

Dean's Newsletter

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Perceptions and Misperceptions on the Hill and Beyond

It is always surprising to observe how once treasured institutions or individuals can all –too rapidly fall from grace. For decades the National Institutes of Health (NIH) was widely recognized as the jewel in the crown of federal agencies and had broad bipartisan support from the Congress, Executive branch and beyond. And this support was well justified. Indeed, it is because our nation has invested in the NIH, Centers for Disease Control and Prevention and the National Science Foundation that we are today the world's center of biomedical research. While this investment remains strong, the proposed budgets (which are not adjusted for inflation) for the NIH and the CDC have created significant anxiety and concern throughout the biomedical research community. In recent weeks *Science*, *Nature*, the *New England Journal of Medicine* and other media have featured articles or opinion pieces regarding the impact and perceived consequences of the NIH budget. I have also written about this important issue in Dean's Newsletters over the past few months.

A recent flashpoint occurred when Andy Marks, Editor of the *Journal of Clinical Investigation*, published a highly critical editorial on the direction the NIH has been taking through the "Roadmap" initiative that contained more direct personal criticisms as well (see *J. Clin. Invest.* 2006. 116:844). "The current state of the NIH," wrote Marks, "prompts me to say to its director, Dr. Elias Zerhouni: 'Obviously you are not a scientist.'"

While I think many of us agree with many of the concerns expressed by Andy Marks, nearly all of us (including myself) also wish that he had left out the personal attacks since they "became the story" and consequently deflected attention from the real issue – that the NIH needs bipartisan support and, at a minimum, must keep pace with inflation. The failure to do so could squander the incredible gains that have been made in recent decades and, equally, could result in the loss of a generation of trainees and young faculty who have been aiming their careers toward biomedical research.

One of the major debates has been whether the “NIH Roadmap” is consuming the funding that would have otherwise gone into the RO1 pool. There is considerable rhetoric about this issue but the fact is that – at least to date – only a small portion (less than 1%) of the NIH budget has gone into the Roadmap, which fosters interdisciplinary and translational research. While I certainly understand and support the view that our best investment has historically been in basic undirected research, I also recognize that we currently have unique opportunities in translational medicine. Equally importantly, the Roadmap is a tangible way of conveying to the Congress and the public that the NIH is serious about doing what they most want – improving the diagnosis, treatment and prevention of human disease.

I spent a good portion of the last two weeks in Washington DC meeting with members in Congress, advocacy groups and NIH officials discussing the consequences of the NIH budget. And while I was somewhat distressed to hear from some NIH leaders that the problems are not as serious as they are being made out to be (which is not consistent with the rapidly falling paylines and the increased competition for a shrinking pool of research dollars), I was even more disturbed by the continued perception among important congressional leaders that NIH has had its day with the doubling of the budget and that it is unlikely that either the Administration or Congress would reverse the flat line for FY2007. This outcome would translate into the third consecutive year of below-inflation funding. Clearly we have much work and education to do – and we have to focus on the Congress and public advocacy groups – not on each other. This was well said in an editorial by former NIH Director Harold Varmus with his longtime colleague Mike Bishop that appeared in the April 28th issue of *Science*. Bishop and Varmus write: *“What then is to be done? First stop blaming the NIH – it is a victim, not a culprit, and it urgently needs our collective help. Second, redirect the hue and cry to Congress and the White House. Professional societies and disease-advocacy groups have taken up the cause, but investigators in the trenches have been singularly silent. And third, support the NIH in its efforts to manage resources prudently: Understand the nature of its difficulty and the rationale for restricting the size of awarded grants; encourage favored treatment of applications from scientists for their first awards; and accept opportunities to provide advice by serving on NIH’s advisory and review panels.”*

I agree that a call to action is important – and that our efforts should be directed at making the best case possible for the NIH. Whether one agrees or disagrees with the NIH Director, from all reports he has been quite effective in communicating a strong and effective advocacy message about the impact of the NIH research agenda on human health. A number of these messages are now posted on the NIH website under “Research Results for the Public.” I would strongly encourage each of you to review some of the cited examples and use them in your discussions and advocacy commentaries (see <http://www.nih.gov/about/researchresultsforthepublic/index.htm>). For example, among the impacts Zerhouni cites is that without the last 30 years of NIH investment, heart attacks would still account for 1.2 million deaths annually instead of the approximately 515,000 that now occur. Currently, the NIH is spending about \$95 per citizen on medical research and the cumulative investment over the past 3 decades has been about \$1334 per

citizen or \$44 annually per citizen. In turn, life expectancy has increased by more than six years and aging is healthier than ever before.

We all recognize that we are on the cusp of continued and amazing breakthroughs in medical research and that among the best ways to improve health economics is to improve the effective treatment or prevention of disease. Of course this does not belie the fact that our nation's spending on health care (as compared to research) is out of proportion to the benefits received and that major changes in our health care system are needed. But even if we addressed health care delivery by making it more efficient, cost-effective and quality driven, the benefits of the care being delivered today would not improve without continued research. For example, a major health care provider such as Kaiser may well be able to deliver lower cost care. However, without research done at institutions like Stanford and other academic medical centers, the health care being efficiently delivered today by Kaiser would not likely change in its outcome 10-20 years from now. Investments in biomedical research together with improvements in our health care system are the most effective ways of addressing our nation's health care crisis.

Given the perceptions and misperceptions of our Administration and Congress, it is incumbent on all of us to band together to support biomedical research. I am pleased to note that since my earlier writing on this matter just a couple of months ago, more than 786 organizations (including Stanford) have signed a letter of support urging that the final allocation for the House and Senate Labor, Health and Human Services, Education Appropriation Subcommittees reflect a \$7 billion increase above the President's budget. This increase is specified in the Specter-Harkin Bill, which has already passed the Senate by a vote of 73 to 27. This measure would at least keep the NIH budget at inflation and would, hopefully, help to avoid the undoubling of the NIH budget that will otherwise occur.

We will continue to work diligently on this important issue and I hope that each of you will as well.

Sharing Personal Histories: Students and Donors

We can pass in the hallway, meet in the classroom or on rounds and exchange commentaries about science or medicine. But even when we think we know something about a student or faculty member, it can be illuminating and even startling when people become personal about their own history and relate how their lives were directed toward medicine and science.

On Thursday evening, May 11th, we held the Annual "Financial Aid Dinner," which brings together donors who have provided financial support with the students they are supporting. It is always a remarkable evening. This year some 50 donors were joined by a nearly equal number of medical students along with faculty and staff. As I moved about the room from table to table it was clear that the personal bonding of students and donors had created a wonderful sense of connection, respect and mutual admiration. Generous support from donors has enabled Stanford students to graduate with among the

very lowest amounts of debt in the country after four or more years of medical school. Indeed, whereas the national average of indebtedness for private medical schools exceeds \$145,000, Stanford students graduate with about \$62,000 of debt. While this is still quite significant, for most students it is low enough so as to not adversely influence their career path – enabling our students to follow their passions and interests. Clearly this is yet another facet that differentiates Stanford from all of its peers. While we are number one in this area, it is not one of the measures that impact the ratings for *US News & World Reports* – although it is something we are even more proud of because of the impact it has on our students. And it is something that we are most grateful for since it represents how much our community values and cares about the wellbeing of our students.

I have no doubt that any of the 50 students who attended this year's dinner, or the other almost 400 who did not, have personal stories to tell that would be amazing and meaningful. As part of our tradition, three students were asked to share their personal history in a more public manner and to reflect on how Stanford and financial aid are contributing to their life trajectory. I want to thank Mr. Simon Bababeygy (SMS II), Ms Boy Kea (SMS III) and Mr. Goeff Krampitz (SMS II) for their courage and willingness to speak at this year's dinner about their personal experiences that influenced their choice of medicine and Stanford.. Indeed, each student presented a compelling and often heart-wrenching portrait of courage, resilience, dedication and commitment. Whether their early life was influenced by the ravages of war and terrorism, experience in a concentration camp, or a devastating family tragedy, each of these students demonstrated how otherwise negative forces helped transform their life choices toward medicine and science and how Stanford's financial aid program is permitting them to live their dream. For that we must all be grateful – and clearly our world will be better served as a consequence!

Addressing Barriers to Diversity

Stanford Medical School has one of the very best programs to enhance diversity in the nation. This didn't happen overnight. It is the product of decades of support and commitment by a number of individuals including Drs. Fernando Mendoza, Ron Garcia, Gabe Garcia, and Marilyn Winkleby, among others. Because of their dedication and advocacy, Stanford has benefited from a number of pipeline programs to encourage and enhance minority students to enter medicine. One of these programs is the Center of Excellence, which has been supported by Title VII and Title VIII grants. Unfortunately, the Administration has been seeking to eliminate these programs and in the FY07 budget it is virtually assured that this will happen unless interventions occur. The total amount of funding for Title VII and VIII is approximately \$550 million. While this is not insubstantial, it has had, we believe, major positive benefits – certainly at Stanford. In fact, in recent weeks I have received numerous letters and testimonials from students affirming how much these programs have positively impacted their lives and training.

Last week, Mr. Ryan Adesnik, Director of Federal Relations, and I met with a number of individuals in Washington to continue our advocacy and support for these

programs. We were successful in getting the California Healthcare Institute, a public policy research and advocacy organization for California's biomedical industry, to support these programs – since biotechnology leaders in California clearly see the benefits of enhancing the diversity of their workforce. We also found some supportive staff members and Members on the Hill and we are now working with the American Association of Medical Colleges (AAMC) to further foster support for these important programs. Along with other leaders, I intend to do all that I can to prevent these programs from being destroyed. I believe deeply that the best way to improve the diversity of medicine is to begin with supporting the career development of high school, college and medical students. It is clear that given the tenor of the current Administration this will be an uphill battle – but we will do our best to turn the tide and, hopefully, protect our future.

Board Members and Faculty Exchange Interests and Commitments

Most hospital Board of Directors meetings I attend focus almost entirely on hospital finance, operations, facility, quality and related issues. Certainly these issues are important, especially given the challenging health care environment we live in. And hospital board members, as the fiduciaries of their institutions, are certainly committed to these issues – and often have backgrounds in the corporate world that make them uniquely qualified to do so. But for academic medical centers, it is critically important that hospital Directors understand and appreciate the important and indeed intricate interrelations between, on one hand, the education and research missions of the medical school and university and, on the other hand, the business challenges facing the hospital. Attempts are made to do this on a regular basis at both the Lucile Packard Children's Hospital (LPCH) and the Stanford Hospital and Clinics (SHC). But at the LPCH Board of Directors meeting on Thursday May 11th, a novel and special exchange between board members and faculty was fostered by a unique program spearheaded by Mr. Chris Dawes, President and CEO, and Ms. Jane Binger, Executive Director of LPCH Leadership Development.

Rather than simply having a lecture about a research breakthrough, this Board meeting featured small group discussions between Board members and faculty on 4 topics. Small groups of Directors met with equally small groups of faculty and over a two-hour period had discussions that improved knowledge and understanding bilaterally. The topics included education, translational medicine, research and innovations in surgery. It was clear at the end of this time that everyone had both learned and contributed to each other's knowledge and understanding. This informal exchange, I believe, will help make LPCH Board Directors more aware of how closely related our missions in education, research and patient care truly are – and how much effort we must expend to assure that they are each sustained and enhanced. From my perspective as a participant in one of these discussions (as both a Board member and faculty member) I felt that the time spent was highly valuable and important. Clearly this agenda and format should be done regularly, and I know that this is indeed the intent.

I want to thank Mr. Dawes and Ms Binger for including these discussions in the busy Board agenda and for seeking ways to develop a better understanding of our shared missions – and an enhanced commitment to achieving them.

Valuing Leadership Development

In the last edition of the Dean's Newsletter I gave an update on the joint Leadership Development Program co-sponsored by Stanford Hospital & Clinics (SHC) and the School of Medicine. On Saturday May 13th, the 27 participants in the inaugural program presented the results of the projects they had worked on as part of the course and then had a "graduation ceremony." I had the privilege of being present for that event and was extremely gratified to observe the enthusiasm and excitement of all the participants. Everyone remarked on how powerful and helpful the program had been and how much they had benefited personally and professionally from participating. Indeed, the overarching sentiment was a desire for their program to continue so that they could continue to learn from each other.

Among the important benefits of programs like this is the creation of new networks and improved understanding among individuals from varied backgrounds and disciplines. Given the demands on time, especially for clinical faculty, the opportunity to acquire new management and leadership skills and develop new perspectives is enormously important. It seems clear that this opportunity was realized for the first group of participants. At least one task will be how to keep this nascent network alive as well as how to benefit from the new skills they have acquired.

It is clear that continuing this program is important. We discussed with Drs. Joe Hopkins and Hannah Valantine, who lead this effort for SHC and SoM respectively, the idea that broadening the participants in future sessions to include faculty from basic as well as clinical science departments would enrich the program further. Equally importantly, it would enhance the dialogue and communication between these important communities and have the broader benefit of further aligning our missions and goals.

I want to thank in particular Dr. Joe Hopkins, who really led the way in putting this program together. Clearly he also won the admiration of all who participated. I also want to acknowledge the partnership between Drs. Hopkins and Valantine, who have worked well together. It is clear that this joint program is off to a terrific start – and that our institutions as well as the individuals who participated will be the beneficiaries of this combined program.

Some Special Events

Cancer Education for the Community: On Tuesday evening, May 9th we held a special community forum entitled: *Beneath the Surface: How Biomedical Insights are Changing Cancer Care*. Some 70 community members attended the evening symposium and breakout sessions at the Bechtel Conference Center. Following a keynote address by Dr. Beverly Mitchell, Deputy Director of the Stanford

Comprehensive Cancer Center and the George E. Becker Professor Medicine on “*Enhancing Connections Among Scientists, Clinicians and the Cancer Community*,” attendees had an opportunity to participate in two of four breakout sessions. These included:

Focusing on Prostate Cancer, led by Drs. Jim Brooks and Steve Hancock
Controlling Cancer Stem Cells, led by Dr. Mike Clarke
Detecting Women’s Cancers, led by Drs. Ellie Guardino and Amreen Husain
Tracking Genetic Risks, led by Dr. James Ford

Each of these sessions was highly informative and, based on my own observations, much appreciated by the attendees. Especially in the context of the importance of continuing to educate our community, this event was a wonderful success. I want to thank our faculty for committing their time and energy to this community forum as well as the members of the Office of Medical Education for all that they did to make it so successful.

Improving Diversity in Graduate Education: On Thursday, May 11th the School of Medicine sponsored the 2006 Symposium on Improving Diversity in Graduate Education – the third in a series of such events. This year’s speaker was Dr. Claude Steele, the Lucie Stern Professor in the Social Sciences at Stanford and presently, the Director for the Center for Advanced Study in the Behavioral Sciences. Professor Steele gave an enormously compelling presentation on the “Psychology of Social Identity: Its Role in Group Performance Differences and the Challenges of an Integrated Society.” I want to thank Drs. Hannah Valentine and Ellen Porzig along with Anika Green and Barbara Miller, as well as the Committee for Graduate Admissions and Policy, for their efforts on behalf of this important symposium.

Awards and Honors

At the recent Pediatric Infectious Disease Annual Meeting **Manuel Amieva, MD, PhD**, Assistant Professor Pediatrics (Infectious Disease) was the recipient of the Young Investigator Award – a major recognition of his rapidly developing career as a physician-scientist. In addition, **Dr. David Hong**, Fellow in Pediatric Infectious Disease, won the Wyeth Laboratories Fellowship Award.

Anne Brunet, PhD, Assistant Professor of Genetics, is one of five Stanford faculty members to receive the 2006 Sloan Research Fellowship. The fellowships are designed to help promising young faculty members freely pursue their research interests.

Natalie Dye, Graduate Student in the Department of Chemistry, has been awarded the Lieberman Fellowship for the School of Medicine. This fellowship is named in honor of one of Stanford’s most distinguished citizens, Provost Emeritus Gerald J.

Lieberman, and honors the qualities of outstanding scholarship, teaching, and university service.

Peter Lee, MD, Assistant Professor of Medicine (Hematology), and **Jon Pollack, MD**, Assistant Professor Pathology, were among the 64 new members recently elected to the *American Society for Clinical Investigation*, an honor society of physician-scientists founded in 1908 to recognize individuals who have made significant contributions to the translation of knowledge from the laboratory to the advancement of clinical practice. Of the 2800 members in the ASCI, 51 are at Stanford.

Lubert Stryer, MD, Mrs. George A. Winzer Professor of Cell Biology, Emeritus has been nominated to the American Philosophical Society. The American Philosophical Society was founded by Benjamin Franklin in 1743. It honors extraordinary accomplishments in all fields, including the sciences and humanities.

Irv Weissman, MD, Virginia & D.K. Ludwig Professor for Clinical Investigation in Cancer Research, Professor of Dev Bio & by courtesy of Neurosurgery & Biological Sciences, and Director of the Institute for Cancer/Stem Cell Biology and Medicine, will receive an honorary doctor of science degree from Columbia University. Dr. Weissman's research extends to the possible stem cell origins of leukemias and other malignancies and has spawned new designs for more effective cancer therapies.

Congratulations to all!

Appointments and Promotions

- **David L. Berger** has been promoted to Adjunct Clinical Professor of Anesthesia effective 4/1/06.
- **Edmund J. Harris Jr.** has been promoted to Professor of Surgery effective 5/1/06.
- **Sabine Kohler** has been promoted to Professor of Pathology and Dermatology effective 5/1/06.
- **Natalie Rasgon** has been promoted to Professor of Psychiatry & Behavioral Sciences, effective 5/1/06.
- **Christy Sandborg** has been promoted to Professor of Pediatrics at the Lucile Packard Children's Hospital, effective 5/1/06.
- **Raymond Sobel** has been promoted to Professor of Pathology effective 5/1/06.
- **David Weill** has been appointed to Associate Professor of Medicine (Pulmonary and Critical Care) effective 5/1/06.

- *Cynthia Wong has* been appointed to Assistant Professor of Pediatrics at the Lucile Packard Children's Hospital effective 5/1/06.