the Maine Ingredient
Three decades of cooperation in medical education
FOCUSING IN ON THE SILENT EPIDEMIC
A wide range of College of Medicine researchers are exploring diabetes.
by Jennifer Nachbur

THE MAINE INGREDIENT
For more than a quarter century, Maine Medical Center and the College of Medicine have partnered to enhance the education of medical students.
by Edward Neuer


The UVM Medical Alumni Association invites you and your family to join us for Reunion 2006 — June 9-11, 2006. Come back to Burlington and the UVM campus, your home during medical school. You may have lost contact with your classmates and faculty, but reunion will give you the chance to rekindle old friendships, check out favorite places, talk with faculty, meet medical students, and experience the growth and evolution of your medical alma mater.

Events Include: Medical Education Today Session - Tour of the College and the new Medical Education Center - Golden Reunion Awards and Reception - Continuing Medical Education Seminar - Medical Alumni Picnic - Nostalgia Hour - Class Receptions and Dinners

For more information, call the UVM Medical Development & Alumni Relations Office at (802) 656-4014 or email: medalumni.relations@uvm.edu

ON THE COVER:
photography by Bridget Beate Gorman

Plan ahead—Save the date for your reunion! www.alumni.uvm.edu/com
President Fogel and Provost Bramley have set a clear vision for the future of the University of Vermont, and all around there are visible signs of an exciting revitalization. The College of Medicine is an important component of this vision, and today has the stability, momentum and excellence to build an extraordinary future. We are on the verge of recruiting strong leadership for the departments of Surgery and Medicine, and will have a new Provost to provide academic leadership. Therefore, as I approach the end of the three years I agreed to serve, I feel confident in making the decision to step down as Dean at the end of June. I plan to take a one-year administrative leave beginning in July, providing me the first opportunity in 20 years to step back and explore the many options that I’m lucky to have before me. As many of you know, I am an entrepreneur at heart, always looking to build something, and I am especially interested in exploring the complexities of how new businesses are developed and the role a university can play in concert with the private sector and the state. There is no greater imperative for the future of Vermont than to create challenging and economically rewarding jobs if we are to ensure opportunities for the generations to come. I look forward to creating new collaborations and partnerships, and hope to engage with many of you in these new initiatives.

Nearly 40 of my 30 years at the College have been spent in the Dean’s Office. During this time, so much has been accomplished and I am proud of all that we at the College have done together. The implementation of the Vermont Integrated Curriculum, the opening of the new Health Science Research Facility and Medical Education Center, and two full-year LCME accreditations are just a few of our shared successes. I am certain that the College will continue to build on these achievements, and that the shared governance we are launching will grow as a model for engagement and participation of our most important resource, our people.

To all the students, faculty, staff, alumni and friends I have interacted with I would like to offer my personal thanks for your contributions to our shared success and for your support during my tenure as Dean. I am grateful for the opportunity to have worked with each of you, as well as Deans John Frymoyer and Joe Wargo, and am thankful for the many friendships I have made. In the works ahead, the President and Provost will appoint an interim dean to serve while the University conducts a national search for the next Dean of the College. I know each of you will join me in working to ensure a smooth transition to continue the focus on our core missions of educating physicians and scientists, expanding knowledge through research, delivering compassionate patient care, and serving our communities.
LABOW GIFT FUNDS PROFESSORSHIP AND LECTURESHIP

Retired surgeon Samuel Labow, M.D. and his wife, Michelle, a retired registered nurse, have pledged current and estate gifts estimated at over $5 million to the Department of Surgery at the College of Medicine. An initial gift of $500,000 will fund the Samuel B. and Michelle D. Labow Green & Gold Professor in Colon & Rectal Surgery and the Samuel B. and Michelle D. Labow Lectureship in Colon & Rectal Surgery. A trust established by the Labows will in the future provide significantly more support to the Department of Surgery.

The Labows retired to Stowe ten years ago after 20 years in a colon and rectal surgery practice at North Shore University Hospital in New York, where Dr. Labow was also clinical associate professor of surgery at Weill Medical College at Cornell University. Dr. Labow is currently a clinical associate professor of surgery at the College of Medicine.

As a registered nurse, Michelle Labow pursued a career in the operating room. She joined Dr. Labow’s surgical practice and eventually took over the management of the practice. Throughout their careers, they both served in national leadership positions in professional societies, including the American Society of Colon and Rectal Surgeons, for which Dr. Labow served as president from 1993 to 1994.

Neil Hyman, M.D., professor of surgery and chief of general surgery at the College, has been named the first Samuel B. and Michelle D. Labow Green & Gold Professor in Colon & Rectal Surgery. Dr. Hyman, earned a medical degree from the University of Vermont in 1984 and completed a surgical internship and residency at Mount Sinai Medical Center in New York City, followed by a colon and rectal surgical fellowship at the Cleveland Clinic Foundation. Since joining the UVM faculty in 1990, Dr. Hyman has earned eight teaching awards, including the Jerome S. Abrams Teaching Award and the Leonard Tow Humanism in Medicine Award.

Dr. Hyman is a past president of the Vermont chapter of the American College of Surgeons. He is also a senior examiner of the American Board of Colon and Rectal Surgery, and is an associate editor of the journal Diseases of the Colon and Rectum.

CLINICIAN CEREMONY MARKS END OF CLERKSHIP

The Student Clinician Ceremony, a milestone in the Vermont Integrated Curriculum since 2002, was held on March 9 in Carpenter Auditorium, with a reception in the Brickyard. Students from the Class of 2007 chose Peter Cataldo, M.D., as keynote speaker and selected six residents to receive the Arnold P. Gold Foundation Humanism and Excellence in Teaching Award. The residents were: Nadia Bambace, M.D., Krishnendu Bhadra, M.D., Chad Brown, M.D., Dean Stephens, M.D., and Christopher Sullivan, M.D., from Fletcher Allen Health Care, and Margaret Dow, M.D., from Maine Medical Center. The third-years welcomed the Class of 2008 at the ceremony as they began their Clerkship year.

30 YEARS OF REMARKABLE ACCOMPLISHMENT

On April 18, 2006 Dean John N. Evans, Ph.D., announced that he was stepping down as the College of Medicine’s sixteenth dean to pursue a one-year leave before returning to the faculty. After receiving his doctorate from the University of Florida College of Medicine, Dean Evans came to UVM in the mid-1970s as a post-doctoral fellow in physiology, and became a member of the faculty in 1976. This was the beginning of three decades of accomplishment as a researcher in pulmonary physiology, a teacher of lung biology, and an administrator of the school.

During the course of his years in the Dean’s office, research funding has more than tripled, the medical curriculum has been dramatically reformed, and the medical campus has been renewed. Dean Evans’ importance to the shaping of the College of Medicine as it stands today is summed up by the following statement from Associate Dean for Primary Care Mildred A. “Mimi” Reardon, M.D.’67.

“I have been honored to have been able to serve with John and to feel his extraordinary dedication to excellence at the College of Medicine. As Associate Dean for Primary Care for these last thirteen years, I am deeply grateful for John’s appreciation for and commitment to, the Vermont statewide community in the work of the College. In my many years associated with this College, I have come to have the highest respect and admiration for John and his dedication to, and achievements for, Vermont and its College of Medicine. I am very sorry we are losing his enthusiastic and effective leadership as Dean.”

—Mildred A. Reardon, M.D.’67

Associate Dean for Primary Care
UVM College of Medicine

“Dean Evans has been outstanding in his leadership, vision and achievements for the College of Medicine. Since joining the faculty in 1976, he has excelled as a teacher and academic researcher. Most recently, since 1992, he has distinguished himself in his dedicated leadership of the College as Executive Dean, Interim Dean, Acting Dean and these last years as Dean. His commitment to curriculum reform has been evidenced in his active role in the College’s implementation of the new Vermont Integrated Curriculum. He has played a major role in the conceptualization, planning and realization of a new research building and a new medical education center. John successfully led the College through a major reaccreditation process just one year ago. I have been honored to have been able to serve with John and to feel his extraordinary dedication to excellence at the College of Medicine. As Associate Dean for Primary Care for these last thirteen years, I am deeply grateful for John’s appreciation for and commitment to, the Vermont statewide community in the work of the College. In my many years associated with this College, I have come to have the highest respect and admiration for John and his dedication to, and achievements for, Vermont and its College of Medicine. I am very sorry we are losing his enthusiastic and effective leadership as Dean.”

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4 VERMONT MEDICINE SPRING 2006 5
Bridges to Biotechnology

Beneath the lab coats, microscopes, pipettes, and vials of UVM’s many biomedical research labs, there’s an entrepreneurial undercurrent that’s been running through campus for years. For many faculty and even some students, scientific discoveries can lead to patents and products that provide the foundation for international biotechnology corporations.

Mark Brann’s company, Acadia Pharmaceuticals, develops treatments for central nervous system disorders. His story is just one of several examples of successful “technology transfer” — the movement of ideas, inventions and discoveries from the research lab into the commercial sector — at UVM.

It all started when Brann was working on his Ph.D. in pharmacology, which he received from the College of Medicine. Early in his career, he developed molecular tools that paved the way for drugs now used to treat Alzheimer’s disease. Later research, directed by Brann at the National Institutes of Health, resulted in a patented process for identifying whether drugs were achieving their targeted effects. He attempted to start a business, but it never got off the ground.

In 1991, he returned to UVM as an associate professor of psychiatry and pharmacology.

Brann credits his start-up success in Maryland for his start-up success in Vermont where, in 1993, following extensive efforts to garner investment capital and other funding, Receptor Technologies was incorporated.

“Being inquisitive and taking risks makes a good scientist and entrepreneur,” says Brann, who in February received the College of Medicine’s first Graduate Alumni Award in honor of his outstanding research achievements. Brann moved the company to San Diego in 1997, changed its name, set up a second facility in Denmark, and shifted the focus to drug discovery. In 2004, the company went public. As president and chief scientific officer at Acadia, Brann conceives his role has evolved from focusing on science to focusing on stockholders. “That is the nature of the beast,” he admits.

For UVM researchers ready to wade into commercial waters, Todd Keiller, director of technology transfer at UVM, is the critical link. The founder of six biotechnology companies, Keiller is something of an intellectual property superhero. He works to protect and market, and negotiate the sale of rights of patentable inventions — whether tangible or conceptual — to business partners that can bring the property to market. Keiller collaborates with multiple partners at UVM, including the Office of Sponsored Programs, Vermont Experimental Program to Stimulate Competitive Research (EPSCoR), the Vermont Technology Council, and the Vermont Center for Emerging Technologies, as well as the Vermont Department of Economic Development.

According to Keiller, there is a rapidly accelerating level of activity in UVM’s tech transfer and intellectual property arena. “Of the 53 patents issued to the University of Vermont since 1979, 14 were issued in the past three years,” says Keiller. “In addition, over 20 licenses have been signed with diverse local, regional, national, and international companies.”

The Office of Technology Transfer hosted an Invention to Ventures conference at the Sheraton Burlington Hotel & Conference Center on April 21. John Abele, founder and chairman of Boston Scientific Corporation, delivered the keynote address, and Dean John Evans was the luncheon speaker at the event.

Mark Brann, Ph.D.’s, is president of Acadia Pharmaceuticals and the recipient of the College’s first Graduate Alumni Award.

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AWARDS & RECOGNITION

• G. Scott Waterman, M.D., associate professor of psychiatry and associate dean for student affairs, received the Nancy C.A. Roeke, M.D., Certificate of Recognition for Excellence in Medical Student Education from the American Psychiatric Association committee on Medical Student Education. The award is presented annually to members who have made outstanding and sustaining contributions to medical student education. Dr. Waterman has been invited to receive the award certificate at the APA meeting in May.

• Stephen Higgins, Ph.D., professor of psychiatry and psychology, was elected president of the College on Problems of Drug Dependence for 2006-2007. The College on Problems of Drug Dependence is the longest-standing scientific organization in the United States dedicated to the study of drug dependence.

• Dennis Vane, M.D., has been elected a governor of the American College of Surgeons (ACS). Founded in 1913, the ACS is the largest organization of surgeons in the world, with over 64,000 members. Vane is a professor of surgery and associate professor of pediatrics and serves as vice-chair for clinical affairs of the Department of Surgery at the College of Medicine, and is a trustee of Fletcher Allen Health Care.

• Mimi Reardon, M.D. ’92, associate dean for primary care, has been nominated unanimously by Vermont’s congressional delegation as a Local Legend. A partnership of the National Institutes of Health’s National Library of Medicine, the NIH Office of Women’s Health Research, and the American Medical Women’s Association (AMWA), the Local Legends program celebrates America’s local women physicians. On behalf of these partners, the AMWA annually calls upon the Congress to nominate outstanding women physicians from their state or district who have demonstrated commitment, originality, innovation, or creativity in their field of medicine.

• Stacey Sigmon, Ph.D., research assistant professor of psychiatry, received the 2006 Young Psychopharmacologist Award of the Division of Psychopharmacology and Substance Abuse from the American Psychological Association. This award honors a young scientist doing original, meritorious work in psychopharmacology and encourages excellence in research at the interface between the disciplines of pharmacology and psychology.

• The College of Medicine Class of 2006 held an awards ceremony and reception on February 3 in honor of their completion of the Foundations level of the Vermont Integrated Curriculum (VIC). The awards and recipients were as follows:

OUTSTANDING FOUNDATIONS COURSE: “Human Structure and Function”

FOUNDATIONS COURSE DIRECTOR AWARD: Brad Wright, lecturer of anatomy and neurobiology

FUNDATIONS TEACHING AWARD: Nicholas Hardin, M.D., professor of pathology

INTEGRATION AWARD: (for the faculty member whose teaching best captured the spirit of the VIC): Gerald Silverstein, Ph.D., lecturer in anatomy and molecular genetics.

THE SIVER STETHOSCOPE AWARD: (for the faculty member who had few lecture hours, but made a substantial contribution to students’ education): James Hudziak, M.D., associate professor of psychiatry

ABOVE AND BEYOND: (for the faculty member, not necessarily a lecturer, who went above and beyond the call of duty to help the students in their learning objectives): Masashi Kida, M.D., associate professor of pathology

AMERICAN MEDICAL STUDENTS ASSOCIATION GOLDEN APPLE AWARD: awarded posthumously to Bruce Fond, lecturer in anatomy and neurobiology

AMERICAN MEDICAL WOMEN’S ASSOCIATION GENDER EQUITY AWARD: Pamela Gibson, M.D.’90, assistant professor of pathology

• Vermont Medicine magazine has received its second consecutive Award of Distinction from the Association of American Medical Colleges Group on Institutional Advancement (AAMC/CIA) for its issues covering the year 2005. The AAMC/CIA awards honors “the most creative and effective approaches used to promote academic medicine in the United States through alumni development, public relations and marketing vehicles.” The award was presented at the AAMC/CIA national conference in Austin, Texas, on March 29.
What hasn’t changed

In her remarks to first-year students at the 2006 White Coat Ceremony, excepted here, Fletcher Allen Health Care President and Chief Executive Officer Melinda Estes, M.D., noted the sweeping changes occurring in the field of medicine, and pointed out some enduring truths.

As you navigate these complex and constant changes, my advice to you is: Focus on what has not changed — and what is therefore most important as you take this crucial step today.

What has not changed is the fact that as physicians and scientists we are all people with feelings, who face conflicts every day: how to tell a family member that their loved one has died; how to approach the patient’s bedside, the bench or the microscope with 100 percent of your attention — regardless of what might be happening in your day.

What has not changed is that the patients we are treating are also people with feelings, who are worried and sometimes despairing, whose lives may be in upheaval due to their illness; others who are seeking knowledge and counsel — a warm smile and a kind word.

To be specific: The need to care for your patients — and to remember that the patient is at the center of everything you do — has not changed. To listen to what your patient says. To take your time. To be respectful. To think.

The desire of the patient for unlimited time has not changed. No matter how much the field of medicine changes, one thing will never change — the fact that your patients will want from you what they want from their doctors 50 years ago: Unlimited time. One-on-one attention. Compassion. Knowledge.

The characteristics of a good physician have not changed. To listen and lay hands on the patient. To be honest about what you don’t know, because knowing what you don’t know is as important as knowing what you do. To maintain balance in your life, when all is said and done, you only have two things: your integrity and your family. Be good to the people around you, be good to those who support you.

Dr. Estes noted that the art of medicine has not changed. “The magic that happens when you figure out what is wrong with your patient and how to fix it... when you find the cure or treatment that previously eluded you. When you watch your patient improve and get better,” she said. “The privilege of being a physician has not changed. Practicing medicine is a great privilege. We are being let into someone’s personal life. We are told things they have told no one else. We are trusted with their deepest, darkest secrets, and with their lives.

The need for lifelong learning has not changed. Even once you complete your training, the learning never stops. You learn from colleagues, from students, from books, from patients, from your significant others and family members, from your neighbors and community.

And the symbol that is before us today — the White Coat — has not changed. It remains a symbol of humanity in medicine. Of the duty of the physician — to accept not only the authority of medicine, but the responsibility that comes with it.

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Match Day 2006
For senior medical students at the College, the waiting is definitely the hardest part. Amidst the intense final months of their medical school career comes a day that engenders stress and anxiety, but also lots of hope. On March 16, at precisely noon, they and gradu-ating medical students across the country learned of their fate for the next few years via “the Match” — the annual rite of passage that reveals where they will receive residency training.

For students, time appears to tick more slowly dur-ing the final minutes before the Match. Not so for UVM’s Associate Dean for Student Affairs G. Scott Waterman, M.D., who must hurry to deliver the envelopes that hold the key to nearly 200 students’ futures in time for mail staff to sort and stuff the appropriate envelopes by exactly noon. The responses thereafter varied, and then students returned to their busy routines, wearily, but relieved that the wait was finally over.

A total of 91 medical students will graduate from UVM in May — including the 80 students who matched on March 16, plus 11 students in the military and clinical specialties who matched in January. Match Day is facilitated by the National Residency Match Program, which uses a computerized matching system to conduct a residency match that is designed to optimize the rank ordered choices of students and residency program directors at the match that is designed to optimize the rank ordered choices of students and residency program directors at the

Residency Matches for the College of Medicine Class of 2006

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STUDENTS ON UGANDAN ROTATION
Just six days after they found out their residency match results, Andrew Cummins ’06 (at right) and Daniel Parsons ’06, along with Heather Fremgen ’05 (at left), left Vermont to participate in a clinical rotation sponsored by the Association of Ugandan Medical Doctors. Over the course of a month, they worked at a rural “bush” clinic in Masesempe, Uganda, a village where there are virtually no medical supplies, and in Kampala, Uganda’s capital. Following the association’s request for medical supplies, Cynthia Forehand, Ph.D., UVM professor of anatomy and neurobiology, donated a microscope, and the UVM student health center donated a large box of medical sup-ples. In addition, Cummins secured roughly $300 worth of medication for the Ugandans through a group called Medical Assistance Program, which solicits medication donations from pharmaceutical companies for distribution to developing countries.

“I expect the bulk of our rotation will involve dealing with infectious disease, tropical medicine and HIV/AIDS cases, along with problems regional to Uganda,” said Cummins. He and Parsons have had other international experiences, including a trip to Costa Rica after their first year of medical school where they learned medical Spanish and worked in rural medical clinics for six weeks.
My life as I knew it changed radically in the spring of 1994, when I was 44. I used to use words like "disaster" and "catastrophe" to describe the change, although I don’t anymore. I know that I am not the only physician, or the only graduate of the College of Medicine, to undergo a major life change. Yet these sorts of events are rarely discussed among physicians, especially in their alumni bulletins. I thought it was about time to do so.

My tale begins with the fact that I have bipolar II disorder — which means that I have mostly depressions, but occasionally I will have a mild high. I had had five or six episodes of depression before I finished my residency, and then I had my first high. I was put on lithium, and I did very well for 15 years or so. I was working, couldn’t get out of bed, and after several trials of medications, I ended up at McLean Hospital for electroconvulsive therapy (ECT).

When I was trained in psychiatry, every patient receiving ECT had a CT scan done beforehand, because the one absolute contraindication to ECT is an intracranial mass. By the time I had ECT, medicine was in the HMO era, and no one took the time to look inside my brain. I had my ECT, responded very well, but then relapsed, and ended up on maintenance ECT — a gradually tapering interval of treatments over the course of a year.

But by the third week after my first treatment, the damage was done. Suddenly, I couldn’t remember things. Patients commonly have problems with short-term memory during ECT, and up to six months after, but my memory impairment has been constant since that spring. I went back to work, and I would see a new patient; I would do my usual workup, spending an hour and a half taking a history. When the patient would return the next week, I wouldn’t recognize him or her, wouldn’t remember anything about the story I’d been told. I got by, mostly thanks to my medical school training under then-Professor of Medicine Larry Wooten. But by the third week after my first treatment, the damage was done. Suddenly, I couldn’t remember anything about the story I’d been told.

A technician said the radiologist wanted to do it again with contrast. “I wonder why he wants that?” I asked myself. Afterward, someone (I don’t remember who) told me that I had an arteriovenous malformation (AVM) in my frontal lobe. Life came to a stop. I scrambled to research these congenital creatures, scouring the Internet, helped by a friend of my sister who researched illnesses for an HMO. I awoke panic-stricken every morning at the possibility that my AVM would decide to go “pop” that day. Mine, fortunately, was in an accessible place, running in the dura under space the brain lives in.

ECT, responded very well, but then relapsed, and ended up on maintenance ECT — a gradually tapering interval of treatments over the course of a year. But by the third week after my first treatment, the damage was done. Suddenly, I couldn’t remember things. Patients commonly have problems with short-term memory during ECT, and up to six months after, but my memory impairment has been constant since that spring. I went back to work, and I would see a new patient; I would do my usual workup, spending an hour and a half taking a history. When the patient would return the next week, I wouldn’t recognize him or her, wouldn’t remember anything about the story I’d been told. I got by, mostly thanks to my medical school training under then-Professor of Medicine Larry Wooten. But by the third week after my first treatment, the damage was done. Suddenly, I couldn’t remember anything about the story I’d been told.

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Others have these creatures deep within the brainstem, or tangles of vessels. Nonetheless, to look at the worm that snaked under my brain was stupefying every time I saw it. It seemed huge, knowing what a confined space the brain lives in.

I don’t know for sure whether the AVM caused my memory impairment. Certainly, the ECT was not good for it. With ECT, the patient doesn’t have a muscular seizure, but has a physiologic seizure, with an abrupt rise in systolic blood pressure. Such a spike would act on the AVM like blowing up a balloon. Damage in its location could disrupt the delicate chains that tie memory together. Reading the literature, one is told that ECT can cause severe memory impairment, although most experienced psychiatrists will tell you they have seen a patient with such an impairment.

I will spare the details of my surgical correction, and the anxiety over persuading my HMO to let me have it done at Massachusetts General Hospital, in experienced hands. I guess they decided that the potential costs of unskilled local hands were outweighed by the experience, so I shaved my head, went to Boston with my mother, and had four or five tiny little arterioles tied off, so the “thing” collapsed like a punctured balloon. I still have my burr hole.

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Focusing in on the Silent Epidemic

After years of public attention on the stomach — what we put in it, and the resulting increase in girth — much more attention is now drawn to the stomach’s neighbor, the pancreas. Located at the back of the stomach, the pancreas has two main jobs: It helps digest fats and proteins and manufactures the sugar-regulating hormone insulin and other hormones. With current statistics showing that more than 80 percent of people with type 2 diabetes are overweight, it appears these two organs are linked in more ways than just location.

by Jennifer Nachbur
photographs by Rajan Chawla
Diabetes occurs when the body does not produce or is unable to appropriately use insulin, which is necessary to convert sugar, starches, and other food into energy. Skyrocketing rates of type 2 diabetes — and the life-threatening complications associated with this disease — have accelerated the need to learn more about how to stop the disease, as well as the obesity-diabetes connection. At the College of Medicine, a wide range of faculty are working hard to find keys to addressing this epidemic at the bench, in clinical research trials and through a new decision-support and outcomes tracking system.

Jack Leahy, M.D., professor of medicine and director of endocrinology, diabetes and metabolism, and his colleagues Tom Jerton, Ph.D., and Mina Peshavaria, Ph.D., both research assistant professors of medicine, are investigating the biology of the pancreas’s islet tissue, which makes up only one percent of the pancreas, but includes the critical beta cells that are singularly responsible for the body’s insulin production. Diabetes is an absolute or relative deficiency in insulin. In type 1 diabetes, the beta cells are destroyed by an autoimmune response. Type 2 diabetes, which affects about 170 million people worldwide, is characterized by insulin resistance. In both types, scientists suspect the root of the problem may lie in the islet beta cells.

To help gain an understanding of the biology of these cells, the research group examines rodent models of diabetes and accelerated beta cell growth. Leahy creates different animal models of type 2 diabetes so that he can focus on the structure and function of the islet beta cells. Jerton and Peshavaria have taken a complementary approach to studying beta cell growth. He is a cell biologist and microscopist recognized internationally for his use of advanced imaging technology such as confocal microscopy to look at signaling pathways and gene expression in order to study beta cell growth, differentiation, and death. Peshavaria is the molecular biologist, specializing in islet cell regeneration, beta cell-specific gene expression and insulin signaling, and creating relevant mouse models of accelerated and reduced beta cell growth. Signaling pathways are the inter-cellular communications elicited by proteins called receptors, and gene expression is the process by which a gene’s DNA sequence is converted into the structures and functions of a cell.

“The synergy among the three of us is outstanding,” says Leahy, who also sees patients at least one day per week. All three researchers are well funded. Peshavaria has a Juvenile Diabetes Research Foundation Career Development Award, along with American Diabetes Association funding; Jerton has a Research Project Grant from the National Institutes of Health, ADA and pharmaceutical funding; and Leahy has two NIH Research Project Grants. To date, the group’s research has provided evidence that the insulin signaling pathway plays a role in the beta cell growth and regeneration processes.

“No one has yet identified a pancreatic stem cell,” says Jerton, who adds that islet cell transplanation — to another avenue being pursued in the lab with high-resolution islet beta cell images.

The future of this area is looking very bright, according to Jerton, particularly due to a system Pratley splits his time between the Given building, the General Clinical Research Center in Fletcher Allen’s Baird wing, a clinic at the University Health Center, and a clinic at Fletcher Allen’s outpatient cardiology office in South Burlington. Licensed in internal medicine and gerontology, Pratley is, surprisingly, not an endocrinologist. Instead, he refers to himself as a “diabetologist,” a title that aptly covers his training and head of an NIH diabetes and metabolism unit in Phoenix, Arizona.

Pratley focuses on fat cell biology and how it relates to metabolic function, as well as how obesity leads to type 2 diabetes and complications, particularly diabetes and heart disease. “The precise ways in which obesity causes type 2 diabetes and its complications are not known, but recent research indicates that fat cells secrete a large number of hormones and mole-
food intake and works to lower blood sugar levels after a meal. As blood sugar levels increase after eating, GLP-1 acts on the beta cells of the pancreas to promote insulin release and production of new insulin. It also helps lower blood sugar levels by slowing down the emptying of the stomach and decreasing the amount of glucose made by the liver.

On the horizon are several more studies focused on weight loss and exercise in type 2 diabetes.

DIABETES INFORMATION
An electronic pathway that can help patients gain better control of their diabetes is the aim of Benjamin Littenberg, M.D., Henry and Carleen Tufo Professor of Medicine, director of General Internal Medicine and principle investigator of the Vermont Diabetes Information System (VDIS). Launched in 2003 and funded by the National Institute of Health’s National Institute of Diabetes & Digestive & Kidney Diseases, the VDIS focuses on tracking hospital-based lab results for the HbA1c test — the primary long-term measure of blood sugar control.

“Our system communicates with both patients and their providers, via mail and fax, to help them interpret laboratory tests, remember to obtain tests when needed, and keep track of the patients’ health status,” says Littenberg. “Ultimately, the system is designed to reduce the long-term complications of diabetes.”

Several key partners, including the Northeast Community Laboratory Alliance, the Vermont Program for Quality in Health Care, the UVM Area Health Education Centers, and UVM's teaching hospital Fletcher Allen Health Care, have played a key role in the set-up of the VDIS and its success. The system now includes 11 labs, 62 practices, 114 primary care providers across Vermont and in upstate New York and New Hampshire and has over 8,000 patients enrolled.

Diana Barnard, M.D. ’90, a family medicine specialist in Middlebury, Vt., joined the VDIS in 2004. “VDIS really helped me see the benefits of computerized medical records — quality of care, reduced duplication of services, cost-effectiveness,” says Barnard. She's also a fan of the VDIS lab report, which provides previous test results in addition to new results, which allows her to immediately track her patients' improvement. “Overall, it helps get patients who haven’t shown up for a test onto my radar screen.” Barnard says primary care physicians like her often have more access to diabetes patients than specialists, due to frequent office visits to treat a host of other health problems that typically accompany the disease. In the future, Barnard would like to see the VDIS add a diabetes education component, a service she currently relies on endocrinology consultants to provide due to the limitations of her busy practice. She also wishes the entire country would adopt a standardized system to track diabetes patients.

Barnard’s wish just might be granted, albeit in slow motion. New York City’s health department consulted with Littenberg and his team about the program and in July 2007, the department will roll out a pilot intervention program in the South Bronx modeled after the VDIS. The program’s role in New York has brought national recognition, too. Articles in the January 11 Washington Post and February 9 New England Journal of Medicine mentioned the VDIS — New York City connection. In April, Littenberg and VDIS co-investigators Charles Maclean, M.D., VDIS project director and associate professor of medicine, and Michael Gagnon, director of business development and informatics at Fletcher Allen Health Care published an article in the American Journal of Public Health. A new business venture is in the works as well. Littenberg and two faculty colleagues were encouraged by the University’s technology transfer office to form a company called Vermont Clinical Decision Support to distribute software and other approaches to improving chronic care that they developed as part of the VDIS.

T W O 5 O S 1 9 2 0 0 6
For any committed medical student, the boundary between home and school can be a bit blurry at times. For Renee Rickard ’07 and other third- and fourth-year students receiving part of their clinical education at Portland’s Maine Medical Center (MMC), there’s almost no boundary—and as far as the students are concerned, that’s a very good thing. Every morning, Rickard can get out of bed in the house she shares with several other students in the west side of Portland, fix a quick breakfast, and walk out her front door, which lies almost in the shadow of MMC’s imposing Victorian Gothic tower. Rickard and her classmates are part of a three-decade tradition that has seen more than a thousand College of Medicine students receive part of their clinical education 200 miles and two states away from the Burlington campus.

(Clockwise from far left) UVM medical students in a discussion group with Virginia Eddy, M.D.; Dr. Eddy and Renee Rickard ’07 in surgery; Greg Connolly ’07 and Allison Collen ’07 at the Portland waterfront; Ben Huerth ’07 on a “rural rotation” at Stephens Memorial Hospital in Norway, Maine.

For more than a quarter-century, a cooperative relationship in medical education has brought UVM medical students to Maine Medical Center.
“This is a relationship in which both parties give something and get something,” notes Robert Bing-You, M.D., MMC’s associate vice-president for medical education and an assistant professor of medicine at UVM. “MMC provides excellent clinical training for the students, and they in turn add great value to our campus; they help create an even more stimulating environment for our doctors and residents.”

Two programs are the main components of this relationship, says Lewis First, M.D., chair of pediatrics and senior associate dean for medical education at the College. One is the third-year Clinical Clerkship, which all medical students participate in. Students can sign up to perform four-month long blocks of their clerkship in Maine, and are assigned slots in the program by lottery. As a part of their clerkship education, students may be placed by the Maine Practice Network in clinical settings far beyond Portland, First explains. A smaller number of fourth-year students from the College also choose to do acting internships at MMC.

“Interaction between Maine faculty and UVM faculty and administration is constant,” says First. “Maine faculty were active participants in the design of the Vermont Integrated Curriculum; and clerkship directors from both MMC and the College meet twice a year as a group, at MMC in the fall, and at UVM in the spring.”

For MMC, the educational relationship with the College of Medicine is vital. “With education one of our three mission cornerstones, the connection MMC enjoys with UVM is critically important,” says MMC President and Chief Executive Officer Vincent S. Conti. “Students who interact with our residents and faculty bring with them the latest the academic world has to offer, complementing the knowledge, expertise, and guidance our house and medical staff provide. In turn, the richness of the MMC clinical and academic environment is equally important to the preparation of exceptional medical students.”

MMC traces its beginnings to the 1870s, when there were only two other hospitals in the state. Its classic Victorian main wing opened on Portland’s Bramhall Street in 1874. The Maine Eye and Ear
year clinical studies at Fletcher Allen Health Care, Connolly, who ran the administrative side of the Himalayan Cataract Project before medical school, hopes to one day practice ophthalmology.

Renee Rickard has, like Connolly, had an extended stay in Portland. The third-year student, originally from Milford, Conn., began her clinical clerkship at MMC, and so enjoyed her experiences at the medical center and that she managed to finish her clerkship there. She plans to spend much of her fourth year on rotation in Portland.

One reason Rickard cites for her good experience at MMC is Clinical Professor of Surgery Virgina Eddy, M.D. Eddy has been practicing and teaching at the hospital for five years, but spent more than two decades before that at the University of South Carolina, and at Vanderbilt University, where she ran the surgery clinical clerkship for many years. "For me, as for so many other doctors here, the connection with UVM medical students is very important," Eddy says. "Every day I see students play important roles here. They present cases and they bring some thing more to them, different ways of looking at them, that makes the experience a rich one. When we're seeing patients in the Emergency Department, we structure it so the students follow patients through the whole process—resuscitation of critical cases, scrubbing-in to the operating room. We're not making cars here, we're making physicians, so we want them to see everything in the process."

Assistant Professor of Pediatrics Lorraine McElwain, M.D., is another MMC doctor with a deep interest in medical education, and a connection to the program that stretches back to her own days as a medical student. A graduate of the College of Medicine Class of 1989, McElwain came back to do a pediatric acting internship in her fourth year of school, then did her residency at MMC. She is now assistant professor of pediatrics at the College and is director of inpatient medicine and Portland's Children's Hospital opened their doors in 1890 and 1908, respectively. The three institutions merged in 1951 to form Maine Medical Center. Today, MMC, including its Barbara Bush Children's Hospital, has 606 licensed beds and is the premier tertiary care center for its area of New England.

ON AN AFTERNOON IN MARCH, just after returning to Burlington from nearly a year in Portland, third-year medical student Greg Connolly reminisces fondly about his clinical clerkship at MMC. "I signed up for one four-month block of clerkship in Maine, and the lottery gave me two blocks," he says. "I was glad to be able to be there for that amount of time. You get a great feeling from staff at every level at MMC. Every single doctor I interacted with in my time there seemed excited to teach. Portland is very similar to Burlington. It's a very nice place to live and raise a family. So, like Burlington, it seems to attract physicians who could just as easily be at institutions in bigger cities, but who chose to work and teach here." At MMC, Connolly's clinical studies included clerkship rotations in general internal medicine, surgery, obstetrics and gynecology, pediatrics, family medicine, neurology, and psychiatry.

Throughout his time at MMC, Connolly lived in one of the houses provided by the program for UVM students, located just across the street from MMC on Portland's Western Promenade, a bluff overlooking a picturesque view of the highlands of western Maine. The "Western Prom," as it's known locally, was one of the city's most exclusive neighborhoods in the late 19th Century, and the area is still filled with beautiful, stately homes, four of which now house College of Medicine students.

"I didn't miss my classmates while I was in Maine because, basically, I was never apart from them," says Connolly. "Since we live together here, I actually felt like I was seeing more of my classmates in Portland than I had in Burlington. That was a nice, unforeseen benefit." Now embarking on his fourth year clinical studies at Fletcher Allen Health Care, Connolly, who ran the administrative side of the Himalayan Cataract Project before medical school, hopes to one day practice ophthalmology.
Pediatrics and clerkship director at MMC. She interacts daily with medical students as they cycle through their rotations. “I usually have three new students each month in inpatient pediatrics, and usually two fourth-years doing acting internships. I love the connection with students—you’re constantly learning along with them!”

The UVM-MMC connection came about in the late 1970s as a result of a unique personal connection between the two institutions. “Maine’s last medical school, at Bowdoin College, had closed in the 1920s,” says David Tormey, M.D., former associate dean at the College of Medicine. Edward Andrews, M.D., the College’s dean in the late 1960s, who, during his tenure, had spearheaded the curriculum reform that vastly increased the amount of clinical education medical students received, became UVM’s president in 1970, and then president and chief executive officer of MMC in 1975. “It was Ed Andrews who saw that both institutions could cooperate and benefit from working together,” says Tormey. “We’d get increased clinical education opportunities for our students, and Maine would get a cadre of top-quality students.”

In the midst of his clinical clerkship, third-year med student Ben Huerth took part in a three-week session through the Maine Practice Network. The network provides clinical education and training to students and residents at nearly two dozen sites across the state. Huerth worked with doctors at Stephens Memorial Hospital in Norway, a town with a population of about 4,600 located about 50 miles northwest of Portland.

“At Stephens, I’d link up with my “hospitalist-of-the-day” and follow that person,” says Huerth. “I received great hands-on training. And being here in Norway for a chunk of time gave me a good feeling for the community, and an opportunity to absorb the social part of being a doctor.”

Huerth, a Native American, looks forward to that community connection in his future practice. Married and the father of two children, he hopes to ultimately practice at Maine’s Penobscot Indian Island Reservation, where his wife grew up. In doing so, he’ll become one of the hundreds of new physicians over the years who have had their practice influenced by their time on the College’s “other campus.”

“I must admit, I’m awfully proud of it,” says Edward Andrews, as he thinks of that long line of past students. “This program is one of those things that has paid off for both institutions. It’s been good for the students, good for the faculty and, most importantly, it’s been good for the patients.”

Ben Huerth ’07 examines a patient at Stephens Memorial Hospital in Norway, Maine.

In 1905, when the College of Medicine completed its third home at the corner of Prospect and Pearl streets in Burlington, the main lecture room, where students spent so much of their time, was named Hall A. The Hall A magazine section seeks to be a meeting place for all former students of the College of Medicine.

In 1980, the program was in full swing. The value of the program continues to be recognized today. “There’s no question that medical education is essential to the vibrant life of a medical center,” says George Higgins, M.D., chief medical officer and vice president for medical affairs at MMC and associate dean for Maine affairs at the College. “I recently heard one of our OB residents speak about how important it was for her to know she would be working with students. It was a very positive factor in her deciding to do her residency here. Our commitment is to always explore ways to make this relationship even better, to meet the medical needs of both our states. I’m impressed that the College of Medicine is clearly committed to that, too.”

In 1979 it was formalized.”
The time has come the Walrus said, to talk of many things, of shoes and ships and sealing wax, of cabbages and kings...” My friends in the Medical Development and Alumni Relations office remind me that one of the things I need to do is write this, my last UVM Medicine President’s Corner. "Last" can be a rather ominous word, filled with potential for lethargy, a term that connotes finality. At least that’s how it seems to me at age 84. In this instance, however, “last” is but a harbinger of one of the few constants in life: change. And while penning letters is not my strong suit, it is a lot stronger suit than then my two-handed-fade-away-just-missed-in-basketball. And there I go again talking about fading. For me, leaving UVM has been a recurring event. As many reasons as I have at times tried to leave, there are always even more reasons to return.

One of the reasons to return is typed by the “Johns”, John Timpos, M.D. ’54, and Dean John Evans, who recently announced the he will step down as dean this summer. In a cast of so many dedicated individuals at UVM, they have always stood high. They are a steady and constant reminder to us all of the backbone and character of the UVM College of Medicine. Their gifted and dedicated leadership has brought about the visible and palpable progress that amazes me during every one of my semi-annual visits. They have ridden this wave of development with unparalleled skill, they have always remained constant. They and their many dedicated colleagues at UVM have shepherded students through a complex educational process with energy and enthusiasm, with sure hands, with perspicacity and prescience, guiding the students and the College’s needs synergistically.

Perhaps the most poignant reason that has driven many of my returns to UVM I re-realized the almost desperate financial needs of so many medical students. I felt motivated to help. After being asked to serve on the Alumni Executive Committee (AEC), the other AEC committee members and I began seeking ways to lessen medical student’s financial burden in a meaningful way. Nearly all of us had once shared this same burden — so much money when needed most. Students, especially medical students, should not have to worry about the next rent payment, the next meal, the tuition, … It is perhaps the most important time in life to have these worries lifted. Students endure enough hardship during their intense four-year effort to absorb mountains of material, a hardship exacerbated by the requirement at the most impoverished time in their lives, to find the means to pay for the privilege of being allowed the hardship.

As alumni, on the Executive Committee or not, we can and should make a difference. Even though each of our individual efforts may be small and even though they may be our “last,” together they will make a difference — a lasting difference, if you will. That’s the kind of “last” I can live with.

Charles Hebard, M.D. ’69

UNIVERSITY OF VERMONT COLLEGE OF MEDICINE
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UNIVERSITY OF VERMONT MEDICAL ALUMNI ASSOCIATION
ALUMNI EXECUTIVE COMMITTEE 2005-2008

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If you have news to share, please contact your class agent or the alumni office at mealumni.relations@uvm.edu or (802) 656-4042. If your email address has changed, please send it to: mealumni.relations@uvm.edu.

UPCOMING EVENTS
May 21, 2006
UVM Commencement
UVM College of Medicine
June 9-11, 2006
College of Medicine Reunion
UVM College of Medicine
June 22, 2006
Colodny Lecture
Atlanta, Georgia

August 2, 2006
5th Annual Peter A. Martin Brain Aneurysm Golf Tournament
Kinnisata Golf Club

October 7-10, 2006
American Academy of Pediatrics
Alumni Reception
Chicago, Illinois

For updates on events see: www.med.uvm.edu/mealumni

PRESIDENT’S CORNER

M.D. CLASS NOTES

HALL A

V M E D I C I N E

M.D. CLASS NOTES

S P R I N G 2 0 0 6

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2006 ALUMNI RECOGNITION AWARDS

Since the 1960s, the medical alumni association has recognized the accomplishments of its members with a series of awards presented at Medical Reunion. Current and past recipients appear on the College of Medicine’s awards display in the Cuen Building.

A. BRADLEY ISSUEW ISSUEW

Honoring exceptional loyalty and dedication to the College

Virginia Donaldson, M.D.'53

Dr. Donaldson is a Professor Emerita of Pediatrics and Medicine at the University of Cincinnati College of Medicine. She is a prolific and accomplished pediatric hematologist who is particularly known for her work in identifying a key, inherited deficiency involved in the cause of hereditary spherocytosis, a potentially fatal blood disorder. This work led to the development of effective treatments for the condition, significantly improving the quality of life for affected patients.

Douglas M. Black, M.D.'76

He has served as a Diplomate of the American Board of Internal Medicine and Subspecialty Board in Endocrinology and Metabolism. He is also a Fellow of the American College of Physicians, and an elected member of the American Society for Clinical Investigation and the Academy of Science at the University of Bologna, has served on the Program Committee of the Endocrine Society, and is a founding member of The American Pediatric Association. He has served on the editorial boards of Endocrinology and Endocrine Pathology, and has participated as a member and Chair of the Special Emphasis Panel for the National Institutes of Health. His research has been funded by the National Institutes of Health since 1980.

George F. Murphy, M.D.'76

Dr. Murphy is Chief of Dermatopathology at Brigham and Women’s Hospital, Director of Morphology & Cell Analysis at the Harvard Skin Disease Research Center, and a Professor of Pathology at Harvard Medical School. Dr. Murphy’s research focuses on the roles of blood vessels in the development of disease and has contributed to important discoveries in cutaneous biology. He has published more than 350 journal articles, authored, co-authored, or edited six textbooks, and has authored or co-authored more than 60 abstracts and book chapters.

Donald S. Bicknell, M.D.'61

Dr. Bicknell has been a family medicine physician in Vermont, Vermont, for over 40 years. During this time he has been an active volunteer who has devoted his energy and enthusiasm to a wide variety of professional and community causes, serving as a member of the Committee for the Center for Dermatopathology at Thomas Jefferson University and established the Division of Dermatopathology at the University of Virginia. He has served on the editorial boards of 10 professional journals, and has served on a variety of committees at the Medical College of Virginia.

Virginia Donaldson, M.D.'53

Dr. Donaldson is a member of the American Society of Clinical Investigation and the Academy of Science at the University of Bologna, has served on the Program Committee of the Endocrine Society, and is a founding member of The American Pediatric Association. He has served on the editorial boards of Endocrinology and Endocrine Pathology, and has participated as a member and Chair of the Special Emphasis Panel for the National Institutes of Health. His research has been funded by the National Institutes of Health since 1980.

George F. Murphy, M.D.'76

Dr. Murphy is Chief of Dermatopathology at Brigham and Women’s Hospital, Director of Morphology & Cell Analysis at the Harvard Skin Disease Research Center, and a Professor of Pathology at Harvard Medical School. Dr. Murphy’s research focuses on the roles of blood vessels in the development of disease and has contributed to important discoveries in cutaneous biology. He has published more than 350 journal articles, authored, co-authored, or edited six textbooks, and has authored or co-authored more than 60 abstracts and book chapters.

Donald S. Bicknell, M.D.'61

Dr. Bicknell has been a family medicine physician in Vermont, Vermont, for over 40 years. During this time he has been an active volunteer who has devoted his energy and enthusiasm to a wide variety of professional and community causes, serving as a member of the Committee for the Center for Dermatopathology at Thomas Jefferson University and established the Division of Dermatopathology at the University of Virginia. He has served on the editorial boards of 10 professional journals, and has served on a variety of committees at the Medical College of Virginia.

William G. Ciolfi, M.D.'81

Dr. Ciolfi is the Surgeon-in-Chief at the Rhode Island Hospital, the President of the University of Rhode Island, and the President of the American Medical Association. He is the J. Murray Beasly Professor and Chairman of the Department of Surgery at the Brown University School of Medicine. He is a pre-eminent bariatric surgeon who has had considerable international attention for his work in emergencies. Dr. Ciolfi was featured in a number of national media outlets for leading the team that saved the lives of 64 burn victims from the deadly fire at The Station Nightclub in West Warwick, RI. He is a former U.S. Army surgeon who was chief of the burn study branch at the Institute of Surgical Research (The Brooke Army Medical Center) at Fort Sam Houston, Texas. During his service he received the Meritorious Service Medal (1991) and the Army Commendation Medal (1990). Dr. Ciolfi has served on the editorial boards of 10 professional journals, and has served on a variety of committees at the Medical College of Virginia.

Robert M. Lechan, M.D.'76

Dr. Lechan is the Acting Chief of Neurology and Medicine at the UVM College of Medicine, and also serves as Course Director of the College of Medicine’s Generations Course taught to second-year medical students. At Fletcher Allen Health Care, Dr. Pendergast is Medical Director of the Memory Center, Medical Director of Elder Care Services, and Director of Neuropathology. His research for the past 20 years has focused on basic science and clinical aspects of Alzheimer’s disease. Dr. Pendergast currently serves as a member of the Governor’s Commission on Alzheimer’s disease and Related Disorders and previously as a member of the Medical Special Committee for the University of Rochester Alzheimer’s Disease Center. He is an ad hoc consultant to the National Institute on Aging, and is a permanent member of its Special Emphasis Panel. He is a named author or co-author on over 148 manuscripts, abstracts and edited book chapters. In 1996, he was honored with the Ernest Hira research award at the University of Virginia. Since 1991, he has been honored with a commitment to excellence in the teaching of pathology.

Awards for Distinguished Academic Achievement

DISINCTION FOR NO.864 AND AL.9.TES, Dr. Black holds a seat on the Neurology and Medicine at the UVM Concord City Council, is chair of the Genomics Commission for the University of Vermont Alzheimer’s Disease Center, and is a member of the standing committee of the Episcopal Diocese of New Hampshire. He has served on the board of directors of many local organizations, including the YWCA, the American Cancer Society, and the Capitol Center for the Arts. In 2002, Dr. Black won the Community Service Award of the American College of Obstetricians & Gynecologists.

James Rines, M.D.'88

Dr. Rines is a pediatrician who is known for his work in child psychiatry. He has served as a Diplomate of the American Board of Psychiatry and Neurology and is a Fellow of the American Psychiatric Association. He has served on the editorial boards of the Journal of the American Academy of Child and Adolescent Psychiatry and the Journal of the American Academy of Child and Adolescent Psychiatry. He is also a Fellow of the American Psychiatric Association. He has served on the editorial boards of the Journal of Developmental and Behavioral Pediatrics and the Journal of Developmental and Behavioral Pediatrics. He has served on the editorial boards of the Journal of Developmental and Behavioral Pediatrics and the Journal of Developmental and Behavioral Pediatrics.

John E. Mazuzan, Jr.

Dr. Mazuzan is a former UVM Medical Group in Bath, Maine. He has volunteered his professional services to underserved populations in Zimbabwe, Peru, and most notably, rural Thailand. In Thailand Dr. Mazuzan and his wife, Michelle, a registered nurse, spent a year providing a wide range of medical services to patients of the Kwai River Christian Hospital in the Bath area. Dr. Rines has volunteered his professional services to underserved populations in Zimbabwe, Peru, and most notably, rural Thailand. In Thailand Dr. Mazuzan and his wife, Michelle, a registered nurse, spent a year providing a wide range of medical services to patients of the Kwai River Christian Hospital in the Bath area. Dr. Rines has volunteered his professional services to underserved populations in Zimbabwe, Peru, and most notably, rural Thailand. In Thailand Dr. Mazuzan and his wife, Michelle, a registered nurse, spent a year providing a wide range of medical services to patients of the Kwai River Christian Hospital in the Bath area.

William G. Ciof

Dr. Ciof is the Surgeon-in-Chief at the Rhode Island Hospital, the President of the University of Rhode Island, and the President of the American Medical Association. He is the J. Murray Beasly Professor and Chairman of the Department of Surgery at the Brown University School of Medicine. He is a pre-eminent bariatric surgeon who has had considerable international attention for his work in emergencies. Dr. Ciolf was featured in a number of national media outlets for leading the team that saved the lives of 64 burn victims from the deadly fire at The Station Nightclub in West Warwick, RI. He is a former U.S. Army surgeon who was chief of the burn study branch at the Institute of Surgical Research (The Brooke Army Medical Center) at Fort Sam Houston, Texas. During his service he received the Meritorious Service Medal (1991) and the Army Commendation Medal (1990). Dr. Ciolf has served on the editorial boards of 10 professional journals, and has served on a variety of committees at the Medical College of Virginia.

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James Rines, M.D.'88

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M.D. CLASS NOTES

1960
Marvin A. Nierenberg
6 West 70th Street
New York, NY 10023
(212) 472-6448
mnierenberg@att.net
Melvyn H. Walkin
Clinton Street
P.O. Box 772
Waverly, PA 18271
(717) 589-2855
meliemann@aol.com

1961
Wilfred L. Fortin
17 Chapman Street
Nashua, NH 03060
(603) 882-6302
wilwyag@aol.com

1962
Ruth Andrea Seiler
2421 North Orchard
Chicago, IL 60614
(773) 679-3449

1963
John J. Murray
P.O. Box 607
Colchester, VT 05446
(802) 869-3990
jcmurray@aol.com
H. Alan Walker
209 Champlain Drive
Plattsburgh, NY 12901
(518) 683-8991
alwalk@aol.com

Arnold Kerzner keeps busy as a UVM alumnus. He has
taken on two new positions — as president of The
New England Council of Child Psychiatry, and clini-
cal instructor, Harvard Medical School. He also
stays young playing house with his two granddaugh-
ters, Elena and Adriana,

(1964)
Anthony P. Belmont
211 Youngs Point Road
Wiscasset, ME 04578
(207) 876-6248
apbel@juno.net

1965
George A. Little
97 Quechee Road
Hartford, VT 05048
(802) 486-2428
garrett@dartmouth.edu
Joseph H. Varigos III
574 U.S. Route A
East Rutland Town, VT 05701
(802) 779-4671
jvarga@msn.com
Allan L. Gardner
writes that he is still “practicing
full time, healthy and
happy, family doing well.”
Regards to all my class-
mates.” Andy Packard is
now (semi) retired from his
interventional angiog-
raphy career of 34 years at
the Maine Medical Center.

1966
Robert George Selig
30 Overlook Drive
Quinnipiac, CT 06675
(518) 791-7914
rselig@comcast.net
C. Millard Simmons
345 Grass Marsh Drive
Mount Pleasant, SC 29466
milling@comcast.net
C. Millard Simmons writes
“We now live in Mt.
Mount Pleasant, S.C., which
is more central to our
family.

1971
Wayne E. Pasanen
127 Osgood Street
North Andover, MA 01845
(978) 670-0319
wpasanen@lowellgeneral.org

1972
Charles B. Howard
356 Bridgeport Road
Belle Mead, NJ 08512
(908) 359-6425
choward@pirap.com
Susan Pettawan Lowenthal
200 Kennedy Drive
Farrington, HI 96710
(808) 596-8976
susam_w_plitmanlow@hpu.hawaii.edu

John Healy took a four-
hour test in Tucson in January to be recertified in
radiology for another ten years. Next test
2010. “I am an examiner for the American Board
of Radiology. Oral boards for a week this coming June.
Still skiing with Steve
Firestone. Barbara and I
are putting on three
Radiology ski meetings at
Alta and Snowbird this
winter, bringing our total
to twenty meetings.”

1973
James M. Betts
715 Harbor Road
Alamo, CA 94507
(510) 529-3200
jbetts@mail.ch.org
Philip C. Cohen
483 Lakewood Drive
Winter Park, FL 32789
(407) 618-0221
philcoen@aol.com
Gregory J. Mellonakis
writes: “After twenty-
seven-and-a-half years at
my New Hampshire orthopaedic practice I am

Russell, MA 02171
(413) 568-8659
ray@rayanton.com
John F. Beams, Jr.
34 Lemona Road
Winchester, MA 01890
(781) 729-7548
john_beams@overton.net

REUNION '06

1960
FOR BONE AND SOFT TISSUE TUMOR RESEARCH, “WITH THE INTENTION OF FINDING A CURE FOR CHILDHOOD CANCERS, IN APPRECIATION FOR THE COMPASSIONATE CARE DR. WILLIAMS PROVIDED TO THE CLOSE FAMILY FOR SO MANY YEARS.”

1955
Marshall G. Landon
102 Summit Street
Burlington, VT 05401
(802) 864-4927
mglandon@gmail.com

1956
Ira H. Gesner
1306 Northwest 34th Street
Gainesville, FL 32605
(352) 378-1826
gesner@ufl.edu

1957
Larry Coletti
34 Gulliver Circle
Norwich, CT 06357
(860) 882-1450
lcoletti@uwob.org

1958
Peter Ames Goodhue
Stamford Gynecology, P.C.
70 Mill River Street
Stamford, CT 06902
(203) 599-3360

1959
Jay E. Selcok
27 Reservoir Road
Bloomfield, CT 06002
(860) 343-1359
jselcok@comcast.net

DEVELOPMENT NEWS

VAYDAS ENDOW SCHOLARSHIP
A College of Medicine graduate and his family have endowed a $100,000 scholarship to benefit a UVM medical student. James Vayda, M.D.’87, and his sister Charlotte Vayda Settini were left a bequest by their late mother Mary Louise who wished that it be spent philanthropically. The Vaydas have endowed the scholarship at the College in memory of their mother. Dr. Vayda is a regular contributor to the medical annual fund and a longtime member of the Ira Allen Society.

HONORING TWO LEGENDS
The members of the Department of Radiology at the College of Medicine have embarked on a campaign to fund the Soule-Tamps Professorship, an endowed posi-
tion (at the minimum level of $250,000) that will honor the legacy of two memorable former chairs of the Department, A. Bradley Soule, M.D.’28, and John M. Tamps, M.D.’54. Pledges have consistently been made by current faculty and former stu-
dents and residents. Anyone wishing to donate to the fund may contact Marlan O’Connor at 658-4014.

RIDING FOR THE CURE
This St. Patrick’s Day in Burlington saw a new twist on a 20-year tradition, the parade of S.D.
Ireland trucks and cement mixers snaking its way through the town. This year the company, in cooperation with S.D. Ireland Cancer Research Fund, decided to make it a more meaningful and worthwhile experience by rais-
ing funds to support cancer research in Vermont. The Ireland family has a long history of support, particularly for the work of David Krag, M.D., S.D. Ireland Professor of Surgery.

ART FOR OUR SAKE
Two alumni families from the Class of 1996 have recently donated artworks to the College. Edward Okun, M.D.’96, a retired ophthalmologist from Tousque, New Mexico, and his wife, Barbara-rose, gave the school two museum-quality works by Vermont artist Frank Owen. Owen is a nationally known artist who has been profes-
sor of art at UVM since 1993. Janet J. and Ward Stackpole, M.D.’56 donated a set of four drawings by physician V. Robert Allen, M.D. Each drawing depicts one of the four years of medical school from the artist’s allegorical view. Both donations will be dis-
played on the medical campus.

ASSESSMENT ROOMS NAMED
Three more rooms used for medical education have been named to honor support-
ners of the College. The first donors to name rooms in the Student Assessment Center in
Given are Charles Howard, M.D.’93, Herbert Goldberg, M.D.’56, and by the late Edward J. Sennett, M.D.’43. Nine rooms remain to be named.

CLASS AGENTS ’07 ANNOUNCED
Current third-year medical students gathered at the College on March 3 to cele-
brate the choice of their two class agents. Scott Millay and Allison Colson are shown with Omar Kahn, M.D., agent for the class of 2003.

S.D. IRELAND CEMENT MIXERS ON PARADE.
leaving the orthopaedic department at Children’s Hospital Boston and Harvard Medical School, where I will continue to specialize in pediatric orthopedics.” Ralph S. Albirini reports that he is “back in Vermont and happy to be here! Living in Thetford, teaching at Dartmouth Medical School and private practice in Hanover, N.H. Hi to all.”

1974
Douglas M. Eddy
51 Trumbull Road
Windham, NH 03087
(603) 436-2564
dhaeddy@sat.net

Cajsa Schumacher
78 Euclid Avenue
Albany, NY 12203
cajaschuch@yahoo.com

1975
Ellen Andrews
295 Midland Road
Pinehurst, NC 28374
(910) 295-6646
eiland@mindspring.com

R E U N I O N ’ 0 6
1976
Don P. Chan
Carol’s Associates of New Hampshire
Suite 103
246 Pleasant Street
Concord, NH 03301
(603) 224-6570
dpchan@aol.com

Bonita Ann Palmer writes that she is “enjoying serving as a consultant for hospitals at the St. Luke’s Hospital San Francisco, where I do Reiki Touch Therapy and Guided Imagery for complementary care. Also enjoying teaching medical students at UCSF. Currently co-facilitating the Family Medicine Seminar at SFGH for third-year students.” Eric Jay Reines has been a hospital in Beverly, Mass., since 1977.

1980
Richard Nicholas Hubbell
80 Summit Street
Burlington, VT 05401
(802) 843-5731
rich.hubbell@vtmednet.org

1981
Craig Wendell Cage
245 Victoria Gardens
Tampa, FL 33609
Craigg@alumni.uvm.edu

1982
Linda Hood
4 Cobbler Lane
Bedford, NH 03110
(603) 471-2536
hoodwhite@comcast.net

1984
Richard C. Shumway
54 Coventry Lane
Avon, CO 80421
(612) 673-6459
rshumway@stfrancis.com

Thomas M. Munger recently traveled with his two youngest children to Tibet. He has been appointed to a four-year term on Centers for Medicare and Medicaid Services APC advisory panel. He writes: “My dad, who has recently retired from dairy farming, and I went to Europe in September on a National Geographic tour of D-Day sites.”

1985
Vito D. Iacobacci
345 North Crescent Heights Blvd.
Los Angeles, CA 90069
(310) 463-3516
vitomd@pacbell.net

1986
Darrell Edward White
9524 Lincoln Road
Bay Village, OH 44140
(440) 893-4881
darrellwhite@mac.com

Nicole Nayou is “still living in New York and working on staff at NYU. Ski is often as possible in the winter with Gracie (1), Charlotte (11), and Thomas (6).”

1988
H. James Wallace III
416 Martel Lane
St. George, UT 84790
(801) 822-8533
jameswallace@vtmednet.org

Lawrence W. Walk
5274 South Home Street
Greenwood Village, CO 80121
(303) 771-1289
lawrence.walk@vc.org

1990
Barbara Angelika Dill
120 Hazel Court
Norwood, NJ 07648
(201) 767-2778
drdilka@gn.com

Class gathering in Frank Nolan’s farm June 22-23 (Friday evening to mid-Sunday). Anyone interested should contact Frank (ogdolan1@aol.com) or Barbara (suedick@earthlink.net).

R E U N I O N ’ 0 6
1991
John Dewey
315 Eagle Street
Cooperstown, NY 13326
jdewey@stny.rr.com

1992
Peter M. Nalin
13146 Griffin Run
Carmel, IN 46032
(317) 962-4676
pnnalin@mac.com

Julie and Dean Mastras write: “Hello friends and classmates! It was another great year in the Pacific Northwest. The Radiation Oncology Practice continues to expand. We added a ‘gamera knife’ in Tacoma (the fourth in the state) and new technologies abound. Julian, Kevin (2), Izzy (3) and I are busy sking down the record snow in Conn. Our son Andrew is pursuing a master’s in counseling at UVM and our youngest Matthew, is a junior at WNEC. Time sure flies!”

1993
Joanna Taplin Romney
22 Patterson Lane
Durham, CT 06422
(860) 349-5491

1994
Holiday Kane Rayfield
P.O. Box 374
Waitsfield, VT 05673
(802) 468-5660
rayfield@yahoocom

Tim Howard is “in year six at University Medical Center at Princeton as attending radiologist. Married to Sharon Howard — UVM physical therapy ’54. Children: Sarah (6), Kyle (4), Erin (1). Lauren Archer writes: ‘Hi class of 1984! I’m happy to say that at long last I am finishing my final months of residency training in plastic surgery in Cincinnati. I will soon move to Tampa, Fla. to start practicing. I am hoping to convince Manisha.”

Annual Family Medicine Review Course June 13-16, 2006, Sheraton Conference Center, Burlington, VT

Vermont Summer Pediatric Seminar June 22-25, 2006, The Equinox, Manchester, VT

Dermatology Update for the Primary Care Physician September 7-9, 2006, Samoset Resort, Rockport, Maine


Dementia & Neuropsychiatry — Dual Track Sessions for Primary Care and Specialists September 15-17, 2006, The Wyndham, Burlington, VT

Current Concepts in the Treatment & Rehabilitation of Sports Injuries October 5-6, 2006, Sheraton Conference Center, Burlington, VT


Fall Foliage Clinical Dermatology Meeting October 27-29, 2006, Creenbrier Resort, White Sulphur Springs, WV

5th Annual Vermont Physicians Conference on Addiction Medicine November 8, 2006, Lake Morey Inn, Fairlee, VT

For information contact: University of Vermont Continuing Medical Education Farrell Hall, 200 Colchester Avenue Burlington, VT 05401
(802) 656-2392
http://tme.uvm.edu

College of Medicine alumni receive a special 10% discount on all UVM Continuing Medical Education conferences.
Fonda and husband Mike Curran, M.D. to leave the lovely city of Cincinnati and move south too!"

1999

Evertt Jonathan Lamm 12 Autumn Lane Stratham, NH 03885 (603) 829-7555 elamm@mcomcast.net

Deanne Dixon Haag 4215 Pond Road Sheldon, VT 05483 (802) 524-7318

jeff kennedy writes that he is "still alive and well in Savannah, Ga. I just got back from visiting Thomas Evans in Tull, Colo. I love to entertain visitors. Look me up if you’re planning any trips to the Savannah/Hilton Head area.”

2000

Jay Edmund Allard UNH Yokosuka PSC45 Box 1257 FPO, AP 96501 jallard@pol.net

Michael Jim Lee 71 Essex Lane Irvine, CA 92612 michael_j_llee88@yahoo.com

Gregory S. Hunt Manchester-by-the-Sea, MA 01944 (617) 264-9865 jaime@fidalmedical.com

2001

Ladan Faroohnard 475 Regatta Road Carlisle, Pa 17015 610-202-1998 lfaroonhardt@yahoo.com

Joel W. Keenan Greenwich hospital Five Perryridge Road Greenwich, CT 06830 joelkeenan@hotmail.com

John Louise Monaco Suite 6-E, 321 Oak Ridge Park, Kansas City, MO 64121 (816) 753-3246 joanlinmonaco@aol.com

Jon M. Monaco reports: “Check the summer issue of Vermont Medicine for a great report from our class!”

2002

Jonathan Vinh Mai 15 Meadow Lane Danville, Pa 17821 (570) 275-4811 jmv1964@ptgizer.edu

Omar Khan 15 Mountain View Blvd South Burlington, VT 05403 (802) 862-7972 scott_goodrich@uvm.edu

ON THE OTHER SIDE

continued from page 12

My AVM shrunk, and my sense of self collapsed too. I couldn’t practice medicine, or do much of anything else either. I can’t even work at McDonald’s, I thought to myself; in fact, that would probably be the job for which I was least qualified, with the pace and distractions involved. In my family, intelligence was everything. My grandfather won the Nobel Prize in physics. A cousin was a member of the National Academy of Sciences. Virtually all of my family and cousins had graduate degrees. For me, the loss of my intellectual working capacity was devastating. Being a doctor was not a job, a career, but a defining element of who I was, and now I would never be able to practice again.

I remember going to the College of Medicine shortly after my surgery. I wanted to connect to that place that shaped me, and gave me the happiest years of my education. A colleague kindly let me cry on her shoulder, and held me up. I went back again, when my mentor retired as chairman. There was a wonderful party, and I saw all the friends I worked with, but it was bittersweet. Each one would tell me of the commencement of their life, the work going well, the family, the happiness they had. I quickly found that saying “I had an AVM and had to stop my practice” was a pretty wet blanket to throw on the conversation. I felt that I was damaged goods. I drank too much, smoked too much dope. I struggled with a depression that had lasted over and over. I often thought of blowing my brains out. I wallowed in self pity.

Yet, now, I am on the other side. How do I get there? Certainly a lot of psychotherapy helped a great deal. But the first step, I think, was stopping my drug use. The drugs were an anesthetic, and I could only feel, and grieve the loss of me, without them. And grief I had to grive as one grievest the loss of a spouse or child, a tedious process of remembering and feeling sad and angry over each mugger of memory who had bled by and over and over. As the grief grew furter, I would have “hurpa” where some little unexpected thing would trigger a spasm of sobbing.

Along with stopping the drugs, the diminishing of my grief was linked with my developing sense of faith. My family is loaded with theologians and priests, and I had rebelled against their involvement with church or God through my adult life. I know it is not for everyone, but developing a sense of faith, a sense that there was a God who determined things and cared for me, was essential for me. I asked my mother, the theologian, the “why do bad things happen to good people?” question, and her two-foot answer was helpful.

First, she said, it can come from human acts with bad results, from human choices. But secondly, she reminded me, God did not make a perfect world. That was true for me as my brain developed, cells went in the wrong direction, and this was the result. The doctors who didn’t look at my brain before the ECT was negligent, but it was also true that God’s world was imperfect. Somehow, for me, that was comforting.

Finally, I reached a point called “radical acceptance.” What is that? It was a change in my thinking. Instead of thinking “it is awful that I can’t be a physici- an” my thought became simply “I’m not a physician.” It involved stopping judging myself, and accepting me as I am. My life now is very different from what it was. I live in the now. At night I can recall, with some con- centration, what went on during the day. Remember- ing yesterday is harder, and a week ago is a blur. The last ten years have essentially evaporated, and that is how it will be from now on. Accepting and enjoying, that my life is “now” has relieved me of my stories. I no longer feel that I “ought” to be a physician. I was one once, of course, and a week ago is a blur, but it is over and over again, I have been left behind, the loss of my memory is not for me. I know it is not for everyone, but I do different things now. I have loving family and friends, and even if I cannot remember what I talked about last time, it is not a source of shame.

It has taken me a long time to get to this place — this place where I do have a damaged memory, but am not damaged goods. When I was in medical school, I did a little research project about the adjustment of quadriplegic patients, and found that the literature said it took five years to come to grips with the loss of your body. It has taken me about that long to come to grips with the loss of part of my mind.

Obviously, my story isn’t cheerful, not happy, not what my colleagues are doing who have progressed through their careers. I think we don’t often talk about those of us whose lives changed, like mine, precisely because of that: Those who’ve done well feel guilty, perhaps even ashamed, a survivor’s guilt, a “there-but-for- the-grace” guilt. But it is important, for those other of us who have left the brotherhood, to hear that you are not alone, and that you can cross the stream and come out on the other side.

PHOTO: Ladan Faroohnard
ROBERT J. JENKs, M.D. ’35
Dr. Jenks, a resident at Falmouth Hospital (Vermont) in 1928, died on Dec. 17, 2005, at the age of 94. Born in Anheur, Mass., Dr. Jenks resided both under his graduate and medical degrees from the University of Vermont. After serving residencies in surgical specialties at Lenox Hill Hospital in New York City and the Mt. Morris, N.Y., Tuohy Medical Center, Dr. Jenks began his private practice, which spanned 40 years in Batavia, N.Y. In 1944 he left his practice to join the U.S. Army as a Captain in the Medical Corps, serving in France, Germany, and Austria. He moved to Framond, Conn., in 1979 when he joined the staff of Connecticut Hospice serving as Deputy Medical Director. Before taking this responsibility he received training in hospice and palliative care at the Royal Victoria Hospital in Montreal, Quebec. Dr. Jenks’s commitment to the hospice concept continued following his retirement. After taking several courses at the Westminster School, he was a commissioned Minister of the United Church of Christ to provide pastoral care to hospice patients. Dr. Jenks received the Service to Medicine & Community Award from the Medical Alumni Association in 1985.

JACK WOOL, M.D. ’42
Dr. Wool died Tuesday, Oct. 4, 2005, at his home in Montgomery, Ala., following a long illness. He practiced medicine in Montgomery for over 50 years. He was born in Burlington, Vt., on Dec. 6, 1916, son of Frank and Lottie (Goldstein) Wool. He graduated from Burlington High School in 1933. He attended UVM and received his B.A. in 1937 and his M.D. in 1941. His entire professional life was spent in Montgomery. He served as a medical officer during World War II in North Africa and Italy.

MAURICE TRAUNSTEIN, JR., M.D. ’42
Dr. Traunstein, a resident in Win- chester, Mass., died on Jan. 29, 2006. He was 88 years old. Dr. Traunstein was a family practice physician in the town of Winchrop for 43 years. He received his baccalaureate degree from the University of Vermont in 1940, and his M.D. from the College of Medicine in 1944. He served his internship at the Main General Hospital in Portland and was a resident at Boston City Hospital, Mallory Institute of Pathology.

EDWARD J. SINTNIT, M.D. ’43
Dr. Sennett died Wednesday, November 16, 2005, at St. Francis Hospital and Medical Center in West Hartford, Conn. Born in Poulney, Vt., he was a graduate of Troy Conference Academy in Poulnay, Green Mountain Junior College, and the University of Vermont. He received his medical degree from the College of Medicine in 1944. He interned at St. Francis Hospital in 1944, and served in the United States Army Medical Corps during World War II. He performed his residency in medicine at Burlington’s Bishop Dgosبيرnd Belhil and in radiology at Mary Fletcher Hospital. Beginning in 1951 he served as an assistant radiologist at St. Francis Hospital in Hartford, and served as Director of the Department of Radiology from 1954 until his retirement in 1988. He was also a fellow in radiology at the University of Vermont Medical Center. He served the staff of the Mary Fletcher and Bishop Dgosبيرnd Belhil Hospitals, and was Chief of Medicine at the Fanny Albany Hospital. He attained the rank of Major in the Vermont National Guard and served as Medical Officer from 1959 to 1964. He served on the school boards of Winnsko and Rice Memorial high school, and on the board of the Winnsko Housing Authority and Winnsko Community Development Committee. He delivered Meals on Wheels for the Senior Citizen where he was a board member. His son John and Joseph received their medical degrees from the College in 1975 and 1978, respectively.

PAUL E. CRIFIN, M.D. ’48
Dr. Griffin died on March 14, 2005, in North Palm Beach, Fla. He was born on Aug. 13, 1922, in Herkimer, N.Y. He over- came a childhood bout of polio and was a graduate of Herkimer High School. He earned his bachelor’s degree from the University of South Carolina in 1943, and his M.D. from the College of Medicine in 1948. He served his internship and residency in Hartford, Conn., and at Albany Medical Center. Dr. Griffin also served in the U.S. Air Force as a captain during the Korean War, he was sta- tioned at Limestone Airbase in Maine. He started his career in pri- vate practice in Johnston, N.Y., until called to serve in the Korean War in 1951. In 1955, he began work at the V.A. hospital in Albany, N.Y., where he specialized in infectious diseases and Internal Medicine. He retired in 1996.

JAMES E. DONN, M.D. ’51
Dr. Donn passed away Monday, January 30, 2006, at St. Mary’s Residential Hospice, Knoxville, Tenn. He was born December 14, 1917, in Stenchedy, NY. After graduating from Dunamora High School in 1936, he attended Middlspanthus N.Y. Maritime College of the Marine Colle- ge of Medicine at Cornell University in 1942, graduating with a Bachelor of Science in 1942. He performed his internship at the U.S. Naval Hospital in St. Albans. Dr. Donn was an active duty U.S. Navy veteran from 1942 to 1955 and an active reservist from 1953 to 1955. He performed his residency in anesthesi- ology at Columbia Presbyterian Medical Center in New York City from 1953 to 1955. He started his practice in anesthesia at Columbus Presbyterian Hospice in Knoxville in 1955 and was one of the three original founding physicians of the Knoxville Anesthesia Group. His practice included all the local area hospitals. Dr. Donn saw the start of the Departments of Anesthesia, Recovery Rooms and Intensive Care Units. In the early 60’s his practice became limited to St. Mary’s Memorial Hospital and the Chest Disease Hospital. In 1968, he served as medical advisor to the staff of the Mary Fletcher and Bishop Dgosبيرnd Belhil Hospitals, and was Chief of Medicine at the Fanny Albany Hospital. He attained the rank of Major in the Vermont National Guard and served as Medical Officer from 1959 to 1964. He served on the school boards of Winnsko and Rice Memorial high school, and on the board of the Winnsko Housing Authority and Winnsko Community Development Committee. He delivered Meals on Wheels for the Senior Citizen where he was a board member. His son John and Joseph received their medical degrees from the College in 1975 and 1978, respectively.

PAUL J. DROSDOLL, M.D. ’56
Dr. Droccoli, 75, died Monday, Nov. 28, 2005, in his home, Portland, Ore. Born April 11, 1930, in Portland, Ore., he was a graduate of Portland State University in 1950, a master’s in cell biology and genet- ics from the University of Connec- ticut in 1956, and an M.D. from the College of Medicine in 1958. She performed her medical residency from 1960 to 1964 with the Depart- ment of Family Medicine at West Virginia University. From that time she was a family physician in Morgantown, W.Va., first with Wedgewood Family Practice, and then later in her own Stearns Family Health Center and Morgantown Multicare, where she combined allopathic and alternative approach- es to provide holistic medical care. Dr. Dickerson was a strong, adven- turous woman who always enjoyed being physically fit. She was an avid runner, rower, skater, skier and candle and loved sharing these activ- ities with her husband. She loved reading to all her girls, and was strongly involved in their education and extracurricular activities.

FACULTY
P. PATRICK MCKENZIE, M.D.
Dr. McKenzie died February 3, 2006, in the Bronx after a brief illness. He joined the University of Vermont Depart- ment at the College of Medicine from 1970 to 1978 and was chair of the Department of Psychiatry from 1970 to 1974. Dr. McKenzie received his undergraduate degree from Middlebury College in 1954, and his M.D. from Yale School of Medicine in 1958. He performed post-graduate training at Johns Hopkins and at Strong Memorial Hospital in Rochester, N.Y. After two years in the Public Health Service in Washington, D.C., he taught psychiatry at Yale before coming to UVM. In 1981 he moved to Albert Einstein College of Medicine to direct the Department of Biological Science, and in 1999 retired after serving three years as director of psychiatry res- idency training and two years as chief of psycho-oncology at St. Vincent’s Hospital in Manhattan.

OBITUARIES
H A L A
Giselle Sholler, M.D., sees a young patient, Jeffrey Blais, of Newport, Vt. Jeffrey started his treatment for Acute Lymphoblastic Leukemia in October 2005, and will complete treatment in 2008.

photograph by Raj Chawla

MARCH 23, 2006
10:23 A.M.

When he saw a Boston Globe article in the spring of 2003 about the University of Vermont and its bold vision for the future, Burton Cleaves was impressed. But he'd recycled the newspaper before finishing the article, and so wrote a “To Whom It May Concern” letter to the Office of the President asking whether any written materials on UVM’s vision might be available to him.

He was again impressed, he says, with the response he received — a letter from President Daniel Mark Fogel along with a copy of the ten-year vision statement on which the Globe article had been based. It was soon thereafter that the University received a generous contribution from Cleaves to The Campaign for the University of Vermont. And that was just the beginning.

Cleaves has since established a number of charitable gift annuities in support of the university, particularly the College of Medicine. Cleaves has great admiration for the faculty and staff of the College, and is particularly interested in scholarship funding. His latest gift annuity, established this spring, specifically directs the residual funds to be used for student scholarship.

No stranger to academia, Cleaves, now retired, spent 27 years as professor of music and chairman of the music department at Simmons College. “It’s very interesting what leadership can accomplish,” he says, “leadership, combined with intellect, and an overall concern for students, faculty, and academic excellence.”
Almost exactly 50 years ago, the new Medical Alumni Association had exciting news to report: The alumni of the College of Medicine had posted the highest per capita giving of all medical school alumni in the United States in 1957.

The energy from this remarkable achievement helped drive the formation in June 1959 of the Century Club, a mainstay of annual giving at the College for decades thereafter.

With the start of fiscal 2007 this July, the most significant restructuring of the Annual Fund in 50 years will bring the fund back to its roots, with a streamlined, clearer structure that will make giving easier and even more impactful. All for the same goals that have been paramount since the beginning: the support and growth of the College of Medicine and its students.

For more information about the new UVM College of Medicine Fund, contact us at:

MEDICAL DEVELOPMENT AND ALUMNI RELATIONS OFFICE
(802)656-4014 medical.giving@uvm.edu www.med.uvm.edu/giving