Primary Passion
Mimi Reardon, M.D.'67

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I’d like to thank my predecessor, John Evans, who has done so much for the College in his three decades here as a faculty member and administrator. Thanks to John, and to many other hard-working people across our campus, the College of Medicine continues to educate first-class physicians and scientists, helps deliver excellent patient care, provides new therapies and medical knowledge through research, and is constantly engaged within the community around us.

We do all this, first and foremost, because of the quality of our people. The author and management researcher Jim Collins has written that the best organizations in the social sector achieve greatness by keeping one critical question in mind: “How effectively do we create first-class physicians and scientists, helps deliver excellent patient care, provides new therapies and medical knowledge through research, and is constantly engaged within the community around us.

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MATTHEWS LEADS NIH SECTION

Dwight E. Matthews, Ph.D., professor of medicine and professor and chair of chemistry at UVM, has been selected by the National Institutes of Health to serve as chair of the Integrative Nutrition and Metabolic Processes Study Section, part of the NIH’s Center for Scientific Review.

With a two-year term that began July 1, Matthews has a unique opportunity to contribute to the national biomedical research effort, leading a 15-member group that reviews a significant number of NIH grant applications and helps shape the future of U.S. scientific inquiry into the fundamental workings of human biology and health.

Matthews’ areas of expertise include analytical chemistry and mass spectrometry, and the application of stable isotope tracers to study human metabolism. He is director of the Mass Spectrometry Facility in the College of Medicine.

He was selected on the basis of his “demonstrated competence and achievement in [his] scientific discipline as evidenced by the quality of research accomplishments, publications in scientific journals, and other significant scientific activities,” writes De Toni Scarpa, director of the NIH’s Center for Scientific Review.

Matthews received a Ph.D. in analytical chemistry from Indiana University in 1977. After teaching and researching at the Washington University School of Medicine in St. Louis and at Cornell University Medical College in New York City, he joined the University of Vermont in 1996. He was appointed chair of the chemistry department in 2002, and he was named a University Scholar for 2004-05.

FACULTY POSITION HONORS
LEGACY OF RADIOLOGY LEADERS

A newly endowed faculty position has been established by the Department of Radiology that honors the legacy of two medical alumni and past chairs of the department.

Named the A. Bradley Soule, M.D. ’28 and John P. Tampas, M.D. ’54 Green & Gold Professor of Radiology, the position honors A. Bradley Soule, M.D., who served as Chair of Radiology for 35 years and passed away in 1983, and John Tampas, M.D., who succeeded Dr. Soule as Chair of Radiology in 1970. Jeffrey Klein, M.D., who also serves as Associate Dean for Continuing Medical Education, has been named to the new position.

2006-07 FRYMOYER SCHOLARS ANNOUNCED

The College of Medicine has announced its 2006-07 Frymoyer Scholars — two groups of health science educators recognized for their innovative project proposals titled “Global Health Education and Training for Health Care Professionals at the University of Vermont” and “Using Computer Assisted Instruction (CAI) to Improve Medical Student Patient Care Skills and Knowledge.” The winning proposals aim to enhance two areas of strength at UVM, specifically global health service and novel methods for improving medical students’ education and performance.

Scholars responsible for the global health proposal include Christopher Huston, M.D., infectious disease specialist and assistant professor of medicine; Beth Kirkpatrick, M.D., infectious disease specialist and associate professor of medicine; Hendrika Maltby, Ph.D., R.N., public health nursing specialist and associate professor of nursing; Louis Polish, M.D., infectious disease specialist and associate professor of medicine, and Burton Wickle, Ph.D., public health specialist and associate professor and chair of medical laboratory and radiation sciences. The computer assisted instruction proposal scholars include Jill Jemison, instructional technology manager; Cate Nicholas, Ed.D., M.S., P.A., director of the College of Medicine’s Standardized Patient Program and clinical instructor of family medicine and obstetrics and gynecology; and William Razka, M.D., associate professor of pediatrics.

PETERSON NAMED ACTING FAMILY MEDICINE CHAIR

Thomas Peterson, M.D., has been named acting chair of Family Medicine at the College and acting physician leader at Fletcher Allen Health Care. Peterson will step in for Jay Fogarty, M.D., who has been appointed interim dean of the College of Medicine.

Peterson joined the UVM/Fletcher Allen faculty practice in 1996 and is currently professor and vice chair for Clinical Affairs in the Department of Family Medicine. He is also an attending physician at Fletcher Allen Health Care.

FIRST WARSHAW SCHOLARSHIP

The first annual presentation of the Dean Joseph B. Warshaw Scholarship Award took place on Friday, July 14. M.D.-Ph.D. student Matt Coates was presented with the first award. The endowed award is funded by contributions to the Joseph B. Warshaw Endowment Fund, named in honor of the late dean of the College of Medicine. The award capped off M.D.-Ph.D. Research Day 2006, which included a series of presentations by students on their work and a keynote address by David Curiel, M.D., Ph.D., director of the Center for Human Gene Therapy at the University of Alabama.

A time to say ‘thanks’

A June 26 reception in the Fleming Museum Marble Court honored the career of John N. Evans, Ph.D. (left), as he prepared to step down as the College’s sixteenth dean. More than a hundred invited guests from the campus and community heard UVM President Daniel Mark Fogel praise Evans’ three decades of service to the College of Medicine as a faculty member and administrator. Evans will continue as a member of the College faculty after a one-year sabbatical leave.
BRADFORD HEADS RADIOLoGy

In June the College of Medicine and Fletcher Allen Health Care announced the appointment of Steven Braff, M.D., as chair of the Department of Radiology at the College and physician leader of Radiology at Fletcher Allen. Braff has provided leadership for the Radiology Department over the last three years. He was appointed vice chair of Radiology in 2003, and named interim department chair and interim physician leader in 2004.

Braff attended Wayne State University School of Medicine in Michigan, where he was elected a member of the Alpha Omega Alpha medical honor society in his third year and graduated with distinction. He is a physician entrepreneur in upstate New York. Dr. Braff is responsible for bringing the first diagnostic computed tomography and MRI services to the Finger Lakes Region. He was also a founding board member of the Clinical MRI Society, a national society with more than 1,000 physician members.

Students Show Rehabilitation Important for Cardiac Patients

Women entering cardiac rehabilitation after a heart attack or bypass surgery typically have the aerobic fitness of a person with life-threatening chronic heart failure, according to a study reported in Circulation: Journal of the American Heart Association.

Lead author of the study was Dr. Philip A. Ades, M.D., professor of medicine and director of Preventive Cardiology and Cardiac Rehabilitation. Researchers determined the aerobic fitness levels of cardiac patients when they entered an organized rehabilitation program after a recent cardiac event that required hospitalization. Aerobic fitness is directly related because of the heart can pump and to skeletal muscle function. Men in the 2,896-patient study were more aerobically fit than women participants, but their average fitness level also proved lower than expected.

"I was surprised by several of our results," said Ades. "The biggest surprise was how low the fitness levels were in women. The average woman in this study fell in the fitness range where cardiologists often consider heart transplantation in heart failure patients. The take-home message to cardiac surgeons and interventional cardiologists is that the job is only half-done when bypass surgery or coronary stenting is satisfactorily performed. These patients remain sorely in need of rehabilitation despite optimal in-hospital care."

The researchers performed exercise stress testing with expired gas analysis in 815 women and 2,081 men who entered cardiac rehabilitation at the University of Vermont/Pedic and the Henry Ford Hospital in Detroit from January 1996 to December 2004. Dr. Steven Keteyian, Ph.D., led the Henry Ford research group.

"This study was important because there has been little data on directly measured fitness levels in these patients," Ades said. "It also emphasizes the importance of cardiac patients doing organized cardiac rehab, because without it the majority of these patients would remain quite disabled."

Other co-authors of the study are Patrick D. Savage, M.S.; Clinton A. Brawner, B.S.; Caroline E. Lyon, M.D.; Stephen J. Keteyian, Ph.D.; John Helzer, M.D.; Bruce Beynnon, M.D.; and Steven J. Keteyian, Ph.D.

The mission of PIBDNet is to build the foundation of a sustainable collaborative network where all pediatric gastroenterologists in North America can work together in a compelling process of continuous quality improvement and acquisition of new knowledge that will over the next decade dramatically reduce the morbidity of children with IBD. PIBDNet is supported by a grant from the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition with funds from the American Board of Pediatrics.

The research was led by Patricia L. Beynnon, Ph.D., professor of Radiology and Neurology in 2001 and received a joint appointment in Surgery in 2002. He was appointed full professor in 2003. He is also a member of the Fletcher Allen Faculty Practice Group Board of Directors, and serves as a member of the Faculty Practice Group Finance Committee.

Dean Evans, members of the Board of Trustees, members of the faculty, parents, family and friends of the Class of 2006, and most importantly, members of the Class of 2006: thank you for inviting me here to join you on this wonderful Vermont day.

We are here today to celebrate the accomplishments of this class of graduates. I would like to take a moment to thank Dean Evans for his service to the College and the University. John, under your steady leadership the College of Medicine has continued to flourish. Your dedication to this school and its mission is admired and appreciated by all of us who strive to make Vermont a better place.

Any graduation is an emotional and inspiring occasion. As the parents of three graduates of this great university, Marcelle and I have felt the powerful emotions that parents feel on this day.

—Indescribable pride. There is no adjective that can do it justice.

—A touch of sadness that one’s child is about to cross that threshold from student to independent adult.

—And, for the same reason, a sense of relief.

To each of you who are graduating today, your parents and I know of the sleepless nights and years of hard work that got you to this milestone. And as the husband of a registered nurse, I have seen first hand what a career in medicine can mean — for yourselves, and for those whose lives you will change for the better.

Never forget how you got to this point. You have inherited extraordinary intellect and wonderful talents, for a noble purpose. You have acquired knowledge and skills unheard of only a few decades ago, from the outstanding faculty of the College of Medicine.

In the future you will have choices that few people could dream of in their lifetimes. I hope many of you will choose to serve Vermonters’ growing health needs, particularly in our rural communities where the availability and quality of medical care is still a far cry from what it should be.

I also hope some of you will be inspired to take on the growing challenges of global health.

You live in a world that is both unchanged and dramatically different from the world that your parents inherited.

A generation ago, most people in sub-Saharan Africa never saw a doctor in their entire lives. That wasn’t because they were never sick, it was because there were hardly any doctors. The same is true today. Like a generation ago, infectious and parasitic diseases remain the major killers of children in the developing world. Many of these diseases — measles, malaria, river blindness, elephantiasis — we can prevent or cure. But those countries still lack the public health systems and the trained medical personnel.

Every hour, more than 500 African mothers lose a child, mostly from diseases caused by contaminated water.

In some sub-Saharan countries, HIV infection rates range as high as a third of the adult population, and for this reason 35 percent of African children are at higher risk of death than they were a decade ago.

Despite these grim statistics, there is a brighter side.

We are far more aware today of how much our own health depends on what occurs half a world away. Whether it is water-borne or food-borne, such as a yet unknown infectious disease, we are all at risk, and only an airplane flight away, from wherever the outbreak may occur.

Because of this new awareness, global health is finally recognized as an issue of national security. It may seem obvious today, but even ten years ago it was not.

Health threats that once concerned only medical personnel, now receive the attention of the highest levels of governments. We are supporting policies and programs to help the poorest countries conduct better surveillance and respond more quickly to protect their own people, and to prevent the spread of disease.

Governments have begun to act, but more often it has been private citizens, including Vermonters, who have led the way. They have served in medical relief organizations, in the Armed Forces medical corps, in UNICEF, in the World Health Organization, conducting path-breaking research and caring for the sick in places like Afghanistan, Darfur, Nicaragua and Nepal.

There is a great deal more we need to do. Today, 15 percent of the world’s people consume 91 percent of the world’s pharmaceuticals. The high price of many life-saving medicines — medicines that we take for granted in this country — is beyond reach for millions of the world’s most vulnerable populations.

In his book Too Soon Old, Too Late Smart, Dr. Gordon Livingston reminds us that work which helps to give meaning to our lives is essential to happiness. Among many pearls of wisdom is this one: “[W]e are entitled to receive only that which we are prepared to give.”

It is a simple statement, perhaps self-evident, but one that I wish more people today would live their lives by.

As you go on from this campus to your careers in medicine — whether to an urban hospital, a rural clinic, a research institute, or in public policy — I hope you will remember that quote.

Despite remarkable technological advances — unthinkable just a century ago, in agriculture, medicine, education, in every field of human endeavor, the world is increasingly divided between a tiny minority of the people of our small planet who have the best health care and virtually unlimited opportunities, and a vast sea of humanity who are trapped in a struggle for daily survival.

Yet far too often in our society today, those who are able to give seem interested only in how much more they can receive.

Medicine, inherently, is about giving. Giving life. Giving relief from suffering. Each of you, in your own way, can make that moral difference that Dr. Livingston wrote about.

I want to close by remembering a young friend who made such a difference, and whose life holds lessons for each of us.

Four years ago, Marla Ruzicka was only 25 when she first walked into my office — actually, she rollerbladed into my office. She had just returned from Afghanistan, determined to help the families of innocent Afghan civilians who had been killed or injured as a result of U.S. military mistakes.

There were instances when bombs had been mis-targeted, and whole families and even villages had been obliterated.

She went from hospital to hospital, from village to village, documenting cases and bringing them to the attention of the U.S. Government and the media. Rather than casting blame, she argued that we not only had a moral responsibility to help these people get medical care and rebuild their lives, it was in our own self-interest.

One day after Saddam Hussein’s statue fell, Marla arrived in Baghdad to continue her work, where she located the families of civilian casualties. Among her closest allies were the Iraqi doctors and nurses who kept their most severely injured patients alive while Marla arranged for more sophisticated treatment outside the country.

A year ago this Easter Sunday, Marla was killed by a car bomb, becoming another innocent victim like those she was trying to help. But in her short life she inspired countless people — and Marcelle and I count ourselves among them — who saw what a difference this one young woman made for those who had been forgotten.

You are all examples of the promise that America offers the world. Your degrees from this great university and its school of medicine will open doors and give you a chance to serve others and to add your unique contribution to the American experience and the American Dream. It will give you a chance to put your hands to the wheel of history in ways that can literally change the future.

In your own lives, and especially during the rigorous crucible of these years of intensive study and training here, you have received the knowledge and demonstrated the strength of commitment and character to make that kind of a difference.
ARRIVAL
I picked up a stray piece of paper, intending to pop it in the nearest trash can. I turned it over, and found it was a picture of a little boy getting polio vaccine drops. I decided to hold on to it for now. We were in Abbottabad, Pakistan, at the edge of the South Asian earthquake zone. The main event hadn’t yet started, we had come down in the early morning from the rest house on top of the mountain. Getting to said rest house was a mini-adventure, as most everything on this trip was destined to be. I had arrived a few days earlier in the provincial capital of Peshawar, to check out polio eradication efforts in this part of Pakistan. The launching of the main Polio Vaccination Week was supposed to be held in Peshawar as well. For reasons unclear, but probably having to do with the Chief Minister wanting to make political capital out of an appearance in the earthquake zone, the main launch ceremony was moved to Abbottabad. Fine, but I was with the WHO team about three hours away. Last-minute machinations included getting road travel permits for the WHO Land Cruisers and its occupants, and we were warned against travel in the dark. Bandits? Gun-toting terrorists? Who knew? The WHO head in Peshawar, a cheerful Ethiopian man named Abraham, was undaunted: we left exactly half an hour before darkness fell. Mumbling and cursings from our expert driver probably hastened our arrival. He kept muttering to me in Urdu, with Abraham blissfully unaware, about how we should not be out this late. The WHO vehicles in that region are all equipped with satellite radios and GPS antennas. The former was a 4-foot high antenna in the rear, and the latter a 6-foot high appendage that jutted out past the front bumper (we took to calling the massive white Land Cruiser ‘the rhino’). All WHO vehicles in this region are supposed to radio the central UN security office prior to departure from a location, and then upon arrival at the destination. The security office starts worrying when the estimated time of travel has been exceeded by some set limit. I did wonder why the massive GPS contraption had no TV screen inside the vehicle. Stupidly, I was still in “Hertz rent-a-car” mode. Out here, the GPS was not for getting directions to the opera house, nor did Mapquest have a ‘rural, gun-infested Pakistani province’ version on DVD. The antenna was for locating us via satellite or helicopter should we or our vehicle mysteriously disappear. Apparently, this had happened a few months ago with the passengers abducted, then released, and their vehicle stolen by ‘the tribals.’ Everyone agreed that the launch of the Polio Eradication Campaign the next day was a major success. The health minister had shown up, as had the town nazim (mayor) and assorted international agency representatives for Pakistan, UNICEF and WHO being the most prominent as partners in the vaccination initiative. Just five countries remain in the world that matter to this group: Afghanistan, India, Pakistan, Niger and Nigeria. They are the last hideouts for wild poliovirus. Endemic Poliomyelitis — the crippling disease caused by said virus — has been eradicated from the rest of the world through decades of tireless vaccination efforts by public health people such as those working with WHO. There still remain polio outbreaks in places other than these five countries, but they are epidemiologically classified as imported cases. The idea is, that since poliovirus has no reservoir except humans, that vaccination coverage over 95% will lead to levels of herd immunity rendering an entire generation immune, making the virus unable to be transmitted any further. Why does this matter to, say, someone like me, who usually practices family medicine in Milton, Vermont? One fewer vaccine for patients, one less disease to worry about. It is an achievement nearly as momentous as the WHO’s eradication of smallpox via a similar series of campaigns 30 years ago — since then, an entire generation has never known what it is to get the permanent skin-marking of the smallpox shot.

...we stopped at a busy school and promptly vaccinated a whole bunch of grinning kids, purpling their fingers as a record of immunization.

**For one month last fall, Omar Khan, M.D.’03 left his practice of family medicine in northern Vermont to travel to Pakistan, Afghanistan, and Bangladesh as a part of a World Health Organization (WHO) polio eradication team. The following are excerpts from his travel reminiscence written shortly after his return.**

**photos and story by**
**OMAR KHAN, M.D.’03**
There is much debate over the value of disease ‘eradication’ and what constitutes appropriate dis-
eases to target for this type of effort. Obviously, diseases with vectors and/or reservoirs are not the best candidates. Those causing limited disease hur-
den simply won't get the funding commitment. And then there will always be those who say that the mas-
sive funding for the eradication of any one disease can be better allocated to system-wide improve-
ment. All that is well and good, but ‘eradication’ is gratifying, immediate — sexy. But you have to deliv-
er results, and while 2005 was supposed to be the final year for polio, it sure didn’t look like it so far.

After the campaign launch was over, we bid farewell to the group so we could head back to the
field to continue vaccinating, monitoring, re-checking, vaccinating. I still held on to the poster I had
picked up from the ground earlier. On the spur of the moment, I opened it up for the assembled group
and, as I was proximity to such fairness, and my Western	
caucasians: the only reason I got all this respect
from North Africa! Brother, let us talk about the

Several realities became immediately clear on our
return to Peshawar. All those places with dangerous
sounding names — Khyber agency, Mohmand
agency, Bajaur, Waziristan, they really were quite
bloody dangerous. Peshawar, as the main city of the
region, was a relatively safe place to hang out, have
a hookah or two, and play pretend-gunrunner-
games. In short, I wouldn’t be invited in for a cup
of tea — but then, everyone in this part of the country did that. The first ques-
tion out of the principal’s mouth was directed
towards Tim (who is white). Not wishing to usurp
Abraham’s authority (Abraham is black), Tim took
the moment to feign intense interest in the mosaic
pattern of the wallpaper. Reluctantly moving up the
color bar, Mr. Headmaster turned to me for a ques-
tion, which I deferred immediately by introducing
Dr. Debassay, Chief Polio Coordinator. Slightly
nonplussed, Mr. H looked over this motley crew of
would-be vaccinating doctors and then shot a ques-
tion: ‘what is your name?’ Abraham replied,
“Ibrahim. I am Ibrahim Debassay of WHO, and let’s
talk about helping your kids stay healthy!’ The prin-
cipal was having none of it. Next question: “what is
your religion?” Now this was strange. Abraham
said, “what do you mean? My name is Ibrahim. I am
from North Africa! Brother, let us talk about the
children.”

The principal was now on his side. He apolo-
gized, continued to assume he and I were both
Muslim, and bade us Salaam (In his eyes, Tim was
the foreign observer, so he could hardly be held
accountable for his religious choices, poor soul).
Lesson learned. Shut up when possible, lie when
necessary, play nice at all times, and remember:
you’re here to do a job which will help kids remain
healthy, not to make a political or ideological state-
ment.

AFTERSHOCKS
October 6, 2005: 80,000 dead. Pakistanis speak of
10/6 the way Americans now think of 9/11. 10/6:
when an earthquake of magnitude 8.6 started radi-
ating out from its epicenter near Muzaffarabad in
northeast Pakistan, not far from the Indian border.
I was there for polio, but after the earthquake,
everything changed. Resources were diverted to the
quake, but only after an initial period of denial, gov-
ernment fumbling and the usual India/Pakistan
games.

Whither the polio team in all of this? Well, they
proved helpful in some interesting ways. Since polio
immunization depends on getting every child immu-
nized — not most, not almost all, but each and every
one — the WHO team had detailed maps down to
the household level. After the launch and all, I was
fired up about polio. But I wanted to give faces to
the 2.5 million. What better place to visit than one
of the hospitals dealing with the quake victims?

We pulled up in the rhino outside a somewhat
ramshackle three-story medical building. It was
beautiful, for a simple reason: it was still standing.
In this part of the country, precious little was.
Earthquakes were rare, and buildings that were ‘up
to code’ were even rarer. It turned out to be some-
what representative of the medical facilities set up
(or taken over) by the quake docs: it used to be a
general medical hospital, now taken over by ortho-
pedic surgeons.

For the first three weeks, docs worked day and
night. They were from all over: brought in by the
Army from hospitals throughout the country, flown
in by relief agencies; in from the States on their own
dime. Medical students from around Pakistan came
to help out — making up in enthusiasm what they
lacked in expertise. The repairs were nearly as grue-
some as the injuries.
stem cells are chock full of therapeutic promise. Armed with the capacity to almost limitlessly copy themselves and grow into many types of cells in the body, they function as the body’s cellular repair shop. While embryonic stem cells have been the focus of heated nationwide debate since 1998, many scientists have been quietly examining the potential therapeutic possibilities of two controversy-free and very promising alternatives — adult bone marrow-derived stem cells and umbilical cord blood stem cells.

According to the National Institutes of Health, adult stem cells, whose main function is to maintain and repair tissue, have been studied since the 1960s. Bone marrow-derived adult stem cell transplants have been used for over 30 years and umbilical cord blood stem cell transplants have been used for over 20 years to treat patients with blood cancers. Recent discoveries have shown that these stem cells also have the potential to repair damaged tissue cells in several organs, generating new hope and excitement for researchers seeking better treatment options for a host of illnesses.

A group of researchers in the Department of Medicine has gained wide recognition for their work with adult stem cells in treating lung and cardiac diseases.

S

by

Jennifer Nachbur

photography by

Raj Chawla

Assistant Professor of Medicine Benjamin Suratt, M.D., in front of his office white board, which holds key notes relating to his research.
For the past several years, a small group of researchers in the Pulmonary and Critical Care Division of the Department of Medicine at the University of Vermont have been gaining momentum as well as international recognition for their work in the area of adult stem cells’ potential role in treating lung diseases. Benjamin Suratt, M.D., assis-
tant professor of medicine, and his colleagues were the first to find evidence that adult human stem cell transplantation resulted in spontaneous cell regeneration in damaged lung tissue. News generated by their August 2003 publication in the American Journal of Respiratory and Critical Care Medicine continues to prompt queries from lung disease patients hoping for a cure. Though that cure is still far off in the future, Suratt and colleague Daniel Weiss, M.D., Ph.D., associate professor of medi-
cine, are working diligently to understand how adult stem cells might offer a therapeutic approach for several lung diseases.

“A number of papers show that adult bone marrow-derived stem cells can be induced to turn into heart, liver or brain or more importantly for us, the lung,” says Weiss, whose research takes place in the Vermont Lung Center lab in the Health Science Research Facility on the medical campus. “We’ve been able to follow the lead of these papers and do some pretty amazing things.” In the lab, his team has successfully isolated adult stem cells from the bone marrow of adult mice and begun to turn them into lung cells. “We’ve been able to transplant stem cells from donor mice into recipient mice and get them to settle in the lung, and then follow their growth,” says Weiss, noting the enormous implications of these results in developing therapies for emphyse-
ma, asthma and cystic fibrosis (CF).

Weiss explains that his current adult stem cell research is an outgrowth of cystic fibrosis gene therapy work he’s done in the past. Weiss and his colleagues have noted promising results from combi-
ing the two therapies. In a mouse model of CF, which has the defective protein (CFTR) responsible for CF’s symptoms, Weiss’ team has been able to replace the defective airway epithelial cells with epithelium derived from marrow cells from a nor-
mal adult mouse.

“What we’re hoping is that by using bone mar-
row transplantation, CF patients could essentially use their own bone marrow to correct their lungs,” says Weiss. His theory maintains that stem cells iso-
lated from the bone marrow could be corrected in a Petri dish — manipulated to express the normal CF protein using a gene transfer technique. Then, Weiss explains, the corrected stem cells could be admin-
istered back into the CF patient and coaxed to go to the lung and insert themselves into the air-
way and express the normal CF protein. “What we’re doing is taking these two, sophisticated, high-
tech techniques and combining them in a rational way for a disease that’s the result of a genetic defect,” says Weiss. Results of this research made the cover of the American Journal of Respiratory and Critical Care Medicine in January 2006.

Though they have the capacity to turn into a variety of cells and tissues, adult stem cells are not as versatile as embryonic stem cells. A viable and legal alternative is using stem cells found in umbilical cord blood. Through a program run in collaboration with obstetrician Ira Bernstein, M.D., professor of obstetrics and gynecology and director of maternal fetal medicine, and the labor and delivery suite at Fletcher Allen Health Care, Weiss and colleagues have had the opportunity to investigate the thera-
papeutic capabilities of cord blood stem cells. To date, the team has been able to induce the cord blood stem cells to begin to turn into lung cells in Petri dishes and has started transplanting these cells into immunosuppressed mice. They will also be tracking the path of the human CFTR gene in these mice.

On the horizon for Weiss is a newly-approved pro-
tocol with the Cystic Fibrosis Foundation that will allow him and his colleagues, including Viranuj Sushilwong, M.D., a new instructor in the pul-
monary and critical care division, to take this research one step further — to collect cord blood from babies who have CF. Administered through the CF Foundation’s Therapeutics Development Network, a consortium of about 30 medical centers around the country that collaborate on CF-related clinical trials, the goal of this cutting-edge research will be to isolate the cord blood stem cells and use gene transfer/ther-
apy techniques to correct the CF defect.

According to Weiss, who receives funding from the National Institutes of Health, the CF Foundation, American Lung Association and the Tidane Primate Research Center for his stem cell research, his group is also actively pursuing this approach for emphysema. Among the few major diseases that are increasing in prevalence and predominantly seen in older people, emphysema is a disease that has no cure. For this pop-
ulation, Weiss and his team are interested in using stem cells to grow new lung tissue to replace the destroyed lung. Preliminary results using several mouse mod-
els of emphysema are promising.

Focusing less on regeneration and more on repair, Suratt’s specialty areas include acute lung injury (ALI) and its most severe form, adult respiratory dis-
tress syndrome (ARDS), which may develop in the setting of such insults as infection, shock and trauma. ALI/ARDS affects over 150,000 Americans each year and is characterized by injury to the membrane that separates the lung’s blood vessels from the air sacs or alveoli. This injury allows fluid to leak into the air sacs, resulting in fluid build-up and lung fail-
ure. For the past two years, his work has centered on examining the molecular activity involved in the development and repair of acute lung injury, espe-
cially the inflammatory signaling process.

On May 1, Suratt received a $1.9 million, five-year Research Project Grant (RO1) award from the National Heart Lung and Blood Institute (NHLBI) to look specifically at several cytokines — proteins that play a role as intraacellular communication involved in immune response — and their role in both the development of acute lung injury and recruitment of inflammatory cells and reparative cells.

What’s most interesting about this area of research, explains Suratt, is an apparent “overlap” between the path of the inflammatory response involved in immune response versus the tail end of the inflammatory response, where the tail end of the inflammatory response is being driven by the same cytokine envi-
ronment that is also suspected to be recruiting stem cells to repair the injury. “It makes sense,” says Suratt, “that if you’re trying to transition from an inflammatory response to repairing the organ that has already been affected by inflammation, you are going to need cytokine networking that will overlap to a cer-
tain degree.” One particular cytokine that appears to carry this responsibility is Stromal Derived Factor 1 (SDF1) — or SDF1 — which, research shows, plays a role in both stem cell trafficking as well as metastasis of cancer cells. Preliminary data also shows that SDF1 is important in neutrophil traf-
ficking and trafficking of other inflammatory cells.

“In my research, I’ve shown that SDF1 is respon-
sible for the recruitment of neutrophils in the late
phases of acute lung injury,” notes Suratt. “It’s also widely believed that SDF1 is responsible for the trafficking of a number of different cell types to the lung. The new grant is directed specifically at examining the role of these cytokines — both SDF1 and another cytokine called Granulocyte Colony-Stimulating Factor or GCSF — in the inflammatory cell trafficking that overlaps with the stem cell trafficking.”

According to Suratt, the same cytokine response seems to play a role in a lot of different events beyond what is currently obvious. Originally, SDF1 was described as the co-receptor of HIV; after further research, it was shown that the cytokine really did not have as much of a role in HIV, but it greatly increased white blood cell counts in the population that received it. The key discovery was that SDF1 was mobilizing cells from the bone marrow; now, a drug based on this finding, designed to mobilize bone marrow-derived stem cells, is in phase 2 trials.

In the future, Suratt hopes to more closely examine how cytokine signaling influences the reparative response. “Understanding cytokines is going to be critical to understanding what we can do with any kind of therapy, because they play a role in inflammation, wound repair and the reparative response, so the answers are not that simple,” he cautions.

With what Weiss refers to as “a critical mass” of faculty members devoted to stem cell research, the group — including newest faculty member Jeffrey Spees, Ph.D., assistant professor of medicine — is working to lay the groundwork to create a full-fledged stem cell research facility at UVM. In addition to conducting his own stem cell research, Spees’ role is to direct a new Stem Cell Core facility that provides expertise in stem cell biology as well as isolating, culturing, characterizing and providing the stem cells that the group uses in their research. Spees is already providing isolated cells to a number of College of Medicine investigators, as well as national and international researchers. To date, these include neural stem cells for neuroscience researchers and umbilical cord blood-derived stem cells for Weiss’ research. Spees reports that the new Stem Cell Core will be running at full capacity by the end of summer 2006.

Since arriving at UVM from Tulane University nearly 4 years ago, Spees has been closely collaborating with Weiss, as well as working with David Schneider, M.D., associate professor of medicine and director of cardiology, and Burton Sobel, M.D., professor of medicine, regarding the role of adult bone marrow progenitor cells in stimulating cardiac repair.

Spees arrived at UVM with an NIH grant to study the role of non-blood-forming bone marrow stem cells in the repair and remodeling of the lung and heart during pulmonary hypertension. While at Tulane’s Center for Gene Therapy, he and colleagues were the first to show that human stem cells could fuse with lung epithelial cells during the repair process. They also discovered that intercellular material called mitochondria could be transferred from adult stem cells to rescue epithelial cells with non-functional mitochondria.

In his lab in the Starbuck Family wing of UVM’s Colchester Research Facility, Spees has continued to work on cell fusion and is also examining the effects of factors secreted by bone marrow stem cells on the growth and support of native adult cardiac stem cells with the goal of finding out whether or not they will initiate repair in the heart. With Sobel and Schneider, he uses a mouse model of heart attack, which partially blocks the blood supply to the left ventricle of the heart. In their experiments, which focus on injecting adult bone marrow cells intravenously into immunodeficient mice, they have observed improved heart function in the treated mice. “We don’t actually know what the most important effects or mechanisms are,” says Spees, “but you generally have improved heart function and reduced fibrosis. Cardiac fibrosis usually occurs about one week after cardiac muscle fiber cells called myocytes have died. If there’s less fibrosis, it typically means there is less injury to myocytes.” Spees has set up an incubator that creates a hypoxic environment — an atmosphere containing only one percent oxygen — in which he observes how the factors produced by bone marrow stem cells can protect the adult cardiac stem cells.

UVM’s rising status in the field of adult stem cells and lung biology research was clearly marked in July 2005 when the University hosted a meeting co-chaired by Weiss and sponsored by the National Heart Lung and Blood Institute (NHLBI) and the Cystic Fibrosis Foundation. Over 100 biomedical researchers from around the world convened on the College of Medicine campus to discuss research discoveries, roadblocks, methods and goals. The meeting’s sponsors have already requested to return to Burlington in 2007.

The group’s collective hope is to recruit additional stem cell researchers and to continue to broaden the scope of their research in the near future. Weiss looks forward to interacting with two additional UVM scientists who currently collaborate with Spees — Dinendar Kumar, Ph.D., assistant professor of medicine, who is working on cardiac development and repair, and Ying-Mao Draayer, M.D., research assistant in pathology, who is examining neuronal stem cells in the lab of Felix Eckenstein, Ph.D., professor of neurology. Of course, admin Weiss, continued funding is key to their future success. However, with their current research efforts, available funding and proven track record in pushing forward, this new venture is becoming a reality. Stem cell researchers, like the cells themselves, are well-situated to grow into new structures.
More than 40 years ago, Lahey Clinic lab worker Mimi Reardon sat in on resident rounds and realized immediately: “This is what I want to do.” Now she looks back on four decades of accomplishment in improving primary care for all Vermonters.
Gillian Boyd grew up on her family’s dairy farm in the small community of Wilmington, Vermont, where, she says, “I’m related to half the town.” She has always wanted to work in medicine, although none of her many local relatives were role models in that arena.

This fall, Boyd becomes the first member of her immediate family to attend a four-year college when she starts the University of New England’s physician assistant program in Biddeford, Maine. Boyd gives significant credit for her interest in a medical career to her participation in the Southern Vermont Area Health Education Center (AHEC) MedQuest program, which provides high school students with hands-on health career exposure.

Boyd is excited about going away to school, and quite certain she’ll return to Vermont to practice after seeing a little more of the world. “Yes,” she reflects, “I’ll come back. Absolutely.”

This is the kind of story that is music to the ears of Mildred (Mimi) Reardon, M.D.’67, as she steps down after thirteen years as associate dean for primary care at the College of Medicine. And it is one of many. In addition to Gillian Boyd, there’s Sharon Fine, M.D., who was able to accept a family practice position in Danville thanks in no small part to the AHEC loan repayment program and is now also president of the Northeastern Vermont AHEC board; there’s Noah Dimnick, a third-year College of Medicine student from Essex who has taught in the MedQuest program and is also a Freeman Medical Scholar with hands-on health career exposure.

Like Gillian Boyd, the young Mimi Reardon had no role models in health care careers as she grew up in the Boston area, but she always felt the tug of science. The daughter of a teacher and a dairy bacteriologist, she followed her mother’s path and went to teachers’ college where, she says, “I took all the science courses in the first two years.” One of her professors saw her promise and encouraged her to translate them into policy.

“She’s been able to take her years of primary care and translate them into policy.”

It’s probably impossible to count the number of Vermonters who have been helped by the many programs Reardon has championed: from school nurses, to personal care providers, to physicians at every stage of their careers and, indirectly, the thousands of patients those providers will ultimately care for. The National Library of Medicine has named her a “local legend”; the American College of Physicians has granted her a “mastership”; and she has been called a “state treasure.” If Frank Capra had made a Mimi Reardon version of “It’s a Wonderful Life,” it would stretch on for days.

“Mimi is a person who has touched people at all levels,” confirms former College of Medicine Dean John Evans.

For twenty-seven years, Reardon enjoyed a rewarding career as an internist, earning the affection and respect of both patients and fellow physicians. In addition to maintaining a busy practice, she stayed involved with the College of Medicine teaching students and residents, as well as participating on many committees involved with admissions, alumni, faculty, and house staff while also working with organizations including the American Cancer Society and the Champlain Valley Hospice Program.

Mimi Reardon, M.D.’67, talks with high schoolers during a session of MedQuest, which she spearheaded to introduce young Vermonters to health careers.

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Her clinical work was complemented by involvement with the Vermont Medical Society (VMS). “It’s contrast to our interactions with individual patients,” Reardon explains, “the medical society helps us as a profession to interface with important groups and organizations in health care like state government, insurers, and Congress. I think having this voice for the profession is incredibly important.” She first served on the VMS council and then became the Medical Society’s president in 1986, proud to be the first woman in that role in its over two-hundred-year history (and quick to add that there have been two other women presidents since). As the VMS delegate to the American Medical Association for six years, she was also able to participate in development of national policy. Through her work with VMS, Reardon also pursued an initiative to help evaluate and measure quality in health care on a statewide basis, which led to the creation of the non-profit Vermont Program for...
Quality in Health Care for which she served as board president for close to a decade.

Reardon earned a reputation as a passionate, articulate voice for health care issues with a unique capacity to enlist support and assistance. “Mimi has woven a web of personal connections to people. She gives you the feeling your contributions can make a difference,” says Newport pediatrician Mike Moseley, M.D. “79. “She’s very much in tune with local initiatives but not a person coming down edge and her style in combination are her strength.”

Despite this obvious gift, Reardon had no plans for a full-time career in advocacy until Dean John Frymoyer, M.D. and Executive Dean John Evans, P.A.L., approached her in 1993 to ask if she would consider the newly created position of Associate Dean for Primary Care and lead a concentrated effort to improve access to primary care across the state, especially in underserved areas.

“I think it was a time when there was very clear recognition that primary care needed to come to the forefront at the College, in the state of Vermont, and in the nation for that matter,” Evans recalls. “And we needed a person as the focal point. We were looking for the quintessential primary care provider in Vermont and Mimi’s name kept coming up.”

“Mimi was clearly very well respected and, through her work with the state medical society, she knew and understood the legislative and had connections with primary care doctors around the state,” agrees Frymoyer. “We needed someone to bring together all those working in primary care and also someone to reach out into the state and try to understand the state’s needs. She was a slam dunk.”

Reardon was intrigued, but also torn. “In my heart of hearts,” she says when pressed, “I’m a practicing physician.” Although she juggled her practice and the associate dean position for the first five years, “There was just not enough time to get everything done in both places,” she laments. She concluded reluctantly that she could probably help the field of primary care — and her beloved adopted state of Vermont — better as an advocate than as a practitioner. “I think of the primary care clinician as being the most important person for a patient over most of their time of need…”

from the mount with tablets of stone.” Reardon became known for her ability to remember the specifics of everyone’s family or pet — and ask about them without fail. “When she goes to the state-house, she’s the only person I’ve seen down there who everyone hugs,” marvels Liz Cote, current director of the UVM AHEC program.

Vermont State Senator Jim Leddy, who served for 20 years as director of Howard Human Services as well as eight years in the state legislature, has known Reardon for many years as both a physician and as a health care advocate. “When you’re talking to Mimi you’re dealing with someone who not only knows her subject, but cares deeply. She’s been able to take her years of primary care and translate them into policy,” Leddy says. “Her style is so gentle, so kind, so embracing. Persistence is very much part of who Mimi is, but she’s never in your face. She is very clear and very specific on where she sees the needs and how best to address them. Her knowl-

HIGHLIGHTS of a Career in Service

Dr. Mimi Reardon has devoted her career in service to patients, to health care, and to Vermont. These are just a few of her notable achievements.

VERMONT’S AREA HEALTH EDUCATION CENTERS

The AHEC model was developed at a federal level in the late 1970s and start-up funding is provided through the federal Health Resources and Services Administration (HRSA) grants with a university-based school of medicine housing a central state AHEC program office to work with independent, not-for-profit regional centers. Since the AHEC program was first established in Vermont in 1996, the three regional centers in St. Johnsbury, St. Albans, and Springfield have earned more than $10 million in federal grants and contracts to integrate health care services across professional disciplines, developed regionally responsive health education programs and resources, and built Vermont’s health care workforce, especially in underserved areas of the state. The centers have brought continuing education programs to over 1,500 health professionals and exposed over 4,000 Vermont students from grade school through university to health career opportunities. Every year, AHEC places over 650 health profession students in training opportunities across the state; supports 53 Community Health Information and Resource Centers and works to bring public health improvement education programs to Vermonters; and grants over half a million dollars in educational loan repayment awards to approximately 150 doctors, dentists, and nurses who fill critical access gaps in Vermont’s health care system with an 89 percent retention rate, the highest in the nation.

THE FREEMAN MEDICAL SCHOLARS PROGRAM

The Freeman Medical Scholars Program is the result of a gift from the Freeman Foundation of New York. The Freeman family, which has deep roots in Vermont, found in Reardon someone who shares their passion for recruiting and retaining the best physicians for Vermont. This program awards scholarships to UVM College of Medicine students who make a commitment to practice medicine in Vermont after completion of medical school and residency and fellowship training, as well as to make educational loan repayment awards for physicians for Vermont regardless of where they went to medical school. Reardon has been involved in the development and implementation of the program as its director and has helped to recruit and retain over 100 physicians (with some in each of Vermont’s fourteen counties) throughout the state in the past six years, with specialties ranging from oncology to orthopedics to primary care.

VERMONT PROGRAM FOR QUALITY IN HEALTH CARE

Reardon was the founding board president of this non-profit formed in 1988 that brings together representatives of consumers, hospitals, insurers, HMOs, employers, physicians and state government to improve the quality, efficiency, and cost effectiveness of Vermont’s health care system; define health care quality, working with health care providers and others to develop legitimate standards of care and indicators of quality; measure health care quality through data collection and analysis; and improve health care quality by providing information and education to practitioners and consumers.

THE VERMONT MEDICAL SOCIETY’S EDUCATION AND RESEARCH FOUNDATION SCHOLARSHIPS

Currently, Reardon is a VMS councilor-at-large and serves as president of the Vermont Medical Society’s Educational and Research Foundation, which offers annual scholarships to third-year medical students who make a commitment to practice medicine in Vermont, especially in its less served areas.
over most of their time of need in the medical system,” she says, “the person the patient goes to find out how to maintain their good health, how to do the most efficient thing to get back into good health, and to direct them to other resources and people when necessary. This is a critically important area of medicine and in the particular times in which we are living, it’s become even more critically important,” she continues, noting the aging population and increase in chronic conditions.

She also fully recognizes the many challenges facing primary care clinicians today: the need to keep current with an ever-expanding universe of broad medical knowledge, the struggle to balance personal life with continuity of care, and compensation issues. Reardon knows she can’t solve everything, but she will do what she can to put a few more pluses on the side of primary care. “It is exceedingly important that we have our best and our brightest leading primary care to develop new and better ways to do things,” she concludes firmly. “Patient expectations have changed. For some the old G.P. model works, for others it doesn’t. The most important thing is to realize where they’re at and what makes them comfortable. The most important thing is not to lose the human connection.”

Evans and Frymoyer knew that once engaged, Reardon would be a formidable ally in their efforts to raise the profile of primary care and improve health care access across Vermont. Both look back on Reardon’s tenure as Associate Dean for Primary Care with immense satisfaction and gratitude. Her work securing funding and establishing three regional AHECs in Vermont with the broad charter of developing community-based partnerships to improve the health of all Vermonters has been “a singular achievement,” says Frymoyer. From the AHECs wide range of education, placement, and support programs; to the students, residents, and health care professionals who have been convinced to return or to stay in Vermont thanks to AHEC and Freeman financial assistance; to the Doctoring in Vermont program that ensures every medical student will spend time working hands-on with primary care mentors, “She’s everywhere,” says Evans, “an influencer of governors, of senators, of public health…she’s the glue that brings everything together.”

Another legendary aspect of Reardon’s reputation is her ability to turn “no” into “yes.” As one colleague says, “She’s a force to be reckoned with.” She applied for the initial federal AHEC grant three times before the funding was finally awarded. “Dr. Reardon had a vision for how the College of Medicine, in partnership with communities across the state, could work to improve the health of Vermonters,” says Theresa Alberghini DiPalma, who worked with Reardon as senior legislative assistant for health for U.S. Senator Patrick Leahy in the early 1990s, and is currently senior vice president for government and external relations at Fletcher Allen Health Care. “Anyone who knows Dr. Reardon knows that her vision is matched only by her stamina.”

Even in retirement, Reardon will stay involved with some key projects: ensuring that the Freeman Medical Scholars program connects graduating residents with needy areas in Vermont and further developing the new Premedical Enhancement Program. She will also, she hopes, have more time to relax and travel with her two close friends, Pat Connelly and Sarah Beers, with whom she has lived for 33 years. “The truth of the matter,” she says, “is that I would never have been able to do a fraction of what I have done if it were not for them.”

Although, as her friends know well, Mimi Reardon’s retirement is likely to be as busy as most people’s working life. She may have left direct patient care behind, but she will never leave behind the responsibility she feels to patients. “She wants quality patient care for every single Vermonter,” says Senator Jim Ledy. “There is a commitment in this state for people to take care of one another and Mimi is the embodiment of that. She’s a doctor’s doctor, but ultimately and more importantly, she’s a patient’s doctor.”

“When you’re talking to Mimi, you’re dealing with someone who not only knows her subject, but cares deeply.”

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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.
IT’S A GREAT PLEASURE to greet you as the new President of the Medical Alumni Association, following Charles Howard’s term of fine leadership during the past two years. He deserves all of our thanks for his splendid efforts on our behalf. I especially want to thank Dean John Evans, who stepped down June 30, for his many years of extraordinary devotion to the College in the many roles he filled so well. We will sorely miss his smiling face at our Alumni Executive Committee meetings and his remarkable leadership. Change is inevitable however, and Dr. John Fogg’s energetic assumption of duties as Interim Dean presents opportunities for further growth and development. I look forward to working with him, as do the officers and members of the Alumni Executive Committee who represent you at the College.

UVM’s College of Medicine played an important role in my life, not only the obvious one of educating me as a physician, but also as the setting where many of my values were formed. I believe that is true of many of the alumni who are reading this as well. It’s clear from my personal observation that the dedication of the faculty and the administration of the College continue to have a similarly profound impact on the College’s current students. This year, 40% of the College’s alumni have given financial support, which compares very favorably with that of other U.S. medical schools. This admirable record is largely due to the “Century Fund” model, which was initiated by alumni the year of my graduation, 1960.

Back then, each graduating senior pledged to give one dollar to the fund the first year after graduation, two dollars the next, etc. until the tenth year (80 cents each thereafter). This year, we’re launching a new fund, The UVM College of Medicine Fund, which gets back to the simple, effective roots of the Century Fund. It will provide unrestricted money for the Dean to pursue the priorities of the College, particularly student support. Through this fund, we alumni can best show our support for the College of Medicine and its students and continue the legacy of the “Century Fund.”

So, in a sense, I begin my tenure as President as I began my life as an alumnus — helping launch a new fund to support those who follow in our footsteps. Some things truly do not change.

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John F. Beamic, Jr.
writes: “This summer I will step down after 10 years as chair of pulmonary/critical care medicine at the Lahey Clinic. I will continue as chief of medicine.”

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Tim Wargo has returned to Vermont to work and is looking forward to “hiking the hills” with his wife, Lorraine, and kayaking on Lake Champlain.

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mpopovsky@haemonetics.com

1985
Stephen Payne is still working at NW Medical Center in St. Albans where he lives on a farm with his family, and writes both fiction and non-fiction as well as contributing to Vermont Life magazine. Rosanna Trabucco Musselman has started working with the Brigham & Women’s group part time. She now has more time for her family, two puppies and her hobby, pottery.
“Practice [in Hastings-on-Hudson, N.Y.] is community-based female pediatric urology. Focus on neuro- modulation for voiding dysfunction, using integrative approach including nutrition, P.T., biofeedback and nerve stimulation — central & peripheral.” Jeffrey Michael Slaby writes: “Living in Rhode Island — vascular Surgeon. Married (Marisa) with two children — Hannah age 5, and Samuel age 3. Other than taking sutures out for Jeff Epstein’s patients, I haven’t heard from too many classmates.”

1989

Peter M. Nalin 1989

Carmel, IN 46033

(317) 962-6656

pnalin@mcm.com

1990

Barbara Angelika Dill 1990

Hartford, CT 06114

(860) 338-8437

dr_dill@yahoogroups.com

1991

John Dewey 15

15 Eagle Street

Cooperstown, NY 13326

jdewey@2797.com

Curtis Libby lives in

Cumberland, Maine with his wife Karen, son Brett, and daughters Kate and Erin. Steven Vogt and his wife Christine are living a happy life together in Hood River, Oregon.

DEVELOPMENT NEWS

Reunion '07

1992

Mark Elliot Pasanen

2514 Spear St.

South Burlington, VT 05403

(802) 865-5291

mark.pasanen@vtmednet.org

Shirlene Jay writes: We are living here in Redondo Beach, Calif. I’ve been in a private practice dermatology group, and we are having the most fun raising our two girls, Megan, 5, and Kayla, 2.

1993

Joanne Taplin Roney

22 Patterson Lane

Durham, CT 06422

(860) 349-6941

Peter and Joanne Roney are doing well in central Connecticut with their three children. They are practicing anesthesia and general surgery in their local community hospital.

1994

Holdiay Kane Rayfield

P.O. Box 819

Wattsfield, VT 05671

(802) 966-5670

rayfieldbkt@yahoo.com

Brian Clark has been appointed director of the division of reproductive endocrinology and infertility in the department of obstetrics and gynecology at UMass Memorial Medical Center. He has also been appointed an associate professor of obstetrics and gynecology at the University of Massachusetts Medical School. Craig Nielsen is currently the Internal Medicine Residency Director at the Cleveland Clinic. Seth Rafael lives in Newton, Mass., with his wife Mauna and daughter Lily. He is the Medical Director of the Program for Assertive Community Treatment and also continues a half-time private practice in psychiatry.

1995

Allyson Miller Boulduc

252 Autumn Hill Road

South Burlington, VT 05403

(802) 863-4902

allyson.boulduc@vtmednet.org

LeSLie K e r n e r took a new position as Associate Director of the special care nursery at Mass. General Hospital in January.

1996

Anne Marie Valente

4616 Dolwick Drive

Durham, NC 27713

(919) 868-8110

valen10@mc.duke.edu

Patricia Ann King, M.D., Ph.D.

1990

Durham, NC 27713

(919) 806-8110

valen010@mc.duke.edu

An estimated 40% of all alumni gave during the 2006 fiscal year. In addition to alumni giving, over 2,500 faculty, staff, friends, and community members have supported the College of Medicine’s annual fund this year. This combined support will provide over $2 million in current-use funding for the College in the 2006-2007 year — a truly remarkable achievement.

A related development that builds on the strength of the annual giving program is the kick-off of a new priority annual fund — The UVM College of Medicine Fund. This new fund builds upon the goals of the former 21st Century Fund, and the need for an unrestricted priority source of funding for the College. It will provide an opportunity for all annual fund donors to contribute to the greatest-need fund, which will increase available dollars to be used where they are needed most — for scholarship, educational technology, alumni support, and support for faculty teaching and research opportunities.

THE CRANE CHALLENGE

The College is also happy to announce the Crane Challenge — a matching grant made possible by a generous $30,000 gift from alumnus Edward B. Crane, M.D.’s7 (left). Dr. Crane’s grant will match increased donations as will be announced upon the formal launch of the UVM College of Medicine Fund this September. Dr. Crane has made this gift to underscore his belief in the power of annual giving and its importance to the College; it will serve to leverage the already strong participation in annual giving as the Fund kicks off.

ARTWORK IN PLACE

Works of art recently donated to the College by alumni went on display during this summer’s reunion. Two paintings by UVM faculty member Frank Owen were donated by Edward Okun, M.D.’s6 and his wife Barbara Rose (below). They now hang in the corridor outside the Dana Medical Library and in the HSRF Gallery. Additionally, a sculpture created by Saul Spiro, M.D.’s5 now graces the reading area at the center of the Dana Library (above). The glass-and-copper work is titled “In the Balance.” And four sketches donated by the Stackpole family now hang in the Given Courtyard. (Edna Backup died suddenly on July 31.) Plaques for the newly named rooms were put in place during Reunion 2006.

REUNION GIVING

Success Alumni celebrating reunion years in 2006 were very generous in their reunion-focused giving. During the Friday night “Legends and Leaders” event in Carpenter Auditorium on June 15, 1996, Gesner, M.D.’s6 (at right in photo) was able to present Dean John Evans with a Reunion Check representing all classes reunion gifts as of that day. More donations have come in since, pushing reunion giving for 2006 well over the $400,000 mark.
### REUNION ’07

**1997**

Julie Clift Small
20 Prince Street
Manchester-by-the-Sea, MA 01944
(617) 242-8693
jsmall@tidalcomedical.com

Carol Blackwood writes: “I am very busy but have returned from Iraq, although I still mourn for the young people we cared for. I have just returned from geriatrics fellowship at East Carolina University in North Carolina, funded by the US Navy.”

Christine Lamoureux enjoys life in Colorado with her husband, Ken, and their two daughters, Kay (age 4) and Mina (age 2). Christine is in private practice specializing in musculoskeletal imaging.

“We look forward to seeing old friends at the 2007 reunion.” Jonathan and Amy Martin write: “Hawaii living is wonderful. We welcomed our new little daughter, Kate, in September. We look forward to seeing everyone at our ten-year reunion next year!”

**1998**

Halleh Akbarnia
3418 Regatta Road
Carlisle, CA 93009
(650) 210-1998
lahfoomand@yahoo.com

Joel W. Keenan
Grenwich Hospital
Pine Perryridge Road
Greenwich, CT 06830
joelkeenan@hotmail.com

Jay Allard
PSC 475 Box 1757
USNH Yokosuka
Japan
(816) 753-2410
jeallard@pol.net

Jay Allard writes: my wife, son, and I will be moving back to the Washington D.C. area after two years in Japan. I will be beginning fellowship training in gynecologic oncology. Please feel free to look me up if you’re in the area.

Amy Doolan Roy writes: “Marc (’99) and I are moving back to Connecticut with our new 14-month-old son Benjamin. Marc is going to be an ED attending at New Britain General Hospital and I am going to do fellowship training in Pediatric Emergency Medicine at Yale, before a pod’s E.R. attending for three years.”

### M.D. CLASS NOTES

**HALL A**

**2000**

Jay Edmond Allard
USNH Yokosuka
PSC 475 Box 2175
FPPO AP 6650
jeallard@pol.net

Michael Jim Lee
71 Essex Lane
Darien, CT 06820
michael.j_leesb81@yahoo.com

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### CONTINUING MEDICAL EDUCATION 2006-2007 CONFERENCE SCHEDULE

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

**4th Annual Northern New England Critical Care Conference**
September 14-16, 2006, Stonewall Resort, Stowe, VT

**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 15-16, 2006, Sheraton Conference Center, Burlington, VT

**19th Annual Imaging Seminar**
October 21-25, 2006, Topnotch Resort, Stowe, VT

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

**Current Concepts and Controversies in Surgery**
February 3-5, 2007, Topnotch Resort, Stowe, VT

**For information contact:**
University of Vermont
Continuing Medical Education
128 Lakeside Avenue Suite 100
Burlington, VT 05405
(802) 656-2392
http://cme.uvm.edu

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**College of Medicine alumni receive a special 10% discount on all UVM Continuing Medical Education conferences.**
Danielson and Nathan, Laura, and Kellan
Homes. Alan Cook is hav-
ing a great time as he en-
ters his Chief year at the
University of Vermont in
general surgery. He had
been considering a fellow-
ship at the time of his holi-
day email but no final plans
to report from this author.
He spent a year in the lab
in a couple of summers ago
and actually found the
time to enjoy Vermont
again. His wife was quite
pleased with Alan’s extra
time as well. But, it was
also a very productive year
with great publications
and meetings for Alan.
Good luck with your final
year of residency, Alan.

Emily (June) Ryan com-
pleted a Family Medicine
residency in 2004 and
located with Tim and
their beautiful daughter
June to sunny Venice,
Florida. She’s been quite
busy with work and is
enjoying private practice.
The Ryan family is truly
enjoying private practice
and is loving every
moment in all that beautiful Utah has to
offer, from skiing to hiking
to the Sundance Film
Festival. They passed
through Kansas City en
tire route to the University
of Michigan (Ann Arbor) in
2005 and it was such a
pleasure to see a very
happy pregnant doctor and
her ecstatic husband.
They have given birth to
a handsome little boy named
Max on October 1, 2005
and are loving every
minute of parenthood,
the 3 a.m. feedings!
And, Emily has taken
two lovely Godparents, Liz
McGowan and Andy Tolley.
Jenny completed the first of
a two-year stroke fel-
norship and Loren has
an incredible job with GM,
test driving cars to better
erange their stability
control systems. They are
hoping to move west next
year. Liz and Andy are
enjoying a seaside lifestyle
in beautiful Rhode Island
where Liz is in her final
year of a neonatal inten-
sivist fellowship at Brown.
They are in the process of
adopting a little girl from
China and anticipate her
safe arrival in the US in
early 2007. To keep busy
when not in the hospital
and to kill time waiting for
the adoption to be final-
ized, Liz and Andy have
been taking lots of exciting
trips to Utah, Australia,
and Italy to name a few.…congratulations
on your adoption and we
can’t wait to hear if your
daughter will speak
Australian or American!

Ladan Farhoonmand com-
pleted an anesthesiology
residency in Los Angeles and
has moved south to beau-
tiful San Diego. She is
easily enjoying private
practice in San Diego, is a
voluntary faculty member
at the University of
Southern California/Keck
School of Medicine, and
has been rumored to be a
local boogie boarding
champion…no surprise on
that one. Valley Girl Tae
Song will complete his
general surgery residency
in 2007 at UCLA-Harbor
and will stay for a vascular
and endovascular surgery
residency. He has an
impressive final year of resi-
dency in Kansas City.
Despite the long hours, I
found a fantastic man in
my intern class, Michael
Karellas, and we recently
celebrated our one year
wedding anniversary in
Switzerland and France.
Mike just completed a
urology residency in
Kansas City and is now a
surgeon fellow at Memorial
Studios in Maryland, the
two moved to Chapel Hill
to begin their fellowships.
JoEllen recently complet-
ed her second year of a
house-one fellowship at
Duke and Luke has com-
pleted his second year of
cardiology. Adjusting to
southern life was not diffi-
cult but their biggest
adjustment comes from
their new status as proud
parents. Jollene gave birth
a couple of months ago
to a beautiful baby girl, Mikala
Katz. Honorary classmem-
ber Teresa Fama completed
her internal medicine resid-
ency at Fletcher Allen
and went on with a rheumatology fellowship
which she will complete
next year. In her free time,
Teresa is still a dedicated
runner and motorcyclist
and, as always, an out-
standing mom. Wendy
Boucher is loving life in
sunny Seattle where she is
completing her orthopedic
surgery residency. Ed has
adjusted to life on the west
coast and their daughter
Madie seems to think
daily rain is completely
normal! As for this author,
JoAn Majersik
completed her medical
residency at the University
of Utah in
neurology residency at the
University of Utah in
sunny LA. Karine married
her lifelong love, Ara, in
June to sunny Venice,
California. They have
calendared to the University of
Maryland, the two
completed a Family Medicine
residency in Kansas City.

I am looking forward to seeing
my new family in 2007 and I look
forward to the next install-
ment of our updates. Cheers,
JoAn

2003
Omar Khan
33 Clearwater Circle
Shelburne, VT 05482
(802) 987-1111
omar.khan@vtmednet.org

2005
Julie A. Alosi
julie.alosi@vtmednet.org
Richard, Parent
richparent@gmail.com

2004
Jillian S. Geder
jillian.geder@vtmednet.org
Emily A. Hannon
emily.hannon@hsc.utah.edu

War, Earthquakes, and Polio
continued from page 37
BANGLADESH: A MEASURE OF SUCCESS
The road was bumpy, to say the least. Large craters
in the tarmac were interrupted only by small pudd-
es hiding either another section of broken road or
— this possibility prompting a slowing from
10 mph to 5 — an open manhole. And we weren’t
even en route to our final destination, the Centre
for Rehabilitation of the Paralyzed (CRP), which lay
a short distance outside Dhaka, the capital of
Bangladesh.
Bangladesh was certified as polio-free by 1993.
No new cases of acute flaccid paralysis, or AFP, had
appeared in a set amount of time, and the WHO
was thus satisfied that polio had been eradicated
from this corner of South Asia. This was important
in the global and the regional context, the latter
more so: Pakistan and India had yet to do so, and
eliminating a communicable disease from a country
of 125 million people with two infected
neighbors, so to speak, was a significant achievement.

One of the few downsides of the geopolitical
neutrality Bangladesh enjoys is that its borders are
subsequently quite porous. The fear must have
existed that unvaccinated migrants from the Indian
side could start another round of polio. Due per-
haps to high immunization rates on the Indian bor-
der, this proved to not be a concern: ten years ago,
the area remains polio-free. Perhaps more sig-
nificant to the development of the area remains
polio-free, they have had a major role in the development
of rehabilitation. The legacy of polio and other para-
lyzing levels of paralysis? We planned to address some
of these questions at the CRP, the best regarded
facility of its kind in Bangladesh, and among the
finest in the entire South Asian region. Polio likely
represented a far greater proportion of its work at
one time, when acute polio was occasionally seen.
..
Elizabeth D. Procter, M.D.*13
Dr. Procter died on April 11, 2006, at her home in New Hampshire. She was born Nov. 14, 1918, in Woodstock, Vt., and had a lifelong love of Cloudland Farm, the South Pomfret dairy farm she grew up on. After graduating as valedictorian from Woodstock High School she attended Green Mountain College and graduated from the College of Medicine in 1943. She married Clifford Russell Procter in January of 1943. Dr. Procter had a family medical practice in Pittsford, then worked on the staff of the Vermont Rehabilitation Hospital in Milwauk e, Wisconsin, and later for the State of Iowa Department of Health in Des Moines, Iowa.

She and her husband retired to Middlebury in 1979, until moving to Lebanon, N.H., in 1996.

Paul E. Griffin, M.D.48
Dr. Griffin died on March 14, 2006, in Albany N.Y. He was born on Aug. 13, 1922, in Herkimer, N.Y. He was a graduate of Herkimer High School, followed by pre-med school at Niagara University, medical school at the University of Vermont, internship and residency in Hartford, Conn., and at the VA hospital in White Plains, N.Y. He was an associate professor of neurosurgery at UVM Medical Center. Dr. Griffin also served in the U.S. Air Force as a captain during the Korean War. He began his career in Detroit, Mich., serving on the staff of Henry Ford Hospital, and joined the faculty of Wayne State University Medical School. He established a large private practice and established the Detroit Medical Center. He finished his medical career in Portland, Maine, first serving on the staff of Mercy Hospital in 1957, and retired in 1989 as OB-GYN department head at Maine Medical Center.

Stuart J. Smith, M.D.55
Dr. Smith died March 29, 2006, in Virginia. A native of Burlington, Vt., Dr. Smith was a longtime Virginia resident. After earning his M.D. degree at the University of Vermont, he opened a private practice in Rutland, Vt., and later joined and retired from the U.S. Air Force, achieving the rank of Colonel. He continued to practice medicine, opening a family practice in Hampton, Va., and later helping to establish a local dietary practice. Dr. Smith was also the Medical Director of the Southampton Health Services.

Harry S. Spaulding Jr., M.D.59
Dr. Spaulding Jr. of Aurora, Colo., and formerly of Waterbury, Vt., died June 18, 2006, in a biking accident in Texas. He was born Dec. 12, 1930, in Waterbury. He graduated from Waterbury High School in 1948. He earned a bachelor of science degree from the University of Vermont College of Pharmacy in 1953, a master’s degree in Pharmaceutical Chemistry from Duquesne University College of Pharmacy in 1955, and a medical degree from the University of Vermont College of Medicine in 1959. Dr. Spaulding served in the U.S. Army from 1960 to 1967 and from 1972 to 1993, where he worked as a pediatrician and an allergist. He retired with the rank of Colonel.

Charles R. Boyce, M.D.*53
Dr. Boyce, of Naples, Fla., died May 22, 2006. He was born in Proctor, Vt., in 1928. Dr. Boyce completed his undergraduate degree at Marietta College in Ohio before receiving his medical degree from the College of Medicine in 1953. He served in the Navy during the Korean War. He achieved the rank of Lieutenant Commander. He continued his medical career in Detroit, Mich., serving on the staff of Henry Ford Hospital, and joined the faculty of Wayne State University Medical School. He established a large private practice and established the Detroit Medical Center. He finished his medical career in Portland, Maine, first serving on the staff of Mercy Hospital in 1957, and retired in 1989 as OB-GYN department head at Maine Medical Center.

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MEDICAL REUNION 2006 saw one of the largest groups of returning College of Medicine graduates in years. There were familiar faces from every anniversary class, young and old.

The past few reunions have taken place under the brilliant blue skies of late spring in Vermont. This year, alas, there was more rain than sun in the sky. But the wet weather did not dampen the spirits of returning alumni, nor get in the way of their fun. Hundreds still gathered on Friday night, June 9, for the “Legends and Leaders” celebration, where attendees heard an update on progress at the College of Medicine and joined in honoring the members of the 50th Reunion class and the eleven recipients of the Medical Alumni Association recognition awards.

The remainder of the wet but fun weekend was given over to class dinners and lunches, the reunion picnic, Nostalgia Hour, and much informal reconnecting with old friends.

MEDICAL REUNION ’06 FACT: The 50th Reunion class had over 40 attendees at their dinners and special recognition went to M.D.’56 class member Douglas M. Black, who received the Award for Service to Medicine & Community at the Celebration of Achievements. The collective Reunion gift from the MD’56 class was nearly $250,000.
REUNION '06 FACT:
The medical class of 1996 made an impressive showing at Reunion with over 45 attendees, and 45 percent participation by their class in giving. Table 15, the class’ famed band, named for their anatomy table, made an appearance at the public boathouse with over 100 reunion attendees showing up to dance the night away!

REUNION '06 FACT:
President Daniel M. Fogel and Rachel Kahn Fogel, and Dean John N. Evans, hosted Ira Allen and Wilbur Society members at the annual reception honoring donors recognized by the two societies.

REUNION '06 FACT:
The Class of 1981 had a special gathering (in the rain) to rededicate a tree that was given by their class to the College in 1979 in memory of classmate Larry Vorbach.

REUNION '06 FACT:
Three days of torrential downpour in the Northeast did not slow down picnic-goers from all class years who brought the face-painting, frisbees, hamburgers and music inside before proceeding to Nostalgia Hour.
Third-year medical student Brett Schneider leads a role-play training teaching high school students how to properly shadow a medical professional during the UVM Area Health Education Center’s MedQuest camp.

Retiring Associate Dean for Primary Care Mimi Reardon, M.D.’67, observes from the background.

*photograph by Mario Morgado*
Though his days as a medical student are now more than six decades past, Carleton R. Haines, M.D. ’43 and his wife, Josephine, have never stopped seeing the value of the work done at the University of Vermont College of Medicine. That’s why the couple has made an impressive and inspiring 32 years of unbroken financial support for his medical alma mater.

The Haines’ story is just one of the many examples of dedication and generosity by annual fund donors whose yearly gifts at all levels support the College’s mission.

With the College of Medicine’s over 4,000 donors, the new UVM College of Medicine Fund, which officially launches this fall, is well-poised to continue to do what the 21st Century Fund, and Century Fund before that have always done: be a resource and a helping hand for the next generation of physicians and scientists.

The leadership of the College and the Alumni Executive Committee have worked hard to make sure that a tradition of excellence continues at the UVM College of Medicine, and they’ve worked equally as hard to ensure that the resources will be there to support this tradition. The launch of the UVM College of Medicine Fund will be a major resource for the immediate needs of the College.

The UVM College of Medicine Fund will continue the great history of giving back that has been a hallmark at the College of Medicine — which is a leader in the nation for alumni participation in annual giving. It will provide stable funding for the College to make investments in the things that matter most — the students, faculty, alumni, research, community service and clinical care that are the College of Medicine.