

# Dean's Newsletter

## May 5, 2008

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### **Tradition or Transformation: Celebrating the Past or Creating the Future\***

Many institutions pay homage to past achievements as a way to justify or claim a right to their current status. In coming to Palo Alto seven years ago, I realized immediately that Stanford is a very different kind of institution. It is less bound to tradition and, in fact, doesn't display many of the trappings of its history – rich as it is. Rather, it is more focused on opening new vistas and directions.

This being the Centennial year for the School of Medicine, I want to reflect on our past history for at least a moment, perhaps as a way to better understand who we are now and where we are going in the future. And while it is true that the founding of the Stanford University School of Medicine began in 1908, its real origins can be tracked nearly five decades before then.

**1858.** This was the year that Darwin and Wallace presented their papers on the theory of evolution to the Linnean Society in London. It was also the year of the Lincoln-Douglas debates, often with loftier rhetoric than the “debates” taking place in 2008. But 1858 was also the year that Elias Samuel Cooper, a young surgeon, recently arrived in San Francisco, established at the University of the Pacific the Medical Department bearing his name. The Cooper Medical School began with 6 faculty and 13 students. Of

course, this was a time when so-called medical schools were springing up everywhere, often without any defined admission criteria or curriculum. The Flexner Report that would change all that came 52 years later, following critical reviews and commentaries on the status of medical education by Charles Eliot, President of Harvard University, along with the Presidents of Columbia, Penn, and Michigan, among others.

Unfortunately, Elias Samuel Cooper, said to be a somewhat contentious and controversial figure, died of nephritis only four years later, in 1862. Around that time, Dr. H.H. Toland established a competing medical school in his name. He affiliated it with the University of California and, in doing so, established the roots of UCSF. As part of this process, he tried to recruit the faculty of Cooper to Toland – setting the stage for the first failed merger between UCSF and what later became Stanford Medical School.

In 1870, Levi Cooper Lane, nephew of the then-deceased Elias Cooper, revived the medical school. Over the next two decades a new hospital and education facilities were constructed on Webster and Sacramento Streets – the cost of those facilities was \$125,000. To further solidify the Cooper Medical College, Dr. Lane appointed Dr. William Ophuls as a full-time salaried professor in 1898 (and who also served as Dean of the Stanford Medical School from 1916-1933) – a decision that was important when the Flexner Report was issued 12 years later. This Report established the fundamental requirements for a medical school – including the need for a full-time faculty and a scientific foundation for medical education as well as criteria for medical school admission and for curriculum.

Discussions about the possible association of Cooper Medical College with Stanford began in 1901 – ten years after Stanford had been established as a university – and paved the way to the founding of Stanford University School of Medicine in 1908.

**1908.** This was the year Frederick Cook reached the North Pole. It was also the year of the opening of the 4<sup>th</sup> Olympiad in London, perhaps best noted by the disqualification of Dorando Petri's marathon run when, apparently dehydrated and disoriented, he ran backwards during the last 300 yards of the race. While his finishing time was better than mine, at least I maintained my directional orientation in the 112<sup>th</sup> running of the Boston Marathon on April 21<sup>st</sup>, 2008. But of course 1908 was the year that David Starr Jordan, Stanford's first President, agreed that the Cooper Medical College would become the Stanford University School of Medicine. He had two conditions. First, that it be a school for medical research (which was debated hotly by the clinical faculty of the day) and second, that it could not cost the university more than \$25,000 a year to operate. President Jordan was prophetic on both accounts. While likely not relevant, it should also be noted that David Star Jordan had held a Doctor of Medicine degree – although he did not practice medicine. In fact he is one of three Stanford presidents to hold an MD degree – the other two being Presidents Wilbur and Tressider.

The first 50 years of the Stanford University School of Medicine were marked by significant growth in the clinical programs. Students spent their first year on the Palo Alto campus and then moved north for their remaining education. The school's early

history was affected by two world wars and a great depression. Accordingly, class size varied, although it averaged about 50-60 in number. Proving that history cycles in defined intervals, curriculum renewal occurred in 1920 – the major unique feature of which was an allocation of 200 hours of free time during the four-year curriculum. Given the length of didactic sessions, this probably amounted to about 0.01% free time – notably less than that found in our New Stanford Curriculum (relatively speaking). At the same time, students in the second decade of the 20<sup>th</sup> century were expected to write a thesis in order to graduate. And, also part of the cyclical wheel of institutional transformation, new facilities were constructed in 1927 for \$3.75 million – clearly a fraction of the amounts anticipated in 2008.

In 1951, plans were put forth to consider the move of the School of Medicine to the Stanford campus in Palo Alto, in part based on the report of the Faber Committee (Harold Faber was the Chair of Pediatrics at the time). This plan was embraced by President Wallace Sterling and became a topic for serious discussion during the next several years.

**1958:** The year Sputnik fell to earth and also the year of the first major league baseball game in California, which was played in the San Francisco Seals Stadium - the SF Giants beat the LA Dodgers by a score of 8 to 0. I am a bit embarrassed to note that I remember that game, more because the Giants and Dodgers had both left New York City, where I was growing up, than because of the game itself. But, of course, 1958 was the year that Stanford Medical School stood poised to be united geographically with its parent university in Palo Alto and where a new medical school and hospital would open a year later at a cost of \$21 million. This move changed the trajectory of the medical school and must be attributed to the vision of President Sterling (an historian) along with Provost Fred Terman (an electrical engineer) and Dean Robert Alway (also a pediatrician!), who recognized the opportunity to leverage federal funding for research and create a research-intensive school of medicine. The move from San Francisco disenfranchised a number of the clinical faculty who elected to remain in the city. At the same time, Sterling, Terman and Alway recognized that recruiting the most talented individuals they could find would help place Stanford on a new level. So they did just that.

In 1959 Arthur Kornberg was recruited from Washington University to found Stanford's new Department of Biochemistry. One of his conditions for moving was bringing his entire Department of Microbiology from Washington University – which is exactly what he did. Included in this highly distinguished group – each of whom had remarkable careers over the decades that followed – was Dr. Paul Berg. In addition to Dr. Kornberg, Dr. Josh Lederberg was also recruited, from Wisconsin, to found a new Department of Genetics. With newly minted Nobel Prizes and intellects and energy that spanned many domains, they set a new trajectory for Stanford Medicine. It is sad to note that these two remarkable scientists, Kornberg and Lederberg, both died within six months of each other this past year. Their legacies live on in everything that Stanford Medical School now is and will be in the future.

Other leaders were also recruited at the time of the School's move to Palo Alto, including Drs. Norm Kretchmer in Pediatrics, Hal Holman in Medicine, Robert Chase in Surgery, David Hamburg in Psychiatry, Avrum Goldstein in Pharmacology and Henry Kaplan in Radiology. These leaders recruited other stellar faculty to join them and catapulted Stanford Medical School into national prominence. Over the past 50 years the contributions of Stanford faculty and students have been remarkable. Without question the continuing and enduring excellence in basic discovery research has been the most important distinguishing feature of Stanford Medical School. It has always been visionary and opened new paths in discovery and innovation – frequently crossing traditional disciplinary boundaries and thus taking advantage of Stanford's excellence in engineering and the physical sciences. It is the faculty and the special environment that creates contiguous connections between these disciplines that has made Stanford such a special place. This has been further enhanced by the connection of the medical school to its two major affiliated hospitals and of the medical center to the university and its community – including the intellectual vitality of Silicon Valley and the concentration of biotechnology and device companies – a number of which have been spawned by Stanford.

Of course, these past 50 years have also been marked by the education and training of countless medical and scientific leaders. Beginning with the Five Year Plan and extending to the New Curriculum of 2003, Stanford has been consistently innovative and focused on the close connection between science and medicine. This has also fostered a spirit of innovation that has resulted in major impacts on numerous clinical fields including cardiovascular surgery and medicine, cancer, neuroscience, transplantation, child health and numerous medical and surgical discoveries. It has also played a seminal role in creating new fields, including structural biology, developmental biology, genomics, neurobiology and more recently stem cell biology and regenerative medicine. Progress can be measured in a number of ways. In *War and Peace*, Leo Tolstoy posits that the events of the moment are often the result of countless prior events that converge at a point in time. But that is not really the story of Stanford Medical School, where the steps, rather than being very small and incremental, have more frequently been leaps into new and previously unrecognized directions.

As we close the first century of Stanford Medicine and open the next, we face both opportunities and challenges. There can be little question that the prospects for ever-deepening insights in human biology stand before us that, if properly nurtured and supported, will unfold in an incredible and even exponential fashion. But at this very moment of promise, we are threatened by serious external and some internal challenges. Funding to support basic research is increasingly threatened by the declining budget of the National Institutes of Health – which it seems likely to continue, given the current economic challenges and turmoil in the US. Coupled with this is a fragmented and increasingly unaffordable health care system that features disparity and high cost as well as remarkable success in technical excellence and innovation. At the same time, the perceived value of the physician as a healer has been eroded by the past decades during which market forces have been used to correct a fundamentally flawed health care system. Of course these and other events bode for challenging times.

This makes it all the more important for Stanford to sustain its leadership role in the years and decades ahead. While we face many challenges, I believe we have taken steps in the right direction. We have renewed and reaffirmed our commitment to educating leaders who will shape the future of science and medicine. We continue to reaffirm and do all we can to support excellence in basic research. And we seek ways to foster novel interconnections between the biosciences and the physical and engineering sciences through programs like BioX and Bioengineering. We have also committed resources to bring the basic and clinical faculty of the medical school together and to join them with the rest of university to advance knowledge and its translation to improving the lives of adults and children through our Stanford Institutes of Medicine and their related Centers of Excellence at Stanford Hospital and the Lucile Packard Children's Hospital. We also seek to build on the excellence of our basic and clinical science departments as anchors for the education and training of students and fellows as well as research and patient care. And we have committed ourselves to focus our efforts on improving the quality and safety of patient care and to reach out to our communities, locally and globally.

Stanford is a small research-intensive medical school and will continue to be so. But it is also unique and has had an impact that far transcends its size. This is ultimately the result of the creativity and energy of our faculty, students and staff. It is also the consequence of their motivation – which is to focus on transformation rather than tradition. Except for these reflections we will not dwell on the past – but rather work to shape the future.

*\*The article is based, in part, on the presentation I gave at the School of Medicine Centennial Dinner Celebration that was held on Friday evening, April 25, 2008.*

### **Celebration for the Li Ka Shing Center**

On April 25<sup>th</sup> we also had the opportunity to celebrate the official groundbreaking of the Li Ka Shing Center for Learning and Knowledge. It is exciting to announce at long last that, thanks to a generous donation, the Learning and Knowledge Center will be named in honor of Li Ka Shing, an extraordinarily remarkable and successful individual who has committed many of his personal resources to supporting education and research in China and, increasingly, around the world. Additional details about the Li Ka Shing Center and the groundbreaking event can be found in the April 28<sup>th</sup> Stanford Report (see: [http://med.stanford.edu/news\\_releases/2008/april/lkc.html](http://med.stanford.edu/news_releases/2008/april/lkc.html)).

In addition to thanking Mr. Li for his wonderful generosity and for his commitment to education broadly and medical education more specifically, I would like to thank Ms. Solina Chau, the Director of the Li Ka-shing Foundation, who also played an important role in our discussions about the Li Ka Shing Center and who represented Mr. Li at the groundbreaking (really a “beam signing”) event. It is our hope that Mr. Li will be able attend in person when the Li Ka Shing Center opens in 2010.

Of course I also want to thank Millie and Paul Berg for their remarkable gift to the Li Ka Shing Center (<http://news-service.stanford.edu/news/2007/april25/med-berg-042507.html>) along with all the other remarkable contributions they have made to Stanford over the past half-century. In addition I want to thank Professor Joe and Hon Mai Goodman for their generous gift that will name the Simulation Center in the Li Ka Shing Center – and which will complement the Goodman Simulation Center that they helped support for the Department of Surgery and that is housed at the Stanford Hospital and Clinics (see: [http://med.stanford.edu/news\\_releases/2007/may/goodman.html](http://med.stanford.edu/news_releases/2007/may/goodman.html)). Further, I want to thank Akiko Yamazaki and Jerry Yang for their contribution to the Li Ka Shing Center, and I especially thank Ms. Yamazaki for her important role as the co-director (with Paul Berg) of the Li Ka Shing Center Council. Other members of the Council include Drs. Jeff Bird, Linda Clever, Tom Krummel, Amy Ladd, Tom Raffin and David Stevenson. I am indebted to them for their many contributions and efforts to bring this project to fruition. I also want to thank CJ and Ha Lin Huang for their generous donation to the Li Ka Shing Center – and for all the other gifts they have made over the years.

These individuals, along with many others, have enabled us to nearly meet our fund-raising target for the Li Ka Shing Center – which we hope to fully achieve before this important project is completed and the Li Ka Shing Center becomes another of our transformational centers for the School of Medicine. I also want to acknowledge the support and leadership of the Office of Medical Development and, in particular, Bruce Bingham, who has led the Li Ka Shing Center fundraising effort for Medical Development. If you are interested, regular updates on the construction of the Li Ka Shing Center for Learning and Knowledge is regularly updated at <http://lkc.stanford.edu/>.

### **Transitions: Alumni Return, Admitted Students Visit and Preclinical Students Move to the Clinics.**

This past week witnessed a number of transitions for students and faculty across the generations and even history of Stanford Medicine. On April 25-26<sup>th</sup> the Stanford University Medical Center Alumni Association held its annual Alumni Weekend, which featured a broad spectrum of events and opportunities for alumni to meet socially and professionally. I had the opportunity to visit with a number of distinguished alumni at the Senior Luncheon on Friday, April 25<sup>th</sup> and to welcome a number of them to our special Centennial Dinner that evening. In addition to recognizing the important contributions of every alumnus and alumna, the Board of Governors recognized two individuals as recipients of J.E. Wallace Sterling Muleshoe Lifetime Alumni Achievement Awards – which this year were presented as part of our Centennial Dinner. The recipients are:

- **Larry Boxer, MD '66**, currently Director of Pediatric Hematology/Oncology and Associate Chair for Academic Affairs at the University of Michigan. As noted in the program: *This award recognizes Dr. Boxer's contributions to the care of critically ill children...His successes as a physician-scientist, clinician and teacher have been recognized nationally and internationally.*

- **Donald Prolo, MD '61.** Dr Prolo is a neurosurgeon who *as a clinician with a passion for medical politics (he) is being honored for his lifetime service as a dedicated neurosurgeon. In addition to his practice, he has been a member of Stanford's clinical faculty for more than thirty years, has invented three medical devices and is the former president of the Santa Clara County Medical Association.* I would add that his daughter Laura is an MD/PhD student in neuroscience at Stanford.

On Tuesday evening, April 22<sup>nd</sup> I had the opportunity to attend the Student Clinician Ceremony, which was held in the Schwab Center. Thanks to contributions from the Arnold P. Gold Foundation and support from the Drs. Ben and A. Jess Shenson Fund, a dinner was held to mark the transition of students who have successfully completed their preclinical studies and who will soon commence their clinical education. This is an important and significant transition in the lives and education of our students and it is wonderful to both acknowledge and celebrate it. The ceremony was also an opportunity to honor recipients of the Arnold P. Gold Foundation's Humanism and Excellence in Teaching Awards, which were presented to Stanford residents and Fellows. These individuals and their colleagues play a vital role in the education of our students and we are all indebted to them. This year's honorees are:

- **Sarah Azad, MD,** Department of Obstetrics and Gynecology
- **Monica Eneriz-Wiermer, MD,** Department of Pediatrics
- **Ahmir Khan, MD,** Department of Neurology
- **Lana Schumacher, MD,** Department of Surgery
- **Dan Sedehi, MD,** Department of Medicine
- **Jacob Towry, MD,** Department of Psychiatry

Congratulations to these honorees – and best wishes to our students as well.

Just as alumni were returning to Stanford to renew friendships and share memories and experiences of years past, we also welcomed newly admitted students to the class that will enter this August during “Admit Weekend.” More than 70 students met each other as well as current medical students, faculty and staff to learn more about the Stanford experience and determine whether this is the best place for their medical and scientific training. Naturally, I can't think of a better place to attend medical school – especially for those seeking careers that will help them become leaders in medicine and the biosciences. With over 6500 applicants it is enormously challenging for the admissions committee to identify the students who are admitted to Stanford – and more importantly, who will be successful and happy in this unique environment.

Clearly this has been a week of transitions that mark the path of a life journey in medicine and science. Such experiences also affirm that what makes an institution like Stanford so special is the quality of those who have come before us – and those who will help shape the future of all of us.

## **Serving the Community and Meeting New Neighbors**

In addition to our focus on discovery and innovation in medicine and the biosciences, many of our faculty, students and staff also seek ways to work with our communities – locally and globally – with the hope of making the world a better place. A number of important School of Medicine community outreach programs are under the umbrella of our Office of Community Health (OCH) led by Dr. Marilyn Winkleby, Professor of Medicine, and Rhonda McClinton-Brown, Executive Director of OCH (see: <http://och.stanford.edu/>).

Among the School's community programs are the Cardinal Free Clinics, which include the Arbor Free Clinic (which was launched in 1990) and the Pacific Free Clinic (which was founded in 2003). On Tuesday evening, April 29<sup>th</sup>, the Cardinal Free Clinics held its annual Volunteer Appreciation Reception to thank the many students (undergraduate, graduate and medical) who staff the clinics and serve as managers and leaders, as well as the many faculty and community physicians and community members who volunteer their time and provide supervision, consultation and support to these weekend clinics. I have much admiration and respect for all the individuals who give so much of their time to help those who would not otherwise have access to medical screening and diagnostic services.

But each time I think about the free clinic concept, I also can't help but reflect on how sad it is that such services are required in our communities. In a nation as wealthy as the US and with more than 16% of the gross domestic product (GDP) spent on health care, it is tragic that so many members of our community are underserved. While I certainly agree that it is important to find ways to provide services to these children, adults and families, it is even more important to work to transform the deficiencies in how we provide health and health care in this nation. So far the solutions coming forth from government leaders are modest – even though healthcare is rising higher on the list of concerns for the American public. We must all hope that as the rather meaningless discussions currently taking place on the national political scene reach their conclusion this Fall, a more serious effort will emerge to finally address the deficiencies in our healthcare system. I have many hopes for how this might evolve – and the outcomes that might be achieved – one of which is that “free clinics” would no longer be needed as safety nets for the underserved.

In addition to our community services and partnerships, on Saturday, April 26<sup>th</sup>, members of our Stanford at Menlo Park (SMP) team (as well as a few DFAs) introduced themselves to their new Menlo Park neighbors. Thirty staff undertook an all day project to help an elderly member of the Menlo Park community continue to live in safety and comfort in her home of 53 years. On the same day, over 5,000 volunteers throughout the Peninsula participated in renovating over 80 homes and schools. The day's events were made possible by Rebuilding Together Peninsula.

Alicia White was extremely appreciative of the time and effort that went into providing the new doors, new washer/dryer, landscape improvements, bathroom upgrades, and a completely repainted home and garage. Thanks to JZCool Eatery and



Wine Bar of Menlo Park for providing lunch for our volunteers. A special thank you to all School of Medicine staff that participated in making Mrs. White's home a safer, more comfortable place to live.

## **Conflict of Interest at a State and National Level and Beyond**

Regulations and guidelines regarding conflict of interest continue to evolve and become codified. On April 24<sup>th</sup> the Massachusetts State Senate unanimously passed a law that would ban all gifts to physicians from pharmaceutical companies. This is the first time a state has brought forth legislation to restrict a practice that many feel has contaminated the relations between medicine, industry and the public they serve. The bill still needs approval from the State House of Representatives and Governor Deval Patrick. At nearly the same time, the Association of American Medical Colleges has published the report of its Task Force on Industry Funding of Medical Education (see: <http://www.aamc.org/research/coi/industryfunding.pdf>). It is notable that both the Massachusetts bill and the AAMC report follow closely the policies that were introduced at Stanford in October 2006 in our Stanford Industry Interactions Policy (see: <http://med.stanford.edu/coi/siip/>). Since we introduced our policies on gifts and interactions with industry for education an ever-increasing number of hospitals and medical centers have adopted similar policies. Now with the publication of the AAMC recommendations it seems inevitable that these will be nationally adopted. And, it is also noteworthy that both states and the federal government have been proposing legislation to address this issue – which of course is a failure of medicine to adequately regulate its own professional activities.

In addition to the policies noted above, a School of Medicine Task Force on Industry Support for Continuing Medical Education has been working since last August to examine this important topic. I met with the Task Force on April 25<sup>th</sup> and anticipate bringing their report to the Executive Committee for presentation. I anticipate that a decision about this issue will be made in the next several months.

## **Notable Events**

Immunology and Infectious Disease have featured prominently in recent events. On April 24-25<sup>th</sup> the Institute for Immunity, Transplantation and Infection (ITI) hosted a terrific two-day symposium on “*Basic Mechanisms in Immunity and Infection.*” And then on Saturday, May 3<sup>rd</sup>, ITI joined with the Department of Microbiology and Immunology and Stanford Digestive Disease Center to host an outstanding symposium entitled “*Through the Intestinal Tract with Gun and Camera.*” This symposium was made extra special by being held in honor of **Dr. Stan Falkow**, Cahill Professor and “father” of bacterial pathogenesis.

## **Centennial Update**

The Dean's Office would like to thank everyone who donated items for our Centennial time capsule. We were very impressed with the time and thought that went

into the various contributions. Items submitted thus far include tissue samples; pipettes signed by entire labs; handwritten letters; photos of students with their families; a remanufactured ink cartridge; and various publications authored by Stanford faculty. There's still time to be a part of history. Contributions for the time capsule will be accepted at the Dean's Office through June 13<sup>th</sup>. Items may not be perishable or contain liquid and must be no larger than a cubic foot. The capsule's final destination will be the ground floor of the Li Ka Shing Learning and Knowledge Center. The capsule will be installed when the building opens in the Spring of 2010.

This week's Centennial event is the much-anticipated **Medicine and the Muse** at 5 pm, Tuesday, May 6<sup>th</sup> in the Clark Auditorium. This program, which is part of Stanford Center for Biomedical Ethics, is highlighted this week on the Centennial web site: <http://med.stanford.edu/centennial/>.

Next week we look forward the **25<sup>th</sup> Annual Medical Student Research and 5<sup>th</sup> Annual POM Population Health Symposium**. Everyone is encouraged to attend this event on Wednesday, May 14<sup>th</sup> in the Hospital Atrium from 3:00 – 6:00 pm. In addition to the original research presentations of MD and MD/PhD students, the first year class will present their community-based Population Health Projects completed as a part of the Practice of Medicine course. Approximately 70 students will be presenting at this event.

Students will be available at their posters for informal discussion from 3:00-5:30 pm. At 5:45 p.m. closing remarks will include Dr. Charles Prober, Senior Associate Dean for Medical Education; Dr. Laurence Baker, Director of the Scholarly Concentrations Program; and Dr. Preetha Basaviah, Practice of Medicine Course Director. The event will culminate with the announcement of student awards by the Alumni Association.

Two student presentations from the Symposium on May 14<sup>th</sup> will be invited to give an oral presentation at Medicine Grand Rounds the June 4<sup>th</sup>, am in Braun Auditorium in the Mudd Chemistry Building.

This promises to be a terrific event and I hope you will join our students for this year's Student Research and Population Health Symposium.

## **Upcoming Events**

On Thursday, May 15<sup>th</sup>, Medical School Office Building (MSOB), Room x303 251 Campus Drive, Stanford, CA 94305, from 4-6 pm., **Dr. John Seffrin**, Chief Executive Officer, American Cancer Society, Atlanta Georgia, USA and Immediate Past President, International Union Against Cancer, Geneva, Switzerland will give a presentation on "A Ticking Time Bomb: The Global Tobacco Pandemic – Current and Future Scenarios". This event is sponsored by The Stanford Global Tobacco-Free Research Initiative Center for Democracy, Development, and the Rule of Law Freeman Spogli Institute for International Studies [http://cddrl.stanford.edu/research/the\\_global\\_tobaccofree\\_research\\_initiative/](http://cddrl.stanford.edu/research/the_global_tobaccofree_research_initiative/), and is part of the Colloquium Series 2007-2008. Light refreshments will follow. For more info

contact S. Ayres at 650-723-6145.

### **Honors and Awards**

- **Professors Minx Fuller** (Developmental Biology) and **Ron Levy** (Medicine) learned on April 29<sup>th</sup> that they were among the 72 new members elected to the National Academy of Sciences. I would also add that Rick Aldrich, who left Stanford a couple of years ago for UT-Austin, was also elected. This is among the very highest honors a scientist can achieve. Please join me in congratulating Drs. Fuller, Levy and Aldrich.
- **Ms Elsie Gyang**, SMS I has been awarded a Fulbright Fellowship and will be obtaining a Masters in Health Policy, Planning and Financing through a joint program offered by the London School of Hygiene and Tropical Medicine and the London School of Economics and Government. Congratulations to Ms Gyang!
- **Lyen Huang**, SMS 6/6, has been awarded a scholarship by the Kaiser Permanente Asian Association and The Permanente Medical Group for his work with the Pacific Free Clinic. The award is given to a graduating medical student for service to the community at large.

### **Appointments and Promotions**

**Vishnu Priya Akula** has been promoted to Clinical Assistant Professor (Pediatrics), effective 2/01/2008.

**Lucy Carin** has been promoted as Clinical Professor (Pediatric; Neonatology and Developmental Medicine), effective: 5/01/08.

**Clara Choi** has been appointed as Clinical Assistant Professor (Neurosurgery), effective 5/01/07.

**Kavin Desai** has been appointed as Clinical Assistant Professor (Pediatrics), effective 1/01/08.

**Ira Friedman** has been appointed as Clinical Associate Professor (Pediatrics), effective 9/01/03.

**Arun Gupta** has been promoted to Clinical Assistant Professor (Pediatrics), effective 2/01/08.

**Gordon Haddow** has been appointed as Clinical Associate Professor (Anesthesia), effective 3/01/08.

*Charles Hill* has been promoted as Clinical Assistant Professor (Anesthesia), effective 6/01/08.

*Tzielan Lee* has been reappointed as Clinical Assistant Professor (Pediatrics; Rheumatology), effective 5/01/08.

*Richard Lin* has been appointed as Clinical Assistant Professor (Ophthalmology), effective 4/01/08.

*Klaus Porzig* has been reappointed as Clinical Professor (Medicine; Oncology), effective 3/01/08.

*Emily Ratner* has been appointment as a Clinical Professor (Anesthesia), effective 4/01/08.

*Anjali Bhatt Saxena* has been promoted to Clinical Assistant Professor Medicine; Nephrology), effective 2/16/08.

*Masoud Mark Taslimi* has been reappointed as Clinical Professor Clinical Professor (Obstetrics and Gynecology; Maternal-Fetal Medicine), effective 6/01/08.

*Julie R. Williamson* has been appointed as Clinical Assistant Professor (Anesthesia), effective 8/01/08.

*Anton Wyss-Coray* has been reappointed to Associate Professor (Research) of Neurology and Neurological Sciences, effective 5/01/08.