View from the Top

Reflections on more than a decade as dean

- A Vermont Approach to Treatment in the Opioid Crisis
- The Tunbridge Docs
- Class of 2018 Residency Matches
Honoring Family,
Supporting the Next Generation
of Primary Care Physicians

As a third-generation primary care doctor, Pamela Harrop, M.D.’83, understands how important it is to connect with patients in the community, no matter what it takes to reach them. Her work with uninsured and marginalized populations began in 1986 through the Traveler’s Aide free medical van, and continues in her home state of Rhode Island through her position as volunteer Associate Medical Director of Clinica Esperanza, a free clinic in Providence catering to uninsured adults, many of whom are undocumented citizens. At the Larner College of Medicine, she’s helping students interested in joining the ranks of primary care physicians defy the costs of their medical education through a $50,000 scholarship fund. The Harrop Family Scholarship for Primary Care, which received a $25,000 match from the UVM Medical Alumni Association, honors the legacy of her grandfather, father, and uncle, all of whom practiced medicine out of the family’s homestead in Rhode Island.

Harrop, an associate clinical professor of medicine at the Warren Alpert School of Medicine at Brown University and president and chief medical officer of Medical Associates of Rhode Island, has been widely recognized for her own contributions to the field. In 2016, she received the Service to Medicine and has been honored as Woman of the Year. And this year, she received the Traveler’s Aide free medical van, which received a $25,000 match from the UVM Medical Alumni Association, honors the legacy of her grandfather, father, and uncle, all of whom practiced medicine out of the family’s homestead in Rhode Island.

For information about how you can support the UVM Larner College of Medicine, please contact the Medical Development and Alumni Relations Office.
In late May we celebrated Commencement for our medical students. Commencement recognizes the conclusion of our students’ education here and the beginning of the next stage of their careers. I felt the poignancy of that ceremony, the joy tempered by sadness. And I feel an even sharper poignancy today, as I prepare for the conclusion of my leadership of our College.

I think back to the beginning, the last session of my last interview for this position. One of the faculty in the Sullivan Classroom asked me why I wanted to be the Dean of this College of Medicine. I responded that it certainly was not the resources, but it was the quality of the faculty that attracted me. Now, at the other end of this stage of my career, I think I was nearly half right. After I arrived, I quickly realized that it is the people, but it is all of the people — faculty, staff, students, and alumni — who are the foundation of the College.

It took me a little longer to realize that the College had another enormous asset, one that visitors, including our accrediting body, spontaneously remarked on the culture of cooperation and collaboration that exists across our faculty, staff, students, and administration. I would add that creativity, personal responsibility, and just plain hard work are attributes of our culture as well. It is our people and our culture that have made us successful. Together, you have, in effect, created the other necessary resources.

Through creativity, self-reliance, and hard work, our faculty and laboratory staff weathered a devastating storm in federal research funding. They preserved the excellence of their work and now are building on that quality to expand the work. Together, we are planning a $90 million investment in modern research space. Through collaboration between the College administration, the University of Vermont Health Network Faculty Practice, and our alumni, we have put together most of the funding needed to get the new building formally approved and launched by the UVM Board of Trustees.

Contributions by the alumni for the building should put our philanthropy for the Move Mountains campaign over the $200 million mark many months before it ends next May. We have by far the most dedicated alumni any medical school could wish to have. Throughout my years as dean, our alumni have consistently ranked among the highest for participation in philanthropy to their medical alma mater. They hold dear the place where their medical career began, and it shows. It is fitting that ours is the first medical school in the nation named for one of its alumni.

So I am proud of the accomplishments we have achieved for our College. And I believe we have built the foundation for an even brighter future.

FREDERICK C. MORIN III, M.D.
Dean, The Robert Larner, M.D., College of Medicine at The University of Vermont
Training New Docs for 21st Century Medicine

When third-year medical students at the Larner College of Medicine attend orientation for their pediatrics clerkship, they don’t sit and listen as an administrator explains what they can expect and how their grades are calculated. Instead, they read a syllabus addressing those questions before they arrive. At that point, they take a quiz, followed by a comparison of their answers as a group. Then, the group goes into a conversation about clerkship objectives, the importance of personal and group reflection, and other topics like the benefits of family-centered care.

“Instead, they read a syllabus addressing those questions that they review in advance, then come to class and take a ‘readiness’ quiz. After the quiz, they discuss their answers, and an instructor makes sure to ‘close the gap,’” says Karen Lounsbury, Ph.D., professor of pharmacology, who is director of the pediatrics clerkship. “We use it to lead to a broader discussion, because we want them to engage with the material.”

Orientation sets the stage for what’s to come, as the pediatrics clerkship incorporates active learning throughout. It is the first Larner College clerkship to feature an active learning component. By 2019, the college plans to shift the entire Vermont Integrated Curriculum to active learning methods. By incorporating small group discussions, flipped classroom exercises, simulation, and other teaching methods, not only do students apply the medical knowledge they’re learning, they also practice how to work in a team and effectively communicate. “The seven-week clerkship focuses on hands-on experience through virtual clerkships,” says Lounsbury. “Students include classroom sessions in areas such as fever and rashes, vaccines, abdominal complaints, and child abuse. With active learning, those sessions start before the students get to the classroom. They review reading materials, narration PowerPoint presentations and videos that they review in advance; then, they come to class and take a ‘readiness’ quiz. After the quiz, they discuss their answers, and an instructor makes sure to ‘close the gap.’”

“We want the students to be very comfortable saying, ‘I don’t understand; I don’t know why.’ That way, everyone has a level of knowledge and how to apply it.”

“We’re trying to foster, in a safe environment, to say, a child’s altered mental status — rather than meningitis, define meningitis, or describe meningitis symptoms on a smartphone, Raszka says. To identify meningitis as the cause of fever, toxic shock syndrome or Kawasaki disease. Students say, a child’s altered mental status — rather than meningitis, define meningitis, or describe meningitis symptoms on a smartphone,...”
Bunker Scholars Set to Explore Medicine’s Possibilities

The late Robert B. Bunker, M.D., a Vermont native who spent four decades in practice as a military physician, made the extraordinary decision to help students at the Larner College of Medicine and the Geisel School of Medicine at Dartmouth graduate debt-free through a scholarship that invests in education, room, and board for the four years of medical school. Keenly aware of the financial commitment medical school requires, and inspired by the help he received when he attended medical school, he wanted to give deserving students the opportunity to follow their dreams and explore the full range of opportunities for their practices.

“A dream come true in Vermont and spent his retirement years in New Hampshire,” says trustee John Kitchen. “That’s why he named UVM and Dartmouth.”

Three students in the Larner College of Medicine Class of 2023 are the first to benefit from Bunker’s life-changing generosity. “The Bunker Scholarship has empowered me to focus on what I aspire to do rather than on how much it will cost to do it,” says Ibrahim Hussein ’21, a neurosurgeon at the University of Minnesota Medical School, who aspires to become physicians. “I have full confidence that he continued his father’s commitment, and he left a generous bequest for the Larner College of Medicine. Inspired by their generosity, Jonathan Haines, Ph.D., Dave Haines, Ph.D., and their daughter, Joy Benner ’21, have raised funds to support the Bunker Scholarship. This endowed fund honors Gerald Haines’ legacy by helping deserving students attend medical school at UVM. Their hope is that the fund, which also received a $50,000 matching gift from the Medical Alumni Association, will “make a difference for a student deciding whether or not to matriculate,” creating new opportunities for students who aspire to be physicians.

Lucey’s Life & Legacy Celebrated through Endowed Visiting Professorship

- When UVM Professor Emeritus of Pediatric A. Arnold Lucey, M.D., passed away on December 31, 2017, at the age of 82, former students and colleagues from across the generations remembered him for his gift to teaching, his patience, and good humor, and his deep knowledge of pediatrics. Lucey’s widow, Ingrid Lucey, as well as former students, friends, and colleagues have come together to raise $300,000 for an endowed visiting professorship in normal medicine at UVM that promises to help foster the next generation of pediatricians. The professorship will bring leading-edge researchers and clinicians to UVM to host a keynote talk and meet with faculty and students with an interest in the field. Memorial contributions on Dr. Lucey’s memory may be made by visiting go.uvm.edu/lucey

Fourth-Year Students Benefit from Alum’s Generosity

John H. Healey, M.D.’78, wanted to make sure Larner College of Medicine students getting ready for residency have ample opportunity to “think broadly” about the possibilities for training and practice without worrying about the costs associated with travel to residency interviews and electives. In honor of his 40th reunion this year, he committed $50,000 to help third- and fourth-year students meet these expenses through the John H. Healey, M.D.’78 Student Travel Fund. The fund provides grants ranging from $1000 to $2000 to defray costs associated with interviews and travel rotations for students with demonstrated financial need.

Haines Family Scholarship Benefits Students in Need

In July of 1979, Gerald Haines ’42, M.D.’44, created a $156,000 scholarship for his first-year college. For a boy also grew up on the family dairy farm in Cabot and a professor of orthopedic surgery at Weill Medical College of Cornell University. Healey is the Stephen McDermott Chair in Treatment of Bone and Soft Tissue Tumors, Healey is the Stephen McDermott Chair in Human Development (NICHD) in the mid-1990s. From left, Steve, Gerald, Jonathan and David Haines.

Bonney Appointed to 5-Year Term on NICHD Board of Scientific Counselors

Elizabeth Bonney, M.D., M.P.H., professor of obstetrics, gynecology and pathology at UVA Health, has been appointed to a five-year term on the Board of Scientific Counselors for the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD). The board serves as an advisory panel to the NICHD director and operates under the headings of research, training, and public service.

moveMountains

The Campaign for The University of Vermont

(802) 656-4014  |  medical.giving@uvm.edu  |  www.med.uvm.edu/alumni

THE UNIVERSITY OF VERMONT LARNER COLLEGE OF MEDICINE Medical Development & Alumni Relations Office
At the UVM, the celebration began at around 11:40 a.m., when members of the three to seven years.

How does The Match work? The National Resident Matching Program (NRMP) uses a computerized mathematical algorithm to align the preferences of applicants — students, family and friends to participate in the event’s excitement.

Beginning at noon EDT, medical students in the Larner College of Medicine Class of 2018 processed down the hall of the Given building, following bagpiper

VERMONT MEDICINE • SUMMER 2018

The Big Reveal

MATCH DAY 2018

Residency Matches for the College of Medicine Class of 2018

ANESTHESIOLOGY

Rachel Carlsson
Timothy Hineytag
Ian Grant

UMMC Medical Center
Laboy Clinic
Bingham & Warren Hospital

University of Tennessee
Southwestern Medical School

Cheresimi Larios
Melissa Rafferty

UMMC Medical Center
University of Michigan
NYU School Of Medicine

Niyon Soni
Santosh Gupta

Virginia Mason Medical Center
Baylor/Denver Medical Center

DERMATOLOGY

Agosova Trivedi

University of Massachusetts Medical School

DIAGNOSTIC RADIOLOGY

Matthew Halim
Alex Jacobson
Y-Lam Khang
Xinyue Lu

Bingham & Warren Hospital
University of Washington Medical Center

EMERGENCY MEDICINE

David Leon

John Hopkins Hospital

FAMILY MEDICINE

Grace Adamson
Paul Barasi
Michael Chung
Kelly Collier

Maine Dartmouth Family Medicine
Pitt State Harmony Medical Center
Hargis AR Joffson Medical School
University of Colorado

Shehla Dastinchan
Emily Forbes-Mobus
Margaret Graham
Michael Leggado

UMMC Medical Center
UMMC Medical Center
University of Rochester/ Strong Memoral
UMMC Medical Center

Adrienne Jarvis
Talita Kestelk
Sandra Kirby
Allison Morier
Michael Ohkura

Stony Brook Medical Center
Sutter Medical Center of Santa Rosa
Alliant Medical Center
Lancaster General Hospital

Kishan Patel

St. Mary's Medical Center PHI, Health — Grand Junction, Col.

FRED Sham

St. Mary's Medical Center PHI, Health — Grand Junction, Col.

INTERNAL MEDICINE

Kamyen Bolton
Christina Cauli
Priscilla Crenshaw
Eric Day
Gihan Elshennawy
Lauren Sillinger
Tae Sun Shin
Peter Nyson
Catherine Lafrentz
Anton Manasyan
Stephen Milner
Asta Rooper Butcher
Eric Schmidt
Yueying Shen
Samantha Sickler
Asaad Trandes
Lisa Wang
Taylor Work
Tayor Wolfgang

UMMC Medical Center
Hospital of the University of Pennsylvania
UMMC Medical Center
UC San Francisco Fresno
Yale New Haven Hospital
UC San Diego Medical Center
Scripps Clinic/Crown Hospital
University of Colorado
Rhode Island Hospital/ Brown University

Kaiser Permanente — Washington, D.C.
Kaiser Permanente — Washington, D.C.
Kaiser Permanente — Washington, D.C.
Kaiser Permanente — Washington, D.C.

Gastroenterology

Rachel Dobie
Nikhil Gaurav
Ian Sreedhar
Amita Apte

St. Elizabeths Medical Center — Boston
Baylor University Medical Center — Dallas
Icahn School of Medicine at Mount Sinai
UC San Francisco Fresno

UROLOGY

Saurabh Patel

St. Luke's-Roosevelt — New York University School of Medicine

ORTHOPAEDIC SURGERY

Tyler Korzun

UC San Francisco — Fresno

OBSTETRICS-DYNECOLOGY

Apoorva Trivedi

Case Western Reserve University — Cleveland Clinic

FACEPLASTIC SURGERY

Ken Oka

Ohio State University — Wexner Medical Center

PATHOLOGY

Luan Donnelly

New York Presbyterian/Columbia University Medical Center

PEDIATRICS

Andrew Blood
Shannon Brady
Katheryn Cella

UMMC Medical Center

UVM LARNER COLLEGE OF MEDICINE

See Match Day photos and videos. Go to: www.mad.com.edu/vtmed
Vermonters craft the “hub and spoke” — the first effective clinical approach to treating widespread opioid addiction.
hubs bring addiction specialists and wrap-around services together to provide more intensive treatment for patients who need a higher level of support. Research on new treatments for addiction — driven by a desire for excellence at UVM — benefits from a model that incorporates opioid use disorder as a chronic condition, fostering innovative thinking about ways to deliver that care.

UVM Professor of Psychiatry Richard Rawson ’70, Ph.D.’74, a native Vermonter who returned to the state in 2018 after a storied career in addiction treatment research at UCLA, characterizes Vermont as the leader of a paradigm shift. In December of 2017 he completed a federally funded assessment of the hub and spoke system, conducting interviews with providers and patients over the course of one year.

“I was surprised and inspired by the treatment going on in primary care settings,” he says. “I think this new treatment paradigm will change the course of opioid addiction and recovery.”

In creating this new system, Vermont physicians and health policy leaders have altered public perception of addiction. Instead of shunting patients labeled as “addicts” into a category separate from other disease sufferers, they’re welcomed into an environment that supports them on the journey to recovery. Although challenges remain, the hub and spoke system represents a huge step forward in how opioid use disorder is treated and understood, and stands alone as a national model.

“I WAS SURPRISED AND INSPIRED BY THE TREATMENT GOING ON IN PRIMARY CARE SETTINGS. I THINK THIS NEW TREATMENT PARADIGM WILL CHANGE THE COURSE OF OPIOID ADDICTION AND RECOVERY.”
— RICHARD RAWSON ’70, PH.D.

“Hey, you guys, I’ve got this idea.” UVM Clinical Assistant Professor of Family Medicine John Brooklyn ’79, M.D., had his first ‘aha’ moment related to addiction as a second-year medical student at Brown University. When a faculty member there gave a lecture about his own struggles with addiction, Brooklyn realized for the first time that “you can treat it just like anything else.” Although a career in the field “wasn’t anything he aspired to,” this early exposure stayed with him. He matched into Family Medicine in 1989 and came to Vermont for a residency at what is now UVM Medical Center. For him it was a homecoming of sorts — although he’s a Rhode Island native he attended UVM as an undergraduate, receiving his degree in elementary education in 1979.

After residency, he started working at UVM’s Human Behavioral Pharmacology Lab, directed at the time by a trio of renowned UVM researchers: Stephen Higgins, Ph.D., now director of the Vermont Center on Behavior and Health, John Hughes, M.D., a leader in nicotine research, and Warren Bickel, Ph.D., now co-director of the Addiction Research Center at Virginia Tech. The lab was conducting studies of what was at the time a fairly new treatment for opioid addiction: buprenorphine. It showed promise as an alternative to methadone, an effective treatment backed by decades of research, although the medication is itself addictive. Buprenorphine, on the other hand, blocks the effects of opioids without the risk of addiction, allowing patients relief from cravings and withdrawal with less worry of medication diversion or overdose. UVM was one of the first institutions nationally to study buprenorphine’s clinical applications.

Vermont was also an early leader in providing care to pregnant women suffering from opioid addiction. The Children and Recovering Mothers Collaborative (CHARM) began providing access to methadone in the late 1990s, well before the state offered it more broadly. CHARM, which includes social service agencies as well as obstetricians and neonatal specialists, has served as an example for other states. It also helped to break the political logjam around Vermont removing methadone as a clinic, which came online just as the opioid epidemic began to take shape.

When Vermont’s first methadone clinic — called the Chittenden Clinic — opened in 2002 with Brooklyn as medical director, it was a regional expert you can call at any time.” People gotta have a good doctor.” Because if you’re going to take on prescribing for people who are fairly complex, you need to know that there’s a regional expert you can call at any time.

In addition to being able to consult their hub, spoke providers also have a team to call on to help manage patients. Called a Medication Assisted Treatment team, or MAT team, they include one registered nurse and behavioral health provider per 100 Medicaid patients receiving office-based treatment. Funded through the Affordable Care Act and the Centers for Medicare and Medicaid, MAT teams handle scheduling, triage, and social service support. Brooklyn credits the MAT teams and another innovation called the Learning Collaborative, which brings providers together for sessions on evidence-based best practices, with providing the support physicians need to feel comfortable joining the system and taking on more patients.

“There are six or eight sessions over course of the year,” he says. “These folks are now getting additional training and education.”

CONTINUITY OF CARE
As the MAT teams and Learning Collaborative took shape, the focus became recruiting spoke providers to join the system. Patricia Fisher, M.D., understood the stakes too well after ten years at the Community Health Centers of Burlington, where she served as a staff physician and medical director. She had treated patients who abused or depended on opioids, and had witnessed the toll it took on families.

For Fisher, the MAT teams and Learning Collaborative are a “game-changer.” The MAT teams bring physicians who are ready to join the system and take on more patients. Concerns about managed care and lack of buy-in from many groups across the state — including health care providers, elected officials, and government agency leaders — as well as funding, the Vermont House of Representatives in the late 1990s were able to override the state’s initial decision to stop funding opioid treatment services. UVM was one of the first institutions nationally to study buprenorphine and overdose. UVM was one of the first institutions nationally to study buprenorphine and overdose. UVM was one of the first institutions nationally to study buprenorphine and overdose.

The Children and Recovering Mothers Collaborative (CHARM) began providing access to methadone in the late 1990s, well before the state offered it more broadly. CHARM, which includes social service agencies as well as obstetricians and neonatal specialists, has served as an example for other states. It also helped to break the political logjam around Vermont removing methadone as a clinic, which came online just as the opioid epidemic began to take shape.

When Vermont’s first methadone clinic — called the Chittenden Clinic — opened in 2002 with Brooklyn as medical director, the waiting list quickly ballooned. In 2003, Vermont introduced buprenorphine as an office-based treatment, which in theory should have expanded treatment capacity. But concerns about managing complex patients without adequate support, the lack of social and mental health services for patients, and the possibility for medication diversion meant many primary care physicians only saw a handful of patients or less. So despite Vermont boasting a high number of office-based treatment providers per capita, many still lacked care. The wait list at the Chittenden Clinic extended to two years.

Brooklyn, who was also treating patients at the Community Health Centers of Burlington, saw the struggling primary care physicians, the revolving door at-capacity clinic, and the growing number of patients who desperately needed treatment, and he proposed a plan to Vermont Department of Health officials with the executive director of the Howard Center.

“One day I marched into the Department of Health with Bob Bick from the Howard Center and I said ‘Hey, you guys, I’ve got this idea.’ And I sat down and I sketched it out where we would have these centralized centers of excellence that we would call hubs, and we’d have these docs in the community we’d call spokes, and there would be a connection. We’d set up the same kind of referral network that existed with everything else in medicine.”

The idea had traction with the group, and from this initial conversation plans were set in motion for a state-wide roll-out of the Care Alliance for Opioid Addictions Initiative, also known as the hub and spoke. Brooklyn used the initiative to improve the overall health of the population while reducing costs — designated opioid use disorder health centers. These doctors received training that granted them a “waiver” to prescribe buprenorphine, giving patients access to medication assisted treatment in a medical home, a place where treatment is coordinated and delivered in a way that puts the patient first. The key to making it all work, says Brooklyn, is communication and support.

“Docs in the community need to know that we have their back,” says Brooklyn. “Because if you’re going to take on prescribing for people who are fairly complex, you need to know that there’s a regional expert you can call at any time.”

In addition to being able to consult their hub, spoke providers also have a team to call on to help manage patients. Called a Medication Assisted Treatment team, or MAT team, they include one registered nurse and behavioral health provider per 100 Medicaid patients receiving office-based treatment. Funded through the Affordable Care Act and the Centers for Medicare and Medicaid, MAT teams handle scheduling, triage, and social service support. Brooklyn credits the MAT teams and another innovation called the Learning Collaborative, which brings providers together for sessions on evidence-based best practices, with providing the support physicians need to feel comfortable joining the system and taking on more patients.

“There are six or eight sessions over course of the year,” he says. “These folks are now getting additional training and education.”

Voices of Recovery


“He’s (my MD) probably been the most helpful and kindful person to me in my recovery, honestly. Even if it’s just calling him up and needing someone to talk to, he’s always been there, and he’s always had good advice.”
— JOHN BROOKLYN, M.D.

“It’s 50% of the success. What I mean is the [buprenorphine] takes the cravings and allows me to live a stable life. The other 50% comes with a relationship with my doctor, and the trust, and respect, allowing me to be able to do what I need to do and know that he is going to be there for me. It just wouldn’t work without both parts working together. People gotta have a good doctor.”
— JOHN BROOKLYN, M.D.

“I have had a couple of times where I’ve slipped up. Instead of threatening, we’re gonna kick you off the program, [my doctor] said. “You know what? We’re gonna move you to twice a week for the next couple of weeks.” He’s like, “I just really wanna support you and work with this through with you.”

— JOHN BROOKLYN, M.D.

John Brooklyn ’79, M.D. 

UVM LARNER COLLEGE OF MEDICINE
This feedback — and more specific comments positive effect on prescribing, only 48 percent and 74 percent thought they would have a providers thought the new rules were necessary, students found that although 75 percent of attitudes regarding the 2017 rules. Working being integrated into electronic health record and increasingly these recommendations are for prescribing according to pain severity level Monitoring System, and when to reevaluate or problems. They provide specific scenarios for when to check the Vermont Prescription Monitoring System, and when to reevaluate patients using opioids for chronic pain. Guidelines for prescribing according to pain severity level and common surgical procedures are suggested, and increasingly these tools are being integrated into electronic health record systems, making it easier for physicians to access information on best practices.

In addition to MacLean’s and other faculty’s work, medical students and alumni have played key roles in the transiting into hesitation. But when Fisher invited a patient of hers to meet the group, someone who had slid into addiction after being prescribed painkillers for an injury, the conversation shifted. “He told his story and it was so powerful,” she says. “It refoesued people and reframed the problem. This is our community we’re talking about.”

She created her patient with helping to spur expansion of the spoke network as leaders took his story to heart and recognized the need. Those early conversations also fostered what was to become another key component of the hub-and-spoke: the Addiction Treatment Program (ATP), directed by Sandi Maruti, M.D., assistant professor of psychiatry at UVM. Conceived as a bridge between the intensive treatment in the hubs and the outpatient experience of the spokes, the program is designed to support primary care physicians and help patients move from one environment to the other.

“The goal is to have patients go to the ATP to be stabilized before going to the spoke,” says Fisher. “And if they fall off the wagon, they can go back to the ATP. It’s a way to manage the flow of patients.”

This continuity of care is in part what makes the hub-and-spoke unique, says UVM Associate Dean for Primary Care Charles MacLean, M.D. Primary care doctors are embracing medication assisted treatment “like any other tool,” he says, and the added relationships they are able to develop with patients are leading to positive outcomes. A watershed moment came in September of 2017 when Governor Phil Scott convened a press conference to announce that the wait list for medication assisted treatment in Chittenden County had been eliminated, and that patients in all 14 Vermont counties could receive immediate treatment for opioid addiction.

Now, the state boasts six hubs and over 75 spokes across the state. Capacity for treatment of opioid use disorder in Vermont is higher than anywhere else in the United States, with 125 patients potentially treated per 10,000 people, according to a 2017 paper in the Journal of Addiction Medicine. As the first opioid treatment program in the U.S. to receive Medical Home status from the National Committee for Quality Assurance, the Chittenden Clinic leads the way for hubs. And UVM Medical Center residents in specialties including family medicine, internal medicine, obstetrics and gynecology and psychiatry are trained to prescribe buprenorphine, so that many of the state’s newest physicians provide treatment from day one.

It’s a model worthy of export, says Brooklyn. Over the past two years he has been to California, Colorado, and even Vietnam to consult on how to set up similar systems. At a presentation at the annual meeting of the Association of American Medical Colleges in November 2017, Brooklyn was asked, “So how long are your wait times for treatment in Vermont?” When he replied that there were no wait times, an audible gasp was heard from the audience.

“We’re breaking down silos and putting a lot of emphasis on primary care homes,” he says. “Financially, it’s a valuable model. A lot of people are saying ‘wow you are treating everybody, and saving money, and your overdose rate is low’. How often in medicine do you get pretty good evidence that something is working like that?”

Front Lines of Research

As director of the Chittenden Clinic since 2004, Stacey Sigmon, Ph.D., has been at the forefront of the opioid epidemic. She’s seen the population seeking treatment shift, from long-time, IV heroin users in their 40s or 50s, to young people, many in their late teens or early 20s, some of whom started using heroin after first getting hooked on prescription drugs from friends, or their parents’ medicine cabinet. As the crisis worsened, the clinic kept pace. The staff has expanded by a factor of four since Sigmon’s arrival, and they now treat 1,000 patients with both methadone and buprenorphine, up from 50 when she first took the helm.

Sigmon’s work in the clinic informs her research as an associate professor of psychiatry at UVM. She has built a national reputation for developing and testing innovative treatment options. One technological solution, called Med-O-Wheel, shows promise. The small computerized device dispenses buprenorphine at set intervals, lessening the chance for medication diversion while increasing access. In one study published in the New England Journal of Medicine in 2016, use of the Med-O-Wheel combined with daily monitoring calls via an interactive voice response phone system had positive results for patients on a waitlist. At the 12-week mark, 66 percent of subjects screened negative for illicit opioids, compared to zero for a control group who received no treatment.

“There’s no reason to think this wouldn’t be effective beyond patients on a waitlist,” says Sigmon, pointing to its potential usefulness in areas with few providers, or for patients who lack regular transportation.

UVM has also been at the frontlines of testing long-acting formulations of buprenorphine, including an implant that delivers the drug for up to six months. The device, approved by the FDA two years ago, has “burgeoned” for rural areas,” says Sigmon. The goal is to get treatment to patients who need it, in a way that’s appropriate for their needs.

In this, Vermont has set the stage for more innovation to come.

After gathering data from patients and providers across Vermont, Richard Rawson, Ph.D., says there’s no doubt the hub and spoke system is changing lives, even as the state continues to work on improvements like the integration of mental health care and additional support for families.

“The dynamic for many of these patients is that it’s their relationship with their doctor,” says Rawson. “Everything else is nice. Even the medicine gets rated as less important than the relationship they have with their physician. That’s different. We’ve never seen that before.”

“Treating patients at the Community Health Centers of Burlington, Heather Stein, M.D., understands the value of those relationships. Not only is she helping patients, she is introducing medical students entering their family medicine clerkship to this new way of treating opioid addiction as part of primary care. In this, she sees their leadership potential as they go on to practice medicine across the country.

“She has this incredible ability to be a mentor and advocate.” saysRawson, who met Brooklyn here, they may go on to other places and start a fire.”
As his eleven-year tenure nears its end, Dean Rick Morin reflects on the high points of his time at the helm of the Larner College of Medicine, and looks at the landscape ahead.

VERMONT MEDICINE: When you first came to UVM in 2007, you said that you felt that your career up to that point had prepared you well for this next step in your career. Do you still feel that way today as you reflect on your tenure as dean?

RICK MORIN: A good deal of my career had prepared me. I’d seen many of the pieces as a division chief, department chair, interim dean, and a pediatrician-in-chief. The difference with the deanship is that the scope of the job is so much larger. You’re maintaining relationships with a broad audience — with UVM Health Network, the UVM Medical Center, the physician group, the University, and the other colleges, and with the State of Vermont, the legislature and the Vermont Medical Society. All that in addition to the relationships here at “home” — the faculty, staff, students, and alumni. So you have this much broader view as dean. Many people at the institution have discrete areas of responsibility. The dean, in some ways, is the only one who’s responsible for the whole thing. I had some experience with this as the interim dean in Buffalo, but it’s even more complicated here in some ways because of the importance of this College within the state.
Meeting with medical students over lunch in 2009.

Eleven years is a long tenure for a dean. You’ve been involved in so much, but when you look back on your time here, are there a few high points that stick out above the rest?

Well, of course, the biggest is the fact that we named the College. That was the culmination of years of relationship building with a dedicated donor. Very few deans get to keep your eye on the whole thing, keep the connections going, and provide the environment people can thrive in.

Eighth years is a long tenure for a dean. When Bill Jeffries came to me and said “Here’s the list of things we’re going to do,” I had been told, when you’re the dean, you’re no longer playing an instrument, you’re the conductor. And that’s true. Right? You can’t focus on being the best at any single function of the College. You’ve got to keep your eye on the whole thing, keep the connections going, and provide the environment people can thrive in.

And to our knowledge, and we surveyed medical school sim centers, our is the busiest one in the country. We actually teach more students, in more hours. Others may be bigger and shinier, but ours is actually used. And it actually has an impact with the students.

Another challenge you’ve faced is keeping clinical education opportunities.

Yes, that was certainly a challenge. It was a real loss for us when we lost Maine Medical Center. But we rebounded from that quickly. We set up agreements with other places with substantial clinical foundations. And we also managed, as part of that, to find a much more diverse population of patients, and of physicians and educators, to work with our students. Which was an unexpected positive outcome, I think. That was something that Maine didn’t offer. Bill Jeffries just really scrambled to make that happen. There were ups and downs. There were challenges, and we had to meet those challenges, but our partners worked with us.

And now we’re at the point where we have a branch campus.

Well that’s something that’s foundational, that fundamental relationship. You can’t be a medical school unless you can teach clinical medicine, and you can’t teach clinical medicine unless you have a substantial clinical foundation in which to do it. It takes an amazing number of patients to train a medical student. I remember when we started rewriting the affiliation agreement with [UVM Health Network CEO] John Bromsted. We rewrote that and it was dramatically better for both of us, I think. We became much better connected. It worked for us clinically and in education, and led to us merging our development efforts, which has been very successful. We’ve unquestionably functioning better than ever. I give John Bromsted credit— he recognized the value of being a university medical center, where it all comes together, the teaching, the research, and the patient care.

And that’s an area where John Bromsted and I really drank the Kool-Aid. (laughs) And that’s an area where John Bromsted and I really drank the Kool-Aid. (laughs)

And you’ve overseen the formation of longitudinal integrative clerkships.

That was an attempt to do more, in a setting like those in the smaller hospitals in our network, where it’s almost impossible to do a traditional clerkship, but over a year, with a broad panel of patients to follow, it can be very successful. We started piloting it with Hudson Headwaters Health Network a year ago, and our first group of students did incredibly well. We have four more students this year and we’re working on doing another LIC at Central Vermont Medical Center next. If we can train students like that in Vermont, that’s great, and this is what we’re working to do — using the network to expand clinical education.

Among the changes you’ve seen is the formation of that very network, the UVM Health Network—

And well that’s something that’s

So you could feel prepared for that, but still have things to learn?

You’re never really prepared until you just start doing it. I had been told, when you’re the dean, you’re no longer playing an instrument, you’re the conductor.

And that’s something that’s beyond my personal expertise. But we have people here who are very strong educational leaders — Lewis First, and then Bill Jeffries — who have been great to work with. When Bill Jeffries came to me and said “Here’s the data on where we ought to be going,” it was hard to argue with 250 studies that all pointed toward the immense value of active learning.

Dr. Larner’s gift has accelerated our work dramatically, but we were going in that direction already. Dr. Larner challenged us to go further, and provided us the resources to do that. We’ve been able to accomplish our goals even faster than we’d planned, and I do believe the medical education we offer here will set the second to none. A year after the Larners’ gift, we had a five year plan, and almost immediately we jumped to three year of the plan. By year three we hoped to start telling the world where we were. By the end of one year, the world already knew. I think there is no college of medicine that in the last few years that has received as much national and international recognition for their educational program. I have never seen anything like it in my career. We have a compelling story.

Along with our active learning work, we’ve built a Teaching Academy to help faculty develop teaching techniques and study the results, and keep improving our efforts. That’s an unprecedented thing.

Yes, the first one we completed, across the institution, was the diversity and inclusion plan. We actually executed that first five-year plan and instilled a new one looking ahead. We did the things we said we were going to do and I’m proud that we have the most diverse student body in the history of the University of Vermont. There’s certainly more work to do, and our current five-year plan will help guide those efforts.

When we made plans, we executed the plans. We weren’t always successful. We always did what we said we were going to do and, most of the time, it actually worked. And in the end, it’s the execution of the plans that counts — getting everybody together, crowdsourcing ideas, getting cohesion and commitment, and then making it real. I hope this has encouraged a culture of collaboration, and nimbleness, so that we can take advantage of opportunities that come up.

Back in 2007, when you first arrived here, you noted enriching educational programs as something that was going to be a key focus.

That also led to improvements in our Clinical Simulation Laboratory, didn’t it?

And that’s something that was way beyond my personal expertise. But we have people here who are very strong educational leaders — Lewis First, and then Bill Jeffries — who have been great to work with. When Bill Jeffries came to me and said “Here’s the data on where we ought to be going,” it was hard to argue with 250 studies that all pointed toward the immense value of active learning.

Dr. Larner’s gift has accelerated our work dramatically, but we were going in that direction already. Dr. Larner challenged us to go further, and provided us the resources to do that. We’ve been able to accomplish our goals even faster than we’d planned, and I do believe the medical education we offer here will set the second to none. A year after the Larners’ gift, we had a five year plan, and almost immediately we jumped to three year of the plan. By year three we hoped to start telling the world where we were. By the end of one year, the world already knew. I think there is no college of medicine that in the last few years that has received as much national and international recognition for their educational program. I have never seen anything like it in my career. We have a compelling story.

Along with our active learning work, we’ve built a Teaching Academy to help faculty develop teaching techniques and study the results, and keep improving our efforts. That’s an unprecedented thing.

This dovetails very interestingly with your relationship with alumni. You’ve spent a lot of time over the last decade getting to know our graduates. It’s interesting that one of our oldest alumni was most influential in making possible the most modern of teaching reforms.

Our alumni feel involved. That’s why we consistently rank so high in alumni support and engagement. Bob Larner was an example. He was a person who wanted to see results, and I understand that. That was true when he first started supporting student loans and scholarships — he wanted the data on how that was helping. We kept showing him the results. I think it was the confidence in our ability to produce results, and his gratitude for where his medical education had taken him, that guided his incredible generosity.

The culmination of years of relationship building with a dedicated donor. Very few deans get to keep your eye on the whole thing, keep the connections going, and provide the environment people can thrive in.

And to our knowledge, and we surveyed medical school sim centers, our is the busiest one in the country. We actually teach more students, in more hours. Others may be bigger and shinier, but ours is actually used. And it actually has an impact with the students.

Another challenge you’ve faced is keeping clinical education opportunities.

Yes, that was certainly a challenge. It was a real loss for us when we lost Maine Medical Center. But we rebounded from that quickly. We set up agreements with other places with substantial clinical foundations. And we also managed, as part of that, to find a much more diverse population of patients, and of physicians and educators, to work with our students. Which was an unexpected positive outcome, I think. That was something that Maine didn’t offer. Bill Jeffries just really scrambled to make that happen. There were ups and downs. There were challenges, and we had to meet those challenges, but our partners worked with us.

And now we’re at the point where we have a branch campus.

Well that’s something that’s foundational, that fundamental relationship. You can’t be a medical school unless you can teach clinical medicine, and you can’t teach clinical medicine unless you have a substantial clinical foundation in which to do it. It takes an amazing number of patients to train a medical student. I remember when we started rewriting the affiliation agreement with [UVM Health Network CEO] John Bromsted. We rewrote that and it was dramatically better for both of us, I think. We became much better connected. It worked for us clinically and in education, and led to us merging our development efforts, which has been very successful. We’ve unquestionably functioning better than ever. I give John Bromsted credit— he recognized the value of being a university medical center, where it all comes together, the teaching, the research, and the patient care.

And that’s an area where John Bromsted and I really drank the Kool-Aid. (laughs)

And you’ve also seen, in your time here, the rise of the accountable care organizations.

You’ve also seen, in your time here, the rise of the accountable care organizations.

And that’s an area where John Bromsted and I really drank the Kool-Aid. (laughs)

And that’s an area where John Bromsted and I really drank the Kool-Aid. (laughs)

And that’s an area where John Bromsted and I really drank the Kool-Aid. (laughs)

And that’s an area where John Bromsted and I really drank the Kool-Aid. (laughs)

And that’s an area where John Bromsted and I really drank the Kool-Aid. (laughs)

And that’s an area where John Bromsted and I really drank the Kool-Aid. (laughs)

And that’s an area where John Bromsted and I really drank the Kool-Aid. (laughs)

And that’s an area where John Bromsted and I really drank the Kool-Aid. (laughs)

And that’s an area where John Bromsted and I really drank the Kool-Aid. (laughs)
Dean Morin speaks with the media at the 2016 announcement of the Larner College of Medicine naming.

It's also been a challenging landscape for research over the last ten years.

We receive a very modest amount of state support. And if you look at the return on investment that we make to the state, we return about eight to nine dollars per dollar of investment. The average public medical school returns about a dollar. We are nine times higher than average. So we are incredibly productive at what we do. And if you also look at spinoff corporations from the University of Vermont, the vast majority originate from our College. What we do is important for the economy. Our research is a big engine. Our research also brings in clinical trials for devices and drugs and diagnostic tools that just, frankly, would not be available in the state otherwise. Vermont is in the top ten states in research money per capita, and we're the driver of that.

A year after I came here, in 2008, we got hit, as everybody did. There were a lot of things that could have gone wrong then. But we got through all that. We've held our own in research and we have grown it recently. And the work we do is world class.

With that in mind, it's important for us to consider the state of our facilities. Given is our biggest building, and it's nearly 60 years old. The research world has changed since then. Even if we had kept this place pristine, it wouldn't be adequate for today's science and equipment. So our plans are to put up a new building and then we're going to completely rehaul Given.

And this leads into graduate education too—

It definitely impacts graduate education. We need better space to perform the research, and we should be able to do 30 percent more with the same amount of space because it's so much more efficient. That investment is also a huge recruiting tool for doctoral students, junior faculty, senior faculty. It functions as a recruitment and retention tool. Graduate education in the natural sciences, certainly in medicine, is built upon good, funded, published ongoing research. If you have that going on, then it's a wonderful environment in which to teach Ph.D. students. If you don't have that going on, you can't. The research is a foundation for having robust Ph.D. and post-doctorate programs. The research is first, and you build the educational programs on top of that. We need to build the next generation of biomedical scientists, recruit them, and retain them.

Returning again to things you said when you first came to UVM, you said you loved the fact that all the different components of the University and academic health center were so close — that you could walk to the President's office or the medical center CEO’s office in a matter of a few minutes. Clearly, that physical proximity has turned into a personal proximity with the people in those offices.

That just enhances and improves the opportunity for good relationships. And that has happened; you know. We can get things done just more quickly because there's a longstanding trust there with my fellow leaders. In some ways, it's the same thing with the alumni — it's a sense of trust that's developed. You don't give your hard-earned money to somebody that you don't trust. You can see what we've done. That's why we're going to meet or beat our $200 million goal for this campaign.

And sure, we had the Larner gift, but more than that goal came from a broad array of other alumni and friends. It's been a wonderful thing to work with alumni and find their passion and help them do things, create things, for their medical school.

You also seem to have really embraced Vermont.

Oh, yes. It's a great place to live. Tracy and I love it. I love the outdoors — hiking, biking, skiing, fishing, climbing mountains.

So you're not going away. Is the path ahead clear?

I'll have a sabbatical — the first one I've ever taken in my career. And I'm talking with the president and provost about projects they would like to have that I might help with. And I'd like to continue my relationships with alumni.

As you said when you made the announcement last August, there are more peaks for you to climb.

There always are. I like to go out and climb mountains and I like to get to the top. I remember many years ago, running with a friend of mine, and talking about our careers. And I said I wanted to find something I could devote myself to, work hard at, and reach the end of it completely spent. Well, I found it, and I've reached what I feel is a good stopping point. But I'm not spent! The job never really ends. So we'll get a new dean who'll bring their own vision.

Returning to things you said when you first came to UVM: you said "I wonder what I would have done if I had followed another path". That just enhances and improves the opportunity for good relationships. And that has happened; you know. We can get things done just more quickly because there’s a longstanding trust there with my fellow leaders. In some ways, it’s the same thing with the alumni — it’s a sense of trust that’s developed. You don’t give your hard-earned money to somebody that you don’t trust. You can see what we’ve done. That’s why we’re going to meet or beat our $200 million goal for this campaign. And sure, we had the Larner gift, but more than that goal came from a broad array of other alumni and friends. It’s been a wonderful thing to work with alumni and find their passion and help them do things, create things, for their medical school.

You also seem to have really embraced Vermont.

Oh, yes. It’s a great place to live. Tracy and I love it. I love the outdoors — hiking, biking, skiing, fishing, climbing mountains.

So you’re not going away. Is the path ahead clear?

I’ll have a sabbatical — the first one I’ve ever taken in my career. And I’m talking with the president and provost about projects they would like to have that I might help with. And I’d like to continue my relationships with alumni.

As you said when you made the announcement last August, there are more peaks for you to climb.

There always are. I like to go out and climb mountains and I like to get to the top. I remember many years ago, running with a friend of mine, and talking about our careers. And I said I wanted to find something I could devote myself to, work hard at, and reach the end of it completely spent. Well, I found it, and I’ve reached what I feel is a good stopping point. But I’m not spent! The job never really ends. So we’ll get a new dean who’ll bring their own passion to it. I feel we’ve done a lot and set a foundation for a lot more to come. I’m confident of that.

When he’s not busy leading the UVM Larner College of Medicine, Dean Rick Morin likes to engage in challenging outdoor activities, so it was only natural for him to choose winter mountaineering as the focus of his fundraising campaign — “Three Peaks in Four Weeks” — in honor of the Class of 2018 and their Match Day. Launched one month out from Match Day on February 16, 2018, the campaign consisted of three milestones at which Morin pledged to climb a mountain and contribute funds for the 2018 Match Challenge. Originally, Morin set his sights on summiting Vermont’s three tallest peaks — Camel’s Hump, Killington, and Mount Mansfield. But after reviewing the routes, he decided to replace the less-challenging Killington with Mount Marcy in New York’s Adirondacks and altered his plan to the three tallest peaks that can be seen from campus.

Morin challenged 375 medical alumni to make donations during this campaign. After the first 100 donations were logged, he summited Camel’s Hump — and donated $2,500 to the College of Medicine Fund.

“Camel’s Hump can be an easy hike, with good conditions,” said Morin, who completed the hike following the Forest City Trail to the Long Trail to the summit, which he explained makes the hike 50 to 150 percent longer and more difficult. An experienced winter climber, Morin wore a combination of layers for his mountain ascent and descent. Upon reaching the tree line, he added a windbreaker and down jacket to provide protection from the winds and colder air at the summit.

With the Match Challenge campaign’s surpassing 200 medical alumni donors, Morin took on a second peak — Mount Mansfield. His first attempt was solo and more challenging than expected. He opted to take “the road less traveled” and found a trail that was abandoned in the early 1990s, around the same time when the Given building was built. Due to deep snow and winter daylight, he had to return to the base before reaching the top. However, his second attempt, with friends, was successful, and was followed by a $5,000 gift.

Alumni donor number 375 came through the morning of Match Day, and prompted Morin’s final trek up Mt. Marcy a few days later, and his final gift of $7,500 for a total of $15,000 to support student scholarships and wellness.
“I just made the assumption that people took care of other people,” says John Ouellette, M.D. ‘60, who now, at age 84, lives near Madison, Wis. He did four years of residency in internal medicine at The University of Wisconsin Hospitals, and subsequently practiced as an allergist and immunologist, opening clinics all over the state.

At UVM he followed in the footsteps of Tunbridge natives Royal Whitney, M.D. ‘30, and of Harry Howe, M.D., and Luke Howe, M.D., first cousins who both graduated in 1952. Ouellette credits his mother, Dora Ouellette, with his interest in medicine. She worked as a nurse practitioner and midwife, seeing nearly every Tunbridge resident at some point, alongside longtime local physician William Mitchell. They handled home births, including the delivery of Harry Howe in 1921.

“She would ride in the ambulance” with a patient going to the hospital, Ouellette says today of his mother. “She would stay with people who were sick and dying or getting better.”

It produced four doctors who got their early education in its one-room schoolhouses and went on to medical school at the University of Vermont. All four grew up on family farms, milking cows and pitching hay, and developing a strong work ethic. All of them ended up practicing medicine in small communities, translating the cohesive experience of rural life to their careers.

The Tunbridge Docs

One small town, four lives in medicine

The Town of Tunbridge is known for its bucolic landscape and breathtaking fall colors, as well as its annual “World’s Fair,” but this Vermont enclave of about a thousand residents boasts another distinction. It produced four doctors who got their early education in its one-room schoolhouses and went on to medical school at the University of Vermont. All four grew up on family farms, milking cows and pitching hay, and developing a strong work ethic. All of them ended up practicing medicine in small communities, translating the cohesive experience of rural life to their careers.

“I just made the assumption that people took care of other people,” says John Ouellette, M.D. ‘60, who now, at age 84, lives near Madison, Wis. He did four years of residency in internal medicine at The University of Wisconsin Hospitals, and subsequently practiced as an allergist and immunologist, opening clinics all over the state.

At UVM he followed in the footsteps of Tunbridge natives Royal Whitney, M.D. ‘30, and of Harry Howe, M.D., and Luke Howe, M.D., first cousins who both graduated in 1952. Ouellette credits his mother, Dora Ouellette, with his interest in medicine. She worked as a nurse practitioner and midwife, seeing nearly every Tunbridge resident at some point, alongside longtime local physician William Mitchell. They handled home births, including the delivery of Harry Howe in 1921.

“She would ride in the ambulance” with a patient going to the hospital, Ouellette says today of his mother. “She would stay with people who were sick and dying or getting better.”

All four Tunbridge-raised doctors possessed that same passion for hands-on patient care. Royal Whitney was the youngest of nine children. His father was “a quintessential Vermont farmer” who wanted his sons to follow in the family business, says Whitney’s niece, Dorothy Yamashita. Her uncle wanted to go to college at UVM, but his father expressed skepticism. “Grandpa gave Uncle Roy a dollar and said, ‘Good luck,’” she says. Somehow Whitney found the money, and, after graduating medical school opened a family practice in White River Junction. People Yamashita meets from the Upper Valley often will tell her that her uncle delivered them.
John Ouellette, M.D.’60 standing amidst the trees on his Wisconsin tree farm.

Over the years, Yamashita heard stories about her uncle’s equitable and compassionate approach to his patients. “He would treat you even if you didn’t have any money,” she says. “He got paid in potatoes many times in his early years.”

Whitney served in the U.S. Army Medical Corps during World War II. He practiced medicine into his 80s and died in 1998 at age 91. His son, Phil Whitney, also became a physician and attended the College of Medicine in Ouellette’s class.

Harry Howe and Luke Howe, like Royal Whitney, went to UVM as undergraduates. Harry then served in the Army during World War II, was captured as a German prisoner and released at the end of the war, in 1945. His older brother, Ernest, lost both legs on D-Day.

Harry married his sweetheart, Theo, and taught high school math and science before applying to the College of Medicine in 1948. According to letters he included in his book, A Journey from Tunbridge, then Dean WE Brown, M.D., expressed doubts about Harry’s ability to pass a prerequisite course in organic chemistry with at least a B grade during his summer before applying to the College of Medicine in 1948. According to letters he included in his book, A Journey from Tunbridge, then Dean WE Brown, M.D., expressed doubts about Harry’s ability to pass a prerequisite course in organic chemistry with at least a B grade during his summer break in order to qualify for admission. Harry passed as required and joined the University of Wisconsin medical school faculty.

Luke is four years younger than Harry. The Howe cousins did their post-graduate internship — a requirement before residency back then — at Mary Fletcher Hospital, a precursor to UVM Medical Center. Harry Howe discovered he loved surgery, and stayed at Mary Fletcher for his general surgical residency.

“As in each specialty with which we became involved, we worked directly with the attending physicians, including the chief of the service,” he wrote in his book, a substantial memoir he published in 2012. “This, I believe, is an advantage in training with a smaller medical center as compared to the large center where there is little or no contact with the top-level physicians.”

After residency, Harry started his practice in Massena, N.Y., far north on the St. Lawrence River, hoping to improve care in a rural area that needed skilled physicians. About a year later, he moved with his wife and two children to Canton, NY, where he practiced for almost 30 years before retiring. He and his wife traveled all over the world, bought a farm in Louisville, N.Y., then returned to Vermont to be closer to their grown children.

Luke Howe started a family practice in Chelsea, VT, with classmate and close friend Brewer Martin, M.D.’52. During medical school, Martin and his wife lived upstairs in Harry and Theo Howe’s house in Burlington. Martin and Luke Howe also founded the Chelsea Nursing Home, which became the Home for the Aged in Chelsea Village.

For four years, Luke served as director of health for the Trust Territory of the Pacific Islands, now known as the Federated States of Micronesia. Back in the States, he practiced in Newfane, VT. His wife, Pat, was his office nurse and bookkeeper. He served as a U.S. Coast Guard staff physician in Connecticut and Maryland and eventually retired with his wife to Florida.

Luke Howe had a sharp sense of humor, Yamashita says. When she asked him about practicing medicine, “He would be flippant and say, ‘That’s why they call it a practice, because we don’t know what we’re doing!’” she recalls.

Yamashita has a connection to all four physicians. Luke Howe is her first cousin; his mother is her father’s and Royal Whitney’s sister.

The priest helped him get into St. Michael’s College in Winoski, VT. During his pre-med undergraduate years, Ouellette worked nights in a laboratory at Fanny Allen Hospital, now part of the UVM Medical Center, and lived at the hospital with interns and residents. He says he never considered studying medicine elsewhere.

“I had to toe the line, because it was a very demanding medical school,” he says, noting that only 40 of 50 original students in his class graduated. “We worked hard.”

In his first year of a four-year residency in internal medicine, Ouellette met a nationally renowned allergist, Charles Reed, who awoke his interest in that specialty. “I loved the key functions,” he says. “I loved the anatomy and the physiology of the lung.”

Ouellette completed a two-year fellowship in his specialty, then served a two-year military requirement at Walter Reed Army Medical Center in Washington, D.C. Back in Wisconsin, he expanded his allergy and asthma clinic to 22 satellite offices and joined the University of Wisconsin medical school faculty. Later, Ouellette became an expert in building science and environmental air quality.

After retiring at age 69, Ouellette and his wife have devoted themselves to raising prized black walnut trees on their Dayton Ridge Tree Farm. He remains close — “like brothers” — with his medical school roommate, Dick Caldwell, a general surgeon in Chicago, and classmate John “Jack” Metson, M.D.’60, who helped Ouellette during his recent knee replacement. For Ouellette, that modern medical miracle is just another reason to be thankful. “Just look at what medicine has done for me,” he says.
Hall A
NEWS & NOTES FOR LARNER COLLEGE OF MEDICINE ALUMNI

PRESIDENT’S CORNER

When we leave a place we leave something behind and we carry something with us. As alumni we have left behind part of ourselves, each one of us adding to the persona of the Lerner College of Medicine. We have also carried away something with us; the way we have been taught, the signature of the College. Some have called it the heart of the way we have listened to patients and the empathy of our responses.

I returned to the College as president at the end of 1986 and had the greatest pleasure knowing that “the way” is still present, taught, practiced and even fine-tuned into computer practice, but not replaced by it. I say with gratitude, my best to Dean Rick Mortin who leaves with wonderful successes and accomplishments after his 32 years leading our College. I am grateful for his wisdom, for his ability to expand the College and to lead its vigorous growth without losing “the way.” I am grateful for his ability to be the Dean who creates, who sets the high water mark by whom creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who creates, who sets the high water mark by who crea...
The MAA Awards are presented every year at the Celebration of Achievements Ceremony at Reunion. Full biographies of the awardees can be found at www.med.uvm.edu/alumni

A. BRADLEY SOULE AWARD
Presented to alumni whose loyalty and dedication to the College of Medicine most emulate those qualities as found in its first recipient, A. Bradley Soule, M.D. ’28.

DISTINGUISHED ACADEMIC ACHIEVEMENT AWARD
Presented to alumni in recognition of outstanding scientific or academic achievement.

SERVICE TO MEDICINE AND COMMUNITY AWARD
Presented to alumni who have maintained a high standard of medical service and who have achieved an outstanding record of community service or assumed other significant responsibilities not directly related to medical practice.

EARLY ACHIEVEMENT AWARD
Presented to alumni who have graduated within the past 15 years in recognition of their outstanding community or College service and/or scientific or academic achievement.

ROBERT LARNER, M.D. ’42 STUDENT AWARD
Presented to a current student(s) for his or her outstanding leadership and loyalty to the College and one who embodies Dr. Larners’ dedication to not only supporting his medical alma mater, but to inspiring others to do as well.

A. BRADLEY SOULE AWARD
H. James Wallace, III, M.D. ’98
Associate Professor, UVM Larner College of Medicine; Chief, Division of Radiation Oncology, Department of Radiology, UVM Medical Center

H. James Wallace, III, M.D. ’98 remembers following his father (H. James Wallace, Jr., M.D. ’58) rounding at the Mary Fletcher and Bishop Degoesbriand hospitals in the 1960s and can’t remember a time that he did not want to be a doctor. His father instilled in him a sense of honor in being part of peoples’ lives when they were most vulnerable and the importance of being a person while being a doctor. These ideals have led Dr. Wallace through his career, informing his work with — and inspiring — patients, students, colleagues, and fellow alumni. After completing training and working in private practice in a few locations, Dr. Wallace arrived back in Burlington in 2000 and over the last 18 years has led the practice in a few locations. Dr. Wallace is also currently the physician leader for the Patient and Family Centered Care initiative. Asked by John Tampus, M.D. ’54, to become more involved in the Medical Alumni Association, Dr. Wallace agreed, serving on the Alumni Executive Committee from 2003 to 2016 and eventually becoming President of the Medical Alumni Association from 2014 to 2016. He is a class agent for the class of 1998. In addition to his success as a physician and his leadership among alumni, this award recognizes the compassion, expert care that Dr. Wallace provides every day to his patients and their families, as well as the inspiration he provides to his students. Dr. Wallace’s commitment to the values instilled in him by his father, the knowledge he obtained at the College, and the respect for every person he meets combine to create a physician deserving of the A. Bradley Soule Award.

DISTINGUISHED ACADEMIC ACHIEVEMENT AWARD
David L. Bronson, M.D. ’75, MACP, FRCP Edin
Chairman, Board of Commissioners of the Joint Commission; Professor Emeritus, Larner College of Medicine/Case Western Reserve University; Past President and CEO, Cleveland Clinic Regional Hospitals

Matthew Hsiao, M.D. ’98
Staff Clinician, Molecular and Clinical Hematology Branch, National Institute of Diabetes and Digestive and Kidney Diseases within the National Institutes of Health, Maryland

Sumner Slavin, M.D. ’73
Associate Clinical Professor of Plastic Surgery, Harvard Medical School; Founder, Chestnut Hill Plastic & Aesthetic Surgery Associates

Sara Vargas, M.D. ’93
Associate Professor, Harvard Medical School; Staff Pathologist, Children’s Hospital, Boston; Staff Pathologist, Brigham and Women’s Hospital

SERVICE TO MEDICINE & COMMUNITY AWARD
Philip Cohen, M.D. ’73
Assistant Clinical Professor, Voluntary Faculty, University of South Florida School of Medicine, Retired OsOyn, Private Practice

Pamela Harrop, M.D. ’83
Clinical Associate Professor, Warren Alpert School of Medicine; Physician; Active Staff, Department of Medicine, Rhode Island Hospital

Veronica Rooks, M.D. ’93
Chief, Pediatric Radiology, Tripler Army Medical Center; Nursing, Retired Calmil, U.S. Army

EARLY ACHIEVEMENT AWARD
Duc T. Do, M.D. ’03
Physician, Internal Medicine, Scripps Health, La Jolla, California

REUNION IS MOVING TO THE FALL!

Plan now to spend a long, glorious autumn weekend in Vermont catching up with old friends and faculty members.

REUNION 2019 | OCTOBER 4-6, 2019
For more information see the Medical Development and Alumni Relations website at: www.med.uvm.edu/alumni
James David (Dave) Sawyer, M.D.
Dr. Sawyer died January 2, 2018, at the age of 97. Born May 18, 1920, he completed his undergraduate studies at the University of Vermont in 1940 and continued on to earn his medical degree in 1944. After serving as a Medical Officer in World War II, he began his general practice in Jewett City, Conn., and continued his studies at the State University of New York at Buffalo. He worked at the W.W. Backus Hospital in Norwich, Conn., served as a Medical Officer in the Korean War, and was the head of radiology at Dix Kimball Hospital in Putnam, Conn. Dr. Sawyer was a member of the American College of Radiology and the Connecticut Medical Society. He retired from medicine in 1976.

Bernard Kaye, M.D.
Kaye, who delivered thousands of babies over a 54-year career practicing obstetrics and gynecology, died March 1, 2018, after a lengthy illness, at the age of 93. Born in New York, N.Y., on August 29, 1924, he grew up in Brandon, Vt., where his parents ran a general store. He received a bachelor of science degree, magna cum laude, from UVM in 1944, where he was elected to Phi Beta Kappa, and he obtained his medical degree with highest honors from UVM in 1948. He completed his medical training in New York, N.Y., and at Michael Reese Hospital in Chicago. He served his country honorably at numerous military postings, including as chief of obstetrics and gynecology at Dow Air Force Base in Bangor, Maine. From 1957 until 1973, he served as a faculty member at the University of Illinois College of Medicine. Dr. Kaye authored numerous articles in medical journals over the course of his career. In 2001, he received the Humanitarian Service to Medicine and Community Award from UVM, where a scholarship was established in his name to support medical students from Vermont. He was a member of the American Fertility Society, the Institute of Medicine of Chicago, the American College of Physicians, and was a fellow of the American College of Obstetrics and Gynecology. Dr. Kaye was the consummate physician, dedicated to his patients until illness sidelined him at the age of 94. He served on the medical staff of Highland Park Hospital (now part of North Shore University Health System), for 51 years and held several leadership positions there, including chair of the Department of Obstetrics and Gynecology, chief of the staff, and long-standing member of the Ethics Committee. He had a treasured professional partnership with the late Dr. Burnell Reaney for 40 years.

Michael Marrs, M.D.
Dr. Marrs died February 8, 2018. Born January 8, 1917, he grew up in New York City. His father, a Sicilian immigrant, passed away when he was just a toddler, prompting his mother to move to Boston to live with his grandparents. Only Italian was spoken in that home, Dr. Marrs didn’t learn English until grade school. He enlisted in the U.S. Navy and attended UVM for medical school on the G.I. Bill. He served the community of Averys, Vt., for 30 years, retiring in 1979.

Cecil Harry Kimmel, M.D.
Dr. Kimmel, of Fairfield, Ohio, died Feb. 20, 2018, at a local assisted-living facility. Born in Greenfield, Mass., he was a veteran of the United States Army, serving in both World War II and the Korean War. He was honorably discharged with the rank of major. While on active duty, he returned to school and finished his medical degree at UVM. He moved to Cleveland in the late 1950s, after his last assignment at an Armed Forces Hospital in Orleans, France, and established his medical practice, becoming the community’s first radiologist. He retired from his medical practice in 1992.

William E. Allard Jr., M.D.
Dr. Allard died March 11, 2018, in Easton, Conn. Born June 2, 1934, in Bridgeport, Conn., he grew up in Bridgeport and was a graduate of Greens Farms Academy. He retired from his medical practice in 1992.

Peter David Hoden, M.D.
Dr. Hoden, 76, died January 3, 2018, in East Hanover, N.J. Born March 1, 1942, in Providence, Rhode Island, he graduated with a B.S. degree in 1964 from North Park College and received his medical degree from UVM in 1970. He completed his residency in internal medicine at Rhode Island Hospital in Providence, and completed his residency program at the U.S. Naval Hospital in Connecticut. He then began a long and successful career at Waterbury Hospital, where he delivered over 3,500 babies and was recognized for his kind, professional approach. He was a fellow of the American College of Obstetrics and Gynecology and the American College of Physicians.

Bernard Raymond Blos, M.D.
Dr. Blos, a resident of Clinton Park, N.Y., died December 23, 2017. A respected ophthalmologist with a decorated 30-year military career, Dr. Blos was born in Colden, N.Y., attended St. John's College in Colorado, and the UVM College of Medicine and received numerous honors throughout his Navy career, including the Navy Commendation Medal, Navy Unit Commendation, National Defense Service Medal with Bronze Star (Vietnam Conflict), National Defense Medal, and the Meritorious Service Medal. Dr. Blos specialized in both ophthalmology and occupational medicine, and led two ophthalmology departments as chairman — Naval Medical Center of Philadelphia and Naval Medical Center of Bethesda, Maryland. Later in his career, he served as Force Medical Officer of the Military Health Command (Corporate Medical Director), and head of the Surgeon General Occupational Division at the Bureau of Medicine and Surgery, U.S. Navy. Dr. Blos served as regional medical director for Knob's Atomic Plant Laboratory (KAPL) in Schenectady, N.Y. He was president of Blos Consulting, a firm specializing in occupational ophthalmology, for which he was awarded the American College of Occupational and Environmental Medicine Achievement Award in 2018. Dr. Blos was widely noted across the industry for his book, Color Vision in the Occupational Setting: Analysis and Testing, a broad-based manual highlighting the topic of color vision from the occupational and environmental medicine point of view.

Monwabisi David Lali, M.D.
Dr. Lali, 58, of Fishkill, N.Y., died February 16, 2018. Born April 16, 1959, in Tokai, Western Cape, South Africa, Dr. Lali worked as a taxi driver, security guard, and even in a clothing factory. Early on, he had two options for work: school or labour as a brick moulder or struggle his way through basic education. While working as a security guard, a professor from the University of Cape Town, South Africa, offered him a job as a technical assistant, and due to the segregationist apartheid laws, he spent the initial part of his academic career in a three-room unit house with four occupants and no electricity. He graduated from the University of Cape Town with a bachelor of science degree as a double major in biochemistry and chemistry. He then came to the U.S. to attend Western University, where he earned his master’s degree in biochemistry. Dr. Lali furthered his practical training at The Pfizer Research Laboratories in Schenectady, N.Y., as assistant scientist in the metabolic diseases department. He then went on to receive his M.D. from the UVM College of Medicine in 1996, and completed residency training in internal medicine at Medical College of Pennsylvania Hospital in Philadelphia, Penn. He then served as an attending physician in the emergency department at Boulder Community Hospital, before going on to start his own private practice on Vine Street in Fort Collins. He was also the medical director at Good Samaritan Hospital. Dr. Lali credits many people in his life, especially the African Scholar Fund, for his success and opportunity to practice medicine in the United States.
May 20, 2018
3:12 P.M.

Class of 2018 student marshal Stephanie Brooks, soon to officially add an “M.D.’18” after her name, guides her fellow students to the commencement ceremony at Ira Allen Chapel. She holds the marshal’s Staff of Aesculapius, carved by alumnus Robert Sharkey, M.D.’59.

PHOTOGRAPH BY ANDY DUBACK
10 **Inventing the Wheel**
Vermont’s approach to opioid addiction treatment

16 **The Summit View**
Dean Morin reflects on his tenure

22 **The Tunbridge Docs**
One small town’s gift to medicine