Dean's Newsletter
April 9, 2007

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Tobacco, Human Health and Academic Freedom

Earlier this year Dr. Rob Jackler, Edward C. and Amy H. Sewall Professor and Chair of Head & Neck Surgery/Otolaryngology, along with wife, Laurie, presented an exhibit on the role of doctors in helping to market smoking during the 20th Century. The story is a disturbing one, especially when coupled with the long-standing tactics of the tobacco industry to promote smoking despite its clear association with human disease – a pattern that continues today in developing nations and that targets teenagers and women, especially in socio-economically challenged communities. In 2006, Judge Gladys Kessler, in her landmark decision on behalf of the Department of Justice (USA v. Philip Morris et al.), described the tobacco industry (her word was enterprise) as an "intricate, interlocking, and overlapping web of national and international organizations, committees, affiliations, conferences, research laboratories, funding mechanisms, and repositories for smoking and health information which Defendants (the tobacco industry) established, staffed and funded … to accomplish the following goals: counter the growing scientific evidence that smoking causes cancer and other illnesses, avoid liability verdicts in the growing number of ("plaintiffs") personal injury lawsuits against the (tobacco industry), and ensure the economic viability of the industry."

Based on its distortion of public information, manipulation of nicotine in cigarettes to create and sustain addiction, false marketing, youth marketing, and serious efforts to discredit the impact of passive smoking, among other activities, Judge Kessler concluded that the tobacco industry violated the civil provisions of the Racketeer Influenced and Corrupt Organizations Act (RICO) by engaging in a conspiracy to defraud the public by producing and marketing dangerous and addictive products and by misleading the public about the risks associated with these products.

It is doubtful that anyone associated with academic medicine would support smoking given its broad and deleterious impacts on human health. But a derivative question is whether institutions like Stanford should accept money for research or permit

individual faculty to accept money for other activities (e.g., consulting) from the tobacco industry or their foundations (e.g., the Philip Morris External Research Program (PMERP). Several schools of medicine or public health (including Harvard and Johns Hopkins) have policies that prohibit the acceptance of funding from the tobacco industry for research or other purposes. Such a policy does not presently exist at Stanford. However, in February 2007, Robert Proctor, Professor of History, with co-sponsorship by Dr. Hank Greely, Deane F. and Kate Edelman Johnson Professor of Law, and Dr. Rob Jackler introduced a resolution through the University Faculty Senate process recommending prohibition of accepting research funding from the tobacco industry. The proposed resolution is currently under consideration. If such a resolution were to pass, Stanford University would be the first private university in the nation to embrace such a policy for the entire institution. Of interest, the Regents of the University of California will be considering a similar policy in May.

Because of the importance of this issue, I asked Professors Jackler, Proctor and Greely to make a presentation to the School of Medicine's Executive Committee on Friday April 6th. While I did not intend for the committee to engage in a formal vote I felt it important that this issue be thoroughly discussed and its various implications carefully considered. For reference, following is the original policy, which was enacted by the Stanford University Academic Senate on December 8, 1971. The proposed change is also presented below:

Current Policy of the Academic Senate	**Proposed Change**
"Individual scholars should be free to select the subject matter of their research, to seek support from any source for their work and form their own findings and conclusions."	*"Stanford University will not enter into sponsored research agreements with companies that make or market tobacco products. In addition, Stanford University will not enter into research agreements with entities controlled by such companies, where those entities fund research on tobacco-related diseases, alternative causes of such diseases, or the uses and effects of tobacco, tobacco products, or their components." (The resolution would be reviewed in ten years time.)*

The Executive Committee engaged in a vigorous, sometimes intense, but thoughtful discussion and debate about the proposed resolution and the issues. It is important to begin by stating what should be obvious. All of the Committee members present (although I did not do individual polling) seemed clear that they do not support smoking or the tobacco industry; nor did they disagree with the proposition that this industry, likely more than any other, has produced – and continues to produce – products that are seriously detrimental to human health. Further, there was concurrence that the tactics and marketing of the tobacco industry continue their long practice of misinformation and outreach to vulnerable communities – youth, developing nations and others – for the purpose of selling their products seemingly regardless of its negative

impact on health. That said, there was considerable discussion and debate about whether the 1971 policy should be changed with respect to this specific industry or whether the ability of our faculty to seek funding from any source should continue unencumbered by even this single restriction.

At least for research grants (I have no knowledge of consulting arrangements) there has been until recently only one research grant supported by PMERP at Stanford – and this to an outstanding and highly qualified investigator addressing an important problem. This investigator has decided to terminate the grant, such that in the immediate future Stanford would not be receiving any research funding from the tobacco industry. So that makes the issue one of a proposed policy with future implications for Stanford and, by inference, a strong indictment of one industry. One might even argue that the 1971 policy is working, since personal choices by individual faculty have led them away from seeking any research funding from the tobacco industry. Of course, that could change –either because other funding sources (e.g., NIH) become more limited or because a specific faculty member elects to pursue funding from the tobacco industry to support a specific research question. In contrast, the lack of a definitive policy misses the opportunity to make a specific statement about the tobacco industry *per se* – which might be seen as either a moral or a data-driven stand.

At the same time, and as was discussed vigorously at the Executive Committee and, I gather, in other venues, there is concern about the "slippery slope." That is, should there be a line beyond which an institution like Stanford should prohibit the acceptance of funding from specific sources based on their nature and/or activities? While there is good evidence that the tobacco industry has crossed that line, it is not the only one associated with products that negatively impact health. With the rising incidence of obesity and its myriad of complications throughout life, should we similarly prohibit funding for research from the McDonald Foundation or others associated with fast foods – or even certain kinds of food? What about industries that are damaging the environment, such as the oil industry? With all the evidence on global warming, have they crossed the line? And what about the pharmaceutical industry, which has made decisions to leave drugs on the market when they have known about complications – should we ban them as well? And you can raise others I am sure.

The nuances and the complexity - as well as the simplicity - of the arguments provoke debate such as the one that took place at our Executive Committee. None of the debate indicates a lack of abhorrence of tobacco and the damage done by the industry that produces and markets tobacco products. Rather it is about whether specific policies should be generated for specific funding sources and if so, how such policies will be monitored and managed in future years as new data emerges. And, of course, there is the question of whether such policies encroach on the academic freedom of our faculty – another issue that generates many different perspectives.

I respect the range of opinions that have been offered and the spirit in which they have been presented. I have an opinion as well. To me it seems clear that the tobacco industry has crossed a line in a manner different from other funding sources. Not only

have they crossed that line but they continue to do so, and the current marketing tactics of this industry are seriously disturbing. While I trust informed faculty to make individual decisions that are morally sound, I also believe that there are moments when it is time to send a clear message to a specific industry – in this case the tobacco industry. Thus, I personally support the spirit of the proposal to prohibit Stanford's acceptance of tobacco money for research. However, I would want such a prohibition tied to any money coming to faculty for consulting as well as research. That is, just as Stanford divested its investments in the tobacco industry nearly a decade ago, I believe that faculty should not receive money from the tobacco industry for consulting or research.

I am interested in your opinions as well. Please share any points of view that you have about this significant issue.

Director of NIH Visits with Stanford Academic and Industry Leaders

On Monday April 2nd we hosted Dr. Elias Zerhouni, Director of the NIH, for two important events. The first was an informal dialogue with our School of Medicine Executive Committee, and the second was a meeting Stanford co-hosted with UCSF and UC Berkeley that included, by invitation, CEOs from biotech, venture capitalists, and University trustees, among others. Both meetings underscored the importance of the NIH to biomedical research and to the unique role it plays in fostering a climate of innovation and discovery like the one that exists at Stanford. A goal of the discussion was to draw a closer alignment between the NIH and industry to enhance and support innovation – a message that needs to be conveyed to the US Congress, especially in light of the flat to declining budgets the NIH has experienced in the past 3-4 years. Indeed, as Dr. Zerhouni knows and certainly heard from faculty during his visit, the competition for funding has become extremely serious during the past 2-3 years. It is exacting a toll on accomplished scientists, thus negatively impacting the foundations of academic medical centers, and if not ameliorated, risks damaging the nation's investment in biomedical research.

While the doubling of the NIH budget from 1998-2003 created an air of excitement – leading many more individuals to apply (and succeed) in receiving NIH funding - and while it led many institutions (albeit not Stanford) to engage in capital investments to create space for more NIH investigators, the past 3-4 years has seen the pendulum swing in the opposite direction. There are a number of reasons why NIH funding has been held flat to declining since the doubling. Key among these is the loss of the bi-partisan congressional support that the NIH experienced in past years. This has been due to such factors as: the belief that NIH "had its day" and other agencies should now be supported; the sense that NIH failed to deliver great discoveries or impact human disease despite the doubling; scandals around conflict of interest at the NIH that raised serious concerns about the integrity of the once highly respected agency; and an anti-science mood that began permeating the congress – and the nation – in ways that had not existed a decade ago. Moreover, discretionary dollars were being depleted due to the war in Iraq and elsewhere, making funding options more limited. In addition, political agendas began shaping NIH funding – from the NIH reauthorization to challenges to the

peer review system and beyond. I have previously written about a number of these issues in past Newsletters and have also been working to address them on a national level.

In his discussions with community leaders, Dr. Zerhouni opined on the changing public health challenges, including the shift from acute to chronic disease conditions, the aging population, the health disparities that exist in the USA (made worse by the lack of a true healthcare system), emerging and re-emerging infectious diseases and emerging non-communicable diseases. He noted that we need to transform the health care system to intervene before symptoms appear and thus preserve normal function for as long as possible. Further, we need to benefit from the increased understanding and recognition of various preclinical molecular events in order to detect patients at risk for disease at much earlier stages. This means moving medicine from curative to preemptive by making it more predictive, personalized and participatory.

From his perspective as Director of the world's most significant biomedical research institute he also noted that NIH needs a balanced portfolio – including sustenance of its historical and current support for basic fundamental research (around 65% of the budget) coupled with an investment in translational and clinical research. He pointed out that the discoveries that have taken place in the past decades through basic and translational research have markedly improved disease outcomes at a cost far less than what we pay for health care per se. For example, the average investment in cardiovascular research is about $3.70 per American per year (or a total of $110 per American over the past 30 years). Similarly the average expenditure on cancer per American during the past 30 years has been about $260 – with an impact that has been far-reaching in terms of insights into the fundamentals of cancer biology and increasingly to cancer treatment. Plus, as a consequence of NIH investments in biomedical research and academic medical centers, more than 3100 new technologies have been brought to market in the past six years, and since 1980 more than 4500 new companies have been formed because of new technologies developed at US institutions. So the impact of biomedical research has been far-reaching and highly significant – but it cannot be sustained without continued investments and support.

California has led the nation in NIH funding (followed by Massachusetts, Maryland and Pennsylvania) and the support to institutions like Stanford, UC-Berkeley, and UCSF has increased significantly during the NIH doubling period. At the same time, the number of applicants for NIH funding nationwide also increased from 24,154 in 1998 to 51,007 in 2007. While the success rate held at approximately 31% during the period of doubling, it has declined to 19% and falling since the budget has declined. Both the increased number of applicants (a good thing) and the lower budget compared to inflation (a bad thing) have contributed to the current sense of crisis. Despite this, Dr. Zerhouni wanted to make clear that cycles in NIH funding have occurred in the past but that the recovery from depressions required a clear message of why support is needed– which he believes has not been fully articulated to date. He also emphasized repeatedly that the NIH has not decreased its support for basic research – and that the investment has grown in nominal dollars. Further, he underscored that initiatives like the NIH Roadmap have consumed only a small portion of the NIH budget (about 1.1% to date) and thus are not

the source of the funding crisis. Rather this is attributable to more applicants and fewer dollars.

Among his major concerns is preserving the next generation of biomedical research scientists during a time of funding downturn. Accordingly, the NIH has recently introduced the "New Investigator's Program." As part of this Program the NIH instituted the Pathway to Independence Award. California received 24 of the 58 the new awards that were announced in November 2006, and Stanford faculty accounted for 8 – the highest of any institution. To foster creativity, the NIH Director's Pioneer Awards were introduced three years ago and to date 34 have been given – seven of which have been to Stanford faculty – again the highest in the nation. In addition a new program – the NIH Innovator Award - has been just announced to support new investigators who do not yet have an R01 grant and who propose projects that have the potential for great impact on biomedical or behavioral sciences. The NIH anticipates making at lest 14 of these awards in September 2007.

Dr. Zerhouni made it clear that he and his colleagues at NIH are quite aware that these are tough times. His goals are to increase the number of competing research project grants and to strengthen support for at-risk investigators – including new investigators, those with first grant renewals and well-established investigators with little or no additional support. Importantly he noted that among the greatest mistakes that could be made would be to stop taking risks.

Because the NIH Director cannot lobby the Congress for increased support for the NIH, it is incumbent on each of us to make the case. That is why we have joined forces with industry leaders in California to make the case for why investment in the NIH is critical to our nation's future. I participated in a highly successful visit to Congress with CEO leaders from the California Healthcare Institute on January 18th and will join Dr. Zerhouni in a panel discussion to a bipartisan congressional delegation on April 25th. In addition, Ryan Adesnik, in conjunction with government affairs representatives from peer institutions, has arranged for the 2006 Nobel Laureates (which of course will include Andy Fire and Roger Kornberg from Stanford) to share their support for the NIH with Members of Congress.

While the NIH funding remains a major challenge, there do appear to be some positive indicators that our messages are getting some traction. But much remains to be done and I encourage all members of our community to be advocates through their professional societies – or to contact me or Ryan Adesnik (ryan.adesnik@stanford.edu) if you have any suggestions or recommendations about how we can do more to advance this important cause.

An Important Perspective on the VA

Lisa Freeman, Director of the VA Palo Alto Health Care System (VAPAHCS) and Larry Leung, Maureen Lyles D'Ambrogio Professor and Chief of Staff at VAPAHCS, have experienced first hand the impact of the disclosures about medical care

at military hospitals such as Walter Reed Army Medical Center and, in a more general way, the VA Department of Defense military medical facilities. While many of the disclosures have been highly disturbing, we all recognize that not infrequently such dialogues can cast a mantle of blame that can be indiscriminate. Accordingly, I spoke with Ms Freeman and Dr. Leung and asked them to offer some perspective from their leadership roles at the VAPAHCS. Because of the important collaborations and interactions between Stanford and the VAPAHCS, we wanted to share some observations, facts and perceptions.

For decades, the Stanford University School of Medicine and VA Palo Alto Health Care System (VAPAHCS) have had one of the finest academic and clinical affiliations in the nation. VAPAHCS staff train over 1,300 residents, interns, and students each year. VAPAHCS has 80 affiliation agreements to train health care professionals in various disciplines. In addition to the physician training programs (anesthesiology, medicine, surgery, psychiatry, etc.) they have trainees in audiology, blind rehabilitation, chaplain, dental, nursing, research, social work and other disciplines.

VAPAHCS is a major referral center for other VA facilities, the Department of Defense and private health care providers. It is renowned for its state-of-the-art diagnostic, medical, surgical and specialty care. Additionally, it is home for the National Center for Post Traumatic Stress Disorder (PTSD) and one of four VA Polytrauma Centers in the nation, providing specialized care for military service members who sustained multiple and severe injuries in combat in Iraq and Afghanistan.

Because we do have such a close relationship between Stanford and the VAPAHCS, we wanted to share some facts about the health care system:

- In FY 2006, VAPAHCS exceeded VA standards regarding clinical practice guidelines in care of patients with cancer, cardiovascular diseases, endocrinology, smoking cessation and long-term care.
- VAPAHCS had the highest patient satisfaction results in both inpatient and outpatient settings of any facility in the Sierra Pacific Network and one of the highest in the entire VA system.
- VAPAHCS was named one of the nation's 100 Most Wired Hospitals for 2006, by *Hospitals & Health Networks* Magazine. This was the fourth time VAPAHCS was included in this list.
- In March 2007, the Joint Commission conducted an unannounced full five-day survey resulting in a three-year accreditation decision.
- VAPAHCS maintains six "Centers of Excellence" including: Autopsy, Domiciliary Care for Homeless Veterans, HIV/AIDS Services, Spinal Cord Injury, Comprehensive Medical Rehabilitation and Cardiac Surgery.
- In consecutive years, VAPAHCS staff, Dr. James Hallenbeck and Dr. David Gaba, were awarded the Worthen Award for academic excellence, the highest award given by VA in education.

- Also in consecutive years, Dr. Tom Rando and Dr. David Rehlman were selected as recipients of NIH Pioneer awards – comprising two of the seven NIH Pioneer Awards received by Stanford faculty in the past three years – the highest number in the nation.
- VAPAHCS' Research Program is always ranked among the top three programs within the VA system in terms of total research dollars awarded.
- VAPAHCS is among an elite number of VA facilities to host a GRECC (Geriatric Research, Education and Clinical Center), a MIRECC (Mental Illness Research, Education and Clinical Center), a Health Services Research Center of Excellence and a Rehabilitation Research and Development Center.
- Approximately 100 Stanford faculty in the School of Medicine are based at VAPAHCS.

On the national level during 2006, VA received a number of prestigious awards and accolades for high standards of care. VAPAHCS was praised in media segments from Anderson Cooper 360, the Jim Lehrer Newshour, *People Magazine, Newsweek, National Geographic* and front-page stories in the San Francisco Chronicle and San Jose Mercury News and on all the local television stations.

While we all recognize that the serious problems observed at some military facilities are egregious and require immediate attention, I want to say that such problems are not the case at the VAPAHCS, despite the fact that the news media seems to include all VA facilities in their commentaries. Clearly there are exceptions and I believe that the VAPAHCS is one of those. Indeed, I am proud of the VAPAHCS and the outstanding work being done by faculty and staff. We have many wonderful interactions and I look forward to those increasing in the years ahead. In fact, as I mentioned in my December 4th Newsletter. I fully believe that our partnership will continue to grow productively and successfully in the years ahead.

Certainly Ms. Freeman, Dr. Leung and I recognize that a continued and ongoing focus and commitment to quality and excellence in patient care as well as research and education are essential – and these are goals we share together.

US News & World Reports Again

On Monday April 2nd US News & World Reports (USNWR) posted the ranking of the "top graduate schools" in the USA, including the top research-intensive schools of medicine. You are likely aware from prior communications that I have been corresponding and meeting with the editors of USNWR for some time to advocate for a change in the methodology they employ – and they did make a change to a degree last year by including the data on NIH funding per faculty member. In looking at the data for this year, where we are once again ranked #7, it is clear that the only thing holding us from a higher rank in this survey is the total amount of NIH funding. We are lower than any other school in the top 10 in total NIH funding - which is really a function of our smaller faculty size compared to peers. Since total NIH funding weighs heavily in the

scoring, we are truly impacted by that category. In contrast, we are highest in NIH funding per faculty member (a better surrogate for quality). However, since this has a lower weight, it is offset by total NIH funding. Accordingly there is a ceiling that we are not able to break through. And while I know that USNWR ranking is not a serious validation or measure of the excellence of research-intensive US medical schools, it is unfortunate that the size of a research intensive school (we are about 40% as large as UCSF and less than 10% the size of Harvard in our fulltime faculty) counts more than its quality in the USNWR data that goes to the public. Left out, of course, is the fact that two of our wonderful faculty won Nobel prizes last year or the fact that we received more NIH pioneer awards than any school in the nation or the fact that our students received more HHMI fellowships than any school or the fact that we are among the lowest schools in the nation in indebtedness at graduation. We have great students, faculty and staff and in my opinion they are #1!

A New Program on Professional Billing Integrity

Ms Diane Meyer, the Chief Compliance and Privacy Officer at Stanford Hospital & Clinics (SHC) and the Lucile Packard Children's Hospital (LPCH), asked me to share some information about the recently launched Program in Professional Billing Integrity. This program is designed to foster continuous performance improvement by promoting accurate documentation and coding through education and auditing. It will include the traditional components of education and retrospective chart audits, as well as emerging indicators designed to identify how well physicians and non-physician providers are meeting regulatory requirements. The new program will be implemented in several stages.

The initial stage is scheduled to begin in April and is designed to address the core requirement for an effective professional fee compliance program stated by the U.S. Department of Health and Human Services, Office of Inspector General (OIG):

"The OIG recommends that a baseline, or 'snapshot,' be used to enable a practice to judge over time its progress in reducing or eliminating potential areas of vulnerability. The OIG recommends that claims for services submitted and paid after the implementation of an education and training program be examined, so as to give the physician practice a benchmark against which to measure future compliance effectiveness."

The first step is baseline education for all physician and non-physician providers. Mandatory educational sessions will be conducted by the Compliance Department during the months of April, May and June. The two-hour educational sessions will be grouped by specialty area and will include documentation and coding information specific to the specialty. In addition to the specialty-specific information, the training will cover Teaching Physician Documentation, Evaluation and Management Services, Modifiers, and, if applicable to the specialty area, Consults, Critical Care and Observation Care.

Each specialty will have several sessions scheduled and each physician and non-physician provider is required to attend one of the mandatory educational sessions for

his/her specialty area. According to Ms Meyer, departmental DFAs will be notifying physicians of the dates and times for the specific sessions scheduled for the specialty and will be issuing instructions for physicians to register for one of the sessions. To accommodate physicians who are rarely on campus or who are on sabbatical, an exception may be granted by contacting the Compliance Department and an alternative means of education will be provided. Please contact your DFA if you have questions about registering for one of the sessions.

To demonstrate an effective compliance program to government agencies, it is important that all physician and non-physician providers who bill for their professional services attend the baseline educational program. According to Ms Meyer, the SHC-LPCH Compliance Department will maintain a verifiable record for each participant in the educational session that includes the content of the documentation and coding training and will make these records available to government investigators should an individual provider fall under government scrutiny. This is important since demonstration of standardized, in-depth training regarding documentation and coding rules generally reduces the impact of government fines and penalties in the event of unfavorable government investigations.

After the educational component is completed, Ms Meyer notes that the next stage will be baseline retrospective audits for all physicians and non-physician providers conducted by the Compliance Department. These audits will be conducted on claims submitted subsequent to the date that the physician attended the baseline educational session. Importantly, **no** pre-education claims will be audited for the baseline retrospective audits. Accordingly, the educational session is an opportunity for physicians and non-physician providers to learn the specific billing rules against which their documentation will be measured during the audits. Audit results will be benchmarked and reviewed by Departmental and Division leadership, School of Medicine leadership, hospital leadership, and the Audit and Compliance Committees of the hospital Board of Directors.

During fiscal year 2008 (which begins on September 1 2007), the Office of the Dean, the Counsel of Chairs Committee, hospital leadership and the Compliance Department will be continuing development of the collaborative Professional Fee Billing Integrity Program. The Compliance Department will be implementing additional risk indicators designed to identify areas of vulnerability in professional fee billing.

If you have any questions about the new program or the mandatory educational sessions, please contact Diane Meyer, Chief Compliance Officer at 724-2572, dmeyer@stanfordmed.org.

Update on The Respectful Workplace Initiative

For the past four years, the School of Medicine's Dean's Office has spearheaded a program designed to improve the nature of faculty and staff interactions in the medical school. The Respectful Workplace Initiative has included the training of all staff and

faculty in the policy on Respectful Workplace and in encouraging work units to develop effective and respectful communications and approaches to conflicts and disputes that naturally occur in any workplace. It has also been designed to foster a sense of entitlement (yes, entitlement) that all should be treated with dignity in all situations regardless of status or power.

There are two components of the Initiative--mandatory Respectful Workplace Briefings and optional lunchtime Respectful Communications programs. This spring and summer, the Human Resources Group (HRG) will continue ongoing mandatory training of new staff in the Respectful Workplace Briefings. HRG and the Office of the Ombudsperson planned a series of five optional lunchtime programs focused on giving members of the medical school community opportunities to enhance their abilities to deal with challenging situations and respectful communications in the workplace.

The first of these optional Respectful Communications programs was held on March 29, 2007 and featured John Cleese (famous for Monty Python and A Fish Called Wanda) via videotape entitled *Meetings Bloody Meetings*. This video was very well received and was an excellent opportunity to learn how to conduct and participate most effectively in meetings. If you have a work group who may benefit from viewing this video, please contact Norma Leavitt, Human Resource Group, at 5-8607 for arrangements.

Additional lunchtime programs are scheduled as follows:

- ***April 19, 2007*** Rosan Gomperts, Director of the Help Center and David Rasch, University Ombudsperson, will review different types of hostile behaviors, the effects of these behaviors and ways to potentially manage these types of situations. There will also be a brief review of the policies and resources to assist with managing hostility in the workplace. (MSOB, X303)

- ***May 23, 2007*** Frederic Luskin, Director of the Stanford Forgiveness Project and author of *Forgive for Good*, will talk about the importance of practicing forgiveness and how forgiveness can reduce anger and depression and enhance hopefulness. (Beckman Center, Munzer Auditorium)

- ***June 20, 2007*** *Straight Talking*, a John Cleese video presenting techniques of assertive behavior to show that the basic rule of assertive behavior is honesty and why aggressive behavior doesn't work in the long run. (MSOB, X303)

- July (date TBD) Lee Lyon, Human Resources Director of Stanford Linear Accelerator Center, will present a communications model including our responsibilities for relationships and interactions with others. (Location TBD)

A separate email invitation will be sent to departments for staff and faculty and will include further information on location, time, and registration information. We hope you will plan time in your busy schedule to attend.

More on US Healthcare Reform

At the Annual Meeting of the Association of Academic Health Centers, where I serve as a member of the Board of Directors, the topic of our expensive and in many ways failing health care system was front and center. Among the speakers at a plenary session was Senator Ron Wyden from Oregon, who has proposed the Healthy American's Act. He began his presentation with a statement that also appears on his website"

> "Employer-based health coverage is "melting away like a popsicle on the summer sidewalk" and Senator Ron Wyden, a member of the Finance Committee, has offered a groundbreaking proposal that will revolutionize the way Americans get health care. Wyden's Healthy Americans Act will provide affordable, high-quality, private health coverage for every American regardless of where they live or work."

Senator Wyden's Healthy American's Act proposes to "guarantee private health care coverage that cannot be taken away for all Americans; provides benefits for all Americans equal to those of Members of Congress; provides incentives for individuals and insurers to focus on prevention, wellness and disease management; provides tough cost containment and saves $1.48 trillion over 10 years; and is fully paid for by spending the $2.2 trillion currently spent on health care in America. He seeks to accomplish this by sustaining private health care insurance (rather than moving to a single payer system) and his proposal does not address entitlement programs like Medicare and Medicaid – which are important since Medicare in particular is on a path to insolvency in the next decade. Nonetheless he does offer a credible plan compared to many of the expedited "quick fix" strategies more aimed at political expediency. Accordingly, if you are interested you might wish to examine the details in more depth since I suspect this will be one of the proposals that will gather momentum during the next couple of years. The url is http://wyden.senate.gov/Healthy_Americans_Act/HAA_How_It_Works.pdf.

Universities Reaching Out

I have recently received information that may be of interest to those of you who might enjoy taking on-line university courses free of charge. Some prominent universities are moving in this direction – including MIT and Princeton. You can now access MIT's Open Courseware site (http://ocw.mit.edu/index.html) where some 1800 courses are available for free! In another venue, Princeton President Shirley Tilghman recently announced that many courses will be available at the University Channel's Website http://uc.princeton.edu/main/. I wanted to make you aware of these interesting offerings.

Upcoming Events

The Office of Diversity and Leadership would like to invite you to hear **Dr. Carl Cardella, M.D., FRCPC,** speak on **How to be Successful at your First Academic Job**

on Tuesday May 8th, at 12 noon, in the Clark Auditorium. Dr. Cardella is Professor of Medicine at the University of Toronto. Since seating is limited, please respond to lydiae@stanford.edu by May 4th. There will be a buffet lunch immediately after the presentation.

Awards and Honors

- ***Dr. Harry Greenberg***, Senior Associate Dean for Research and Grant Professor of Medicine has just been voted the President-elect of the American Society of Virology – a great honor bestowed by a community of distinguished scientists.

- Medical student ***Jennifer Staple***, the founder and CEO of Unite for Sight, a nonprofit organization that helps the blind and homeless, is receiving a Brick Award, which has been called the "Oscar of Youth Service" for her work. This Award, which is given by the organization Do Something, celebrates young people making our world better place. Jennifer is also the organizer of the upcoming Unite for Sight Conference, which will be held at the School of Medicine on April 14-15. For more information about the conference, see: http://news-service.stanford.edu/news/2007/february28/med-staple-022807.html

- **Dr. Joanna Wysocka,** Assistant Professor of Chemical & Systems Biology and Developmental Biology, has been named one of this year's Searle Scholars. This highly prestigious award supports young scientists who have demonstrated outstanding accomplishment and innovation.

  Congratulations to all!

Appointments and Promotions

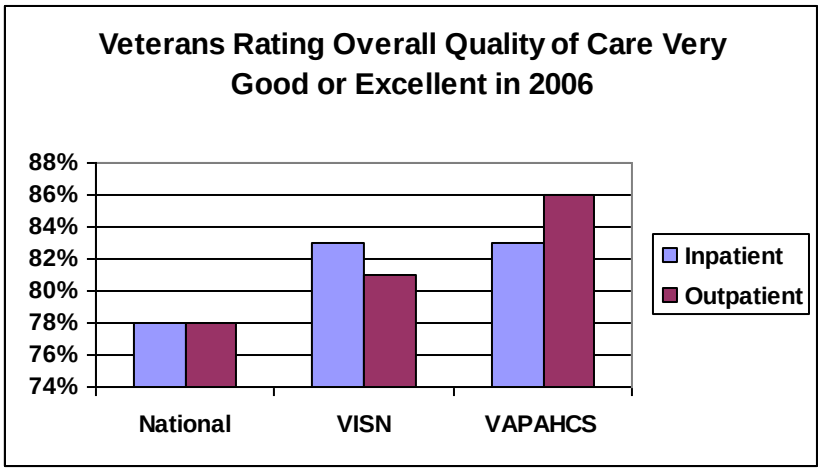
- *Michael J. Cherry* has been reappointed to Associate Professor (Research) of Genetics, effective 4/01/07.

- *Amarendra Das* has been reappointed to Assistant Professor of Medicine (Stanford Medical Informatics) and of Psychiatry and Behavioral Sciences, effective 5/01/07.

- ***Joachim F. Hallmayer*** has been appointed to Associate Professor of Psychiatry and Behavioral Sciences, effective 3/01/07.

- ***Theo Palmer*** has been promoted to Associate Professor of Neurosurgery, effective 4/01/07.

- ***Renee Reijo Pera*** has been appointed to Professor of Obstetrics and Gynecology, effective 4/01/07.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