New van helps Open Door Clinic reach more patients

By JOHN FLOWERS

MIDDLEBURY — Middlebury’s Open Door Clinic (ODC) keeps rolling along, and the portability of its free healthcare services will soon be enhanced by a new van.

The vehicle will help physicians and other health care providers visit more efficiently and discreetly with transportation-challenged patients in the most rural areas of Addison County.

The new “clinic on wheels” is somewhat of a throwback to ODC’s roots. The service, which provides basic healthcare to the county’s uninsured and under-insured, was launched in 1990 as a mobile entity — thanks to a grant from Ben & Jerry’s Homemade. ODC became a standing free clinic in 1993, with a second (but now defunct) site established in Vergennes in 2010. The service is now based at the Porter Medical Center campus.

ODC has grown to include 10 full- and part-time staffers whose efforts are boosted by area physicians, dentists and ophthalmologists who donate their time — thanks to a grant from Ben & Jerry’s. ODC became a standing free clinic in 1993, with a second (but now defunct) site established in Vergennes in 2010. The service is now based at the Porter Medical Center campus.

ODC’s current setup is more geared to vaccination clinics rather than private physician-patient confabs. Those patients are entitled to privacy and confidentiality.

“The new van gives us the opportunity to have a contained and private spot for the doctor-patients relationship.”

— Julia Doucet

Open Door’s road to its new exam van has been long and circuitous. It began last fall, when the organization applied for a $153,000 Health Equity Grant through the Vermont Department of Health, according to clinic Executive Director Heidi Sulis. The money was comprised of federal pandemic-relief dollars, and clinic officials were very optimistic they could land it to help ODC — which operates on a fine margin — cover its programming expenses.

“It was absolutely perfect for us,” Sulis said of the Department of Health funding.

Further scrutiny of the grant criteria, however, revealed the money was not applicable to ODC’s general operations.

“It could cover a lot of administrative things, like if you wanted to create a diversity, equity & inclusion team, offer professional development, or do planning,” Sulis said. “But it was really hard to do anything having to do with clinical time, outreach, etc.”

Clinic officials couldn’t stop pursuing the grant in favor of other potential revenue sources. But Sulis and ODC Case Manager and Outreach Nurse Julia Doucet committed to finding a needed service that could qualify for the award.

Doucet pitched the idea of an “exam van,” which gained traction.

Open Door Clinic has actually had a van for several years. But that vehicle — an old Dodge — has largely been relegated to transportation of medical equipment and supplies used by clinic officials when they’re seeing patients in agricultural settings, where services are mainly delivered either outdoors or in an outbuilding.

ODC last year served patients at 44 Addison County farms and orchards.

Sulis explained ODC’s current health-on-wheels setup is more geared to vaccination clinics rather than private physician-patient confabs. Those patients are entitled to privacy and confidentiality.

“Instead of having the conversation in front of everyone in a bunkhouse, the van gives us the opportunity to have a contained and private spot for the doctor-patients relationship,” Doucet said.

But after receiving an initial heads-up this past winter from state officials that a new exam van could be grant-funded, ODC got word shortly thereafter that the grant money couldn’t be spent on a vehicle.

“That was a huge blow,” Sulis recalled of the bad news.

Disappointed but unbowed, Doucet kept advocating for an ODC exam van. And the Department of Health still wanted to work with clinic officials to secure resources.

The breakthrough came after Open Door leaders rewrote their grant application with a wellness program component, which made the nonprofit eligible for funding for specific elements of the van that contributed to wellness services.

The bottom line: The Vermont Department of Health was able to contribute $76,000 toward the van. That sum, coupled with several smaller grants and a private donation, totaled $158,000 — enough to buy and retrofit the new vehicle. That retrofit is currently being done at a CHC Vans in South Burlington.

The new, 21-foot, 2022 Mercedes-Benz van, dubbed the Open Door Mobile Health Clinic, was just delivered in May. But the clinic’s staff — which includes a diversity, equity & inclusion team, a spiritual health consultant and other health care providers — is already champing at the bit to start using it.

“It’s going to be a really big deal,” Doucet said.

“Instead of having the conversation in front of everyone in a bunkhouse, the van gives us the opportunity to have a contained and private spot for the doctor-patients relationship.”

— Julia Doucet
By DAVID GOODMAN
VTDigger.org
BURLINGTON — The U.S. Surgeon General warned earlier this month that “there is an epidemic of loneliness and isolation.”

Champlain College professor Sheila Liming has a cure for this social disease. In her book “Hanging Out: The Radical Power of Killing Time,” Liming writes that the simple act of hanging out offers connection, intimacy and meaning. It is an act of resistance, she said, against the relentless pull of consumerism, individualism and the encroachment of digital culture in every aspect of our lives.

Hanging out with others does not just make you feel good. It can save your life. The surgeon general warned that loneliness can increase your risk of premature death to levels comparable to smoking 15 cigarettes a day. It increases your risk of dementia by 50%.

Sheila Liming is an associate professor of professional writing at Champlain College. She previously taught at the University of North Dakota. She is the author of three books, and her essays have appeared in The Atlantic, McSweeney’s and other publications.

Liming described loneliness as “a quiet crisis.” “It’s one that’s difficult to diagnose and to see and sometimes even to notice in our own society … (the) things that are sometimes preventing us from just hanging out and making social relationships and building connections with each other that strengthen ourselves in our community,” she said.

Liming defined “hanging out” as “daring to do very little and daring to do it in the company of others.”

The “radical” part of killing time, Liming said, is that “you have to say no to something that already exists on your calendar that would be standing in the way of you and this casual social connection. … Saying no to some things means saying yes to hanging out and spending time with each other.”

Listen to an audio recording of David Goodman in conversation with Sheila Liming online at tinyurl.com/HangingWithLiming.

OFFICIALS AT MIDDLEBURY’S Open Door Clinic are celebrating the arrival of a new exam van that will allow for more efficient visits between healthcare providers and patients on farms, orchards and other rural areas of the county where uninsured, transportation-challenged people live and work. Pictured with the van are Case Manager and Outreach Nurse Julia Doucet, left, and Heidi Sulis, the clinic’s executive director.

Sprinter van will ensure patient-physician privacy in a compartment that Doucet said can comfortably accommodate three people — the health care provider, patient and an interpreter for Spanish speakers.

Once completed, the van’s “extras” will include a small sink, an exam table, a swivel chair that will double as the driver’s seat, and plenty of storage for medical supplies, as well as for warm clothing and food for patients in need. An attached canopy will allow ODC workers to comfortably triage patients outdoors prior to their appointments in the van.

Plans call for the exam van to make its maiden voyage late this summer — just in time for the clinic’s fall outreach season.

And that outreach could eventually include eye and dental screenings, according to ODC officials. Sulis heaped praise on Middlebury Eye Associates and Middlebury Dental Group, both of which have loaned their skills to help ODC patients. The clinic also has a dedicated volunteer network that includes physicians and other healthcare workers, like physical therapist Cindy Marshall, who has been helping out at the clinic for more than 20 years.

More than affording privacy, the exam van could “ultimately… change how we do what we do,” Sulis said. The mobile arm of the clinic will be able to visit more orchards, farms of all kinds and other businesses in the county.

“It allows us to expand what we offer and who we see,” Doucet said. “So we can go out with an exam van and see… as many patients as need to be seen.”

The clinic’s homebase at Porter will always be its
As the body ages, nutritional needs change

The human body is a marvel. How the body transforms over the course of an individual’s life is one of its more remarkable qualities and those changes never cease, even as individuals near retirement age.

The changes associated with aging include physical transformations but also more subtle shifts the naked eye cannot see. For example, metabolism slows as individuals grow older and aging also can lead to a decrease in bone density and muscle mass. These changes affect how men and women at or nearing retirement age should approach their diets in recognition of the various ways their nutritional needs change at this point in their lives. Any modifications to a diet should first be discussed with a physician, but the following are some ways aging adults can use diet to combat age-related changes to their bodies.

• Prioritize protein. The authors of a 2010 study published in the journal Current Opinion in Nutrition and Metabolic Care recommended that older adults consume between 25 and 30 grams of protein with each meal. The researchers behind the study concluded that such consumption could limit inactivity-mediated losses of muscle mass and function.

• Overcome reduced production of vitamin D. WebMD notes that people over age 65 typically experience a decrease in natural production of vitamin D. Vitamin D is not naturally found in many foods, so aging men and women may need to rely on supplementation to ensure their bodies get enough of it. Vitamin D helps with anti-inflammation, immune system support and muscle function, among other benefits. So it’s vital that aging men and women find ways to get sufficient vitamin D.

• Consume ample dietary fiber. The National Resource Center on Nutrition & Aging (NRCNA) notes that fiber plays an important role in the health of older adults. Fiber has been linked with heart health, healthy digestion, feeling full and preventing constipation, which the online medical resource Healthline notes is a common health problem among the elderly. Though the NRCNA notes that older adults need slightly less fiber than their younger counterparts, it’s still a vital component of a nutritious diet. The feeling of fullness that fiber consumption can provide also is significant, as it can ensure adults who aren’t burning as many calories as they used to aren’t overeating in order to feel satisfied. That can make it easier for such adults to maintain a healthy weight.

• Monitor intake of vitamin B12. The NRCNA notes that vitamin B12 is involved in a host of important functions in the body, including nerve function and the formation of red blood cells. Vitamin B12 is most easily found in animal products, which many aging men and women must largely avoid due to other health concerns. In such instances, men and women can discuss supplementation with their physicians as well as alternative food sources of B12, such as fortified cereals, salmon and other items.

Bodily changes related to aging increase the likelihood that men and women will need to alter their diets in order to maintain their overall health.

— Metro Creative
Exhaustion, stress and feelings of isolation and loss are all common emotions that Alzheimer’s family caregivers experience, according to Jennifer Reeder of the Alzheimer’s Foundation of America (AFA). These feelings can lead to depression if not addressed constructively.

“Being mindful of the warning signs of depression and taking steps to deal with them is essential to providing the best care possible, because every caregiver needs time to replenish themselves mentally, emotionally and physically,” said Reeder, AFA’s director of Educational and Social Services and a Licensed Clinical Social Worker.

Alzheimer’s family caregivers are at greater risk for depression than caregivers of people with other conditions, according to the Centers for Disease Control and Prevention.

Depression affects people in different ways and the type and intensity of symptoms vary according to the person and can change over time. General warning signs to watch for when caregiving, especially when these symptoms persist beyond a couple of weeks, include:

- Feeling nothing you do is good enough.
- Feeling empty or hopeless.
- Feeling tired all the time.
- Having little interest in once-enjoyable activities and connections with others.
- Weight loss or gain.
- Changes in sleep patterns (too much or not enough sleep).
- Somatic symptoms not responsive to medical treatment, such as headaches, chronic pain or digestive disorders.

Here are some steps that caregivers can take to help combat depression:

Accept support. Isolation can accelerate caregiver burnout. Asking for support and help is important; family, friends and neighbors are often eager to help but do not know how. Be specific and let people know what you need. Joining a support group can also connect you with others who understand what you are going through and can share emotions and support, as well as practical advice and resources, in a safe and understanding environment.

Take care of your body. Diet, exercise and sleep play a role in your mental health as well as your physical health. Eating fresh fruits, vegetables and healthy fats and limiting or avoiding processed foods, may help with symptoms of depression. Physical activity improves mood and decreases stress. Lack of sleep has been linked to the development and management of depression; speak to your doctor if you are struggling with sleep problems.

Make time to clear your mind. Exercises such as mediation or yoga, writing down your thoughts in a journal, or even something as simple as going for a walk, can expand feelings of relaxation.

Use respite care. Respite care provides short-term relief for primary caregivers by having a professional attend to your loved one, either at home, in a healthcare facility, or an adult day center, allowing the caregiver time to care for themselves. Respite care can be arranged for just an afternoon or for several days or weeks.

AFA offers telephone support groups and can provide support, services and connections with local resources through the AFA Helpline, which is available seven days a week. Call 866-232-8484, webchat at www.alzfdn.org, or text 646-586-5283 to speak with a social worker.

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Six ways to reduce the risk of melanoma

Skin cancer is one of the most common cancers around the world. No one is immune to skin cancer, although those with lighter skin colors are at higher risk.

Melanoma is the most serious form of skin cancer, according to the Mayo Clinic. Melanoma develops in the cells that produce melanin. While the exact causes of melanoma aren’t entirely clear, exposure to ultraviolet radiation greatly increases risk of the disease.

Melanoma can develop anywhere on the body, but it is most commonly found on areas that have had significant exposure to the sun, such as the back, legs, arms and face. It also can form in the eyes. The American Skin Cancer Society says that there is no definitive way to prevent melanoma, but the following are six ways individuals can lower their risk.

1. Limit UV exposure. The most important step to take is to protect yourself from UV rays, which includes both natural sunlight and light from tanning beds. Staying in the shade or indoors during peak hours of sunlight can limit UV exposure. Hours of sunlight can limit UV exposure.

2. Use sunscreen every day. Choose a broad-spectrum sunscreen that contains both UVB and UVA protection. Apply about 1 ounce of sunscreen to your body and reapply every 2 hours, even more regularly if you will be swimming or sweating a lot.

3. Avoid sunlamps and tanning beds. Tanning beds and sunlamps are not safer forms of UV exposure. They provide more exposure to UV radiation over a shorter period of time, potentially making them quite dangerous.

4. Schedule routine skin exams. Visit a dermatologist to get a full-body skin exam. A qualified doctor can identify moles or other skin abnormalities that may prove problematic. Always let a doctor know if moles change size or shape. Normal moles are generally a uniform color and shape. Unusual moles are asymmetrical in shape with color changes and irregular border.

5. Wear large or wrap-around sunglasses. These types of sunglasses will protect the eyes and the sensitive skin around the eyes.

6. Learn your family history. Healthgrades says some types of melanoma cancer genes are passed from one generation to another. Find out if you can get gene testing if you have several family members with melanoma or a family member who had melanoma more than once.

Melanoma is a potentially life-threatening form of skin cancer, though there are various ways to reduce your risk for the disease.

— Metro Creative

Support Groups

When it became clear last year that more women were following their migrant worker spouses to Addison County, ODC decided to offer a series of weekly support group meetings that have typically drawn five to eight Central American women. Those informal meetings are led by Alysse Anton, the clinic’s wellness coordinator.

An initial nine-week series was offered at the Ilsley Public Library last fall. Conversation topics included adapting to a new culture, housing challenges and relationships.

A second series of six weekly support meetings was held earlier this spring at Middlebury’s Gather, the new community space at 48 Merchants Row. Participants also got to take yoga lessons at Otter Creek Yoga in the Marble Works.

“I believe the wellness program is crucial to the wellbeing of our patients, who live remotely in the countryside in Addison, far from their country of origin, families and support system,” Anton said. “This program can help build a greater sense of community, self-esteem, belonging and ultimately happiness to people who have sacrificed and left so much behind to be here.”

It’s all about removing obstacles to good health, noted Susanna McCandless, ODC’s communications and volunteer coordinator. Language is a major barrier, as many migrant workers entering Vermont don’t speak English. They’re dependent, at least initially, on bilingual folks like McCandless. Other obstacles include no access to transportation — when you need it, and at a time when clinics are open.

“Also, the places where our patients work are changing and shifting, as folks who have been here long-term move out of dairy and into other local businesses and industries,” McCandless said. She cited the landscaping, construction, hospitality and food sectors as examples of eventual landing spots for some migrant workers.

For more information about the Open Door Clinic, go to opendoormidd.org. Reporter John Flowers is at johnf@addisonindependent.com.
Arthritis comes in many forms

Arthritis is a broad term that encompasses at least 100 different subtypes of the condition. Each has different causes and treatment methods, but some are more common than others.

The National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) says “arthritis” means “joint inflammation.” Joints are where two bones meet. Common symptoms of arthritis include pain, stiffness, swelling and redness in and around the joints. Arthritis is the No. 1 cause of disability in the United States, affecting around 60 million adults and 300,000 children, advises the Arthritis Foundation. While it mainly affects the joints, arthritis can damage other parts of the body, including organs.

The following is a deep look at some of the more commonly occurring types of arthritis.

Osteoarthritis

Healthline says osteoarthritis (OA) is the most common type of arthritis in the U.S. It develops after the age of 50 or 60 years and tends to be more prevalent in individuals who are overweight. With OA, joint pain tends to occur after rest or inactivity. It is a degenerative joint disease in which the tissues break down over time.

Rheumatoid arthritis

Unlike OA, which is marked by a breakdown of joint tissue over time, generally due to aging, RA is a chronic autoimmune disease in which the body’s own immune system attacks the joints and other tissues. In fact, the NIAMS says RA can cause medical problems in areas such as the eyes, lungs, blood, nerves and heart in addition to the joints. RA is more common in women than men and people are likely to get the disease if there is a family history of it.

Psoriatic arthritis

Psoriatic arthritis is another inflammatory condition linked to an autoimmune disorder. Individuals with the skin condition psoriasis can develop psoriatic arthritis after skin symptoms occur. It is believed that stressful events, trauma to the joints or bones or infections may trigger the disease in those who already have psoriasis.

Gout

Gout is a type of arthritis that causes flares, often beginning in the big toe or a lower limb. It occurs when a high level of serum urate builds up in the body, which then forms needle-shaped crystals in and around the joint. Gout usually happens in middle age, with men developing it earlier than women. Some people with gout may be more likely to develop chronic kidney disease, obesity, hypertension and diabetes.

Treatment

Doctors will ask questions and perform blood tests to check for arthritis markers. A general practitioner may recommend a patient see a rheumatologist to get a better arthritis diagnosis as well as a treatment plan.

Treatments include analgesic medications, anti-inflammatory drugs that may be NSAID or steroid formulations, capsaicin creams to block pain signals, or immunosuppressants and biologics if arthritis is autoimmune in nature. Treatment may be customized to each patient.

While there’s no cure or surefire way to prevent arthritis, exercising, losing weight, managing stress and eating healthy foods could limit symptoms. Working with a doctor also can help manage arthritis.

— Metro Creative
Things we don’t talk about; being the anti-hero

I have an uneasy relationship in my head with singer/songwriter/cultural icon Taylor Swift. On the one hand, I appreciate her catchy tunes and sharply intelligent lyrics. After watching the 2020 Netflix documentary Miss Americana with my children, I was deeply impressed with Swift’s creative process, and grateful for the thoughtful messages she conveyed about the dark side of fame and her struggles with body image.

On the other hand, I can’t help but feel a little resentful that so much of Swift’s oeuvre has become the soundtrack of my life — a soundtrack that I didn’t choose, but that’s been thrust upon me by my children. Taylor Swift’s voice accompanies us everywhere: driving in the car, doing dishes, doing homework. I’m also less-than-thrilled that she seduced our entire family — including our pre-teen children — with her early, wholesome, country-to-pop crossover albums, and then released a trio of albums over the past three years in which 1/3 of the songs are marked “E” for “explicit lyrics.” It’s made for plenty of exciting, dive-for-the-mute-button family car rides.

Still, on Taylor Swift’s latest album, Midnights, there’s a song that’s become a sort of anthem for me. When I first listened to “Anti-Hero,” I recognized the chorus for how it beat in time with my own subconscious: “It’s me, hi, I’m the problem, it’s me.”

This year, I started seeing a counselor. While my Puritan ancestors would never sign up for therapy — alone admit to it — I teach my children that therapy is smart, not shameful. Indeed, over half of our family has seen counselors at any given time over the past couple of years. I have an amazing spouse, dear friends, and a church community, but there’s nothing quite like meeting regularly with someone whose job is to reflect your thought and behavior patterns back to you in all their dysfunctional glory.

I started therapy because I was starting to be haunted by this dysfunctional thought: Everybody would be better off if I weren’t around. All I do is ruin things and create more stress for people. It’s me, hi, I’m the problem, it’s me.

This thought pattern came to light when my counselor asked, “What are you most afraid of?”

How would you answer that question? There are so many good options. Many might start with: Death. And death deserves some major respect in the fear pantheon. It subconsciously informs most of our behavior: We act out of the desire to stay alive. But death isn’t what keeps me up at night.

I could’ve been very specific: I’m afraid that bad things will happen to my children. I imagine the damage that cruel events and people can inflict upon them, or the traumas that they might choose to inflict upon themselves. I’m afraid that I’m not doing enough, personally or professionally: that I’m a subpar spouse, friend, daughter, housekeeper, writer, teacher…human.

All those things probably ran through my head in the moments before I answered my therapist’s question, but the answer — which surprised me — left my lips quickly:

“I’m afraid that I’m The Bad Thing, that I’m The Problem.”

Why am I telling you this? Why am I giving you a peek into my private therapy session — into my psyche?

I believe that the things we hide because they seem the most personal and specific, are often the very things that are the most universal. We cover up out of fear masquerading as privacy. I place a high value on privacy, and there are some things that I will never write about for public consumption. But when we stay silent in the name of privacy, often we’re really coming from a place of shame: “I couldn’t share this because it would be too much for other people. They’d feel overwhelmed, or worried about me, or they’d think I was weird and unhinged.”

On the contrary, chances are that if we were to open up about those things — especially to kind, safe people — they would respond, “You too? I thought I was the only one!” One of the great lies we tell ourselves is that our innermost thoughts, anxieties, and questions will drive others away. We choose to stay safely isolated in our shared containing our thoughts to our own mental cages, when bringing these (See Anti-hero, Page 10)

For this parent, there are no easy solutions for a son’s mental health crisis

By JIM TOMCZAK

I reached a point during the latest mental health crisis with my adult son where the weight of absurdity actually robbed me of my vision and I saw stars.

Standing in my front yard with a couple of police officers, a social worker and a psychologist, we were listening to my son yelling and ranting from his upstairs window, discussing how we might get him the treatment he needed and removed from my condo where he has lived with us as a suffering schizophrenic for many years.

The crisis visit was one of many 911 calls when his disease takes over and our lives decline.

His is a unique sickness that makes it difficult by Vermont statute to force any treatment, since he denies all evidence, with the strength of Bruntield, that he is ill, but we have accomplished involuntary treatment in the past and we were hoping to issue a mental health warrant (which was done after a few hours) and convince him to ride to the hospital (which was not accomplished).

We’ve had some successes over the years but they are difficult to recognize and disappear after a few bad spells. The Vermont statutes defining abuse are nowhere near the situation we face. It’s a short definition.

I have no issue with the state’s laws on involuntary confinement. If it was allowed, people would be pointing fingers all day and all night and the system, such that it is, would collapse. I don’t have the time to change society; all I want to do is use it to my own ends — in this case, getting our son who we love out of the house and into treatment once again.

Throughout the years of our ordeal, I’ve dealt with judges, lawyers, court clerks, police chiefs, social workers, doctors, nurses and psychiatrists, all full of good intentions in a business where good results are few. It’s nice having all those college degrees working for you. Pay attention and remind them of what they are saying.

I have noticed the changes over the years in dealing with mental health issues in Vermont, and most seem positive, but the increase in resources for those suffering from Chronic Fatigue Syndrome — Reduce anxiety and decreases reactions to stress — Supports depression treatment

Clearing Migraines, Most often cleared with just one session or your money back.

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Eating disorders affect 28.8 million in the U.S.

A common misconception is that eating disorders affect a specific type of person, the media portrayals are not always accurate.

In the United States, eating disorders already affect 28.8 million people. Those ages 12 through 25 make up 95% of cases. Eating disorders are serious mental and physical illnesses that can affect people of all genders, ages, races, religions, ethnicities, sexual orientations, body shapes and weights.

These disorders have the second-highest mortality rate of all mental health disorders, surpassed only by opioid use disorder. The National Eating Disorders Association (NEDA) provides vital programs and resources focused on prevention, cures and access to quality care.

“20 million women and 10 million men in the United States will struggle with an eating disorder at some point in their lives. Moreover, a recent report in JAMA found that 22% of children and adolescents worldwide, that’s almost one-fourth of young people, showed disordered eating,” said Sarah Chase, NEDA’s vice president of communication. “NEDA’s website has seen an 89% increase in traffic this year, and our resources are accessed by millions of Americans every month. 81% of the people who visit our site daily are new information seekers. Our chatbot and helpline have seen significant uptake this year. The organization continues to offer vital screening tools for people who think they may have an eating disorder and want more information, Chase noted.

“The reality is that eating disorders affect people regardless of age, race and gender,” she added.

**WHAT ARE EATING DISORDERS?**

Eating disorders are serious but treatable mental and physical illnesses that can affect people of all genders, ages, races, religions, ethnicities, sexual orientations, body shapes and weights. In the United States, 28.8 million Americans will suffer from an eating disorder at some point in their lives.

While no one knows for sure what causes eating disorders, a growing consensus suggests that it is a range of biological, psychological and sociocultural factors.

**RISK FACTORS**

Eating disorders are complex and affect all kinds of people. Risk factors for all eating disorders involve a range of biological, psychological and sociocultural issues. These factors may interact differently in different people, so two people with the same eating disorder can have very diverse perspectives, experiences and symptoms. Still, researchers have found broad similarities in understanding some of the major risks for developing eating disorders.

The factors listed below may be applicable to those with anorexia nervosa, bulimia nervosa, binge eating disorder, or Other Specified Feeding and Eating Disorders, known as OSFED.

**BIOLOGICAL**

**Having a close relative with an eating disorder.** Studies of families have found that having a first-degree relative (like a parent or sibling) with an eating disorder increases a person’s risk of developing an eating disorder.

**Having a close relative with a mental health condition.** Similarly, issues like anxiety, depression, and addiction can also run in families, and have also been found to increase the chances that a person will develop an eating disorder.

**History of dieting.** A history of dieting and other weight-control methods is associated with the development of binge eating.

**Negative energy balance.** Burning off more calories than you take in leads to a state of negative energy balance. Many people report that their disorder began with deliberate efforts to diet or restrict the amount and/or type of food they were eating in the form of dieting, other causes can include growth spurts, illness, and intense athletic training.

**Type 1 (insulin-dependent) diabetes.** Recent research has found that approximately one-quarter of women diagnosed with type one diabetes will develop an eating disorder. The most common pattern is skipping insulin injections, known as diabulimia, which can be deadly.

**PSYCHOLOGICAL**

Perfectionism. One of the strongest risk factors for an eating disorder is perfectionism, especially a type of perfectionism called self-oriented perfectionism, which involves setting unrealistically high expectations for themselves.

**Social Indicators**

Research found that individuals report greater life satisfaction on exceptionally sunny days than they did on days with ordinary weather.

Bad moods come and go for most people. Identifying common triggers for bad moods can help individuals prepare for potential mood swings and navigate them in healthy ways.

— Metro Creative

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**Blues**

(Continued from Page 7)

**Weather:** Seasonal Affective Disorder is a type of depression that adversely affects certain individuals’ moods during winter, when hours of sunlight are fewer than during spring, summer and fall and when temperatures outside can sometimes be so cold as to keep people indoors for extended periods of time. In addition, a 2013 study published in the journal...

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**Crisis**

(Continued from Page 8)

let out a respectful whistle. It was a logic loop with a cherry on top.

Looking at the big picture does not supply relief during a mental health crisis; there are only abstractions that must be faced. I’ve addressed the futility of modern existence pretty well over the years.

I have no defense against Joseph Heller and the world he accurately drew.

The warrant was signed by the judge and served to my screaming son. The authorities then left the premises, leaving us with one hell of a mess. The warrant was not executed for the safety of the officers.

I guess orders aren’t what they used to be. Hours of anguish for naught.

Hope is defined as the spot where desires meet reality. Let me tell you which way to bet.

*Editor’s note: Jim Tomczak is a poet who lives in Milton. This story originally appeared online at VTDigger.org.*

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Mental health disparities among Vermont children are clear in youth survey

By KRISTEN FOUNTAIN VTDigger.org

A biennial survey conducted during the middle of the COVID-19 pandemic shows poor mental health among high school and middle school students, especially in groups that previous surveys have found have long suffered more than their peers.

According to the 2021 results released by the Vermont Department of Health on late last month, girls and LGBTQ+ students reported significantly higher rates of experiencing poor mental health "most of the time" or "always" than boys and those who identify as heterosexual and cisgender. For girls, the percentage was 49% and for LGBTQ+ students the percentage was 59%, compared to an overall response of 35%.

Those two groups, as well as students of color, were also more likely to act on those feelings with self-harm and plans for suicide. For example, students of color were almost twice as likely to have attempted suicide in the last 12 months than white students, while LGBTQ+ students were more than three times as likely as other kids.

The results of the Youth Risk Behavior Survey were not surprising to analysts and administrators at the Vermont Department of Health.

“We learn what we usually learn, which is that some populations are affected more than others,” said Dr. Mark Levine, commissioner of the Vermont Department of Health. “It’s very consistent in that way.”

Similar kinds of health impact disparities are found in surveys of adults, Levine said in an interview. But the new information emphasizes how important it will be for the department to return its focus to achieving health equity, he said.

The issue was magnified by the pandemic, while the department’s programming “was interrupted significantly by an all-hands-on-deck phenomenon.”

The survey has been given to teenagers and pre-teens in Vermont every two years since the early 1990s. But in its report, the department cautions against comparing this year’s data with those from previous years.

Disruptions of in-person schooling from the pandemic meant that schools gave the survey to students in the fall of 2021 rather than the spring months as usual. This meant that students that responded were younger as a whole than the typical cohort that takes the survey, which would affect the responses, Levine said.

“I can’t imagine it not having an impact, but we don’t know the magnitude of the impact,” he said.

The department expects to return to the previous pattern of giving the survey this year.

While the survey provides bleak results in the realm of mental health, it also offers bright spots related to protective factors, which can help students.

Almost three-quarters of all high school students reported having dinner at least four times a week with a parent or guardian. Additionally, 88% said that their parents or another adult always or most of the time knew where they would be, and 70% said that they had at least one teacher or other adult at their school they could talk to with a problem.

How high schoolers say they’re feeling

The percent of 17,000 Vermont high school students that said they:

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Experienced poor mental health “most of the time” or “always in the last 30 days”</th>
<th>Hurt themselves on purpose without wanting to die in the last 12 months</th>
<th>Made a suicide plan to die in the last 12 months</th>
<th>Attempted suicide in the last 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>21%</td>
<td>12%</td>
<td>9%</td>
<td>5%</td>
</tr>
<tr>
<td>Female</td>
<td>49%</td>
<td>12%</td>
<td>13%</td>
<td>9%</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>55%</td>
<td>12%</td>
<td>13%</td>
<td>6%</td>
</tr>
<tr>
<td>BIPOC</td>
<td>55%</td>
<td>25%</td>
<td>17%</td>
<td>11%</td>
</tr>
<tr>
<td>Heterosexual/Cisgender</td>
<td>26%</td>
<td>12%</td>
<td>8%</td>
<td>4%</td>
</tr>
<tr>
<td>LGBTQ+</td>
<td>37%</td>
<td>25%</td>
<td>20%</td>
<td>16%</td>
</tr>
<tr>
<td>All</td>
<td>35%</td>
<td>22%</td>
<td>14%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Table: Erin Peterson • Source: Youth Risk Behavioral Survey • Get the data • Created with Datapper

Anti-hero

(Continued from Page 8) things into the light is far more likely to help others and draw us together.

So I’m telling you that my greatest fear is of being the bad thing, of being the problem, because I’d wager that this might be your fear, too. Maybe not for everyone, maybe it’s not your greatest fear, but I doubt I’m alone. We’re rarely alone. Taylor Swift’s “Anti-Hero” debuted in the top spot on Billboard’s global and U.S. charts, earned over 17 million plays in its first 24 hours, and was Swift’s longest-running number-one song. There are an awful lot of people out there singing, “It’s me, hi, I’m the problem, it’s me.”

One month ago, I wrote a column about the particular challenges of my current life stage: a middle-aged parent of teenagers. I suggested that this season is even more challenging because of the odd silence that surrounds these topics, the things we don’t talk about. Based on the number of comments I’ve received, the column resonated with people. (We are rarely alone.) So, since I made the first move, I’m going to keep going, writing through some areas of life and parenting where I feel particularly wobbly.

I’m telling you that my greatest fear is of being the bad thing because this is where I must begin. Middle age and parenting are hard, yes, and the silences around them are hard, but I’m feeling wobbly because my root system is based on a fear of inadequacy. When storms hit, the trees that tend to fall are the ones that are weak, sick, or have shallow roots. When I am faced with recalcitrant teens, decisions about where to focus my energy in work and life, or issues of my own mortality, what makes me wobble is my fear that it’s all my fault, I’m causing other people stress, and I’m just too much.

Unfortunately, there isn’t a quick fix: I will likely spend the rest of my life trying to be aware — to beware — of the voices in my head whispering that I’m the problem and calling those voices out as liars. (Most of the time they’re liars; sometimes we really are the problem, and it’s important to recognize that and make amends.) Likewise, I don’t have any easy answers to the questions I’m going to address in upcoming columns; no answers, just my own experience and a lot more questions.

So if you want advice, this will not be the place to find it. But I’m not fighting against questions or doubt; I’m fighting against silence and shame. I’d love for you to join me. Perhaps, like Taylor Swift, we can transform our insecurities into a song.

Faith Gong has worked as an elementary school teacher, a freelance photographer, and a nonprofit director.
Body image dissatisfaction. Body image encompasses how you feel both about and in your body. It’s sadly not uncommon to dislike your appearance, but people who develop eating disorders are more likely to report higher levels of body image dissatisfaction and an internalization of the appearance ideal.

Personal history of an anxiety disorder. Research has shown that a significant subset of people with eating disorders, including two-thirds of those with anorexia, showed signs of an anxiety disorder (including generalized anxiety, social phobia, and obsessive-compulsive disorder) before the onset of their eating disorder.

Behavioral inflexibility. Many people with anorexia report that, as children, they always followed the rules and felt there was one “right way” to do things.

SOCIAL

Weight stigma. The message that thinner is better is everywhere, and researchers have shown that exposure to this can increase body dissatisfaction, which can lead to eating disorders. Weight stigma is discrimination or stereotyping based on a person’s weight, and is damaging and pervasive in our society.

Teasing or bullying. Being teased or bullied — especially about weight — is emerging as a risk factor in many eating disorders. The harmful effects of bullying have received increased attention in recent years, starting an important national conversation. 60% of those affected by eating disorders said that bullying contributed to the development of their eating disorder. Weight shaming needs to be a significant part of anti-bullying discussions, particularly in the context of the widespread anti-obesity messaging.

Appearance ideal internalization. Buying into the message of the socially-defined “ideal body” may increase the risk of an eating disorder by increasing the likelihood of dieting and food restriction.

Acculturation. People from racial and ethnic minority groups, especially those who are undergoing rapid Westernization, may be at increased risk for developing an eating disorder due to complex interactions between stress, acculturation, and body image. Within three years after western television was introduced to Fiji, women, previously comfortable with their bodies and eating, developed serious problems: 74% felt “too fat”; 69% dieted to lose weight; 11% used self-induced vomiting; 29% were at risk for clinical eating disorders.

Limited social networks. Loneliness and isolation are some of the hallmarks of anorexia; many with the disorder report having fewer friends and social activities, and less social support. Whether this is an independent risk factor or linked to other potential causes (such as social anxiety) isn’t clear.

Historical trauma, or intergenerational trauma, describes the “massive cumulative group trauma across generations,” like with Jewish Holocaust survivors, Native American populations, and Indigenous groups that experienced European colonization. Research shows health consequences including “anxiety, intrusive trauma imagery, depression, elevated mortality rates from cardiovascular diseases as well as suicide and other forms of violent death, psychic numbing and poor affect tolerance, and unresolved grief” (Brave Heart, 1999). Similarities between the effects of eating disorders and historical trauma points to a need for more research and information that addresses these systems of oppression.

The National Eating Disorders Association is the largest nonprofit organization dedicated to supporting individuals and families affected by eating disorders. NEDA supports individuals and families affected by eating disorders and serves as a catalyst for prevention and access to quality care. The organization raises awareness, builds communities of support and recovery, funds research, and puts essential resources into the hands of those in need. For more information, visit nationaleatingdisorders.org.
A Guide to Finding the Right Care

Porter Medical Center, a part of the University of Vermont Health Network, provides a variety of health care options to help our local residents find the right level of care in the most appropriate setting.

Local options at Porter include primary care, urgent care and emergency care – all reinforced by a network of providers and specialty services across our region. It’s not always obvious where to go for care, or when, so please refer to this guide to understand the best place to get health care.

If you’re still not sure what to do, call your primary care provider. Even when the office is closed, there is always someone on call who can direct you to the care you need.

In case of a life threatening emergency, dial 9-1-1.

Think you may have COVID-19? Visit uvmhealth.org/coronavirus for more information.

<table>
<thead>
<tr>
<th>Where</th>
<th>Primary Care</th>
<th>Porter Express Care</th>
<th>Emergency Room</th>
</tr>
</thead>
</table>
| When  | • You have a new problem or an old problem flares up  
        • You need a prescription refilled  
        • You’re seen by appointment so there is generally less waiting  
        • You’ll pay the lowest co-pay  
        • Same- and next-day appointments are available for injuries or illnesses that don’t require urgent or emergency care  
        • When the condition doesn’t appear life threatening, but you can’t wait until the next day or to see your primary care provider:  
        • You’re not in extreme pain  
        • Open Monday-Friday, 8 a.m.-7 p.m.; Saturday, 9 a.m.-5 p.m.; Sunday, 9 a.m.-3 p.m.  
        • You have a serious or life-threatening condition  
        • Open 24 hours a day, 7 days a week  
        • Equipped with life-saving equipment and providers trained to treat life-threatening illnesses or injuries  
        • It is always open  
        • You are seen based on how sick or injured you are. The most serious cases jump to the front of the line, even if they arrive later than everyone else. This will increase wait times for others.  |
| Why   | • Your provider knows you and your medical history  
        • You’re seen by appointment so there is generally less waiting  
        • You’ll pay the lowest co-pay  
        • Same- and next-day appointments are available for injuries or illnesses that don’t require urgent or emergency care  
        • Shorter wait times than the ER, as you’re seen in the order you arrive  
        • Access to advanced diagnostic imaging like X-ray machines and lab capabilities to assess your illness or injury onsite  
        • Urgent care providers can prescribe medications  
        • No appointment necessary  
        • Cough, cold, flu  
        • Ear infections and sore throat  
        • Minor injuries like sprains, bumps and bruises  
        • Rash/ 
        • Urinary tract infections  
        • Chronic conditions such as diabetes, high blood pressure, COPD, asthma and allergies  
        • Immunosuppression  
        • Cold or mild flu symptoms  
        • Sore throat  
        • Fever without a rash  
        • Non-life-threatening allergic reactions  
        • Ear pain  
        • Painful urination  
        • Skin and skin rashes  
        • Small cuts that may require stitches  
        • Mid asthma attacks  
        • Tender lymph nodes  
        • Eye irritation  
        • Rash or rash-like fever  
        • Minor Burns  
        • Evaluation for Rabies prophylaxis  
        • Simple foreign body removal  
        • Injured toenails  
        • Abdominal Pain  
        • Chest pain  
        • Difficulty breathing  
        • Weakness/fatigue on one side  
        • Slurred speech  
        • Fainting/shock in mental status  
        • Serous burns  
        • Head or eye injury  
        • Broken bones, dislocated joints  
        • Fever with a rash  
        • Seizure  
        • Severe cuts that may require stitches  
        • Severe cold or flu symptoms  
        • Vomiting and diarrhea  
        • Uncontrollable bleeding  
        • Severe asthma attack  
        • Severe allergic reaction  
        • Poisoning  
        • Animal bites  
        • Nausea/Vomiting/Diarrhea  
        • Dizziness  
        • Headache  
        • Bloody bowel movements  |
| Symptoms & Conditions | Think you may have COVID-19? Visit uvmhealth.org/coronavirus for more information. |
| Important to Note | • It is recommended to have a primary care provider to monitor your health, schedule regular check-ups and preventative screenings to keep you as healthy as possible. Porter Primary Care offices are accepting new pediatric and primary care patients.  
        • Porter Express Care is equipped to handle medical problems that need same-day attention but are not life-threatening. If your urgent care provider determines that you need a higher level of care, you will be transferred to the Emergency Department.  
        • Always follow-up with your primary care provider after a visit to the Emergency Room to continue to monitor your health/condition  
        • uvmhealth.org/PMC  
        • Porter Medical Center  
        • University of Vermont Health Network  
        |