FAST FORWARD

The Class of 2020’s Immersion in the world of COVID-19
A Legacy of Generosity

DEBRA “DEBBIE” POPLAWSKI-WILSON passed away in December 2020, and left an estate gift to the UVM Department of Surgery’s Division of Neurosurgery for its discretionary purposes.

But Debbie’s generosity to the division and its work had begun many years before. She first came to know the division’s physicians when her daughter, Madison (Madi) Claire Jaurigue was diagnosed in utero with hydrocephalus, an abnormal buildup of fluid in the ventricles deep within the brain.

While her daughter was young and undergoing numerous surgeries by UVM neurosurgeons, including Dr. Bruce Tranmer, Debbie and many other parents raised money to create “Madi’s Fund” to support research and education activities to benefit hydrocephalus patients and their families. Since 2007, the fund has supported an annual lecture to give medical students, residents, local physicians, families and caregivers of children with hydrocephalus the opportunity to learn more about hydrocephalus and its treatment. Madi died in 2012 at the age of 16.

Several years after Madi’s passing, Debbie was diagnosed with glioblastoma, and she herself became a patient of Dr. Tranmer. As a result of her estate gift, the Debbie’s Fund Endowment will exist beside Madi’s Fund forever, aiding the Division of Neurosurgery in its work. Debbie’s Fund will be used to support the division’s global health mission, through which medical students, residents, and faculty travel to countries with limited access to deliver care, train local providers, and conduct research.

(Above) Debra Poplawski-Wilson

For information about how you can support the work of the UVM Larner College of Medicine and its affiliates, please contact the Medical Development and Alumni Relations Office:
The University of Vermont Larner College of Medicine | Medical Development & Alumni Relations Office
(802) 656-4014 | medical.giving@uvm.edu | www.med.uvm.edu/alumni

ON THE COVER
Covid-19 surged as the Class of 2020 began their residencies. Read their stories on page 12.
FROM THE DEAN

As we enter our third year of the pandemic, on campus, daily life has continued, with adaptation to changing conditions when necessary. With appropriate masking, testing and other precautions our college has maintained progress in our missions and maintained primarily in-person active learning. We are thankful for our entire Larner community, especially those on our clinical services.

In early November I was pleased to preside over the investiture, in person, of Randall Holcombe, M.D., M.B.A., as the inaugural J. Walter Juckett Chair in Cancer Research. Dr. Holcombe arrived in August to become director of the UVM Cancer Center and chief of the Division of Hematology/Oncology in the Department of Medicine. He comes to UVM with an impressive record of accomplishment as a cancer researcher and clinician, and I hope you will find the conversation between the two of us that is featured in this issue to be enlightening. We share a commitment to excellence in cancer care, education and research, particularly in the context of Vermont’s rural environment.

Progress on our new research facility, the Firestone Medical Research Building, is proceeding ahead of schedule. We held a unique after-the-fact “groundbreaking” celebration this past September, and we are looking forward to occupying the building this fall, several months sooner than originally planned. Our Class of 2025 received their white coats at a ceremony in Ira Allen Chapel in October, and we are looking forward to returning to the chapel in May for the graduation of the Class of 2022. Two years ago, soon after the onset of the pandemic, our Class of 2020 experienced their graduation as an online event. Soon after, they headed across the country for training at hospitals that were dealing with unprecedented challenges. In this issue, several of those graduates have shared their personal stories of those first busy months. These accounts demonstrate clearly the value of the preparation they received at our College, including core values that allowed them to adapt, learn fast, and serve their patients with skill, kindness and respect.

As always, thank you for your support and please stay well.
Awards & Recognition

Professor of Pediatrics William Rasza, M.D., has received the prestigious 2021 Alpha Omega Alpha (AOA) Robert J. Glaser Distinguished Teacher Award. The award, which comes with a $10,000 prize, recognizes outstanding achievement in medical education by four faculty members from among all the nation’s medical schools.
Combating Social Isolation in Older Adults
In collaboration with Champlain Housing Trust and Cathedral Square, Jenna Elkhoury ‘23 and Liam John ‘23 developed a pilot project aimed at combating social isolation in older adults. Using an intergenerational model, they brought neighbors living in adjacent communities together to foster new relationships and connections. They also worked with local museums, farms, and other organizations to offer educational opportunities. The COVID-19 pandemic required a rapid pivot to a virtual format, which offered less in being adaptable and flexible. Both students also pointed to the rich discussions the program fostered. Students also pointed to the rich discussions the program fostered.

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The Vermont Resuscitation Initiative
In partnership with the emergency department at UVM Medical Center, Sean Muniz ‘23 and Cyrus Thomas-Walker ‘23 created the Vermont Resuscitation Initiative as a means to “increase bystander CPR training in Chittenden County and Vermont as a whole.” They were able to incorporate their project into an initiative from Daniel Wolfsen, M.D., associate professor of emergency medicine, who received a grant to increase out-of-hospital cardiac arrest survival rates, especially in under-resourced populations in Vermont. Working with Wolfsen, they were able to develop a “train the trainer” program for local rescue squads. They also partnered with communities of faith interested in training and taught CPR to a small group of pre-med students at UVM. Long term, the goal is to create a Student Interest Group at the College to further the initiative. Muniz and Thomas-Walker said that their experience showed them the power of community engagement.

Reaching Teens in Milton, Vermont
Mark Oet ‘23 and Victor Abraham II ‘23 planned to hold in-person activities with the Milton Public Library’s Teen Space program, but COVID-19 required a pivot to virtual sessions with the community. They created a video series on topics that included study skills, friendship and boundaries, self-care and making healthy choices, my first job, unity, and choices after high school. Oet and Abraham also staged additional Zoom events, including a live craft session where participants were invited to make keychains out of old baseballs and a book series focused on A Heart in a Body in the World by Dab Coletti. Oet and Abraham said the project was good preparation for a career that will require adapting to the changing needs of the community.

Inspiring Young Women to Pursue STEM
Dolaney Sztaricher ‘23 and Jennifer Risi ‘23 created an after-school program for young women in third through fifth grade at Edmunds Elementary School in Burlington, Vt. Titled “Maria’s Curious Girls,” the program was designed to educate and inspire participants to consider careers in science, technology, engineering, and mathematical sciences. Thanks to COVID-19, the program relied on girls completing project kits at home or in the after-school program. Once per week, Risi and Sztaricher would meet with the group virtually to host a discussion and conduct an experiment “together in real time.” The pair focused on the impact they could make.

Mentoring High School Students
Through the HERO program, Niv Badarinayarayan ‘23 and Akua Frimpong ‘23 matched high school students from underrepresented backgrounds with a first- or second-year medical student at the Larner College of Medicine. The goal was to foster mentoring relationships and help participants feel more comfortable pursuing a career pathway in the health sciences. The group also had the opportunity to meet health professionals from different fields and attend virtual sessions about topics including patient-centered care, cultural competency, and other aspects of health and medicine. On July 21, Badarinayarayan and Frimpong were presented with the U.S. Public Health Service’s 2021 Excellence in Public Health Award for this project.

Can doctors be gay?
BY PATRICK CLARKE ‘22

On August 4, 2020, University of Vermont Larner Class of 2022 medical student Patrick Clarke posted a tweet on his Twitter profile. He wrote “ok so apparently we left fear in 2017 because I am wearing my @UVMLarnerMed Pride pin for the first time ever and we’re feeling it.” The tweet was accompanied by two photos of Clarke—one, a selfie he took of his reflection in a mirror—dressed in a white coat and posted it to my Twitter account.

“Can doctors be gay?” I typed the question into the Google search bar, I held my breath, and clicked searched. It was 2009 and I was sitting at home in small town Connecticut. I knew exactly zero queer people, had no social connections to any doctors in or out of my family, and could never conceive of the next steps to becoming a doctor, let alone a gay one.

The Google results were disheartening to say the least.

Most of what I found was a slew of homophobia imbued in incorrect notions of the AIDS epidemic, and how gay doctors could possibly spread the infection to their patients. I quickly and swiftly gave up the idea of becoming a doctor and promised myself I would never come out.

Fast forward to August 2019.
I was entering my second year in medical school and received an email from Dr. Eileen CichokskiKelly, asking if I wanted to be in a mentorship program specifically designed for underrepresented-in-medicine (URIM) minority and LGBTQ+ students. The aim of the project was to pair me up with a gay attending physician who could help mentor me through medical school and the residency application process. I remember cynically saying to my partner “yeah I’ll sign up for the program. Other people are gay doctors.” Deep within me I still carried the notion that the identities “gay” and “medical doctor” were mutually exclusive. The homophobia that I had experienced growing up (and still sometimes do) had really, deeply affected me and continued to affect me. As luck would have it, I was paired with Dr. Emmett Whittaker, a pediatric anesthesiologist and a gay attending who has been married to his husband, Andrew, for several years now. I couldn’t believe it. A gay doctor?! Who had heard of such a thing? Many people, apparently.

The following year my friend texted me a link to a Twitter account run by a gay doctor in Maine. I thought “Hey, this seems cool,” having no idea what I was getting myself into. I signed up for Twitter and looked and proudly put the pride flag in my bio. It is funny how folks are often more apt to believe on the internet, in front of strangers, but are still afraid of who they are in their own community.

I had been on Twitter for a few months by the time I started my first clinical rotation, meaning that I would frequently wear my white coat to meet with patients and colleagues. I had seen many people wear various types of pins on their white coats, so one day with the encouragement of my partner and seeing random strangers on the internet wearing Pride pins, I decided to put mine on my white coat.

I was ready to publicly be who I am.
Then, I took another brave step forward.
I captured a “selfie” wearing my Pride-pinned white coat and posted it to my Twitter account. Now, there was no turning back.

Over the course of the day, the next day, and the following week, the post garnered an incredible amount of support. Comments, likes, and retweets flooded in. Even now, over a year later, I continue to hear words of support and encouragement from the Twitter-verse about my decision to wear my Pride pin. Every day I’ll get a notification about a like or a re-tweet—reminders about the kindness of strangers and how many supporters I truly have in my community.

Many straight allies reading this might think, “What’s the big deal? Who cares?” But for a kid who grew up in a small, religious community, never having any gay role models, doctor role models, or any combination of the two, it is a big deal to be publicly vocal about who I am.

When I came to medical school, I had one overarching goal in mind, and that was to be the mentor, role model, and big sibling I needed for myself when I was younger. It’s been a ton of work and a truly grueling uphill battle, but throughout my time at the UVM Larner College of Medicine, I can say with 100 percent certainty that I have worked towards becoming that person I needed so desperately when I was younger.

I am filled with pride—for being gay, for being in medical school, and for being fully and completely myself when I was taught not to be so long.

Hopefully that is what those who stumble upon my tweet feel too—pride for themselves, for being fully and completely Who they are, and hope in knowing they are not alone.
ON FRIDAY, OCTOBER 15, the University of Vermont Neuroscience Graduate Program (NGP) hosted its annual White Coat Ceremony in the Livak Ballroom of the UVM Davis Center.

While often associated with medical education, the White Coat Ceremony for new graduate degree students has its own history, dating back to 1989, according to Haley Olszewski, NGP program administrator. The ceremony is a rite of passage for many graduate students, she says, both “marking the transition of graduate students, particularly in the sciences, from the early, largely course-based phase of their education to the more research intense phase of their training.” The event also serves to “emphasize the relationship between the student and their mentor,” she adds.

One student who received their white coat during the ceremony, Jenan Husain, says that the ceremony is rewarding and encourages the students to keep going, while also providing students’ families with a milestone to celebrate as well.

Like many events in this ongoing era of COVID-19, the event saw only the students, their mentors, and a few faculty and staff members participating in person. Family and friends were invited to attend live via Microsoft Teams.

The ceremony included a presentation on the history and importance of the ceremony by Anthony Morielli, Ph.D., NGP director and associate professor of pharmacology, and an introduction of each of the second-year students receiving their white coats by their respective mentors, followed by the donning of the white coats, and a small reception.

This year, four second-year NGP students participated in the ceremony, including Husain, Pranav Mathkar, Abigail Testo, and Dan Peipert.

### Some Brightness Amid the Pandemic

**Class of 2025 dons their white coats in-person**

ON FRIDAY, OCTOBER 8, the Larner College of Medicine hosted its annual White Coat Ceremony for the medical student Class of 2025. After last year’s altered format—partly virtual and with students putting their white coats on themselves—new, effective vaccines and ongoing research on masking and the creation of effective vaccines allowed for a more traditional ceremony this year—with students able to invite two guests to attend the event in UVM’s Ira Allen Chapel.

A few alterations in the proceedings hinted at ongoing pandemic precautions—every window in the Chapel remained open for airflow throughout the ceremony. All individuals in the Chapel were fully masked, per UVM policy, with speakers taking off their masks only briefly during their remarks. And students received congratulatory “fist-bumps” from leaders instead of handshakes, as they walked off the stage with their new white coats.

“You will find that when you wear a white coat, you feel different, and you are treated differently,” Dean Page told the students, adding, “So, how should we respond to the respect that the white coat affords? We must all earn the right to wear it. When we put it on either literally or figuratively, we must live up to the promise it provides.”

During the Humanism in Medicine Keynote Address, Devika Singh, M.D., associate professor of medicine, infectious disease specialist and 2021 Faculty Recipient of the Leonard Tow Humanism in Medicine Award, implored the students to figuratively “take down their masks” throughout their careers to show humanism and compassion in their work, and she encouraged the students to advocate for and demand social change.

“Our world is quite literally relying on young people,” said Singh. “Students—please stand up and stamp for change...When systems and structures sluggishly remain in place despite your every level of agitation, then I want you to push harder.”

(Left to right) Abigail Testo, Pranav Mathkar, Dan Peipert, Jenan Husain

(Left) Anupama Balasubramanian fist bumps Dean Page

(Above) Devika Singh, M.D. gives keynote address.
Merging Mortalities

One evening shift reveals a shrinking gap between image and reality.

BY SEAN STITHAM, M.D. ’80

I recently recalled a patient who was admitted to the hospital during my first medical school rotation in the late 1970s. He was a 25-year-old man with Hodgkin’s lymphoma. Typically, medical students on call would eagerly divide up the newly admitted patients, aiming to work up a variety of different conditions—a flare-up of chronic obstructive pulmonary disease, gastrointestinal bleeding, diabetic ketoacidosis—and hoping to get something “interesting” to present to the attending physician. But curiously, no one was eager to take this case, which remained unassigned for a few hours on the white board in the office. It wasn’t that Hodgkin’s lymphoma was a familiar condition to any of us or wasn’t interesting medically. Rather, I think what put us off was the patient’s age: the same as ours. It was way too scary to contemplate that someone our age could be facing serious illness and possible death. It was much easier to keep mortality at bay if we were taking care of people our grandparents’ age.

Forty-plus years later, I still work on the medical wards, now as an occasional hospitalist, admitting patients the medical wards, now as an occasional administrator now and just helped in the hospital occasionally. He said, “Because you are my normal job?” I wasn’t sure what he meant, but I explained that I was mostly an administrator now and just helped in the hospital occasionally. He said, “Well, actually I was wondering—is this your normal job?” I wasn’t sure why he asked that, so I thanked him and went on to do more admissions.

Earlier, while driving home at 2 a.m., I thought more about our interaction. Was he more open with me about his drinking and sexual issues because I looked like him? We would have the same cultural frame of reference—growing up watching The Man from U.N.C.L.E. and The Monkees while LBJ was president. Would the 25-year-old me in 1979 have had the same rapport with a patient born in 1947? I think not.

There was a lot I didn’t know in my early medical education lecture I can now recall. But that evening shift brought home to me the ever-narrowing gap between my age and those of my patients. All the folks I admitted that night could easily be on the guest list of my rapid age approaching 50th high school reunion. Even as, one by one, my peers, neighbors, and cousins begin to manifest the frailties of advancing age, I have endeavored to keep my blindness firmly on, forging ahead, not allowing myself to hear the approaching drumbeat of mortality. My instinct to push away thoughts of my vulnerability hasn’t changed much since 1979—it’s still hard to see myself as old enough for Medicare Part A, and I can’t really imagine being seriously ill or dependent.

Now I am increasingly aware of my precarious position as I sit by the hospital bed, taking a history. I am outside the bedrails—for now I’m healthy, but the odds of tumors or Parkinson’s disease or a catastrophic stroke relentlessly increase with age. I am not exempt. Deep down, I know that sooner than I want, I will be lying in a hospital bed being interviewed by someone much younger than I. I just hope it’s a conversation.
Medical students in the Larner Class of 2020 celebrated their Match Day on March 20 of that year, just nine days after the World Health Organization declared COVID-19 a global pandemic.

Their online Match ceremony—the first of many Zoom events at the College—signaled just how different the start of their medical careers would be from those of previous classes. In a matter of weeks they began residencies at medical centers across the country, as cases surged, and caregivers dealt with a shortage of both knowledge of the novel virus and basic protective gear.

The Class of 2020 physicians felt the anxiety and uncertainty all new residents have, while contending with an unmatched public health crisis. Here, eight members of the class share thoughts on some of their experiences as the pandemic unfolded around them.

**CODE PURPLE**

**Tucson, Arizona**

Gesca Borchardt, M.D.’20, began her pediatrics residency at the University of Arizona-Tucson caring for patients much older than she was expecting. When COVID-19 cases surged in her area during the first month of internship, the pediatric wing of the hospital transitioned to treat adults up to 30 years old. When a second wave hit in January of 2021, patients up to 40 years old were in her care.

“We had a lot of instances where we were code purple, which means that all our beds are full,” she says. “Our hospital takes patients from [areas in] the south of Arizona that don’t have hospitals.”

The intensity of the experience resulted in strong bonds with fellow residents. They formed a “COVID bubble,” hosting potlucks and other activities outside of work.

“There’s always one person who is feeling more down than the others,” she says. “So, it helps to bring them up. And then, I knew that if I needed to talk to someone, I could always count on them.”

As Borchardt continues to process what she has experienced thus far, she’s already focused on addressing secondary effects of the pandemic. She’s working with her program to do some outreach to children who have fallen behind with their routine vaccinations. Families with children who have special needs are also a concern.

“All of a sudden, they didn’t have all the services and the therapies their children need, which is physical therapy, occupational therapy, speech therapy,” she says. “It was a lot of communicating with them to see how we can help.”

Beginning residency during COVID-19 has shaped her skillset in specific ways.

“I think I kind of learned my limits in how many patients I can take care of safely,” she says. “Even my decision making improved a lot because, sometimes, you have to act quickly. I’m not sure if ‘relaxed’ is the word—probably ‘more confident.’”
“THE LOVELIEST LADY EVER”
Charlottesville, Virginia
Collin York, M.D. ’20, remembers the day one patient with COVID-19 was discharged after a roughly two-month stay in the hospital. As an internal medicine resident at the University of Virginia, he followed her journey through several intensive care units. He saw her intubated and unable to speak. Medications resulted in delirium and agitation. Finally, as she transitioned out of the hospital, he was able to get to know the person who had endured so much.

“As all of those effects lifted...she kind of it, seemed, turned back into herself, and was the loveliest lady ever,” he says. “It was really cool to hear her family, whom I would update frequently, make the observation that ‘mom is acting like herself again.’”

His rotations in the COVID-19 wards highlighted just how much there is to learn about the virus and disease progression.

“Normally, there’s a hierarchy of decision-making and what correlates with that is a hierarchy of knowledge,” he says. “But in many cases, the knowledge would be so new, and there were so many unknowns about COVID, that you’d find yourself in rounds, looking to the ‘expert,’ and they would shrug about COVID, that you’d find

“The greater impact of COVID became apparent to me while in internal medicine clinic. The patients I was seeing had been profoundly impacted by COVID; I heard stories of patients losing five neighbors, and one woman who lost seven family members to COVID. Other patients who were ill with COVID in the spring were still experiencing shortness of breath and lung problems three to four months later.”

— ALEXA AUSLANDER, M.D. ’20, DERMATOLOGIC SURGERY RESIDENCY AT UVM MEDICAL CENTER

FINDING JOY
Bay Shore, New York
Jasmine Robinson, M.D. ’20, keeps artwork from her seven-year-old daughter close during her days as a obstetrics/gynecology resident at SouthShore University Hospital in Bay Shore, New York. It’s a grounding force during a fraught and frenetic time.

“I always have a picture that my daughter drew,” she says. “I’ll tape it to my computer or carry it in my planner—just to kind of remind me of the things that bring me joy.”

In an overwhelming year, the goal was to learn as much as possible while also coming to terms with a new role and expanded scope of responsibility.

“I think this year is mostly getting used to being called ‘Doctor,’” says Robinson. “And kind of owning that title, because there is a lot of impostor syndrome that still follows you into residency.”

She began her year on labor and delivery, which meant a whirlwind of competing demands. COVID-19 added another dimension to the rotation, as in certain emergent situations she wouldn’t always know right away if a patient being treated for a complication from pregnancy was also positive for the virus.

“It’s quick, there’s a lot of things happening at once,” she says. “There’s emergencies...there’s urgent C-sections. It’s pretty heavy in terms of the amount of work and multitasking that you have to do.”

Before the vaccine rollout, Robinson said she felt grateful for the widespread availability of PPE and other precautions already in place at the hospital, allowing her to avoid some of the worry very early on in the pandemic about protection for front line workers. As the pandemic grinds on, she’s finding the balance she needs to be at her best for her patients.

“I figured out during this year what makes the most sense for me, in terms of taking on too many things, taking on too many projects, overstressing myself in ways that I know might be detrimental in the long run,” she says. “Residency is definitely a very humbling experience, where you have to recognize your own limitations and the things that you need in order to continue at the same pace.”

“ENGAGE AND CONNECT”
Burlington, Vermont
Eli Goldberg, M.D. ’20, has witnessed first-hand the health disparities the COVID-19 pandemic has laid bare. As a family medicine resident at the UVM Medical Center, he’s worked with patients who rely on translators and communicate with health professionals. Because of COVID-19 risk, it became more difficult to find translators willing and able to enter the hospital, especially for certain dialects. This challenge was compounded by the inability to have a family member present. Goldberg says it’s often helpful for patients using an interpreter to “process what they’re hearing with a trusted loved one who speaks their language.

“We had a much harder time and they had a much harder time being fully engaged with their medical care and fully informed about what was going on,” he says. “The pandemic exacerbated those language barriers and took away some of the options we would have had for communication.

He also talked with patients in their 20s who work in customer service jobs and for a time struggled to balance the need to be at work with a vaccine roll-out and lifting of the statewide mask mandates that left them more vulnerable.

“They don’t have the economic stability to leave their job, obviously and because of their age, they were in the last group to be eligible to get vaccinated,” he says. “They just hadn’t had a chance to get vaccinated yet. It’s a particular group who are in positions where they’re being exposed to customers who aren’t wearing masks and have to take it on the honor system that they’re fully vaccinated. That’s been a huge thing for a lot of people.”

Despite the myriad challenges, the pandemic has also offered opportunities to improve patient care. The rapid transition to telehealth opened up ways to engage with patients who may be more difficult to reach.

“I have patients on my panel who have a really hard time leaving home because of mobility issues or transportation issues or because they have really intense anxiety and it’s hard for them to show up in person at a doctor’s office,” he says. “For them, telehealth makes a huge difference. I’m able to be in closer contact with them than I probably otherwise would be.”

Goldberg says he’s ready to dig in for the long haul, getting to know patients over time. COVID-19 pandemic or not, it is these connections that stand to serve patients best no matter the challenge.

“I think ultimately it’s reaffirmed for me that I love doing outpatient primary care— the bread and butter of family medicine or because they have really intense anxiety and it’s hard for them to show up in person at a doctor’s office,” he says. “For them, telehealth makes a huge difference. I’m able to be in closer contact with them than I probably otherwise would be.”

“Having to tell someone that a loved one’s prognosis had suddenly shortened or that someone they cared about was continuing to deteriorate felt so cruel. Hearing someone start crying on the phone and to not be there in person to offer them comfort—sometimes that sound still echoes in my head. And yet with all that heaviness, you just have to keep going and move on with your day...That month in the ICU forced me to encounter death and suffering so often and so quickly. It was the most intense way I could imagine starting my intern year, an emotional test that pushed me to keep showing up and doing more for my patients and their families. It was immeasurably rewarding”

— NIKHAILI KAHZADEH, M.D. ’20, ANESTHESIOLOGY RESIDENT AT MOUNT SINAI HEALTH SYSTEM, NEW YORK
ACHIEVING EXCELLENCE


Richard L. Page, M.D., Dean (left) and Randall Holcombe, M.D., M.B.A., outside the Larner College of Medicine.
In the few short months since he joined the University of Vermont Cancer Center as its director, Randall Holcombe, M.D., M.B.A., has drawn on four decades of experience—most recently leading the University of Hawai‘i Cancer Center to full NCI redesignation—to plan the next chapter of cancer research and care in Vermont. Shortly after assuming the new J. Walter Juckett Chair in Cancer Research this fall, Dr. Holcombe joined Dean Richard L. Page, M.D., for a wide-ranging discussion of these plans.

RICHARD L. PAGE: Randy, to start off our discussion, I’d say: Why cancer? What prompted you to devote your life to researching cancer and providing care to those who have it?

RANDALL HOLCOMBE: Well, I knew that I was going to be an academic physician. I was interested in science. And what really turned me on was immunology and the immune system. And as I went through residency training, I thought of perhaps focusing on rheumatology or infectious disease or hematology and oncology. All of them seemed to have some overlap with the immune system. And I really found taking care of cancer patients very fulfilling. All of them seem to have some overlap with the immune system. And I really found taking care of cancer patients very fulfilling.

RLP: And what about the immune system was exciting for you?
RH: Its complexity. At the time, we didn’t understand very much about the immune system. We didn’t know how to modulate it effectively. I thought there was a lot of opportunity for research to improve our understanding of what was really a critical but not well-understood component of the human systems. I love that challenge.

RLP: Complexity is attractive.
RH: Absolutely. It stimulates thinking. And I think that’s what we should do as physician scientists. We should think and solve problems.

RLP: And immunology, especially seemed like a “black box” back then, and the great challenge was sorting it out.
RH: Now we know a lot more. And now, it’s become a mainstay of treatment for patients with cancer and hematologic disorders. So that knowledge that people have gained over the last 40 years has now led to breakthrough therapies for the patients that I see every day.

RLP: That’s interesting. You liked immunology, initially in its relationship to infectious disease, but you decided to pursue hematology/oncology when it became clear that immunology might help us treat cancer.

RH: When I began my work, there was a relatively small number of people working on the immunology and cancer connection. They were a minority that was shunned by most oncologists and hematologists. But I thought there was something to it—that it was an area that I thought would be interesting to study. It led to some research projects that were focused on the immunology of cancer. We were using an immunostimulatory agent at the time for patients with colon cancer. And I set up a clinical trial, which I had to do administratively through the Southwest Oncology Group, studying the immunologic response for patients receiving this medication. And it was a good start, I think, to my career.

RLP: And the gastro-intestinal aspect that you’re now well known for, was your engagement serendipity—since there was a GI immunologic cancer study going on that sent you in that direction?
RH: Essential, yes. I was initially trained as a hematologist, not an oncologist. Now I practice as a gastrointestinal oncologist. But I was studying immunology in my laboratory. I had a $23 award from the NIH to support my research activities. And that was focused on immunology. Then I started doing immunology for colon cancer patients. And, essentially, I was then told that I would be the colon cancer doctor because there was not another colon cancer doctor around, and I must know something about colon cancer. Because I was doing laboratory research related to it. So I became a GI oncologist at that time.

RLP: And that’s a perfect combination of being attracted to a field and then finding how to grow and develop it within.

RH: And I think as a junior faculty member, you shouldn’t be too rigid about what you want to study. Because sometimes there are opportunities that are just slightly outside of what you thought you were going to focus on, and those are opportunities that you have to seize, and you have to go with them. And that’s just how it turned out for me.

RLP: In more recent years you’ve been involved in non-basic research. How did you make that transition to the work you do now?
RH: Well, again, that’s something that just sort of happened. I ran a lab as what you would call a traditional physician scientist for about 30 years. And I studied signaling pathways related to colon cancer in the laboratory. I think we did a good job. We had a number of different funding mechanisms to help support our work. We published lots of papers. And when I went to Mount Sinai Medical Center, I was put in charge of the clinical cancer program in addition to running my lab. I had two jobs—a clinical leadership job as well as a laboratory focus. And as I became more and more involved in the delivery of cancer care, that’s what I got excited about. I started writing grants related to health sciences research, focused on cancer care delivery. One day I was sitting in my office and I had two grants to write. One was related to the lab research, and one was related to the health services research that I was doing. And I kept writing the latter, the health services research grant, and I could never get around to going back to writing the lab grant.

I realized at that point that I just didn’t have the bandwidth to do both at the level of excellence. And so I made that decision to close my lab. It was a really difficult decision at the time, because it was an essential part of me. Then I went and obtained an MBA to help me in the efforts that I was directing related to the conduct of the cancer program on the clinical side of things at Mount Sinai.

RLP: Now let’s fast forward a bit to your going to Hawai‘i. What can you say about that move?
RH: I think every organization I’ve joined has needed some assistance in getting over the hump and building to a level of excellence. And I love doing that. Even Mount Sinai, which is a huge name in healthcare, had an undeveloped academic hematologic-oncology program when I went there—surprisingly so. They have so many great programs there. But oncology wasn’t one that had a lot of focus before.

Hawai‘i needed some leadership. They had great people there. And they were doing great research. The cancer center needed someone to help organize them, lead them, get everybody on board, working toward the same mission. I thought it would be a really challenging opportunity.

Continued on page 20
My plan in Hawai‘i was to get reaccredited through the National Cancer Institute, which we did, and to get the center on a stable foundation, which I think we also did. Those are the things that drew me to Hawai‘i. And, you know, there are so many things that have drawn me to Vermont. There are great people here doing really solid cancer-related research. And there are some things that need to be reorganized and worked on. And we need to get to a level of excellence in several key areas. And I think that’s achievable.

**RLP:** What are those key areas?

**RH:** I think there are four “pillars” on which a cancer center is built. One is research. We need to do the research that’s relevant to our community here in Vermont. And that research does not just include laboratory research. It includes population-based research that may be related to cancer screening, abuse of substances like tobacco and alcohol that can increase the incidence of cancer, cancer prevention, cancer care delivery, as well as clinical trials. I also think we need to focus more on a cancer center on education and training. We’re sitting in the middle of a renowned university and we need to make sure that our cancer center educational mission meets the mission of the university overall. That involves teaching students, as well as postdocs, and mentoring of junior faculty.

A third “pillar” is community outreach. I often tell people there’s no reason for a cancer center to exist if it doesn’t serve the community where it’s located. It’s critical that we have appropriate outreach to our community stakeholders, and that we get input from those community stakeholders to help inform our research directions, and also to allow us to develop appropriate interventions or programs that can help address those needs of the community.

And then the last “pillar” is clinical care. We have the opportunity here, because we have an affiliated medical center, to really connect research with the highest quality of clinical care. That’s what an academic cancer center does. We try to do some things that you lose sight of that. We do not need to be a community-based oncology clinical program. We can be better. And we can be one that brings the most novel therapies to clinical trials into the fabric of cancer care delivery, and provides sub-specialty expertise of our faculty to the benefit of patients. So, those are our four main areas, and we’ll be working on strengthening all of those.

**RLP:** When you say “community,” how do you define that term?

**RH:** Every cancer center has to define their “catchment area.” I think “impact area” is a better term, but “catchment area” is the one that the National Cancer Institute uses. Many centers define that just as “where patients come from” to their medical center. But since I think the cancer center is much broader than just a patient care delivery institution, we have been looking to define our catchment area as the whole state of Vermont, as well as northeastern New York State. So I feel strongly that our community stakeholders have to come from all of those areas.

We have been working very hard to create a new community advisory board which is truly made up of community stakeholders to give us advice and help us understand the needs of the community. We’ve been reaching out across the state. We’ve been talking with lots of underrepresented groups, including the Pride foundation, as well as Americans with Disabilities organization, New American organizations, as well as more traditional community stakeholders, like the local chapters of the American Cancer Society and our Vermont Department of Health. We’re working to get a broad, connected group to help advise us. And we’ll do the best we can to try to address all of the needs for our population here.

**RLP:** You have shared with me that the cancer center in Hawai‘i has a pretty expansive rural catchment area. And that actually prepared you, I think, in a special way to come to a state completely unlike the state of Hawai‘i. Can you expand on that a bit?

**RH:** Sure. Vermont is one of the most rural states, obviously, in the country. And it is really vital to focus on a rural population, because we recognize now that one of the disparities in cancer outcomes is between urban and rural cancer patients. Rural cancer patients do worse, and there are lots of reasons for that. Some of it has to do with access, transportation, availability of sub-specialty providers. A lot of it has to do with socioeconomic status, as well. I’m excited to be a cancer care delivery researcher at this time, because we can look at this population and say, “What can we do to better serve them, so that we can eliminate those disparities?”

**Supporting a Shared Vision**

With $33 million in support from a longtime major supporter of the University of Vermont Cancer Center and the respect the Juckett Foundation holds for the Cancer Center’s mission to prevent, treat, and cure cancer, Leaders from the University of Vermont and UVM Medical Center joined special guests for the event held in the College of Medicine’s Health Science Research Facility. The Juckett Foundation has provided decades of support to the UVM Cancer Center, helping to improve cancer outcomes for patients across Vermont and Northern New York. In establishing the Juckett Chair, the Foundation’s board of trustees has taken a major step forward in realizing their shared vision of an evolved UVM Cancer Center that has an even more significant impact on the people of this region. Juckett Foundation board member Jerome Yates, M.D., said UVM has found a dynamic new leader in Dr. Holcombe, with the experience to lead and transform the Cancer Center. “It’s critical in every institution to have a foundation of support for quality teachers and investigators, but also to provide some organizational stability, and that’s the hope with the J. Walter Juckett Chair,” said Yates. “It allows for time that can be devoted to building and rebuilding the Cancer Center.”

The goal is to achieve cancer health equity, which is another way of saying we’re eliminating the disparities. But really, we don’t want to just bring everybody to the middle. We want to bring the outcomes for the rural population up to those that we see in an urban population.

Hawai‘i is rated around the tenth most rural state in the country. But if you eliminate the island of Oahu, where Honolulu is, which has 900,000 people in it, the rest of Hawai‘i is as rural or more rural than Vermont. Many of the same issues are present in Hawai‘i. They’re complicated by even worse travel problems because of distance and the nature of island geography. We’ve been doing research to try to identify some of the key factors that we might be able to improve to help rural residents with cancer in Hawai‘i, and I hope to continue that research here.

**RLP:** So, let’s talk for a minute about NCI designation. I have heard you deliver a very thoughtful explanation about cancer center excellence and NCI designation.

**RH:** I think what you’ve heard me say is that NCI designation is like any certification. It demonstrates the capabilities that you have and the excellence that you have in various different areas. And in of itself it can be important, but what it really represents is that you did the things you needed to do to have a robust research program, a good focus on education, extensive community outreach, great clinical care, and application of clinical trials, which is how we make progress in hematology and oncology. So my goal is to really build up the four pillars that we’ve already talked about, so that they are all at a level of excellence which, when you submit an application for NCI designation, will make it impossible for them not to give it to us. That’s the goal of moving forward.

And I am very appreciative of all the people who’ve been working on the cancer center previously and putting lots of effort for that. Certainly. Dr. Gary Stein is one of our key members here. He runs a fantastic research program, which is focused on breast cancer, and he also has established ties across northern New England with a clinical and translational research grant. His contributions to the cancer center are extremely valued. And I think I’m appreciative of all of the other senior faculty that have contributed in leadership roles here at the cancer center. Some of those roles will change a little bit as we move forward, and I think that people are understanding of that and are appreciative of the types of new initiatives that I’ll be implementing.

**RLP:** What role do you see philanthropy playing in the cancer center?

**RH:** An important one, definitely! No NCI Cancer Center survives without robust philanthropy. There are never enough dollars from an institution or medical center to support the research initiatives that you really want to move forward in a cancer center. Part of that is because the more successful you are, the more opportunities for great initiatives appear at your doorstep. So you need more resources to move that forward.

I think that the Firestone Building is a great opportunity, because it’s going to provide a home for shared resources, which is critically important for cancer research, and also provide new space for faculty that will be recruiting. So, we’re very pleased about the Firestone Building and looking forward to its coming online next year.

The J. Walter Juckett Foundation has been very supportive of the cancer center in the past. We’re very appreciative of that and hope that strong support continues moving forward, because that will also enable us to achieve greater goals.

“All We Want is to Bring the Outcomes Up to Those That We See in an Urban Population.”

- Randall Holcombe, M.D., M.B.A.

We will be working with the University of Vermont Foundation to identify other sources of funding through philanthropy. And certainly, we will work to be good stewards of any funding that we bring in through that mechanism and make sure that it’s put toward really impactful research approaches that will benefit the people of Vermont. Philanthropic support helps to build programs. A transformative gift, which some cancer centers received from major donors, can move those initiatives along much faster and create greater opportunities to achieve excellence. And so, we will be looking for large gifts, but we’re also appreciative of small gifts. The bottom line is—it all helps the people who make up the cancer center to do the important work that needs to be done.
Once you receive your M.D. or Ph.D. from the University of Vermont Larner College of Medicine, you automatically become a lifetime member of one of the best clubs around, the UVM Larner College of Medicine Alumni Association. We recently updated our name to be more inclusive of all members of the College’s family, and to remain consistent with our mission to serve our community, patients, and alumni through the best that medical practice and research have to offer.

We are more than 5,000 alumni members strong and we are here to support each other and the College. Here is a snapshot of how alumni are making a difference:

- 125+ class agents help to keep classmates connected and share news and updates with the College.
- 20 Alumni Executive Committee members and past Alumni Association presidents generously give their time to help advance important College initiatives like the construction of the Firestone Medical Research Building (for which we celebrated the groundbreaking in October!). We are currently recruiting for new members for the Alumni Executive Committee. Please email us at medalumni.relations@med.uvm.edu if you are interested in being considered.
- More than 1,200 alumni gave last year to areas important to them. 75 percent of active Larner Alumni have made a gift to UVM in their lifetime. Together we have funded research have to offer.
- The College would not be where it is today without the many alumni who generously give back. In fact, your participation as a donor every year keeps the College in the top 10 among medical schools nationally for alumni giving. This is a true point of pride. THANK YOU.

I personally want to help you realize your passion within medicine as a Larner alumnus. Perhaps it is to honor a teacher, family member, or classmate. Perhaps you would like to see a certain area of our work strengthened in the future. Whatever you feel strongly about, talk with us so we can discuss some ideas.

In the toughest of times, it’s always nice to have something to celebrate, and we have a big milestone coming up for the College in 2022: the 200th anniversary of the University of Vermont Medical School. I am continuing to teach at the University School of Medicine, where she did her residency in pathology, and served on the faculty for over 30 years. She and her husband, Richard Ruscus, Ph.D. ’75, divide their time between their home in Maryland and a family home on Lake Champlain, with occasional visits to children and grandchildren in California.

Submit Class Notes Online

The UVM Alumni Association now offers an easy-to-use online form to submit class notes. You can also browse class notes by year, school or college, or note type.

Submit your class note and read more from classmates: go.uvm.edu/medclassnotes

1960s


Charles Norris, Jr., writes: “I recently retired after 46 years of being in my own private practice of hematology-oncology in the Atlanta, GA area for more than 38 years. I have retired. Many factors went into the decision, but the most important was input from my wife, Paula, who reminded me that at 70 years old I was in good health, and I shouldn’t wait until I was 80 in bad health. I truly loved medicine, and these years were deeply fulfilling and rewarding. However, there are many interests and projects which will keep me occupied, including spending more time with our daughter, Mindy, who lives in New York and works on Klinefled Bridal where she appears regularly on their TV show Say Yes To The Dress. I look forward to revisiting Vermont and revisiting many fond memories.”

James Murray: “I could no longer practice like Marcus Welby, M.D., so I retired!”

Philip Pavrado of Hampden, Maine, has retired. He was a thoracic surgeon.
In this ongoing series, Vermont Medicine shares a note of thanks from a student for the support they’ve received from alumni. Frances Mtuke ’22 sends his gratitude for the multiple scholarships he has received:

Dear Alumni,

My mother and I left our humble village in Zimbabwe twenty years ago when I was just six years old. A secretarial back home by trade, she worked her way into a career as a nurse to provide a better life for the two of us, and in doing so, introduced me to medicine, which would become my passion. Many obstacles stood before me on the path to becoming a physician and many companions rode alongside me as we took those obstacles down by one. Undoubtedly one of the most important obstacles was financial strain, yet thanks to your donation, here I sit, just a few months from earning my medical degree. The magnitude of that quite simply cannot be overstated, and the magnitude of your impact on my life, the lives of those in my family, and the lives of the patients I will serve is unquantifiable. Thank you.

With sincere gratitude,
Frances Mtuke
M.D. Candidate 2022
UVM Lerner College of Medicine

To support students like Mtuke, visit go.uvm.edu/givemed
While everyone at the Larner College of Medicine and throughout the alumni community hoped for an in-person reunion this fall, the prevalence of the Delta variant made it clear that the pandemic was “a marathon, not a sprint.” Practicing physical distancing was clearly still the safest and best course.

Everything the Larner College of Medicine Alumni Association had learned through last year’s virtual reunion made making the quick shift to online in 2021 a smooth one. And an added benefit: so many reunion events were recorded and are easily available 24/7 for anyone who missed them the first time.

“...underscores the broad effect this College and this University have on our communities near and far.”

– UVM President Suresh Garimella, speaking at the UVM Larner College of Medicine Alumni Association Awards

John Tampas, M.D.’54, presents the 2021 A. Bradley Soule Award to Betsy Sussman ’81.

Members of the Class of 1971 take part in the online 50th Year Medalion Ceremony.
DEVELOPMENT NEWS

SCHOLARSHIP SUPPORT FUELS PATH TO BARIATRIC SURGERY FELLOWSHIP

The humanistic aspect of medicine has been a powerful thread for Marissa Mendez, M.D.’15 (shown left), beginning with the experience that sparked her interest.

“I was very young,” says Mendez. “My cousin was incredibly sick when he was born and I remember asking my mom who were the people helping my cousin get better and my mom said, ‘the doctors.’ Right then, medicine went to the forefront of my mind.”

The first in her family to attend medical school, with little guidance and no mentor, Mendez found the application process an uphill battle. Acceptance at UVM was immensely gratifying. Mendez received financial support through several funds, including the Medical Alumni Association Scholarship; Dahl-Salem Family Endowed Scholarship Fund; and John S. Poczabut, M.D.’41 Medical Scholarship Fund. When asked about the impact of financial aid, she says, “Scholarships lifted a bit of weight from my loan debt—and I was so grateful—but in addition to the financial support, knowing there were people out there who wanted to help students who didn’t have financial resources but who wanted to do good in the world—that was huge for me.”

After graduation and surgery residency, Mendez went on to become a minimally invasive surgery fellow at the University of California, Davis. Mendez feels well-prepared for her career. “I received a great education. The knowledge base was strong, but then UVM put so much emphasis on the personal side of medicine. That humanistic focus trained me how to have the difficult conversations that are strong, but then UVM put so much emphasis on the personal side of medicine. That humanistic focus trained me how to have the difficult conversations that are hard to have, but so crucial to patient care.”

To learn more about supporting medical student scholarship funds, contact: Mark Morrison at Mark.Morrison@med.uvm.edu, (802) 656-3225

ALUMS AS ADVOCATES AND PHILANTHROPISTS

Members of the Firestone Medical Research Building Campaign Committee have been generous with their time throughout the planning and construction process for the 60,000 square-foot state-of-the-art building. Now, many of the alumni and university leaders serving on the 13-member committee are taking their advocacy one step further, leading by example with their own philanthropy. By committing to gifts, the following committee members recognize the critical role research plays in keeping our community and world healthy: James Betts, M.D.’75; Jim Hebert, M.D.’77; Arnold Lazar, M.D.’58; John Parsing, M.D.’74; David Reines, M.D.’72; Ray Anton, M.D.’70; Karen Meyer, ’71; Dean Richard Page, M.D., and Claudia Serwer, ’67.

The project received its lead gift from Steve Firestone, M.D.’69. Upon completion in the fall of 2022, the building will house 200 faculty, post-doctoral fellows, staff, and students.

For more information about the project and how you can provide support, contact Manon O’Connor at: Manon.OConnor@uvmhealth.org or call 802-656-4471.

HONORING HOPE

Paul R. Jarvis, M.D.’14 (shown right), was the son of Jim and Karen Jarvis of Barton, Vt. After receiving his M.D., he worked for the Larner Department of Neurological Studies as a postdoctoral research fellow and clinical trials coordinator before starting a neurology residency at North Shore Hospital in Manhasset, N.Y., and at Long Island Jewish Medical Center in Queens.

Paul was diagnosed with epilepsy at age 10, and epilepsy ultimately took his life. In January of this year he died suddenly of a seizure at 35 years of age. Paul embodied hope and optimism and was a hero to many. He channelled that hope and optimism in all facets of his life. Jim and Karen Jarvis have established the Dr. Paul R. Jarvis HOPE Endowment for Epilepsy Research to honor Paul’s memory and to ensure that his passion and dedication for epilepsy research is carried forward.

To support the HOPE Endowment, visit: https://go.uvm.edu/pjarvis

ALUMS AS ADVOCATES AND PHILANTHROPISTS

HONORING HOPE

We know who one prominent member of this group is (hint: you can find his photo elsewhere in this issue, and we’re not talking about the person at top, far left); but who are the rest of the members of this merry crew, gathered, apparently, in the Gross Anatomy Lab on the fourth floor of Given sometime in the late 90s or early aughts?

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

Group Effort

FROM THE PREVIOUS ISSUE

So far, no one has come forward to claim to know the identity of either the rope swinger, or the group trying to catch him in last issue’s image from an old ropes course session during an Orientation Week many years ago. But we’re not giving up; send your best guesses to eneurt@med.uvm.edu and we’ll pass them along in the next issue.
Lawrence B. Perry, M.D.
Dr. Perry, age 80, of Rochester, died peacefully on November 28, 2021, at his home in Rochester. He was raised in Brooklyn and Long Island, earned his medical degree from UVM in 1952. Dr. Ruggiero completed his residency in general surgery at Waterbury Hospital in 1959. He practiced medicine for many years in the Waterbury area before entering a residency program in plastic and reconstructive surgery at Duke in 1963. In 1965, Dr. Ruggiero joined leading surgeons in Washington, Conn., and the Waterbury/Torrington area until his retirement. Dr. Ruggiero served in the U.S. Air Force in France and Germany from 1955 to 1957. At home, he served in many capacities in Waterbury government, including as director of health.

Saul M. Spire, M.D.
Dr. Spire died June 23, 2021, in Burlington, he received his undergraduate and medical degrees from UVM. He completed his psychiatric residency at the Johns Hopkins University and the University of Washington, as well as on a year at the VA as a resident. In 1976, Dr. Spire served as a captain in the U.S. Army Medical Corps, directing the Mental Health and Psychiatric Consult Service at Fort McPherson, Ga. For ten years he completed his military service he was director of the Northern State Hospital Psychiatric Research Unit and professor of psychiatry at the University of Washington. In 1972, Dr. Spire returned to Burlington to join the faculty of UVM’s department of psychology and consulting psychology at UVM. He retired from UVM this year after teaching there from 1972 until his retirement in 1994.

Olin D. “Dobbs” Samsom, M.D.
Dr. Samsom, of Hingham, Mass., died April 27, 2021, in New Haven, Conn. He received his M.D. from UVM and completed his residency in plastic and general surgery at Yale School of Medicine. He worked at the UCSF Medical School in San Francisco. He was in private practice in Hingham, Mass. He died March 12, 2021, in Burlington, he received his medical degree from UVM in 1966. After graduation he returned to Vermont and spent the ensuing 30 years practicing medicine and cancer care.

John A. Vaillancourt, M.D.
Dr. Vaillancourt, of Burlington, died at age 90, on October 1, 2021, at the McClure-Robbins Health Care and Hospice in Auburn, Maine. He was a retired family medicine physician who practiced in the Lake Region for 30 years.

Charles R. Brinkman, III, M.D.
Charles R. Brinkman, MD, died February 21, 2021, in New Haven, Conn., he received his M.D. from UVM in 1983 and completed his residency in ophthalmology at the University of Rochester Medical Center. He worked at the UVM Eye Institute and many years he was a professor at the University of Kentucky Medical Center. He continued his training to specialize in cornea and external disease, and research fellow at Boston University, before joining the faculty of UVM in 1971 as a professor of ophthalmology and consultant in the Department of Ophthalmology. He died June 23, 2021, in Burlington, he received his medical degree from UVM in 1959. Dr. Ruggiero completed his residency in general surgery at Waterbury Hospital in 1959. He practiced medicine for many years in the Waterbury area before entering a residency program in plastic and reconstructive surgery at Duke in 1963. In 1965, Dr. Ruggiero joined leading surgeons in Washington, Conn., and the Waterbury/Torrington area until his retirement. Dr. Ruggiero served in the U.S. Air Force in France and Germany from 1955 to 1957. At home, he served in many capacities in Waterbury government, including as director of health.

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Reginald R. Meanwell, M.D.
Dr. Meanwell, of West Rutland, Mass., died Feb. 21, 2021, at the age of 82. Born April 8, 1938, he received his M.D. from UVM and completed a residency in internal medicine at the UVM Medical Center in Burlington. He was a leader of the Vermont Medical Society and was named its first CEO to know today as the UVM Medical Center—and was named its first CEO in 1965. Dr. Frymoyer initiated the curricular reform that would become the Vermont Integrated Curriculum. In this, as in all his efforts as dean, he championed the development of caring, compassionate, innovative physicians and medical teams that is recognition of saving the lives of those afflicted with hereditary amyloidosis. Dr. Benson was an internationally known for his expertise in neuropathology, ophthalmic practices in San Francisco and Boston. In 1978, he was appointed as the chief of neurology at the UCLA School of Medicine until his retirement in 1994. He then returned to the Robert Packer Hospital and Long Island University, and served in the U.S. Army Medical Corps, spending ten years in San Francisco, Houston, and with the 82nd Airborne Division. He then returned to the Robert Packer Hospital and Long Island University, and served in the U.S. Army Medical Corps, spending ten years in San Francisco, Houston, and with the 82nd Airborne Division. He then returned to the Robert Packer Hospital and Long Island University, and served in the U.S. Army Medical Corps, spending ten years in San Francisco, Houston, and with the 82nd Airborne Division. He then returned to the Robert Packer Hospital and Long Island University, and served in the U.S. Army Medical Corps, spending ten years in San Francisco, Houston, and with the 82nd Airborne Division.
September 5, 2021
1:44 P.M.
Hundreds of Larner College of Medicine, University of Vermont Medical Center, and UVM College of Nursing and Health Sciences clinicians, faculty members, staff and students march together at the annual Vermont Pride Parade.
10 **Merging Mortalities**

Alumnus Sean Stitham, M.D.’80 muses about aging while practicing medicine, and the thoughts that can bring up at bedside.

12 **Into the Fray**

Class of 2020 graduates began residencies in the thick of the turmoil of COVID-19. They reflect now on a challenging year.

16 **Achieving Excellence**

Dean Page and Randall Holcombe, M.D., M.B.A., the new Director of the UVM Cancer Center, talk about complexity in research, and more.