JUNE 10-12 2016

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

For more information visit uvm.edu/medicine/alumni

RECONNECT FOR REAL!

UNIVERSITY OF VERMONT COLLEGE OF MEDICINE

ALSO FEATURED:
- Vermont Lung Center Anniversary
- Alumni in Haiti

PRIDE OF PLACE

Working for inclusion in medical education and patient care
You could say that caring for children runs in the Little family. Hartland, Vt., residents GEORGE LITTLE, M.D.’65, and his wife CAROL LITTLE, M.D.’71, have over the course of their careers helped to shape neonatal care in the states of Vermont and New Hampshire through their leadership and combined 85-plus years of experience. An esteemed academic physician at Dartmouth Medical School, George was the first neonatologist to practice in New Hampshire, and he founded the Vermont/New Hampshire Regional Perinatal Program. Carol Little, M.D.’71, also had a distinguished career in academic medicine at Dartmouth, retiring in 2012 as director of the neonatal follow-up program at Children’s Hospital at Dartmouth. And one of their three children, daughter MALAIKA LITTLE, M.D.’05, is carrying on the tradition. After graduating from the UVM College of Medicine, she built a practice as a pediatric infectious disease subspecialist.

Father and daughter George and Malaika celebrated their 50th and 10th reunions in 2015, and Carole will celebrate her 45th in 2016. In honor of these milestones, the family has established a $100,000 scholarship fund with preference given to students interested in pediatrics or global health, a nod to George’s service as Peace Corps Medical Director for Africa. The Little family’s enduring love of Vermont helped make the gift possible: When George graduated from UVM and left to complete his training and serve in the Peace Corps, he bought about 80 acres in northern Vermont to keep ties with his beloved state. Just a few years ago, nearly 50 years later, he sold the land — back to the grandson of the original farmer — which helped to establish the fund. Through their actions, the Little family paid it forward to Vermont as well as future medical students: A deal with the Vermont Land Trust ensures 75 acres will remain undeveloped and available for activities like sugaring and forestry. And the scholarship, which received a 50 percent match from the Medical Alumni Association, ensures generations of students will be able to continue the Little’s legacy of helping children to thrive.

For more information about how you can maximize your support for the College of Medicine and its faculty and students through a matching gift, please contact the Medical Development and Alumni Relations Office.

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

For information about the scholarship fund, please contact David Loewen, M.D., director of the Office of Medical Alumni Affairs, at david.loewen@uvm.edu.
FROM THE DEAN

In early August our campus once again saw the arrival of a new group of first-year medical students — the Class of 2019. The students’ excitement at beginning their journey in medicine, always infused, understandably, with a hint of nervousness, is palpable to everyone here at the school. As I told the class on their first day here: they may have a few doubts as to whether they have the right stuff to be successful in medical school, but we are sure that they each have within them the qualities of a great future physician.

We have continued to refine our admissions procedures to be sure this is so. This class is the first to be chosen using our new “multiple mini-interview” process, which broadens the number of assessments for each interviewed applicant and allows us, we believe, to gain a deeper knowledge of the students we accept.

This process is part of the continuous improvement that goes on at our academic medical center. And it works hand-in-hand with our efforts at all levels of teaching and medical practice to be a more inclusive place for our students, faculty, staff, and patients. As society changes, we change too. Hopefully not as a reflex, but as an active agent of equality for all.

This reflected in the work reported in this issue to make our campus and our profession fully cognizant and welcoming to the members of the LGBTQ community. I’m proud that our school is on the forefront of this wave of change at our nation’s medical schools.

We strive to stay on the leading edge in so many areas, not the least being biomedical research. This year marks the completion of an important 15-year cycle of federal funding for the Vermont Lung Center, and we present here a look at the range of important work taking place under its aegis. One outgrowth of that, for instance, was the 10th Anniversary Stem Cell in Lung Biology conference that attracted more than 160 scientists from around the world to our campus this summer.

None of the work we do would be possible without the support of our dedicated alumni. You can read in these pages about two distinguished members of the Class of 1975, Delight Wing, M.D., and Jack Long, M.D., and their record of service to this College, its students, the Vermont community, and the people of Haiti. I had the pleasure of meeting Delight and Jack at this summer’s Medical Reunion, one of the warmest, most emotional and satisfying reunions I’ve attended in my years as Dean. It was an occasion that confirmed for me the special quality of our College of Medicine.

Jensen Named Senior Associate Dean for Research

After a national search, Gordon L. Jensen, M.D., Ph.D., will become senior associate dean for research at the College of Medicine, with an academic appointment as professor of medicine and also as professor of nutrition and food sciences in the College of Agriculture and Life Sciences. Dr. Jensen will succeed Russell Tracy, Ph.D., professor of pathology and biochemistry, and former senior associate dean for research and academic affairs, who has served as interim senior associate dean for research since July 2014. Jensen joins UVM from Penn State University, where since 2007 he has been professor and head of the Department of Nutritional Sciences. He has also served as professor of medicine at Penn State Hershey Medical Center. Previously, he was professor of medicine at Vanderbilt University, and director of the Vanderbilt Center for Human Nutrition from 1999 to 2007. He holds a doctorate in Nutritional Sciences from Cornell University, and received his M.D. from Cornell University Medical College in 1984. He completed residency training in Internal Medicine and fellowship training in Clinical Nutrition at New England Deaconess Hospital of Harvard Medical School. He then joined Geisinger Medical Center, where he served as director of the Section of Nutrition until leaving for Vanderbilt in 1998. Nationally, Jensen is a past president of the American Society for Parenteral and Enteral Nutrition (ASPEN) and a past-chair of the Association of Nutrition Programs and Departments. He is also a past-president of the American Society for Nutrition.

A widely recognized nutrition researcher and educator, he has served on advisory panels, study sections or work groups for the National Institutes of Health and the American Dietetic Association, and served two terms on the Food and Nutrition Board of the Institute of Medicine. He has also served on several leading nutrition journal’s editorial boards.

Board-certified in nutrition and internal medicine, Jensen has clinical expertise in adult nutrition support interventions, outpatient clinics for malnourished patients, and high-risk obesity management. Active in research collaborations and mentorship, he has investigated geriatric nutrition concerns, obesity and function in older persons, and nutrition and inflammation, and has served as co-director of the Penn State Childhood Obesity Prevention Training Program and co-director of the Clinical and Translational Science Institute KL2 Training Program. The author of more than 180 journal articles, reviews, and book chapters, Jensen is the recipient of the 2014 Jonathan Rhoads Lecture, ASPEN’s most prestigious award.

Huggett Appointed Inaugural Director of Teaching Academy

Dean Rick Morin and Senior Associate Dean for Medical Education William Jeffries, Ph.D., have announced the appointment of Kathryn Huggett, Ph.D., as the inaugural director of the Teaching Academy at the College of Medicine. Huggett, who was selected after a national search, has been appointed as a professor of medicine and pathology and assistant dean and began her new role at UVM on September 1. She succeeds Ann Guillot, M.D., professor of pediatrics and director of pediatric nephrology, who has served as interim director of the Teaching Academy since July 2014.

The assistant dean for medical education at Creighton University School of Medicine in Omaha, Neb., since 2010, Huggett also served as director of medical education development and assessment since 2004. Previously, she was director of the Medical Scholars Program and senior student services coordinator for academic affairs and curriculum at the University of Wisconsin Medical School. She holds a Ph.D. in educational administration from the University of Wisconsin-Madison, where she also earned her bachelor’s degree in political science and master’s degree in public policy and administration.

Huggett will direct the Academy and its support of education and educators at the College of Medicine, and organize the development and implementation of Teaching Academy programs. She will provide educational expertise and collaborate across the academic medical center to facilitate high quality educational programs, medical education research, and faculty development.

College Shares in Record FY2015 Fundraising

The University of Vermont Foundation recently announced a record-setting year of fundraising activities on behalf of the University during the fiscal year that ended June 30, 2015. New fundraising commitments broke the $10 million mark for the first time in UVM history — reaching $60,576,278. Members of the Foundation’s Academic Health Sciences unit at the College of Medicine played a major role in attaining this goal, raising $800,000, or 8% of this total. This is a 23% increase over the previous year and marks the 12th consecutive year of fundraising growth from donors to the College of Medicine in FY2015.

Gordon L. Jensen, M.D., Ph.D.
Senior Associate Dean for Research

Frederick C. Morin III, M.D.
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**From the Blog**

**TRANSFORMING HOW WE THINK ABOUT GLOBAL HEALTH EDUCATION**

The College of Medicine blog is a forum for students and faculty to share their experiences and insights into medical education and practice. In August, Stefan Wheat ’18 published his thoughts, excerpted below, on the changing nature of Global Health work. To read Wheat’s full blog entry, and see dozens more from other members of the College community, visit uvmmedicineblog.wordpress.com.

I sat in the clinic working on the multiplicity table problems my mom had assigned me earlier that morning. Working next to the patients waiting to see my parents, I tried not to let myself become distracted by the elderly Nepali women who liked running their grubby old fingers through my blonde hair. When it was a busy day in the clinic and we had to stay late, my dad would give me a writing assignment to pass the time. People would walk for days to visit the clinic my parents ran in Bandipur, in the foothills of the Himalaya. They were the only physicians for nearly a 50 mile radius, so I tended to get a lot of writing assignments.

The model of global health I witnessed at age nine in Nepal represents the traditional and now outmoded style of practicing medicine in an international setting, a model often referred to as the “medical tourism” model of global health. The standard was for Western physicians to set up shop in remote parts of the developing world and serve those most in need: people with no other access to health care. While well-meaning, this approach to practicing medicine abroad has fallen by the wayside as we trend toward more sustainable models that emphasize a long term commitment from students, as well as bi-directional exchange and capacity building. I’ve seen this new model in action through time I spent in Borneo, and I’m living it now through the global health work I’m doing as a rising second-year med student at the University of Vermont College of Medicine.

We cannot expect students to fully appreciate the value that comes from working internationally after a single global health attachment, haphazardly inserted into an education largely devoid of supplementary global health training. The elective that I am participating in through UVM addresses these problems by integrating global health training with the four years of medical school. My education as a global health scholar began with a six-week rotation in Zimbabwe’s Parirenyatwa (Pari) Hospital in Harare following my first year in medical school.

My experience in Zimbabwe accounts for just the beginning of my education in global health. Over the next three years as a medical student, I will participate in further training and ultimately return to Pari Hospital as a fourth-year student. This early exposure combined with the continuing education represents a new model of the global health elective aimed at developing a new generation of physicians who appreciate the increasingly globalized nature of healthcare and who are more likely to remain committed to integrating global health service into their careers. I am excited to be a part of this program — a collaboration between UVM and Western Connecticut Health Network — that seems uniquely poised to help transform the way we think about global health education.
Graduate Student Combines Military Experience with Research Interests

University of Vermont graduate student Blas Guigni learned a lot about trauma surgery and orthopedics during a tour of duty in Iraq from 2007 to 2008, his second tour overseas. As the manager of an acute care and musculoskeletal clinic at the U.S. Army base in Tikrit, he helped to coordinate care for wounded soldiers seeking treatment for everything from muscle strains caused by wearing heavy body armor to devastating wounds inflicted by IEDs (improvised explosive devices) and high-velocity rifles.

Since surgeons assigned to the clinic rotated through roughly every 90 days, he played a key role in the clinic's operation, helping to provide life-saving treatment himself as well as acquainting new staff with the available resources and the sometimes hectic day-to-day pace at the clinic.

“I became very fluent in orthopedics,” he says, adding that some of the surgeons he worked with likened his level of experience to that of a fifth-year surgical resident, thanks to his hands-on training and the medical science program he completed at the U.S. Army Academy of Health Sciences. And that wasn’t his first tour of duty. During Operation Enduring Freedom, he was deployed in one of the Borders Areas in 2003, at a time when infrastructure was minimal and danger was high. One month in, his convoy was hit by RPGs (rocket-propelled grenades) that caused several casualties. He suffered serious injuries and returned to the U.S. to recuperate, with plans to return to service when he was able.

Guigni’s experience serving overseas—his own and that of fellow soldiers suffering from serious injuries and undergoing rehabilitation—helped to shape his future as a Ph.D. student studying cellular, molecular, and biomedical sciences at UVM. Working in the lab of UVM Associate Professor of Medicine Michael Toth, Ph.D., Guigni is researching the mechanisms underlying cancer cachexia, a metabolic condition characterized by profound muscle loss, weakness and fatigue.

“No one understands what causes it to happen,” Guigni says, adding that about 50 percent of cancer patients suffer from cachexia, which can be life-threatening. Using both human subjects and a murine cell culture model, he’s growing live muscle cells in the lab, and applying a chemotherapeutic agent to determine its effect on muscle at the molecular level. If his work can tease apart how chemotherapy affects the fundamental building blocks of muscle tissue, and how this interaction may cause the muscle to atrophy, he says, “it could something to that end.”

UVM President Tom Sullivan and Dean Rick Morin welcomed more than 165 scientists from around the world to UVM for the four-day, tenth anniversary and sixth “Stem Cells, Cell Therapies, and Bioengineering in Lung Biology and Lung Diseases Conference” held this summer. The meeting, which has taken place biannually at UVM since 2005, was co-founded by Daniel Weiss, M.D., Ph.D., professor of medicine and a pulmonary and critical care specialist. The conference took place in UVM’s Davis Center in the second week of July. “This remains the leading conference in this area and has put UVM solidly on the map in this rapidly progressing, cutting-edge field,” said Weiss.

UVM Goes Smoke-Free

For more than two years, Jan Carney, M.D., M.P.H., senior associate dean for public health, and a committee she co-chaired worked diligently to remove smoking from the UVM campus. On August 1, UVM joined the ranks of roughly 1,500 other universities by going tobacco-free.

Oltikar Named Chair of Medicine at Danbury

Aparna Oltikar, M.D., an internal medicine hospitalist at Danbury Hospital, a UVM clinical training site, has been named chair of the Department of Medicine at Danbury Hospital and New Milford Hospital, both part of the Western Connecticut Health Network. Oltikar is a clinical assistant professor of medicine at the University of Vermont.

Researchers Pitch Their Ideas at First University-Wide SPARK-VT

With proposals ranging from low-cost ground-penetrating radar to a lung sealant derived from seaweed, six research teams from the University of Vermont pitched their ideas to a panel of experts at the first university-wide SPARK-VT session, all hoping to receive a seed grant to help move their innovative work one step closer to the marketplace.

Launched in 2013 by the Department of Medicine, SPARK-VT aims to support researchers as they navigate the tricky terrain between developing an idea for a new device or therapy and making it a reality. Its premise hinges on feedback from experts outside of the university. A panel of 12 leaders from biotech, pharmaceutical, business, engineering, finance, and legal fields are invited to listen to presentations from top researchers. Panel members ask questions, challenge presenters on the details of their plans and ultimately offer suggestions for next steps. All participants get tips and suggestions, but the winners receive seed funding from UVM’s Office of the Vice President for Research.

This year, after two successful years at the College of Medicine, UVM’s Provost and Office of the Vice-President for Research broadened the program’s reach, resulting in 13 teams from a variety of UVM colleges submitting proposals. After a selection process, the six teams invited to present this year included faculty from the UVM College of Medicine, the College of Engineering and Mathematical Sciences, and the College of Arts and Sciences.

Past SPARK-VT awardees have partnered with the UVM Office of Technology Commercialization to found companies and develop partnerships with established biotech firms, as well as successfully apply for a number of competitive grants. Based on a program at Stanford University and brought to the College of Medicine by Department of Medicine Chair Polly Parsons, M.D., Ph.D., SPARK-VT seeks to fill a gap in the translational pipeline and address the commercialization process, founding start-ups, business planning and other topics that help faculty move research from bench to bedside.

Learn more about SPARK-VT at www.uvm.edu/medicine/sparkvtt
"That's what we're trying to create — a culture where those learning opportunities are so mainstream that everybody's interested, everybody sees the value of being competent in that area."

For Shear, the experience was another validation of the College of Medicine’s progressive approach to handling LGBTQ health topics — those related to the lesbian, gay, bisexual, transgender, queer, questioning, gender-neutral and gender-nonconforming communities.

“That’s absolutely the place UVM is,” Shear says. “And there are dozens of little stories like that, proving to me that I got the right word in this place when I interviewed.”

At UVM, Shear says, he has found a pervasive openness to heightened understanding of LGBTQ issues — always with a goal to provide better care for patients. “That’s what we’re trying to create — a culture where those learning opportunities are so mainstream that everybody’s interested, everybody sees the value of being competent in that area.”

Recent events in the media spotlight — the gender transition of Caitlyn Jenner and the U.S. Supreme Court decision on the right of same-sex couples to marry — have thrust sexual and gender identity diversity into nearly every avenue of discussion. At this point in social evolution, it has become clearly necessary for future physicians to be sensitive to, inclusive of, and informed about LGBTQ health concerns.

“We’re in a different era, because the bridge has been crossed already regarding the legitimacy of the material and the need for the material,” says A. Evan Eyler, M.D., M.P.H., a UVM associate professor of psychiatry and family medicine and co-editor of Gay, Lesbian, Bisexual and Transgender Aging: Challenges in Research, Practice and Policy. “So now we’re looking at how best to do it, the same as you would women’s health or cancer care.”

The College began addressing that issue a dozen years ago — long before Jenner and the LGBTQ moniker became entrenched in the cultural lexicon. Around 2003, Professor of Pediatrics Paula Duncan, M.D., laid the foundation for the first LGBTQ educational initiatives at the College. Since then, UVM has steadily moved to the forefront of LGBTQ medical education.

“We know that culturally, in the state of Vermont, we are on the leading edge of advocating for equality and the civil and health care rights of this population. It’s a natural extension that we should be leading the way in developing a cutting-edge health care approach to ensure that the needs of the LGBTQ community are met.”

In a survey of curriculum last year, the Association of American Medical Colleges (AAMC) recognized UVM as exemplary in its incorporation of LGBTQ health issues into curriculums. Jeffries’ colleagues at other schools, including members of the College’s LGBTQ community, tell him that UVM is ideally situated — on a progressive campus and in a forward-thinking state — to take a pioneering role in LGBTQ healthcare education, he says.

“Like to build on strengths, and I view this as a strength,” Jeffries says. “Our job is to make this the best medical school it can be. That means our education program needs to be recognized as a leader in areas where we are innovating.”

In November 2014, the AAMC released new competencies in LGBTQ healthcare required for medical students at its member schools. The goal is to train doctors to address patients’ specific health needs no matter their sexual or gender identity, says Kristen Eckstrand, M.D., Ph.D., founding chair of the AAMC Advisory Committee on Sexual Orientation, Gender Identity and Sex Development and a psychiatrist at the University of Pittsburgh Medical Center.

“A lot of people are well-intentioned, and they want this area to be addressed,” Eckstrand says. “The challenge is you don’t know what you don’t know.”

UVM has distinguished itself by building the institutional support and cultural climate to emphasize the importance of LGBTQ health, Eckstrand says. “It has a unique combination of very dedicated students and very dedicated faculty members, which is a catalyst for change in this area,” she says of UVM. “And that’s where a lot of medical schools fall apart.”

Across the country, medical schools are grappling with ways to build LGBTQ content into their curriculums. Some have added distinct courses focused on LGBTQ topics or spend a few hours or a day on LGBTQ health. Others simply pledge support for “gay-friendly” initiatives or rely on nondiscrimination clauses in their policies, Eckstrand says.

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— William Jeffries, Ph.D.
The representatives from Boston University, Brown University, Dartmouth College, Harvard University, and Imperial College London have formed the Boston Alliance for Change in Medical Education to map each school's curriculum for content that addresses lesbian, gay, bisexual, transgender, and gender-nonconforming health issues. Spreadsheets compare courses over each of the four years at each school against the 36 LGBTQ health competencies that the Association of American Medical Colleges released late last year.

The first meeting of the alliance took place in conjunction with the visit to campus of Vito Imbasciani and his husband, George DiSalvo. Imbasciani also attended the initial alliance meeting.

“We realized there was a dearth of any group like this,” says UVM medical student Charlotte Hastings ’18, at center, who was a founding member of the Northeast Medical Student Queer Alliance. “It’s not an LGBTQ course. It’s integrated. It’s part of the fabric of what we do.”

Incorporating LGBTQ scenarios in standardized patient instructional cases is crucial, Nicholas says. Who you are as a patient matters, because we teach a very patient-centered approach. Who you are, your age, who you live with, what you do for work, how you look at health and illness, is all important.”

The College of Medicine has taken a broad, all-encompassing approach along three primary directions: increasing LGBTQ representation among students and faculty; weaving LGBTQ subject matter into every category of content and teaching; and developing students’ communication skills and compassion in working with LGBTQ patients.

The third piece is perhaps the most important, fundamental to the humanistic elements of doctoring. It’s more about attitude than academics.

It’s an ability to respond with respect and the right questions when a patient comes out as LGBTQ during an exam. It’s an expression of support and interest when a colleague or student mentions a family with a same-sex partner. It’s the willingness to throw away traditional assumptions about gender and identity.

“[UVM] has a unique combination of very dedicated students and very dedicated faculty members, which is a catalyst for change in this area. And that’s where a lot of medical schools fall apart.”

Krisztina Eckstrand, M.D., Ph.D., AAAM Advisory Committee member

“As physicians, we have the capacity to transmit an appreciation and a caring for the richness of the individual person who has come to see us.”

Michael Upton, M.D.’94

“With these changes, the College has come a long way. Dr. Eyler says. At first, more than ten years ago, student evaluations of his courses in transgender health would include blunt expressions of disgust and questions about the need to endure such discussion, he says. “And I don’t get those anymore, teaching the same material.”

Eyler sees two reasons for that: “One is that our medical school has made tremendous progress in this area in a decade,” he says. “And the other is that so has the country.”

To bring in more LGBTQ students — who ultimately will add to the number of LGBTQ doctors — Jeffries adjusted the admissions process last year. Currently, 10 LGBTQ candidates are well represented in the admissions pool. “That was trickly, because years of discrimination has encouraged many to remain closeted. UVM’s voluntary process allows applicants to self-identify, making it one of the first two medical schools in the country to take this step, Jeffries says. “We’re giving students the assurance that we believe this is important,” he says. “We’re not asking this to be discriminatory. We’re asking to assure an integral part of our community is represented.”

In the most recent admissions cycle, Jeffries says, the College saw the number of LGBTQ-identified students increase — along with those of all underrepresented minorities, which grew from 7 percent of the entering class in 2013 to 12 percent this year.

Matthew Shear, who is openly gay and moved with his partner for medical school, says he recognized the difference at UVM during his admirations interviews. He asked schools about their LGBTQ student populations, their support and funding of advocacy groups, their hospitals’ policies on dealing with transgender patients and the option for patients to specify a pronoun in their medical records.

“Some people just glazed over, like, ‘I have no idea what this is, so we want to prepare our students for the universe of the patients that they’re going to be encountering’.”

Jeffries notes. “At UVM, they’re like, ‘Oh, yeah, we’re working on it.’ And as a student, you can pick your own pronoun with the registrar.”

He also gauged interviewers’ reactions when he came out to them and discussed his undergraduate LGBTQ activities. Some responded with “complete dismissal” and treated “me and my contributions to my application as if they were unrelated to medicine.”

“When the subject arose at UVM, the representative spent about a third of the interview talking about it, which sealed the deal for Shear.

“I definitely made it a priority,” he says, “to be somewhere where I was going to be embraced and welcomed to be out while training as a physician.”

Vermont Medicine
For physicians and scientists around the world, the Vermont Lung Center is a prime example of an institution that connects leading edge research to clinical needs.

Take a deep breath.

With luck, that felt good, maybe even a little relaxing. But if you’re one of the 25 million Americans living with asthma, or are among the more than 15 million who have chronic obstructive pulmonary disease (COPD), or the 221,000 who will be diagnosed with lung cancer this year alone, perhaps it didn’t.

You could even suffer from airway disease but not yet know it, due in part to the fact that 20 percent of the so-called “silent zone” of lung function can disappear before it becomes palpable. Researchers affiliated with the Vermont Lung Center (VLC) have been tracing those airways to their very ends — and beyond — and in so doing, have raised the Center to a level of national and, indeed, global distinction.

“Everybody knows the Vermont Lung Center — it’s internationally renowned for its expertise and leadership role in assessment of lung function,” says Polly Parsons, M.D., E.L. Amidon Professor and Chair of Medicine and a VLC member.

Take a deep breath.

“We’re interested in projects that are going to have high impact, and high impact means affecting patient care.”

— Charles Irvin, Ph.D.

That’s a view reiterated by one of the more recent additions to the center, David Chapman, Ph.D., a postdoctoral fellow who came to the Center from his native Australia upon the recommendation of his doctoral program director in order to research the physiology of asthma at a molecular level. “I studied lung functions in the lab and wanted to learn the animal model side of things,” says Chapman.

“My director said, ‘Vermont’s the place for you to go,’ since there aren’t many places that put the two together. And Charlie is exceptionally well-known.”

“Charlie” is Charles Irvin, Ph.D., the Vermont Lung Center’s director and, some say, the very reason the center exists today. In 1988, Irvin was brought in from the National Jewish Hospital in Denver, the leading respiratory hospital in the United States, where he was the medical director of the largest lung-function lab in the country, and a professor at the University of Colorado Medical Center. But with his work divided equally between animal models and understanding basic mechanisms, he yearned to get involved in clinical research, which wasn’t possible in Denver. Former Denver colleagues who’d moved on to UVM helped draw Irvin to Burlington, where his charge was to set up an asthma center in the department of medicine.

At the time, there was no Vermont Lung Center per se, but there had been related funding, in the form of a Specialized Centers of Research (SCOR) grant to look at the biology and causes of fibrosis — more specifically, silicosis, an issue for many quarry workers — as well as a lung demonstration grant from what today is the UVM Office of Health Promotion Research. Both of those grants dated to the early 1970s, and by the time Irvin arrived, their funding had run out. Pretty much all that remained was a Vermont Lung Center logo on the wall. “There was a history of excellence here, and an association with the medical school and the university,” says Irvin. “And that was basis enough to establish the Center.” Soon after he arrived, a new grant was announced: the American Lung Association-Asthma Clinical Research Center program. “That really started the ball rolling,” Irvin says. “It was a highly competitive
national program, and we finished solidly in the middle of the pack of grantees, which I was very happy with. It was a home run the first time out.” It also resulted in Irvin’s being named division chief of pulmonary critical care and meant he could start adding faculty members to an intensive care unit that at the time included only a half-dozen lung physicians. But the following year, after being awarded a Centers of Biomedical Research Excellence (COBRE) grant from the National Institutes of Health, the Vermont Lung Center fully came to life. The first-cycle COBRE brought “serious money” — some $40 million over a total of 15 years, with successful renewals at five-year intervals (with the VLC often earning the best score in the competition, says Irvin). The funding cycle was successfully completed this July and Irvin takes pride in the fact that the VLC was among the small number of COBRE grantees that qualified for the full 15 years of funding. Faculty members continue to receive grants from a variety of sources, and he points to those as confirmation of the VLC’s success. “There’s a track record of outstanding excellence based on peer review,” he says, “so when I say we have a terrific center, I base it on this consistent high level of peer review.”

Those grants fund continually innovative research by an interdisciplinary faculty whose members collaborate across the departments of medicine, microbiology and molecular genetics, physiology, and pathology, and the College of Engineering and Mathematical Sciences. Their collective basic science, translational, and clinical research focuses on a range of lung-related issues including bacterial genetics and metabolism, cell therapy, cystic fibrosis, pulmonary fibrosis, critical care, obesity, and asthma.

“That was a game-changer — when Charlie came on board and recruited all these fantastic people,” says Professor of Pathology Yvonne Janssen-Heininger, Ph.D., whose primary research interest is the biochemical processes underlying the chronic remodeling of airways in lung tissue, a problem that can’t be combated with steroids or beta agonists. So her lab is focusing on the molecular mechanisms that drive disease manifestations, and in particular, the role of epithelial cells and how their response to inhaled agonists, particulates, or viruses dictate whether the damage will be repaired or remain chronically inflamed. She’s also behind a partnership with Maastricht University Medical Center in the Netherlands, where she earned her Ph.D.

“We have very complementary interests,” she says of the two centers. “They have a strong clinical, translational rehabilitation program in chronic obstructive pulmonary disease, and they’ve had an interest in expanding it to encompass asthma and obesity, which are two up-and-coming areas of research here. Given that you have this wealth of patient records and clinical data, that partnership is incredibly enabling in that it allows us to work much more effectively when it comes to clinical and translational research programs.” In addition, graduate students and postdoctoral fellows go back and forth between the two centers, with a conjoint Ph.D. program recently approved.

Asthma and obesity are indeed getting plenty of attention at the VLC — in fact, says Benjamin Suratt, M.D., obese asthma is becoming its own category of asthma, and he and several colleagues have conducted several clinical trials and ancillary studies to comprehend the mechanisms behind it, considering whether it’s an inflammatory response, and what the best treatment might be. Suratt, professor of medicine and vice chair of medicine for academic affairs, has also looked at the effects of obesity on Acute Respiratory Distress Syndrome (ARDS), which is common to hospital intensive care units and kills roughly 30 percent of patients who have it.

“Most of the work that’s been done over the last 30 years has looked at cardiovascular and endocrine disease in obesity, so there’s very little that’s known about what obesity does to the lung, and how it modifies both the incidence of a disease like asthma, but also how it modifies the actual manifestation of the disease,” says Suratt.

Together with Professor of Medicine Anne Dixon, M.D., Suratt coordinates a biannual conference on these issues; “Obesity and Metabolism: An Emerging Frontier in Lung Health and Disease” is slated to take place in October at UVM’s Davis Center. He also frequently collaborates with Associate Professor of Medicine Renee Stapleton, M.D., Ph.D., whose own research is largely clinically based and focuses on nutrient and other supportive care interventions in the ICU, as well as communication around treatment preferences in palliative care.

“The great thing about the VLC for investigators is that it really brings together a diverse and multidisciplinary group of scientists that come from all areas of pulmonary investigation. It’s a wonderful coalescence of clinical research and basic science efforts.”
Planting a Seed

Sally and John Ouellette, M.D. ’60, never envisioned themselves as philanthropists. Dr. Ouellette was raised on a 450-acre dairy farm in Tunbridge, VT, and if everything had gone according to plan, he’d be a retired dairy farmer now. Instead, he’s a retired allergist, a Wisconsin tree farmer of the year, and oh yes, he and his wife, Sally, are philanthropists.

A childhood bout of polio weakened John’s body enough to make dairy farming with his family’s 155-head herd of Jerseys impossible. Instead, he focused on academics. After earning his M.D., he completed his residency at the University of Wisconsin, where he met Sally, and following Army service at Walter Reed Medical Center, he began a busy practice in Wisconsin. His specialty was in allergies, specifically those associated with indoor air quality, and building science.

After John’s retirement from the University of Wisconsin faculty in 2004, the Ouellettes focused on building their Dayton Ridge Tree Farm in Richland County, WI, where they grow red and white pine, chestnut, red oak, and black walnut trees. They estimate they have planted 40,000 trees and shrubs over the years, and they earned the state’s 2010 Tree Farm of the Year award.

Along the way, they also discovered the joy that comes with giving. They have recently decided to give back to the UVM College of Medicine with a $50,000 gift to establish the John, M.D. ’60 and Sally Ouellette Endowed Lectureship for the Vermont Lung Center (VLC). The Ouellettes’ gift will enable the VLC to maintain this vital speaker series in perpetuity. The Ouellettes will be present for the inaugural lecture in October of 2015, featuring a presentation by Charles Reed, M.D., a renowned allergist and one of Dr. Ouellette’s mentors during his medical training at Wisconsin.

Recently there’s been engagement among VLC faculty in alternative, or complementary medicine: Professor of Medicine David Kaminsky, M.D., is conducting a project on the effects of yoga breathing on Chronic Obstructive Pulmonary Disease (COPD), while Irvin is looking at the use of biofeedback on asthma with collaborators at Rutgers and in Denver. A recent VLC-member authored study in the Journal of the American Medical Association focused on the effect of soy supplements on lung function, while others are being published on the use of continuous positive airway pressure for sleep apnea and nondrug approaches to treating asthma.

“We’re interested in projects that are going to have high impact, and high impact means affecting patient care,” Irvin says of the group’s broad research targets. Those also include work by Matthew Wargo, Ph.D., assistant professor of microbiology and molecular genetics, on bacterial lung infections and how various gram-negative opportunistic pathogens respond to surfactant when they get to the lung, as well as how they respond to damage to the host lung surfactant and cells and tissues and cause diseases including cystic fibrosis. Together with Suratt, Wargo is using a mouse model to determine changes in respiratory physiology during infections. The mouse model is a classic approach in studying the lung, and as at centers worldwide, they’re using the flexiVent, a device that accurately measures lung function in small animals, which was created by the VLC’s Jason Bates, Ph.D., professor of medicine. Bates calls the flexiVent a “plug and play,” but in fact it’s now the industry-standard tool for measuring lung stiffness and airway resistance.

Bates, who has one foot in UVM’s College of Mathematics and Engineering as well, serving as graduate coordinator for the new bioengineering Ph.D. program, wants to understand the physics of the lung; how big are the airways, how much pressure does it take to force the flow of air through, and how can the lungs be expanded? That applies equally well to ARDS: “You have this delicate lung; how do you ventilate it in a way that minimizes the physical damage you do to it?” says Bates. He’s also currently collaborating with Matt Poynter, Ph.D., associate professor of medicine, to test hypotheses about allergic inflammation.

“My computational inclinations match up with his immunological knowledge, and we end up doing a lot of interesting work,” says Bates. “It’s always at the interface between different disciplines or different skill sets that the good stuff comes. The buzzword in research is translational, but here in the VLC it’s a natural thing.”

Raj Chawla

“Another thing VLC does incredibly well is manage both a very active, productive, successful basic science side as well as a very similarly active and productive clinical research side, two totally different skill sets.”

— Renee Stapleton, M.D., Ph.D.

I think we have a lot to be proud of, and we’ve got a very bright future, because we’ve got the one thing that matters, and that is fantastic people who get along and collaborate with each other.”

— Charles Irvin, Ph.D.

The Vermont Lung Center is supported by a National Heart, Lung and Blood Institute T32 training grant that funds four doctoral students and three postdoctoral fellows. Irvin says those trainees are an integral part of the Center’s work, and are crucial to its progress.

“I’ve made it the hallmark that we hire outstanding trainees and faculty— and when you hire good people, good things will happen,” says Irvin. “The group is incredibly collaborative. We’ve achieved what we set out to do, and that was to develop a world-class center of lung biology and understand disease pathogenesis of the lung. I think we have a lot to be proud of, and we’ve got a very bright future, because we’ve got the one thing that matters, and that is fantastic people who get along and collaborate with each other.”

As rates of lung cancer, COPD, and asthma continue to climb, that collaboration will be key not only to the health of the nation, but also the world.
The earliest memory Delight Wing, M.D.’75, has of her husband, Jack Long, M.D.’75, was seeing him enter Hall A, the College of Medicine’s main lecture hall, in pink bellbottoms on the first day of medical school in 1971. The first conversation with him that she recalls was at an orientation event, where he talked passionately about rugby, a sport that bored her at the time. It may have been one of the few topics they weren’t immediately in sync on.

Long, who noticed Wing in Carpenter Auditorium on that opening day, remembers their first substantive talk late one night in the anatomy lab — Wing asked for help moving her cadaver. So, in a small way, began a collaboration that has been the hallmark of the couple’s life together for 40 years, years that have found them working at a South Burlington pediatrics practice for more than three decades, serving as UVM advisers for the Albert Schweitzer Fellowship Program, and building deep relationships with groups working to improve health care in Haiti.

In addition to the abundant contributions the couple has made to the pediatrics field at home and in Haiti, part of their legacy is how many students and colleagues they have inspired — and how profoundly.

In recognition of their work, Wing and Long, UVM clinical associate professors of pediatrics who live in Jericho, Vt., were among five physicians honored with the 2015 Service to Medicine and Community Award at the College’s Medical Reunion in June.

“We are happy to provide one example of how service can be compatible with a traditional medical practice and raising a family,” Long says.

That the couple could make those facets of their lives compatible is a lesson in compassion, commitment — and grit.

Wing grew up in Littleton, N.H., with a best friend whose father was a general practitioner. She and her friend spent a lot of time after hours in the doctor’s office, counting tongue depressors and doing other tasks. She knew by fifth grade that she wanted to pursue medicine in some way. That goal was reinforced by volunteering in her local hospital and attending summer camps in biochemistry, before attending Stanford University. “I had the opportunity to experience the scope of the human interactions special to the medical field and the excitement of the science involved,” Wing says.

She briefly considered a teaching career. “But I realized that I most enjoyed the more intimate, one-on-one relationships and that I prefer learning and applying science to teaching it.”

Long, born in Washington, D.C., grew up in a military family and lived in states all over the country. During most
of his undergraduate years at UMass Amherst, he envisioned a career in oceanography. But a Life magazine article on a family physician captured his interest.

“I decided after my junior year that I was more interested in a career which would bring me into contact with people and offer the opportunity to be of service while satisfying my interest in science,” Long says.

At the College of Medicine they were encouraged by the late Charles Houston, M.D., in the College’s former Community Medicine Department, to pursue opportunities to help underserved people in other countries. Former College faculty member Renee Bergner, M.D., and her husband, Arthur, M.D., introduced them to Hospital Albert Schweitzer in Deschapelles, Haiti, and were role models for aiding the poor while maintaining a medical practice.

“Most people go into medicine with the idea of helping people in need. That was the primary motivation behind it for us, coupled with an interest in the wider world,” Long says of their decision to work in Haiti.

For nearly 30 years, Wing and Long volunteered at Hospital Albert Schweitzer. They went annually for a few weeks at a time with their two sons when the boys were still at home. Since they retired from their practice in 2012, they have worked with Partners In Health, a Boston-based organization that operates Haiti’s University Hospital of Mirebalais. The couple helped develop medical care in patient and outpatient units and a pediatric residency program at the hospital. Now they assist colleagues there for six months a year. They also work at clinical sites operated by Haiti’s health department.

One of the biggest challenges Wing and Long have faced has been the shortage of qualified doctors and the lack of infrastructure. They have had to work around. Unfortunately, there are times when you don’t have a workaround, and the patient just goes without,” Long says. “There’s nothing else to be done — and that’s difficult.”

Other situations have been difficult, too. On one Haiti trip, their sons’ luggage didn’t arrive, and the boys wore clothing donated for hospital patients. “They weren’t happy about it,” Long recalls. “But it was a good lesson in humility. It was important to the couple to have their children with them in Haiti. ‘We realized by not living in a more diverse community, our kids would be lacking something,’ Long says. Sometimes safety has been a concern in a country prone to political and social upheaval, with coups and military regimes. One year, the airport was closed for a month because of a hijacking. Once the couple was in a car that was rocked during a demonstration. In the ‘90s and early 2000s, drugs and crime, including kidnappings and carjackings, abounded. Occasionally they were advised to travel with armed security guards to the airport.

“There are definitely no-go places that we all respect,” Long says. “Partners In Health takes very good care of us.”

Another challenge for Wing and Long was adjusting to a different approach to practicing medicine in a country so lacking in resources.

“Without a common understanding and language, it requires more direct teaching when we’re working on a new program or project. The understanding we would have here (in the United States) that we could proceed in a certain way isn’t a given in this setting. Realizing a common goal and a common approach to that goal takes a lot more effort and time, so the scope of the project is much larger, and the time it takes to get from A to B takes much longer,” Wing says.

Despite the time to get from A to B, the couple has made significant contributions to Haiti. Developing a manual of protocols to help standardize acute and chronic pediatric care, teaching a neonatal resuscitation course at various sites and creating a system for ongoing monitoring and education of staff. This led to its involvement in addressing underlying issues that contribute to such chronic conditions as malnutrition. Along the way, they’ve learned it’s possible to bring first-rate medical care to a desperately poor country.

“We have seen dramatic cases of children in advanced stages of HIV and tuberculosis combined and looking literally like they’re on death’s door. Seeing them later, they’re happy, healthy, thriving adolescents,” Long says.

That kind of success, and close work and social connections with colleagues, have sparked them to return each year.

In their South Burlington practice, “The bulk of our work was office-based healthy children,” Wing says. “As much as we loved our work in primary care, pediatrics in Vermont, our work in Haiti has afforded us the opportunity to use more of the ‘doctoring skills’ we learned in medical school and training — procedures and solving diagnostic dilemmas.”

Their doctoring skills and Haiti experience have motivated many medical students. Wing and Long mentored when they were UVM advisers for the Schweitzer Fellowship, a Boston-based organization’s advisory board.

“I was impressed by their selflessness and unwavering dedication to the program’s mission and the fellows’ potential. They spent hours in individual and group mentoring activities with student participants, despite maintaining their clinical practice and other educational and extracurricular activities,” former Schweitzer Fellow Heidi Schumacher, M.D.’10, says. “Jack and Delight inspired and modeled a form of peer-to-peer coaching that allowed us to learn from one another, in addition to learning from the expertise and experience of Jack and Delight.”

“Most people go into medicine with the idea of helping people in need. That was the primary motivation behind it for us, coupled with an interest in the wider world.”

— Jack Long, M.D. ’75

View a lecture on medical practice in Haiti given by Drs. Wing and Long and John Durham, M.D. ’85 during Medical Reunion 2015. Go to uvm.edu/medicine/vtmedicine

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— Jack Long, M.D. ’75
The University of Vermont Foundation

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1950s

MEDICAL REUNION 1950 – 1956

Theodore H. Goldberg was invited to join the editorial board of Westwood Cardiology Associates, Westwood, New Jersey, after 12 years of practice. My wife, June, and I now live in New York City." Leslie Geiten writes: "Speaking of my joints. Still in there fighting, enjoying life although I miss my wife, Susan, who passed away from Alzheimer's Disease, the cruelest of all affictions. Keep in touch. Stay well as best you can."

Parker Towle reports: "My second full-length collection of poems, World Spread Out, is out from Antrim House Books. One poem, ‘The Hill,’ involves an experience during my years as a medical student! Parker’s latest collection is available from online booksellers.

1970s

MEDICAL REUNION 1970 – 1976

John Lawrence DeBoer is the author of the political thriller titled Skeleton Run, his sixth published work, which is available through online booksellers.

1980s

1990s

Catherine M. Coffin retired from Vanderbilt University School of Medicine. She was the Ernest W Goodpasture Professor of Investigative Pathology, vice-chair of pathology, executive medical director of anatomic pathology, and director of translational research at the school.

Dana Collection Yearbooks Online

Lost track of your old yearbook, or just looking to research some College of Medicine history on your own? A pilot program of the Dana Medical Library can help you. Yearbooks from 1952 through 1968 have been scanned and are downloadable at http://scholarworks.uvm.edu/dm/yearbook.

If you have news to share, please contact your class agent or the Development & Alumni Relations office at medalumni.relations@uvm.edu or (802) 656-4014. If your email address has changed, please send it to medalumni.relations@uvm.edu.

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Two Alums Honored by UVM Alumni Association

The UVM Alumni Association will honor the accomplishments and contributions of Jackie Noonan, M.D. ’54 and Fred Mandell ’61, M.D. ’64 during the 2015 Celebrating Excellence Alumni Awards program in early October. Both Dr. Noonan and Dr. Mandell are receiving the UVM Alumni Achievement Award. This award has been presented since 1985, honoring alumni for outstanding achievement that has been recognized at the local, state, and/or national level.

White Coat Note Project 2015

Remember putting on your White Coat for the first time, both the excitement and the trepidation? Help welcome (and encourage!) the Class of 2015 into UVM’s medical community. Submit your note here: all 11 members of the new class in time for the annual White Coat Note Project. Our goal is to once again have a note from an alum in the pocket of the Class of 2019 through the second annual White Coat Note Project.

Development News

Gift Provides First Endowed Fund for Steps to Wellness

In honor of his mother, who lost her life to cancer, Paul Cain, M.D. ’81 has created the first endowed fund for Steps to Wellness, an oncology rehabilitation program sponsored by the University of Vermont Cancer Center. Named the Paulina P. Cain Endowed Fund at the UVM Cancer Center, the $50,000 gift not only honors Cain’s mother and all cancer survivors, but also pays tribute to Cain’s own life’s work as an orthopaedic surgeon. The mission of Steps to Wellness dovetails with Cain’s chosen specialty. The program offers 12 weeks of supervised exercise to cancer survivors, helping participants regain strength and fitness after treatment, and create a support network. Cain, a native Vermontian born and practicing in MA, has pledged additional support for his alma mater. A $500,000 estate provision will help to fund future cancer care at the UVM College of Medicine and UVM Medical Center.

Faculty Bequest Helps to Establish Green & Gold Professorship

A long-time UVM College of Medicine faculty member and his wife, Linda, have made a $500,000 bequest, which will be used to establish a Green and Gold Professorship in the Department of Surgery. David L. Leitner, M.D., came to the UVM College of Medicine in 1984, rising through the ranks to become a full professor of surgery in the Division of Plastic, Reconstructive and Cosmetic Surgery in 1999. He has served as division chief since 2004. The Leitner gift not only honors his long career and strong ties to the UVM College of Medicine, but will help the Department of Surgery to continue to attract top talent for years to come. The Linda K. and David W. Leitner, M.D. Green & Gold Professorship will provide support for a faculty position in plastic and reconstructive surgery.

Class of 1955 Alum Pledges Additional Scholarship Support

The Celeste and Arthur DiMambro, ’55 Endowed Scholarship at the UVM College of Medicine has been helping medical students achieve their dreams since Dr. DiMambro joined the fund in loving memory of his wife in 2013. A recent gift from Dr. DiMambro adds $200,000 to the scholarship fund, bringing the total to half a million dollars. It’s a testament to Dr. DiMambro’s commitment to his alma mater — he recently traveled from New Hampshire to attend his 60th reunion – and a tribute to his wife, whom he met while completing his surgical residency at Boston Children’s Hospital. Their introduction came via the airwaves. One of Celeste’s job duties was to read messages over the public announcement system in the building, and when Dr. DiMambro heard her voice, he knew he had to meet her. A short time later they were married. One of Dr. DiMambro’s four daughters is also a UVM alumna, graduating from the College of Education and Social Services in 1992.

Scholarship & Surgical Prizes Receive Additional Support

In 2000, Harry Howe, M.D. ’52, and his wife, Thea, established the Howe Endowment with a $500,000 gift and began expecting to support students who demonstrate involvement in community service and excellence in patient care, and to fund an annual prize for both an outstanding surgery resident and an outstanding surgery professor. In the years since, they have directed their annual giving to this purpose, and this year made a generous gift of $24,000. The Howes have seized opportunities to get to know the medical students they’re helping by regularly attending scholarship dinners at UVM. In 2014 they had the chance to meet scholarship recipients Luke Neff ’16, who grew up in town adjacent to where Dr. Howe was raised in upstate New York. The scholarship gives preference to students from Vermont or St. Lawrence County, N.Y.

Reunion Giving Success for 2015

The Celebration of Achievements Award Ceremony at Medical Reunion 2015 honored the Class of 1955 celebrating their 60th reunion. David R. Rick, M.D. ’54 presented each alum in attendance with a 50th Reunion medal. The event also celebrated the generosity of more than 300 alumni across the class years who contributed to the class giving campaign during their reunion year. On behalf of the UVM College of Medicine, Dean Moir accepted a check for $735,000, which will be used to support medical education and student scholarship at the College.
Andrew J. Goodwin ’11 was promoted to associate professor of pathology at the UVM College of Medicine.

Caroline E. Lyon was promoted to associate professor of medicine at the UVM College of Medicine.

Omar Khan was promoted to clinical associate professor of family medicine at the UVM College of Medicine.

This April, Suzanne Margarita Palinski was named chief of pediatrics for Bradley Hospital in East Providence, R.I.

Jonathan Hall was named a top orthopaedic doctor by South Magazine.

For a paper titled, “The Fibrolytic Response to Trauma and Hemorrhagic Shock Pathologies of Physiology,” Hunter Moore received first place in the clinical investigation category of the 37th annual Residents Trauma Papers Competition. Award winners were honored at the annual meeting of The American College of Surgeons [ACS] Committee on Trauma [COT].

Brock W. Libby received the 2015 Nancy Walton Hugh-Child Advocacy Award from the University of Virginia School of Medicine for his work in an LGBTQ youth outreach and education as a pediatrics resident. He recognizes an advocacy project initiated during residency that has “led to the improved health and well-being of children.”

Ammon Milton Fager ‘01 received the Young Investigator Award from the University of Vermont’s division of hematology and oncology. He was promoted to associate professor of medicine at the UVM College of Medicine.

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This unknown student is probably taking a break from clinical rotation to a “toolbox” for medical guides and examination. The white coat can be many things: from a symbol of the medical profession to a “toolbox” for medical guides and examination. The chest pocket of his scrubs carries a 1975 date.

Camping Out
The white coat can be many things: from a symbol of the medical profession to a “tool box” for medical guides and examination instruments. And, in a pinch, it makes a pretty serviceable tent. This unknown student is probably taking a break from clinical work and eating lunch on a snack against an outside wall of one of the clinical buildings — perhaps the brick DeGoesbriand Unit?

Are you this person, or do you have a hunch who he is, and where he’s sitting? Send your answers to edward.neuert@uvm.edu. We will include them in a future issue of Vermont Medicine.

For INFORMATION CONTACT: University of Vermont Continuing Medical Education 128 Lakeside Avenue, Suite 100, Burlington, VT 05401, (802) 656-2292 www.uvm.edu/medicine/cme

2015 CONTINUING MEDICAL EDUCATION FALL–WINTER CONFERENCE SCHEDULE

Primary Care Sports Medicine September 30–October 2, 2015 The Essex Essex, Vt.

Breast Cancer Conference October 2, 2015 Sheraton Hotel and Conference Center Burlington, Vt.

Obesity & Metabolism: An Emerging Frontier in Lung Health and Disease October 5–7, 2015 University of Vermont, Davis Center, Silver Maple Ballroom


Neurology for the Neurologist October 16, 2015 Portsmouth/Harbors Events and Conference Center Portsmouth, N.H.

Bridging Primary Care and Behavioral Health to Achieve Triple Aim Outcomes October 22, 2015 The Essex Essex, Vt.


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Brock W. Libby received the 2015 Nancy Walton Hugh-Child Advocacy Award from the University of Virginia School of Medicine for his work in an LGBTQ youth outreach and education as a pediatrics resident. He recognizes an advocacy project initiated during residency that has “led to the improved health and well-being of children.”

Ammon Milton Fager ‘01 received the Young Investigator Award from the University of Vermont’s division of hematology and oncology. He was promoted to associate professor of medicine at the UVM College of Medicine.

John Monaco has been an agent for the Class of 2001 since graduation. His periodic surveys of her class members’ activities have appeared in Vermont Medicine several times. John received her undergraduate degree and a master’s in neurosciences from Lehigh University before coming to the College of Medicine in 1994. She also completed a two-year fellowship at the NIH before medical school. She was attracted to UVM by its innovative curriculum, which gave her earlier, more extensive clinical experience. Today, John is in solo practice as a plastic and reconstructive surgeon in New York City, and is program director of both the Manhattan Eye, Ear and Throat Hospital Aesthetic Surgery Fellowship and the Reconstructive Plastic Surgery Fellowship at Lenox Hill Hospital. Her husband, Mike, is a urologic oncologist and they have a 6-year-old daughter, Caroline, 2-year-old son, Matthew, and a baby on the way.

TO CONTACT YOUR CLASS AGENT: See the online directory at www.med.uvm.edu/medicine/alumni
REUNION 2015

SEVEN DECADES, ONE WEEKEND

They came from classes stretching all the way back to the mid-1940s, but no matter how long they’d been away from campus, all the participants in Reunion 2015 this June experienced what many repeat visitors felt was one of the most successful get-togethers in years.

If you’re in a class that ends in 1 or 6, mark your calendar for REUNION 2016: June 10–12!
Dr. Balch became one of the first board-certified anesthesiologists in the region. Dr. Linch, along with his cousin and lifelong friend, Dr. Hervey S. Searfoss, formed the concept of a recovery room for post-operative care at Glenn Falls Hospital. Dr. Linch served as chief of anesthesiology at Glenn Falls Hospital for several years until his retirement in 1988. He was a member of the New York State Society of Anesthesiologists, fellow of American Society of Anesthesiologists, New York State Society of Physicians, New York Academy of Medicine, and president of Warren County Medical Society.

Ronald H. Neal, M.D.
Dr. Neal, of Ludlow, Vt., died May 27, 2015. Born February 28, 1923, in New Haven, N.Y., he attended the University of Vermont, receiving his B.A. degree in 1944 and his medical degree in 1947. He interned at Vaux Brothers Hospital in New York and returned to New Haven, N.Y., and was admitted to the American Academy of General Practice, attending the Family Practice Residency Program at Yale-New Haven Hospital. Dr. Neal had a distinguished military career starting as a reserve major in the Army Reserves. He returned to military service in World War II. He was discharged with rank of captain in 1945 while a student at UVM. He was in the Army reserve from 1946 to 1953, and spent time in Germany when the reserve was activated during the Korean War. In 1956, he returned to military service in the Air Force Reserve from 1970 to 1987, during which time he served as a Flight Surgeon. He retired with the rank of colonel in 1987.

Cleveland Rey Denton, M.D.
Dr. Denton died January 23, 2015, at the age of 93. Born February 27, 1922, in Burlington, Vt., he graduated from the University of Vermont in 1944, and went on to earn his M.D. degree cum laude from the New York Medical College in 1948. After completing his internship and residency at the New York Medical College, he joined the Public Health Service in Cincinnati, Ohio, before moving to West Hartford, Conn., beginning a 32-year career in the practice of dermatology at Hartford. Dr. Denton served as chairman of the Dermatology Section of the Department of Medicine at St. Luke’s Hospital in Hartford, where he was the author of many research articles relating to the protective and therapeutic effects of chemical agents on skin tissue.

Charles M. Iliff, M.D.
Dr. Iliff died April 16, 1995, at the age of 92. Born in Ludlow, Vt., in 1903, Dr. Iliff was a graduate of the University of Vermont College of Medicine in 1926. He completed his residency in anesthesia at Dartmouth Medical School, and joined the faculty of the College of Anesthesiology in 1959. He practiced family medicine in Ludlow, Vt., from 1947 to 1997, and then provided anesthesiology service at Springfield Hospital and later the Valley Regional Hospital. Dr. Neal had a distinguished military career starting as a reserve major in the Army Reserves. He returned to military service in World War II. He was discharged with rank of captain in 1945 while a student at UVM. He was in the Army reserve from 1946 to 1953, and spent time in Germany when the reserve was activated during the Korean War. In 1956, he returned to military service in the Air Force Reserve from 1970 to 1987, during which time he served as a Flight Surgeon. He retired with the rank of colonel in 1987.

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Robert W. Linch, M.D.
Dr. Linch died June 21, 2015. Born August 7, 1920, in New York City, he graduated from Colgate College in Hamilton, N.Y., and received his medical degree from UVM in 1947. He interned in Stamford, Conn., and then opened his general practice in the street where he grew up, Glenn Falls, N.Y. Dr. Linch served in the U.S. Air Force from 1945 to 1948, completed a year of internship at Hahnemann Medical College in Philadelphia, Pa., in 1957. Dr. Miller served as chief of the Department of Surgery at Phoenixville Hospital from 1974 to 1983, and chief of general surgery from 1972 to 1978. He was a member of Chester County Medical Society, American Society of Surgeons and the American Board of Surgeons.

Dr. Denton started his anesthesiology residency at Hartford Hospital in 1950. He completed his residency at Glenn Falls Hospital for several years until his retirement in 1988. He was a member of the New York State Society of Anesthesiologists, fellow of American Society of Anesthesiologists, New York State Society of Physicians, New York Academy of Medicine, and president of Warren County Medical Society.

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White Coat fitting during day two of Orientation for the College of Medicine Class of 2019. The students will receive their new coats, with notes of support from alumni in the pockets, at the White Coat Ceremony on October 23.

photograph by Erin Feit, COM Design & Photography
REUNION EVENTS INCLUDE:

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

For more information visit uvm.edu/medicine/alumni