

Optimizing Your Next Chapter after Full-Time Employment: Identity, Purpose, & Community

*Advanced Careers in Academia, LLC
(Life Leadership Collaborative)*

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Acknowledging my Mentors and Co-Creators of the Johns Hopkins 'Next Chapter'™ Series



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M E D I C I N E

Seeding our Conversation

Ellen Goodman (2010), long-time Washington Post columnist, ended her career with this often-quoted statement:

“There’s a trick to the “graceful exit.” It begins with the vision to recognize when a job, a life stage, or a relationship is over — and let it go. It means leaving what’s over without denying its validity or its past importance to our lives. It involves a sense of future, a belief that every exit line is an entry, that we are moving up, rather than out.”

Agenda

I. Identity

Who am I?

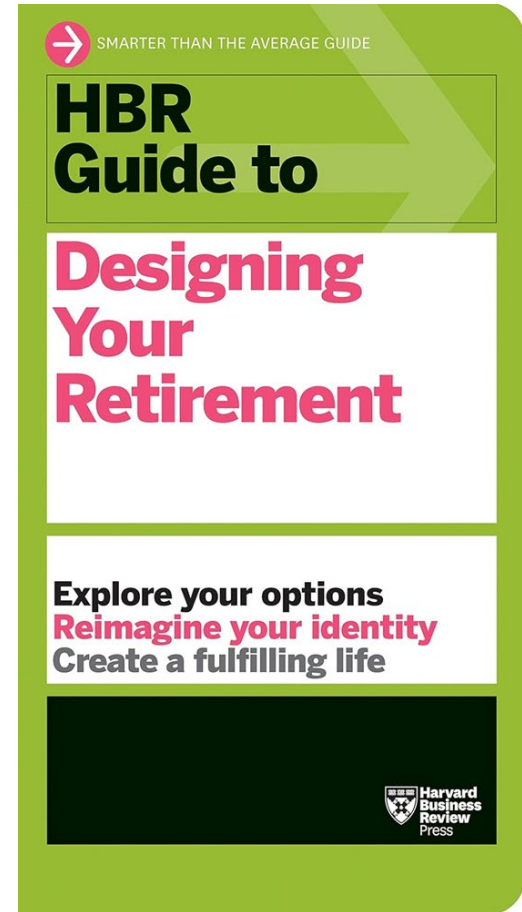
II. Purpose

What is my purpose/meaning in life?

III. Community

Who and where are my people?

**My Goal: Normalize the
conversations around
later-career and life planning**



Identity: Who am I?

- How do we introduce ourselves at social events?

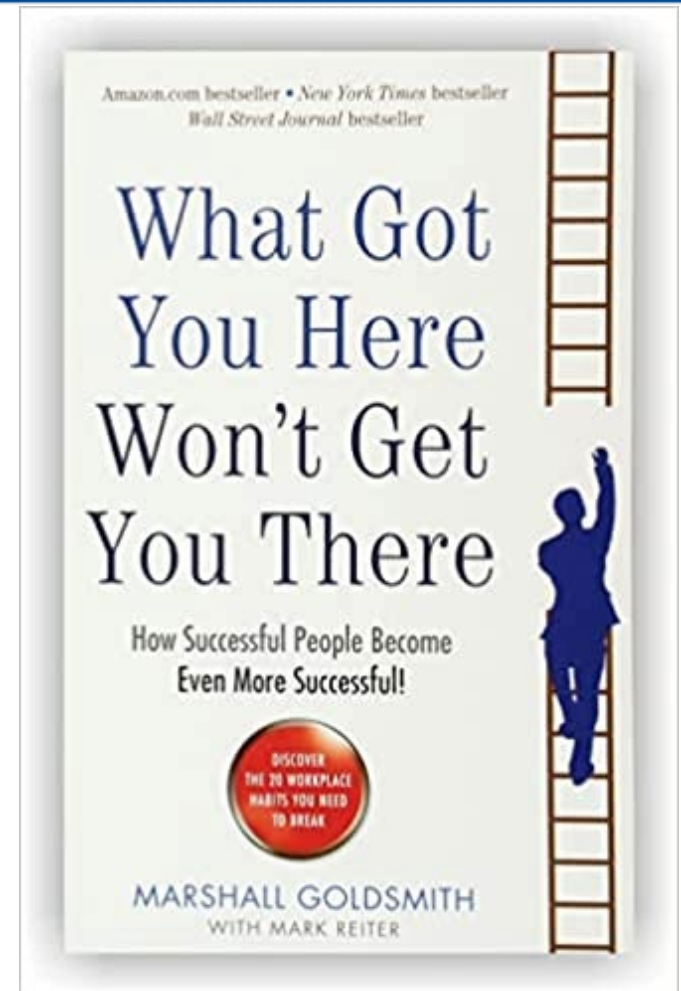
In the U.S., it's usually via our professional dimensions: I'm a professor at UTMB; I teach X at UTMB; I research Y at UTMB; I treat patients with Z at UTMB...

- Why? Because our academic and job titles are our primary identities - our "master status." And yet, we are much more; we have a multitude of other roles:
 - Social dimensions: Family member (husband/wife, mom/dad; etc.); community member (volunteer; parishioner, etc.)
 - Personal dimensions: Avocations (I'm a pickleballer; ballroom dancer, sculptor...)

*What we DO does not define WHO we are.
We're human beings, not human doings.*

Who am I?

- We're lottery winners!
 - Survivors
 - Privileged:
 - Employed in the ivory tower
 - Advanced & Promoted
 - Respected & Accomplished
 - Secure careers
 - Protected from heavy physical labor
 - Healthier than most
 - Well-traveled
 - Finances more secure than most



What Got Me Here Won't Get Me There?

- WHO is there?
- WHAT is there?
- WHERE is there?
- WHEN is there?
- WHY is there?
- HOW is there?
 - Is it retirement *or not*?



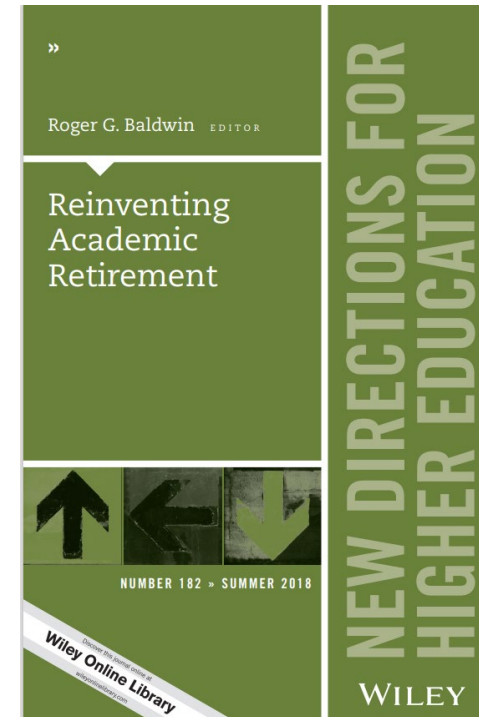


The impala, member of antelope family, is able to jump up to 10 feet high and 30 feet in length. However, in a zoo, they're kept in place by a wall that is merely 3 feet tall. Why?

Because they'll never jump unless they can see where they'll land.

Bible in a Year. Wed. August 24, 2024.
(2 Corinthians 5:6-10 "We live by faith, not by sight")

“the path from full-time employment into a third age or third way is bumpy, ill-marked, and largely unpaved...” He calls for “both **rites of passage** to mark the movement into a new phase of life and work, and **routes of passage**, to retool for new roles.” (Freedman, 2013 – cited in Baldwin, p. 14)



[reinventing-academic-retirement.pdf](#)

Late-Career Faculty: A Survey of Faculty Affairs and Faculty Development Leaders of U.S. Medical Schools

Kimberly A. Skarupski, PhD, MPH, Valerie Dandar, MA, Elza Mylona, PhD, MBA, Archana Chatterjee, MD, PhD, Cheryl Welch, MPA, and Meenakshi Singh, MD

Abstract

Purpose

Individuals 55 or older constitute 28.5% of the U.S. population but 32% of full-time faculty at U.S. medical schools accredited by the Liaison Committee on Medical Education (LCME). The academic medicine community knows little about the policies, programs, and resources for faculty in pre- and post-retirement stages. The authors sought to inventory the range of institutional resources for late-career faculty development and retirement planning in U.S. LCME-accredited medical schools.

Method

The authors surveyed 138 medical school faculty affairs deans and leaders in May

2017 to ascertain (1) priorities around retirement, succession planning, and workforce development/support; (2) retirement policies; (3) late-career and retirement resources; and (4) perceived factors impacting faculty retirement.

Results

Of those invited, 84 (60.9%) responded to the survey, and of these, 44 (52.4%) disagreed or strongly disagreed that retirement planning and support was a top priority in their offices. Less than half ($n = 35$ [41.7%]) reported that their institution had a retirement policy. The 5 most common late-career and retirement-related resources offered were emeriti or honorific appointments,

academic benefits for retirees, phased retirement, retirement counseling, and financial planning. More than half the respondents noted that the following factors impact faculty retirements: physician burnout (43/75 respondents [57.3%]), decreased grant funding (42/75 [56.0%]), and changes in productivity requirements (38/75 [50.7%]).

Conclusions

These data highlight a distinct, startling gap between the needs of a fast-growing population of late-career faculty and the priorities of their institutions. Faculty affairs/faculty development offices must meet these growing needs.

Late-Career Expectations: A Survey of Full-Time Faculty Members Who Are 55 or Older at 14 U.S. Medical Schools

The logo for utmb Health, featuring the text "utmb" in white on a red square background, followed by the word "Health." in a black serif font.

Kimberly A. Skarupski, PhD, MPH, Cheryl Welch, MPA, Valerie Dandar, MA, Elza Mylona, PhD, MBA, Archana Chatterjee, MD, PhD, and Meenakshi Singh, MD

Abstract

Purpose

The average age of full-time faculty members at U.S. medical schools accredited by the Liaison Committee on Medical Education was 49.5 in 2017, yet the academic medicine community knows little about late-career faculty. The authors sought to characterize full-time faculty members 55 or older and assess their work-life expectations.

Method

The authors conducted a survey (May–September 2017) of faculty 55+ at 14 U.S. medical schools.

Results

Of the 5,204 faculty members invited, 2,126 (40.8%) responded.

The average age of respondents was 62.3, and among those responding to the relevant questions, most identified as male (1,425; 67.2%), white (1,841; 88.3%), and married/partnered (1,803; 85.5%). Fewer than half (915; 45.2%) indicated they had begun thinking about full-time retirement, estimating that they would do so at a mean age of 67.8 (standard deviation = 4.3). Half the respondents (1,004; 50.0%) would consider moving to part-time status. The top 3 personal factors likely to affect retirement decisions were health, postretirement plans, and spouse's/partner's plans. The top 3 professional factors were phased retirement or part-time options, changes in

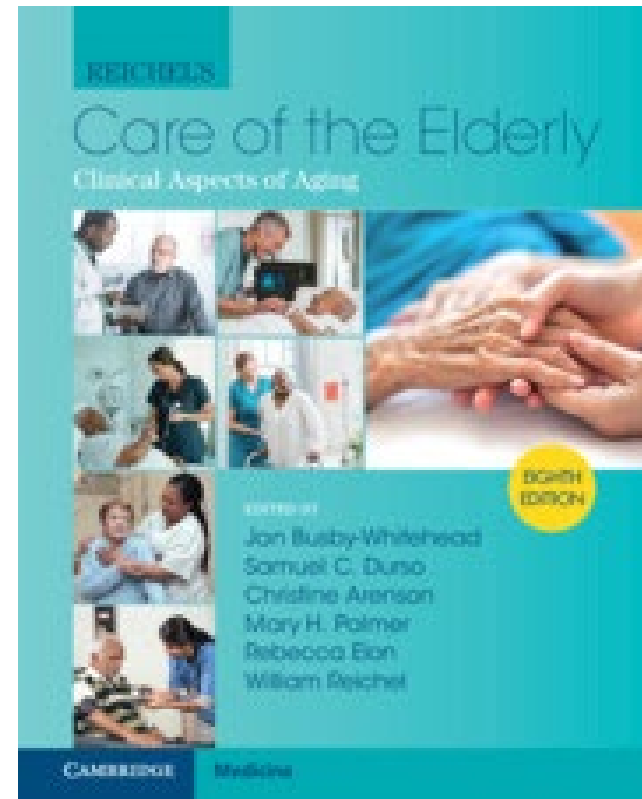
institutional leadership, and presence of a successor. Faculty indicated that they would, post retirement, be interested in ongoing work in teaching/education and research/scholarship and that they wanted health insurance, email, and part-time teaching opportunities.

Conclusions

U.S. medical schools employ a rapidly aging workforce. These data indicate that neither faculty members nor institutions are prepared. Faculty affairs and development leaders should champion efforts to engage with late-career faculty to prepare for this changing landscape.

Retirement Disrupted

- Highly personal:
 - “I can’t wait to retire!” “I’m never going to retire!” “I can’t afford to retire!”
- Chronological age labels no longer relevant:
 - 65-74 (young old)
 - 75-84 (middle old)
 - 85+ (oldest old)
 - *Because we’re generally healthier, more active, have more education, and more disposable income than previous generations*
- Not an abrupt stop, but fluid
 - Bridge jobs, phased retirement, labor market reentry



Retirement Disrupted – abrupt departure myth

Phase 1: Pre-Retirement

Five years before retiring, 37% of pre-retirees who want to work in retirement will have taken some substantial steps to prepare for continued work. Preparing to work in retirement then intensifies in the two years prior – at which point, 54% of pre-retirees who want to work in retirement will significantly prepare to do so.

Phase 2: Career Intermission—Relax, Recharge, Retool

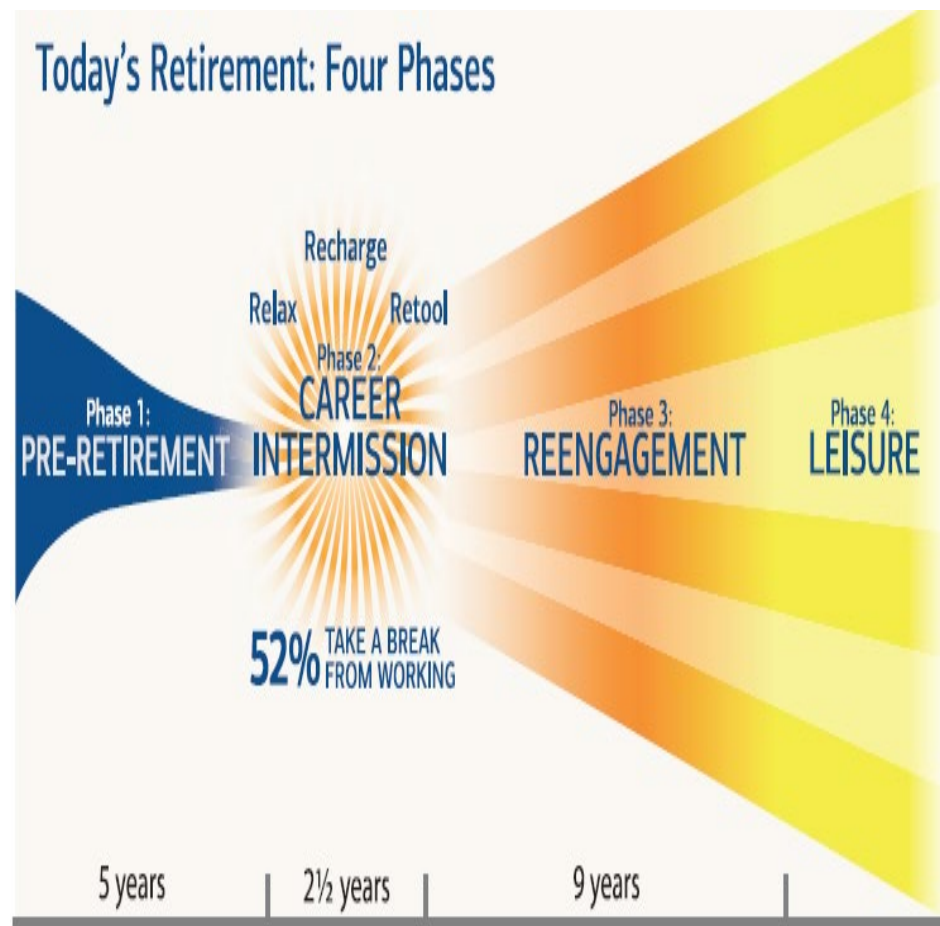
Most pre-retirees do not aspire to go directly from pre-retirement work to retirement work. About half (52%) of working retirees say they took a break from working when they first retired. The average Career Intermission is roughly two and a half years (or 29 months).

Phase 3: Reengagement

After the Career Intermission phase, many of today's retirees return to work, beginning the third phase of retirement: Reengagement. The study found that, on average, this phase lasts nine years. Many retirees report that retirement can be a gateway to a new—and far more enjoyable—way of working. In fact, retirees are four times more likely to say they are continuing to work in retirement because they “want to” rather than because they “have to” in what we would refer to as “FlexCareers.”

Phase 4: Leisure

After engaging in FlexCareers, working retirees enter the fourth phase of retirement: Leisure. Shifting from a mix of work and leisure, retirees in this phase have permanently stopped working and view this time in their lives as an opportunity to rest, relax and focus on other priorities. Working retirees expect health challenges (77%) or simply not enjoying work as much (61%) to be the most likely causes of their stopping work permanently.



What are YOUR myths?

Generation-ism & Ageism

- Ageism: stereotypes (how we think); prejudice (how we feel), and discrimination (how we act) towards others or *oneself* based on age; prejudice against our own future selves
- Peak performing in later life!
 - **Personally**: wisdom, confidence, self-awareness, emotional intelligence, curiosity, earned validation/respect, cognitive reserve, resilience, leadership, financial security
 - **Communally**: colleagues, academic environment (continued learning, students, content, technology, professional societies, opportunities, interdisciplinarity)
- How? Flip the script, reframe, adjust our lens



Table 3. Summary of Factors that Influence Psychological Well-Being in Retirement

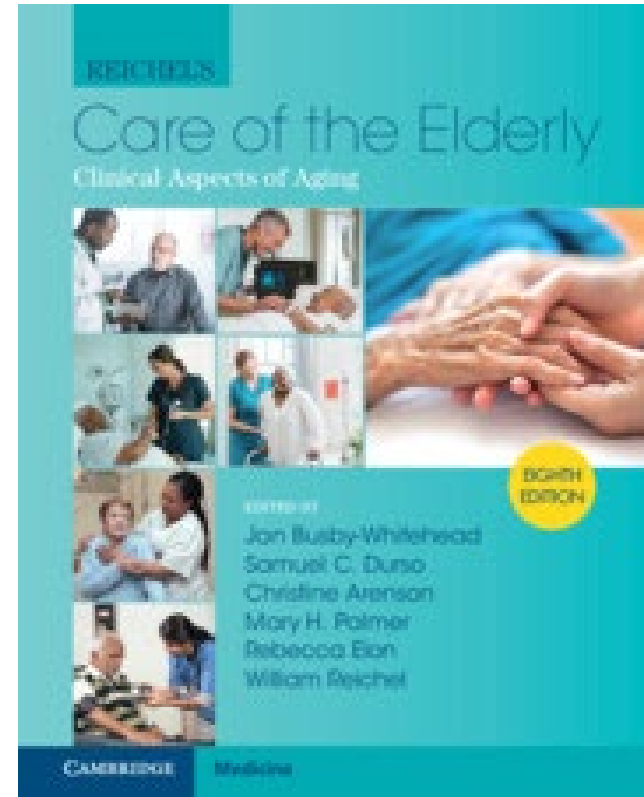
Factor Categories	Influencing Factors	Effect
Individual attributes	• Financial status	+
	• Physical health	+
	• Physical health decline	-
Pre-retirement job-related factors	• Work stress	-
	• Job demands	-
	• Job challenges	-
	• Job dissatisfaction	-
	• Unemployment before retirement	-
	• Stronger work role identity	-
Family-related factors	• Marital status (married vs. single/widowed)	+
	• Spouse working status (working vs. not)	-
	• Marital quality	+
	• More dependents	-
	• Losing a partner during the retirement transition	-
Retirement transition-related factors	• Voluntariness of the retirement	+
	• Retirement planning	+
	• Retiring earlier than expected	-
	• Retiring for health care reasons	-
	• Retiring to do other things	+
	• Retiring to receive financial incentives	+
Post-retirement activities	• Bridge employment	+
	• Volunteer work	+
	• Leisure activities	+
	• Anxiety associated with social activities	-

Note. "+" means the factor's effect is beneficial and "-" means the factor's effect is detrimental to fiscal well-being.

Retirement Disrupted

Other Contextual Factors and Trends

- Caregiving for a spouse or another dependent
- Social support, resources, and networks
- Technology



Skarupski KA. Invited Chapter. Reichel's Care of the Elderly, 8th Edition. (Editors: Jan Busby-Whitehead, Samuel Durso, Christine Arenson, Mary Palmer, Rebecca Elon and William Reichel). "Chapter 57. Retirement: A Contemporary Perspective." Cambridge University Press, 2021. <https://www.cambridge.org/core/books/reichels-care-of-the-elderly/principles-of-care-for-the-elderly/BEA90876FF6ADD97FDF83D45C376B330>


RESEARCH

Open Access

utmb Health.



Prevalence of caregiving and high caregiving strain among late-career medical school faculty members: workforce, policy, and faculty development implications

Kimberly A. Skarupski^{1*} , David L. Roth² and Samuel C. Durso³

Abstract

Background: Nearly one-third of medical school faculty members are age 55 +. As our population ages, the prevalence of family caregiving is increasing, yet we know very little about the caregiving experiences of aging faculty members in academic medicine. Faculty caregiving responsibilities coupled with projected physician shortages will likely impact the future academic medical workforce. We examined the prevalence of caregiving, concomitant caregiving strain, general well-being, and thoughts about retirement for medical school faculty members age 55 and older.

Methods: We analyzed data from a survey of 2,126 full-time medical school faculty 55 + years of age conducted in 2017. Chi-square tests of independence and independent samples t-tests were used to examine statistical differences between subgroups.

Results: Of the 5,204 faculty members invited to complete the parent survey, 40.8% participated ($N = 2126$). Most were male (1425; 67.2%), White (1841; 88.3%), and married/partnered (1803; 85.5%). The mean age was 62.3 years. Of this sample, 19.0% ($n = 396$) reported providing care on an on-going basis to a family member, friend, or neighbor with a chronic illness or disability, including 22.4% ($n = 154$) of the female respondents and 17.3% ($n = 242$) of the male respondents. Among the caregiving faculty members, 90.2% reported experiencing some or a lot of mental or emotional strain from caregiving. Caregivers gave lower ratings of health, social and emotional support, and quality of life, but greater comfort in religion or spirituality than non-caregivers. Both caregiving and non-caregiving faculty members estimated retiring from full-time employment at age 67.8, on average.

Conclusion: These data highlight caregiving responsibilities and significant concomitant mental or emotional strain of a significant proportion of U.S. medical schools' rapidly aging workforce. Human resource and faculty development leaders in academia should strategically invest in policies, programs, and resources to meet these growing workforce needs.

Keywords: Caregiving, Faculty development, Academia, Workforce

19%

RESEARCH

Open Access



Family caregiving experiences of medical school faculty: high prevalence, high strain, and low resource awareness

Kimberly A. Skarupski^{1*}, David L. Roth¹ and Samuel C. Durso¹

Abstract

Background Adult caregiving can be demanding and stressful, especially when the caregiver is employed. As the age of the U.S. population and workforce increases, more adults are providing care to aging family members.

Objective To understand the prevalence and aspects of the caregiving experience and caregiving strain among department of medicine faculty members, and to gauge their awareness and utilization of caregiving resources.

Design We used a cross-sectional survey design. A questionnaire survey was developed and launched in Redcap in October, 2022, and an invitation was emailed followed by two reminders to all full-time and part-time faculty members ($N=1053$) in our department of medicine.

Main measures Faculty demographics, caregiver status, caregiving details, degree of mental or emotional strain, and knowledge of and use of employer and external caregiver resources.

Key results Of the 1053 faculty members who received up to three email survey invitations, 209 (20%) responded of which 76 (36%) were current caregivers and 117 (56%) were non-caregivers. Among the 76 current caregivers, 53 (70%) reported providing care for parents or parent-in-laws and 9 (12%) reported caring for a spouse. One-third of current caregivers reported caring for individuals with Alzheimer's disease or dementia/memory problems. Ninety-five% of current caregivers reported some or a lot of caregiving strain. A wide variation in knowledge of and use of employer and external caregiver resources was reported.

Conclusions Department of medicine faculty who provide adult caregiving report a high prevalence of strain and wide variation in knowledge of and use of employer and external caregiver support services, suggesting opportunity to better understand where gaps exist in providing support for caregivers.

Keywords Academic medicine, Caregiving, Workforce, Resources, Employer-benefits

36%

WHO will I be in my next chapter?

The End of History Illusion

Jordi Quoidbach,^{1,2} Daniel T. Gilbert,^{2*} Timothy D. Wilson³

We measured the personalities, values, and preferences of more than 19,000 people who ranged in age from 18 to 68 and asked them to report how much they had changed in the past decade and/or to predict how much they would change in the next decade. Young people, middle-aged people, and older people all believed they had changed a lot in the past but would change relatively little in the future. People, it seems, regard the present as a watershed moment at which they have finally become the person they will be for the rest of their lives. This “end of history illusion” had practical consequences, leading people to overpay for future opportunities to indulge their current preferences.

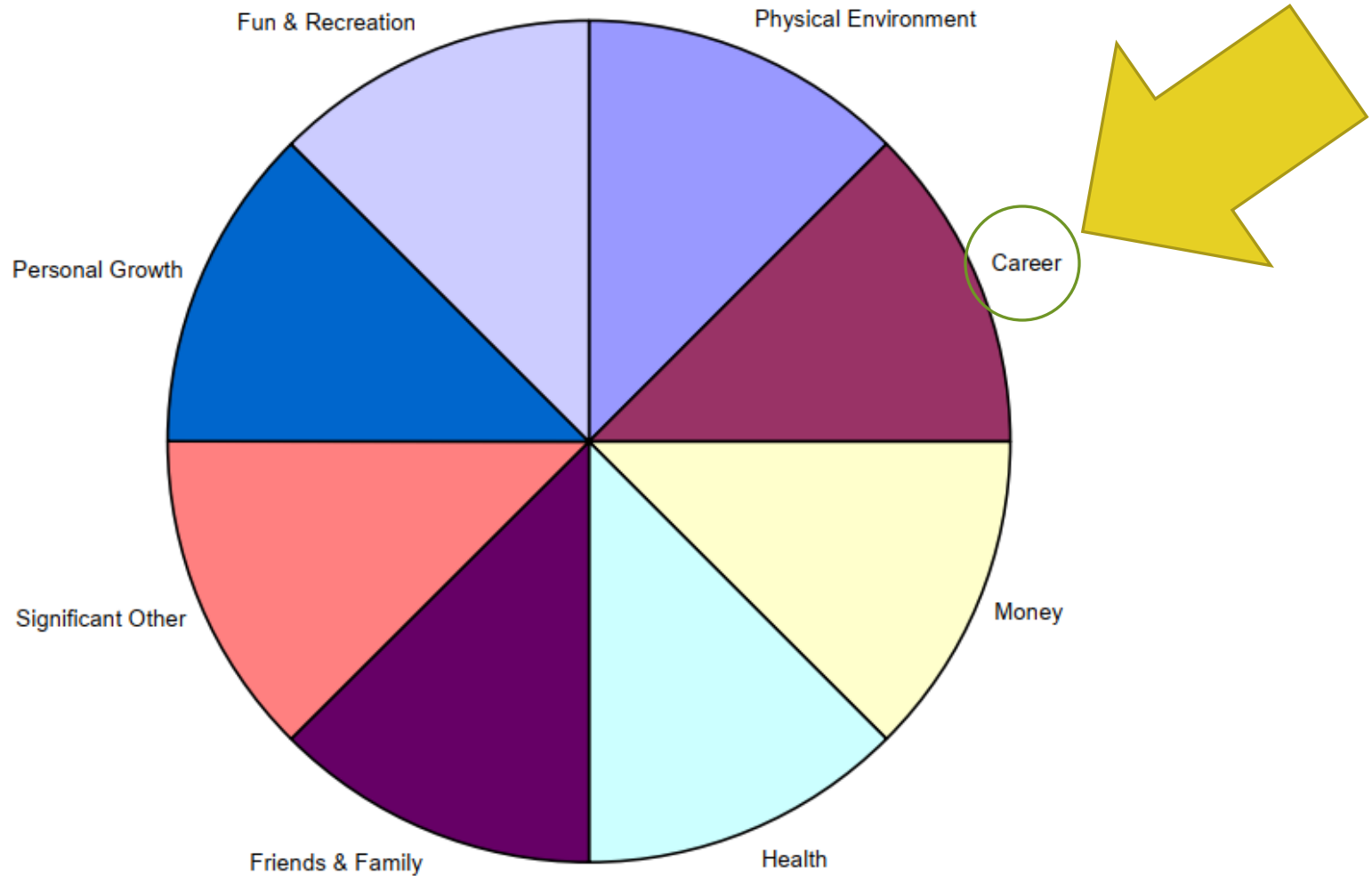
4 JANUARY 2013 VOL 339 **SCIENCE** www.sciencemag.org

We underestimate the magnitude of our changing in the future!

Think: Who could I be?

- What would **UTTERLY DELIGHT** you?
- Or...What peaks could you **revisit**?
 - Educationally
 - Clinically
 - Research
 - Socially
 - Personally
- What “sweet spots” or “dusty corners” are calling you?

THE WHEEL OF LIFE



Is your pie imbalanced?
Where do you want to re-balance?

Pause for Conversation about Identity

- Any AH-HA's?
- Pearls of wisdom?
- Scathingly brilliant ideas?
- Curious questions?
- Lessons learned?

Agenda

I. Identity

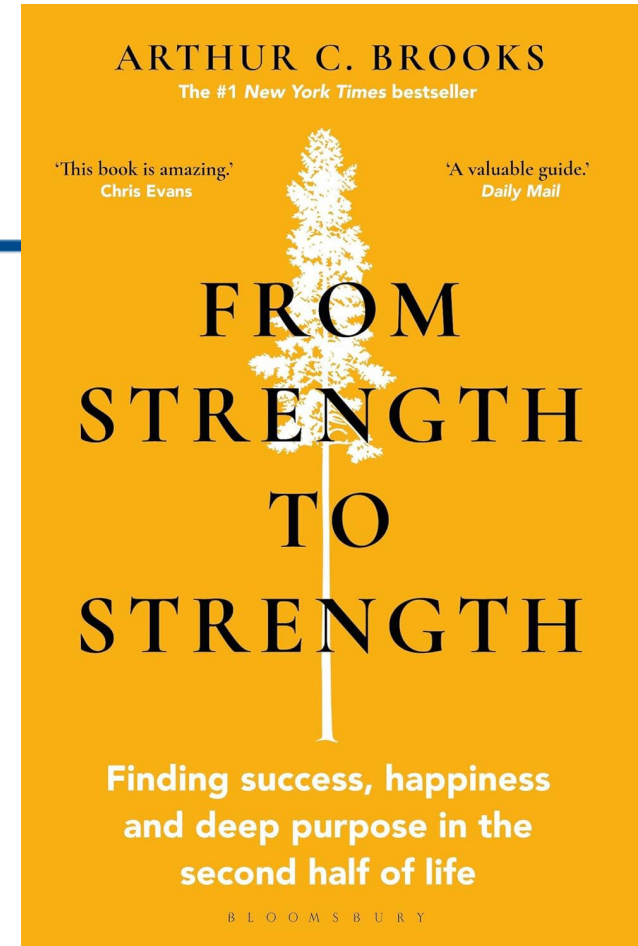
Who am I?

II. Purpose

What is my purpose/meaning in life?

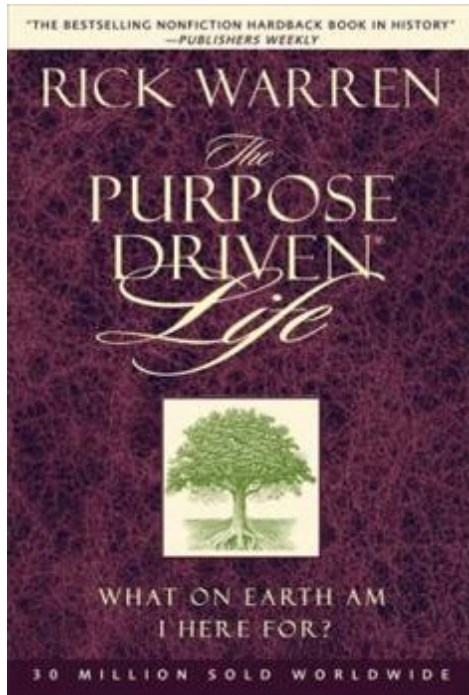
III. Community

Who and where are my people?



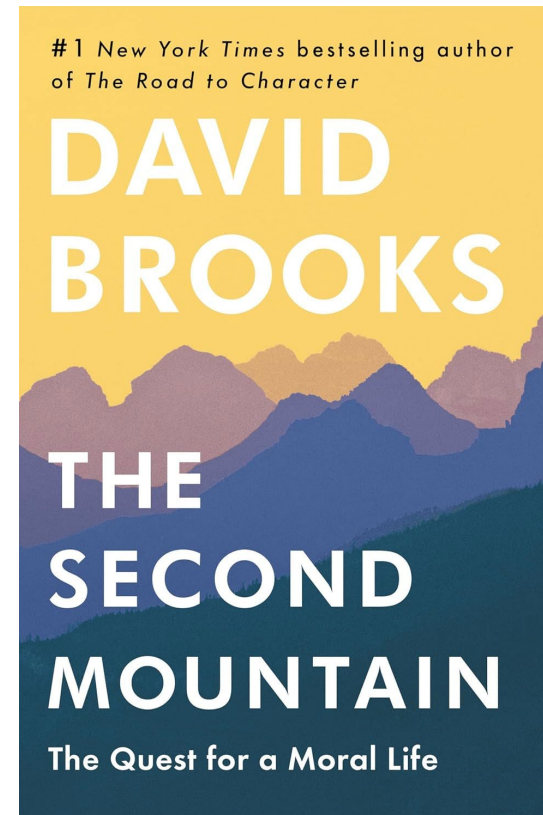
Goal: Normalize the conversations around
later-career and life planning

Purpose: “It’s not about you”



“Human beings’ primary motive is not for money or even happiness, but for meaning. We are driven above all to understand the purpose of our lives.”

(Viktor Frankl)

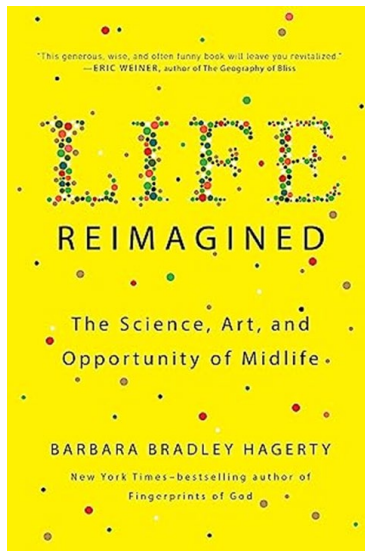


Endings and Beginnings

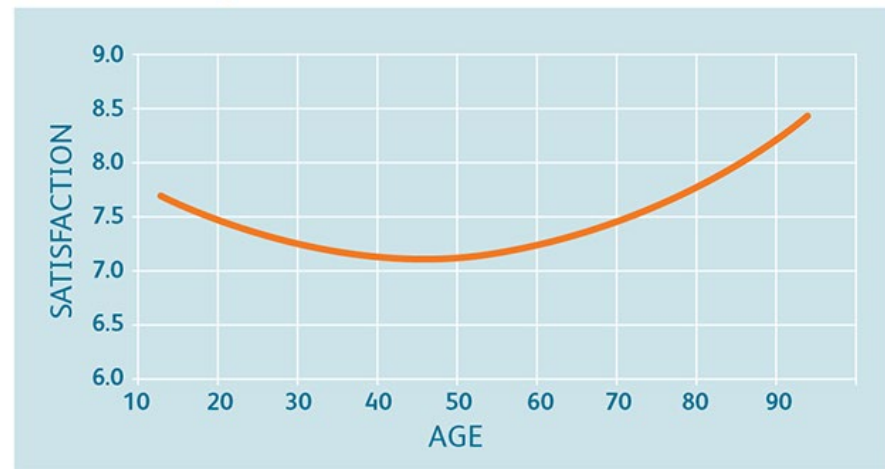
Forlorn 40s? Resigned 50s? – no evidence for “midlife crisis”!

- *what’s happening during this time (e.g., children, parents, partners, careers)?*
- *so...not crisis, but mid-career malaise?*

What’s the solution? Engage with verve, Choose purpose over happiness (Meaning trumps pleasure)!



Age and Life Satisfaction

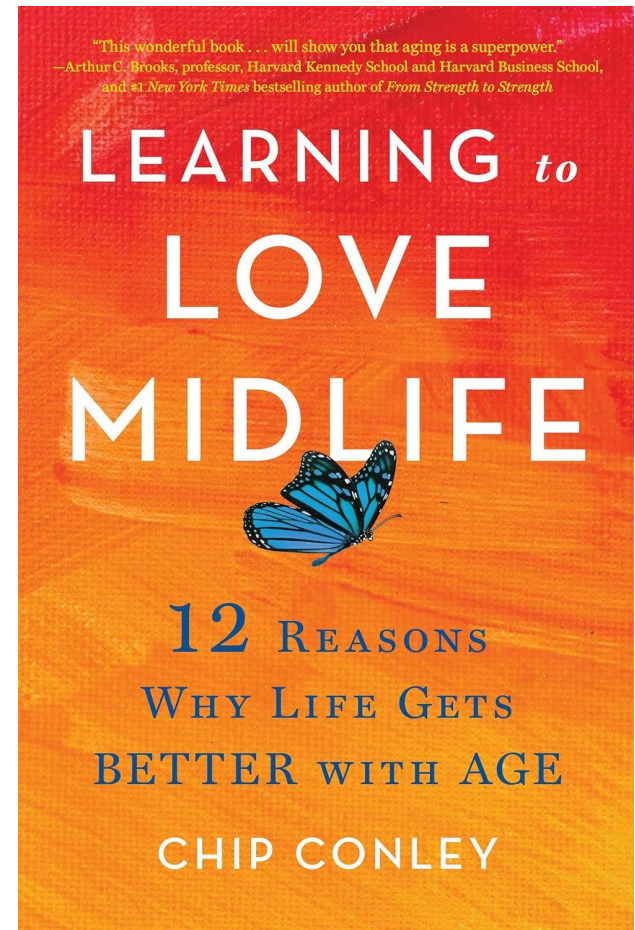


Chip Conley: Learning to Love Midlife



- Mid-life Chrysalis
- We need a Midwife for Midlife
- TQ (transitional intelligence)
- Age is fluid

Shout out for Mentoring & Coaching!



What do I want from life? **vs.** What is life asking of me?

- Values: what we deem important; made up of everything that has happened to us in our lives and include influences from our temperament, families, cultural and religious traditions, education, friends, peers, employers, health, sex, age, etc.
- Values are the filters/frames/lens through which we see...
- Why do values matter? (living a misaligned life es no bueno) (see Tait Shanafelt, burnout literature)



Values Exercise

Sort categories = **Always** valued, **sometimes** valued,
often valued, **seldom** valued, **never** valued
(Instructions: no more than 10 values in each category)

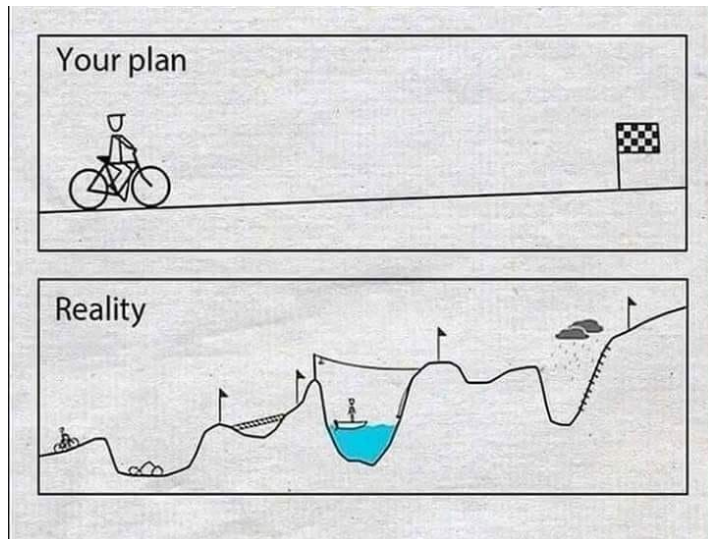
What are your TOP 5 Values?

Spirituality	Physical Fitness	Wisdom	Knowledge	Happiness
Freedom	Personal develop.	Love	Friendship	Integrity
Autonomy	Challenge	Creativity	Competence	Self-respect
Activity	Help others	Collaboration	Achievement	Affiliation
Compassion	Balance	Order	Responsibility	Loyalty
Influence	Enjoyment	Community	Economic security	Reflection
Status	Courage	Aesthetics	Family	Advancement
Location	Justice	Change/variety	Adventure	Fame
Authority	Recognition	Affluence	Competition	Other(s)?

Reflection - Time Horizons



- Looking back, what DID you value?
 - Looking forward, what DO you value?
-
- “Time flies when you’re having fun”
 - Time is relative & Age is fluid
-
- How do we find *purpose and passion* through our values?
 - How can we be *intentional* going forward?



5-minute reflection

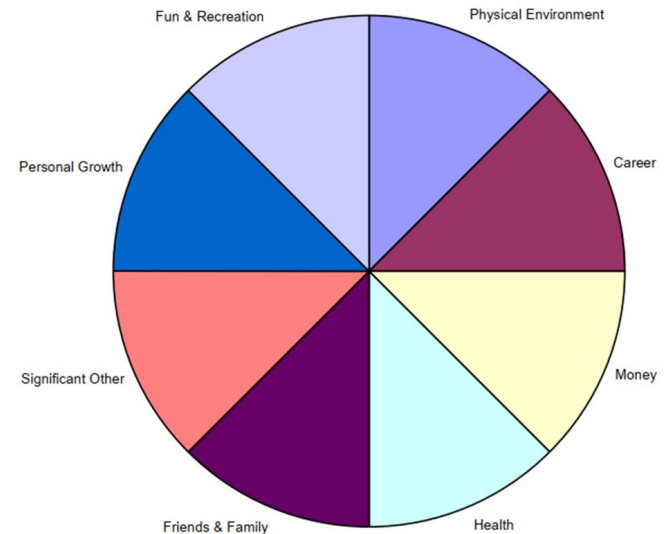
- How was the process of prioritizing values for you?
- How are your values aligned with your current situation? (i.e., does your work express your values?)
- Did anything surprise or challenge you?
 - Are any values non-negotiable?
 - Might you reconsider other values?

Reflections on Regrets

1. I wish I'd had the courage to live a life true to myself, not the life others expected of me.
2. I wish I hadn't worked so hard
3. I wish I'd had the courage to express my feelings.
4. I wish I had stayed in touch with my friends.
5. I wish I had let myself be happier.

Bronnie Ware in *The Top Five Regrets of the Dying*

Again, where are our dimensional imbalances?
Work, Social, Personal





Vision: where do you want to be?

Balance some imbalances?

- Priorities you (and others) have identified
- Pursuing intellectual interests (courses, working)
- Giving back and making a difference
- Strengthening social connections: family, friendships
- Traveling
- Pursuing hobbies
- Paying attention to your health
- ?
- *Are you willing to commit to change?*

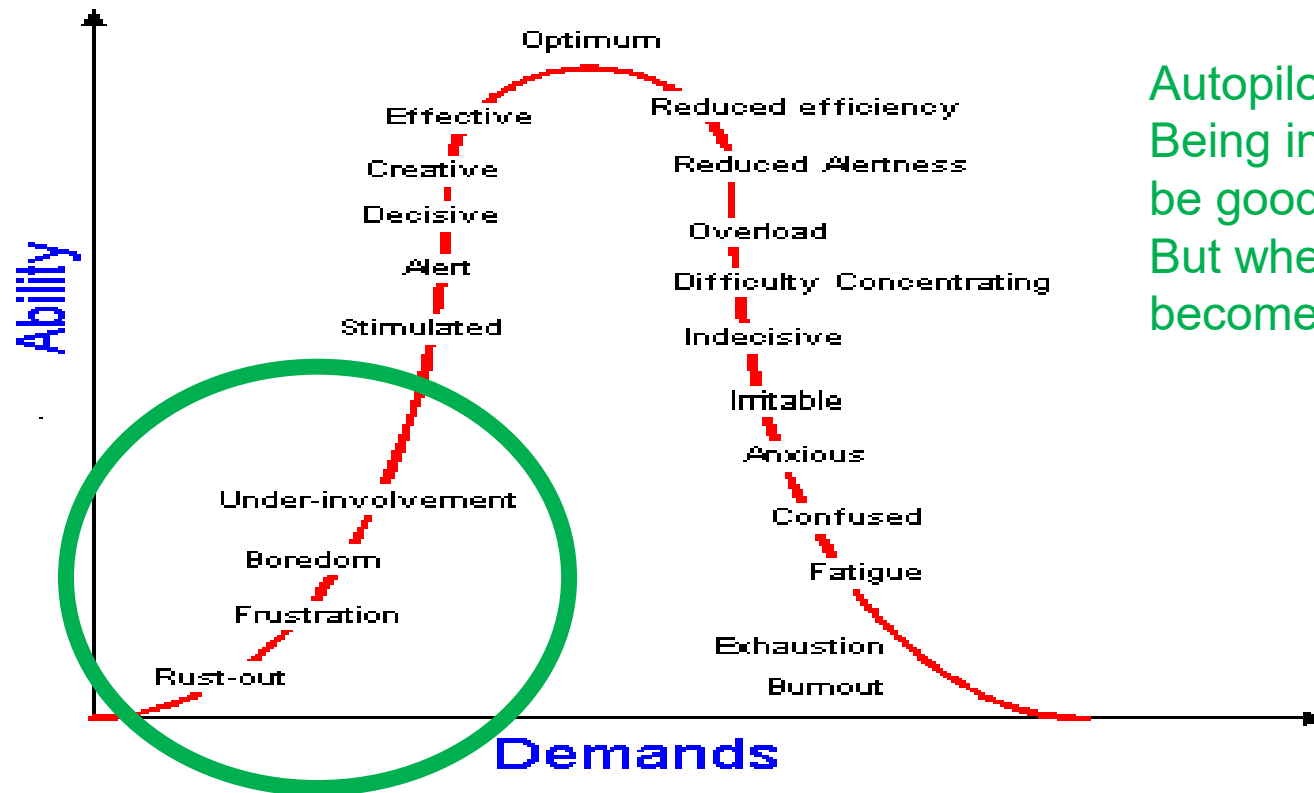
Pivot, Recalibrate, Change?



- Most people at this stage want the "freedom to pursue our own goals and interests. We want **autonomy to call our own shots.**" Mitch Anthony, *The New Retirementality*
- "It is about transitioning **from productivity to purpose....**"
Braksick & Innes, Your Next Season
- "If you don't like change, you'll like irrelevance even less"
Army Gen. Eric Shinseki

“Change? I’m good, thank you very much!”

The Stress Response



Autopilot can be good.
Being in a groove can
be good.
But when does a groove
become a rut?

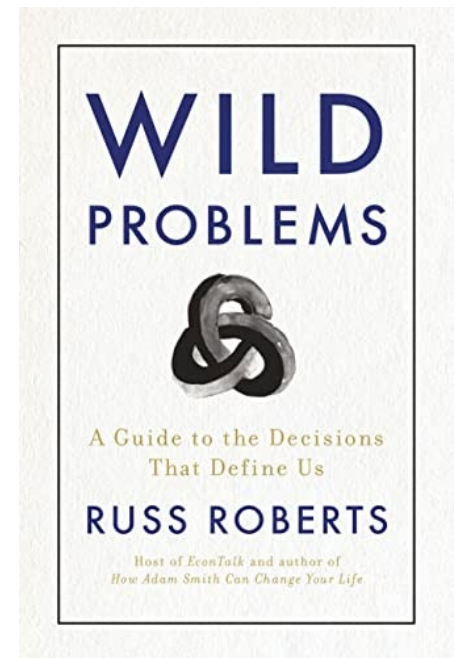
Change? I'm good, thank you very much!

- When was the last time you were **DELIGHTED?** *(great pleasure, satisfaction, or happiness, enjoyment, joy)*
- Academics 'plagued' by a growth mindset?
 - Find some comfort in discomfort?



References:

- Tyler J. VanderWeele – The Human Flourishing Program
- Russ Roberts, Wild Problems



Designing Optimal Experiences

Flow = peak experiences,
states of absolute absorption

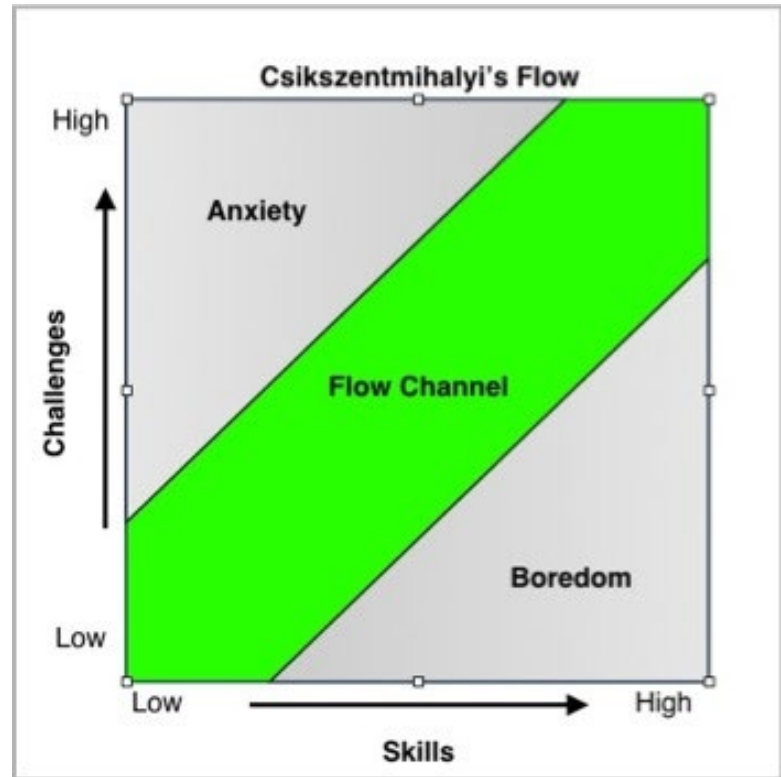
Values



Purpose & Passion



Flow



All the RE's....

- When our computer is being futzy, tired/slow, or acting strangely, what do we do?
 - RE-BOOT, RE-FRESH, RE-DO, RE-CHARGE, RE-NEW, RE-PLENISH, RE-NEGOTIATE, RE-ENERGIZE, RE-JUVENATE, RE-STORE, RE-PURPOSE
- When a business gets a new owner or wants to reach a new/different audience, what does it do?
 - RE-BRAND, RE-INVENT, RE-FOCUS, RE-IMAGINE, RE-FRAME , RE-EVALUATE, RE-ENVISION, RE-TOOL, RE-STRUCTURE, RE-STRATEGIZE, RE-VISIT

(Note: You're the CEO of YOU, Inc.!!)

Pause for Conversation about Purpose

- Any AH-HA's?
- Pearls of wisdom?
- Scathingly brilliant ideas?
- Curious questions?
- Lessons learned?

Agenda

I. Identity

Who am I?

II. Purpose

What is my purpose/meaning in life?

III. Community

Who and where are my people?

Goal: Normalize the conversations around
later-career and life planning

Who are our people?

Community in Generation-ism

Which Generation are You?

Generation Name	Births Start	Births End	Youngest Age Today*	Oldest Age Today*
The Lost Generation The Generation of 1914	1890	1915	108	133
The Interbellum Generation	1901	1913	110	122
The Greatest Generation	1910	1924	99	113
The Silent Generation	1925	1945	78	98
Baby Boomer Generation	1946	1964	59	77
Generation X (Baby Bust)	1965	1979	44	58
Xennials	1975	1985	38	48
Millennials Generation Y, Gen Next	1980	1994	29	43
iGen / Gen Z	1995	2012	11	28
Gen Alpha	2013	2025	1	10

Prefer
face-
to-face

Email

Text

Tik Tok

AI?

Live to
Work

Work to
Live

(*age if still alive today)

Who are your people?!

Population Demographics

- Did you know that...
 - Adults age 60+ = 24% of the US population? (2024 data)*
 - By 2030, one in six people in the world will be age 60+**
- Average age of FT med school faculty, nationally:
 - 1987: 44.7 (faculty age 55+ = 19%)
 - 2024: 49.3 (faculty age 50+ = 43%; 60+ = 21%)***

*<https://www.census.gov/table?t=Age+and+Sex&g=010XX00US> [Census Bureau Tables](#)

**World Health Organization. Ageing and Health. 1 October 2022. <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>. Accessed March 9, 2024.

*** Association of American Medical Colleges. Faculty Roster: U.S. Medical School Faculty. Supplemental Table F. U.S. Medical School Faculty by Gender, Rank, and Age Group. 2024. [Faculty Roster: U.S. Medical School Faculty | AAMC](#). Accessed March 28, 2025.

Who and where are your people (and why does it matter?)



Social isolation, homebound status, and race among older adults: Findings from the National Health and Aging Trends Study (2011–2019)

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Key points

- Social isolation is an important risk factor for morbidity and mortality.
- Socially isolated older adults (65 years and older) in the United States are at increased risk for becoming homebound compared to their counterparts that are not socially isolated.

“Protracted loneliness causes you to shut down socially, and to be more suspicious of any social contact.”

Johann Hari, Lost Connections
(cited in Brooks’ *The Second Mountain*)

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Social isolation and 9-year dementia risk in community-dwelling Medicare beneficiaries in the United States

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Key points

- Among older adults in the United States, social isolation is common (1 in 4 adults experience social isolation) and associated with higher hazard of incident dementia over 9 years.



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Pause for Conversation



ANY AH-HA'S?



PEARLS OF
WISDOM?



SCATHINGLY
BRILLIANT IDEAS?



CURIOUS
QUESTIONS?



LESSONS
LEARNED?

Curious Coaching Questions for Your Careful Consideration

- *What is the smallest change you can make that will make the biggest difference?*
- *What is your preferred future self?*
- *What is it you've learned now that you wished you'd done 10 yrs ago. And 10 yrs from now, what will you regret if you don't learn or do it now?*



Look up – Go Higher



Look down – Go Deeper



Look inside – Go Richer



Look around – Go Wider



What else is in/around us, that we just haven't seen yet?

Handout: My
Retirementality Profile
(MitchAnthony.com)

- <https://www.thrivent.com/member-network/mid-atlantic/my-retirementality-profile-pdf>



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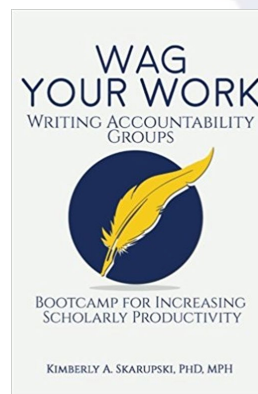
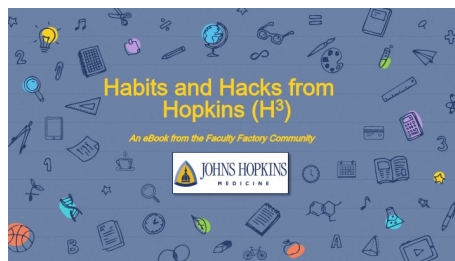
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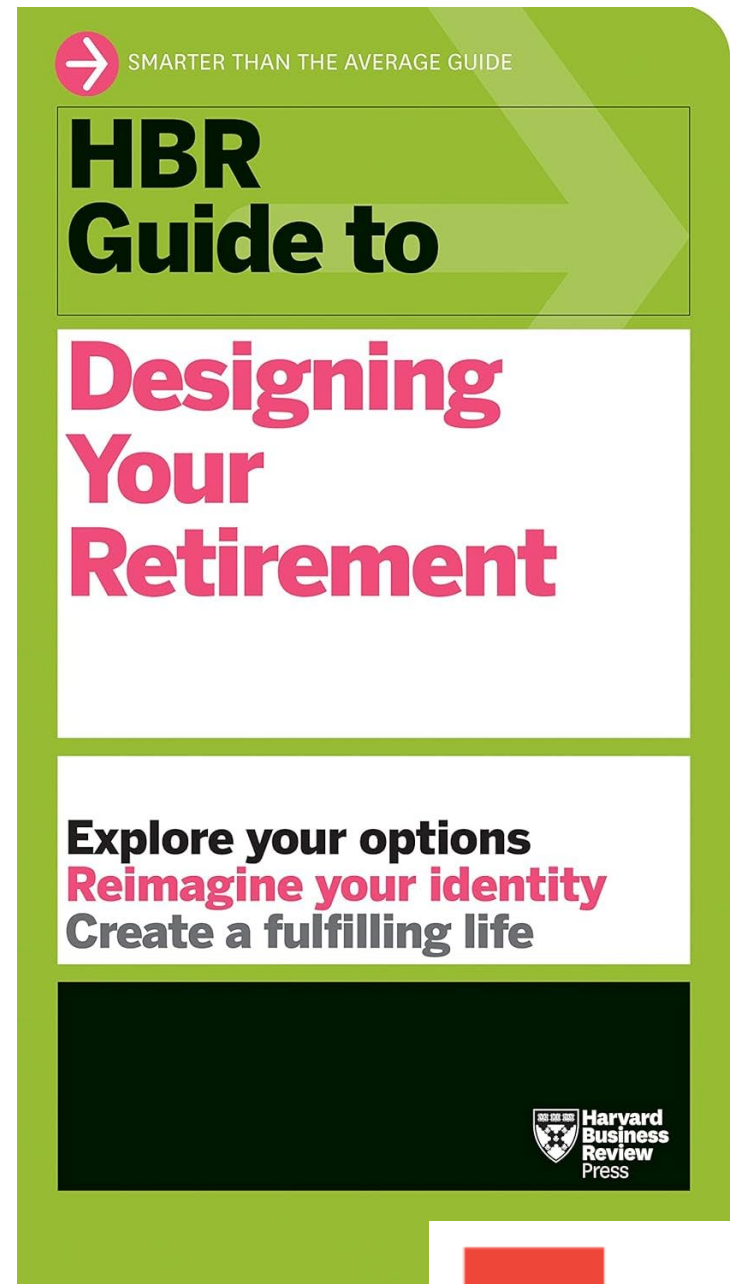
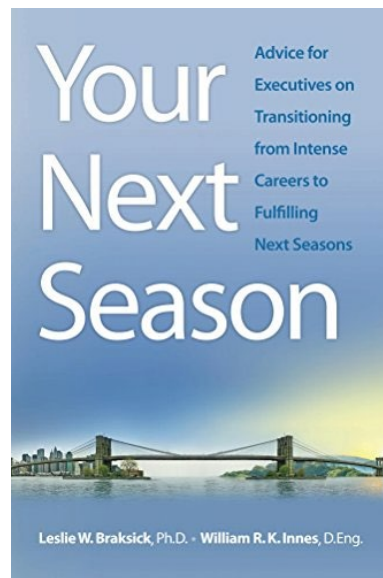
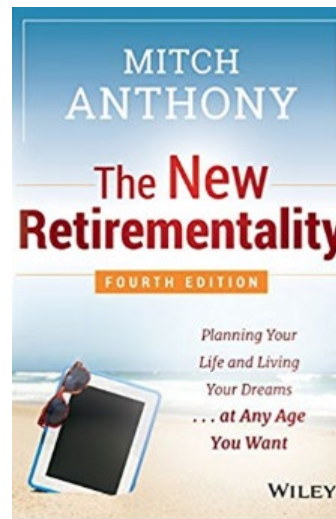
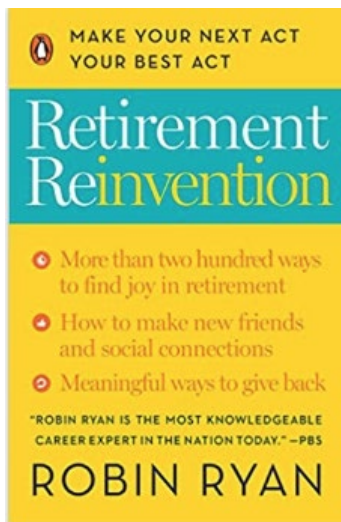
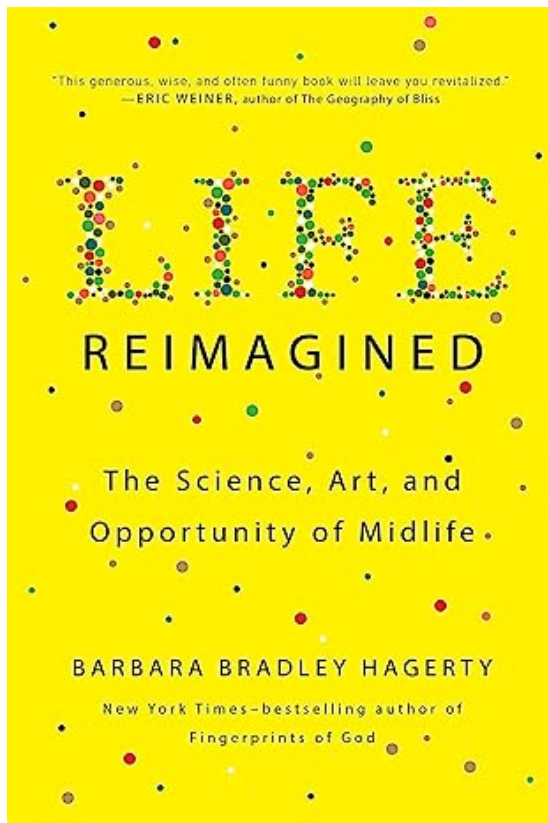
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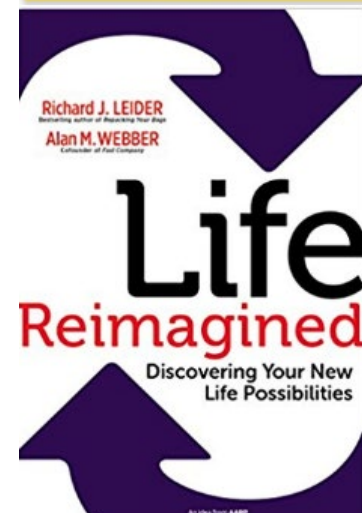
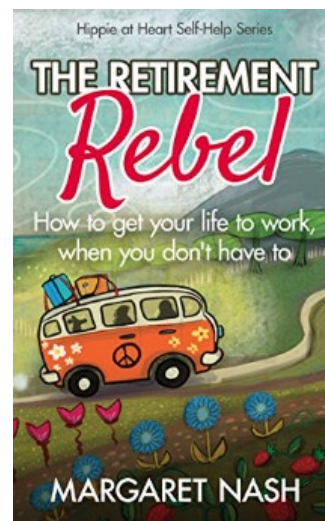
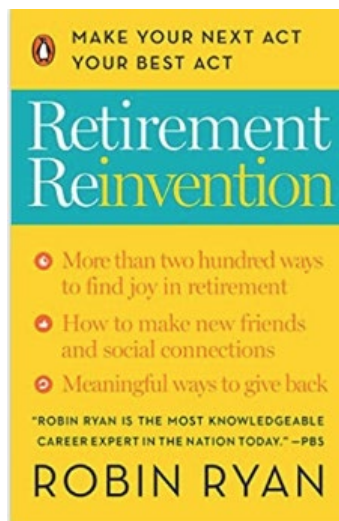
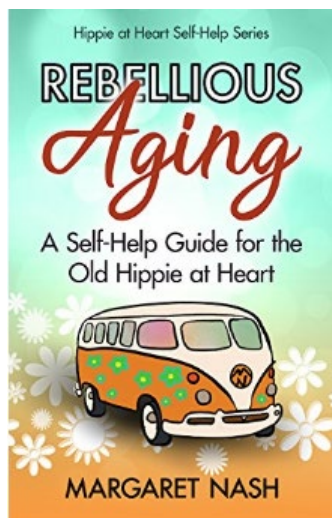
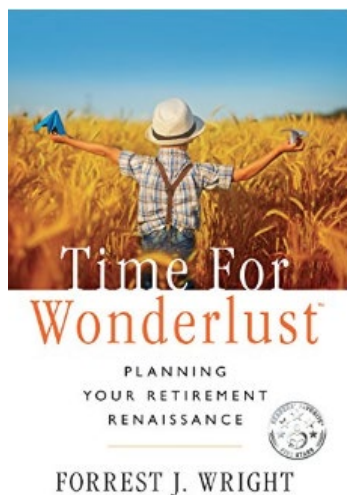
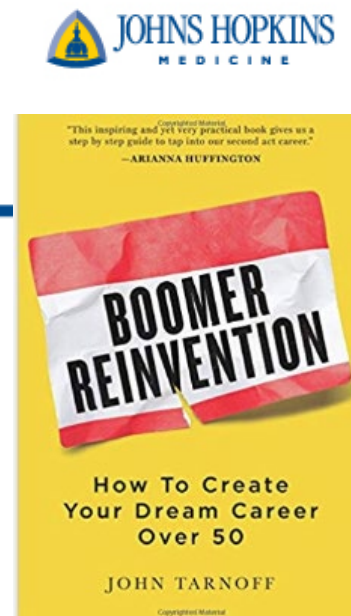
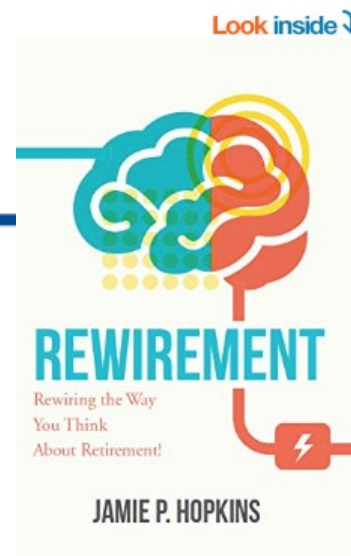
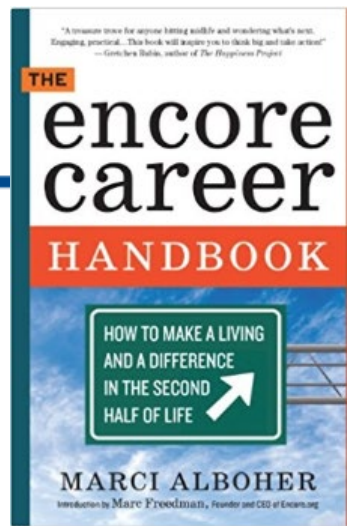
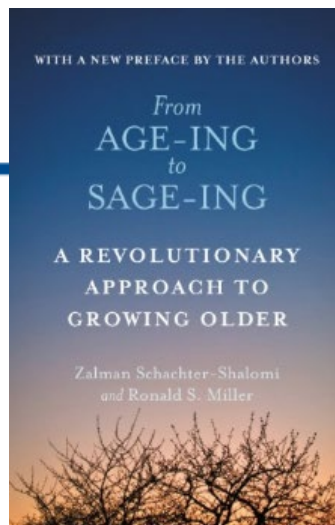
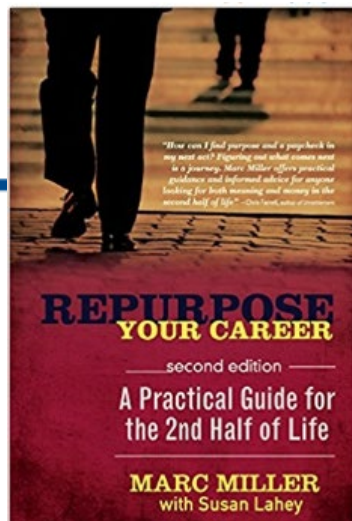
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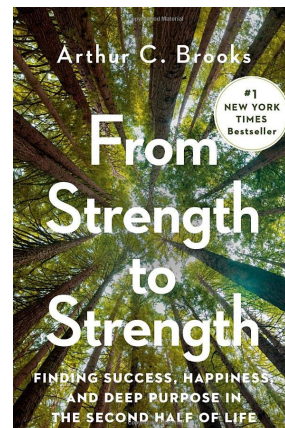
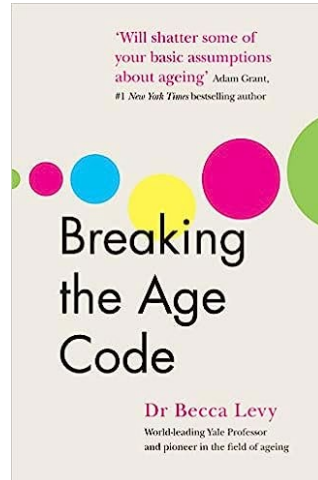
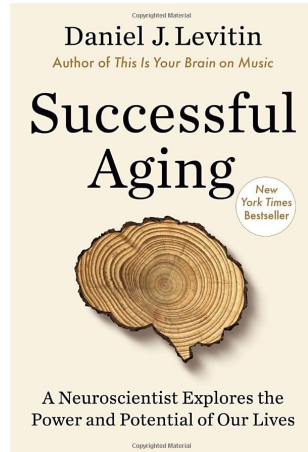
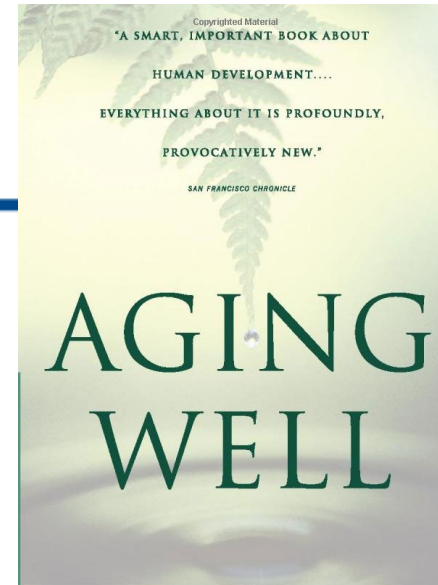
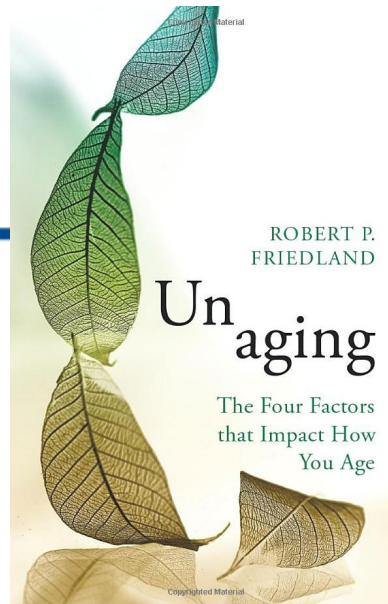
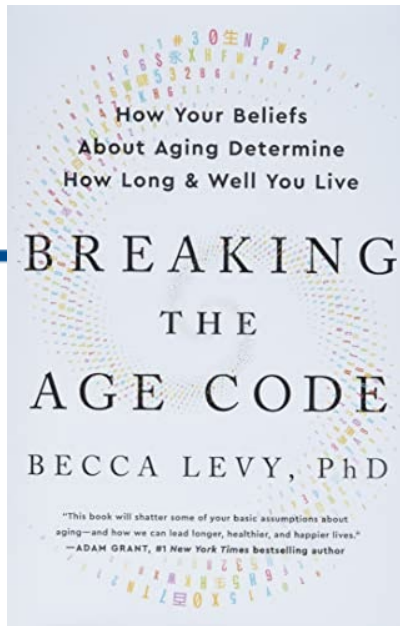
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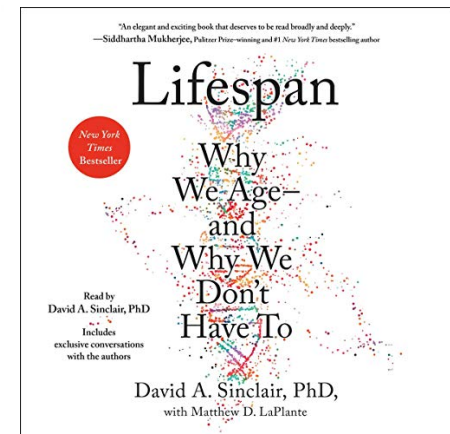
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GEORGE E. VAILLANT, M.D.



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