Form meets Function

A medical campus for the 21st century
A new endowed professorship, an old Mary Fletcher “friend” returns, and more.

VERMONT VIEW

FORM MEETS FUNCTION
The academic health center’s revitalized campus is the perfect space for today’s medical education.

THE SECOND WAVE
First came the tsunami, then a tide of relief workers that included one alumnus with longstanding ties to Indonesia.

ALL FOR A GOOD NIGHT’S SLEEP
The Vermont Regional Sleep Center combats the dozens of disorders that rob us of the rest we need.

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Though we in Vermont were far away from the path of the hurricane, many Vermonters took that as their cue to action; we were lucky to be spared so, now, how could we best help? A broad spectrum of faculty, students, staff members and alumni made their way south — some by official means, and some just by packing a bag and going on their own — to find people in need of medical care and serve them.

In a similar way, alumnus Sandy Craig, M.D.’92, who had lived for several years in Indonesia before attending medical school, answered the call for aid at the beginning of this year from one of the most awesome disasters the world has seen in modern times — the South Asian earthquake and tsunami that killed more than a quarter of a million people. His account in this issue of how he left his primary care practice in Plainfield, Vt. and spent the month of January treating patients in the devastated region of Aceh — where a wave 60 feet high had caused unimaginable destruction — is a deeply affecting story, and an example of how many lives can be helped by one person’s actions.

At the College, we often note that, in addition to the long-standing medical school missions of education, research, and patient care, we choose to consider community service to be an equally important fourth mission area. We are fortunate to have, through the good planning and hard work of many people at the academic health center, a beautiful and highly functional new campus. It is important to note that the people who make up this medical school never lose sight of the community in which we reside, and to recognize that this community in which we serve and learn extends to the farthest parts of our nation and, indeed, our world.

VERMONT MEDICINE
FALL/WINTER 2005

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Topping Off
Longtime alumni and community members may recognize this old familiar sight — the ornate Mary Fletcher Hospital belvedere removed in the mid-20th century. This replica was put in place in early October as part of the academic health center building project.

COLLEGE NEWS

VERMONT SURGEON AND ALUMNUSENDS SURGICAL EDUCATION POSITION

A gift from College of Medicine alumnus H. Gordon Page, M.D., has established an endowed professorship in the Department of Surgery. The Albert G. Mackay, M.D.’51 and H. Gordon Page, M.D.’47 Endowment in Surgical Education will support the Mackay-Page Professorship. A bequest from Dr. Page’s future estate extends to the farthest parts of our nation and, indeed, our world.

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Mackay-Page Professor James Hebert, M.D.’77 with Dr. Page and Chair of Surgery Steven Shackford, M.D.

Professorship. A bequest from Dr. Page’s future estate will establish the Mackay-Page Chair in Surgical Education. In total, the endowment will include at least $2 million to support the education of aspiring surgeons.

Page, a Burlington resident and native of Groton, Vt., earned an undergraduate degree in 1940 from UVM before going on to earn his M.D. from the UVM College of Medicine in 1945. After serving as a U.S. Army Surgeon during the Korean conflict, Page returned to Vermont and practiced general surgery on the medical staff of the Medical Center Hospital of Vermont, now Fletcher Allen Health Care, and served as a professor of surgery at the College of Medicine, retiring in 1994. A long-time supporter of the College of Medicine, Page had previously endowed an award in surgery and a lectureship.

Page honors his own mentor with the jointly-named endowment. Dr. Albert Mackay was also a UVM undergraduate and College of Medicine alumnus. Mackay was appointed professor and chair of surgery and surgeon-in-chief at Mary Fletcher Hospital in 1942. He retired in 1960 and died in 1978.

The new professorship will be held by someone Page mentored — James Hebert, M.D.’77, professor of surgery and associate dean for graduate medical education. Hebert plans to use the funds for educational efforts such as a surgical skills laboratory and simulation center that will help students and residents practice performing surgery and gain other critical skills.

“It is especially gratifying for us to have a major gift like this come from a member of the College of Medicine family,” said Dean John N. Evans. “Dr. Page, like Dr. Mackay before him, believed in the power of education and mentorship and invested much of his career developing caring, compassionate physicians. I look forward to Dr. Hebert continuing this important legacy for our students and residents.”
The Microscopy Imaging Center (MIC) at the College of Medicine has installed a beta model of JMAR Technologies’ new Scanning Computer Aided Microscopy (CAM) system. This new Scanning CAM system is designed to provide an unobstructed, open viewing area to accommodate especially large or thick samples. Software developed by JMAR converts the high-magnification scanned images into a low-magnification mosaic for viewing at the macro scale with the ability to zoom into areas of interest at high magnification, up to 400X.

The Center’s researchers are initially using the new technology on an experimental basis for examining tissue samples and bulk specimens, including well-plate bio-assays, library-based image searches of pathology samples or whole animal models; analysis of material samples such as powders or metals; failure analysis of materials or structures; and forensic studies of large non-planar samples.

“We are very excited to test an early version of this novel microscope system,” says Douglas Taatjes, Ph.D., (at right) director of the Microscopy Imaging Center and a professor of pathology at UVM. “The versatility of the system is a particularly attractive feature for a multi-user facility such as ours. Biological and physical sciences researchers will be very interested in the system’s ability to scan specimens on microscope slides and then to quickly switch to a larger bulk specimen that would not fit on a microscope stage.”

The Microscopy Imaging Center provides scientists access to a variety of microscopy-based imaging systems, which include a transmission electron microscope, a scanning electron microscope, two confocal laser scanning microscopes, an atomic force microscope, a laser scanning cytometer, a laser capture microdissector, multiple light microscopes and other state-of-the-art microscopy imaging equipment.

Conference Probes State-of-the-Art on Stem Cells

The new desks and videoconferencing equipment had barely been installed in the College’s new Medical Education Center this summer when they were put to use for a prestigious conference on a leading-edge area of medical research. The Conference on Adult Stem Cells, Lung Biology, and Lung Disease, jointly sponsored by the Cystic Fibrosis Foundation (CFF) and the National Heart, Lung, and Blood Institute (NHLBI), attracted 150 biomedical researchers from around the nation and world in mid-July.

Daniel Weiss, M.D., Ph.D., assistant professor of medicine and a member of the Vermont Lung Center, was the key organizer of the meeting. “I had presented a symposium on stem cells to the CFF in summer 2004, and they offered to sponsor a wider meeting if I could put it together,” says Weiss. “A call to the NHLBI turned up the fact that they were also in the initial stages of planning such a meeting. The timing couldn’t have been better, and we agreed to take the lead in presenting.”

The conference brought together for the first time most of the people conducting relevant research on stem cells and lung biology. “The most important thing to come out of this meeting, I think, was the recognition that adult stem cells truly do play a role in normal lung biology,” says Weiss. “Nobody would have dreamed five years ago that a stem cell could turn into a lung cell. This opens up huge therapeutic possibilities.”

Weiss, whose own research focuses on the mechanisms by which stem cells can be recruited to the lung and made into new epithelial cells, notes that in addition to the American researchers at the meeting, several European scientists also made the trip to Vermont. A comparable follow-up meeting is in the planning stages for 2007.

- The 2005-2006 Frymoyer Scholars were announced this fall. This year’s recipients are Maria Trubisky, M.D., ‘92, assistant professor of surgery; and Charles Hulse, M.D., Ph.D., assistant professor of family medicine. Trubisky’s scholarly project will involve the design and construction of an online emergency medicine curriculum and assessment tools. Hulse’s project will be the creation of the Vermont Program on Ecology and Health, which focuses on the interactions between ecosystem health and human health. The Frymoyer Scholars Program was established in 2000 to honor former dean John Frymoyer, M.D., and his wife, Nan.

- Craig Trumbo, a research associate professor in the Office of Health Promotion Research, will be supported by a grant from the Decision Risk and Management Sciences program at the National Science Foundation to conduct a survey of Gulf Coast residents concerning their perception of future hurricane risk in the wake of hurricanes Katrina and Rita. The project, “Proximity to extreme events: The effect of Katrina-Rita on optimistic bias in Gulf Coast counties,” is being funded under NSF’s program for Katrina-related Small Grants for Exploratory Research.

- Four retiring College of Medicine faculty members were honored at Commencement 2005: joining the ranks of UVM’s emeriti were: Robert J. Johnson, M.D., who joined the faculty in 1971 and most recently was the McClure Professor of Orthopaedic Surgery; Richard R. MacPherson, M.D., ‘69, retired as associate professor of pathology; he has been a faculty member since 1974; Mildred Reardon, M.D., ‘79, has been a faculty member since 1971, and retired as a clinical professor of medicine; she continues as associate dean for primary care and principal investigator for the Area Health Education Centers program. Marga Sproul, M.D.,’76, retired as associate professor of family medicine; she joined the faculty in 1986 and held associate dean for admissions/student affairs positions from 1987 to 2004.

- Lewis First, M.D., professor and chair of pediatrics and senior associate dean for medical education, has been elected to a two-year term as a member-at-large of the executive board of the National Board of Medical Examiners.

- Frederick Rogers, M.D.,’72, has been named the Roger H. Albee Professor of Surgery. The position, which was established in 2000, is designed to provide dedicated time for a senior surgeon with expertise to mentor others and expand the department of surgery’s research efforts.

- Richard Pinckney, M.D., assistant professor of medicine, was presented with the Leonard Tow 2005 Humanism in Medicine Award from the Arnold P. Gold Foundation. This honor is presented to the student and faculty member who best demonstrate clinical excellence and the foundation’s ideals of outstanding compassion in the delivery of care, respect for patients, their families and healthcare colleagues.

- The 3,316 mile ride began 26 days earlier on the country’s other coast in downtown Portland, Oregon. His 5-year-old son and a 3-month-old daughter.

- Heiner’s “Miracle Mile” ride generated nearly $6,000 in donations for the Vermont Children’s Hospital and was, for him, “a priceless positive community experience.”

- Soon after returning to his home, Heiner embarked on a U.S. Army Medical Corps active duty rotation on the Emergency Medicine Service in Washington State.

- Mario T. ’91, assistant professor of ophthalmology at the design and construction of online emergency medicine curriculum and assessment tools. Hulse’s project will be the creation of the Vermont Program on Ecology and Health, which focuses on the interactions between ecosystem health and human health.
**UPDATE:**

More Alumni in Service

The cover article of the Summer 2005 issue of *Vermont Medicine*, "Medicine in the Line of Fire," about alumni of the College who have rendered care in the midst of war, elicited response from several graduates who noted their service or the service of others.

One reader pointed out David Lounsbury, M.D.’98. A colonel in the U.S. Army, Lounsbury is the senior editor of military medical textbooks at Walter Reed Army Hospital’s Borden Institute. He was featured in a documentary shown on the PBS series Nova in 2004 titled “Life and Death in the War Zone.” Lounsbury was shown along with his medical unit training for their eventual deployment in Iraq.

“If you had said to me, when I finished medical school, that 24 years from now you’ll still be wearing a uniform and in the service of the Republic, I would have just howled with laughter,” said Lounsbury. “I had no intentions whatsoever of making a career out of this — none.”

Marilyn L.G. Gates, M.D.’92 wrote to tell of her experience aboard the U.S. Navy hospital ship Comfort stationed in the Persian Gulf. The Comfort is a floating level one trauma 1000-bed hospital. It was originally a super tanker until its conversion by the Navy in 1987. The Comfort “has twelve fully operational operating rooms, a CT scanner, biplanar angiography suite and both stationary and portable X-ray facilities,” says Gates. “We had 80 ICU beds and 40 ER beds directly linked to the helpup on the surface. We had the capability to house a total of 1000 patients and 1200 staff,” said Gates, who was chief of Neurosurgery aboard the Comfort and is a spine specialist in the Department of Neurosurgery at Michigan’s Henry Ford Health System.

“We operated seven days a week and 24 hours a day at the start of Operation Iraqi Freedom,” says Gates. “Seven-hundred-fifty-six major operations were completed in 56 days. We cared for our own troops, Coalition forces and a large contingent of Iraqi civilians, enemy prisoners of war, detainees and individuals not classified.”

Three recent graduates from the Class of 2004 now in the U.S. Navy are pictured in a photograph (above) sent by Joanna Bolton, M.D.’04. Shown in the Combat Casualty Course the three attended are Gregory Pomicter, M.D., Bolton, and Hoy Tran, M.D.’04, stationed at the Naval Medical Center in San Diego.

Finally, Arthur Kunin, M.D.’52 reminds the College community of an alumnus who made the ultimate sacrifice in service. Nathan Masin, M.D.’49 was a member of the U.S. Army’s 19th Infantry Regiment Medical Corps in the Korean War. Masin was killed in action November 4, 1950. “For many years, there existed a walk-in clinic at Mary Fletcher Hospital named in his honor,” recalls Kunin.

**FAMILIAR FACE DEPARTS**

This fall, the person most visitors to the College of Medicine’s Dean’s Office over the last decade were greeted by left to pursue the next chapter in her life, Ginny Gomets, who has worked in and around the front desk of the office for more than thirteen years, was feted at a reception on September 26 at which Dean John Evans expressed thanks from all Ginny’s colleagues. Evans noted that he was well-suited to review Ginny’s tenure at the desk — he and Ginny began work at the Dean’s Office on the same day in 1992.

**RESEARCH MILESTONES**

**ANEMIA AND RISK OF DEATH**

Scientists at the University of Vermont have found new evidence of a link between anemia and increased risk of illness and death in the elderly population, according to a study in the October 24 Archives of Internal Medicine, one of the JAMA Archives journals. Anemia is defined by the World Health Organization as a hemoglobin concentration of less than 12 grams per one tenth liter for women and less than 13 grams per one tenth liter for men. Hemoglobin is the component of red blood cells that carries oxygen and ensures the normal function of every cell in the body; iron is an essential component of hemoglobin.

This study showed that elderly people with the lowest and highest hemoglobin concentrations were at increased risk of death over 11 years. Neil A. Zakai, M.D., a former chief resident in internal medicine at Fletcher Allen Health Care, and Mary Cushman, M.D.’93, associate professor of medicine, compared the association of hemoglobin concentration and anemia status with subsequent death over the course of eleven years in elderly adults living in four U.S. communities.

**EXAMINING IMMUNE SYSTEM RESPONSE**

Professor of Medicine Ralph Budd, M.D., is the principal investigator on a program grant project that renewed this year by the National Institute of Allergy and Infectious Diseases of the National Institutes of Health. The grant, titled “Molecular Mechanisms of Th1/Th2 Development,” includes College of Medicine faculty members and several others at the Trudeau Institute of Saranac Lake, N.Y. Researchers covered by the grant study the regulation of chemicals produced by the immune system that can push the immune response toward autoimmune or allergy.

Budd is also one of the editors of the latest edition of Kelley’s Textbook of Rheumatology, published this year by Elsevier Saunders.

**ROSENBERG STUDIES MELANOMA**

Assistant Professor of Pathology Marcus Rosenberg, M.D., Ph.D., began a five-year, $1.35 million grant from the National Institutes of Health/National Cancer Institute in July. The grant is funding a project examining the effect of activation of beta-catenin signaling on melanocyte function and melanoma formation. “Malignant melanoma is the most deadly form of skin cancer,” Rosenberg says. “At present, only a few genes which, when altered, are known to increase the chances of getting melanoma. We will functionally evaluate whether beta-catenin activation leads to melanoma formation and metastasis. This answer to these questions may speed up the process of designing promising new clinical trials for melanoma patients.”

**“WALKING” PROTEIN SEEN**

For the first time, scientists from the UVM and the Burnham Institute for Medical Research in California have captured 3-dimensional, high-resolution snapshots of the motor protein myosin V as it “walks” along its cellular “road” using a technology called electron-cryomicroscopy. The culmination of four years’ work, this collaboration among biochemists and structural biologists was the cover story for the September 2 issue of the journal Molecular Cell. Myosins are motor proteins found in most cells in the body. Myosin V, the subject of this study, is prevalent in nerve cells and cells involved in pigmenta-

tions. Mutations or changes in myosin V, or in the proteins that link myosin to its cargo, cause altered pigmentation, as well as seizures and other neurological problems. Fashioned with a two-chained “tail” that diverges to form two “heads”, myosin V serves as an intracellular ferry to deliver cargo needed in a specific place at a spec-
ific time. Supported by funding from the National Institutes of Health, contributors to this project include Kathleen Trybus, Ph.D., professor of molecular physiology and biophysics; Susan Lowey, Ph.D., professor of molecular physiology & biophysics; Elena Kremenstova, Ph.D., research analyst in the department of molecular phys-
iology and biophysics, and Niels Vollmann, Ph.D., Dorit Hanein, Ph.D., Hong-Jun Liu, Ph.D., and Larnele Hazelwood from the Burnham Institute for Medical Research in La Jolla, Calif.
Vermonters Answer Post-Katrina Call

I was listening to an NPR broadcast from the New Orleans Superdome three days after Hurricane Katrina devastated the Gulf Coast. As the magnitude of this natural disaster began to unfold, so did public awareness of the unprecedented human catastrophe.

Although I have never volunteered for disaster relief work, my instincts told me to temporarily leave my primary care practice in Williamstown, VT, and head south to help.

It was not easy to find placement. Like many other doctors, I got on the national registries, and registered with the emergency management agencies of the Gulf states. Replies were sent back, urging doctors not to ‘self-deploy’ and with reassurances that a coordinated response effort was being undertaken. I pursued another course, placing over 60 telephone calls directly to sheriffs, doctors, and parishes in Louisiana.

There was an overwhelming shortage of medical assistance at field hospitals, churches, and at scores of buildings being designated as temporary shelters. The turning point for me came late one evening while searching the Internet. A family physician treating three hundred evacuees in a Galveston Texas church pleaded for help and left her cell phone number. My offer to give medical assistance in Texas was not only accepted, but expedited. Within 24 hours I had a temporary Texas medical license sponsored by the director of the Family Medicine Department at the University of Texas at Galveston. I decided to work at the George R. Brown Convention Center. It was the main shelter and ‘field’ medical facility for the hurricane evacuees in downtown Houston, and also the last to remain open.

At the time I arrived during the second week of operations, there were 8,000 evacuees sheltered at the GRB. Both the generosity and despair of a nation coexisted under one roof. In the center of the largest evacuation hall, two dozen pediatric and adult medical exam rooms were constructed of brightly colored nylon fabric draped over metal tubing and fastened with clothes-pins. There were also separate fast track and mental health areas. There was a Walgreens Pharmacy double-wide trailer set up inside the convention center to dispense a month’s supply of free medicine to any Katrina evacuee.

The Texas Medical Science Hospitals donated thousands of cases of medical items and established a central supply station within the GRB.

The emotional nature at the convention center was straightforward: treat people. It functioned much like a primary care clinic/emergency room. The systems evolved and improved as we went. Primary care physicians provided the majority of health care in this setting. There was free access to health care, a minimum of paperwork, an abundance of medical supplies, and no insurance forms. We saw hundreds of people in a day. The situation was challenging in unexpected ways. With thousands of people under one roof, you couldn’t hear heart or lung sounds. Diarrhea spread at the facility and affected individuals were difficult to quarantine. People had fled their homes or hospitals without medicines and records. One of the most rewarding yet emotionally draining aspects to the relief work was listening to the personal stories of survival. One evacuee at the center survived for four days in the Gulf waters on a disabled oil platform, only to learn that his wife had been killed by a motorboat while she was trying to leave New Orleans. Another lost his father when their house split in two from the rising flood waters. After the confusion of the prior week, many people still remained uncertain about the whereabouts of family members.

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Soon after my return to Vermont, I received a call from the Louisiana Baptist Convention Disaster Relief Team requesting my assistance. Although it had been over three weeks since Hurricane Katrina, I was told that many of the evacuees in Louisiana shelters had not seen doctors yet.

I left Vermont for a second time, just after Hurricane Rita struck, and located several shelters in central Louisiana. Although only one state away, the difference in resources between Louisiana and Texas was striking. The Garan Building in rural Marksville, La. was a condemned windowless building with low ceilings, bad ventilation, no working toilets or showers, and a leaky roof. For the month of September it was home to some 600 evacuees. In late September a psychiatrist who led the mobile mental health team in central Louisiana informed me that there were hundreds of evacuees at the Riverfront Shelter in Alexandria who had not yet received medicines or seen a doctor. Many of them had fled their homes in the Lake Charles area in advance of Hurricane Rita. The City of Alexandria and its new inhabitants were fortunate to have this facility. It was spacious, well illuminated and comfortable. I worked with the Red Cross to establish a medical clinic here, and saw patients until another physician could be recruited. At the end of my visit I spoke with a FEMA official about the squalid living conditions back at the Garan Shelter. Two days later it was closed, and its residents were moved north to the Riverfront Shelter. Although Hurricane Katrina and Rita claimed so much from so many, late September showed some signs of renewal. Grieving coexisted with hope. Lost family members were reunited with one another. Mothers gave birth to their babies at the shelters. There was the opportunity for a fresh beginning. Some people chose to begin new lives in their adopted cities, while others were grateful to move into government issued trailers. Only about half would return to their neighborhoods in New Orleans and in Gulf Coast communities. As the debris was cleared and rain waters subsided, I saw families venturing outside again. They strolled along the levees of the red river and pondered the events of the month that had changed so many lives forever.

— Gil Theriault, M.D. ’98

O n the final weekend of August, as Hurricane Katrina increased in strength to a category 5 storm, New Orleans mayor Ray Nagin announced the unprecedented evacuation of his city. “We’re facing the storm most of us have feared,” said Nagin. The following week saw the city flooded beyond habitability, some residents trapped in intolerable living conditions at the Superdome and city convention center, and the ultimate rapid dispersal of half a million residents in a scale unseen since the Civil War.

More than 125 Fletcher Allen staff members volunteered for readiness lists if called to help, and various members of the College of Medicine faculty, alumni, and student body found ways to help provide care to this vast number of evacuees. Benjamin Littenberg, M.D., Henry and Carleen Tufo professor of medicine, contacted the Louisiana Department of Health and Hospitals and was sent with a group of fellow volunteers to transform an abandoned K-Mart in Baton Rouge into a 250-bed field hospital featuring nursing care, doctors, electricity, hot food, glucose monitoring, oxygen, a full-service pharmacy, and the capability for kidney dialysis, IVs, minor surgery and obstetrics.

“Most of the patients had chronic conditions that were badly exacerbated by the evacuation before the storm or the trauma of three to six days in New Orleans,” said Littenberg.

Within 72 hours, Littenberg and his fellow medical relief workers discharged hundreds of patients to shelters, nursing homes and relatives. He then joined a quickly assembled medical team that went to Houma, a town on the Bayou about 60 miles southwest of New Orleans that was hosting thousands of evacuees.

Two members of the Class of 2006, Will Eward and Gia Lelldy, found their way south to help two different types of patients. Eward was a degreed veterinarian before entering medical school. Soon after the hurricane hit, he joined an effort to aid stranded animals in New Orleans. Lelldy postponed her internship to spend a month at the Common Ground Clinic in its temporary quarters in a mosque in Algiers, La.

“When I first arrived, we were doing vaccinations and health education, especially about proper precautions with mold as people returned to their homes,” she said. “As more and more people returned to the area, however, there is a larger need for primary care as most residents’ doctors, if they had established care to begin with, are no longer in the area.” Lelldy returned to Vermont in late October, but hopes to go to Louisiana again in the near future.

GENEROSITY & DESPAIR
One doctor’s experience

For the month of September it was home to some 600 evacuees. In late September a psychiatrist who led the mobile mental health team in central Louisiana informed me that there were hundreds of evacuees at the Riverfront Shelter in Alexandria who had not yet received medicines or seen a doctor. Many of them had fled their homes in the Lake Charles area in advance of Hurricane Rita. The City of Alexandria and its new inhabitants were fortunate to have this facility. It was spacious, well illuminated and comfortable. I worked with the Red Cross to establish a medical clinic here, and saw patients until another physician could be recruited. At the end of my visit I spoke with a FEMA official about the squalid living conditions back at the Garan Shelter. Two days later it was closed, and its residents were moved north to the Riverfront Shelter. Although Hurricane Katrina and Rita claimed so much from so many, late September showed some signs of renewal. Grieving coexisted with hope. Lost family members were reunited with one another. Mothers gave birth to their babies at the shelters. There was the opportunity for a fresh beginning. Some people chose to begin new lives in their adopted cities, while others were grateful to move into government issued trailers. Only about half would return to their neighborhoods in New Orleans and in Gulf Coast communities. As the debris was cleared and rain waters subsided, I saw families venturing outside again. They strolled along the levees of the red river and pondered the events of the month that had changed so many lives forever.

— Gil Theriault, M.D. ’98
The academic health center’s revitalized campus is the perfect space for today’s medical education. The new Medical Education Pavilion saw its first use when the Class of ’09 came to campus in August. At right: in October, first-year students in the “Human Structure and Function” course participate in a class on muscle structure with Professor and Chair of Molecular Physiology & Biophysics David Warshaw, Ph.D.’79, in the new Case Method Classroom.
For much of the last ten years, two major projects at Vermont’s academic health center have revolutionized both the way medical students are taught and the campus in which they learn. In 1996 a large group of faculty, students, and staff of the College of Medicine began the critical rethinking and restructuring that resulted in the Vermont Integrated Curriculum (VIC), the first major overhaul of the College’s system of medical education in more than 30 years.

At the same time, just north of the Given building, a small army of architects, planners, and construction workers were moving hundreds of thousands of cubic yards of dirt, and removing six older structures to make way for Fletcher Allen Health Care’s new Ambulatory Care Center (ACC), and UVMS’s Medical Education Center. With the completion of the project late this summer, the College’s new curriculum has a custom-built home designed specifically for the way medical education needs to be presented in the 21st century.

FACING PAGE: The curving metal covering of much of the new structures enclose new teaching spaces and a new connecting concourse to the ACC; an evening view shows students taking advantage of technology for study time in the small-group classrooms. THIS PAGE: Students study in small-group classrooms, each of which bears a slate plaque naming it in honor of alumni and friends who have supported the College’s efforts.
“Where” Meets “How”

For two hundred years, the standard setting for medical education has been the large lecture hall, where students learned the basic science they would hopefully retain for use in the later clinical stage of their education. Now, under the VIC, basic science and clinical learning are woven together from the very beginning of the students’ experience.

As Senior Associate Dean for Medical Education Lewis First, M.D., says: “Our new Medical Education Center is a great example of form following function. The curriculum is designed to provide the knowledge, skills, and professional attitudes necessary to be a physician in the 21st century, and our new facility enables those objectives to be achieved by incorporating within our large group and small group rooms the ability to utilize the most effective state-of-the-art learning methods possible.”

FACING PAGE: The Medical Education Pavilion incorporates the north wall of the Given building; the view from the third-floor balcony encompasses both the small-group classrooms on the right, and the wet lab in Given on the left, which can be connected to the classrooms through interactive video technology. THIS PAGE: Students gather for large-group sessions in the Case Method Classroom, which seats up to 120; smaller groups of fifteen or less use laptops and microscopes in flat-screen equipped rooms. Microscopes are stored in lockers just outside the small-group classrooms.
A New Beginning

The new Ambulatory Care Center and Medical Education Center were officially dedicated on September 17, but already students, faculty, and staff had begun to use the facilities, including the new Dana Medical Library, located on the ground floor north of the classroom building.

One voice of approval for the project came from second-year medical student Chris French. When French toured the new facilities during Medical Reunion this summer, he remarked: “I feel like I’m being given a brand-new medical school this fall!”

FACING PAGE: A nighttime view shows the curving, glass-faced concourse that connects the Medical Education Center to the Fletcher Allen Ambulatory Care Center. The concourse is also the new home of the Dana Medical Library. THIS PAGE: The new Ambulatory Care Center (at center left) is a setting for increased clinical experience for students.
On December 26, 2004, the Western edge of the Earth’s Burma tectonic plate suddenly snapped and dropped about 60 vertical feet along approximately 750 miles of its border with the Indian Plate, deep under the Indian Ocean. This resulted in an earthquake of rare magnitude: 9 on the Richter scale. Millions of tons of suddenly displaced seafloor and ocean water produced an unimaginably powerful shock wave propagating out in all directions through the Indian Ocean at nearly the speed of sound. This event occurred just off the Western coast of Sumatera, an island the size of California. The people there who had been knocked off their feet by the quake hadn’t even had enough time to stand up when that shock wave propelled a 60 foot wall of water moving at 200 mph right into this densely populated region.

Aceh, the province on the Northern tip of Sumatera, was the region hardest hit by the tsunami. Aceh’s pre-tsunami population was a little over a half million people, of which 250,000 lived in Banda Aceh, the provincial capital. I left my primary care practice in Plainfield, Vermont, in January, and traveled to Indonesia to volunteer my services. I arrived in Aceh on the one-month anniversary of the tsunami. That day the Indonesian government moved all the names off the missing list and on to the casualty list, which brought the total number of people killed by the tsunami in the province of Aceh alone to 240,000.

First came the tsunami, then a tide of relief workers that included one alumnus with a longtime tie to Indonesia.
I HAVEN’T FOUND any place on this planet more excitingly exotic or dramatically different from this Vermont boy’s perspective than Indonesia. It is the fourth most populous nation in the world, the largest Muslim nation, and the most populous OPEC nation. One reason that Indonesia isn’t a bigger player on the international landscape may have to do with the fact that it is not a distinct landmass, but rather a vast archipelago of more than 15,000 habitable islands containing a myriad of different cultures and ethnic groups speaking around 3,000 distinct languages. The country is culturally dazzling: Indonesians had developed highly sophisticated culture and art when my European ancestors were still living in caves. It is biologically fascinating: Indonesia has some of the biggest, most biologically diverse tropical rainforests left in the world. And it is geologically spectacular: Indonesia is the hottest spot on the “Ring of Fire.” Java and Sumatra each have a dozen or more live volcanoes rising up to 15,000 feet right out of sea level.

That was where I was determined to go when I graduated from college. So I got a job teaching English at an Islamic University on Java. Over the four more years that I lived and worked in this colorful archipelago I became fairly fluent in Bahasa Indonesia, the common language of the region. Everyone there speaks the language of their own ethnic group primarily, but the mass culture — radio, TV, movies, newspapers — are all in Bahasa Indonesia, so it is everyone’s second language.

Arriving in the airport at Banda Aceh, the human cost was immediately illustrated by the thousands of posters of missing loved ones plastered all over the airport terminal. I felt like I’d been hit in the stomach. Driving into town, we were braced for the spectacle of tsunami damage, but were reminded of the fact that a mammoth earthquake had occurred here also. The magnitude of the destruction was impossible to comprehend. The tsunami completely destroyed about one-third of the city and killed about one-third of its population. Another third of the city was seriously damaged.

Estimates of the size and speed of the tsunami are all best guesses of the U.S. Geological Service, for there could be no local documentation. You won’t see any footage of the tsunami in Indonesia as was seen in Phuket, Thailand, hundreds of miles away. By the time the tsunami got to Phuket, it was still incredibly deadly, but of a size that meant some tourists’ video would survive to be seen by an amazed world. This was not so in the face of the 60-foot wave at Aceh. Any one or anything that got close to this phenomenon in Northern Sumatera was utterly destroyed.

As we drove the first few kilometers from the coast, the destruction around us was total. I’d expected debrided patient’s wounds, they debrided their souls. I almost couldn’t handle hearing them. I don’t know how they knew. The doctors that I talked to who’d been there in the beginning told me they were amazed by the lack of treatable injuries from the tsunami. They’d expected to be flooded with trauma victims. There were a few broken bones, a few aspiration pneumonias. But essentially, anyone this thing touched was killed.

Here, as I saw it, was the situation in Aceh in January 2005: The biggest natural disaster in history, with the biggest loss of life, in the middle of a war zone. Then comes a “wave” of foreigners, of which I was a part. They had an enormous impact on Aceh. It was the Woodstock of relief operations. Everybody was there. Every non-governmental organization (NGO) I’d ever heard of — Oxfam, CARE, Save the Children — and many I was hearing of for the first time. The tsunami waters receded to leave Aceh inundated in an acronym soup: WHO, IRC, ICRC, JOM, MSF, IDO, MDUK… even the Scientologists were there. When I arrived in Aceh a month after the wave, a newspaper headline informed me that there were over 500 foreign news correspondents alone in Aceh. The city had probably not seen a total of 500 foreigners pass through town in the last ten years. The entire city probably didn’t have 500 hotel rooms.

Various factions of Indonesian society were up in arms about this invasion. The government hated the attention. The military hated having alien military personnel there: the Germans, the Australians, the Japanese, the Americans. Within days of the tsunami the Mullahs, the Islamic clerics, declared that the emergency medical services to natural disaster areas and conflict zones. They have a very pragmatic, nimble, trimmed-down management from a variety of backgrounds — Americans, Europeans, Africans. Many IMC staffers in Indonesia were from the Balkans. Maria, a Spaniard from Seville, was a good example of the kind of person the IMC attracted. She got things done: clinics supplied, helicopters contracted, communication lines opened. She’s an IMC lifer whose résumé was typical of the organization. Think of the worst places you’ve ever heard of — Chechnya, Afghanistan, Darfur, Rwanda, Liberia, Bonnia, Iraq — that’s where they’ve been. They’d all definitely seen the worst sides of this planet. They knew exactly what they were doing. They’d done it before, sometimes under even worse conditions.
IC management in the field worked hard, long hours with little sleep. They did not waste our time. They put us right to work, and worked us hard. This was fine with me. I did not care to dwell on Big Picture issues; just show me the sick people. I especially like the organization’s philosophy. One of IMC’s priorities is to identify existing indigenous health care systems, integrate with them, support them, supply them, train them, work along side them so that, hopefully, when it comes time for IMC to leave the area, they leave behind a more self sufficient, functional system.

Consistent with that philosophy, IMC ran the ED at the Zainal Abidin MC, the big referral hospital in Banda where the medical school was and the largest facility in the region. Fortunately, it was inland enough so that the tsunami didn’t get it. It also withstood the earthquake. Unfortunately, flood waters from the tsunami filled the bottom floor with 4 feet of mud. This is one of two rooms of the ED that had now, one month after the tsunami, been cleared of mud, dead equipment and dead bodies. By the time I left one month later there was still no running water and only sporadic electricity. There wasn’t much of a system left for IMC to integrate with. Eighty percent of Aceh’s health care workers were killed by the tsunami. Of the 40 or so doctors on the staff of Zainal Abidin Hospital, only one returned to work in the first month after the disaster.

Along the West coast of Aceh is a strip of flat land between the Indian Ocean and the rugged mountains of the interior. It was a heavily populated area containing many towns with populations as big as 10 or 20 thousand as well as the only major roads, management saw me talking away with the locals and pulled me from my team. I spent several days flying up and down the coast in helicopters organizing immunization campaigns, collecting population data and scouting potential new clinic sites.

My team of two docs and two nurses was deployed way down to a very remote inland village called Suk Buka, where we set up a base clinic and ran mobile clinics by truck to about fifteen villages and refugee camps in the area. There were several roles we served. Obviously, we provided routine care for the usual array of ills in the local population now cut off from any health care, with the addition of hordes of displaced people living in tent camps, mosques, schools, or out in the open. Not surprisingly in these conditions, we saw many cases of malaria, TB, and wound infections. We were also the first line to spot, treat, and report outbreaks and, if not stamp them out, help coordinate containment efforts. We had a measles outbreak in one camp and our team of four successfully immunized over 500 children. In a day and a half, I stuck about 200 kids.

The Indonesian medical students with us hung in there. One, a third-year named Delta, was an exceptionally hard worker, and fluent in English. He told me he had lost eighteen relatives, including his grandparents, in the tsunami. The med students loved that we really took time to instruct them, and we had them doing all the procedures they could handle.

Half way through the month, we got a supply drop from a Japanese military helicopter that included kits. At last, we didn’t have to sleep on the cement floor any more. Then we realized that being two feet off the ground exposed us too much to the stray fire often traded at night between the army and the rebel guerrillas in the area, so we folded up the cots and went back to sleeping on the floor.

Our menu consisted mostly of white rice, three times a day, and fish heads, salted and dried, then fried. We worked dawn to dusk. Everything shut down at night. You’d get shot at if you went out after dark.

Because I didn’t need a translator, I usually worked alone, seeing up to 60 patients in a single day. I did mostly mobile clinics that we’d establish in donated space at scheduled times. I’d take a truck or a motorbike and my box of limited medicines, IV fluids and medicines, and rinky dink surgical equipment.

A motorbike functioned as our ambulance. For someone too sick to sit on the motorbike, we’d sandwich them between two of us, hook their legs over the driver’s thongs so their feet wouldn’t get caught in the spokes, and away we’d go over ravines spanned by lengths of two-by-six lumber.

We were rarely able to evacuate people by helicopter. Many times we had to watch helplessly as people died of things we can easily treat here. If there was ever an available spot on a helicopter, the patients would be taken to the USS Mercy, the American hospital ship anchored off Banda Aceh. It was agonizing deciding who would go.

Many of the conditions we found were not the result of the tsunami. These are conditions of life in the normal, every day experiences of Indonesia. Leprosy, elephantiasis, and TB were there before the tsunami recedes from memory.

I especially like the organization’s philosophy. One of IMC’s priorities is to identify existing indigenous health care systems, integrate with them, support them, supply them, train them, work along side them so that, hopefully, when it comes time for IMC to leave the area, they leave behind a more self sufficient, functional system.

Since the tsunami, the population is going to have to fend for itself. IMC will continue to support them, supply them, train them, work along side them so that, hopefully, when it comes time for IMC to leave the area, they leave behind a more self sufficient, functional system.

I recently heard a talk by Nils Daulaire, M.D., of the Global Health Council, that summarized much of what I felt after a month spent in the second wave of tsunami relief, as I saw the extent to which the political and economic reality of Indonesia could affect the care of the population. Dr. Daulaire quoted Rudolf Virchow, the visionary 19th century physician whose fundamental precepts on clinical medicine I studied as a student at the College of Medicine: “Medicine and public health are social interventions. And politics is public health in the most profound sense.”
On a recent fall evening, as the sun set and lights went on all over Burlington, Glenn Dewar, a polysomnographic technologist (PSG) at the Vermont Regional Sleep Center, was preparing Donald Deo for a test—a test Deo would be highly encouraged to sleep right through. Colored wires dangled from a pole next to a bed. Deo, wearing pajama bottoms and a luxuriant handlebar mustache, sat on a chair while Dewar taped sensors to his legs, neck, cheeks, and temples. Wires crossed Deo’s shoulder and ran under a belt that circled his broad chest. Dewar glued EEG sensors to Deo’s head with collodion. The smell of ether filled the air.

Deo, who drove a truck for 32 years before he retired, has obstructive sleep apnea. When he falls asleep his muscles relax, and his airway collapses. He stops breathing, snorts, and rouses. Deo has been using a therapeutic device—a continuous positive airway pressure (CPAP) device—since the early 1990s. Through a mask that covers his nose, the machine provides a constant flow of pressurized air that acts as a stent to hold his airway open. Deo was taking this particular sleep test to aid in replacing some of his old equipment.

by MEL HUFF

all for a good night’s Sleep

The Vermont Regional Sleep Center combats the dozens of disorders that rob us of the rest we need.

photography by RAJ CHAWLA
Sleep is a natural process, but a frequently troubled one. In 2005, 75 percent of adults surveyed in the National Sleep Foundation's (NSF) Sleep in America poll reported having at least one symptom of insomnia a few nights a week. The consequences of sleep problems can be serious, contributing not only to individual health problems but to workplace errors and accidents and to car wrecks — 37 percent of the NSF subjects with drivers licenses admitted to having nodded off at the wheel. The National Highway Traffic Safety Administration estimates that drowsiness causes 100,000 of the crashes reported each year. Insomnia is responsible for $14 billion a year in direct health care costs and twice that amount in indirect costs, such as lost wages and property damage, the NSF says.

There are 86 different types of sleep disorders: 86 compelling reasons for patients to find their way to the Vermont Regional Sleep Center, headquartered in Fletcher Allen's Patrick wing of the academic health center campus. Assistant Professor of Neurology, Hrayr Attarian, M.D., director of the center since 2004, notes that these patients' manifestations are diverse, the causes of their problems complex, and the behavioral aspects of treatment sometimes daunting. “We’re a multidisciplinary sleep center. That is a very important feature of any comprehensive sleep center,” Attarian says. “You can have one physician of one specialty run a sleep lab, but if you want a center that gives care for all aspects of sleep disorders, you need a multidisciplinary team.”

“The need for a sleep center came about in Fletcher Allen, the Sleep Center team includes pulmonologist Susan Dunning, M.D., clinical assistant professor of medicine, who is the center’s associate director; psychologist Catherine Schuman, Ph.D., clinical assistant professor of psychiatry; respiratory therapist Maureen Weed, and lead PSG tech Bethany Lamell, who oversees eight techs. Two other neurologists, Assistant Professor of Neurology Keith Nagle, M.D., and Harold Morris, M.D., spend part of their time at the sleep center and are developing outreach programs to community hospitals. Joseph McSherry, M.D., Ph.D., a neurophysiologist, helps interpret sleep studies. (McSherry performed the first sleep studies at UVM and founded the earliest version of the sleep center in the late 1970s.) All physicians evaluating patients are certified by the American Board of Sleep Medicine, and the center is accredited by the American Academy of Sleep Medicine. The sleep center also has a network of affiliates in ear, nose, and throat medicine, dentistry, pediatric neurology, pediatric pulmonology, psychiatry, and surgery.

When Nagle arrived at the College of Medicine nine years ago from Columbia University, he found most of the physicians treating sleep disorders working amicably but independently in their own departments. He recognized that as a problem. Nagle discovered that while most patients who had tertiary insomnia were comfortable seeing a neurologist, “the very thought of seeing a psychologist and going through a separate referral process of contacting the office, even if we facilitated all of that, was somehow unpalatable. Invariably, there would be ‘a fumble.’ There were also delays and coordination problems when patients needed to see a physician in another specialty. “We’re a multidisciplinary sleep center. That is a very important feature of any comprehensive sleep center,” Attarian says. “You can have one physician of one specialty run a sleep lab, but if you want a center that gives care for all aspects of sleep disorders, you need a multidisciplinary team.”

“W e were lucky to be able to recruit Susan Dunning, who was open to the idea, and Hrayr Attarian came along and was a perfect fit,” he said. Catherine Schuman joined the team to develop a structure for insomnia group therapy. “We realized we needed to find a way to reel her into this,” said Nagle. “Things aligned, and now, through their work, they’ve brought it to another level.”

During the day, Attarian and Dunning see patients in clinic who are referred by their primary care physicians. At night, the technicians run sleep studies. The Sleep Center’s lab provides studies for four patients a night. It is busy seven nights a week. “The need is there,” Attarian said. “We are running over our capacity.” On average, a patient has to wait two or three months for a sleep study, although urgent cases are scheduled within fifteen days.

Sleep studies are used both to confirm the presence of a sleep disorder and to identify the cause. They provide detailed information about how long patients spend in each stage of sleep, whether and how often they stop breathing, and whether their legs jerk during the night. They track heart rate and oxygenation. They reveal whether a patient has nocturnal seizures, epilepsy, or REM behavior disorder, a condition seen mainly in the elderly in which patients act out violent dreams. They determine whether a patient thought to have narcolepsy is actually sleeping at night.

The day after the studies are done, technicians score them and a computer calculates a respiratory disturbance index — the total number of apneas or hypopneas. More than 90 percent of patients studied are found to have a sleep disorder. Of those, about 85 percent have sleep apnea, 10 percent narcolepsy, and 5 percent parasomnias such as sleep-walking.

Sleep apnea is a serious medical condition. When the airway collapses or partially closes, blood oxygen level falls, and carbon dioxide level rises; the heart rate slows, the patient gasps for breath, and the heart pumps harder. Then the heart rate drops back to normal levels. Sleep apnea is associated with cardiovascular disease — high blood pressure, arrhythmias, tachycardia, heart attack, stroke — migraines, high insulin levels, and glucose intolerance.

It’s not just adults who have sleep problems. Children make up about 20 percent of the center’s practice. “We’re the only center in Vermont that sees children with sleep disorders,” Attarian noted. The overwhelming majority of pediatric patients have sleep apnea, but they present with different symptoms than adults. Children are not necessarily overweight, and they may not appear drowsy. “Sleepiness in a child can be translated to irritability and attention problems, and also failure to grow properly,” Attarian said. In most cases, removing the tonsils and adenoids provides a cure.

Because sleep apnea involves the upper airways and Dunning is a pulmonologist, she is often the person primary care physicians refer symptomatic patients to. She says obstructive sleep apnea syndrome — the breathing disorder along with daytime sleepiness — is quite common, she says. About 4 percent of men and 2 percent of women have it.

Primary care physicians suspect the syndrome when a patient complains of extreme sleepiness — of falling asleep at work or dozing off while stopped at a traffic light — along with inability to concent-
Attarian and his colleagues also teach. “UVM has really good sleep medicine in the medical school curriculum,” Attarian observed. “Other medical schools around the country have maybe one or two hours.”

First-year College of Medicine students receive four hours of lecture. Third-year students shadow Attarian for an afternoon as part of their neurology rotation and spend another afternoon discussing cases. Fourth-year students do a month-long rotation, seeing patients with Attarian, Nagle, Schuman, and Dunning, and learning the rudiments of reading sleep studies.

For as much as has been learned about sleep, Attarian says, “We don’t know what sleep is for yet. We know that if we don’t sleep, we start having problems functioning, but we don’t know exactly what happens during sleep.” One theory, based on preliminary evidence, is that certain stages of sleep are important for consolidation of memory and learning, and that other stages of sleep are important for tissue regeneration and growth.

Attarian sees success is helping patients live longer. That, and “allowing them to have a normal life again.”

### SLEEP APNEA?

Physicians should screen patients who:
- are overweight (with a Body Mass Index greater than 30);
- have a thick neck (16 1/2 in. Circumference for men; 15 in. for women);
- lack a prominent chin or have a large tongue;
- have uncontrolled hypertension or heart failure.

For screening questions, see the American Academy of Sleep Medicine’s web site at: http://www.aasmnet.org/MEDSleep/Products/ (Owens)takehistory.pdf

Lachman agrees. His struggle to adjust to CPAP has ended in success — mostly. He still regrets the machine’s interference with intimacy, but eventually, he says, “you get addicted to the thing.” He sees treating his sleep apnea as the best form of life insurance. “People need to know how dangerous not treating it can be on both a personal and a societal basis, and when you get the treatment, how nice it is to sleep baby sleep, how restorative and life-sustaining a good night’s sleep is.”
Awhile back, in one of the most realistic nightmares I ever had (that I remember), I abandoned a very successful practice of medicine to voluntarily return to medical school as a freshman. During what may have been only a blink of dream time, I did the whole stretch over again, and after four years at the College of Medicine, complete with sleep deprivation, lack of funds, and crushing debt. It really was work, and it was occasionally painful (Hall 4A, chairs, worrying about falling into Stulti’s waste-basket category). It consisted of five full days a week of classes followed by long evenings of study, except for an occasional (alright, every) Friday night beer in Winooski. In real life, as in the dream, it had been abnormally hard work, and not always what I’d call fun.

After being away from UVM for more than 20 years, I was invited to serve on the Alumni Executive Committee (AEC). Primarily because of my AEC duties, I have for the last two years returned to UVM a few times each year to keep up to date with the rapid progress the College of Medicine has made. And yes, to aid as much as possible in fund raising to benefit today’s students. To all of you who have not had such an opportunity, or have not returned to UVM in the last few years, now is the time to spend a weekend in Burlington. You’ll be as amazed as I was at our College’s transformation which, with the recent opening of the Ambulatory Care and Medical Education Centers, provides state-of-the-art student education and patient care. These facilities set an enviable standard that I’m sure other medical schools will strive to emulate.

This year the AEC met on Oct. 12, which was also Family Day at the College. The new facilities arid students, their families, alumni, and friends alike. I was awed. The atmosphere was festive. The place showed thoughtful and practical design, and its spaces are awash in natural light. Rightfully proud alumni who supported UVM financially saw tasteful plasters outside the study and meeting rooms that bear their names. Computers and comfortable chairs are everywhere! Interactive plasma screens are mounted on the walls of all the small-group classrooms. This is not a place for educational Luddites. Dean Evans can be rightly proud of many accomplishments in overseeing the design and building of all these new facilities.

Today’s students have a wonderfully revamped campus in which to learn. Of course, the same long hours of study and high levels of debt are still the norm for students. Perhaps today’s students occasionally dream of paying the medical school tuition of the 1960s. While we grateful alumni can’t make that dream the reality, we can do the next best thing — give generously to the scholarship funds of our alma mater to help tomorrow’s physicians reach their goals.

With visions of the renewed College of Medicine campus in my head, the next time I dream about starting med school over again, it won’t be such a nightmare. In fact, I’ve been thinking it’s not such a bad idea after all; it looks like so much fun…

Charles Howard, M.D. ’69

if you have news to share, please contact your class agent or the alumni office at medallions.reunion@uvm.edu or (802) 656-4044. If your email address has changed, please send it to: medallions.relations@uvm.edu.

Recent Reunions
2006
John S. Poczaub 62 Doral Farm Road
Stamford, CT 06902 (203) 339-3343

2004
Francis Arnold Caccavo (M.D. Dec. 1963)
51 Thibaut Parkway
Burlington, VT 05401 (802) 863-3841
Carleton R. Haines (M.D. Dec. 1963)
8 Mountain View Road
Williston, VT 05495 (802) 897-3155
Harry M. Rowe (M.D. March 1943)
65 Main Street:
PO Box 755
Wells River, VT 05081 (802) 727-2135
rowes1213@charter.net

2003
George H. Bray
110 Brookside Road
New Britain, CT 06052 (860) 235-3103
Porter H. Dale
5 McKinley Street
Montpelier, VT 05602 (802) 242-9258
Thomas Holcomb writes: “As the youngest member of our class I am happy to report that we all are now in our 60’s!”

2002
Wilton W. Cocoey
357 Weybridge Street
Middlebury, VT 05753 (802) 388-1355

2001
Robert E. O’Brien
441 Thayer Road
Reidsville, VT 05466 (802) 862-0394
dreirobrn@aol.com
H. Gordon Page
9 East Terrace
South Burlington, VT 05403 (802) 864-7086

M.D. Class Notes

M.D. Class Notes

Do you in a class year that ends in a “6” or “7”? Start planning now to attend Medical Reunion 2006 – June 9–11, 2006. For more information contact your class agent, or visit www.alumni.uvm.edu/com.
1962
Ruth Andrea Seeler
2413 North Orchard
Chicago, IL 60614
(773) 472-3632

1963
John Murray
P.O. Box 607
Colchester, VT 05446
(802) 865-9390
jackmurray@aol.com
H. Alan Walker
239 Champlain Drive
Plattsburgh, NY 12901
(518) 561-8951
alwalk@aol.com

1964
Anthony P. Belmont
212 Youngs Point Road
Wiscasset, ME 04578
(207) 882-6828
apb8239@pol.net

Gerald Frank writes: I was recently elected president of the Medical Society Lake County Illinois. I have a new granddaughter, Maya, who lives in Arlington, Massachusetts.

1965
George A. Little
97 Quechee Road
Hartford, VT 05048
(802) 436-2318
g.e.a.little@dartmouth.edu

Joseph H. Vargas III
324 US 1 East
Rutland Town, VT 05701
(802) 775-4072
jvargas@rmc.org

1966
Susan Pitman Lowenthal
75 Blue Swamp Road
Litchfield, CT 06759
(860) 597-8966
susan_w_pitmanlowenthal@yahoo.com

Raymond “Bud” Maddocks writes: ‘Had a great visit from Steve Firestone at the Lake, N.Y., area this summer, following a great visit two summers ago from John Healy. No plans for a revival of our hardball matches yet!’

1967
John F. Dick II
P.O. Box 60
Palo Alto, CA 94309
(650) 332-9625
dickler@comcast.net

Timothy John Terrien
14 Deerfield Road
South Burlington, VT 05403
(802) 862-8395

1968
David Jay Keller
4 Deer Run
Mendon, VT 05752
(802) 779-2610
dkeller@rmc.org

Thomas Halleie writes: “Enjoying my retirement after 32 years of psychiatry, living on the green Oregon coast. My hobby now is running a marathon in every state. So far I’ve collected 20 states and expect this to take another four or so. Will celebrate our 40th wedding anniversary this year. How time flies like an arrow, fruit flies like a banana.”

1969
Charles B. Howard
256 Bridgepoint Road
Belle Mead, NJ 08502
(908) 519-6161
choward@prapa.com

Susan Pitman Lowenthal
75 Blue Swamp Road
Litchfield, CT 06759
(860) 597-8966
susan_w_pitmanlowenthal@yahoo.com

Raymond “Bud” Maddocks writes: ‘Had a great visit from Steve Firestone at the Lake, N.Y., area this summer, following a great visit two summers ago from John Healy. No plans for a revival of our hardball matches yet!’

1970
Raymond Joseph Anton
431 General Knox Road
Russell, MA 01571
(413) 518-8629
ray@anton.org

John F. Beams Jr.
24 Lorenia Road
Winchester, MA 01890
(781) 272-7588
john.beams@lhey.org

1971
Wayne E. Psalmen
137 Dogwood Street
North Andover, MA 01845
(978) 631-9133
wpascal@howellgeneral.org

Bob Englund sends news that he has recently joined the YMCA of Keene, N.H.

1972
F.A. Farrell Collins, Jr.
205 Page Road
Pinehurst, NC 28374
(910) 295-2429
David Cozad of Mt. Airy, N.C., was honored as the 2004 Vermont Family Physician of the Year” by the Vermont Academy of Family Practice in November 2004.

1973
James M. Betts
715 Harbor Road
Alameda, CA 94502
(510) 523-1930
jbetts@maiula.com

Philip L. Cohen
483 Linwood Drive
Winter Park, FL 32789
(407) 628-0211
philc@aol.com

1974
Douglas M. Eddy
5 Tenbrook Road
Windsor, NH 03897
(603) 434-2184
deddy@tishma.com

Caja Schumacher
44 Church Hill Road
Mount Vernon, VA 22121
(800) 889-1700
caja@schuch@yahoo.com

1975
Ellen Andrews
295 Midland Road
Pinehurst, NC 28374
(910) 295-6464
elainem@spring.com

1976
Don P. Chan
Cardiac Associates of New Hampshire
Suite 103
246 Pleasant Street
Concord, NH 03301
(603) 224-6070
achan@frail.com

Bill Patterson writes: “Bruce Brown and I had a wonderful weekend back country skiing on Mt. Washington on the Gulf of Slides. A blessing to have health and old friends to play with.”

A LABOR OF LOVE FOR FOUR YEARS OF HIS LIFE

Four years after his death, a dream of Edward Martin, M.D. ’56 is coming true. Terry Martin, Dr. Martin’s widow, published a novel her late husband worked on for years.

Edward Martin returned to his hometown of Winter Park, Florida, in 1971 when he died March 16, 1966. He was 38. Dr. Martin’s widow, Terry, has put his past army experience to use in crafting a novel of intrigue and suspense. Death by Any Means has just been published by Durrub House, a Texas-based publisher. The novel deals with the use of a mysterious biological agent and Army doctor Mark Rawlin’s attempts to track the cause of the disease. Dr. Kreisler has had extensive experience in health care research and clinical delivery; both military and civilian. As an Army Captain, he was initially assigned to the Bacteriologic Warfare Research Center at Ft. Detrick, Maryland and later as Post Surgeon to the “underground Pentagon” at Ft. Ritchie, Maryland (a few miles from Camp David). Of his first foray into authorship, Dr. Kreisler states: “My 13-year-old granddaughter said, ‘Grandpa, you’re on Amazon, Walmart, and Target.com as well as Barnes and Noble. Gee Grandpa, that’s cool.’

A FIRST NOVEL FROM THE CLASS OF ’57

Leonard Kreisler, M.D. ’57 has put his past army experience to use in crafting a novel of intrigue and suspense. Death by Any Means has just been published by Durrub House, a Texas-based publisher. The novel deals with the use of a mysterious biological agent and Army doctor Mark Rawlin’s attempts to track the cause of the disease. Dr. Kreisler has had extensive experience in health care research and clinical delivery; both military and civilian. As an Army Captain, he was initially assigned to the Bacteriologic Warfare Research Center at Ft. Detrick, Maryland and later as Post Surgeon to the “underground Pentagon” at Ft. Ritchie, Maryland (a few miles from Camp David).
1977
Mark A. Popovsky
22 Nauset Road
Sharon, MA 02067
(781) 764-8842
mpopovsky@hamentools.com

1978
Paul McLane Costello
Essential Systems, Ltd.
81 Main Street
Essex Junction, VT 05451
(802) 679-6536
Anita Henderson writes: “My husband and I moved to Blowing Rock, N.C., in the mountains near the Blue Ridge Parkway in July of 2004. I left full time family practice in Greenbush, N.C., and am working part time in an E.R. My husband continues his law practice. Our son Stefan graduated from UNC Chapel Hill and is a senior student in Philadelphia.”

1979
Sarah Ann McCarty
1028 Big Bend Road
Barbourville, KY 40401
(802) 862-7571
rich.hubbell@vtmednet.org
Anita Henderson writes: “My husband and I moved to Blowing Rock, N.C., in the mountains near the Blue Ridge Parkway in July of 2004. I left full time family practice in Greenbush, N.C., and am working part time in an E.R. My husband continues his law practice. Our son Stefan graduated from UNC Chapel Hill and is a senior student in Philadelphia.”

1980
Richard Nicholas Hubbell
80 Summit Street
Burlington, VT 05401
(802) 662-6762
Elizabeth Seeler writes: “Still in pediatric practice outside Chicago, and using all electronic medical records, where’s Larry Weed when I need him?”

1981
Vito D. Imbasciani
1995 North Crescent Heights Blvd.
Los Angeles, CA 90069
(323) 676-3325
vtim@pacbell.net
Linda Walker writes: “I’m still teaching family practice residents in Columbus, Ga. Survived an AMI in 2001 and have one of those new drug-eluting stents. Now I know first hand what it’s like to take a handful of pills every day and can sympathize with our patients. Living healthier than ever, I miss that beautiful Burlington scenery.” Jonathan and Suzanne Frisch write: “All is well in Connecticut. Jonathan’s practice is busy and Suzy is still home with the kids. Our oldest graduated high school in June. She attends Mt. Holyoke College in the fall. Our other two children are growing and thriving as well.”

1982
Linda Hood
4 Coblert Lane
Bedford, NH 03110
(603) 471-2518
hoodwhite@comcast.net
Robert Harris will be starting the MPH program part time at Dartmouth College while continuing to work full time as a radiologist at Dartmouth Hitchcock.

1983
Diane M. Georgeos
2 Rainier Parkway
Onoea, NY 13820
(607) 433-1850
dgeorgeos@stonybrook.edu
Anne Marie Massucco
15 Cedar Ledge Road
West Hartford, CT 04172
(860) 521-6202

1984
Richard C. Shumway
34 Coventry Lane
Aven, CT 06010
(860) 673-6620
rshumway@stfranciscare.org
Gordon Wood writes: “Still in pediatric practice outside Chicago, and using all electronic medical records, where’s Larry Weed when I need him?”

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Vito D. Imbasciani
1995 North Crescent Heights Blvd.
Los Angeles, CA 90069
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vtim@pacbell.net
Linda Walker writes: “I’m still teaching family practice residents in Columbus, Ga. Survived an AMI in 2001 and have one of those new drug-eluting stents. Now I know first hand what it’s like to take a handful of pills every day and can sympathize with our patients. Living healthier than ever, I miss that beautiful Burlington scenery.” Jonathan and Suzanne Frisch write: “All is well in Connecticut. Jonathan’s practice is busy and Suzy is still home with the kids. Our oldest graduated high school in June. She attends Mt. Holyoke College in the fall. Our other two children are growing and thriving as well.”

TAMPS GREEN & GOLDBROR TurboFFESSOR CELEBRATED
On November 2, 2005, a reception was held at the College of Medicine to celebrate the establishment of the John P. and Kathryn H. Tampas Green & Gold Professorship and the appointment of Brian Carra, M.D., as its first recipient. Tampas is professor and former chair of radiology at the College. A member of the Class of 1954, he has long been one of the College’s most active and supportive alumni. He currently serves as the executive secretary of the Medical Alumni Association’s Alumni Executive Committee.

Green & Gold Professorships are established at UVM to provide additional funding for a faculty member deserving of reward for teaching and research, or to a younger faculty member of promise to facilitate career development.

SUPPORTED HONORS WITH MEDICAL EDUCATION CENTER CLASSROOMS
On September 17, 2005, the College of Medicine dedicated the new Medical Education Center, a project in development for nearly a decade that now provides the school with teaching spaces designed to accommodate the needs of the Vermont Integrated Curriculum. Alumni and friends of the College who have supported the Dean’s Fund for Education and Research were recognized with classrooms named in their honor in the education pavilion of the new center. In addition to the six individuals and groups noted in the last issue of Vermont Medicine, these contributors have now been honored:

• The Anton classroom is named in memory of Harry Anton, M.D, ’40 by his son, Raymond Anton, M.D, ’70. Dr. Anton made his contribution to the College in recognition of his 35th medical reunion. He has been a loyal, generous, involved alumnus for decades. Most recently, he served as the Mackay-Petersen who is appointed UVM for their medical education. In 2001 he received the Service to Medicine and Community Award to support the College and medical education.

• One classroom is named in recognition of the generosity of Douglas Grissold and the employees of S.T. Grissold & Co., Inc., a Burlington-based concrete and construction service company. Since 1999, the Grissold Family has been an important supporter of the arts, education and social service needs in the community. They made their gift to support the College and medical education because of their commitment to improving the quality of life for all Vermonters.

• KeyBank Vermont District President Scott Carpenter says of his company’s decision to make their donation: “KeyBank of Vermont has invested in its community. The University of Vermont College of Medicine is invested in its students. We are honored to have a room in appreciation of the dedication and commitment of the College of Medicine’s staff and faculty to its students.”

Peter Dale, M.D., ’70 becomes President of Vermont Medical Society
Peter Dale, M.D., ’70 of Montpelier has become president of the Vermont Medical Society for 2005-2006. He is an internist at Mountainview Medical in Berlin and has been on the medical staff at the Central Vermont Hospital since 1988. He is certified by the American Board of Internal Medicine, with a subspecialty in infectious diseases. After receiving his medical degree, Dale did both his internship and residency in internal medicine at Boston City Hospital. From 1985 to 1986, he did a fellowship in infectious diseases at the Boston University School of Medicine. Before returning to Vermont, he was an assistant visiting physician in the Department of Medicine at Boston City Hospital, and co-director of the hospital’s sexually transmitted disease clinic. He was also an assistant professor of medicine at the Boston University School of Medicine.

Dale has served on the Board of Directors of the Dartmouth Hitchcock Alliance since 1997, and has been a member of the Board of Directors at the Central Vermont Medical Center since 1994. He was chairman of CVMC’s board from 2003 to 2009. He has served on the Board of Directors of Gifford Memorial Hospital in Randolph, and has been president of the Central Vermont Hospital’s medical staff. He serves on the Medical Alumni Association’s Awards Committee. His father, Porter Dale, M.D., ’47, is a class agent.

James Carra, M.D., John Tampas, M.D., and Kathryn Tampas in the Department of Psychiatry at Dartmouth, and is a professor at the Vrije University in Amsterdam, The Netherlands. Through their work as original members of the Curriculum Task Force, which created the model for the Vermont Integrated Curriculum, these two physician-educators have left a larger legacy of improving medical education in Vermont and around the nation.

Walter L. Hogan, Jr., M.D., ’55 has had a career as an ophthalmologist that has taken him around the world as founder of a group of eye-surgeons providing services in underdeveloped countries. He has also dedicated time teaching eye surgery in China. Dr. Hogan made his gift to the College on the occasion of his 50th reunion, and in memory of his father, Walter L. Hogan, M.D., ’18, and his uncle, Arthur R. Hogan, M.D., ’30.

Ruth A. Seeler, M.D., ’62, who was the only female member of her class, has been honored with the naming of a room. A loyal volunteer and member of the Medical Alumni Executive Committee, Dr. Seeler received the Service to Medicine and Community Alumni Award in 1998 and the National Hemophilia Foundation Lifetime Achievement Award in 1999 for her two decades of work as the founder and medical director of the Illinois Hemophilia Camp. Dr. Seeler has many leadership roles at the University of Illinois College of Medicine, where she has been professor of pediatrics since 1986. She is also a loyal supporter/trustee of the Gamma Phi Beta Foundation and many Chicago-area causes.

Howard D. Solomon, M.D., ’71 is a native Vermonter who earned both his undergraduate and medical degrees from UVM. Dr. Solomon is a urologist in Seguin, Texas. Dr. Solomon made this gift to show his gratitude to the College for the superlative medical education he received at UVM and the opportunities this education has brought him. He is especially pleased that members of the next generation of his extended family, as well as neighbors from Texas, have chosen UVM for their medical education.

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1986
Darrell Edward White 29321 Lincoln Road Bay Village, OH 44140 (440) 832-4881 whiteyeyou@eunet.com Mizin Park Kawasaki has written a book called Better Mothering: Advancing Prepared and Stay-At-Home Mothering, which was published in the summer of 2005. 2005

1987
Jan McAuliffe writes “Tim and I are still here in Wisconsin. I had a job change last year after being laid off (I don’t think M.D.’s get laid off) but all is going well now. David is now an orthopedic trainer at Oakland University in Michigan, and Daniel is an architect/urban planner here in Milwaukee. Both have girlfriends but still no weddings or grandchildren for us! Hope to reunite with classmates in 2007 at the reunion!”

1988
H. James Wallace III 416 Martel Lane St. George, VT 05459 (802) 827-2922 jwallace@vtmednet.com Lawrence J. Work 5714 South Nnome Street Greenwood Village, CO 80111 (970) 727-1849 lawrence.wolk@cigna.com

1989
Peter M. Nalin 1326 Griffen Run Carmel, IN 46032 (317) 962-6656 pnalin@iuui.edu Peter Nalin concluded his term as President of the Association of Medical Residency Directors in 2005-2006.

1990
Barbara Angelika Dill 120 Hazel Court Norwich, NJ 07868 (201) 277-2778 barbricharddillon@earthlink.net

1991
Frederick L. Fitzgerald is enjoying his private orthopaedic practice. His wife Emily is also working in the office. Frederick and Emily have four children who are keeping them very busy — Emily, Eric, Ricky, and Evan.

1992
Mark Elliot Pasanen 238 Spear Street South Burlington, VT 05403 (802) 863-9281 mark.pasanen@vtmednet.com

1993
Joanne Taplin Roney 22 Patterson Lane Durham, CT 06422 (860) 349-6941

1994
Holiday Kaye Rayfield PO Box 8486 Westfield, VT 05731 (802) 496-1967 rayfieldbc@yahoo.com

1995
Allison Miller Bolduc 252 Autumn Hill Road South Burlington, VT 05403 (802) 863-4902 allison.bolduc@vtmednet.com

1996
Anne Marie Valente 4616 Dolworth Drive Durham, NC 27713 (919) 860-8110 Patricia Ann King, M.D., Ph.D. 834 South Prospect Street Burlington, VT 05401 (802) 862-7975 patricia.king@vtmednet.org

1997
Julie Clifford Small 354 Averill Circle Oak Harbor, WA 98277 (360) 240-8693 jmccoll@fidalgo.comic

1998
William “Cam” Wallace writes “Cam and wife Cheri are parents of Colin, born January 15, 2005. Precise tables available for Table 15 reunion concert next summer at our 10th year reunion. Kim Abel, Gary Hochheiser, Brian Liddy, and Dave Rettew already practicing. Anders Holm still at large. For booking information contact Anne Valente. Wednesdays with Mazie Zaman. See Brian and Neelima Venuganti regularly.” Michael Goldstein writes “Planning a trip to my old country this summer. It has been 16 years since I left. Looking forward to seeing family and old friends. See you all next year at the 15th Anniversary Reunion.”

1999
Jonathan Lamm 18 Roberts Drive Hampton, NH 03824 (603) 929-7355 sekllam@comcast.net Deanne Dixon Haag 4213 Pond Road Sheldon, VT 05482 (802) 524-7578

2000
Evanette Jonathon Lamm 18 Roberts Drive Hampton, NH 03824 (603) 929-7355 sekllam@comcast.net

2001
Ladan Farhoosmand 1481 Regatta Road Carlsbad, CA 92095 661-520-1598 farhoosmand@yahoo.com Joel W. Keenan Greenwith Hospital 5 Perryridge Road Greenwith, CT 06838 (860) 296-7322 joelkeenan@hotmail.com John Louise Monaco Suite 6-2, The Sophian Plaza 4418 Warwick Blvd. Kansas City, MO 64112 (816) 735-2400 joanlmcnoa@aol.com

2002
Jonathan Vinh Mai 15 Meadow Lane Danville, PA 17821 (570) 275-4681 jvma@geisinger.edu Elwyn Cabbee sends news that he finished his Internal Medicine Residency at Santa Clara Valley Medical Center in San Jose, California and will be starting a Fellowship in Hema-tology/Oncology at Stanford University.

2003
Joanna J. Hill 716 Baker Circle Oak Harbor, WA 98277 (360) 240-8693 jmccoll@fidalgo.comic

2004
Joanna Bolton sends news that she is finally done with her internship and will be moving to Kansas City at the end of May in Old Bennington. Joanna and the James have known each other since high school and were reconnected shortly before med school last year. Joanna will be putting in her application for the Navy match starting this year.
OBITUARIES

RICHARD B. DAVIS, M.D. ’39
Dr. Davis died on Friday, May 27, 2005. He was born Feb. 6, 1913, in Readboro, Vt. He graduated in 1932 from the Mount Hermon Preparatory School and earned his Bachelor of Science degree in 1936 from the University of Vermont before attending the College of Medicine. Dr. Davis’s internship (1937-1940) and four-year residency in internal medicine (1940-1944) were completed at the Mary Fletcher Hospital, where he was the first resident to train in internal medicine. Following his residency, Dr. Davis married Elizabeth (Betty) Brown, assistant director of nurses. He was assigned by the Procurement and Assignment Board to practice in Bennington. Dr. Davis continued his practice in Bennington until retiring in 1981. He was a lifetime member of the American College of Physicians. In 2000, Dr. and Mrs. Davis moved to Shelburne Bay Independent Living, Shelburne, Vt.

CHARLES F. WHITNEY, JR., M.D. ’52
Dr. Whitney died Friday, Sept. 23, 2005, in Aurora, Ill. after a brief illness. He was born in Burlington on Feb. 21, 1937. He attended public school in Burlington, and attended the International School in Geneva, Switzerland for one year. He was also educated at Yale University and later the University of Vermont, from which he obtained both undergraduate and medical degrees. He completed an internship at Vassar Brothers Hospital in Poughkeepsie, N.Y., and a residency in radiology at the Royal Victoria Hospital in Montreal, Canada. He served his country in World War II as a medical officer and participated in D-Day with the 16th Field Hospital. Immediately after the war, Dr. Whitney was assigned to Regensburg, Germany, where he worked in a German prison camp and served as a medical officer with the United Nations Relief and Rehabilitation Administration in a displaced persons camp. After practicing as chief of radiology at Montreal’s Children’s Memorial Hospital, Dr. Whitney moved to Illinois in the early 1950s, where he practiced radiology for over 45 years. He served on the faculty at the University of Illinois Medical Center in Chicago as a clinical assistant professor of radiology from 1952 to 1970. Dr. Whitney loved music, and enjoyed playing the saxophone and piano. He played in dance bands as a young man in Burlington. He also was a proficient, prolific oil painter, often depicting rural Vermont in his paintings. In addition, he was a keen outdoor enthusiast. A loyal Vermonter, he avidly skied the slopes in Vermont and Europe, as well as the runs he built on the bank of the Fox River in Illinois. Until recently, he traveled to Vermont each year to visit UVM, friends, and family.

DAVID G. ROUSSEAU, M.D. ’55
Dr. Rousseau died Saturday, Aug. 13, 2005, in the William W. Backus Hospital in Norwich, Conn. He practiced medicine in Taffsville, Conn. for 53 years until he retired in 1998. Well-known in his area, Dr. Rousseau delivered more than 1,500 babies to families in Taffville and the surrounding area in the course of his career. He was born in Grand Isle, Vt., on March 17, 1920, the son of Ruth and George Rousseau. In 1944, he received his medical degree from the College of Medicine, where his maternal grandfather, Dr. Arthur C. McDowell, had been a member of the graduating class of 1890. He served in the U.S. Army during World War II. A member of the medical staff at Backus Hospital for more than a half-century, Dr. Rousseau also served as medical director of four area convalescent homes. He was a longtime member and president of the New London County Medical Society and Connecticut Academy of Family Physicians. In his spare time, Dr. Rousseau was a skilled cabinetmaker, an avid golfer, and enjoyed listening to opera.

WILLIAM E. HODGKIN, M.D. ’59
Dr. Hodgkin died unexpectedly Friday, May 13, 2005, in Sun City Center, Fla., after a brief illness. He was born in Auburn, Maine, on Aug. 16, 1933, son of Elwin O. and Mildred (Riley) Hodgkin. He graduated from Edward Little High School in 1951, from Bates College in 1955, thereby fulfilling the dream of State Surgeon. He retired from medical practice in June 1999.

Medical Genetics at the University of Washington, Seattle, where he carried out research for the next two years. In 1964, he accepted a position in the Department of Pediatrics at UVM, where he practiced and taught for ten years. Concurrently, he taught at Brandon Training School, where he served as a medical consultant for sixteen years. He served in the U.S. Army for two years as director of research and development at Madigan General Hospital, Tacoma, Wash. In 1974, he opened a private practice in Hinesburg, Vt. In 1980, he joined the Vermont National Guard, in which he served until June 1999, when he retired with the rank of Colonel. During his nineteen years of service, Dr. Hodgkin served in many capacities and with many units. His last assignment was that of State Surgeon. He was a five-time recipient of the Basic Science Teachers of the Year award, four times winner of the Golden Apple Award, and most recently was named the EMS Co-Educator of the Year 2005. He served the College community as a member of the Admissions Committee, faculty reviewer for the Schweitzer Fellows Program, advisor for the Smile Doc Program, and member of the Basic Science Course Directors Committee and Task Force on Curriculum. At Commencement 2005, Bruce was made an honorary member of the Class of 2007.

Bruce was an avid photographer, hockey player, woodworker, and especially enjoyed riding his 1968 BSA motorcycle.

FACULTY

BRUCE J. FONDA, M.S. ’75
Bruce Fonda, a member of the faculty in the Department of Anatomy and Neurobiology for 25 years, died on Wednesday, Oct. 5, 2005, in the Vermont Respite House in Williston, seven months after being diagnosed with glioblastoma multiforme cancer.

He was born in Potsdam, N.Y. on Sept. 4, 1950, the son of Pascal J. and Joan Paro Fonda. He completed his undergraduate degree at St. Lawrence University in 1972. In 1975, Bruce received his Masters Degree from the University of Vermont. On August 6, 1975, he was married to Sandra Gehrke in Columbia, S.C. Since 1980, Bruce was a lecturer at the College of Medicine, where made special relationships with both faculty and students.

“Bruce touched many lives and will be greatly missed by all students, staff, and faculty,” said Dean John Evans. “He was widely recognized within the College of Medicine as one of our most dedicated and outstanding teachers, both in lecture and laboratory settings.”

Bruce received numerous awards. He was a five-time recipient of the Basic Science Teacher of the Year award, four times winner of the Golden Apple Award, and most recently was named the EMS Co-Educator of the Year 2005. He served the College community as a member of the Admissions Committee, faculty reviewer for the Schweitzer Fellows Program, advisor for the Smile Doc Program, and member of the Basic Science Course Directors Committee and Task Force on Curriculum. At Commencement 2005, Bruce was made an honorary member of the Class of 2007.

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38 V E R M O N T M E D I C I N E F A L L / W I N T E R 2 0 0 5 39
This year’s medical reunion (June 10–12) drew more than 350 alumni back to the place where their careers as physicians began. The warm June weather helped show off the campus, and surrounding Vermont environs.

Both recent and longtime alumni enjoyed the cool breezes of Lake Champlain on an evening cruise aboard the Spirit of Ethan Allen II that also attracted members of the current student body.

A highlight of reunion was the Legends and Leaders program on Friday night. Seventeen members of the Class of 1955, here to celebrate their 50th reunion, were themselves celebrated by an audience friends and family in Carpenter Auditorium, where they each received gold medallions commemorating their milestone (above right), followed by a reception in the College’s HSRF gallery and tents outside.

Other familiar reunion scenes included Nostalgia Hour and the Saturday afternoon campus picnic (at right, center). The Class of 1995 held their reunion class dinner at the ECHO center on the Burlington waterfront.

For all the reunion attendees, this year’s celebration included a chance to see the scenes of their medical education, and also preview the experience of medical students of the future through tours of the new Medical Education Center and Ambulatory Care Centers, which were in their final phases of construction prior to their September opening.

Plan ahead for Reunion 2006!
Are you in a class year that ends in a “6” or a “1”? Start planning now to attend Medical Reunion 2006 — June 9-11, 2006.
For more information contact your class agent, or visit www.alumni.uvm.edu/com.
This year’s reunion saw amazing participation both in attendance and in giving. Leading the way in reunion giving were Vito Imbasciani, M.D.’85 (pictured second from left in the Class of 1985) and Rich Hubbell, M.D.’80, (shown top center in the Class of 1980). Dr. Hubbell and his wife Rosemary Dale also hosted the 1980 class dinner.
With the Dana Medical Library’s move to its new quarters in the Medical Education Center, the old bookstacks disappear, and the Given courtyard space began its transformation into mixed use space in 2006.

Photography by Raj Chawla

Reduce your taxes, increase your reliable income, and help advance the College of Medicine with a charitable gift annuity (CGA).

Selected Rates for Two Persons of the Same Age

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Rates subject to change. Call for latest update.

Contact Manon O’Connor for your personalized CGA rate.

MEDICAL DEVELOPMENT AND ALUMNI RELATIONS OFFICE
(802)656-4014 MEDICAL.GIVING@UVM.EDU WWW.MED.UVM.EDU/GIVING
Fourth-year medical students look ahead to a time of long hours of residency work, and a tight personal budget. That did not stop the College of Medicine Class of 2005 from pursuing a deeply-felt project to benefit the College community and leave a lasting memorial to a dear friend. Nearly three-quarters of the class members contributed to the drive to fund a bench in front of the Given building in honor of the late Dean Joseph B. Warshaw, M.D.

“This bench is our opportunity to leave an indelible mark on the campus, and to contribute to its comfort and beauty for future generations,” said Christina Alavian, M.D. ’05.

“My family and I are deeply touched by the generosity of this class and by their choice of such a meaningful way of honoring my husband,” said Cynthia Warshaw. “He was always keenly aware of the financial burdens and professional demands of a newly-graduated class of doctors, so the effort is all the more impressive and appreciated.”

Class giving is a key component of the Medical Annual Fund. If you haven’t already done so, please add your contribution to your class’s annual giving effort as soon as possible.