THE PLACES THEY’LL GO

Class of ’21 faces the future
Since his graduation more than 50 years ago, RAYMOND ANTON, M.D.’70, has been a loyal supporter and volunteer leader for the Larner College of Medicine. A devoted class agent, Dr. Anton served on the Medical Alumni Executive Committee from 1990 to 2004, and was its President from 2002 to 2004. With his fellow Medical Alumni Executive Committee members, Dr. Anton was also intimately involved in the creation of the 21st Century Fund, a precursor to the COM Fund, which encouraged increased alumni support. In 2015, in recognition of his service, Dr. Anton was awarded the A. Bradley Soule Alumni Award from the UVM Medical Alumni Association—the association’s highest honor.

Dr. Anton continues to work full-time as an anesthesiologist in an outpatient surgical facility in Connecticut. Since completing his term as president of the Alumni Association, he has continued his involvement and philanthropic support of the College at the highest level. In 1987, his strong family legacy contributed to his desire to create, along with his mother, Evelyn, the Harry J. Anton, M.D.’40 Memorial Fund at the College of Medicine in honor of his father, as well as the Harry J. Anton classroom. This well-funded endowment continues to be a valuable resource for the College to this day. In 2014, Dr. Anton significantly added to the Harry J. Anton, M.D.’40 Memorial Fund in honor of his 45th Reunion.

Dr. Anton’s record of generosity continues in a truly significant way with his latest commitment to fund the Anton Courtyard, adjacent to the new Firestone Medical Research Building, now under construction on the medical campus. This new greenspace will be an important area for gathering and relaxation for the entire UVM community for years to come, and a fitting tribute to the Anton family’s legacy of support to this College.

A Record of Commitment
As we anticipate graduation for the Class of 2021, I look forward to greeting the class of 2025. This class is not alone in having triumphed over adversity in the time of COVID-19. I am proud of our commitment to diversity, equity and inclusion, and to wellness and mental health; for hope. With every day, more of the population is vaccinated, and these vaccines are nothing short of miraculous as one considers the pace at which they were developed by the worldwide biomedical community. What an amazing time to be in biomedical science and health care.

Our hope for the future should likewise be bolstered by the other stories in these pages. Contained within are profiles of our commitment to education, health care and research, in support of our communities. As a physical demonstration of our commitment to the future, the Firestone Medical Research Building is taking shape in our old Given parking lot. I am especially proud of our commitment to diversity, equity and inclusion, and to wellness and mental health; never before have these been greater priorities for our College, as they represent the very heart of our commitment to professionalism. As we anticipate graduation for the Class of 2021, I look forward to greeting the class of 2025 (perhaps even without a mask). But no matter what limitations to activities remain in the fall, we can be confident that our students will arrive at a College that aspires to provide an education that is second to none.

Gender Equity Celebration Honors Larner Changemakers

On March 4, 2021, the Larner College of Medicine recognized several community members for their outstanding commitment to gender equity during the second annual Celebration of Gender Equity in Medicine and Science, hosted by the Office of Diversity, Equity and Inclusion. The event featured a keynote address, titled “Bystander or Advocate? Who Do You Choose to Be?” by Diane Magnan, M.D., former Larner associate dean for medical education, past director of Executive Leadership in Academic Medicine (ELAM) and former Association of American Medical Colleges (AAMC) associate vice president for faculty development and leadership.

Tandoh Named to Dean’s Senior Advisory Group

Margaret A. Tandoh, M.D., associate professor of surgery and associate dean for diversity, equity and inclusion, has been named to the Dean’s Senior Advisory Group, assuming that all senior discussions will include her perspective on issues of diversity, equity and inclusion. She is also co-chair of the Dean’s Advisory Committee on Diversity, Equity and Inclusion.
**COLEMAN NAMED LARNER WELL-BEING ADVISOR**

In her new role as the College’s first well-being advisor, Marissa N. Coleman, Psy.D., will be focused on helping to foster a supportive, equitable and inclusive environment for all members of the student community. Coleman is available to Larner medical and graduate students for large group presentations and small group or individual discussions on wellbeing. She is available specifically for members of the BIPOC (Black, Indigenous, and People of Color) community, and for consultations with individual students. Coleman is a licensed clinical psychologist and lead staff psychologist and equity, diversity, and inclusion advisor at UVM Medical Center, where she has practiced since 2018. Coleman received her B.A. in psychology from DePaul University before earning her Master of Arts and Doctor of Psychology degrees from The Chicago School of Professional Psychology. She was a postdoctoral fellow in psychology at Emory University School of Medicine. An American Academy of Psychotherapists Scholarship recipient and an International Affairs Research Fellow at The Chicago School of Professional Psychology, Coleman has published research in a number of journals, including the Journal of Family Violence and the Journal of Pan-African Scholarship recipient and an inclusion advisor at UVM Medical Center, where she has practiced since 2018. Coleman received her B.A. in psychology from DePaul University before earning her Master of Arts and Doctor of Psychology degrees from The Chicago School of Professional Psychology. She was a postdoctoral fellow in psychology at Emory University School of Medicine. An American Academy of Psychotherapists Scholarship recipient and an International Affairs Research Fellow at The Chicago School of Professional Psychology, Coleman has published research in a number of journals, including the Journal of Family Violence and the Journal of Pan-African.

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**Villanti, Copeland Named to List of World’s Most Influential Researchers**

Two Larner College of Medicine faculty have been named to a list of the world’s most influential researchers, based on the number of times their published studies have been cited by other researchers over the past decade.

UVM faculty named to the list are Andrea Villanti, Ph.D., M.P.H., associate professor of psychiatry, and William Copeland, Ph.D., professor of psychiatry. Researchers on the list are in the top 1 percent of all scholars whose work has been cited. The prestigious Highly Cited Researchers list is compiled and published annually by Clarivate Analytics.

Villanti’s primary research focus is on young adult tobacco use, including predictors and patterns of use and interventions to reduce tobacco use in young adults. She has received funding from a range of organizations, including the National Institutes of Health and the Robert Wood Johnson Foundation and published more than 150 papers in peer reviewed journals.

Copeland is a professor of psychiatry and the director of research at the Vermont Center for Children, Youth and Families. His research program has focused on understanding the developmental epidemiology of emotional and behavioral health across the lifespan. This work includes understanding the interplay between early adverse experiences and genetic vulnerability with other individual, family and contextual characteristics. His research, supported by the National Institutes of Mental Health, the National Institute on Drug Abuse and the National Institute of Child Health and Human Development, has led to over 100 peer-reviewed publications.

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**Industry Collaboration Opens Door to Treatment for Viruses like SARS-CoV-2**

A new biomedical science world’s race to develop and distribute vaccines and treatments for COVID-19, a team made up of a Larner College of Medicine scientist and partners at Lehman, N.H.-based Celdara Medical are busy building a potentially game-changing therapy to fight RNA viruses like SARS-CoV-2.

The team, which includes Professor of Medicine Jason Bottten, Ph.D. (above) recently received a two-year Small Business Technology Transfer Research (STTR) grant from the National Institute of Allergy and Infectious Disease (NIAID) of the National Institutes of Health (NIH). This funding supports the development of a novel, broad-spectrum therapeutic/prophylactic against RNA viruses, which, in addition to the virus responsible for COVID-19, includes SARS, Ebola, influenza, and pathogenic arenaviruses.

This work builds on discoveries made by Bottten, who serves as principal investigator for the project and is also a scientific developer of Celdara’s Pandemic Security Initiative, which the Pandemic Security Initiative Scientific Advisory Board.

“Successful development of this broad-spectrum antiviral agent would thereby preventing or at least mitigating future outbreaks and pandemics. We are thrilled by this opportunity to develop such a countermeasure.”

Celdara, an experienced biopharma developer, has a robust anti-infectives pipeline which forms the foundation from which the Pandemic Security Initiative (PAN) was launched. PAN is a public-private partnership which has a singular goal to ensure better preparedness for the next pandemic.

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**Community Health During COVID-19**

In the fall of 2020, Class of 2023 students participated in the largest and most comprehensive public health project ever completed by a UVM medical student class. Titled “Our Community’s Health: What’s Important to You?” the project focused on identifying the most pressing challenges experienced by Vermonters during the pandemic. An electronic survey was disseminated to partners of the United Way of Northwest Vermont, distributed to Vermont community members, and linked to websites including the Vermont Department of Health.

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**Societal Aspects Most Impacted by COVID-19**

1. **Social Interactions**
2. **Income**
3. **Childcare**
4. **Healthcare**
5. **Caring for the Elderly**
### Class of 2021 Match Results

**96 STUDENTS MATCHED**

#### IN VERMONT

- **13 INSTITUTIONS**
- **41 TO PRIMARY CARE**

#### A TROPICAL VACATION

Class of 2021 Celebrates Match Day

On Friday, March 19, members of the Class of 2021—along with senior medical students across the country—learned where they will be practicing as residents on Match Day. Students celebrated with their friends, family and classmates through a virtual event with a tropical vacation theme. The event opened with a welcome from Larnier Dean Rick Page, M.D., who acknowledged the students’ unique journey of completing medical school during a pandemic.

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**Vaccinated medical students are following COVID-19 CDC guidelines.**

**READ AN ADDRESS FROM THE STUDENT COUNCIL PRESIDENT, VIEW MESSAGES TO THE CLASS OF 2021 FROM ALUMNI AND FACULTY, AND VIEW AN INTERACTIVE MAP OF RESIDENCY MATCH LOCATIONS: MED.UVM.EDU/VTMEDICINE/WEB-EXTRAS**
INCENTIVES COULD ENHANCE COVID-19 VACCINE ADHERENCE

A analysis in Preventive Medicine by a team led by Professor of Psychiatry Stephen Higgins, Ph.D., director of the Vermont Center on Behavior and Health (VCBH), examines the evidence of incentivizing vaccine adherence, concluding that the strategy may be helpful to achieve herd immunity.

In their paper, Higgins and his VCBH research colleagues Elias Klemperer, Ph.D., and Sulamunn Coleman, Ph.D., describe results from several controlled trials that support the efficacy of incentivizing vaccine adherence. An example from their literature review focused on using incentives to increase adherence to the three-dose hepatitis B virus vaccine among injection drug users. Individuals dependent on illicit drugs often face barriers ranging from socioeconomic instability, which can make adhering to preventive medical regimens highly challenging.

Their systemic literature reviews found strong support for the use of incentives, including a 2019 meta-analysis concluding that the strategy may be effective in increasing adherence to vaccines. Researchers at UVM, The University of Texas MD Anderson Cancer Center (MD Anderson), and Yale University discovered that pol theta, previously known to extend DNA in the repair process, is also able to behave like a nucleosome and trim DNA.

Because these cancer cells rely on the pol theta pathway to survive and repair double-strand breaks, researchers have been focused on pol theta and trying to find out how to inhibit this pathway.

"Pol theta is a 'hot' enzyme right now," says senior author and self-described "polymerase greek" Sylvie Doublie, Ph.D., professor of microbiology and molecular genetics. "This is a new activity for pol theta, it's an elegant way of solving the problem—you only need one enzyme." For patients with hard-to-treat cancers, this finding could lead to the development of new therapeutic options, like the Poly-ADP-ribose polymerase (PARP) inhibitors class of drugs that have been used to treat breast and ovarian cancer over the past decade.

"The cell has to decide which function needs to be applied and this trimming activity is a point of vulnerability for pol theta," says Doublie. One aim of the research is to create conditions where one reaction can be encouraged over the other. A potential role for such an inhibitor would be to improve ionizing radiation therapy in cancer patients with BRCA1 or BRCA2 mutations.

Doublie’s former doctoral student Karl Zehn, Ph.D., now a postdoctoral fellow at Yale, saw evidence of this dual function in pol theta several years ago while working in Doublie’s lab. He carried out the experiments described in the paper after engaging the expertise of Richard Wood, Ph.D., professor of epigenetics and molecular carcinogenesis at MD Anderson. Wood and Doublie have had a long-term collaboration, funded by a Program Project grant from the National Cancer Institute.

Doublie & Colleagues Discover Dual Function in Enzyme Critical for Cancer Growth

n the H. Lawrence McCrorey Gallery of Multicultural Art in the Howie Library, the spirit of one of the university’s most respected and beloved professors continues to exert a quiet influence. Established at his retirement in 1999, it’s a fitting memorial for a champion of social justice and a true renaissance man, an accomplished jazz saxophonist who began performing with bands in Camden, N.J., at age 13.

When Larry McCrorey joined the UVM department of physiology and biophysics in 1966, he was one of just two Black faculty on campus. He had come to UVM from the University of Illinois College of Medicine in Chicago, following his high school science mentor Norman Alpert, who recruited McCrorey to help him build a strong teaching program. While he would go on to excel in front of the classroom, winning numerous University teaching awards, McCrorey made a wider impact on the University and Vermont through his work to combat racism.

In 2002, speaking to Fran Stoddard on Vermont Public Television’s “Profiles,” McCrorey recalled the challenges that racism presented when he moved into the state in the mid-sixties. “When I recognized what was happening here, I said to my boss, Norman Alpert, ‘Look, I don’t want to embarrass you, you brought me here. But I’ve got to fight this stuff. I can’t just be a scientist or just be a pharmacist. I’m going to have to be involved politically.”

Alpert’s response: “If you didn’t get involved politically, I’d be very upset with you.”

As both a moral and educational leader, McCrorey stood on the shoulders of his direct ancestors. His father was the physician and first African-American president of Johnson & Smith University, a historically Black college in North Carolina. At UVM, McCrorey’s roles would include dean of the School of Allied Health Sciences (now the College of Nursing and Health Sciences), and associate vice president for academic affairs.

McCrorey was a frequent public speaker in the community, an advisor to three governors, and a charter member of the state’s Human Rights Commission. Larry McCrorey passed away in 2009 at age 82, but his teaching continues at Howie Library. All would do well to pause and remember him through his words stenciled on a slate blue wall at the north entrance of the McCrorey Gallery. “Each person needs to look into himself or herself to encounter the racism there, to uncover it, and to finally deal it a death blow.” Each of us needs to understand that the price of hating other human beings is loving oneself less.” – Tom Weaver

Lawrence McCrorey’s Legacy

The LHOMe Initiative Fills a Crucial Gap for Medical Students

Challenges related to the social determinants of health—food insecurity, unstable housing, financial instability—disproportionately effect non-traditional students and students who are underrepresented in medicine. Often from home and personal support networks, the results can be calamitous. Students may struggle to maintain their grades and balance curricular commitments, suffer mental health crises, and in some cases must put their medical education on pause or leave school entirely.

The LHOMe initiative, founded by Dana Allison ’23 with support from Jasmina Robinson, M.D. ’20 and Tiffany Delaney, M.Ed., director of the Office of Diversity, Equity and Inclusion, addresses these gaps. Their mission is to "establish internal avenues of support for [medical] students [including a] main resource hub to focus on their academics and professional responsibilities; help medical students meet all academic and professional expectations; improve academic performance; contribute to ongoing class-wide student support; and limit medical student attrition."

In creating LHOMe, Allison worked with fellow students and faculty to create a student survey, joined the UVM Food Insecurity Working Group, connected with Medical Student Financial Services Coordinator Kari Brodyien, and reached out to Hungry Free Vermont and 3Square VT to pull together an Emergency Relief Town Hall for Larner medical students. A corresponding online resource guide is available to students.

“Dana and her collaborators led the way to helping us develop a language and a dialogue about issues related to basic needs and equity. These issues can be hard to discuss, but they only worsen in silence.” – Lee Rosen, Ph.D., director of student well-being and interim associate dean for students

The LHOMe initiative’s plans include weekly reminders about resource availability and contacts via the Medical Student Wellness Committee’s Instagram account and the weekly medical student e-newsletter, as well as ongoing work to address new or widening gaps in need and resources.

In creating LHOME, Allison worked with fellow students and faculty to create a student survey, joined the UVM Food Insecurity Working Group, connected with Medical Student Financial Services Coordinator Kari Brodalen, and reached out to Hungry Free Vermont and Square Vermont to pull together an Emergency Relief Town Hall for Larner medical students. A corresponding online resource guide is available to students.

“Dana and her collaborators led the way to helping us develop a language and a dialogue about issues related to basic needs and equity. These issues can be hard to discuss, but they only worsen in silence.” – Lee Rosen, Ph.D., director of student well-being and interim associate dean for students.
Cipolla Receives 2021 Thomas Willis Lecture Award

Marilyn Cipolla, Ph.D., professor of neurological sciences, obstetrics, gynecology and reproductive sciences, and pharmacology, has been awarded the 2021 Thomas Willis Lecture Award from the International Stroke Conference Program Committee and the American Stroke Association’s Council on Stroke. She presented at the 2021 International Stroke Conference, held virtually in March of 2021. The Thomas Willis Award honors the prominent British physician credited with providing the first detailed description of the brain stem, the cerebellum, and the ventricles. The award recognizes contributions to the investigation and management of stroke basic science.

Franklyn Named AAAS Fellow

Professor of Biochemistry Christopher Francklyn, Ph.D., has been named a Fellow of the American Association for the Advancement of Science (AAAS), the world’s largest multidisciplinary scientific society. AAAS, which publishes cutting-edge research through its Science journals, awards fellowships based on researchers’ distinguished efforts to advance science or its applications. Francklyn was elected as an AAAS fellow for “paradigm shifting discoveries that link control of protein synthesis with biological mechanisms and regulatory compromises in cancer, blindness and deafness.”

Mullen Honored With 2020–21 Parsons Award

Patrick Mullen, a doctoral student in the Neuroscience Graduate Program, is the recipient of the 2020-2021 Rodney L. Parsons Anatomy and Neurobiology Award, which honors Rodney Parsons, Ph.D., professor emeritus and former chair of anatomy and neurobiology. The award aims “to support outstanding graduate students who demonstrate excellence in both neuroscience research and teaching in any broadly defined anatomical science.” Mullen is mentored by Christopher Francklyn, Ph.D., professor of biochemistry, and Alicia Ebert, Ph.D., associate professor of biology.

Burgess Named Director

Lee-Anna K. Burgess, M.D., has been appointed director of the Nutrition, Metabolism, Gastrointestinal System (NMGI) course in the Foundations Level of the Vermont Integrated Curriculum. Burgess has been a member of the UVM faculty since 2018 and is an assistant professor of medicine in the Division of Hospital Medicine. She received her M.D. from the University of Queensland in Brisbane, Australia, and completed an internal medicine residency at the UVM Medical Center, where she was Chief Resident in 2017-2018. She is the recipient of the 2017 Frank L. Babbott Memorial Resident Award and is a member of the Teaching Academy. He serves as a neurologist and co-chief of the Memory Disorders Division at the UVM Medical Center.

KAMIN MUKAZ
NAMED TO LIST OF INSPIRING BLACK SCIENTISTS

Debra Kamin Mukaz, M.S., Ph.D., postdoctoral associate in the Division of Hematology/Oncology in the Department of Medicine, was named to Cell Mentor’s 1,000 Inspiring Black Scientists, a recognition of “individuals who’ve helped push us to the next level.” She played a lead role in the national #BlackinCardio campaign this year, organized to raise awareness of cardiovascular diseases in the Black community. Originally from the Democratic Republic of the Congo, Mukaz graduated with a B.A. in biology and French from Luther College. She earned an M.S. in biological sciences and a Ph.D. in medical sciences at the University of Delaware. At UVM, her research focuses on analyzing and interpreting cardiovascular and cardiometabolic data for the Reasons for Geographic and Racial Differences in Stroke (REGARDS) study, a large national study funded by the NIH with a goal to better understand racial and regional disparities in stroke.

STEPPING UP FOR THE COMMON GOOD

As researchers across the world race to develop and distribute vaccines to stop the spread of COVID-19, Vermonters and New Yorkers have offered their arms to science, volunteering to participate in the Oxford-AstraZeneca COVID-19 vaccine trial at the UVM Medical Center and UVM Vaccine Testing Center. These volunteers come from diverse backgrounds and offer varying reasons for becoming involved. A unifying theme, though, is a desire to be part of something bigger than themselves.

“All of us are beneficiaries of sacrifices that people have done in the past, whether it be for vaccines or any other kind of medical development. The least I could do is volunteer, knowing that I could use my body for the benefit of the common good.” – Milton Rose-Orita, R.N., UVM Medical Center

“When I signed up for this, I was thinking about my husband, my children and my grandchildren. Just to be able to do something, rather than just sit on the couch and worry, I’ll be really proud if something I did contributed to helping save people’s lives.” – Lynne Niebling, Randolph, Vt.

“It’s now known that Native People are at higher risk of illness caused by the COVID-19 virus. Due to health disparities, our people have some of the highest rates in Vermont of underlying health conditions, such as diabetes, that increase our risk for COVID-19. It is vital that we protect our elders and most vulnerable from this pandemic. They hold our history and cultural knowledge. Participating in this trial will help do just that.” – Chief Don Stevens of the Nulhegan Band of the Coosuk-Abenaki Nation

NEWS
Vermonters have a reputation for showing up for their community—and whether there’s a pandemic or not. That’s also true for the faculty and staff of the Vermont Child Health Improvement Program (VCHIP), who have underscored over the past year just how important their role is to ensuring providers get access to critical resources and tools that allow them to deliver quality care.

Following the state’s first confirmed case of COVID-19 on March 7, 2020, the Vermont Department of Health (VDH) set up an 8 a.m. to 5 p.m. hotline and was quickly inundated with calls from medical professionals and community members alike. Within a span of about 48 hours, well-child visits moved to telehealth, which led to new workflows, new technology, and reimbursement issues.

A regular partner with VDH, VCHIP representatives, including Executive Director Judy Shaw, Ed.D., M.P.H., R.N., Professor of Pediatrics Wendy Davis, M.D., and Associate Professor of Pediatrics Breena Holmes, M.D., realized that instead of helping staff phone calls, they could leverage VCHIP’s CHAMP (Child Health Improvement Program in Practice) program to help share just-in-time information to community members alike. Within a span of about 48 hours, well-child visits moved to telehealth, which led to new workflows, new technology, and reimbursement issues.

Answering the call for help with CHAMP “VCHIP is known for being nimble and responsive,” says Shaw, “and we can help!” says Shaw, a professor of pediatrics and nursing who has built VCHIP—founded in 1999—to nimbly rise and respond to the Vermonters have a reputation for showing up for their community—and whether there’s a pandemic or not. That’s also true for the faculty and staff of the Vermont Child Health Improvement Program (VCHIP), who have underscored over the past year just how important their role is to ensuring providers get access to critical resources and tools that allow them to deliver quality care.

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The secret to CHAMP’s success “We’ve leveraged the uniqueness of our program, using the foundation of CHAMP and the credibility of VCHIP, and aligned all the people interested in children and families—including schools,” said Shaw. “We are walking this path together, shoulder-to-shoulder.”

She credits Davis and Holmes with providing a unique blend of skills, perspectives and experience that have led to the CHAMP calls’ success. Both have had careers as general pediatricians before transitioning into public health. In addition to being a former Vermont health commissioner, Davis has co-chaired a number of national advisory groups and has served on a number of national committees, including the VDH’s Prevention and Control of Childhood Immunization Program. Davis is quick to add that the following years have seen a significant increase in the number of calls, and the team has been able to adjust to meet the evolving needs of health care professionals, children, and families. This year, the VCHIP team will focus on supporting the Vermont Medicaid population during the state’s ongoing COVID-19 pandemic, to ensure that all Vermonters can access the care they need.

Funded on long-term partnerships with VDH, the Vermont Chapter of the American Academy of Pediatrics (AAP), and the Vermont Academy of Family Physicians, the CHAMP team was ready to go when COVID-19 hit. “We had a big secret weapon at our disposal, which allowed us to share just-in-time information with our partners,” says Davis. That weapon was the VCHIP platform, which allowed the team to quickly mobilize and connect with partners across the state.

Then COVID-19 hit. “We made a split-second decision to step in and help,” says Davis, the VCHIP executive director. “The CHAMP team would support efforts to ‘strenthen Vermont’s system of high-performing pediatric medical homes.’” The call discussions focused on such topics as delivering primary care for infants, children and adolescents according to the Bright Futures guidelines, particularly working to ensure that the Vermont Medicaid population receives the same level of care as all others. Then COVID-19 hit. “We made a split-second decision to step in and help,” says Davis, the VCHIP executive director. “The CHAMP team would support efforts to ‘strengthen Vermont’s system of high-performing pediatric medical homes.’” The call discussions focused on such topics as delivering primary care for infants, children and adolescents according to the Bright Futures guidelines, particularly working to ensure that the Vermont Medicaid population receives the same level of care as all others.

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Becky Aitchison was full of hope as she headed home from the hospital on April 2, 2020, accompanied by the cheers and applause of her care team. After spending seven days in the intensive care unit (ICU) at University of Vermont Health Network–Central Vermont Medical Center with a serious case of COVID-19, she no longer needed supplemental oxygen. The piercing headaches had subsided, and she’d regained her taste and smell. Fifty-three years old, with no underlying health conditions, she had every reason to expect that her health and her life would soon return to normal. Now Aitchison wonders whether she will ever be 100 percent well. She feels far from fully recovered. “I won’t call myself recovered,” she says. “I clearly recollect having that feeling: She might not beat this,” Brian says, remembering the sobering phone call from Aitchison’s doctor preparing him for the possibility she might be intubated and put on a ventilator. It was a great relief when she responded to high-flow oxygen through a nasal cannula instead, and began to rapidly improve.

Brian joined Becky in her hope of a full recovery when he brought her home a week later.

“I really thought there would be a defined recovery, but it kind of ebbs and flows. Her COVID voice/sometimes pops back—it’s a little bit raspy and a deeper tone that is very distinctive. And then there’s the brain fog. Becky is an accountant—she is smart, detailed, articulate—but now sometimes she has a problem expressing herself,” he says. “This thing just keeps on giving in a bad way.”

A Sense of Isolation

The Centers for Disease Control and Prevention (CDC) reports that some patients can have symptoms that last for weeks or months after recovery from acute illness. But even the people who don’t get as sick as Aitchison and develop only mild illness, the CDC points out, “can experience persistent or late symptoms.”

“Persistent COVID symptoms in clinic and at the UVM Medical Center, the UVM Health Network affiliate hospital that saw the bulk of acute COVID-19 patients early in the pandemic. Katherine Menson, D.O., a pulmonologist and assistant professor of medicine, has treated similarly baffling cases.

“I’ve been seeing these patients with persistent COVID symptoms in clinic and really coming up short with any answers to offer them about what’s causing their respiratory symptoms. They are obviously feeling very scared and unsettled with how little is known,” she says.

“This sense of uncertainty led Menson and her colleague, Professor David Kaminsky, M.D., also a pulmonology and critical care physician, to start a support group.”

**You Are Not Alone**

The COVID Survivor Support Group is open to all UVM Health Network patients in Vermont and Northern New York and is designed as a safe space where participants can share and learn.

“These patients are frustrated because a lot of doctors don’t believe that these long-term symptoms are real, and they’re suggesting to patients that it’s just anxiety or depression or emotional distress resulting from the illness,” says Kaminsky. “All those things might be contributing, but I don’t think that’s the root cause. I think there may be something the virus is doing directly to our bodies or that the immune response is doing to our bodies that’s resulting in these persistent symptoms.”

The most important aspect of the support group, he adds, is to “let people know they’re not alone and they are being heard.”

Aitchison was happy to find a local support group that was led by medical professionals to ensure the guidance was grounded in science. “This support group is very affirming because before I just felt dismissed,” says Aitchison. “And because it’s led by medical professionals, it’s giving me the drive to maybe reach out and get some follow-up appointments and advocate further for myself.”

Kaminsky is also director of the Pulmonary Function Laboratory at the Vermont Lung Center. He is conducting a research study there, funded by The UVM Medical Center Foundation, to track lung function in 50 participants who have had mild or serious cases of COVID-19 and now test negative for the disease. Kaminsky believes his research will make a significant contribution to understanding how COVID-19 affects the lungs.

“I felt compelled to put together a study where we could monitor people over time for at least a year,” he explains. “We’ll be learning what it naturally looks like to have had COVID. I’m testing both people who are hospitalized or not hospitalized and who have persistent symptoms or don’t. We’re trying to get a broad view of how COVID is affecting the lungs. I think this is going to be unique compared to other studies, because we’ll be looking at a broad cross-section of people rather than one defined group of people.”

Aitchison has just been accepted into the study and is pleased to be able to contribute to the growing body of knowledge about “Long COVID.” She has twice donated her “liquid gold” convalescent blood plasma through the American Red Cross with the hopes of helping another patient recover.

The more she helps herself and others solve the mysteries of COVID-19, the more she feels like her determined, indefatigable, pre-pandemic self.

“I’ve been seeing these patients with persistent COVID symptoms in clinic and really coming up short with any answers to offer them about what’s causing their respiratory symptoms. They are obviously feeling very scared and unsettled with how little is known,” she says.

“This sense of uncertainty led Menson and her colleague, Professor David Kaminsky, M.D., also a pulmonology and critical care physician, to start a support group.”

**You Are Not Alone**

The COVID Survivor Support Group is open to all UVM Health Network patients in Vermont and Northern New York and is designed as a safe space where participants can share and learn.

“These patients are frustrated because a lot of doctors don’t believe that these long-term symptoms are real, and they’re suggesting to patients that it’s just anxiety or depression or emotional distress resulting from the illness,” says Kaminsky. “All those things might be contributing, but I don’t think that’s the root cause. I think there may be something the virus is doing directly to our bodies or that the immune response is doing to our bodies that’s resulting in these persistent symptoms.”

The inspirational message she once proudly displayed in her office seems especially apt now, sitting in her home workspace: “You never know how strong you are until being strong is the only choice you have.”

**COVID LONG-HAULER: SHE SURVIVED COVID-19, BUT FULL RECOVERY SEEMS UNCERTAIN**

The inspirational message she once proudly displayed in her office seems especially apt now, sitting in her home workspace: “You never know how strong you are until being strong is the only choice you have.”

**COVID LONG-HAULER: SHE SURVIVED COVID-19, BUT FULL RECOVERY SEEMS UNCERTAIN**

Above: Becky Aitchison, post-hospitalization.

Below: Katherine Menson, D.O., and David Kaminsky, M.D.
While the past year has meant working remotely for many people in order to stay safe and combat the COVID-19 pandemic, since October of 2020 that hasn’t been the case for PC Construction Company workers at the southern end of the Larner College of Medicine’s Burlington campus. Working in accordance with outdoor health safety protocols, they’ve been digging foundations, pouring concrete, and starting the steel framework for the latest chapter in the College’s research mission: the Firestone Medical Research Building.

Announced in October 2019 with a lead gift of $8 million from alumnus Steve Firestone, M.D.’70, the building will bring state-of-the-art facilities to researchers at the College. Twenty-first century biomedical translational research success comes about through cross-disciplinary efforts that bring together expertise from across basic science and clinical departments, to explore new solutions and bring them to the bedside to improve patient care. To achieve those results, today’s research facilities need to be engineered for flexibility, to allow for easy adjustment of laboratory spaces as teams evolve their approaches.

This is what the Firestone Building brings to UVM: 59,000 square feet of versatile space that can adjust with the flow of varied research projects in the coming years. In addition to serving the scientists of today, the Firestone Building will allow the College to expand the scope, impact, and funding of research programs, and recruit the world-class scientists of tomorrow.

In support of this approach, the first floor of the building will house the UVM Center for Bio-medical Shared Resources (CBSR). Funded by a $5.47 National Institutes of Health (NIH) grant, the new Center will integrate five of the leading UVM laboratory-based, shared resource core facilities in one convenient location.

Fundraising for the building, in addition to Dr. Firestone’s lead gift, continues, with over $10 million already raised. More information about the facility can be found at uvm.edu/FirestoneBuilding.

To see the construction of the Firestone Medical Research Building in real time, view the livestream at med.uvm.edu/FirestoneBuilding.

**FACTS**

- 34 principal investigator offices
- 200 wet benches
- $44 million total cost
- $20 million goal for philanthropy
- 59,000 total square feet
- 225 estimated personnel capacity

**TIMELINE**

- **October 2020**: Construction resumes after Covid-19 delay
- **MAY 2021**: Steel framing completed
- **FALL 2022**: Construction completed
- **WINTER 2023**: Research recommences in new building

**2020 2021 2022 2023**
You got the coat! Now get ready to meet patients and have experiences you will never forget. It will shape you into an amazing doc. Soak it up!

I am so excited for you today! I remember my first white coat – it held all my hopes and dreams, all my aspirations and plans! Hold this moment dear – you will long remember it.

-- Kelly McQueen, M.D.'91

What a crazy time to enter the medical field... COVID-19 has challenged us and isolated us. You will work hard – that is in your DNA... My advice to you is to take your dream, be true to it, follow it, and nurture it. Take time to love, laugh, feel the sun on your face. When you do this, you will be whole and as such, the best physician!

-- Paige Terron Church, M.D.'99

A Chance Meeting
I was honored to be asked to write a white coat note as my own White Coat Ceremony was an especially meaningful celebration. I had struggled during the medical school application process and, after two demoralizing rejection cycles over four years, UVM finally took a chance on me and granted me an acceptance. The white coat ceremony was so special, I still remember reading the Hippocratic oath, fighting back tears, in disbelief that I was on my way to becoming a physician, a goal that seemed intangible just one year prior. So, writing white coat notes to first year medical students was a small way to relive my wonderful experience.

By chance, in 2019, I met the recipient of one of my first white coat notes at a national conference (the American Academy of Child and Adolescent Psychiatry Annual Meeting) in Chicago. A fourth-year med student at the time, Alejandra introduced herself. He shared with me that as a first-year med student he had tacked his note from me on his bulletin board and from time to time through med school and into residency, he reread it and found it helpful. How meaningful that is!

-- Thuan Nguyen, M.D.'02

A Time of Beginning
The White Coat Ceremony is one of the more meaningful rituals we perform in medicine. This mere hope and dream of entering medical school becomes a reality! I’ve enjoyed writing to students, knowing that my note will be sitting in a pocket of their new white coat, waiting for them to read.

I imagine this note being read in the beautiful and airy Ira Allen Chapel, and as this student contemplates their new role they are taking on in the world, well...maybe something I write will inspire them that day. Or possibly something encapsulate a meaningful message to a first-year med student, affirming their potential and reducing their anxiety.

One follow-up truly touched my heart. At a College function probably five years after that white coat note connection, I was first contacted about writing a note for a first-year medical student. I thought it was a great idea. The student received a message from someone who had been in their shoes in the past and since has completed med school, post-grad training, launched into practice and even retirement with its seasoned reflections. And how special for me, a grateful graduate, to have the opportunity to encapsulate a meaningful message to a first-year med student, affirming their potential and reducing their anxiety.

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-- CORDELIA ROSS, M.D.'16

For every note, I write ‘Do what they say can’t be done,’ I’d like to encourage young men and women to make their dreams come true, do things that were not possible, make a difference in their lives, and change the world for the next generation.

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Students and Alums Connect Through White Coat Notes

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VT LEND participant Danielle Boyer is founder of The STEAM Connection, an organization dedicated to creating diverse, accessible and affordable learning opportunities for kids in science, technology, engineering, art and math fields. Photo Credit: The STEAM Connection

For 26 years, the Vermont Leadership Education on Neurodevelopmental Disabilities program (VT LEND) has been focused on preparing health professionals with the skills—and the drive—they need to improve the healthcare system’s service to children with developmental and intellectual disabilities and their families. ❯
UNDER THE LEADERSHIP OF VT LEND

Program Director Maria Mercedes Avila, Ph.D., associate professor of pediatrics, the program has also built a national reputation for its comprehensive approach to training and diversity, equity and inclusion. Not only does the program emphasize culturally responsive care, Avila has set the bar for diversity in each cohort to increase the number of people trained from diverse communities. In doing this work, she emphasizes the importance of creating an environment that speaks to a range of experiences and backgrounds.

“The content we teach is essential to recruiting and retaining trainees,” says Avila. “Our content reflects the populations we serve.”

VT LEND accepts 12 to 14 individuals annually for the nine month, 300-hour program, a group that includes health care and education professionals, individuals with developmental and intellectual disabilities, graduate students, and family members of persons with disabilities. Trainees take two graduate level courses and participate in legislative, policy and advocacy training, leadership discussions, and internships.

As one of a network of 52 LEND programs funded through the U.S. Maternal-Child Health Bureau, VT LEND has become a sought-after resource for other programs looking to diversify their ranks. Recognition for VT LEND’s work has been coming at a fast pace: Recent awards include the ProFello in Diversity, Equity, and Inclusion Award, 2018 AUCD National Multicultural Diversity Team Award, 2018 AUCD National Multicultural Diversity Team Award, and was named one of PEOPLE Magazine’s “Girls Changing the World” and was featured on the NBC special “Celebrate Women of Worth,” available on Hulu.

VT LEND is helping her develop skills to connect with a diversity of students in new ways. “I have a learning disability and I work with a lot of kids who have different learning challenges,” she says. “I come from a lot of the communities that I’m serving, and my board as well. My board is half Indigenous, half women, and we’re all undergraduate students. We want to focus on the kids who are getting left out of what I think are key opportunities.”

The Power of Advocacy

Throughout the program, Eva Wilson witnessed the power of advocacy first-hand. During the Association of University Centers on Disability (AUCD) Conference, she saw the promise of creating change that can transform communities. At the flip of a coin, a woman present at VT LEND’s conference witnessed the power of advocacy first-hand. During the Association of University Centers on Disability (AUCD) Conference, she saw the promise of creating change that can transform communities.

“I have gained a better understanding of advocacy work. It can be both rewarding and uncomfortable. Advocacy entails good planning,” she says. “It’s about taking time to understand the system issue and the change you want to make. Advocacy takes courageous effort and the support of community stakeholders.”

VT LEND has also connected her with like-minded professionals. Through her internship, she’s working with a Vermont-based intervention team. Participating virtually in meetings and workshops is helping her to see similarities and differences with the special education department in the U.S. Virgin Islands.

“I’ve learned about processes to incorporate into the work we’re doing now, including new ideas that can help strengthen our program and the delivery of services to families even more,” she says.

In VT LEND, Wilson has found a strong community. Participants and mentors bring a wealth of knowledge from their professional experiences.

“I appreciate the emphasis on diversity and engagement in a learning community with fellow professionals from different cultural backgrounds,” she says.

Documenting the Immigrant Experience

With African Americans experiencing a disproportionately high rate of COVID-19 infection, Pierrette Lumumba has been focused on giving voice to those impacted. Her own story—her career as a registered nurse—has informed this work, which she is doing through her VT LEND internship.

“As a daughter of an immigrant family, it was very personal,” she says. “In my current profession, I do have a voice in integrating more resources, and support from my family.”

Lumumba’s work has gained wide recognition: She was named one of PEOPLE Magazine’s “Girls Changing the World” and was featured on the NBC special “Celebrate Women of Worth,” available on Hulu.

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Two Larner College of Medicine alums in Vermont are breaking new ground in critical pediatric fields. James Metz, M.D.’06, returned to the state to lead an interdisciplinary child abuse prevention team. Nick Bonenfant, M.D.’17, has created a new program to provide mental health care for children and additional training for pediatricians.

(Left to right): James Metz, M.D.’06, Tracey Wagner, R.N., MSN, CPN, and Mary-Ellen Rafuse, MSW, are members of UVM Medical Center’s Child Safe Program.

Supporting Vermont Kids

By Michelle Bookless
pediatricians in Vermont.

A New Field of Medicine
Child maltreatment—including neglect and physical, sexual, and psychological abuse—is not new, nor is the need for trained medical professionals to treat these victims, says Metz’s mentor Joseph Hagan, M.D., a Vermont pediatrician, clinical professor of pediatrics and national pediatrics leader. Hagan notes that it wasn’t until C. Henry Kempe, M.D.’s article, “The Battered-Child Syndrome,” was published by the Journal of the American Medical Association in 1962, that the issue of child abuse was recognized by the medical community as one that needed to be clinically researched, diagnosed, and treated. At the time, this duty largely fell to primary care pediatricians.

It’s a duty that Hagan and Karyn Patno, M.D., Metz’s other role model, earnestly dove into early in their careers—Hagan in the early 80s and Patno in the early 90s. Over time, Hagan and Patno, who is Vermont’s only other board-certified child abuse pediatrician, became the “go-to” doctors for Vermont clinicians, caregivers, and social workers who were seeking guidance in complex cases of suspected child abuse and neglect. For years, the two covered all calls for child abuse clinical specialists in the state. Patno, in St. Johnsbury, covered the east side of the state and Hagan, in Burlington, covered the west. It was Patno who first created Vermont’s Child Safe Program in 2008. Until Metz’s recent arrival, Patno ran the Child Safe clinics first from St. Johnsbury. She subsequently expanded the program to UVM Children’s Hospital and later worked in tandem with Hagan in Burlington.

Over four decades following the publication of Kempe’s JAMA article, a small group of clinicians across the country—including Patno and Hagan—unofficially surfaced as specialists in evaluating abuse cases and assisting child protective agencies with their medical point of view. In many states, there were none. Finally, around the same time Metz was graduating from medical school, the field of child abuse pediatrics formally came into existence. In 2006, the American Board of Medical Specialties officially recognized child abuse pediatrics as a pediatric subspecialty. Three years later, the American Board of Pediatrics held the fellowship programs is one that Patno, Hagan, and Metz agree has pushed the field forward in necessary and ground-breaking ways. Most important, the three say, is the increase in field-specific research and literature.

“One of the biggest values of having a subspecialty is that it supports and encourages research in the field,” says Patno.

“Before, we knew how to evaluate injuries, but now we have so much more information—which leads to fewer mistakes in terms of under- or over-diagnosing of injuries.” It doesn’t take long before the full weight of what Patno says next sinks in: “If you fail to recognize child abuse, you send a child into danger. If you over-call it, you destroy a family.”

Tracey Wagner, R.N., MBCN, CPNP, a forensic nurse who has worked in the UVM Department of Pediatrics since 1985, agrees. “In the past, decision-making was more subjective,” she says, adding that the key change to the field has been a growing foundation of scientific knowledge and research-based evaluation, diagnosis, and recommendations.

“It’s extremely high-stakes,” Metz adds, emphasizing, “this is an area that should require additional specialized training, just like cardiologists or gastroenterologists. There are so many aspects of child abuse medicine that we don’t learn very much of in medical school or residency—social, legal, medical, and forensic. The need for additional training is both necessary and apparent.”

Standardization to Reduce and Eliminate Bias
Why are standardized and evidence-based protocols in the field of child abuse pediatrics so important? One reason, says Metz and his colleagues, is systemic inherent bias rooted deep in our society.

“As a team, we know that there is inherent bias, including systemic racism, built into the child welfare system,” says Mary Ellen Rafuse, MSW, who was a social worker for the Vermont Department for Children and Families (DCF) for 10 years and now works full-time for the Child Safe Program. “We need to make sure we’re not compounding that problem and are actively working to diminish it,” Rafuse says.

“That’s why we’re so focused on creating standardized guidelines and protocols.” So, what does standardization in the field look like and how does Metz and his team work to enact it within the program and throughout Vermont? First and foremost, says Metz, “every child needs to be assessed based on their injury, not their social context.”

Child abuse pediatricians look at the biomechanics of injuries to understand, for instance, the type of head trauma that would occur as the result of shaking versus a car accident. By looking at the forensic evidence, clinicians like Metz and his team can train social workers, emergency medicine professionals, and primary care physicians how to identify sentinel injuries—injuries that are concerning for abuse, and therefore require what they refer to as a “work up.”

A sample of an sentinel injury, says Metz, could be a small bruise on a four-week old baby versus a broken femur in a four-year old child. One is much less likely to occur as an accidental injury in a non-ambulatory versus-ambulatory child.

If a sentinel injury is identified using researched-based standardized assessment criteria, the child is treated, and further processes are enacted in a specifically prescribed way. Ensuring suspected abuse cases are evaluated and treated in a standardized manner limits the impact of social bias on decision-making among all providers.

Two Pandemics Converge
Unfortunately, child abuse cases have increased across the country and within the state over the last ten years, particularly among younger children, says Rafuse. Metz and his colleagues attribute the increase, in part, to the opioid crisis.

“We’re seeing many more children in care of relatives and increased cases of accidental ingestions and neglect,” says Rafuse. It remains to be seen if the ongoing COVID-19 pandemic has contributed to the increase: the team at the Child Safe Program thinks that, based on the compelling evidence of the past, it probably will.

“We know that during times of economic stress, incidence of abuse goes up,” says Metz. “Unfortunately, there’s no reason to believe it will be different this time.”

Wagner notes that the increasingly individualistic nature of our society and the isolation created by necessary social distancing measures are additionally concerning factors. Still, it will probably be another year, well into 2021 before reliable statistics show the true story of how COVID-19 has affected the field, says Patno.

A Hopeful Future
Despite the disheartening upward trend in cases, Metz, Patno, Wagner, Hagan, and Rafuse all agree about the reason they were ultimately drawn to and remain committed to the field of child abuse medicine—hope.

“There are so many opportunities and ways to tackle the problem,” says Metz.

Hagan agrees and says that the formal creation of the subspecialty has contributed greatly to the current and future momentum of the field. “Now, we have a group of people whose full-time work is seeing these children and families, working with their peers around the country, developing policy, creating training programs, and actively advocating,” he says. He stresses, however, that it remains the responsibility of every physician to identify and report suspected child abuse and neglect.

Wagner adds that the field is becoming increasingly multi-disciplinary and collaborative, and Rafuse says the arrival of Metz has allowed the Child Safe Program to become a formal hub for consistent response and information delivery to child protective professionals around the state.

“We are so fortunate to have James with us,” says Lewis First, M.D., M.Sc., Larner College of Medicine professor and chair of pediatrics and UVM Children’s Hospital chief. “He recognizes that we’ll only succeed if we continue to connect and build partner- ships with state agencies, organizations, schools, and all those interested in advocating for the health, safety, and well-being of children across Vermont and upstate New York. His efforts to build a truly collaborative program is helping our state become a national leader in child abuse prevention and treatment.”

Currently, there are just 336 board-certified child abuse pediatricians in the United States. Metz and his colleagues agree that the field is in need of urgent growth.

“Ensuring children are empowered and raised to become healthy, happy, productive members of our communities is one of the most important things we can do,” says Metz. “Child abuse needs to be brought out from the underbelly of society. It’s easy for people to say ‘the problem is too big, it’s too difficult, it’s too bad.’ But that’s when you need to step into a problem, not away from it.”
A new pediatric resident at UVM Children’s Hospital, Nick Bonenfant, M.D.’17, found himself struggling with how to best support adolescents with mental health issues.

“During my first year of residency, I inherited a panel of primarily adolescent male patients,” he says. “While treating them I felt this disconnect—questioning my ability to connect with them about things like anxiety and depression, worrying about not using the right words, and feeling like I lacked a comfort level and expertise that I needed.”

He’s not alone in this challenge—the number of children presenting with mental health issues is on the rise, and pediatricians are often the first to assess how best to offer support. They can have trouble finding help, as the number of mental and behavioral health specialists hasn’t kept pace with need. As the COVID-19 pandemic continues to rage on, experts see that gap widening even further.

Vermont is experiencing these shortages first-hand. In a state with more than 118,000 children under the age of 18, there are only 32 board-certified child and adolescent psychiatrists, the majority of whom are 50-plus years old, according to the American Academy of Child and Adolescent Psychiatry. With a ratio of one psychiatrist to every 3,367 children, referrals from pediatric and primary care practices to these specialists can take upwards of six months. In the interim, and for those who do not meet the criteria for referral to psychiatric specialists, pediatricians become the first and sometimes only contact and source for support for caretakers and their children.

That’s why it’s crucial for primary care physicians and pediatricians to feel comfortable and be further trained in assessing children for mental, emotional, and behavioral health issues and providing initial care and support, says Bonenfant, now chief resident for the UVM Department of Pediatrics Residency Program. Yet, until now, that type of training is not heavily highlighted in an already jam-packed and rigorous pediatric residency curricula.

“You need to integrate the mental health of patients into all aspects of what you do to care for them,” says UVM Professor and Chair of Pediatrics and UVM Children’s Hospital Chief Lewis First, M.D. “You have to understand what it means to be able to recognize the signs of something a child or teenager is dealing with, whether it’s physical illness or stress as it impacts a child or teenager’s ability to deal with whatever their physical illness is. Being able to diagnose and treat common mental health issues in your youth are essential attributes that every pediatric clinician must learn about during their training and then apply to whatever they do with that training.”

Two New Programs Emerge

Spurred by his own experience as a teen who suffered from anxiety and now, as a pediatrician-in-training treating patients, Bonenfant set out to further his own education and that of the pediatric residents who would come after him. Just three years later, two new programs have emerged to enhance training for both pediatric and psychiatry residents. Developed in collaboration with Assistant Professor and Director of the Child Psychiatry Fellowship Program Maya Strange, M.D., and Elizabeth Forbes, M.D., an assistant professor of pediatrics and division chief of the UVM Children’s Hospital Children’s Specialty Center, an elective psychiatry rotation gives second- and third-year pediatric residents a foundation for understanding and assessing child and adolescent mental health. The four-week rotation focuses on shadowing child and adolescent psychiatry physicians and fellows and working with UVM’s Vermont Center for Children, Youth, and Families and community organizations such as the Howard Center, a mental health agency in Burlington. Now, six out of seven third-year pediatric residents are taking part in the optional elective.

The connections that Bonenfant made while creating and completing the elective, and his work with 2019-2020 UVM Pediatric Chief Resident Anna Zuckerman, M.D., ultimately led to the creation of a second new offering, the Mind Body Buddy program. Officially launched in October 2020, the program is the culmination of a joint effort between the UVM Department of Pediatrics and Department of Psychiatry, specifically Bonenfant, Zuckerman, Strange, Forbes, Associate Professor and Director of the Pediatric Residency Program Jill Rinehart, M.D., Assistant Professor of Psychiatry Haley McGowan, D.O., Clinical Professor of Pediatrics Marshall “Buzz” Land, M.D., Clinical Assistant Professor of Psychiatry Logan Heg, M.D., and Clinical Instructor of Psychiatry and Child and Adolescent Psychiatry Fellow Aamani Chava, M.D.

Aligning with the State of Vermont

The creation of the program and the elective align with the core tenets being adopted by the health care system in Vermont and other states. When Rinehart became the new residency program director in September 2019, enhancing pediatric training to regard to mental and behavioral health was at the top of her list. Second only to that was expanding access to care for patients. As the pandemic was already being done by Bonenfant, Strange, Zuckerman, Chava, McGowan, and others, it was a “no-brainer,” Rinehart says she told the group. “It was something we really needed to do, more than ever, in this environment.”

Structured similarly to a program at Maine Medical Center in Portland, Maine, Mind Body Buddy bolsters the health care system in Vermont and other states. When Rinehart became the new residency program director in September 2019, enhancing pediatric training to regard to mental and behavioral health was at the top of her list. Second only to that was expanding access to care for patients. As the pandemic was already being done by Bonenfant, Strange, Zuckerman, Chava, McGowan, and others, it was a “no-brainer,” Rinehart says she told the group. “It was something we really needed to do, more than ever, in this environment.”

As pediatricians, we can help answer questions about pharmacology, family approaches, and mental and behavioral health resources for our pediatric counterparts,” Chava says. “At the same time, I may be treating a patient for anxiety who also has a chronic disease such as Crohn’s. I can ask my pediatric buddy about the facets and treatment of the disease I’m not familiar with and learn more about the history of that patient and their family’s experience with it.”

Safety and Security

Although the exchange of information alone is important, the way in which that exchange happens is particularly impactful. Because pediatricians are often with a family from the birth of their child through the time the child reaches adulthood, they often become the family’s most trusted confidant in terms of any medical decisions.

“When you’re bringing in a new provider such as a child psychiatrist, it helps to have the support of a trusted provider who you know is keeping you safe and secure,” says Chava. “Knowing that your new provider is collaborating with your lifelong provider gives families a feeling of safety and security.”

Bonenfant and Chava agree that prior to their training and, specifically, this program, they were not always confident in consulting with their respective psychiatric and pediatric counterparts.

Better Colleagues

Chava says that the program is enabling the residents and fellows to become better colleagues by teaching them one of the most important skills in their careers—interprofessional communication. “Oftentimes, the biggest mistakes in medicine are made because of something that’s missed—errors in communication,” says Chava. “The program brings us back to the basics and teaches us how to communicate effectively as specialists in our respective fields.”

Pediatricians and child psychiatrists with this training are critical to the future health of children and adolescents in our community, says Lewis First, M.D., M.S.C., Larner College of Medicine professor and chair of pediatrics and UVM Children’s Hospital chief. “It’s part of treating the ‘whole child’—attending to their mental health along with their physical wellbeing,” says First. “There are not enough cavalry coming into the world of mental health to meet the myriad psychological needs that society has placed on our next generation. This program is an important step in remedying that problem.”
A dear mentor and friend, Dr. Jack Geiger*, the founder of Physicians for Human Rights and Physicians for Social Responsibility, passed away recently. He was a giant—perhaps the giant—in the world of social medicine. Dr. Geiger is considered the founder of the Federally Qualified Health Center (FQHC) model. A primary care physician in rural America, he advocated for his patients by arguing that the conditions they lived in helped determine their health outcomes. We now call these “social determinants of health.” Jack called them injustices. The famous story about him getting in trouble for using clinic funds to prescribe food for malnourished patients is true. He was not simply “troubled” by these injustices; he was incensed by them. He channeled this emotion into simultaneously being his patients’ kindest doctor and their fiercest advocate.

The concepts of health equity and social determinants are intertwined and timeless. They are the heart of medicine: the desire to improve people’s lives. These lives cannot be improved solely within a medical center or doctor’s office; we must, as teachers, healers, and advocates, be with the patient and their life circumstances. I learned the theory of community-based primary health care in public health school, and I applied it at the UVM Larner College of Medicine. Master clinicians and teachers such as Dr. Miné Reardon and Dr. John Saio demonstrated how caring for the community is both preventive and curative. We saw our Dean of Student Affairs, Dr. Marga Sproul, practice family medicine the same week she functioned as an advisor and administrator. Throughout our medical education, we saw engagement. Those who taught, also practiced, and those who primarily practiced, were called in to teach. Through numerous experiences and institutions, it was and is the best model of medical pedagogy I have ever experienced.

*This is one of the best accounts of Dr. Geiger’s life with links to his work: https://www.nytimes.com/2020/02/28/health/jack-geiger-dead.html

#Thanks
to the generosity of amazing alumni, faculty and staff, family and friends, the 2021 Match Challenge reached the goal of 500 donors more than a week ahead of Match Day. Gifts made as part of the Match Challenge support student success, and today’s students become tomorrow’s physicians.

If you made a gift and received Limited Edition Dr. Moo socks, please wear them with pride!

Share your news or updated contact information at go.uvm.edu/infoupdate, or contact your class agent, or the Larner Development & Alumni Relations office at medalumni.relations@med.uvm.edu or (802) 656-4014.
Research fellowship. As chief of the Clinical Genetics Branch and clinical director of the Division of Cancer Epidemiology and Genetics at the National Cancer Institute, I am fortunate to lead an amazing group of researchers working to understand the causes of cancer through large-scale clinical, genetic, and epidemiologic studies of individuals and families at risk of cancer. We also apply our expertise to select key scientific issues related to the pandemic. It would be great to hear from UM/Nevers.’

Richard Sarle was named urology residency program director for the Sparrow/Michigan State Urology Residency Program in Lansing, Michigan, in August 2019. He welcomes applications from UVM medical students!

2000s

Ron Hirsberg helps lead Frontline Songs, which aims to provide a platform for healing via music to those with rare and terminal diseases. His son is now 15 and in his fourth year with a PICC line in and going septic—Jiminy Crickets!

Jean Andrews—Swazy received the 2020 Vermont Medical Society Physician Award for Community Services. A family medicine physician, she was honored for her work to improve international public health. Dr. Andrews—Swazy has used her expertise to help during many health crises, including volunteering in New York as part of the International Medical Corp Disaster Response Team during a COVID-19 surge. Dr. Andrews—Swazy currently practices at Middlebury Family Health Clinic in Middlebury, Vt.

Jeffrey G. Brooks has been appointed chairman of radiology at Midfield Regional Medical Center. He completed a diagnostic radiology residency program at Boston University Medical Center and continued his training with a breast imaging fellowship program at Boston University Medical Center.

Julie Hoover writes: “Hi, all! Some of you might remember my essay about my wonderful experiences during medical school—entered the Class of 2005, but graduated with 2007. Well, my first child, baby Gracie, whom I toted inside and out during second year and beyond, is now 12, and is applying to colleges, among them UVM. My son, Patrick, the little one with whom I had a little trouble —we’ll might remember me doing fourth year with a PICC line in and getting septic—Jiminy Crickets! Anyway, my son is now 5 and in ninth grade at Milton High School. Time flies. Remembering you all fondly.”

Meghan McInerney, a pulmonary and critical-care physician at St. Alphonsus Regional Medical Center (SARC) in Boise, Idaho, has been named the medical director of the intensive care unit. Dr. McInerney began her career at SARC in 2016 after completing a three-year pulmonary and critical-care fellowship that took her to multiple hospitals for training as well as a research rotation in Kenya.

2010s

Matthew T. Davies has joined Orthopaedic Associates of Dutchess, P.C., in the department of surgery as a board-eligible neurosurgeon. He will be working with a variety of patients including individuals who require care in spinal oncology and spinal deformity. He completed his neurological surgery residency at the University of Texas Southwestern Medical Center in Dallas, Texas, and also trained at Parkland Hospital, UTMD, the North Texas VA, and Children’s Medical Center Dallas. He went on to complete his fellowship training in spinal oncology and spinal deformity, and received additional training and certification in Spine Fusion through Si-Fuse/SI-Bone.

Annie Maxwell has joined Rhode Island Medical Imaging’s medical team as a radiologist. She completed a fellowship in interventional radiology, at Memorial Sloan Kettering Cancer Center, Weil Cornell Medical College. She did a diagnostic radiology residency at The Women’s Alpert Medical School of Brown University, Brown University-affiliated hospitals in Rhode Island and an internship at Newton-Wellesley Hospital, Harvard Medical School/Tufts University School of Medicine.

Sayan Garners National Recognition

Mutlay Sayan, M.D., M ’16, has been named a STAT Wunderkind, a national recognition from the award-winning health and medicine publication honoring the “most impressive doctors and researchers on the cusp of launching their careers, but not yet fully independent.” Sayan, who is now chief resident for the clinical radiation oncology residency program at Rutgers Cancer Institute of New Jersey, is described by STAT as a “real-life David Copperfield who went from little kid in his parents’ fields to child factory worker in Istanbul to radiation oncologist in New Jersey.” Sayan has already proved to be a prolific “real-life David Copperfield who went from little kid in his parents’ fields to child factory worker in Istanbul to radiation oncologist in New Jersey.” — STAT researcher. He has completed a clinical trial on chronic brain fatigue in patients treated with partial brain radiation and he’s working on research in Turkey focused on Syrian refugees’ access to cancer therapy. While a medical student at UVM, he published two papers as first author.

To support students like Anneliese, visit go.uvm.edu/givemed
Chan Named Citizen of the Year

Benjamin Chan, M.D. ’07, was named New Hampshire’s Citizen of the Year by The Union Leader for his lead role in the state’s COVID-19 response. As state epidemiologist, he has been a guiding force and key leader at the governor’s press briefings and other public events. The newspapers call him the “calm voice of science and reason that New Hampshire leaders and residents have turned to for facts, context and reassurance amid the fear and uncertainty of an unparalleled health and economic crisis.” After receiving his medical degree at UVM, Chan—a New Hampshire native—completed his residency in internal medicine at Dartmouth-Hitchcock Medical Center and combined a fellowship in infectious disease with a master’s degree in public health through Dartmouth-Hitchcock’s Leadership Preventive Medicine Residency program. He has served as state epidemiologist with the Department of Health and Human Services since 2014.

Honoring Alan Rubin, M.D.

Alan Rubin, M.D., has taught and mentored medical students at UVM for more than four decades. When he retired at the end of January, former students and colleagues honored his commitment to the College with hundreds of heartfelt notes of congratulations. An associate professor of medicine and psychiatry, Dr. Rubin was often one of the first faculty members students interacted with during Doctoring Skills sessions at the very beginning of medical school, when his steady presence and kindness helped to calm frayed nerves. He also played a role in welcoming new scientists to UVM and execution of the renaming of the Robert Larner, M.D., and Helen Larner’s lifetime gift to the UVM Medical Center that garnered more than $33 million in community support.

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“Congratulations! You were my first preceptor as a med student on Pine Street and one of my last as a senior psych resident. Above all, you are one of the best!”

“Congratulations Dr. Rubin!! Thank you so much for helping my brother and I became physicians. I vividly remember your classes from the first weeks of medical school—lessons that will always stick with me. You have undoubtedly changed so many lives through your dedication to medical education and I am so grateful to have been taught by you. Wishing you a very happy retirement!”

“It was a pleasure to work with you in Doc skills last year. You always treated me with kindness and respect and your input helped me progress so much at a time when everything was new and difficult. I hope you enjoy your retirement!”

“Dr. Rubin, your commitment and dedication to medical students is a gift to this community and beyond. Thank you so much for your leadership and example of what it means to be a champion of integrity and teaching.”

“Dear Dr. Rubin, I feel so lucky to be mentored by you on the first paper published since I joined UVM. Millions of thanks! Enjoy your new chapter of life.”

“Dear Dr. Rubin: Thank you for embodying humanity in medicine. You are truly an example for us all.”

“Dear Alan, Thank you for being such an incredible human being, mentor, teacher and friend. Your gentle spirit and brilliant mind have given more to the world than you may ever be aware. Though it has been many years, your lessons have stayed with me.”

“What a wonderful role model you are, to me and I imagine countless others. Your strengths of authenticity and compassion shine in the way you treat people, the way you treat people, the way you are welcomed. I cherish your mentorship and friendship.”

Celebrating Kevin McAteer

After serving for seven years as the UVM Medical Center Foundation’s first chief development officer for academic health sciences, Kevin McAteer resigned in January of 2021 to take a position as vice president of philanthropy for Beth Israel Deaconess Medical Center Boston, Mass. During his tenure he provided key leadership through a successful $500 million Move Mountain Campaign for the university. Milestones included the completion of two major capital projects at the UVM Medical Center that garnered more than $33 million in community support: The Glen and Rosemaria Wright Mother-Baby Unit and the Robert and Holly Miller Inpatient Building. He also joined university and foundation leadership in the final planning and execution of the renaming of the UVM College of Medicine in honor of Robert Larner, M.D., and Mrs. Helen Larner’s lifetime giving of $100 million.

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DEVELOPMENT NEWS

SUPPORTING WELLNESS

As the Larner College of Medicine puts an even stronger focus on wellness, both physical and mental, two alumni donors have made significant philanthropic contributions that will benefit wellness initiatives for medical students now and in perpetuity.

Suzanne R. Parker, M.D. ’73 is a Burlington board-certified psychiatrist and addiction medicine specialist with a passion for physician wellness for that of medical students and other health care providers. After serving as psychiatric director of substance abuse services at Henry Ford Hospital, she returned to Vermont in 1987 and became a founding member and long-term supporter of the UVM College of Medicine’s Student Wellness Committee. A highly effective program that is a model of student/faculty partnership that continues to grow and evolve. The Suzanne R. Parker, M.D. ’73 Wellness Endowment will honor and carry forward Dr. Parker’s legacy at her alma mater in perpetuity by supporting wellness programs for medical students with a priority on destigmatizing mental health issues.

In a March 30 online ceremony, Sarah A. Nowak, Ph.D., was invested as the Blodwen S. Huber Early Career Green and Gold Professorship in Pathology and Laboratory Medicine. This professorship is named in honor of Dr. Huber’s mother. Dr. Nowak received her doctorate from UCLA, and was an associate physical scientist at the RAND corporation before joining the UVM faculty and the UVM Cancer Center in 2019.

In the same ceremony, David J. Seward, M.D., Ph.D., was invested as the Elmer R. Huber Early Career Green and Gold Professorship in Pathology and Laboratory Medicine, a position that honors the memory of Dr. Huber’s father. Dr. Seward received his M.D. and Ph.D. from the University of Colorado School of Medicine, and was a fellow at the University of Michigan before joining the UVM faculty and UVM Cancer Center in 2016.

Though completing higher education was not a possibility for Blodwen and Elmer Huber, they instilled a deep respect for it in their children. “There was never a question that my sister and I would ultimately go to college, and we both always had the complete support of our parents,” said Dr. Huber. The ultimate goal for these professorships is to honor the love of learning of Blodwen and Elmer Huber, and to memorialize their deep desire to help others achieve academic success.

ROKKAS INVESTED AS INAUGURAL FRANK P. ITTLEMAN CHAIR IN CARDIOThorACIC SURGERY

When Chris Rokkas, M.D., Ph.D., was in grade school, a special visitor came to his village in the mountains of southern Greece: the pioneering South African heart surgeon Chris-tiaan Barnard, who had performed the world’s first heart to human heart transplant, was there to visit Rokkas’s cousin, a fellow heart surgeon whom he had helped train. As his cousin explained to him how surgery would change the way the world treated heart disease, the young Rokkas became captivated and decided that he, too, would one day become a heart surgeon.

Fast forward to today, and Rokkas—now an international expert in adult aortic surgery—has been invested as the inaugural Frank P. Ittleman Chair in Cardiothoracic Surgery at the University of Vermont’s Larner College of Medicine. The investiture ceremony was held remotely on February 2, 2021 in front of guests watching from across the United States and around the world. The Ittleman Chair was established through the generous support of a large community of donors, all giving in recognition of Professor of Surgery Frank Ittleman’s long history of outstanding surgical care and medical teaching as a cardiothoracic surgeon and member of the faculty.

HUBER PROFESSORSHIPS HONOR PARENTS OF LONGTIME FACULTY MEMBER

Professor Emerita of Pathology and Laboratory Medicine Sally Huber, Ph.D., a member of the UVM faculty for 40 years, has instigated a lasting memorial to her beloved parents by endowing two Green and Gold Professorships for faculty in the early stages of their career.

When David J. Seward, M.D., Ph.D., was invested as the Blodwen S. Huber Early Career Green and Gold Professorship in Pathology and Laboratory Medicine, he became the first UVM faculty member to be named in honor of his parents. Dr. Seward received his M.D. and Ph.D. from UCLA, and was an associate physical scientist at the RAND corporation before joining the UVM faculty and the UVM Cancer Center in 2019.

In the same ceremony, Robert Jandl, M.D. ’79, is a nephrology specialist in Southborough, Mass., and has over 40 years of experience. Currently, he is chief of clinical integration at Reliant Medical Group in Massachusetts. Dr. Jandl is passionate about preparing medical students for the unexpected and ever-changing demands of careers in health care. He hopes that the Robert Jandl M.D. ’79 Resiliency Education Endowment will help future medical students be more resilient in their own careers by its support of resiliency education activities, both didactic and experiential, for Larner medical students. He establishes this fund in gratitude to UVM for giving him the values and humane perspective that helped shape his medical practice and his life.

Though completing higher education was not a possibility for Blodwen and Elmer Huber, they instilled a deep respect for it in their children. “There was never a question that my sister and I would ultimately go to college, and we both always had the complete support of our parents,” said Dr. Huber. The ultimate goal for these professorships is to honor the love of learning of Blodwen and Elmer Huber, and to memorialize their deep desire to help others achieve academic success.

Flashback

It looks like someone’s trying to make a point, or several points, in this group photo from sometime in the ’90s (?). Is that a faculty member in the center? And who are the rest of his learned colleagues?

Send your thoughts to erin.post@med.uvm.edu and we’ll include them in the next issue of Vermont Medicine.
OBITUARIES

a diplomat of the American Board of Personnel, Washington, D.C. He was active duty in the U.S. Navy Medical degrees from UVM, he returned to his retirement. He did overseas tours with Project Hope (Navaho clinics) and the operation of hospital corpsmen in the Pacific Islands (TRP). In November of 1965, Dr. Howe returned to Vermont to open a practice in Townshend. In 1975, he returned to the U.S. Public Health Service, serving in Norfolk, Va., New London, Conn., Baltimore, Md., and Washington D.C. until his retirement. He did overseas volunteer medical work for short tours with Project Hope (Navaho Health), Partners of the Americas (Honduras), and as a volunteer physician to Vietnam. He traveled to Zimbabwe as a consultant with the rank of professor of medicine in his fifty-plus years of teaching. She received the Richard J. Kennedy Attending Teacher of the Year Award four times. In her role as chief medical officer, she had oversight of all aspects of medical education and was responsible for the development of a network-wide teaching academy. Nuvance Health has named the new teaching academy in her honor.

In Memoriam

Hugh S. Levin, M.D., M.S.
Dr. Levin died August 1, 2020.

Paul Richard Jarvis, M.D.
Dr. Jarvis, formerly of Barton, Vt., passed away suddenly on January 3, 2021, at his home in Bellerose, N.Y., at the age of 33. He was born on May 31, 1987, to Jim and Karen (Richard) Jarvis. He graduated from Lake Region Union High School, with the class of 2005, and then received his Bachelor of Science degree in biology and mathematics from St. Michael’s College, class of 2009. He went on to receive his Doctor of Medicine degree from the Lerner College of Medicine, class of 2014. At the time of his death, Dr. Jarvis was in his second year of a four-year residency program specializing in neurology with rotations at North Shore Hospital in Manhasset, N.Y., and at Long Island Jewish Medical Center in Queens, N.Y. He was an Eagle Scout and enjoyed playing video games online with his friends. He was an Eagle Scout and a member of the Knights of Columbus Council 2453 in Bellerose.

Faculty

Patricia Ann Tietjen M.D.
Dr. Tietjen died January 1, 2021 in Bonita Springs, Fla. Born on June 30, 1958, she graduated from the State University of New York Downstate Medical Center. She completed her postdoctoral training at both St. Vincent’s and Memorial Sloan Kettering. After her training, she continued to be affiliated with both hospitals and eventually became president of Saint Vincent’s Medical Staff. In 2008, Dr. Tietjen became the chair of the Department of Medicine for Danbury Hospital. In 2020, she became the chief medical officer for Nuvance Health. In all as much as practicing medicine, she loved to teach. She received the Richard J. Kennedy Attending Teacher of the Year Award four times. In her role as chief medical officer, she had oversight of all aspects of medical education and was responsible for the development of a network-wide teaching academy. Nuvance Health has named the new teaching academy in her honor.

In Memoriam

Joseph Edward Corbett, Jr., M.D.
Dr. Corbett died December 2, 2020, at the age of 66. Born in Burlington, Vt., on May 24, 1954, he attended Middlebury College and received his medical degree from UVM in 1982. He completed his surgical residency at the University of Michigan before going on to train as a neurosurgeon and practicing in Wisconsin, Tex., and Portland, Maine. In 1991, after accepting a partnership with the late Dr. Peter Upton, Dr. Corbett moved to Pittsfield, Vt. He practiced neurosurgery until his retirement in 2014.

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Dr. Corbett died December 2, 2020, at the age of 66. Born in Burlington, Vt., on May 24, 1954, he attended Middlebury College and received his medical degree from UVM in 1982. He completed his surgical residency at the University of Michigan before going on to train as a neurosurgeon and practicing in Wisconsin, Tex., and Portland, Maine. In 1991, after accepting a partnership with the late Dr. Peter Upton, Dr. Corbett moved to Pittsfield, Vt. He practiced neurosurgery until his retirement in 2014.

Paul Richard Jarvis, M.D.
Dr. Jarvis, formerly of Barton, Vt., passed away suddenly on January 3, 2021, at his home in Bellerose, N.Y., at the age of 33. He was born on May 31, 1987, in Kansas City, Kan., to Jim and Karen (Richard) Jarvis. He graduated from Lake Region Union High School, with the class of 2005, and then received his Bachelor of Science degree in biology and mathematics from St. Michael’s College, class of 2009. He went on to receive his Doctor of Medicine degree from the Lerner College of Medicine, class of 2014. At the time of his death, Dr. Jarvis was in his second year of a four-year residency program specializing in neurology with rotations at North Shore Hospital in Manhasset, N.Y., and at Long Island Jewish Medical Center in Queens, N.Y. He was an Eagle Scout and enjoyed playing video games online with his friends. He was an Eagle Scout and a member of the Knights of Columbus Council 2453 in Bellerose.
December 15, 2020
10:15 A.M.
Cindy Wamsganz, an Emergency Department nurse at the University of Vermont Medical Center, talks about the importance of being vaccinated after she received the first dose of the Pfizer COVID-19 vaccine.
Come Together October 8-10 for Medical Reunion

We’re hopeful that by October 2021 COVID-19 will have passed, and we will once again be able to gather in-person, but your safety and health are our first priority. Please know that our staff is committed to developing a celebration for your milestone reunion whether it’s in-person or virtual.

Please check med.uvm.edu/alumni/reunion for updates on our planning.