

V E R M O N T

● F A L L 2 0 1 6

medicine

THE ROBERT LARNER, M.D. COLLEGE OF MEDICINE AT THE UNIVERSITY OF VERMONT

A TRANSFORMATIVE MOMENT

A new name, and
a leap forward in
medical education.

ALSO FEATURED:

- ▶ Genomic Revolution
- ▶ Anesthesiology History



The Doctors are In

The UVM Alumni House opened in September, and the Larner College of Medicine is well represented in the structure, thanks to more than 30 dual-degree alumni who contributed to the fundraising effort to name a space in the new venue. In recognition of a leadership gift, the room has been named the **Harry J. Anton, '37 M.D.'40 & Raymond J. Anton, M.D.'70** Medical Alumni Association Room. Alumni House is a welcoming location where alums from across the class years can gather when they return to campus for reunion and various other events.

This effort was endorsed by the Alumni Executive Committee of the Medical Alumni Association. The College gratefully acknowledge these medical alumni who contributed \$5,000 or more to this unique fundraising effort:

Ray Anton M.D.'70
 Cheryl Davis '74, M.D.'78
 Susan Pitman Lowenthal '65, M.D.'69
 A.Rees Midgley '55, M.D.'58
 Marvin Nierenberg '57, M.D.'60
 Kenneth Sartorelli '82, M.D.'87
 Paul Rutkowski '59, M.D.'63
 Ruth A. Seeler '58, M.D.'62
 John Tampas '51, M.D.'54
 H. James Wallace Jr. M.D.'50*
 H. James Wallace III '83, M.D.'88
 H. Alan Walker '60, M.D.'63

* indicates deceased



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

moveMountains
 The Campaign for The University of Vermont

**The University of Vermont
 Larner College of Medicine**
 Medical Development & Alumni Relations Office
 (802) 656-4014 | medical.giving@uvm.edu
www.uvm.edu/medicine/alumni

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A Vice-Presidential visit, a helping hand for the homeless, celebrations of research and white coats, and more.

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A New Chapter

An alumnus's record-setting support for the future of medical education opens a new horizon for his alma mater. With a \$100 million commitment, the College charts a path toward a future of fully active learning education.

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Anesthesia at *The House*

From the earliest days of the "ether cone," to modern techniques tailored to the tiniest of infants, the practice of anesthesiology has a rich and nuanced history. A new book from University of Vermont Associate Professor of Anesthesiology Joseph Kreutz, M.D., ten years in the making, chronicles the development of the specialty at UVM.

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All in the Genes

Chair of Pathology and Laboratory Medicine Debra Leonard, M.D., Ph.D., is leading the charge nationally to bring genomic information to bear in medical decision making.

By Sarah Zobel

WebXtras in this issue:

- See more photos and video of the White Coat Ceremony
- See photos and video of the College's Naming Ceremony, as well as a video on the life of Robert Larner, '39, M.D.'42

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ON THE COVER: Class of 2018 medical student Soraiya Thura wears a prototype white coat at the College naming ceremony. Photo by Erin Post



The Larner College of Medicine is on Facebook, Twitter, and Instagram. Check in to see what's happening today!



FROM THE DEAN

Since my last message to you, a very noticeable change has occurred here at the College — our new name. We've never been strangers to the process of change. A vibrant medical school is always undergoing improvement that reflects the ever-changing nature of the health care landscape. That is particularly necessary

in medical education, where a dynamic curriculum keeps students on the leading edge of knowledge, and trains them to be the lifelong learners their future patients deserve.

Our naming as The Robert Larner, M.D. College of Medicine at the University of Vermont is directly connected to this process of improvement. It recognizes an act of generosity that is impressive in its size, but also deeply meaningful in its relationship with the core mission of the College — the education of future physicians.

This is no ordinary gift. The \$100 million lifetime giving commitment by the Larners is an outgrowth of the decades-long relationship Dr. Larner has had with his medical alma mater. Indeed, there can be no greater affirmation of the value of an institution than the continuing support of someone whose career was formed here.

This gift is the culmination of a philanthropic plan that Dr. Larner began almost 40 years ago. He wanted to give in a way that would inspire others to give, and so began the Larner Loan Fund. Today, more than 1,800 alumni have been inspired to join in contributing, and the fund has supported nearly 1,300 medical students. But that was just the start.

Over the last decade, Dr. Larner became interested in medical education technology and innovation, and his support for the College included everything from the purchase of five cardiopulmonary simulators to the building of the College's first team-based learning classroom that set the stage for our transition to active learning.

With the Larners' support, the College has been moving away from lecture-based courses and toward team-based learning, simulation, flipped classrooms, and other engaged learning activities. Recent initiatives include digitizing the entire curriculum, creating new innovative classrooms that facilitate active learning, building an enhanced simulation center to help students learn clinical skills, and recruiting an endowed Professor of Medical Education to lead the Teaching Academy in the development of new and enhanced teaching techniques.

Dr. Larner not only supported every one of those initiatives with philanthropy, he encouraged and challenged us to be more innovative and dream even bigger — asking “what would it take to be second to none?”

With his latest philanthropy, he completes that commitment. In fact, he has over-delivered. It is now our awesome responsibility to deliver on his goal for medical education. It is a challenge we welcome.

Frederick C. Morin III, M.D.

Dean, The Robert Larner, M.D. College of Medicine at The University of Vermont

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Editorial & Creative Director

Edward Neuert

Assistant Editor

Erin Post

Contributing Writers

Jennifer Nachbur

Art Director

Steve Wetherby, Wetherby Design

Contributing Photographers

Peter Blacksberg, Raj Chawla,
Jeff Clarke, Andy Duback,
Ian Thomas Jansen-Lonnquist,
Erin Post, David Seaver

The Robert Larner, M.D. College of Medicine at The University of Vermont

Dean

Frederick C. Morin III, M.D.

Senior Associate Dean for

Medical Education

William Jeffries, Ph.D.

Senior Associate Dean

for Research

Gordon Jensen, M.D., Ph.D.

Senior Associate Dean

for Clinical Affairs

Claude Deschamps, M.D.

Senior Associate Dean for

Finance & Administration

Brian L. Cote, M.B.A.

Assistant Dean for Communications

Carole Whitaker

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The University of Vermont

LARNER COLLEGE OF MEDICINE

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COLLEGE NEWS

Vice President Biden Brings “Cancer Moonshot” to UVM

“If you are ever going to be involved in cancer research, this is the moment,” Vice President **Joe Biden** told a packed Davis Center ballroom at the University of Vermont on October 21. “This is the inflection point.”

Earlier that week, Biden presented to President Obama the recommendations developed by the “Cancer Moonshot” task force. In January, the president put Biden at the helm of the \$1 billion national initiative, which aims to rapidly accelerate the pace of development of effective cancer prevention, diagnosis and treatment strategies. The initiative’s goal is to double the rate of progress by achieving a decade’s worth of advances in five years.

The effort is a personal battle for Biden, who lost his son Beau to glioblastoma in 2015. His passion to find a cure was evident in his comments to the Vermont audience, composed primarily of members of the UVM and UVM Health Network community, as he discussed all he has learned from leading the initiative.

“What I’ve found out is the incredible diversity of disciplines that are needed to ultimately get to the bottom of what causes a mutant gene to become mutant — what causes it to become cancer,” he said.

When Biden concluded his remarks, co-panelist **Gary Stein, Ph.D.**, director of the UVM Cancer Center, remarked that Biden’s vision “resonates incredibly well with the culture in Vermont, what the university does, and what the Vermont Cancer Center does, because here what you have is an emphasis on communication and collaboration.” The focus at UVM and in Vermont, he said, is on creating “a partnership between a clinician, a scientist and a patient.”

Debra Leonard, M.D., Ph.D., a leading expert in molecular pathology for genetics, cancers and infectious diseases and chair



Among the panelists joining Vice President Biden at the Cancer Moonshot Roundtable were UVM Cancer Center Director Gary Stein, Ph.D., left, and U.S. Senator Patrick Leahy, right.

of the Department of Pathology and Laboratory Medicine, also participated in the discussion.

“What’s amazing here in Vermont is that we have the opportunity to change how we’re caring for cancer,” Leonard said. “I basically came here because I could be at the intersection of healthcare reform and genomic medicine.”

Anne Huot, Ph.D.’90 Honored at Graduate Student Research Showcase

The UVM Medical Alumni Association (MAA) hosted the 2016 Graduate Student Research Showcase Program on October 18, at which **Anne E. Huot, M.S.’88, Ph.D.’90**, president of Keene State College in N.H., and the 2016 MAA Distinguished Graduate Alumni Award Recipient, delivered the keynote presentation.

The annual Distinguished Graduate Alumni Award honors a graduate of the Larner College of Medicine’s Ph.D. or M.S. programs who has demonstrated outstanding achievement in their field and in public service and commitment to the College community.

Huot has dedicated her career to the transformative power of education and the opportunities higher education presents for contributing to and bettering society.

In her current role as president of Keene State College, Huot brings a vision that is informed by her experience as a first generation college student, a native of New Hampshire, and an educator with extensive background in public higher education.

From 2007 to 2013, Huot served as provost and vice-president for academic affairs at The College at Brockport, State University of New York, during which time she created an Office for Diversity,

established a School of Business and Graduate School, and revised the general education program to introduce interdisciplinary teaching and learning. She has also served as associate provost and executive vice provost for the Office of Academic Affairs, State University of New York-System Administration in Albany, and she was a member of the University of Vermont faculty for fourteen years, including serving in the role of Graduate College executive dean.

Huot has said that her training as a scientist informs her work as a university leader, allowing her to see problems from multiple angles, test hypotheses, and use data to inform decision-making.



Anne Huot, Ph.D.’90



Ralph Budd, M.D., at UVM's 2016 Commencement

Avila Garners National Change Maker Award

Maria Mercedes Avila, M.Ed., Ph.D., program co-director of Vermont Leadership Education in Neurodevelopmental Disabilities (VT LEND) and assistant professor of pediatrics, has received the 2016 Local Hero Award from the Child Mind Institute. Avila was selected out of four finalists from across the U.S. via a crowdsourcing process as the winner of the Local Hero Award, one of five National Change Maker awards the organization gives out. She was honored for her work eliminating



Maria Mercedes Avila, M.Ed., Ph.D. at the National Change Maker Awards

inequality in access to resources for children and youth at the margins.

Rosen Assumes Leadership Role at WCHN Clinical Campus

Jonathan Rosen, M.D., former associate dean for medical education and associate professor of medicine at Albany Medical College, has been appointed dean of undergraduate medical education at Western Connecticut Health Network (WCHN). Rosen joined the Albany Medical College faculty in 1986 and has held a number of medical education-related positions, including medical director of the Clinical Competency Center for 18 years,

and co-theme leader of the Clinical Skills course for 16 years. In his new role, Rosen will supervise the College's education programs in the WCHN, which includes Danbury Hospital, Norwalk Hospital and New Milford Hospital.



Jonathan Rosen, M.D.

Irvin Receives Crapo Lifetime Achievement Award at 2016 ATS Conference

The American Thoracic Society (ATS) Assembly on Respiratory Structure and Function (RSF) selected Charles Irvin, Ph.D., professor of medicine and director of the Vermont Lung Center, as the inaugural recipient of the RSF 2016 Robert Crapo Lifetime Achievement Award for Pulmonary Diagnostics. The award recognizes individuals who have dedicated their life's work and achieved significant

accomplishments in the field of pulmonary diagnostic testing. A national and international expert in pulmonary physiology and asthma pathogenesis, Irvin also serves as associate dean for faculty affairs for the College.



Charles Irvin, Ph.D.

Budd Named University Distinguished Professor

Professor of Medicine Ralph Budd, M.D., was honored as a University Distinguished Professor during UVM's 215th Commencement Ceremony on May 22, 2016. An internationally recognized physician-scientist, his research on the mechanisms of autoimmunity has garnered him numerous awards and research grants totaling over \$60 million. A prestigious Pew Scholar in the Biomedical Sciences, Budd was elected in 2012 as a member of the Association of American Physicians. In addition, he is a member of the American Society of Clinical Investigation and a past UVM University Scholar.

ACR Honors DeStigter with Global Humanitarian Award

Kristen DeStigter, M.D., has received a 2016 Global Humanitarian Award from the American College of Radiology (ACR) Foundation for her efforts to expand access to ultrasound imaging to underserved areas of Africa. DeStigter received the award at the ACR Foundation's annual Crossroads of Radiology conference in May in Washington, D.C. She is the John P. and Kathryn H. Tampas Green and Gold Professor and interim chair of the Department of Radiology, DeStigter co-founded the nonprofit organization Imaging the World (ITW) in 2008 with Brian Garra, M.D., former UVM radiologist and current chief of radiology research at the Veterans Healthcare Administration in Washington, D.C. Imaging the World has adapted ultrasound technology into a usable and sustainable model that allows health care providers in remote areas and poor countries to make basic life-saving diagnoses.



Kristen DeStigter, M.D.

Upton to Serve as Diversity & Inclusion Liaison

Assistant Professor of Psychiatry Michael Upton, M.D.'94, has joined the Office of Diversity & Inclusion as Faculty Development Liaison. He will continue his clinical and service responsibilities as he takes on this additional new role supporting the development, implementation and assessment of diversity and inclusion initiatives for faculty development.



Michael Upton, M.D.'94

From the Blog

“HERE TO HELP” ADDRESSES NEEDS OF THE HOMELESS

by Jasmine Robinson '19

In a post for the Larner College of Medicine student blog this year, Jasmine Robinson '19 wrote about the motivation behind her Schweitzer Fellow project, which focuses on the homeless population in Burlington, Vt.

My first night on earth was spent in a shoebox; my mother had separated from my father and my mother, older brother, and I were homeless. With a baby and a toddler with autism, and after incurring a job-related disability, it was hard for my mother to find a place for us to live, and we moved many times. Eventually we settled in a dingy motel in Westchester, New York.

My mother relied on food pantries, and soup kitchens at local churches to feed our family of three. One of the soup kitchens also gave away clothing and toys that had been donated. Our Thanksgiving and Christmas dinners were provided by various organizations each year. By the time I was three, my mother found us a one-bedroom apartment in a pre-war building in Larchmont, New York. She made very little money working as an instructor at NYU College of Dentistry, earning a one-thousand-dollar annual stipend which restricted us to an extremely tight budget. My brother and I shared the small bedroom while my mother slept on a broken-down sofa. My mother was promoted to assistant professor the following year, but still earning a wage insufficient to support our family. We became eligible for assistance

“With my family living in close quarters, lacking stability for such an extended period of time, I had no sense of space and respite. I realized in that moment that we hadn’t been living; we had merely been surviving.”



from the U.S. Department of Housing and Urban Development, through which we obtained a three-bedroom apartment in the same building.

The moment I stepped into my own room, I felt a tranquility like never before. With my family living in close quarters, lacking stability for such an extended period of time, I had no sense of space and respite. I realized in that moment that we hadn’t been living; we had merely been surviving. Somehow, while often not easy, I found a way to thrive in a community where we lacked the support of those around us due to our circumstances. As I became older, I realized that obstacles are often hidden opportunities for growth, understanding, and a new-found appreciation for what I did have. Primarily, I was fortunate to have a mother who sought out services and help when we needed it, in an attempt to better the lives of her children.

My early childhood experiences cultivated a desire to address the pressing needs of others. As a future physician, I aspire to be a valued leader in my community and address the concerns of the underserved in a larger capacity. As a first-year medical student at the College of Medicine, and as a fellow of the New Hampshire/Vermont chapter of The Albert Schweitzer Fellowship, I have the opportunity to do exactly that.

As a fellow, I’m required to design and implement a year-long service project.

Mine focuses on helping people who are homeless more easily access services offered by the city of Burlington. At the “Here to Help” clinic, people who are homeless will be able to access basic necessities such as hot showers, haircuts, and health screenings. They will also get a hot meal and be given toiletry bags. Staff from Burlington’s Community and Economic Development Office (CEDO) will be able to meet and interact with the unsheltered, and begin to build trusting relationships and triage them to permanent housing in a timelier manner.

Our principal goal is to house 10 percent of those who are currently homeless by April 2017. The central locality of the “Here to Help” clinic at First United Methodist Church will help make service organizations more accessible to people who are homeless and, hopefully, increase the opportunities for the unsheltered to connect with service providers that meet their specific needs.

Another important part of this project is to have the community embrace and welcome back into society those who have been estranged for many years. With the help of local volunteers at this clinic, the community can help restore hope and support change for those in great need. This clinic will cater to the needs of the clients, changing throughout the year to meet expectations that will best suit those who attend. Over time, I hope this project will become self-sustaining and will boost community morale. I’m ecstatic to see the support this project has already received from various community organizations, and am very hopeful for its future success.

This essay originally appeared on the College's uvmmedicine blog. Read other entries at: uvmmedicineblog.wordpress.com.



CAMPAIGN NEWS

"The time has come for UVM to move forward, to pursue excellence with even greater confidence and to assert our position among the nation's finest public research universities. To move mountains is to change lives. This is our passion and our calling."

— UVM President Tom Sullivan



\$40.6
MILLION
FY16

Gifts to the Larner College of Medicine
between July 1, 2015 and June 30, 2016

College of Medicine Celebrates Banner Year of Giving for FY16: \$40.6 Million

In conjunction with the launch of the "Move Mountains" campaign in October 2015, the University of Vermont Foundation set new records in its fundraising activities on behalf of the University during fiscal year 2016, surpassing historic milestones reached a year ago for both commitments and receipts from donors. Gifts to the Larner College of Medicine played a major role in helping achieve these results, earning **\$40.6 million** of the university's record-setting \$76,758,513 in new fundraising

commitments between July 1, 2015 and June 30, 2016. *Move Mountains: The Campaign for The University of Vermont* supports four strategic areas of focus — student access and affordability, faculty endowments, new and renovated facilities, and academic programs. Even before the September 23 announcement of the new \$66 million commitment from Robert and Helen Larner, the College had achieved more than 75 percent of its campaign goal of \$125,850,000. That goal is now being revised upward.

Million Dollar Bequest Funds Student Scholarships

Roy Morse, M.D., one of 48 men to graduate in the UVM College of Medicine Class of 1905, dedicated his life to caring for patients in the Boston area as a traditional country doctor. More than 100 years later, medical students continue to benefit from his legacy thanks to a \$1 million donation recently received through a trust established by his daughter, **Florence Morse Clark**. Herself a UVM alumna from the Class of 1934, Clark sought to honor her father's commitment to family medicine and serving local communities through funding medical student scholarships.



Above: The Class of 1905 photo shows Dr. Roy Morse at far right, shaded.



John Gould, M.D.'64, with recent Gould Scholar Michael Cunningham, M.D.'15, and Sheryl Gould, BSRN'64

Family and Friends Honor Dr. Gould, Support Scholarship Fund

At the time of his death in September of 2015, **John Gould, M.D.'64**, was remembered as a gifted teacher, researcher, and writer who made an indelible mark on the field of orthopaedic surgery. Friends and family honored this legacy by contributing in his memory to the scholarship fund he and his wife founded at the UVM College of Medicine. The outpouring was significant: The fund received 33 donations, adding over \$10,000 to the scholarship, a testament to Dr. Gould's legacy as an influential researcher and

mentor to generations of physicians. His wife, **Sheryl Gould**, herself a graduate of UVM's College of Nursing and Health Sciences, has contributed an additional \$25,000, bringing the fund total to over \$100,000. In establishing the scholarship, the Goulds pointed to UVM's focus on ethics and the humanistic practice of medicine and nursing as influential to their life's work. The goal of the scholarship is to "ease the financial burden so that our 'professional children' can continue the mission to serve, to practice, and to teach."

David Babbott, M.D., Caring and Seeing Award Benefits from New Gift

The **David Babbott, M.D.**, Caring and Seeing Award was established in 2003 by his wife, **Meredith**. It perpetuates the ideals Dr. Babbott brought to his work as a professor of medicine and long-time director of medical education at the College. An additional \$15,000 from the estate of Dr. Babbott will provide further funding for this award, which goes to a fourth-year medical student who shows excellence and personal attentiveness in patient

care, strong relationships with faculty, and a commitment to the educational mission of the College. Dr. Babbott died August 23, 2015 at the age of 87. He was remembered for his "excellent listening skills, insightful questions, and deep commitment to students' and colleagues' professional growth," and for his service as a role model and mentor for generations of medical students, residents and junior colleagues at UVM.



David Babbott, M.D.



L to R: Marcelle Leahy, David Reines, M.D.'72, Nina Totenberg, and U.S. Senator Patrick Leahy

Reines and Totenberg Donate Time, Pledge Additional Scholarship Support

David Reines, M.D.'72, and his wife, **Nina Totenberg**, National Public Radio legal affairs correspondent, have long been supporters of the University of Vermont, contributing their time and expertise to the institution. Totenberg served as 2015 Commencement Speaker for the University, and received an honorary degree that same year. In the fall of 2016, she served as emcee for a night of recognition to celebrate philanthropists Bob and Holly Miller and the new inpatient wing to be named in their honor at UVM Medical Center. Dr. Reines has served on the UVM Foundation Leadership Council for the past two years, and was recently promoted to the UVM Foundation Board of Directors. Larner College of Medicine students also benefit from their generosity, as the couple has continued to grow an endowed scholarship fund they established in 2013. Additional major gifts since the scholarship's founding, including \$25,000 contributed this year, ensure that deserving medical students will be able to receive important financial support for years to come.

For more information about supporting the Larner College of Medicine, please contact the Medical Development and Alumni Relations Office.

www.uvm.edu/medicine/alumni

"I WILL PRACTICE MEDICINE WITH CONSCIENCE AND DIGNITY."

On October 7, in UVM's Ira Allen Chapel, 118 first-year medical students at the Larner College of Medicine uttered those words from "The Oath" as part of a major career milestone: receiving their first white doctors' coats.

Two short months ago, members of the Class of 2020 began their journeys as medical students. While UVM's newest class of future doctors still have years of classwork and training ahead of them, receiving their white coats formally signaled their entry into the realm of patient care. **Candace Fraser, M.D.**, associate professor of family medicine and the 2016 UVM faculty recipient of the Leonard Tow Humanism in Medicine Award, delivered the keynote presentation at the ceremony. **Fred Mandell, M.D.'64**, president of the Medical Alumni Association, delivered a welcome on behalf of all alumni.



See a photo gallery and video of the White Coat Ceremony at: uvm.edu/medicine/vtmedicine



Andy Duback

Research Notebook



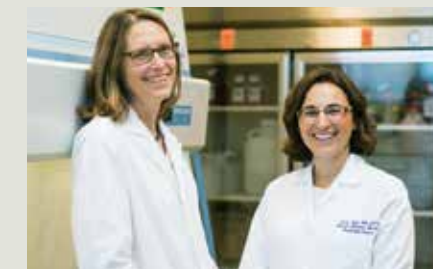
Research Excellence Honored

The College held the inaugural Celebration of Research Excellence on November 1. Participants heard a report on the state of research at the College from Senior Associate Dean for Research **Gordon Jensen, M.D., Ph.D.**, and a keynote address from **Lita Proctor, Ph.D.**, program director for the

Human Microbiome Project in the Division of Genome Sciences at the National Institutes of Health. Faculty awardees honored at the ceremony were: (right to left) **Jason Stumpff, Ph.D.**, **Ralph Budd, M.D.**, **Charles Irvin, Ph.D.**, and, accepting for recipient **Sarah Heil, Ph.D.**, **Stephen Higgins, Ph.D.**

UVM Clinical Trials Lead to First FDA Approved Cholera Vaccine in U.S.

The University of Vermont's Vaccine Testing Center played a major role in testing a groundbreaking new vaccine to protect against cholera infection. The vaccine — called Vaxchora — became the first cholera vaccine to be approved by the Food and Drug Administration in June of 2016, after human challenge trials at UVM and two other national sites: the University of Maryland and University of Cincinnati. UVM researchers, **Caroline Lyon, M.D., M.P.H.**, associate professor of medicine, and **Beth Kirkpatrick, M.D.**, professor of medicine and director of the Vaccine Testing



Beth Kirkpatrick, M.D. and Caroline Lyon, M.D., MPH.

Center, note that the need for a vaccine has been heightened due to the increased number of cholera outbreaks since 2005.



Robert Gramling, M.D., M.Sc.

Gramling's JAMA Oncology Study Addresses Doctor-Patient Miscommunication

A study in *JAMA Oncology* from **Robert Gramling, M.D., M.Sc.**, and colleagues, finds that patients report far more optimistic expectations for survival prognosis than their oncologists, due to patients' misunderstanding of their oncologists' clinical judgment. Gramling holds the Holly and Bob Miller Chair in Palliative Medicine at UVM.

David Seaver, LCOM Design & Photography

Sprague Study Finds "Dense Breasts" Diagnosis Varies Widely Among Radiologists



Brian Sprague, Ph.D.

Although more than half of U.S. states now require physicians to report breast density information to patients, new research led by Assistant Professor of Surgery **Brian Sprague, Ph.D.**, shows that breast density assessment is subjective and highly variable across radiologists. His paper was published in July of 2016 in the *Annals of Internal Medicine*.



Meres Rincon, Ph.D.

Rincon and Champagne's Discovery Could Help Boost Flu Vaccine Response

A relatively unknown molecule that regulates metabolism could be the key to boosting an individual's immunity to the flu — and potentially other viruses — according to research reported this July in the journal *Immunity*. The study, led by UVM doctoral student **Devin Champagne** and **Mercedes Rincon, Ph.D.**, a professor of medicine and an immunobiologist, discovered that a protein called methylation controlled J — or MCJ — can be altered to boost the immune system's response to the flu. Co-authors on the *Immunity* study include UVM colleagues **Tina Thornton, Ph.D.**, research associate; **Karen Fortner, Ph.D.**, research assistant professor; **Rui Yang**, predoctoral student; and former UVM doctoral student **Ketki Hatle, Ph.D.**, as well as research colleagues in Spain, Korea, Colorado and Connecticut.

A NEW CHAPTER

AN ALUMNUS'S
RECORD-SETTING
SUPPORT FOR THE
FUTURE OF MEDICAL
EDUCATION SETS A
NEW HORIZON FOR
HIS ALMA MATER.

LARNER

On the afternoon of September 23, a large crowd of faculty, staff, students, administrators, and guests of the University of Vermont celebrated the announcement of an estate commitment with an estimated current market value of \$66 million from UVM dual-degree alum and Vermont native **ROBERT LARNER '39, M.D.'42**, and his wife, **HELEN**. The commitment to donate — the largest gift ever to a public university in New England — capped decades of philanthropic support from the Larners, whose lifetime giving now will now reach \$100 million.

To recognize and express gratitude for their extraordinary commitment to medical education at UVM, the University of Vermont Board of Trustees voted earlier in September to name the College of Medicine in honor of Dr. Larner. The medical school is now known as The Robert Larner, M.D. College of Medicine at The University of Vermont. When realized and combined with previously announced gifts from the Larners, the bequest will vastly accelerate the Larner College of Medicine's ability to reach the institutional goal inspired by Dr. Larner — to be recognized as second to none for medical education worldwide.

The Larners' gift marks an important moment in the history of U.S. medical schools: the first occasion in the nation for which a medical school is named to honor an alumnus physician and donor.

"Today, we stand at a defining moment in the history of this great university as we celebrate the goal we've shared with Dr. Larner for years — to be recognized as second to none in medical education," said Tom Sullivan, president of the University of Vermont. "We remain in awe of how he embraces philanthropy. His love for humanity, and his desire to provide long-term endowment funding, will greatly enhance medical education at UVM — and by extension will elevate medical care for patients in Vermont and worldwide who are treated by those trained here — for many generations to come."



The historic gift announcement was made to a large crowd gathered outside the entrance to the Larner College of Medicine with more than 150 medical students in their white coats standing behind the speakers at the podium. The students' presence demonstrated their profound gratitude to the Larners and acknowledged the pivotal role that endowment gifts make in the excellence and long-term growth of the medical college.

Once the Larners' bequest is realized, approximately 95 percent of their lifetime giving will be secured endowment funding, so their giving will generate roughly \$4 million annually to ensure that The Robert Larner, M.D. College of Medicine remains at the forefront of medical education for generations to come.

For many years Dr. Larner has supported innovation in medical education at UVM, and this gift will accelerate the transformation underway at the College. The data are clear that engaging students in active learning is superior to providing passive lectures for teaching science, especially so for women and minorities. With this data in mind, the College has been moving away from lecture-based courses and toward team-based learning, simulation, flipped classrooms, and other engaged learning activities. Recent initiatives include digitizing the entire curriculum, creating new innovative

classrooms that facilitate active learning, building an enhanced simulation center to help students learn clinical skills, and recruiting an endowed Professor of Medical Education to lead the Teaching Academy.

"This is a joyful day of recognition of an alumnus of the College of Medicine and his amazing act of generosity," said Dean Rick Morin. "This gift is the culmination of a commitment that Dr. Larner made to me in his den several years ago, and it is now our awesome responsibility to deliver on our commitment by using his gift to ensure our students receive — in his words — a medical education second to none."

1 THE DEAN'S VIEW: Dean Rick Morin, M.D.

speaking at the naming ceremony

We believe the research regarding the future of scientific education is clear. As published in such prestigious scientific journals as the *Proceedings of the National Academy of Sciences* and *Nature*, and in such newspapers as the *New York Times*, engaging students in active learning experiences is far superior to delivering passive lectures in teaching science. We also believe that the same can be said for the development and support of traits such as empathy and altruism, and skills such as interpersonal communication and professionalism.



At top, UVM President Tom Sullivan and Dean Rick Morin pull the drapes off a sign celebrating the new name of the College at the September 23 event. Dean Morin, above, later spoke at the event.

Thus, with the support of the Larners, our College has been making the transformation from lectures to engaged active learning. We have developed what may be the busiest medical simulation center where our students learn clinical skills such as suturing, cardiac resuscitation and medical history taking in a safe environment. We have built innovative classrooms to support team based learning to replace lectures on topics such as diagnostic testing. We have developed a visionary four-year program of hands on, point of care ultrasound training for our students. And we have recruited what we believe is the first endowed Professor of Medical Education to lead the Teaching Academy in the development of the new teaching methods to deliver this active learning.

Completing this transformation will not be easy or inexpensive. That is why the Larners' gift is so important to our College. It will fuel this transformation. The gift announced today will unleash the creativity and fire in the belly of our faculty to provide our students with a medical education which is unquestionably second to none.

2 AN ALUMNA'S VIEW:
Mildred "Mimi" Reardon, M.D.'67
speaking at the naming ceremony

As an alumna who spent her career in this community, I could not be more proud to be here celebrating Dr. Larner's commitment to our shared alma mater. He has often said that his medical education from UVM served as the foundation for his success. That, along with his deeply-held belief that philanthropy should be used to inspire others and his delight in the accomplishments of UVM medical students, have made him an inspiration to many.

Over the years, Dr. and Mrs. Larner have clearly demonstrated their commitment to these tenets with their support of the College. Today, they have left no doubt exactly how deeply they believe in the value of a UVM medical education and how committed they are to making sure the students who enter the College each year will receive an education second to none.

3 A STUDENT'S VIEW:
Soraiya Thura '18
speaking at the naming ceremony

By so generously giving to support medical education in a sustainable way, Dr. Larner has a hand in shaping the future of medicine for myself and my classmates, and for generations to come. I can say with confidence, that this is the best equipped medical school in the nation to meet the challenges of an ever-changing health care landscape. This is because UVM is home to individuals who work so hard to learn, to improve, and

At right, from top, members of the UVM community gather for a celebratory toast after the naming ceremony on September 23; Dean Rick Morin and former Dean John Frymoyer take a selfie at the event; alumna Mimi Reardon, M.D.'67 and Soraiya Thura '18 speak at the ceremony.



"I GIVE TO THE UNIVERSITY OF VERMONT COLLEGE OF MEDICINE BECAUSE THE EDUCATION I RECEIVED HERE MADE EVERYTHING GREAT THAT FOLLOWED IN MY LIFE POSSIBLE. I'M HUMBLLED THAT THE UNIVERSITY OF VERMONT HAS DECIDED TO NAME THE MEDICAL COLLEGE IN MY HONOR, BUT I'M EQUALLY GRATEFUL FOR THE OPPORTUNITY TO IMPACT THE FUTURE OF MEDICAL EDUCATION AND TO INSPIRE OTHERS TO CONTRIBUTE TO THIS EXCEPTIONAL INSTITUTION WHICH IS TRULY

SECOND TO NONE."

— Robert Larner, '39, M.D.'42

ROBERT LARNER'S nearly 80-year relationship with The University of Vermont began during his childhood in Burlington's Old North End, where he was born in 1918, one of seven children of a local roofer. He received his elementary education at the H.O. Wheeler School on Archibald Street, and graduated from Burlington High School in 1936. The only one of his siblings to go to college, he attended UVM in part thanks to two scholarships he received for debating and essay writing. After graduating from the UVM College of Medicine, he served in World War II, settled in the Los Angeles area to build a successful medical practice, and invested in the burgeoning Southern California commercial real estate market.



to dedicate their lives so selflessly to the care of other people. I know this is true because I have been fortunate enough to get to know so many of you in this room personally. And I believe that it's this drive to give back and inspire others that is in Dr. Larner's DNA, but in each of our DNA as well. THIS is the common thread that will make our education "second to none."

Today, I know without a doubt that Dr. Larner believes in me. He believes in every student standing behind me; every alumnus who was ever a student here; and thanks to this incredibly generous gift, every student who walks through this door to begin their medical education will know he believes in them too. Thank you, Dr. Larner, for providing countless

opportunities for us to be the best physicians we can be, at the University that we love, and will always remember. **VM**



View videos of the ceremony and a short look at the life of Dr. Larner. Go to: uvm.edu/medicine/vtmedicine

ANESTHESIA AT THE HOUSE



From the earliest days of the “ether cone,” to modern techniques tailored to the tiniest of infants, the practice of anesthesiology has a rich and nuanced history. A new book from University of Vermont Associate Professor of Anesthesiology **Joseph Kreutz, M.D.**, titled *Anesthesia at the House*, chronicles the development of the specialty at UVM.

The project was no small undertaking: Kreutz spent the better part of a decade researching and writing the illustrated history. He combed through archives and special collections at UVM and UVM Medical Center, and interviewed more than 20 surviving members of the department. The result is a detailed history of anesthesiology at UVM, from the early 1800s up until the present day. Kreutz addresses the vast technological changes the specialty has seen, as well as the personalities that helped shape its practice in Burlington. And personalities there were, from Edward Ford, described as “quite the talker” and likely Vermont’s first true anesthesiologist, to the brilliant and volatile John Abajian, who founded the Department of Anesthesiology and helped to bring it from a fledgling department of two into the modern era. And then there are the quieter, but no less important stories, like those of the nurse anesthetists who put in long days caring for patients during World War II when many men were serving overseas. The following excerpts from *Anesthesia at the House* showcase some of the work Kreutz has done to bring to life the history of the practice of anesthesiology at UVM.

Above: the Mary Fletcher Hospital, known as “the House” to the doctors that practiced there, in an old postcard view from the early 20th century.

JOHN HAZEN DODDS

In the late 19th century, anesthesia as a specialty was in its infancy. Although anesthetists began to pop up at major hospitals, medical students, nurses and interns with little training continued to handle many of the procedures. Kreutz points to John Hazen Dodds as the person who helped move the practice of anesthesia in Vermont into a new era when he was hired as the first “Instructor in Anaesthetization.” Born in 1873 in North Hero, Vt., Dodds was the ninth of thirteen children born to John Dodds, a Scottish immigrant farmer, and Sarah Hazen. He was able to continue his education at the New York Military Academy thanks to financial help from a wealthy brother-in-law, which put him ahead of many of his peers. Kreutz notes that when Dodds enrolled at



John Hazen Dodds, M.D., in 1963, a few months before his death.

the UVM College of Medicine, he was “one of only a few students there who had good high school education.” After residency and two years of additional training, he returned to Burlington in August of 1907 as an “anesthetist” at Mary Fletcher Hospital and instructor in the specialty. It’s unclear what specific anesthesia training Dodds had, beyond exposure to the use of ether as an intern. A description of the “Dodds Routine,” as it was referred to by some students, provides a window into how anesthesiology was practiced at the turn of the last century.

How did Dodds do anesthesia? He was initially a classic “etherizer,” using open drop techniques to deliver ether and (occasionally) chloroform. Later in his career, he learned how to administer nitrous oxide — usually called “gas” — at an anesthesia course in New York City and from Burlington-area dentists. He probably used nitrous oxide in what was called the “nitrous oxide-ether sequence,” a technique introduced by Thomas Bennett in which “gas” is inhaled for a few moments before ether was administered.

Unfortunately, only one first-hand account of Dodds’ practice exists, related by Ellsworth Amidon, a UVM College of Medicine student in the late 1920s. He called it the “Dodds Routine”:

“No preop medication was used so a child, usually crying, was placed on an OR table. As a deep breath was taken, in preparation for another yell, the intern would place the gauze cone soaked with ether over the child’s face so he would get the full benefit. Not too many breaths were required before sleep mercifully took over. The trauma to both patient and ‘anesthetizer’ probably lasted a lifetime.”

GROWING PAINS

Although the John Hazen Dodds continued to train students into the early 1930s, upon his retirement in 1933, Mary Fletcher



Albert Mackay, M.D., Ellsworth Amidon, M.D., and Keith Truax, M.D. pose by the front steps of the Mary Fletcher Hospital in 1932.

Hospital brought on an instructor three decades younger than him: Albert Mackay. A surgeon with no additional anesthesia training beyond rotating on the service as an intern, his appointment was typical of his time. Kreutz points out that his role included many duties, just one of which was practicing anesthesia clinically. Other medical professionals often handled that job.

By the 1920s, nurse anesthetists were employed at many hospitals and were generally preferred by surgeons over interns. Nurses were better trained than interns (who had three months of anesthesia training, at most), they provided better care than interns (who would often be distracted by the technical aspects of the surgery instead of focusing on their anesthetic), and they protected the surgeon’s medical license better than interns (who were often working under the direct supervision of the surgeon).

One surgeon who made his mark during this time was George Sabin, a 1900 UVM College of Medicine graduate. Kreutz notes that he was “hired by UVM in 1903, but did not advance quickly, achieving the rank of assistant professor only in 1926. (He was blind in one eye and his poor depth perception was a problem.) He did, however, introduce spinal anesthesia to Burlington in the 1920s, and was credited with saving many lives that may have been lost if inhalation anesthetic has been used.”

UVM’S FIRST ANESTHESIOLOGIST

Edward Ford, likely the first true anesthesiologist in Vermont history, came with superb “postgraduate medical training,” according to Kreutz. After completing a fellowship at Lahey Clinic in Boston, and co-authoring a paper on “Intravenous Anesthesia,” he served as chief of anesthesia at a hospital in Pennsylvania for eight months before arriving in Vermont in 1937. Ford was an athlete in college, participating in track, wrestling and lacrosse, and worked summers as a brakeman for the Pennsylvania Railroad while a medical student at Hahnemann Medical College. He was among the anesthesiologists leading the specialty into a new era.



Edward Ford, M.D.

Experienced, published, and well connected, Ford must have been a rising star in the small world of 1937 American anesthesiology. He was one of about 230 full-time anesthetists in the United States — there were only 700 anesthetists in all, most “casual anesthetists who do not consider anesthesia to be their one and only life’s work” — and an expert on cyclopropane anesthesia. He lectured on “newer anesthetic agents” at the May 1938 meeting of the Vermont State Medical Society, “with an emphasis on cyclopropane, intratracheal, intravenous, and spinal anesthesia.”

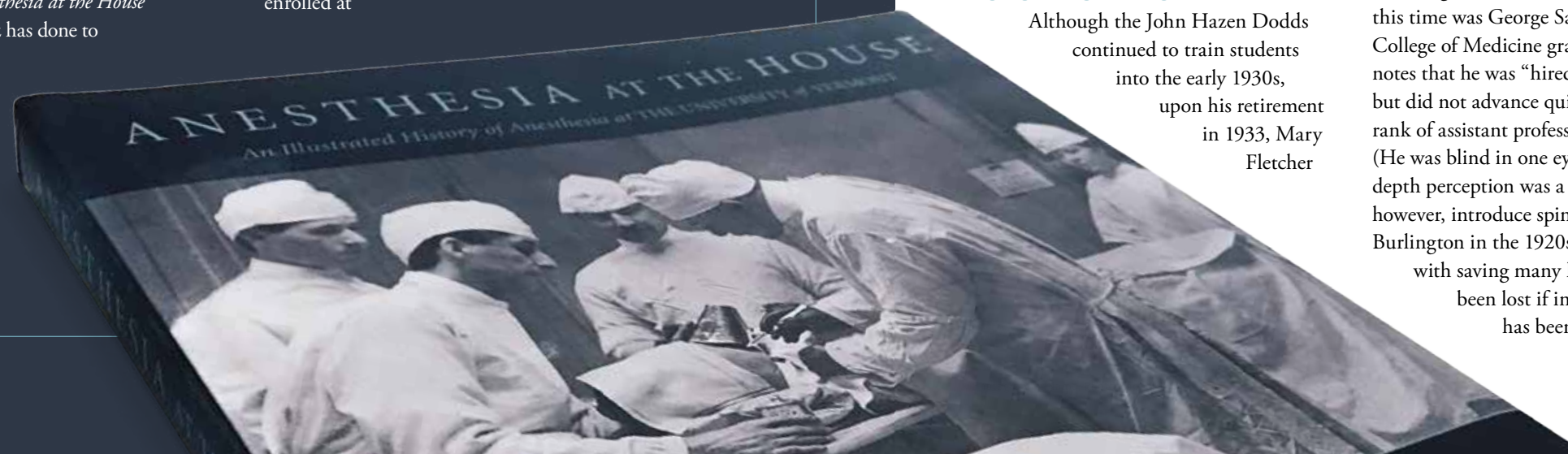
Ford left Burlington in 1939 under unclear circumstances, served in World War II, and then went on to practice in Pennsylvania.

THE BIRTH OF A DIVISION

After Ford left, John Abajian came to Burlington with a directive to create a department of anesthesiology at



John Abajian, M.D.





Surgeon Lyman Allen, M.D., operating at Mary Fletcher Hospital in the 1920s.

Mary Fletcher Hospital. A city boy who attended Long Island University and New York Medical College, Kreutz notes that Abajian arrived in Vermont feeling like he had been “banished to Siberia.” He quickly earned a reputation as both brilliant and difficult.

Almost immediately, some members of the UVM medical staff were put off by Abajian’s personality: cocky, opinionated, and extremely outspoken, he made enemies easily. It turned out that he was a very good anesthesiologist, though, and he “managed to survive the next few months.” Soon “known and admired by the surgeons for his great intellect, innovative ideas, and capable performance of his duties,” Abajian later credited some of them — Al Mackay, Walford “Wally” Rees, Keith Truax, Lyman Allen, even old George Sabin — with helping him through his turbulent first year in Burlington. He also singled out T.S. Brown, who became “like a second father” to him, saying: “The only thing I really regret now is that I wasn’t born a Vermonter. The type of cooperation I received from people at the Fletcher at that time, and from the medical school, is the best any anesthesiologist could obtain and receive anywhere in the United States.”

Abajian soon recruited 24 year-old nurse anesthetist Elizabeth “Betty” Wells to his newfound division. The techniques they used where



Betty Wells, R.N.

“atypical for the era,” Kreutz notes, with a focus on local and regional anesthesia. Although it’s unclear why he preferred these methods, the duo continued to shape the practice of anesthesiology through their partnership. Wells later proved to be indispensable, as World War II began to call men into military service.

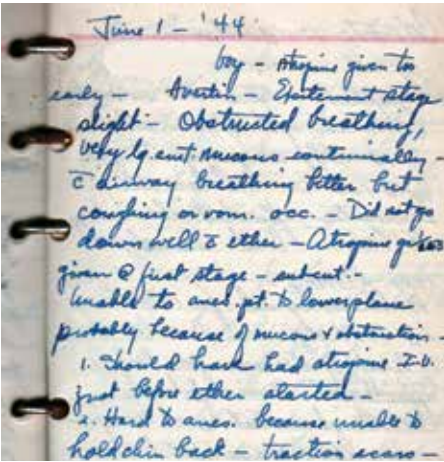
JOHN ABAJIAN GOES TO WAR

Abajian enlisted in the U.S. Army in 1942, and headed off to war. He eventually became consulting anesthesiologist to General George Patton, traveling throughout the European Theater teaching nurses and physicians in the field “fundamental anesthesia techniques, pre-and postoperative care, and shock and transfusion therapy.” Kreutz says Abajian focused on regional and local anesthesia as opposed to general, just as he had done in Vermont. His work is credited with saving many soldiers’ lives.

George Patton’s Army was the epitome of a hard charging, hard hitting, mobile warfare unit, but it endured tremendous losses in the process — from August 1944 through April 1945, it suffered over 91,000 battle casualties. During that period its overall mortality rate fell significantly, though, from 2.9 percent in mid-1944 to 2.6 percent in 1945, and it’s possible that John Abajian’s work at field and evacuation hospitals was one of the reasons for the improvement. Patton may have thought so, for he recommended Abajian for the Legion of Merit. Odom also credited Abajian for his “most useful” work, writing in a postwar summary: “By the time Major Abajian left a unit, he had succeeded in giving valuable instruction



John Abajian, M.D., in his uniform during World War II.



Betty Wells’ 1944 notes on an anesthetic procedure.

in both the theory and practice of the administration of anesthetics and had also given valuable assistance in the handling of casualties in the operating room. His work elevated the standards of both anesthesia and surgery in the Third U.S. Army.”

Abajian returned to the United States in June of 1945 at the rank of Lieutenant Colonel, and resumed his position at UVM at the start of 1946.

THE HOME FRONT

With Abajian traversing Europe with Patton’s Army, back in Vermont, Wells became the leader of the new division at 25 years-old, caring for patients with tireless dedication. She was joined by



Jackie Roberts, R.N.

another nurse, Esther “Jackie” Roberts, whom Kreutz describes as a “plain-spoken farm girl from Barnard, Vt.,” and internist Christopher Terrien, Sr., a 1936 grad of the UVM College of Medicine. The young team handled the situation with remarkable grace, according to Kreutz’s reporting.

Despite the workload and risks, Wells later wrote, “We survived the frequent call schedule and, more importantly, our patients did too. There were no fatalities due to anesthesia during that period — I probably would have resigned if there had been.” But by 1944, Wells and Roberts were worn out and asked Mary Fletcher Hospital’s new Superintendent, Lester Richwagen, for more help. He obliged, hiring Mary Fletcher School of Nursing graduates Frances Wool in May 1944 and Florence “Peg” Thompson in January 1945.

As World War II wound down, and anticipating the return of many young men seeking employment, the nurse anesthetists who had put in countless long days and call hours caring for patients during the war explored their career options.

Kreutz notes that Wells and Thompson continued to work in anesthesiology, while Wool joined the military before serving as a private nurse in New Hampshire. Roberts found success in a different medical field — she went on to serve as surgical assistant to eminent UVM neurosurgeon R.M.P. Donaghy, who pioneered microsurgery, and in 1969, she was honored as the “Mother of Microneurosurgery.” She died in South Burlington, Vt., in 2010, at the age of 90.

BUILDING A DIVISION

With men returning from the war eager for additional training and employment, a postwar directive from the American Medical Association urged “hospitals around the country to expand their postwar residency programs.” With a Division of Anesthesiology once again under the leadership of Abajian, UVM did just that, setting up a residency program and hiring its first anesthesia resident, Antonio Bayuk, in July of 1946. A veteran who had been injured in a parachute jump in Germany, he was soon joined by a second resident, Ernie



Charles Cox, M.D., performing a spinal anesthetic.

Mills, also a veteran. Additional residents followed, including Donald Harwood and Charles Cox. These early residents recall both the challenges and the rewards of working in a rapidly changing field.

Anesthesia was still a relatively dangerous business in the early 1950s, with primitive agents (ether and cyclopropane) and crude monitoring (primarily a “finger on the pulse”), but the residents learned to deal with it. “Safety was primordial,” according to Francesca deGerman. “This is why we used local, blocks, spinals, continuous spinals, and general anesthesia, in that order.” Harwood remembered that he “learned to be suspicious of redheads and fast-pulsed patients.” Cox noted that he didn’t lose a single patient during his residency, a remarkable achievement.

Betty Wells and Ernie Mills did most of the teaching that took place. “Betty and Ernie and dear experience were our mentors,” Harwood recalled: “I learned that we would be integrated into the thick of things very rapidly and it was sink or swim.... John gave us an unfettered opportunity to get into trouble on our own and get back out of it if we could.... [He] helped us cultivate intuition.”

These first residents helped to lay the foundation for a robust division that would go on to make some important discoveries in the field.

FLUOTHANE

In the mid-1950s, UVM became one of the first institutions to study a new anesthetic agent, called Fluothane (halothane), which held the potential



Ed Brazell, M.D., in 1958.



The development of a safe method of administering Fluothane was a key contribution of the UVM Department of Anesthesiology in the 1950s.

to replace ether as the go-to agent for anesthesiologists nationwide. Kreutz details how a partnership between Abajian and Ed Brazell, a brilliant engineer and the new director of anesthesiology research at UVM, led to the development of what came to be known as the “Abajian Scales,” a device that controlled dosing of the highly potent drug. Brazell drafted a diagram and prototype for the device,

which “was a solution so foolproof that even an inexperienced anesthesiologist could precisely control a halothane anesthetic,” while the pair continued to work towards publication.

The research continued, with over 5,000 halothane anesthetics done at UVM by 1959. On October 3rd that year, Abajian, Brazell, Dente, and Mills published an article, “Experience with Halothane (Fluothane) in More Than Five Thousand Cases,” in *JAMA*. More detailed than their earlier presentations and reports, but with similar results and conclusions, it included a discussion of delivery systems, emphasizing the importance of precision vaporization.

Kreutz notes that the publication attracted a great deal of attention at the time, and Abajian traveled all over North America for speaking engagements. Although the Abajian Scales lost prominence after the development of a different device, the early work at UVM helped increase adoption of the new anesthetic agent.

MAZU

The late 1950s brought important advances in surgery — including the first heart-lung transplant — as well as personnel changes that would shape the division for years to come. John Mazuzan joined the department in 1959: His unique friendship with Abajian, and his patient tenacity, brought the department through a time of rapid change.



John Mazuzan, M.D.



John Morgan, M.D, Wendy Marshall, R.N., Bob Deane, M.D., and Tom Shinozaki, M.D. in the ICU in 1973.

“First Heart-Lung Surgery Makes Area History,” trumpeted the August 7, 1959 edition of the *Burlington Free Press*. A week earlier, cardiac surgeon Donald Miller had patched the “somewhat larger than a fifty cent piece” atrial septal defect of Bernard Wetherby, a twenty-five year-old from Berkshire Center, Vermont. The operation, which had taken over six hours to complete, had been the result of five years of preparation by multiple departments at UVM College of Medicine and Mary Fletcher Hospital. Not only had members of the anesthesia division administered the anesthetic — which John Abajian described as ‘fairly routine,’ — but Ed Brazell’s earlier blood volume research had been critical in estimating Wetherby’s blood requirements.

About two weeks later, another significant event occurred at the hospital, but the local press made no mention of it. It was just a routine personnel move by Abajian, who needed a replacement for the departed Brazell. On August 24th, a week after completing his anesthesia residency at Massachusetts General Hospital, thirty-one-year-old John Mazuzan joined the UVM Division of Anesthesiology. The division would never be the same.

John Mazuzan was born April 2, 1928, in Montpelier, Vermont, but grew up in Northfield, the son of the editor of the *Northfield News*. From a young age, he had “his fingers in printer’s ink,” learning to set type when he was in third grade. Although he had always assumed that he would follow in his father’s footsteps, his plans began to change in 1944, when he developed a persistently high fever. Bacterial endocarditis — usually fatal at the time — was suspected. With Mazuzan in a coma and near death, his family physician, Harvey Whiting, appealed to the armed forces for a new wonder drug, penicillin, then in short

supply and restricted only to military use and “special civilian cases.” Mazuzan was the first Vermonter to receive the antibiotic.

Mazuzan eventually went on to attend the UVM College of Medicine, and after service in the Air Force and training at Massachusetts General Hospital, returned to his home state at Abajian’s behest to practice anesthesiology. Kreutz describes the relationship between “Big John” and “Mazu” — two men with very different personalities — as one of deep mutual respect, if also one fraught with some difficulty. Kreutz quotes Mazuzan: “John and I had a love-hate relationship. I was like a surrogate son to him. He would call me almost every night and talk with me for an hour, not just about anesthesia, but also things like politics and books. He was a very interesting guy, had a brilliant intellect, and we enjoyed each other’s company.”

SPECIAL CARE

As ventilators and other new technology began to come online — saving many lives in the process — special hospital wings were set up to care for critically ill patients. In Vermont, the first “special care unit” was founded in 1962, followed by the Robert F. Patrick Intensive Care Unit in what was then the Medical Center Hospital of Vermont in 1969. Bob Deane and Tom Shinozaki became co-directors of the ICU in 1972, and over the year Kreutz says that their names “became synonymous with intensive care in Burlington.”

Bob and Tom’s ICU was a busy place. In 1973, about 850 patients were admitted — 75 percent surgical, 25 percent medical — and admissions only increased over time. The pair regularly spent eighteen hours a day at the hospital, year after year for three decades. The number of lives they saved is uncountable.

The two men complemented each other. Shinozaki was the technical wizard, the “brains of the department,” according to Roy Bell. In addition to his patient care responsibilities, Shinozaki developed computerized data collection systems, work that culminated in the founding of Vertek, a manufacturer of nitrogen washout computers and pulmonary compliance measuring devices, in 1969. (Vertek was sold to Hewlett-Packard in 1972.) Shinozaki also built prototypes of carbon dioxide monitors, oximeters, high frequency ventilators, and infrared thermometers.

Deane’s strength was his congeniality and empathy. He had been a general practitioner in South Africa for five years before his anesthesia career, and strongly connected on a personal level with everyone he came into contact with. He was named “Teacher of the Year” several times by UVM College of Medicine students, and also received the Karl Jefferson Thompson Teaching Award from UVM in 1980.



Bob Deane, M.D.



Tom Shinozaki, M.D.

In many ways, their work set the department up for the proliferation of subspecialties to come in the next decade.

SUBSPECIALTY GROWTH

In the 1970s, as new techniques continued to be developed, UVM hired subspecialists in a diversity of fields, including cardiothoracic anesthesia, neuro-anesthesia, and vascular anesthesia. One particularly note-worthy hire was John Abajian’s son,

Chris Abajian, who joined the division in July of 1974. Kreutz calls him a “true sub-specialist,” as he focused almost solely on pediatric anesthesia techniques. Eva “Heidi” Kristensen also joined the team during this time, setting up the first epidural service for labor and delivery.



Chris Abajian, M.D.



Eva “Heidi” Kristensen, M.D.

Mazuzan’s obstetrical anesthesiologist was Eva “Heidi” Kristensen. Kristensen was a former high school science teacher in an Amish area in western Ontario who had changed careers, graduating from McMaster University Medical School in 1976. During her UVM residency, she had developed an interest in obstetrical anesthesia, mainly because she “liked to talk to people” and “OB just made sense for my personality.” In July 1978, Kristensen was hired as a “junior attending” or “OB fellow” — her title mattered little to anyone — to set up an epidural service on MCHV’s labor and delivery ward. She was taught the basics of epidural analgesia by Chris Abajian, and supplemented that with a month working with an obstetrician in Grand Bend, Ontario, and short stints at Hammersmith and Queen Charlotte’s Lying-in Hospitals in London.

With Kristiansen providing key leadership, the department hired additional physicians to help her carry the workload as demand for epidural services continued to rise through the 1980s.

MAGIC

Infant spinal anesthesia has helped to save many young lives over the past three decades, with UVM anesthesiologist Chris Abajian playing a key role in pioneering its use. His seminal publication brought the technique into the limelight, and at UVM, he spent countless hours sharing his

knowledge with the next generation. Before his retirement in 2012, he “personally taught almost 300 UVM anesthesia residents the technique,” Kreutz says.

No UVM anesthesiologist, past or present, is better known throughout the world today than the “Magic Man,” Chris Abajian. An expert at magic tricks in the latter part of his career, he shared this skill with colleagues at numerous anesthesia conferences over the years. It was an amazing talent — using magic during his preoperative visits to bond with even the most frightened, skeptical children, all in a (usually successful) attempt to convince them that accepting an anesthesia mask full of “smelly” isn’t such a bad idea after all.

But magic isn’t really what Abajian is remembered for. Instead, his status as one of the best-known pediatric anesthesiologists of his generation is the result of the 1984 publication of an article in *Anesthesia and Analgesia* that changed the anesthetic care of premature infants forever.

Thirty years later, infant spinal anesthesia is performed around the world and has become an essential part of the pediatric anesthesiology armamentarium. Chris Abajian’s infant spinal database — now called the Vermont Infant Spinal Registry — is still growing and includes data on over two thousand UVM cases.

As the turn of the 20th century drew closer, the Department of Anesthesiology continued to evolve under the leadership of several different physicians, including Thomas Poulton, M.D., and Howard Schapiro, M.D. From 2013 to 2016, David Adams, M.D., served as interim chair until the College welcomed Mazen A. Maktabi, M.B.B.H., in August of 2016 as the chair of the Department of Anesthesiology and health care service chief of anesthesiology. **VM**

Anesthesia At The House is available for purchase from the UVM Department of Anesthesiology. All proceeds from sales of the book benefit the John Abajian-John Mazuzan Endowment Fund (aka, the Johns’ Fund) at the Larner College of Medicine. For more information or to obtain copies of the book, contact the author at joe.kreutz@uvmhealth.org. Anesthesia At The House is also available at select bookstores, including the UVM Bookstore.



Debra Leonard, M.D., Ph.D., chair and professor of pathology and laboratory medicine, in her office at The University of Vermont Medical Center.

ALL IN THE GENES

by Sarah Zobel | photographs by Andy Duback

Chair of Pathology and Laboratory Medicine
Debra Leonard, M.D., Ph.D., is leading the charge nationally to bring genomic information to bear in medical decision making.

As they have for eons, most doctor's visits begin with measurements that are stored in patient records: weight, height, pulse, blood pressure, temperature. Those numbers don't give a complete medical picture, says Debra Leonard, M.D., Ph.D., but are still measured and recorded. Although a patient's genome also won't provide a complete medical picture, it will be "foundational medical information" that allows physicians to fine tune treatments, and patients to make informed medical and lifestyle choices, says Leonard, chair of the Department of Pathology and Laboratory Medicine at the Larner College of Medicine. Once a billion-dollar quest, today genomic sequencing is an accessible arrow in the healthcare quiver — in many cases, it's even covered by insurers. And while it may seem like the kind of healthcare perk that's found only at major urban medical centers, it's not. In fact, Leonard's vision is that within a decade, every patient who is treated at the UVM Medical Center will have had his or her genome sequenced.

“Pathology and Laboratory Medicine results represent approximately 80 percent of the data in the electronic health record, and we drive approximately 70 percent of medical decisions. So if we do what we do better, then we can improve care for our patients,” says Leonard. “The clinical aims of the Affordable Care Act and the Medicare Shared Savings program are improving patient experience, the cost effectiveness of care, and population health management and outcomes. And that’s the promise of genomics.”

Leonard arrived at the Medical Center in April 2013. Since then, she’s established a genomic medicine program and is now overseeing the construction of a \$2.5 million genomic medicine laboratory that’s slated to be fully functional by the end of January 2017. It’s a substantial project that she says wouldn’t have happened without unequivocal support from Frederick Morin, M.D., dean of the Larner College of Medicine and John Brumsted, M.D., CEO of the UVM Medical Center.

“If we understand the genomic variants an individual has, we can better understand their disease risks and catch diseases earlier, or know we need to screen for them before they’re happening, or suggest preventive strategies,” says Leonard. “If the patient doesn’t have the colon cancer risk variant, you could return them to the population screening level of colonoscopy every five years instead of colonoscopy every year. More expensive therapies could be targeted to those people predicted to respond. I’d been participating in both the genomic medicine and the healthcare reform conversations nationally for years, but nobody was listening about the relationship between the two issues. I came to UVM and people listened.”

Even with the new lab still under construction, Leonard and her molecular pathology team are hard at work. For now, the spotlight is on cancer, specifically solid tumors, which are the focus of a 29-gene panel they began in February 2016.

“Sequencing is a game changer — it opens so many possibilities,” says

Claire Verschraegen, M.D., M.S., deputy director of the UVM Cancer Center.

“This is the dawn of oncology, where we’re starting to understand which are the most effective treatments in a certain number of patients. We’re also realizing that what we used to call ‘lung cancer’ is 10 or 12 different diseases, and each of them needs a personalized type of treatment.” Already, says Verschraegen, cancer patients in whom targetable mutations were found are now heading toward complete remission;

without the precision treatment made possible by sequencing, they otherwise likely would not have survived. The testing also translates to financial savings, since one gene panel can assess the effectiveness of multiple treatments, eliminating the old practice of analyzing each drug’s target one at a time.

“In two to three years we predict that we’ll be starting to do genomes for groups of patients with specific diseases, including cardiovascular disease and neurologic or neuromuscular disease,” says Leonard.

“
PATHOLOGY AND LABORATORY MEDICINE RESULTS REPRESENT APPROXIMATELY 80 PERCENT OF THE DATA IN THE ELECTRONIC HEALTH RECORD, AND WE DRIVE APPROXIMATELY 70 PERCENT OF MEDICAL DECISIONS. SO IF WE DO WHAT WE DO BETTER, THEN WE CAN IMPROVE CARE FOR OUR PATIENTS.

— Debra Leonard, M.D., Ph.D.

Sequencing will also be a tool for children who have what appears to be an inherited disease but for whom standard gene testing hasn’t provided answers. “If you sequence both parents and the child you can look for a recessively inherited disease or a new genetic change in the child. It limits the number of variants that you’re looking at to see if they correlate with the disease symptoms the child has. In 25 to 40 percent of kids, you can identify a variant that explains their disease process. So you have a diagnosis. Sometimes there’s treatment and sometimes there isn’t, but at least you stop the diagnostic odyssey for the child and the family,” she says.

Leonard — who counts *Multiplicity* and *Gattaca* among her favorite movies — walks the walk: she and her husband gave each other the gift of genome sequencing for Christmas.



Above, Debra Leonard, M.D., Ph.D., meets with department colleagues. At left, she examines a genomic slide.

“A lot of people say, ‘Aren’t you scared what the genome will tell you? There’s so many things in there we don’t know what to do with,’” says Leonard. “Well, yeah. But there’s a lot we do know what to do with now, and we’ll learn more about the stuff that we don’t know.” But she acknowledges that clinical genome sequencing carries a social responsibility and raises ethical questions. To that end, 73 UVM staff and faculty members underwent genome sequencing earlier this year to raise awareness about plans for clinical genome sequencing at UVM. A post-sequence survey looked at the experience overall, and Leonard and her team will follow up with the ten who signed up to participate but dropped out before sequencing to better understand their concerns.

Though genomic sequencing is not new to the College of Medicine, its clinical application is, a fact that has been acknowledged well beyond the state’s borders.

“Debra is bringing genome sequencing into clinical medicine in ways that should make UVM a model system for others to emulate,” says Geoffrey Ginsburg, M.D., Ph.D., co-chair of the National Academies of Science, Engineering and Medicine (NASEM) Roundtable on Genomics and Precision Medicine, of which Leonard is a member

representing the College of American Pathologists. Adam Berger, Ph.D., a former NASEM Roundtable staffer who is now a senior fellow in the U.S. Department of Health and Human Services, says, “At the Roundtable, we were really looking at how you build a genomic medicine program — how to integrate genetics and genomics into clinical practice. Debra is out there actually doing it. It’s a great effort to be initiated and she’s the perfect leader.”

It’s safe to say it wouldn’t be happening for a long time at the College of Medicine — if ever — if Leonard had listened to her undergraduate advisor, who told her she was not cut out for medical school, although she’d planned on being a doctor from the age of 14. Like so many who choose medicine, she says she always wanted “to help people,” without grasping what that might look like: “I didn’t really understand what ‘help people’ would mean over the long term of my career because I thought it was help sick people.” Lacking the mentoring she now recognizes she needed, Leonard revised her plan to be a doctor, and after college graduation took a job as a technician at the Eaton-Peabody Laboratory at Massachusetts Eye and Ear Infirmary, assisting researchers from Harvard, MIT, and Massachusetts General Hospital.

With her college advisor's comment echoing in her head, Leonard then went to New York to start Columbia's two-year BSN program with an eye to becoming a nurse practitioner. Newly married to an NYU graduate student, she also needed to find a job, which she did by knocking repeatedly on the door of an auditory physiology research lab at Columbia where Shyam Khanna, Ph.D., was working. She helped conduct research that would be published, but perhaps more importantly, Khanna told her right out of the gate that she belonged in medical school. It was a message she had trained herself to ignore, but when another colleague asked if she'd ever considered an M.D./PhD program she reconsidered. She was accepted into the NYU Medical Scientist Training Program and earned a Ph.D. in molecular biology in addition to her M.D. Even then, she says, she stuck her fingers in her ears every time the head of the program said pathology was the only place for dual-doctoral degrees, continuing to believe she wanted to be Marcus Welby, the quintessential family practice physician. But her next evolution, to mother — she had one son in the middle of her Ph.D. program and another in the first year of her residency — forced her to acknowledge that the 100-

hour or more work weeks (there were no work hour limits for residents at that time) that would be part of an internal medicine residency and fellowship, coupled with the demands of parenthood, were more of a juggle than she was prepared to undertake.

Another take-away from that period that Leonard brings to her role as chief is the importance of a life beyond medicine: "We're a family-friendly department because there's no good time to have kids. Whenever someone decides to have kids, it's fine with me — my only rule is I have to hold the baby."

As Leonard was looking for her first faculty position, it was an exciting time in pathology: polymerase chain reaction had just been discovered and molecular pathology and diagnostics were being developed. Leonard accepted a position at Case Western Reserve, where she was the lone molecular pathologist and tasked with the responsibility of establishing a clinical molecular laboratory, before moving on to the University of Pennsylvania, where she took over a larger clinical laboratory. After almost a decade there, Leonard went to Weill Cornell Medical College, where she served as vice chair of laboratory medicine and oversaw the creation of a molecular pathology laboratory while also serving

as chief diversity officer for the medical college. All the while, on the heels of the Human Genome Project, next-generation sequencing that would make possible the sequencing of a patient's genome was beginning to look like a clinical reality.

"We weren't sure at that point whether you would even want to ever do a genome sequence on a patient," says Leonard, "but there were a lot of diseases where doing large segments of the genome would be much more cost effective than testing one gene at a time as separate tests." Next-gen sequencing was being put into play in clinical laboratories, but only at large universities. Leonard, who had been part of a national discussion about ACOs and the future of healthcare reform, saw an opportunity for genomics to play a role in patient care in Vermont, which was then tackling single-payer healthcare. Yet for the UVM Medical Center, with its relatively small catchment of less than a million patients, classic molecular testing that looked at a mutation in a single gene wasn't feasible. Fortunately, gene panels using next-gen sequencing offered an alternative, and today, with a 29-gene solid cancer panel now in use, Leonard and her colleagues will next develop multi-gene panel tests for blood cancers and inherited cancer risk, followed by pharmacogenomics. The final step will be entire genomes.

The new laboratory, at 5,000 square feet, will encompass three individually pressurized laboratory rooms. Niki Sidiropoulos, M.D., leads the genomic medicine laboratory, working with Leonard and two other molecular pathologists, technical specialists, medical technologists, genetic counselors, and a pre-authorization staff member.

"We're not only developing the tests, but working with the healthcare team to integrate our genomic tests into care pathways," says Sidiropoulos. "Everyone on this team is dedicated to building the best possible service. We view ourselves

IF WE UNDERSTAND THE GENOMIC VARIANTS AN INDIVIDUAL HAS, WE CAN BETTER UNDERSTAND THEIR DISEASE RISKS AND CATCH DISEASES EARLIER, OR KNOW WE NEED TO SCREEN FOR THEM BEFORE THEY'RE HAPPENING, OR SUGGEST PREVENTIVE STRATEGIES.

— Debra Leonard, M.D., Ph.D.

as offering a quality service, and not just testing" — though it's worth noting the team has been commended by outside sequencing companies for the quality of its data — attributing much of that to Leonard's leadership. "To be a young faculty member and have that kind of inspiration in your chair — she's a colleague — is just truly remarkable," especially in a relatively new field, she says.

Mentoring has long been important to Leonard. She especially watches out for those who aren't familiar with the mechanics of higher education.

"I learned about academia on my own. I don't think it should have to be that hard for people who want an academic medical career with a goal of helping others," she says. She directed the residency training program at Weill Cornell, and maintains a philosophy that "once you're my mentee, you're my mentee for life."

Leonard is busy on a national level, too. She's proud of her work to fight gene patents and served as an expert witness in the ACLU's lawsuit against Myriad Genetics. That case went all the way to the Supreme Court, which ruled that genes are products of nature and therefore can't be patented. She has been a member of the Association for Molecular Pathology (AMP) since it formed in 1992, and served as president and chair of its professional

relations committee, through which she worked with the U.S. Food and Drug Administration on regulatory oversight of molecular testing. She was on the molecular pathology committee and the council on government and professional affairs for the College of American Pathologists (CAP) and chair of its personalized healthcare committee. She's currently on the external scientific advisory committee for ClinGen, an initiative by NIH's National Human Genome Research Institute to curate information about genomics. She served on the HHS Secretary's Advisory Committee on Genetics, Health and Society, which facilitated the passage of the Genetic Information Nondiscrimination Act (GINA). She's a leader in a field that doesn't have a lot of women in positions of power. One such woman, Lydia Pleotis Howell, M.D., says only about 19 percent of the pathology chairs in the United States are women. Howell, chair of pathology and laboratory medicine herself at the UC Davis Health System, named Leonard her department's Benjamin Highman Lecturer in 2015; after giving the Highman address, Leonard spoke at a session of Women in Medicine and Health Science. It was, says Howell, inspirational.

"You look at someone's CV and it looks so easy, but you have no idea the twists and turns and challenges, but she was open and candid and personal," says Howell. "Debra is a great role model for


women leaders, and really cares about developing more women professionally."

Within her own department, Leonard has upended the notion of what it means to be chair. Leonard had observed many chairs who were unhappy in the role and stressed by administrative expectations, but she is having a blast in her leadership role. Leonard realized that a chair should be "outward facing," helping to steer leadership and strategy for the entire institution, as well as leading the department. She initiated a seven-month strategic planning process that included surveying the 450 department members on their professional values. She designed her executive council composed of department division chiefs, vice chairs, and business administrators that meets weekly to implement the strategic plan with 10 objectives, including the idea of "one department" to ensure that the common values are emphasized and recognized.

Leonard explains, "I didn't think that I could hold people accountable for their behavior until I told them how we are to behave as a department. The culture of the department is really important to me."

During meetings, executive council members and others are encouraged to fiddle with the Legos and wood Transformer toys Leonard keeps in a bucket alongside a bowl of Lake Champlain chocolate squares. Leonard, an avowed chocoholic, maintains a larger stash of gifted chocolate in her desk. It's been something of a theme since her first academic position, where the chair, Leonard Jarrett, M.D., also a chocolate connoisseur, teased her about starting the job on April Fool's Day. On her first work anniversary she gave him a box of chocolates — with nothing inside (she generously delivered the contents to him on April 2nd).

"About two weeks later I got a letter from him that I still have," she laughs. "It says, 'Dear Dr. Leonard, I am sorely disappointed in your progress to date that you have not identified the chocolate addiction gene.'"

Stand by. 



At left, Assistant Professor and Director of Molecular Pathology Nikoletta Sidiropoulos, M.D., and Debra Leonard, M.D., Ph.D., tour the site of the genomic medicine laboratory now under construction.



PRESIDENT'S CORNER

I once heard a story about a young English man, who some time ago, booked passage on a freighter and found himself at the last port, Yokohama, Japan, with no money. He slept on the beach and every morning was woken by Japanese women collecting shells, which they implanted in wooden boxes. The young man began to send these boxes back to London and they became “a thing.” Everyone wanted an inlaid shell box for their piano and table and the young man became quite wealthy. As I

understand the story, the man wanted to give something back to Japan, the country that gave him a great life opportunity, and Japan needed oil. The man built an oil tanker; I think the first large sea going oil transport tanker and an oil company was formed. Although the man left the place, he never forgot the opportunity given to him on the beaches of Yokohama, Japan and he named his company, “Shell Oil.”

When we leave a place and look back, a place like the College of Medicine, we become keenly aware of the “one of a kind” education we have received. Beyond the tools is what I call, “the way.” The way our mentors taught us to listen, to perceive, to think beyond the algorithm. “The way” is more than just the excellent curriculum; it is the feeling about the patient in our care; it is how we reach out; it is how we respond to those who reach out to us. This has been the signature of the College of Medicine for decades and it continues now.

Although we have left a place, we have each taken a part with us, a part that is unique to this medical school: “the way.” Robert Larner, '39, M.D.'42 also took with him “the way” and the opportunity the UVM medical education gave him and he returned with the bountiful gift which will affect the lives of students, teachers, patients and staff now and in the future. What an extraordinary return.

I hope as this year goes forward you will consider “the way” you have taken with you and return to the place you have been.

With Appreciation,

Frederick Mandell, M.D.'64
President, UVM Medical Alumni Association



MEDICAL REUNION JUNE 2-4, 2017

1947	1957	1967	1977	1987	1997	2007
1952	1962	1972	1982	1992	2002	2012

The University of Vermont Foundation

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Senior Director of Administration
Ginger Lubkowitz

Program Coordinators
Drew Brooks
Erica Corliss

University of Vermont Medical Alumni Association

ALUMNI EXECUTIVE COMMITTEE

Officers (Two-Year Terms)

President
Frederick Mandell, M.D.'64 (2016–2018)

Vice-President
Betsy Sussman, M.D.'81 (2016–2018)

Secretary
Omar Khan, M.D.'03 (2016–2018)

Executive Secretary
John Tampas, M.D.'54 (Ongoing)

Members-at-Large (Six-Year Terms)

Ernest Bove, M.D.'81 (2012–2018)
Mary Cushman, M.D.'89 (2012–2018)
Sean Diehl, Ph.D.'03 (2015–2021)
Janice M. Gallant, M.D.'89 (2015–2021)
Albert Hebert Jr., M.D.'74 (2015–2021)
Christopher Hebert, M.D.'02 (2015–2021)
Omar Khan, M.D.'03 (2010–2016)
Suzanne R. Parker, M.D.'73 (2010–2016)
Heidi K. Schumacher, M.D.'10 (2015–2021)
Norman Snow, M.D.'70 (2014–2020)
Michael Upton, M.D.'94 (2015–2021)
Pramila Yadav, M.D.'99 (2014–2020)

Ex Officio Members
Dean Frederick C. Morin III, M.D.
Kevin McAteer

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 or (802) 656-4014. If your email address has changed, please send it to medalumni.relations@uvm.edu.

1940s

REUNION 2017: 1942 + 1947

'42 Robert Larner and his wife, **Helen**, made a new \$66 million bequest commitment to Bob's medical alma mater this summer. On September 23, the College was named in Bob's honor — the first College of Medicine to be named for an alumnus. Bob and Helen live in Woodland Hills, California.

1950s

REUNION 2017: 1952 + 1957

'57 Leonard Kreisler wrote a book, titled *In Bed Alone: A Caregiver's Odyssey*, which focuses on the challenges of caregiving and advocacy. In it, he “distills his life experiences as a medical researcher, primary care physician, military physician, cruise ship physician, corporate medical director for government work, teacher, speaker and most importantly husband and father.”

1960s

REUNION 2017: 1962 + 1967

'60 Melvyn Wolk writes: “Check out my website, melvynstudio.com, for ‘assemblage art.’”

'61 Lanny Parker was featured in a lengthy interview in the *Anderson Valley Advertiser* for a feature called “Lives & Times of Valley Folks: Lenny Parker.”

'66

ALUMNI RECALL SILVER SHOVEL AT MEDICAL REUNION

At Nostalgia Hour during Medical Reunion 2016, **Robert Herstoff, M.D.'66**, had the chance to once again hold the “Silver Shovel” Award he presented as a graduating medical student half a century earlier. He relayed to classmates gathered in the Larner Classroom his memories of the award, which went to the academic department who had provided outstanding teaching to his class. The shovel was used to break ground on the Given Building, he says, and the idea was to honor teaching at the same time the College was embarking on building projects to expand lab space and infrastructure. “Instead of shoveling stuff,” he says, “it was shoveling knowledge.” That year, the Department of Pathology received the inaugural award, and he recalls being asked by classmates to present it at an end-of-year gathering. It's a tradition that has continued over the years: The Silver Shovel now hangs in the lobby of the Office of Medical Education, with departments that have been honored from 1966 to present engraved on its face. Herstoff, a retired OB-GYN who lives in Huntington Beach, Calif., says it added extra meaning to a great reunion weekend to have the chance to share the story with the current Dean and classmates in attendance.



COLLEGE EVENTS



November 28, 2016

Alumni Reception at the Radiological Society of North America Annual Meeting Chicago, Ill.

May 21, 2017

Larner College of Medicine Graduation
Ira Allen Chapel
UVM Campus

June 2–4, 2017

Medical Reunion
UVM Campus

For updates on events see:
www.med.uvm.edu/alum

Larner College of Medicine graduates are also members of the UVM Alumni Association. See those events at:
alumni.uvm.edu



'17 CONTINUING MEDICAL EDUCATION

WINTER/SPRING CONFERENCE SCHEDULE

- Emergency Medicine Update**
January 22–25, 2017
Stowe Mountain Lodge
Stowe, Vt.

Current Controversies and Topics in Surgery
January 23–25, 2017
Stowe Mountain Lodge
Stowe, Vt.

The 2017 Eastern International Imaging Symposium
February 10–12, 2017
Stowe Mountain Lodge
Stowe, Vt.
- Hospital Medicine 2017 Conference**
February 12–14, 2017
Stowe Mountain Lodge
Stowe, Vt.

22nd Annual Vermont Perspectives in Anesthesia
March 8–12, 2017
Stowe Mountain Lodge
Stowe, Vt.

Family Medicine Review Course
June 6–9, 2017
Sheraton Hotel & Conference Center
Burlington, 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

Send Us Your Stories

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

1970s

REUNION 2017: 1972 + 1977

- '72 Phillip Canfield** writes: "Regards and best wishes to all and thanks for best education ever, sustaining me through 44 years of medical practice including the last 29 years at world-renowned Ochsner Clinic in New Orleans, Louisiana."
- '73 David Bronson** writes: "Best wishes to 73'ers. I stepped down from my position at the Cleveland Clinic after 23 years, including service as professor and chair of medicine and for the last five years as president of our ten hospital regional health system. I currently serve on the Board of Commissioners of The Joint Commission in Chicago, and will be chair in 2017 and 2018. Kathy continues to work as Dean of Admissions and Student Affairs at our CWRU-affiliated medical school. Recently visited with former UVM chief medical resident Tim Lancaster in England where he serves as Director of Clinical Education at the Oxford University Medical School. Our six kids are doing well and we have four terrific grandchildren — so far."
- '77 Cornelius "Skip" Granai, III**, received the Arnold P. Gold Foundation Humanism in Medicine Award from the American College of Obstetrics and Gynecology. He is professor of obstetrics and gynecology at The Warren Alpert Medical School of Brown University and director of Women & Infants Hospital's Program in Women's Oncology. He also established the International Health Foundation, an organization dedicated to education and care in impoverished Caribbean countries.
- '78 Anne Ehrlich** writes: "When you do everything late, the grandbabies are also late coming. Alfred Wodehouse (UVM '72) and I are thrilled to welcome Penelope Louise Wodehouse July 30. She and her doting, sleepy parents live in L.A."

Linda Schroth writes: "In the past year I have cut back to working just two days a week, the better to enjoy our new home on Lake Pocotopaug in East Hampton Conn. Only 50 feet of waterfront, but we are taking full advantage with a sailboat, kids kayak, two adult kayaks, a canoe, a water trampoline and two windsurfers!"

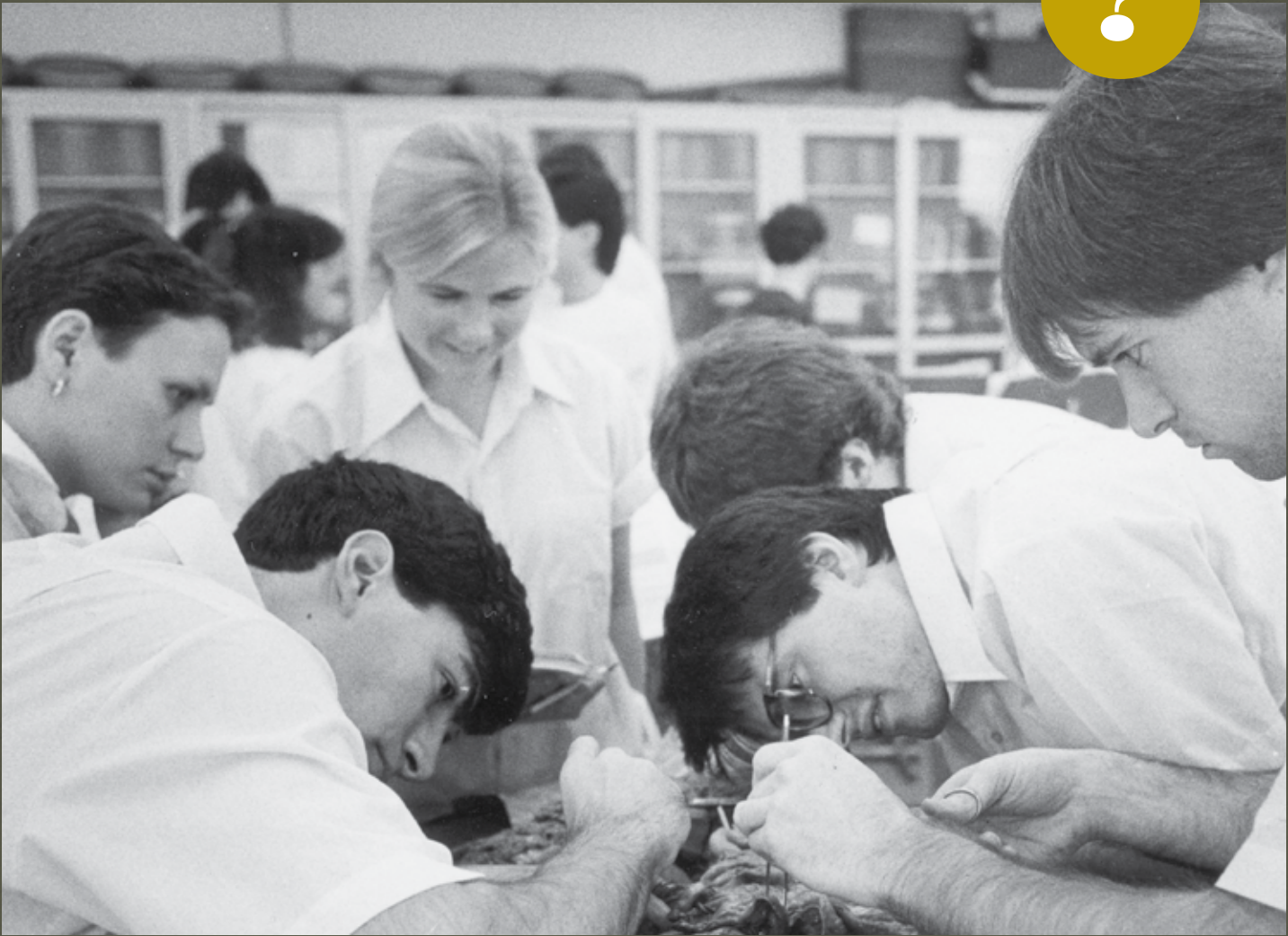
1980s

REUNION 2017: 1982 + 1987

- '81 Peter Millard** is now Medical Director of Seaport Community Health Center in Belfast, Maine.
- '82 Jamie Gagan** reports: "I am still working fully time in a busy Level 3 Trauma Center in Santa Fe, New Mexico, and hoping to cut back by a few shifts a month in the coming year. I was elected secretary of the NM Chapter of ACEP this year and trying to hone my very rudimentary typing skills!! Daughter Emma is 21, taking a semester off before beginning her fourth year of college at UNM and working in a thriving NM film industry. Finally getting some rain in the high desert and my garden is happy."
- '83 Pamela Harrop** was honored as Woman Physician of the Year by The Rhode Island Medical Women's Association. She is a clinical associate professor at the Warren Alpert School of Medicine; serves on the board of Lifespan Corporation, and is president of the medical staff at Rhode Island Hospital.
- '86 Sally Burbank** published a book, titled *Patients I Will Never Forget*, sharing amusing experiences during her 25 years as a primary care internist.
- '87 John Kelley** has joined the 2016–17 advisory board for the Greater Utica division of the American Heart Association/American Stroke Association. He currently serves as an attending surgeon and division chief of cardiac surgery at Bassett Medical Center.

'89 Janine Taylor writes: "My husband Bryan and I just celebrated our 30th wedding anniversary. We have seven children who range in age from 28 to eight. Our oldest and his wife have a one year-old son (the age Jeremy was when I graduated from UVM). I have been working as a child psychiatrist at a community mental health center in Waterville, Maine, for the past 13 years, and before that was in the USAF for 11 years. Life is very busy, but certainly rewarding and never dull."

FLASHBACK



Learning the Details

Sometime in the late 1980s or early 1990s, these medical students bent over their table in the Anatomy Lab doing what medical students have done for centuries — painstakingly examining the real structures of the human body in Gross Anatomy.

Exactly who these students were, and what class they were a part of, is now lost to time. Do you have a clue? If so, send in your information to erin.post@uvm.edu and we will pass it on in the next issue of *Vermont Medicine*.



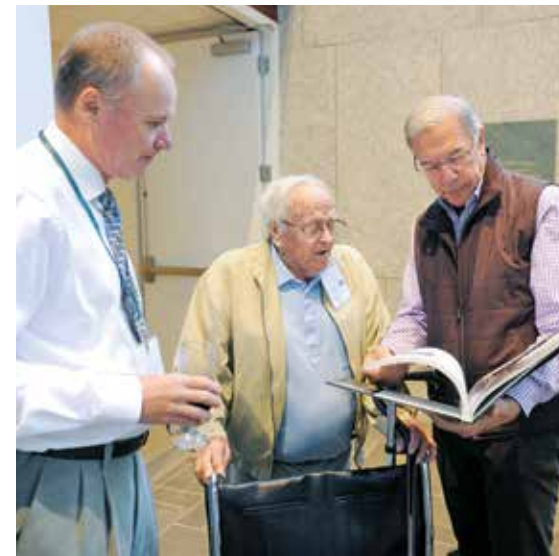
◀ Michael O'Keefe, who works in Emergency Medicine Research in the Department of Surgery at UVM, wrote in with his memories of the 1984 Amtrak crash that was featured in the last Flashback. "I was present as a member of Essex Rescue and ended up being the commander for the emergency medical services activities," he writes. "Several of us wrote a paper for the *Journal of EMS*, and ... I have a lot of materials that I use to this day to teach other EMS providers about multiple casualty incidents."

MEDICAL REUNION 2016

● RECONNECTING WITH PEOPLE AND PLACES



'96 20TH Reunion



'81 35TH Reunion

REUNION 2016 saw hundreds of alumni from across the years return to campus to meet old friends, make new ones, and see the improvements, large and small, that time has brought to the campus in Burlington.



If your class year ends in a 2 or a 7, mark your calendar now for

REUNION 2017
June 2–4!



Andy Duback, David Seaver



1990s

REUNION 2017: 1992 + 1996

'92 Paul Afek completed his Family Medicine residency at Forbes Family Medicine in Pennsylvania. He worked for 13 years at a rural community health center near Tucson, Arizona through the National Health Service Corps, and has been a volunteer clinical faculty member at the University of Arizona. He recently moved to Albuquerque, New Mexico. He is working primarily at UNM Sandoval Regional Medical Center, and precepting residents at the North Valley Clinic. He enjoys outdoor activities with his wife and playing with his grandchildren, as well as fitness and amateur natural bodybuilding.

'93 Dennis Klein has been named state medical examiner for the state of Iowa. He has academic appointments with Des Moines University College of Osteopathic Medicine and the University of Iowa's College of Medicine.

'94 Maureen Phipps was interviewed for an article in *Ob.Gyn News*, titled "Women Reach for the Top in Ob.Gyn," published May 11, 2016. She is chair of obstetrics and gynecology and assistant dean at the Warren Albert Medical School of Brown University.

Michael Polizzotto joined the University of Illinois College of Medicine Rockford Family Medicine Residency Program. He is responsible for the clinical teaching in the family health center, inpatient family medicine service, and surgery rotations.

Diane Smith joined the Internal Medicine practice at Southwestern Vermont Medical Center in Bennington, Vt. With this appointment, she also joined the Dartmouth-Hitchcock Putnam Medical Group.

'98 Joyce Dobbertin writes: "On July 29, 2016, I placed first in my division in the Eastern U.S. Regional Slalom Water Skiing Tournament, qualifying me for the National Slalom Water Skiing Championship in Idaho in August, 2016."

2000s

REUNION 2017: 2001 + 2007

'01 Bobbi Pritt was featured in an April 20, 2016, story in the *Star Tribune* titled "Mayo Clinic Parasite Researcher is Ticked Off by Her Work." She is associate professor of pathology and director of the Clinical Parasitology Laboratory at the Mayo Clinic.

'07 Gabrielle Jacquet has been named medical director of Child Family Health International, a non-profit organization providing more than 30 global health education programs in 10 countries. Jacquet, an attending physician and director of global health in emergency medicine at Boston Medical Center (BMC), and assistant professor of emergency medicine and assistant director of global health programs at BUSM, will assist with pre-departure training and research as well as curriculum development.

2010s

REUNION 2017: 2012

'12 Piyush Gupta was named regional medical officer of CareMore Health System in Tucson, Ariz. Previously, he had served as a patient safety and quality improvement fellow and internal medicine attending hospitalist at Kaiser Permanente in Northern California.

Semeret Munie is co-author of a paper published in the August 2016 issue of *Polyhedron* titled "Reactivity of electrophilic Cp*Ru(NO) complex towards alcohols."

'15 Marissa Mendez writes: "Class of 2015 is finishing up intern year! I'm sure I speak for many of us when I say UVM prepared us well!"

'86 THE STORM'S WAKE



John "Bull" Durham, M.D.'86 with his daughter Annabelle during Reunion 2015

John "Bull" Durham, M.D., from the Class of 1986 has been involved in relief work in Haiti since the 2010 earthquake in that country. Most recently, he traveled there in October after Hurricane Matthew struck the country earlier in the month. He sent these notes (which appear in edited form) to share with his fellow alumni and friends.

Last week was my 23rd or 24th trip. Since the earthquake, this was the most moving of my experiences working as a volunteer orthopedic surgeon in Haiti. This trip to Haiti after Hurricane Matthew was a short one and scheduled only to care for some upper extremity injuries that made it to Port-au-Prince from the southern peninsula where over 500 people died and tens of thousands have been left homeless.

The most difficult case for me was a 10 year old boy who lay on the ground for several days after he was hit by debris which severed his spinal cord through a thoracic spine fracture dislocation. He arrived with the worst decubitus ulcer over his right buttock that I have ever seen. We debrided this and watched his fevers go away. He also has tetanus and is being kept alive with a ventilator. He will not likely survive.

Next week the American Society for Surgery of the Hand is sending a team to Haiti through their volunteer program "Touching Hands." They will care for patients with upper extremity injuries and teach the Haitian orthopedic residents. These residents are bright, talented, and eager to learn. "Touching Hands" will also help train these future orthopedic surgeons in techniques that will allow them to care for these patients who do not get treatment unless a volunteer hand surgeon is in Haiti. Our team returns in December.

Many in the cities of Jeremie and Les Cayes are sleeping tonight on a sheet on the ground, including the families of our two Haitian exchange students. My trips to Haiti are always humbling experiences, and I return feeling so lucky for what I have: a roof, four walls, a bed, food and my healthy family.

For more information see: www.navmc.org

Obituaries

'41 Geoffrey P. Wiedeman, M.D.
Brigadier General Wiedeman died January 16, 2016, at Brooke Army Medical Center in San Antonio, Texas, at the age of 98. Born of English parents in London, he grew up in Saint-Raphael in southern France, and immigrated to the United States, graduating from UVM in 1938 and receiving his medical degree in 1941. He was pursuing a surgical residency when called to military duty. He became a U.S. citizen, entered military service in 1942, and among other duties during World War II served on medical air evacuation missions from Australia and the Pacific Islands to Japan as Commander of a medical air evacuation squadron from 1943 to 1946. The first physician selected to attend the National War College at Fort McNair in Washington D.C., General Wiedeman went on to hold many leadership positions, including Commander of U.S. Air Force Hospital, Tachikawa, Japan; Director of Medical Services, Kanto Base Command; and surgeon, 315th Air Division from 1962 to 1965. In 1966, he was assigned as Commander of the USAF School of Health Care Sciences, Sheppard Air Force Base in Wichita Falls, Texas. In 1969, he became Command Surgeon, Air Training Command at Randolph Air Force Base in San Antonio. He retired from the United States Air Force in 1974 at the rank of brigadier general, after thirty-two years of service. With over 4,500 flight hours, he was a chief flight surgeon and was board certified in both aerospace and preventative medicine. His military awards and decorations included the Distinguished Service Medal, Legion of Merit, Bronze Star, Air Medal, Air Force Commendation Medal with oak leaf cluster, and Air Force Outstanding Unit Award with oak leaf cluster. After his retirement from the military, he worked as a civilian physician at Brooks Air Force Base in San Antonio until 1989. He was awarded the UVM College of Medicine Distinguished Community Service Award in 1992.

'50 Peter Floreal Esteran, M.D.
Dr. Esteran died February 18, 2016, in Del Mar, Florida. Born in Barre, Vt., on May 17, 1923, he graduated from UVM and began attending medical school before being called to service in the U.S. Army. He served in Patton's Army and participated in the invasion of France. After receiving an injury and a Purple Heart, he was granted an honorable discharge. Dr. Esteran completed his medical training and his residency in Wilkes-Barre, Penn., before moving to southern California where he practiced urology at many L.A.-area hospitals.

'50 Wendell E. Smith, M.D.
Dr. Smith died February 11, 2016. Born in Randolph, Vt., on June 8, 1927, he received his medical degree in 1950. He became board-certified in surgery and practiced in Attleboro, Mass., where he was affiliated with Sturdy Memorial Hospital. While living in California, Dr. Smith established a free-standing medical clinic that provided pre-natal, preventive and other important medical care for the families of field workers.

'51 Edward Albert Kamens M.D.
Dr. Kamens, of Richmond, Virginia, died January 1, 2016. Born in Kiev, Russia, he grew up in Cienfuegos, Cuba, before emigrating to Bridgeport, Conn., at the age of thirteen. He graduated from The Johns Hopkins University in 1947 after serving three years in the U.S. Army-Air Force during World War II. After graduating cum laude from the UVM College of Medicine in 1951, he interned in Brooklyn, N.Y., and completed his surgical residency in the Bronx, N.Y. Dr. Kamens practiced general surgery in Bridgeport, Conn., from 1956 to 1984, serving as chair of the Department of Surgery at Park City Hospital for 17 years. Upon his retirement from private practice, he served as the medical director and senior medical consultant for the Connecticut Peer Review Organization until 1996. Dr. Kamens was also active in the Fairfield County, Connecticut State

and American Medical Associations, serving in numerous elected and appointed positions.

'52 Cornelius "Ki" Granai Jr., M.D.
Dr. Granai died March 14, 2016, in Northfield Falls, Vt., at the age of 90. Born September 29, 1925, he was a commissioned officer in the U.S. Navy, serving on a sub-chaser in the Pacific during World War II. He studied at Syracuse University on the GI Bill, graduating in the class of 1948. After receiving his medical degree in 1952, he was called back into the military during the Army's "doctor draft," and was stationed at Fort Belvoir in Virginia. Eventually, he set up a medical practice on South Main Street in Barre, becoming the first OB/GYN in central Vermont. His black "doctor bag" was always near the door for house calls. He worked out of the Barre City Hospital and Heaton Hospital in Montpelier, and when the Central Vermont Hospital was built, his practice moved to "Hospital Hill." Throughout his career, he delivered thousands of babies. He had a deep respect for all the medical personnel at Central Vermont Hospital, where he served as chief of staff. Dr. Granai retired in 1990.

'52 Paul Alan Prior, M.D.
Dr. Prior, a resident of Saddle River, N.J., died March 13, 2016. Born November 5, 1925, in St. Albans, Vt., he enlisted in the army following his high school graduation and served in the infantry at Fort McClellan, Ala. He was later assigned to the South Pacific Theater as an Armored Officer, and his last assignment was as a Company Commander in the World War II Occupation Army in Tokyo, Japan, with the 1st Cavalry Division. Following discharge from the Army, he graduated from UVM in 1948 and received his medical degree in 1952. During his academic years, he was an executive officer in a company attached to the National Guard of the 43rd Infantry Division of Vermont. Dr. Prior trained in radiology, and was certified by the American College of Radiology in

1956. He was promoted to Assistant Professor of Radiology at Upstate Medical Center in Syracuse, N.Y., and served as director of radiology at St. Joseph's Hospital in Syracuse from 1956 to 1965. Dr. Prior left Syracuse in 1965 to serve as a senior attending radiologist for 25 years at Holy Name Hospital in Teaneck, N.J.

'53 Richard N. Fabricius, M.D.
Dr. Fabricius died March 30, 2016, in Bennington, Vt., at the age of 87. Born in Albany, N.Y., on August 14, 1928, he entered the U.S. Navy as a medical officer after graduating from UVM with his medical degree in 1953. He served aboard the USNS Buckner at the time of the Korean Conflict, and left the Navy with the rank of lieutenant commander. Dr. Fabricius completed his surgical residency at Albany Medical Center, and went on to an orthopedic surgery residency at Ochsner Foundation Hospital in Louisiana. In 1961, he joined an existing orthopedic practice in Bennington, Vt., before going on to found Orthopedic and Hand Surgery PC in Bennington. Dr. Fabricius retired in 1998. He was a fellow of the American Academy Of Orthopedic Surgeons, past president of the New England Orthopedic Society, and a board member of the Putnam Hospital School of Nursing.

'53 John A. Zagroba, M.D.
Dr. Zagroba died December 30, 2015 at UVM Medical Center in Burlington, Vt., at the age of 91. Born February 23, 1924 in West Rutland, Vt., he served in the United States Coast Guard and U.S. Navy as a Naval Aviation Cadet in the V-5 program during World War II. After receiving his medical degree, he completed his internship and urological residency at the former Mary Fletcher and Bishop DeGoesbriand Hospitals in Burlington. From 1957 to 1987, he maintained his urology practice in the Central Vermont area, serving on the medical staffs of the former Barre City Hospital, Heaton Hospital in Montpelier,

Gifford Hospital in Randolph, Copley Hospital in Morrisville, Hardwick Hospital, Mayo Hospital in Northfield, the Vermont State Hospital in Waterbury, and the Central Vermont Hospital in Berlin.

'55 Arthur DiMambro, M.D.
Dr. DiMambro died July 7, 2016, at the age of 88. Born May 1, 1928, in Sant’Elia Fiumerapido, Italy, he became a U.S. citizen at the age of 25 and served in the United States Army before attending the University of New Hampshire and the UVM College of Medicine. He went on to become an orthopedic surgeon. Upon retirement, he pursued a second career as an artist. In 2013, in loving memory of his wife, he established the Celeste and Arthur DiMambro, M.D.’55 Endowed Scholarship at the UVM College of Medicine.

'55 Duane Graveline, M.D.
Dr. Graveline died September 5, 2016, at age 85. He was born on March 2, 1931 in Newport, Vt. After receiving his medical degree and following an internship at Walter Reed Army Medical Hospital, he specialized in Aerospace Medicine, where he earned flight surgeon rating in February 1957. He received his Masters in Public Health degree from Johns Hopkins University in 1958, then attended the Aerospace Medical residency at the Air Force School of Aerospace Medicine, completing his residency training in July 1960. In 1965, he was selected with NASA’s fourth group of scientist astronauts. Later he returned to civilian life in Vermont where he was a family practice physician for over 20 years. During retirement he continued to work and support NASA on space-related problems up to his death.

'56 Valery Worth Yandow, M.D.
Dr. Yandow died April 15, 2016, at the age of 85. Born May 5, 1930, she was one of two women to graduate in 1956 from the UVM College of Medicine, where she met her husband, Harris Alfred Yandow of North Ferrisburg, Vt. After an

almost 20 year hiatus from medicine to raise her five children, she began to study for her medical boards to pursue a career in psychiatry focusing specifically on women and substance abuse treatment. She completed her residency at the Payne Whitney Clinic at the New York Hospital Cornell Medical Center in New York City, and became chief resident of the center in White Plains, New York. After several years of practice there, she became director of the substance abuse program at the Brattleboro Retreat, retiring in 1999.

'57 Mark R. Margiotta, M.D.
Dr. Margiotta, of The Villages, Florida, died April 17, 2016. Born April 8, 1931, in Waterbury, Conn., he completed his internship and residency in internal medicine at the Walter Reed Hospital in Maryland, and was chief of medicine at the Brooke Army Hospital in Texas. He also served as chief of medicine in Nuremburg, Germany. During his military career, he obtained the rank of major. Dr. Margiotta started his own private medical practice in Reading, Mass., and founded Reading Internal Medicine Associates, retiring after 32 years in practice.

'57 Hollis N. Truax, M.D.
Dr. Truax of Weston, Conn., died at Norwalk Hospital on June 1, 2016, after a brief illness. Born in Burlington, Vt., on November 15, 1930, he graduated from the University of Vermont in 1953 and from the UVM College of Medicine in 1957. After a brief time at the Armed Forces of Pathology at Walter Reed Army Medical Center, Dr. Truax worked as a pathologist at Norwalk Hospital from 1965 until his retirement in 2001.

'58 Michael Wayne Abdalla, M.D.
Dr. Abdalla died May 8, 2016 in Fullerton, Calif. Born September 16, 1933, in Burlington, Vt., he graduated from the University of Vermont and the UVM College of Medicine. He completed his training in orthopedic surgery

and rehabilitation medicine at the University of Colorado Medical Center. In 1963, he enlisted in the Army and served as chief of orthopedics at Paterson Army Hospital from 1963 to 1965. In 1966, Dr. Abdalla established his private orthopedic practice in Orange County, Calif. He served as chief of the medical staff at St Joseph’s Hospital, and was on the board of directors of Western Orthopedic Association. He also served as president and was on the board of directors of the California Orthopedic Association, and was director of the Rehabilitation Institute of Orange County. He was a founding member of the national Orthopedic Rehabilitation Association, and was also director of the Prosthetic/Amputee Clinic at UCI from 1972 to 2010. Dr. Abdalla served as West Coast leader for Rotary International’s polio eradication commitment in India and Africa, and was appointed as one of 16 international trustees of The Rotary Foundation from 2004 to 2007. In 2009, he received the UVM College of Medicine Award for Service to Medicine and Community for his work establishing a prosthetic amputee clinic in Santa Ana, El Salvador. He was also the primary donor for the Michael and Jean Abdalla St. Joseph’s Hospital Outpatient Physical Therapy facility.

'58 Peter John Bartelloni, M.D.
Dr. Bartelloni, of Easton, Conn., died May 5, 2016, at the age of 87. Born in Franklin, Mass., he completed his residency in internal medicine at Walter Reed Army Medical Center, and earned his Certification in Internal Medicine by the American Board of Physicians, with specialty in infectious diseases. Dr. Bartelloni served in the U.S. Army for 25 years, retiring as a colonel in 1976. His military service included engagements in Korea, Germany, Vietnam, Hawaii and numerous locations in North America. He served as chief of the Medical Division of the Medical Research Institute of Infectious Diseases

at Fort Detrick in Frederick, Maryland. In 1975, in Hawaii, he served as lead physician to the Apollo/Soyuz astronauts of the first International Space Mission. Also in Hawaii, he served as a consultant in teaching at the Queen’s Medical Center, and taught tropical medicine and medical microbiology at the University of Hawaii. Dr. Bartelloni spent his last years in the field of medicine as director of Medical Ambulatory Care at Bridgeport Hospital in Bridgeport, Conn., retiring in 2009.

'59 Peter J. “Doc” Hamre, M.D.
Dr. Hamre of Falmouth, Mass., died February 15, 2016, at the age of 82. Born in 1933 in Worcester, Mass., he graduated from Brown University in 1955 and received his medical degree in 1959. He went on to become the first urologist to establish a practice on Cape Cod, and the fifth member of the surgical staff of Falmouth Hospital. Dr. Hamre was a flight surgeon in the Air Force National Guard. In 1976, he transferred to the Air National Guard and attained the rank of lieutenant colonel. He graduated from the Flight Surgeons School at Brooks Air Force Base in Texas, opened Aviation Medicine in Falmouth, and continued performing pilots’ physicals for the FAA through 2011. In 1985, Dr. Hamre retired from private practice and served as the ship-board physician at Massachusetts Maritime Academy.

'59 Robert Sharkey, M.D.
Dr. Sharkey, a resident of Pleasanton, Calif., died July 30, 2016. Born on January 22, 1926, in Providence, Rhode Island, he served as a United States Army Air Force staff sergeant in Westover, Mass., and as a flight instructor in World War II. He also served his country in the Korean War. He attended Brown University on the GI Bill, where he majored in English and then became a writer for McGraw Hill Publishing. In 1959, he graduated from the UVM College of Medicine, and completed his pediatric residency at Bellevue



in New York. Dr. Sharkey started the first birth defect clinic at New York Hospital, and contributed to and edited annual editions of the *Birth Defects Encyclopedia*. In 1964, he moved to California to take a position as an associate director of the Pediatric Department at Santa Clara Valley Medical Center. In 1974, he studied radiology and became a board-certified radiologist at The Permanente Medical Group. He retired in 1994. In 2009, he gifted the College of Medicine a Staff of Aesculapius he carved himself in honor of his 50th reunion.

'60 William “Bill” Doolittle, M.D.
Dr. Doolittle died April 25, 2016. Born in Cheshire, Conn., in 1929, he graduated from the University of Vermont and the UVM College of Medicine. He interned at Fort Bragg, North Carolina, and was later chief of internal medicine at Bassett Army Hospital on Fort Wainwright and section two of Walter Reed Army Hospital in Washington, D.C. After receiving the Meritorious Service Medal and the Legion of Merit, Doolittle retired from the Army to become chief of staff at

Fairbanks Memorial Hospital, a position he held for five terms. He has served in the medical branches of both the Air Force and the Army, and for several years was based in Greenland. He also served as director of research at the Arctic Medical Research Lab in Alaska. After retiring from the Army in July of 1973 as a lieutenant colonel, Dr. Doolittle opened Fairbanks Internal Medicine and Diagnostic Center. He was a member of Fairbanks Memorial Hospital staff, and a trustee for the Greater Fairbanks Memorial Hospital Foundation for several years, and remained a Trustee Emeritus until his death. Dr. Doolittle retired in July of 1997.

'61 Robert Guiduli, M.D.
Dr. Guiduli died July 11, 2016, in Burlington, Vt., at the age of 83. Born in Barre, Vt., on September 26, 1932, he served as a lieutenant in the U.S. Army, infantry commander, 11th Airborne, for three years during the Korean War, stationed in Germany. He completed his internship, residency, and fellowship at Bellevue Hospital/NYU, returning to Vermont in 1966 to start his ophthalmology practice. He was

active in his practice until illness forced his retirement in 2011. For many years he served as chief of ophthalmology at Fanny Allen Hospital. He was co-founder and first president of the Vermont Ophthalmological Society, and an associate clinical professor at the UVM College of Medicine.

'65 David L. Perkins, M.D.
Dr. Perkins died December 3, 2015, in Shelburne, Vt. Born in Middlebury, Vt., on April 21, 1939, he received his undergraduate degree from Tufts University and his medical degree from UVM in 1961. He worked for the Public Health Department in Barrow, Alaska, before returning to Vermont to join Fletcher Allen Health Care. He then went to Gallup, New Mexico to work for the Indian Health Service. He ended his career back in Vermont, working for Northwestern Medical Center in St. Albans and North Country Hospital in Newport briefly before retiring.

'66 Robert Vigue, M.D.
Dr. Vigue, 78, of Springvale, Maine, died in Scarborough, Maine, on January 19, 2016. Born on July 6, 1937, in Waterville, Maine,

he graduated from Berwick High School, the University of New Hampshire and the UVM College of Medicine. He did his medical residency in Sayre, Pennsylvania, and a three-year ophthalmology residency in Albany, New York. He then set up his medical practice in Sanford, Maine, where he was a long-time eye surgeon.

'76 Elliot Feit, M.D.
Dr. Feit, of Dunwoody, Georgia, died August 29, 2015, after a brief illness. After receiving his medical degree, he completed his residency at Rhode Island Hospital in 1979. Dr. Feit practiced pediatrics for 20 years at Rhode Island Group Health Association (and its various merger/acquisition iterations) until it closed in 1999. He then moved his family to Georgia, where he became a partner in Children’s Medicine, P.C. until his retirement for health reasons in the spring of 2015.

'98 Eric Noel, M.D.
Dr. Noel died June 13, 2016, while exercising at his gym. He was 49. Born September 22, 1966, in Burlington, Vt., he graduated Magna Cum Laude from Springfield College before attending the UVM College of Medicine. He completed his residency at Crozer-Chester Medical Center in Chester, Penn., where he also served as chief resident. He went on to become a pediatrician in Scottsdale and Phoenix, Ariz.

I N M E M O R I A M

The College has also learned of the death of the following alumni:

'56 Loren Rosenberg, M.D.
'57 Howard Smith Irons, M.D., of Boca Raton, Fla., died January 26, 2016, at the age of 87.

'65 Robert Keimowitz, M.D., of Chevy Chase, Maryland, died March 25, 2016, in Boston, Mass.



September 23, 2016 3:02 p.m.

Dean Rick Morin and UVM President Tom Sullivan do multiple media interviews following the College's naming celebration.

photograph by Ian Thomas Jansen-Lonnquist



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