 2013, due to complications from cancer/myelodysplastic syndrome. He was 85, and resided in Tucson, Ariz., and Cabot, Vt. A pioneer in the treatment of traumatic brain injury, Dr. Pollack made fundamental contributions to the development of cognitive rehabilitation therapy. Later in his career, he became a professor of neuropsychiatry in addition to

psychiatry, and a leader in the field of behavioral psychiatry. He was a founder of the National Head Injury Association, and served on its board for many years. Born in Philadelphia, Pa., in 1927, he was a graduate of Central High School, and served in the United States Navy during World War II. After the war, he attended Temple University on the GI bill, earning his B.S. degree in 1950. After graduating from Temple, he earned an M.S. in Experimental Psychology at Columbia University, and then a Ph.D. in Psychology from the University of Pennsylvania. After receiving his M.D. from the College of Medicine, he completed his residency training at The Johns Hopkins University and served as Chief Resident from 1956 to 1958. After an initial appointment at Hopkins, Dr. Pollack served as the founding chair of the Department of Psychiatry at the Mt. Sinai Hospital in Baltimore. He joined the faculty of the Rutgers Medical School in 1968, and served as the Chair of the Department of Psychiatry at the Robert Wood Johnson Medical School from 1972 to 1986.

**'57 Leonard W. Halling M.D.**  
Dr. Halling died on November 13, 2012. Born in Aurora, Ill., he received a bachelor's degree from the University of Chicago. He was drafted into the Army in 1945. After earning his M.D. from UVM he did an internship at General Rose Hospital in Denver, Col.. That was followed by a residency in pathology from 1957–1962 at Tripler Hospital in Honolulu, Hawaii. Following his residency he was stationed at Ft. Bragg, N.C. He was later transferred to the Armed Forces Institute of Pathology in Washington DC. In 1967 he retired from the Army and headed to Hays, Kansas to start his own pathology lab, which became a major reference laboratory for western Kansas and eastern Colorado. Dr. Halling also taught at Fort Hays State University, and served as the county coroner. He retired in 1992.

**'63 Peter D. Upton, M.D.**  
Dr. Upton died March 4, 2013, at his home in Wallingford, Vt. He was 76 years old and had battled cancer for the past two years. Dr. Upton was born in Burlington, to Dr. Hiram Eugene Upton and Doris Dodds Upton. He graduated from Burlington High School in 1953. After graduating from Dartmouth College in 1958, he attended the College of Medicine, graduating in 1963, and earning a master's degree in neuroanatomy along the way. After finishing medical school, he completed his training in Denver, Colo., and Burlington, and in 1969 moved with his family to Wallingford, where he began what would be a 40-year career as a neurosurgeon, serving the Rutland area and southern Vermont, until illness forced him to fully retire in 2011. Throughout his life, Dr. Upton was an avid outdoorsman, naturalist, and conservationist.

**'64 S. Victor Savino, M.D.**  
Dr. Savino died on March 10, 2011, in Raton, New Mexico, from natural causes. He was born in Northampton, Mass., in 1931, and graduated from St. Michael's High School in Northampton before earning a degree in chemistry from the University of Massachusetts at Amherst. His college career was interrupted by two years of military service in the U.S. Army. He worked as a laboratory technologist at Cooley Dickinson Hospital in Northampton and later chief laboratory technologist at Franklin County Hospital in Greenfield, Mass., before entering the College of Medicine in 1960. In 1968, after finishing residency at Mary Fletcher Hospital, he started his anatomic and clinical pathology practice at St. Joseph's Hospital in Albuquerque, and shortly thereafter became the chief pathologist for the hospital system. In 1972, he founded S.E.D. Medical Laboratories, an outpatient medical reference laboratory. He served in various capacities in several professional organizations, including a term as president of the

American Pathology Foundation and as a delegate to the Board of the College of American Pathology. Although he retired from his pathology practice in 1993, he came out of retirement in 2001 to work as the chief pathologist for Miners' Colfax Medical Center in Raton, and later served as chief medical officer at Lovelace Medical Center in Albuquerque until retiring again in 2010. Throughout his career, he was active in government affairs, working with New Mexico state legislators as well as members of the New Mexico congressional delegation on matters affecting health care.

**'76 David A. Paulus, M.D.**  
Dr. Paulus, a professor of anesthesiology at the University of Florida and Shands Health System, died unexpectedly on December 12, 2012. He was 67. Dr. Paulus received an engineering master's degree from the University of Wisconsin prior to entering the College of Medicine. After graduation he pursued an anesthesiology residency at the University of Florida/Shands Health system. At Shands, he served as associate chair for clinical care in the department of anesthesiology, medical director of Shands' operating room and Shands HomeCare. He also served as president of the Alachua County Medical Association and chair of the Council on Medical Education and Science at the American Medical Association. Dr. Paulus was also a professor of mechanical engineering and helped create a course for engineers to improve the design of operating room equipment.

FACULTY

**'55 Edward S. Irwin, M.D.**  
Dr. Irwin died on Feb. 7, 2013, at the Converse Home in Burlington after a long journey with Alzheimer's disease. He was 94. He graduated from Burlington High School in 1936 and the University of Vermont in 1940



David M. Tormey, M.D.

with a bachelor's degree in botany. He earned a master's in botany from UVM in 1941. In the 1930s he was a member of the Vermont National Guard. Following graduation from UVM, he was commissioned as a Lieutenant in the US Army. He stayed on at UVM to teach Military Science and Tactics (ROTC) during World War II. During 1945 he was stationed in Alaska on the Aleutian Island of Shemya. On return from the Army, he earned a Doctor of Optometry degree from Pennsylvania College of Optometry in Philadelphia. In 1950 he entered practice with his father-in-law, Francis W. Norris, M.D., of St. Albans. In 1951 he entered the College of Medicine, earning an M.D. in 1955. After graduation, he served an internship at the Glens Falls, N.Y. Hospital and an Ophthalmology Residency at the Strong Memorial Hospital of the University of Rochester, Rochester, N.Y. In 1958 he returned to the private practice of

Ophthalmology in Burlington. He was a member of the faculty of the College of Medicine, reaching the rank of Clinical Professor, and was acting Chief of the Division of Ophthalmology from 1972 to 1977. He was an Attending Surgeon at both the Medical Center Hospital of Vermont and Fanny Allen Hospital. He was active in the College of Medicine Alumni Association, serving as the Association's President from 1972 to 1974.

**David M. Tormey, M.D.**  
Dr. Tormey died on Feb. 26, 2013, in the Vermont Respite House in Williston, Vt. Born in Rochester, N.Y., in 1925, he attended Aquinas Institute in Rochester and in 1944 graduated from The College of the Holy Cross in Worcester, Mass., with a degree in biology. In 1948, he graduated from New York Medical College in New York City and subsequently did his internship at St. Mary's Hospital in Rochester,

N.Y. After completing his residency in internal medicine at Brooke General Hospital in San Antonio, Texas, he entered the U.S. Army and served in Korea from 1953 to 1954 as Commanding Officer of the 3rd Medical Battalion, 3rd Infantry Division. In recognition of his service in Korea, Major Tormey was awarded the Bronze Star. From 1954 to 1959, he continued his military service as Chief of Outpatient Service at the U.S. Army Hospital at the U.S. Military Academy at West Point, N.Y. He served next for two years as Assistant Chief of the Department of Internal Medicine at Madigan General Hospital in Tacoma, Wash., prior to moving with his wife and young children back east in 1961. From 1961 to 1965, Dr. Tormey served in various capacities in the Office of the Surgeon General in Washington, DC. In 1965, he became the National Coordinator for a program of the U.S. Department of

Defense called Medical Education for National Defense, whose mission was to interest young physicians in medical careers in the armed services. During this time he developed an excellent rapport with medical schools throughout the country. For his service during this time, he was awarded the Legion of Merit and the Army Commendation Medal and was promoted to the rank of Colonel in September 1966. He retired from the U.S. Army in 1968. Beginning in 1970, Dr. Tormey served as the Assistant Dean for the College of Medicine and soon after, became the Associate Dean for Admissions and Student Affairs. During the next two decades, he shepherded hundreds of young physicians-in- training through the ups and downs of medical school. He was also an Associate Professor of Family Practice, and chaired the medical school's Committee on Instructional Improvement and Curriculum. From 1983 to 1991, Dr. Tormey also served as Associate Dean for Alumni Relations and used his considerable writing and editorial talents to develop the College of Medicine's alumni magazine, then known as Hall A. In 1991 Dr. Tormey retired from UVM, but continued to serve as Associate Dean for Alumni Relations until 1994. At the time of his retirement, the Medical Alumni Association and other donors established the David M. Tormey Award for Perseverance in the Pursuit of Medical Education, in appreciation of his years of service to the College of Medicine and its students. The annual award continues in perpetuity.

*We also note the passing of Edgar Jacob Caldwell III, M.D.'58; Joseph R. Kelly, M.D.'56; Richard Charles Manjoney, M.D.'50; Paul M. Stoddard, M.D.'43; and William T. Wallace, Jr., M.D.'61.*





January 28, 2013  
4:40 p.m.

Class of 2015 member Colleen Kerrigan, left, presents an award for outstanding performance as a standardized patient to Bob Bolyard, standardized patient trainer at the Clinical Simulation Laboratory. Foundations Awards honored outstanding teaching and support by individuals and departments during the first level of the Vermont Integrated Curriculum.

photograph by **Raj Chawla**, UVM Med Photo



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