Reunion events include:

- Medical Education Today Session
- Alumni Awards & Reception
- Medical Alumni Picnic
- Tours of the College
- Clinical Simulation Lab
- Nostalgia Hour
- Class Receptions

For more information visit uvm.edu/medicine/alumni

Reconnect for real!

A TRANSFORMATIVE MOMENT

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

ALSO FEATURED:

- Genomic Revolution
- Anesthesiology History
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.
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, which 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 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 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 technology and innovation at the College.

With the Larners’ support, the College has been moving away from lecture-based courses to more student-centered learning. We’ve improved our online learning technology, 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.

Our naming as The Robert Larner, M.D. College of Medicine at the University of Vermont is a 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 center 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.

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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.
Jonathan Rosen, M.D., former associate dean for medical education and associate professor of medicine at Albany Medical College, has served in a wide variety 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.

Avila Garners National Change Maker Award
Maria Mercedes Avila, M.D., Ph.D., program co-director of Vermont’s 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 inequity 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 15 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.

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.

Budd Named University Distinguished Professor
Professor of Medicine Ralph Budd, M.D., was honored as a University Distinguished Professor during UMVM’s 2016 Commencement Ceremony on May 22, 2016. An internationally recognized physicist-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 UMVM 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. Tampari Professor and interim chair of the Department of Radiology, DeStigter co-founded the nonprofit organization Imaging the World (ITW) in 2008 with Mitra Giaras, M.D., former UMVM radiologist and current chief of radiology research at the Veteran’s 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 and treatment of common diseases.

At the 2016 ACR conference, DeStigter and 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 inequity in access to resources for children and youth at the margins.

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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.

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

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 $18,000 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 lives’ 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. Dr. Babbott died August 25, 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 his “articulate, personal attentiveness in patient care, strong relationships with faculty, and a commitment to the educational mission of the College.”

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

www.uvm.edu/medicine/alumni
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 classroom 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.

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

Gramling’s JAMA Oncology Study Addresses Doctor-Patient Miscommunication

A study in JAMA Oncology by 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.

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 study include UVM colleagues Rui Yang, research associate; Ph.D., Karen Fortner, research assistant professor; and former UVM doctoral student Merex Rincon, Ph.D.

Sprague Study Finds “Dense Breasts” Diagnosis Varies Widely Among Radiologists

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.
A NEW CHAPTER

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

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 in 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 estimated to be recognized as second to none in medical education.
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.

**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.

**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 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.
Anesthesia at the House

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 voluble John Abajian, who founded the Department of Anesthesiology and helped to bring it to a fledgling department of two into the modern era. 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 Anesthesiatics.” 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 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” was 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 overtook the trauma to both patient and nurse anesthetists who put in long days caring for patients and interns with little training continued to handle many of the procedures. Kreutz notes that his role included many duties, just one of which was practicing anesthesia clinically. Other medical professionals often handled that job.

By the 1930s, 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 anesthetics], 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 anesthesia has been used.”

The Birth of a Division

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

GROWING PAINS

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

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The Birth of a Division

After Ford left, John Abajian came to Burlington with a directive to create a department of anesthesiology at UVM. Experience, 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 anesthesiologists in all, most “casual anesthesiasts 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.

UMV'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.

John Abajian, M.D.

Edward Ford, M.D.
Abajian soon recruited 24-year-old nurse anesthetist Elizabeth “Betty” Wells to his newfound division. The techniques they used were “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 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.

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 and 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 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 Francis 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 andcall 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 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 Hampshire.

Anesthesia was still a relatively dangerous business in the early 1950s, with primitive agents (ether and cyclopropane) and crude monitoring (primarily “finger on the pulse”), but those residents learned to deal with it. “Safety was primordial,” according to Francesca deGermain. “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 clear 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 unlimited opportunity to get into trouble on our own and 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 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,
John Mazuzan, M.D. and his patient tenacity, brought the transplant — as well as personnel changes in surgery — including the first heart-lung anesthetic agent.

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 friction.

**SPECIAL CARE**

As ventilators and other new technology began to come online — saving many lives in the process — special hospital wings began to come online — saving many lives in the process — special hospital wings began to come online — saving many lives in the process — special hospital wings began to come online — saving many lives in the process — special hospital wings began to come online — saving many lives in the process — special hospital wings began to come online — saving many lives in the process — special hospital wings began to come online — saving many lives in the process — special hospital wings began to come online — saving many lives in the process — special hospital wings began to come online — saving many lives in the process — special hospital wings began to come online — saving many lives in the process — special hospital wings began to come online — saving many lives in the process — special hospital wings began to come online — saving many lives in the process — special hospital wings began to come online — saving many lives in the process — special hospital wings began to come online — saving many lives in the process — special hospital wings began to come online — saving many lives in the process — special hospital wings began to come online — saving many lives in the process -

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

**SUBSPECIALTY GROWTH**

In the 1970s, as new techniques continued to be developed, UVM hired sub-specialists 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.

With Kristensen 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 UVan anesthesia residents the technique,” Kreutz says.

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 Poultom, M.D., and Howard Schapiro, M.D., who retired in 2006.

David Adams, M.D., served as interim chair until the College welcomed Mazen A. Makrak, M.B.B.B., in August of 2016 as the chair of the Department of Anesthesiology and health care service chief of anesthesiology.
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.

— Debra Leonard, M.D., Ph.D.

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.

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.

"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, 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. Adams 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 do with now, and we’ll learn more about the stuff that we don’t know.”

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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, Leonard 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 struck 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 physician. But when she moved to 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 would make possible the sequencing of a patient’s genome, beginning to look like a clinical reality. “We weren’t sure at that point whether you would ever want to do a genome sequencing 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-generation 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, 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. “It had been about two years,” she says, “when 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 and air-tight laboratory bays,” says Sidiropoulos. “Everyone on this team is dedicated to building the best possible service. We view ourselves 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. Monitoring 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 college’s Center to Wells, 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 ClifGen, 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 Peetos 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, has been 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 young women, 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 says, “I’m not sure they 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 directors and key leaders to serve as 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 key.”

During meetings, executive council members and others are encouraged to fiddle with the Legos and Transformer toys Leonard keeps in a bucket alongside a bowl of Lake Champlain chocolate squares. Leonard, an avowed chocoholic, maintains a larger stash of gift chocolate in her desk. It’s not something new; she echoes her father’s 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 week 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 get a letter from him that I still have,” she laughs. “It says, ‘Dear Dr. Leonard, I am sorely disappointed in you progress to date that you have not identified the chocolate advertisement gene.”

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1970s

REUNION 2017: 1972 + 1977

Philip 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 Esplanade Clinic in New Orleans, Louisiana.”

David Bronson writes: “Best wishes to T77ers, 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 CRUH-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.”

Cornelia “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 obestetrics 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.

Anne Ehrlich writes: “When you do everything late, the grandchildren are also late coming. Alfred Wodzieszki (UVM ’72) and I are thrilled to welcome Penelope Louise Wodehouse July 30. She and her doting, sleepless parents live in L.A.”

Linda Schloth 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 wind surfers!”

1980s

REUNION 2017: 1982 + 1987

Peter Hilliard is now Medical Director of Saapari Community Health Center in Bellair, Maine.

Jamie Gogan reports: “I am still working full 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 25, taking a semester off before beginning her fourth year of college at UWM and working in a thriving NH film industry. Finally getting some rain in the high desert and my garden is happy.”

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.

Sally Burbank published a book, titled Potentis / Will Never Forget, sharing amusing experiences during her 25 years as a primary care internist.

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.

Janine Taylor writes: “My husband Bryan and I just celebrated our 30th wedding anniversary. We have seven children who range in age from 17 to 32. 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 psychologist at a community mental health center in Water ville, Maine, for the past 13 years, and before that was in the USAF for 15 years. Life is very busy, but certainly rewarding and never dull.”

For information contact:
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Send Us Your Stories
If you have an idea for something that should be covered in Vermont Medicine, please email vmstories@med.uvm.edu.

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 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.”
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!
John “Butt” Durham, M.D., from the Class of 1998, has been involved in relief work in Haiti since 2010. He was struck by the devastation of the earthquake that struck the country earlier in the month. He sent these notes (which appeared 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 extremely urgent injuries and to make 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 wound homogenize. He also has tarsitis and is being kept alive with a ventilator. He will not likely survive.

Now 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 on the ground for several days after they were hit by debris. Thousands have been left homeless.

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Gafford Hospital in Randolph, Cooley Hospital in Montpelier, Hardwick Hospital in Hardwick, Mayos Hospital in Northfield, the Vermont State Hospital in Waterbury, and the Central Vermont Hospital in Berlin.

Arthur DiMambro, M.D.

Dr. DiMambro died July 7, 2016, at the age of 88. Born May 1, 1928, in Stai Fiumenpesto, 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.

DiMambro, M.D.

Dr. DiMambro died September 5, 2016, at age 85. He was born on March 24, 1931, in New York City. After receiving his medical degree and following an internship at Walter Reed Hospital, he specialized in Aerospace Medicine, where he cared for flight surgeons during the Korean War. In February 1957 he received his Masters in Public Health degree from Johns Hopkins University. In 1953, when he began his residency in ophthalmology at Fanny Allen Hospital, he specialized in the area of pediatric ophthalmology. He was chief of the Pediatric Ophthalmology Service at the Children’s Hospital in Boston for over 35 years.

Duane Graveline, M.D.

Dr. Graveline died September 5, 2016, at age 85. He was born on March 24, 1931, in New York City. After receiving his medical degree and following an internship at Walter Reed Hospital, he specialized in Aerospace Medicine, where he cared for flight surgeons during the Korean War. In February 1957 he received his Masters in Public Health degree from Johns Hopkins University. In 1953, when he began his residency in ophthalmology at Fanny Allen Hospital, he specialized in the area of pediatric ophthalmology. He was chief of the Pediatric Ophthalmology Service at the Children’s Hospital in Boston for over 35 years.

John N. Truax, M.D.

Dr. Truax on November 6, 2016, after a long illness. Born in Burlington, Vt., on November 15, 1930, he graduated from the University of Vermont College of Medicine in 1957. After a brief time at the U.S. Army 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.

Michael Wayne Abdalla, M.D.

Dr. Abdalla's 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 in 1960. He completed his training in orthopedic surgery at Fort Devens in Frederick, Maryland. In 1975, in Hawaii, he served as lead physician to the Apollo/Soyuz astronauts of the first International Space Station 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. Abdalla spent his last years in the field of medicine as director of Medical Ambulatory Care at Bridgeport Hospital in Bridgeport, Conn., retiring in 1999.

Mark R. Margiotta, M.D.

Dr. Margiotta, of The Village, 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 chef of medicine at the Brooke Army Hospital in Texas. He also served as chief of medicine in the U.S. Army Forces of Pathology at Walter Reed Hospital in Washington, D.C., during his military career, he obtained the rank of major. Dr. Margiotta served as the chief of the Medical Practice in Reading, Mass., and founded Reading Internal Medicine Associates, retiring after 52 years in practice.

Peter John Bartelloni, M.D.

Dr. Bartelloni, of Eaton, 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 assignments in Korea, Germany, Vietnam, Hawaii and numerous locations in North America. He served as chief of the Medical Services Division at the Prosthetic/Amputee Clinic of the Rehabilitation Institute of Orange County. He was a founding member of the National Orthopaedic Rehabilitation Association, and was also director of the Prosthetics/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 trainers of the Rotary’s PolioPlus program, retiring in 2004 to 2007. In 2009, he received the UVM College of Medicine’s Award for Professionalism and Community for his work establishing a prosthetic amputee clinic in the United States and abroad. He was also the primary donor to the Michael and Jody Abdalla Space and Flight Training Physical Therapy facility.

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 in the United States Army Air Force from 1944 to 1946, 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. He 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 gilt the College of Medicine a Staff of Anesthesiop he carried himself in honor of his 50th reunion.

William “Bill” Dodtittle, M.D.

Dr. Dodtittle died April 25, 2016. Born in Cheshire, Conn., in 1929, he graduated from the University of Vermont and the UVM College of Medicine. He completed his internship at Fort Bragg, North Carolina, and was later chief of the internal medicine Residency at 4th Army Medical Hospital in Washington, D.C. After receiving the Meritorious Service Medal and the Legion of Merit, Dr. Dodtittle retired from the Army to become chief of staff of 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. Dodtittle opened Fairbanks Internal Medicine and Diagnostic Center. He was a member of the Fairbanks Memorial Hospital staff, and a trustee for the Geaheen Fairbanks Memorial Hospital Foundation for several years, and a Trustee Emeritus until his death. Dr. Dodtittle retired in July of 1997.

Robert Guiduli, M.D.

Dr. Guiduli died July 11, 2016, in Burlington, Vt., at the age of 83. Born in Barre, Vt., on September 23, 1932, he served as a lieutenant in the U.S. Army, infantry company, 11th Airborne, for three years during the Korean War, stationed in Germany. He then entered Harvard Medical School in 1955, and following his internship, residency, and fellowship at Bethel Hospital/NTU, returning to Vermont in 1960. Dr. Guiduli retired from his orthopedic 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.

Robert Vigue, M.D.

Dr. Vigue died December 3, 2015, in Shelburne, Vt. Born in Middlebury, Vt., on April 21, 1936, 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.

Robert Vigus, M.D.

Dr. Vigus, 78, of Springfield, Maine, died in Scarborough, Maine, on January 13, 2016. Born on July 6, 1937, in Waterville, Maine, he graduated from Berkeley High School, Attleboro High School, New Hampshire and the UVM College of Medicine. He did his medical residency at Rhode Island Hospital and a three-year ophthalmology residency in Albany, New York. He then returned to the UVM Medical Center in Sanford, Maine, where he was a long-time eye surgeon.

Eric Neil, M.D.

Dr. Neil died June 13, 2016, while exercising at his gym. He was born March 22, 1966, in Burlington, Vt., graduated Magna Cum Laude from Springfield College before attending the UVM College of Medicine. He completed his residency at Cornerstone Medical Care in Chosen Pines, where he also served as chief resident. He went on to become a pediatrician in Southdale and Phoenix, Arizona.

In Memoriam

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

Loren Rosenberg, M.D.

Howard Smith Irons, M.D., of Boca Raton, Fla., died January 26, 2016, at the age of 87.

Robert Kainowitz, M.D., of Cherry Chase, Maryland, died March 25, 2016, in Boston, Mass.

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

photograph by Ian Thomas / Jesse Lavoie
REUNION EVENTS INCLUDE:
Medical Education Today Session • Alumni Awards & Reception
Medical Alumni Picnic • Tours of the College
Clinical Simulation Lab • Nostalgia Hour • Class Receptions

For more information visit uvm.edu/medicine/alumni

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