After his graduation from UVM in 1951, and from the College of Medicine in 1954, Lucien Côté went on to a prominent career in neurology, focusing particularly on treatments for Parkinson’s disease at New York Presbyterian Hospital in New York City. Now a professor emeritus of neurology at the Columbia College of Physicians and Surgeons, Dr. Côté (center above with his wife, Joanne, and Dean Frederick Morin at this year’s Medical Reunion) has been honored with the new Lucien Côté Endowed Scholarship at UVM. Dr. Côté’s daughter, Gabrielle Côté Crandall, and son-in-law Roger Crandall (both undergraduate alumni of UVM) established the $100,000 Medical Alumni Association challenge scholarship to honor Dr. Côté’s 55th medical reunion in 2009.

Honoring a Distinguished Loved One

For more information about how you can support the College of Medicine please contact the Medical Development and Alumni Relations Office.

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Managing Chronic Pain

Magdalena Naylor, M.D., Ph.D., finds out where it hurts, and what makes it stop

Also Featured:

- There’s No Place like Medical Home
- A New Heart for the Medical Campus
From the Dean

College News
A new class of medical students, a newly refurbished auditorium, stem cell researchers from around the world, and more.

Hall A

President’s Corner

Class Notes

Development News

Obituaries

Reunion ’09

A New Heart of the College
For more than 40 years, the courtyard at the center of the Given Building has provided the members of the UVM community a place to rest and reflect, a place to gather and, for several years, a place to temporarily house the medical library. Now, after a little more than a year’s construction, the Courtyard at Given is a vital new heart of the campus.

Home Sweet Medical Home
Vermont is helping to change the face of primary care with a new model that makes a medical practice the home for all the patient’s needs.
By Sona Iyengar

Where Does it Hurt?
Some patients with chronic pain wonder: Is it all in my head? UVM clinician and researcher Magdalena Naylor, M.D., Ph.D., explores the central nervous system to help these patients by using the mind to treat the body.
By Lynda Majarian

ON THE COVER: Magdalena Naylor, M.D., Ph.D., at UVM’s research MRI facility
Photograph by Mario Morgado.
As the fall semester begins, we welcome the newest medical and graduate students to a campus that has not only a new look, but a new function. People are by far the most important element in maintaining an outstanding academic medical center such as ours, but being smart and creative with the bricks and mortar can go a long way in helping our people — the faculty, students, and staff of this College of Medicine — reach their full potential.

I believe “smart” and “creative” are two words that can definitely be applied to the latest addition to the medical campus, the Courtyard at Given, which I had the privilege of helping to open in July. As you’ll see in this issue, the courtyard has been transformed into a light-filled space that welcomes everyone into the very heart of Given, and gives a our medical students and alumni a newly unified home at the center of the College.

Just as importantly, the new campus space creates a home for our Center for Clinical and Translational Science and the Vermont Cancer Center, and is allowing us to grow our research laboratory space within the Given building. As you’ll see in our article on Dr. Magdalena Naylor’s innovative pain research, that work has real and lasting benefits that transform patients’ lives for the better every day. Research at the College of Medicine has grown at a healthy rate over the last two years, I am proud to report, even in the face of the national trend toward decreased research funding. Our researchers have been bucking this trend, and have just recently garnered a significant amount of additional research dollars through the American Recovery and Reinvestment Act.

At our medical reunion this summer, I was struck by how many times alumni who’d been gone from campus for ten years or more remarked on the beautiful transformation of our surroundings, and a large part of the thanks for that must go to John Evans, Ph.D., who has overseen so many of our projects, to President Fogel for his continued support, and to our alumni who have supported those projects.

As we strive to create an innovative, efficient home for the members of our campus community, members of that community, as you’ll read in these pages, are engaged in creating an innovative medical home for all patients — an effort with our partners at Fletcher Allen to increase the breadth and quality of patient care. All of us who call Vermont our home can be proud that through this and many other efforts our state is helping to lead the nation in developing better ways to care for patients.

Frederick C. Morin III, M.D.
Dean, University of Vermont College of Medicine
Pinckney is Named 2009 Frymoyer Scholar

The ability to communicate compassion — which entails both sympathizing with another person’s pain or distress and desiring to alleviate it — is a critical skill for health care providers. Richard Pinckney, M.D., M.P.H., assistant professor of medicine, was recently named the 2009 Frymoyer Scholar in recognition of his proposal to develop and deliver a series of workshops to teach clinicians how to enhance the development of this skill.

In addition to practicing as an internist, Pinckney is actively involved in medical education, teaching several medical statistics courses in the graduate college, as well as teaching empathy and motivational interviewing to medical students, co-directing the Vermont Academic Detailing Program, and directing the Program in Wise Prescribing. He received the College of Medicine’s Leonard Tow Humanism in Medicine award from the Arnold P. Gold Foundation in 2005.

According to Pinckney, it can be relatively easy to connect with patients in low-pressure situations, but deniers such as time limits, competing responsibilities, patient emotions, and stigmatized conditions, such as substance abuse or chronic pain, may challenge clinicians’ ability to maintain these connections.

Pinckney, who joined the UVM/Fletcher Allen faculty in 1997, received his medical degree from the State University of New York at Buffalo School of Medicine and served an internal medicine internship, residency and General Internal Medicine fellowship at the former Medical Center Hospital of Vermont and UVM. In 2000, he earned a Master’s degree in Public Health from the Harvard School of Public Health.

The Frymoyer Scholars program is an investment in outstanding medical education and promotes teaching that emphasizes the art of patient care. The program is supported by The John and Nan Frymoyer Fund for Medical Education.

Newly Renovated Carpenter Auditorium Opens

Second-year medical students were welcomed back to campus in the new and improved Carpenter Auditorium with their first class this year. Speaking at the opening were Assoc. Dean Scott Waterman, M.D., Senior Assoc. Dean Dean William Jeffries, Ph.D., Dean Morin, and Interim Provost Jane Knodell, Ph.D.

Pinckney, who joined the UVM/Fletcher Allen faculty in 1997, received his medical degree from the State University of New York at Buffalo School of Medicine and served an internal medicine internship, residency and General Internal Medicine fellowship at the former Medical Center Hospital of Vermont and UVM. In 2000, he earned a Master's degree in Public Health from the Harvard School of Public Health.

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Research Milestones

Stapleton’s NEJM Study Looks at In-Hospital CPR in Elderly

When an elderly patient suffers cardiac arrest in the hospital, does cardiopulmonary resuscitation (CPR) help extend the individual’s life? Patients and their clinicians may change their decisions on this topic based on new findings reported in the July 2 New England Journal of Medicine. Using Medicare data, researchers, including senior study author Renee Stapleton, M.D., assistant professor of medicine, investigated trends in CPR incidence and in survival after CPR over a 14-year timeframe.

According to Stapleton and colleagues, survival following hospital CPR procedures did not significantly change survival rates between 1993 and 2005.

Althoff Examines Anesthesia and Kids’ Learning Disabilities

A recent study of identical twins in the journal Twin Research and Human Genetics, found that medical problems early in life, rather than the neuropsychotic effects of anesthesia, are likely linked to an individual’s risk for developing learning disabilities.

Robert Althoff, M.D., Ph.D., director of behavioral genetics at UVM’s Vermont Center for Children, Youth & Families, along with colleagues Meike Bartels and Dorret Boomsma from VU University in the Netherlands, examined the relationship between anesthesia exposure and cognitive performance, but controlled for genetic association by using a sample of 1,143 identical Dutch twin pairs.

Johnson Presents at RSNA Annual Meeting


UVM co-authors included Trevor Andrews, Ph.D., Jay Gonyea, Janice Gallant, M.D.’89, Timothy Higgins, M.D., and Steven Braff, M.D. They studied the feasibility of abdominal 3 Tesla MR imaging, including 3D-elastic element coil parallel imaging in the evaluation of pediatric patients with acute abdominal pain, and determined that it can use provide a diagnostic alternative to sonography and CT in the evaluation of acute abdominal pain in the pediatric population.

Krag Assesses Sentinel Node Surgical Training

Training methods for surgeons who perform breast cancer sentinel lymph node resection were found to be effective in almost 97% of surgeons assessed, according to a new study published online August 24 in the Journal of the National Cancer Institute. The randomized National Surgical Adjuvant Breast and Bowel Project B-32 trial is evaluating whether sentinel lymph node resection can achieve the same outcomes as axillary lymph node resection — the surgical procedure designed to maximize breast cancer survival, provide regional control, and determine cancer stage — but with fewer side effects. In this study, Professor of Surgery David N. Krag, M.D., and colleagues assessed the effectiveness of three training methods for the sentinel node resection, as well as overall protocol compliance and their relationship to technical outcomes.

Solomon Authors Medical Imaging and Kidney Damage Paper

Kidney injury that can arise after undergoing certain medical imaging procedures increases a patient’s risk of having a stroke or heart attack over the next year or two, according to a study appearing in the current issue of the *Clinical Journal of the American Society of Nephrology* (CJASN). The findings indicate that seemingly minor and reversible kidney damage from these common clinical procedures could be a serious health threat. To investigate the issue, Richard Solomon, M.D., professor of medicine and director of nephrology at Fletcher Allen Health Care, and his colleagues studied 294 patients with kidney disease who were exposed to contrast agents during cardiac angiography.

Grunberg Studies Relief of Chemotherapy Side-Effects

Vermont Cancer Center physician-researcher Steven Grunberg, M.D., professor of medicine and medical oncologist at Fletcher Allen Health Care, was lead author of an international study published in the May 11 online edition of *The Lancet* Oncology, which reported that the addition of a novel drug therapy, casopitant mesylate, to a conventional two-drug therapy, causes a significant reduction in one of the most distressing side effects of cancer treatment: chemotherapy-induced nausea and vomiting.
Electronic Health Record Goes Live at Fletcher Allen

Fletcher Allen Health Care successfully completed the first phase of its electronic health record (EHR) project this summer, joining a small number (only 1.5%) of health care facilities nationwide that have implemented such a comprehensive computer system for patient care. The EHR system, called PRISM (Patient Record and Information Systems Management), is now live in Fletcher Allen’s inpatient areas, pharmacy, Emergency Department, and some hospital outpatient areas on the Medical Center Campus in Burlington, as well as the Walk-In Care Center and inpatient rehabilitation service at the Fanny Allen Campus in Colchester. Fletcher Allen providers and staff are now using the system to record all vital patient medical information and to administer medications.

PRISM is essentially a computer system that replaces paper medical records, charts and other items with a single electronic file for each patient. Health care experts believe EHRs will improve the quality, safety and efficiency of patient care by centralizing all medical information and to administer medications.

The new PRISM system is a major step forward in patient care,” said John Brunsted, M.D., UVM professor of obstetrics and gynecology and Fletcher Allen’s chief quality officer. “The improvements in safety, efficiency and coordination of care will enhance quality and the overall patient experience. This is the future of health care, and I’m proud Fletcher Allen is bringing this leading edge technology to our community,” he added. The next phase of the project will expand PRISM to the oncology department and will introduce a secure, web-based portal called “My Chart,” which will allow patients to view parts of their health record, schedule appointments, request medication renewals and research medical conditions.

The final stage of implementation, which will be completed by the end of 2010, focuses on ambulatory care, and will introduce a secure, web-based portal called “My Chart,” which will allow patients to view parts of their health record, schedule appointments, request medication renewals and research medical conditions.

Looking Back: Alumni Voices

Vermont Medicine's origins lie in the four-page, tabloid-sized UVM College of Medicine Alumni Newsletter, which began publication in 1992. The oldest known surviving copy of this newsletter, the issue of July 1958, contains news of the beginnings of what would become the Given complex and notes the large percentage of alumni supporters of the school — two topics that continue to be relevant more than 50 years later. The 1958 newsletter also contains class notes from alumni as far back as the Class of 1889.

By the mid-1960s, the newsletter had grown into Hall A, an eye-catching square publication produced by its founding editor, John E. Manzana, M.D. ’54. Hall A continued for more than 30 years and is still the title of the alumni section of this publication.

The pages are yellowed and fragile now, but much of the news found on the pages of some of the older publications produced by and for alumni of the College of Medicine seems like it could be printed anew today with but a few small changes.

Notables

Evan’s Named Senior Advisor to UVM President Fogel

University of Vermont President Daniel J. Fagel and interim Provost Jane Knodell have appointed former dean John N. Evans, Ph.D., professor of molecular physiology and biophysics at the College of Medicine, to the position of senior advisor to the president.

Evans, who has held numerous leadership positions at the University of Vermont, including dean of the College of Medicine, will be working with the Vice President for Research to identify and capture commercialization opportunities for faculty, students, and staff. They will also work to build a network of UVM alumni and friends who can be advisors and/or partners in UVM’s commercialization efforts. He will also be working with the Vice President for Research and for Development and Alumni Relations to enhance UVM’s corporate and foundation relations.

Lunde Named Buttes Professor

John Lunde, M.D. ’80, associate professor of pathology and medicine, has been named the recipient of the Buttes Professorship in Pathology for 2009–2014. Established in 1844 to honor the late Ernest Hiram Buttes, M.D. 1908, who served as chair of pathology and bacteriology from 1921 to 1946, the professorship recognizes a pathology faculty member for their commitment to and excellence in the teaching of pathology.

New OVHA Medical Director Joins UVM

On August 11, Susan W. Besio, Ph.D., Director of the Office of Vermont Health Access (OVHA) of the State of Vermont Agency of Human Services, announced that Michael C. Farber, M.D., was named Medical Director for OVHA, the organization that administers the state’s Medicaid programs. Farber, who is board certified in internal medicine, will also join the University of Vermont College of Medicine faculty as assistant professor of medicine. He will begin his new role on October 1, 2009.

Farber currently serves as Medicaid Medical Director and Medical Policy Chief for California Medicaid (Medi-Cal) Managed Care Division in the California Department of Health Care Services, a position he has held since 2006.
**Student Profile**

**Medicine is a Family Thing for Jessica Bordley '10**

“I grew up with medicine all around me, really,” says fourth-year medical student Jessica Bordley. “So I’m not surprised that this is what I’ve eventually come to do.” A native of Cooperstown, N.Y., Jessica grew up with parents who are both physicians. “My parents really loved their work,” she says. “And from as far back as I can remember, health care was always a big topic around the house, and around the dinner table.”

Perhaps because it was always so prevalent, Jessica explored other interests for several years before finding her way back to health care. At Middlebury College she majored in music and computer science, and then did a stint with AmeriCorps in Nevada, working with the largely non-English speaking population of workers who support the resort communities in the Lake Tahoe region. She then worked in arts presentation at the Glimmerglass Opera in her hometown of Cooperstown, and at the Boulder Music Festival in Colorado.

But the idea of a career in medicine slowly grew in her mind, and she enrolled in the Post-Bac Pre Med program at UVM. She entered the College of Medicine in the fall of 2006. Since then, Jessica has become an integral part of her class, and was selected by them to serve as the class representative on the Advancement Committee, a group of faculty and elected students who help guide medical students in need of advice and counsel. “I was truly honored to be chosen for this committee,” she says. “I’m grateful to my fellow students, and I’m glad to be able to help people find ways to succeed when they’re having problems.”

Ahead for Jessica in her fourth year are rotations in Haiti, as well as at the Palliative Care Center and in Hematology/Oncology, and interviewing for a residency in Internal Medicine. Throughout all these activities she can always count on a sympathetic ear from her younger brother, Jamie, who is also a fourth-year medical student — at Columbia University in New York. “Medicine really does run in our family,” she says.

**Lung Scientists Attend UVM Cell Therapies Conference**

In late July, the College of Medicine hosted “Stem Cells and Cell Therapies in Lung Biology and Disease,” the third biannual international conference to be held at UVM since the inaugural meeting in 2005.

The conference’s 115 invited attendees included world leaders in the field of lung biology and lung disease treatment. The goal of the meeting was to provide opportunities for debate and discussion on cutting-edge research, as well as to address research and funding priorities set by the National Institutes of Health (NIH) and several non-profit respiratory disease associations and foundations.

Serving as conference co-chairs were Daniel Weiss, M.D., Ph.D., UVM associate professor of medicine, and Darwin Procop, M.D., Ph.D., director, Texas A&M Health Science Center College of Medicine’s Institute for Regenerative Medicine at Scott & White Hospital. The conference was funded in part by the NIH’s National Heart, Lung and Blood Institute, with additional support from the Pulmonary Fibrosis Foundation, American Thoracic Society, Alpha-1 Foundation, Emory Center for Respiratory Health at the Woodruff Health Sciences Center at Emory University, LAM Treatment Alliance, the College of Medicine, the Vermont Lung Center and Fletcher Allen Health Care.

**3 Questions for Polly Parsons, M.D.**

Polly Parsons, M.D., is the E.L. Amidon Professor and Chair of the Department of Medicine at the College of Medicine, and is also the Physician Leader of Medicine at Fletcher Allen Health Care. Parsons is past president of the Fletcher Allen medical staff, and has been named one of America’s Top Doctors multiple times. She was honored with the 2006 Elizabeth A. Rich, M.D. Award from the American Thoracic Society.

Q: What have been some of the most interesting challenges involved in serving as Chair of Medicine?

A: The challenges in academic medicine are always keeping the balance between the clinical, research and education missions, and making sure all three are on track. When you have two institutions that are tightly linked, like we do with UVM and Fletcher Allen, you have additional opportunities and challenges to manage. In the Department, we’re also working on how to increase the number of students who choose to go into internal medicine. It’s where the most research in any College of Medicine is done, where the majority of teaching is done, and where you see a variety of clinical care — it’s very expansive. This will become a big issue for those of us who are going to need doctors in the future, and it’s also a challenge nationally. And as we look ahead to what’s going to happen with health care reform, I think we’ve got a good position to anticipate whatever’s going to come. In academic medicine we’re pretty good at protocolized, evidence-based medicine, so in some way we are much more prepared to try new things.

Q: As chair, how do you successfully balance the demands of running a major clinical service with building a strong and successful academic department?

A: We recruit faculty who want to be in an academic environment, and who are skilled at teaching, research or both in addition to being outstanding clinicians. We have really been able to build a great team — we’ve built on themes, we’ve built where there have been clinical needs, sometimes we recruit a strong faculty member who fits easily into our matrix. In the last five years our clinical productivity has really increased — we’ve developed multidisciplinary clinics, new clinical programs, and outreach in new places. The really nice thing is, at the same time, people are publishing and getting into the high-impact journals. We had five New England Journal of Medicine papers in the same period of time, two in Science last year. Grant funding is also up, and people are moving nicely from mentored awards to independent R01 funding. Our faculty are on all the study sections, have leadership roles at the national societies, serving on editorial boards, and giving talks at prominent places. There’s a good understanding of how important all the pieces are.

Q: You are one of only a few female chairs of Medicine in the country. Given that position, what are your thoughts on increasing the opportunities for women as leaders in academic medicine?

A: Along with my female colleagues nationally, I am aware that there are a lot of reasons that women aren’t division chiefs and chairs. The piece that I didn’t realize still existed is that too many women don’t think they can be chairs, and that was a surprise. I can understand saying, “I don’t want the job,” but for them to think that they couldn’t have the job is really unfortunate.

In Medicine, we’ve recruited 37 new faculty members in the last five years, and of the most recent recruitments almost half are women. And we haven’t done that selectively, we’ve picked the best candidate for the job. We’ve had a lot of women apply. I think this is an attractive place for women to work. We also need to rethink the way you get promoted and the time to promotion, which I know that Dean Morin is looking at for the College of Medicine, so that academic medicine is more appealing and double.
Kirkpatrick Receives Award to Examine Dengue Fever Vaccines

Previously eradicated in the United States, dengue fever is currently among the most important re-emerging infectious diseases in the world. Between 50 and 100 million cases of the disease — marked by high fever and severe back and muscle pain — occur annually in tropical and subtropical areas throughout the world.

Caused by four types of dengue virus and transmitted through the bite of specific species of mosquitoes, dengue fever has returned as both a domestic and global threat over the past few decades, putting an estimated 2.5 billion persons at risk of infection. Experts point to trends, such as global urbanization, increased air travel and even global warming as the potential underlying causes of dengue's reintroduction to such locations as Puerto Rico, Hawaii and the United States, now present in 28 U.S. states, not including Vermont,” said Beth Kirkpatrick, M.D., associate professor of medicine and an infectious disease specialist at Fletcher Allen Health Care, has received funding from the National Institutes of Health (NIH), which has designated the development of effective vaccines against dengue fever a priority. She recently received a $4.4 million, five-year grant from the NIH and Johns Hopkins Bloomberg School of Public Health to examine new vaccines against the disease.

The new research will be led by Kirkpatrick, with support from infectious disease colleague Kristen Pierce, M.D. ’03, assistant professor of medicine, through the Vaccine Testing Center at UVM. Clinical studies will be performed at the University’s General Clinical Research Center.

Kirkpatrick, who joined UVM in 1999 and started the Vaccine Testing group in 2001, has studied several infectious disease vaccines over the past ten years, including campylobacter, anthrax and typhoid (her extensive typhoid vaccine trial was featured in the summer 2008 Vermont Medicine). “The mosquitoes that spread dengue viruses are now present in 28 U.S. states, not including Vermont,” said Kirkpatrick, who notes that the infection cannot be spread from person to person.

Lung and Microbiology Experts Team with Engineering on NASA Study

A cross-disciplinary group of UVM researchers will study the genetic behavior of “micronauts” — bacteria responsible for astronauts’ illnesses in space — with support from one of two new grants from the National Aeronautics and Space Administration (NASA).

Scientists believe that, in space, the gene expression profile of these bacteria changes and they become more able to invade and infect a human. The signs of spaceflight and zero gravity conditions suppress astronauts’ immune systems, making them more vulnerable to infection. With manned long-term space travel becoming one of NASA’s directives, understanding the impact of the pathogens that threaten astronaut health is critical.

While previous research on microgravity-grown foodborne pathogens has been conducted, this new study, led by Jane Hill, Ph.D., assistant professor of engineering, is the first to use lung cells and mass spectrometry technology. Funded by a $750,000 grant, the research team will examine two different bacteria grown in a device that simulates the same type of microgravity environment found in a spaceship during a long-term mission. The group will investigate the virulence of two lung pathogens — Pseudomonas aeruginosa and Haemophilus influenzae — directly as well as via the impact of these bacteria on human lung cells.

Matthew Poynter, Ph.D., associate professor of medicine, will coordinate the testing of how the “micronauts” affect lung epithelial cells, with support from Vermont Lung Center colleagues and pulmonologists Daniel Weiss, M.D., associate professor of medicine, and Laurie Whitmire, M.D., assistant professor of medicine. “We don’t know how lung epithelial cells respond to microgravity-grown bacteria,” said Poynter. “The immune response could be inadequate to properly control the infection or it could be so robust that the astronaut suffers collateral damage of a magnitude sufficient to compromise the mission.”

The study will incorporate new mass spectrometry technology being advanced in Hill’s lab with the support of Brit Hellman, Ph.D., associate professor of engineering, to detect the presence of the bacteria. Matthew Wargo, Ph.D., assistant professor of microbiology and molecular genetics, who specializes in Pseudomonas, will assist Hill with work in the Microarray Facility.

Notables

Cooper Named Master of American College of Rheumatology

Sheldon Cooper, M.D., Professor of Medicine and Chief of Rheumatology, has been named a Master of the American College of Rheumatology. Recognition as a Master of the American College of Rheumatology is one of the highest honors the College bestows.

The designation of Master is conferred on College members, age 65 or older, who have made outstanding contributions to the field of rheumatology through scholarly achievement and/or service to their patients, students, and profession. This honor is usually bestowed upon no more than 25 members per year.

The award will be formally presented to Cooper at the group’s annual meeting in Philadelphia in October.

James Named American Cancer Society New England Board Member

Ted James, M.D., Vermont Cancer Center (VCC) member and assistant professor of surgery, was elected recently to the American Cancer Society’s New England Division Board of Directors. A surgical oncologist at Fletcher Allen Health Care, James has worked with the organization’s Vermont office on initiatives aimed at improving access to health care for the state’s uninsured and underinsured populations.

“Dr. James has been a valuable resource in our advocacy efforts in Vermont,” said Kelly Stoddard, director of Government Relations & Advocacy at the American Cancer Society. “He has a deep understanding of the disparities existing in access to health care, and his expertise enabled us to work more effectively with lawmakers and volunteers on this issue.”

James replaces Richard Branda, M.D., interim director of the Vermont Cancer Center, who has served on the board since 2003.

Bates Publishes Book on Lung Mechanics

Jason H.T. Bates, Ph.D., D.Sc., professor of medicine and a Vermont Lung Center scientist who specializes in lung mechanics and the development of instruments that mimic and measure lung function in the lab, has organized his wealth of expertise in a new educational textbook titled Lung Mechanics: An Inverse Modeling Approach. The book was published this summer by Cambridge University Press.

Bates is a principal investigator on two National Institutes of Health R01 grants relating to mouse models of lung disease and an R33 grant on systems biology.

Ted James, M.D.
On July 29, the campus community celebrated the latest addition to the medical campus at UVM, at the formal opening of the new Courtyard at Given — an innovative project that adds much-needed space to the College. Under the courtyard’s transparent roof — added in 2002 when the space became the temporary home for the Dana Medical Library — a new heart of the medical complex has risen: two four-story structures, connected to each other and to the Given Building by glassed-in bridges, that now house all of the College’s operations for student services, admissions, alumni and development, and other key offices. Upper floors are occupied by administrators of the Vermont Cancer Center, the Center for Clinical and Translational Science, the UVM Center on Aging, and departmental offices. Centralizing these offices has the added benefit of allowing the College to reclaim thousands of square feet of valuable laboratory space in the Given Building.
In the late 1950s, the College of Medicine embarked on an ambitious plan to greatly increase and modernize its space for education and research, with the planning and fundraising for the Medical Alumni and Given Buildings. Built on former open land on the far eastern edge of main campus, the building was at that time the largest and most expensive building on campus, and was built after the most ambitious fund-raising campaign in UVM’s history raised the $8.7 million (in 1960 dollars) needed to complete the project. The building, designed by the New York firm of Skidmore, Owings, and Merrill, went through various changes (it was originally a six-story structure). The final building plan had three stages, the construction of Medical Alumni, which was dedicated in 1959, the second-phase “Medical Science Building,” which consisted of part of what would be the north sector of Given, and finally the full Given Building, finished in 1968 and named in honor of the family foundation whose $2 million gift — the largest ever received by UVM at that time — had been key to the project’s completion. Both Medical Alumni, which was razed in 2002 for the building of the Medical Education Center, and Given had open courtyards — Given’s can be seen at right beyond the two gentlemen seated in the former Austin Lounge. Today, with the addition of the Health Science Research Facility, completed in 2001, and the Colchester Research Facility finished earlier this year, the College of Medicine’s physical space totals more than 560,000 square feet.

The COURTYARD AT GIVEN was designed by the Montpelier firm Black River Design Architects. Black River, and Engelborth Construction, the main contractor, faced the daunting task of building what was described as a “ship in a bottle”. All construction materials, including poured concrete, cranes, lifts, and other equipment were brought in through an eight-foot opening created in the exterior wall of Given, and traveled through a seven-foot wide corridor into the courtyard space. Construction was further planned to cause minimal disruption, with work taking place only in the afternoons and evenings. Instead of jackhammering the existing concrete slab left from the temporary library, the material was sawed into three-foot squares and carried out for recycling. (Approximately 80 percent of construction and demolition waste on the project was diverted from landfill.)

The finished building is designed to conform with Silver LEED (Leadership in Energy and Environmental Design) specifications — 90 percent of exterior walls are glass, allowing daylight into interior spaces, and lighting is infrared and motion-sensor triggered, for maximum energy efficiency.

Fifty Years of Medical Campus Growth and Change

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Fifty Years of Medical Campus Growth and Change

In the late 1950s, the College of Medicine embarked on an ambitious plan to greatly increase and modernize its space for education and research, with the planning and fundraising for the Medical Alumni and Given Buildings. Built on former open land on the far eastern edge of main campus, the building was at that time the largest and most expensive building on campus, and was built after the most ambitious fund-raising campaign in UVM’s history raised the $8.7 million (in 1960 dollars) needed to complete the project. The building, designed by the New York firm of Skidmore, Owings, and Merrill, went through various changes (it was originally a six-story structure). The final building plan had three stages, the construction of Medical Alumni, which was dedicated in 1959, the second-phase “Medical Science Building,” which consisted of part of what would be the north sector of Given, and finally the full Given Building, finished in 1968 and named in honor of the family foundation whose $2 million gift — the largest ever received by UVM at that time — had been key to the project’s completion. Both Medical Alumni, which was razed in 2002 for the building of the Medical Education Center, and Given had open courtyards — Given’s can be seen at right beyond the two gentlemen seated in the former Austin Lounge. Today, with the addition of the Health Science Research Facility, completed in 2001, and the Colchester Research Facility finished earlier this year, the College of Medicine’s physical space totals more than 560,000 square feet.

THE COURTYARD AT GIVEN was designed by the Montpelier firm Black River Design Architects. Black River, and Engelborth Construction, the main contractor, faced the daunting task of building what was described as a “ship in a bottle”. All construction materials, including poured concrete, cranes, lifts, and other equipment were brought in through an eight-foot opening created in the exterior wall of Given, and traveled through a seven-foot wide corridor into the courtyard space. Construction was further planned to cause minimal disruption, with work taking place only in the afternoons and evenings. Instead of jackhammering the existing concrete slab left from the temporary library, the material was sawed into three-foot squares and carried out for recycling. (Approximately 80 percent of construction and demolition waste on the project was diverted from landfill.)

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The finished building is designed to conform with Silver LEED (Leadership in Energy and Environmental Design) specifications — 90 percent of exterior walls are glass, allowing daylight into interior spaces, and lighting is infrared and motion-sensor triggered, for maximum energy efficiency.
The building is registered with the U.S. Green Building Council and awaiting confirmation for Silver LEED (Leadership in Energy and Environmental Design) certification for new construction.

Infrared and motion sensors allow the Courtyard to use 48% less energy for lighting than a conventionally designed building.

Over 17,000 square feet of glass was used in the buildings.

Moveable interior walls, and a raised floor system increase energy efficiency and allow flexibility for easy reconfiguration of office spaces.

During one of the stages of construction there were 14 lifts being used inside the Courtyard simultaneously.

There are 12 bridges connecting the 2 new buildings to each other and to the Given building.

The 4 ducts in the corners of the courtyard supply fresh air to the atrium in the case of a fire. The smoke-filled air is discharged through the roof through exhaust fans located between the new skylights.

The building has 160 tons of structural steel made of 90 percent recycled content.

Like building a large “ship in a bottle,” every tool and piece of material in the Courtyard’s construction entered through a 7-foot wide corridor in the side of Given.
Vermont is helping to change the face of primary care with a new model that makes a medical practice the home for all a patient’s needs. Clinicians and researchers from the College of Medicine are playing integral roles in these efforts.

It was a cold day in January when Rita Pinard’s doctor told her what she didn’t want to hear. “You have diabetes,” Pinard recalls her saying. “If your numbers don’t go down in three months, we’ll need to start you on medication.” Pinard, 57, of St. Johnsbury, was close to tears at the news. She had been told she was pre-diabetic in the past, but somehow that fact had never really sunk in. Fortunately for Pinard, her diagnosis coincided with a transformation in the way care is delivered in her community. Her physician’s practice was recently recognized as a patient-centered medical home — a model of care designed to provide seamless coordination of services.
Whatever they’re coming in for, we have two agendas: what they came in for and then there’s always our agenda, which is “OK, are you caught up on everything?”

— Dana Kraus, M.D.  
St. Johnsbury Family Health Center

As the health care reform debate rages on Capitol Hill, the face of primary care is changing in the hills of Vermont, with physicians’ practices adopting a model of care known as medical homes. The effort is part of a larger health reform initiative called the Vermont Blueprint for Health — a public-private partnership seeking to improve health and the health care system in the state. The goal is to help people with chronic conditions and those at risk for chronic conditions manage their own health — and reduce the soaring health care costs associated with chronic illness.

Clinicians and researchers at the University of Vermont College of Medicine play an integral role in these efforts, helping physicians’ practices secure medical home recognition from the National Committee on Quality Assurance and, most importantly, evaluating the success and effectiveness of Blueprint programs. Faculty members and staff have helped plan and guide the Blueprint, fueled in part by a desire to improve the quality of care and make primary care careers more attractive in the wake of a looming workforce shortage.

A patient-centered medical home not only helps improve the quality of care — it also increases payment to the physician’s practice. Once they achieve patient-centered medical home status, selected practices in three Blueprint Integrated Pilot communities receive an enhanced provider payment to offset their increased costs. These funds are distributed on a per-patient per-month basis through a multi-insurer partnership composed of the major private insurance companies operating in Vermont and the Vermont Medicaid program. The Federal Medicare is not yet a member. Practices that become patient-centered medical homes make use of additional staff, including behavioral health specialists and chronic care coordinators — usually a registered nurse who works closely with patients to coordinate their care among self-management, community programs, primary care, and specialty care. Being a medical home means applying preventative care to the whole population of patients, not just those with chronic problems, says Dana Kraus, M.D., a family practitioner who works at St. Johnsbury Family Health Center, one of seven patient-centered medical homes in Vermont. “It’s putting in place reminder systems to capture patients so that we’re making sure that they get everything.” For example, if a patient comes in with a stubbed toe, the doctor might also check to make sure they have had a regular pap smear or mammogram — or that they are caught up on their tetanus shot.

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An Ingredient of Healthier Living

Shauna Brittell is a chronic care community health worker who is part of the Community Care Team shown on page 30. Part of her role under the medical home effort is to educate patients and their families to make better choices in circumstances that will affect their health. On one July afternoon she accompanied Cristina, mother of a small child and wife of a person who has asthma and is at a risk for diabetes, through the family’s weekly food shopping at the supermarket in Lyndonville. Shauna turns the shopping trip into an educational experience as she helps Cristina plan a healthier diet for her husband and the whole family.

Patient-centered medical homes in Vermont have access to a web tracking clinical tool called DocSite that lets them run reports on populations of patients. For example, at Aesculapius Medical Center in South Burlington, a practice of Fletcher Allen Health Care and a patient-centered medical home, clinicians use DocSite to identify patients with diabetes who are overdue for testing, or patients who are due for a colonoscopy. Those patients are then typically contacted by mail.

“When you send out that first letter that says we really care about you, we believe that prevention is the key to having a long and happy life, they enjoy that,” says Clinical Assistant Professor of Medicine Jennifer Gilwee, M.D. ’97, medical director of the practice. The key is preventing illness down the road, Gilwee says. “What I do now may prevent a heart attack in 10 to 15 years.”

A natural partner

As physicians and patients begin to experience new ways of delivering care, researchers at the Vermont Child Health Improvement Program (VCHIP) at the College of Medicine are conducting thorough evaluations to determine if the changes are working.

Julie Krulewitz, Ph.D., a researcher with VCHIP, works on evaluating patient-centered medical homes in Vermont, as well as evaluating other Blueprint projects. She is responsible for analyzing whether or not physicians’ practices are complying with the standards to become patient-centered medical homes. She also helps Vermont practices apply for recognition as medical homes with the National Committee on Quality Assurance. Krulewitz travels to physician practices across the state, reviewing medical records and asking questions: Are patients able to see their assigned primary care provider? Does the practice have a 24-hour service to answer questions? Do patients have a primary care provider? Does the practice have a 24-hour service to answer questions? Do patients have a primary care provider? Data Krulewitz gathers directly inform the work of the Blueprint in developing new strategies for improvements and assessing the effectiveness of current efforts.

Because of its research and evaluative expertise, UVM brings an important set of skills to the table, says Judith Shaw, Ed.D., R.N., M.P.H., executive director of VCHIP and one of the early planners of the Blueprint for Health. “We’re playing the role of evaluator. That sort of completes the picture,” Shaw says.

UVM is a natural partner in health care reform in other ways as well, particularly as it pertains to the health care workforce. As a leader in primary care education — UVM was recently ranked sixth in the nation for primary care education by U.S. News & World Report — the university has a vested interest in finding a model for primary care practice that is satisfying for people and attractive to graduating students, says Charles MacLean, M.D., interim associate dean for primary care, who serves on the Blueprint’s Executive Committee and on a Primary Care Workgroup that advises the Blueprint.

“There’s a lot of attention being paid to primary care right now, particularly as regards the patient-centered medical home, and part of it is coming out of a sense of a looming crisis in workforce,” MacLean notes.

Wrapping care around the patient

Vermont’s health reform efforts are already helping to make primary physicians’ jobs more satisfying, say those involved with the Blueprint.

One of the unique aspects of the Blueprint Integrated Pilots is the creation of Community Care Teams — groups of health professionals that offer a wide range of services not typically provided in the doctor’s office. Services can include diet and nutrition counseling, tobacco cessation, mental health services, social service referrals, payment assistance, home visits and others. Primary care physicians can refer patients to these teams.

Through the Blueprint, pilot communities, with financial assistance from the insurance companies and the state, are creating these teams up front as a part of the infrastructure of delivering primary care — something no other state is currently doing, says Lisa Dubsky Watkins, M.D., assistant director of the Blueprint at the Vermont Department of Health. To date, two Community Care Teams have been formed in the state — one in Chittenden County and one in St. Johnsbury — with a third one planned for Central Vermont.

The team makes a huge difference in how primary care physicians practice medicine, says Pam Smart, who coordinates the St. Johnsbury Community Care Team. “The whole purpose is to lighten the load of the primary...
care provider as well as provide quality care to folks that keeps them healthier and less likely to need the services of the hospital,” Smart says.

Smart recounts many instances of patients being helped by the team, most notably that of a 20-year-old woman who was near death in the ICU with asthma. The woman, who had lost her job and her health insurance and couldn’t afford her medications, had been in the hospital more than twelve times in ten months. The team was able to help her get her medications, quit smoking, and eventually get a new job. Smart says, “We were able to wrap services around her.”

Having the team has made a big difference to Dr. Kraus of St. Johnsbury Family Health Center. “When I first came here 10 years ago, I almost didn’t dare ask people about smoking, because they would say yes they’re interested in stopping smoking and I’d be like ‘OK, now what?’ Now, every person who comes in gets asked their smoking status,” she says. “Because I have help, I can expand what I’m able to ask.”

Dr. Gilwee has also seen a positive change in her role. “I feel now I’m more bolstered if somebody says ‘yes I’m ready to make a change,’” she says. “You’re not hand-on-the-doorknob feeling guilty. Now I can say, ‘Great, we have this Community Care Team I’m going to refer you to and they’re going to help you.’ It’s rewarding — I feel like we are making people healthier.” Approximately 680 patients have been referred to the Chittenden County team since it launched in October 2008. Gilwee says. Jim and Jean Frei of Essex are among those patients; they were referred with the goal of losing weight and improving diet and exercise. The Freis started working one-on-one with Pam Farnham, R.N., coordinator of the Chittenden County Community Care Team. Since then Jim, 76, has lost 20 pounds and Jean, 71, has lost 15 pounds.

This summer, Jim planted a vegetable garden for the first time in years and the couple traveled to Ireland with their two daughters and grandchildren — a trip they previously felt they didn’t have the stamina to do. “The thing that makes me happiest is I see him interested in former interests that he had let go,” Jean says of her husband. “It just worked out great.”

Rita Pinard of St. Johnsbury can’t say enough about her local Community Care Team. In six months, she lost 30 pounds, is eating healthier and is on her way to getting her diabetes under control. To Pam Smart of the St. Johnsbury Community Care Team and many others involved in the Blueprint, the changes taking place in Vermont simply make sense.

“It is more cost effective. It increases the quality of care. The providers are happier. Why wouldn’t we want to do this?” Smart says. “It’s all about caring for people.”

The Vermont Blueprint for Health

The state of Vermont launched the Blueprint for Health in 2003 with the initial goal of focusing on obesity-related disease. The Blueprint is a statewide plan designed to reduce the health and economic impact of the most common chronic conditions and focus on their prevention.

In 2006, the Blueprint was given further focus and written into law as the state’s plan for changing health care delivery. Further legislation in 2007 directed the Blueprint to work on establishing medical homes. In 2008, the state launched the Blueprint Integrated Pilot Program and selected communities to participate based on a competitive process. Participating practices were given the infrastructure and financial incentives to operate a patient-centered medical home. Major components of the pilot program include financial reform, the creation of Community Care Teams, community activation and prevention, the use of health information technology and multi-dimensional evaluation.

Currently, there are two pilot projects operating in the state — in Chittenden County and St. Johnsbury. A third pilot is planned for Central Vermont. The following practices are currently participating and have been recognized as patient-centered medical homes:

**Chittenden County**
- Aesculapius Medical Center, a practice of Fletcher Allen Health Care, South Burlington (15,774 patients)
- Eugene Moore, M.D., private practice, Burlington (1,800 patients)

**St. Johnsbury**
- Caledonia Internal Medicine, a practice of Northern Counties Health Care, St. Johnsbury (2,011 patients)
- Concord Health Center, a practice of Northern Counties Health Care, Concord (2,183 patients)
- Corner Medical, a practice of Northeastern Regional Vermont Hospital, Lyndonville (14,500 patients)
- Danville Health Center, a practice of Northern Counties Health Care, Danville (3,088 patients)
- St. Johnsbury Family Health Center, a practice of Northern Counties Health Care, St. Johnsbury (2,822 patients)

— Jennifer Gilwee, M.D.’97
Clinical Assistant Professor of Medicine, Medical Director of Aesculapius Medical Center

Does it Hurt?

UVM clinician and researcher Magdalena Naylor, M.D., Ph.D., explores the central nervous system to help patients with chronic pain. Her work has shed new light on how the brain deals with pain, and points to ways to use the mind to treat the body.

When Jeff Toon met Magdalena Naylor, M.D., Ph.D., he was using a wheelchair and suffering from so much chronic pain he couldn’t turn the pages in a book. Today, he is able to hike, sail, swim, and pursue a second undergraduate degree in engineering. Lee Rosenberg, a former nurse, now very rarely takes medication for a chronic pain condition. “When I think of these people,” says Naylor, a professor of psychiatry, “I get goose bumps.” For 13 years, Naylor has been using cognitive behavior therapy (CBT) to help patients manage — and reduce — chronic sensory and emotional pain that stems from sources including back problems, arthritis, migraine headaches, chronic fatigue, and fibromyalgia. Her groundbreaking work on the use of CBT in pain management was published in the journal *Pain* in 2008.

Naylor’s approach begins with a two-hour evaluation of each new patient, followed by 11 weeks of cognitive behavioral group therapy focusing on techniques in meditation, mindfulness, coping skills, self-care, exercise, and how to recognize stress factors, which can range from forgetfulness and teeth grinding to “catastrophizing,” or imagining worst case scenarios. Groups comprise seven to ten people — one group is made up of patients solely suffering from back pain — and participants, on average, have experienced chronic pain for about 11 years. “We treat the whole person,” says Naylor of the activities at her UVM/Fletcher Allen MindBody Medicine Research Clinic. That entails a complex approach to
internal and external stressors that includes letting go of anger about having pain. “Our patients have both sensory and emotional aspects to their pain, and they may also have high stress levels, depression, obesity and insomnia. Our focus is on health — not just physical pain. It’s about making lifestyle changes, and teaching strategies to support and maintain change. I’ve seen many patients decrease and control pain while regaining confidence, motivation, and hope.”

A typical group session emphasizes an overview of a particular coping skill and classroom exercises to demonstrate and practice that skill. “We have a ninety-one year old patient who sometimes leads us in yoga exercises,” Naylor attests. One result of the group therapy sessions is that patients’ medications may be adjusted — not only those for pain, but for a host of other ailments. Another is their ability to live fuller, more physically active lives. “The sessions are not about people talking about their pain — they are instruction-based,” says Naylor’s assistant Michael Krauthamer. For patients, making the transition to living with chronic pain is the most challenging aspect of the program,” he says, “and learning how to imbue life with meaning again.”

“We’re not only changing behavior,” Naylor says, “we’re also changing the function of the brain.” Her research using magnetic resonance imaging (MRI) shows that exaggerated responses in the amygdala to pain and provocative emotional stimuli normalized after 11 weeks of cognitive behavior therapy. (The amygdala plays an important role in motivation and emotional behavior.) In addition, she demonstrated decreased activation in the primary somatosensory cortex, and increased activation in the prefrontal cortex. CBT may increase cortical suppression of amygdala and/or somatosensory cortex activity and this may be related to the reduction and experience of pain.

But how to sustain these changes over time? The answer was TIVR, or the Therapeutic Interactive Voice Response relapse prevention program. It works like this: for four months after cognitive behavior therapy ends, patients call in daily and hear a pre-recorded message that asks them 21 questions about how they are feeling and which coping mechanisms they are using. If prompted, the system will give a review of a particular coping skill for the patient to follow. Every month, each patient receives a recorded, personalized message from Naylor. After four months of TIVR, patients showed improved results, while pain worsened in the control group that had received only cognitive behavior therapy. Patients are free to continue using TIVR after the study period ends, but they no longer receive the personalized monthly response from Naylor.

Donna Bruno of Charlotte, Vt., was in Naylor’s therapy group followed by TIVR and three years later continues using the relapse prevention program daily. “It’s a good reminder about how I’m coping with what’s going on with new things in my life,” she says. “It prompts me to ask where my behavior is at.” Bruno was originally diagnosed with a hand injury in 1996 and had hand surgery but “wasn’t healing appropriately.” She broke the other hand, “and things kept snowballing,” she recalls. She subsequently developed Complex Regional Pain Syndromes, also known as CRPS, in all four limbs. CRPS is a condition that occurs when there is prolonged pain, usually in the area of a previously injured arm or leg.

“We’re not only changing behavior ... we’re also changing the function of the brain.” — Magdalena Naylor, M.D.
Through group therapy and TIVR, she has been able to "We treat the whole person," says Dr. Naylor. "Our focus is on health, not just physical pain."

After her group therapy ended, Rosenberg called TIVR Naylor’s program, says Bruno, “taught me different coping mechanisms and gave me different ways to look at the pain. It’s not a quick fix, but over time it taught me how to change the way my brain thinks about things.”

After her group therapy ended, Rosenberg called TIVR daily for six months, until she felt she had mastered the exercises that can be accomplished in less than five minutes. Daily for six months, until she felt she had mastered the exercises that can be accomplished in less than five minutes. Daily for six months, until she felt she had mastered the exercises that can be accomplished in less than five minutes. Daily for six months, until she felt she had mastered the exercises that can be accomplished in less than five minutes.

"She puts the science together with cognitive techniques and really gets results," says Rosenberg of Naylor’s approach. "It’s always easier to pop a pill, and you may have no pain but become addicted and sleep all day. I could really see people changing in group therapy, and not just their pain." For many, the camaraderie in the group sessions and being with others who share their problems is another component to getting well. "You also learn that it’s not such a big deal to take a little bit of time for yourself," says Rosenberg, whose son matriculated to the College of Medicine in August.

If there are skeptics to this mind-body approach to managing chronic pain, their numbers are dwindling. The National Institutes of Health (NIH) have funded Naylor’s MindBody Medicine Research Clinic, and currently provide over $3 million for her neuroimaging research and the TIVR relapse prevention program. She is awaiting an NIH funding decision on her proposal for a study of MRI and treatment response in chronic pain. Naylor is also receiving more referrals from physicians, not only in primary care but also specialists in orthopedics, hepatitis and obstetrics and gynecology.

“Dr. Magdalena Naylor is using both functional MR (fMRI) and diffusion tensor MR imaging (MRDTI) to elucidate the neural pathways of pain. Functional MR looks at cortical response while MRDTI looks at the white matter fiber tracts, which are the connections between cortical areas of the brain. Fletcher Allen Health Care has a team of neuroradiologists who are experts in this technology," says Fletcher Allen radiologist and Associate Professor of Radiology and MRI Director Christopher G. Filippi, M.D.

"Using fMRI and MRDTI will enable Dr. Naylor to better understand the brain’s response to chronic pain and how it affects the limbic system and amygdala as well as the white matter fiber tracts that transmit this information to different areas of the brain. Her research is groundbreaking."

"Physicians like to see somatic images, and this is hard science," Naylor explains.

Some patients initially question whether the mind-body approach to pain management will help them. “They know their pain is physical, so they may ask, ‘What am I doing talking to a psychiatrist?’” Naylor says. “They wonder, ‘Is the pain all in my head?’ The answer is yes and no. ‘It’s all in the central nervous system,’” Naylor explains.

Jeff Toon’s problems started with a knee injury and spiraled into a psychological problem caused conversion disorder, which can both manifest as pain and amplify existing pain. After being bedridden for more than a year, his life is “more normal than I ever thought it would be,” he says. The meditation tools he acquired during group therapy “were a wonderful escape from the harsh realities of my situation and provided me with my most peaceful, restful moments,” he recalls. Further, Naylor’s coping techniques helped him “get to the crux of the problem,” he says, though he still works with a private psychologist to maintain his current active lifestyle.

Naylor, who in addition to her M.D. degree holds a doctorate in cardiovascular physiology from Warsaw Medical Academy and specialty in psychiatry from Duke University, can understand pain from both sides — she suffers from chronic lower back pain as the result of a car accident six years ago, which she modulates with her own pain relief techniques. She credits a New York Times article she read about 13 years ago with sparking her interest in mind-body science. The article concerned research suggesting that depressed patients were more likely to develop cardiovascular disease. From there was born her idea that “we can use the mind to treat the body.”

“They treat the whole person,” says Dr. Naylor. “Our focus is on health, not just physical pain.”

but it can develop anywhere in the body. It is associated with tissue swelling and an increased sensitivity to touch. Naylor’s program, says Bruno, “taught me different coping mechanisms and gave me different ways to look at the pain. It’s not a quick fix, but over time it taught me how to change the way my brain thinks about things.”

After her group therapy ended, Rosenberg called TIVR daily for six months, until she felt she had mastered the techniques, but continued to call occasionally to refresh her memory: “I liked having the availability of a therapist at the drop of a hat,” she says, noting that “I didn’t realize the state of tension I was in all day long.” She especially likes using Naylor’s visualization exercises (“It sounds hokey but it works,” she notes) and mini-relaxation techniques — exercises that can be accomplished in less than five minutes. Through group therapy and TIVR, she has been able to reduce what was about five hours a day of chronic pain to almost nothing, and learned to avoid negative self-talk.

“The program taught me how to change the way my brain thinks about things.”

— patient Donna Bruno
What’s next for Naylor? “My main objective is to find a test to use as a biomarker to individualize treatment for different types of chronic pain,” Naylor says with conviction. In a sort of “one stop shopping” for pain relief, she hopes to be able to determine which patients will do best with specific types of therapy.

Her current projects include a pilot program that uses music instead of group therapy to manage chronic pain. Healthy patients (UVM students serve as the volunteers) enter an MRI facility and listen to “chill-inducing” music — be it Bach or the Black Eyed Peas — of their own choosing, while mildly painful stimuli, in the form of thermal heat, are applied. Naylor hypothesizes that the music may activate the reward centers in the brain and reduce the perception of pain. The program was developed through the Honors College thesis of UVM student Hayley Perelman and a collaboration with John Mantegna, a UVM music department faculty member.

Another project is a budding collaboration between Naylor and a Buddhist monk for mindfulness based treatment of pain. The monk is currently teaching mindfulness to adolescents, which seems to be helping them to improve their performance in school.

“Dr. Naylor has managed to do two very important things at once,” says Robert Pierattini, M.D., professor and chair of psychiatry at the College of Medicine and psychiatry physician leader at Fletcher Allen. “She helps patients to develop personal skills and strengths to manage their own symptoms. In addition, through rigorous research, she has demonstrated that her psychotherapeutic interventions are effective. Using functional neuroimaging, she has begun to investigate the impact of coping skills training on the neurobiology of chronic pain. Research of this kind is critical and will help patients and clinicians choose the best treatments for pain.”

“What we’re doing isn’t just research, it’s a community service,” Naylor says. Perhaps it’s that humanitarian approach to science that has helped to land her on the list of America’s Top Psychiatrists since 2004 and the Best Doctors in America since 2001. “We underestimate the number of people in chronic pain,” Naylor sums up, “but they don’t need to suffer.”

The positive experiences of group therapy (a session of which Dr. Naylor prepares to lead at left) are later sustained using an innovative daily telephone session with a voice response system.

Just Relax...

Magdalena Naylor’s relaxation exercises — part of her cognitive behavior therapy program — don’t only benefit people with chronic pain. Professional athletes and actors use them to reduce performance anxiety, and anyone experiencing tension and who has five minutes to spare can do a mini-relaxation exercise. Here’s how:

1. Take a deep breath; as you breathe out, imagine all the tension in your body and mind leaving through this breath.
2. Take a moment to tense all the muscles you can at once. Then take a deep breath and slowly breathe out, letting all the tension go. Repeat this mini-relaxation until you have reduced the tension.
3. Take an inventory of body tension in your familiar stress points. For example, is there stress in your neck or upper back? If you find there is, pretend you can direct the breath into that area of tension. As you breathe out, feel the tension release.
4. Count to 10 taking a slow, deep breath. Hold the breath for one count. Then breathe out slowly, again as you count to 10.
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 was named Hall A. For the next 63 years, students such as the members of the Class of 1955 (shown above listening to the legendary Prof. Ellsworth Amidon, M.D. ’32) spent much of their time in the hall. Today’s students take in lectures in the Sullivan Classroom or in the recently renovated Carpenter Auditorium, but the College’s educational mission of inspiring a lifetime of learning in the service of the patient remains the same. The Hall A magazine section is a meeting place in print for all former students of the College of Medicine.
There have been many transitions in the practice of medicine in the 48 years since my high heels sunk into the wet grass on my medical diploma in hand. One of the most apparent is also one of the most obvious: at commencement in 1962 I was the only female receiving a medical degree. Today, as the Class of 2013 begins their studies, more than half will be women, both at UVM and throughout the nation. As these students settle in, few will realize just how much has changed in the campus they now inhabit. My class photo from 1962 shows just 37 graduates clustered around Dean Slater on the steps of the old College of Medicine building at the corner of Pearl and North Prospect streets. Fortunately, back then the College’s leadership prudently recognized the impending wave of growth that would sweep the medical profession. They developed an ambitious plan to build a new medical campus atop the eastern side of UVM’s main campus, near the hospital then known as Mary Fletcher. Thanks to an incredible level of support from alumni and other donors, the Medical Alumni-Given complex rose in pieces beginning in 1958, and ten years later reached completion.

Of course, “completion” is a relative term. Class sizes have steadily increased to meet the health care needs of Vermont and the nation, medical research has surged, new curricula have replaced the old, and the medical campus has evolved to meet these changes. At reunion time, returning alumni are often heard remarking on the number of physical changes that have taken place in just the last ten years. The most recent of these improvements is the new Court Yard at Gaven, which is shown in this issue—a four-story structure that innovatively adapts the old courtyard space into a vital new “heart” of the College; a place where the daily needs of students and alumni can be addressed, and a space that allows the College’s research and patient care missions to continue to grow.

Also this fall, students will find a newly refurbished Carpenter Auditorium made possible through the generosity of Thomas Sullivan, Class of 1966, whose daily needs of students and alumni can be addressed, and a space that allows the fostering of the next generation of physicians, especially through scholarship and other financial support given to the College of Medicine Fund. We may be a small medical school, but our percentage of all alumni support is among the very best in the nation. I invite you, if you’re not already a part of this effort, to make your own “new beginning” by joining us today.

University of Vermont College of Medicine

DEVELOPMENT & ALUMNI RELATIONS OFFICE
Assistant Dean
Rick Broun
Development Operations Manager
Ginger Lubkowitz
Director, Major Gifts
Maureen O’Connor
Director, Medical Annual Giving
Sarah Kebin
Director, Medical Alumni Relations
Cristin Gódia
Director of Medical Corporate & Foundation Relations
Michael Nealy
Development Analyst
Travis Morrison
Assistant
Jane Asplin
Ben Fuller
James Gilbert

University of Vermont Medical Alumni Association

ALUMNI EXECUTIVE COMMITTEE

Members-At-Large (Six-Year Terms):
Mark Allegretta, Ph.D.’90 (2003–2010)
Jacqueline A. Nunnally, M.D.’54 (2006–2012)
Denis F. Chan, M.D.’76 (2009–2014)
Leslie S. Kerzner, M.D.’95 (2009–2014)

1943
 Francis Arnold Caccavo (M.D. Dec. 1943)
31 Thibault Parkway
Burlington, VT 05401
(802) 862-3841
dcac@verison.net

1944
 Wilton W. Covey
517 Weybridge Road
Middlebury, VT 05763
(802) 388-1555

1945
 Robert E. O’Brien
414 Thayer Beach Road
Colchester, VT 05446
(802) 862-0394
rdoebrien@aol.com

1947
 George H. Bray
130 Brookside Road
New Britain, CT 06052

1948
 S. James Baum
1790 Farm Road
Fairfield, VT 05443
(802) 255-1013
baum@optonline.net

1949
 James Arthur Bulen
4138 North Longview Rd
Hendrasota, FL 34242
(941) 746-4513
jgbaub@aol.com

1950
 Simon Dorfman
8245 North 44th Ave.
Sarasota, FL 34238
(941) 926-8126

1951
 Edward W. Jenkins
7460 South Pittsburgh Ave.
Tulsa, OK 74136
(918) 492-7960

1953
 Richard N. Fabricius
17 Fairview Road
Old Bennington, VT 05201
(802) 443-4224

1954
 John E. Mazuzan Jr.
M.D. Class Notes
If you have news to share, please contact your class agent or the Medical Development and Alumni Relations office at medalumni.relations@uvm.edu or (802) 656-4014. If your email address has changed, please send it to medalumni.relations@uvm.edu.

Upcoming Events

October 10, 2009  
Medical Student Family Day  
UVM Campus

October 10, 2009  
Alumni Executive Committee Fall Meeting  
UVM Campus

October 11–15, 2009  
American College of Surgeons Annual Clinical Congress, Chicago, IL

October 17–20, 2009  
AAP American Academy of Pediatrics, Washington, DC

December 1, 2009  
RSNA Radiological Society of North America  
Chicago, IL

June 11–13, 2010  
UVM Medical Reunion 2010

www.med.uvm.edu/alumni

For updates on events see: medalumni.relations@uvm.edu

If your email address has changed, please send it to medalumni.relations@uvm.edu.
Development News

More Support from a Grateful Alumnus

The generous financial support of Thomas Sullivan, M.D. ’66 was honored this spring with the renaming of the large classroom in the Medical Education Center. Dr. Sullivan is a retired radiologist from Elta, N.H., who proudly recalls his years serving Vermonters at every hospital in the state, and is grateful to the College for preparing him for his career. “It didn’t cost me a penny to go there, what with scholarships and all, so I thought it would be nice to give something back,” he told Vermont Medicine last spring. Dr. Sullivan’s previous gifts to the College’s Dean’s Fund were used to help fund the recent renovations to Carpenter Auditorium. This summer, Dr. Sullivan continued his extraordinary generosity with another substantial gift to the Dean’s Fund, which will allow the College to fulfill plans for important educational initiatives such as the new Simulation Center.

Scholarship Honors Clifford Herman, M.D. ’59

After Clifford Herman’s death in 2007, one of his former colleagues in surgery at the University of Washington remembered him as “a champion of the little guy to the very end, a brave warrior, a kind doctor, a wise mentor, and a wonderful friend.” Many people Dr. Herman encountered over the years in his service to medicine and to his country in the U.S. Navy agreed wholeheartedly with this description. Now a group of Dr. Herman’s classmates from the College of Medicine, his family, including his widow, Wendy, and his friends from the Navy and medical practice have honored him and his class with the establishment of the Clifford M. Herman Class of ’59 Scholarship, an endowed scholarship that will provide student funding in perpetuity.

Perelman’s Support VCC

Charlotte and Arthur Perelman, M.D. ’52 are committed to continuing their generous support of the Vermont Cancer Center (VCC). The Perelmans have already established a generous estate gift — an irrevocable life insurance trust. They have now made a commitment for additional funding to support the VCC with a recent commitment of $50,000.

The Ireland Tradition

The Ireland family’s commitment to the work of David Krag, M.D. comes from their first-hand experience with cancer, and the compassionate care rendered by Dr. Krag. In 1990 Scott Ireland was diagnosed with melanoma, a type of skin cancer caused by over-exposure to the sun’s ultraviolet rays. Over the next few years, Scott and his wife, Kim, developed a close relationship with Dr. Krag as Scott underwent the treatment, including sentinel-node biopsy, that has left him cancer-free today. The Irelands have continued their support of Dr. Krag’s work with their latest gift of $140,000 through the S. Ireland Cancer Research Fund.

Exceptional Reunion Giving

Jay Selcow, M.D. ’59 has given many gifts to the College of Medicine over the years, including great amounts of his time as a class agent, and an officer and president of the Alumni Executive Committee. But certainly one of the biggest gifts he’s ever presented was the ceremonial check he handed to Dean Morin at his 50th Reunion this June. That check symbolized the more than $520,000 raised by all reunion classes in the past year.

Dean Morin receives the Reunion class gift check from Jay Selcow, M.D. ’59.

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1965

**REUNION ‘10**

George A. Little
97 Quechee Road
Hartland, VT 05048
(802) 466-2158
galex@dartmouth.edu

Joseph H. Vargas III
124 US Route 4 East
Rutland Town, VT 05701
(802) 775-4675
jvargasmd@aol.com

David Hirsch writes: “Enjoying full-time Nephrology again — this time in Massachusetts. Miss in ‘The Delta’ or Mississippi we all hear about in the North. Loss of pathology (obesity, hypertension, diabetes, etc.) and the opportunity to do much good. Also now receiving consultations from the Cleveland Clinic.”

1966

Robert George Sellig
6156 Great Marsh Drive
Mount Pleasant, SC 29466
rsellig@aol.com

1967

John F. Dick II
PO Box 60
Salisbury, VT 05769
(802) 352-6625

C.M. Terrill, Jr., reports: “Daughter Paige Terrill Church (Class of 1999) is at the Women’s College Hospital, Toronto, Ontario. Our son, Chris Terrill III (class of 2003) is finishing Fletcher Allen Surgical Residency, heading to Yale for a Cardiothoracic Surgery as of July 1, 2009.”

1969

Susan Pitman Lowenthal
200 Kennedy Drive
Tarrytown, NY 10590
(806) 597-8996
susiep.mallon@footcast.com

Frederick Cramer has started a new business, the San Francisco Institute for Hyperbaric Medicine. Their website is www.sfiis.com.

1970

Reunion ‘70

Raymond Joseph Anton
1521 General Knox Road
Russell, MA 01071
(413) 568-8659
ray@jayanton.com

John F. Beams Jr.
24 Lorena Street
Wilmington, NC 28403
(781) 729-7568
johnbeams@envent.com

1971

Wayne E. Pasanen
117 Digsdig Street
North Andover, MA 01845
(978) 681-9938
wpasanen@lowellgeneral.org

1972

F. Farrell Collins Jr.
205 Paseo Road
Pinehurst, NC 28374
(910) 295-2420

Don McCurrill has just retired. “Keeping myself busy by writing two books and planning a tenth wedding anniversary trip to the Greek Isles.”

1973

James M. Betts
715 Harbor Road
Alameda, CA 94502
(510) 523-1820
jbetts@mail chois.org

Phillip L. Cohen
483 Lakewood Drive
Winter Park, FL 32789
(407) 628-0221
plcrait@aol.com

David Bronson sends his greetings to the Class of ’73. “I’m still as Cleveland, where I chair the Medicine Institute at Cleveland Clinic. I serve on the Board of Regents of the American College of Physicians and as a commissioner on the Joint Commission. Kids are everywhere — three sons working in Asia, one daughter in an N.P. at Dartmouth Hitchcock, another in a P.A. in N.C., and the youngest is a third-year med student in Chicago. Kathy is Dean of Admissions and Student Affairs at our med school. bravecadet2008@gmail.com

1974

Bets Honored by Alumni Association

James Betts has been a loyal and dedicated volunteer for UVM for more than twenty years. He is a class officer in both his undergraduate class of 1969 and his medical school class of 1973 and has served in leadership roles, as either chair or co-chair, on the Reunion Gift Committees for both classes. Dr. Betts’ work on behalf of his alma mater was recognized with the Distinguished Service Award from the UVM Alumni Association at UVM’s undergraduate reunion in June. Dr. Betts has served as interim chair of UVM’s Planned Giving Committee and in the campaign planning study that preceded the University’s six-year, comprehensive Campaign for the University of Vermont, during which he took a leadership role as a member of the National Campaign Steering Committee. He is currently surgeon-in-chief, senior vice-president for surgical services, and director of trauma services at Children’s Hospital and Research Center at Oakland, California, and is a member of the university’s Board of Trustees.

Continuing Medical Education

**2009–2010 Conferences**

Primary Care Sports Medicine Conference
September 23–25, 2009
Sheraton Hotel and Conference Center
Burlington, VT

The 23rd Annual Imaging Seminar
September 25–27, 2009
Stowe Conference Center
Stowe, VT

The 7th Annual Northern New England Critical Care Conference
October 21–24, 2009
Stowe Conference Center
Stowe, VT

Primary Care Behavior Health Conference
November 16, 2009
Sheraton Hotel and Conference Center
Burlington, VT

Child Psychiatry for the Primary Care Clinician
November 17, 2009
Sheraton Hotel and Conference Center
Burlington, VT

21st Annual Eastern Winter Dermatology Conference
January 15–18, 2010
Stowe Conference Center
Stowe, VT

Emergency Medicine Update
February 3–6, 2010
Stowe Conference Center
Stowe, VT

19th Annual Current Concepts & Controversies in Surgery
February 4–6, 2010
Stowe Conference Center
Stowe, VT

15th Annual Vermont Perspectives in Anesthesia
March 3–6, 2010
Stowe Conference Center
Stowe, VT

College of Medicine alumni receive a special 10% discount on all UVM Continuing Medical Education conferences.
Eric Reinitz practices with the Program of All-industry Care for the Elderly (PACE) in Beverly, Mass. He writes: “PACE is great! House calls, teamwork, complex psychiatric medical cases. Learning Spanish is great! House calls, teamwork, complex psychiatric medical cases. Learning Spanish is great!”

Peter Wilk reports: “A surprising turn of events in my life. I’ve almost entirely closed my private practice in order to move to Washington, D.C., to become executive director of Physicians for Social Responsibility (PSR). As many of you know, I’ve been deeply engaged as an activist with PSR for many years. With such great possibilities now wide in reach for substantial progress to be made in reducing the threat to human health posed by nuclear weapons and climate change, I just had to embrace the opportunity to serve in this capacity. I appreciate the support many of you know, I’ve been deeply engaged as an activist with PSR for many years. With such great possibilities now widespread in reaching for substantial progress to be made in reducing the threat to human health posed by nuclear weapons and climate change, I just had to embrace the opportunity to serve in this capacity. I appreciate the support many of you have given me.”

1977
Mark A. Popovsky
22 Nassau Road
Sharon, MA 02067
(781) 784-4834
mpopovsky@haemonetics.com

Mark Novotny writes: “In March 2009 I found myself accepting the position of interim CEO of our health system [at Southwestern Vermont Health Care in Bennington] in the midst of a financial crisis. It is a humbling and exciting opportunity.”

1978
Paul McLane Costello
Essex Pediatrics, Ltd.
89 Main Street
Essex Junction, VT 05452
(802) 879-6516

1980
Richard Nicholas Hubbell
80 Summit Street
Burlington, VT 05401
(802) 862-5555
rich.hubbell@vtmednet.org

1981
Craig Wendell Gage
2145 Victoria Gardens
Tampa, FL 33609
craiggage@tampabay.rr.com

1982
David and Sally Murdoch
murdock@johnmuir.net

1983
Sarah Ann McCarty
1818 Big Bend Road
Barbourville, KY 25504
(304) 695-1094
mccarty@marshall.edu

Sarah McCarty reports: “I am now living and teaching at American University of the Caribbean in St. Maarten. Dave and I are still at home and will be joining me this summer on a sabbatical from Ohio University. I am having great fun teaching clinical skills here. We are always looking for professors in the winter so if the snow and ice get to you email me at smccarty@oaum.edu. I do hope to make the next big reunion. I am really disappointed to have missed this one.”

1984
Richard C. Slumway
34 Coventry Lane
Anson, ME 04001
(860) 673-6629
rslumways@sofranciscare.org

1985
Vito D. Imbasciani
1915 North Crescent Heights Blvd.
Los Angeles, CA 90069
(323) 566-1316
vitomd@champmail.com

1986
Darrell Edward White
2923 Lincoln Road
Bay Village, OH 44140
(440) 892-4681
darrellwhite@aol.com

Greg DeCandia reports that he has been practicing in Concord, NH, for two years now. In March 2009 I found myself accepting the position of interim CEO of our health system [at Southwestern Vermont Health Care in Bennington] in the midst of a financial crisis. It is a humbling and exciting opportunity.”

1988
Barbara Angelika Dill
120 Hazel Court
Norwalk, CT 06854
(203) 767-7778
dillblbbg@earthlink.net

Amy Burkhart Roberts writes: Bill (Class of ’88) and I still live in Fairfield, Vt. We have three children — Will, age 15, Clay, age 14, Leslie, age 13. We have a very active family life, but would love visits from friends, who find themselves in the area, to share a slow cup of coffee and reminiscence.”

1990
Barbara Angelika Dill
120 Hazel Court
Norwalk, CT 06854
(203) 767-7778
dillblbbg@earthlink.net

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1991
John Dewey
15 Eagle Street
Cooperstown, NY 13326
jdewey@stny.rr.com

1992
Mark Eliot Pasanen
1214 Spear Street
South Burlington, VT 05403
(802) 865-3281
mark.pasanen@vtmednet.org

1993
Joanne Taplin Romeyn
22 Patterson Lane
Durham, CT 06422
(860) 349-6541
Brad Watson
bradwatson@yahoo.com

Veronica Mueller Books is a chief of Pediatric Radiology at Tripler Army Medical Center in Honolulu. She was recently promoted to Colonel. Bob and the girls (16, 13, 9) are all fine. “We enjoyed our trip to Vermont for the 15th reunion and a recent visit from Skip and Erica Wintere. Come visit!”

1994
Holliday Kane Rayfield
P.O. Box 619
Waterfield, VT 05673
(802) 496-5667
rayfieldn@yahoo.com

1995
Allison Miller Baldock
232 Autumn Hill Road
South Burlington, VT 05403
(802) 863-4902
allison.baldock@vtmednet.org

Leslie Kerzner is “enjoying life in and around Boston. Still at MGH — great schedule — and hope to open a NICU
follow-up program. Elana (9) and Adriana (6) and Steve are still doing great!

Brooke Spencer moved to Denver this summer. "Great group and best view. Lots of changes. Life is good. Send me a shout if you live there!"

1996
Anne Marie Valente
66 Winchester St, Apt. 503
Brookline, MA 02446
(802) 863-7705
patrick.ing@gmail.com

William "Cam" Wallack reports: "I spent a weekend getaway in Mammoth, Calif. Elana (9) and Matt hiking and playing guitar. We had a great time reminiscing about our days in Hall A. Also practicing for Table 15 reunion tour in 2011."

1997
Julie Small
150 North Center
South Hamilton, MA 01982
(978) 460-9961
chinese441@hotmail.com

Hannah Albarnia
2011 Prairie Street
Glenview, IL 60025
(847) 930-2000
hannahalbarnia@gmail.com

1998

1999
Everett Jonathan Lamm
31 Autumn Lane
Sommar, NY 13385
(832) 929-7551
ejlamm@comcast.net

Deanne Dixon Haag
4215 Pond Road
Shelton, VT 05483
(802) 524-7528

2000

Reunion ’09
Jay Edmund Allard
UMDNJ
PSC 475 Box A1 1577
Piscataway, NJ 08855
jeallard@umdnj.edu

Michael Jim Lee
71 Essex Lane
Innsville, CA 92620
michael_jimlee1@yahoo.com

Naomi R. Leeds
52 Gardiner St, Apt. 48
Cambridge, MA 02138
nleeds@partners.org

Alan Cook completed his trauma/critical care fellowship in 2008 in Dallas and has relocated to Houston. "I am now busy as a general surgeon and trauma/critical care specialist. Now that he’s back in Texas, his need to wear cowboy boots all the time has passed and he frequently wears wading waders or Chuck Taylors in the trauma bay!"

Adam Kanter is doing well in Pittsburgh, where he was recently appointed to the Executive Committee for the AANS/CNS-Spine Section. He is the Director of the Minimally Invasive Spine Program at UPMC. He reports that Jodi and the kids are doing well but, sadly, did not report that they have had more kids…just five. Jared, Kamynta, Jeremy, Alyxius and Kyla as well as Jodi and Adam are all doing great in Pittsburgh!

Matt Heeren and Kristen Muir have relocated to Davis, Calif., where Matt is busy doing primary care pediatrics in Vacaville and Kristen has developed her own physical education curriculum for Davis students. Ben is now 12 while Isabella is 8 and Ethan is 6…where has the time gone? Matt and Kristen manage to sneak the time for many trips to Napa and are enjoying life in Cali!

Karine Elmozi Mouradian and her husband, Ara, are enjoying life in beautiful L.A. Karine works full time as a staff pediatrician while being a superstar full-time mom to her handsome boys, Alex and Arik. Karine sends her regards to everyone!

Emily June Ryan is doing very well in Venice, Fla. Emily and Tim are proud to report that their beautiful little girl, June, is in kindergarten already! Emily has had a remarkably small world experience. The former Interim Dean for UVM, Dr. John Fogarty, is now Dean at Florida State University College of Medicine where Emily helps train Family Medicine residents. Emily has several Vermont friends in her practice and is busy as a super-duper mom. Since she moved from UVM, she has kept in touch with our UVM friends and colleagues!

Edward Neuert
JoAn Louise Monaco
Greenwich, CT 06830
Five Perryridge Road
Greenwich, CT 06830
emilyjune Ryan
JoAn Monaco

5 2 0 0 9

Also in beautiful California, Ladan Farhoomand is enjoying life in San Diego. She is quite busy in her anesthesia practice while finding the time to travel and reded her unique passion for kite surfing. Ladan sends her regards to all of our classmates.

For this year’s event, John Monaco … my husband, Mike, and I are proud parents to a cute piglet little girl named Caroline, who is now six months old. After finishing our fellowships, Mike recently started as an assistant professor/staff urologic oncologist at Robert Wood Johnson University Hospital and I started a solo practice and reconstructive surgery practice in New York City (Dyshelm@comcast.com). Becoming parents has been the greatest joy and accomplishment in the world!

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M. D. C L A S S N O T E S

Hal Am. D. Class Notes

Darren Shibuya, 56, of Canton, Mass., was 92. He attended the University of Vermont, where he received both his undergraduate and medical degrees. After graduating medical school, Dr. Kemler joined the U.S. Army Medical Corps in 1944. After the war he moved to Jamaica, Queens, New York City, and had attending privileges at several local hospitals. The Kemlers moved to Old Westbury, N.Y., in 1959. Dr. Kemler died April 19, 2009, at his home in Canton, Mass. He was 92. He was married to Mary of 62 years, Mary. It is a portrait of the Rowes’ service to medicine, but also their dedication to the Vermont community. For information on purchasing a copy of the book, call the Athenaeum Press at (802) 748-8291.

A Life of Service Recalled

Sitting in his tent in occupied Germany in the waning days of World War II, Harry Rowe, M.D. ’43 wrote to his wife Mary, who was stationed in Burlington, about the克服s' plans to set up a practice after the fighting was over in a central Vermont town. “Money is secondary, and service to you and your family are primary.”

Note: A year after those words were written, Dr. Rowe has collaborated on an autobiography, The Grass Grew Greener, published this summer by the St. Johnsbury Athenaeum Press. The title of the book stems from an incident that the doctor recalled for a profile that appeared this summer by the St. Johnsbury Athenaeum Press. The title of the book is derived from the phrase “the world’s my oyster,” which occurred when he became the first M.D. to be licensed in Vermont. The book contains stories of the first M.D. to be licensed in Vermont. It was a portrait of the Rowes’ service to medicine, but also their dedication to the Vermont community. For information on purchasing a copy of the book, call the Athenaeum Press at (802) 748-8291.

M A R I A H M C N A M A R A

Mariah McNamar is happy to announce the birth of her second son, Miles Cordell Ahern on April 9th. Email Mariah.McNamara@gmail.com.

Obituaries

Donald L. Bashaw, M.D. ’42

Dr. Bashaw died July 29, 2009, in Shalburne, Vt. After receiving his M.D. degree, he served his internship at Lynn Hospital, Lynn, Mass. He was a member of the Army Medical Corps in World War II. Dr. Bashaw was a General Practitioner in Dover and Wallingford until 1970 when he became the first M.D. to be licensed in the state of Vermont. In 1972, he established the first M.D. to be licensed in Vermont. The title of the book is derived from the phrase “the world’s my oyster,” which occurred when he became the first M.D. to be licensed in Vermont. It was a portrait of the Rowes’ service to medicine, but also their dedication to the Vermont community. For information on purchasing a copy of the book, call the Athenaeum Press at (802) 748-8291.

Thomas Wendell Dow, M.D. ’65

Dr. Dow died on June 24, 2009, in Orlando, Fla. He was 69. While studying at UVM, he won the William Oiler Medal from the American Association for the History of Medicine. Dr. Dow was a General Practitioner in Dover and Wallingford until 1970 when he became the first M.D. to be licensed in Vermont. It was a portrait of the Rowes’ service to medicine, but also their dedication to the Vermont community. For information on purchasing a copy of the book, call the Athenaeum Press at (802) 748-8291.

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Reunion ‘09

Alumni from across seven decades found old friends and new surprises waiting for them at their medical alma mater.

The rainiest Vermont summer in many years lay just ahead, but the hundreds of College of Medicine alumni and their families who gathered for Reunion 2009 beginning on June 11 enjoyed three beautiful days getting reacquainted with their old campus and dear friends. This year’s Medical Alumni Association award winners were feted at a dinner hosted by Dean Morin at Burlington Country Club the night before the official opening of reunion. Among the winners were Jacqueline Noonan, M.D.’54 [at right] who received the A. Bradley Soule Award and Jonathan Glass, M.D.’84, who was one of three awardees for distinguished academic achievement. Attendees included Burnett Rawson, M.D.’39 of Essex Junction, Vt., who celebrated his 70th reunion, and received one of three Service to Medicine and Community Awards presented at reunion. The award recipients and the 50th reunion Class of 1959 were the special guests of the opening night reception in the Hoehl Gallery. Over the weekend alumni recalled and visited with classmates not seen for years, experienced the life of the medical student of today, attended class dinners, a picnic on the campus, and shared stories at Nostalgia Hour.

If your class year ends in a 5 or a 0, mark your calendars now for Reunion ‘10

June 11–13, 2010
August 6, 2009
10:54 a.m.

Elvis has not left the building. The King gazes out of a researcher’s office at the new Courtyard at Given.
The UVM Medical Alumni Association invites you and your family to plan now to join your classmates for Reunion 2010 — June 11–13, 2010. Come back to Burlington and the UVM campus, your home during medical school. You may have lost contact with your classmates and former teachers, but reunion will give you the chance to reconnect, rekindle old friendships, check out favorite places, talk with faculty, meet the medical students of today, and experience first-hand the growth and evolution of your medical alma mater.


EVENTS INCLUDE: Medical Education Today Session • Tours of the College, including the Medical Education Center and new Courtyard Building • Alumni Awards and Reception • Medical Alumni Picnic • Nostalgia Hour • Class Receptions

Register today for your reunion! www.med.uvm.edu/alumni

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

New Spaces, New Opportunities

The new Courtyard at Given opened this summer, and with it comes unique opportunities to recognize the philanthropy of alumni, faculty, staff and friends of the UVM College of Medicine. The new building, at the heart of the medical school campus, connects many mission areas of the school — education, patient care, research and community — and will serve as a consolidated location of all student, alumni, and admissions services, and creates space for the Vermont Cancer Center and Center for Clinical and Translational Science. Recognition for major financial support of these combined mission areas through the Dean’s Fund is available through the naming of architectural bridges and conference rooms in the new building.

For more information about these and other naming opportunities, including naming scholarships, please contact Manon O’Connor (802) 656-4014 | manon.oconnor@uvm.edu

University of Vermont College of Medicine
Medical Development & Alumni Relations Office
(802) 656-4014 | medical.giving@uvm.edu
www.med.uvm.edu/giving