

# Dean's Newsletter

October 9, 2006

## *Table of Contents*

- An Affirmation of Basic Science as the Foundation of Biomedical Research and Academic Medicine
- New Graduate Students Begin
- Transitions and Renewed Focus on Education
- The Department of Molecular Pharmacology Becomes the Department of Chemical and Systems Biology
- The AAMC Grapples with Defining the Big Issues
- Epic Opportunities
- More About Academia-Industry Relations
- UNA Conference at School of Medicine
- Dr. David Stevenson Gets a "Perfect 10" in His Apgar Score
- Honoring Dr. Harvey Cohen
- Awards and Honors
  - Mason Case Fellows 2006-2007
- Upcoming Events
  - 5<sup>th</sup> Annual Fall Forum on Community Health & Public Safety
  - 16th Annual Jonathan J. King Lecture
- Appointments and Promotions

## **An Affirmation of Basic Science as the Foundation of Biomedical Research and Academic Medicine**

By any measure this has been an amazing time for the School of Medicine. The past week's announcement of two Nobel Prizes, which followed the awarding of three NIH Pioneer Awards a couple of weeks ago and the Kyoto Prize during the summer, represents a measure of success that is simply nonpareil. And while these extraordinary awards are stunning and represent levels of remarkable individual accomplishment, they have occurred in a setting in which research is highly valued and where excellence is sought and cherished. This has been very much part of the history of the Stanford School of Medicine – particularly over the nearly 50 years that have passed since Provost Fred Terman and President Wallace Sterling made the remarkably visionary and forward looking decision to move the medical school from San Francisco to Palo Alto.

As I have noted in recent Dean's Newsletters, the foundations of the second half-century of medical school were laid down in 1959 when Fred Terman, Wallace Sterling and Henry Kaplan recruited Dr. Arthur Kornberg to Stanford as the chair of the Department of Biochemistry. Dr. Kornberg made the prescient and incredibly important decision that he would only come if he could bring his entire department from Washington University. And indeed his colleagues joined him here at Stanford and went

on to have enormously distinguished careers. One of them, Paul Berg, not only joined Dr. Kornberg at Stanford but also joined him in the ethereal echelons by, like Dr. Kornberg himself, winning a Nobel Prize. Moreover, Dr. Kornberg played a key role in recruiting another Nobelist, Josh Lederberg, to found a Department of Genetics at Stanford – which joined with Biochemistry in becoming the cornerstones for academic excellence and basic research at Stanford.

In these nearly 50 years, many outstanding faculty have been recruited and new basic science departments created, always with excellence as a foundation.. The discoveries these stellar faculty have made have generated new fundamental insights into human biology and the broader biosciences, yielded new innovative technologies, fostered collaborations across the medical school and university, spawned biotechnology and increasingly led to discoveries that are being translated into improving the diagnosis, management and prevention of human disease. To a great degree this work has been supported by the NIH through its peer-reviewed competitive grant process, in which Stanford faculty have clearly excelled.

The fact that two Stanford faculty have been awarded Nobel prizes this past week is of course remarkable but also not surprising, given the excellence of the Medical School's investigators and academic community. We celebrate the achievements of two extraordinary scientists whose findings cut to the foundation of life – the elegant elucidation by Roger Kornberg and his colleagues of the molecular machinery that permits DNA to transcribe its genetic code to messenger RNA in order to make protein, and the insightful discovery by Andy Fire, Craig Mello and their colleagues of a previously unrecognized double-stranded RNA that in essence silences genes to prevent the production of protein. Together these discoveries represent a ying and yang of genetic control.

Importantly, each of these discoveries underscores and epitomizes the importance of basic research and the reality that discoveries having far-reaching implications are often not appreciated when they begin. Andy Fire's work built on findings in plant biology, uncovered a fundamental insight in the worm and then recognized its generalizability to all of biology as well as its extraordinary implications for understanding genetic regulation through selective and specific gene silencing and its current and potential applications.. These findings unfolded rapidly with a seminal publication in 1998 based on work carried out at the Carnegie Institution's Department of Embryology and Johns Hopkins University and now continuing at Stanford as well as in laboratories around the world.

Roger Kornberg's research efforts have spanned decades and have elegantly described the processes and molecular machinery involved in transcription at the atomic level. This extraordinary tour de force required a university like Stanford since it was the collaboration with chemists, physicists, computer scientists and the availability of the Stanford Synchrotron Radiation Laboratory at the Stanford Linear Accelerator (SLAC) that allowed Roger's innovative research to unfold with such remarkable clarity.

Equally importantly, this significant work, like all of biomedical science, would not have been possible without the investment of the National Institutes of Health in basic biomedical research. America has led the world in basic research and scientific discovery

in no small part because of the NIH. Of course this is an affirmation of the creativity of individuals and teams of scientists working in supportive environments - but their work would not have been possible without the support of the NIH. And while virtually every poll taken demonstrates the commitment and support of the American people to scientific discovery, we are entering a time when our scientific enterprise is seriously threatened.

Ironically, this comes after a period in which the NIH budget doubled (although the past three years have witnessed flat to declining budgets). A positive consequence of the dramatic increase in the NIH budget during the last years of the 20<sup>th</sup> century and the beginning of the 21<sup>st</sup> was the attraction of many more individuals to scientific careers. Indeed, from 1995 to the present, the number of scientists submitting grant applications to the NIH increased from approximately 19,000 to 37,000, and the number of grants during the same period increased from 24,000 to 49,000. Without question the availability of funding resulted in the recruitment of a large number of new investigators eager to pursue careers in biomedical research. That is great news – but it came at a price. Now that the support for the NIH has declined, the success of NIH applications is falling sharply. If this trend continues, it seems inevitable that a promising new generation of scientists will be discouraged or simply unable to succeed – thus squandering the nation’s investment in fundamental research.

Further, unlike in years past, the Congress seems to have become disenchanted with the NIH, which not too long ago was viewed as the jewel in the crown of federal agencies. In part this change in attitude is due to the unrealistic expectations by some members of Congress regarding outcomes resulting from the doubling of the budget. As we all recognize, an investment in basic research means elucidating the fundamental mechanisms of life. Certainly some of this research will ultimately translate into applications that can impact human disease. But that translation may take years, if not decades, and, as we well recognize, it cannot necessarily be predicted at the outset of any particular line of research. Importantly, every important application to current medical care is built on basic science discoveries that took place in the past. If we fail to support this research our nation will, in essence, be cutting off its future pipeline of discovery – and application. Thus, as we celebrate the wonderful news of our two Nobel Prize winners, we also need to do what we can – individually and collectively - to become advocates for the continued support of basic research so that we all can have the opportunity to celebrate such extraordinary achievements in the future.

## **New Graduate Students Begin**

Perhaps more than any other medical school in the nation, Stanford is unique in having a comparable number of entering PhD students as it does MD students. This comparability is consistent with our institutional goal of educating and training future leaders in the biosciences and in medicine – and, when possible, looking to their interface, especially as we address our overarching mission of *Translating Discoveries*.

On Monday, September 25<sup>th</sup>, we welcomed our incoming MS and PhD graduate students. The incoming class is comprised of approximately 53% men and 47% women from 26 states (the largest being California) and 15 countries (with China and Singapore accounting for the largest proportion of foreign graduate students). Although there has been continued progress in the admission of unrepresented minority students to our PhD

programs, continued efforts are needed and are being actively pursued through the Office of Diversity.

Entering students did their undergraduate training at more than 50 colleges and universities. Harvard, UC-Berkeley, Stanford, MIT, Cal Tech and Penn contributed proportionally higher numbers of students than the others. Of the admitted students, approximately 54% chose to come to Stanford. Of those who elected to accept another offer, 46 % chose Harvard, UCSF and UC-Berkeley.

Incoming students are admitted through CGAP (co-chaired by Professors Tim Stearns and Will Talbot) and one of 15 departments or IDPs (Interdepartmental Programs). We are pleased to have an outstanding group of new students with a broad range of knowledge and interests, and I am most pleased to welcome them to our Stanford family. While learning science and carrying out research are our highest priorities for our students, it is also our hope and expectation that they will develop into leaders and will help to shape the future of biomedical research as well as science policy for the 21<sup>st</sup> Century. I am also confident that our students – along with our entire community – were inspired by last week's announcements of Nobel Prizes for Stanford faculty members Andy Fire and Roger Kornberg!

## **Transitions and Renewed Focus on Education**

A major facet of the School of Medicine's Strategic Plan, *Translating Discoveries*, is medical student education. During the past five years, Dr. Julie Parsonnet, Senior Associate Dean for Medical Education and Student Affairs and the George DeForest Barnett Professor in Medicine (Infectious Diseases) and in Health Research and Policy, has led a major revision of the medical education curriculum in collaboration with the Medical School Faculty Senate as well as a number of faculty, students and staff. The New Curriculum, which was introduced in the Fall of 2003, represents a very significant demonstration of our commitment to educate and train future leaders, scholars and clinicians. Of course this curriculum is organic, and it continues to evolve as new and exciting changes are introduced. Nevertheless major accomplishments have already taken place, and I credit and thank Dr. Parsonnet for her impressive and significant leadership in bringing them to fruition. She has committed enormous energy and time into this effort, with considerable professional and personal sacrifice. Her efforts have moved Stanford down an important and enduring path – for which we are all grateful and appreciative.

Since she assumed the responsibilities of Senior Associate Dean for Medical Education, Dr. Parsonnet has spent more than 50% of her time on decanal functions. Concurrently she also continued her roles as a highly regarded physician-scientist, educator and clinician. Keeping all these balls in the air is enormously challenging and, understandably, the balance among them needs to change over time. In order to devote more time to her research program, Dr. Parsonnet has decided that it is time to relinquish her decanal responsibilities, and she will do so at the end of this calendar year. Needless to say, Dr. Parsonnet has set a high standard of accomplishment, and I am deeply appreciative of her efforts. Please join me in thanking her for making such outstanding contributions to Stanford.

In anticipation of Dr. Parsonnet's transition, I have spent the last several months reflecting on our current and future challenges in education in three major areas. First, we need to continue to refine and further develop our education program for undergraduate medical students by building on the New Curriculum and finding ways to take it to the next level. Second, we need to have a greater focus on graduate student education, especially in light of the recent Presidential Commission on Graduate Education and the special opportunities for interdisciplinary and interschool programs that now exist and that will further develop at Stanford. Third, we need more focused effort on Graduate Medical Education, including residents as well as clinical and research post-doctoral fellows. Based on these opportunities, needs and challenges I am pleased to appoint three new Senior Associate Deans who will help lead these future efforts.

First, Dr. Charles Prober, Professor of Pediatrics, Microbiology and Immunology, will succeed Dr. Parsonnet as the Senior Associate Dean for Medical Education on January 1, 2007. Dr. Prober, the recipient of numerous teaching awards, has been highly regarded for his passion and commitment to education, both in the department of Pediatrics (where he has long-served as Associate Chair (Education) and in the School, where he has developed the PRECEPT program, led the highly regarded and well-subscribed "Scholarly Concentration" on Clinical Research, and initiated a pediatric physical findings course for preclinical students. Dr. Prober is respected by students, trainees and his colleagues throughout the university and beyond. I am extremely pleased that he has agreed to lead this important effort in medical education. Concurrently, Dr. Prober is serving as a co-principal investigator for our forthcoming CTSA (Clinical and Translational Research Award) to the NIH, focusing particularly on education and training- thus making his leadership in this area both consonant and coordinated.

Second, I am pleased to announce that Dr. John Pringle, Professor of Genetics, has agreed to become Senior Associate Dean for Graduate Education and Postdoctoral Affairs. Dr. Pringle joined Stanford approximately a year ago, when he arrived from the University of North Carolina with his wife, Dr. Bev Mitchell, who became the Deputy Director of the Stanford Cancer Center. Dr. Pringle also has a long record of commitment to education and was recommended with great enthusiasm by the basic science chairs for this important position. Dr. Pringle will plan to spend approximately 20% of his time and will focus on working with departments and IDPs on developing and implementing education, research, and mentoring programs for graduate students. In addition to graduate students, Dr. Pringle will also have responsibility for better integrating and coordinating postdoctoral programs. Without question, postdoctoral fellows are a valued and important part of our community, but they can often be somewhat disenfranchised, since they do not have a common home or shared experiences. Hopefully these challenges will be better addressed under Dr. Pringle's leadership.

Third, I will soon be announcing the individual who will serve in the newly created position of Senior Associate Dean of Graduate Medical Education. In nearly every academic medical center, including Stanford, there is a lack of connection between medical student education and graduate medical education. The former is the province of the school at the central, decanal level, while the latter is the province of its clinical departments. While we certainly want to respect, value and sustain the important role that

the clinical departments play in resident and clinical fellow education and training, it is also important to recognize the lack of linearity and integration of medical and scientific education in academic medical centers. Often the important role of residents and clinical fellows as teachers (and learners) and researchers gives way to the demands of patient care and limitations in time. Our goal is to better bridge the connections between undergraduate and graduate medical education so that we can be even more successful in training and developing a cadre of clinical and translational investigators as well as outstanding physicians.

In their respective roles, Drs. Prober, Pringle and our soon to be named Senior Associate Dean for Graduate Medical Education will work closely together to assure the excellence and better integration of our programs in medical and graduate student education with those in graduate medical and postdoctoral training. It is my hope that this coordinated approach will create new opportunities for a future generation of Stanford leaders.

## **The Department of Molecular Pharmacology Becomes the Department of Chemical and Systems Biology**

I am happy to report that the Department of Molecular Pharmacology has received permission from the Provost to change its name to the Department of Chemical and Systems Biology. The new name more accurately describes the research interests and aspirations of the Department and will help nucleate scholarly efforts in the important emerging fields of chemical biology and systems biology.

Dr. James Farrell, Chair of the Department, explains, “The term chemical biology has come to mean the use of organic synthesis and other chemical approaches to invent and develop biological probes and perturbants. Chemical biology is an exciting field. There are numerous new international conferences and journals devoted to chemical biology. ... Systems biology is another important emerging field. Over the past two decades much has been learned about the identities of the components of cells—genes, RNA species, proteins—and about which individual components are important for functions like cell growth, differentiation, and movement. Systems biology attempts to design principles of the networks composed of these genes, RNA species, and proteins. The key approaches include mathematical modeling and quantitative experimental approaches. In addition, there is a powerful potential synergy between chemical biology and systems biology. Chemical biologists produce the probes and perturbants required for the types of experiments that systems biologists need to carry out. In return, systems biologists provide the applications for these probes and the impetus for the development of new ones.”

I look forward to seeing the synthesis that is poised to occur between two exciting and emerging scientific fields in the Department of Chemical and Systems Biology.

## **The AAMC Grapples with Defining the Big Issues Facing Our Society and Academic Medicine**

To help guide the direction of the Association of American Medical Colleges (AAMC), newly appointed President Darrell Kirsch has initiated an assessment of trends and challenges in society and medicine that will impact the AAMC – as well as the future of academic medicine. During the past several months he has asked members of the leadership boards of the AAMC to list some of the major trends and challenges they see. At the Administrative Board Meeting in Washington, D.C. on September 27-28<sup>th</sup> we participated in small and large group discussions of these trends, adding our views of their potential impacts as well as possible solutions. I serve on the Board for the Council of Deans. Since this is a work in progress I will refrain from sharing the in-depth discussion at this point – but I thought it would be of interest to list some of the major challenges and issues that have been identified to date. They are not likely to surprise you but I am sure you will appreciate that when taken together or in selected aggregates they present some very formidable issues that will likely impact how we carry out our missions in the years ahead. Here is the list in rank order of both likelihood and importance:

### *Trends in Society*

- The number of Americans without adequate health insurance continues to rise.
- Access to information, education, and advice through Internet technologies becomes more commonplace.
- Effects of an aging population grow more acute.
- Direct-to-consumer advertising and marketing continues.
- Disparity of economic classes deepens.
- The trend for transparency and accountability in corporate and nonprofit governance and operations increases.
- Public skepticism increases and public trust in social institutions declines.
- Political party majorities in either house of Congress and/or in the Presidency change.
- The effects of cultural and ethnic diversity grow more acute.
- The interest of the public to tax itself to fund public goods declines.
- Economic globalization - with historically underdeveloped countries increasingly competing with the US – threatens America's dominance.
- An anti-science sentiment among public and policy-makers increases.
- Litigiousness of society increases.
- Terrorism or natural disaster within the US becomes more pervasive.
- There is a generational transfer of discretionary wealth of baby boomers.

### *Trends in Medicine*

- The number of osteopathic and offshore medical schools and physicians increases.
- Health care costs continue to rise.
- The need to manage chronic diseases increases.
- The ability to cross-subsidize education and research missions is reduced.
- The number of non-physician healthcare providers increases.

- Demands increase to demonstrate quality in health care.
- Medical school tuition increases.
- Disparities in healthcare grow more acute.
- Demand for interdisciplinary healthcare teams grows.
- Federal appropriations for research and training are reduced.
- Reimbursement for physicians and hospitals declines.
- There will be worsening physician workforce shortages.
- Overload of information available to healthcare providers is commonplace.
- Sub-specialization in medicine increases.
- The shift to outpatient/ambulatory medicine, as well as hospitals, increases.
- The use and cost of new medical technologies increases.
- The profile of new physicians (e.g., lifestyle preference, greater percentage of women, etc.) continues to change.
- The application of genomics/molecular biology to treatment and prevention of disease increases.
- Conflicts of interest in biomedical research and in all levels of medical education are commonplace.
- The use of electronic medical records is commonplace.
- There are generational gaps of physician knowledge.
- Health care and medicine become globalized.
- New infectious diseases emerge.
- The interest of community physicians in participating in medical education declines.
- Litigation and legal issues in medicine increase.
- “Regionalization” of providing complex medical services increases.
- Resident duty hours will be reduced.

Because these trends represent input from leaders from deans of medical schools, CEOs of teaching hospitals, and leaders in medical specialties, among others, it is not surprising that these lists are so variegated in their priorities. Depending on one’s perspectives, these trends could be differently ranked or some elements added (or perhaps even deleted). Nonetheless I thought it would be of interest to you to take note of what some of our leaders in academic medicine see as the major challenges and issues for the years ahead. It seems likely that a number of these trends will become realities in the years ahead and that, as a consequence, the world of medicine as we know it today will be changed. Clearly anticipating these trends, understanding their complexity and planning how to address or respond to them will be key to a successful future. While organizations like the AAMC should be part of this effort, so should each of our medical centers and, in fact, each of you, if we are to sustain the excellence of academic medicine, for both our individual and our collective futures.

## **Epic Opportunities**

In the last issue of the Dean’s Newsletter I commented on the progress that Stanford Hospital and Clinics is making in beginning to implement the Epic Information System. If you were unable to get to any of the demonstrations held in late September,

several of the modules are available on-line. If you would like more information please go to: <http://clinicalinformatics.stanford.edu/stanford-ehr/epic/demos/>. During the months ahead SHC will begin a number of training modules, since it is clear that making the future electronic medical record successful will require significant education and training by all users. So you may wish to begin that learning process now.

### **More About Academia-Industry Relations**

On Saturday, October 7<sup>th</sup> I participated in a panel discussion on “Research: Leading or Coexisting in a New System?” at the annual meeting of the Association of Academic Health Centers. The other participants included Jennifer Washburn, Fellow at the New America Foundation and author of *University Inc.*, and Shannon Brownlee, Bernard-Schwartz Senior Fellow, New America Foundation. Each presented a similar perspective, which is that virtually all financial interactions of academic institutions and faculty with industry (at least as related to clinical research) should be severed. Their basic tenet was that conflict of interests can not be managed and that financial enticements ultimately bias the quality of the research as well as the conclusions drawn by faculty – even if they profess being objective and declare any financial holdings.

Among the factors leading Washburn and Brownlee to these conclusions is the assertion that industry currently funds 70% of clinical trials in the US and that these trials are inherently biased to yield results that will increase market share and financial holdings. They further argue that most clinical trials are written by industry and that the data are analyzed by industry without objective oversight by faculty members who may be listed as the principal investigator(s). Further, they contend that many faculty who profess to be thought leaders ultimately become influenced by financial awards and incentives and lose their objectivity – even publishing papers that have been written by industry (so-called ghost writing). At the extreme, they argue that since conflicts of interest cannot be managed they must be avoided – especially if further loss of public trust is to be avoided. They proposed that a case should be made to the federal government to increase its support of clinical research to replace the funds provided by industry so as to provide a more objective clinical trials portfolio.

In my presentation I reviewed the changes that have occurred in medical schools and academic medical centers and in industry during the past century. I discussed why productive and collaborative ties with industry are necessary if discoveries made in our universities and medical schools are to become available to the public and increase the public good. I gave examples of how basic discoveries in genetic engineering stimulated the development of biotechnology and how this has fostered considerable public good. Further, I illustrated how the Bayh-Dole act of 1980 catalyzed the application of fundamental discoveries to products that improved our nation. At the same time, I acknowledged that a number of academia-industry relations have become too intermingled and that a number of them have threatened the public trust.

For example, I fully agree that clinical trials should be performed with independent oversight by academic faculty and that principal investigators have the obligation to have access to all data, to analyze and present the results – both positive and

negative. They should never simply accept an analysis done by industry or permit their name to be associated with a publication they neither wrote nor contributed to. I further noted that faculty have an obligation to reveal in a transparent way any potential conflicts in scientific publications. In addition, they should never engage in the selective reporting of data of the type that has recently come to light with studies of Cox-2 inhibitors. In fact, the issue of clinical trials reporting is an area I worked on intently through the Health Science Policy Board of the Institute of Medicine.

I also pointed out how and why academic medical centers like Stanford work diligently to bring discoveries to the public good by managed interactions with industry partners. I differentiated between the academic-industry relations that occur in research versus those that take place around marketing. The former helps to promote the public good while the latter can confound public perception or even squander public trust. I took issue with the suggestion that conflicts of interest could not be managed and further noted that potential conflicts were much broader than simply financial and that it was pollyannaish to suggest that we could simply eliminate conflicts. Accordingly I pointed out how our research conflict of interest policies addressed these concerns and provided a credible path to managing potential conflicts. At the same time, I also pointed out the new policies we have recently introduced at Stanford to dissociate our students, faculty and staff from marketing activities – or from becoming industry marketers – by the strict limits we have set on gifts, meals, etc (see <http://med.stanford.edu/coi/siip/>).

While I acknowledge that there are important interactions between industry and academia that I would like to see fostered, I also recognize that there is a rising chorus of concern from the media and from various public interest groups about such interactions. As is often the case this can lead to a march toward the extreme. Clearly this is not desirable. But I do worry that if we are unable to appropriately monitor and manage industry-academia interactions in a way that is above reproach, outside regulation will likely ensue. From my perspective, such regulation would almost certainly stifle innovation and discovery and would not serve the public good. And while I believe that the policies we have in place adequately address the important issues surrounding academia-industry interactions, I am also cognizant that it is incumbent on each of us to assure that we are scrupulous in accurately reporting potential conflicts, both annually and transactionally, and that we work collaboratively with the School's Conflict of Interest Office and Committee. Failure to do so could not only impact individuals but could also result in wide-sweeping changes and rules with serious consequences for our entire community.

I would encourage each faculty member to become fully aware of our Stanford policies (see <http://med.stanford.edu/coi/>) and if you have any questions to direct them to Barbara Flynn (bflynn@stanford.edu), Dr Harry Greenberg ([harry.greenberg@stanford.edu](mailto:harry.greenberg@stanford.edu)) or, if your question concerns the new Stanford Industry Interactions Policy, to our SIIP helpline: 650-724-1592 or Email: [MedIndustryPolicy@stanford.edu](mailto:MedIndustryPolicy@stanford.edu).

**UNA Conference at School of Medicine**

On Saturday, October 7<sup>th</sup>, the School of Medicine co-sponsored with the Northern California Division of the United Nations Association a conference entitled, “Can the UN Heal the World?” Among the speakers were Congresswoman Anna Eshoo; Mandeep Bains, Policy Director for the United Nations’ Millennium Campaign; and four of our faculty, Drs. Gary Schoolnik, Professor of Medicine (Infectious Diseases) and of Microbiology and Immunology and Senior Fellow at the Woods Institute for the Environment; Jonathan Berek, Professor and Chair, of Obstetrics and Gynecology and Gynecology; Bonnie Maldonado, Associate Professor of Pediatrics (Infectious Diseases), and by courtesy, of Health Research and Policy; and Paul Wise, Richard E. Behrman Professor in Child Health. The framework for the conference was the set of Millennium Development Goals (MDGs) agreed to in 2000 by all the member states of the UN. The MDGs lay out measurable goals and timetables for addressing the world’s most pressing problems by the year 2015. Specifically, the MDGs aim to:

- Eradicate extreme poverty and hunger
- Achieve universal primary education
- Promote gender equality and empower women
- Reduce child mortality
- Improve maternal health
- Combat HIV/AIDS, malaria and other diseases
- Ensure environmental sustainability
- Develop a global partnership for development

Ms. Bains provided an update on these efforts. Although progress is being made in some areas and on some of the goals, the data show that, overall, many of the goals are not on track and that Sub-Sahara Africa in particular is not on track to meet the goals in any of the areas. Drs. Berek, Maldonado and Wise, in a panel moderated by Dr. Schoolnik, provided more detailed information in such areas as women’s health, maternal-infant health, and infectious diseases that supported this sober assessment. As Ms. Bains put it, “The promise made to the world’s poor is not being kept.”

The irony – and the hope – in this state of affairs is that the goals articulated in the MDGs are achievable. We have the resources, the expertise, and the time to achieve them, and Dr. Wise provided inspiring examples of activities in Haiti and Guatemala that are successfully working to save lives and rebuild communities. However, what is needed on a global scale is the political will to allocate the resources it will take to achieve the goals. The wealthier nations need to provide aid, training opportunities, and debt forgiveness to the poorer nations. For instance, in 1970, 35 of the wealthier nations committed to allocate 0.7% of their Gross Domestic Income (GDI) towards these types of efforts. Regrettably, 35 years later, only five countries have met this obligation. As for the United States, we did not even make that commitment in 1970. In 2005 we provided 0.22% of our GDI, far from the average effort of rich countries, which is 0.47%. In fact, we are the second lowest of 22 wealthier countries – only Portugal is behind us.

What can we do? Congresswomen Eshoo encouraged the conference attendees to be active citizens; be aware of what Congress is doing in these areas; and try and get national government policies and programs changed. She pointed out that Congress responds to pressure – and she urged us to exert that pressure! We can also become informed about the millennium goals and about what each of us can do to help at [www.millenniumcampaign.org](http://www.millenniumcampaign.org).

Thanks to Drs. Berek, Maldonado, Schoolnik and Wise for their participation in this very worthwhile conference.

### **Dr. David Stevenson Gets a “Perfect 10” in His Apgar score**

Also on Saturday, October 7<sup>th</sup>, Dr. David Stevenson became the youngest winner of the Virginia Apgar Award. This award is given annually by the Section on Perinatal Pediatrics of the American Academy of Pediatrics “to an individual whose career has had a continuing influence on the well-being of newborn infants.” Dr. Stevenson, who serves as the Vice Dean and Senior Associate Dean for Academic Affairs and Harold K. Faber Professor of Pediatrics and Professor, by courtesy, of Obstetrics and Gynecology, joins Professor Emeritus Philip Sunshine, who won the Apgar Award in 2001, in receiving this prestigious honor.

While Dr. Apgar (1909-1974) is perhaps best known for the Apgar score – a system for assessing the physical condition of a newborn at one minute and five minutes after birth – she was also a “renaissance woman” with a wide array of talents and accomplishments in medicine, science, the arts and beyond. The award honoring her name and many contributions has been given annually since 1975, and its recipients include luminaries in pediatrics and neonatology. There is no question that Dr. Stevenson is eminently qualified to join this list – and by doing so brings honor to himself, his many collaborators throughout Stanford, and the field of pediatrics.

Please join me in congratulating Dr. Stevenson.

### **Honoring Dr. Harvey Cohen**

After thirteen years of wonderful leadership, Dr. Harvey Cohen, the Arline and Pete Harman Professor for the Chair of the Department of Pediatrics, will be stepping down as Chair of the Department of Pediatrics at the end of this calendar year. Under his leadership both the department and child health have been transformed at Stanford and in our community. During his tenure Dr. Cohen has, in many ways, become the face of pediatrics, and his caring manner, compassion and commitment to the well-being of children in this community and beyond are deeply valued and highly respected. He has played a critical role in the recruitment of outstanding faculty leaders throughout the department and has played an important role in the training and education of a generation of pediatric housestaff and fellows. Under Dr. Cohen’s leadership the Lucile Packard Children’s Hospital (LPCH) was born in its current physical incarnation, and because of his efforts and those of his colleagues it has achieved national pre-eminence. Among his greatest gifts and contributions has been his ability to engage community leaders to support LPCH, which is perhaps best evidenced by the Children’s Health Initiative

supported jointly by the David and Lucile Packard Foundation and contributions from the community garnered through the efforts of the Lucile Packard Foundation for Children's Health.

Over the last few months there has been a plethora of events to celebrate Harvey Cohen's contributions – the latest from the Department of Pediatrics. In each of these events– and those still to come – his humanism, care and commitment to children and to advancing knowledge to improve future generations has been highly praised – and for very good reason.

I have had the privilege of knowing Dr. Cohen for some 36 years, since we began our training together as interns at the Children's Hospital Boston in 1970. His commitment to science and its relevance to the care of children was evident from our first encounters – and it has certainly endured over the decades. So too has his exuberance and personal warmth. For those of you who know Dr. Cohen, you will recognize that he is renowned for his bear hugs and warm embraces. Of course, these are less intimidating now that he has assumed a more grandfatherly manner – compared, of course, to when he was a much younger guy with big sideburns and a mustache! In addition to his scientific prowess and his commitment to pediatrics, Dr. Cohen is also much admired by his family. He and his wife Ilene of 40 years are best friends, and they have raised two wonderful sons, who admire them and who have brought joy and grandchildren into their lives.

Transitions are a part of academic life – and certainly of senior leadership. The role of department chair is a demanding one that requires enormous energy and commitment. It is also a role that benefits from renewal –for both the individual and the institution. Clearly Dr. Cohen has worked diligently to serve the department of Pediatrics, the Lucile Packard Children's Hospital, the School of Medicine and Stanford University with great success, for which we are deeply appreciative. By handing over the reins at this juncture Dr. Cohen leaves a legacy of accomplishment as well as the opportunity for another chapter to be opened in the life of LPCH and Stanford – and for his own self-renewal.

Thankfully, Dr. Cohen will remain an active member of our Stanford community. He recently received the excellent news that his NIH grant application will be funded, and he will begin a sabbatical with Professors Dick Zare and Rob Tibshirani. He has also announced that he will be retooling to participate in his clinical area of pediatric hematology-oncology. In all of his new endeavors I am confident that Dr. Cohen will continue to enrich our community. And of course, we all continue to benefit from his personal warmth – including his greetings and hugs. Thanks, Harvey, for all that you have accomplished – and best wishes for the exciting times that lie ahead!

## **Awards and Honors**

### ***The Mason Case Fellows for 2006-1007***

The School of Medicine and the Office of Graduate Education/Biosciences are pleased to announce the selection of the first two Mason Case Fellows. These awards are made possible by a generous donation from Mr. Mason Case, Stanford alumnus. The first two Mason Case Fellows are:

- **Maria Vaysberg**, a Ph.D. candidate in Immunology, is analyzing the contribution of the Epstein Barr Virus (EBV) latent gene LMP1 to the Jak/STAT pathway and IL-10 signaling in B cell lymphomas. Born in Moscow, Maria graduated from UC Berkeley with honors in molecular biology and distinction in scholarship. Her thesis research is conducted in the laboratory of Professor Olivia Martinez (of the Department of Surgery and the Program in Immunology). Maria's research has been published in the American Journal of Transplantation, Nature and Science. In addition to her thesis research, Maria is recognized for excellence in teaching in the Advanced Immunology Course, particularly for her teaching of B cell development.
- **Amanda Mikels**, is conducting her doctoral research in Cancer Biology and Developmental Biology in the laboratory of Professor Roel Nusse, HHMI Investigator and Professor of Developmental Biology. Prior to her entry into Stanford's Ph.D. program, she graduated with honors from the University of California at San Diego with a degree in Microbiology, where she was elected to Phi Beta Kappa and received the outstanding achievement award in Microbiology. At Stanford, Amanda has selected a highly ambitious research project to understand how the ligand Wnt 5a affects cell proliferation. Her research is relevant to the spectrum of normal developmental events and disease mechanisms where the Wnt pathway plays essential roles. Amanda's research has been published in Stem Cells and Development and in PLOS Biology. Professor Nusse credits her for great intellectual curiosity, enormous persistence in experimental work and great insight. Amanda is also a dedicated and gifted teacher, making important contributions to Cancer Biology 241 and to Cancer Biology 280.

**James Chang**, Chief of the Division of Plastic and Reconstructive Surgery and Associate Professor of Surgery (Plastic Surgery) and Orthopedic Surgery (Courtesy), has been awarded the American Society for Surgery of the Hand Sterling Bunnell Traveling Fellowship in Hand Surgery for 2006-2007. The award funds foreign and domestic travel to pursue investigation into one specific area of research related to hand surgery. Congratulations, Dr. Chang.

**Mark Davis**, Burt and Marion Avery Professor in Immunology, has been selected as the Ellison Medical Foundation Senior Scholar in Aging. Congratulations, Dr. Davis.

**S.V. Mahadevan**, Assistant Professor of Surgery and Associate Chief, Emergency Medicine, and Medical Director of Stanford University Emergency Department, is the co-editor of *An Introduction to Clinical Emergency Medicine*, which was recently named American Medical Writers Association 2006 Book Award Winner: Physician's Category. The textbook, apart from being used at Stanford, is also being

utilized as the core textbook for emergency medicine courses around the country.  
Congratulations, Dr. Mahadevan.

## **Upcoming Events**

### **5<sup>th</sup> Annual Fall Forum on Community Health & Public Safety**

Tuesday, October 17<sup>th</sup>  
5:30 - 7:30pm  
Frances C. Arrillaga Alumni Center  
326 Galvez Street, Stanford University

Please mark your calendar and plan to join us as we celebrate student contributions to community health through public service and community partnership research.

Keynote address by Barbara Staggers, MD, co-founder and co-director of FACES for the Future Program. A leader in adolescent medicine and a national authority on high-risk youth, urban and minority youth, violence, and healthcare concerns for multicultural societies, Dr. Barbara Staggers is division chief of Adolescent Medicine at Children's Hospital & Research Center at Oakland.

<http://facesforthefuture.org/staggers.htm>

This event, organized by Stanford Medical Students and sponsored by the Office of Community Health, is free of charge and open to the public. If you will be attending, please RSVP to [fallforum2006@yahoo.com](mailto:fallforum2006@yahoo.com) to assist us in our planning. **Questions?** Please contact the Fall Forum Coordinators Sravi Chennupati [schrenn@stanford.edu](mailto:schrenn@stanford.edu) and Eugene Yim [eugene.yim@stanford.edu](mailto:eugene.yim@stanford.edu)

### **16th Annual Jonathan J. King Lecture**

On Wednesday October 18<sup>th</sup>, Harold Freeman, MD, President and Medical Director of the Ralph Lauren Center, will give the 16th Annual Jonathan J. King Lecture for Cancer Care and Prevention. He will address Poverty, Culture and Social Injustice: Determinants of Health Disparities. The lecture will be held at 5 pm in the Lucile Packard Children's Hospital Auditorium. For additional information, call the Center for Biomedical Ethics at 650-723-5760.

## **Appointments and Promotions**

**Rishad Faruq, MBBS** has been appointed to Clinical Assistant Professor (Affiliated) in the Department of Surgery, effective 10/1/06.

***Neil Gesundheit*** has been appointed to Associate Professor of Medicine, effective 10/1/06.

***Beatrice Jenny Kiratli*** has been appointed to Clinical Assistant Professor (Affiliated) in the Department of Medicine, effective 10/1/06.