Larner faculty, students, staff, and alumni rise to the challenge of the pandemic.
JOHN BEAMIS, M.D.’70, remembers JAMES GREEN, M.D.’70, as a kind and generous friend with a dry sense of humor. With several other medical students, they shared a house on Mansfield Avenue and kept in touch over the years as their careers took them to different parts of the country. Green moved to the San Francisco area to practice obstetrics and gynecology, while Beamis headed to the Lahey Clinic in Massachusetts where he would spend three decades as a pulmonologist. After Green died in 1993 from pancreatic cancer, Beamis wanted to honor his classmate and give back to the College of Medicine. The James R. Green, M.D.’70 Memorial Scholarship is designated for fourth-year students pursuing a career in obstetrics and gynecology, with preference for those interested in completing an OB/GYN rotation at University of California San Francisco, where Green was a clinician, professor, and director of the obstetrics unit at San Francisco General Hospital. Green and Beamis spent time on the UCSF OB/GYN service their final year of medical school, so it’s a fitting tribute and a worthwhile opportunity for Larner students. For Beamis, his medical school years set the stage for the rest of his life. “I enjoyed the camaraderie and made lifelong friends,” he says. “The medical education we received was excellent, including the emphasis on compassionate patient care. It has served me well over the years.”
We have learned a lot about the disease in the last several months; when the last issue of Vermont Medicine went to press in April, we will be back together, face-to-face, hopefully in the not-too-distant future, when these challenging days will be behind us. We do what we need to do for now, to use of technology, since we cannot meet in person. We will still welcome the Class of 2024 to campus, all the while providing modifications in the ongoing support we must provide for each other.

This past season has been a time of loss for so many, and that loss has been felt here on our campus too. In late June, we were saddened by the sudden death of one of our own students, Collins Oguejiofor from the Class of 2022. The tragic loss of such a kind and gentle soul as Collins rocked our community, but also brought us together in groups large and small—students, Collins Oguejiofor from the Class of 2022. The tragic loss of such a kind and gentle soul as Collins rocked our community, but also brought us together in groups large and small—students, faculty, and staff—demonstrating an extraordinary level of professionalism and leadership in response to care needs associated with the COVID-19 outbreak. She rapidly organized additional support for Division of Geriatrics providers.

Wallace Elected to American Academy of Arts & Sciences
The American Academy of Arts & Sciences has elected University of Vermont Professor of Microbiology and Molecular Genetics Emerita Susan Wallace, Ph.D., to its membership, in recognition of her status as a world leader in the sciences. Wallace joined 275 new members elected on April 23, 2020. Wallace, who served as chair of UVM’s Department of Microbiology and Molecular Genetics for 30 years before her retirement in 2018, is the author of more than 200 biomedical journal articles. She has received more than 47 years of consistent National Institutes of Health funding for research exploring the fundamental DNA repair mechanisms involved in the development of cancer, as well as the effects of radiation damage to the genome. See the list at: amacad.org/new-members-2020
**Holmes and Stein Named 2020-21 UVM University Scholars**

Two Larner College of Medicine faculty members—Gregory Holmes, M.D., professor and chair of neurological sciences (left), and Gary Stein, Ph.D., Perlman professor and chair of biochemistry (right)—were named UVM Graduate College University Scholars for the 2020-21 academic year. They are two of four UVM faculty members recognized for sustained excellence in research, and creative and scholarly activities.

**Gallant Retires After 14 Years Leading Admissions**

After welcoming more than a thousand medical students into the Larner College of Medicine over the course of the last 14 years, Associate Professor Janice Gallant, stepped down from her position as Associate Dean for Admissions, effective July 1, 2020. She has been succeeded on an interim basis by Nathalie Feldman, M.D., assistant professor and associate residency program director in UVM’s Department of Obstetrics, Gynecology and Reproductive Sciences.

**First Selected as Distinguished Educator**

Lewis First, M.D., professor and chair of pediatrics, has been selected as one of 16 distinguished educators to serve in the Academic Pediatric Association’s new honorary service academy, the National Academy of Distinguished Educators in Pediatrics (NADEP). Members of NADEP will serve as topic experts for academic institutions; national peer reviewers for educational credentials of pediatric faculty; mentors/coaches for junior faculty; and as a think tank to set future directions in pediatric education.

**Bates Recognized for Pioneering Research by American Thoracic Society**

Professor of Medicine Jason Bates, Ph.D., Sc.D., has been named the 2020 recipient of the Solbert Permutt Trailblazer Award in Pulmonary Physiology and Medicine by the American Thoracic Society Assembly on Respiratory Structure and Function. Bates is known for his leadership in the development of novel approaches to the treatment of lung disease.

**Jemison Receives AAMC GSR Service Award**

Jill Jemison, assistant dean for technology/chief information officer, received the 2020 Service Award from the Association of American Medical Colleges (AAMC) Group on Institutional Resources (GIR) in recognition of her “significant and long-lasting impact in the field of academic medical center information technology, and to the GIR community.”

**Students Push for Advocacy Protection**

Medical students at the Larner College of Medicine led a national movement in June to appeal to key national medical education organizations to advocate for a change in assessing a record of arrest stemming from social justice-related protecting. This issue gained in visibility this spring with the increased focus on the Black Lives Matter movement.

**Feldman Receives PAAG Award in Pulmonary Physiology and Medicine**

Gary An, M.D., professor of surgery, and Robert Chase Cockrell, Ph.D., (right), assistant professor of surgery, received a $2.8 million four-year grant as co-investigators on a $22 million Defense Advanced Research Projects Agency-supported initiative led by the University of Pittsburgh. The project aims to develop a device combining artificial intelligence, bioelectronics, and regenerative medicine to develop a device combining artificial intelligence, bioelectronics, and regenerative medicine to regrow muscle tissue, especially after combat injuries.

**Atherly Receives Robert Wood Johnson Grant to Study Community Health Teams**

A new, three-year $500,000 grant from the Robert Wood Johnson Foundation will allow members of the UVM Center for Health Services Research (CHSR), led by center director and Professor of Medicine Adam Atherly, Ph.D., to explore the effectiveness of community health teams in improving the quality and efficiency of health care delivery. Community health teams are composed of nurses, social workers, dieticians, substance abuse counselors, and other roles—all designed to provide services beyond those typically encountered in a doctor’s office.

**“Smart” Wound-Healing Device**

The project aims to develop a device combining artificial intelligence, bioelectronics, and regenerative medicine to regrow muscle tissue.

**“My research shows that the biggest knowledge gaps for providers relate to history. We have to know our own history to be able to understand the pain and trauma communities have endured for hundreds of years.”**

— Excerpted from a blog post titled “Health and Racial Disparities in COVID-19,” by Maria Mercedes Avila, Ph.D., associate professor of pediatrics and director of Vermont Leadership Education in Neurodevelopmental Disabilities (LEND)
Cushman Receives AHA Meritorious Achievement Award

Over the last three decades, Professor of Medicine Mary Cushman, M.D., M.Sc., has emerged as a national leader in cardiovascular health. But the journey hasn’t been easy—she’s had to overcome more obstacles than most of her male counterparts.

“I’ve learned we’re not gender blind,” said Cushman, a hematologist at the UVM Medical Center and UVM Cancer Center member. “It’s anybody’s fault. Unconscious biases are just baked into you. But as we create a pipeline of future leaders, we have to make sure women in science overcome these biases and have every possible opportunity to grow their careers.”

Cushman’s contributions to the American Heart Association (AHA) in this area are why she’s the recipient of the AHA’s 2020 Award of Meritorious Achievement.

She will be honored with the award, which recognizes individuals who have rendered an important service to the AHA, during the association’s live stream event in October.

Cushman, who has worked on dozens of AHA committees, co-authored countless papers and won a case full of awards, has made far-reaching contributions on the local, regional and national levels. They include service as chair of council operations and as a national board director.

Currently, she is chair of the Go Red for Women in Science and Medicine Task Force, where she pilots programs to help women better understand their risk for heart disease.

“Volunteering with the AHA has been one of the best parts of my career,” she said. “I can’t say enough about how it helped me develop my own skills as a scientist, grow as a leader and connect with others who have a passion for preventing heart disease and stroke.”

Notable

Raghav Goyal ‘22 is an Albert Schweitzer Fellow for Life who first conducted a project involving Burlington’s homeless community during his second year of medical school. He shares his perspective on life in the homeless community, as well as an interview with Ronni Pearlman, a community member with a lived experience of homelessness who shares his perspective on life in the homeless community.

“Ambassador of Medicine”

John King, M.D., M.P.H. (above), professor and vice chair for academic and regional development in the Department of Family Medicine, has been appointed associate dean for continuing medical and interprofessional education (CME). The Office of Continuing Medical and Interprofessional Education provides a broad spectrum of accredited continuing education opportunities for physicians, nurses, and other health care professionals.

The office’s programs provide lifelong learning experiences for maintenance of certification and to enhance medical knowledge, performance, and patient-related outcomes. King replaces Cheung Wong, M.D., Berta Pi-Sunyer Williams ’58 Endowed Professor in the Department of Obstetrics, Gynecology and Reproductive Sciences, who was associate dean from 2011 to 2019, and became associate vice president for clinical affairs at the UVM Health Network in January 2019.

A graduate of the SUNY College of Environmental Science and Forestry and the University of Rochester School of Medicine and Dentistry, King completed his residency in family medicine at Duke University and obtained a Master of Public Health degree from the University of North Carolina. He has been a member of the faculty since 2004 and was responsible for the successful development of the Family Medicine Residency Program at Champlain Valley Physicians Hospital inPlattsburgh, N.Y.

King Named Associate Dean

Many incredible faculty and staff have also been with us every step of the way. Our lecturers and TBL facilitators, advisors and preceptors, residents and attendings, librarians and deans, OMSE and COMIS, standardized patients and sim lab staff have worked tirelessly and generously to help us become the best doctors we can be.

The path to get through medical school is tough, but at least it’s predictable. Our course of training is mapped out in detail years in advance. We progress through a rigid sequence of courses and standardized clinical experiences. It’s always clear what comes next, what to expect.

Can we rise to this challenge, and the challenges to come, to be the kind of doctors that the world needs?

Now, we’re graduating into a moment where nothing is predictable, and no one knows quite what to expect. This year, the normal uncertainty of starting residency seems even more daunting. As young doctors we’ll be facing things we’ve never faced before—at the same time as the entire medical system faces something it’s never faced before. First Aid for the USMLE doesn’t have a mnemonic for starting residency during a viral pandemic. (Trust me, I checked.)

We all chose to become doctors. And now that we are, we have a deeper choice to make: what kind of doctors are we going to be? I don’t mean that in the narrow sense of specialty, but in the sense of the presence and principles that we bring to our work. Can we rise to this challenge, and the challenges to come, to be the kind of doctors that the world needs?

Every day for the past four years—as we’ve gone from memorizing the medical lexicon to assessing cardiac emergencies in the ED—I’ve been inspired, comforted, and energized by the folks in our class. And when I look at us today—at least, those of us who have our webcams on—it brings me so much hope to think about this amazing cohort of doctors heading out into the world. Because this is what kind of doctors I see: I see doctors with integrity, persistence, and heart. I see doctors who are curious, critical, and creative. I see doctors who can stay grounded in an unstable situation, and find their moral compass when answers are unclear. I see doctors who are strong in themselves, yet humble enough to change and grow. I see doctors who are committed to serving others, and have who pass the passion to change lives.

In fact, we already have changed lives. So the last thing before the orchestra cuts me off right now, think of a moment in med school when you made a difference for a patient. Remember their face, the thing you taught them, and for everything you are and will be. To borrow a line from David Foster Wallace’s famous commencement speech: I wish you way more than luck.

We’re graduating into a moment where something is in the balance, and the moment is fragile. I wish you all to remember this, and hold on to that moment. Hold onto that memory, and in your heart. Hold onto that memory, and in your heart. Hold onto that memory, and in your heart. Hold onto that memory, and in your heart. Hold onto that memory, and in your heart. Hold onto that memory, and in your heart. Hold onto that memory, and in your heart.

What Kind of Doctors Are We Going To Be?

On May 17, 2020, students and faculty gathered via Zoom technology to celebrate Commencement for the Class of 2020 amidst the COVID-19 pandemic. The virtual ceremony featured student speaker Eli Goldberg, M.D.’20, who gave vision of the special circumstances ahead.

Good afternoon, Class of 2020! It is an incredible honor to be coming to you live from my parents’ living room as the official halftime show performer of the 2020 Larner College of Medicine Commencement Ceremony. If you need to grab a snack, walk the dog, or reset your router, you’ve got about 5 minutes…

I’ve been coming through a therapists, looking for the right words to describe this surreal, thrilling, bittersweet, joyful, poignant, totally upside-down moment in our lives. I wish with all my heart that we were together in Ira Allen Chapel right now. And yet, even though this is not how we dreamed that medical school would end, I could’t be more inspired by the accomplishments of our class. We’ve really been on an amazing journey together.

Although our celebration is virtual, the hard work that got us here was very real. Let me give you a lightning run through.

We made it through the MCAT, AMCAS, and MSAS. We passed FOCs, AAD, AMS, CRM, and HDRH. We learned to interpret EKGs, ABGs, CTs and MRIs. Our SPs taught us to gather an HPI and ROS, to listen at APTEM and document RRR, no MBG, CTAB. We passed the USMLE! We rotated through IM, FM, the OR, L&D, the ED, and two As. We learned to manage CHF and COPD, AAAs and IBD, MVAs and AMS. We entered our CVs into our router, you’ve got about 5 minutes…

We enter our CVs into your router, you’ve got about 5 minutes…

We entered our CVs into your router, you’ve got about 5 minutes…

The path to get through medical school is tough, but at least it’s predictable. Our course of training is mapped out in detail years in advance. We progress through a rigid sequence of courses and standardized clinical experiences. It’s always clear what comes next, what to expect.

The path to get through medical school is tough, but at least it’s predictable. Our course of training is mapped out in detail years in advance. We progress through a rigid sequence of courses and standardized clinical experiences. It’s always clear what comes next, what to expect.

The path to get through medical school is tough, but at least it’s predictable. Our course of training is mapped out in detail years in advance. We progress through a rigid sequence of courses and standardized clinical experiences. It’s always clear what comes next, what to expect.

The path to get through medical school is tough, but at least it’s predictable. Our course of training is mapped out in detail years in advance. We progress through a rigid sequence of courses and standardized clinical experiences. It’s always clear what comes next, what to expect.

The path to get through medical school is tough, but at least it’s predictable. Our course of training is mapped out in detail years in advance. We progress through a rigid sequence of courses and standardized clinical experiences. It’s always clear what comes next, what to expect.

The path to get through medical school is tough, but at least it’s predictable. Our course of training is mapped out in detail years in advance. We progress through a rigid sequence of courses and standardized clinical experiences. It’s always clear what comes next, what to expect.

The path to get through medical school is tough, but at least it’s predictable. Our course of training is mapped out in detail years in advance. We progress through a rigid sequence of courses and standardized clinical experiences. It’s always clear what comes next, what to expect.

The path to get through medical school is tough, but at least it’s predictable. Our course of training is mapped out in detail years in advance. We progress through a rigid sequence of courses and standardized clinical experiences. It’s always clear what comes next, what to expect.

The path to get through medical school is tough, but at least it’s predictable. Our course of training is mapped out in detail years in advance. We progress through a rigid sequence of courses and standardized clinical experiences. It’s always clear what comes next, what to expect.

The path to get through medical school is tough, but at least it’s predictable. Our course of training is mapped out in detail years in advance. We progress through a rigid sequence of courses and standardized clinical experiences. It’s always clear what comes next, what to expect.

The path to get through medical school is tough, but at least it’s predictable. Our course of training is mapped out in detail years in advance. We progress through a rigid sequence of courses and standardized clinical experiences. It’s always clear what comes next, what to expect.

The path to get through medical school is tough, but at least it’s predictable. Our course of training is mapped out in detail years in advance. We progress through a rigid sequence of courses and standardized clinical experiences. It’s always clear what comes next, what to expect.
“A World That Needs You:” Celebrating the Class of 2020

The ceremony began traditionally, with "Vermont Passacaglia," the Larner College of Medicine’s alumni-composed procession. But instead of graduates and faculty marching into Ira Allen Chapel, a slideshow of photos depicting the Class of 2020’s medical school journey played on the screens of viewers in remote locations across the country and globe.

"Today we send you out into a world that needs you," said Larner College of Medicine Dean Richard L. Page, M.D., as he welcomed new physicians in the Class of 2020 on Sunday, May 17, 2020, through the most extensive live online commencement ceremony held at a medical school during the coronavirus pandemic.

Joined by more than 100 medical graduates, Page, College of Medicine leaders, and guest speakers were connected via Zoom webinar videoconferencing while friends and family members watched a livestream of the ceremony on YouTube.

The event featured several highlights, including a stirring rendition of "America the Beautiful" by Class of 2020 graduate Nana Agyepong, M.D., who sang from her home in Connecticut. In addition to remarks from Page, Senior Associate Dean for Medical Education Christa Zehle, M.D., former Larner staff member Mike Cross, and Stephen Leffler, M.D., president and chief operating officer of the University of Vermont Medical Center and Class of 1990 College of Medicine alumnus, graduates and viewers heard a Commencement address by Joia Mukherjee, M.D., M.P.H., chief medical officer of Partners in Health, and associate professor of global health and social medicine at Harvard Medical School.

Mukherjee discussed the important role of context, team and love—through the lens of the pandemic—in providing important perspective to individuals in the healing profession.

"It is adversity that makes a doctor a healer," she said to the graduates, urging them to recognize and address health disparities, understanding that "zip code will define, in large measure, who lives, dies." And she told the new physicians that "At those final moments when a patient is faced with the end, that is when your presence and your love can heal."
We had not seen it for a hundred years: a global outbreak so pervasive and virulent that it brought normal life across the world to a standstill.

When COVID-19 swept across this country in March, Larner faculty, students, staff members, and alumni across the country went into action in all the areas served by the College’s missions. The following pages offer a broad look at their response to that call to service.
A team of UVM scientists, engineers and doctors have developed a new design—and built a working model—for a simple, inexpensive ventilator, affectionately called the “Vermontilator.”

Jason Bates, Ph.D.—a professor in both the Larner College of Medicine and College of Engineering and Mathematical Sciences—has been researching the kind of lung damage that occurs during illnesses like doctors are now seeing in COVID-19 patients for more than fifteen years. He leads the effort to develop the Vermontilator.

Unlike other improvised emergency ventilator designs, the UVM team’s approach uses an alternative mode of helping critically ill patients breathe. It’s called “airway pressure release ventilation” or APRV.

Bates and Vermont Team Invent Simplified Ventilator

THE UVM TEAM’S APPROACH USES AN ALTERNATIVE MODE OF HELPING CRITICALLY ILL PATIENTS BREATHE. IT’S CALLED “AIRWAY PRESSURE RELEASE VENTILATION” OR APRV.

The new ventilator could help these patients by inflating their lungs using long inspirations of air, which are held inflated at a constant and relatively high pressure, Bates explains. Then “at regular intervals, short expirations are allowed during which the lungs expel carbon dioxide,” he says. The APRV approach is the opposite of a normal breathing pattern—and may allow patients with COVID-19 to avoid, or reduce, the lung damage associated with the disease and with extended periods on a ventilator.

Unlike a traditional ventilator—a very complex piece of equipment that can cost more than $25,000—the Vermont-built machine was quickly assembled out of a commercially available motor that drives a rotating disk, conventional medical hoses, and other relatively simple parts, through collaboration with the team at UVM’s IMF Labs. As the COVID-19 pandemic continues to evolve, Bates sees resource-poor areas of the world experiencing severe shortages of healthcare facilities and equipment benefitting from the Vermontilator.

“Seeing the Vermontilator project come together from inception to realization so quickly, thanks to the enthusiasm and commitment of so many people, has certainly been one of the most gratifying experiences of my professional life,” says Bates.
Neurological Sciences Team Creates Virtual Anatomy Course

Each summer, dozens of physical therapy and Master of Medical Science graduate students from UVM and beyond come to the Larner College of Medicine for a very hands-on Human Gross Anatomy course. But with in-person instruction prohibited prior to COVID-19, faculty members in the Department of Neurological Sciences had to either cancel or develop an alternative plan.

With only six weeks to prepare before the first day of class on June 22, the team, led by Thayer Professor of Neurological Sciences and Director of the Anatomical Gift Program Gary Mawe, Ph.D., got to work to create a comprehensive, inclusive online version of the class.

First, Mawe took an online course design boot camp, researched several software programs, and consulted—through a listserv hosted by the American Association of Anatomists—with educators at many other institutions faced with the same dilemma. Following consultation with other course faculty members, he settled on a curriculum that includes a combination of pre-recorded lectures, newly-generated gross anatomy lab dissection videos, a 3D anatomy app called Complete Anatomy, and live online discussions with faculty members.

Faculty members, including Mawe, co-director and Professor Victor May, Ph.D., and Assistant Professors Derek Strong, Ph.D., Nicholas D’Alberto, Ph.D., and Abigail Hiescher, Ph.D., perform the dissections that students would normally do, and record narrated videos. Assistant Professor Nathan Jethbrit, Ph.D., edits the videos to include names and information about structures of interest, and related schematic diagrams. Sharon Henry, P.T., Ph.D., A.T.C., professor of rehabilitation and movement sciences emerita, provides most of the lectures on upper and lower extremities. All lecture and laboratory videos are closed-captioned, with ASL translation, as well.

“It’s a customized course,” says Mawe. “They won’t see the biological variability, like size of muscles and variation of arterial branches, that they would normally see in a large anatomy laboratory,” he says, “but the faculty are doing their best to get around that by including specimens from the department’s collection of high quality dissections that have been saved, with the consent of the donors.”

...A CURRICULUM THAT INCLUDES A COMBINATION OF PRE-RECORDED LECTURES, NEWLY-GENERATED GROSS ANATOMY LAB DISSECTION VIDEOS, A 3D ANATOMY APP CALLED COMPLETE ANATOMY, AND LIVE ONLINE DISCUSSIONS WITH FACULTY MEMBERS.

Telemedicine: From Bed-side to Web-side

A new course for third- and fourth-year medical students is geared toward telehealth.

In just a few short months, the COVID-19 pandemic has spurred countless innovations in medical education, especially at the Larner College of Medicine. Among them, a new course for third- and fourth-year medical students focused on telehealth, a type of care many patients have become accustomed to due to pandemic-related social distancing guidelines.

Developed by UVM Clinical Simulation Laboratory Education Director Cate Nicholas, Ed.D., the asynchronous online course, “Telemedicine: From Bed-side to Web-side,” utilizes a 42-session module developed by the American College of Physicians. It also includes a presentation and documents developed and collated by Nicholas with input from Elise Everett, M.D., the level director of the clinical curriculum and associate professor of obstetrics, gynecology and reproductive sciences, to educate students about the intricacies of this increasingly important form of medical care. Topics covered in the presentation include proper attire, physical space, and camera placement; telemedicine security; billing; and physician directed physical exams. Students practice web-side verbal and nonverbal communication skills, how to determine necessary follow-up physical exams, and how to document telemedicine visits during a remote encounter with a standardized patient.

Nicholas says that students will likely be expected to support telemedicine visits during their clerkship rotations and to provide this type of care during their residencies and future medical careers.

Nicholas and Everett have presented the course to various programs and departments at the UVM Medical Center, at several virtual conferences, to the AAMC Directors of Clinical Skills Group, and to the American Medical Association. In the coming months, they hope to work with the UVM Medical Center to formally include students in telemedicine patient visits.

Hidden Opportunities

Graduate Education in a Pandemic

While much of higher education successfully pivoted to remote learning during the pandemic, graduate education has faced with a unique set of challenges, particularly for those further along in their training. Doctoral students have had to alter—or in some cases, stop—laboratory research, have been unable to attend important in-person networking events, and seen significant shifts in job prospects both in industry and academia. But riding that wave of change, says Associate Dean of Graduate Education and Postdoctoral Training and Professor of Molecular Physiology & Biophysics Christopher Berger, Ph.D., will, in the end, make them stronger and more resilient scientists. “As they look back on this period, I think they’ll find out that they got more from this than they lost,” he says, adding that, “with every set of challenges comes opportunity.”

Physicians and other health care professionals are on the forefront of the fight against the COVID-19 pandemic. But graduates of the Larner College of Medicine see this as an opportunity to train in new ways and learn skills that may pave the way for a new generation of physicians and scientists for the future.
Alumni face the COVID-19 Pandemic

Flagstaff, Ariz. 1
“The healthcare providers here have had to work with a severe lack of PPE. NAVMC has created a paradigm shift, helping the hospitals on the Navajo and Hopi Nations move from disposable gowns to reusable cloth gowns... The response has been one of great praise and thanks.”
– JOHN “BULL” GARRAIN, M.D. ’93, ORTHOPEDIC SURGEON FOR THE Tuba City Regional Health Care Corporation and Founder of the Northern Arizona Volunteer Medical Corps (NAVMC)

Los Angeles, Calif. 3
“I was on the family medicine inpatient service in the hospital when COVID-19 started becoming a very real concern. I then transitioned to working in the county ED of one of the large Los Angeles Department of Public Health safety net hospitals...I also helped to mobilize 20 different 3D printers through the Los Angeles Public Library system to help print and distribute face shields where needed.”
– MICHAEL CHOKSHA, M.D. ’19, THIRD-YEAR FAMILY MEDICINE RESIDENT AT UCLA

Libertyville, Ill. 4
“I introduced myself. ‘I’m Dr. Akbarnia, Mr. C, I was the last person you saw in the ER. You told me you trusted us to get you to this side. Looks like you did just fine.’ He started to cry. He said, ‘I remember your eyes.’ And I started to cry. What he didn’t know is that, at that moment, I realized that we do what we do exactly for people like him, for moments like these. His strength, his kindness, his calming words to me meant everything.”
– HALEH AKBARNIA, M.D. ’98, SPEAKING ABOUT HER EXPERIENCES WITH A COVID-19 PATIENT AS AN EMERGENCY MEDICINE PHYSICIAN AT ADVOCATE CONDELL MEDICAL CENTER

Los Angeles, Calif. 4
“Imbasciani, secretary of California’s Department of Veterans Affairs, and his staff are responsible for keeping the novel coronavirus away from the state’s eight veterans homes. California’s defenses are holding. The explanation, many say, lies in CalVet’s intense preparation, quick response, attention to hygiene and leadership, starting with Imbasciani, a physician and retired colonel who not too many years ago could have been discharged from the military because he is gay.”
– FROM A LOS ANGELES TIMES STORY HIGHLIGHTING IMBASCIANI, M.D.’85

New York City. 5
“It’s been heart breaking, having to call families in the middle of the night to share unthinkable news, knowing they are unable to see their loved ones one last time due to visitation restrictions.”
– PHYDIER NO, M.D. ’18, COMPLETING A PRELIMINARY MEDICINE ROTATION AT FLUSHING HOSPITAL MEDICAL CENTER PRIOR TO RADIATION ONCOLOGY RESIDENCY AT STAMFORD

Portland, Maine 6
“Practicing as one of four pediatric pulmonologists for the entire state of Maine, and we also serve part of New Hampshire. I think telehealth is a potentially phenomenal tool. We stand to learn a lot about how to reach more families and provide care in real time for our patients in Caribou, which is right on the Canadian border, all the way down to Portsmouth, N.H.”
– ANNE CARTES, M.D. ’17, PEDIATRIC PULMONOLOGIST AT MAINE MEDICAL CENTER

Chatham, New Jersey 7
“A lot of the support that I am providing for my patients is in the form of psycho-education, specifically about resilience. We are in uncharted territories. So stick with the basics of life because the basics right now are more important than ever. Have a regular schedule: don’t go to bed too late. Wake up at a reasonable hour. Eat three meals a day. Get dressed every day. These are the things that make a huge difference. There is a lot of work happening with both the kids and their parents.”
– SETH GORDKY, M.D. ’10, CHILD AND ADOLESCENT PSYCHIATRIST IN CHATHAM, N.J.

In towns and cities large and small across the country, alumni have been at the front lines of treating patients suffering from COVID-19. They’ve also been heading up public health efforts, leading major health organizations through uncertainty, and rethinking how they practice medicine to meet the needs of patients at this unprecedented time.

New York City. 5
“‘The whole world has changed in a few short weeks; both personal life and work life have taken on a completely different feel. What used to be routine, normal, hectic, and routine has become apprehensive and earnest, but also, to a certain extent, calm and serene. The pace of life has slowed, and the focus has narrowed. It is easy to forget that there is more to life and clinical practice than COVID-19.’
– KATIE OPLUEC, M.D. ’10, EMERGENCY MEDICINE PHYSICIAN AT UVM MEDICAL CENTER AND ASSISTANT PROFESSOR AT THE LARNER COLLEGE OF MEDICINE

Wilmington, Del. 8
“I feel fortunate to be able to serve communities in need. I’m also grateful to work with exceptional people, many of whom work tirelessly behind the scenes and often don’t get the credit they deserve.”
– OMAR KHAN, M.D. ’03, PRESIDENT AND CEO OF THE DELAWARE HEALTH SCIENCES ALLIANCE
The Heart of a Physician

When Dr. Akbarnia published the following post to Facebook on April 7, she had no idea it would be shared over 175,000 times, earning her an appearance on Good Morning America and a piece in the L.A. Times. By Halleh Akbarnia, M.D.’98

I have been an emergency medicine physician for almost 20 years. I have worked through numerous disasters, and I’m used to the daily grind of heart attacks, gunshot wounds, strokes, flu, trauma, and more. It’s par for the course in my field. Yet nothing has made me feel the way I do about my “job” as this pandemic has—that knot-in-the-pit-of-your-stomach sensation while heading into work, comforted only by the empathetic faces of my colleagues who are going through the same. I am grateful for their presence, knowing they are both literally and figuratively with me, that they understand and accept so profoundly the risks we take each day. I also hope that my friends and family forgive me for my lack of presence during this time—precisely when we need each other most—and that they realize that our words, their encouragement, and their small gestures are the fuel that gets me through each day. This is a story for all of us.

My patient, Mr. C., was in the COVID stepdown unit, recovering, without family. Nobody was allowed to visit him; even worse, his wife had been home alone in isolation for the past fourteen days, too. My heart broke thinking of how much must have been for her. I cautiously went into his room, donned in my PPE, and when he saw me, he stopped to cry. He said, “I remember your eyes.” And I started to cry. He said, “I remember your eyes.” And I started to cry.

What he didn’t know is that, at that moment, I trusted you and am putting myself in your hands.” That knot-in-the-pit–of-your-stomach sensation while I felt the way I do about my “job” as this pandemic has—par for the course in my field. Yet nothing has made me Whistle,intubation was an understatement. We had to decide how long we would try to let him work through this low oxygen state before needing to intubate him. His levels kept falling and despite all our best efforts it was time to put him on the ventilator. He told us he didn’t feel great about this, but he said, “Doc, I trust you and am putting myself in your hands.” That uneasy feeling in my stomach grew even more in that moment. But he, with his teacher’s steady voice, kept me grounded, where I was supposed to be. I saw his eyes looking at me, seeing the kindness in them, even as we pushed the medications to put him to sleep. To say this was an “easy” intubation is an understatement. It was not. He nearly left us a few times during those first minutes, but he kept coming back. We fought hard to keep him with us. The patience and strength of my team that day was truly remarkable.

I handed him over to my friend and colleague, Dr. Beth Ginsburg, and her team in the ICU, and her calming voice reassured me that they had it from here. And then for the next twelve days, I waited and watched his progress.

I decided to go “meet” him again. Mr. C. was in the COVID stepdown unit, recovering, without family. Nobody was allowed to visit him; even worse, his wife had been home alone in isolation for the past fourteen days. My heart broke thinking of how much must have been for her. I cautiously went into his room, donned in my PPE, and when he saw me, he stopped for a second. A moment of recognition. I introduced myself. “I’m Dr. Akbarnia, Mr. C. I was the last person you saw in the ER. You told me you trusted us to get you to this side. Looks like you did just fine.” He started to cry. He said, “I remember your eyes.” And I started to cry.

What he didn’t know is that, at that moment, I realized that we do what we do exactly for people like him, for moments like these. His strength, his kindness, his calming words to me meant everything. At that moment, my heart (which had been beating over 100 bpm since this pandemic began) finally slowed down. I sat down and we talked. I told him that while he is here, we are his family. He will always have a place in my heart. And whether he knows it or not, he will be my silent warrior and guide as I take care of every patient, COVID or not. He will fuel me until the day I hang up my stethoscope.

I have been an emergency medicine physician for almost 20 years. I have worked through numerous disasters, and I’m used to the daily grind of heart attacks, gunshot wounds, strokes, flu, trauma, and more. It’s par for the course in my field. Yet nothing has made me feel the way I do about my “job” as this pandemic has—that knot-in-the-pit-of-your-stomach sensation while heading into work, comforted only by the empathetic faces of my colleagues who are going through the same. I am grateful for their presence, knowing they are both literally and figuratively with me, that they understand and accept so profoundly the risks we take each day. I also hope that my friends and family forgive me for my lack of presence during this time—precisely when we need each other most—and that they realize that our words, their encouragement, and their small gestures are the fuel that gets me through each day. This is a story for all of us.

My patient, Mr. C., was in the COVID stepdown unit, recovering, without family. Nobody was allowed to visit him; even worse, his wife had been home alone in isolation for the past fourteen days, too. My heart broke thinking of how much must have been for her. I cautiously went into his room, donned in my PPE, and when he saw me, he stopped to cry. He said, “I remember your eyes.” And I started to cry.

What he didn’t know is that, at that moment, I realized that we do what we do exactly for people like him, for moments like these. His strength, his kindness, his calming words to me meant everything. At that moment, my heart (which had been beating over 100 bpm since this pandemic began) finally slowed down. I sat down and we talked. I told him that while he is here, we are his family. He will always have a place in my heart. And whether he knows it or not, he will be my silent warrior and guide as I take care of every patient, COVID or not. He will fuel me until the day I hang up my stethoscope.

The Heart of a Physician

When Dr. Akbarnia published the following post to Facebook on April 7, she had no idea it would be shared over 175,000 times, earning her an appearance on Good Morning America and a piece in the L.A. Times. By Halleh Akbarnia, M.D.’98

I have been an emergency medicine physician for almost 20 years. I have worked through numerous disasters, and I’m used to the daily grind of heart attacks, gunshot wounds, strokes, flu, trauma, and more. It’s par for the course in my field. Yet nothing has made me feel the way I do about my “job” as this pandemic has—that knot-in-the-pit-of-your-stomach sensation while heading into work, comforted only by the empathetic faces of my colleagues who are going through the same. I am grateful for their presence, knowing they are both literally and figuratively with me, that they understand and accept so profoundly the risks we take each day. I also hope that my friends and family forgive me for my lack of presence during this time—precisely when we need each other most—and that they realize that their words, their encouragement, and their small gestures that come my way daily are the fuel that gets me through each day. This is a story for all of us.

My patient, Mr. C., was in the COVID stepdown unit, recovering, without family. Nobody was allowed to visit him; even worse, his wife had been home alone in isolation for the past fourteen days, too. My heart broke thinking of how much must have been for her. I cautiously went into his room, donned in my PPE, and when he saw me, he stopped to cry. He said, “I remember your eyes.” And I started to cry.

What he didn’t know is that, at that moment, I realized that we do what we do exactly for people like him, for moments like these. His strength, his kindness, his calming words to me meant everything. At that moment, my heart (which had been beating over 100 bpm since this pandemic began) finally slowed down. I sat down and we talked. I told him that while he is here, we are his family. He will always have a place in my heart. And whether he knows it or not, he will be my silent warrior and guide as I take care of every patient, COVID or not. He will fuel me until the day I hang up my stethoscope.

I have been an emergency medicine physician for almost 20 years. I have worked through numerous disasters, and I’m used to the daily grind of heart attacks, gunshot wounds, strokes, flu, trauma, and more. It’s par for the course in my field. Yet nothing has made me feel the way I do about my “job” as this pandemic has—that knot-in-the-pit-of-your-stomach sensation while heading into work, comforted only by the empathetic faces of my colleagues who are going through the same. I am grateful for their presence, knowing they are both literally and figuratively with me, that they understand and accept so profoundly the risks we take each day. I also hope that my friends and family forgive me for my lack of presence during this time—precisely when we need each other most—and that they realize that their words, their encouragement, and their small gestures that come my way daily are the fuel that gets me through each day. This is a story for all of us.

My patient, Mr. C., was in the COVID stepdown unit, recovering, without family. Nobody was allowed to visit him; even worse, his wife had been home alone in isolation for the past fourteen days, too. My heart broke thinking of how much must have been for her. I cautiously went into his room, donned in my PPE, and when he saw me, he stopped to cry. He said, “I remember your eyes.” And I started to cry.

What he didn’t know is that, at that moment, I realized that we do what we do exactly for people like him, for moments like these. His strength, his kindness, his calming words to me meant everything. At that moment, my heart (which had been beating over 100 bpm since this pandemic began) finally slowed down. I sat down and we talked. I told him that while he is here, we are his family. He will always have a place in my heart. And whether he knows it or not, he will be my silent warrior and guide as I take care of every patient, COVID or not. He will fuel me until the day I hang up my stethoscope.
Solving Testing Challenges through Collaboration and Action

Early in Vermont’s stay-at-home order phase, the state faced both a shortage of COVID-19 test materials and limited capacity to process tests. As the only medical school and level one trauma center in Vermont, the Larner College of Medicine and University of Vermont Medical Center, respectively, quickly acted to address these challenges.

Between March and June, Larner scientists produced more than 37,000 vials of solution for COVID-19 testing. UVM Vaccine Testing Center research technicians took the lead in collecting transport media—a solution needed for COVID-19 specimen collection—from Larner laboratories. Then members of the UVM laboratories added swabs and other components to the kits. Deborah Leonard, M.D., Ph.D., chair of pathology and laboratory medicine, and Beth Kirkpatrick, M.D., chair of microbiology and molecular genetics and Vaccine Testing Center director, provided leadership for the initiative.

Leadership from the Mayo Clinic provided the state with the right direction. UVM pathology and laboratory medicine added swabs and other components to the kits. Deborah Leonard, M.D., Ph.D., chair of pathology and laboratory medicine, and Beth Kirkpatrick, M.D., chair of microbiology and molecular genetics and Vaccine Testing Center director, provided leadership for the initiative. The UVM pathology and laboratory medicine staff were organizing daily transport of tests samples from Boston’s Logan Airport to Rochester, Minn., when they ran into a snag—flights were getting cancelled, which meant test results and important related clinical decisions were delayed. In a demonstration of true community collaboration, members of the medical center, UVM Health Network, Vermont Department of Public Safety, Green Mountain Messenger, 4V Air LLC, and Heritage Flight rallied to secure a private jet to make the deliveries, ensuring 24-hour turnaround test results. This arrangement allowed Vermont to send up to 600 tests per day to Mayo, says Leonard, which was two to three times as many tests as Vermont had been previously sending.

An innovative research initiative, run concurrently with the test assembly effort, brought Larner virologists, pathologists, and infectious disease experts together to evaluate potential alternatives to the traditional RNA extraction kit, a key part of the COVID-19 testing process that has been in short supply. They tried two strategies. An alternative RNA extraction kit and an assay that omits an RNA extraction step were developed. The team has since published a second preprint, allowing Vermont to send up to 600 tests per day to Mayo, says Leonard, which was two to three times as many tests as Vermont had been previously sending. An innovative research initiative, run concurrently with the test assembly effort, brought Larner virologists, pathologists, and infectious disease experts together to evaluate potential alternatives to the traditional RNA extraction kit, a key part of the COVID-19 testing process that has been in short supply. They tried two strategies. An alternative RNA extraction kit and an assay that omits an RNA extraction step were developed. The team has since published a second preprint, allowing Vermont to send up to 600 tests per day to Mayo, says Leonard, which was two to three times as many tests as Vermont had been previously sending. An innovative research initiative, run concurrently with the test assembly effort, brought Larner virologists, pathologists, and infectious disease experts together to evaluate potential alternatives to the traditional RNA extraction kit, a key part of the COVID-19 testing process that has been in short supply. They tried two strategies. An alternative RNA extraction kit and an assay that omits an RNA extraction step were developed. The team has since published a second preprint, allowing Vermont to send up to 600 tests per day to Mayo, says Leonard, which was two to three times as many tests as Vermont had been previously sending. An innovative research initiative, run concurrently with the test assembly effort, brought Larner virologists, pathologists, and infectious disease experts together to evaluate potential alternatives to the traditional RNA extraction kit, a key part of the COVID-19 testing process that has been in short supply. They tried two strategies. An alternative RNA extraction kit and an assay that omits an RNA extraction step were developed. The team has since published a second preprint, allowing Vermont to send up to 600 tests per day to Mayo, says Leonard, which was two to three times as many tests as Vermont had been previously sending. An innovative research initiative, run concurrently with the test assembly effort, brought Larner virologists, pathologists, and infectious disease experts together to evaluate potential alternatives to the traditional RNA extraction kit, a key part of the COVID-19 testing process that has been in short supply. They tried two strategies. An alternative RNA extraction kit and an assay that omits an RNA extraction step were developed. The team has since published a second preprint, allowing Vermont to send up to 600 tests per day to Mayo, says Leonard, which was two to three times as many tests as Vermont had been previously sending. An innovative research initiative, run concurrently with the test assembly effort, brought Larner virologists, pathologists, and infectious disease experts together to evaluate potential alternatives to the traditional RNA extraction kit, a key part of the COVID-19 testing process that has been in short supply. They tried two strategies. An alternative RNA extraction kit and an assay that omits an RNA extraction step were developed. The team has since published a second preprint, allowing Vermont to send up to 600 tests per day to Mayo, says Leonard, which was two to three times as many tests as Vermont had been previously sending. An innovative research initiative, run concurrently with the test assembly effort, brought Larner virologists, pathologists, and infectious disease experts together to evaluate potential alternatives to the traditional RNA extraction kit, a key part of the COVID-19 testing process that has been in short supply. They tried two strategies. An alternative RNA extraction kit and an assay that omits an RNA extraction step were developed. The team has since published a second preprint, allowing Vermont to send up to 600 tests per day to Mayo, says Leonard, which was two to three times as many tests as Vermont had been previously sending. An innovative research initiative, run concurrently with the test assembly effort, brought Larner virologists, pathologists, and infectious disease experts together to evaluate potential alternatives to the traditional RNA extraction kit, a key part of the COVID-19 testing process that has been in short supply. They tried two strategies. An alternative RNA extraction kit and an assay that omits an RNA extraction step were developed. The team has since published a second preprint, allowing Vermont to send up to 600 tests per day to Mayo, says Leonard, which was two to three times as many tests as Vermont had been previously sending. An innovative research initiative, run concurrently with the test assembly effort, brought Larner virologists, pathologists, and infectious disease experts together to evaluate potential alternatives to the traditional RNA extraction kit, a key part of the COVID-19 testing process that has been in short supply. They tried two strategies. An alternative RNA extraction kit and an assay that omits an RNA extraction step were developed. The team has since published a second preprint, allowing Vermont to send up to 600 tests per day to Mayo, says Leonard, which was two to three times as many tests as Vermont had been previously sending.

A COVID-19 Action Network Takes Shape

On March 13, as the COVID-19 pandemic swept through communities large and small, Vinh Le ’23 founded the Medical Student COVID-19 Action Network (MSCAN) to help coordinate medical student-led volunteer efforts. With the help of 23 of his Larner classmates, he developed a list of contacts at every accredited U.S. medical school in the U.S. and began reaching out to them to gather data. The MSCAN database now contains hundreds of volunteer activities from 104+ schools in 40 states. The effort is supported by 37 medical students from the College and over 240 additional contributors.

Connecting with Elderly Community Members

To help nursing home residents who can’t have visitors during the COVID-19 pandemic stay connected and engaged, Larner College of Medicine students organized a series of virtual activities at Vermont facilities. With leadership from Claudia Russell ’22 and Ashleigh Peterson ’22, and with the guidance of Janet Numata, M.S., associate director of the UVM Center on Aging and coordinator of the Queen City Memory Café, students have hosted virtual sing-alongs, tai chi lessons, book readings and more for residents of nursing homes in Burlington, Bristol, Montpelier and other Vermont towns.

Feeding Healthcare Workers

With clinical clerkships on hold in the early days of the COVID-19 pandemic, Gia Eapen 22 and Sylvia Lane 22 needed a way to feel useful. The LCOMcares Service Corps, a group of faculty, staff and students formed to help the community through this public health crisis, introduced them to Frontline Foods, a national organization that’s uniting hospitals with area restaurants to feed healthcare workers. Financial donations from the community pay local restaurants to prepare individually packaged meals that are then transported to area hospitals. Eapen and Lane have been in charge of marketing for Frontline Foods’ Vermont chapter, which boats over 50 restaurants as members.

Read more at: uvmmedicineblog.wordpress.com
<table>
<thead>
<tr>
<th>Larner in the Media</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Larner in the Media</strong></td>
<td></td>
</tr>
<tr>
<td><strong>New Yorker</strong></td>
<td><strong>“The Engineers Taking on the Ventilator Shortage”</strong></td>
</tr>
<tr>
<td></td>
<td>Jason Bates, Ph.D., Sc.D., professor of medicine, and Matt Kinsey, M.D., assistant professor of medicine</td>
</tr>
<tr>
<td></td>
<td>Tim Lahey, M.D., M.MSc., professor of medicine</td>
</tr>
<tr>
<td><strong>Washington Post</strong></td>
<td><strong>“Which outdoor sports and athletic activities are safe during a pandemic?”</strong></td>
</tr>
<tr>
<td></td>
<td>James Hudziak, M.D., professor of psychiatry and pediatrics and chief of child psychiatry</td>
</tr>
<tr>
<td><strong>MedPage Today</strong></td>
<td><strong>“Still Want to be a Doctor Post COVID-19?”</strong></td>
</tr>
<tr>
<td></td>
<td>Op-ed co-authored by David Retzew, M.D., associate professor of psychiatry</td>
</tr>
<tr>
<td><strong>STAT</strong></td>
<td><strong>“Infect volunteers with COVID-19 in the name of research? A proposal lays bare a minefield of issues”</strong></td>
</tr>
<tr>
<td></td>
<td>Beth Kirkpatrick, M.D., chair of microbiology and molecular genetics</td>
</tr>
<tr>
<td><strong>Vermont Public Radio “All Things Considered”</strong></td>
<td><strong>“Race, COVID-19 and Health Disparities in Vermont”</strong></td>
</tr>
<tr>
<td></td>
<td>Maria Mercedes Avila, Ph.D., M.S.W., associate professor of pediatrics</td>
</tr>
<tr>
<td><strong>New York Times</strong></td>
<td><strong>“The Other Option Is Death’: New York Starts Sharing of Ventilators”</strong></td>
</tr>
<tr>
<td></td>
<td>Joshua Farkas, M.D., associate professor of medicine</td>
</tr>
<tr>
<td><strong>NBC News</strong></td>
<td><strong>“Why have 14,000 people volunteered to be infected with coronavirus?”</strong></td>
</tr>
<tr>
<td></td>
<td>Beth Kirkpatrick, M.D., chair of microbiology and molecular genetics</td>
</tr>
<tr>
<td><strong>New York Times</strong></td>
<td><strong>“In Harm’s Way”</strong></td>
</tr>
<tr>
<td></td>
<td>Stephen Berns, M.D., associate professor of family medicine</td>
</tr>
<tr>
<td><strong>USA Today</strong></td>
<td><strong>“You’re not ‘too busy’ to stay active during quarantine: Health experts worry about blood clots, weight gain”</strong></td>
</tr>
<tr>
<td></td>
<td>Mary Cushman, M.D., M.Sc., professor of medicine</td>
</tr>
<tr>
<td><strong>Associated Press</strong></td>
<td><strong>“Virus spike in Vermont city hits immigrant communities”</strong></td>
</tr>
<tr>
<td></td>
<td>M.P.H. student Bidur Dahal</td>
</tr>
<tr>
<td><strong>MyNBC5</strong></td>
<td><strong>“UVM medical students connect virtually with nursing homes to combat loneliness”</strong></td>
</tr>
<tr>
<td></td>
<td>Claudia Russell ’22 and Ashleigh Peterson ’22</td>
</tr>
<tr>
<td></td>
<td>Tim Lahey, M.D., M.MSc., professor of medicine</td>
</tr>
<tr>
<td><strong>Science Friday</strong></td>
<td><strong>“Blood Clots Linked To COVID-19 Are Raising Alarm”</strong></td>
</tr>
<tr>
<td></td>
<td>Mary Cushman, M.D., M.Sc., professor of medicine</td>
</tr>
<tr>
<td><strong>NBC10 Boston/New England Cable News</strong></td>
<td><strong>“Help Needed: VT Governor Calls All Hands on Deck to Aid Emergency Response”</strong></td>
</tr>
<tr>
<td></td>
<td>Hillary Danis ‘21</td>
</tr>
<tr>
<td><strong>WCAX</strong></td>
<td><strong>“UVM Researchers Studying Ripple Effects of Social Distancing”</strong></td>
</tr>
<tr>
<td></td>
<td>Eline van den Broek-Altenburg, Ph.D., assistant professor of radiology</td>
</tr>
</tbody>
</table>

**MORE LARNER IN THE MEDIA** | **Read the full news stories and see more clips at: go.uvm.edu/larnercovidstories**
In a rural hospital in Nakaseke, a district in central Uganda, two pieces of paper are tacked to the waiting room wall. One tells patients to bring their own toilet paper—the low-budget hospital can’t afford to provide any. The second lists the limited services the hospital offers, and the fee for each. A pregnancy test costs the equivalent of $1.32; a “normal” delivery $6.32; and a cesarean section followed by a tubal ligation comes to just shy of $20. It seems inexpensive, but for the fact that most local women average monthly take-home pay of less than $100.

In Uganda and other low-income countries, rapid-repeat pregnancies—defined by the World Health Organization as spaced less than 24 months between delivery and the start of another pregnancy—are a significant issue. Two years isn’t long enough for a woman’s body to get back to the peak nutritional status needed to support a pregnancy; her infant’s nutritional status is likewise at risk, given the possibility she will stop breastfeeding once she’s pregnant again. However, it’s a treatable issue.

“Getting family planning into the hands of postpartum women is an international target,” says UVM Associate Professor of Obstetrics, Gynecology, and Reproductive Medicine Anne Dougherty, M.D. But how to successfully address the challenge, specifically in Nakaseke, the region of Uganda where Dougherty focuses most of her research?

The answer: by using financial incentives. It’s a method UVM Professor of Psychiatry and Psychological Science Sarah Heil, Ph.D., successfully used with a different population, Vermont women receiving treatment for opioid use disorders (see page 28). Together, Dougherty and Heil, along with a team of Ugandans, adapted the intervention to understand how women in Nakaseke and elsewhere might reduce unintended pregnancies.

BY SARAH ZOBEL
Dougherty came to UVM in 2013 in part to start a global women’s health program within the Department of Obstetrics, Gynecology, and Reproductive Sciences. She developed medical student and resident education curricula that have since allowed many medical trainees to learn firsthand what it’s like to practice medicine at UVM partner sites around the world, particularly East Africa. In doing so, Dougherty cultivated relationships with local healthcare providers and others so fully that she now calls Uganda her home away from home, traveling there three or four times a year. In Nakasoke, about 40 miles south of the capital, Kampala, she often collaborates with the African Community Center for Social Sustainability (ACCESS).

“The program is based on the assumption that if people have fact-based education and individualized counseling around family planning with multiple meetings—multiple points of contact—they are more likely to accept family planning. What’s incentivized is coming for visits where you can talk about family planning and ask questions, and if you’re using family planning, someone can help you troubleshoot if you’re having side effects,” says Dougherty. Women could technically come to all three of the visits in the pilot trial, take the vouchers, and ignore everything related to family planning. “But as it turns out, when you do this kind of education and you address the locally held myths about family planning, you have an increased uptake in family planning use,” she says.

Another cross-cultural component that needed to be considered was traditional gender roles in Uganda, where two-thirds of married women report decisions around contraception are made either with their male partner or by the latter alone. Yet women have a greater knowledge base on the subject than men, who rarely get information from a healthcare worker. While men may understand some of the side effects of various methods of contraception, many are resentful, as when an injectable method causing bleeding, for example, necessitates additional trips to the hospital. In addition to not wanting to pay for those visits, a man may be upset by the interference to the couple’s sex life. Many men in Uganda also incorrectly fear contraceptives will lead to cancer.

Those beliefs were enumerated in a study Dougherty, Heil, and Mundaka published in 2018. Although the sample size of 19 was small, nearly all the men had heard of family planning. However, most did not get information from healthcare workers, but from radio ads and community events where religious leaders routinely speak about the use of contraception. For many men, long-acting reversible methods such as IUDs and implants were unfamiliar; they were most accustomed to male condoms, though some knew about birth control pills and injectables. For the current study, outreach was geared toward encouraging the men to take an active role. The researchers hosted a couple of special local soccer matches, with a goat the trophy for one and soccer jerseys going to the winner of the other. At halftime, nurses shared family-planning information and took questions from the men in attendance.

Throughout the study, men were encouraged to join their partners on their family-planning visits. Women whose partners opted not to come were provided with pictorial handouts describing different contraception methods and myth-busting information to bring home.

An early surprise finding was that even those women whose partners stayed away were able to make contraception decisions alone at their first visit. After that, the majority used some form of reversible and effective contraception: pills, injectables (the most commonly used form of contraception), implants in the upper arm, or IUDs. Given the relatively high rate of HIV in the area, condoms were offered at every visit, as was emergency contraception, which is not in widespread use.

Mundaka, who served as study site director, says family planning has not historically been a focus of Ugandans’ research, especially in rural areas like Nakasoke, where more than 75 percent of the population lives. He’s effusive in his praise of Dougherty and Heil. “They’re amazing people. The love and interest they have in having these key measures being improved in our country is quite amazing.”

And for Mundaka, working with the UVM researchers has helped him understand how to better meet the needs of his own patients. “When we gave [study participants] a one-on-one based approach, giving them details of each of the methods and highlighting both the side effects and what can be done for all those side effects, they [were] convinced,” he says. Having time to ask questions helped even more, “an eye opener that we might go in a more focused, detailed manner in offering family-planning education—as opposed to a general approach of mass education awareness, which is failing us and failing the uptake and continuity” of contraceptive use. Because most affordable gyms are in urban settings, they don’t always grasp the reality of life...
**Building Rapport and Earning Trust**

While running a multi-site treatment trial for pregnant women with opioid use disorder in 2016, Sarah Heil, Ph.D., asked what she thought was a throwaway question: Was the pregnancy planned or unplanned? The trial was one of the largest ever done with that cohort—Heil and her team screened close to 1,000 women across eight sites. Looking back over the responses, she was stunned to see that 85 percent of those pregnancies were not intended. A third of the women said they’d wanted to conceive, just not at that time, another third had no interest in getting pregnant at all; and the final third say they didn’t know.

“I thought, this is crazy. This is the 2000s—we’ve got more contraceptive methods available than ever before. I thought that, if we could find a way to make this work, we could make it easy for participants to stop by on one of their daily or weekly visits. That eliminated one of the main issues people have with using contraceptives in the usual care, which is referred to a community family-planning provider: having to sort out child care, transportation, and how to pay for the visit and the contraception in addition to visiting the treatment clinic.”

In her 2016 pilot trial with 30 women, Heil confirmed incentives work. She has since completed a larger trial, extending the observation period from six months to a year. Half the women received contraception in addition to visiting the treatment clinic. The other half received contraception according to the WHO guidelines; the other half received contraception plus a financial incentive. Heil is currently completing a cost-effectiveness analysis of the different interventions, as well as reviewing their findings, which she says look promising.

“We just had that many more opportunities to talk with the women,” says Heil. “Sometimes all we were talking about was how their day was or some issue they were having with their kids or their spouse or their parole officer or all the things that are going on in these women’s lives, but we were building that rapport so the next time contraception came up, it was a little bit easier conversation to have.”

**I thought, this is crazy. This is the 2000s—we’ve got more contraceptive methods available than ever before.”**

— **SARAH HEIL, Ph.D.**

Looking back over the responses, she was stunned to see that 85 percent of those pregnancies were not intended.

Significant way,” says Heil. It piqued her interest in helping women bring their family-planning activities in line with their intentions. Yet she could find little in the literature of helping women with substance use disorders prevent unintended pregnancies.

“I said what if we could just use incentives, not making it contingent on them using a method but on them coming back for visits where we could find out how it’s going—‘Are you having side effects? Are you having problems adhering to the method?’—with the idea that it’s going—‘Are you having side effects? Are you having knowledge or awareness we’ve given them to their most trusted friends,’ he says. Focused discussions with mothers have shown that women trust the information their friends provide—anyone who has used a particular method is automatically considered an expert. A woman who has successfully used an IUD, for example, could answer her friends’ questions, and it would be seen as the ‘golden truth.’

“It’s the little discussions that we have with these mothers that can take away the misconceptions that are in the community when they go out there and discuss with their friends,” says Mundaka.

That’s not unlike what Heil observed in her work with women with opioid use disorders, where trust and relationship building proved to be key factors in successful contraception adherence. Some women arrived for their first visit and didn’t want to take anything from the team. But the incentives meant they came back three times more often than those who were not getting any such external motivation, giving them the chance to get to know and trust Heil and her colleagues.

Also like in Vermont, co-location of services in Uganda was key. The family-planning clinic in Nakasere was located next to the childhood immunization clinic. Women, who far more likely to bring their infants and children for immunizations than get postnatal care for themselves, were referred to the family-planning clinic by immunization nurses.

There are challenges to working halfway around the globe. Although Dougherty is on site every three or four months, Heil has only been able to visit once, in March 2019. At all other times, they rely on Skype calls and Google Docs to keep track of each participant, her visits, her choice of contraception, and any complications.

“We could log in on a regular basis and see whether participants were coming in, and so, what was happening with their methods,” says Heil. “That way, if we saw something that was a little bit off, we could either email (the healthcare providers) or give them a call and try to work through that quickly instead of having to wait until everything was done.”

They completed a single-arm trial with five women. Because all of the participants were using contraception right out of the gate, they halted the study and began a randomized controlled trial with 20 women. Half received either the intervention or usual care, which simply directs a woman to the postnatal clinic when she leaves the hospital after giving birth. At least 90 percent of the women in the intervention arm were on some method of family planning by the study’s conclusion; 60 percent were on a long-acting reversible form. The control group’s numbers were also good, which Dougherty and Heil say suggests work done by ACCESS—including ongoing efforts by its village health teams, which travel to remote areas to raise awareness about family planning—is having an impact.

ACCESS not only provides a lot of information and contraceptive services, they also have done a ton with kids who have been orphaned because of HIV, and in trying to help those kids get educated and go on to school and a career and have that not be interrupted by an unintended pregnancy,” says Heil.

Although in the short-term, Dougherty says they’re focused on supporting their Ugandan colleagues in enhancing their response to COVID-19, in a country where there are 5S ICU beds for a population of 45 million, they are still looking ahead to more research. Dougherty and Heil are currently writing two papers analyzing their findings. They’ve also put in a request to the IRB for their next step: following the study participants’ babies, to determine the effect of a mother’s use of contraception on her infant’s health and nutritional status.

**“It’s the little discussions that we have with these mothers...that can take away the misconceptions that are in the community when they go out there and discuss with their friends.”**

— **JOHN MUNDAKA, M.D.**
I did not anticipate the start of my role as helping lead the Medical Alumni Association to be marked by a global pandemic. Dare I say things can only improve from here? I am reminded of my time in Vermont, through medical school, residency and beyond and how it was marked as much by unpredictability as anything else. As a first-year student, everything seems simultaneously scary and wonderful (as a first-year resident, more of the same). And as a Vermont resident, seeing a beautiful sunrise the same day as driving through a 12-inch snowstorm gives one a new perspective on uncertainty. I feel like that now, with the uncertainty amplified several times over, and I am sure many of you do too.

As we all navigate the COVID-19 pandemic, I hope you also feel as I do the strength of our Larner College of Medicine family. Our medical education has prepared us for this moment. We are in this together.

In August, we welcome the newest class of medical students into our family. This year, the Medical Alumni Association has partnered with Dean Page and Medical Student Education to provide each student a copy of Make it Stick: The Science of Successful Learning, a book that provides a sound introduction to the learning methods they’ll be experiencing during their medical education. I’m eager to get to know members of the Class of 2024 through our White Coat note writing tradition, and I look forward to witnessing their transformation into the able and compassionate physicians the world needs right now.

Although Medical Reunion will look a little different this year, with a remote gathering in the works for the fall, I know it will be a fun-filled, joyous time of connection and celebration. We’ll be celebrating our Medical Alumni Association award winners and get together online for talks and events. Most importantly, we will reflect on our time together in Vermont, plan for days yet to come, and appreciate the present more than ever.

I appreciate all of you, and all you do for your communities and for each other.

Omar Khan, M.D.’03
President
UVM Medical Alumni Association

At Reunion 2020

Come together—online—at Reunion 2020!

For the safety and wellbeing of our whole community, UVM Medical Reunion is being transformed into an online celebration of you, the College’s valued alumni, and the bond you share with your medical alma mater.

Since you can’t at present come to the campus, the campus—and fellow classmates, and faculty friends—will come to you, with a full slate of activities:

- Medical Alumni Association Awards — 50th Reunion Celebration
- Zoom Cocktail Hours — “State of the College” Address — Med Student Panel Discussion — Campus and Simulation Lab Virtual Tours — CME Opportunities

All registrants receive a full bag of College swag!

See more details and registration options at: go.uvm.edu/medreunion

OCTOBER 1-10

go.uvm.edu/medreunion
HALL A

Share your news or updated contact information at go.uvm.edu/infoupdate, or contact your class agent, or the Larner Development & Alumni Relations office at med.alumni@med.uvm.edu or (802) 656-4014

60s

1960s R E U N I O N 2 0 2 0 - 1 9 5 0 - 1 9 7 0

Jane Jacobs retired from active practice in 2007.

70s

Jim Betts writes: “By the time you read this, I’m hoping that the crest of the pandemic’s wave will have passed. It has been an unprecedented health threat. During the present time (March 25th) of composing this message to you, we are under a shelter-in-place throughout California, as you’re sure you are as well. During this mandate we are strictly following all safety protocols as my colleagues and I continue to provide medical-surgical care to our pediatric patients at UCSF Children’s Hospital Oakland. Transitioning to our current summer timeframe, ‘I encourage all of you to support your University with any we can do to help it survive this crisis. Thank you.’”

80s

HALL A transformed. There are new Medicine reunion in 2018, we saw celebrated our 45th College of last fall, and for me and the almost those who attended our wonderful, to support our University with any Hospital Oakland. Transitioning to work globally with international health agencies and organisations, as well as directly to the public, and has established a special partnership with Monga Media and their mobile network partners in Africa, South Asia, the Middle East, and beyond. Functional on any desktop, tablet, or mobile smartphone, the tool will be available in the near future to work offline in resource-poor areas.

90s

The UVM Alumni Association now offers an easy-to-use online form to submit class notes. You can also browse class notes by year, school, or college, and medical type.

2000s

William Timbers has been named interim chief medical officer for Northern Inyo Healthcare District in Bishop, Calif. He has been a member of the NHD medical staff as an emergency medicine physician since 2015. In addition to serving the community in the NHD Emergency Department, he also co-owns and operates Eastern Sierra Emergency Physicians.

12

Katherine Areson writes: “Chesster Areson, M.D., ’12, and I are living in Wilkston and just welcomed our third child, Jacqueline, last October. Chesster is working at Northwest Medical Center in Primary Care and I’m working with Martin Healthcare for Women in OB/GYN. It is fun to be doing deliveries at UVM Medical Center, where I first decided to go into OB/GYN.”

2010s

Jennifer Melrose: “I attended many of your classes, and I agree with you on the beauty of the campus. I also attended a few of the Homecoming events and truly enjoyed them. I have been thinking about the older traditions and how they have inspired students to be their best selves.”

A Note of Thanks

In this ongoing series, Vermont Medicine shares a note of thanks from a student for the support they’ve received from alumni. Jasmine Robinson, M.D.’20 gives thanks for scholarship support in her letter:

Dear Alumni,

I want to thank you from the bottom of my heart and express how appreciative I am of your generous gift. As a single parent in medical school, I have always been concerned about my projected student loans, and how to pay them off before my daughter goes to college (she’s currently six). Your generosity has helped to ease some of those pressures, and both my daughter and I are extremely grateful.

All my love,

Jasmine Robinson

future OB/GYN

To support students like Jasmine, visit go.uvm.edu/givemed
The Medical Alumni Association Awards are presented every year at the Celebration of Achievements Ceremony at Reunion. The Distinguished Graduate Alumni Award will be presented at the Dean’s Celebration of Research Excellence.

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

- John F. Beams, Jr., M.D.’70
  Emeritus Chair of the Division of Internal Medicine & Emeritus Chair of the Department of Pulmonary and Critical Care Medicine at the Lahey Hospital and Medical Center, Burlington, Mass.

- Deborah Cook, M.D.’90
  Professor, Department of Pathology & Laboratory Medicine, UVM Larner College of Medicine; Director of Dermatopathology and the Dermatopathology Fellowship Program, Department of Pathology & Laboratory Medicine, UVM Medical Center

- Jeffrey Lawson, M.D.’90
  President and CEO, Humayte Incorporated, Professor of Surgery and Director, Vascular Surgery Research Laboratory, Department of Surgery and Division of Vascular Surgery and Professor of Pathology, Department of Pathology, Duke University Medical Center, Durham, N.C.

- Andrew Parent, M.D.’70
  Retired Professor and Chairman Emeritus, Department of Neurosurgery, The University of Mississippi School of Medicine

Distinguished Graduate Alumni Award
Presented to an alumnus/a from the UVM Larner College of Medicine whose loyalty and dedication to the Larner College of Medicine most emulate those qualities as found in its early supporters.

- Frederick Mandell, M.D.’64
  Associate Clinical Professor of Pediatrics, Harvard Medical School; Senior Associate in Medicine, Children’s Hospital, Boston

2021 Nominations
Do you know a class member deserving of recognition? Send in your nominations for the 2021 awards to: med.uvm.edu/alumni

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

- Diana Barnard, M.D.’90
  Assistant Professor, Department of Family Medicine, UVM Larner College of Medicine and Division of Palliative Medicine, University of Vermont Health Network-Porter Medical Center

- Vito Imbasciani, M.D.’85
  Secretary of the California Department of Veterans Affairs; Urologic surgeon, Department of Urology, Kaiser Permanente Medical Center

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

Robert Lerner, M.D.’42
Student Award
Presented to a current student(s) for his or her outstanding leadership and loyalty to the College and one who embodies Dr. Lerner’s dedication to not only supporting his medical alma mater, but to inspiring others to do so as well.

- Sidney Hilker
  UVM Larner College of Medicine, Class of 2021

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

- T. Mike Hsieh, M.D.’05
  Director of Male Fertility and Men’s Health Center; Assistant Professor of Surgery, Department of Urology, UC San Diego Health System

- Heidi Schumacher, M.D.’10
  Assistant Superintendent, Health and Wellness, Washington, D.C. Office of the State Superintendent of Education

- John F. Beams, Jr., M.D.’70
  Emeritus Chair of the Division of Internal Medicine & Emeritus Chair of the Department of Pulmonary and Critical Care Medicine at the Lahey Hospital and Medical Center, Burlington, Mass.

- Deborah Cook, M.D.’90
  Professor, Department of Pathology & Laboratory Medicine, UVM Larner College of Medicine; Director of Dermatopathology and the Dermatopathology Fellowship Program, Department of Pathology & Laboratory Medicine, UVM Medical Center

- Jeffrey Lawson, M.D.’90
  President and CEO, Humayte Incorporated, Professor of Surgery and Director, Vascular Surgery Research Laboratory, Department of Surgery and Division of Vascular Surgery and Professor of Pathology, Department of Pathology, Duke University Medical Center, Durham, N.C.

- Andrew Parent, M.D.’70
  Retired Professor and Chairman Emeritus, Department of Neurosurgery, The University of Mississippi School of Medicine

W hen a pre-medical student asked Dr. Mandell what it meant to be a doctor, he said: “To be a doctor, in the true sense of the word, is to use that almost mystical combination of science and a kind heart to make decisions, to give ear to the voice of the patient and to respond to those who call out to us. That is what guides doctors the thumping heart to believe in what they have to do. This was the signature of my medical school and the roll of the drums that set me off.” Although Dr. Mandell entered medical school wanting to be a surgeon, he left as a pediatrician with guidance from his mentor, Dr. Jerry Lucey. While serving as a pediatric resident at Children’s Hospital, Boston, Dr. Mandell found his passion in serving the underserved, caring for children of Boston’s Roman Catholic community. Dr. Mandell was invited to join the medical staff at Children’s Hospital, Boston, and received an appointment at Harvard Medical School. He founded the Massachusetts Center for Sudden Infant Death Syndrome (SIDS) and became vice chair of the National SIDS Foundation. Dr. Mandell served on the American Academy of Pediatrics and Indian Health Service research teams investigating possible causes for the high rate of SIDS on Native American reservations. In honor of his commitment to the health needs of The Tribal Nations, and his over 20 years of work with the Lakota Sioux, Dr. Mandell was awarded the Dean’s Lifetime Achievement Award. In his hometown, he was the recipient of their Natives Sun Award. Dr. Mandell has authored numerous scientific papers, served as editor of Pediatric Alert, and published three works of historic fiction.

His continued interest in native peoples led him to work with the Chacapoya Indians and the Huascaran people in the Amazon, as well as with Project Hope to build a Children’s Hospital in Pudong, China. The Boston Chasidic Community honored him with their Award for Humanitarian Service. In addition, he continues to provide pediatric care at a rural clinic in Nicaragua.

A past president of the Alumni Executive Committee, Dr. Mandell has received UVM’s Lifetime Achievement Award and the Larner College of Medicine Service to Medicine and Community Award. Harvard Medical School awarded him the Dean’s Lifetime Achievement Award. In his hometown, he was the recipient of their Natives Sun Award. Dr. Mandell has authored numerous scientific papers, served as editor of Pediatric Alert, and published three works of historic fiction.

 Says Dr. Mandell: “Over the years I have learned more than I have given. The medicine men I have met have influenced my life in their wisdom and their understanding of disease and cure. Their poignant message transcends culture. ‘Every person you touch has a soul.’”
UVM’S HEALTHCARE HEROES ARE ‘DARN TOUGH’

UVM Health Network employees on the front lines of the COVID-19 pandemic now have a supply of Darn Tough socks to keep them comfortable through long days on their feet thanks to a generous gift from the Vermont company.

In April, the Northfield-based company donated 5,000 pairs of socks to the UVM Medical Center and other UVM Health Network affiliates including Porter Medical Center and Central Vermont Medical Center.

The donation highlights the giving spirit of Vermonters and the deep respect healthcare professionals enjoy in the community. “Darn Tough is a great Vermont story and we think this is a wonderful way to make a connection between a company like Darn Tough and a place like the UVM Health Network,” says Kevin MacAteer, chief development officer for academic health sciences at the UVM Medical Center Foundation. “So thank you, Darn Tough. We really appreciate it. Our health care heroes are ‘Darn Tough,’ and we love having your socks.”

SUPPORTING DIVERSITY, EQUITY AND INCLUSION

When she was growing up, UVM Professor of Neurological Sciences Diane Jaworski, Ph.D., remembers her parents bringing her to volunteer at a soup kitchen, one of many ways they encouraged their daughter to give back. Her father, Witold “Victor” Jaworski, a Polish displaced person who immigrated to the U.S. after World War II, and her mother, Jane (nee Czyzewski), who was born in the U.S. to Polish immigrants and wanted to be a nurse, but could not afford university, always stressed the importance of education and service to others. They would tell their children: “You may not have what you want, but you have what you need. Many don’t have what they need. We need to help them.”

This generosity of spirit inspired Jaworski to create a new fund at the Larner College of Medicine, named for her parents, the first of its kind in the nation. Jaworski is a member of the Dean’s Advisory Committee for Diversity and Medical Women’s Association and the Social Justice Coalition (SJC) diversity and equity work: She serves as an advisor to the American Osteopathic Association’s Office of Diversity, Equity and Inclusion (ODEI) leaders to allocate dollars to a variety of student groups specifically for the Office of Diversity, Equity and Inclusion (ODEI).

In addition to supporting ODEI-specific initiatives, the fund allows ODEI leaders to allocate dollars to a variety of student groups engaged in advocacy.

In her 25-plus years at UVM, Jaworski has been at the forefront of diversity and equity work. She serves as an advisor to the American Medical Women’s Association and the Social Justice Coalition (SJC) and is a member of the Dean’s Advisory Committee for Diversity and Inclusion. The medical students she mentors—particularly the student-led SJC, a group that has worked with faculty to weave teaching about social justice into the curriculum—inspire her to stay engaged.

“I see the wonderful work the SJC is doing with the health disparities curriculum,” she says. “I want to support those efforts.”

MENTORING THE NEXT GENERATION

Adam Ross ’22 keeps a piece of paper tucked to the wall above his desk. It’s a brief note from Vito Imbasciani, Ph.D., M.D. ’85, that Ross discovered tucked in the pocket of the white coat he received as a first-year Larner College of Medicine student in September of 2018. For the last few years, Imbasciani and other Larner alumni have delighted in writing notes to the College’s newest medical students, to be discovered during the white coat ceremony.

“I appreciated that someone was willing to reach out as an alum—someone who might be able to help guide me,” Ross says. As it turned out, the two had much to bond over, starting with the fact that Imbasciani—who practices urology with the Southern California Permanente Medical Group—lives in Los Angeles. Ross is a native of the city. In addition, Ross, who hopes to engage in policy work, has been interested in learning about that aspect of Imbasciani’s current position as secretary for the California Department of Veterans Affairs. Even more significantly, Imbasciani’s long-time support of underserved populations resonated with Ross.

“I’m one of the few men of color in my class, and his work to increase diversity in classes has been inspirational,” says Ross, adding that he hopes to incorporate community outreach in his own practice. He says having “Uncle Vito” as mentor has been “eye-opening and frame-shifting.”

Imbasciani’s munificence grew in part out of his experience as a 28-year officer in the U.S. Army Medical Corps; he completed four tours of duty in Iraq and Afghanistan and was forced to keep his sexuality hidden. In 2014 at Larner, Imbasciani and his husband, George DiSalvo, founded their eponymous endowed LGBTQ lecture series to address disparities in healthcare delivery within that community; it was the first of its kind in the nation. More recently, Imbasciani and DiSalvo established an endowment to increase diversity at the Larner College of Medicine.

Of his philanthropy, Imbasciani says, “I do it out of a sense of gratitude, to pay back. The best way of doing that is to give opportunities to people just starting their career in medicine. I do it by mentoring, and by trying to reduce their financial burden, so they can become more effective more quickly when they graduate.”

To give online today, visit: go.uvm.edu/qsxqwhitecoat20

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

VERMONT MEDICINE SUMMER 2020

FLASHBACK

Something very interesting is going on here, even if those of us decades later cannot tell what’s down on the table in front of these medical students of long ago. Hopefully one or more of these people will break their concentration and tell us all what exactly was going on in this classroom, when and where it happened, and who were their classmates and their instructor.

Send your thoughts to erin.post@med.uvm.edu and we’ll include them in the next issue of Vermont Medicine.
OBITUARIES

William A. Eddy
Dr. Eddy, age 94, of Fair Haven, died on March 31, 2020. Born in Hartford, Conn., to William and Sarah (Land) Eddy in Framingham (Metro West) Hospital, Saint Vincent Hospital in Pittsfield, Mass., and practicing at the Red Cross—as a member of the board of directors of the Red Cross. He served as a member of the teaching staff at Harvard University, and was a consultant in obstetrics to several hospitals, including Aurora Valley and Kerrville VA hospitals. He initiated utilization review and quality assurance programs at all three hospitals. He was Board Certified in Quality Assurance and Utilization Review in 1977. Dr. Eddy also started the anesthesia department at the Burlington (Metro West) Hospital.

Albert A. Romano
Dr. Romano died December 5, 2019, in Beverly, Mass., at age 97. Born to John and Anna Romano on October 11, 1922, he served in the U.S. Navy as a hospital corpsman from 1945 to 1946. After receiving his medical degree from New York University College of Medicine in 1950, he completed his internship in Beverly, Mass., and moved to Agawam, Mass., to build his family medical practice. He spent one year teaching at HUP and then retired at age 87 years of age.

Robert Clifton Parker
Dr. Parker died on August 31, 2020, at his home in Montclair, N.J., at the age of 88. Born in Ypsilanti, Mich., in 1932, Dr. Parker attended the University of Michigan in 1950, then entered the U.S. Army Medical Corps as an intern at Brooke Army Medical Center in 1953 and transitioned to hospital medicine, where he served as chief of anesthesiology. In 1975, he retired from the military and joined the Department of Anesthesiology at UVM Medical Center. He also served as chairman of the Department of Anesthesiology and as an attending anesthesiologist at the VITAS Hospice Home in Burlington, Vt. Dr. Parker was a member of the American Society of Anesthesiologists and the Society for Cardiovascular Anesthesia. He was also a member of the Vermont Medical Society and the American Medical Association. Dr. Parker was known for his work in the field of anesthesiology and his dedication to patient care. He was a very kind and caring person, always willing to help his colleagues and students. He is survived by his wife, Betty Parker, and their three children, Matthew, Elizabeth, and John.

Barbara Scheller
Barbara Scheller, 68, of Montclair, N.J., died on June 23, 2020, one week after her 72nd birthday. She was born in 1952 in New York City to Richard and Marcia (Perl) Cohn. She was raised in Livingston, N.J., and graduated from Livingston High School in 1969. She earned her B.A. in English literature from Barnard College, Columbia University, in 1971, and her M.D. from the University of Pennsylvania School of Medicine in 1975. Dr. Scheller completed her residency in radiology at Barnes-Jewish Hospital in St. Louis, Mo., in 1979, and her fellowship in nuclear medicine at the University of Pennsylvania in 1980. She was a lifelong member of the Red Cross, serving as a hemodialysis specialist and as a member of the board of directors of the Red Cross. She served as a member of the teaching staff at Harvard University, and was a consultant in obstetrics to several hospitals, including Aurora Valley and Kerrville VA hospitals. He initiated utilization review and quality assurance programs at all three hospitals. He was Board Certified in Quality Assurance and Utilization Review in 1977. Dr. Eddy also started the anesthesia department at the Burlington (Metro West) Hospital.

Dr. Scheller was a dedicated teacher and mentor to many young radiologists. She was known for her kindness, compassion, and dedication to her patients. She was loved by her colleagues and students, and will be missed by all who knew her. She is survived by her husband, David Scheller, and their children, Andrew and Emily. A memorial service will be held in Montclair, N.J., at the age of 97. Born October 11, 1922, he enlisted in the U.S. Army in 1940. After the war, he served as a member of the board of directors of the Red Cross, and was a consultant in obstetrics to several hospitals, including Aurora Valley and Kerrville VA hospitals. He initiated utilization review and quality assurance programs at all three hospitals. He was Board Certified in Quality Assurance and Utilization Review in 1977. Dr. Eddy also started the anesthesia department at the Burlington (Metro West) Hospital.

Dr. Scheller was a dedicated teacher and mentor to many young radiologists. She was known for her kindness, compassion, and dedication to her patients. She was loved by her colleagues and students, and will be missed by all who knew her. She is survived by her husband, David Scheller, and their children, Andrew and Emily. A memorial service will be held in Montclair, N.J., at the age of 97. Born October 11, 1922, he enlisted in the U.S. Army in 1940. After the war, he served as a member of the board of directors of the Red Cross, and was a consultant in obstetrics to several hospitals, including Aurora Valley and Kerrville VA hospitals. He initiated utilization review and quality assurance programs at all three hospitals. He was Board Certified in Quality Assurance and Utilization Review in 1977. Dr. Eddy also started the anesthesia department at the Burlington (Metro West) Hospital.

Dr. Scheller was a dedicated teacher and mentor to many young radiologists. She was known for her kindness, compassion, and dedication to her patients. She was loved by her colleagues and students, and will be missed by all who knew her. She is survived by her husband, David Scheller, and their children, Andrew and Emily. A memorial service will be held in Montclair, N.J., at the age of 97. Born October 11, 1922, he enlisted in the U.S. Army in 1940. After the war, he served as a member of the board of directors of the Red Cross, and was a consultant in obstetrics to several hospitals, including Aurora Valley and Kerrville VA hospitals. He initiated utilization review and quality assurance programs at all three hospitals. He was Board Certified in Quality Assurance and Utilization Review in 1977. Dr. Eddy also started the anesthesia department at the Burlington (Metro West) Hospital.

Dr. Scheller was a dedicated teacher and mentor to many young radiologists. She was known for her kindness, compassion, and dedication to her patients. She was loved by her colleagues and students, and will be missed by all who knew her. She is survived by her husband, David Scheller, and their children, Andrew and Emily. A memorial service will be held in Montclair, N.J., at the age of 97. Born October 11, 1922, he enlisted in the U.S. Army in 1940. After the war, he served as a member of the board of directors of the Red Cross, and was a consultant in obstetrics to several hospitals, including Aurora Valley and Kerrville VA hospitals. He initiated utilization review and quality assurance programs at all three hospitals. He was Board Certified in Quality Assurance and Utilization Review in 1977. Dr. Eddy also started the anesthesia department at the Burlington (Metro West) Hospital.

Dr. Scheller was a dedicated teacher and mentor to many young radiologists. She was known for her kindness, compassion, and dedication to her patients. She was loved by her colleagues and students, and will be missed by all who knew her. She is survived by her husband, David Scheller, and their children, Andrew and Emily. A memorial service will be held in Montclair, N.J., at the age of 97. Born October 11, 1922, he enlisted in the U.S. Army in 1940. After the war, he served as a member of the board of directors of the Red Cross, and was a consultant in obstetrics to several hospitals, including Aurora Valley and Kerrville VA hospitals. He initiated utilization review and quality assurance programs at all three hospitals. He was Board Certified in Quality Assurance and Utilization Review in 1977. Dr. Eddy also started the anesthesia department at the Burlington (Metro West) Hospital.

Dr. Scheller was a dedicated teacher and mentor to many young radiologists. She was known for her kindness, compassion, and dedication to her patients. She was loved by her colleagues and students, and will be missed by all who knew her. She is survived by her husband, David Scheller, and their children, Andrew and Emily. A memorial service will be held in Montclair, N.J., at the age of 97. Born October 11, 1922, he enlisted in the U.S. Army in 1940. After the war, he served as a member of the board of directors of the Red Cross, and was a consultant in obstetrics to several hospitals, including Aurora Valley and Kerrville VA hospitals. He initiated utilization review and quality assurance programs at all three hospitals. He was Board Certified in Quality Assurance and Utilization Review in 1977. Dr. Eddy also started the anesthesia department at the Burlington (Metro West) Hospital.

Dr. Scheller was a dedicated teacher and mentor to many young radiologists. She was known for her kindness, compassion, and dedication to her patients. She was loved by her colleagues and students, and will be missed by all who knew her. She is survived by her husband, David Scheller, and their children, Andrew and Emily. A memorial service will be held in Montclair, N.J., at the age of 97. Born October 11, 1922, he enlisted in the U.S. Army in 1940. After the war, he served as a member of the board of directors of the Red Cross, and was a consultant in obstetrics to several hospitals, including Aurora Valley and Kerrville VA hospitals. He initiated utilization review and quality assurance programs at all three hospitals. He was Board Certified in Quality Assurance and Utilization Review in 1977. Dr. Eddy also started the anesthesia department at the Burlington (Metro West) Hospital.
June 5, 2020
1:10 P.M. – 1:18:46 P.M.

Staff and students at the University of Vermont Medical Center and the Larner College of Medicine, masked and spaced 6 feet apart, silently take a knee for eight minutes and 46 seconds on June 5, 2020, in support of #WhiteCoatsForBlackLives. The brief vigil—marking the amount of time George Floyd was held down by police—was part of a national call to action by medical students focused on police brutality and systemic racism.

PHOTO: RYAN MERCER
8 Commencement 2020
The College welcomed the new physicians of the Class of 2020 in a totally new way: through the most extensive live online commencement ceremony held at a medical school during the pandemic.

10 The Pandemic
Faculty, staff, students and alumni are rising to the challenges presented by the COVID-19 pandemic through leading edge research, compassionate patient care, and innovative community outreach.

24 Good Incentives
Anne Dougherty, M.D., and Sarah Heil, Ph.D., along with a team of Ugandan colleagues, adapted an intervention used in Vermont to understand how women in Nakaseke, Uganda, might reduce unintended pregnancies.