UNIVERSITY OF VERMONT COLLEGE OF MEDICINE

Medicine in the Line of Fire

SUMMER 2005
FROM THE DEAN

COLLEGE NEWS

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ON THE COVER:
photo by AP Photo/John Moore
FROM THE DEAN

Just a few days ago, at commencement in Ira Allen Chapel, I had the pleasure of presenting each of our graduates their diplomas. Commencement is a special day for all these new physicians and scientists, as well as their families — a day most have dreamed about for years. It’s also a ceremony that crystallizes our institutional dreams, for educating the next generation of physicians and scientists is at the very core of the mission of our academic health center.

That mission is very much in mind too as those of us here on campus view the continued progress of our joint project with Fletcher Allen Health Care to improve our campus with a new Medical Education Center. Workers will continue putting the finishing touches on the center, and on the new Ambulatory Care Center, throughout the summer. As you’ll see listed here, a series of previews and celebrations is planned for all the members of our community, and I hope many of you will join in the festivities.

Vermont Medicine has previously showcased some of the key elements of our new fully-integrated curriculum: our students will now have a 21st Century space in which to learn 21st Century medicine. They will benefit from a classroom pavilion that accommodates increased small-group learning, a new medical library, and the latest information technology. The Education Center will serve students, faculty, and the community.

As this summer begins with traditional Memorial Day remembrances, it is a time to recall the mission of our graduates, staff, students, faculty, and friends who serve and have served their country. Whether on active duty, in the reserves, or in the National Guard, they give willingly of their time far from home and family, practicing medicine in what is frequently the most dangerous of conditions. We hope that the cover story in this issue, in a small way, honors their very large and continued sacrifices.
GENE MUTATION LINKED TO EXTRA-EARLY BODY CLOCK, HEALTH CONDITIONS

Geneticists from the UVM College of Medicine, the University of California, San Francisco, and University of Utah have uncovered a new gene mutation that causes familial advanced sleep phase syndrome (FASPS) — an inherited condition in which sufferers are such “early birds” that they struggle to function in society. Their research findings were reported in the March issue of the journal Nature.

The team of scientists, including Robert Shapiro, M.D., Ph.D., associate professor of neurology at the College, studied three generations of a Vermont family in which five members are affected by FASPS. The body clock of each of the five is tuned to a day-length shorter than normal, on average, they wake at around 4 a.m. and go to sleep at about 6 p.m. The family members carry a mutation in the casein kinase delta (CKID) gene, which interferes with the protein believed to have a key role in regulating the body clock.

Every animal cell has a molecular machinery to tell the time of day. Many of the details of these mechanisms have been identified in fruit flies. Particular nerve cells in the brain act as master timekeepers to ensure that the whole organism is appropriately coordinated with the actual time of day. In the study, researchers tested the DNA of the affected individuals in the Vermont family and found that the same gene that is important to fruit fly clocks possessed a mutation that is not present in unaffected family members or others.

STUDY SHOWS OLDER BREAST CANCER PATIENTS BENEFIT FROM CHEMOTHERAPY

Hyman Muss, M.D., professor of medicine, authored a Journal of the American Medical Association article in March that analyzed the results of four major clinical studies on chemotherapy treatment in older versus younger women with breast cancer between 1975 and 1999. Muss found that healthy older women who underwent the stronger chemotherapy derived the same benefits as the younger women — they had similar reductions in breast cancer recurrence and lived as long. Some doctors have been reluctant in the past to offer strong chemotherapy to older patients for a variety of reasons, a situation Muss hopes will change.

“With today’s life expectancy, a healthy 65-year-old woman can expect to live another 20 years,” he says. “If you have a 75-year-old woman in your office who has advanced breast cancer with lots of positive lymph nodes and is in good health, we now have evidence, based on the results of this study and others, that she should be offered the best chemotherapy available to help improve her life and reduce the risk that she will die of breast cancer.”

Roughly 50 percent of new breast cancers in the United States occur in women aged 65 or older, and, every year, about 40,000 people die from breast cancer. For the study, Muss led the analysis of data from four randomized clinical trials from the Cancer and Leukemia Group B arm of the National Cancer Institute. These trials compared more aggressive with less aggressive chemotherapy regimens for the treatment of lymph node-positive breast cancer cases between 1975 and 1999. A total of 6,487 women with lymph node-positive breast cancer were included in the trials. A startlingly small number — 8 percent — of the patients were 65 years or older and only 2 percent were 70 years or older.

A team of UVM researchers affiliated with the Vermont Cancer Center was recently awarded a five-year, $7.5 million program project grant by the National Cancer Institute. The funding will support a study using biochemical, computational and structural biology approaches to determine how three families of DNA enzymes repair damage caused by ionizing radiation.

Susan Wallace, Ph.D., professor and chair of microbiology and molecular genetics and program leader of the VCC’s Genome Stability & Expression Research Program, secured the award. She says the grant is one of just three program projects funded by the NCI that depend on structural biology. The others are at Stanford University and the University of California, Berkeley.

The NIH/NIDDK-funded Structural Biology Project, led by Scott Morrical, PhD, professor of biochemistry; Jeff Bond, Ph.D., research associate professor of microbiology and molecular genetics; Mark Rould, Ph.D., research assistant professor of molecular physiology and biophysics; and Sylvie Doublé, PhD, associate professor of microbiology and molecular genetics, will be used to study how three families of DNA enzymes repair damage caused by ionizing radiation.

Mann’s many professional awards include the prestigious E. Donnall Thomas Lecture and Prize from the American Society of Hematology in 2002, which recognized the important role his research has played in elucidating the biological mechanisms that bring about blood clots.

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Core faculty of the structural biology project: Scott Morrical, Jeff Bond, Susan Wallace, Mark Rould, and Sylvie Doublé
It’s all part of the medical school experience: Countless hours of studying, rigorous clinical training, United States Medical Licensing Exams, residency interviews and then, Match Day — the annual event shared by fourth-year medical students at 125 medical schools across the country. At precisely noon on Thursday, March 17, senior medical students found out where they will serve their clinical residencies following graduation.

At the College of Medicine, students gathered along the first-floor hallways of the Given Medical Building in the late morning. Their whispers built to an expectant buzz by 11:55 a.m., when Associate Dean for Student Affairs, G. Scott Waterman, M.D., left his office on the second floor to carry a stack of white envelopes to the mailroom. There, Waterman, Dean Evans, and mailroom manager Pat Alberts worked quickly to place the envelopes in each student’s mailbox by noon.

Senior medical student Miki Ford’s match to the Oregon Health & Science University brought her a step closer to fulfilling the pledge that she and four of her longtime friends from Portland, Oregon, made to open a maternal and children’s health clinic in their hometown. Last December, Ford’s closest friend of the four, Kate, was killed in a car accident, along with her mother. Ford became the recipient of Kate’s life insurance policy, investing the money in a fund that will help bring their dream of opening a clinic to fruition.

Residency Matches for the College of Medicine Class of 2005

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<th>Specialty</th>
<th>Medical School</th>
<th>City</th>
<th>State</th>
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<tr>
<td>ANESTHESIOLOGY</td>
<td>Jackson Memorial Hospital</td>
<td>Miami, FL</td>
<td>Florida</td>
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<tr>
<td></td>
<td>UVM/Fletcher Allen Health Care</td>
<td>Burlington, VT</td>
<td>Vermont</td>
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<td></td>
<td>University of Utah Affiliated Hospitals</td>
<td>Salt Lake City, UT</td>
<td>Utah</td>
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<td>UMDNJ-Robert Wood Johnson</td>
<td>New Jersey</td>
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<td>UC San Francisco – East Bay</td>
<td>San Francisco, CA</td>
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<td></td>
<td>UMass Medical School</td>
<td>Worcester, MA</td>
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<td>University of California, San Diego</td>
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<td>UMass Memorial Medical Center</td>
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<tr>
<th>RESIDENCY MATCHES</th>
<th>(as of March 17, 2005)</th>
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| ANESTHESIOLOGY | Mika Yamamoto,
|                | University of Utah |
|                | Affiliated Hospitals |
| EMERGENCY MEDICINE | Miki Ford, M.D.,
|                | University of Utah |
|                | Affiliated Hospitals |
| FAMILY MEDICINE | Julia Alioto,
|                | University of Utah |
|                | Affiliated Hospitals |
| GENERAL SURGERY | Jennifer Hennen,
|                | University of Utah |
|                | Affiliated Hospitals |
| INTERNAL MEDICINE | David Singh,
|                | University of Utah |
|                | Affiliated Hospitals |
| MEDICINE — PRELIMINARY | Emily Wang,
|                | University of Utah |
|                | Affiliated Hospitals |
| MEDICINE — PRELIMINARY | Stephen Chen,
|                | University of Utah |
|                | Affiliated Hospitals |
| PATHOLOGY | Christine Alavey,
|                | University of Utah |
|                | Affiliated Hospitals |
| OB/GYN | Melissa Kim,
|                | University of Utah |
|                | Affiliated Hospitals |
| ORTHOPAEDIC SURGERY | Andrew Lee,
|                | University of Utah |
|                | Affiliated Hospitals |
| PSYCHIATRY | John Kim,
|                | University of Utah |
|                | Affiliated Hospitals |
| RADIOLOGY — DIAGNOSTIC | Jonathan Lee,
|                | University of Utah |
|                | Affiliated Hospitals |
| RADIOLOGY — PRELIMINARY | John Kim,
|                | University of Utah |
|                | Affiliated Hospitals |
| SURGERY — PRELIMINARY | Andrew Lee,
|                | University of Utah |
|                | Affiliated Hospitals |
| UROLOGY | Jennifer Hennen,
|                | University of Utah |
|                | Affiliated Hospitals |

The envelope, please: Fourth year students such as Miki Ford, M.D., ’05 (above) learned their residency matches on March 17.
AWARDS & RECOGNITION

- Robert Johnson, M.D., professor of orthopaedics and rehabilitation, received a lifetime achievement award from the International Society for Safety in Skiing. Johnson was recognized for his major contributions in the area of ski injury and safety research, which has led to a 90-percent reduction in ski-related fractures over the last 30 years and has helped stabilize the rate of knee injuries over the past 10 years.

- Burton E. Sobel, M.D., E. L. Amidon professor and chair of medicine, was named president-elect of the Council of the Society for Experimental Biology and Medicine (SEBM) at their annual meeting in April. Founded in 1903, the SEBM is a not-for-profit scientific society formed to promote investigation in the biomedical sciences by encouraging and facilitating interchange of scientific information among disciplines. SEBM publishes the journal Experimental Biology and Medicine. Sobel was also recently elected a fellow of the International Academy of Cardiovascular Sciences.

- Christopher Morris, M.D., associate professor of radiology, was inducted as a fellow of the American College of Radiology at a formal convocation ceremony on April 10 during the organization’s 81st Annual Meeting in Washington, D.C.

- Ryan Vendrey, a pre-doctoral fellow in the department of psychology’s human behavioral pharmacology program, was lead author of a paper in the May issue of Drug and Alcohol Dependence titled “Cannabis Withdrawal in Adolescent Treatment Seekers.” Vendrey’s doctoral advisor is Alan Budney, Ph.D., associate professor of psychiatry.

- Second-year medical student Gulnar Pothiawala has been accepted by the National Institutes of Health to participate in the Howard Hughes Medical Institute/National Institute of Health Research Scholars Program for 2005-06. Also known as the Groton Program, the HHMI/NIH Research Scholars Program is designed to give outstanding students at U.S. medical schools the opportunity to receive research training at the NIH.

- Charles East, E. L. Amidon professor of medicine and director of the Vermont Lung Center, has been selected to serve on the molecular medicine faculty and respiratory physiology section of the Faculty of 2000. The University of Vermont is an online research service produced by Biology Reports and published by BioMed Central that highlights and reviews the most interesting papers published in the biological sciences, based on the recommendations of a faculty of selected leading researchers.

- Polly Parsons, M.D., professor of medicine, was lead author of a January 2005 Critical Care Medicine article titled “Lower Tidal Volume Ventilation and Plasma Cytokine Markers of Inflammation in Patients with Acute Lung Injury.”

- A July 2004 Cancer Research article titled “Carcinogenicity of Therapeutic Intervention in Children with Acute Lymphoblastic Leukemia” has been selected to be abstracted in the 2005 Year Book of Oncology. Led by 2004 College of Medicine doctoral degree recipient Sederick Rice, the study’s senior author was Barry Finette, M.D., Ph.D., professor of pediatrics. Co-authors included Pamela Vacek, Ph.D., biostatistician in medical biostatistics and research assistant professor of pathology; Alan Homans, M.D., associate professor of pediatrics; Terri Messier, senior researcher in the Vermont Cancer Center; and Heather Kendall, a graduate student in the department of microbiology and molecular genetics. Article abstracts featured in the Year Book of Oncology, which is published by Elsevier, were selected from more than 500 journals worldwide that reported the year’s breakthrough developments in oncology.

- Senior medical students majoring in surgery presented scholarly projects and were recognized for their work on May 5 and 6 at the College of Medicine’s 35th Annual Surgery Senior Major Scientific Program at the College of Medicine.

- Second-year medical student Michael Ricci, which also tied for third prize for his manuscript, titled “Comparison of Intramedullary Nail Fixation of Supracondylar Femur Fractures in Osteoporotic Bone.” Coordinated by Burton E. Sobel, M.D., professor of surgery, the program is designed to provide each student with the opportunity, through a library search, a patient chart review and/or laboratory investigation, to complete a scholarly project, assemble and prepare the data in the form of a scientific article acceptable for publication in a professional journal, and to present this research at a scientific seminar.

- Maria Soulier, associate professor of pediatrics, was lead author of a paper in the April 9, 2005 issue of Critical Care Medicine: “A Randomized Controlled Trial of No-Touch Arterial Access.”

- Third-year medical student Karlyn Church’s career has not yet begun and she has already attended her first retirement event. Just before the tip-off of the February 26 UVM Catamounts basketball game in the Patrick Gym, Church saw the #20 she wore as a Catamount retired. Church, who received her undergraduate degree from UVM in 2000, was a two-time America East Player of the Year, two-time All-American, and two-time Academic All-American at Vermont. She led UVM women’s team to its last NCAA Tournament appearance in 2000, leading UVM to the America East regular season and tournament titles that year.

- Sophomore Eliza Allen, who received her undergraduate degree from UVM in 2003, was lead author of a January 2005 Cancer Research article titled “Lower Tidal Volume Ventilation and Plasma Cytokine Markers of Inflammation in Patients with Acute Lung Injury.”

- Senior medical students majoring in surgery presented scholarly projects and were recognized for their work on May 5 and 6 at the College of Medicine’s 35th Annual Surgery Senior Major Scientific Program at the College of Medicine.

- Second-year medical student Michael Ricci, who received first prize for his manuscript, titled “Pressure-Induced Changes in Matrix Metalloproteinase and Tissue Inhibitor of Metalloproteinase Ratios in Coronary Artery Bypass Conduits” and “Three Dimensional Comparison of Intramural Lymph Fixation of Supracordylar Femur Fractures in Osteoporotic Bone.” Coordinated by Michael Ricci, M.D., professor of surgery, the program is designed to provide each student with the opportunity, through a library search, a patient chart review and/or laboratory investigation, to complete a scholarly project, assemble and prepare the data in the form of a scientific article acceptable for publication in a professional journal, and to present this research at a scientific seminar.

- Sarah Connors, senior, presented her manuscript, titled “Pilot Design of Reproducible Graded Traumatic Aortic Injury in a Porcine Model.” Coordinated by Burton E. Sobel, M.D., professor of surgery, the program is designed to provide each student with the opportunity, through a library search, a patient chart review and/or laboratory investigation, to complete a scholarly project, assemble and prepare the data in the form of a scientific article acceptable for publication in a professional journal, and to present this research at a scientific seminar.
Weeks of preparation for our trip to Haiti were finally over and Peter Cataldo, M.D., and I departed Burlington on November 13, 2004, for Fort Lauderdale. At an airport motel, we convened our entire team for a planning session and a light dinner. Our team consisted of Peter Cataldo, Sean O’Brien, Erika Fellinger, Bolinda Laidley-Calais, Thomas Buley and Patty Fisher, M.D., a primary care physician who had been to Haiti multiple times. The following morning, we departed the motel for the Lynx Air Terminal at approximately 5:15 am. There we waited patiently while each of the 13 passengers was weighed (with their luggage) to assure that the plane would not be overloaded. Lynx operates the only air service to Cap-Hatien, our destination. The flight was uneventful and soon Haiti appeared off our right wing tip through broken clouds.

It appeared from the air that little had changed despite the hurricanes, the political upheaval and the overthrow of President Aristide. The Caribbean shore was still azure blue and the mountains were still a lush green. As we approached the airfield, we could see goats and cows grazing just off the runway and children playing in the field immediately adjacent to the runway. The airport had changed noticeably. The "terminal" which had received us the previous year had been destroyed during the violence in Cap-Hatien. It had been replaced by a newer cinderblock building — an improvement. Sister Martha Barlai-Kovach, the chief administrator of the Hôpital Sacré Coeur, greeted us at the airport and hustled us through immigration. Staff from the hospital tossed our luggage into the back of two four-wheeled vehicles and we departed the airport. I sensed urgency. Sister Martha explained that she had a busy afternoon clinic planned for us. This was complicated by the fact that she wanted to have her staff out before dark because she had concerns for their safety, given the recent violence.

We arrived in Milot by noon and stopped briefly at our living quarters. We picked roommates (Peter Cataldo and I roomed together) and we threw our bags in the room and proceeded immediately to the hospital. When we arrived at the clinic area of the Hôpital Sacré Coeur, there was a huge crowd of patients waiting to be seen. Two examining rooms were quickly made into four examining rooms by using moveable partitions and we each began to see patients. By 4:00 p.m., we had seen and pre-opped (thanks to Dr. Fisher) enough patients to fill the operating schedules of two rooms for five consecutive days. The preoperative process was expedited by Erika’s fluency in French and Patty Fisher’s experience in Haiti and her skill as a clinician.

I mentioned to Sister Martha that the clinic was busier this year than it had been previously. She told me that the patient volume had increased after the hurricanes, and that the destruction of the hospital at Gonaives. Even after filling our operating schedule, there were still many patients in need of treatment. We encountered a number for whom we could do nothing other than provide empathy. It was not because their diseases were not surgical, it was because there were no resources available to manage them in Haiti. This is a chronic frustration of First World physicians who work in the Third World. We completed the clinic and got the staff out of the hospital at dusk.

The rest of the week was a blur. We operated, provided postoperative care and saw emergency cases in the clinic area. This was our daily routine. The pace of our operative schedule was quickened by an incredibly fast turnover time so that we were able to remain on or ahead of schedule. One day, we even finished early and had an opportunity to hike up to the Citadelle, a fortress constructed by Henri Christophe in the 18th Century. The Citadelle is located at the top of a mountain, the summit of which is approximately 2000 meters above sea level. The path to the Citadelle is paved with stones and consists of multiple "switch backs" constructed because of the steepness of the pitch. The hike was invigorating and the view from the top was incredible. We were accompanied all the way up and all the way down by Haitian guides. My guide was a 12-year-old boy who was fluent in German, French, Creole, Spanish and English. He was incredibly well-versed in the history of the Citadelle.

When I asked him what his plans for the future were, he remarked that he wanted to continue to be a tour guide in Haiti. He was quite optimistic about the future of foreign travel to Haiti. It was difficult for me to share his optimism given the fact that Haiti was still an "occupied" country. United Nation forces were required to maintain the peace and to allow equitable distribution of food and water to those made homeless by the hurricane and recent political upheaval.

Unfortunately, we had miscalculated the duration of the trip down from the Citadelle and we returned to Milot well after dark. There are no street lights in Milot and I was thankful for my guide. He, however, appeared to me to be a little nervous. Perhaps he was nervous because he was guiding a "blanc" through the darkened streets. There was a political rally going on in one of the churches north of the hospital. I knew that Milot and Cap-Hatien had supported President Aristide during both of his terms and briefly wondered about how those at the rally felt about the role of the United States in Aristide’s most recent departure.

Almost before we knew it, the week was over and we were preparing to return. The trip to the airport was shorter than expected and we had time to walk around in Cap-Hatien. There we visited with some soldiers from Argentina who are part of the peacekeeping force in Haiti. We also walked by the UN compound where armored personnel carriers and motorized weapons sat side by side with the backhoes and bulldozers. The UN is doing a lot of home and public works reconstruction in the Cap-Hatien area.

The flight back was uneventful. As we changed planes in Fort Lauderdale, we were all struck with the profound differences between our country and Haiti. The most poignant of these differences was not the obvious disparity in wealth, but rather the disparity in attitude. The people in Haiti have little of the material things that seem to matter in our culture. Yet, they emanate happiness and good will. We saw very little of that happiness or good will while waiting in line at security.

We are already preparing for our next trip to Haiti. We have been in contact with Sister Martha by email and have made plans to provide the financial resources to buy suction devices and IV poles. These financial resources are a result of donations to the Camillus Society at the Newman Center at the University of Vermont. In the future, it is our intention to take nursing students, medical students, and surgical residents with us to Haiti. The trip will provide them with an opportunity to not only participate in the care of patients in the developing world, but also will provide them with an opportunity for service that is both gratifying and fulfilling.
For some College of Medicine doctors, following the dictum of “first, do no harm” has meant putting themselves in harm’s way.

For one doctor, it was the sound of “something like gravel” hitting the roof of his armored Humvee in downtown Baghdad. For another, it was the feeling of five medics throwing themselves on top of him to protect the only actual M.D. in their company from a mortar attack somewhere in Iraq’s “Sunni Triangle.” For these physicians, and many of the other alumni and faculty of the College of Medicine who have served in the armed forces in time of war, these were moments when their profession acquired a new, frightening, but necessary dimension, when the word “rounds” suddenly took on an alternate definition, when healing injured and sick combatants and civilians meant putting their own lives on the line, as soldiers by their nature are expected to do.

by Edward Neuert

PHOTO BY AP PHOTO/JOHN MOORE
Page, M.D., was just finishing his residency in surgery at Walter Reed Hospital in Washington, D.C., when the Korean War began. Page was swiftly activated, and within a short time was established at a military hospital in Osaka, Japan, where he would stay for the next year. “We were a large general hospital,” he says. “When there was a major offensive going on, we’d work 24 hours on, then 24 hours off. We’d have eight or nine operating rooms going constantly.” Page notes that other surgery colleagues including John Davis, M.D., and David Pilcher, M.D., served notable tours of duty in Korea and Vietnam, respectively.

On a sunny Friday morning this May, three old friends, retired physicians, played a morning’s round of golf at the Burlington Country Club. As they worked their way across the links, they could talk of many shared experiences — they’d been part of the same community of doctors in the Burlington area for more than sixty years as practitioners and teachers, and they shared similar beginnings to their careers. The youngest of the three, H. Gordon Page, M.D. ’45, was just finishing his residency in surgery at Walter Reed Hospital in Washington, D.C., when the Korean War began. Page was swiftly activated, and within a short time was established at a military hospital in Osaka, Japan, where he would stay for the next year. “We were a large general hospital,” he says. “When there was a major offensive going on, we’d work 24 hours on, then 24 hours off. We’d have eight or nine operating rooms going constantly.” Page notes that other surgery colleagues including John Davis, M.D., and David Pilcher, M.D., served notable tours of duty in Korea and Vietnam, respectively.

Gino Dente, M.D. ’41, had barely begun his internship when World War II broke out. He soon joined the medical corps of the 24th Infantry brigade, and was sent off to Australia in 1942. For the next three years, as Allied forces battled their way island by island northward toward Japan, Dente and his fellow medical corpsmen moved with them, tending to the wounded just a few miles behind the front lines. In 1945 he returned to Burlington to finish his residency in anesthesiology and begin his career as a practitioner and teacher.

The oldest member of the golfing party, Platt Powell, M.D. ’39, was halfway through his residency in Burlington, married, and the father of two young daughters, when news of the attack on Pearl Harbor came over the family radio that Sunday afternoon in December of 1941. “I must have sat there listening to the bulletins all the rest of the day,” he recalls. “I’d been in the reserves since 1936, and I knew this meant life had changed.” A few months later Powell was on board the liner Queen Elizabeth, which had been outfitted as a troop ship, and within a week he was in a medical encampment of 20 corrugated steel huts in the East Anglia countryside in southeastern England. Powell spent the next year serving in England, France, and Germany before returning to Vermont to finish his residency and begin his academic career.

In the past century, College of Medicine physicians have served in every theatre of war the United States has entered. World War II saw many young graduates of the College join the Medical Corps. Some of these just barely missed being called back to action and joining their slightly younger fellow alumni in the field when the Korean War began in 1950. Later, alumni such as the late David Austin, M.D. ’50 (whose obituary appears on page 42) served through the Vietnam Era. Classes of the 1980s produced graduates such as George Wrightman, M.D. ’81, who attained the rank of Brigadier General in the U.S. Army in 2002, and others like Vito Imbsciani, M.D. ’83, who has treated soldiers and civilians in both the Gulf War and the Iraq War. Sometimes the wars these physicians have served in have been popularly supported, and sometimes they have been the cause of great division in the sentiments of the American people. But whatever the direction of popular opinion, “war by its very nature produces wounded,” says Imbsciani. “And doctors need to be there to treat them.”

The current conflict in Iraq, and the increased role of reserve and National Guard members, has meant that the community of Vermont’s academic health center has been affected on a level not seen in years. Not only alumni, but also faculty and staff members have been called to active duty in the Middle East.

On a sunny Friday morning this May, three old friends, retired physicians, played a morning’s round of golf at the Burlington Country Club. As they worked their way across the links, they could talk of many shared experiences — they’d been part of the same community of doctors in the Burlington area for more than sixty years as practitioners and teachers, and they shared similar beginnings to their careers. The youngest of the three, H. Gordon Page, M.D. ’45, was just finishing his residency in surgery at Walter Reed Hospital in Washington, D.C., when the Korean War began. Page was swiftly activated, and within a short time was established at a military hospital in Osaka, Japan, where he would stay for the next year. “We were a large general hospital,” he says. “When there was a major offensive going on, we’d work 24 hours on, then 24 hours off. We’d have eight or nine operating rooms going constantly.” Page notes that other surgery colleagues including John Davis, M.D., and David Pilcher, M.D., served notable tours of duty in Korea and Vietnam, respectively.

Gino Dente, M.D. ’41, had barely begun his internship when World War II broke out. He soon joined the medical corps of the 24th Infantry brigade, and was sent off to Australia in 1942. For the next three years, as Allied forces battled their way island by island northward toward Japan, Dente and his fellow medical corpsmen moved with them, tending to the wounded just a few miles behind the front lines. In 1945 he returned to Burlington to finish his residency in anesthesiology and begin his career as a practitioner and teacher.

The oldest member of the golfing party, Platt Powell, M.D. ’39, was halfway through his residency in Burlington, married, and the father of two young daughters, when news of the attack on Pearl Harbor came over the family radio that Sunday afternoon in December of 1941. “I must have sat there listening to the bulletins all the rest of the day,” he recalls. “I’d been in the reserves since 1936, and I knew this meant life had changed.” A few months later Powell was on board the liner Queen Elizabeth, which had been outfitted as a troop ship, and within a week he was in a medical encampment of 20 corrugated steel huts in the East Anglia countryside in southeastern England. Powell spent the next year serving in England, France, and Germany before returning to Vermont to finish his residency and begin his academic career.
decades’ experience working in disaster management and humanitarian assistance (he is currently director of the Asia-Pacific branch and senior scholar at the Center for International Emergency, Disaster and Refugee Studies at Johns Hopkins). Within days of the start of the conflict, Burkle was on the ground in Baghdad as the senior medical officer for the U.S. Agency for International Development’s Disaster Assistance Response Team, and served as the Interim Minister of Health in Iraq. In “Anatomy of an Ambush,” an article he published in the Journal of Disaster Studies, Policy and Management, he recounts a tense meeting in Baghdad after which, with a sound like scattered pebbles hitting the plating of his Humvee, his convoy came under insurgent fire. It was the first of several assassination attempts Burkle would survive in Iraq. (He receives the Medical Alumni Association’s Award for Service to Medicine and Community at this year’s medical reunion.)

For Vito Imbasciani, M.D. ’85, family tradition helped guide him into the reserves. “After I finished med school, my father, who had been a reservist for 35 years, suggested I join,” he says. “He said if I joined early I’d probably never get called up, and I’d build rank.” The senior Imbasciani was halfway correct: his son is now a Lt. Colonel in the U.S. Army Medical Corps. But he has been called up in both the Gulf War, when he served in a field hospital in Kuwait, and in the Iraq War, where he left his Los Angeles surgery/urology practice for assignment to an armored battalion stationed in several areas in the so-called “Sunni Triangle” north of Baghdad. He has recounted his time in Iraq in a series of short dispatches titled “The Baghdad Diaries” that appear on his web site (www.yovito.com).

“The Baghdad Diaries” trace Imbasciani’s experiences from his unit’s arrival on the ground in June 2004 after a gut-churning “tactical landing,” a steep diversionary descent meant to deter antiaircraft fire, through three months of providing medical care to soldiers injured by insurgent rounds, and civilians caught in the crossfire. Imbasciani’s most personally harrowing moment came during a nighttime mortar attack on his compound, when several of the medics who worked under his command did what they were trained to do — they protected a vital resource by throwing themselves on top of the only highly-trained surgeon in the camp.

Like Trevisani in Afghanistan, Imbasciani feels he was able in some way to mitigate the effects of war on the surrounding populace through his care. But he is loathe to overstare this effect. “Because we couldn’t tell the friendly patients from the hostile, we had to be armed at all times. And let’s face it, that is a very, very unfortunate way to begin the doctor-patient relationship,” he says.

“The Baghdad Diaries” will likely have a sequel online: Imbasciani has recently received word that he will be returning to Iraq this summer. “There are only 520 doctors in the entire National Guard, and they have all gone once by now, so redeployment was inevitable,” he says. “And there’ll probably be more deployments in the future. Look, we’re soldiers first, and when a soldier’s told there’s a job to do somewhere, you go there and you do it.”

England. The location was directly below the path German planes took on their way to bomb London, and Powell recalls more than one close call. “I came out of a surgical hut one day, and saw a Messerschmitt dive down toward us. I thought, my god, he’s going to drop a bomb right on me! But he was chased away by a fighter.” Powell came home on the Queen Elizabeth in the summer of 1945, and practiced urology in Burlington for many years.

Six decades later, in the wake of the attacks of September 11, 2001, another generation of physicians was on the move. In July of 2003, Gino Trevisani, M.D. ’91, was called to active duty and made commander of a 20-person army reserve surgical unit from his hometown of Utica, N.Y. Just three days before leaving for Afghanistan, Trevisani’s wife gave birth prematurely to their fourth child. Despite his family’s emergency, the doctor and his unit were ordered to depart for the active front on Afghanistan’s border with Pakistan.

Trevisani’s unit served equal numbers of soldiers and civilians. They treated brain injuries, gunshot wounds, amputations, and a host of other conditions. Trevisani secured humanitarian funds to help a local doctor at an old Taliban military hospital in a nearby village get supplies, a generator, fuel, and fresh water, and medicines. He also provided regular surgical training for the doctor and his nursing staff. “When my unit left, we felt good,” says Trevisani, who is back at his Fletcher Allen surgical practice (and whose son is now a healthy toddler). “We’d provided the local doctor and community with good health care, training, and information.”

The war in Iraq has seen many College of Medicine alumni, faculty, and staff mobilized. One of these is Frederick Burkle, M.D. ’65, who served in both the Vietnam and Gulf wars and has more than two
From the moment a doctor walks into an exam room she has, on average, about ten minutes to work magic. Ten minutes to put a sick patient on the path to wellness. Ten minutes doesn’t leave much time for anything besides a flick of the stethoscope and peek at a chart. Certainly not enough for a sermon on healthy eating, an immunization check, or a screen for substance abuse. Such preventive measures are a pie-in-the-sky dream for most doctors — they want to provide them, but lack of time and a systemized approach leave them with their hands tied.

“Quality-improvement people like to say the gap between what we don’t know and what we know in healthcare is smaller than the gap between what we know and what we actually do,” said Mort Wasserman, M.D., M.P.H., Professor of Pediatrics and one of the founders of the Vermont Child Health Improvement Program (VCHIP). “We know what we need to do. The system is just not set up to deliver it.”

The Vermont Child Health Improvement Program has become a national model for bringing academicians and pediatric practitioners together to improve children’s health care.

By Rachael Moeller Gorman

Photography by Natalie Stultz
In the early 1990s, Vermont began thinking seriously about how to fix this frustrating problem. UVM College of Medicine physicians Wasserman, Jeffrey Horbar, and Paula Duncan were working on national projects to improve health care for children, and the Vermont Department of Health was creating a single schedule of preventive standards for Medicaid children, and then all children. But it wasn’t until 1999 that anything substantial happened. That year, a California-based philanthropic group called the Packard Foundation decided that instead of giving money to a smattering of small quality-improvement programs all over the country as they usually did, they wanted something bigger. That something became the National Initiative for Children’s Health Care Quality (NICHQ), created to improve children’s health care across the country by applying a program called the Breakthrough Series (created by the Boston-based Institute for Healthcare Improvement (IHI)) to pediatric practices. NICHQ began working on pilot programs in North Carolina, but soon decided they wanted to take their work to a grander scale — an entire state.

Very few states were small enough for such a comprehensive program. Even fewer had the right people already in place, a list of preventive standards ready to be implemented, and a strong spirit of cooperation. Vermont did.

“We were ripe for something like this,” said Wasserman. “Here, we had the integration of public health functions into the personal health care system. We also have strong leadership from within the Association of Pediatricians and Academy of Family Physicians Chapters — they pushed this idea.”

NICHQ’s original plan for Vermont included only the Preventive Services Initiative to optimize health care for children. The Vermonters had a bigger vision: creating an entirely new program to solve a broader range of children’s health care issues. But they needed a strong, visionary leader to achieve that goal. They found that mixture in Judith Shaw, R.N., M.P.H., a veteran of Children’s Hospital Boston. In January 2000, Shaw founded the Vermont Child Health Improvement Program (VCHIP).

The Breakthrough Series model is the frame on which VCHIP hangs its efforts. It focuses not just on education or a single chart audit, but on measurement, goal-setting, collaborative learning, action, and a final compilation of results. “What we do is different — we go beyond chart audits. We show them how they’re doing and how they compare to other practices,” said Shaw. “Then we work with them intensely to help improve their system of care.”

VCHIP’s first project, the Vermont Preventive Services Initiative (VPSI), set out their first year to improve the preventive services of ten pediatric practices. They soon discovered that the project was far more popular than they had anticipated: 32 of the 35 pediatric practices in the state wanted to join. Soon, family practices were asking to be involved. To accommodate them, VCHIP looked to the Vermont Department of Health and Medicaid, who provided additional funding.

VCHIP audited each practice’s charts to get a baseline measurement of preventive services. They looked at nine areas: immunizations, tuberculosis risk assessment and screening, anemia risk assessment and screening, tobacco risk exposure, sleep position risk identification and dental screening by two years, blood pressure, dental and vision screening by four years, and lead screening. Based on how well (or not well) they were doing, the practice picked anywhere from one to all nine preventive service areas to improve.

Then the Learning Sessions began. A Learning Session consists of teams of physicians, nurses, and administrative staff from all the different practices coming together for an entire day. During that day, they focused intensely on their problem areas, guided by VCHIP trained facilitators, and shared their own solutions to problems.

“Everyone was encouraged to think critically about how to improve, and they were quite creative,” said Shaw. “One practice recognized that their lead screening rates were really low, and when they went back to try to figure out why, they found out that the families had to travel all the way to Fletcher Allen to get their lead tests done. The families left the office and never did it. So the practice implemented a system of finger sticks in their office — their rates shot up.”

Three Learning Sessions occurred at four-month intervals and, in between, VCHIP and the practice communicated via regular conference calls. Then came the final audit.

“The practices that chose an area as a goal versus those who didn’t typically improved significantly in that particular area,” said Shaw. “So what it tells you is that education alone doesn’t make a difference. It is the collaborative, focusing on the goal, and taking a systematic approach to improvement that really makes the difference.”

Laura Bellstrom, M.D. ’89, a pediatrician at Franklin County Pediatrics who participated in the program, agrees. “I think that looking at areas where we are falling short was very helpful,” she said. “VCHIP is an important program in Vermont.”

While working on the Preventive Services Initiative, researchers realized that many of the issues children were facing had their roots much earlier — all the way back to the birthing center. VCHIP decided to take their work to the hospitals. All twelve Vermont birthing centers, including Dartmouth-Hitchcock Medical Center in New Hampshire, agreed to participate in the Vermont Hospital Preventive Services Initiative (VHPSI). Using the same approach, VCHIP worked with newborn nursery staff and focused this time on immunizations, nutrition, metabolic screening, hearing, sleep position, smoke exposure, car seat safety, and domestic violence, hyperbilirubinemia (characterized by jaundice), and discharge planning and follow-up. Again, VCHIP found that when a group focused on a particular area identified during the Learning Sessions, they improved.

“When we did these Learning Sessions, we mirror the standard nursing work day and we plan well ahead — nobody can come with beepers, no phones, we sequester the people — is probably the key experience that a lot of the groups appreciated. And it showed in their results.”

The program formed the basis for a new nationwide program run by NICHQ called Great Beginnings, a series of webcasts for hospital teams all over the country. The program includes...
“These six behaviors account for the major causes of death and disease in adolescents — shouldn’t kids be asked about them every time they come in for a checkup?” said Duncan. “We put a sticker on the chart that has these six words on it with a check box next to it. We also focused specifically on substance abuse — the worst of the six problems in Vermont.” VCHIP then set up an extensive referral system for kids to get help if they did show signs of a problem. Practices made great strides once the system was in place.

“Here in Milton, we’ve been able to establish some really good connections with counselors and substance abuse people,” said Assistant Professor of Family Medicine Peggy Carey, M.D. ’92, at the Milton (Vt.) Family Practice, who worked on the project.

VCHIP focused on protective factors. “If you only have a few precious minutes to talk with a young patient during a visit, wouldn’t it be good to talk to them about building up their strengths?” said Duncan. Strengths included extracurricular activities, volunteering, good grades, and talking often with their parents.

“Physicians thought that it really helped them establish a sense of trust with kids, and, to tell you the truth, kids and their parents love to hear about all the things that are going right.”

The next issue VCHIP addressed was reducing the risk of infant mortality. Shaw was awarded a grant from the national March of Dimes to apply this model to ten obstetric practices across the state.

“Preterm delivery is responsible for 70-75 percent of all morbidity and mortality in otherwise normal babies that we see,” said Peter Cherouny, M.D., associate professor of obstetrics and gynecology and lead faculty for the project. “And while we’ve looked at many single elements to try to reduce the risk of preterm delivery, they have been unsuccessful. We thought that a global process improvement may make a difference.” With help from experts in each field, Cherouny and his associates decided to standardize the list of screens and how they should be performed. They focused on diabetic screening, nutritional counseling, smoking cessation, infectious diseases, psychosocial/behavioral screening, genetic and preterm risk assessment, and counseling. The project is still in progress, but for the issues already addressed, performance has improved dramatically. The practices also came up with a few innovative ways to address these issues.

“Domestic violence screening was very innovative in many of the different practices, since the woman’s significant other was often in the room,” said Cherouny. “The Dartmouth group is using a information sheet that they are getting to the patient in the bathroom when she is providing her urine sample.”

Just recently, Shaw learned that VCHIP has received a Commonwealth Fund grant that will allow her to package the VCHIP model so other states can learn from Vermont’s experience.

“I get calls weekly from people around the country wanting to learn from us. The Commonwealth Fund grant is going to allow us to describe in a guide or toolkit how VCHIP operates,” said Shaw. “We’ll take the VCHIP model of starting small, working in partnership with public health and pediatrics, family practices, hospitals, and community organizations to improve the quality of children’s health care.” Shaw is currently helping New Mexico and Utah start their own versions of VCHIP. “Oftentimes people in academia do their own research in isolation of what’s going on around them, but I think what we’ve done with VCHIP is to connect the academicians, public health and the healthcare providers together with a single goal — improving the system so that all the children in Vermont get the best health care possible.”
Paul A. Newhouse, M.D., has been studying the benefits of nicotine. The very notion of nicotine having a “good” side may seem strange to many people. Nicotine, especially as it is present in tobacco products, is associated with health risks, including cancer and emphysema. But researchers such as Newhouse are increasingly showing benefits of specific doses and delivery of nicotine in treating Alzheimer’s disease and other forms of dementia, depression, Parkinson’s disease and other movement disorders, attention deficit hyperactivity disorder (ADHD), Tourette’s syndrome, and more.

People who suffer from these conditions seem to have instinctively realized nicotine’s beneficial effects. For instance, almost 90 percent of people with schizophrenia smoke, three times more than in the general population. Teenagers with ADHD are much more likely to smoke than are normal teens. Newhouse suggests that both these groups of people are self-medicating — reaping the beneficial effects of nicotine, which really can help people calm down and focus their thoughts.

“We’re increasingly knowledgeable about brain circuits involved in attention, in provoking and maintaining reception,” says Newhouse, professor of psychiatry and director of the UVM Clinical Neuroscience Research Unit. “We think that the nicotinic receptors are not the attention system itself, but they can modulate the activity of that system.”
Chemically, nicotine binds with receptors located on the surface of neurons in the brain. These receptors, which modulate neuronal transmission, are designed to bind with the naturally occurring neurotransmitter acetylcholine, but they also accept other substances, including nicotine. Similar cholinergic receptors exist throughout the body, controlling a variety of functions from sweating to sexual activity. However, they play an especially important role in the brain, where they have an effect on learning, memory, and emotion.

Acetylcholine was one of the first neurotransmitters isolated and identified, but it does not lend itself well to research. “It turns out that the transmitter is not very impulsive and usually do not respond to cues such as stern looks or verbal warnings,” say Newhouse. “We knew there was a cholinergic story in...”

In the late 1970s, the cholinergic system was identified as one of the key systems lost due to Alzheimer’s disease. Newhouse’s specific interest in the system was also developing at the same time, during his ten years as a U.S. Army psychiatrist. During a residency in psychiatry in Washington, D.C., in the late 1970s, he worked on pharmacologic studies regarding the cholinergic system’s role in movement, which sparked the interest that continues today. Soon after, he did a stint in a basic neuropsychopharmacology laboratory at the Walter Reed Institute for Research, studying how cholinergic activation affected basic second-messenger systems in cells. He returned to human research at the National Institutes of Health and continued this work when he came to UVM in 1988.

“By the late 80s we were fully into trying to understand the cholinergic nature of cognitive function,” say Newhouse. “We knew there was a cholinergic story in Alzheimer’s disease. Those of us who were interested in trying to explore this and understand it were trying to think of ways to probe the activity of the cholinergic system in humans. The best way to do that at the time was to use drugs.” For instance, if it is known that a certain drug blocks nicotinic receptors and the drug affects learning, memory, or motor skills, a researcher might be able to conclude that nicotinic receptors...
are involved in the task of attention.

Newhouse has become known for trying to use chemical and cognitive probes of the brain to help discern the role certain chemical systems play in cognition.

**NICOTINE BENEFICIAL?**

So why, if nicotine has such a bad reputation, would doctors want to use it as a treatment? The first and strongest reason is because it works. The human brain does not have receptors specifically designed to accept nicotine. But, as Newhouse explains, “It turns out that naturally occurring plant molecules often have the same three-dimensional structures as naturally occurring chemicals in our bodies. Nicotine has a three-dimensional shape that somehow fits in cholinergic receptors, even though it’s from a different source. The receptor doesn’t care what comes along as long as it fits.”

**NICOTINE AGONISTS**

Synthetic drugs that mimic the effects of nicotine, called nicotine agonists, might provide benefits without nicotine-associated side effects such as addiction and narrowing of blood vessels. They might also provide a more focused effect on specific receptor systems affected in different conditions. For years, researchers have tested a variety of novel nicotine-like molecules to see if they have similar or better ways of activating the cholinergic system without nicotine’s problems. In the late 1990s, Newhouse and his associates published the first paper on the effect of a novel nicotine agonist in humans, specifically, a small group with Alzheimer’s disease. The condition is characterized by the loss of both cholinergic neurons and nicotinic receptors in the basal forebrain. Compromise of this system affects the regulation of cerebral blood flow as well as cognitive performance.

Newhouse notes that, where Alzheimer’s disease is concerned, a small effect on cognitive function is a positive thing. “Even the best cholinergic drugs now on the market produce quite small effects on cognitive function,” he says. “No one pretends that nicotine agonists are likely to produce a cure for this disease, but I think they may form part of a therapeutic package.”

**NICOTINE PATCHES**

Of course, smoking is an extremely bad way to attempt to trigger the benefits of nicotine. First and foremost is the obvious cancer risk. Smoking also delivers nicotine too quickly in the human body to be lasting and beneficial.

Newhouse and research assistant Jessica Salerno study participant Julia Bergerow’s reactions to tasks on a computer model.

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**the Newhouse file**

Paul A. Newhouse, M.D.

Director, Clinical Neuroscience Research Unit

Professor, Department of Psychiatry

**EDUCATION**

- B.S., 1974: Agriculture, magna cum laude, Kansas State University
- M.D., 1977: Stritch School of Medicine, Loyola University

**UVM PROFESSIONAL/CLINICAL POSITIONS**

- 1994-Present: Director, Clinical Neuroscience Research Unit, Department of Psychiatry, University of Vermont College of Medicine
- 1993-Present: Research Director, Memory Center of Vermont, Fletcher-Allen Health Care, University of Vermont
- 1988-Present: Director, Geriatric Psychiatry Service, Department of Psychiatry/Fletcher-Allen Health Care, University of Vermont College of Medicine

**PROFESSIONAL AND MILITARY EXPERIENCE**

- 1977-1978: Categorical Intern, Loyola University Medical Center, Maywood, Illinois
- 1978-1981: General Psychiatry, Loyola University Medical Center, Maywood, Illinois
- 1981-1982: Division Psychiatrist, Third Infantry Division, Vilk Corps, 7th U.S. Army, Schweinfurt, West Germany
- 1982-1983: Chief, Psychiatry Outpatient Clinic, Department of Psychiatry, University of Vermont College of Medicine, Waterbury, West Germany
- 1984-1985: Medical Staff Fellow, Clinical Neuropharmacology Section, Laboratory of Clinical Science, National Institute of Mental Health, Bethesda, Maryland
- 1985-1986: Research Ward Administrator, Clinical Neuropharmacology Section, Laboratory of Clinical Science, National Institute of Mental Health, Bethesda, Maryland
- 1986-1988: Research Fellow, Clinical Neuropharmacology Section, Laboratory of Clinical Science, National Institute of Mental Health, Bethesda, Maryland

**HONORS**

- 2004: Excellence in Psychiatry Academic Teaching Award, University of Vermont
- 2002: Profile of Courage Award, Assembly of the American Psychiatric Association
- 2002: Exemplary Psychiatrist Award, National Association for the Mentally Ill-Vermont (NAMI)
- 2000: Excellence in Psychiatry Teaching Award, University of Vermont
- 1995: Army Achievement Medal, U.S. Army, for Operation Desert Storm
- 1988: Meritorious Service Medal, U.S. Army
Nicotine patches, with their measured doses, are one way to deliver the chemical. Studies done for FDA approval and subsequent use of the patches have shown that small doses of nicotine appear free of major side effects and, very importantly, don’t contribute to dependency.

Newhouse is now heading a multicenter study looking at whether the use of transdermal nicotine patches can improve attention and memory in people with mild cognitive impairment—a precursor of Alzheimer’s disease. UVM is the lead center, working with Duke and Georgetown, a group in England, and others. Newhouse also ran a pilot study testing patches on fifteen patients with Parkinson’s disease. This study suggested that nicotine could substantially improve movement and relieve mental difficulties for such patients.

Newhouse and his colleagues recently published a paper in the journal Pharmacology in which they reported nicotinic stimulation directly improves a type of inhibitory attentional failure in children and young adults with ADHD. “This finding may help answer several questions,” says Newhouse. “It first contributes to the indirect question, why do they smoke? It also gives us a clue to some of the underlying neurological problems in this disorder, suggesting that this specific cognitive failure that is so characteristic of ADHD seems to be modulated by nicotinic cholinergic receptors.” Studies to understand further this aspect of ADHD continue. (See sidebar on page 27.)

FUNCTIONAL MRI
With Fletcher Allen Health Care’s new functional magnetic resonance imaging (MRI) system, Newhouse and his team are taking the next step, beginning to locate the cholinergic systems associated with nicotine and estrogen receptors as the chemical reactions happen, in real time. Other new equipment has been added, including a new high-field magnet, and software to a medical MRI that allows them to acquire 3-D, color, functional images of brain activity. “At the end of the day it’ll let us create brain slices incorporated with three-dimensional reconstruction to see where the activity is occurring inside the brain during a particular cognitive process,” says Newhouse. “We want to be able to map out the circuitry.”

Newhouse has designed studies and applied for funding to do this. “We’re also starting to look at the cholinergic process related to the role estrogen plays in cognition in postmenopausal women, and we’re also going to be looking to see how we can see if nicotine may alter the processing of attentional information in ADHD,” he says.

VIRTUAL REALITY
Newhouse and his associates are also interested in exploring the basic mechanisms of cognitive performance that control spatial learning in children. Newhouse embarked on this interest through the work of Robert Astur, Ph.D., of the Olin Institute in Hartford, Conn. Astur has a virtual reality lab in which he’s designed environments that replicate a standard task. A computer screen integrated into an MRI apparatus allows subjects to maneuver through the virtual environment while their brains are scanned for cholinergic activity.

“Such a virtual reality system allows neuroscience researchers to do work that we can’t do in a standard laboratory,” says Newhouse. “We want to understand whether spatial navigation is affected by particular drugs and these receptors. The advent of enhancement of pure technology and imaging allows us to do a lot more with interrogating the brain in terms of helping us understand the activity of these chemical systems on cognitive performance.”

LOOKING FORWARD
“I’m blessed to work with a wonderful group of colleagues,” says Newhouse. “It’s been very gratifying to work with the students, post-docs and other faculty members in this department and other departments, as well as the General Clinical Research Center. With the new MRI system, we have a great collaboration with the Department of Radiology. They are allowing us to graft onto their equipment. Also, we have great cooperation with Fletcher Allen’s Information Services Division. It’s been a pleasure working with everyone to get this research off the ground.”

Newhouse maintains an enthusiasm for his work, no matter where it leads him. “Our program is really quite broad-based in the sense that we span the range from very focused human studies of normal volunteers and trying to understand the cognitive operations better to clinical trials looking at treatment of memory disorders,” says Newhouse. “One of the fun things about this work is that we can ask questions all the way from the most basic questions of human cognition to treatment.”
Class agents are listed at the beginning of each year's notes. If you have news to share, please contact your class agent or the alumni office at medaluni-relations@uvm.edu (802) 656-4016.

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Chuck Miller writes: “Mary and I hope to attend the 50th 1950 class reunion in the spring. We hope that there is a good turnout!”

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The University of Vermont College of Medicine is like a family where you can always find a friendly person who can help you, or at least point you in the right direction at every turn during your journey through medical school. The faculty is not only academically and clinically outstanding, but also very accessible, concerned with student learning, and open to student feedback. Alumni involvement with the College not only means financial support. Alumni also serve as mentors in the Doctoring in Vermont program, are intimately involved with the future direction of the College, and serve as important resources and models of how to successfully achieve a career in medicine and maintain a strong commitment to the community.

“I’ve found that at UVM, I can continue with extra-curricular activities that I am passionate about and through which I am able to give back to the community.”

“Most of all, I have been thoroughly impressed by the truly supportive nature of everyone at UVM COM — from the students, to the faculty, administration, and alumni.”

The above represents a few excerpts from a recent letter written by a grateful student at our alma mater, a student who received financial aid thanks to the alumni. Many students at the College of Medicine are in great financial need and require significant, often crucial, financial assistance. The alumni have become a source of this much needed assistance, first by becoming aware of the need, and then by working with the administration toward a common goal of fulfilling that need to the best of our abilities. Perhaps the most important function of the alumni is to support the institution through which we, the alumni, received our training. The single best way we can offer support is via continued and increased financial aid to students; such vital support is best funneled through the Medical Alumni Association.

I am pleased to read the news reported in this issue that our College is ranked in the Top Ten medical schools in the nation for primary care by U.S. News and World Report. It’s wonderful to have the validation of that national ranking, and it’s even more satisfying to know that our own students rank us high for the support we offer them on their road to becoming competent, caring physicians. With the ongoing support of all of us alumni and friends, we’ll continue to be there for them in the years ahead.

Charles Howard, M.D. ’69
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Colchester, VT 05446  
(802) 865-3959  
jackmurray@aol.com

H. Alan Walker  
239 Champlain Drive  
Plattsburgh, NY 12901  
(518) 561-8991  
awalk@aol.com

1964  
Anthony P. Belmont  
212 Younig Point Road  
Wiscasset, ME 04578  
(207) 882-6238  
apb829@pol.net

Tony Belmont reports: “Daughter Katie, age 11,  
has celebrated her first birthday and the last one to be married.  
Linda and I are looking forward to this trip of the  
‘gravy train.’” We continue to enjoy life in Maine.

1965  
George A. Little  
31 Overlook Drive  
Quincy, MA 02171  
(617) 373-8540  
gmillard_simmons@comcast.net

Chester Boullir writes: “I am medically retired due to a  
heart attack and inaus-  
cessive stroke following bypass surgery in August 2001.”

1966  
Robert George Sellig  
14 Deerfield Road  
South Burlington, VT 05403  
(802) 862-8395

1969  
Charles B. Howard  
256 Bridgepoint Road  
Belle Mead, NJ 08502  
(908) 359-6161  
choward@prapa.com

Susan Pitman Lowenthal  
P.O. Box 772  
Waverly, PA 18471  
(570) 563-2215  
melliemar@aol.com

1970  
Raymond Joseph Anton  
1521 General Knox Road  
Russell, MA 01270  
(413) 568-8659  
ray@rayanton.com

Ian Greenwald,  
Chair of Medicine  
and the University that go back more than five decades. John R. Fitzgerald, M.D. earned his medical degree from the College in 1959, and was for many years chair of the Department of Medicine at Fletcher Allen Health Care. He is a retired clinical assistant  
professor of internal medicine at the College. Mrs. Fitzgerald and all of their seven children hold UVM degrees, from two College. John M. Fitzgerald, M.D., is a member of the Class of 1979. He practices cardiology in Colchester, VT., and is a clinical assistant  
professor of medicine at the College. Joseph R. Fitzgerald, M.D., received his medical degree from the College in 1988. He is an anesthesiologist at Fletcher Allen Health Care and an assistant professor of anesthesi-ology at the College.

THE HAINES FAMILY  
Another family of Vermont doctors with deep roots inthe College of Medicine, the Haines family has been intimately involved with the school since the early 1940s. Carleton Haines, M.D.'43 is an emeritus associ- 
ate professor of surgery at the College, and has served the Medical Alumni Association (MAA) for many years. He currently volunteers his time as a member-at-large of the MAA Alumni Executive Committee (AEC). Gerald Haines, M.D., Carleton’s brother, is a member of the College’s Class of 1944, and is a retired executive direc- 
tor of the Neurosurgical Society of the state of New York. Stephen Haines, M.D.’79, son of Gerald, is the Yale  
A. French Chair and head of the Department of Neurosurgery at the University of Minnesota Medical School. Carleton’s son Peter Haines, M.D.’99, is an asso- ciate professor at the Center for Plastic Surgery in Columbia, South Carolina.

WILLIAM PENDLEBURY, M.D.,’76  
AND MARY CUSHMAN, M.D.’89

The Pendlebury/Cushman room recognizes the family of two noted local physicians and College faculty members. William Pendlebury, M.D.’76 is a professor of medicine, neurology, and pathology and has been a faculty member since 1979. Mary Cushman, M.D.’89 joined the faculty in 1990 and is an associate professor of medicine.

PATRICIA FENN, M.D.’65

Dr. Fenn has been an enthusiasm of supporter of her medical alma mater for years, and currently serves as ambassador of the Alumni Executive Committee of the MAA. She receives the A. Bradley Soule Award at this year’s medical reunion for her career-long dedication to the school. Dr. Fenn is a rheumatologist/interist in Bryan, Pa.

JAMIE JACOBS, M.D.’65

Now in his fortieth reunion year, Dr. Jacobs recently retired from practice as a cardiologist in the Lexington, Kentucky area. He has for many years been a faculty member of the University of Kentucky College of Medicine.

SHERATON BURLINGTON HOTEL & CONFERENCE CENTER

For four decades one of northern Vermont’s premier meeting and lodging places — and the site of countless medical seminars and conferences — the Sheraton recognizes its commitment to supporting the work of the College through new educational space.
ALUMNI RECOGNITION AWARDS

For nearly 40 years, the College’s Medical Alumni Association (MAA) has recognized the achievements of its members with a series of awards. The first, the Distinguished Service Award, was instituted in 1966; in 1984, this honor was renamed the Distinguished Academic Achievement Award. The second honor, established in 1973, was the Physician Alumnus of the Year Award, which was renamed the Award for Service to Medicine and Community in 1984. In 1985, the MAA instituted the A. Bradley Soule Award to honor exceptional loyalty and dedication to the College, much like those qualities shown throughout his life by Dr. Soule, a graduate of the Class of 1928 and a faculty member for decades. The newest recognition, the Recent Alumni Award, was established in 2000 to honor service, scientific or academic achievement in alumni in the first fifteen years of their careers. The 2005 award recipients receive their honors at a ceremony during Reunion 2005 in June. Current and past recipients are recognized on the College’s awards display in the Given building.

A. BRADLEY SOULE AWARD

Patricia A. Fenn, M.D.’65

For her outstanding loyalty and dedication to the College of Medicine, service on the Medical Alumni Executive Committee since 1997 and previous tenures on the Medical Planned Giving Committee, for her generous treasure to generations of patients in her Pennsylvania community, and for her generous support of the University of Vermont, as a Wilbur Society member, consensus annual donor, and for establishing the Patricia A. Fenn, M.D. ’65 Medical Scholarship Fund.

RECENT ALUMNI AWARD

Allison Miller Bolduc, M.D.’95

For her dedication to the College of Medicine, service on the Curriculum Task Force and as a Class Agent for the Class of 1995, for her excellence in research focusing on the diagnosis and treatment of acute and chronic HIV infection, including the development of novel strategies for case identification and characterization of the relationships between sexual transmission, HIV disease stage, and viral burden in infectious body fluids, efforts which have earned Dr. Pilcher such honors as the Research Career Development Award (K26) from the NIH and the UNCF Center for AIDS Research Developmental Award.

AWARD FOR DISTINGUISHED ACADEMIC ACHIEVEMENT

Patrick M. Catalano, M.D.’75

For his pioneering work in the mental health aspects of HIV/AIDS, training mental health providers, primary care providers and residents both nationally and internationally; and for his leadership on numerous major national, regional, and institution-based committees relating to HIV and/or mental health, including the AIDS Planning and Developmental Award from the NIH and the UNC Center for AIDS Research.

Award for Service to Medicine and Community

Frederick M. Burkle, M.D.’65

For his extraordinary work in disaster management and humanitarian assistance, including consulting on numerous emergencies throughout the world including in Asia, Africa, and Eastern Europe and serving as an international health delegate to the Red Cross, activities which have earned Dr. Burkle such recognition as the Gorges Medal and the Humanitarian Award from the International Federation of Emergency Medicine, and for his exemplary military service, completing combat tours in the Vietnam and Persian Gulf Wars and, in recent years, serving as the senior medical officer in Iraq on the Disaster Assistance Response Team for the Office of Foreign Disaster Assistance, USAID, and as the interim minister of health in Iraq.

Marshall Forstein, M.D.’80

For his pioneering work in the mental health aspects of HIV/AIDS, training mental health providers, primary care providers and residents both nationally and internationally; and for his leadership on numerous major national, regional, and institution-based committees relating to HIV and/or mental health, including the Massachusetts Governor’s Commission on Gay and Lesbian Youth and current service as chair of the American Psychiatric Association’s Commission on AIDS.

Katherine S. Pope, M.D.’85

For recognizing a desperate need for affordable and accessible hospice care in her local Maine community, and providing the clinical knowledge and leadership necessary to create “Hos- pice of Southern Maine,” a nonprofit organization designed to bring together existing but fragmented and underutilized hospice services in the State of Maine.

Christopher D. Pilcher, M.D.’90

For his career-long commitment and dedication to serving the patients in his hometown of Rutland, Vermont, where he founded Mid-Vermont Orthopedists and has long provided care to a highly uninsured population, for donating his time as a team doctor to numerous high school teams and a nearby ski school; and for educating and mentoring many UVM medical students as a clinical associate professor and faithfully serving the Class of 1985 as their class agent.

Joseph H. Vargas, M.D.’65

For his career-long commitment and dedication to serving the patients in his hometown of Rutland, Vermont, where he founded Mid-Vermont Orthopedists and has long provided care to a highly uninsured population, for donating his time as a team doctor to numerous high school teams and a nearby ski school; and for educating and mentoring many UVM medical students as a clinical associate professor and faithfully serving the Class of 1985 as their class agent.

1971

Wayne E. Pasanen

127 Osgood Street

North Andover, MA 01845

(978) 681-9193

wpasanen@lowellgeneral.org

1972

F. Farrell Collins, Jr.

203 Page Road

Pinehurst, NC 28374

(910) 295-1429

1973

James M. Bettis

715 Harbor Road

Alameda, CA 94502

(510) 523-1920

jbettis@mail.cho.org

Philip L. Cohen

493 Lakewood Drive

Winter Park, FL 32789

(407) 618-0321

plcret@aol.com

Victor Pisanielli

“still practicing general surgery in Rutland, VT.”

1974

Douglas M. Eddy

5 Tanbark Road

Windham, VT 02087

(603) 434-2164

dedy@snhima.com

1975

Elliott Andrews

195 Midland Road

Pinehurst, NC 28374

(910) 295-6464

elland@mindspring.com

1976

Don P. Chan

Cardiac Associates of New Hampshire

Suite 103

246 Pleasant Street

Concord, NH 03301

(603) 224-6070

achan53@aol.com

Bob Backus continues to practice family medicine at Grace Cottage Hospital, Vermont’s only hospital staffed by family M.D.s. He is also editing The Vermont Family Medicine Newsletter and is the Board Chairman of The Amazon African Aid Organization. Bob does volunteer work in the Brazilian Amazon, with The Fundacao Esperanca in Santarem, state of Para, Brazil.

1977

Mark A. Popovsky

22 Nauset Road

Sharon, MA 02067

(781) 764-8834

mpopovskyl@haemonetics.com

1978

Paul McLane Costello

Essex Pediatrics, Ltd.

89 Main Street

Essex Junction, VT 05452

(802) 879-6556

1979

Sarah Ann McCarty

1018 Big Bend Road

Barbourville, KY 40904

(361) 691-1094

mccarty@marshall.edu

REUNION ’05

Ellen Andrews

195 Midland Road

Pinehurst, NC 28374

(910) 295-6464

elland@mindspring.com

Paul McLane Costello

Essex Pediatrics, Ltd.

89 Main Street

Essex Junction, VT 05452

(802) 879-6556

Sarah Ann McCarty

1018 Big Bend Road

Barbourville, KY 40904

(361) 691-1094

mccarty@marshall.edu
SUMMER 2005

M.D. CLASS NOTES

CONTINUING MEDICAL EDUCATION

2005 CONFERENCE SCHEDULE

How to Build a Tele-trauma Program: Linking ER, Ambulances and Trauma Centers
August 14-15, 2005, University of Vermont Conference Center at the Sheraton Hotel, Burlington, VT.

ALS — Update in the New Millennium
August 15-16, 2005, Sheraton Harborside, Portsmouth, N.H.

Dermatology Update for the Primary Care Physician
September 1-2, 2005, Samoset in Rockport, Maine

Third Annual Northern New England Critical Care Conference
August 28-29, 2005, StoweFestival Resort, Stowe, VT.

Neurology for the Primary Care Physician
September 29-30, 2005, University of Vermont Conference Center at the Sheraton Hotel, Burlington, VT.

27th Postgraduate Course in Obstetrics and Gynecology
September 26-28, 2005, University of Vermont Conference Center at the Sheraton Hotel, Burlington, VT.

New England Cardiac Catheterization
September 30-October 1, 2005, The Equinox in Manchester, Vt.

Back Pain for the Primary Care Physician
October 28-29, 2005, University of Vermont Conference Center at the Sheraton Hotel, Burlington, VT.

Addiction Medicine
November 15, 2005, Burlington, VT.

MARK BRANN, PH.D. ’84 RECEIVES GRADUATE ALUMNI AWARD

The College of Medicine Medical Alumni Association (MMA) has announced the first recipient of the newly-created MMA Graduate Alumni Award: Mark R. Brann, Ph.D. ’84.

The Graduate Alumni Award was instituted this year to honor an alumnus of the College’s Ph.D. or M.S. programs who has demonstrated outstanding achievement in basic clinical or applied research, education, or outstanding commitment to the college of Medicine community.

In 1993 Brann founded Acadia Pharmaceuticals, a company that develops treatments for central nervous system disorders, and since then has served as the company’s president and chief scientific officer. Since 1997 he has also served as a member of the board of directors of the San Diego-based company.

After earning his doctoral degree, Brann was a postdoctoral fellow at the Laboratory of Cell Biology at the National Institute of Mental Health. He later worked at the Metabolic Diseases Branch of the National Institute of Diabetes, Digestive and Kidney Diseases, and at the Laboratory of Molecular Biology at the National Institute of Neurological Disorders and Stroke. From 1993 to 1996 he was an associate professor of psychiatry and pharmacology at the College of Medicine.

Brann will accept the award at a reception at the College later this fall.

REUNION ’05

1980
Richard Nicholas Hubbell
80 Summit Street
Burlington, VT 05401
(802) 863-5511
rich.hubbell@vtmednet.org

Stuart Rice reports:
“Unfortunately, due to family health issues and previous family commitments, we will be unable to attend the 25th Reunion. My wife Candy graduated UVM undergrad and is my two sons Spencer and Nathan (13 and 10) would love any excuse to visit Burlington. I truly feel disappointed we’ll miss the gathering.”

Linda Hermans reports:
“Approaching my 20th year at the Richmond (Maine) Area Health Center. I am holding on to what I love about medicine and I care for a community I have grown to love. My beautiful family nourishes my soul even as my son threatens to steal me as Queen of Ping Pong and my daughter takes me to task on the tennis court. I have been blessed.”

1981
Craig Wendell Gage
5123 Interbay Blvd.
Tampa, FL 33612
CraigGage@alumni.uvm.edu

Congratulations to Michael Kilgannon.
Michael was named one of Connecticut’s “Top Docs” in the April 2005 issue of Connecticut Magazine. Physicians across the state were surveyed to name colleagues to whom they’d send a loved one in need of medical care, and Michael was recognized in internal medicine. He currently practices at Windham Medical Group in Willimantic.

1982
Linda Hood
4 Cobbler Lane
Bedford, NH 03110
(603) 472-2356
hoodwhite@comcast.net

Fred Schlussel reports: “I am keeping busy practicing gastroenterology here in L.A. Partner physician at Kaiser Permanente since 1987. My wife Gina and two daughters Tara and Lauren keep me honest and young. I would love to hear from my classmates.”

1983
Diane M. Georgeson
3 Ravine Park Way
Ossining, NY 10562
(914) 433-8420
dgeorgeson@ctny.com

Anne Marie Masuccio
15 Cedar Ledge Road
West Hartford, CT 06017
(860) 521-6120

1984
Richard C. Shumway
34 Coventry Lane
Avon, CT 06001
(860) 672-6623
rshumway@sfranciscare.org

Lawrence J. Wolik
5726 South Nebe Trail
Greenwood Village, CO 80122
(303) 771-1289
lawrence.wolik@cigna.com

1985
Vita D. Imbasciani
9340 North Crescent Heights Blvd.
Los Angeles, CA 90049
(213) 696-1316
vitamd@pacbell.net

Darrell Edward White
2923 Lincoln Road
Bay Village, OH 44140
(440) 821-4681
whiteeye@attbi.com

Larry Wolik is still running clinics for Rocky Mountain Youth in Colorado but has a new job as chief medical officer for EMS HealthCare, Inc. a holding company responsible for managing multiple physician networks around the country. Michael Rousse reports: “Ginger and I have moved back to Vermont. We completed a six- year “term” in Massachusetts in April 2004. I have given up academic medicine to be a country doctor in Lyndonville. Ginger is heading up a mental health agency here in the Northeast Kingdom. We are settled into a log home on the side of the Kinridge Hills in North Danville…and loving it.”

1986
Peter M. Nalin
13106 Giffin Run
Carmel, IN 46033
(317) 966-4606
pnalin@pupi.edu

1987
Davidson Hamer writes: “I moved from Tufts-New England Medical Center after 20 years to the Center for International Health and Development at Boston University in July 2004. I am directing portfolios of applied research on maternal and child health, malaria, and community-based interventions to decrease mortality rates of children under five years in resource-poor countries.”

1988
Mark Eliot Pasanen
1234 Spear Street
South Burlington, VT 05403
(802) 863-3318
mark.pasanen@vtmednet.org

1989
Linda Hermans reports:
“Approaching my 19th Annual Imaging Seminar in September 30-October 1, 2005, The Equinox in Manchester, Vt.”

1990
Barbara Angelika Dillon
120 Hazel Court
Norwood, NJ 07648
(201) 767-7778
barbrichanddillon@earthlink.net

1991
Mark Eliot Pasanen
1234 Spear Street
South Burlington, VT 05403
(802) 863-3318
mark.pasanen@vtmednet.org

1992
Jennifer Woodson
4 Cobbler Lane
Bedford, NH 03110
(603) 471-2536
hoodwhite@comcast.net

1993
Joanne Taplin Romeyn
1997 Cleveland Ave.
South Burlington, VT 05403
(802) 865-3281
mark.pasanen@vtmednet.org

1994
Michael Rousse
1997 Cleveland Ave.
South Burlington, VT 05403
(802) 865-3281
mark.pasanen@vtmednet.org

1995
James S. Brann
815 South Street
New Haven, CT 06511
(203) 296-1408
jameswallace@vtmednet.org

1996
Joanne Taplin Romeyn
1997 Cleveland Ave.
South Burlington, VT 05403
(802) 865-3281
mark.pasanen@vtmednet.org

1997
Michael Rousse
1997 Cleveland Ave.
South Burlington, VT 05403
(802) 865-3281
mark.pasanen@vtmednet.org

1998
Larry Wolik
5726 South Nebe Trail
Greenwood Village, CO 80122
(303) 771-1289
lawrence.wolik@cigna.com

1999
Michael Rousse
1997 Cleveland Ave.
South Burlington, VT 05403
(802) 865-3281
mark.pasanen@vtmednet.org

2000
Lawrence J. Wolik
5726 South Nebe Trail
Greenwood Village, CO 80122
(303) 771-1289
lawrence.wolik@cigna.com

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lawrence.wolik@cigna.com

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lawrence.wolik@cigna.com

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lawrence.wolik@cigna.com

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5726 South Nebe Trail
Greenwood Village, CO 80122
(303) 771-1289
lawrence.wolik@cigna.com

For more information contact:
Continuing Medical Education
Farrell Hall
210 Colchester Avenue
Burlington, VT 05405
(802) 662-9293
http://cme.uvm.edu

Vermont Medicine
SUMMER 2005

38 39
children from medical school days are now Timothy — a sophomore at RPI and Laurel — graduating (valedictorian) from high school! Bob started a new job as an information systems director at a local high school which he really enjoys."

1994

HolliRay Kane Rayfield
P.O. Box 925
Watertown, VT 03818
(802) 466-9637
rayfieldbh@yahoo.com

Alumni Gather at "Pelican's Nest"

College of Medicine alumni from the Gulf Coast region of Florida joined Dean John Evans and Department of Surgery Chair Steven Shackford, M.D., for a golf outing and reception on March 7 at the Pelican’s Nest Golf Club in Bonita Springs, Fla. At the reception Dr. Shackford gave a presentation entitled “How, Then, Shall We Live? A Personal View of Service.”

1995

Allyson Miller Bolduc
25 Autumn Hill Road
South Burlington, VT 05403
(802) 892-4355
allyson.bolduc@vtmednet.org

Betsy Perez writes: “Living in South Hero with my daughters, now ages 14 and 17. I’m working with Green Mountain Urology. If anybody needs a place to stay for the Tenth Reunion — please call.” Brian Levine tells us: “Life is good here in little Delaware. Enjoying academic emergency medicine. Recently won a proposal to author the next emergency medicine Residents’ Association.” Patti Parcis writes: “Another change of address for Dan and I. After I completed my four years in Anchorage, Alaska, we moved back to Maine. We missed Alaska, but we are so moving back and I will return to working in the emergency department at the Alaska Native Medical Center. This spring, Dan and I have just returned from Antarctica where we were both working at McMurdo Station for the last five months. It was an interesting experience and adventure.”

1996

Anne Marie Valentine
4801 Dogwood Drive
Durham, NC 27713
(919) 806-8110
Patricia Ann King, M.D., Ph.D.
87 South Prospect Street
Burlington, VT 05401
(802) 862-7050
patricia.king@vtmednet.org

Kristin Sparks Bradford writes: “We have moved to the small (11,000 people) but wonderful town of Willis, California in Mendocino County. I’m working at the local community clinic and hospital as a family practitioner. Gunnis and Davis are enjoying kindergarten and helping Jason put in our organic garden and orchard. We can’t wait to get baby chicks next month! Hello to everyone wherever you are!” Amy Roberts McGaraghan reports: “Neil and I are living in Lexington, Mass. I have started a new job at the Center for Women at Mount Auburn Hospital in Cambridge. We have two wonderful little boys — Jack (2 years old) and Leo (1 year old).”

1997

Julie Clifford Small
3094 Mt. Baker Gritte
Oak Harbor, WA 98277
(360) 240-8693
jamie@fidalgoecmedical.com
Elizabeth Callahan reports: “In early 2003, I opened a solo dermatology practice, Skin Smart Dermatology, between Brattleboro and Sunderland, Vermont. I specialize in Mohs skin cancer surgery and cosmetic dermatology. My business address is: 7978 Cooper Creek Blvd., Brattleboro, VT 03421.”

1998

Halleh Alkobra
4750 Home Lane
Richmond, VA 23226
(804) 204-2355
halleh13@aol.com

Joel W. Keenan
Malcolm
1481 Regatta Road
Carlsbad, CA 92009
626-201-1998
lfarhoomand@yahoo.com

Deanne Dixon Haag
Eating a spot in a class at the UVM College of Medicine requires sufficient academic achievement and skill at test-taking and interviewing to stand out among some 5,000 applicants. Still, each year some students struggle with medical coursework and with the National Board exams. Now a generous donation offers these students a chance to receive financial assistance to seek help at the Stern Center for Language and Learning.

The gift is an ongoing pledge of $12,500 per year from Margie and Peter Stern, M.D.’s. The Stern Center is a non-profit educational organization located in Williston dedicated to helping students of all ages reach their learning potential. It is named for Peter Stern’s parents, Bernice and Milton Stern. “The Stern Center has for several years performed diagnostic evaluations of students who encounter academic difficulty and has helped students with skills such as studying and test-taking,” said Scott Waterman, M.D., associate chair. “We are concerned that some students have difficulty with their coursework but don’t have a strategy to deal with it. Waterman is working with a committee to shape the program and promote it among faculty and students. He has already offered this assistance to students who have failed board exams or have struggled in class during the past year. The new program will also support broader efforts to educate all medical students about learning styles, studying skills, and maximizing their potential.”

Another change of address for Dan and I. After I completed my four years in Anchorage, Alaska, we moved back to Maine. We missed Alaska, but we are so moving back and I will return to working in the emergency department at the Alaska Native Medical Center. This spring, Dan and I have just returned from Antarctica where we were both working at McMurdo Station for the last five months. It was an interesting experience and adventure.”
HOWARD H. JACOBS, M.D.’43
Dr. Howard H. “Jake” Jacobs, M.D., a well known physician in the St. Albans, Vt. Area, died Oct. 23, 2004, in the Vermont Respite House in Williston. He was born in Enosburg, Jan. 5, 1923, to the late Alfred A. and Elizabeth (Lafley) Jacobs. He graduated from the University of Vermont College of Medicine in 1945. Dr. Jacobs moved to Saint Albans, where he had a general practice of medicine until 1950. He then became anesthesiology for the next 36 years, retiring in January of 1986.

HENRY TULIP, M.D.’47
Dr. Tulip died on Friday, October 22, at the Northwestern Medical Center in St. Albans, Vt. He was born in Salem, N.Y., on January 1, 1923, to George Thomas and Mary (Roché) Tulip. He grew up in Salem with his two younger sisters. He finished his undergraduate studies with honors at the University of Vermont in 1944. He graduated from the College of Medicine, also with honors, in 1947, before interning and completing his residency in urological surgery in Burlington in 1951. During World War II he served as a corporal in the U.S. Army. He later later reached the rank of colonel in the Vermont State Guard. He was named by the Academy as a “Super Hero of Family Medicine.” Here he retired from family practice in 1997.

ROBERT SMART, M.D.’67
Dr. Smart died Oct. 23, 2004, in Ithaca, N.Y. He was born in St. Albans, Vt., May 26, 1933, to the son of Louis and Florence Cooke Smart. His late wife Marjorie Nelson Smart survives him. Dr. Smart earned a B.A. from Cornell University in 1957 and M.D. from University of Vermont in 1967. He served in the U.S. Marine Corps and as a urologist in the U.S. Navy, serving as Commander with sixty years active duty. He practiced urology in Norwich, N.Y. and Sharon, Pa. and was an active volunteer with the American Cancer Society before retiring to Hartford, Vt. He held a number of offices in the Vermont State Medical Society and served as President of the Rutland Regional Medical Center’s Staff from 1989-1992. He has served as Medical Director of Eden Park Extended Care Facility. As a mark of respect for his dedication to his patients, his colleagues in the medical community honored him with the Physician of the Year Award in April of this year. This was one of his most treasured moments. During his naval service, he rose from Ensign to Captain. Recalled during the First Gulf War, he twice went to Bahrain. In 2002, Rear Admiral R.I. Nolan presented Captain Austin the Presidential Meritorious Service Medal for outstanding service during the period February 1998 through October 2002.

ARNOLD CLIFFORD TAYE, M.D.’57
Dr. Taye died at home in North Salt Lake, Utah on Nov. 29, 2004, at the age of 80. He was born on Jan. 14, 1926, near Volga, South Dakota to John Andersen Taye and Nora Amelia Nelson Taye. After high school he moved to Minnesota and received B.A. and D.D.S. degrees in 1952 from the University of Minnesota. He practiced dentistry in Minneapolis until 1941. He married Zelda Lorraine Melander on April 14, 1941, in Minneapolis, Minnesota. In 1944 he was called to serve on active duty as an officer in the U.S. Army Dental Corps. He participated in the U.S. landing near Oran, North Africa in Nov. 1942. While stationed in North Africa in 1943 he injured a nerve in his right arm during an air raid black-out. Despite treatment, the injury was permanent so he was unable to continue dentistry, and he received a medical discharge in 1944. He later returned to school and received a B.S. degree in 1955 from the University of North Dakota and his M.D. degree from the University of Vermont in 1957. He interned and served his residency in Internal Medicine at LDS Hospital in Salt Lake City from 1957-60, followed by a fellowship at Charity Hospital at Tulane University in New Orleans in 1960-61. He began medical practice in 1961 at the age of 35. After one year in private practice he began service with the Veterans Administration, first in Spokane, Washington, then in Miles City, Montana, where he was Chief of Medicine. In 1965 he transferred to the VA Hospital in Salt Lake City.

JAMES P. BURKE, M.D.’51
Dr. Burke died February 14, 2005, at the Lahey Clinic in Burlington, Vermont. In 1943-1949, he served as a corporal in the U.S. Army. He did tour of duty in the Air Force during the Korean conflict as a captain, stationed predominantly in Alaska. Recently he reached the rank of colonel in the Vermont State Guard. Dr. Burke married Lorraine Melander on April 14, 1941, in Minneapolis, Minnesota. In 1941, he was called to serve on active duty in the U.S. Army Dental Corps. He participated in the U.S. landing near Oran, North Africa in Nov. 1942. While stationed in North Africa in 1943 he injured a nerve in his right arm during an air raid black-out. Despite treatment, the injury was permanent so he was unable to continue dentistry, and he received a medical discharge in 1944. He later returned to school and received a B.S. degree in 1955 from the University of North Dakota and his M.D. degree from the University of Vermont in 1957. He interned and served his residency in Internal Medicine at LDS Hospital in Salt Lake City from 1957-60, followed by a fellowship at Charity Hospital at Tulane University in New Orleans in 1960-61. He began medical practice in 1961 at the age of 35. After one year in private practice he began service with the Veterans Administration, first in Spokane, Washington, then in Miles City, Montana, where he was Chief of Medicine. In 1965 he transferred to the VA Hospital in Salt Lake City.

FREDERICK C. BARRETT, M.D.’46
Dr. Barrett died February 14, 2005, at the Lahey Clinic in Burlington, Vermont. In 1943-1949, he served as a corporal in the U.S. Army. He did tour of duty in the Air Force during the Korean conflict as a captain, stationed predominantly in Alaska. Recently he reached the rank of colonel in the Vermont State Guard. Dr. Barrett married Lorraine Melander on April 14, 1941, in Minneapolis, Minnesota. In 1941, he was called to serve on active duty in the U.S. Army Dental Corps. He participated in the U.S. landing near Oran, North Africa in Nov. 1942. While stationed in North Africa in 1943 he injured a nerve in his right arm during an air raid black-out. Despite treatment, the injury was permanent so he was unable to continue dentistry, and he received a medical discharge in 1944. He later returned to school and received a B.S. degree in 1955 from the University of North Dakota and his M.D. degree from the University of Vermont in 1957. He interned and served his residency in Internal Medicine at LDS Hospital in Salt Lake City from 1957-60, followed by a fellowship at Charity Hospital at Tulane University in New Orleans in 1960-61. He began medical practice in 1961 at the age of 35. After one year in private practice he began service with the Veterans Administration, first in Spokane, Washington, then in Miles City, Montana, where he was Chief of Medicine. In 1965 he transferred to the VA Hospital in Salt Lake City.

HOWARD H. “Jake” Jacobs, M.D., a well known physician in the St. Albans, Vt. Area, died Oct. 23, 2004, in the Vermont Respite House in Williston. He was born in Enosburg, Jan. 5, 1923, to the late Alfred A. and Elizabeth (Lafley) Jacobs. He graduated from the University of Vermont College of Medicine in 1945. Dr. Jacobs moved to Saint Albans, where he had a general practice of medicine until 1950. He then became anesthesiology for the next 36 years, retiring in January of 1986.

HENRY TULIP, M.D.,’47
Dr. Tulip died on Friday, October 22, at the Northwestern Medical Center in St. Albans, Vt. He was born in Salem, N.Y., on January 1, 1923, to George Thomas and Mary (Roché) Tulip. He grew up in Salem with his two younger sisters. He finished his undergraduate studies with honors at the University of Vermont in 1944. He graduated from the College of Medicine, also with honors, in 1947, before interning and completing his residency in urological surgery in Burlington in 1951. During World War II he served as a corporal in the U.S. Army. He did tour of duty in the Air Force during the Korean conflict as a captain, stationed predominantly in Alaska. Recently he reached the rank of colonel in the Vermont State Guard. Dr. Tulip married Madalyn Melander on April 14, 1941, in Minneapolis, Minnesota. In 1941, he was called to serve on active duty in the U.S. Army Dental Corps. He participated in the U.S. landing near Oran, North Africa in Nov. 1942. While stationed in North Africa in 1943 he injured a nerve in his right arm during an air raid black-out. Despite treatment, the injury was permanent so he was unable to continue dentistry, and he received a medical discharge in 1944. He later returned to school and received a B.S. degree in 1955 from the University of North Dakota and his M.D. degree from the University of Vermont in 1957. He interned and served his residency in Internal Medicine at LDS Hospital in Salt Lake City from 1957-60, followed by a fellowship at Charity Hospital at Tulane University in New Orleans in 1960-61. He began medical practice in 1961 at the age of 35. After one year in private practice he began service with the Veterans Administration, first in Spokane, Washington, then in Miles City, Montana, where he was Chief of Medicine. In 1965 he transferred to the VA Hospital in Salt Lake City.
April 16, 2005
9:30 a.m.

Six months from now, this will be a place filled with the activity of healing and teaching, but on an April morning the sunlight playing against the walls of the new Ambulatory Care Center finds only the members of the Medical Alumni Association’s Alumni Executive Committee touring the construction site.

photograph by Gordon Miller

Peter Martin never knew George Wellman, Ph.D., assistant professor of pharmacology, but the two now share a special link. Peter was a Shelburne, Vt. resident who died in 1999 at the age of 39 from a subarachnoid hemorrhage as a result of a brain aneurysm — a weak, bulging area in the wall of a brain artery. Today, Dr. Wellman works in his lab and with UVM/Fletcher Allen neurosurgeons to better understand and treat brain aneurysms.

“About 1 percent of the general population has cerebral aneurysms,” he explains. “These aneurysms rupture in 30,000 to 50,000 people each year.” The Martin Family established the Peter Martin Brain Aneurysm Endowment to help researchers like Dr. Wellman find new ways to help aneurysm patients. They are joined in this effort by the Ray and Ildah Torman Medical Research Fund, which for more than fourteen years has supported cerebrovascular research, as well as by major grants from the National Institutes of Health.

To learn more about how you can help further crucial research at the College of Medicine through outright or planned gifts, or for more information about this summer’s Peter A. Martin Golf Tournament, contact us at:

Medical Development and Alumni Relations Office
(802)656-4014 medical.giving@uvm.edu www.med.uvm.edu/giving
Kelly Huynh ’07, her parents, and eight siblings came to the United States from Vietnam 25 years ago. She has received scholarship support and, in the summer after her first year of medical school, a Medical Student Summer Research Fellowship—both funded by the College of Medicine’s Annual Fund.

For eight weeks, Kelly studied antibiotic use, prescribing methods, and the emergence of antibiotic resistance at Binh Dan Hospital in Ho Chi Minh City. “The experience was incredibly meaningful,” says Kelly. “I was able to see first-hand the state of the health care system in Vietnam, and the dire medical needs of the country’s poor. In addition to helping pay for books, instrumentation, and living costs, the grant allowed me to set aside some money to plan for a future elective rotation during my fourth year, when I will have more knowledge and clinical experience to help take care of patients in Vietnam.”

“The College of Medicine is like a family,” says Kelly, “where you can always find a friendly person who can help you or at least point you in the right direction. The support of alumni plays a vital and integral role in supporting the education of current students.”

You can continue and strengthen the assistance offered to all medical students in need by giving to the Medical Annual Fund. If you haven’t already done so, please contribute to this year’s Annual Fund as soon as possible. The fiscal year ends on June 30. Today’s students depend on your support!

MEDICAL DEVELOPMENT AND ALUMNI RELATIONS OFFICE
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