

Dean's Newsletter

May 29, 2012

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Dr. Norbert Pelc Will Become Next Chair of the Department of Bioengineering

At the beginning of the academic year, Dr. Russ Altman, Professor and Chair of the Department of Bioengineering and Professor of Medicine and of Genetics, informed Dr. Jim Plummer, Dean of the School of Engineering, and me that he wished to step down as chair at the completion of his current term. Dr. Altman has played a major role in leading the department since 2007, and we are deeply indebted to him and to the co-leadership provided by Dr. Steve Quake, Lee Otterson Professor of Bioengineering and of Applied Physics. Thanks to their leadership the department has continued to grow, thrive and become one of the leading departments of bioengineering in the nation. The most important achievement has been the continued recruitment of truly outstanding faculty. Today the department is at the cusp of incredible new opportunities, with an exciting undergraduate program now complementing a terrific graduate program, a new facility under construction that will complete the Science and Engineering Quad in 2014, outstanding new recruitments and amazing research accomplishments. Jim Plummer and I hope you will join us in thanking Russ for his leadership as Chair.

Over the past months we have met with the faculty in the department and heard comments from institutional leaders inside and outside of Stanford about the future of the Department of Bioengineering and its leadership. We are very pleased to announce that Dr. Norbert Pelc has accepted our invitation to serve as the next Chair of Bioengineering and will begin his responsibilities on July 1st. Dr. Pelc has been an instrumental member of the department since its inception and is highly valued for his many contributions as a

researcher, mentor and leader. He joined the Stanford community over two decades ago as an Associate Professor of Radiology. Before joining Stanford he was a Senior Physicist and Manager in the Applied Science Laboratory at GE Medical Systems. His contributions have intersected numerous fields and disciplines, as was highlighted in his election to the National Academy of Engineering in 2011 – one of the highest honors in the field of engineering.

Dr. Pelc has played an instrumental role in enhancing the scientific excellence of the Department of Radiology in the School of Medicine, and he will continue to play an important advisory role for that department in the future. His major focus will be to help lead the Department of Bioengineering through its next critical phase of growth and maturation – a task he is uniquely qualified for. The future years will be an exciting time for Bioengineering – a department that has created much deeper connections and bridges between the Schools of Engineering and Medicine than existed prior to its establishment. Indeed, this is one of the most distinguishing features and opportunities of our two schools, and we are pleased that Dr. Pelc, who has served at Stanford with appointments in both Medicine and Engineering, will help faculty and students create unique new fields of endeavor and collaboration.

Stanford Medical School Beginnings and Buildings: A Coincidental Convergence

It is always interesting when unexpected events or sources of information converge in one's mind and evoke memories of the past, present and even future. Such a coincidence occurred for me in the past week when I first received an email reminding me of the origin of the Stanford University School of Medicine and then, quite separately, when I came across a review entitled "Behind the Screen" in the June 7, 2012 issue of The New York Review of Books.

The email came from the grandson of Professor Ophüls, who played a critical role in the formation of Stanford Medical School and in the debate about whether it would be a research program or a "medical school." Professor Ophüls, who became the second dean of the Medical School, serving from 1916 to 1933, was a senior faculty member of Cooper Medical College in 1906. He engaged in extensive correspondence with Stanford President David Starr Jordan concerning Stanford's proposal to acquire the Cooper Medical College. This correspondence, which is preserved in John L. Wilson's history of the School of Medicine (see: <http://elane.stanford.edu/wilson/index.html>), tells a story that could have turned out quite different for Stanford Medicine as we know it today.

At the risk of providing too much information, I am sharing some of the text and letter exchanges from this history – which tells an informative story about our beginnings and what they might tell us about our future. Like all history it has some surprises.

“Consolidation with Stanford University 1906 - 1912

As early as 1901 Dr. Lane and President Jordan met several times on terms of mutual respect to discuss the feasibility of consolidation of Cooper Medical College with Stanford University. These discussions were followed by Dr. Lane's decision in 1902, just prior to his death, to remove all legal impediments to such a course. Indeed, during the last few years of his life Dr. Lane saw that there was no acceptable alternative to union with Stanford. He became convinced that the survival of freestanding propriety American medical schools such as his depended upon merging with a university. Since union with the University of California was, in view of his past experience, unthinkable, the availability of Stanford as an alternative was a godsend.

During Dr. Ellinwood's stormy tenure from 1902 to 1907 in the presidency of Cooper Medical College, growing interest in joining Stanford culminated in a strong consensus among the faculty in its favor. President Jordan was also favorably disposed to a merger of the institutions but before serious negotiations could begin he was obliged to resolve two major issues - the nature of the educational program to be adopted and the source of funds to support it.

February 1906: A Graduate School of Medical Research

On 20 February 1906 Dr. Jordan wrote to Professor Ophüls commenting on Stanford's financial dilemma and asking his advice on establishing a graduate school of medical research in the Cooper premises. ^[1]

20 February 1906

Dear Dr. Ophüls:

The great difficulty with us - and it tends to grow larger as we get nearer to it - is the question as to whether the University will be able to maintain the Medical School as it ought to be maintained without cramping the Engineering School and the Library, and other departments already established. . .

Would the proposition to devote the property (of Cooper Medical College) to the establishment of a graduate school of medical research, beginning with a few departments and extending them as gifts were received or as funds were acquired, be favorably considered by the Trustees of the Cooper Medical College?

Dr. Ophüls responded on 22 February to President Jordan's letter of the 20th. ^[2]

22 February 1906

Dear President Jordan:

I received your kind letter of February the 20th today. We understand your misgivings about the financial outlook of the undertaking, still we believe that by proper management any undue expense to the University can be avoided. If you will permit us we should like to submit more detailed plans as to the way in which the change might be best effected, and about the expenses which we would consider necessary to make a creditable beginning. We do not believe that it would be advisable to start on too large a scale but to begin with a working nucleus of good men who would be willing to spend the necessary time and energy without

immediate large recompensation in gradually building up a Department which by the prestige given to it by its connection with the University and by its own efforts would soon develop successfully and if necessary attract endowment.

As the only competing Medical College on the Pacific Coast has already raised its entrance requirements to very nearly the desired level we could hope to attract a sufficient number of students to make such a Medical Department self-supporting.

In regard to your question we feel that the graduate research school should be looked upon as the highest development to be reached eventually. A substratum of several successive student generations of academic culture is necessary to evolve the desire and the capacity for research work of a higher order. From my own experience I know that at present very few men are available who are at all fitted to undertake such work in Medicine and who could successfully support by their work an institution of the kind that you suggest.

We feel that we have to make certain provisions for the coming semester, several important positions should be filled within a reasonable time in justice to our students, still our hands are tied as long as we are uncertain about the future development of our School. On this account it would be desirable from our standpoint to arrive at least at a general understanding within the near future.

Dr. Ophüls advised against establishment of a graduate school of medical research and outlined a process whereby Cooper Medical College's traditional program could be upgraded to university standards at modest cost - an eminently practical approach, but not sufficiently "scholarly" for Dr. Jordan who, in a letter on 24 February, again asked Dr. Ophüls to give his opinion of the graduate school proposal ^[3]

24 February 1906

Dear Dr. Ophüls:

I have received your kind letter of the 22nd. . . The question as to whether we should engage in elementary medical education is a very large one. .

.It would seem to me desirable, if it were possible, that the two medical colleges in the city should be united, either in the name of Stanford or of the University of California (now under the presidency of Benjamin Ide Wheeler). My idea of the research school would be, not to make it dependent at all on the fees or the men who might work in it. . . .

My own feeling at present is in favor of the research idea - of beginning the work without granting the medical degree or any degree other than those now granted by the University. This would mean the development in Stanford University of certain research professorships to be located in the building of the Cooper Medical College and in connection with the Lane Hospital. This college would then become the Department of Medical Research of the University.

I do not wish to put forward this opinion as one which cannot be changed, but at present I am inclined toward it as the most available way of managing the matter on our part. I feel more drawn to the development of a great school of medical research than to the development of a great medical college granting the degree of M. D.

On 5 March 1906, Dr. Jordan pressed Dr. Ophüls further for an opinion on establishing a graduate school of medical research.^[4]

5 March 1906

Dear Dr. Ophüls:

Referring to the possibility of developing a school of medical research on the Cooper College Foundation, I would like to know personally what you think of it; and, if you are in favor of it, I would like to know if you could suggest a workable plan by which such an institution could begin in a small way and rise to an expenditure of fifty or sixty thousand dollars or more a year. I see a good many difficulties in the way, even if the people of the Cooper Medical College were willing to have the property used in that way.

To Dr. Jordan's second appeal for his advice on a graduate school of medical research, Dr. Ophüls again firmly advised against it, this time in considerable detail:^[5]

7 March 1906

Dear President Jordan:

. . . Although in many ways it may seem desirable to have only one large Medical School in San Francisco, the practical difficulties in the way of accomplishing this end seem to me insurmountable. On the other hand, comparatively small classes are rather an advantage in a technical school because the instruction can then be a more personal one. This is for instance one of the greatest attractions in the small German Universities. It would also seem probable that two rival schools would advance more rapidly and would do better work on account of the competition between them.

Possibly on account of my education in Germany I cannot even well imagine a Medical Educational Institution which does not embrace undergraduate and graduate instruction and research. A school without research cannot survive, but I also feel that it will hardly do to separate certain features of the research work from the rest. From the research worker the students get their best inspiration and the teaching of the fundamentals of his science may be troublesome to the advanced worker, still it is very good mental exercise which constantly drives him back to essentials. . . .

I am afraid also that an attempt of developing a great School of purely Medical Research on the Pacific Coast now might be a little premature. We have no unusual opportunities in Medicine here that would attract workers from other parts of the world, such as we have them in

Biology, for example. We would have to start with our own men largely and they are hardly ready. We will have to develop them from our undergraduate students. This seems to me a strong reason why the beginning could be made more advantageous with undergraduate instruction.

Another difficulty which I see is this, that if an attempt is made to start with too few departments the research faculty might suffer seriously through their isolation. The most important results can only be expected through cooperation.

If the College should stop undergraduate instruction it will almost surely lose the most valuable part of its clinical and pathological material at the City and County Hospital, because the material is offered for the express purpose of instructing students.

The Johns Hopkins Hospital Medical School was started somewhat in the same way as you suggest - as a Research Institution. In that case the plan was feasible on account of the large endowment which was sufficient to cover the expenses for clinical material, excellent teachers and workers in the Clinical Departments. Apart from that there was enough left to run a first class Pathological Department. In our case the means would hardly suffice for such an undertaking.

*Very respectfully,
Wm. Ophüls*

“Dr. Jordan's attraction to the concept of "a graduate school of medical research" is traceable to the advice he received from Dr. Clarence J. Blake, Professor of Otology at Harvard. Dr. Jordan had consulted Dr. Blake as early as 1902 regarding the program to be developed on the premises of Cooper Medical College, should they be ceded to the University. In a letter to President Jordan dated 17 September 1902, Dr. Blake commented enthusiastically on the news that Stanford might fall heir to Cooper Medical College. He cited all the good reasons why proprietary schools like Cooper should be absorbed by universities like Stanford for the betterment of American medicine. He did not then propose establishing a graduate school of medical research in the Cooper facilities. That advice came later and was then, as we have seen, supported by President Jordan. ^[6]

Dr. Blake attended the Lawrence Scientific School at Harvard and then the Harvard Medical School where he received an M. D. degree in 1865. He was interested in diseases of the ear. Finding no place in the United States to take advanced training in this field, he studied under Dr. Politzer at the Vienna Krankenhaus. Although a busy clinician in Boston he was also active in research in his specialty. ^[7]

Dr. Blake cited no American graduate schools devoted exclusively medical research which could serve as successful examples of the type of program he strongly recommended for Cooper Medical College, nor did he take account of the state of development of medicine on the Pacific Coast, as did Dr. Ophüls. On the whole, Dr. Blake's advice seemed more theoretical than practical. In a letter to

President Jordan on 18 March 1906, he summarized his visionary plan as follows:^[8]

The plan I have in mind, and for the success of which there are, I believe, reasonable grounds, begins with the establishment, by your University, of a medical department, not of undergraduate instruction, but one devoted exclusively to the teaching of graduates in medicine and to medical research, and continues, by subsequent collaboration with the University of California, in the formation of a joint medical school, or department, insuring the command of medical education upon the Pacific Coast under university control.

The time for duplication of medical schools in this country has passed, and the demand for concentration, and for unification and advance, of educational standards, as part of the general University system, is imperative because of the rapid progress of medical education, along strictly scientific lines, and the correspondingly larger sociological opportunities of the medical profession.

In spite of Dr. Ophüls' championing of enhancement of the existing program at Cooper Medical College as the course to be followed after merger with Stanford, a position shared by Dr. Ray Lyman Wilbur, President Jordan continued to favor the plan outlined by Dr. Blake. On 2 May 1906, two weeks after the great earthquake and fire, the President made a report to the Stanford Trustees advising union with the Cooper Medical College on the basis of the Blake plan.^{[9] [10]}

Later in the month (20 May 1906) Dr. Jordan wrote to Dr. Ophüls saying that he had advised the Trustees to adopt the (Blake) plan for a graduate school of medical research, but that the Directors of Cooper Medical College did not approve of the proposal:^[11]

20 May 1906

Dear Dr. Ophüls:

I have recommended to our Board of Trustees the acceptance of the Cooper Medical College property on condition that we could use it, at least for the present, as a school of medical research. . . . Mr. Horace Davis, President of the Stanford Board of Trustees, tells me that the authorities of the Cooper Medical College do not approve. . . . The case then remains a matter of financial ability. . . . If it would result in crippling the instruction at Palo Alto, then it would be something we could not afford to undertake. . . . The action of the Board will probably depend upon the reports made by the Finance Committee when the matter is ready for final decision. . .

On 29 May 1906 Dr. Ophüls, who was vacationing in Brooklyn, New York at the time, responded as follows to President Jordan's letter of 20 May:^[12]

Brooklyn , N. Y. , 29 May 1906

Dear President Jordan:

I received your kind letter of May 20th yesterday. I was glad to hear that you favor so strongly the proposed union of Cooper College with Stanford

University. I still believe that even without any large endowment the University could develop a first class Medical School and an institution for Medical Research from the present assets of Cooper Medical College. As long as the spirit is the right one from the beginning, the scope of the work can easily be enlarged in the future as means become available. . .

Clearly without the persistence and leadership of Dr. Ophüls, Stanford Medical School could have proceeded down a very different pathway. That said, the debate and question of whether Stanford should be more of a research institute than a medical school has continued to the present era – with various champions and detractors. While there is no doubt that excellence in research is what distinguishes Stanford from its peers, we also recognize that it is the interconnection of our missions in education, research and patient care that will define our future.

The connection between research and clinical care was also a focus of attention when the medical school moved from San Francisco to the Palo Alto campus in 1959. This connection was forged by the design of the Stanford University Medical Center by the architect Edward Durell Stone. Here is the second coincidence. I admit to be a regular reader of the New York Review of Books (NYRB) and took note of the article by Martin Filler entitled “Behind the Screen” that offers commentary on a new book about ED Stone “*A Son’s Untold Story of a Legendary Architect*” by his son Hicks Stone (Rizolli, 2011). While the original medical school and hospital complex (referred to locally as the “Stone buildings”) did have the unique advantage of physically connecting the medical school and hospitals, there have been lots of reactions – and indeed emotional responses – to the façade of the buildings (even before their functionality became an issue).

As it turns out, the façade is a characteristic of nearly all of Stone’s work and is a source of not inconsiderable criticism. As noted in the NYRB, “Even architects who saw good qualities beneath the froufrou surface of Stone’s postwar work were exasperated by his constant reiteration of patterned screens” or “...what lay behind the grilles was not particularly interesting, and without those seductive peekaboo veils it became all too obvious that the exposed volumes of his unadorned work lacked both the raw power of Brutalism and the understated rigor of Minimalism, the two dominant architectural trends of the 1960s and 1970s. Stone’s simpler late-career structures, almost always clad in white masonry deployed vertical strips, exude the denuded and forlorn air of freshly shorn sheep.”

Today, now just over 50 years since the Stone complex was erected at Stanford, we look forward to the time when we can replace these buildings with more functional facilities – both in the New Stanford Hospital and in the Foundations in Medicine Buildings.

Clearly history has a way of reflecting both positively and negatively on individuals and institutions. We don’t want to fall into the trap of being revisionist. But it is important to be cognizant of those who have changed our history in often untold ways (as is the case with Dr. Ophüls) or those whose history we are seeking to revise and

replace over time. None of us escapes the critical impact of rear view vision – which is why we need to spend more time looking forward.

Assessing the U.S. International Competitiveness in Biomedical Research

I have written frequently about the importance of basic scientific research and its importance to our nation. In the February 21st issue of the Dean's Newsletter. I also reflected on the President's budget, the NIH budget and the Health of Nation's Investment in Science— which is also the topic of an op-ed piece in the San Jose Mercury News (see: http://www.mercurynews.com/opinion/ci_19862392?IADID=Search-www.mercurynews.com-www.mercurynews.com). Beyond the US, the global impact of the decreasing support for biomedical research is well delineated in a new report entitled "*Leadership in Decline: Assessing U.S. International Competitiveness in Biomedical Research.*" Published jointly by United for Medical Research and the Informational Technology and Innovation Foundation, the report, along with a related Congressional briefing, presents compelling data that the NIH funding stagnation and potential cuts due to sequestration are contributing to an erosion of our national lead in life sciences research. Data that other nations are expanding their research investments are also highlighted in the report. The authors of the report conclude that sequestration cuts would be a disaster for NIH and that Congress should aim to provide NIH with consistent funding at a level representing at least 0.25 percent of GDP. <http://tinyurl.com/6o9ynf8>. This is a report worth reviewing and I call it to your attention.

Stanford University Medical Center Alumni Association Celebrates 2012 Awardees

Stanford's reputation and success today are built on the accomplishments of its students and graduates of the past. In tandem, being recognized as a valued alumnus or alumna of one's alma mater is one of the most important honors and recognitions that can be achieved in life. Stanford Medical School has long recognized the accomplishments of its MD degree graduates through the JE Wallace Sterling "Muleshoe" Lifetime Achievement Award- first awarded in 1983. Appropriately, two years ago the Stanford Medical Center Alumni Association (SUMCAA) instituted the Arthur Kornberg and Paul Berg Lifetime Achievement Award in Biomedical Sciences. This was a timely and appropriate decision that aligned the School of Medicine with its historical connections as well as its mission. It was President Wallace Sterling who, with the University Trustees, made the decision in 1953 to relocate the medical school from its then home in San Francisco to the Stanford campus.

When the move to Palo Alto took place in 1959, among the very first faculty to be recruited to the new Stanford Medical Center was Dr. Arthur Kornberg, who founded the department of Biochemistry and who brought with him a number of remarkable faculty members, including Paul Berg. In a number of important ways, it was the incredible accomplishments of Kornberg, Berg and the other remarkable faculty whom they helped recruit over the years that allowed Stanford to achieve its current level of distinction and

recognition. Celebrating the Sterling Award in tandem with the Kornberg-Berg Award brings together our tradition of excellence in medicine and science. These missions are interlinked and thus so should our students and alumni be. We recognize and celebrate both. Just as the alumni were recognized for the lifetime contributions, it is wonderful that the student winners of the 2012 Student Research Day have been similarly recognized.

The 2012 winners of the JE Wallace Sterling “Muleshoe” Lifetime Alumni Achievement Award are:

- **Dr. Fernando Mendoza, MD’75, MPH**, is Professor of Pediatrics and Chief of the Division of General Pediatrics in the Department of Pediatrics. Dr. Mendoza joined the Stanford faculty in 1981 and since 1992 has served as the Principal Investigator of the US department of Health and Human Services Health Resources and Services Administration Center of Excellence grant. Through this and many other means, Dr. Mendoza has played a critical role in enhancing the diversity of Stanford Medicine and our community. He received the Distinguished Service Award from the Association of American Medical Colleges for his work on improving the diversity of our nation’s medical workforce. He has received numerous other awards and is a highly distinguished alumnus and leader.
- **Dr. Jose I. Santos, MSc, MD’76** is currently Professor and Head of the Infectious Diseases Unit in the Department of Experimental Medicine at the Facultad de Medicina, Universidad Nacional Autonoma de Mexico. Dr. Santos has been a national and international expert in child health and pediatric infectious diseases. He served as the director of Mexico’s National Infant and Adolescent Health and Immunization Program from 1997-2004. He then became the Director of the Hospital Infantil de Mexico Federico Gomez, the oldest and one of the foremost pediatric academic institutions in the Americas. Dr. Santos has had a broad and powerful impact on pediatrics and public health and is most deserving to be a Sterling Awardee.

The 2012 winners of the Arthur Kornberg and Paul Berg Lifetime Achievement Award in Biomedical Sciences are:

- **Dr. Fred Alt, PhD’77** is the Charles A. Janeway Professor of Pediatrics and Professor of Genetics at Harvard Medical School. Dr. Alt is an Investigator in the Howard Hughes Medical Institute and is President of the Immune Disease Institute and Director of the Program in Cellular and Molecular Therapy at the Children’s Hospital Boston. Dr. Alt’s distinguished career has focused on the mechanisms that generate and suppress genome instability in cancer and the role of gene rearrangements and mutations in the immune system. His work intersects cancer biology and immunology and has resulted in a number of seminal and important findings and contributions.

- ***Dr. James Spudich, PhD'68*** is the Douglass M. and Nola Leishman Professor in the Department of Biochemistry at Stanford. During his distinguished career he has elucidated molecular motors, and his work has led to seminal findings that will impact the future treatment of muscle myopathies. In addition to being a world-renowned scientist, Dr. Spudich played a seminal role in the ideation and creation of BioX at Stanford. He also served as the past chair of the Departments of Biochemistry and of Structural Biology. He has won many important awards and accolades during his illustrious career.

Congratulations to Drs. Mendoza, Santos, Alt and Spudich for their distinguished contributions to medicine and science and for helping to bring distinction to Stanford Medicine.

Notable Events and Public Issues

- ***Ludwig Scientific Conference***. On May 22-24th, Stanford hosted a scientific gathering and conference for national and international members of the Ludwig Institutes, Trust Centers (that include Stanford), Ludwig Professors and the scientific advisors and members of the Ludwig Foundation Board of Directors. Dr. Irv Weissman, Director of the Stanford Institute for Stem Cell Biology and Regenerative Medicine and the Virginia & D.K. Ludwig Professor in the department of Pathology and Professor of Developmental Biology and, by courtesy, of Biology, led the Conference and worked closely with Dr. Robert Strausberg, Ludwig Institute for Collaborative Research and Sciences, to make it a great event. Special thanks also go to Ms. Stephanie Witte, Senior Associate Director, and Joy Morimoto, Director of Corporate Relations and Foundation Relations, Office of Medical Center Development. This conference offered an excellent opportunity to share knowledge and discoveries and to create new interactions and collaborations between the Ludwig Foundation and its national and international partners and members.
- ***Tobacco and Health***. In August 2007 the School of Medicine instituted policies to make its campus smoke free. The smoke free policies were extended across the Stanford University Medical Center in 2008 but have not yet been instituted across the university. Hopefully that day will come. In the meantime, tobacco use remains a major cause of morbidity and mortality in the US and around the world and remains an issue confused by debate and marketing. Teenagers, women and developing nations are major targets for marketing and are often the most susceptible to its impact. This story has been told from many different perspectives in the lay press, visual media, scientific journals and texts. The story of the tobacco industry has been critically delineated by Harvard Professor Allan Brandt in his 2007 book entitled *The Cigarette Century: "The Rise, Fall and Deadly Persistence of the Product that Defined America"* (published by Basic Books) and, more recently, by Stanford Professor Robert Proctor in his 2011 book entitled *"Golden Holocaust: Origins of the Cigarette and the Case for Abolition"* (published by the University of California press).

I recognize that these books, and others, tell a story that impugns the motivation of the tobacco industry – but the data supporting the adverse impacts of tobacco use on human health is unassailable. This has not halted the debate that continues to rage in the US and more recently in California as citizens prepare to go to the polls on June 5 to vote on a measure regarding tobacco and research. While I have personal opinions about the information being conveyed I will not share my own views in this newsletter – other than to stress the need for critical thinking and assessment by each of us in the way information is shared and, importantly how the information that is presented is paid for. Clearly this is a time for critical reflection on how and what information is presented to us – which certainly is an issue that transcends tobacco per se but which also is exemplified by it.

- ***Best Pharmaceuticals for Children Act*** and the Pediatric Research Equity Act have played a critical role in assuring that pediatric research and also drugs and medications get to children that could be beneficial for the health. Special thanks goes to Congresswoman Anna Eshoo (D-CA), who first led this important effort in 1997 and who has recently introduced bipartisan legislation to reauthorize these programs. These have been successful and important programs, and we are appreciative for the leadership and advocacy of Congresswoman Eshoo.
- ***At the ICOC (Independent Citizens Oversight Committee) for CIRM (the California Institute for Regenerative Medicine)*** on May 24th, 21 Early Translational Awards were carefully reviewed and awarded. Of these, three Stanford faculty (Professors Helen Blau, Joseph Wu and Rene Reijo Pera) were among the awardees – see: <http://med.stanford.edu/ism/2012/may/CIRM.html>). With these new awards Stanford continues as the top-funded institution by CIRM, having received 68 awards and \$210,412,068 since funding began in 2006 (even though CIRM was approved by the legislature in November 2004). In addition to the review of awards, updates on the CIRM Strategic Plan were also given at the ICOC meeting – which are of critical importance given the prospect that CIRM will cease funding in 2017. It is amazing to witness the incredible contributions that have been made by faculty and institutions across California since the state first invested in stem cell research by voting for Proposition 71 in 2004. CIRM support has been transformative and has allowed this incredibly important research to move forward, making California the engine for discovery in stem cell biology and regenerative medicine and an economic resource for the state and our communities.

Notice of LKSC Closure on June 23

On Saturday, June 23, 2012, Stanford Hospital and Lucile Packard Children's Hospital will conduct an emergency exercise utilizing the ground floor of the Li Ka Shing Center for Learning and Knowledge (LKSC). Please note that LKSC will be closed to all non-exercise personnel from 6:00 am to 7:00 pm. This closure is applicable to all School of Medicine faculty, staff, students and visitors not

participating in the exercise.

In addition to the LKSC closure, the L-15 parking lot south of LKSC on Campus Drive will be closed and reserved for emergency response vehicles from Stanford, Palo Alto and Santa Clara County from Friday, June 22 at 10:00 pm to Saturday, June 23rd at 7:00 pm.

We strongly recommend avoiding the areas near LKSC for the duration of the exercise. The impacted areas will be identified with caution tape and monitored by exercise volunteers.

If you have any questions regarding the emergency exercise at LKSC, please contact David Silberman, Director of the Health and Safety Programs Office, at silberman@stanford.edu or 650-723-6336.

The Visual Arts Service Center Comes to an End

I was asked to share the following announcement with you regarding the closing of the Visual Arts Center – which has been operating at Stanford since the Medical School first relocated to the Stanford campus. This is truly the end of an era – a part of broader transition in technology and information services. Here's the announcement.

It is with much sadness that we announce the end of an era. Due to intense pressure to create/carve out additional academic and research space on campus for the growing cadre of faculty, researchers, and academic programs, we have determined that the time has come to disband the Visual Arts Service Center effective Aug 31st, 2012. The space currently occupied by this Center in MSOB has been programmed for other purposes that via a domino effect similar to the relocation of other central Dean's units to offsite locations will allow for growth/consolidation of other key academic programs into that space.

Despite intense efforts to identify alternate locations for this service center both on and off campus, within the School and alternately as part of the central University, these many efforts did not prove successful. The additional reality is that as time passes and technology continues to evolve more and more of the Visual Arts services have become accessible and competitively so through external vendors. The historical archives of images maintained by Visual Arts Service Center will be transferred to another location, which will be announced at a later date.

Visual Art Services was organized in 1958 offering imaging services to Stanford. As new technology emerged, Visual Arts Services incorporated those new technologies into a comprehensive set of high quality services including Photography, Electronic Imaging, Graphic Art, Medical Illustration, Design, Printing support, Training programs and Workshops to the benefit of the entire University.

The Visual Art Services team consists of six talented and highly specialized individuals to whom we owe much appreciation for their many

contributions to the School and University over these many years. Jim Taskett is the Director of Visual Art Services and has been working at Stanford University for over 30 years. Jim Day is the Business and Operations Manager and has been with Stanford for 28 years and in 2007, received the School of Medicine Dean's Spirit Award. Steve Gladfelter, Photographer, has been working at Stanford University for 25 years. Karen Johnson, Graphic Artist, has been working at Stanford University for over 20 years. MaryAnn Wijtman, Digital Imaging Specialist, has been working at Stanford for 20 years. John LeSchofs, Photographer, has been working at Stanford University for 19 years. To each we express our gratitude and best wishes as they explore other opportunities.

Although the Visual Art Service Center will cease operations at the end of this fiscal year, in the interim they remain open for business and are eager to continue to help you with your needs. The leadership of the Visual Arts Service Center in collaboration with Stanford University's Associate Vice President and Chief Procurement Officer are working diligently to identify alternate vendors and these will be announced at a later date. We recognize that by losing the expertise of the Visual Arts Service Center staff and thus requiring a transition to new vendors, it will require additional forethought and planning on your part to ensure that you are able to obtain the highest quality result that will meet your needs.

Provost and Acting President Celebrates Faculty Receiving Major Awards in 2011-2012 Academic Year

On May 23, Provost and Acting President John Etchemendy held a reception at the Meyer-Buck House to acknowledge and celebrate university faculty who have won major academic awards and honors during the 2011-2012 academic year. Ultimately the success of an institution is measured by the accomplishments of the individuals who comprise it, and this is one of the areas where Stanford University clearly excels. In total 118 major faculty awards and honors were bestowed on university faculty, 41 of whom have primary appointments in the School of Medicine. While I have listed the majority of these awards and honors in past issues of the Dean's Newsletter, it is wonderful to be able to share them in the aggregate at this time. The medical school faculty who have received major awards, election to prestigious societies and other honors include (and are likely not limited to):

- **Dr. Arash Alizadeh**, Assistant Professor of Medicine (Oncology); *Doris Duke Clinical Scientist Development Award, Doris Duke Charitable Foundation*
- **Dr. Ann Arvin**, Vice Provost and Dean of Research, Lucile Salter Packard Professor of Pediatrics and Professor of Microbiology and Immunology; *Election to American Academy of Arts and Sciences*
- **Dr. Ben Barres**, Professor of Neurobiology, Developmental Biology and Neurology and Neurological Sciences and, by courtesy, of Ophthalmology;

- Election to American Academy of Arts and Sciences; American Association for the Advancement of Science*
- **Dr. Philip Beachy**, The Ernest and Amelia Gallo Professor in the School of Medicine and Professor of Developmental Biology; *Keio Medical Science Prize, Keio University*
 - **Dr. Kwabena Boahen**, Associate Professor of Bioengineering; *NIH Transformative Research Project Award*
 - **Dr. Scott Boyd**, Assistant Professor of Pathology at the Stanford University Medical Center; *Ellison Medical Foundation New Scholar in Aging*
 - **Dr. Anne Brunet**, Associate Professor of Genetics; *Vincent Cristofalo Rising Star Award in Aging Research, American Federation for Aging Research*
 - **Dr. James Chang**, Professor of Surgery (Plastic & Reconstructive Surgery) at the PAVAHCS and, by courtesy, of Orthopaedic Surgery; *Andrew J. Weiland Medal for Outstanding Research in Hand Surgery, American Society for Surgery of the Hand*
 - **Dr. Kenneth Cox**, Senior Associate Dean for Pediatric and Obstetric Clinical Affairs and Professor of Pediatrics at the Lucile Salter Packard Children's Hospital; *Salute to Excellence Award, American Liver Foundation*
 - **Dr. Ronald Davis**, Professor of Biochemistry and Genetics; *Gruber Genetics Prize, The Peter and Patricia Gruber Foundation*
 - **Dr. Karl Deisseroth**, Associate Professor of Bioengineering and of Psychiatry and Behavioral Sciences; *W. Alden Spencer Lecture and Award, Columbia University College of Physicians and Surgeons, Department of Neuroscience, Kavli Institute; Election to National Academy of Sciences*
 - **Dr. Scott Delp**, Clark Professor in the School of Engineering and Professor of Bioengineering and, by courtesy, of Orthopaedic Surgery; *Borelli Award, American Society of Biomechanics*
 - **Dr. William Fowkes**, Professor of Medicine (Family and Community Medicine) at the San Jose Medical Center, Emeritus; *John W. Gardner Visionary Award, Pathways Hospice Foundation*
 - **Dr. Michael Fredericson**, Professor of Orthopaedic Surgery at Stanford University Medical Center; *Psychiatric Association of Spine, Sports, and Occupational Rehabilitation (PASSOR) Legacy Award and Lectureship, American Academy of Physical Medicine and Rehabilitation*
 - **Dr. Margaret Fuller**, Reed-Hodgson Professor in Human Biology and Professor of Genetics; *Election to Institute of Medicine*
 - **Dr. K. Christopher Garcia**, Professor of Molecular and Cellular Physiology and of Structural Biology; *Election to National Academy of Sciences*
 - **Dr. Stuart Goodman**, The Robert L. and Mary Ellenburg Professor in Surgery; *Election to College of Fellows, American Institute for Medical and Biological Engineering (AIMBE)*
 - **Dr. Ralph Greco**, Johnson and Johnson Professor of Surgery; *John C. Gienapp Award, Accreditation Committee on Graduate Medical Education (ACGME)*
 - **Dr. Geoffrey Gurtner**, Professor of Surgery at the Stanford University Medical Center and, by courtesy, of Materials Science and Engineering; *Award for*

Outstanding Achievement in Basic and Translational Research, Plastic Surgery Foundation

- **Dr. Stuart Kim**, Professor of Developmental Biology and of Genetics and, by courtesy, of Chemical and Systems Biology, *Election to American Academy of Arts and Sciences*
- **Dr. Philip Lavori**, Professor of Health Research and Policy and, by courtesy, of Statistics; *Harvard Award in Psychiatric Epidemiology and Biostatistics*
- **Dr. Quynh Le**, Katharine Dexter McCormick and Stanley McCormick Memorial Professor and Professor, by courtesy, of Otolaryngology-Head and Neck Surgery; *Election to American College of Radiology (ACR)*
- **Dr. Michael Lin**, Assistant Professor of Pediatrics and Bioengineering; *Rita Allen Foundation Scholar*
- **Dr. Michael Longaker**, Deane P. and Louise Mitchell Professor in the School of Medicine and Professor, by courtesy, of Bioengineering and Materials Science and Engineering; *Flance-Karl Award, American Surgical Association*
- **Dr. Liqun Luo**, Professor of Biology; *Election to American Academy of Arts and Sciences; American Association for the Advancement of Science; National Academy of Sciences*
- **Dr. Michael Marmor**, Professor of Ophthalmology; *Award of Merit in Retina Research, The Retina Society*
- **Dr. Maxence Nachury**, Assistant Professor of Molecular and Cellular Physiology; *Early Career Life Scientist Award, American Society for Cell Biology*
- **Dr. Norbert Pelc**, Professor of Radiology and Bioengineering; *Election to National Academy Engineering*
- **Dr. Philip Pizzo**, Dean of the School of Medicine and The Carl and Elizabeth Naumann Professor of Pediatrics and of Microbiology and Immunology; *John Howland Medal, American Pediatric Society*
- **Dr. John Pringle**, Professor of Genetics; *American Association for the Advancement of Science*
- **Dr. Joseph Puglisi**, Professor of Structural Biology; *NIH Transformative Research Project Award*
- **Dr. David Relman**, Thomas C. and Joan M. Merigan Professor and Professor of Microbiology and Immunology; *Election to Institute of Medicine*
- **Dr. J. Kenneth Salisbury**, Professor (Research) of Computer Science and of Surgery and, by courtesy, of Mechanical Engineering; *Inaba Technical Award for Innovation Leading to Production, Institute of Electrical and Electronics Engineers Robotics and Automation Society (IEEE RAS)*
- **Dr. David Schneider**, Associate Professor of Microbiology and Immunology; *NIH Director's Pioneer Award*
- **Dr. Carla Shatz**, Sapp Family Provostial Professor and Director, Bio-X and Professor of Biology and Neurobiology; *Election, Foreign Member, Royal Society*
- **Dr. Justin Sonnenburg**, Assistant Professor of Microbiology and Immunology; *Investigators in the Pathogenesis of Infectious Disease Award, Burroughs Wellcome Fund*

- **Dr James Spudich**, Douglass M. and Nola Leishman Professor of Cardiovascular Disease Wiley; *Wiley Prize in Biomedical Sciences, Wiley Foundation*
- **Dr. David Stevenson**, Vice Dean and Senior Associate and Dean for Academic Affairs, the Harold K. Faber Professor of Pediatrics and Professor, by courtesy, of Obstetrics and Gynecology; *Jonas Salk Award for Leadership in Prematurity Prevention, March of Dimes*
- **Dr. Robert Tibshirani**, Professor of Health Research and Policy (Biostatistics) and of Statistics; *Election to National Academy of Sciences*
- **Dr. Abraham Verghese**, Professor of Medicine; *Election to Institute of Medicine*
- **Dr. Fan Yang**, Assistant Professor of Orthopaedic Surgery and Bioengineering; *2011 "35 Innovators Under 35" list, MIT's Technology Review*

Congratulations to each of these individuals and apologies to anyone who was not included in this list. These are very impressive accomplishments.

Awards and Honors

The following were among the winners of the Burroughs-Wellcome Fund Career Awards at the Scientific Interface for 2012:

- **Kwanghun Chung, Ph.D.**, Post Doctoral Scholar, Neurobiology
- **Maureen E. Hillenmeyer, Ph.D.**, Post Doctoral Scholar, Biochemistry
- **Heather J. Kulik, Ph.D.**, Post Doctoral Scholar, Chemistry

Appointments and Promotions

Oliver O. Aalami has been appointed to Clinical Assistant Professor (Affiliated) of Surgery, effective 6/1/2012.

Sheena K. Aurora has been appointed to Clinical Associate Professor of Neurology & Neurological Sciences, effective 8/1/2012.

Michael W. Brook has been reappointed to Clinical Assistant Professor of Anesthesia, effective 4/16/2012.

Stéphan Busque has been promoted to Professor of Surgery at the Stanford University Medical Center, effective 4/01/12.

Kiki D. Chang has been promoted to Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center, effective 4/01/12.

Stephen D. Coleman has been reappointed to Clinical Assistant Professor of Anesthesia, effective 7/1/2012.

Sarah A. Copeland has been appointed to Clinical Assistant Professor (Affiliated) of Neurology & Neurological Sciences, effective 5/1/2012.

Alexis Davis has been appointed to Clinical Assistant Professor of Pediatrics, effective 7/1/2012.

John Day has been appointed to Professor of Neurology at the Stanford University Medical Center, effective 4/01/2012.

Anthony R. Dubose has been appointed to Clinical Associate Professor of Medicine, effective 6/1/2012.

Sarah Eitzman has been reappointed to Clinical Assistant Professor (Affiliated) of Pediatrics, effective 9/1/2011

Julie Fuchs has been promoted to Clinical Associate Professor of Surgery, effective 6/1/2012.

Neville Golden has been reappointed to Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 4/01/12.

Neelam Goyal has been appointed to Clinical Assistant Professor of Neurology & Neurological Sciences, effective 9/1/2012.

Paul C. Grimm has been reappointed to Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 4/01/12.

Scott A. Hoffinger has been appointed to Clinical Associate Professor of Orthopaedic Surgery, effective 5/1/2012.

Lynne C. Huffman has been appointed to Associate Professor (Teaching) of Pediatrics, effective 5/01/12.

Reza Kafi has been reappointed to Clinical Assistant Professor (Affiliated) of Dermatology, effective 3/1/2012.

Laura Lazzeroni has been reappointed to Associate Professor (Research) of Psychiatry and Behavioral Sciences, effective 10/01/12.

Scheherezade Le has been appointed to Clinical Assistant Professor of Neurology & Neurological Sciences, effective 11/1/2012.

Jason T. Lee has been promoted to Associate Professor of Surgery at the Stanford University Medical Center, effective 4/01/12.

Nicholas Leeper has been appointed to Assistant Professor of Surgery at the Stanford University Medical Center, effective 4/01/12.

Albert Lin has been promoted to Clinical Professor (Affiliated) of Medicine, effective 6/1/2012.

Sami Mazbar has been reappointed to Clinical Associate Professor (Affiliated) of Medicine, effective 9/1/2012.

Philippe Mourrain has been appointed to Associate Professor (Research) of Psychiatry and Behavioral Sciences, effective 5/01/12.

Nirav K. Pandya has been appointed to Clinical Assistant Professor of Orthopaedic Surgery, effective 5/1/2012.

Bina Pulkit Patel has been promoted to Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 6/1/2012.

James F. Policy has been appointed to Clinical Assistant Professor of Orthopaedic Surgery, effective 5/1/2012.

Peter Poulos has been promoted to Clinical Assistant Professor of Radiology and Medicine, effective 6/1/2012.

John Ratliff has been appointed to Associate Professor of Neurosurgery at the Stanford University Medical Center, effective 4/01/12.

Cybele Renault has been reappointed to Clinical Assistant Professor of Medicine, effective 6/1/2012.

Kerri Rieger has been appointed to Clinical Assistant Professor of pathology and Dermatology, effective 7/1/2012.

Hamed Sajjadi has been reappointed to Clinical Associate Professor (Affiliated) of Otolaryngology – Head & Neck Surgery, effective 5/1/2012.

Avni Shah has been promoted to Clinical Assistant Professor of Pediatrics, effective 6/1/2012.

Simran Singh has been reappointed to Clinical Assistant Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 9/1/2011

Robert Steele has been appointed to Clinical Associate Professor of Surgery, effective 5/16/2012.

Xinnan Wang has been appointed to Assistant Professor of Neurosurgery, effective 5/01/12.

Vasyl Warvariv has been promoted to Clinical Associate Professor of Medicine, effective 7/1/2012.

Dean Winslow has been reappointed to Clinical Professor (Affiliated) of Medicine and Pediatrics, effective 9/1/2011

Phillip C. Yang has been promoted to Associate Professor of Medicine at the Stanford University Medical Center, effective 4/01/12.

Roham T. Zamanian has been reappointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 7/01/12.

Karl Zheng has been promoted to Clinical Assistant Professor of Anesthesia, effective 6/1/2012.