Pediatric oncologist Giselle Sholler, M.D., is on a mission to find new therapies for a tenacious childhood cancer.
The Neuroblastoma Challenge

One form of pediatric cancer has, over the years, resolutely resisted a cure. A group of UVM researchers focuses its efforts on changing that fact.

by Jennifer Nachbur

Ancient Healing

The first female Navajo tribe member to become a surgeon shares her thoughts on the practice of medicine with the College’s 2007 graduating class.

by Lori Arviso Alvord, M.D.

The UVM Medical Alumni Association invites you and your family to plan now to join us for Reunion 2008—June 6-8, 2008. 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 our 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 • Medical Alumni Picnic • Nostalgia Hour • Class Receptions and Dinners


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ON THE COVER:
Photograph of Neuroblastoma researcher Giselle Sholler, M.D. (with a young patient), by Raj Chawla.
As the new 2007–2008 school year begins here at the University of Vermont, a new chapter is also beginning in the annals of the College of Medicine. Just a few days before we welcomed the 1,121 members of the new Class of 2011, President Fogel announced that Frederick C. Morin III, M.D., had been chosen to become the College’s 17th dean. Rick Morin brings to the College his considerable experience as a physician, educator, scientist, and administrator at the University at Buffalo. He will be a wonderful addition to the Vermont community, and I know he will be meeting many members of that community personally as he prepares to assume the full responsibilities of Dean by October 1.

As I prepare to hand off the reins to Dr. Morin, it is a good time to reflect on this busy year. I have enjoyed my time as Interim Dean and appreciate all of the support of the chairs, the faculty, staff and alumni who have helped make this year a successful and satisfying one. Though I only took on this position in June of 2006, this short time has been a period of real accomplishment for the school. Successful chair recruitments have provided key departments in the College with dynamic leadership. Our new faculty practice arrangement with Fletcher Allen Health Care was successfully implemented, and our school has received a full eight-year accreditation.

Of course, many exciting challenges lie ahead, and a glance at some pieces of the past, like the medical artifacts in the Dana and University Libraries collections shown in this issue, helps remind us of the magnitude of change that has come to the practice of medicine over the years. Just outside the Dean’s Office door, in the main corridor of the Given Building, hangs another such artifact — the group photo of the College’s faculty in the mid-1950s. This summer, we have gathered for their 50th reunion, they were amazed at the vast changes in size, faculty, and space of their medical alma mater. Today, there are many more faculty members than could be gathered into one small photo, and the breadth of their daily accomplishments is amazing. Whether it is teaching a far larger student body through a new and exciting curriculum, or following the trail of promising research that translates into better care for our patients, as you will see detailed in the article in this issue about the College’s neuroblastoma group, the people who are the College of Medicine have a drive toward excellence and improvement that is palpable throughout the campus.

So as a transition to my new roles, I welcome Dean Morin to this special place, and look forward to working together in the future to continue the important missions of the College of Medicine.

Editors & Assistant Dean for Communications & Planning
Carole Whitaker

Assistant Dean
James C. Herbert, M.D.,’77 Associate Professor of Neurology

Professor of Biochemistry
James C. Herbert, M.D.,’77 Associate Dean for Graduate Medical Education

Russell Tracy, Ph.D. Senior Associate Dean for Research & Academic Affairs

In late July, UVM President Daniel Mark Fogel named Frederick C. Morin III, M.D. as the 17th Dean of the College of Medicine, effective August 25, 2007. Morin comes to Vermont from the University of Buffalo, a member of the State University of New York, where he was the A. Conger Goodyear Professor of Pediatrics and Chair of Pediatrics in the School of Medicine and Biomedical Sciences, and chief of pediatric service for Women and Children’s Hospital of Buffalo and Kaleida Health.

“Rick Morin is an accomplished researcher, physician, educator, scholar and administrator, and we are all extremely pleased to have such strong leadership for the College of Medicine,” said President Daniel Mark Fogel. “He is passionately committed to our education, research and service missions, and will be a key collaborator as we work toward establishing UVM as the nation’s premier public research university.”

Morin, 58, is a graduate of the University of Notre Dame and Yale University School of Medicine. After a residency in pediatrics at Stanford University and a research fellowship in neonatology at University of California San Francisco, he joined the University of Rochester as assistant professor of pediatrics and obstetrics & gynecology. In 1986 he moved to the University at Buffalo, and in 1994 was named chief of the Neonatology Division at Women and Children’s Hospital of Buffalo and associate professor of pediatrics and physiology. He became full professor and vice chairman of research in 1994, and was named chair of pediatrics and pediatrician-in-chief at Women and Children’s Hospital of Buffalo in 1997. He also served as interim vice president for health affairs at University at Buffalo and interim dean of the School of Medicine and Biomedical Sciences from 2003 to 2006.

An active leader at Buffalo, Morin served on steering committees to guide the educational, research and clinical agendas for the institutions and across the region. He continued to teach and mentor students, while maintaining a busy pediatrics practice and active research program. Internationally known for his groundbreaking research on persistent pulmonary hypertension of the newborn and the uses of nitric oxide, Morin is the author of more than 70 publications and the recipient of numerous grants from the National Institutes of Health and others.

Morin was selected after a year-long national search led by UVM Provost John Hughes, Ph.D. He will succeed John P. Fogarty, M.D., who has served as interim dean since July 1, 2006, and John N. Evans, Ph.D., the College’s 16th Dean, who stepped down in June 2006.

See page 4 for “5 Questions for the New Dean.”

* B.S., University of Notre Dame, 1972
* M.D., Yale University, 1976
* University of Rochester (NYV) — Assistant Professor of Pediatrics and Ob/Gyn, 1982–86
* Chair of pediatrics and pediatrician-in-chief at Women and Children’s Hospital of Buffalo since 1997.
FALL 2007

UVM’s Six-Year Campaign Ends Successfully, Surpassing Its Goal

Six years after its launch, the Campaign for the University of Vermont officially ended on June 30, 2007, having surpassed its goal and raised more funds than any previous effort at the University.

The campaign, which officially began on July 1, 2001, had set a $250 million fundraising goal, with proceeds slated primarily for student scholarships, faculty support, and facilities. University President Daniel Mark Fogel announced in January of 2007 that the $250 million goal had been reached. By the time the official end date had arrived, the University had logged more than $270 million in donations.

Strong support from the alumni and friends helped push the College of Medicine past its individual campaign goal, which started out as $60 million. By June 30, campaign donations to the College had exceeded $60.6 million.

The University will officially celebrate the successful campaign over Homecoming Weekend in early October. On Friday, October 5, the Dudley Davis Center, whose construction was funded by campaign donations, will be dedicated in a public ceremony. The following day, individual college events will be held around campus, and a celebratory parade at Old Mill will begin at noon.

Medical Student Wins Ironman Lake Placid

Fourth-year medical student Alex Mroszczak-McDonald was the top male finisher in the Ford Ironman competition held in Lake Placid, N.Y. on Sunday, July 22. He completed a 2.4-mile swim, 112-mile bike and 26.2-mile run in 9 hours, 16 minutes, and 2 seconds.

On June 30, Mroszczak-McDonald captured the men’s overall title in the Tupper Lake, N.Y. Tinman Triathlon and in early June, he won the Mooseman Half-Ironman in New Hampshire. He was the U.S. champion, age-group champion and 5th overall finisher at Ironman Wisconsin in 2006. His win in Lake Placid qualifies him to participate in the Ford Ironman World Championship in Kona, Hawaii in October.

Mroszczak-McDonald became involved in triathlon competition after starting medical school at the University of Vermont in 2003. His swift elevation to national elite status over the past few years has altered his medical career timeline, but not his plans to practice medicine. He will graduate in May 2008, but will defer serving his residency for about two years during which he will continue to compete in triathlons. “I plan to remain active in the medical field and use my skills while I am racing and will definitely return full-time to medicine, as it’s been my ultimate goal for a long time,” said Mroszczak-McDonald.

A resident of Burlington, Mroszczak-McDonald also serves as a coach for Trismarter.com, which specializes in online triathlon training and nutritional coaching.

3 Questions for the New Dean

VM: First of all, welcome to the campus. Do you have any general thoughts on assuming the deanship you’d like to share?
FM: Thank you. I’m honored to be entrusted with the leadership of the College of Medicine. I feel that my entire career, from faculty member to division chief to department chair to interim dean, has prepared me for this position. It truly is the capstone of my career. I intend to provide vision, leadership and solid management for the College while fully appreciating that the accomplishments made here will be grounded in the efforts of the faculty and staff. I realize that I still have a lot to learn about our institution, its people and its culture, so that decisions we come to about the future of the College are inclusive and can be implemented in a timely fashion.

VM: If what are some of the things you are most excited about as you look forward?
FM: One thing that seems to me to be a tremendous and rare asset is the compact nature of the campus. You can walk from the office of the hospital CEO, to the office of the dean of the College of Medicine or any other school, to the office of the university president himself in just a few minutes — I traveled just such a route more than once when I was visiting UVM earlier this year. This physical proximity makes it much easier for people to work together and collaborate. As a physician and researcher, I’ve often noticed that some of the best consults are hallway consults. Many medical schools wish they had the ability for close collaboration with their clinical partner, or with other colleges in the university — we already have that in Vermont, and that’s a huge asset. I’m also very grateful that there is a tight relationship with our clinical affiliate, Fletcher Allen Health Care. The affiliation agreement we have is written to make a tight interaction. That close relationship means, for instance that you can take the research strength of the College, translate that to the bedside and the community, and you can make a real difference in health care.

VM: Looking at the missions of the College, what are your brief thoughts on the challenges ahead?
FM: I’ll obviously have to just touch on the highlights here. To be the best we can be, we must grow our research base, better translate that research into clinical application, and enhance our educational programs.

On the research side, we will do this by developing critical mass in selected strengths. To accomplish this we must plan and align our strengths with those of our colleagues in the other colleges, in Fletcher Allen Health Care, and potentially at Maine Medical Center. This goal will lead us to expand our faculty and research space. And we need to continue our work to get a Clinical Translational Science Award (CTSA) from the National Institutes of Health. Less than half of all medical schools are going to get one, but I think we have the pieces in place to make it happen. We have a strong General Clinical Research Center, and this is the foundation. The CTSA will allow us to take our research into the community in a great way. In the end, it’s not good enough to only publish a human study, you ultimately want to get that new therapy accepted in the community. In an analogous program, we will need a serious effort to recruit a new leader for, and retain our NIH designation as, a comprehensive cancer center.

In education, we already have a strong program with an innovative curriculum, and a nationally-recognized prominence in primary care teaching. One way we’ll build on this record is by creating a full simulation center here at UVM. I believe such a center will become essential for the teaching of exams, procedures, team work and more to students, residents, and practitioners from all areas of health care. We are, in large part, responsible for offering the brightest and most motivated students from Vermont with an opportunity to earn a medical degree within the State, and for them and others to come to our medical center for residency training and join the more than 2600 physicians now practicing in the State of Vermont. I hope that, by solidifying and expanding our partnership with the Maine Medical Center, we can provide much of the same service there. Finally, through the “umbrella” programs that are being developed across disciplines in the basic sciences, we can move to the next level in our training of biomedical investigators for our University, our state and the nation.
Local Physician Named McKay Green & Gold Professor

Marshall “Buzz” Land, M.D., clinical professor of pediatrics, has been named the first R. James McKay, Jr., M.D. Green & Gold Professor in Pediatrics, continuing a long tradition of cooperation between community physicians and the Department of Pediatrics at the College. Named in honor of R. James McKay, Jr., M.D., the first full-time pediatric faculty member and chair of pediatrics at the University of Vermont College of Medicine, the R. James McKay, Jr., M.D., Green & Gold Professor is supported by an endowment established by McKay’s friends and colleagues as a testimonial to his service to UVM, Vermont and the United States. To date, the endowment drive has raised approximately $185,000 in gifts and pledges. McKay came to UVM in 1950 and served as chair of pediatrics from 1952 to 1963. During his tenure, he recruited the core of the department faculty and taught, mentored and inspired scores of medical students and pediatrics residents. Still an active member of the UVM College of Medicine community, Dr. McKay will celebrate his 90th birthday this October.

Land earned his medical degree from the University of Cincinnati College of Medicine and served a pediatrics internship at Cincinnati Children’s Hospital Medical Center and pediatrics residency at the formerly-named Medical Center Hospital of Vermont. Following residency, he went into private practice, joining the Pediatric Medicine group practice in South Burlington, and joined the UVM clinical faculty in 1975. In 1986, he was elected to Alpha Omega Alpha in honor of his teaching excellence, and his practice — Pediatric Medicine — received the UVM College of Medicine Dean’s Primary Care Teaching Award in 1995. Dr. Land currently chairs the committee that plans the certification exam for the American Board of Pediatrics. He has served as chair of the Residency Scholarship Committee of the American Academy of Pediatrics, as well as served on a number of medical- and pediatrics-related committees at the state and local levels.

M.D.-Ph.D. Program Holds Research Day

The College held its fourth annual M.D.-Ph.D. Research Day on Friday, July 13. The event, hosted by M.D.-Ph.D. program director Steven Lidofsky, M.D., Ph.D., featured eleven student research presentations, the Dean Joseph B. Warshaw, M.D. Scholarship Award presentation, and a keynote address by Arthur Gutierrez-Hartmann, M.D., professor of biochemistry and molecular genetics and director of the Medical Scientist Training Program at the University of Colorado.

University of Vermont sixth-year M.D.-Ph.D. student Anna Eusser, a native of Colorado, received the 2007 Dean Joseph B. Warshaw, M.D. Scholarship Award. Eusser’s research presentation was titled “In Vivo Studies of the Cerebral Circulation in Rats during Hypertension and Pregnancy.” The Warshaw Award is named in honor of the College’s 12th dean, who died in 2003. The award presentation was made by Dr. Warshaw’s widow, Cynthia Warshaw.

AWARDS & RECOGNITION

McFadden Named Interim Associate Director at the Vermont Cancer Center

David McFadden, M.D., has been appointed Interim Associate Director for Clinical Cancer Care and Research at the Vermont Cancer Center at the University of Vermont and Fletcher Allen Health Care. McFadden will take on these new duties in addition to his role as Stanley S. Fieber Professor and Chair of Surgery at the College of Medicine and Physician Leader of Surgery at Fletcher Allen. “We are pleased to have such a strong leader and champion for the integration of cancer care and research serve in this important new role at our institutions,” said John P. Fogarty, M.D., interim Director of the Vermont Cancer Center. “With the recent good news from the National Cancer Institute that we will receive full funding for the current year, along with the launching of multidisciplinary clinics at Fletcher Allen, this leadership position is critical for us to move forward and we are excited that Dr. McFadden has agreed to take on this additional responsibility.” In his new role as the clinical leader of cancer services, McFadden reports to Paul Taheri, M.D., President of the Faculty Practice, and has responsibility for coordinating cancer services across Fletcher Allen. In his role as leader for clinical research, McFadden will report to the dean.

Medical Student Earns CDC Public Health Fellowship

Monica Patton, a Class of 2008 medical student, has been awarded a one-year fellowship from the Centers for Disease Control and Prevention (CDC) to receive training and perform research as part of the “CDC Experience.” Designed to increase the pool of physicians with a population health perspective, “The CDC Experience” program competitively selects eight medical students from around the country each year to spend ten to twelve months at CDC in Atlanta. By gaining an in-depth understanding of applied epidemiology — the science of the incidence, distribution, and control of disease in a population. Prior to enrolling in medical school, Patton served with the Peace Corps in West Africa, co-founded and directed Vote For America and returned to West Africa as a Monitoring and Evaluation Advisor with AFRICARE/Peace Corps in Guinea. During the summer between her first two years of medical school, Patton interned in the HIV/AIDS department at the World Health Organization in Geneva, Switzerland, serving as lead author of a guide for programs to prevent mother-to-child transmission of HIV infection. “The CDC fellowship is a great match for Monica, given her considerable experience and interest in international medicine and public health,” said G. Scott Waterman, M.D., associate dean for student affairs.

Major Vermont Cancer Center Supporter Receives Honorary Degree

Lake Champlain Cancer Research Organization (LCCRO) board chairman Floyd H. Rourke received an honorary degree during the University of Vermont’s 2007 commencement ceremony on Sunday, May 20. The LCCRO is a private foundation based in Hudson Falls, N.Y., that is dedicated to supporting cancer research. It was created and self-financed by Rourke’s mentor and predecessor, the late philanthropist J. Walter Jackett. Over the past 27 years, LCCRO has provided approximately $1 million for VCC scientists, paving the way for significant breakthroughs as the identification of two colon cancer genes and pioneering sentinel node biopsies, a procedure that reduces the extent and harm of breast cancer surgery.

OB/GYN Chair Earns Harvard Health Care Management Degree

Mark Phillippe, M.D., professor and chair of obstetrics and gynecology, received a master of science degree in health care management from the Harvard School of Public Health on June 7, 2007. The Harvard M.S. Degree in Health Care Management is a two-year, part-time program created exclusively for physicians who work full-time in leadership positions in health care organizations. Most courses incorporate features of continuous learning, where skills learned in the classroom can be applied immediately to the participant’s work site. Phillippe has been chair of obstetrics and gynecology since 2001.
The Shackford-Labow Lectureship was created in honor of Samuel B. Labow, M.D. and his wife, Michelle Labow, by the University of Vermont’s College of Medicine and a member of the Vermont Cancer Center at UVM and Fletcher Allen Health Care. Geller also serves as principal investigator of the Vermont Breast Cancer Surveillance System, which is supported by the National Cancer Institute’s Breast Cancer Surveillance Consortium — a cooperative agreement between NCI and investigators at medical research centers across the country focused on evaluating the performance of screening mammography in community practice in the United States. Debbie Dameron, ACS vice president for cancer control for Vermont, said the grant is made possible by contributions from thousands of women and men who have generously supported the ACS’s ongoing research efforts. “Mammograms are critical in the fight against breast cancer, and improving radiologists’ skills in reading mammograms is key to early detection,” Dameron said. “The American Cancer Society is pleased that such great work is being done on this front at the University of Vermont.” Berta Geller commented: “Though research data suggest that, overall, mammography achieves respectable levels of accuracy, these data show a wide variation in interpretive skills. At the extremes, this results in both significant rates of missed cancers and women being called back for additional testing, which reduces cost effectiveness, causes harm, and fails the expectations of women undergoing regular screening. We are developing better ways to measure accuracy and to provide continuing education to improve mammography interpretive skills. All Vermont radiologists who read mammograms will be invited to participate in this study.” The ACS funds that support Geller’s project come from the Horizon of Hope Campaign, sponsored by the Longaberger Company of Dresden, Ohio. The first year of her research was also funded by the Breast Cancer Stamp Funds at the NCI.

Inaugural Shackford-Labow Lecture Features Vascular Surgery Pioneer

The first Steven R. Shackford, M.D. and Samuel B. Labow, M.D. Endowed Lectureship on Quality was held June 28 in the Davis Auditorium in the Medical Education Center at UVM/Fletcher Allen Health Care. Featured speaker Lazar J. Greenfield, M.D., Professor of Surgery and Chair Emeritus at the University of Michigan, discussed “Quality and the Aging Surgeon.” The event opened with a tribute to Shackford by Melinda L. Estes, M.D., Fletcher Allen CEO, John P. Fogarty, M.D., UVM College of Medicine interim dean, and David W. McFadden, M.D., professor and chair of surgery. Greenfield, who retired as chairman of the Department of Surgery and Surgeon-in-Chief of University of Michigan Hospitals in 2004, holds the Frederick C. Cellier Chair in Surgery and currently serves as Chair Emeritus. He is the inventor of the Greenfield Filter, an intracaval filter device designed to prevent pulmonary embolism. The Shackford-Labow Lectureship in Quality is a University of Vermont endowed lectureship that Samuel Labow, M.D., and, his wife, Michelle Labow, created in honor of Shackford as he prepared to step down from his tenure as chair of the Department of Surgery. “We wanted to honor our friend Steve Shackford in a lasting way within the Department of Surgery,” said Dr. Labow, a Clinical Professor of Surgery at the UVM College of Medicine. “When I asked him about it, he wanted us to make the focus on quality — a topic about which he is a passionate advocate and role model.”

Second International Stem Cell Conference at UVM

The Medical Education Center at the University of Vermont was the site of the Stem Cells and Cell Therapies in Lung Biology and Lung Diseases Conference in late July (pictured above). Associate Professor of Medicine Daniel Weiss, M.D., Ph.D., was the co-organizer of the conference, which welcomed over 350 participants from around the globe. Weiss also organized the first such conference on stem cell issues, which took place at the Education Center in 2005.

RESEARCH MILESTONES

Asthma Study Results Demonstrate Effective Treatment Options

An American Lung Association Asthma Clinical Research Centers study found that a simpler, once-a-day inhaler regimen is just as effective as the standard twice-daily inhaled treatment in patients with mild persistent asthma. These results, which were coauthored by Charles Irvin, Ph.D., professor of medicine and director of the Vermont Lung Center at the University of Vermont, were published in the May 27 New England Journal of Medicine. More than 22 million Americans have asthma, which caused 1.8 million emergency room visits in 2004. While asthma attacks are caused by increased reaction of the airways to various stimuli, the inflammation underlying asthma is continuous. Medications help reduce airway inflammation and relieve or prevent symptomatic airway narrowing. The results of this study, called the Leukotriene Modifier or Corticosteroid or Corticosteroid-Salmeterol (LUMOS) trial, has enormous implications both for how patients with mild persistent asthma are treated and how well they adhere to their treatment regimen. “For asthmatic patients with mild disease — who are the majority — it is about choice where choice results in better patient satisfaction and treatment adherence,” said Irvin, who heads up the Asthma Clinical Research Center at UVM.

New One-Stop Web Resource Links Vermonters to Health Care Info

Vermonters can acquire all of their health care information in one place with Go Local Vermont, a new web search tool that connects community members with information about local health care facilities, providers, support groups and programs throughout the state.

Recently launched by the University of Vermont’s Dana Medical Library, Go Local Vermont was created and maintained by a staff including professional medical librarians to ensure that the information provided is accurate and current. Go Local Vermont is a joint project of the National Library of Medicine (NLM), University of Vermont Dana Medical Library, the Frymoyer Community Health Resource Center of Fletcher Allen Health Care, and Vermont 2-1-1, a program of Kingdom Way of Vermont.

Go Local Vermont combines the United Ways’ 2-1-1 referral service listing with additional information called by medical librarians to provide a comprehensive overview of outside resources and services. The service is available via MedlinePlus, the premier general information source about medical conditions and diseases from the National Library of Medicine and National Institutes of Health, at Go Local Vermont. Consumers who search for information on a condition, such as diabetes, via the National Library of Medicine-sponsored consumer health database MedlinePlus will retrieve a number of articles relating to the condition. The “Go Local” option allows them to view all resources, from advocacy services to endocrinologists to support groups, available to diabetic patients in a given Vermont county. Previously, health consumers had to first learn about a medical condition or diagnosis, then separately retrieve information about relevant local services from a variety of sources.

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The College of Medicine announced its latest group of Frymoyer Scholars in August. The program is named in honor of John Frymoyer, M.D., the College’s 14th dean, who retired in 2000, and his wife, Nan P. Frymoyer, a retired nurse and member of the College of Nursing and Health Sciences advisory board. The program aims to strengthen clinical teaching by supporting members of the UVM medical and nursing faculty in their development of clinical teaching projects.

The 2007 – 2008 Frymoyer Scholars are Judith Lewis, M.D., assistant professor of psychiatry, for her proposal titled “Development of Web-based Educational Material for Education in Psychiatry,” and Charles Mercier, M.D., associate professor of pediatrics, and Catharine Muskus, M.S., R.N., lecturer in nursing, for their project called “Communication and Teamwork: The Key to Quality Health Care. An Interdisciplinary Workshop Using High Fidelity Simulation.”

Frymoyer Scholars for 2007-2008 Named

The College Welcomes the Class of 2011

The College of Medicine welcomed 112 new first-year medical students to campus on August 6. The students, many of whom have worked in health care settings prior to enrolling in medical school, participated in orientation activities throughout their first week at school. Included in the week’s schedule were sessions on professionalism, leadership, technology training, team building (including a workshop at UVM’s East Woods, above left) and an overview of the four-year curriculum that will lead to their medical degree.

UVM’s newest class of medical students includes:

• 58 women and 54 men;
• Students ranging in age from 21 to 37;
• Students from 25 different states across the nation and seven foreign countries, including Canada, Egypt, Ethiopia, Japan, Kenya, Korea, Russian Federation.
One form of pediatric cancer has, over the years, resolutely resisted treatment. But one pediatric oncologist and a team of UVM researchers are focused on changing that fact.

the Neuroblastoma challenge

by JENNIFER NACHBUR

It is one of the shining successes of medical science in the last half-century: the immense growth of survival rates from childhood cancer. In the past 50 years, those rates have increased from 10 percent to nearly 80 percent, with cure rates varying according to cancer type. Nearly 100 percent of childhood leukemia cases, for example, are now curable. The chance of survival for brain tumor patients is now 50 percent. That trend, however, does not extend to neuroblastoma, an often-fatal cancer that affects very young children. The neuroblastoma challenge has become the focus of groundbreaking clinical and basic science research by physicians and scientists at the Vermont Cancer Center.

Every 16 hours, a child with neuroblastoma dies in the United States. A large majority of neuroblastoma cases — about 95 percent — occur before five years of age.

“In the U.S., there are about 700 new cases each year of neuroblastoma,” says Giselle Sholler, M.D., a pediatric oncologist and assistant professor of pediatrics who is leading a Phase 1 neuroblastoma treatment clinical trial at UVM. “Although it’s not a high number of patients, it’s a high number of deaths from cancer.”

Sholler explains that there are two “peaks” of neuroblastoma that can occur. The first, which occurs in infants less than one year old, has a 95 percent survival rate and sometimes regresses spontaneously, without treatment. The second is at the opposite end of the spectrum: Stage IV metastatic neuroblastoma.

photography by RAJ CHAWLA
The most common solid tumor in children outside of brain tumors, neuroblastoma develops in the cells of the sympathetic nervous system. Best known for its role in the body’s “fight-or-flight” response, the sympathetic nervous system includes a chain of nerves that runs from the cervical neck down to the pelvis. About two-thirds of neuroblastomas actually begin in the abdomen. Tumors typically originate in the adrenal glands or in the nerve cells in the sympathetic nerve ganglia—or cell clusters—in the abdomen. Other tumor origins can include the sympathetic ganglia of the chest or neck, or in the pelvis and, more rarely, in the spinal cord.

Children with metastatic neuroblastoma must undergo a rigorous course of treatment to address their advanced disease, which has usually metastasized to the bone marrow and sometimes the liver and bone as well. Following six rounds of very aggressive, intensive inpatient chemotherapy, a patient will have surgery to remove any remaining tumor—a challenge due to the invasive nature and location of this type of tumor. The next step in treatment is two autologous (self-donated) bone marrow transplants. Patients receive additional therapies, including retinoic acid and/or an anti-body against neuroblastoma, after which therapy is stopped and the patient is considered in remission. Unfortunately, 70 percent of patients are expected to experience a recurrence. After relapse, the disease is so aggressive that the chance of survival is less than five percent.

Despite daunting circumstances, the children and families confronted with neuroblastoma are remarkably resilient, hopeful and motivated. Two families in particular, the Londons of New York City, and the Hutchisons of San Diego, have waged a heroic and passionate effort to find new treatments for children with relapsed neuroblastoma. Both families found their way to Dr. Sholler, the Vermont Cancer Center (VCC) and UVM after hearing about her research at a medical conference. Via the neuroblastoma parents’ consortium. She speaks with families via conference call every other Wednesday, often joined by several “special guests,” including leaders from companies investigating therapeutics and clinicians and scientists from other institutions who are interested in collaborating with her. Serving as moderator with parent Neil Hutchison, Sholler provides updates on the clinical and basic science research taking place at the VCC. The researchers and parents work together to discuss new approaches that would benefit the children. Their goal, in addition to working to make the latest therapies available to kids, is to one day establish a neuroblastoma translational research program at the VCC.

In a step towards that goal, Sholler chaired the first “Developments in Neuroblastoma Research Symposium” at UVM in March, an event that attracted over 100 scientists, physicians, students and family members of neuroblastoma patients. While continuing to care for patients and run the Phase 1 trial, Sholler is also conducting basic science research, in collaboration with Marcus Bosenberg, M.D., Ph.D., assistant professor of pathology; Nicholas Heintz, Ph.D., professor of pathology; and Laurent Brard, M.D., Ph.D., assistant professor of gynecology/oncology at Brown University, to gain a better understanding of nifurtimox’s potential as a treatment alone or in combination with chemotherapy, as well as designing and testing new therapies.

“In our laboratory mouse models, we have shown that nifurtimox treatment alone reduces tumor size,” says Sholler, who is getting ready to submit these findings for publication. “We’re now looking at what is the best combination of chemotherapy to use with nifurtimox, and that will guide us in writing our Phase 2 trial, which we anticipate opening shortly after the Phase 1 study closes in the fall. We need to find effective treatments for children with relapsed neuroblastoma.”

Rae Nishi, Ph.D., professor of anatomy and neurobiology, directs the Neuroscience Graduate Program at UVM and has served as a mentor to Sholler. An established expert in programmed cell death and cell-to-cell interactions during nervous system development, Nishi expanded her focus to include neuroblastoma and launched two pilot projects—one run by Sholler and the other by Jennifer Straub, Ph.D., a postdoctoral fellow whose graduate work at the University of Rochester centered on cell death in the nervous system during development. In 2006 Nishi convened a neuroblastoma research team, which collaborates on research and meets regularly to share data and related information. In addition to Nishi, the group includes Sholler, Straub and Umadevi Wesley, Ph.D., research assistant professor of microbiology and molecular genetics.
As a graduate student, Straub’s research centered on nerve growth factor signaling through a receptor called TrkB, which belongs to a family of proteins called Trk receptors. One of those proteins — TrkB — acts as a neurotrophin receptor; its binding protein, make up two of the major biological markers found in aggressive neuroblastoma tumors in children. Although TrkB was present in these tumors, no one had ever seen it expressed during the development of the sympathetic nervous system.

Using a chick embryo model, Straub set out to determine whether BDNF/TrkB signaling plays a role in the development of the sympathetic nervous system. She observed molecular activity through the early stages of sympathetic nervous system formation and made a significant discovery: TrkB is present, but only for a very transient period during early development. Straub then removed the TrkB-positive cells and put them into culture with BDNF. The evidence showed that BDNF can stimulate rapid growth of the TrkB-positive cells in a manner similar to its role in neuroblastoma tumors. “That’s amazing,” adds Straub. Based on her findings, Straub then removed TrkB-positive cells and put them into culture with BDNF.

The fourth member of the neuroblastoma research team, Umadevi Wesley, Ph.D., studied the role of DPP4 (dipeptidyl-peptidase IV), a protease or protein found on the cell surface in normal and skin cancer cells, during her postdoctoral fellowship and later while working as a research scientist at Memorial Sloan-Kettering Cancer Center. Wesley discovered that DPP4 was highly expressed in normal melanocytes — specialized cells in the skin — but in melanoma tumor cells, the protease was absent, suggesting that DPP4 is necessary to keep the cell in a normal phenotype. Without it, cancer cell growth is promoted and melanoma tumors occur.

Wesley is currently testing the hypothesis that elevated levels of BDNF can stimulate proliferation in vivo by adding BDNF in chick embryos. To accomplish this, she works with the eggs and adds BDNF to the eggs at different stages of development. Another current project entails creating a constitutively active — or constantly active — mutation in the TrkB protein in a chick embryo model. Nishi is leading newly-funded research to test this concurrently in a mouse model. Next, Nishi aims to find out if manipulating TrkB activity will induce a tumor in mice.

The Alex’s Lemonade Stand Foundation recently awarded Nishi a two-year 2007 Innovation Award for her neuroblastoma research. Innovation Awards are designed to provide critical and significant seed funding for experienced investigators like Nishi who are working on a novel and promising approach to finding cures for childhood cancers. Collaborators on the project include UVM scientists Felix Eckenstein, Ph.D., professor of anatomy and neurobiology, and Mercedes Rimcon, Ph.D., associate professor of medical and director of UVM’s Transgenic/Knockout Mouse Facility, as well as researchers at New York University School of Medicine and the University of California at San Francisco.

“We’re proposing to make a new transgenic mouse — actually a ‘double transgenic mouse’ — which will allow us to confirm whether or not turning on TrkB causes tumors to form,” says Nishi. “In these mice, my co-investigators and I will be able to turn the gene on at different times with doxycycline during the development of the sympathetic nervous system,” explains Nishi, “which will allow us to see when the cells are most susceptible to becoming cancerous.”

Parents join the effort to fund research

Neuroblastoma Symposium organizer Giselle Sholler, M.D., (center) with patients’ parents, Meryl Witmer (left) and Neil Hutchison (right).

Parents of two young neuroblastoma patients have established The Penelope & Sam Fund for Neuroblastoma Research at the Vermont Cancer Center at the University of Vermont and Fletcher Allen Health Care. Six-year-old Sam Hutchison has fought the disease for several years, as did Penelope London before her death this year. This fund provides key support for the work of the researchers featured in this article, and has helped bring forth efforts like Teamsam, a group that participated in a 500-mile California-to-Arizona bicycle challenge. So far, the fund has raised nearly $600,000. A second fund, Andrew’s Fund, started by the family of Andrew Witmer, has raised $250,000.

As parents, we wanted to work with an organization that really embraced our role as advocates and partners,” the Londons and Hutchisons explain. “At the Vermont Cancer Center we are viewed as an important part of not only the care team but also the research team.”

For more information on the Penelope & Sam Fund visit www.vermontcancer.org.
For decades, they traveled from patient to patient in the black bags of Vermont physicians; now row upon row of gleaming nickelled-steel instruments sit in thin wooden drawers in the Medical History Room of the Dana Medical Library. Nearby are rows of medical texts from the 17th through 20th centuries. Across the UVM campus, more documents from the early days of the College of Medicine lie preserved on the shelves of UVM Libraries’ Special Collections, and in the University Archives.

Here we showcase just a small sampling of the medical artifacts preserved at UVM. Those interested in seeing a piece of medical history first-hand should visit the Dana library to view its regular exhibits, or spend time by appointment in the Medical History room itself.

A Few examples still exist of the hand that helped to found the College of Medicine in 1822. The UVM archive holds this rare receipt for services rendered signed by Dr. John Pomeroy in 1808. Only four years earlier, Pomeroy had begun teaching medical students in his Burlington office and was appointed a lecturer in “surgery and physick” at the new university.

B Traveling surgeons of the 19th Century would have used these different-sized curettes to clean infected matter from wounds.

C In the days when a single doctor tended to a vast area of the rural landscape, a physician had to be prepared to practice a bit of dentistry along the way. Here, a wood and metal tooth key, used to extract larger teeth, that was carried by Vermont doctor Cornelius Harding Buck. D shows a related item, an upper bicuspod tooth forceps.

D The forceps was an instrument once widely seen in delivery rooms, now seldom encountered. Above is an example of Hale’s Short Forceps, with their elaborately molded handles, just one of many examples of this instrument in the Dana collection.

E No relation to the College’s founder, the Pomeroy’s Ear Syringe is an example of the seemingly endless variations of instruments marketed by inventors in the 1800s and early 1900s.

F Ralk’s Gold Pessary was an early contraceptive device, a sort of 19th Century IUD, rendered in 14 karat gold.
It is an elegant-looking nickel-and-hard-rubber tool used for a less than delicate procedure. This mastoid mallet would have been used in conjunction with a chisel and gouge when operating on an infected mastoid bone, a common occurrence in the days before antibiotics.

Though they both look like similar antiques to modern-day eyes, these two microscopes in the Dana collection probably were manufactured at least 30 years apart. The oil lamp illuminated microscope at left could have been used in the 1880s or 1890s, and comes equipped with a finely-ground concave mirror for focusing the lamplight on top of a mounted specimen; the Leitz brass-and-steel microscope was one of the finest such machines available when it was used in the College’s old home at the corner of Prospect and Pearl Streets in the early 20th century.

Bearing all the signs of long use, this bone saw is just one of many found in the Dana collection of cased surgical instruments. The most notable is the box of surgical tools used by the pioneering physician and researcher William Beaumont, who trained in Burlington and St. Albans in the 1820s before setting out on a career that would see his groundbreaking discoveries in understanding the processes of digestion.

This kit of syringe and needles was owned by Ralph G. Perry, M.D., a graduate of the College of Medicine’s Class of 1901. Dr. Perry used this kit for years in his practice in Wells River, Vt.

Still intact and sterile in its glass vial filled with alcohol, these horse-hair sutures date from the early 1900s.

An early version of an instrument still manufactured today, this mastoid retractor dates from around 1906.
The University Archives contains several striking examples of elaborately engraved announcements of the commencement ceremonies for classes from the 1880s to early 1900s. Here, the card for 1884 shows two original buildings that made up Mary Fletcher Hospital, and the then-new quarters of the College of Medicine, in a converted mansion donated by the prominent citizen John Purple Howard. The ceremony took place in the Howard Opera House in Burlington.

Elizabeth Pingree’s classmates in the College of Medicine wrote in their 1931 yearbook (now housed in Special Collections) “We must certainly acknowledge that Ping has zeal, enthusiasm, and perseverance to follow the course in medicine as she has done — she being the sole survivor of our original feminine trio.” Dr. Pingree, who hailed originally from White River Junction, used this Duromaster bag in the early 1930s. It included space in the upper compartment to store instruments, and a copper sterilizing tray that would be filled with water and placed on the kitchen stove when used by the doctor in the course of house calls. A cased mercury thermometer was also part of the standard kit.

Andreas Vesalius is often thought of as the founder of modern human anatomical study, and De corporis humani fabrica (On the Working of the Human Body) has long been considered as one of the most influential anatomical texts. Originally printed in 1543, the Dana collection includes an edition of the book printed in 1725.

Nearly four centuries after Vesalius made his observations, Vermont physician Layrie Morrison, M.D., was collecting his own. Dr. Morrison’s physician’s notebook, which resides in the University Libraries’ Special Collections, contains an index to prescriptions for dozens of ailments, and detailed recipes for making them that the doctor collected from 1916 to 1941.

Frankel’s nasal specula could not have been comforting when in use, but the delicacy of its construction is a testament to the instrument-maker’s craft.

A traveling physician needed the right tools that took up the least space. This example of Smith’s Folding Tongue Depressor was carried by Herbert Hanson, M.D., a graduate of the Class of 1899, as he made his rounds during World War I.

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As a surgeon, in my professional life, I am able to bring healing to my patients, drawing together the best of medical research and surgical innovation gained over the last century of medical progress.

Yet I also carry with me another kind of healing, which comes from my people — the Navajo. This healing cannot be dated.

It is very ancient. It includes concepts of the word “healing” that are quite different from what the term usually connotes in the halls of Dartmouth Medical School. Part of my vision in life is to combine what is best from both worlds — as different as they are.

When I finished my training to be a general surgeon, I became aware that although I had been trained to be a good doctor, a good surgeon, I had not been trained to be a healer. I think I lost some of my humanity over the course of a surgical residency. Residency can change you. So first, don’t lose who you are. Don’t lose yourself.

Remember to stay true to who you are. I decided I needed to learn to be both a surgeon and a healer. And so, I went back to the healers of my own tribe for answers. And I found far more than I ever thought possible.

I realized something recently, about the keeping of knowledge. Western civilization has millions of libraries, filled with books, and these books hold the knowledge accumulated over time. But the question is: Which books should we read? What is the most important knowledge? Cultures with oral traditions did not have libraries. But they had ceremonies. I think of ceremonies as the distillation, of all the very most important knowledge. And this is why ceremonies are so special.

Our people still practice the ceremonies that have been with us since ancient times. Within the ceremonies lies a blueprint for how to live an enriched, healthy life, and how to heal others. The foundation for the ceremonies rests on a central spiritual premise that all things in the universe, including humans, are created by a life force, which is within all things, and connects all things. We believe we are not technically separate from one another, or anything else in our world.

When Europeans first encountered Native American cultures, they dismissed much of it as inferior. Indigenous religions were considered primitive compared with other theologies. But there is a connectedness and complexity within the ceremonies, which mirrors that of the universe in which we live. In my tribe, the Navajo, ceremonies are blueprints for how to live a life that is whole and balanced, a life connected to all of creation, a life that honors all living things. Our healing and our spirituality are one and the same.

Navajo ceremonies teach that all wisdom, all life, arises from one source: “Sa’a naghai bik’e hozho.” It is our name for our creator — a unifying force that is within all things, connects all things, and creates all things. This phrase is also translated as: “To live one’s life with spiritual beauty.” Healers, medicine men in our tribe, have described it as “Universal Mind,” indicating that the universe is the source of creation, and that the universe has a consciousness, and we are all part of this consciousness. Because it is within all things, we, as humans, are not separate from other humans or the rest of our world.

The ceremonies teach Navajos to live in “hozho,” a word that embodies a combination of beauty, harmony, balance and peace. It includes the teaching that humans should honor and respect other humans. When practiced, this life way is capable of enhancing family and workplace stability. Strong interpersonal relationships help build strong families and communities.

Our ceremonies and culture also help us develop healthy minds and bodies. Ceremonies encourage this process through physical and mental purification. “Hozho” includes thinking about the future in a good way, and is very similar to what we now call “positive thinking.”

Ceremonies empower the mind, through purification, and through visualizing the future in a positive way.

An attempt to live in harmony and reduce conflict helps to reduce stress; and reducing stress has healthy side effects. The field of psycho-neuroimmunology, (the mind’s influence on the body), also known as “mind-body medicine,” has shown that stress and depression are capable of suppressing the immune system, which interferes with our ability to fight infections and to defend against cancer. Ceremonies help to heal, protect, and empower the mind, and that in turn helps reduce stress, and helps our immune system fight disease. Thomas Hatalhahni, one of our medicine men, says this: “The mind is the foremost energy that we have as humans. Ceremonies are done to empower the mind, and if that can happen, the rest should follow (physical healing).”

It will be important, as we move forward in medicine, to understand that patient’s minds, and their mind states, are every bit as important to the process of healing as the attention and treatments we give their bodies.

As we learn more about healing, art has emerged as a healing force. When the mind encounters certain forms of art, the joy, delight, or awe it experiences is capable of relieving stress, of counteracting depression, thereby possibly helping the immune system. Navajo ceremonies include layers upon layers of art — woven together, integrated.

From the beauty of the prayers and chants and the images they evoke, to the powerful rhythms of the drums, and the music that carries the words forward, art moves through ceremonies as both the background and the foreground, as both the earth and the air. Art is expressed in paintings made with sand. The Yeis (katchinas), our spiritual guardians, are represented in visual art, as both the earth and the air.

And it connects all things, integrates all things, is woven together, integrated.
we are deeply interconnected to all aspects of our lives, being influenced by multiple forces within our lives, that defines stages, but points to the concept that healing can be achieved in realms such as support group therapy, music therapy, and so on. The research is still in its beginning stages, but points to the concept that healing can be influenced by multiple forces within our lives, that we are deeply interconnected to all aspects of our lives, and that we may use these interconnections to achieve healing.

I believe that healing environments can be created that incorporate many aspects of ceremonies. Among these are creating a space of trust and deep support for patients, developing an environment for staff that is supportive and that encourages building teams that have good working relationships, and developing spaces that are visually beautiful and comfortable for both patients and families.

We may soon understand that elements of art, ceremonies, sustainability, and healing are deeply woven and interconnected. The cultures of Native people encourage the recognition of interconnectedness, a "systems thinking" interpretation of the world.

I also want to address how we care for patients, and the creation of "healing environments." Balance, harmony, and wholeness are not part of most surgical training programs. But the best surgeons don’t operate on gallbladders or spleens or hearts, they operate on the people who own them. People with lives, children, and their own beliefs.

And though a surgical procedure focuses on a single organ, when I operate, I try always to remember: I am opening a person, a human being. I am putting my hands inside their body.

I try to remain aware of the whole person-body, mind, and spirit, the harmony of their entire being.

Caring for our patients is a very profound privilege, we have license to travel to a country no other person can visit — to the inside of another person’s body, a sacred and holy place. To perform surgery is to move in a place where spirits are. It is a place one should not enter, if they cannot enter with hozho.

And even if you do not believe that the human body is sacred, remember that it is very special, especially to the person who owns it.

It should be touched with great respect, and great care.

The medicine men tell us that the air we breathe travels all around the earth, and has existed on the planet for millions of years.

Breathing connects you to the rest of the world in this way.

The words that move out from your lips, these same words move from within you, and travel out into the world.

They can bring healing, through the care with which you speak to patients, through the gentleness with which you speak words that are hard for them to hear.

Your words carry your mark.

How we touch our patients is also very important.

The wisdom from our tribe says that our hands are very special.

Universal winds, a part of the life force I described previously, enter through the whorls on the palms, the feet, and the top of the head.

Our hands are very special.

They are our ambassadors to the rest of the world.

They carry our goodwill.

Your hands will touch many patients over a lifetime, and they will serve you well when you touch a patient with gentleness.

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.
As this issue goes to press, we have received word of the appointment of Frederick C. Morin III, M.D., as the 17th Dean of the College of Medicine. On behalf of the Medical Alumni Association, I congratulate and welcome Dr. Morin. I am excited that he will be taking on this position which, to echo President Fogel, has far-reaching importance for not only the College, but also for the entire University, Fletcher Allen Health Care, and the State of Vermont. The Alumni Association looks forward to providing ample opportunities for alumni to meet the new Dean in the coming year.

I want to also take this opportunity to offer sincere thanks to John P. Fogarty, M.D., for his capable stewardship of the College as Interim Dean since 2006. Dr. Fogarty impressed the alumni leadership with his clarity of mission and his integrity. We are very grateful for his service and know he will continue to be a tremendous asset to the College moving forward.

As a new academic year begins, I am excited to report that the past fiscal year (ending June 30, 2007) saw amazing support from alumni. The revitalized College of Medicine Fund, in its first year, surpassed an aggressive goal of $700,000 (up from about $400,000 for the 1st century Fund last year). The increased support through the College of Medicine Fund has allowed for new scholarship opportunities as well as new avenues of student support that are greatly needed. I’m pleased to see the impact of the availability of these greatest-need dollars in action.

Another major fundraising milestone this year was the completion of the University’s six-year comprehensive campaign. The College of Medicine proved to be a major part of this campaign. The University surpassed its goal of $17.5 million with donations to the College of Medicine making up 38 percent of our medical alumni donors to the College.

This level of alumni support ranks among the highest for medical schools, with many parents, faculty, staff and friends adding their support. It is clear that we have much to be proud of.

You’ll read in this issue of Vermont Medicine that a very impressive new class of medical students has begun at the College. I am excited to think that alumni have played a great role in attracting them here. Our legacy, our success, and our support have all helped to make the UVM College of Medicine a place where students feel proud to be. I wish the students all the best as they begin another year, and I thank my fellow alumni for their continued support of the College in the coming year.

Marc Nierenberg, M.D. ’60

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Warren Johnson writes: “We enjoyed the reunion but missed seeing the many who were unable to attend. Let’s stay in touch and all plan to be there in 2012.”

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1966
Robert George Sellig
132 Overlook Drive
Queensbury, NY 12804
(518) 793-7194
ralphs@gci.com

G. Millard Simmons
3185 Grass Marsh Drive
Mount Pleasant, SC 29466
millard@comcast.net

1967
John F. Dick II
P.O. Box 60
Salisbury, VT 05769
(802) 532-6643

1967
REUNION CLASS OF 1967

2006. Roberta (UVM undergraduate ’67) and Jack took a trip to Alaska in July. They will divide their time between Lake ChAMPLAIN, SYRACUSE, N.Y., and Boca Raton, Fl. The Stetsons have six grandchildren.

1968
Gale A. Little
97 Quechee Road
Hartland, VT 05048
(802) 436-2318
gandielee@dartmouth.edu

Joseph H. Vargis III
574 US Route 4 East
Rutland, VT 05701
(802) 775-4671
jvargisam@bci.com

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1969
Myer Bornstein

1970
Warren Johnson

1971
Robert George Sellig

1972
Robert George Sellig

1973
John F. Dick II

1974
John F. Dick II

1975
John F. Dick II

Development News

The new “Med Fund” surpasses its goal
The College’s fiscal year 2007, which ended on June 30, 2006, saw the successful completion of the first year of a new priority annual fund — the College of Medicine Fund, which built upon the foundation of the prior 21st Century Fund to build unrestricted funding for scholarships, educational technology development, alumni support, and support for faculty teaching and research opportunities. The goal for the first year of the Med Fund was an ambitious $700,000. Thanks to the generous support of the College’s alumni and friends, that goal was surpassed in June, an increase of more than $165,000 over the previous year’s annual giving.

New Student Lounge Named for 1915 Alumnus
On the western wall of the main floor corridor of the Given Building, the photographs of the members of the College’s Class of 1915 look out through the courtyard at the new student lounge, which went into operation just this year. Now the lounge carries the name of one of those class members from long ago. Annette Plante, the daughter of Ulric Plante, M.D., ’15, wished to memorialize her father, whose long medical career in New York State began in Burlington, with a gift that would continue to help today’s medical students.

When Dr. Plante and his 40 fellow members of the Class of ’15 attended the College, the student “lounge” was a small room in the basement of the old College building in winter, and the front steps of the building in warmer seasons. Today, thanks to his daughter’s generosity, the Plante Student Lounge provides the 112 members of the latest class and all their fellow students with a spacious area for relaxation, TV watching, cooking a snack, playing a game of foosball (in the Bruce Fonda Gameroom), catching up on emails or meeting with others in the student conference room.

Martin Golf Tournament Raises Funds for Brain Aneurysm Research
The Sixth Annual Peter A. Martin Brain Aneurysm Research Fund Golf Tournament was held on August 1 at Twinaska Golf Club in Shelburne. Named in memory of Peter A. Martin, a Williston resident who lost his life following a second brain aneurysm in September 1999, this annual event supports the Peter A. Martin Brain Aneurysm Research Fund at the College of Medicine. The Martin family, who established the Fund, as well as College of Medicine faculty, alumni, Martin family friends and community members interested in supporting research, participated in the event, raising over $13,000 and bringing the fund’s endowment to a value of nearly $240,000.
1972
F. Farrell Collins Jr.
205 Page Road
Pinehurst, NC 28374
(910) 295-6464
mcart@champmail.com
Sarah Ann McCarty has been working in Virginia Beach for 11 years and for the past four years has been doing GYN full time and enjoying the challenge! Our son, Michael, is at UVA studying neuroscience; our daughter, Rose, is off to Barnard College this fall. John and I will enjoy the empty nest, sailing, traveling and working in Haiti with Paul Farmer. *Martha McCarty* writes: Sorry not to make the 25th reunion. Our youngest graduated from high school the same weekend. Both our daughters will be attending Bowdoin College in the fall. Fred Schlussel writes: “Greetings to all my dear classmates. Sorry I couldn’t make the reunion, because we are visiting Prague for the first time as a family.”

1973
James M. Betts
712 Harbor Road
Alameda, CA 94502
(510) 522-1920
jbetts@mail.cio.org
Mark A. Popovsky
22 Nauset Road
Sharon, MA 02067
(781) 749-8242
mpopovski@haemonetics.com
John Kenerson is the medical director of the cardiovascular division of Sentara Virginia Beach General Hospital and the Tidewater Cardiovascular division. He and his wife Libetan Hanson (MD’82) have done work in Haiti.

1974
Douglas M. Eddy
5 Tankard Road
Windham, NH 03087
(603) 324-3546
dhakeed@att.net
Cajsa Schumacher
78 Eucild Avenue
Albany, NY 12203
cajisachu@yahoo.com
Ellen Andrews
195 Midland Road
Pinehurst, NC 28374
(910) 295-6454
elland@mindspring.com
Don P. Chan
Cardiac Associates of New Hampshire
Suite 203
246 Pleasant Street
Concord, NH 03301
(603) 224-2000
dpcn@alcom.com
Bob Backus spent six weeks with his wife Carol in Brazil, the Southwest, and Civil War battlefields. He is making the transition to three days per week — no call — for full-time rural family medicine.

1975
Paul Malcolm Costello
Essex Expeditionists, Ltd.
89 Main Street
Essex Junction, VT 05452
(802) 879-6556
John Alexander married Rebecca McBride on April 14, 2007. They had a destination wedding in Sanibel, FL. John Healey writes: “I now have additional responsibilities as vice-chair of surgery for education at Memorial Sloan-Kettering Cancer Center. I was guest speaker at the Vermont Cancer Center grand rounds April 4th, regarding osteosarcoma and solid tumor biology. In response to our New York City empty nest Paula and I built our country nest in South Bend, IN, to be near our Midwest children.”

1977
Mark A. Popovsky
22 Nauset Road
Sharon, MA 02067
(781) 749-8242
mpopovski@haemonetics.com
Richard Nicholas Hubbell
80 Summit Street
Burlington, VT 05401
(802) 865-1551
rich.hubbell@vtmednet.org
Sarah Ann McCarty has been working in Virginia Beach for 11 years and for the past four years has been doing GYN full time and enjoying the challenge! Our son, Michael, is at UVA studying neuroscience; our daughter, Rose, is off to Barnard College in the fall. John and I will enjoy the empty nest, sailing, traveling and working in Haiti with Paul Farmer.

1980
Richard Nicholas Hubbell
80 Summit Street
Burlington, VT 05401
(802) 865-1551
rich.hubbell@vtmednet.org
Lisbet Hanson has been working in Virginia Beach for 11 years and for the past four years has been doing GYN full time and enjoying the challenge! Our son, Michael, is at UVA studying neurosciences; our daughter, Rose, is off to Barnard College in the fall. John and I will enjoy the empty nest, sailing, traveling and working in Haiti with Paul Farmer.

1981
Craig Wendell Cage
2451 Victoria Gardens
Tampa, FL 33609
craggage@tampabay.rr.com
Paul Cain writes: “We are still enjoying life in Maine. Our daughter, Erin, just finished her first year as a UVM undergrad and is looking to go into osteopathic medicine. Lloyd Trillini Jr. writes: “Our daughter, Christina Marie, graduated in May from the College of Medicine. She started her residency at Case Western Reserve Medical Center in June in internal medicine.”

1982
David and Sally Murdock murdock@cyberport.net
Lisbet Hanson writes: “I have been working in Virginia Beach for 11 years and for the past four years have been doing GYN full time and enjoying the challenge.” Our son, Michael, is at UVA studying neurosciences; our daughter, Rose, is off to Barnard College in the fall. John and I will enjoy the empty nest, sailing, traveling and working in Haiti with Paul Farmer.

1983
Diane M. Georgeou
2 Ravine Parkway
Goneioa, NY 11760
(607) 439-1560
dgeorgeou@stonyrkr.com
Anne Marie Massucco
15 Cedar ledge Road
West Hartford, CT 06107
(860) 512-6120
annemassi@comcast.net
Lisbet Hanson (MD’82) writes: “Sorry not to make the 25th reunion. Our youngest graduated from high school the same weekend. Both our daughters will be attending Bowdoin College in the fall.” Fred Schlussel writes: “Greetings to all my dear classmates. Sorry I couldn’t make the reunion, because we are visiting Prague for the first time as a family.”

1984
Richard C. Shumway
34 Coventry Lane
Avon, CT 06001
(860) 675-6629
rshumway@stfranciscare.org
Michael Kaplan writes that he is happily married with five beautiful children. He has a busy orthopedic practice, knees and shoulder specialty. He is a clinical instructor at Yale University, and the program chairman for the Connecticut Orthopaedic Society as well as a medical correspondent for ESPN.

1985
Vito D. imbasciani
950 North Crescent Heights Blvd.
Los Angeles, CA 90069
(323) 699-1126
vtomd@champlainmail.com
Richard Edward White
2525 Colorado Blvd.
Los Angeles, CA 90042
(213) 969-0559
darrelwhite@mac.com
John Healey writes “Greetings to all my dear classmates. Sorry I couldn’t make the reunion, because we are visiting Prague for the first time as a family.”

1987
Martin L. Wollic
874 South Home Street
Greenwood Village, CO 80111
(303) 777-1289
lawrence.wolk@cigna.com
Michael Kaplan writes that he is happily married with five beautiful children. He has a busy orthopedic practice, knees and shoulder specialty. He is a clinical instructor at Yale University, and the program chairman for the Connecticut Orthopaedic Society as well as a medical correspondent for ESPN.
and a running a clinic, at New York Hospital."

1990 Barbara Angelika Dill 120 Hazel Court Norwood, NJ 07648 (201) 767-2778 drdildobyn@earthlink.com
Chris Pilcher writes: “We moved to San Francisco in 2006, taking cats and family to cross-country in an RV. Quite the Pilcher family adventure. Barbara and I feel like we won the lottery with great jobs at UCSF and Joshua won the Mill Valley Pinewood Derby.”

1991 John Dowey 15 Eagle Street

Continuing Medical Education 2007 Conference Schedule
Dementia & Geriatric Neuropsychiatry Conference September 14-16, 2007, Stowe/Even Resort, Stowe, VT.
Primary Care Sports Medicine September 26-28, 2007, Sheraton Hotel, Burlington, VT.
21st Annual Imaging Seminar October 12-14, 2007, Stowe/Even Resort, Stowe, VT.

1996

Anne Marie Valente 66 Winchester St., Apt. 503 Brookline, MA 02246

Patricia Ann King, M.D., Ph.D. 831 South Prospect Street Burlington, VT 05401 (802) 862-7705 patricia.king@vtmednet.org

Kristin (Spark) Bradford writes: “Curious and Davis are still with us. We’re enjoying starting a one-acre farm in the former ball-field and now am in St. Petersburg, FL. I have joined a large group and am practicing adult and pediatric plastic and reconstructive surgery. Life is great in FL, but I miss Vermont! I am looking forward to the next reunion.”

1995

Allyson Miller Bolduc 252 Autumn Hill Road South Burlington, VT 05403 (802) 863-4302 allyson.bolduc@vtmednet.org

Leslie Kerzner writes: “I have a great balance of work-family right now. I am full-time at Mass General but still get to spend a significant amount of time with my girls, Elana (4) and Adriana (2). Steve continues to enjoy his CFO position at a private equity firm. We love the Red Sox and sunny weather.”

1999

Everett Jonathan Lamm 11 Autumn Lane Stratham, NH 03885 (603) 929-7555 selamm.comcom.net

Deanne Dixon Haag 4215 Pond Road Sheldon, VT 05483 (802) 544-7538

Richard Sarle and Maureen (‘92) had their first child, Robert Sarle in September 2006. Rich is currently director of surgical robotics at Oakwood Hospital in Dearborn, Michigan. Maureen is completing her orthopaedics training and will pursue a fellowship in spine surgery.

2000

Jay Edmond Allard USNH Yokosuka PSC 473 Box 2727 FPO, AP 96530 jeallard@pol.net
Michael Jim Lee 71 Essex Lane Irvine, CA 92612 michael_jimelee@yahoo.com

Maria Azzizian writes: “After seven long years of surgical residency, I am finally done. I accepted a position as a general and trauma surgeon in Nashua, NH. My husband, Shubin, our 3-year-old daughter, Zorianna, and I are moving. I would love to hear from my classmates. Maria.azzizian@yahoo.com.”

1996

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1997

Julie Clifford Small 10 Proctor Street Manchester-by-the-Sea, MA 01944 (962) 246-8693 julie97@gmail.com

Karyn (Diamond) Akery writes: “Steady, Maine is home with Pat Akey and three children, Holly (6), Scarlett (3) and Luke (2).”

1998

Halleh Akbarina 4700 Bromley Lane

Richmond, VA 23236 (804) 204-3595 halleh13@aol.com

John Lloyd writes: “I have been with Mid-State Health Center in Plymouth, N.H. for five-and-a-half years. Rural health is our focus and I wouldn’t choose any other focus. My wife and I love this lake and mountain country.”

Jason continues his work in the former ball-field at starting a one-acre farm in the former ball-field and now am in St. Petersburg, FL. I have joined a large group and am practicing adult and pediatric plastic and reconstructive surgery. Life is great in FL, but I miss Vermont! I am looking forward to the next reunion.”

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

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Reunion Class of 2003

2001
Ladan Farhooshmand
1481 Regatta Road
Carlsbad, CA 92019
(626) 201-1998
ladanfarhoosh@yahoo.com
Joel W. Keenan
Greenwich Hospital
Five Pennyridge Road
Greenwich, CT 06830
joelkeenan@hotmail.com
Joan Louise Monaco
Suite 6-F, 5E
4818 Warwick Blvd.
Kansas City, MO 64112
(816) 713-3140
joanlmonaco@aol.com
Gretchen Caido writes: “I will be moving to historic Concord, Mass., early this fall. I am in my third year of practice in Chelmsford, Mass. Let me know if any of you will be in Boston for PVMed.”

2002
Jonathan Vinh Mai
15 Meadow Lane
Danville, NH 03810
(502) 724-6851
jvmai@geisinger.edu
Kerry Lee Landry
(908) 724-6851
landos8@mc.duke.edu
Mary O’Leary
molly@nichect.org
Maureen C. Sarle
maureensarle@yahoo.com
Marliah McNamara writes: “We are happy to announce the birth of our son, Liam Robert Ahern, in May 2001! I have gone back to school for my Masters in Public Health as part of an International Health Fellowship.”

2003
Omar Khan
33 Clearwater Circle
Shelburne, VT 05482
(802) 981-1431
omarkin@vtmednet.org
Scott Goodrich
23 Mountain View Blvd.
Burlington, VT 05403
(802) 864-2787
scott.goodrich@uvm.edu
Jennifer Caido writes: “It will be moving to historic Concord, Mass., early this fall. I am in my third year of practice in Chelmsford, Mass. Let me know if any of you will be in Boston for PVMed.”

2004
Jillian S. Geder
jillian.geidergh
vtmednet.org
Emily A. Hannon
emily.A.hannon
hsc.utah.edu
Steven D. Lefebvre
fabulousjiefiebvre@hotmail.com
Julie A. Alois
julia.alois@vtmednet.org
Richard J. Parent
richparent@gmail.com

2005
William C. Eward
william.eward@uvm.edu
Deborah Rabnovitz
debora.rabnowitz@uvm.edu

2006
John E. Belock, M.D., ’54
Dr. Belock, of Bedford, N.H., died on June 21, 2007. Born in Proctor, Vt., on June 5, 1917, he earned his undergraduate degree from the University of Alabama. He entered into residency at Salem Hospital, Salem, Mass., where he met and married his wife, Marion Mills Belock, to whom he was married for 55 years, when he predeceased her in 2010.

Shirley Boulander Maciver, M.D., ’48
Dr. Maciver, of North Chatham, Mass., died May 3, 2007. Dr. Maciver led the Division of Health Technologies at Cape Cod Community College from 1973 until her retirement in 1981. She previously worked as a clinician for Cape Cod Hospital, organized and operated a full pulmonary-critical service at St. Francis Hospital in Pittsburgh, and organized a cardio-pulmonary laboratory in New York City. After her retirement she served on the Massachusetts Medical Society’s Judicatory Committee for 12 years. Born in Hanson, Mass., she received her bachelor’s degree from Tufts University and her master’s degree from the University of Maryland before coming to the College of Medicine.

Mary P. Brayton Gianola, M.D., ’50
Dr. Gianola, of White Plains, N.Y., died Dec. 12, 2006. She was 81. She was a psychiatrist who practiced medicine for more than 40 years with St. Vincent’s Hospital, New York City, and in private practice.

Brewster D. Martin, M.D., ’53
Dr. Martin died Aug. 4, 2007, at his home in Chelsea, Vt., after a brief illness. He was born Aug. 28, 1922, in Pittsfield. During World War II, Dr. Martin served in the U.S. Army in Panama. He attended the University of Vermont in Burlington on the G.I. bill, graduating in 1948 with his undergraduate degree before joining the Class of 1952 at the College of Medicine. After graduation, Dr. Martin was hired by former Vermont Gov. Stanley Wilson to start the Chelsea Health Center. Dr. Martin served the town of Chelsea as its doctor until his retirement in 1993 and was also a founder of the Chelsea Nursing Home. He became a national speaker on “Being A Country Doctor” and wrote “The Doctor Is In” articles for the Behind the Times newspaper for many years. He also contributed to the book Home Remedies from the Country Doctor.

Robert J. Manjoney Sr., M.D., ’53
Dr. Manjoney died on December 12, 2006, at St. Vincent’s Medical Center, Bridgeport, Conn., after a brief illness. He was 80. He was a Bridgeport native. He was inducted into the U.S. Army in 1944. He received the Purple Heart for injuries sustained during his service. After the War, he attended St. Michael’s College in Vermont and transferred to University of Vermont, where he received his undergraduate degree in 1949. Then followed his two brothers to the College of Medicine. He interned at St. Vincent’s Hospital in Bridgeport and served a residency at the Hospital of Saint Raphael, New Haven, in Obstetrics and Gynecology. He returned home and joined his twin brother Richard in private practice for three years. After his brother left the area, Dr. Manjoney continued a private practice and then joined the Women’s Medical Group, PC where he remained until his retirement in 2001.

Kathleen J. Maguire Burke, M.D., ’74
Dr. Burke died June 26, 2007, after a long battle with Parkinson’s disease. She was born Dec. 28, 1950, in Brooklyn, N.Y. She graduated summa cum laude from the University of New Hampshire in 1970 before attending the College of Medicine. She completed her internship at Harbor General Hospital in Torrance, Calif., and did her residency work at Boston University from 1975 to 1978. She completed a two-year fellowship at Retina Associates, an affiliate of Harvard University. In 1986 she moved to Burlington and joined the Surgical Associates as the first vitreoretinal surgeon in the state of Vermont. She went on to found Green Mountain Eye Center in 1998 where she worked until her retirement in 2001.

Karen Halle, M.D. ’03
Karen Halle, M.D. died on Wednesday, July 18, 2007, of glioblastoma multiforme after a short stay at the Life Care Center of West Bridge- water, Mass. She was 43 years old. She was born in La Jolla, Calif. She completed her undergraduate degree at Dartmouth College before coming to the College of Medicine. Dr. Halle performed her residency at Maine Medical Center in Portland, Maine. Her specialty was Family Practice.

Faculty
Robert H. Ewell, M.D., ’59
Dr. Ewell, M.D., died June 5, 2007, at San Antonio Community Hospital, Upland, Calif. He was 71. He was born in Bennington, Vt. He graduated from Columbia College with bachelor’s and master’s degrees before attending the College of Medicine. His internship and residency were at Walter Reed General Hospital, Washington, D.C. In the late 1960s he was an assistant professor of neurology at the College of Medicine. Beginning in 1970 he maintained a private practice in Glen Falls, N.Y.

Ph.D. Classes
Mark Allegretta
BioMosaics, Inc.
P.O. Box 281
Charlotte, VT 05445
(802) 656-1447
Mark.Allegretta@uvm.edu

2006 Ph.D.
Mattheww. McGinnis
(PhD Cell Biology 1998) has joined Prometheus Laboratories Inc. in San Diego, Calif. as senior director laboratory operations. He has over fifteen years of experience in clinical laboratory operations and management. Prior to joining Prometheus, he served as a senior director, molecular genetics for Quest Diagnostics Nichols Institute. Prior to that, he was an associate director at Sequenom Inc.
This year’s call to return to campus drew a healthy response from alumni from around the country. More than 400 graduates and spouses attended the June 8-10 event.

Many attendees were surprised by the physical change in the medical campus since their last reunion. Since then, the Health Science Research Facility opened, and the north side of the medical campus has been transformed by the building of UVM’s Medical Education Center and Fletcher Allen Health Care’s Ambulatory Care Center. Many alumni took the time Friday afternoon to tour the newly revitalized campus with present-day medical students as their guides.

Friday night, the Celebration of Achievements Awards Ceremony formally kicked-off Reunion with its tribute to the Class of 1957, and the presentation of Medical Alumni Association awards to eight graduates of the College for their service to their school, and their communities.

Through the rest of the weekend, alumni had a chance to walk in the shoes of current students as they experienced the College’s new educational technology. They celebrated together at Saturday’s Alumni picnic, traded reminiscences at Nostalgia Hour, and gathered together for more intimate class dinners Saturday night.

Start planning now to reconnect with your medical alma mater and save the date for Reunion 2008: June 6-8!
Christian Sanchez-Jordan (foreground) searches for red blocks as his teammates, Jeremy Silver (from left) and Anna Bovill work on giving him directions as half of the class of 2011 spent the afternoon working on team building and confidence exercises as part of their first week at the College of Medicine. This game involved Jeremy Silver, who couldn’t speak, describing to Anna Bovill, who couldn’t turn around, what a blindfolded Christian Sanchez-Jordan should do to find red blocks spread out on the forest floor.

photograph by Raj Chawla
In 1985, Helen and Robert Larner, M.D.’42, established the Larner Endowment Fund at the College of Medicine. They were guided by a small set of very clear goals: to provide significant support for financially needy and meritorious students at Dr. Larner’s medical alma mater, to help as many medical students as possible, and to create a culture of “giving back” which would continue to develop the Fund as its recipients and others moved on into their professional life.

Today, the Larner Fund is well into its third decade, and has helped hundreds and hundreds of “Larner Scholars” who have earned their M.D. at the College of Medicine. The Larners have consistently made regular additions to the fund and, true to original expectations, many of those former low-cost loan recipients have returned the favor, by giving back to the Fund with their own generous donations. This year, the Larner Fund has changed to help students even more, by offering loan deferments through residency years for new loans.

You can join the many alumni and friends of the College of Medicine by making a donation to the Larner Fund. It’s a gift that makes you a part of the culture of “giving back,” and extends a helping hand to generations of future physicians.

For more information on the Larner Fund, contact:

UNIVERSITY OF VERMONT COLLEGE OF MEDICINE
MEDICAL DEVELOPMENT AND ALUMNI RELATIONS OFFICE
(802)656-4014 MEDICAL.GIVING@UVM.EDU WWW.MED.UVM.EDU/GIVING