

**Chancellor Michael F. Collins
Convocation 2018 Address**

My Friend Dan

There was absolutely nothing remarkable about my friend Dan. He was exactly as he appeared to be: a frumpy, curmudgeonly widower. Blunt and querulous. The only reason I noticed him was because I had no choice.

Dan and I had seen each other at church, at a service where the early hour drew a modest crowd. After quite some time of quietly observing each other, Dan had had enough. One day he blocked the stairwell as I approached. “What’s your name?” he barked. I told him and then moved slightly to indicate that I had somewhere else to be.

But Dan wasn’t having any of it. He asked me a series of questions in rapid-fire succession: Where are you from? Where did you go to school? What do you do?

Feeling cornered, quite literally, I decided to appease Dan by responding to his inquiries. He gave a slight nod when he was satisfied with my answers, then pulled a floppy, tissue-wrapped package from his back pocket, and thrust it at me.

“Here,” he said brashly. I opened it, perplexed. He continued, “It’s a tie, because your ties stink. You look like an undertaker. Have a good day.”

I did not know what to make of Dan at first. In fact, I didn’t know whether to be thankful or offended! But, determining on the spot that Dan’s gift was well-intentioned, I accepted it and expressed my gratitude for his generosity.

It was a fortuitous decision and, in time, Dan made me rethink more than just my wardrobe.

Our friendship started slowly, growing over the years from brief conversations into visits at his small apartment in a senior living complex where he lived alone.

Some people would describe Dan as vanilla, ordinary in almost every perceivable way. The Dan I came to know was an avid sports fan and especially loved golf. His moods often vacillated along with the vitality of the stock market. He bought the newspaper each morning to follow current events—and he always had an opinion about them. He dressed in a lot of beige tones and corduroy.

Dan was also a cancer survivor. He would say his cancer had been “cured” but the radiation had wreaked havoc on his upper airway and esophagus. His neck was distorted from surgery. His breathing was labored at times. If he got a cold, coughing fits would quickly follow—and persist. His appetite was poor.

Dan’s condition slowly deteriorated over the years I knew him. Although, with time, I called or visited him most days, often he couldn’t get out much more than a creaky “hello” because his throat was dry, or his supper could not traverse his esophagus. Eventually, he had a gastric tube inserted so he could increase his caloric intake. Then, in true Dan style, he bragged that he could “eat” in eight minutes,

three times a day. His pantry was stacked with cans of liquid nutritional supplement. Coincidentally, he preferred vanilla.

There was much I did not know about Dan. I had never met his wife, nor did I interact with his children. I didn't know much about his upbringing, nor did he discuss his career. He knew less about me. But even today, I confidently call him my friend Dan.

Our friendship, although unlikely, was anything but inconsequential. In fact, it evolved into something we both came to rely upon.

Although Dan was loyal to his caregiving team at a facility with which I was not affiliated, he was always curious to know my opinions and appreciated my calling one of his specialists every now and then to clarify test results or unpack information he didn't fully understand. We looked forward to visiting, even if only for a few minutes. I showed up regularly. I didn't judge. I accepted—even admired—that he was living his life on his own terms. I held his hand. I listened. I cared.

He cared.

In this way, Dan allowed me to practice humanistic medicine and gave to me more than I could ever have reciprocated.

New Beginnings

Good afternoon! It is a sincere joy to welcome you to the beginning of a new academic year, to celebrate with you some of the most notable aspects of our nursing, medical and graduate schools, and to receive new students and faculty into our community. I am particularly delighted to acknowledge those who have been so generous to our institution in aiding its advancement. Your partnership emboldens our stewardship of your resources and fills us with confidence each day as we meet the challenges presented by complex scientific and health issues.

Our future is shaped by our past, so I would like to play a short highlight reel, if you will, of the year we just completed—because it was quite a wonderful one.

Two monoclonal antibodies discovered at MassBiologics received approval this past year. Always looking to the future, our colleagues there have developed a new expertise in vector production at the MassBiologics SouthCoast facility, becoming a valued resource for our university and the broader life sciences community.

Commonwealth Medicine had a most ambitious year, again contributing \$6 billion in cost avoidance or revenue generation initiatives on behalf of the Commonwealth of Massachusetts.

Soon, we will welcome Lisa Colombo as our newest executive vice chancellor at Commonwealth Medicine. We wish her and her colleagues well as they embark on a bright future of service to those most in need.

Our institution continues to enjoy an outstanding reputation; as a result, we have enrolled exceptional classes of learners. The Match for our medical student graduates was very fulfilling. Residency training programs are decisive when recruiting our students because they recognize the superior contributions

our graduates make to the patients cared for in their programs. Our graduate and nursing students are in great demand because of their expected contributions to the future of science, health care delivery and education.

Our scientists continue to attract research funding at an impressive rate. We are approaching \$300 million in research support across the institution. The discoveries of our scientists are garnering heightened attention from the venture world and industry, as investments in company creation are the result of more strategic innovation and business development efforts.

Drugs such as Spinraza and Onpattro, based on discoveries by UMass faculty, are changing the course of the history of diseases like spinal muscular atrophy and amyloidosis. Now launched, these therapies are bringing significant resources to our institution and renown to our research efforts.

As we approached the 4th of July weekend, our world-class RNA Therapeutics Institute welcomed hundreds of scientists from around the globe to discuss the importance of RNA and the future of RNA therapeutics. How impressive it was to see Nobel laureates, including our own Dr. Mello, who is so well-known for his discovery of RNAi, assemble on our campus for this inaugural scientific colloquy. Just a few months earlier, at the invitation of Mr. Weibo Li, a most generous philanthropist who joins us today, several of our faculty participated in a scientific conference in Shenzhen, China, highlighting again how the science at our medical school is being discussed on the world stage.

What is perhaps most striking about our university is that we are being recognized for our culture of collaboration, a cooperative energy that infuses our work, as disparate as our interests may appear. Great minds are creating great science. Great people are creating great culture. And great results are creating higher expectations, which we welcome.

In that spirit, I would now like to present the medals for distinguished teaching, scholarship, clinical excellence and service to four most deserving faculty members. In so doing, we are celebrating the enormous contributions of our faculty to the life of our academic community. This year, the nominees for these medals were outstanding. Selecting a few among many is a most challenging undertaking because all the nominees are worthy of recognition, and I remain grateful that so many faculty make a significant difference to our mission areas.

Given that teaching is at the heart of this academic environment, I shall begin, as I have in previous years, with the presentation of the teaching medal.

Chancellor's Medal for Distinguished Teaching

In describing this year's recipient, nominators used glowing terms: pioneer; exceptionally meritorious; talented; creative; thought leader; engaged; amazing; innovative; encouraging; gifted; humorous; tireless; compassionate; caring; committed; energetic and helpful. Now, these words may seem complimentary when used singularly and hyperbolic when used collectively, but in the case of this year's recipient, they are explicitly descriptive and implicitly genuine. It gives me great pleasure to introduce this year's recipient of the Chancellor's Medal for Distinguished Teaching, Janet Hale.

Dr. Hale, you have been described as "our campus's preeminent educational champion and leading teacher for interprofessional education." In fact, your span of influence, now nearly two decades in the

making, crosses the boundaries of our schools and extends from students to trainees to fellow faculty colleagues. You are comfortable as a preceptor for one, a small group leader for many, an innovator among groundbreakers, and a developer for all.

In your most distinguished career, among your many accomplishments, is your extraordinary and highly decorated service to our nation as a critical care head nurse, your tours in Southwest Asia in support of Operations Desert Shield and Desert Storm, the five Army Commendation Medals you received for meritorious service, a Bronze Star, and The Legion of Merit as Chief Nurse of the 807th Medical Command.

Your faculty service has extended from Alaska through Virginia and on to Massachusetts. You have been lauded for your community-based efforts to care for populations supervised by the criminal justice system. You have created curricula on veterans' health care and been instrumental as a teacher in our faculty development program.

In a statement reflecting on your educational philosophy and goals, you commented that at the beginning of your career, you and your colleagues "feared the teacher, particularly your nursing professors who apparently believed that if you weren't afraid of them, they weren't successful teachers." However, you became inspired by a younger instructor who was quick to offer praise and positive feedback and was always there to provide support, encouragement, and very clear, constructive critique, all of which inspired and empowered you to do your best with confidence in what you knew. With time, you learned that with your patients you could laugh or cry as long as you were "authentic." Rather than with dread and fear, you began to look forward to classes because that one instructor, who became your role model, "made learning fun."

You have incorporated these beliefs into your pedagogical paradigm. In fact, your educational goals have always been to more overtly integrate humanism into the academic and clinical aspects of health professions education and to expand inter-professional initiatives into the clinical setting. Your goals have been fulfilled.

The essence of your success as an educator was captured eloquently by one of your mentees. "Dr. Hale combines her dedication to students' professional and personal development with her passion for patient-centered care, every day fostering both the respect for the patient and the confidence in oneself as medical trainees."

Janet, as this year's medal recipient, you shall receive the Manning Prize for Excellence in Teaching, a \$10,000 gift awarded later this academic year by Donna and UMass Board Chair Robert Manning, to celebrate great teaching. Also, it gives me great pleasure to invite you to present this year's Last Lecture. At this annual celebration of teaching, all of us look forward to becoming your students.

It is a privilege to present to you with the 2018 Chancellor's Medal for Distinguished Teaching. Congratulations!

Chancellor's Medal for Distinguished Scholarship

At our institution, we are most fortunate to be surrounded by and immersed in great science. We celebrate the contributions of science conducted on model organisms and novel platforms as we

understand their relevance to illness within the human condition. We appreciate that revelations from basic science bring enormous impact to translational research efforts. We know that collaboration can be exponential in its impact on research initiatives and we endeavor to create an environment where ideas and inquiry foster imagination and innovation.

Thus, it is most fitting that we recognize a scientist who espouses these attributes and through research brings hope to the human condition. This scientist's qualities, attributes, dynamism and achievements have earned enormous respect and are celebrated the world over. I am therefore thrilled to introduce this year's recipient of the Chancellor's Medal for Distinguished Scholarship, Kate Fitzgerald.

Dr. Fitzgerald, you have been described as the leading innate immunologist of [your] generation who has made numerous critically important discoveries in the field of innate detection of pathogens that have revolutionized our understanding of the complex processes of immunity.

You have made several novel and paradigm shifting discoveries [elucidating] how toll-like receptors couple pathogen recognition to inflammatory responses, and while so doing, your efforts aimed at applying understanding of immune signaling to infectious inflammatory and autoimmune diseases promise to unveil new therapeutic targets and treatments.

Your early discovery that MAL(1), and later TRIF and TRAM(2), were adaptor proteins for toll-like receptors, became foundational. Recently, you began new groundbreaking work to elucidate the role of long non-coding RNAs as central regulators of the inflammatory response. These studies explore fundamental aspects of host-defense and are collectively geared towards understanding the mechanisms enabling host discrimination of pathogens from harmless microbes and endogenous molecules.

Your scientific discoveries represent cornerstones of translational research as they are applicable to various disease conditions that have inflammatory components. Furthermore, you are known as a rigorous and outstanding educator in the classroom who generously serves our community.

Yours is a local, national and international reputation. Together with your UMass colleagues, you have been present to the innate immunity community both here and throughout the world. You are a gifted investigator whose many influential discoveries have made you a leader who is an imaginative and original thinker in the highly competitive field of innate immunity. You are a mentor who is sought out for advice and counsel. You are generous with your time and thoughtful in your approach to those who seek your assistance.

You have been described by your closest collaborators as being "a terrific person who has the wonderful combination of a powerful intellect, fantastic organizational skills, the desire to work hard and achieve, as well as the desire to share her scholarly discoveries with others."

Kate, by virtue of your being selected to receive this medal, I invite you to present the plenary lecture at our upcoming research retreat. While I have given you only one week's advance notice, for which I apologize, this is proper recognition for one who has achieved so much while contributing so greatly to the body of scientific work for which you are so well known.

It is a privilege to present you with the 2018 Chancellor's Medal for Distinguished Scholarship. Congratulations!

Chancellor's Medal for Distinguished Clinical Excellence

Our remarkable academic community is defined by and benefits from an unrivaled group of faculty members. Whether our faculty colleagues have distinguished themselves as esteemed educators, respected researchers or, as in the case of our next medal recipient, compassionate caregivers, they all serve willingly as role models and mentors to our outstanding students and trainees.

This year's recipient of the Chancellor's Medal for Distinguished Clinical Excellence, a physician who is beloved by patients, celebrated by colleagues and admired by medical students and residents, espouses the values that are at the heart of patient-centered care.

This faculty member has had a distinguished career in medicine and is regarded as a superb clinician who possesses the highest level of humanism and a great heart while bringing calm and comfort to patients. Demonstrating a genuine interest in and concern for the well-being of all patients, this clinician uses each bedside encounter to practice and promote compassionate, humanistic medicine. Thus, it is a special privilege to recognize this year's recipient of the Chancellor's Medal for Distinguished Clinical Excellence, Theo Meyer.

Dr. Meyer, in your personal statement on patient care philosophy, you commit to patient care that is based on the following tenets: First, rapid access and availability to respond to the needs of your patients; second, professional and high-quality care; and third, to accompany your patients and their families on their entire journey with heart disease, including, navigating our health care system with compassion and dignity. To care for the needs of others is a high calling. You have established principles of practice that inspire all who care.

In your earliest practice years in South Africa, you experienced inequity firsthand. You witnessed that the underserved black community was unable to receive access to appropriate care, thus depriving them of their basic human dignity. This you never forgot.

You came to our institution to care for those with heart failure, yet, it is the strength of your heart that has created a program and personal practice commitment that has served so many so well for so long. You care about the quality of the health care your patients receive. You work to assure seamless transitions to that care. You know that your patients are in need of your commitment to their healing. You appreciate that kind words and gentle gestures matter. Yours is a common touch that defines the high ideals of an expert clinician.

You have come to appreciate that, although the heart mightily provides everyone with sustenance throughout each day, when this vital organ begins to fail in one of your patients, it is your own caring heart that they rely on in their moments of need. You confront reality with kindness, you manage uncertainty with commitment, and you dissipate fear with your calming presence.

Your own words provide important thoughts for all of us who have the distinct privilege to care for patients. "For those of us who listen, touch and reflect, may we strive to hear, feel and comprehend."

As we listen to your words, may they reinforce the covenant all of us as physicians have freely accepted to make every effort to hear, feel and comprehend the needs of others.

Theo, it is a great pleasure for me to invite you to address our first-year medical students at their White Coat Ceremony in 2019. This is fitting recognition for one who has cared for so many people in their times of greatest need.

It is a privilege to present you with the 2018 Chancellor's Medal for Distinguished Clinical Excellence. Congratulations!

Chancellor's Medal for Distinguished Service

Because service is a hallmark of our great public medical school, let us now celebrate a faculty member whose career has been defined by a commitment to selfless service.

This year's recipient of the Chancellor's Medal for Distinguished Service has been characterized as having provided exemplary service consistent with the mission of the medical school, and is described as a terrific teacher, colleague and mentor who has served our community beyond the call and who has served across the commonwealth as an advocate for this medical school and for those for whom it is our privilege to serve.

It is with great pleasure that I present this year's Chancellor's Medal for Distinguished Service to Robert Baldor.

Dr. Baldor, you joined the faculty of our medical school in 1989 as associate family practice residency director. Your service to your department is of note in that you have held almost every leadership position, from clinical division medical director, to pre-doctoral director, to senior vice chair, to residency director three times, to acting chair and interim chair.

Your committee service at our school is legendary in its scope and commitment. You served for two decades on the Educational Policy Committee, serving as chair for a decade. During this period of time you and your colleagues played a foundational role in the review and implementation of our LiNC curriculum. You have served for more than a decade on the medical school's Personnel Action Committee, chairing this body for three years. Further, you have served as director of community-based education, where you have represented the medical school to faculty across the commonwealth, having served for more than two decades as our school's principal point of contact to these valuable members of our faculty who are most important partners to our educational mission.

You have been a pivotal contributor to the teaching of our students. You provide inspiration through your belief and example that a physician should serve anyone in need.

With that inspirational purpose, you have focused on a specialized practice that has developed with individuals with intellectual and developmental disabilities and Autism Spectrum Disorder. You have made an extraordinary commitment to care for patients with tremendous needs, often welcoming them as patients in your practice while serving as a role model to learners and faculty alike. In 2017 you were awarded the Allen Crocker Health Services Award that is presented to a clinician who most exemplifies a total dedication to excellence and unyielding belief in the worth and dignity of the lives of individuals with disabilities.

In the early, formative stages of the regional UMMS-Baystate campus and the faculty transitions that ensued, you were instrumental in helping several faculty members obtain appointments while taking an active leadership role in working with leadership at UMMS-Baystate to connect numerous yet disparate family medicine clinicians in Western Massachusetts to a common structure, a Department of Family Medicine at Baystate.

You have been described as one who brings good humor, a strong work ethic and sense of responsibility, team integration and the ability to get things done with all projects assigned. You are intellectually honest and challenge dogma in the proper way, using evidence-based medicine. Yours is an outstanding example as mentor, teacher, clinician and committed member of our community.

Bob, I invite you to carry the mace at all university functions in the year ahead. This is fitting recognition for one who has served our community so well over a lifetime.

It is a privilege to present to you the 2018 Chancellor's Medal for Distinguished Service. Congratulations!

The Challenges Ahead

Strategic Planning

When Provost Flotte and I arrived at this institution in 2007, we recognized the need to craft a plan, a resolute blueprint, if you will, of where the collective "we" wanted the institution to go.

While there were many skeptics who asserted that white board exercises and round table discussions would yield anything worthwhile, we did create plans that helped to define our future path and transform our institution from the inside out. Consider what has been accomplished by working together on an ambitious vision for our medical school:

Our main Worcester campus now includes two landmark buildings—the Ambulatory Care Center and the Albert Sherman Center—as well as a thriving UMass Medicine Science Park across the street. Additionally, our physical footprint now extends from Springfield in the west to Boston in the east, to Fall River and the Cape in the south and points in between.

Our medical and graduate schools launched new curricula, and the School of Medicine's class size expanded significantly; interprofessional education has become a focal point for student learning; new affiliates and international partners have come into the fold; and several new or improved diversity initiatives are helping to make our medical school more diverse, welcoming and inclusive.

Signature research programs focused on RNAi biology, gene therapy, bioinformatics, systems biology and neurotherapeutics have been launched and stand as pillars of dynamic and innovative science. New academic departments and resources—such as the RNA Therapeutics Institute, the Department of Quantitative Health Sciences and the UMass Center for Clinical and Translational Sciences, as well as Clinical Departments in Urology, Neurosurgery, Ophthalmology and Dermatology—have enriched and enhanced our academic community.

A strategic focus on fundraising has led to noteworthy successes including the creation of new endowed chairs, the UMass ALS Cellucci Fund and The Li Weibo Institute for Rare Diseases Research. And investment in innovation and business development has generated new spin-outs, innovative industry

partnerships, substantial sponsored research agreements, and a marked increase in licensing and royalty revenues.

As we highlighted in many ways at the end of last year, the recent decade has been one of great accomplishments for our medical school. At the conclusion of this fiscal year, we shall close out our comprehensive campaign. Over the last seven years, we have raised more than \$235 million in support of our health sciences university and we are confident that we will surpass the \$250 million goal well before the end of the campaign period in June.

For those of you who are interested in continuing campaign participation, worry not—because there is so much more to accomplish, it won't be long before we initiate the New Pathways of Promise Campaign!

This medical school is too important, dynamic and effective—in Worcester, throughout Massachusetts, across the nation, and around the world—for us to be content with what is. All of us must come together to commit to what could be.

To that end, we have embarked on another strategic planning exercise to examine why we do things and how we do them. As a community, it is imperative to challenge ourselves to be at the leading edge of educational innovation, basic science and translational discovery, efficient and effective business practices and community and global influence. Our planning process this year will confront impediments to change, challenge the status quo in all areas, and uncover new models and strategies to fulfill our mission areas. Disruption will be the only constant; we must embrace it, leverage it, and benefit from it.

I look forward to this time next year when I will be able to share the fruits of our collective efforts.

The Future of Medical Education

Often, I have told the story about the mysterious words that were written on the chalk board in the Patten B auditorium on my first day of medical school: “Grant’s pgs. 68-73.” Our new class wondered why the board had not been wiped before the welcoming speeches had been delivered. When the anatomy course director took to the stage at the end of the welcoming ceremonies, he informed us that our assignment for the evening would be to study the anterior thigh as displayed in Grant’s Dissector on or near those pages. Medical school had begun.

That was the fall of 1977—and a great day it was! But it was a much different time. There were no cell phones, only the earliest of computers, no internet. We bought actual physical textbooks and used reference books because there was no Google or Wikipedia. AI were two letters that were seven spaces apart in the alphabet and fostered no indication that together they could revolutionize how we could meaningfully improve the practice of medicine. We carried journals in our pockets on rounds and looked through microscopes at sputum and urine samples. CAT scanners were just being purchased by hospitals, and MRI and PET technology were still ideas in development.

Although it may seem like ancient history to some of you, the body’s anatomy has not appreciably changed since then, and medical students still have a great deal to learn. Still, we cannot educate our learners as we did in 1977. The students have spoken and will continue to make their voices heard: large lectures are a thing of the past, computer-assisted technology can greatly augment the memory

capabilities of our brains, electronic records and their imbedded warning systems can assist us with the ordering and prescribing of many more therapeutics, and digital technologies can assist us to provide sophisticated care in more than inpatient settings.

Thus, our educational offerings are in need of reformatting. Change is constant in the curricula for the health professions; but this time, as we consider our approach to the future of the education of our learners, essential change is in order. I therefore look forward to working with our educational leaders to study new opportunities within and approaches to medical and nursing education. We must commit to supporting our students in these efforts as well, partnering with them as though they are junior colleagues and asking for their assistance in areas where they are more facile. After all, a career in medicine is a commitment to lifelong learning, and to humility, and we will all be better positioned to learn if we work together.

The Future of Research

The same is true when it comes to our research endeavors.

Assembled on this campus and throughout our medical school is a critical mass of some of the most talented scientists in the world. Your unrelenting thirst for knowledge is the hallmark of a hub for scientific inquiry and innovation. We have the benefit of being together at a great university where research support is substantial, and the importance of recruitment and retention of the finest scientists defines our future.

That said, there are some limitations to what we do, be they the caprices of external funding or the capital necessary to foster cutting-edge technologies. Appreciating this constrained reality is important, but as we think about the future, it is this institution's research potential on which I hope we focus.

How shall we organize our scientific activities? What funding do we need to attract? What facilities or improvements are essential to our success? What are the human resources that we will need to attract and what financial resources will be necessary to commit? How will the basic sciences and clinical translational research efforts be complementary? Finite resources can limit infinite potential, so how shall we embrace change to realize our full potential?

In our clinical and translational research, partnerships with UMass Memorial Health Care, Baystate Health and our other clinical affiliates will be essential. Recognizing that reality requires that we be mindful that the operation and management of clinical systems in the present day are most challenging. Payers, be they public or private, offer only limited support to the academic mission of tertiary and quaternary health care providers, such as those that constitute academic health sciences centers. Being essential safety net providers raises additional issues, mainly because our faculty and caregivers provide care to those most in need, while our entities are reimbursed far less than the cost of the care that is provided.

Our ability to take utmost advantage of digital health opportunities; to provide care in settings other than inpatient facilities; to maximize the clinical and research application of data that exists in the medical records and data lakes of our affiliates; to apply artificial intelligence to assist in clinical care and research; to offer high-touch care in primary care settings; to obtain the high-intensity technology

essential for the care of patients; to assure the wellbeing of our caregivers—all of these are challenges that we will face in the years ahead.

Clearly, we shall need to take stock of the resources we will require and the plans we will need to implement to assure that we provide optimal care for those for whom it is our privilege to support.

The Future of Efficiencies and Effectiveness of Our Operations

In order to maximize resources to support our most important mission areas, it is imperative that we chart a future where our operations run as efficiently and effectively as possible. Because our university is unique among health sciences universities in the nation, a successful future will require us to comprehensively review our business practices and to integrate back-office functions when possible and appropriate.

Given the concentration of efforts that exist at MassBiologics and Commonwealth Medicine, I have asked each of those entities to develop plans as we are doing at the medical school. The guiding principles that we develop to assist us with the medical school planning shall be relevant to the MBL and CWM entities. Because these entities exist within our academic structures and are supportive thereof, they shall develop strategic plans in concert with our school efforts, and those plans shall be incorporated into our overall 2025 plan.

The medical school is an integral member of a very large university system. So, too, we share this campus with our clinical partner. These realities provide unique opportunities for shared savings. Those who have the responsibility to steward the financial aspects of our organizations shall be asked to develop plans to maximize resources in support of our mission. As Harry S. Truman said, “It is amazing what can be accomplished when we do not focus on who gets the credit.” I encourage all of you who are integral to this planning process to explore the possible and not to be tethered to current conditions.

The Future of Our Community and Global Impact

Often, I wonder what it must be like to be a member of our local community but not to be a part of our institution, to drive by our thriving campus and while gazing at our structures, wonder what we must be doing within these walls. I am sure there must be some envy. I imagine that they are thinking how lucky we are to be part of such an exciting and dynamic medical school.

I imagine, too, being thousands of miles from here and being treated with our rabies monoclonal antibody or being dosed with Nevirapine. What must it be like to wake up in Liberia and yearn to be a clinician or to study in China hoping one day to be admitted to our graduate school and to be selected as a Li Weibo Scholar?

While we may not recognize it each day, the reach of our medical school is quite profound. There are folks across the globe who are watching what we do and how we do it. There are philanthropists far and wide who want to invest in our science and in compassionate use protocols. There are people everywhere who can benefit from our science, our health care innovation and our intellect.

Reality is challenging. Some students in the Worcester community do not attend school because they don't have clean clothes. We provide washers and dryers to their schools to promote their learning, as well as their human dignity. Students have a hard time studying because they are hungry. We send them home with a bag of groceries from the food pantries we stock and maintain. Students need tutoring and role models. We infuse the North Quadrant and Worcester Technical High School with our talent, showing our hometown students that their hopes can become expectations.

As we look to the future, we must assess how we can make a greater impact on our local and global communities. One can walk, although it is more difficult without shoes. Imagine those who want to walk but have no feet. One can smile, although it is more difficult to be happy when one is hungry. Imagine those who want to eat but have no clean water in which to prepare their food. One can hope, although it is more difficult to dream when serious illness strikes. Imagine those who aspire for a better future but have no vaccinations, medicines or routine care in the present.

An institution can make a difference, but it is more difficult to elevate the human condition at home and abroad without a strategic direction. Imagine how UMass Medical School can make a positive difference in our local and global communities with a clear and inspiring plan.

My Friend Dan

Which brings me back to my friend Dan.

There was a time after several years when it became clear to me that Dan's health was failing rapidly. He kept to a routine of coffee, church, liquid nutritional drinks and short visits, never veering far from his apartment.

I suggested more tests and encouraged him to seek other opinions at other hospitals, but the few times I brought up these suggestions, Dan refused. I quickly realized that the best thing I could do for him was just to be with him as I had been, to sit alongside him and honor his humanity by listening to him express his fears, his concerns, his hopes; to be his health care advocate when required; to guarantee his dignity as he lived his final days as he had all his others, on his own terms; to be present for him; to bear witness to a life that was well lived, a life that belonged to an ostensibly vanilla kind of guy, someone who was pure and simple but far from ordinary, because Dan had become my friend. He had also been a husband, a father, and a grandfather, a parishioner, a coworker, a golfing buddy, a neighbor. Each person is more than any other person sees.

One night, when Dan was too tired for a visit, I told him I would call him in the morning.

And in the morning, I called and called. There was no answer. I became worried. Surely, he must have gone to the doctor or perhaps he was avoiding the call because he knew that I would push to have him seen. It was a long morning.

Shortly after noon, I received a call from his daughter who only knew me from stories her father had relayed. That morning, she could not reach him either, so she ventured to his apartment to find that Dan had died in his sleep.

He had left a note though: "Please call Dr. Collins when I die and tell him that he was my friend."

As I said earlier, Dan gave me so much more than I had given him. He allowed me to fulfill my dream. For years I had wanted to be Dr. Collins. I wanted the opportunity to care for those in need and to be a respected member of my community by becoming Walpole's local medical doctor.

Well, as you know, I took a right turn or two and spent most of my career carrying out administrative responsibilities with which I feel privileged to have been entrusted.

But Dan reminded me how truly great it is to be a physician.

As doctors and nurses, we have the opportunity to be with people at some of the most consequential times in their lives. They tell us their most intimate secrets and share with us their greatest fears. We are given the chance to apply our intellect, often in very emotionally charged situations, and in so doing, to earn a living as professionals in service to others. Ours is a high calling and a most fulfilling way to live.

But our profession and our colleagues are under siege. We know that there are great pressures on all of us in the health professions. It is not easy to serve the needs of others each and every day. It is difficult to bear up under the pressure of the intensity of our patients' needs.

As we envision a new future, we must create a part of our plan that assures that we take care of each other, as well as our patients. We must plan to support our colleagues at all stages of their careers.

I have spoken of the sine wave of emotion that envelopes our students. They strive for years to be admitted to our schools and then after they are here, after orientation is behind them, they are repeatedly tested and evaluated and then slip down the curve toward the challenges that await them with Step I, Qualifying Exams and Nursing Boards. They are then stimulated by their laboratory and clinical experiences and rise up the wave en route to the match, their first jobs, postdocs or other responsibilities. There is unbridled joy at commencement but a few weeks later, first year residency and new clinical responsibilities hit, and they once again slide down the curve, often in despair and fatigue. Fellowships and clinical responsibilities follow, and now we know that too many in our profession feel depleted and drained by their clinical practice settings and the realities of day-to-day practice.

As we plan for the future of our medical school, I hope that you will remember my friend Dan and find others like him in your own careers—those who are appreciative simply for your presence, your time, your reliability, your advocacy and your respect, those who remind you how wonderful it is to be a physician.

As we plan for the future, let us teach and recreate our curricula with the commitment of Janet Hale and recognize that inter-professional education will be an imperative hallmark of the future.

As we plan for the future, let us approach scientific investigation like Kate Fitzgerald and work collaboratively and collegially in our efforts to make discoveries that will change the course of the history of disease.

As we plan for the future, let us care for our patients with the precision, passion and principle of Theo Meyer and assure our patients that we shall be with them at each and every moment of their need.

As we plan for the future, let us serve our medical school and community like Bob Baldor and recognize that in service to others, we gain much more than we give.

It is with gratitude that I stand before you, knowing that together we shall face our future. I hope that you are empowered by the experiences you have shared with those for whom you have cared or mentored. I thank you in advance for all that you will do in service to others as we plan ahead. In so doing, I ask that all of us recognize the importance of the gifts and opportunities that have been given to us.

An exciting future awaits and I cannot wait to experience it with you!