

VERMONT MEDICINE

THE ROBERT LARNER, M.D. COLLEGE OF MEDICINE AT THE UNIVERSITY OF VERMONT

WINTER 2021-2022

FAST FORWARD

The Class of 2020's Immersion
in the world of COVID-19



ALSO FEATURED: CANCER CENTER PLANS • NEW WHITE COATS • A PHYSICIAN'S REFLECTIONS



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



The University of Vermont
LARNER COLLEGE OF MEDICINE

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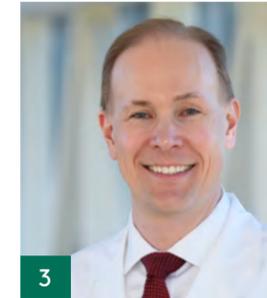
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FROM THE DEAN



RICHARD L. PAGE, M.D.
Dean, The Robert Larner, M.D. College of Medicine at The University of Vermont

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.



BREAKING WITH TRADITION

ON SEPTEMBER 30, UVM and the Larner College of Medicine hosted a ceremonial groundbreaking to celebrate the four-story, 62,500-square-foot Firestone Medical Research Building currently under construction adjacent to the Health Science Research Facility, and slated for occupation in the fall of 2022. Dozens of people attended the event in the College’s Hoehl Gallery.

“Most of you will have noticed that this is not a traditional groundbreaking,” noted Larner Dean **Richard L. Page, M.D.**, in his introductory remarks. “In fact, construction of the Firestone Medical Research Building began one year ago yesterday, on September 29, 2020... This beautiful building has taken shape, and, thanks to biomedical research leading to vaccines, we are able celebrate this construction finally here together.”

College Earns Full LCME Accreditation

IN OCTOBER, the Larner College of Medicine was awarded continued accreditation for a full eight-year term by the Liaison Committee on Medical Education (LCME), the accrediting body for all M.D. degree programs in the U.S. and Canada.

The reaccreditation process was a rigorous one, involving 18 months of self-study organized by 12 standard areas of medical education containing 93 specific elements that are examined for compliance. At Larner, this work was accomplished by a task force and committee structure involving over 300 members of the College community. The self-study also includes a detailed survey of the medical student body, called the Independent Student Analysis, which is written and administered by the students themselves. After the self-study is submitted for review, the LCME conducts a site visit, typically over two or more days.

In 2020 and 2021, the process was complicated by the unique circumstances and limitations presented by the pandemic, which necessitated a pivot to online self-study meetings and a “virtual site visit” by the LCME reviewers over two afternoons in April 2021. Adding to the challenge were the effects of an October 2020 cyberattack on the UVM Medical Center, the College’s clinical education affiliate.

“Despite those challenges, and thanks to the amazing ingenuity, resilience and energy of people from across our community—faculty, staff, and students both in Vermont and Connecticut—our self-study was completed in full and on time,” said Larner Dean Richard L. Page, M.D.

Sanders and Wilcox Named to Leadership

Two new leaders were welcomed to their roles at UVM in early 2022. The College, UVM Health Network, and UVM Health Network Medical Group announced in December that **Jason Sanders, M.D., M.B.A.**, formerly senior vice president and provost at the University of Oklahoma Health Sciences Center had been appointed to fill three critical executive leadership roles—senior associate dean for clinical affairs at Larner, president and CEO of the Medical Group, and Network executive vice president for clinical affairs. He succeeds Claude Deschamps, M.D., who stepped down at the end of September.

Rebecca Wilcox, M.D., has been appointed Associate Dean for Faculty Affairs, succeeding Charles Irvin, Ph.D. Dr. Wilcox, a Larner faculty member since 2009, is Professor of Pathology and Laboratory Medicine, and currently serves as Vice Chair for Education for her department and Section Leader of the Gastrointestinal/Liver Pathology Service at the UVM Health Network.



Jason Sanders, M.D., M.B.A.



Rebecca Wilcox, M.D.

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Awards & Recognition



Professor of Pediatrics **William Raszka, 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.



Polly Parsons, M.D., E. L. Amidon Chair and Professor of Medicine, has been named a master by the American College of Physicians (ACP). According to the ACP, mastership selection recognizes "integrity, positions of honor, impact in practice or in medical research, or other attainments in science or in the art of medicine."



Class of 2023 medical students **Niveditha Badrinarayanan** and **Akua Frimpong** received the U.S. Public Health Service's 2021 Excellence in Public Health Award. The students were recognized for developing the Mentorship Educational Director (MED) program, which they conducted as part of their 2020-21 Schweitzer Fellowship.



Two Larner staff members received the 2021 UVM President's Our Common Ground Staff Awards: **Kate Strotmeyer, M.Ed.**, Communications and Community Outreach Director, UVM Cancer Center; and **Nick Lemon**, Technical Support Specialist, LCOM Information Systems. This award recognizes staff members who exemplify the aspirations and shared values of the UVM community.



Research Bringing a scientific discovery to a clinical trial is challenging. According to Randall Holcombe, M.D., M.B.A., director of the University of Vermont Cancer Center, chief of the Division of Hematology and Oncology, and Juckett Chair in Cancer Research. "It takes about 20 years from discovery to clinical trials, and even then, only about one percent of potential new agents achieve FDA approval."

To be in that one percent, you need solid science and formidable funding. As a Ph.D. student at the University of Vermont, **Brian Cunniff, Ph.D.'14**, (above) now assistant professor of pathology and laboratory medicine, identified a new therapeutic approach for malignant mesothelioma (MM) in partnership with his advisor, Nicholas Heintz, Ph.D., professor

of pathology and laboratory medicine emeritus, and graduate alum Kheng (Newick) Bekdache, Ph.D.

The approach, published in PLOS ONE in 2015, targeted a universal vulnerability in cancer cells that could be exploited therapeutically. Soon after, the pharmaceutical company RS Oncology contacted Dr. Heintz, looking to fund a cure for MM using his, Dr. Cunniff's, and Dr. Bekdache's research as the vehicle.

Dr. Cunniff returned to UVM after completing a postdoctoral fellowship at Harvard to continue the work. Over the last four-and-a-half years, he and his research team, in collaboration with Wake Forest School of Medicine and RS Oncology, have shown the treatment approach's anti-cancer activity and are developing and testing a formulation suitable for delivery to humans.

Quoted

"This study will provide valuable information to investigators involved in the treatment of individuals with cancer."



- **Gregory Holmes, M.D.**, chair of neurological sciences, commenting on the \$7 million NCI grant to associate professor of neurological sciences and UVM Cancer Center member **Noah Kolb, M.D.** (shown left) to develop a new intervention for chemo-induced neuropathy, one that can be as easily implemented in rural areas as large urban centers.

CO-LOCATION OF CONTRACEPTIVE SERVICES WITH OPIOID TREATMENT PROGRAMS STUDY

Research

Increases in maternal opioid use have led to an almost doubling in the number of babies born with neonatal abstinence syndrome (NAS) in the U.S. in the past 10 years. This statistic led the Centers for Disease Control and Prevention and American Academy of Pediatrics to call for stepped-up efforts to reduce opioid use during pregnancy, such as ensuring access to contraception to prevent unintended pregnancies among women who use opioids.

More than 75 percent of women with OUD report having had an unintended pregnancy, but they are less likely to use effective contraception compared to women who do not use drugs.

Results from a multi-year trial led by Professor of Psychiatry **Sarah Heil, Ph.D.**, found that a two-part intervention featuring co-located contraceptive services in opioid treatment programs and financial incentives could offer an effective solution. The results of this National Institutes of Health-funded study appeared this summer in *JAMA Psychiatry*.



"Women with OUD have the same right to decide whether and when to have children as other women, but their persistently high rate of unintended pregnancy suggests that the way contraceptive services are provided does not work for most of them," said Heil. "For women with OUD who do not want to become pregnant, the two interventions we tested provide contraceptive services that better meet their needs and do so in a cost-beneficial way."

CELEBRATION OF RESEARCH EXCELLENCE HIGHLIGHTS ACCOMPLISHMENTS

THE COLLEGE HELD a three-day 2021 Dean's Excellence in Research Celebration, shining a light on the hard work and achievements of students, faculty, staff, and alumni. The series of virtual events, delivered via Zoom, launched on October 25 with a Graduate Student Trainee Showcase. The celebration continued on October 26 with the Distinguished Alumni Award Presentation & Lecture by **Junjie Chen, Ph.D.'93**, followed by the Research Laureate Lecture by **Anne Dixon, M.A., B.M., B.Ch.**, and the State of Research at the College & Research Excellence Awards presented by **Gordon Jensen, M.D., Ph.D.**, senior associate dean for research, on October 27.

For his Distinguished Alumni Award Lecture, Chen, who is a professor at the University of Texas M.D. Anderson Cancer Center, spoke about "Random Thoughts Between Experiments." His talk featured fond memories from his research training at UVM and highlighted his experiences investigating the molecular mechanisms underlying genomic instability and tumorigenesis and studying DNA damage response and cancer biology.

Dixon delivered a presentation on "Obesity and Asthma: How Fat affects Flow" from her hometown in England, recounting her research journey after joining UVM in 2000. She described the findings that led her to focus on why obese individuals had worse asthma control and a four-fold risk of hospitalizations and whether or not weight loss improved asthma in these patients. Following the talk, Jensen commented that Dixon's story provided a "great example of going from molecular biology to quality of life outcomes" research.

Prior to the State of Research at the Larner College of Medicine address, **Dean Page** and UVM Vice President for Research **Kirk Dombrowski, Ph.D.**, delivered remarks. Dombrowski commented that more than half of UVM's milestone \$204 million in research funding in fiscal year 21 came from grants awarded to Larner faculty. He added that the College had more than 370 awards.

Jensen provided an overview of the research in FY2021. Among the highlights



were the construction of the Firestone Building; the Center of Biomedical Research Excellence programs (Vermont Center on Behavior and Health; and renewals of many major grants, including the Northern New England Clinical and Translation Research award, and a T32 National Institute on Drug Abuse grant, which has been continuously funded for more than 30 years and led by Donaldson Professor of Psychiatry and Vermont Center on Behavior and Health Director **Stephen Higgins, Ph.D.**

During the awards portion of the celebration, more than a dozen annual awards were presented, culminating in the 2021 Larner Research Laureate Award given to **Yvonne Janssen-Heininger, Ph.D.**, Professor of Pathology and Laboratory Medicine.

IN SERVICE TO COMMUNITY: THE 2020-21 SCHWEITZER FELLOWS

Five pairs of medical students in the Class of 2023 have spent hundreds of hours over the past year focused on the needs of an underserved population in Vermont through the Albert Schweitzer Fellowship Program. Each project tackles an important issue in tandem with a community partner, to develop leadership skills and address the social factors that impact health.



Combatting 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 lessons in being adaptable and flexible. Both students also pointed to the rich discussions the program fostered.

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 Wolfson, M.D., associate professor of surgery and emergency medicine physician, who received a grant to increase out-of-hospital cardiac arrest survival rates, especially in under-resourced populations in Vermont. Working with Wolfson, 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 Deb Caletti. 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

Delaney Sztraicher '23 and **Jennifer Risi '23** created an afterschool program for young women in third through fifth grade at Edmunds Elementary School in Burlington, Vt. Titled “Marie’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 afterschool program. Once per week, Risi and Sztraicher 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 Badrinarayanan '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 competence, and other aspects of health and medicine. On July 21, Badrinarayanan and Frimpong were presented with the U.S. Public Health Service’s 2021 Excellence in Public Health Award for this project.

Google, 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 July? because I am wearing my @UVM_LarnerMed med Pride pin for the first time ever and we’re feelin it” The tweet was accompanied by two photos of Clarke—one, a selfie he took of his reflection in a mirror—dressed in his white coat and business attire with a stethoscope around his neck, and the other, a close up of his white coat with the Pride pin he refers to clipped to his lapel. The tweet has since garnered numerous comments and retweets, and over 700 likes. This is the story of his journey to that day and what he has learned since then.

“Can doctors be gay?” I typed the question into the Google search bar, I held my breath, and clicked search.

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 imbibed 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 Cichoski-Kelly, 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, if there are any 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 Whitaker, 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 loudly and proudly put the pride flag in my bio. It is funny how folks are often more apt to be themselves 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 outpatient 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 few days I’ll get a notification about a like or a retweet—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 for 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.



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



(Above) Devika Singh, M.D. gives keynote address, (left) Anupama Balasubramanian fist bumps Dean Page

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 stomp for change...When systems and structures sluggishly remain in place despite your every level of agitation, then I want you to push harder.”



A Symbol of Scientific Rigor:

NEUROSCIENCE GRADUATE STUDENTS RECEIVE COATS

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



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

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.

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 evening-shift hospitalist, admitting patients from the emergency department. On a recent shift, three patients I admitted consecutively reminded me of my reaction to the young patient in 1979.

The first was a man wearing a turquoise choker and a gray ponytail. He wouldn't have looked out of place at an Eagles reunion

concert. He had newly diagnosed diabetes and pancreatitis, and his birth year was 1955. He was uncomfortable and vomiting and gave terse replies to questions.

The next was a man with high blood pressure and new stroke, which left him aphasic. He was born in 1956.

The last was a man with a history of prostate cancer surgery, now with leg cellulitis. He was born in 1954, the same year as I was. We chatted about which high school he had attended and the bakery truck he now drove. I asked if he got free samples. When I questioned him about alcohol use, he said he had four to six drinks a night. I asked if he thought that was too much, and he said he reckoned so and was thinking about cutting back. I asked about depression, and he said the hormone treatment for his prostate cancer had taken away his sex drive and that made him sad. We talked briefly about the various treatments available to him.

At the end of the visit, I asked the usual “Any other questions?” and he said, “Well, actually I was wondering—is this your 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, “Because you seem different than the rest.” I laughed and replied, “Yeah, I'm a lot older than they are.” He said, “Well, yes, that—but talking to you was more like a conversation.” I wasn't sure at first if he thought I had been too casual, and therefore not professional, but he seemed to

“Any other questions?” and he said, “Well, actually I was wondering—is this your normal job?”



mean it in a positive way, so I thanked him and went on to do more admissions.

Later, 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 1914? I think not.

There was a lot I didn't know in my early years. Watching my father die from cancer in hospice in his 80s and my mother's slow

decline from Alzheimer's until her death at 95 taught me more than any continuing 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 rapidly approaching 50th high school reunion.

Even as, one by one, my peers, neighbors, and cousins begin to manifest the frailties and ailments of advancing age, I have endeavored to keep my blinders 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. **VM**

Sean Stitham, M.D.'80 practices in the Seattle, Wash. area. This essay was originally published in the June 3, 2021 issue of the *New England Journal of Medicine*. Reprinted by permission. *NEJM* 2021; 384:2078-2079

INTO

BEGINNING RESIDENCY IN THE MIDST

THE

OF A GLOBAL PANDEMIC

FRAY

BY ERIN POST

M

edical 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.



Gesca Borchardt, M.D.'20
University of Arizona Health Sciences

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 their shoulders and not quite know what to do."

As a new resident, York called these moments "very humbling" in that he could read up on the newest research—which was coming at a rapid clip—and bring that knowledge to the group.

Looking ahead, he sees connecting with community members who may be vaccine hesitant as key to bringing the pandemic under control. Citing the long history of systemic racism in medicine, he points to the outsized burden of disease in Black and Hispanic communities as evidence that medical professionals need to commit to outreach.

"There are obvious reasons why people in these communities might be suspicious of public health recommendations," he says. "I think we can't give up on continuing to engage and meet people where they are."



Collin York, M.D.'20
University of Virginia

FINDING JOY

Bay Shore, New York

Jasmine Robinson, M.D.'20, keeps artwork from her seven-year-old daughter close during her days as an 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, overextending 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."



Jasmine Robinson, M.D.'20
Southshore University Hospital, N.Y.

"It was the most intense way I could imagine starting my intern year, an emotional test of will that pushed me to keep showing up and doing more for my patients and their families." –Megan Kawasaki, M.D.'20

"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 ARVIDSON, M.D.'20, DIAGNOSTIC RADIOLOGY RESIDENT WHO COMPLETED HER TRANSITIONAL YEAR AT ASCENSION PROVIDENCE IN SOUTHFIELD, MICH.

"In the weeks leading up to the start of residency, I reached out to many of my mentors to see how they were coping and managing with the current situation. Ultimately, I was just hoping to have a better understanding for the situation I was about to enter. As residency started, I looked up and continue to look up to my juniors and senior with a lot of respect, appreciating their strength for having just experienced several trying months just prior. I can't start to imagine the sense of fear, insecurity, and overwhelming that they must have endured during the first days to weeks to months of an unraveling pandemic."

—AVA BAKHTYARI, M.D.'20, NEUROLOGY RESIDENT AT BOSTON UNIVERSITY MEDICAL CENTER

"One of the biggest challenges I faced was updating family members about the conditions of their loved ones, especially while I was in the ICU... I would often spend a good part of my day talking to family members and giving updates over the phone. 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 of will that pushed me to keep showing up and doing more for my patients and their families. It was immeasurably formative. I couldn't be more humbled by and grateful for that experience."

—MEGAN KAWASAKI, M.D.'20, ANESTHESIOLOGY RESIDENT AT MOUNT SINAI HEALTH SYSTEM, LOS ANGELES

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 UVM Medical Center, he's worked with patients who rely on translators to 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 mandate 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 haven't had a chance to get fully vaccinated and now 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 stressor 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 I really enjoy," he says. "I've got patients that I've seen four or five times over the course of a year, and I'm going to be able to build those relationships for the first time. It's really rewarding." VM



Eli Goldberg, M.D.'20
UVM Medical Center

ROBERT LARNER, M.D.
COLLEGE OF MEDICINE

Richard L. Page, M.D., Dean (left)
and Randall Holcombe, M.D., M.B.A.,
outside the Larner College of Medicine

DEAN PAGE AND RANDALL HOLCOMBE,
M.D., M.B.A., THE NEW DIRECTOR OF
THE UVM CANCER CENTER, TALK ABOUT
THE LURE OF COMPLEXITY AND
PROBLEM-SOLVING IN RESEARCH,
CLINICAL CARE, AND ADMINISTRATION.

ACHIEVING EXCELLENCE

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 had thoughts of perhaps focusing on rheumatology or infectious disease or hematology and oncology. All of them seem to have some overlap with the immune system. And I really found taking care of cancer patients very fulfilling. And that's what led me in the direction of hematology-oncology.

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 the fortunate opportunity to be able to do nationally 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: Essentially, 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 K23 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 within it.

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 a undeveloped academic hematology-oncology program when I went there—surprisingly so. They have so many great programs there. But oncology wasn't one that had 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

RANDALL F. HOLCOMBE, M.D., M.B.A.
UNIVERSITY OF VERMONT

- Professor of Medicine and Director, University of Vermont Cancer Center
- Chief, Division of Hematology/Oncology
- J. Walter Juckett Chair in Cancer Research

UNIVERSITY OF HAWAI'I

- Professor of Medicine, John A. Burns School of Medicine
- Director, University of Hawai'i Cancer Center

MOUNT SINAI SCHOOL OF MEDICINE AND MOUNT SINAI HEALTH SYSTEM (N.Y.)

- Professor of Medicine (2010-2016)
- Director, GI Medical Oncology (2010-2016)
- Medical Director, Rutenberg Treatment Center (2010-2016)
- Director, Clinical Cancer Affairs (2010-2013)
- Deputy Director, The Tisch Cancer Center (2011-2016)
- Chief Medical Officer-Cancer (2013-2016)
- Associate Director for Clinical Affairs, The Tisch Cancer Center (2010)

UC IRVINE SCHOOL OF MEDICINE CHAO FAMILY COMPREHENSIVE CANCER CENTER, UCI MEDICAL CENTER

- Professor of Medicine (2006-2010)
- Associate Professor of Medicine (1997-2006)
- Chief, Division of Hematology/Oncology (1997-2010)
- Associate Director for Clinical Research (1997-2010)
- Director, Office of Clinical Research and Trials (2006-2010)
- Associate Vice Chancellor for Research (2008-2010)

LSU SCHOOL OF MEDICINE

- Associate Professor of Medicine (1993-1997)
- Assistant Professor of Medicine (1989-1993)

EDUCATION & TRAINING

- Duke University, B.A. Zoology & Chemistry, 1979
- University of Medicine and Dentistry of N.J. -New Jersey Medical School, M.D., 1983
- Zicklin School of Business, Baruch College, M.B.A., 2015
- Resident Physician, Brigham & Women's Hospital, Boston, MA 1983-1986
- Chief Medical Resident, West Roxbury Veterans Administration Hospital, Boston, Mass., 1986
- Research/Clinical Fellow in Medicine (Hematology/Oncology), Brigham & Women's Hospital, 1986-1989
- Research Fellow in Medicine, Harvard and Research Fellow in Genetics, Harvard Medical School, 1986-1988
- Clinical Fellow in Medicine (Hematology/Oncology), Harvard Medical School, 1988-1989

My plan in Hawai'i was to get redesignated 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 honestly, in many ways, those are the same 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 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 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 as 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 extremely 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 center does. We need to take great care to not 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 patients, incorporates 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

SUPPORTING A SHARED VISION

With \$3 million in support from a longtime major supporter of the University of Vermont Cancer Center, Randall F. Holcombe, M.D., M.B.A., was invested as the inaugural J. Walter Juckett Chair in Cancer Research in the Larner College of Medicine on November 3, 2021. The formal ceremony marked Holcombe's stature as a national cancer care leader 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."

community. We've been reaching out across the state. We've been talking with lots of underrepresented groups, including the Pride Foundation, and 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?"

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. In and 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 we submit an application for NCI designation, will make it impossi-



ble 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 in 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'm very 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.

"WE WANT TO BRING THE OUTCOMES FOR THE RURAL POPULATION 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. **WM**



Omar Khan M.D.'03
President, University of Vermont Larner College of Medicine Alumni Association

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

lecture series, scholarships, diversity, equity and inclusion initiatives, and so much more. Did you know that 42 percent of students received funding from an Endowed Scholarship last year? That means 203 of the 488 students benefited from philanthropy that will live on in perpetuity, helping generations of students.

PRESIDENT'S CORNER

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 Col-

lege 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 alum. 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 its founding! Watch for more information about ways we will marking the occasion, and send us your ideas for how we could celebrate!

As always, thanks so much for all you do for the College. I am honored and humbled to be your colleague and fellow alum.

✉ omar.kahn@uvm.edu
medalumni.relations@med.uvm.edu
 🐦 @HomerKahn

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

CLASS NOTES

1960s

REUNION 2021: 1961 + 1966

'60 **Mel Wolk** created a children's coloring book called *The Ill-Phabet—an ABC of Illness and Health Education for Children—Coloring and Activity Book* to help kids cope with illness and not be afraid. The book can be purchased on Amazon and the proceeds go to Ronald McDonald House Charities.

'63 **John Izsak's** grandson, Sam, is a Catamount this fall in the Class of 2025. His daughter-in-law, Julie Sussman Izsak, also graduated from UVM in the Class of 1987. John Izsak received his undergraduate degree from UVM in 1958.

1970s

REUNION 2021: 1971 + 1976

'75 **Charles Norris, Jr.**, writes: "I finally retired after 46 years. At 72 years old I finally get to take it easy in the morning. I can read, be

Share your news or updated contact information at go.uvm.edu/infoupdate, or contact your class agent, or the Larner Development & Alumni Relations office at medalumni.relations@med.uvm.edu or (802) 656-4014.

creative and get in better physical shape. The last couple of years were challenging with death of a partner, dealing with the pandemic and a sudden switch to telehealth. I do not envy the younger docs as they move forward with government regulation, interference from Insurance and the politics of who gets to call themselves a doctor without time spent in medical school. I am continuing to teach at local medical school and enjoy the interaction with the students."

'75 **Lorraine Racusen** has received the 2021 Robert H. Heptinstall Lifetime Achievement Award from the International Renal Pathology Society. She is an emerita professor at the Johns Hopkins University School of Medicine, where she did her residency in pathology, fellowship in renal pathology, and served on the faculty for over 30 years. She and her husband, Richard Racusen, 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.

'77 **Allan Freedman** writes: "After 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 at Kleinfeld Bridal where she appears regularly on their TV show *Say Yes To the Dress*. I look forward to re-visiting Vermont and rekindling many fond memories."

'78 **James Murray** writes: "I could no longer practice like Marcus Welby, M.D., so I retired!"

'78 **Philip Peverada** of Hampden, Maine, has retired. He was a thoracic surgeon.

SUBMIT CLASS NOTES ONLINE

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



1980s

REUNION 2021: 1981 + 1986

'81 George Fjeld writes: "Big year! Retirement, daughter Kalle graduates and starts her EM residency at Dartmouth, 45th wedding anniversary, 40th reunion year! And a family whitewater rafting trip down the Grand Canyon!"

'86 Steven Meyers and Barbara Weber, M.D.'87, took part in a Backroads bicycling tour through Martha's Vineyard and Nantucket with group leader Sean Kopetz '16.

'87 Harley Donnelly writes: "The end is near! No, not that end, just the end of my medical practice. I've felt in the past that working was too much fun to stop, but Covid and other considerations have made me feel different. I've had a great run, essentially starting in medicine 45 years ago as a nursing assistant in my home town emergency room, then as a nurse for four years before starting medical school. I've had the luck of working with great people over these years, too many to mention. Nancy is very happy to see this happen, anticipating all sorts of travel, but at this time? There's more need than ever for connecting to people, so if visiting, let me know!"

'89 Steve Davis was appointed president and CEO of Cincinnati Children's effective November 22, 2021. He came to the position after serving as chief operating officer of the institution since 2015. Before joining Cincinnati Children's, Davis was chief operating officer of Hillcrest Hospital, part of the Cleveland Clinic system. He served the Cleveland Clinic in a variety of key positions from 1996 to 2015, including as: program director for the Pediatric Critical Care Fellowship Program; medical director of Pediatric Respiratory Therapy; chair of Pediatric Critical Care Medicine; vice chair of pediatrics; and executive director of critical care across the Cleveland Clinic health system.

1990s

REUNION 2021: 1991 + 1996

'92 Kelly Gray-Eurom has been appointed by Governor Ron DeSantis to Florida's Commission on Mental Health and Substance Abuse. A board-certified emergency medicine physician at UF Health Jacksonville and a professor in the department of emergency medicine at the University of Florida College of Medicine, she is a member of the American Board of Emergency Medicine and is an American College of Emergency Physicians Fellow. Gray-Eurom completed her residency at the University of Florida College of Medicine.

'97 Steven Battaglia says: "Steven Ryder, M.D.'97, is moonlighting as a volunteer fire fighter near Lake Tahoe. "It's challenging," he writes, "but it's the least I can do for the environment and it keeps my body in shape!"

'99 Ann Maloney writes: "Keep safe, all, tough year for all of us, hang in there!"

2000s

REUNION 2021: 2001 + 2006

'02 Elwyn Cabebe is the new medical director of the Stanford Cancer Center South Bay. Elwyn, who has completed his medical oncology fellowship at Stanford and is board-certified in internal medicine, medical oncology, and hospice and palliative care medicine, will be leading all cancer center services. He will be focused on promoting and enrolling patients into Stanford cancer clinical trials, improving access to cancer services with a particular interest in addressing the cancer needs for disenfranchised, underrepresented, and minority communities, as well as quality cancer care delivery.

'07 Sahir Kalim says: "Still in Boston at MGH ever since nephrology fellowship training. Co-directing the Kidney Research Center here and running a large clinical and translational research lab. Always dreaming about how to

UVM CONTINUING MEDICAL AND INTERPROFESSIONAL EDUCATION

27TH ANNUAL VERMONT PERSPECTIVES IN ANESTHESIA
Virtual Streaming
March 2-4, 2022

VERMONT GERIATRICS CONFERENCE
April 12, 2022
DoubleTree by Hilton Hotel
Burlington, VT

CARDIOVASCULAR/ VASCULAR FORUM
May 2, 2022
Delta Marriott
South Burlington, VT
With Virtual Option

48TH ANNUAL FAMILY MEDICINE REVIEW COURSE
June 7-10, 2022
DoubleTree by Hilton Hotel
Burlington, VT

ANY ON-CAMPUS EVENTS IN THE NEAR FUTURE MAY BE SUBJECT TO CHANGE DUE TO COVID-19 PRECAUTIONS.

For Information Contact:

UNIVERSITY OF VERMONT CONTINUING MEDICAL AND INTERPROFESSIONAL EDUCATION
401 Water Tower Circle, Suite 102 • Colchester, VT 05446
(802) 656-2292 • UVMCMIE@med.uvm.edu • med.uvm.edu/cmie

move the enterprise north to Burlington! Love hearing about what my stellar classmates are up to. While research and seeing patients can be demanding, I find it simple compared to keeping up with our two sons."

2010s

REUNION 2021: 2016

'10 Ines Stromberg has joined Riverside Urology Specialists of Gloucester, Virginia. Board-certified by the American Board of Urology, Stromberg comes to Riverside after serving 11 years as an active-duty U.S. Navy physician. She completed a general surgery internship at the National Capital Consortium in Bethesda, Maryland and urology residency training at Eastern Virginia Medical School in Norfolk.

'13 Olivia Carpinello has joined the staff of CCRM Fertility in Tysons Corner, Virginia. Board certified in obstetrics and gynecology, with a specialization in reproductive endocrinology and infertility, she completed her residency at the University of Connecticut and a fellowship in reproductive endocrinology and infertility at the National Institutes of Health, where she was a staff clinician.

'18 Emily Forbes-Mobus has joined the staff of Putney Family Healthcare. She completed her residency in family medicine with the University of Vermont Medical Center. Additionally, she completed a fellowship with the Vermont Alzheimer's Association.

THE IMPACT OF MEDICAL SCHOLARSHIPS

In a new video, hear how medical scholarships are opening doors to gifted students from myriad backgrounds, enriching classroom and clinical learning environments, and cultivating skilled and compassionate physician leaders of tomorrow.



"A donation to a medical student is helping future patients of theirs...you're not just donating and helping one single individual. It really has a larger impact than that." - MICHAEL BARNUM '22

Watch the Video: go.uvm.edu/larnerscholarships



"The day I received the email that I got the scholarship was honestly a very overwhelming day. I don't even think words can express it. Having that impact on people you don't even know—I think it's truly amazing and it's very admirable and it has inspired students like myself who are on scholarship to pay it forward." - EDMON GIRMA, M.SC. '24

A NOTE OF THANKS



Frances Mtuke '22

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 secretary back home by trade, she worked her way to 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 one 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,

Francis Mtuke
M.D. Candidate 2022
UVM Larner College of Medicine

To support students like Mtuke, visit go.uvm.edu/givemed

Medical Reunion '21

Online and available!

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.

REUNION IS NOT OVER YET!

Visit go.uvm.edu/medreunion to see:

- State of the College with Dean Page and Alumni Town Hall
- Medical Education Today Student and Faculty Panel
- Department of Pediatrics Update with Dr. Lewis First
- UVM Larner College of Medicine Alumni Association Awards
- Student-Guided Virtual College Tour



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 Medallion Ceremony.

“The breadth of your accomplishments... 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





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 better guide my patients and their families through tough situations."

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

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 33 years of age. Paul embodied hope and optimism and was a hero to many. He channeled 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>



The University of Vermont
Larner College of Medicine
Medical Development &
Alumni Relations Office
(802) 656-4014
medical.giving@uvm.edu
med.uvm.edu/alumni

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.'73, Jim Hebert, M.D.'77, Arnold Goran, M.D.'58, John Persing, 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**.



Group Effort

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 eneuert@med.uvm.edu and we'll include them in the next issue of *Vermont Medicine*.



◀ 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 eneuert@med.uvm.edu and we'll pass them along in the next issue.

'49 Edward S. Sherwood, M.D.
Dr. Sherwood died April 5, 2021. Born May 29, 1925, he attended Colby College until he joined the Navy during World War II. Through the V-12 Navy College Training Program he went to Bates College and earned his medical degree at UVM. He completed an internship at Maine General Hospital and finished his service in the U.S. Navy during the Korean Conflict at the Quantico Base in Virginia. He completed a pediatric residency at Providence Lying-In Hospital and Boston Children's Hospital. In 1955, Dr. Sherwood joined the New Brunswick Pediatric Group in New Jersey, from which he retired in 1985.

'52 Novello "Noel" E. Ruggiero, M.D.
Dr. Ruggiero, of Fort Pierce, Fla., and Watertown, Conn., died Oct. 30, 2020, at the age of 96. Born September 23, 1924, he received his medical degree from UVM in 1952. Dr. Ruggiero completed his residency in general surgery at Waterbury Hospital. He practiced medicine for years in the Waterbury area before entering a residency program in plastic and reconstructive surgery at Duke University. Upon completion of his residency, he practiced in Washington, D.C., southeastern Massachusetts, 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 Watertown government, including as director of hospice.

'53 Lawrence B. Perry, M.D.
Dr. Perry, age 93, of Rochester, Minn., died April 23, 2021, at Charter House-Mayo Clinic. Born May 12, 1927, he served in the U.S. Marine Corps at the end of World War II. He received his B.A. from Dartmouth College and his M.D. from UVM in 1953. Following a two-year internship at Ellis Hospital in Schenectady, N.Y., he engaged in general practice in Schenectady and Laramie, Wyo. After entering the U.S. Army Medical Service in 1962, he completed his residency in anesthesiology at Walter Reed Army Medical Center in Washington D.C., and Fitzsimons Army Hospital in Aurora, Colo. Dr. Perry served in Vietnam from 1967 to 1968 and provided medical support on the recovery ships for the Gemini Mission 7/6 in 1965, the Apollo 10 Mission in 1969, and the Apollo 12 Mission in 1969. He joined the Mayo Clinic in Rochester, Minn., in 1970, where

he served as a consultant until his retirement in 1986.

'54 Bernard A. "Bud" Gouchoe, M.D.
Dr. Gouchoe, of Exeter, N.H., died October 2, 2019, at the age of 89. Born in Rutland, Vt., on October 16, 1929, he earned his undergraduate and medical degrees from UVM. He completed his internship at Worcester City Hospital in Worcester, Mass., and then went into pediatric practice at the Concord Clinic (now the Dartmouth-Hitchcock Clinic) in Concord, N.H. For the next 38 years he served thousands of Concord-area families—multiple generations in some cases. He was a much-loved pediatrician known for his gentle, calm reassurance and adroit diagnostic skills.

'56 Saul M. Spiro, M.D.
Dr. Spiro died June 23, 2021. Born in Burlington, Vt., 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 a year at the Jung Institute in Zurich. Dr. Spiro served as a captain in the U.S. Army Medical Corps, directing the Mental Hygiene Consulting Service at Fort McPherson, Ga. For ten years following the completion of his military service he was director of the Northern State Hospital Psychiatric Residency Training Program affiliated with the University of Washington. In 1972, he was appointed professor of psychology and consulting psychiatrist at Washington State University in Pullman, Wash. He taught there from 1972 until his retirement in 1994.

'58 Olin D. "Doc" Samson, M.D.
Dr. Samson, of Hingham, Mass., died April 27, 2021. Born July 22, 1932, in St. Albans, Vt., he received his M.D. from UVM in 1958. He became a captain in the U.S. Army and was stationed in White Sands, N.M., between 1959 and 1961. He began his career at Beverly Hospital in Beverly, Mass., and then spent many years at Hunt Memorial Hospital, where he served as chief of staff. After moving to Danvers, Mass., Dr. Samson set up his medical practice where his wife, Coralyn, worked as the business manager. Later, he was on the board of trustees at Hunt Memorial Hospital in Danvers, Mass., before retiring in 1991. Dr. Samson practiced internal medicine from 1963 to 1991.



In Memoriam

Dean John W. Frymoyer, M.D.

Dr. Frymoyer, the 14th dean of the UVM Larner College of Medicine, died August 2, 2021, at the age of 83. Dean Frymoyer spent nearly his entire long and illustrious career at UVM. He

arrived shortly after his graduation from the University of Rochester Medical School, and became the first resident in orthopaedics at UVM and its affiliated hospitals. He led important research into the understanding and care of the lumbar spine, and fostered the development of bioengineering in relation to orthopaedics. He was the recipient of a Macy Foundation Sabbatical Fellowship in 1977, which he spent at the Nuffield Orthopaedic Centre in Oxford, England, and in Gothenburg, Sweden. He published more than 100 journal articles in the course of his career, and several books, including *The Adult Spine*, a key reference work. He was the founding editor of the *Journal of the American Academy of Orthopaedic Surgeons*. At the College, Dr. Frymoyer rose through the ranks to become full professor in 1977, and served as chair of the Department of Orthopaedics and Rehabilitation from 1979 to 1987. In 1993, he was named dean of the College, after having served two years as interim dean. He retired as dean at the end of 1999. Prior to assuming his deanship he served as chief executive officer of University Health Center. He later was a leader of the merger effort that created Fletcher Allen Health Care—what we know today as the UVM Medical Center—and was named its first CEO in 1995. Dean Frymoyer initiated the curricular reform that resulted in 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—work that is recognized to this day through our Teaching Academy's John W. and Nan P. Frymoyer Scholars Program, which supports innovative approaches to clinical teaching that emphasize the art of patient care. This program also recognizes Dean Frymoyer's wife, Nan, who died in 2010.

'60 Charles R. Brinkman, III, M.D.

Dr. Brinkman died February 21, 2021. Born April 8, 1934, in New Haven, Conn., he received his M.D. from UVM and completed his residency at Yale School of Medicine. He worked at the UCLA School of Medicine as a professor in obstetrics and gynecology for 30 years, rising to be chief of obstetrics and gynecology. Dr. Brinkman was a veteran of the U.S. Army, having served as captain, medical corp., at Ft. Ord Military Base in Monterey, Calif., during the Vietnam War.

'61 John A. Vaillancourt, M.D.

Dr. Vaillancourt, 85, a native of Swanton, Vt., and a resident of San Francisco for the past 40 years, died April 28, 2021. Born June 23, 1935, he received his M.D. from UVM in 1961. He served an internship at the former Philadelphia General Hospital and completed residency training in internal medicine at Northwestern and Veterans

Administration Hospitals in Chicago. Dr. Vaillancourt was board certified in internal medicine in 1969 and was inducted as a fellow of the American College of Physicians. In 1965, Dr. Vaillancourt became a commissioned officer in the United States Public Health Service. His first tour of duty was the Public Health Service Hospital (Marine Hospital) in San Francisco. When that hospital closed in 1981, Dr. Vaillancourt was assigned to the office of the Director of the Division of Heart and Vascular Disease at the National Institutes of Health in Bethesda, Md., until his retirement from active duty in 1987. Then he returned to California where he worked as a disability evaluation consultant for the Department of Social Services until he retired in 2005.

'63 Leroy G. Meshel, M.D.

Dr. Meshel died on January 1, 2021, at the age of 86. Born and raised in Brooklyn and Long Island, N.Y., he received his M.D. from UVM and trained at Montefiore Medical

Center in New York City, Syracuse Upstate Medical Center, and Schepens Eye Research Institute in Boston, Mass. Dr. Meshel finished his training in neuropathology, ophthalmic pathology and neuro-ophthalmology with fellowships at the Montefiore Medical Center and the University of California San Francisco Medical Center. He was board certified in ophthalmology in 1972 and opened practices in San Francisco and Daly City, where he worked until his retirement in 2000. In 1974, he founded Narcissus Eye Research, a non-profit foundation, to continue the development and production of a special, customized contact lens he created to help patients with damaged eyes. In the 1980s, NASA asked Dr. Meshel to develop contact lenses to help research causes for space motion sickness. These lenses were worn by the astronauts on eight Space Shuttle missions.

'64 William M. Burke, M.D.

Dr. Burke, of West Roxbury, 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 University of Kentucky Medical Center. He continued his training to specialize in addiction medicine. For many years he was a professor at the University of Massachusetts Medical School, and then went on to work at United Health Care in Westborough. Dr. Burke distinguished himself in the U.S. Army, serving as doctor in Vietnam. He was awarded the Bronze Star.

'65 Merrill Douglas Benson, M.D.

Dr. Benson died September 11, 2021, at the age of 83. Born in Richford, Vt., he received his M.D. from UVM in 1965. After residency, he served for three years as a captain and physician in the U.S. Air Force before becoming a staff physician and research fellow at Boston University. With his wife, Marlene Aldo Benson, M.D.'65, he relocated to Indianapolis in 1976 to help found the Division of Rheumatology at Indiana University Medical Center. He also created and led the rheumatology service at the Richard L. Roudebush Veterans Administration Hospital. Dr. Benson was an internationally revered biomedical researcher who labored his entire professional life to understand and treat amyloidosis. This work culminated in the creation of the first drug, Inotersen, capable of saving the lives of those afflicted with hereditary amyloidosis.

'65 John A. M. Hinsman, Jr., M.D.

Dr. Hinsman died May 28, 2021, at the age of 82. Born May 27, 1939, in Rutland, Vt., he received his M.D. from UVM in 1965 and completed his internship and residency from 1965 to 1969 at the Robert Packer Hospital and Guthrie Clinic. Dr. Hinsman served in the U.S. Army as a medical officer from 1969 to 1972 at Tripler Army Medical Hospital in Honolulu, Hawaii. Upon the completion of his service he was honorably discharged at the rank of Major. He then returned to the Robert Packer Hospital and Guthrie Clinic, where he practiced internal medicine, eventually becoming chief of the department. Dr. Hinsman was known for his dedication and his gentle bedside manner.

'66 Fred "Ted" Perry, M.D.

Dr. Perry died on August 11, 2021 at Miriam Hospital in Rhode Island. He was 81. Born in Coventry, R.I., he graduated from Providence College in 1961 before coming to medical school at UVM. During the Vietnam War he served his country as an anesthesiologist at field hospitals in CuChi and AnKhe, achieving the rank of captain in the U.S. Air Force. Following an anesthesia residency, he returned to Rhode Island and joined Anesthesia Associates at Kent County Memorial Hospital, where he worked for more than 20 years. He became chief of anesthesia and served a term as president of the medical staff. In 1995, Dr. Perry moved on to Pawtucket Memorial Hospital, where he formed Anesthesia Care, Inc., and served as chief of anesthesia for several years. He was proud to say he was able to continue to work until the age of 79.

'69 Bruce W. Swinyer, M.D.

Dr. Swinyer died at his home in California on October 8, 2021 surrounded by family. He was born in St. Albans, Vt., the son of a physician, Emory Swinyer, M.D.'36. The family later moved to Poultney, Vt., where his father set up his medical practice in their home. His mother, Avis, was an R.N., who worked in the community and helped in the home office. Dr. Swinyer's brother, Leonard, also received his medical degree from UVM, in 1966. After graduation he completed a pathology residency at Kaiser Hospital in San Francisco, followed by required military service at Balboa Naval Hospital until 1975. He then joined a practice in Bakersfield, Calif., working first at Mercy Hospital,

and then moving to Memorial Hospital. He became the medical director of the laboratory until his retirement in 2014. He was also medical director of the laboratory and board member at Kern Valley Healthcare District in Lake Isabella, Calif.

'70 Thomas I. Soule, M.D.

Dr. Soule died on August 1, 2021 in Ithaca, N.Y. from complications of Parkinson's Disease. He was 76. Born in Fairfax, Vt., he graduated with a B.A. from the College of the Holy Cross, before coming to this College of Medicine. He completed his residency in neurology at Duke University Medical Center, and served in the U.S. Army Medical Corps, spending time in Seoul, San Francisco, Honolulu, and at Walter Reed Army Medical Center in Washington. After leaving active service, Dr. Soule was in the U.S. Army Reserve until 1994, retiring at the rank of Colonel. He began his neurology practice in Glens Falls, N.Y., in 1981. He was an active member of the Glens Falls Hospital medical staff, serving in various capacities, including as a member of the Board of Governors and supporting the pastoral care program. In recognition, he was awarded the Hospital's Harry M. "Mac" DePan Physician Award of Excellence. He moved to Ithaca in 2017.

'71 Neal Borenstein, M.D.

Dr. Borenstein died September 2, 2021 in Portland, Ore. Born in Boston, Mass., in 1945, he received his M.D. from UVM in 1971 and completed his fellowship in forensic psychiatry at Harvard Medical School. His long career in psychiatry started as a captain in the U.S. Army at a military hospital in Bloomington, Ind. He then returned to Massachusetts where he served as the psychiatrist-in-residence for the Middlesex County Court in Cambridge, Mass. In 1986, Dr. Borenstein moved to upstate New York where he became the head of psychiatry at the Central New York Psychiatric Center in Marcy, N.Y., the only state mental health facility housing the criminally insane population. In 1990, he opened a private practice in Clinton, N.Y. He was the senior psychiatric consultant to The House of the Good Shepherd, The Lutheran Home, Hamilton College, and Colgate University.

'03 Peter Leighton, M.D.

Dr. Leighton died on June 29, 2021, at the Androscoggin Home Health Care and Hospice in Auburn, Maine, from a recurrent brain tumor

first diagnosed in 2003. He was 48. Born in Portland, Maine, after high school he served in the U.S. Navy as a Hospital Corpsman attached with a Marine Corps Reserve rifle company. He graduated from the University of Southern Maine in 1996 before coming to UVM, where he was awarded the Doctor Lamb Award "for concern and care for the total patient." He completed his residency in internal medicine at Maine Medical Center in 2006. From 2007 to 2013, he worked as a hospitalist at Central Maine Medical Center. He returned home to the Lake Region in 2013 to practice primary care and received the Dr. Larry Hopperstead Award in 2017, in recognition of excellence in patient care. He was passionate about treating patients who struggled with addiction and he became double board certified in addiction medicine in 2020. He advocated for state-of-the-art medical care for persons affected by opiate use disorder and co-founded the Lakes Region Substance Awareness Coalition, where he served as president. This work led to the opening of the Lakes Region Recovery Center where he would later serve as a medical advisor, and also served as medical director at Crooked River Counseling.

'20 Marie Kenney-Soelch, M.D.

Dr. Kenney-Soelch died on November 3, 2021, at the McClure-Miller Respite House in Colchester, Vt. She was 31. She was born in Burlington, Vt., and attended school in Richmond, Vt., graduating from Mt. Mansfield High School in 2008. She received a B.S. in biology from the University of Vermont in 2012, before earning her medical degree from the UVM Larner College of Medicine. In 2019 she married Luke Soelch, M.D.'19. On Match Day 2020 she matched to a family medicine residency at St. Joseph's Health in Syracuse, N.Y. Among the many dimensions of Dr. Kenney-Soelch's life, her family emphasizes that she was particularly passionate about the ethical treatment of animals in the food industry. In her memory, donations can be sent to The Humane League at thehumaneleague.org.

In Memoriam

**John B. Wilder, M.D.'56
Gerald L. Evans, M.D.'63
Bradley Soule, M.D.'69**

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.





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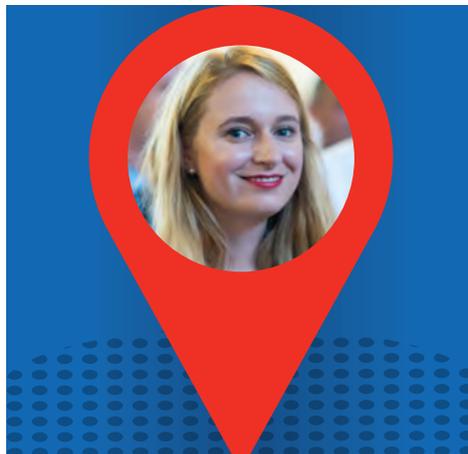
10 Merging Mortalities

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.

