UCONN health center

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GAINING GROUND IN THE ASTHMA WARS



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Scrubbing Up

Operating Room technician Alan Forster scrubs up, a routine procedure every time he enters the O.R.



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Cover Illustration by Neil Leslie

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Deborah Shelton and Geraldine Pearson stand in front of the mural inside the Academic Entrance.

Highest Nursing Honors for Shelton, Pearson

Geraldine Pearson, Ph.D., assistant professor in the Department of Psychiatry, and Deborah Shelton, associate professor in the School of Nursing and the Department of Medicine, have been elected to the American Academy of Nursing, the country's highest honor for nurses.

Pearson is director of the Health Center's HomeCare Program, a national model program for adolescents who need ongoing psychiatric care after being released from detention or residential care centers. She helped create the program five years ago with a $400,000 grant from the Connecticut Department of Children and Families and the Court Support Services Division of the Connecticut Judicial Branch.

Since its inception, the HomeCare program has helped more than 3,000 youngsters ages 10 to 16 through juvenile justice referrals and primary care clinics in five Connecticut communities.

Pearson is president of the International Society of Psychiatric-Mental Health Nurses, and a past president and vice president of the School of Nursing's Alumni & Friends Society Board of Directors.

Shelton is director for research and evaluation in the Correctional Managed Health Care program; working with the program's executive director, Robert Trestman, Ph.D., M.D., to improve health care services in correctional institutions in Connecticut and nationwide.

Their research has received more than $11 million in funding from the National Institute of Mental Health and the National Institute of Justice.

A longtime advocate for children's mental health, Shelton has focused much of her research on examining access to care for minority youth and young offenders. In 2004, she received a lifetime achievement award from the International Association of Forensic Nursing.

in memoriam

Harald Löe, 1926-2008

Harald Löe, the third dean of the School of Dental Medicine, died in August. He was 82.

"Dr. Löe was a true visionary," says Ravindra Nanda, B.D.S., Ph.D., chairman of the Department of Craniofacial Sciences, who worked with him. "He guided our School of Dental Medicine from its infancy; and, as a leader in research as well as graduate and undergraduate education, he helped place it on the international map. I will always remember my interaction with him and the guidance he provided during my educational career.



Harald Löe

Löe served as dean and professor of periodontology from 1974 to 1982. He left UConn to serve as director of the National Institute for Dental Research, a position he held for 13 years until he returned to the dental school to resume his studies on the epidemiology of periodontal disease.

Born and raised in Norway, Löe was a graduate of Oslo University, where he earned D.D.S. and Dr. Odont. degrees. He served as professor and chair of the Department of Periodontology at the Royal Dental College in Aarhus, Denmark, where he was elected dean in 1972. Clinical studies he conducted there provided the scientific evidence for the long-held assumption that plaque bacteria cause gingivitis, the initial state of periodontal diseases. In 1974, he joined the Health Center from the University of Michigan, where he was director of the Dental Research Institute.

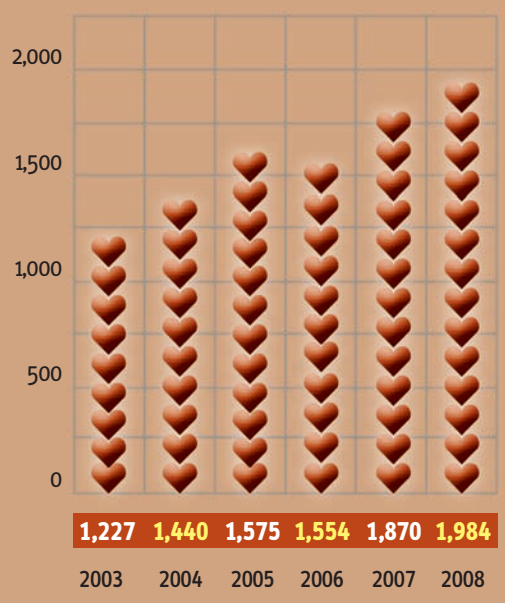
Löe authored more than 300 scientific articles; edited several books; and lectured in more than 35 countries on the causes, prevention, and treatment of periodontal diseases and caries, and oral health care.

In 1996, he was named dean emeritus of the dental school, the first person to be so honored.

CHARTING OUR COURSE

Growth in Cardiac Procedures

The number of sophisticated diagnostic procedures – catheterizations, angioplasties and electrophysiology lab tests – performed at the Pat and Jim Calhoun Cardiology Center have increased dramatically in recent years.





Health Center Wins Environmental Award

The Health Center won an Environmental Excellence Award from Practice Greenhealth, an independent not-for-profit organization that works with health care organizations to encourage best environmental practices.

The Health Center was one of 50 U.S. health care facilities honored with a 2008 Partner for Change Award, which recognizes "facilities that are helping to create healthful, healing environments; and are committed to eliminating mercury and reducing waste and pollution," says Practice Greenhealth Executive Director Bob Jarboe.

The Health Center established an Environmental Sustainability Action Committee last year; and since then has taken steps to promote energy conservation, recycling, carpooling, and the use of environmentally responsible cleaning products. By carefully selecting its energy suppliers, the Health Center increased the amount of its electrical energy that comes from renewable sources such as wind and water to 12 percent, compared to 5 percent last year.

"We constantly monitor our waste and look for improvements," says Health Center Building and Grounds Director Tom Elliott. "Our medical and dental students have been active in securing more recycling containers. In fact, more and more people are getting involved and taking control of the recycling efforts in their areas; and improving the rate at which we recycle bottles, cans and paper."

Dental Implant Center Opens

The Health Center's nationally recognized specialists have opened a dental implant center in a newly renovated area of the main building.

The center includes eight state-of-the-art treatment rooms, and a ConeBeam CT tomography unit, an advanced imaging system for 2D and 3D images of the jaws and teeth.

The new center, part of the New England Musculoskeletal Institute, will support ongoing research to improve dental implant therapy and to promote bone growth by Health Center specialists.

"We're delighted with the new facilities and the sophisticated technologies in the implant center," says Donald Somerville, D.M.D., M.S., director of the center. "The new space will allow us to serve more patients, and will encourage collaboration with other dental and musculoskeletal specialists," he says.



DONALD SOMERVILLE

More information about the Center for Implant and Reconstructive Dentistry is available at www.dentalimplants.uchc.edu.

Goupil Named Outstanding Educator

Michael Goupil, D.D.S., associate professor in the Division of Oral and Maxillofacial Surgery, has received the 2008 Daniel M. Laskin Award for Outstanding Predoctoral Education from the American Association of Oral and Maxillofacial Surgeons.

Goupil was nominated by Carlos Ibanez, D.D.S., assistant professor of oral and maxillofacial surgery, who said in support of the nomination that Goupil "is one of the most dedicated people I've ever met."

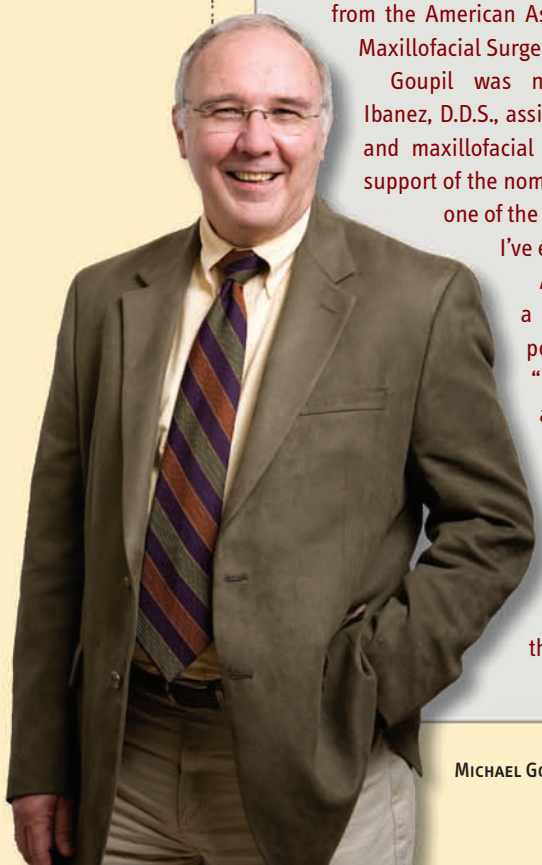
A former student, now a colleague, also supported the nomination. "Dr. Goupil is remarkably generous with his time, willing to make appointments with students early in the morning and late in the afternoon in order to accommodate their schedules; and he has been a strong student advocate," says Donna Paolella, D.M.D.

"Michael Goupil has the unique ability to be both nurturing and tough," says David Shafer, D.M.D., chairman of the division and a supporter of the nomination. "He teaches the students what they have to learn, but still makes sure they are taken care of."

On numerous occasions, Goupil has accompanied small groups of dental students to Paraguay, Peru, Haiti, Belize, Tobago, South Africa and Montana to provide care to the underserved. "On these trips, he not only spends a huge amount of time, one on one, with the students, he shows them the importance of taking the extra step to help people get access to care," says Shafer.

Goupil joined the faculty in the Division of Oral and Maxillofacial Surgery in 1992.

The award is given annually to an educator who has been involved in efforts to improve undergraduate and graduate education, foster relations between students and faculty and surgeons in the community; and is respected by his peers, and by current and former students.



MICHAEL GOUPIL

A Home Away from Home

Thanks to the UConn Health Center Auxiliary, families with sick or premature babies in the Newborn Intensive Care Nurseries have a home away from home if they need it without worrying about the high cost of a hotel.

A two-bedroom, two-bathroom suite, capable of accommodating two families, has been set aside at the Homewood Suites Hotel on Farmington Avenue, less than one mile from the Health Center. The auxiliary pays the $47,000 annual bill for the accommodations, so families, whose need has been determined by physicians, nurses and social workers, can stay there for free.

Homewood Suites provides weekday breakfasts, access to its pool and exercise room, wireless Internet, and free shuttle service to and from the Health Center.

John Dempsey Hospital has four family rooms for use by parents of infants in the Newborn Intensive Care Nurseries, but those rooms are often used for grieving parents and may not be available for more than one or two nights. Some premature or sick babies may need to stay in the nurseries for several weeks or months.

"This is probably the greatest gift the auxiliary can give to the nurseries," says Jeanne Lattanzio, coordinator of the Health Center's March of Dimes Neonatal Family Support Program.

"The fact that the parents can stay near their babies without the financial burden of a hotel stay is incredible. It allows them to spend time at the bedside, participating in their babies' care and learning about their needs."



JOE AND TOYA NASH OF LOUISIANA STAY IN THE HOMEWOOD SUITES WHILE SON ETHAN IS IN THE NEWBORN INTENSIVE CARE NURSERY.

achievements

York CI Receives Facility of the Year Award



RON LABONTE, ADMINISTRATOR; STEVEN LAZROVE, CLINICAL DIRECTOR; AND NURSING SUPERVISORS JANE HALL AND DIANNE CARTER OUTSIDE YORK CORRECTIONAL INSTITUTION.

After conducting a reaccreditation visit at York Correctional Institution in April, the National Commission on Correctional Health Care (NCCHC) selected it to receive this year's Facility of the Year Award. Each year, the prestigious award is presented to one of the 500 prisons, jails, and juvenile detention and confinement facilities that participate in the nationwide accreditation program.

The accreditation surveyors and committee recommended this award; and were impressed with York staff's consistent demonstrated excellence in health service delivery, and correctional health care professionalism; and noted the variety of positive programs available to the population. Those programs include perinatal as well as hospice services, and chronic care clinics for hypertension and diabetes. Specialty clinics include infectious disease, OB/GYN, surgical, ophthalmology, dentistry and oral surgery.

York, the state's only correctional institution for women, has more than 1,300 inmates, from teens to senior citizens. It voluntarily applied for and was initially awarded NCCHC accreditation in 2002, and it has been continuously accredited since. There are 72 essential and important standards that correctional institutions strive to comply with, and York is compliant with virtually all of them.

The award will be presented at a ceremony Oct. 20 in Chicago as part of the opening events of NCCHC's National Conference on Correctional Health Care.

"We congratulate the York health care and custody staff, ,who worked so hard to achieve and maintain the NCCHC accreditation," says Robert Trestman, M.D., Ph.D., executive director of the Health Center's Correctional Managed Health Care program.

achievements

Parham Receives Research Award

Kourosh Parham, M.D., Ph.D., assistant professor of otolaryngology, has received a prestigious research award from the American Geriatrics Society's long-term project to increase geriatrics expertise in surgical and medical specialties.

The award provides a two-year grant of $200,000 (including an institutional match) to help young faculty begin and ultimately sustain a career in research and education in the geriatrics aspects of their discipline. Parham plans to study the ability of steroids to protect the older ear from hearing loss related to the use of certain chemotherapy drugs.


Kourosh Parham

No more than 10 proposals a year are selected for funding.

Malpractice Premiums and the Rate of Cesarean Deliveries Appear to Move Together

There may be a relationship between cesarean delivery rates and medical malpractice rates, according to research by Jeffrey Spencer, M.D., a fellow in maternal fetal medicine at the Health Center.


Jeffrey Spencer

As the state's medical malpractice premiums increased, the number of cesareans also rose, according to Spencer, who reviewed deliveries at Hartford Hospital from 1991 to 2005. During that time, there were 64,767 deliveries; and 15,021, or 23 percent, were cesarean. Of the 15,021 cesarean deliveries, 59.5 percent, or 8,045, were primary or first-time cesarean deliveries; while 40.5 percent, or 6,076, were repeat cesareans.

During the same time period, medical malpractice rates increased substantially. Spencer obtained mean malpractice premiums for obstetricians from the hospital's major medical malpractice provider and adjusted them for inflation. The mean premiums for medical malpractice insurance for obstetricians increased from less than $80,000 for an individual physician to more than $120,000.

"When I compared the malpractice rates to cesarean rates prior to 1999, both were declining at a similar rate," says Spencer. From 1999 to 2005, however, both were increasing. "I can't say one led to the other," but he speculates rising medical malpractice rates are driving up cesarean delivery rates.

"Malpractice premiums are a huge expense for physicians. It's difficult for them not to practice defensive medicine. Most large malpractice cases result from a poor fetal outcome, an expected 'normal' baby who has a bad outcome for whatever reason. The MDs get sued because they didn't do all that was possible for the baby, meaning perform a cesarean. While cesareans are less risky for baby, they are more risky for mom. It is important to consider whether every cesarean is truly necessary."

It's possible other factors also may account for the association, says Spencer, who presented his research at the American College of Obstetricians and Gynecologists annual meeting last spring. "With our data, we cannot prove causation but only suggest an association."

Nationwide, cesarean deliveries accounted for 30.2 percent of all deliveries in 2005, compared to 20.7 percent of deliveries in 1996. The rising rate of cesarean deliveries has triggered a debate over whether the increase can be attributed to medical necessity.

CATO T. LAURENCIN



AN INTERVIEW

Cato T. Laurencin, M.D., Ph.D., a nationally prominent orthopedic surgeon, professor and administrator, joined the Health Center Aug. 11 as its new vice president for health affairs and the seventh dean of the University of Connecticut School of Medicine.

Before coming to UConn, Laurencin served as professor and chair of the Department of Orthopedic Surgery at the University of Virginia. He held professorships in biomedical engineering and chemical engineering; and was designated a university professor, one of the university's most prestigious titles.

He discussed his new position with *UConn Health Center* magazine.

What are your first impressions of the UConn Health Center?
I think the Health Center is an exciting place, a place in the midst of transformation and a place hungry for leadership to help catalyze that transformation.



There are certain challenges facing the Health Center, such as financial deficits and dated clinical facilities. How will you proceed to address the issues?
There are a lot of challenges, but my philosophy has always been that challenges are opportunities. In my life and in my experience with other institutions, I have found that some of the greatest triumphs have come from great challenges. So I welcome the challenges, and I think we all should welcome them. They will make for exciting accomplishments.

When I interviewed for the position here, I was asked about what I'd do during the first two months and I said, 'Absolutely nothing,' meaning that I was going to get to know people and really learn more before moving forward.

I have had to amend that.

My first day here, I started to be part of the process for evaluating possible new collaborations for the John Dempsey Hospital. That has taken a considerable amount of time, and is of great importance to the Health Center and to the university as a whole.

It's a critical issue and an exciting area; and, again, there are a lot of challenges in terms of bringing it forward. But President Hogan and I and the board chairs, John Rowe and Gerard Burrow, are very optimistic about the possibilities.

Other challenges we will address in the near future include building our research enterprise and making sure our teaching mission continues at a very strong level. We have to make sure that our successes of yesterday ensure great success tomorrow. We have to be really working toward continued excellence and innovation in our teaching mission.

The university is committing a lot of effort and resources to applying for a Clinical Translational Science Award (CTSA). Can you talk about this initiative and its significance for the Health Center?
The CTSA is immensely important to us. We are very fortunate to have Dr. [Peter] Albertsen and Dr. [Judith] Fifield, who have wonderful backgrounds in translational research, leading the effort.

The CTSA is a university initiative; and, from what I have seen, it has been a great opportunity for us to marshal resources throughout the university in an unprecedented way.

I think that the CTSA application in and of itself will have tremendous positive ramifications for the university by building groups that will interact in collaborative ways, integrating different centers and resources for the benefit of the entire university, and fulfilling my dream and President Hogan's of really unifying our academic efforts under one university flag.

The CTSA is critically important for moving this forward. It will define have and have-not schools in terms of translational research; but, I want to underscore the fact that work on the application is already having benefits for the university through team building and working together.

There is discussion under way here and around the country about the need for more physicians. What are your thoughts about expanding enrollment at the School of Medicine?
We know the reports in the '80s of a physician glut were, at best, overstated; and now there is actually going to be a physician shortage in a number of different specialties. We will be looking closely at the feasibility of expanding our class size in the years to come.

"I think the Health Center is an exciting place, a place in the midst of transformation and a place hungry for leadership to help catalyze that transformation."



One of our responsibilities as a state institution is addressing Connecticut's workforce issues. We know that a large number of the doctors who graduate from the School of Medicine stay in Connecticut, making important contributions to the quality of the state's health care. So we will be examining this closely in terms of making changes.

With mounting pressures facing health care in this country, why does medicine continue to be an attractive career choice?

Every day when I wake up I feel very privileged to be a physician. It really is an exciting and rewarding field. When someone asks me what I do for a living and I can say I help people, it's just incredible. The essence of medicine, the essence of being a physician will never change. That's what I tell any person interested in medicine.

Obviously there are issues of bureaucracy and managed care, and questions about financing medical education; but, on balance, an incredible number of positive things are happening. There are diseases that were fatal 10 to 15 years ago that we can treat now. There are numerous new clinical areas that can be pursued. Taking it full circle, the fact is there is no more noble or greater joy than being able, one on one, to take care of people.

Are you going to see patients and conduct research here?

My plan is to continue clinical practice and my research. I am a shoulder surgeon and sports medicine doctor, and most of my work is arthroscopic surgery. I will be seeing patients and operating at the Health Center.

I had four laboratories across the University of Virginia that we are now combining and bringing to UConn. We have a fantastic group of individuals who work in every area of tissue engineering, drug delivery, stem cell biology and nanotechnology. Our work involving stem cells, musculoskeletal medicine, vascular biology, cancer treatment, and biomaterials dovetails well with the institutes and centers that are here.

Five professors, three fellows and a number of graduate students and their families moved with me, more than 20 people in all. It's gratifying and humbling to have so many people decide to accompany me. The laboratories have been supported by NIH, the National Science Foundation and the Department of Defense, so we will be transferring a large number of grants to the Health Center.

With all the challenges and issues confronting the Health Center, what is it about your background and personality that makes you want to take this on?

I am someone who loves to take on challenges and meld my background as a clinician, researcher, educator and a person deeply involved in the community for the benefit of an institution. The UConn Health Center wants to move to a higher level in all these areas, and I applaud everyone for wanting to do that. That's what really motivates me.

Are there any general thoughts you would like to share with the university community?

My vision is for UConn to become a top-tier medical and dental school, and a top-tier health center; a destination on the list of places to go for clinical treatment nationally. We have a tremendous faculty and dedicated staff.



"Taking it full circle, the fact is there is no more noble or greater joy than being able, one on one, to take care of people."



I know individuals have high hopes for me. I would caution that change does not take place overnight. We will be working day and night to make things better; and, while change will certainly come, it will take time; and it will take cooperation, and both individual and collective effort.

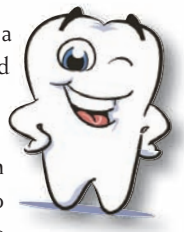
grants at a glance

New Primer on Oral Health for Older Adults

With a $30,000 grant from the state Department of Public Health, Ruth Goldblatt, D.M.D., assistant clinical professor in the Department of Craniofacial Sciences, is developing a manual to help nondental health care providers meet the oral health care needs of older adults.

The manual is called Open Wide for Older Adults, after an existing training manual that is widely used by health professionals to promote oral health care for children.

Older adults, who make up a large portion of the population, have unique oral health issues, says Goldblatt, who also is director of dentistry at the Hebrew Home and Hospital, a geriatric health care provider in West Hartford, Conn. Most older adults have at least one chronic illness and many are taking multiple medications. A common side effect of many medications is dry mouth, a condition that can affect the quality of life of older adults. "Many folks have a difficult time tasting their food, and it can be difficult to swallow," says Goldblatt. Mobility issues such as arthritis or reduced grip strength can compromise their ability to brush their teeth and manage other oral health care tasks. Poor oral health can lead to tooth loss, and that can result in difficulty chewing.





RUTH GOLDBLATT

Too often, care providers have little training in oral health care, says Goldblatt; so the manual is designed to be an educational resource for all levels of care providers from physicians and nurses to aides and family members. "Our goal is to provide practical, easily accessible information that can be used with patients immediately and for future reference."

The primer will be available from the Department of Public Health later this year.



Pineapple Extract as Allergy Aid

Research on pineapple extract may bear fruit for asthma sufferers.

Eric Secor, a naturopathic physician and assistant professor in the Department of Immunology, is studying the anti-inflammatory effects of bromelain, a natural enzyme found in pineapple. His research, which recently was awarded a multiyear, $750,000 grant from the National Institutes of Health and the National Center of Complementary and Alternative Medicine, is focusing on bromelain's impact on asthma and the immune system.

"Our laboratory work has demonstrated that bromelain affects inflammatory CD4+ T cells that are vital in immune responses in conditions such as asthma," says Secor. Ongoing studies will provide more understanding about the mechanisms responsible for its anti-allergy effects.

Studies on bromelain go back to the 1950s; and it has been used as an anti-inflammatory agent for rheumatoid arthritis, soft tissue injuries, colonic inflammation, and chronic pain. Bromelain is especially popular in Europe; and millions of doses, typically in capsule or pill form, are sold every year. "It's extremely popular, but my goal is to help determine whether it is really effective."

a closer look

profile

The Journey of a Lifetime



Bone infection team partners Edward Pesanti and Bruce Browner (in the white coat) check on Kathleen Hobin.

For Kathleen Hobin, an ordinary trip to the store one afternoon in November 2005 turned into a long journey of prolonged hospital stays, countless surgeries and the partial loss of one leg.

Hobin is home now; and has resumed most of her usual activities with her husband and their children, ages 8, 9 and 11. She is undergoing physical therapy, working out and considering taking up golf, since she cannot play tennis or run as she did in the past.

Details of the accident that changed her life are blurry memories. She recalls standing in the parking lot, securing her nephew into his car seat. She vaguely remembers being pinned under her car after being hit by an elderly, disoriented driver.

Next, she remembers waking up in the hospital. Weeks had gone by. She had lost most of her right leg. Her left leg, as she said, "was a mess." She spent nearly six months in hospitals before going home in June 2006.

Among other complications, Hobin was suffering from a severe and painful bone infection at the trauma site on her left leg, threatening another amputation. Fortunately, her orthopedic surgeon in the New Haven, Conn., area had studied under Bruce D. Browner, M.D., M.S., professor and chairman emeritus of the Department of Orthopedic Surgery, and an internationally renowned expert in orthopedic trauma and bone infections. Hobin was referred to Browner and UConn's Bone Infection Center, which provides multidisciplinary care for patients with challenging bone infections resulting from trauma.

For Hobin, Browner performed a series of operations to treat the bone infection and heal her fractures. He applied external devices to immobilize the left leg during the lengthy treatment process. He and partner Edward Pesanti, M.D., infectious diseases specialist, found the right combination of antibiotic treatments to control the infection and filled a gap in the bone with a bone graft saved from her amputated leg.

"I finally feel better," says Hobin, who lived with a fever for more than two years. "We're not sure how much longer I'll need this," referring to the device she still wears, "but Dr. Browner thinks I'm moving in the right direction."

Hobin has high praise for Browner and Pesanti and all the members of the bone infection program. "They have been wonderful to me and my family. And they always had faith in me."

"Kathleen has been an inspiration. She's borne her amputation and prolonged treatment with special determination and grace," says Browner.

For Hobin, it was simple. "All I ever thought about was getting through this and getting better so I could be here for my kids and my family. That's what kept me going," she said. —*Maureen McGuire*

profile

Becoming a Physician/Scientist

Kelly Lauter sees a future in academic medicine, translational research and patient care. She wants to participate in all three, so she's decided to pursue both an M.D. and a Ph.D. at the same time.



> "Ultimately, as a physician-scientist, I hope to pose clinically relevant questions; formulate research projects; and, most important, translate the research back to the patient, where it can impact medical care."
> —Kelly Lauter

"I have always been attracted to medicine as a way to work with patients, helping cure illness and minimizing suffering," Lauter says. "Additionally, I have a passion for performing research. I enjoy drawing hypotheses, asking questions, and then methodically investigating to uncover an answer."

Lauter is one of 26 students in UConn's M.D./Ph.D. program. Nationally, about 3 percent of medical school matriculants are M.D./Ph.D. students, says Barbara Kream, director of UConn's program.

"I've seen a need for more translational research to bring discoveries from the bench to the bedside to help overcome disease," says Lauter, whose Ph.D. studies focused on parathyroid neoplasia in the Center for Molecular Medicine.

"Kelly is a genuinely charismatic person whose energy and enthusiasm fill a room," says Anthony Ardolino, M.D., associate dean of medical student affairs. "She is a brilliant student. She has completed her Ph.D. requirements in only three years, a remarkable feat that very few M.D./Ph.D. students accomplish."

Ardolino selected Lauter to serve on the Organization of Student Representatives of the American Association of Medical Colleges, which represents the undergraduate medical student body to the U.S. academic medicine community.

"UConn has been a fantastic place for me to achieve my goals," Lauter says. "It's allowed me to pursue my interests in teaching medical school students, and conducting my research and keeping a close connection with clinical medicine while I do so."

Lauter has given poster presentations at the annual meetings of the American Association for Cancer Research and the American Society of Bone and Mineral Research, and her bibliography already includes three first-author publications.

"I'm extremely busy, but I love what I do; and when you love what you do, you truly enjoy dedicating your time to it," she says. "Ultimately, as a physician-scientist, I hope to pose clinically relevant questions; formulate research projects; and most important, translate the research back to the patient, where it can impact his or her medical care."

—Chris DeFrancesco

donors



Burcin Uygungil M.D., now a resident in pediatrics, studied in Haiti while earning her medical degree and master's degree in public health.

Gift Promotes Global Health Studies by Students

Students who wish to carry on the Health Center's long institutional tradition of studying global health issues may now have private financial support to do so, thanks to a scholarship funded by a School of Medicine alumnus.



Edward Hargus

Edward Hargus, M.D. '73, and his wife, Maria, have made a gift to help students participating in global health education activities through the Center for International Community Health Studies in the School of Medicine.

To recognize the work done by Judy Lewis, director of the Global Health Education (GHE) program, and professor in the Departments of Community Medicine and Pediatrics, the fund is named the Maria and Edward P. Hargus, M.D./ Professor Judy Lewis Global Health Education Scholarship.

Since 1985, more than 300 medical, dental and public health students have taken part in global health studies; including language study, research, clinical care, and community health improvement projects. The programs have allowed Health Center students to collaborate with local community research programs in more than 60 countries to improve patient care and public health.

Hargus says the inspiration to fund a scholarship springs from his own educational experience, which was supported with private giving.

"I come from a blue-collar family and was one of the first to go to college. I couldn't have done it without the scholarships I received," he says. "I once received a note with my scholarship that told me the donor who supported it. When you actually see that name, you realize that the money comes from someone's generosity."

Lewis says the Hargus gift fits perfectly with the increasing realization of – and interest in – global health issues.

"A majority of incoming students express a desire to participate in global health issues, but many do not because of financial considerations," she says. "The Health Center has been fortunate to have some funding for summer research projects, but it has been unpredictable and limited. The gift by Dr. and Mrs. Hargus is an important beginning, providing students with the means to participate in global health programs."

GHE seeks to respond to global health needs by focusing on understanding, and addressing the problems and needs of underserved communities worldwide; learning and implementing the principles of primary health care across cultures and nations; and encouraging medical, dental, master's of public health, and Ph.D. students to enter fields of primary care and community health.

Hargus says that while he never traveled as a student, he sees a clear benefit to it.

donors

"It's a big world. I think exposure to other cultures is very good for students, or for anyone who wants to be involved in helping the poor. It's good for the school, and it's good for the country," Hargus says. "Either by sending our students to other countries, or by helping people to come here and get their medical education, I think we're taking great steps to improve the lives of people everywhere."

Lewis also believes that exposure to global health issues creates better physicians.

"Citizens from underserved communities have voiced their encouragement of global health immersions as an essential part of preparing culturally skilled health care practitioners," she says. "There is no good substitute.'"

To support the Health Center, please contact Wendy Lux at 860.679.6032.

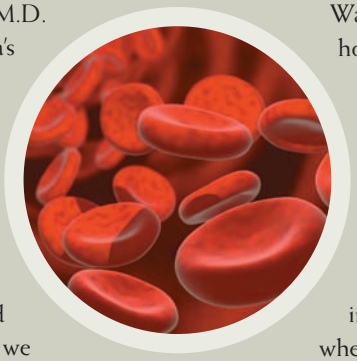
Lea's Foundation Center Boosted With $500K

A major planned gift of $500,000 will support the study and care of lymphoma-related blood cancers and other blood disorders at the Lea's Foundation Center for Hematologic Disorders at the UConn Health Center.

Allen M. Ward, Sr. established the charitable gift annuity with the UConn Foundation in recognition of the care he began receiving a decade ago under Robert Bona, M.D. Bona is now the director of the Lea's Foundation Center at the Carole and Ray Neag Comprehensive Cancer Center.

Allen M. Ward, Jr., professor emeritus of history at UConn, says that his father credits Bona with saving his life.

"When we first learned that Dad had a serious case of lymphoma, we looked around for the best care. Dr. [Peter] Deckers immediately told us to get in touch with Bob Bona. At our first meeting, Dr. Bona looked at the diagnosis and told my father, 'We can cure you.' That was 10 years ago," he says. "My father and I can't say enough good things about him. He has a wonderful reputation, he takes the time to explain everything, and there's no beating around the bush. Those are traits that you need to have in that line of work to be successful."



Ward says that his father took an immediate liking to Bona and found topics of personal interest to share with him throughout his treatment regimens.

"From the beginning, they were in this fight together," says Ward. "Before long, they were talking about their love of gardening, exchanging seeds and tips, and more."

Ward says that he and his father hope that the support will help make the difference in finding future cures and treatments for blood and related cancers. Bona says such support can be instrumental in science.

"Private support gives us the flexibility to push the envelope in research, and take us beyond where we might be able to find funding from public and other sources," Bona believes. "We're incredibly grateful for Mr. Ward's generosity and for his inspiration to others. His support is offering hope for generations of patients and researchers to come."

Allen Ward, Jr. said his father also was pleased to find a way to make a gift that provided support for the UConn Health Center, and tax and income benefits for himself. A charitable gift annuity generally involves a gift of cash or securities

Major Gift Supports Substance Abuse Prevention Work

A major gift to support research into prevention of drug and alcohol abuse will dramatically boost one of the nation's leading programs in this area.

The Diane Heath Beever Charitable Remainder Unitrust made the $500,000 endowed gift to support programs in the Department of Community Medicine and Health Care and the Alcohol Research Center (ARC) in the Department of Psychiatry.

"We are very happy and very grateful for the gift," says Thomas Babor, Ph.D., an associate director of ARC and head of the Department of Community Medicine and Health Care. "This allows us to invest resources in a way that will produce good, practical science; and ultimately generate effective prevention and treatment programs."



Babor says an early use of the Beever funds will be to focus on the study of alcohol advertising.

"We know that alcohol advertising influences young people to begin drinking earlier," Babor says. "Now we're developing procedures to identify how advertising affects young people's expectations of what alcohol will do for them, and how advertising gets vulnerable populations interested in drinking during their formative years."

Babor cites World Health Organization statistics that show addictive behaviors are a major risk factor for death and disability, accounting for as much as 10 percent of the burden of all disease worldwide. Along with a direct connection to about 60 disease conditions, substance abuse and addiction are also closely tied to secondary effects such as crime.

"We're gaining a better understanding of the complicated interaction between the risk factors for tobacco, alcohol and drug misuse, and medical issues and social problems," Babor says. "This is inherently an interdisciplinary field and requires work in areas ranging from genetics to public policy."

The Health Center's program is considered a national leader. From its early focus on alcoholism, ARC now has programs to study other psychoactive substances, as well as pathological gambling and HIV/AIDS. Its research has led to scientific advances in understanding the genetic factors behind alcoholism, the characteristics of at-risk children, cravings, and the effects of alcohol and drugs on brain function. ARC was responsible for developing the world's most widely used alcohol screening test, and contributed to the development of both U.S. and international procedures for the diagnosis of alcohol dependence. In collaboration with ARC, the Department of Community Medicine focuses on early interventions in primary health care and policy research that, on a population level, may lead to reductions of alcohol and drug abuse prevalence rates.

"Gifts such as this symbolize faith in science to produce answers to some of life's persistent questions," says Babor.

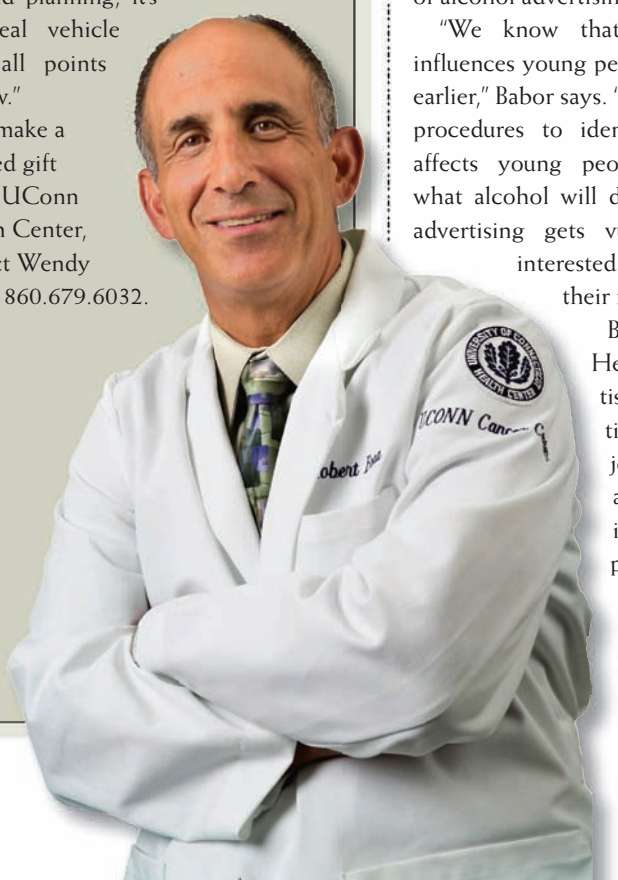
To support substance abuse prevention and treatment programs at the Health Center, please contact Wendy Lux at 860.679.6032.

Planned Gift

donated in exchange for the promise of lifetime income.

"My father has always wanted to do something to show his gratitude to Dr. Bona. When we were creating his estate plans, we learned about the concept of the charitable gift annuity. For my father, at this time in his life and planning, it's an ideal vehicle from all points of view."

To make a planned gift to the UConn Health Center, contact Wendy Lux at 860.679.6032.



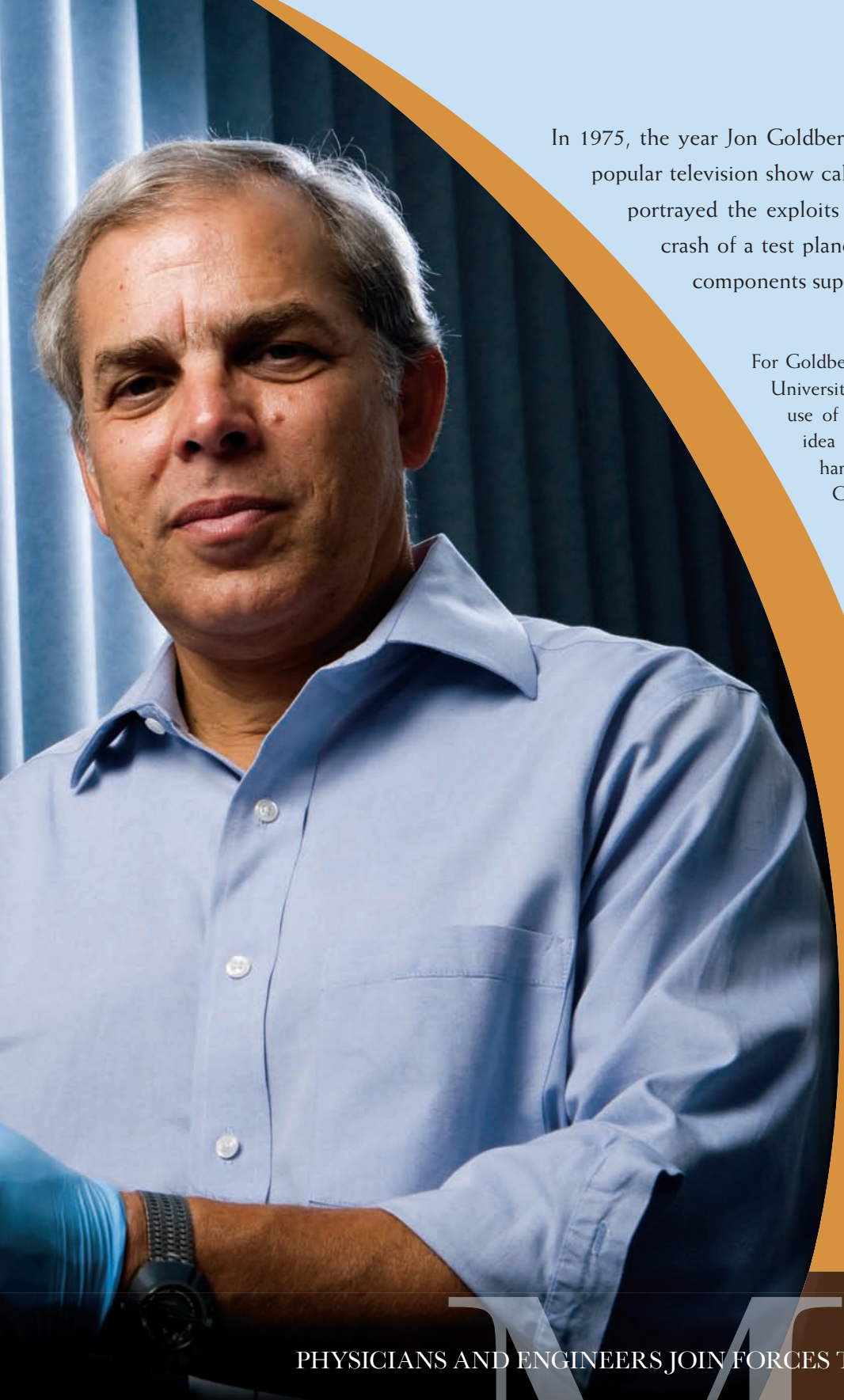
ROBERT BONA

Liisa Kuhn and
Jon Goldberg



$6 Milli

Beyond the



on Man

PHYSICIANS AND ENGINEERS JOIN FORCES TO BUILD BETTER BODIES

In 1975, the year Jon Goldberg arrived at the Health Center, a popular television show called "The Six Million Dollar Man" portrayed the exploits of an astronaut, mutilated in the crash of a test plane, who was "rebuilt" with artificial components superior to his original human parts.

For Goldberg, an engineer with a Ph.D. from the University of Michigan and an expert in the use of polymers, composites and metals, the idea of rebuilding damaged bodies was hardly a novelty. He joined the Health Center to continue his research and teach dental students what he knew about biomaterials, i.e., components for medical devices that could be used inside the body. While jaw reconstruction with dental implants was just over the horizon, and replacement joints or heart valves were available, Goldberg knew bionics such as those portrayed in the television show were real only in Hollywood.

He had no way of knowing that in a few years he would head a biomaterials laboratory where engineers and biologists would collaborate on the creation of a health care future far more astounding than anything on "The Six Million Dollar Man."

By Jim H. Smith



USING SOPHISTICATED DEVICES, ROBERT KELLY TESTS THE FATIGUE POTENTIAL OF ALLOYS AND COMPONENTS FOR USE AS BIOMATERIALS, AND REFINES THE TESTING STANDARDS FOR INDUSTRY.

BUILDING A BETTER WIRE

Shortly after his arrival, Goldberg collaborated with Charles Burstone, D.D.S., a professor in the Department of Orthodontics, on the development of the first beta titanium wire for braces. It was softer and springier; and, because it exerted lower forces on bones, it moved teeth more efficiently than the standard stainless steel wire then in use. It soon became popular worldwide, and it is still commonly used with braces.

As the technology of braces evolved, Goldberg and Burstone worked on wires that could keep pace. "People don't want their braces to show, so a lot of effort has gone into making them less visible," says Goldberg. Brackets today can be made of clear ceramic that blends with natural tooth color, but the wire that goes through them is still metal and still quite visible. Working with colleagues at the Storrs campus and Syracuse University, Goldberg and Burstone are trying to develop a more aesthetic wire out of a new class of plastics called polyphenylene. The university established a start-up company called New Ortho Polymers, Inc. to develop the patented technology. "Our work is driven by specific needs identified in clinical practice," says Goldberg.

In the 1980s, the two began to investigate the use of composites such as those widely used in tennis rackets, golf clubs, even jet planes for a variety of dental applications. "The idea of a composite is to get the benefit of each component material," says Goldberg. Using a combination of glass fibers and resin, they developed a material that could be used in dental splints and posts. Because the composite doesn't cast the same shadow as metal, it is more aesthetically pleasing, says Goldberg. Because its stiffness more closely mimics the stiffness of teeth, it is a functional improvement as well. Their patented composite system is manufactured by Pentron Clinical Technologies LLC of Wallingford, Conn.; and it has been named one of the 25 innovations that changed the world by the Association of University Technology Managers, the professionals involved in academic technology transfer.

A few years later, Martin Freilich, D.D.S., professor in the Department of Reconstructive Sciences; and colleagues, including Jonathan Meiers, D.D.S., professor in the same department; began testing the fiber composites in additional clinical applications, such as bridges and crowns, with good results.

NEW SCIENCE YIELDS PARADIGM SHIFT

Despite considerable progress, there was a fundamental problem with many of the dental applications and artificial body parts created in the 1970s and '80s. Some weren't durable enough; some were too durable. Often they performed wholly unlike living tissue. Worst of all, the body eventually recognized many of them as foreign matter and tried to reject them.

Those problems challenged investigators at the Health Center and a generation of



scientists like them through the 1980s and into the 1990s. Then, practically overnight, everything changed.

"In both biology – especially cell surface biology – and materials science, there was tremendous growth in knowledge of molecular level phenomena," recalls Goldberg. "Biologists began to identify and understand the roles of cell surface molecules that 'sense' what is outside the cell and decide how to attach or react to the extracellular environment. At about the same time, biomaterials scientists started enhancing synthetic materials with newly discovered cell attachment molecules."

By using cell attachment molecules, researchers were able to get around the rejection problem. Living cells reacted to the biologically modified surfaces of the synthetics as though they were biological tissue. The names for those biologically receptive surfaces and their complementary molecules are receptors and ligands. Think of them as "locks and keys." Their development unlocked a whole new way of thinking about biomaterials, every bit as revolutionary as many of the other scientific advances that have changed medicine in the past half century.

In 2002, Liisa Kuhn, Ph.D., joined the Center for Biomaterials; bringing her expertise in ceramics and wide-ranging research interests in biomolecules, pharmaceuticals, and bone tissue regeneration. Since then, she has worked on innovative projects related to regeneration of eroded bone tissue; use of nanoparticles for the precise delivery of drugs inside the body and the design of scaffolds or delivery systems that will eventually allow doctors to treat a host of disorders with stem cells.

The goal for Kuhn, Goldberg and others in the Center for Biomaterials is to develop a material that can be coated with molecules such as the ones cells use to signal growth or regeneration; and inserted into a degenerated hip, knee or broken bone, where it can stimulate growth and then dissolve, leaving behind no synthetic material. Or the material could be used to carry stem cells to a precise site in the body to help regenerate bone, blood or muscle.

One scaffold under investigation by Kuhn is the use of calcium phosphate nanoparticles to deliver chemotherapy drugs directly into tumors and the draining lymph nodes. Another is a spongelike material that can be injected into bone, carrying proteins that encourage new bone growth.

The importance of growing new bone became clear to Freilich and his colleagues when they began studying the use of the fiber-reinforced composite for dental implant therapy. As they sought volunteers for the clinical trials, it became apparent that many people interested in implants lacked sufficient jawbone for the procedure. Freilich; Robert Kelly, D.D.S., Ph.D., professor in the Department of Reconstructive Sciences; and Rebecca Cochrane, D.M.D., then a postdoctoral fellow in the Department of Endocrinology; decided to try to compel vertical bone growth to support the implant. They turned to Kuhn; who enlisted the help of Mei Wei, Ph.D., from the university's Department of Materials Science and Engineering to develop coatings for the implant that would encourage bone growth. The new implants have not yet been approved for clinical use, but Freilich says tests have been very positive. Moreover, this approach to regenerating bone has many other potential applications; for instance, in populations with systemic bone health problems such as osteoporosis.

As scientists better understand the complex chemistry that signals cells to perform in various ways, the Health Center is moving to reshape the niche Goldberg and Kuhn carved out, expanding the original vision of the Center for Biomaterials so that the new knowledge can be put into practice. The Health Center also has established a broad Center for Regenerative Medicine and Skeletal Development headed by David Rowe, M.D., to expand the basic science and clinical strengths in the musculoskeletal system and bone biology; and support its ambitious effort to harness embryonic stem cells to effectively treat, and possibly cure, many diseases in the future.

GAUGING THE POTENTIAL

Testing some of these new biomaterials is the focus of a laboratory established recently by Kelly. In the lab, sophisticated devices exert pressure on manufactured teeth, simulating the act of chewing millions of times. The experiments are designed to test the fatigue potential of various alloys and components, and to refine testing standards for the industry and the International Organization for Standardization.

Kelly currently is developing materials that will enhance the ability of technicians to use computer-aided design (CAD) software to design and create prostheses. And his research has helped improve the way ceramic caps are installed.

"Until recently, it was common for manufacturers to tell clinicians to sandblast the inside of caps," he recalls. "Supposedly this would roughen the surface and make the cement adhere better, but our research showed sandblasting had a negative effect. It actually weakened the caps."

On several fronts – testing new components and alloys, the creation of medical devices, and the regeneration of damaged body parts – the Center for Biomaterials is a hive of activity where scientists are daily engaged in inventing the health care of the future. It's been 30 years since "The Six Million Dollar Man" ended its brief run. The Center for Biomaterials is just getting started.


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GETTING A GRIP ON ASTHMA

By translating voluminous national treatment guidelines into simple steps for physicians

By Kristina Goodnough
Illustration by Neil Leslie

Asthma in children can be a shape shifter, its symptoms appearing in different forms, at different times, for different reasons.

It may turn up as a wheezing sound in some children as they breathe. It may emerge as a persistent cough, especially at night. It may appear in the form of a cold that drags on for weeks.

It can be triggered by an allergy to a pet or by irritants such as cigarette smoke and strong scents. Or it may arrive with a change in seasons, with a drop in air temperature or with exercise.

Its chameleon ways make it a puzzle for parents who often don't realize their youngster is suffering from a chronic disease. Its episodic symptoms can make it a challenge for physicians to diagnose and treat.

Pulmonologist Michelle Cloutier, M.D., professor of pediatrics at UConn Health Center, learned the vagaries of asthma therapy firsthand in the early 1990s when she began to study asthma education by community health workers. Asthma is inflammation of the airways resulting in swelling, constriction and shortness of breath. Good management of the disease requires the use of a quick-release "rescue" medication to ease symptoms, and a longer-acting medication to control inflammation and prevent symptoms.

As Cloutier spoke with parents about the importance of asthma therapy and adhering to a treatment plan for their children, she met with skepticism. "Why should I use the therapy?" the parents asked. "Even when we use it, it doesn't work." As she continued to ask questions, Cloutier learned the parents were often right. Despite the 1991 release of national guidelines for asthma treatment, the children seldom seemed to be taking the right medications. "We decided to step back and try to figure out what was going on, and we began to ask primary care clinicians what would help them treat children with asthma."



MICHELLE CLOUTIER TESTS THE LUNG FUNCTION OF A YOUNG PATIENT WITH ASTHMA.

Dealing with an Epidemic

Meanwhile, asthma was reaching epidemic proportions in the United States. In people of all ages, the disease increased 75 percent between 1980 and 1994. In children, the rise was staggering, with a 160 percent increase in those under age 5 and a 74 percent increase in ages 5 to 14. Nationwide, hospitalizations of children for asthma increased by 37 percent, and the number of asthma deaths among children between ages 5 and 14 nearly doubled. In Hartford, the City Council declared an asthma emergency after a screening for children showed 41 percent had the illness, with a rate of 48 percent among the city's Latino youngsters.

Working with Howard Bailit, D.M.D., Ph.D., then director of health policy and primary care research at the Health Center, Cloutier began talking to community physicians to identify the barriers they faced providing evidence-based care to their young patients. "The challenge for primary care physicians is the need to be an expert in about 250 different diseases during a 15-minute appointment with each patient," says Cloutier.

In 1998, with a five-year, $2.1 million grant from the Donaghue Medical Research Foundation in Hartford, Cloutier and Bailit developed the Easy Breathing program. "We took the national guidelines, which at that time were about 124 pages long, and

translated them into four simple pieces of paper: a screening tool to determine whether a child had asthma; a questionnaire used by the health care provider to determine its severity; a selection guide of drugs and dosages appropriate for asthma of that severity; and a severity-specific treatment plan for each family, outlining how to use the medications."

The program was introduced in six primary care clinics in Hartford that provided care for about 85 percent of the city's children. After training in the program, the physicians and other health care providers began enrolling children, screening any child between the ages of 6 months and 18 years who came to their clinic for any health complaint. More than 9,000 Medicaid-enrolled children, who could be matched with claims data, were enrolled. Of those children, 3,748 received a physician-confirmed diagnosis of asthma, and 48 percent of those were diagnosed with persistent disease.

After enrollment in Easy Breathing, there was a 25 percent overall increase in use of inhaled corticosteroids, the long-acting controller medications recommended in the national treatment guidelines. Easy Breathing participants experienced a 27 percent overall decrease in emergency department visits for asthma. Hospitalization of the Easy Breathing participants declined 35 percent after enrollment, a decrease that was sustained for the three-year length of the study.

Impressive Results

"The results were beyond our imagination," says Cloutier, who adds she and Bailit deliberately designed the program so they could track and evaluate its efficacy.

Based on those results, Cloutier obtained federal grants to offer Easy Breathing to physicians in private practice in the Hartford region, and the program achieved similar positive results. "Private practices that adopted Easy Breathing achieved a 29 percent decrease in urgent-care outpatient visits for their young patients," says Cloutier, who now is offering the program to every pediatrician in the state and is making it available around the country.

"The results of the Easy Breathing program are pretty dramatic pretty quickly," says Ronald Angoff, M.D., one of the first pediatricians to adopt the program when it became available to private practices. "We thought we were doing a pretty good job diagnosing and treating asthma, but we quickly saw an improvement when we began using Easy Breathing," says Angoff, president of the Connecticut chapter of the American Academy of Pediatrics, who has a private practice with offices in New Haven and Cheshire, Conn.

"We found it helped us get organized, and identify and follow our patients with asthma," says Angoff. "We made sure we saw the children with asthma at least once a year, twice a year if their asthma was more severe. We could tailor the medication to the severity of the child's asthma, and we made sure they had good technique using their inhalers. With asthma, good management makes a big difference. The kids weren't sick as often, and they didn't miss as much school."

The national asthma treatment guidelines, which are updated periodically, are more than 100 pages long. "They make it so complicated," says Angoff. "Michelle simplified the guidelines after looking at the way our practices are run."

"It isn't rocket science," says Cloutier. "The key is to identify a problem that resonates with the community, then craft a program that the community needs and wants."

Of the 40 elements that the national asthma guidelines recognize as good quality care, Easy Breathing started off with four. Now practitioners can ask for additional materials that incorporate up to 36 of the elements. "If we had started with 36 or 40 elements, it would have been much harder to get going," says Cloutier. "That's the problem with national guidelines. It's better to start with a Chevy and work your way up."

"We took the national guidelines, which at that time were about 124 pages long, and translated them into four simple pieces of paper: a screening tool to determine whether a child had asthma; a questionnaire used by the health care provider to determine its severity; a selection guide of drugs and dosages appropriate for asthma of that severity; and a severity-specific treatment plan for each family, outlining how to use the medications."

—Michelle Cloutier

MORE THAN 70 ALUMNI RETURNED FOR REUNION WEEKEND AT THE HEALTH CENTER IN JUNE REPRESENTING THE CLASSES OF 1973, 1978, 1983, 1988 (PICTURED BELOW), 1993, 1998 AND 2003. ALUMNI PARTICIPATED IN EVENTS ON AND OFF THE CAMPUS, INCLUDING A CLASS DINNER ON SATURDAY NIGHT, TOURS OF THE HEALTH CENTER AND A GOLF OUTING.



Jay Balzer '73 D.M.D.

Dr. Balzer served for 20 years as a commissioned officer in the U.S. Public Health Service in Washington D.C.; Philadelphia, Pa.; St. Croix, U.S.V.I.; a Chippewa Indian reservation; Hartford, Conn.; and Little Rock, Ark. He also consulted with federally funded maternal and child health programs in the Rocky Mountain region, stationed in Denver, Col. After retiring from federal service in 1995, Dr. Balzer became the executive director of a community clinic in Santa Cruz, Calif. He currently resides in Boulder, Colo., and serves as a part-time consultant for dental programs in state government. He and his wife, Mary, have two children, Allison and Andrew.

John R. Carlson '73 D.M.D.

Dr. Carlson is an oral and maxillofacial surgeon in private practice in Middlebury, Vt. He is board certified by the American Dental Society of Anesthesiology and American Board of Oral and Maxillofacial Surgery, and is past president of the Vermont Society of Oral and Maxillofacial Surgeons. He and his wife, Shirley, reside in Middlebury and have three children and three grandchildren.

alumni profile

Love of Science leads Gundersen to 2nd Career



It's been a long road from learning medicine in Farmington to teaching youngsters how to build robots in Montana, but Liz Gundersen, M.D. '73, has never been one to let a challenge slow her down.

Growing up in West Hartford, Conn., Gundersen says she was fascinated by the workings of science.

"When I was just a kid, I'd go to what is now the Science Center of Connecticut, which was much smaller back then. I started volunteering, running classes. I came to know a teacher who was growing a crystal, and it was just the most amazing thing to me. I started thinking about how the natural world works and just went from there. It's been an interesting path ever since."

Her innate curiosity drew her to science and then to the School of Medicine. Following residency in Tucson, Ariz., she moved to Montana, first working on a Crow Indian reservation and then working in a small pediatrics practice in Helena. Gundersen retired from practice in 2000 after two decades performing a full spectrum of services for the youth of Montana's capital city.

She was drawn away from her practice by the potential of teaching and sharing her



Robert J. Carlson '73 D.M.D.

Dr. Carlson retired from the practice of oral and

More News About Classmates:
A full listing of class notes is available at http://alumni.uchc.edu.
To submit class notes, send them to uchcalumni@foundation.uconn.edu.

love of science with others. Since retiring, she's been the driving force behind the creation of Exploration Works, a $4 million science center in Helena that opened in 2007. It's Montana's first museum of this size and a landmark that attracted more than 35,000 visitors its first year, quite an accomplishment in a city of 25,000.

Today, she performs a wide range of roles for the organization, from raising funds to teaching a class of underprivileged girls how to program computers and build robots. Her specialties include freshwater insects, robotics, and working with girls and technology. She credits her interest in science for sustaining both her medical career and now her second wind at the museum.

"People become doctors for different reasons. Some people want to save humanity. And that's great. For me, I was always just curious about how things work. A friend once told me I'm a good diagnostician; I guess I just like to chew on a puzzle for a while. So now, I get to think and to teach," she says, adding, "and I get none of the night calls. I love it."

maxillofacial surgery in April 2007. He and his wife, Diane, reside in Danielson, Conn.; and have two children and two granddaughters. His civic involvement has been with the Exchange Club, with a strong concentration on the prevention of child abuse.

L. Matthew Frank '73 M.D.
Dr. Frank continues to work with the Child Neurology Group at Children's Hospital and Medical Center in Norfolk, Va. He and his wife, Betty, reside in Suffolk and celebrated their 36th wedding anniversary this year. They have three children, Bess (recently married), Jen and Tim.



Carol F. Gilroy '73 M.D.
Dr. Gilroy retired in 2003 after working at Southbury Training School, Connecticut Department of Mental Retardation for 25 years. She and her husband, Joe, live in Big Pine Key, Fla., and return to New England to spend summer months at their home in Sheffield, Vt. They have three children, Rebecca, Nellie and Sam; and four grandchildren.

John G. Gittzus '73 M.D.
Dr. Gittzus is semiretired, working for the Connecticut Department of Corrections as an infectious diseases consultant. He and his wife, Carol, reside in Somers, Conn. They have a daughter, Jennifer, also a UConn School of Medicine graduate (class of 2002), who heads the ID Department at Concord Hospital, N.H.

William M. Glazer '73 M.D.
Dr. Glazer is living in Key West, Fla., and writes about the reunion, "that everything was new, everybody wanted to make it work, and it did!"



Edward P. Hargus '73 M.D.
Dr. Hargus and his wife, Maria, reside in Gales Ferry, Conn.; and have four children, Matt, Chris, Emily and David. Dr. and Mrs. Hargus recently made a major gift to fund the Maria and Edward P. Hargus, M.D./Professor Judy Lewis Global Health Education Scholarship at the UConn Health Center. (See story, page 13.)

Michael S. McKay '73 D.M.D.
Dr. McKay is in private practice in Uncasville, Conn. He writes: "I cut 50 truckloads of firewood last year. Today, we start #1 for this year. My garden is much smaller this year. One daughter is riding horses. The other is in and out of bed with chronic fatigue. My patients keep me busy. I like to read about MIF, TNF and bacteriophages." Dr. McKay and his wife, Lois, live in Uncasville.



Glen M. Rapoport '73 D.M.D.
Dr. Rapoport practices pediatric dentistry in West Hartford, Conn. He is a director at First Tee of Connecticut, a youth development organization that uses golf as its vehicle to teach life skills and core values to children throughout the state. He also is a course rater for *Golfweek Magazine – America's Best Courses.*



David A. Romeo '73 D.M.D.
Dr. Romeo practices orthodontics at the Westwalk Orthodontic Group in Westport, Conn. He is the senior attending staff member in the dental subsection of the Department of Surgery at Norwalk Hospital and head of the orthodontic subsection. Dr. Romeo resides in Norwalk with his wife, June. They have two children, Mark and Erin.



Steven B. Zucker '73 D.M.D.
Dr. Zucker has served as the associate dean for Community Affairs, College of Osteopathic Medicine, Nova Southeastern University, Ft. Lauderdale, Fla., for the past 24 years. He is responsible for securing more than $60 million in multidisciplinary federal and state grants, and contracts for the university's Health Professions Division; focusing on enhancing access to medical, dental, nursing and pharmacy care for underserved populations, and rural and inner-city communities; as well as numerous special initiatives in areas such as tobacco prevention and cessation, HIV/AIDS, and child abuse and domestic violence. Dr. Zucker also has been directing Nova Southeastern University's highly recognized Area Health Education Center

alumni profile

Dental alums Take Care into Schools and Neighborhoods

School today still means the three R's, but for children in Hartford, Conn., it also often means their only access to affordable dental care.

Nicola Kennedy, D.M.D. '98, and Jamie Motyka, D.M.D. '97, are part of a team of dentists and hygienists who make that care possible through the Hartford Board of Education's school-based dental clinics. The program runs more than a dozen full-service clinics and satellite offices in Hartford's schools, offering an impressive range of services for children, including extractions, crowns, root canals and much more. During the past three years, more than 50,000 procedures were performed on more than 4,000 patients.



Kennedy says the fast-paced challenge of the job really appeals to her.

"After graduation I went into private practice, but it just didn't give me the job satisfaction I wanted," Kennedy says. "I knew I really wanted to work with kids and soon found out about this program from a hygienist I worked with. They needed dentists badly; and of course there's an immense need for treatment, prevention and education. We're very busy, but this is a great fit for me."

Motyka also left private practice and has worked in the program for a decade. She says it is "the most gratifying experience of my life."

In addition to the fixed, school-based facilities, the program utilizes the "Molar Express," a full-size recreational vehicle that visits nonclinic sites throughout the school year and for four weeks during the summer. It features two dental chairs and an X-ray machine, and it offers the same comprehensive dental services as the clinics.

The entire program is funded by grants and support from the Hartford Public Schools, as well as the state's HUSKY program, and serves all children in all Hartford public schools. Most of their patients, though, are in the elementary grades. Typically, they see students during the school day, after parents give their permission for services. They also handle some emergency calls throughout the year.

"We're never short of patients," Kennedy says. "Once kids leave a school with a clinic, we even find that some come back to us. They may have been nervous about going to a dentist on their own, and we've basically become their primary dentist."

She says that her education at UConn's School of Dental Medicine prepared her well for the environment in which she works.

"The dental school curriculum made us well rounded. As dental students, we also were given a lot of exposure to medicine, so I feel comfortable working with a range of conditions such as diabetes or with children taking many medications. I feel that we were given a solid, practical education."

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—Nicola Kennedy

Program for the past two decades, and is a professor in the university's medical and dental schools and its public health program. He resides in Ft. Lauderdale.

Zandrina Alexander '83 M.D.
Dr. Alexander is the medical director at Alexander Medical Center in St. Petersburg, Fla. She resides in St. Petersburg with her husband, Joe, and has a son, Whitney.

Caryn L. Bray '83 M.D.
Dr. Bray is in private practice with four partners at Tampa Bay Women's Care in Tampa, Fla. She and her husband, Dr. David Goldsberry (see below), reside in Tampa, Fla., and have four sons ranging in age from 14 to 21, John, Robert, Drew and Bradley. Over the past years, Dr. Bray has been a soccer coach, referee and served on the New Tampa Soccer Association Board for eight years. She also provides obstetrical and gynecological volunteer services at Judeo Christian Clinic.

David T. Goldsberry '83 M.D.
Dr. Goldsberry is practicing general surgery at South Bay Surgical Group in Sun City Center, Fla. He and his wife, Dr. Caryn Bray (see above), reside in Tampa and have four sons ranging in age from 14 to 21, John, Robert, Drew and Bradley.



John M. Elser '83 M.D.
Dr. Elser is the medical director at Alliance Medical Group and Beacon Brook Health Center in Naugatuck, Conn., and has affiliations with Waterbury Hospital and St. Mary's Hospital. He is a Scoutmaster for Troop 444 in Middlebury, Conn., where he lives with his wife, Sheila. They have three children: Erin, Brian and Kevin.

Kevin S. Frank '83 M.D.
Dr. Frank is in private practice in Meriden, Conn. He resides in Durham with his wife, Janice (who, he tells us, he met in Tissue Biology and Anatomy labs at the UConn School of Dental Medicine). They have three children, Emilie, Gregory and Melanie.

Mark L. Hartman '83 M.D.
Dr. Hartman writes: "After finishing my endocrine fellowship at the University of Virginia, I won an NIH grant (clinical investigator award) and joined the faculty. I had a wonderful 10-year career on the faculty of University of Virginia. Then, in January, 1998, I started a new career as a clinical research physician at Eli Lilly and Company. I've had a 10-year career at Lilly and really enjoy drug development. Now, I manage a group of seven physicians and five clinical research scientists doing phase 3 and 4 clinical research. Dr. Hartman lives in Indianapolis, Ind., with his wife, Laurie. They have three children, David, Marian and Lisa.



Richard G. Huntley '83 M.D.
Dr. Huntley is vice president of the Norwalk Medical Group; medical director at Notre Dame Convalescent Home, Norwalk, Conn,; medical director at Westport Health Care Center; and senior attending physician at Norwalk Hospital. He is assistant clinical professor of medicine at Yale University School of Medicine and lives in Westport.



Anthony R. Marino '83 M.D.
Dr. Marino is board certified in orthopedic surgery and practices sports medicine at The Orthopedic Center in Nashua, N.H. He and his wife, Jean, live in Londonderry and have four children.

William A. Matarese '83 M.D.
Dr. Matarese is a board-certified orthopedic surgeon specializing in total joint replacement, with extensive training in sports medicine. He has published several articles in peer-reviewed publications, including *Surgical Rounds for Orthopedics, Journal of Arthroplasty, Clinical Orthopedics and Related Research*. Dr. Matarese and his wife, Sheri, live in Franklin Lakes, N.J., and have two children.

James McClelland '83 M.D.
Dr. McClelland writes: "I spent seven years on faculty of University of Oklahoma and became tenured. In Eugene for the last 10 years. I was recently published regarding minimally invasive surgery for atrial fibrillation (minimaze). Read more at www.minimaze.org."



John R. Parziale '83 M.D.
Dr. Parziale is in private practice with University Rehabilitation in East Providence, R.I. He was physiatrist-in-chief at Rhode Island Hospital from 1986-1993. In addition to maintaining his private practice, Dr. Parziale holds an appointment as clinical associate professor at the Warren Alpert Medical School of Brown University and has been a member of the medical school faculty since 1986. He also has served on the PGA Tour Disability Evaluation Committee since 2004. He and his wife, Mary, live in Sharon, Mass., and have three children.

Douglas M. Pavlak '83 M.D.
Dr. Pavlak is in a private practice, Medical Rehabilitation Associates, in central/coastal Maine, with four offices in the region. He started the practice after spending 15 years as medical director of Rehabilitation Medicine at Central Maine Medical Center.

Mitchell I. Quintner '83 D.M.D.
Dr. Quintner practices CAD/CAM dentistry and cosmetic reconstructive dentistry at Sensitive Care in Milford, Conn. In 2005 he built the 5,000-square-foot, state-of-the-art, paperless, digital, 12 treatment-room office. He has three associate dentists and four full-time hygienists. Dr. Quintner and his wife, Janet, live in Milford and have two children.

off the campus

The Dentist Goes to Camp

On a sunny July day at Camp Courant, in between the arts and crafts, the games or the swimming lessons, youngsters strolled over to a pavilion for a quick oral health check.

Waiting for them was Deborah Redford-Badwal, D.D.S., Ph.D., associate professor of pediatric dentistry; pediatric dental hygienists Lurlene Williams and Paulette Chung; and fourth-year dental student Maureen Wood. They came to camp to provide dental screenings for the youngsters.

Leaning against a picnic table, Redford-Badwal looked gently into a youngster's mouth, checking teeth and gums. Nearby Wood, Chung and Williams did the same, each screening children lined up in front of them, one by one. Most of the kids received reassurance that everything was fine. Those who needed more care were given notes about their needs to give their parents and the telephone numbers of the Health Center's dental clinics where they could get the necessary care.

The dental screenings by the UConn School of Dental Medicine is an annual event at Camp Courant in Farmington, Conn., the nation's largest free summer camp, which serves more than 2,500 youngsters from nearby Hartford.

More than a decade ago, Redford-Badwal began helping a local periodontist who was screening seven- and eight-year-olds at the camp. Since then, she has taken colleagues to the camp for a day or two each summer, gradually increasing the number of screenings until they were available to every child in the camp, as long as parents or guardians signed permission slips.

"Some years, we screened more than 1,000 youngsters in two days," says Redford-Badwal. Youngsters without private dental insurance have a hard time getting dental care because many dentists in Connecticut and across the country won't accept Medicaid, which they claim provides inadequate reimbursement for services. Dental clinics in Hartford elementary schools have addressed many of the youngsters' needs in recent years, and the School of Dental Medicine provides care in community clinics in Hartford and around the state.

"There are still lots of children who fall through the cracks," says Redford-Badwal. "About 11 percent of Hartford's youngsters between the ages of 5 and 12 are at Camp Courant on any given summer day, right in our neighborhood. It's a great opportunity for us to reach out to these children." —*Kristina Goodnough*



YOUNGSTERS TAKE A BREAK FROM TRADITIONAL CAMP ACTIVITIES FOR A DENTAL SCREENING BY DEBORAH REDFORD-BADWAL.



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Orientation

An afternoon at Winding Trails Recreation Area helps incoming first-year medical students get acquainted before classes begin.

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