Leon
Chameides, MD

Interviewed by
Michael Agus, MD

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PREFACE

Oral history has its roots in the sharing of stories which has occurred throughout the centuries. It is a primary source of historical data, gathering information from living individuals via recorded interviews. Outstanding pediatricians and other leaders in child health care are being interviewed as part of the Oral History Project at the Pediatric History Center of the American Academy of Pediatrics. Under the direction of the Historical Archives Advisory Committee, its purpose is to record and preserve the recollections of those who have made important contributions to the advancement of the health care of children through the collection of spoken memories and personal narrations.

This volume is the written record of one oral history interview. The reader is reminded that this is a verbatim transcript of spoken rather than written prose. It is intended to supplement other available sources of information about the individuals, organizations, institutions, and events that are discussed. The use of face-to-face interviews provides a unique opportunity to capture a firsthand, eyewitness account of events in an interactive session. Its importance lies less in the recitation of facts, names, and dates than in the interpretation of these by the speaker.

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ABOUT THE INTERVIEWER

Michael Agus, MD

Dr. Michael Agus is the Division Chief of Medical Critical Care with the Department of Pediatrics at Boston Children’s Hospital where he is the Founding Medical Director of the Medical Intensive Care Unit and the Intermediate Care Unit, and holds an endowed chair in Critical Care. He is also Co-Medical Director of the Biocontainment Unit at Boston Children’s. He is trained and board certified both as a pediatric endocrinologist and pediatric intensivist, and is currently Associate Professor of Pediatrics at Harvard Medical School. He graduated from undergraduate and medical schools at University of Pennsylvania, completed residency and endocrinology fellowship at Boston Children’s Hospital, and critical care fellowship at MassGeneral Hospital for Children.

Dr. Agus is engaged in clinical research activities that attempt to address unanswered questions concerning endocrine homeostasis in critically ill children, focusing currently on glycemic control in the ICU. He completed two large NHLBI/NIH R01-funded prospective, RCTs of euglycemia. The first, called SPECS involved 980 postoperative cardiac surgery patients <3 years of age at two centers. The second included 713 medical/surgical patients in 35 PICUs across the US and Canada. Results of both trials were published in the New England Journal of Medicine. He used technology, honed over several years of research, to allow the lowest severe hypoglycemia rate in the field. He is currently one of the PIs conducting the newly funded multicenter SHIPSS trial, Stress Hydrocortisone in Pediatric Septic Shock.

Dr. Agus is a recognized teacher and mentor, a Fellow in the American College of Critical Care Medicine, and a member of the honorary societies including Society of Pediatric Research, American Pediatric Society, and The American Society for Clinical Investigation. He is the Immediate Past Chair of the Section on Critical Care of the American Academy of Pediatrics.
Interview of Leon Chameides, MD

DR AGUS: The following was recorded in West Hartford, Connecticut, on January 21, 2019, at the request of the American Academy of Pediatrics as part of their Oral Histories project. The interviewer is Dr Michael [S. D.] Agus from Boston Children’s Hospital in Boston, Massachusetts, and the interviewee is Dr Leon Chameides.

[BREAK IN AUDIO FILE]

DR AGUS: So, you were telling me how you pronounce your name.

DR CHAMEIDES: It originally was pronounced “hcuh-my-des,” but since Americans have difficulty in saying “hcuh,” we pronounce it “Kah-my-des.”

DR AGUS: (laughs) Why don’t you tell me your name, and your date of birth, and your family, and where you’re from?

DR CHAMEIDES: Well, I’m Leon Chameides, and I was born on June 24, 1935, in the city of Katowice in southwestern Poland, and if you’ve been watching the news recently, you know that there was an international climate conference in Poland, and that was in the town of Katowice.

DR AGUS: No kidding?

DR CHAMEIDES: It’s a very large town. The town has a very interesting history because it was part of Prussia and then Germany until 1918, then was awarded to Poland at the Versailles conference [Paris Peace Conference], but Germany protested, and the Poles rebelled. There were 3 rebellions, and finally, the whole thing was given over to the League of Nations. They had 2 plebiscites and, in the end, divided the territory. This is Upper Silesia we’re talking about. The territory was divided, and Katowice became part of Poland [in 1923], and part of Upper Silesia became part of Germany.

I was born in a town that was very mixed. It had a German population and a Polish population. My native language was German because my mother came from Fürth, in Germany. My father was from Poland, but he studied in Vienna, and as a result, the language of the home was German. We, however, had a wonderful nanny, whom I remember well. Her name was Agnes, and she taught me Polish, so I grew up bilingual, but my primary language was German. I was born in 1935, and, of course, don’t remember very much from those days. The war [WWII] broke out on September 1, 1939, and we, being a border town, were one of the first to be attacked and taken over.

DR AGUS: Sorry about that interruption.

DR CHAMEIDES: That’s all right. So, a few days before the beginning of the war, probably in August of 1939, my father arranged to take us by train eastward, which was the only way we could flee. We fled to the city, which was known at the time, Lwów in Polish. Today, it’s known as L’viv in Ukrainian because it’s part of Ukraine. It was known as
Lemberg in German. As you know, Poland was divided between Russia and Germany, and we found ourselves behind Russian lines. So, from 1939 to 1941, we were under Russian occupation, and the Germans came in on June 22, 1941, when I was 6 years old. Actually, the Russians retreated and the Germans hadn’t come in yet, so for about a week, there was essentially no government.

The Ukrainians started pogroms against Jews, and I remember my first pogrom when I was 6 years of age when my grandmother was beaten and I was hidden in the cellar. I remember that frightening experience terribly.

Then the Germans came in, and obviously, they had their ideas as to what they were going to do with us. By 1942, when approximately 60,000 Jews had been killed in the area, my father came to the conclusion that the intention was to murder all of us. He was able to meet with a remarkable individual by the name of [Metropolitan] Andrei Sheptytsky who was the head of the Uniate Church, also known as the Greek Catholic Church, in L’viv. The archbishop who was head of the Studite Order of monks agreed to hide me and my brother separately. So, in the fall of 1942, my father took me to St. George’s Cathedral, known as Svyatogo Yura Cathedral in Ukrainian, and left me there. So I was 7 years of age when I basically left home. At that point, I was given a new name. My name was Levko Chaminskyi, and I had to memorize it so that if I was woken up in the middle of the night, I would not blurt out my real name. I was given a new background, a new identity. I had to learn to speak Ukrainian. And then after I achieved that, I was taken to a small village called Univ where there was a monastery that had been built in the fourteenth century. As a matter of fact, behind me here, you see a photograph of the monastery, which I took in 2007 when I visited it.

DR AGUS: Wow!

DR CHAMEIDES: I spent the next 2 years in that monastery. I had to learn all of the [Ukrainian Catholic] traditions and prayers that a 7- or 8-year-old would know. Interestingly, in that village, which had an orphanage—and I was in that orphanage—there were 2 other Jewish boys whom I found in the 1990s. One of them eventually became foreign minister of Poland [Daniel Adam Rotfeld]. The other is an engineer in Israel [Oded Amarant].

Then we had a school where I went several times a week. Unbeknownst to us, the schoolmaster whose name was Mikola Dyuk was hiding a mother and a child in the attic. And that child [Roald Hoffmann] eventually came to the United States, became professor of chemistry at Cornell [University] and won the 1981 Nobel Prize in Chemistry.

DR AGUS: Oh, my God.

DR CHAMEIDES: So, from a little village, we did okay.

DR AGUS: Yes.

DR CHAMEIDES: I won’t go through a lot of the details, but in 1944, the Russian front came to us again as they fought their way from Stalingrad westward, so we began having battles raging all around us. We had no medical care, but we had an individual
[Vitaly Matkowski] who apparently had some training in nursing or something, but he was not a physician, but he was the closest we had. So, he set up a hospital of sorts in the basement of the church, and I became one of his assistants. I was 9-and-a-half years old at the time. I became one of his assistants, and my job was to take care of bandages. So as soon as someone died, if they had bandages on them, I took those off and I would wash them so that we had clean bandages, because we had no equipment. We had no medications. Once battles died down in the forest, I would be sent out to see whether I could find any soldiers, particularly if they had bandages on them, and I would wash those. So, my job was washing bandages. But one thing that I remember very clearly was that sometimes I changed bandages [of the wounded] before they were dead. If, after I took the bandage off and I smelled a sweet smell—which remained with me—and saw a green sheen, I knew that I was going to have those bandages because he wasn't going to make it. Almost certainly, that was a *Pseudomonas* type of infection, but of course, we knew nothing about that at that time. But that was my first taste of medicine. Whether it had any impact on my eventual career choice or not, I don't know. We'd have to have psychoanalysis for that.

DR AGUS: Can I ask what it was like to search for dead and dying men in the forest?

DR CHAMEIDES: Sure. Well, by that time, I had seen a tremendous amount of death, and death was not as frightening a vision as it would be to my kids or my grandkids, thank God. So, it was a job to do, and I did it. I don't remember. I must have had some emotion, and maybe I had fear. I must have had fear, but that's not a thing that I remember. I just remember going, doing my job. My aim was to get the bandages, and I put everything else out [of my mind] or maybe, perhaps, it was so traumatic that I forgot it, that I forgot those aspects. It's beyond me to try to analyze, but I don't remember any emotions associated with it.

Well, when the Russians came in in 1944, they began persecuting the Ukrainian priests because the Uniate church was a very nationalistic Ukrainian church, and the Russians were, quite frankly, afraid of it. They eventually outlawed the church, and in the meantime, they began arresting the priests and taking them to Siberia and the Gulag. Many of those people who risked their lives [to save me] eventually were shot or starved to death in the Soviet Union [Union of Soviet Socialist Republics (U.S.S.R.)] and Siberia. At that point, I had to run away from Univ and I ran back to the only place I knew, which was back to the St. George's Cathedral in L'viv.

My parents, my whole family were killed, except I have one brother who survived also being hidden within the church, but always separated from me, so we were never together. But there was a family friend [Rabbi David Kahane] who knew of my presence and he arranged to get me out of there towards the end of 1944.

DR AGUS: You were reunited with your brother around then?

DR CHAMEIDES: Yes. I remember very distinctly because I was in the church [in L'viv] during morning mass, and I suddenly looked up and I saw and recognized him immediately. I saw my brother come down the aisle and I hadn't seen him in several years.
Did he know he was coming to see you?

He came to pick me up, actually. He was sent by our father's friend to pick me up. So, he asked me to get my stuff together, which didn't take very long because I had nothing. I did have a photograph of us [the children in the Univ monastery] in front of the church, which I still have. It was a wonderful photograph. And so I left. Fortunately, this friend of my father who got us out was trying to find a place for me, someone whom I could live with, and he found a wonderful, wonderful woman by the name of Tola Wasserman. She was a woman in her early thirties at that time who had lost her entire family and managed to survive by being hidden by her maid. She decided to take me in. Her friends all told her she was crazy for being saddled with a 10-year-old, but she said no, she would do that. So we came together from what then was a part of Russia.

I started school in L'viv under the Russian occupation and went to a Russian school, so I had to learn Russian. In May of 1945, we were allowed to leave and go to Poland because of an agreement that [President Franklin D.] Roosevelt made with [Joseph] Stalin that former Polish citizens could be repatriated to Poland. So we went to Poland and stayed in [Bytom] Poland for about 9 months. In Poland, I enrolled in a school, but again, it was too dangerous, even at this point when the Germans had left, it was still too dangerous to declare yourself a Jew. In Poland, being a Ukrainian wasn't a particularly popular thing, so I took on another name. I took on the name of Leslaw Kuszarecki, and I was enrolled in school in Poland under the name of Leslaw Kuszarecki, a Roman Catholic.

In 1946, my grandparents, my maternal grandparents, who had managed to get from Germany to England [before September 1939] heard that we were alive and arranged to send for us. So Mother Tola, as I now called her, and I and my brother left Poland in 1946 and went to England. I spent the next 3-and-a-half years in England. The first approximately year and a half to 2 years, my job was primarily to learn English, since I didn't speak a word of English. Then I went to a school in London for one year, which was really the first reasonable year of schooling that I had because all others were haphazard in different languages, and so on. I went to the Hasmonean Grammar School in London.

To the Jewish school?

A Jewish school. And for the first time, I learned how to read Hebrew because I didn't know anything about Judaism. I knew a lot about various Christian faiths, but nothing about Judaism. I didn't know Hebrew. But I started to learn how to read Hebrew and to be a little bit in that type [Jewish] of an environment. Enough so, so that when we came to the United States in 1949, in June of 1949—I was 14 years of age at that time—I decided that I really needed to learn more about my culture and my religion. Someone told me that the place to go was Yeshiva University [YU], so I showed up. I came to the United States June 13, 1949, and before the end of June, I was in the office of the registrar seeking admission. They asked me my background. When I told them my background and my lack of knowledge, they assured me that there was no way that I could be admitted because I had no background and I wouldn't be able to keep up with the other boys who were there. I didn't take no for an answer and I kept coming back. The third time I came back, they accepted me and put me in high school. They didn't know what to do with me in high school because of my background, educational background, so they gave me a
bunch of tests and then placed me accordingly. That allowed me to finish high school within 2 years, so I actually finished high school before my 16th birthday.

At the same time, they put me in a school, which no longer exists, called the Teacher’s Institute, which was a 6-year course leading to a Hebrew Teacher’s diploma. The course, which included Hebrew grammar, Hebrew Literature, Bible with various commentaries, Talmud, Jewish history, and pedagogic methodologies, went from 8 o’clock in the morning until one o’clock, and then the high school started after that until 6 o’clock. The Teacher’s Institute courses were all conducted in Hebrew, so within a few months, I could understand, and by the time I finished, I was fluent in the language. In order to finish the 6 years, I stayed there for the 4 years of college, also, and so I went both to high school and college at Yeshiva University. I’m very grateful to them [Yeshiva University] because they made it possible for me to get an education. They helped me financially, they helped me scholarship-wise, and so on. Otherwise, I’m not sure I could’ve done that.

As time went on, I was more and more interested in medicine. I remember when Albert Einstein [College of Medicine] was first established and I remember going to the groundbreaking. I was a sophomore in college at the time, and I thought to myself, “Gee, wouldn’t it be nice if I could go there?” In 1955 when I graduated, they were looking for their first class, and I applied. To my great surprise and pleasure, I was admitted. So, I was in the very first class at Einstein College of Medicine, a class that graduated in 1959.

DR AGUS: Before we get to your medical career, I wanted to go back, if we could, and just hear what you remember about your family life. I imagine before you went into hiding, there wasn’t much to remember in terms of traditions at home. But is there anything that kind of?

DR CHAMEIDES: Well, my father [Kalman Chameides], I remember him in terms of his appearance. Of course, I was a child. I don’t remember too much of his philosophy, and so on. But he was a rabbi. He started learning with his father, my grandfather, who was a very learned scholar in Jewish subjects. He was a ritual slaughterer by trade, my grandfather was. My father had decided to become more westernized. He had to leave school in the fifth grade. I know that because when he got his job in Katowice, he had to write an autobiography, an autobiographical sketch, which was like a one-page sketch. He mentioned that he had to leave school during the First World War because of the disruption, so he left there after fifth grade. But then he studied on his own. When he was 18, with the help of family acquaintances, because they [his family] were extremely poor, had nothing, he managed to get to Vienna. In Vienna, he went to the rabbinical school and he also attended the University of Vienna.

It’s interesting that when I was doing research for my book on the family history, I wrote to the University of Vienna, and I said, “He must have made out an application. Do you happen to have an application form that he made out?” And sure enough, I received [a copy of] the application form that he had made out. It’s interesting, because he lied on almost every question. He was asked for his father’s name, and his father’s name was Shulim, but he made it up to be Maximillian. He was asked for his native tongue, which was Yiddish, but he made it out to be German. He was asked what his father’s occupation was, which was a ritual slaughterer, but he said a merchant. (laughs) So, he did what he needed to do in order to be admitted. He then took the very unusual step after he finished studying in
Vienna in 1925, he went to Palestine. He went to the newly founded Hebrew University in Jerusalem. Today, of course, it’s not unusual to go to [Israel] for a year [of study], but in those days, it was absolutely out. But he went for a year. He studied Arabic and Hebrew, and then came back in 1926 and went to the rabbinical school in Breslau, [Germany, today – Wroclaw, Poland] which was a world-famous rabbinical school. At the same time, he studied at the University of Breslau in ancient philology.

So he was quite a remarkably educated individual in a variety of fields. At the age of 26, when he finished the seminary in Breslau, a job opened up in Katowice, a very prestigious job, and he received that position. Now, I knew very little about his philosophy or his outlook and so on. But while I was doing research for a book that I wrote called, Strangers in Many Lands [: The Story of a Jewish Family in Turbulent Times]—which is really a family history and my own story also included in that—I was in Poland in the library in Katowice and I found out that our community had a small newspaper, which came out every other week. Not only that, but I found out that my father had been the founding editor of that newspaper. I eventually was able to find 118 consecutive issues of the newspaper, beginning in January 1932 to December 1936. In about 60% of the issues, my father had an essay, which was his means of communicating with the community.

DR AGUS: Amazing.

DR CHAMEIDES: Half were written in Polish; half were written in German to reach the entire community. I decided to translate all of those into English, and that became my second book, On the Edge of the Abyss [: A Polish Rabbi Speaks to His Community on the Eve of the Shoah], which is a translation of his essays, and they are a remarkable group of essays. Particularly, I find remarkable the ones where he talks about what was occurring next door in Germany because these were the critical years of 1933, 1934, 1935. It gave me, for the first time, an appreciation for his outlook on life and on politics and what he thought of the future. So that was quite a gift.

DR AGUS: Yes, wow! Well, he must have been impressive just to be able to successfully place his 2 boys in protective custody.

DR CHAMEIDES: Yes.

DR AGUS: And that’s rare that it was effective, successful, and timely.

DR CHAMEIDES: Right, right, right.

DR AGUS: Very impressive. Wow!

When you think back to the periods when you weren't yourself and you were Catholic, and you were Russian, and Ukrainian, do you remember getting to the point where you kind of believed in your new persona? Or was it always an act for you?

DR CHAMEIDES: No, no. I’ve always been a realist. I’ve always taken life the way it was handed to me and made the best of it. I was a very religious, little Catholic, Ukrainian Catholic boy, but obviously, in the mind of a child, you don’t think of philosophy. You think on a different level, almost a magical level. But there was one incident which occurred,
which showed me how confused the mind can get. That incident occurred because, as I said, this was an orphanage, and there were a lot of children, and we were in a dormitory style with beds next to each other. One morning when I woke up, someone in the room told me that during the night I had spoken. I had said something during the night, and that alarmed me because I was concerned that I would inadvertently reveal who I was by something I said. And if someone suspected it, they would have informed [the authorities], perhaps, or whatever [and that would have endangered all our lives]. I was terrified of that. So, I decided that the way I would handle it from then on—and I remember this very distinctly—was that before I went to bed, I would always kneel down next to my bed very sincerely; I would cross myself in the proper Ukrainian fashion, which is slightly different from the Roman Catholic; and I would pray to Jesus and Mary to make sure that I didn’t speak during the night and reveal that I was a Jew. (laughter)

DR AGUS: Yes, that’s really something.

DR CHAMEIDES: So, you can get very confused, and the whole world gets very mixed up in the mind [of a child].

DR AGUS: When you got to London and you could be who you are or who you were, was that a relief? What was that feeling?

DR CHAMEIDES: I don’t remember any feeling of relief. You know, I was very lucky in that when I came out of the monastery, from 1944 until probably 1946, 1947, I had no religion whatsoever. I was not exposed to anything. I’ve seen kids who were in that same situation who came back, who came into a religious home, and they rebelled against everything. They just didn’t know who they were. Thinking back on it, I had the good fortune of not being pressured and not having to deal with that issue at all. So, by the time I was old enough, by the time I came to England, I was old enough that I was interested in who my parents were and what they believed and I was ready, I think, to reclaim. I think, had it been earlier, I would not have been, but by that time, I was. So, I approached it not so much with relief and with no real emotion. I approached it more as an academic pursuit, and one that I was determined to learn in order to sort of fill in the gaps.

DR AGUS: How did your brother handle the same scenario?

DR CHAMEIDES: You know, my brother was older. My brother was 2-and-a-half years older, and he was, therefore, in a different developmental stage than I was. I think he suffered more than I did because of his greater understanding of what was going on. I made a new home. He couldn’t find that home. My father had been a Zionist. Of course, he went to Palestine in 1920s, when it wasn’t yet the thing to do. When we [my brother and I] were in England, in 1947 I think it was, we were walking down a street, and he suddenly turned to me and said, “Guess where I’m going next week?” and I said, “I don’t know.” I mentioned a few places. “No, no.” Finally, I looked at him and I said, “You’re going to Palestine?” and he said, “Yes.” Of course, the only way you could go then was illegally. So he had to go to Marseille, and then had to go from there on an illegal ship. He fought in Israel in the War of Independence, and then he worked, and then he was recruited for the Mossad. In 1956, he was sent to Vienna to help rescue Jews from Hungary [during the 1956 Hungarian uprising].
At some point, he became very tired of politics, and he wanted pure science. He thought the only truth lay in pure science. So, he started going to the University of Vienna at night studying math and physics in German. He also spoke an excellent Russian. Later on, when he went full time to school, he was able to make a living by translating nuclear physics articles from Russian into English.

DR AGUS: Wow!

DR CHAMEIDES: Then I helped him, and he came to the United States, and he went to Brooklyn Polytech [now NYU Tandon School of Engineering]. He finished his degree here, and then went to Australia and still lives there. He retired as a professor of physics at the University of Melbourne.

DR AGUS: We’ll skip this if it’s too personal, but I assume you had a bris [ritual circumcision]?

DR CHAMEIDES: Yes.

DR AGUS: Your father was a rabbi, and yet you were there, you were living with Catholic kids, sharing bathrooms and showers and the like. Was there a fear, and how did you handle that?

DR CHAMEIDES: This became a real problem. First of all, it became a problem for the priests because at first when my father approached them about hiding my brother and me, they were very reluctant to do that because they were concerned because we could so easily be identified. They had previously taken in some girls, but they had not taken in boys. Archbishop Sheptytsky had a brother by the name of Klement, who was a remarkable man. Klement, unfortunately, was killed [by the Soviets]. He was one of those priests who was imprisoned and killed in Siberia, but he was a remarkably good human being. He ran the monastery, so Sheptytsky asked his opinion, and Klement said, “Yes, we’ll do it.” Klement, by the way, has since been beatified and made into a saint by the Polish pope [Pope John Paul II]. He is now known as St. Klement.

I could never take a bath with anyone else. I could never go the bathroom when anyone else was there, and I had to be very secretive about the whole thing. At one time, I had a very big problem because before going to the monastery, I was in an orphanage in L’viv and I became very sick. I remember being delirious. I had a high fever, and they [the nuns] were afraid to call a physician. So actually, after that illness, they decided they couldn’t keep me anymore, and that’s why I went to Univ. So, it was a problem, yes.

DR AGUS: Yes. It sounds like you were in London when you turned 13. Was there any bar mitzvah?

DR CHAMEIDES: I was 13 in Newcastle upon Tyne and I had a bar mitzvah. I had a bar mitzvah in Newcastle upon Tyne, and I did a haftara. As a matter of fact, last year, I celebrated the 70th anniversary of my bar mitzvah.

DR AGUS: Wow! Beautiful. What parasha was it?
DR CHAMEIDES: The parasha was shelach lecha [in the Book of Numbers], but I actually did a different one on my 70th anniversary because there was a bar mitzvah on my actual anniversary.

DR AGUS: Wow! When you got to YU and began to get deeper into Judaism and Jewish law, was it kind of a natural connection or did it stay academic for a long time?

DR CHAMEIDES: Well, I have to tell you that I always felt like a fish out of water. When I came to London, I was in a school where I would say 70% of the kids had gone through the war and were immigrant children who had been brought [to England] after the war, and so we had a lot in common and I felt very comfortable there. When I came to the United States, I couldn't make heads or tails out of my new classmates. Their concerns to me were—I just didn't know what to make of them. I was young. I was 2 years younger than all my classmates, but at the same time, I had gone through an entirely different life, and I thought they were very childish. I never got to understand baseball or football, which eliminated 80% of the conversation. (laughter) So I really did not feel I fit in into the group, and it was not a particularly happy time for me. Academically though, I couldn't get enough of it, particularly the Hebrew and Jewish subjects I was very, very interested in, but not from the point of view, like some, to dot every “i” and cross every “t”, but rather from an interest point of view, a historical interest point of view, and so on. So, I got a great deal out of that.

DR AGUS: Since you didn't establish, it sounds like, deep connections with your classmates, did you do so with the faculty? Sometimes people do that.

DR CHAMEIDES: You know, it was a very interesting thing. I hate to say anything because I'm so deeply grateful to YU, but it never ceases to amaze me. I lived at YU for six years. I was there for 2 years in high school and 4 years in college. I lived in the dorm. I ate in the dorm. I don't think I was invited one single Shabbat [Sabbath] to anyone's house—faculty or student. Now, it may have been my fault. I don't know. But that's the fact. So, I don't think there were tremendous efforts made. I think that at that time, also, you know, the whole psychology of how people behaved towards people who had survived the war, there was a different psychology than there is today. No one, for instance, ever would ask me a question about my past or my experiences. They just were nonentities. They were not important, which is amazing. Today, I'm asked to speak all over the place, but that wasn't the case at that time.

DR AGUS: Right. That's remarkable. I spent a semester at YU as well.

DR CHAMEIDES: Oh, you did?

DR AGUS: Yes.

DR CHAMEIDES: I didn't know that.

DR AGUS: In between undergraduate and medical school. I've thought about following my grandfather's footsteps.

DR CHAMEIDES: I see, okay.
DR AGUS: So, I have a tiny flavor of the school.

DR CHAMEIDES: What year was that?


DR CHAMEIDES: Yes. Because I find that the school has gone further to the right and is a different school than when we were there. We had a lot of refugee teachers, particularly in the Hebrew subjects I’m talking about, who were remarkable scholars and some very deep thinkers and some very wonderful people.

DR AGUS: Yes. Oh, it was a very urban, American crowd.

DR CHAMEIDES: Yes.

DR AGUS: I mean, even when you were there. The picture of my grandfather in his graduating class is six of the most dapper-looking men of the 1930s, or whatever, that you could imagine.

DR CHAMEIDES: Yes.

DR AGUS: It’s almost like they had gone back in time in some respects.

DR CHAMEIDES: Mm-hmm.

DR AGUS: Just like you learned the rituals of Christianity, did you take to the rituals of Judaism? I know you weren’t there to learn the details, but did you obtain a mastery, in addition of the academic material, of the religious material?

DR CHAMEIDES: Oh, absolutely, absolutely. I was interested in learning everything, and then had to pick and choose as to what I was going to follow, but absolutely, yes. I feel very comfortable in the rituals.

DR AGUS: And with your Hebrew teacher degree, did you ever teach?

DR CHAMEIDES: I taught, but only on a voluntary basis. Actually, during my residency in the University of Rochester, I taught a senior course at [Temple] Beth El. It was a course that I made up myself. It was a course on Jewish sociology of the late 1800s and the early 1900s, as seen through Yiddish and Hebrew literature. What we did was to read some poetry and short stories, and then from that, looked at what life was like and attitudes were like.

DR AGUS: That was in Hebrew school?

DR CHAMEIDES: This was a seminar, which they gave, and one of the greatest pleasures I ever had. Because when I gave it, I really thought I was wasting my time, and that the kids had no interest in it at all. But many, many years later, when I was here [in Hartford], a young man joined the faculty. He was in psychiatry. He called me one day, and
I welcomed him, and he said, “We’ve met before.” I said, “Really? Where on earth have we met before?” And he said, “I was in your class.” And he said to me, “When we get together, when I and my friends get together and we reminisce, that’s what we talk about.”

DR AGUS: Oh, my gosh!

DR CHAMEIDES: So, it had some impact, but at the time, I didn't think it did. When I first came to Hartford [Connecticut], actually, I taught at The Emanuel Synagogue, the senior class, and I still give lectures from time to time. I just gave a lecture a few weeks ago. I gave a lecture on how the celebration of Hanukkah has changed over the centuries in order to meet the needs of the current population, and how it’s changing today. It was fun doing it. It was fun preparing it.

DR AGUS: That is one of the holidays that has evolved markedly. People are talking about it now more about the civil war side of it than the persecution side. Just not to miss the connection, the notes that I have and the tips that I have for conducting this interview are via Barbara Applebaum who’s my wife’s aunt and lives in Rochester and goes to Beth El. They’ve been there for 50 years, so it’s likely that your paths crossed.

DR CHAMEIDES: Well, I met my wife in Rochester, and Jean and I were married at Beth El by Rabbi [Abraham] Karp. (laughs)

DR AGUS: Didn’t they have a cantor named Cantor Kanter or something?

DR CHAMEIDES: Cantor Samuel Rosenbaum, yes.

DR AGUS: And there’s a Kolko family, do you know the Kolko family?

DR CHAMEIDES: Yes. As a matter of fact, I have to tell you about the Kolko family. Oh, my gosh, that brings back memories. I was in the fourth year of medical school, and I was studying for the board exam, the exam that’s given in the fourth year that’s a national exam. I was in the library and I was sick of studying. I just had had it. My head was full, and I went over to the section of the library that had social books in it, which I gravitated toward anyway. I found this small book. It was blue, and the author of it was Kolko. The author, who was a social worker, wrote about her child who had osteosarcoma. She wrote her experiences with this osteosarcoma from the beginning when the diagnosis was made, from the first symptoms, to the very end and his death and afterwards, and how the family coped—I was so involved in that book, I couldn’t put it down until I finished it. And when I finished it, I said to myself, “How could you do that? You’re supposed to study for this exam.” I came in the next day, and I cannot tell you how many questions there were on osteosarcoma.

DR AGUS: (laughs) Oh, my gosh!

DR CHAMEIDES: I never would have known the answers had I not read that book.

(laughter).

DR AGUS: It’s remarkable.
DR CHAMEIDES: So, the name Kolko brings back memories. (Laughs)

DR AGUS: So they went to that shul, that family and one of their children.

DR CHAMEIDES: I don’t know that I knew them. I just know the name.

DR AGUS: So, just the name? That’s a great story.

DR CHAMEIDES: Yes.

DR AGUS: Wow! And that was in Rochester?

DR CHAMEIDES: In Rochester. Yes.

DR AGUS: Amazing. Well, just before we enter the medical phase, I just want you to think about whether there are other aspects of the premedical phase that you haven’t shared. Did you make connections with the other kids in the orphanage and stay with them over time at all?

DR CHAMEIDES: I did. I looked for them and looked for them and I can tell you the story briefly. It’s an interesting story of how I found them. I knew one of the boy’s [real] last name, because I knew them only by their Ukrainian name, you see. But I don’t know why—whether he told me once or someone else told me, I don’t know who did. But I knew his [real] name was Amarant. So every town I ever went to, I always looked in the phonebook for an Amarant. I could never find it. I had been in Jerusalem. I looked, no Amarant. Then I was in Tel Aviv one day and I looked in the phone book and there was an Adolph Amarant. The first time I ever saw the name. So I picked up the phone and I called, and an old man answered. I told him the story and who I was looking for, and he said, “Well, as you can hear, I’m an old man. I’m not the person you’re looking for, but the person you’re looking for is a grandnephew. He lives in Tel Aviv. He has an unpublished number, but I know he wants to hear from you, so I’m going to give you the number.” He gave me the number. I called, and his [first] name is Oded. I made contact with him, we made arrangements to meet, and we had a wonderful reunion. He was younger than I was, so I was able to tell him some things that he didn’t remember. And I had that photograph of us, which he didn’t have. He had never seen it, so I was able to make him a copy of that, and we arranged to go out to dinner the next night. I come over to his house the next evening to pick him and his wife up. And his wife said to him, “Oded, you know, I’ve tried to call Uncle Adolph, and he doesn’t answer. I’m a little worried about it.” Oded said, “Let’s go out to dinner, and after dinner I’ll go over.” I said to Oded, “Let’s go first. Let’s have dinner afterwards.” He said, “Okay.” So we drove over. Going into the apartment, I said to him, “Do you have a key to the apartment?” He said, “Yes.” I said, “Why don’t you let me go in first?” He gave me the key, and I went in first, and we called his [Adolph’s] name—no answer, no answer. We went to the backroom into the den. He was lying on the couch, dead. We had to wait for people to come, and so on, arrange it, but if he’d died 24 hours before, I wouldn’t have known [Oded’s number]. I wouldn’t have found him [Oded].

We were trying to think of the third boy’s name, and we could not think of his name, either his first or his last. We knew his Ukrainian name. So nothing to do, except that about a few months later, Oded was invited by a television station in Israel to be on a panel because
they were showing a film. I think it was a French film called “Au Revoir, les Enfants” [by Louis Malle] about Jewish children who were hiding as Catholics and were killed. Then there’s the panel, and so Oded tells about meeting me and about the picture, and he shows it, and so on. There was a man in Haifa who was packing, and he was watching the television—listening to television while he was packing. Why was he packing? Because he was going on a business trip the next day to Poland. He came to Poland, and his friends took him to the Yiddish theater. So, he told his friend the story that he had heard on television. He said, “Does that ring a bell at all, such a person?” His friend said, “No, but the manager of this theater knows every Jew in Poland. If he’s in Poland, he’ll know it.” They waited for the manager after the show, they talked to him, they told him the story. He said, “Sure, that’s Adam Daniel Rotfeld. He lives about 3 blocks from here.”

DR AGUS: Oh, my gosh!

DR CHAMEIDES: I didn’t know any of this, but suddenly, I got a letter from Italy. I didn’t know anyone in Italy. I got a letter from someone who told me that he is a relative and that Daniel is afraid to contact me because at that time Poland was still Communist. So he contacted this relative because he wanted to get in touch with me. So for a while, we were corresponding via Italy. Then finally, when Poland became free, we were able to contact directly, and since then, he has been in the United States several times to lecture. He, as I said, eventually became the Foreign Minister of Poland. He’s now considered one of the diplomatic philosophers of Poland. He’s interviewed all the time. And my wife and I visited him and stayed at his house, and so we’ve become quite close.

DR AGUS: Very special, amazing. Poland has had waxing and waning interest in their Jewish population and Jewish heritage.

DR CHAMEIDES: Well, yes and no. You know, it depends on which strata of society you’re talking about. Because among the intellectuals in the society, there’s a tremendous philosemitism and there’s tremendous interest. I have a number of friends who are academics in Poland. I have a friend [Marcin Wodzinski] who is one of the world’s experts on Hasidism. He’s a Roman Catholic Pole, who has just published a phenomenal atlas of the Hasidic world. But then, you’re right; the government is a different story. Yes.

DR AGUS: Yes, it’s taken a turn for the moment.

DR CHAMEIDES: Right.

DR AGUS: In terms of other connections from that time, you mentioned that a lot of the priests who were involved in actually doing the saving were taken out. Are there any that survived, and you’ve been able to maintain contact with?

DR CHAMEIDES: There was one priest who survived who was a very interesting man. His name was Marko Stek. Brat means brother. Brat Marko Stek who was a wonderful, wonderful human being. We helped him after the war to leave there [Europe] and go to Canada. Canada has a very large Ukrainian population, and so he felt very comfortable in Canada. He once came to New York in the 1950s, and I went to see him. I remembered him very well because he often would take me out at night when there was a raid or something. He’d get me out of there, and so on. He also made it his business to
become friendly with the Gestapo and the SS. He was a good drinker and he was sort of a merry individual, and so he would find out when the next raid would be, and so on, and he’d be able to maneuver that. When he met me in New York, we talked. He said to me, “When you get married and you have children, I want you to send your children to us in Canada”—he was part of an [religious] order there—“for summer holidays.” Then he quickly caught himself and he said, “Don’t worry, I won’t try to convert them.” He said, “I’ll even make a heder [Hebrew religious school] for them.” (laughter) So he was the only one [priest whom I saw after the war]. He has since died.

The church was underground for a long time, and in the early 1990s, when the church [became legal and] was allowed to regain its properties, they had young priests who really didn’t know their past. So I was contacted by a number of the priests asking my help in telling them my story so that they would understand their past. It was an interesting thing that I was suddenly a keeper of part of their story.

DR AGUS: Yes.

DR CHAMEIDES: And I have since been in touch [with some current priests] and I’ve been to Kiev twice. I’ve spoken in Kiev twice now and I have met the person [Archbishop Sviatoslav Shevchuk] who now is in Sheptytsky’s seat. We’ve been to Canada with the Ukrainian priests, and I have close contact with a number of Ukrainians now.

DR AGUS: You didn’t stay in touch, it sounds like, with the non-Jewish kids who were part of the orphanage?

DR CHAMEIDES: No. I have no contact with them at all.

DR AGUS: Do you remember that being, from a kid point of view, a happy time with all those kids?

DR CHAMEIDES: I remember both. I remember points of terror. I was of course, away from my family. I was alone. You leave at 7 years of age the world that you know, and you’re suddenly thrust [into another world] and you’re suddenly someone else, and you’re given a new name, and you’re told, “You mustn’t ever mention the other,” so that’s a traumatic thing. At the same time, the monastery was a self-sufficient monastery, in that we grew all our own food and we had our own cattle [until 1943 when the Germans confiscated all the cattle, all our tools, and even the church bell]. And all of this had to be taken care of, and all of us worked, including the children. So I had chores to do. We had to milk cows, and we had to take sheep to pasture, and we had to gather the cow manure and then spread it on the fields. There is always work to do around farms, and we were part of that system. I remember some of those days very well. I remember fondly the lazy afternoons and being with the animals, and so on. So it was a mixed bag in terms of my memory.

DR AGUS: Right. Is there anything else? Any other memories or stories you’ve told over those times that I haven’t jogged? We can go back.

DR CHAMEIDES: -- Of course, I have written a book on it and whatever I can remember is in there. But I think we’ve pretty well covered the issues. Before we leave this
part of my life, I do want to pay tribute to Tola Wasserman Stark, Mother Tola, who gave me a home when I needed it most, loved me unconditionally, and taught me how to live productively without rancor. A good part of the credit for my achievements belong to her.

DR AGUS: Great. Do you want to take a break before medical school?

DR CHAMEIDES: Yeah, maybe that's a good idea. (laughs)

[BREAK IN AUDIO FILE]

DR AGUS: Okay. This is part 2. So, we are, I think, ready to enter medical school.

DR CHAMEIDES: Medical school. So I started, as I said, in the very first class in 1955, September of 1955 at Einstein. It was an interesting time there because they got the senior faculty first. So, for instance, [Alfred G.] Gilman was our primary lecturer in pharmacology. [Abraham] White was our primary lecturer in biochemistry, so all of the senior people. The junior people came later. We were pampered in many ways because they were concerned that we do well because they couldn't get certification [from the State of New York] until they graduated a class, and we had to take the boards. I remember when we took the boards, the faculty was almost as nervous as we were (laughter). [After the exam they would ask nervously] "How did you do?" (laughs) But it was a very interesting time. I did not enjoy the first 2 years, but I enjoyed the last 2 years very much. I enjoyed the clinical work.

We had very little exposure to pediatric cardiology. I think we had one lecture—I'm not even sure of that—and there was no pediatric cardiologist on staff, so that never came into question. I liked pediatrics particularly because I liked the faculty. The faculty seemed to be more humane. The internal medicine faculty were constantly trying to see who could outdo the other [by quoting] a journal article, and the patient sort of got squashed in between. I just didn't respond to that. So I liked pediatrics, I liked the people, I liked the kids, I liked the diseases, and I liked the whole thing.

One of the best-developed specialties there was endocrinology with Edna [H.] Sobel. I did some research on 17-hydroxycorticosteroids while I was there, and so my idea going on was possibly to go into endocrinology. I looked for an internship and I liked what I saw in Rochester. I liked Strong [Memorial Hospital]. I liked the environment, and they liked me, so that's where I went for my [pediatric] internship [and residency]. I spent 2 years there, and during those 2 years, we were given one month of elective. I remember thinking about it: "What should I do [during my elective]?" I decided that I should take an elective in the specialty that I would least likely visit again, but I thought I should know something about, and that was cardiology. Jim [James A.] Manning was the head of cardiology. By the time I finished the month, I realized that really that was what I should be doing.

But I decided [first] to go from there to Boston Children's in order to take a year of pathology because Dr [George H.] Whipple, who had been dean at Rochester, believed in that [a year of pathology] very much, and his, ghost, sort of, was still [hovering] over the whole thing. It was not unusual for people to do that, to take a year of microbiology or a year of pathology. So I went to Boston Children's and had an interview with Dr Sidney Farber. I met him twice: the first time when he interviewed me and the second time an exit
interview. (laughter) When he interviewed me, after he finished the interview, he said, “Do you have any questions?” and I said, “Well, how much does this pay?” and he glared at me. He said, “Young man, it is a privilege…” (laughter)

So I came back to Rochester, and Dr [William L.] Bradford, who was our chief, said, “How did it go?” I said, “I think it went well, but I can’t go there.” He said, “Why not?” I said, “They don’t pay anything, and it’s going to be my first year of marriage. I have no money. I couldn’t even park my car.” He said, “Let me get on the phone.” He came back and said, “I got you $2000 [for the year].” I said, “Okay, that’ll at least help me park the car.” (laughs) And so I went to Boston Children’s. I had a wonderful, wonderful experience there. We had a wonderful teacher, Dr Gordon Vawter and it gave me an opportunity to sit back and look at disease entities and look at the pathology and try to understand how diseases form. I got an opportunity to do many posts [postmortems] to examine cardiac abnormalities. There was a young man who was trying to get into pediatric cardiology, but was not in it yet, but who was very interested in anatomy. Every time we were dissecting a heart, he would ask me to give him a call, and I always did. So, he and I would look at the heart together and try to understand it, and that was Richard Van Praagh. He, of course, became a giant in the field and taught us a tremendous amount, all of us. But he was, at that time, only at the very beginning, still fighting to get a fellowship, and so on, but already very much involved in pathology. So that was a wonderful year.

After that year, I went into the service [medical officer in the U.S. Coast Guard U.S. Public Health Service (USPHS) commissioned corps] and I was in the Berry Plan. The Berry Plan allowed us to postpone our service [obligation] until we completed our residency. I was in an interesting program called the Heart Disease Control Program. This was established after [President Dwight D.] Eisenhower had his heart attack. Congress had a pang of conscience and developed this Heart Disease Control Program with the idea that they would take a group of young people, put them in the field, and have them control heart disease. I was sent to Columbus, Ohio to the health department to control heart disease. I had not yet had cardiology, had not the faintest concept of what I was going to do, had no program. The health department had no idea what I was going to do. They were glad to get another person, but they really didn’t know what it was about. It turned out to be a wonderful 2 years, because I spent time at the Children’s Hospital in Columbus [now Nationwide Children’s]. Bud Hosier, who was the cardiologist there, did not have a fellow that year, so he permitted me to do caths [cardiac catheterizations] every Friday, taught me how to do caths. I had not had a fellowship yet, but in those days, you could do that. So I did caths every Friday, and then I ran a clinic on Wednesday afternoon and tried to learn.

And then—Dr William O. Robertson—left Columbus to go to Seattle [to become one of the medical school’s deans]. He had developed a poison control center [at Columbus Children’s] and his leaving left a void, so they appointed me as the Director of the Poison Control Center, which I did for a year and a half. So, I did a lot of interesting things while in the service.

But in 1962, in October, all of the heart disease control officers got together in Cleveland in connection with the American Heart Association meetings. Each of us was to present—we’d been there [at our service posts] since July—so each of us was to present a program of how we were going to control heart disease. I was a very angry young man, thought this was a great waste of taxpayer’s money, and I gave a very sarcastic presentation. The head of
that program, was an ex-marine, and I could see the muscles in his jaw going as I was speaking. When I sat down, he got up, went to the podium, and said, “Gentleman”—no ladies there—“Gentlemen, we have just been informed that President [John F.] Kennedy has declared a state of emergency,”—it was the Cuban Missile Crisis—“and you are to let us know 24 hours a day everywhere you go. We have to be able to get a hold of you at a moment’s notice.” [No cell phones in those days] He said, “I am proud to tell you that it was members of the Coast Guard”—and I could swear he was staring at me—“who were the first casualties of World War II.” (laughter) There was a coffee break afterwards. I went to the phone booth. I called Jean, my wife, and I said, “I am terribly sorry, but I know I am on the first plane to Guantanamo [Naval Station Guantanamo Bay]. There is no question.” So, fortunately, as you know, [Nikita] Khrushchev blinked, the crisis was averted.

DR AGUS: What service were you in?

DR CHAMEIDES: Well, our commission was in the [United States] Coast Guard.

DR AGUS: I see.

DR CHAMEIDES: We were lieutenant commanders in the Coast Guard. But I learned a very valuable lesson, and that is, enjoy while you can, keep your mouth shut, and don’t complain. (laughter) And the rest of the 2 years were perfectly fine. I enjoyed that.

DR AGUS: What was your plan to stop heart disease?

DR CHAMEIDES: I didn’t have one. I worked. No one had one, really. Everyone did what they thought they could do. I worked with the Heart Association team that did stress tests, which had just come into their own, and so we did stress tests on people who were suspected of having coronary abnormalities. As I said, I ran a pediatric cardiac clinic, I did caths, I was the [Director of the ] poison control center, so I did a lot of things. I ran a syphilis clinic, a VD [venereal disease] clinic.

DR AGUS: That’s good for heart disease.

DR CHAMEIDES: Oh, I did one other interesting thing. They [the City of Columbus] built a tower at that time. It was called the Poindexter Towers, as I recall, and it was a high-rise building of apartments. I believe it was 100% black. If not 100%, 99%, but I’m pretty sure it was 100%. The health department had an idea that they were going to develop something called a Well Oldsters Clinic [patterned on the idea of the Well Child Clinic]. And so they asked me to give them my proposal for a Well Oldsters—some kind of a clinic to prevent disease for them. So I looked at that, and what intrigued me was that a lot of the people there were in their eighties and nineties, which today doesn’t seem all that old, but then it seemed very old to me. But what intrigued me was that this was in 1962, 1963, so that meant that a lot of these people were born in the late 1800s, which meant that their parents were slaves. So, it was one generation away, and I thought, “What an opportunity to speak to these people.”

I decided that the first thing I would do was to do a survey. I developed a questionnaire, and I went from apartment to apartment, and I would sit with these people and have a cup of tea or a cup of coffee and talk to them about their health. But what I was really interested in
was about their lives and their parents’ lives. I got some wonderful, wonderful stories from
that. I really enjoyed my experience. But what I found was that a lot of these people had
mitral valve disease [secondary to rheumatic fever] or aortic [valve] disease. A lot of them
would get into trouble with pulmonary edema and they would go to the emergency room
because there were no po [oral] diuretics yet. That came later. The only diuretic we had was
mercuhydrin. So they would go into the emergency room, get a shot of “merc”, spend a bit
of time there, pee it out, and then they’d be sent home. So, I worked out a system whereby
visiting nurses would go in. I got some disposable instruments that measured vital
capacity, and we did a graph. The nurses would go in, they would take a blood pressure, do a
vital capacity and a weight. What we found was that when the weight started to rise and
the vital capacity started to fall - if we gave them a shot of merc at that point, we could keep
them out of the emergency room. So that was, I think, a useful little thing that we did
accomplish with that.

Then in the second year, I decided find a pediatric cardiology fellowship, and Dr [Alexander
S.] Nadas, at a meeting, kindly offered me a fellowship in Boston. This was before the
technology, before ultrasound, and so on, and a lot [of diagnostic accuracy] had to do with
your intuition, your clinical acumen, and your listening skills. I thought that Jim Manning
was the tops in that and I thought Boston had wonderful research programs and they were
doing a lot of technical things. But I really wanted that [clinical] skill and I decided to take
the Rochester program over the one in Boston. So I spent the next 2 and a half years as a
fellow in pediatric cardiology at Rochester and I learned a great deal. The idea when I spoke
with Jim Manning originally was that I would come for a fellowship, and I would then stay
on the faculty with him. But Jim had a very strong personality. In the second year, I went to
see him and I said, “You know, I love you dearly, and you’ve taught me a tremendous
amount, but I have a feeling that if I stay here, we’re not getting along that well, and I think
it’d be best if I left,” and he agreed. So we were looking for places for me to go, and there
were a number of places that were interested.

I was eating a piece of watermelon. I was bent over a garbage can at a picnic, I think, on
Labor Day in 1966, and there was a gentleman by the name of Jim [James] Sayre, who had
done a 2-year rotating internship at Hartford Hospital, who was now on the faculty in
Rochester. He had gone the previous weekend to a wedding. At the wedding, he ran into
the then half-time chief of pediatrics at Hartford Hospital, Fred [Frederick J.] Flynn. Fred
said to him, “Oh, you’re at Rochester now, we’re interviewing a pediatric cardiologist from
Rochester.” So, Jim said to me, “You’re the only one who’s available, so obviously you’re
being interviewed, and let me tell you about Hartford Hospital.” I said, “You know, I have
no idea where Hartford is. I don’t know anything about Hartford Hospital. I’ve never
interviewed there, but I’m interested. Would you call him back?” So he [Jim] called him
[Fred Flynn] back the next day, and he called me again and said, “I spoke with Fred, and he
said, ‘Oh, I had too much to drink. Did I say Rochester? We’re interviewing someone from
Buffalo who’s coming back for his third interview.’” So Jim said, “I told Fred, ‘Forget him,
I’ve got the man for you.’” (laughs) And so I came for an interview in November 1966 to
Hartford, and I started work here in January 1967.

Now, Hartford at that time was really way, way behind times in its development of
pediatrics. It [Hartford Hospital] had a half-time head of pediatrics, Fred Flynn, who was
also half-time at Newington Children’s [Hospital] [then known as Newington Hospital for
Crippled Children], which was a chronic disease hospital, and that was it. The rest of the
pediatricians were all [private] practitioners. The first class at the University of Connecticut was going to enter in 1968; the first class graduated in 1972. So in 1966, when I interviewed, the medical school was still in its formation, and no one in [the University of Connecticut Department of Pediatrics] had been appointed yet, and so pediatrics was really in very poor shape here. The adult cardiologists did whatever pediatric cardiology there was, of which there was very little.

I’ve been asked often, “Why on earth did you come here?” I came here because I thought it had great potential. I thought to myself, “If I go to a place like Columbus, Ohio, into a well-developed program, I can continue it, but I can’t create anything. And here, I can either fail or I can create,” and I thought, “Why not? Why not try to create something?” I remember meeting with the head of the hospital, [T.] Stewart Hamilton, and he said to me, “Other people we’ve interviewed for this job have given us a laundry list of things they need in order to come. What do you want?” and I said, “I don’t want anything.” “You don’t know me. I don’t know you. If you choose me to come, I’ll come and work. I’ll work for six months, for 8 months, for a year, and then I will give you a laundry list. I’ll tell you what I need, but I’m not going to tell you right now.”

Anyway, they picked me, and so I was the first pediatric subspecialist in northern Connecticut, and the first salaried, full-time physician in pediatrics [in Hartford]. At that time, this was a big deal because the hospital still was run as a private practice enterprise. The hospital agreed that they would not be “in the practice of medicine,” and there was a lot of sensitivity on that issue. [In those days, the only salaried physicians in non-University community hospitals were in administration. The “practice of medicine” was considered the prerogative of private practice physicians.] In fact, one of the demands I did make was that I wanted to see patients. Finally, they [the hospital] agreed by giving me an office in the medical building 85 Jefferson Street, Hartford, which was all private practice [offices], but they insisted that on the door there had to be the names of the [other] full-time [salaried] chiefs [Internal Medicine and Surgery], even though none of the others saw patients, because they [the hospital] didn’t want it to appear that I was practicing medicine. It was a crazy time.

The other thing that was very strange [from today’s vantage] was that the city was divided with 3 hospitals, which were totally apart from each other with no cross-fertilization whatsoever. There was the Catholic hospital, Saint Francis [Hospital and Medical Center], which had been formed in 1894, a very large hospital, a very fine hospital. There was the Jewish hospital, Mount Sinai [Hospital], a very small hospital, which was trying desperately to get bigger and to develop more. And then there was the so-called Protestant hospital, which was Hartford Hospital, which in the past had not actually accepted [Jewish physicians]. Its first Jewish resident was a surgical resident by the name of [Irving] Waltman who was accepted because Mrs. [Beatrice Fox] Auerbach, who was the owner of the Fox department store [G. Fox & Co.], a [then] very large department store in Hartford, made a sizable contribution to Hartford Hospital on that condition. So, it was still a city divided very much on religious grounds.

Eventually, Sinai ceased existing and was incorporated into Saint Francis as their rehab program. I’ll give you an example of how separated Saint Francis was from Hartford [Hospital]. It’s difficult to imagine today, but when I was here for about a month, a month and a half maybe, I got a call one evening from a pediatrician who told me that they had
just delivered a baby who was cyanotic at Saint Francis. He said, “I need to know what to do, so I’d like you to go and see the baby, but I don’t want you to go in as a consultant. I’ve spoken with the nurses. When you come in, get a visitor’s badge, go in as a visitor. The nurse will have a stethoscope and everything ready for you. Examine the baby. Do not write a note. Call me. If you think the baby needs to be transferred or something else needs to be done, I will get a cab and I’ll put the mother in it with the baby, because I don’t dare; I’ll get into trouble if I transfer the baby institution to institution.” This was the mentality that was present at that time, and this is all gone now. The relationship [today] is an excellent one. It’s a close one. But it’s interesting to think back on those days.

So, I started pediatric cardiology here by, first of all, developing about 5 different clinics all over northern Connecticut and western Massachusetts. I had a clinic in Springfield, Mass [Massachusetts]; I had a clinic in Westover Air Force Base [Westover Air Reserve Base]; I had clinics in Willimantic and Putnam [Connecticut], New Britain, and I would go to all those clinics.

DR AGUS: You staffed all of them?

DR CHAMEIDES: I staffed all of them. I was on every single night. If a baby needed to be transferred, we had no transport unit. I was in the ambulance at nights, sometimes 3-quarters of the night. I remember one night going to Cooley Dickinson Hospital in Massachusetts to pick up a baby. So I would ride the ambulance. I did all the caths [cardiac catheterizations], and then shortly after I came here, Fred Flynn and I talked, because I needed a place for postoperative patients. There were no ICUs [intensive care units], there was no neonatal ICU, there was no pediatric ICU, and so Fred decided that he would ask the hospital to create a neonatal ICU. So, I said, “You know, instead of a neonatal ICU, since they weren’t defined yet, why don’t we have a baby ICU so we could use it to care for babies up to 18 months of age? That way if I have a baby who requires [a systemic-pulmonary artery] shunt, I can put that baby in the ICU.” He said, “Fine.” But he had to have justification for this and he had to sell this to a hospital. I also suggested to him that we get an outside consultant to look at pediatrics and tell us approximately where we should be headed.

DR AGUS: Did you have a cardiac surgeon at that point? In the adults?

DR CHAMEIDES: There was no specialty of pediatric cardiac surgery [yet], but there was an adult surgeon who had done some pediatric surgery. So he did one or 2 [cardiovascular surgeries] for me, but I didn’t like his technique, you know—

This is, again, something I got from Rochester. In Rochester, Jim Manning was in the operating room with every patient, and I continued that. Until I retired, every patient of mine who was in the operating room, I was in the operating room with that patient. So, I saw him [the adult cardiac surgeon] operate, I saw the whole thing, I didn’t particularly like it. But there was a young surgeon, Henry [B. C.] Low, who later became a very great surgeon here, who did the first [cardiac] transplant in Connecticut. I thought he would be a very good surgeon. He was well trained, and so I asked him to do some surgery for me. I remember the first surgery he did was a Blalock–Hanlon procedure on a baby with transposition. We sat the night before, and I had seen it done in Rochester, so I actually told him how. Then with his skill, and he’s a very skillful person, he went in there and he did it as

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if he had done a hundred of them. The baby did beautifully, so I was very pleased with the results we were getting.

DR AGUS: That's marvelous.

DR CHAMEIDES: So, I suggested to Fred that we ask an outside consultant, and he said, “Who should we get?” I said, “Well, my last chief in Rochester, who was Bob [Robert J.] Haggerty. Bob is highly respected. He’s well known nationally. His word carries a lot of weight. He’s a reasonable person. I think we should get him.” So we wrote to Bob, and in May of 1970, he came as a consultant to Hartford. He said, “I don’t want to just tell you at Hartford Hospital what to do. What I want to do is, I want to look at pediatrics in the Hartford region, and then give you a report on what I think should be done in the Hartford region.” His report, in summary, in May of 1970, was, number one, that Hartford Hospital should get a full-time, salaried chief of pediatrics. Number 2, that, eventually, there should be a union [between Hartford Hospital pediatrics] with the university. That, eventually, pediatrics ought to be [located] at Newington Children’s, that it ought to be all unified including the university.

In the meantime, the hospital had agreed to give us money for the infant ICU. They converted several private rooms into one ICU. I’ll tell you a funny thing about that. I came in while they were painting the room one day, and they were painting the walls blue. I said, “You can’t paint them blue. We won’t be able to tell who is cyanotic.” We didn’t have oximeters in those days. (laughter) So, they said, “We can’t undo this, but we’ll paint the other [half] an entirely different color. We won’t paint it all blue.” Okay. So I come in the next day, they had painted the other half yellow. (laughter) So I said, “Okay, all the icteric babies, go to the other side, cyanotic babies, go here.”

DR AGUS: Yes.

DR CHAMEIDES: Anyway, we opened the [infant] ICU in 1968, I think it was. Bob Haggerty, as I said, came in May 1970. So right after that, the hospital agreed with his assessment that they needed a full-time chief. So they appointed a [search] committee. According to the agreement between the university and Hartford Hospital, the chairman of the committee was Milt [Milton “Mark”] Markowitz who had come in 1969 to be the chief of pediatrics at UConn [University of Connecticut]. So they met, and tried to recruit one. A number of candidates came by, and the ones they wanted weren’t interested, and the ones that were interested, they didn’t want, and so they wrote Bob Haggerty and said, “We’re stuck, can you help us?” Bob Haggerty wrote back and said, “I don’t know why you’re looking so far, you’ve got the perfect candidate right among you, take Leon.” So, they came to me and said, “Would you become chief of pediatrics?” And I was in a quandary because I was very busy. I didn’t know whether I had the energy or the time to do it. On the other hand, I remember saying to myself, “If we don’t have a first-class pediatric department, I can’t have good pediatric cardiology. We’ve got to get a good department.” After consulting with a number of people who had done it [simultaneously been both chief of pediatrics and pediatric cardiology], I decided, somewhat reluctantly, that I would do it. I agreed to do it as long as I remained head of pediatric cardiology, and that we would attract a second pediatric cardiologist to help me. So, in 1971, I became head of pediatrics also, but we weren’t able to get a second pediatric cardiologist until 1974. That was Frank [M.] Galio[to, Jr.]. I don’t understand, when I think back, [how I managed to do it]. I was on every night,
every weekend. I didn’t go far away for vacations. We took vacations at a lake close by, so they could call me back, and I would come back. I’d ride the ambulances at night. I was on the executive committee, on various committees for the department. It was really a very, very difficult time.

In the meantime, I had a friend Bob [Robert] Harris. He was a graduate of NYU medical school, and he and I were residents together in Rochester. That is, I was an intern, [and then] a resident in pediatrics. He took a 2-year rotating internship, and he took pediatrics in the second year, so I was his coequal in terms of year, but I was actually his resident when he was an intern. But he went on after his pediatric training [to train in neonatology]. Of course, there were no fellowships in neonatology by then. He formed his own fellowship by taking neonatal pharmacology at the University of Oklahoma. When I came here, I remembered that his wife came from Boston, and he came from Yonkers, and I said, “Hartford is a good place for him.” Just then, a [pediatric] practice became available, so I wrote Bob and I said, “I desperately need someone with neonatology knowledge. Can you take a look at this? I’ve got a practice for you. You can take over and you can help me. I can’t offer you a position; it would be on a voluntary basis, but at least you’ll have the experience.” Bob came, looked at it, and took the job [in 1968]. He went into [private pediatric] practice, so I had [the services of] a board-certified neonatologist, and he would come in [to the CU] whenever he was needed. Eventually, he was able to attract another physician, Lee [J.] Hoffman, who had taken a neonatology fellowship at Yale [New Haven Hospital], and a third practitioner, [David Brown], who had taken a neonatal fellowship in Long Island Jewish [Medical Center Northwell Health]. The 3 of them were in private pediatric practice and covered [the Hartford Hospital] ICU, first on a voluntary basis, and then I was able to get one equivalent [salaried] position [which they shared].

So, over the period of the next 10 years, I began developing the department. Eventually, by the time I finished, it had 14 [pediatric] residents. When I started, I had one resident. We opened a pediatric ICU in 1974, [and the infant ICU became a neonatal unit]. I had an outpatient clinic with 3 full-time physicians and several nurse practitioners. Nurse practitioners were just beginning in those days.

The other area that I was involved with was pediatric and neonatal resuscitation. On July 1, 1959, when I started in Rochester as an intern, my first rotation at 8 o’clock in the morning in my starched, white uniform was in the emergency room—and it was a room, not a department. At about, I swear, 5 minutes after 8 o’clock, a distraught mother ran in with a 2-week-old baby. As I was examining the baby, the baby stopped breathing. Somehow, we all muddled through, and this baby eventually was found to have Listeria meningitis and actually survived. But what impressed me was that no one knew how to resuscitate that baby. No one knew where the [ventilation] bags were. There were no pediatric bags. No one knew how to use them, how to put the mask on. I didn’t expect anything of me, I was an intern, but the attendings didn’t know. No one, not even the nurses, no one seemed to know what to do.

This stayed with me, and now 12 years later, I became chairman of the department, and I suddenly had a responsibility, and I was concerned about the emergency department, and I was even more concerned about the delivery room, because the delivery room, at that time, was the province of the obstetrician and the nurses. Pediatricians were not welcome. Resuscitation of the newborn—and we had a great need, because we had 6,000 deliveries,
and the mothers were deeply sedated, and the babies came out not interested in breathing—the resuscitation was in the hands of the nurses. The way they used to do it was to pick up the baby, hold it by the feet and slap the backside, right? And if they still didn’t breathe, they would take the mask, put it on the baby’s face with a full-pressure oxygen. One day, one of my residents, a very good resident, who eventually became the head of neonatology at Baystate [Medical Center], was bodily thrown out of the delivery room for daring to try to ventilate a baby. This troubled me very greatly, and I called friends in other hospitals. All had the same problem or had not realized it was a problem.

Well, in the early 1970s, Jim Manning was the chairman of the [American Heart Association] council that became the [American Heart Association Council on] Cardiovascular Disease in the Young [CVDY]. At the time, it was known as the Council on Rheumatic Fever and Congenital Heart Disease. He asked me if I would become a member of that executive committee, so I said, “With pleasure.” We had meetings at the Biltmore Hotel in New York, and I went down by train. At my first meeting, Jim read a letter from a woman, a physician by the name of Ala Zaver. I still remember it. She was an Australian physician who was, at that time, in Boston. The letter was cosigned by Eugene Braunwald, asking the Council on Cardiovascular Disease in the Young—to advise them on the proper dose of electricity for defibrillation [of infants and children]. Jim, in his typical fashion, read the letter, “Anyone know the answer?” No, nobody around [the table] seemed to know the answer. “Leon, get yourself a group together of 2 or 3 people. Call it a TAG, targeted activity group, to answer this question. Do a little research on it, answer the question, bring it back to us.” I said, “Okay.” So I picked John [R.] Raye who was the new neonatologist in UConn, and [I.] David Todres. Did you know him at all?

DR AGUS: He was my chief when I was in my fellowship.

DR CHAMEIDES: So David Todres, I picked. I loved that man. He was just a wonderful human being. So David Todres, and Peter [H.] Viles who was a friend of mine, a pediatric cardiologist in Worcester, and a nurse. I thought we ought to have a nurse on there, so I picked Grace E.] Brown who was at that time at Columbia.

We got together a few times. There were only one 2 or 3 papers available. There really wasn’t much literature. But I wrote it up and brought it to the next meeting. I showed it to Jim, and Jim said, “I think we ought to have a position paper in Circulation because this is obviously important for people to know.” So we published a position paper in Circulation on the dose of electricity for defibrillation.

Around that time, as I was going to the [AHA] meetings, I kept hearing about an ACLS [Advanced Cardiac Life Support] course, which was being developed, and I thought to myself, “You know, if we had a course like that in pediatrics and in neonatology, and the Heart Association was behind it ... I couldn’t do anything locally. I can’t budge these people, but if we could get something like that done.” I went to the Heart Association and I suggested that, but they weren’t sure about it because neonates were so far away [from their mission]. After all, they were really interested mainly in heart attack victims, and so on. I remember saying, “You know, a heart is a heart, and if it stops, it stops. You are going to be teaching in your course [relief of the] obstructed airway. And the reason you’re teaching relief of the obstructed airway is because commonly that’s known as a café
coronary. But it has nothing to do with coronaries, it just has that name. So if you’re teaching obstructed airways, why not teach about cardiac arrest in infants, children and neonates.” Anyway, they bought it. They eventually became very supportive of it, and they asked me to get a committee together to discuss the issues in preparation for a second National Conference on Standards and Guidelines in CPR to be held in 1979.

So I appointed a committee on Pediatric Resuscitation. I added to the group that I already mentioned Richard [J.] Melker who was an anesthesiologist and emergency physician and had a number of patents. He was a guy who knew his way around. I thought, “Okay, what we’ll do is we’ll try to come up with guidelines and standards for pediatric resuscitation and see whether we can get them passed at the 1979 conference.”

By the time of the 1979 conference, we had managed to write basic life support standards [Pediatric Basic Life Support (PBLS) and Neonatal Life Support (NLS) Guidelines. Don’t forget there were no guidelines for the resuscitation of neonates, infants, or children. We did not manage develop [guidelines for pediatric] advanced [life support] yet. And don’t forget, all of these things [the writing of the guidelines] were much more complicated because, in the absence of computers, everything had to be done on carbon paper, had to be typed. I did all of this between [seeing] patients, and if I changed one word, I had to change a whole page, practically. It was a major undertaking. Before the 1979 conference, I said to myself, “You know, if we publish these neonatal standards, are they really going to be accepted, since we only have one neonatologist [John Raye] in our group?” So, I called the chairman [L. Stanley James] of the perinatal committee [Committee on Fetus and Newborn] of the American Academy of Pediatrics, who was at that time at Columbia. I explained what was going on, offered to send him copies of our draft. I said, “Would you be willing to join us on this endeavor?” He said, “Don’t send me a draft. You have no business doing this. This is not the Heart Association’s business. You have no credibility in this. I want nothing to do with it.”

DR AGUS: Wow!

DR CHAMEIDES: I said to him, “Look, we are going to do it [publish the guidelines] whether you want or not. I would welcome your involvement, but we’re going to do it anyway.” At the 1979 conference [American Heart Association Conference on CPR Standards and Guidelines], I was the only pediatrician, so I made all the presentations, but I received overwhelming support from the group. They were just wonderful. The Heart Association was phenomenal in helping me. We got the pediatric document passed and we published [the Pediatric Basic and Neonatal standards and guidelines], together with all of the other [adult] guidelines.

I then received a call from Dr James, and he sounded very angry, “Who are you? What do mean? Where do you come off?” I finally said to him, “Could you do me one favor? Have you read it?” He said, “Yes.” I said, “Would you like to give me a difference of opinion? Do you have anything that you think is wrong? Did we make any wrong recommendation?” He said, “That’s not the issue. I have no argument with the recommendations, but that’s not the issue. You have no right to do it.” I said, “Well, in that case, it’s a political issue. We’ll solve it politically.”
Then we began preparing for the next conference [American Heart Association Conference on Standards and Guidelines], which would be in 1985. By that time, we had revised the first 2 guidelines and we had developed Advanced Life Support [Pediatric Advanced Life Support (PALS)], also. In contrast to 1979, there were 6 pediatricians and neonatologists in attendance at the 1985 conference. We began also talking about developing courses because it’s no good to have guidelines if you don’t have courses to teach them. But I decided that before we had courses, we needed more people to buy in on the idea, and have widespread support, so I suggested that we call a national conference [on pediatric resuscitation]. We tried to identify every and any organization that had anything to do with pediatrics, nursing or medical, and invited their representatives to this conference [1983 National Conference on Pediatric Resuscitation]. We wanted the conference to be a combination of academic, as well as practical, with the idea being that at the end of the conference it would make a consensus statement that there was a need for courses [to teach basic, neonatal, and advanced CPR]. That’s the first time I met people like Arno [L.] Zaritsky, Jim [James S.] Seidel, Jim [James] McCrory, and Bob [Robert C.] Luten who were enormously helpful to me. These were all people whom I eventually added to my committee, when we came to write the courses. Anyway, at the end of that 1983 conference, we did come out with a recommendation that the American Heart Association develop courses for pediatric basic, neonatal, and advanced resuscitation.

Then I enlarged the committee [by adding the physicians I already mentioned], and the committee now became an official subcommittee of the Emergency Cardiovascular Care Committee (ECC) of the American Heart Association. I was invited to become the sixth member of the ECC, so I had another committee to go to, and we began working on the courses. I don’t know whether you remember, but at that time, ACLS was very much memory oriented. They had a series of EKGs [electrocardiograms] and students; had to memorize them. The first thing I remember saying when we met was, “Whatever we do, we don’t want an ACLS course. What we want is a patient-oriented; a case-oriented course.” We picked the cases, and then we built educational material around them and tried to go down that route.

DR AGUS: Before you get too far along in the clinic pathway, I want to maybe pick up that thread of the AAP.

DR CHAMEIDES: Yes.

DR AGUS: Since they’re in some ways very central to this story. How did you solve the political problem?

DR CHAMEIDES: Well, I didn’t at that time. What eventually happened was that when it came to the neonatal course, when we began developing the neonatal course, I was again looking for help. And it so happened that right after we published our guidelines for neonatal resuscitation, George Peckham from Philadelphia approached the perinatal committee of AAP to develop a taskforce to look into the teaching of neonatal resuscitation. So I think that our guidelines must have awakened something.

DR AGUS: Mm-hmm.
He identified a course, which had been developed by Ron [Ronald S.] Bloom and Catherine Cropley at the Drew Medical Center in Los Angeles, which was developed under an NIH [National Institutes of Health] grant and was task-oriented. So it wasn’t the same course for everyone, you know, because if someone had [the responsibility] to intubate, then the person was taught intubation. If a nurse only ventilated by mask, but didn’t intubate, she wasn’t required to learn intubation. So it was task-oriented. They [Ron Bloom and Catherine Cropley] had been developing that course locally, and George had identified it as possibly the one to use by AAP. At the same time, John Kattwinkel had developed a separate and more comprehensive [neonatal] course, which he had been personally taking around, and even took it to Poland, and so on.

So George suggested to the American Academy [of Pediatrics] that they use the Drew Medical course, and that the Academy back this. But the perinatal committee of the Academy wrote him a letter stating that they did not feel that it was the function of the Academy to license people or to teach courses. They did not see that as their function, and therefore, they did not think they should be doing this.

As luck would have it, I picked up the phone because I was always very much of a direct individual. If I wanted to do something, I’d pick up the phone and do it. I picked up the phone to call George Pekham in order to talk to him, “Couldn’t we get together on this?” He had just read the American Academy of Pediatric letter telling him they wouldn’t do it, when I called and I said, “Look, we’re moving ahead with this [developing a neonatal course], I need your help, join us on this,” he was ripe for that. Then I spent many hours with John Kattwinkel saying, “You’ve got a wonderful course, but you’re not going anywhere with this. Here’s an opportunity to do something countrywide or worldwide. Grab it, you know, join us.” And then I talked with Ron Bloom and Catherine Cropley, and I put both of them on the [AHA Neonatal] committee.

So we began developing the course, and eventually, to make a long story short, after many, many meetings, they [Ron Bloom and Cathy Cropley] gave the American Heart Association the copyright to the Drew course. We then spent many meetings trying to reconcile their recommendations with ours because ours were the standard; so we had to make changes in the Drew course; to adapt it. We had many meetings with the Academy [of Pediatrics] to see whether we could get the Academy’s blessing, and I must say that Errol [R.] Alden was enormously helpful in that. He was a neonatologist and a very fine pediatrician, and he was now in the Academy hierarchy, eventually executive director of the Academy. He came to our meetings and he was amazingly helpful to us. We eventually agreed that we would work together, and they [AHA] brought the Academy in as partners. Eventually the Academy took over the neonatal course and have done a marvelous job with it. We also had many meetings with AAP representatives regarding BLS and PALS guidelines and they joined us as partners.

My aim was always to be inclusive, to have everyone back it because I felt we had a tremendous opportunity to do something that was positive. So we finished the 3 courses [Pediatric Basic, Pediatric Advanced (PALS), and Neonatal]. We presented the Advanced Life Support [PALS] course for the first time in 1988 and we taught the neonatal [course] also, I think, in 1988 [in conjunction with a meeting of the AAP].
It’s been an enormous, enormous pleasure to watch their [the courses’] development and to see them introduced all over Europe—I was invited all over the world to speak about this—and to see them being accepted in so many countries. They [the courses] are now, I think, required in all hospitals in the United States and in Canada and all over the western world. So it has given me a tremendous amount of pleasure.

I think the thing that I want to stress, in this, as well as in other facets of my life, is that I have lived an incredibly fortunate life. Primarily because I’ve always been able to identify people who have helped me, who have surrounded me and who have helped me. Because none of this would have been possible if it weren’t for so many people whom I haven’t even mentioned yet, like Vinay [M. Nadkarni] and Mary Fran Hazinski. My gosh, I hadn’t even mentioned Mary Fran. I was chairman of the pediatric subcommittee of the Heart Association for 12 years, but I felt that it needed to have newer people step in; that if it were to continue, it had to have newer blood. Someone did step in, but unfortunately, was very divisive, and it really went downhill. They [AHA] asked me if I would come back and take it [the chairmanship] again, and I said, “Only on condition that Mary Fran join me as co-chair.” Mary Fran, a wonderful woman, who has such tremendous skills and knowledge in this whole field is a nurse, who has written the standard textbook in pediatric intensive care nursing. But the Heart Association, at that time, was not allowing nurses yet to be course directors, so how could she be co-chair? I said, “Well, if you want me as chair, I want Mary Fran as cochair,” and they agreed finally. And then she became chair [of the Pediatric subcommittee] after I resigned. So I’ve been very, very fortunate in having those people, so many people around who have helped me and who have done things. But I look back and I have trouble understanding how on earth this was all going on in the 1970s and 1980s, at the same time I was building a department, doing pediatric cardiology, writing papers. I just don’t understand how I did it, but somehow it worked out. (laughs)

DR AGUS: It is extraordinary.

DR CHAMEIDES: But, you know, I had a lot of fun. I had a lot of fun doing it. I used to always say when I was with residents and medical students at the end of an afternoon of seeing patients, “Wasn’t this a fun afternoon? Who would believe that people are even be willing to pay me for it?” (laughter)

As 1980 approached, I had achieved pretty much what I wanted in developing the pediatric department [at Hartford Hospital]. I had recruited the head of gastroenterology, Jeff [Jeffrey] Hyams, who’s today one of the leaders in [pediatric] gastroenterology nationwide and who has built a phenomenal division. I recruited intensivists, and the department was humming. But I also felt that I had reached a plateau. I had gone up, up, up and I had reached a plateau. I think that people do that in about the 10th year [in a leadership position]. Because everyone’s very comfortable, everyone says, “You’re the best, I want you to stay,” and so on. But the fact of the matter is that after that honeymoon period, whatever period of time it is when you can get things done, you need to step aside and have someone else come in so they can have that honeymoon period and so the department can progress. So in 1980, I announced to the hospital that I wanted to step down as head of pediatrics, but I wanted to continue as head of a pediatric cardiology. They were very generous and very pleased to allow me to do whatever it is that I needed to do. Then we [the selection committee] found Julie [Julius] Landwirth who had been head of [pediatrics at] Bridgeport to succeed me. He is the one who moved the department further, appointed additional
salaried physicians in the various subspecialties—neurology, in neonatology, in infectious diseases, and then began negotiations, which eventually resulted in the creation of the Children’s Hospital [Connecticut Children’s Medical Center] when Newington Children’s Hospital, Hartford Hospital pediatric department, and Pediatrics at the University of Connecticut all combined [under the academic leadership of the University].

I wanted to mention about Children’s Hospital one thing—2 things, actually. One is Milt Markowitz. I hadn’t spoken much about him. I had tremendously high regard for Milt Markowitz. He was a wonderful human being and a very fine chief who had attracted a very talented faculty into his department [at the University]. Mark [as Milton Markowitz was known to his friends] and I became very close friends, and we agreed that eventually, we didn’t know how it was going to happen, but eventually, we had to combine our 2 divisions, our 2 departments; that a city of this size could not have 2 competing pediatric departments. So we agreed to that, but we didn’t know how to do it. But the second thing we said was, “Let’s not duplicate specialties.” So, as soon as I attracted the gastroenterologist, I called Mark, and I said, “Mark, I’m going to develop gastroenterology.” He got a hematologist, and I didn’t touch that. That, in fact, in the end, made it possible [for us] to come together, because had we had duplicate divisions, it wouldn’t have happened.

DR AGUS: That’s right.

DR CHAMEIDES: So that helped a great deal for us to come together. The other thing is that I don’t know of any other city in which 3 hospitals gave up their pediatrics, closed their pediatric units and cooperated on developing a totally independent children’s hospital. That’s a remarkable accomplishment, I think, of this community. It took a lot of work to bring the community to that point, but I think it’s a remarkable accomplishment.

Of course, I taught at the medical school. I taught pediatric cardiology. I taught congenital heart disease. The first couple of years, I also gave elective courses in reading EKGs. They wanted it. I also did a lot of teaching in the third and the fourth year. I felt it my duty also to write some papers and publish. And the one [paper] I am, I think, proudest of is the one on the association of [maternal] lupus and [fetal] complete heart block [published in The New England Journal of Medicine]. I’m proudest of that because it occurred as a clinical observation. We were lucky enough to be able to get serial sections of the bundle of His, but it started as a clinical observation. I had 2 siblings [as patients] who had [congenital complete] heart block with a reasonable heart rate and in no trouble at all, and the mother happened to have lupus, but I didn’t make much of it. And then I saw a little baby in consultation, and I found that the baby had heart block with a questionable rate, but still adequate. The mother gave me a history that she had rheumatoid arthritis. In the “discussion” section [of my consultation], I mentioned that the baby’s mother had rheumatoid arthritis, and I added, “I have another patient whose mother has lupus. I wonder whether there is a connection between [auto-immune] connective tissue disease in the mother and complete heart block in the child?” I made arrangements to see the child again in a few days, and the mother called me and told me that she was moving to Philadelphia. The next thing I know, I get a call from Bill [William J.] Rashkind, and Bill says to me, “I saw this baby. I’m calling you to let you know that the mother was admitted to the hospital [in Philadelphia], and she does not have rheumatoid arthritis; she has lupus,” and I said, “Oh, my lord.” (laughs) So, he said, “I think you’re on to something.” Then he called me to tell me the child died, and I said, “We need to get a post. Can you find anyone who
could make serial sections of the bundle of His?” And he said, “Yes, there is a pathologist at Temple [R. Truex] who does that.” When I went to a Heart Association scientific meeting, I ran into Jackie [Jacqueline A.] Noonan, and she asked me, “What are you doing?” and I told her what I was doing. She said, “Wait a minute, I have a child who has this [complete heart block and a mother with lupus]. I never put it together.” I said, “Well, send me the information, and we’ll put your name on the paper.” So that’s how the paper came about. I’m very pleased, also, because it required almost no revision. It was accepted as is, and so I was really very, very pleased.

And then there was a paper that I wish I had written, but I didn’t. I was called one day in the 1970s to see a little boy who was 5 years old. The pediatrician told me that he had been treating him for scarlet fever with penicillin, adequate penicillin, but he wasn’t getting any better. He continued to have fever, he continued to have a rash, and he was admitting him to the hospital. They had gotten an X-ray, and the X-ray showed a big heart. I went to see him. He was a miserable-, miserable-looking child, very sick, very uncomfortable. I couldn’t find anything on physical except for the fever and the rash, and that was about it. I couldn’t find any heart abnormalities. EKG was normal. X-ray showed a big heart, not very big, but it was big, otherwise, nothing much. Of course, we had no other means of examining, so I ordered some blood work. This was about 6 o’clock in the evening. I ordered some bloodwork and I said, “We’ll, see what happens in the next day or 2.” At 5 o’clock in the morning, I got a phone call from the nurse saying that a few minutes ago, he had screamed out a piercing scream and by the time she came in, he was dead. I ran in, and, of course, there was nothing to do. I was sitting in my office around ten o’clock waiting for pathology to call me, when this child’s uncle who was a prominent physician in another community came in very angry and distraught over the fact that his nephew had died. Just as he was in the office, pathology called and said, “You better come in here and take a look at this. We’ve never seen anything like it.” I said to the uncle, “It’s pathology. I’m going to go look at it. I’ll be right back.” He said, “No, I’m going with you. I want to see it myself.” I said, “Are you sure you really want to go in there?” “Yes, I insist on it.” We came in, the chest was open, of course, the pericardium was filled with blood. The coronary arteries were like plums and there was a huge tear in one of the coronary arteries. The uncle didn’t say a word, pivoted around, and walked out. We never saw him again. I wrote him a condolence letter and never got an answer. That case troubled me very greatly, and I reviewed the literature and I reviewed literature. Finally, I decided that the only thing this was remotely compatible with, possibly, was infantile polyarteritis nodosa, but it wasn’t. It was different. But I said, “You know, I should write this up.” I wrote it up and I put it in the drawer. At one point, I reread the paper and I said, “No, I’m missing something. This is a single case. What’s anyone going to do with this?” I threw it out. About 4 years later, I was lying on a bed in a resort because I was at a meeting and I had just picked up Pediatrics. I think it was 1984, just picked up the new issue of Pediatrics, and I looked, and there is a picture of a rash and it’s [English language description of] Kawasaki disease. (laughs) And that’s what he had. But, of course at that point, we didn’t know it. So I wish I had published that. (laughter).

DR AGUS: Let me pause just so the file doesn’t get too big.

[BREAK IN AUDIO FILE]

DR CHAMEIDES: I think the only other thing that we could talk about is how things have changed and how some things have remained the same over a period of time. I think it
might be interesting, particularly for younger people, to know that when I started, there were no disposable needles and no plastic syringes. We had glass syringes and reusable needles, and after a while, they became very dull and painful. As medical students, one of our duties was to draw blood. Of course, we didn’t have phlebotomists. That was all done by medical students or whoever was lowest on the totem pole.

When I began my internship and through my residency, Dr [William L.] Bradford in Rochester believed very much that ultraviolet light killed germs. So in the infant ward, there was this eerie, bluish-purplish light on 24 hours a day above every bed.

Infantile diarrhea was very common during my residency and we spent a great deal of time calculating “exactly”—and I use exactly in quotation marks—salt was lost with the diarrhea. Diarrhea and fluid and salt loss, was, as you know, a big research area for Mass [Massachusetts] General [Hospital] pediatricians in those days, such as [James Lawder] Gamble and others. Clinicians took from there the idea that they could, by feeling the turgor of the skin, say, “This patient is 5% or 10% dehydrated, and therefore, has lost X amount of fluid, and with that fluid has lost X amount of sodium and potassium, and so on.” We went around making these big calculations, all of which, in retrospect, really were meaningless, but they gave us something to do.

I don’t know whether it was true everywhere else, but in Rochester, they believed very much that every child’s fluids should be individually made up designed according to the calculation. So when a child came in with diarrhea, you took a burette, which was open on the top by the way. When you finished mixing the fluids, you put a piece of gauze on top with tape to hold it in place. Into that [burette], you would put the pre-calculated amount of 5% dextrose, sodium chloride, bicarbonate, and potassium, and you’d mix it all up, and it would drip into the baby. Now, why we did not get more sepsis, I have no idea, because we, as house officers, were preparing the fluid without instructions in antiseptic techniques. We had no gloves that I recall. Whether we washed our hands or not, I couldn’t be sure. But at any rate, this was something we went through.

Of course, in pediatric cardiology, we paid enormous attention to the stethoscope. Actually, it’s amazing to me when I think back on it at how often our diagnoses were maybe not spot on, but at least in the correct neighborhood considering what we had to work with. I remember going downtown to Hartford [Hospital] at 3 or 4 o’clock in the morning, having just been called to evaluate a baby with cyanosis, trying already in my mind to formulate a differential diagnosis, and then putting a stethoscope on and listening and listening for the minutest sounds to try to understand the anatomy. Then looking at the X-ray and the EKG, and, of course, those are all the tools we had.

I remember the first echoes that were shown at an American Heart Association meeting, and this was not even a 2D echo. At first, of course, we had M-mode, and then by putting several M-modes together, you had this picture of a moving mitral valve full of snow that looked like a movie from 1916. It was fascinating to see how rapidly the field of echocardiography developed and how helpful it has been.

I also remember examining premature babies and trying to calculate what the pulmonary artery pressure was on the basis of the pre-ejection period over the ejection time, as I recall, as measured from the m-mode echocardiogram. Things, of course, changed so much with
the addition of 2D and now 3D echo, with the higher-definition echo, and then Doppler echo, of course, showing us the flow, which is such an enormous, enormous advance.

And then the development of prostaglandins, which allowed the pediatric cardiologist to sleep at night. We no longer needed to worry that the ductus would close suddenly, before we could rush to the operating room for a systemic-pulmonary artery shunt. The ductus could be kept open if the infant had an abnormality that depended—well, life depended on it. So these were enormous changes.

And now what hasn’t changed? What hasn’t changed is the human interaction of a practitioner with a patient. That’s something that I paid an enormous amount of attention to. I got a big kick out of knowing my patients and knowing the parents, and knowing all about them, and enjoying them. I’m hoping that that situation continues to exist today. Although, now as an octogenarian and on the receiving end of medical care, I hope pediatrics is different from adult medicine. But that [the patient-doctor relationship] was always most important to me. What gives me great pleasure today is the number of phone calls and letters that I receive from patients I cared for years and years ago.

Just last Friday, I received a call from a gentleman—who, himself, now has 2 teenage daughters—whom I first saw when he was 10 years old. He came from another country, and he, unfortunately, had a VSD [ventricular septal defect] and, by the time I saw him, had pulmonary vascular obstructive disease. At the time I saw him, I didn’t think there was much we could do for him. I did a cath and proved the diagnosis, and I followed him until I retired. Now we met me for coffee, and as I said, he has teenage daughters of his own. Six years ago, he had a heart and lung transplant and is doing phenomenally well. And I got to meet his wife, too. The fact that after so many years, he felt that he wanted me to meet his wife and to see him gave me a very warm feeling, and it told me that we did something right.

DR AGUS: May I ask you, and you said there’s no easy answer, but I’m going to challenge you. I’ll bet there are insights that you have when you see a young Mary Fran, a young Vinay Nadkarni, a young Arno Zaritsky. What do you see in them that got you excited to mentor and to get involved, to get behind them?

DR CHAMEIDES: I wish I could answer that. I don’t know, but, you know, you meet people, and they make an impression on you. They make an impression on you by their enthusiasm, by how inquisitive they are, and how interested they are in things. I think if you’re interested in one thing, the chances are it carries over to other things. You just have to channel people into that. And I find that if you get the right person, just leave them alone. Let them do their thing, and in general, they’ll outdo anything you can show them or that you can do, and they, in fact, have. Not that I haven’t picked people who are not. I’ve had those, too, who did not pan out. But certainly, people like Arno and Vinay and Mary Fran, phenomenal. I feel very fortunate to have been in their company and I usually learn more from them than they learn from me.

DR AGUS: When you think back to the morning, or when you think back to your early life, is there a connection between today, between the early years of struggle, of changing identity, of not having a home in many ways, to landing in Hartford and just not looking elsewhere, and building something from nothing?
DR CHAMEIDES: I think there has to be. I am not sure I am smart enough to know what it is. I think that the historians tell us that the mortality for children, for Jewish children in Poland during the Second World War was greater than 99.5%. So, fewer than one-half of 1% of children my age survived because children were useless in the war effort. So, I think the fact of survival is in itself a very unusual phenomenon. Psychiatrists tell us that people who survive have a certain amount of guilt of survival, if you will, and that they perhaps feel that they need to justify themselves, that they have to make their lives worthwhile. I can’t tell you whether that’s true or not. It certainly isn’t on a conscious level, but I have no reason to believe that it isn’t. So I think that may be part of it.

I think we [the survivors] also, to some degree, are fatalists. We know that most things are not within our control, so those things that are within our control, we have to do well. But we know that ultimately there’s an awful lot that’s not within our control. So in that frame of mind, I think maybe we’re willing to take more chances. When I think back on it now, if I had gone to any one of those well-established institutions, I would have become the third or the fourth pediatric cardiologist and I would have probably had a very good life and had done very well. But I never would have had the challenge or the gratification of leadership that I had here. I mean, when I came to Hartford, I was 32 years old. I was straight out of my fellowship. I had no idea what was flying, no idea really what I was doing, and yet, people trusted me, and that trust engendered a certain amount of moxie within me. So, I think maybe there’s something to that, but I don’t know any more than that.

DR AGUS: I have, kind of, a random question, much more superficial than the prior ones, but I’m just curious if you remember. So as one of the founders of this idea of ratio between breaths and chest compressions and when you pause, where did that all come from? Did you play with different numbers? Was there some amount of intuition involved? There wasn’t enough data to have known what the real numbers were.

DR CHAMEIDES: No, there was no data. I think the person who first came up with that was Peter [Josef] Safar. Peter came up [with it] because he was an anesthesiologist, and he started with breathing experiments on anesthetized medical student volunteers. Then when compressions were shown to be effective, and don’t forget that didn’t happen until the 1960s, you have to have both; you have to have a ratio. Now, of course, there are recommendations that perhaps in adults, you don’t need both immediately, that you only need chest compressions. We’ve always, at least while I was active—I shouldn’t say now, because I’m no longer active in the field—but while I was active, we always rejected chest compressions only for pediatrics. So there had to be a ratio. If you look at the heart rate that you’re trying to get and you look at the number of breaths that you think you need to have, you need to have a ratio somewhere in there, but I think it’s all a guess. We don’t have any data as far as I know what the optimal ratio is.

DR AGUS: You were a human clinician from the beginning, and your work has been with humans. How often did you turn to your scientist colleagues and say, you know, “Could you answer this question in lambs or in animals or in rats?” Was that kind of part of how you moved the field forward or was it in parallel with that?

DR CHAMEIDES: I did not. I think others did and I relied on others who were doing animal experimentation. But my strength, I think, if I evaluate it correctly, my strength was
not in data. If I had any strength, it was the strength to be able to inspire other people to work together. I've always prided myself on being able to find a middle way, of compromising, of developing consensus around a table, and when you're working on these things without data, a lot of it is consensus, isn't it? But I've always seen that as my strength. But it certainly was not data driven, and I had no animal experimentation experience whatsoever.

DR AGUS: No, I know you didn't do it personally, but it was about connecting with those who did. But your answer is, in fact, really insightful. There's the principle of perfection being the enemy of good. And it sounds to me like you've had a lot of moments like that where the priority was moving forward. The priority was doing something and not waiting for the perfect science, but realizing we had enough to save a lot of lives.

DR CHAMEIDES: Right. We're in a moment in time, and it's not an issue of what's going to be tomorrow. We're going to do it today and we've got to do the best that we can today. What I was seeing in the clinical sphere was a lot was happening that was far from the best. When I looked at our delivery service—and it wasn't only ours, it was all delivery services—and how babies were resuscitated, it was terrible, and we could do better than that. We knew enough to do better than that. I mean, take the PALS [Pediatric Advanced Life Support] course, for instance. It became very important even for pediatricians, but that wasn't our primary aim. Our primary aim at the time we were writing was directed at the many kids who were being cared for in emergency departments where there were no pediatricians. And the likelihood was that at some time a child was going to come and was going to have a respiratory, or a cardiac, or a combination arrest, and I wanted those health care delivery personnel to know what to do.

I don't know why this just came to me, but just before one of our early meetings of our little group [on pediatric resuscitation], a young man called me and said, "You know, I think that we're going about this all wrong. I think we should be calculating medication on the basis of length and not weight." Then I said, "Well, that's interesting. What data do you have?" He introduced himself. His name was Broselow, Jim [James B.] Broselow. I said, "Well, we're having a meeting. It is at the Sonesta Hotel in Hartford. Can you come to our committee? Tell us about your ideas." So, he came and he had this idea and presented it but he had no data. I said, "Well, it's a fascinating idea. Why don't we do a study?" So then and there, we said, "Okay, we have X number of committee members, all in different institutions. From now on, every patient we see, we're going to weigh, and we're going to measure, and we're going to calculate how much of each medication we would be giving that patient if that patient had a cardiac arrest." On that basis, we published a paper showing, in fact, that length was a perfectly adequate [method of calculating drug dosage], and maybe better. It's certainly better than guessing the weight, which is what often happens. And Jim developed the Broselow [Pediatric Emergency] Tape on that basis, right? I don't know whether it's still in use today.

DR AGUS: It's fallen, yes.

DR CHAMEIDES: For a long time, it was a very useful thing, particularly for health care providers who are not at children's hospitals, and so on. So, you know, you've got to be open to ideas and look at it, and study it, and see whether it works or not. (laughs)
DR AGUS: When you look at young physicians today, do you see greater potential, where you look at them and you say, "Oh, I wish I was doing my training in 2019?" By the same token, do you look at them and say, “Thank God, I’m not doing my training in 2019?”

DR CHAMEIDES: That’s a very difficult question because I don’t know how much of it is true and how much of it is simply that I’m of a certain age and it’s not practical. But I think the young people today have, in many ways, a much more difficult road to tread than we did. I think they are much more regimented, and some of that regimentation is probably good, but I think the regimentation stifles creativity. So I think we have to recognize that to some degree we’re stifling people.

I’m very concerned about the electronic medical record. I see the frustration as young people talk to me about it, and it’s not only those who are at the end of their career, but I see young people who have grown up with it [computers], who are very frustrated with it. Theoretically, the electronic medical record should be such a boon to care. It should add so much, and yet, I don’t see where it has. So, there’s something we’re doing. We’re not using it right, or it’s not been conceived correctly. Something is wrong if they produce so much frustration in young people.

I know from my own personal experience on the receiving end, that I don’t recall in my career that there has ever been as poor communication between physicians around a patient as I see today. We are masters at communication. The technology should have made that a snap today, and yet it isn’t. It’s very difficult to get to speak to your physician. I’ve been thinking about it and, again, I’m not an expert on this in any way, but I think we’re going about it all the wrong way. I think the medical record should not belong to the physician. It should belong the patient. I think that when a person is born, a person should get a number or some identifying code, and that ought to be the access number for the record. For instance, in this community today, if a patient has a physician in one group, and another physician in another group, and a third physician in a third group, they don’t have access to the same record. But if it were the patient’s record, for example if it were my record, any physician to whom I gave my access code, no matter which group they’re in, each of them could access the record and add to it. I, as the patient, could access it, and so could each physician caring for me. So, I think we’re doing something wrong here. I’m very concerned about the relationship between patients and physicians and anything that is interfering with it. But that may not apply to pediatrics, I don’t know. I’m not in it enough.

DR AGUS: I think it does for sure. I know you’ve stepped out of the active leadership of the resuscitation teaching and effort. Is there a vision that you left the field with when you retired? If you went back now, or in 5 or in 10 years, is there a vision of what a resuscitation program would look like that you didn’t stay around to build, but you handed off to the next generation to build? What would the ideal resuscitation teaching program look like for kids?

DR CHAMEIDES: I don’t know that I can really answer that. I think that one thing that is happening today, which I’m very pleased about, is that the World Health Organization [WHO] has used the resuscitation protocols to teach midwives in third world countries how to ventilate babies. The number of babies who die because they’re not properly ventilated is really frightening, and this has been an extremely successful program.
I think if there were some way in which we could properly measure stroke volume; some easy and practical way to measure cardiac output, we would finally know what it is that gives us the optimal output. In other words, we are constantly debating the correct rate of chest compressions, how deep the compression should be. But all of this really gets around the fact that we really don’t know what we’re doing because we can’t measure cardiac output. If we had some way to measure cardiac output while we did the resuscitation and we could optimize that, we would have the greatest opportunity for successful resuscitations. We don’t know how many resuscitations are unsuccessful because we’re too late or because the disease is too far progressed or how much is related to improper technique.

The other issue, of course, which as far as I know we’ve never resolved, is the role of medications. Whether, for instance, epinephrine does more harm than good. Ultimately, as far as I know, we still are not certain about that. So, these are things we need to find out still.

DR AGUS: All right. And the highest tech thing that I know, and I know Vinay is playing with it as well, is this idea of a drone that carries a defibrillator to the scene. I don’t know if you’ve seen, if you’ve learned about that.

DR CHAMEIDES: No, I’ve never seen that, but I’m not surprised.

DR AGUS: Yes. But based on where you’re calling from the GPS [Global Positioning System] location, the dispatcher will send a drone with a defibrillator to that location.

DR CHAMEIDES: Phenomenal.

DR AGUS: I think it’s very clear that you have laid the foundation, not just contributed your share, but literally laid the foundation for what continues to blossom and bloom in resuscitation medicine. It’s just been an honor to hear your story and to help record it for posterity.

DR CHAMEIDES: Thank you.

DR AGUS: Anything else you want to add before we end?

DR CHAMEIDES: No. Just to thank you very much for your interest and thank the American Academy of Pediatrics for their interest, and I appreciate that very much.

DR AGUS: Awesome. Okay. Well, no guarantee you won’t come back online, but for the moment, we’re going to conclude.

[END OF AUDIO FILE]
CURRICULUM VITAE
LEON CHAMEIDES M.D.

PRESENT TITLE:
Emeritus Director, Pediatric Cardiology Connecticut Children's Medical Center.
Clinical Professor, Department of Pediatrics, University of Connecticut School of Medicine

PERSONAL:

Date of Birth: 6/24/1935
Place of Birth: Katowice, Poland
Citizenship: U. S. A.
Marital Status: Married; Jean A. (1961)

UNDERGRADUATE EDUCATION:
1951 - 1955 B.A. Yeshiva College; New York, NY
1949 - 1955 Teacher's Diploma Teacher's Institute,
Yeshiva University, New York, NY

GRADUATE EDUCATION:
1955 - 1959 M.D. Albert Einstein College of Medicine, Yeshiva University, New York, NY

POSTGRADUATE EDUCATION:
1959 - 1960 Intern, Department of Pediatrics
University of Rochester, Rochester, NY
1960 - 1961 Resident, Department of Pediatrics
University of Rochester, Rochester, NY
1961 - 1962 Resident, Department of Pathology
Boston Children's Hospital, Boston, MA
1964 - 1967 Fellow, Pediatric Cardiology, University of Rochester,
Rochester, NY

MILITARY SERVICE:
1962 - 1964 Lt. Commander, USPHS Heart Disease
ACADEMIC APPOINTMENTS:
1962 - 1964  Instructor, Department of Pediatrics and
Director, Poison Control Center,
Ohio State University and Columbus Children's Hospital,
Columbus, OH
1964 - 1967  Senior Instructor, Department of Pediatrics,
University of Rochester, Rochester, NY
1968 - 1971  Assistant Professor, Department of Pediatrics, University of
Connecticut School of Medicine, Farmington, CT
1971 - 1978  Associate Professor, Department of Pediatrics, University of
Connecticut School of Medicine, Farmington, CT
1978 - 1981  Professor, Department of Pediatrics, University of
Connecticut School of Medicine, Farmington, CT
1981 -   Clinical Professor, Department of Pediatrics, University of
Connecticut School of Medicine, Farmington, CT

HOSPITAL APPOINTMENTS:
1967 - 1996  Director, Pediatric Cardiology, Hartford Hospital,
Hartford, CT
1996 - 1997  Director, Pediatric Cardiology, Connecticut Children's
Medical Center, Hartford, CT
1971 - 1980  Director, Department of Pediatrics, Hartford Hospital,
Hartford, CT
1967 - 1997  Consultant, Pediatric Cardiology at:
    Bay State Medical Center, Springfield, MA
    Manchester Hospital, Manchester, CT
    New Britain General Hospital, New Britain, CT
    Newington Children's Hospital, Newington, CT
1967 - 1997  Courtesy Staff at:
    John Dempsey Hospital, Farmington, CT
    Mt. Sinai Hospital, Hartford, CT
    St. Francis Hospital and Medical Center, Hartford, CT
1997   Honorary Staff
    Hartford Hospital, Hartford, CT
    Connecticut Children's Medical Center, Hartford, CT

LICENSURE:
Connecticut:  # 012867 (Discontinued 6/2000)

CERTIFICATION:
National Board of Medical Examiners (1961)
American Board of Pediatrics (1964 #9910)
Pediatric Cardiology (1967 # 245)
COMMITTEES:

HARTFORD HOSPITAL
1968  Chairman, Committee for Development of NICU
1972 - 1980  Member, Medical Staff Council
1972 - 1980  Member, Executive Committee, Medical Staff
1973  Chairman, Committee for Development of PICU
1975  Chairman and Editor, Hartford Hospital Bulletin
1987 - 1991  Chairman, Planning Task Force on Inpatient Service Connecticut Children's Medical Center
1997  Corporator, Hartford Hospital

UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE:
1968 - 1997  Member, Cardiovascular Committee (2nd year)
1973 - 1978  Member, Combined Pediatric Residency Council
1978 - 1980  Chairman, Combined Pediatric Residency Council
1983  Member, Search Committee for Pediatrics Department Chairman
1984  Chairman, ad hoc Committee on Third Year Pediatric Education
1987 - 1997  Member, Pediatric Curriculum Committee
1989 - 1995  Member, Medical School Admissions Committee
1989 - 1996  Member, Department of Pediatrics Executive Committee
1997 - 1998  Faculty member for Correlated Medical Problem Solving II

CONNECTICUT CHILDREN'S MEDICAL CENTER:
1995 - 1997  Member, Board of Directors
1995 - 1997  Vice-President, Medical Staff, Chairman Medical Staff Council
1995 - 1997  Member, Credentials Committee
1995 - 1996  Member, Faculty Practice Plan Implementation Committee
1995  Member, Search Committee for Director of PICU
1995  Member, Search Committee for Surgeon in Chief
1997  Chairman, Strategic Program Review Committee
1998  Chairman, Medical Staff Nominating Committee
1999  Chairman, Task Force on Children with Special Health Care Needs.
2007 - 2022  Member, Medical Education Committee

AMERICAN HEART ASSOCIATION:
1971 - 1977  Member, Executive Committee, Council on Rheumatic Fever and Congenital Heart Disease
1971 - 1974  Member, Executive Committee, Committee on Medical Education
1972 - 1973  Member, Task Force on Heart Disease in the Young
1973 - 1974  Member, Program and Development Committee
1974 - 1977  Member, Program Committee
1975 - 1987  Chairman, Task Force on Pediatric Resuscitation
1975 - 1980  Chairman, Committee on Health Education
1979  Member, National Conference on Cardiopulmonary Resuscitation and Emergency Cardiac Care
1981 - 1984  Member, Emergency Cardiac Care Committee
1981  Editorial Board, Textbook of Advanced Life Support
1983  Chairman, National Conference on Pediatric Resuscitation
1984 - 1987  Consultant on Pediatric Resuscitation, Emergency Cardiac Care Committee
1984 - 1987  Chairman, Editorial Board, Textbook of Pediatric Advanced Life Support
1985  Member, Panels on Pediatric Advanced and Neonatal Life Support and Chairman, Panel on Basic Pediatric Life Support, National Conference on Cardiopulmonary Resuscitation and Emergency Cardiac Care
1988 - 1991  Consultant, Subcommittee on Pediatric Resuscitation
1991 - 1993  Co-Chairman, Subcommittee on Pediatric Resuscitation
1991 - 1993  Member, Emergency Cardiac Care Committee
1993  Member, International Liaison Steering Committee
1994  Chairman and Organizer of International Conference on Pediatric Resuscitation, Washington, DC June 10-13, 1994
1999  Special Consultant, Pediatric Subcommittee for Evidence Evaluation Conference Panels
1999  Chairman, Task Force for Evidence Evaluation for Guidelines 2000 in First Aid
2000 – 2004  Chairman, Task Force on developing of First Aid course
2004 – 2005  Editor/Writer for Guidelines 2005
2004 – 2005  Member of the American Red Cross and American Heart Association National First Aid Science Advisory Board
2009 - 2011  Member, International Advisory Board on First Aid
2009 – 2011  Associate Science Editor 2010 Guidelines on Resuscitation

CONNECTICUT HEART ASSOCIATION:
1970 - 1978  Member, Board of Directors
1970 - 1975  Member, Research Committee
1974 - 1978  Member, Committee on Rheumatic Fever and Congenital Heart Disease
HEART ASSOCIATION OF GREATER HARTFORD:
1968 - 1976  Member, Board of Directors
1971 - 1974  Member, Executive Committee
1971 - 1972  Member, Program Committee
1972 - 1974  Chairman, Public Education Committee

OTHER COMMITTEES:
Member, Technical Advisory Committee on Pediatric Care, Connecticut Hospital Association
Member, Acute Care Task Force, Connecticut Hospital Association
Chairman, Technical Advisory Committee, Handicapped Children’s Program, Connecticut Department of Health

1987 - 1992 Hartford County Medical Association Communications Committee

PROFESSIONAL SOCIETIES:
Hartford Medical Society
Hartford County Medical Association
American Academy of Pediatrics
American Heart Association

HONORS AND AWARDS:
1980  Award of Merit for Distinguished Service, American Heart Association, Dallas, TX
1984  International Service Citation, American Heart Association
1986  Robert U. Massey Award for Distinguished Service, Capitol Area Health Consortium, Hartford CT
1988  Ross Education Award, American Academy of Pediatrics
1991  Hartford Hospital Medical Staff Award for Distinguished Service
1995  Community Service Award, Hartford County Medical Society
1996  Hans Dahll Award for Distinguished Contributions in the Field of Science and Education in Resuscitation. Citizen CPR Foundation,
1996  Included in The Best Doctors in America: Northeast Region,
1997  Establishment of and first awardee of the “Leon Chameides, MD Life-time Achievement Award” by Pediatric House Staff, University of Connecticut Health Center and Connecticut Children’s Medical Center, Hartford, CT
1997  Establishment of annual “Leon Chameides Grand Rounds” at the Connecticut Children’s Medical Center
1999  Honoree, “Giants of Resuscitation” American Heart Association Emergency Cardiovascular Care Dallas, February 6, 2000
2000    E. Maurice Wakeman Award. Hezekiah Beardsley Connecticut Chapter of the American Academy of Pediatrics, April 14, 2000
2000    Elected as Honorary Member of the European Resuscitation Council. Antwerp, Belgium June 3, 2000
2002    American Heart Association award in recognition of contribution as First Aid Science editor.
2003    Yeshiva College Alumni Association Bernard Revel Memorial Award for Professional Achievement
2010    University of Rochester Pediatric Residency Alumni Teaching Award
2012    Reviewer Award. Resuscitation.
PUBLICATIONS


13 Chameides L, Diana DJ, Dougherty J: Abnormalities of cardiac rhythm in the newborn. Practical Cardiology 4:122, 1978


19 Feder HM Jr, Chameides L, Diana DJ: Bacterial endocarditis complicated by myocardial infarction in a pediatric patient. JAMA 247:1315, 1982


21 Chameides L, Diana DJ: Primary myocardial diseases in children. Cardiovascular Rounds 2:1, 1985


23 Standards and Guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiac Care (ECC): Pediatric Basic Life Support. JAMA 255:2954, 1986

24 Standards and Guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiac Care (ECC): Pediatric Advanced Life Support. JAMA 255:2961, 1986


32 Kveselis DA, Chameides L, Diana DJ, Ellison L, Rowland T: Late pulmonary venous obstruction after surgical repair of infradiaphragmatic total anomalous pulmonary venous return. Pediatr Cardiol 9:175-177, 1988


**Chameides, L**: Dysrhythmias in Pediatric Emergency Medicine, Roger M. Barkin (ed). Mosby Year Book, Inc. 1992 pp 119-130

Hazinski MF, **Chameides L**: Interim training guidelines for pediatric resuscitation. Currents in Emergency Cardiac Care 1992;3:20-26


**Chameides, L**: Reanimacao Pediatrica in Reanimacao Cardioresratoria Cerebral, J. Cook Lane and Ramiro Albarran-Sotelo (Ed). MEDSI 1993


**Chameides, L**: Cardiopulmonary Resuscitation in Moss and Adams Heart Disease in Infants, Children, and Adolescents. Williams & Wilkins, Baltimore MD, 1995 pp 1619-1626


* This is the same paper that was considered sufficiently important that three journals made the unusual decision of simultaneous publication for widest distribution.


54 Editor/Writer of 2005 Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care (published in Circulation in December 2005)


56 Perlman JM, Wyllie J, Kattwinkel J, Atkins DL, **Chameides L**, Goldsmith JP, Guinsburg R, Hazinski MF, Morley C, Richmond S,
MAJOR PRESENTATIONS

2. Galioto FM Jr, Fyler DC, Chameides L: Total Anomalous Venous Drainage; a five year review in New England. The American College of Cardiology 24th Annual Scientific Sessions, February, 1975
7. Cardiovascular Disease and Youth: Current State of the Art. American Heart Association Bi-Regional Conference on Heart Health Education in the Young. San Mateo Ca
8. The Child with Heart Disease in the School Setting. The 52nd Annual Convention of the American School Health Association, Dearborn MI, October 12-15, 1978
11. Heart Health Education in the Young -- The Medical Role. Postgraduate Seminar. Annual Meeting American Heart Association, Miami Beach FL, November 16, 1980
18 Pediatric Resuscitation and Mega Code. ACLS Instructor's Update. American Heart Association Rhode Island Affiliate and Brown University. Providence, RI February 6, 1982
19 Pediatric Resuscitation - Advanced Cardiac Life Support Instructor and Affilliate Faculty Update. American Heart Association, Pennsylvania Affiliate, February 27, 1982
22 Neonatal Delivery Room Resuscitation. Canadian Society of Anesthesiology, Annual Meeting. Quebec City May 25, 1982
23 Electrocardiography for the Pediatrician. Invited Seminar leader for the American Academy of Pediatrics annual meeting, October, 1982
24 Visiting Professor, University of Reykyavik, Iceland, July 1983. Manipulation of the Ductus Arteriosus in the Premature Long Term Follow Up of Patients with Congenital Heart Disease
25 Invited Faculty for Instructor's Course in Basic and Advanced Cardiac Life Support, Beijing and Harbin, People's Republic of China, October, 1983
26 Invited Faculty Member for Instructor's Course in Basic and Advanced Cardiac Life Support, Buenos Aires and Ushuaia, Argentina, September, 1984
29 Exhibit on Pediatric Resuscitation presented at The Second World Congress on Pediatric Cardiology, New York June 3-5, 1985
30 Controversies in Pediatric CPR. Schneider Children's Hospital. New Hyde Park, NY, June 10, 1985
31 Pediatric Life Support -Current Status. Panel on Pediatric Resuscitation, National Conference on Emergency Cardiac Care, American Heart Association, Dallas, TX July 1985
32 Course Director, Pediatric Advanced Life Support, Hartford, CT December, 1985 and Washington, DC April, 1986
33 Pharmacotherapy of Pediatric Hypertension. Pediatric Hypertension Symposium. Hartford Hospital, Hartford, CT September 16, 1986
34 Pediatric Basic Life Support. 1986 CPR Educational Symposium and Conference on Citizen CPR. Toronto September 19-21, 1986
35 Pediatric Advanced Life Support. Second Annual Pediatric Emergency Seminar. Hartford Hospital, Hartford, CT October 15, 1986
36 Pediatric Advanced Life Support course given by invitation at Centro Medico de Campinas, Campinas, Brazil November 21-22, 1986
37 Role of the Anesthesiologist in the Care of the Critically Ill Child. Invited lecturer at the 23rd Brazilian Congress on Anesthesiology. Florianopolis, Brazil November 25, 1986
38 Update and Demonstration on Cardiac Auscultation at Recent Advances in Pediatrics for the Practitioner, Yale University School of Medicine December 3, 1986
42 Resuscitation in the Delivery Room. Introduction of a national course on delivery room resuscitation. New Orleans, LA., November 4-6, 1987
45 Pediatric Resuscitation - The Educational Connection. American Academy of Pediatrics annual meeting, San Francisco, CA October 20, 1988
46 Course Director, Pediatric Basic Life Support Course. Spring Session, American Academy of Pediatrics, March, 1989, Orlando, FL.
47 Invited Faculty member, Pediatric Advanced Life Support Course, May 28-29, 1989, San Juan, PR
48 Invited course Director, Pediatric Advanced Life Support course, August 24-26, 1989, Belo Horizonte, MG, Brazil
49 Invited speaker, Third National Symposium on CPR and Emergency Cardiac Care, August 29, 1989, Hospital de Clínicas, RGS, Brazil
New Educational Strategies in Pediatric CPR
Controversies in Pediatric CPR
Neonatal Resuscitation
Advances in the Pharmacology of CPR
50 Invited expert panel member on Problems and Issues in Pediatric CPR. First European Congress on CPR, Antwerp, Belgium, November 2, 1989
Standards, Guidelines, and Education in Pediatric CPR Invited speaker, First European Congress on CPR, Antwerp, Belgium, November 3-4, 1989

Course Director, Pediatric Basic Life Support course, Spring Session, American Academy of Pediatrics, April 19, 1990, Seattle, WA.

Course Director, Pediatric Basic Life Support course, Fall Session, American Academy of Pediatrics, October, 1990, Boston, MA.


Invited member of faculty for Course on Pediatric Advanced Life Support, Department of Pediatrics, Faculty of Medicine. University of Nuevo Leon. Monterrey, Mexico January 10-12, 1991


Course Director, Pediatric Basic Life Support course, Spring Session, American Academy of Pediatrics, March 19, 1991, San Diego, CA.

Invited speaker on Current Status of Pediatric Resuscitation presented at the Seventh World Congress on Disaster and Emergency Medicine. May 15, 1991, Montreal, Canada

Invited lecturer at the Ninth Latin American Congress on Pediatrics. Asuncion, Paraguay, October 8, 1991:
- Rhythm Disturbances in Children;
- The Cholesterol Controversy as it applies to Children;
- The Cyanotic Newborn.

Invited lecture at University of Campinas (UNICAMP) Campinas, Brazil October 11, 1991:
- The Cyanotic Newborn;
- Advances in Pediatric Resuscitation

Invited Speaker at the International Conference on CPR Guidelines: Challenges in Pediatric Resuscitation. Dallas, TX, February 24, 1992

Course Director, Pediatric Basic Life Support course, Spring Session, American Academy of Pediatrics, April 12, 1992, New York, NY

Invited speaker at New Britain educational symposium: Congenital Heart Disease in the Adult. Cape Cod, MA., May 17, 1992

Invited speaker at University of California, San Francisco Stabilization and Management of the Critically Ill Child: San Francisco, CA February 27-28, 1993
- Pediatric Advanced Life Support
- Treatment of Life-Threatening Arrhythmias

Course Director, Pediatric Basic Life Support course, Spring Session, American Academy of Pediatrics, March 21, 1993, Chicago, IL

67 Common Pediatric Problems: Cholesterol, Heart Disease, and Children. Norwich, CT November 20, 1993
68 The History of Resuscitation presented at the International Conference on Pediatric Resuscitation, Washington, DC June 10, 1994
72 Lattanzi-Pearson Pediatric Seminar: Sound before Ultrasound. Saint Raphael's Hospital, New Haven, CT October 17, 1994
72 Hartford Hospital Neonatal Symposium: What's New in Neonatal Cardiology. Hartford, CT October 18, 1994
73 Invited faculty to present the First Pediatric Advanced Life Support courses in Israel. Children's Medical Center of Israel, November 9-10 and November 13-14, 1994.
74 Invited participant in meeting of International Liaison Committee on Resuscitation and Second Utstein Style Conference. Utstein, Norway June 19-24, 1995
76 A History of Cardiopulmonary Resuscitation presented at the Emergency Cardiac Care Update. May 18, 1996, Montreal, Canada
77 “Sudden Death in the Young Athlete” at Pediatric Update Symposium presented by the Department of Pediatrics Rhode Island Hospital and Rhode Island Chapter of the American Academy of Pediatrics. Narragansett, RI September 19, 1997
78 “Resuscitation: Past, Present, and Future” Grand Rounds presentation at Du Pont Hospital for Children, December 3, 1997
80 “Ventricular Fibrillation and Transthoracic Defibrillation” Grand Rounds, Connecticut Children’s Medical Center. February 2, 1999
81 Invited speaker on “Resuscitation of Infants and Children” at the 32nd Congress of the Venezuelan Society of Cardiology annual meeting, Marguarita Island, Venezuela July 23, 1999
82 Moderator of Pediatric Panel at Evidence Evaluation Panel for the Standards and Guidelines 2000 Conference of American Heart Association, Dallas, TX September 26-29, 1999
83 Moderator, Panel on First Aid at Guidelines 2000 Conference. Dallas, TX February 6-8, 2000


86 The new First Aid course. ECCU National Faculty. June 5, 2002

87 History of Resuscitation. Massey Society on the History of Medicine, University of Connecticut Health Center November 20, 2007

88 The Science of Resuscitation Updated at CCMC Grand Rounds, December 13, 2010


90 Global Impact of the UCONN Department of Pediatrics at 50th anniversary of the department. Hartford Marriott November 10, 2017
BOOKS


EDUCATIONAL MANUALS


Chameides, L. Associate Editor of Instructor's Manual for Pediatric Advanced Life Support course. American Heart Association & American Academy of Pediatrics, Dallas, TX 1995

Chameides, L. (Ed) Heartsaver First Aid, American Heart Association, Dallas TX 2002

Chameides, L. (Ed) Heartsaver First Aid with CPR and AED. American Heart Association, Dallas, TX 2002
Chameides, L. (Ed) Heartsaver First Aid Instructor Manual. American Heart Association, Dallas, TX 2002

Chameides, L. Writer and Science Adviser for Heartsaver First Aid Video American Heart Association 2004