

## A Handshake for Good Luck:

Bill Brody, Stanford MD '70 and PhD '72,  
leaves Johns Hopkins and comes home to the West.  
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### On the Frontlines of Medicine

Stanford alumni heal bodies and spirits in Iraq and Afghanistan.  
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### Medicine and Law Partner for Patients

Students advocate to keep children healthy and safe.  
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# Join Us for Alumni Weekend



## SATURDAY, APRIL 25 HIGHLIGHTS

### **The Cutting Edge**

Learn from clinicians and scientists as they showcase innovative treatments for patients across a spectrum of medical specialties. Attendees will rotate through a series of short demonstrations and laboratories that blend the domains of basic science and clinical medicine. The interactive program will allow alumni a hands-on experience in some of the venues.

### **Hardhat Tours of the Li Ka Shing Center for Learning and Knowledge**

Scheduled for completion in summer 2010, the Li Ka Shing Center for Learning and Knowledge at Stanford University School of Medicine will bring together leading-edge medicine, modern education, and advanced technology.

### **Dean's Cocktail Reception and Class Reunion Dinners**

Join Dean Philip A. Pizzo, MD, and Stanford University Medical Center Alumni Association board members for a cocktail reception followed by class reunion dinners at Thomas Fogarty Winery & Vineyards in Woodside. Enjoy award-winning wine as you reconnect with classmates and take in the breathtaking views of the Santa Cruz Mountains.

# 2009



LARGE PHOTO: Jawed Karim, Wikimedia Commons, <http://creativecommons.org/licenses/by/2.0/> SMALL PHOTOS: Bay Area Event Photography

## **Classes Celebrating a Reunion:**

1954, 1959, 1964, 1969, 1974, 1979, 1984, and 1989.

## **Online Registration and Information:**

[www.med.stanford.edu/alumni](http://www.med.stanford.edu/alumni)

We encourage parents to bring children for the Saturday events. Children ages 10 and up will enjoy The Cutting Edge programs and the afternoon tours.

## **A quote from a participant in last year's The Cutting Edge:**

*“I got to do virtual surgery this morning on a temporal bone and exposed the cochlea. Computer simulation is such a wonderful thing. I had the feel of the blade and the drill in my hand—it was so interesting, so different from what I do in my normal workday.”* —Laurie Weisberg, MD '79, Hematologist/Oncologist

## Bench & Bedside

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Alumni Association

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### Message from the President, Stanford University Medical Center Alumni Association

*This is a remarkable issue of Bench & Bedside you hold in your hands.*

*Remarkable because it demonstrates the breadth and depth of the contributions you and your fellow alumni make to the world. From our cover story on alumni who are serving the men and women in harm's way in wartime to the Q&A with Bill Brody who has just stepped down as president of the Johns Hopkins University, and a career of advocacy for policy change in health care, to a look at the "fresh faces" of GenNext, we think you'll agree we are all privileged to belong to this remarkable community.*

*People outside universities sometimes refer to academic institutions as ivory towers. Reading neurobiologist-turned-chaplain Tim Meier's blog from Iraq or Alisa Gean's heartbreaking story about a frontline patient-turned-friend shows how un-ivory tower the university and the School of Medicine are. Where life and need call, our graduates go — with courage, intelligence, and generosity of spirit.*

*In April, I shall be passing the gavel to our next president, William Rhine, MD '84. The past two years have been especially gratifying as we celebrated in 2008 the centennial of Stanford University School of Medicine and watched the Li Ka Shing Learning and Knowledge Center rise from the ground. My participation continues on the board as immediate past president and as representative for the class of 1968. I look forward to our continued relationship.*

*Yours sincerely,*

Norman J. Tong, BS '63, MD '68

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When war breaks out, alumni with courage and a call to service have always responded. But the conflicts in Iraq and Afghanistan are posing new challenges, driven by new weaponry and new wounds to mind, body, and spirit. Meet a specialist in traumatic brain injuries, a plastic surgeon, an orthopaedist, and a neurobiologist-turned-chaplain who know war and its human consequences firsthand.

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### MEDICINE AND LAW PARTNER FOR PATIENTS



Students of law and students of medicine come together with a common goal: improving the lives of low-income kids. An innovative collaboration among Stanford's medical and law schools and the UC Berkeley Law School teaches the art and science of advocating for children's health.

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### BILL BRODY, MD '70, PHD '72



Is the notion of a "renaissance man" — one who excels in many fields — an outdated cliché? Not if you've met Bill Brody — pilot, pianist, recently retired president of Johns Hopkins University, and new president of the Salk Institute. He's plainspoken on academic medicine and more than ready to take on new adventures.

Cover photo: © The Johns Hopkins University. All rights reserved.

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*Working across disciplines to solve problems.*

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*On the Cover: William R. Brody, the 13th president of The Johns Hopkins University, presides over his final commencement exercise. In March, 2009 Brody becomes president of the Salk Institute in La Jolla, California.*

# on the frontlines of medicine



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Stanford medical alumni are no strangers to war. In every conflict, in every theater—in World Wars I and II, Korea, Vietnam, the Gulf War, and now Iraq and Afghanistan—physicians, nurses, physical therapists, and other caregivers have been heroes on the frontlines and back at home, helping generations of veterans make the long journey from injury to recovery. Recently, *Bench & Bedside* talked to just a few of the too-often unsung heroes—a traumatic brain injury (TBI) specialist, a plastic surgeon, an orthopaedist, and a neurobiologist-turned-chaplain. In a related *In My Opinion* (page 18) **Ken Kizer**, '72, MD, MPH, and former undersecretary of health for Veterans Affairs, offers his keen observations on traumatic brain injuries.

## “Hello, Ma’am! This is Matt Lammers ... from Kansas.”

Alisa Gean met Matt Lammers in Landstuhl, just hours after an explosion ripped through his Humvee on a hot June day in southern Baghdad. The explosion took off both his legs and his left arm. “He remembered everything and was able to tell me what he saw and how it felt after the blast, including when he tried to move his left arm and it just came off,” says Gean. She and Lammers had long talks at Landstuhl, and stayed in touch when she returned to the United States. Late last year, when Gean was giving a speech in Kansas, she and Lammers reconnected. As Lammers fights to recover, battling depression and the breakup of his marriage, struggling to learn to walk with prosthetics, and staying connected to his two small daughters, he describes Gean as his “inspiration.” Recently he wrote her:

*“Without you I wouldn’t be here and you will always have my deepest appreciation and gratitude. ... For a while there, I felt as if I were a mistake being alive still, but after listening to everything you told me and seeing the pictures [of his daughters] I have never felt more proud and thankful to still be here. ... Hopefully next time we see each other I will be able to walk up to you. ... Thank you for everything, my friend.”*

### **Alisa D. Gean, MD '83: Taking on the Four B's**

A professor of radiology, neurology, and neurosurgery at the University of California, San Francisco, and a neuroradiologist at San Francisco General Hospital, Alisa Gean lives in a world of central nervous system trauma. In late 2007, she volunteered to serve for a month at the Landstuhl Regional Medical Center, the U.S. military hospital in southwest Germany, to study combat TBI in wounded soldiers returning from Iraq and Afghanistan.

“I wanted a better understanding of the 4B's of combat injury—burns, blast,

bullets, and blunt,” she says. “It’s civilian trauma on steroids. It’s dirtier and uglier.” Seeking insight into how these multiple impacts affect the healing brain, Gean served as the radiology attending physician in the intensive care unit, scrubbed in on surgeries, lectured to various departments, and came away with more than she expected. “I was extremely, extremely impressed with the military physicians; it was an honor to work with them.”

While Gean delivered person-to-person clinical care, she was simultaneously fully engaged as a researcher. She stud-

ied the difference between combat and civilian trauma patients to help society deal with future terrorist attacks. She came back committed to helping the public understand that TBIs are very real injuries, suffered in epidemic proportions. “It’s the leading cause of death in people under age 45, more than breast cancer, multiple sclerosis, and HIV/AIDS combined,” Gean says. “Even so-called mild TBIs can ruin people’s lives. The patients can be compromised in many ways, and can lose their marriages, their jobs, and sense of self.”

*Alisa Gean, MD '83, volunteered at the U.S. Army Hospital in Landstuhl, Germany, to study combat traumatic brain injuries up close. That experience took on unexpected power when she came face-to-face with Sergeant Matt Lammers — first in the ICU, then in the operating room, and later as she became a long-distance support system for his recovery.*



Vic Davis

Gean is excited about the promise of new advances in technology, particularly in imaging techniques. “They hold great promise for showing injuries that were invisible before, but they first need to be validated.” She laments the fact that, despite the \$50 billion annual cost of dealing with TBIs, the issue never seems to get sufficient attention and funding. “It has taken this war to bring TBI to the forefront,” she says, “and what I want more than anything is for the funding to match the burden of the injury.”

**Thomas Crabtree, MD '87:  
Medicine at the Gate**

To understand the intersection of military medicine and ambassadorship, listen to a tale or two from Tom Crabtree, recently retired from the U.S. Army

and his post as chief of plastic surgery at Tripler Army Medical Center in Hawaii. Crabtree’s 25 years of military service, disaster medicine, and humanitarian care have taken him from the 1989 San Francisco earthquake to six-month tours with the United Nations in Mobile Army Surgical Units in the Balkans and Central Africa to providing surgical relief in Papua New Guinea in 1998 and Indonesia in 2005 after the tsunamis occurred in those countries.

“Medical diplomacy has been around forever, but it’s really gained traction in the last few years because it does so much good for so many for so little, delivering more bang for the buck,” Crabtree says. He offers a compelling

example: “I was stationed at a base south of Baghdad that straddled a key supply route. It was constantly being bombed and supply caravans were being ambushed. Then, one day a local arrived with a little boy who had a cleft lip. I did the surgery to repair it. A few days later, the boy came back for a follow-up with a whole entourage. It turned out that he was the grandson of the sheik who controlled a large part of that area. With that, the bombing and the ambushes stopped. For an operation that probably cost \$100 to perform, we saved countless lives and many hundreds of thousands of dollars in supplies and equipment.”

Crabtree’s mission included establishing so-called gate clinics to provide health care in rural areas. “At outposts

*Tom Crabtree, MD '87, has spent much of his career figuring out how "medical ambassadorship" can heal across the most treacherous of borders. Sometimes, it seems, diplomats come dressed in military-issue helmets.*



Major Corey Williams

beyond the Green Zone, there was simply no health care available to locals. And this was in a country that had been a shining example of health care for all the Middle East up to 20 years ago. So civilians would line up at our gates to go through security, and then come in for care. Sometimes we had permission, sometimes we didn't, but we couldn't turn folks away."

Crabtree says flatly that the war in Iraq, his fifth wartime experience, is like no other for two reasons. "The first is body armor. People who would have been killed in the past are now surviving, but with serious TBIs and extremity injuries. We're seeing double and triple amputees, true polytrauma victims, in need of reconstructive surgery. The second factor

is the nature of the weapons. These are super high power explosives, and the blast is so focused that the damage is unimaginable."

Already assessing the lessons of war, Crabtree says: "We've seen huge advances in every aspect of treating these young people, and a quantum leap in rehabilitation practice from the design and fit of prostheses to rehabilitation services. We have also learned that the faster we can get to reconstruction and rehabilitation, the better the outcomes."

**Eugene Carragee, MD '82:  
A Sense of Duty**

Eugene Carragee, an orthopaedic surgery professor and director of the Orthopaedic Spine Center at Stanford Hospital & Clinics, has spent much

of his career in uniform. He trained in the U.S. Army Medical Corps after medical school, residency, and fellowship. He also served as a public health officer in civil affairs, as a battalion and command surgeon in the U.S. Army Special Operations Forces, as a Forward Surgical Team commander. Ironically, he was inspired to join the military by two civilian professors at Stanford University School of Medicine—Alan Barbour, MD, who landed with the Marines at Iwo Jima in World War II, and Roy Maffley, MD. "I had terrific mentors who taught me about service, about how to be a good doctor and a good human being. They were charismatically influential, because they had such a duty to serve. They taught me that sense of duty—and it brought me to the Army."

Orthopaedic surgeon Eugene Caragee, MD '82, was inspired to serve by two charismatic professors at Stanford: Alan Barbour and Roy Maffley.



Steve Fisch Photography

Carragee's service took him all over the United States, doing deployment screenings post-9/11, and to Iraq in 2005 and 2007 in classified civilian reconstruction work for Special Operations. Like his fellow alumni interviewed for *Bench & Bedside*, Carragee is struck by the seriousness of the challenges wounded service personnel face. "We are seeing more and more orthopaedic-muscular/skeletal and psychological injuries," he says. "With multiple rotations, soldiers' exposure to psychological damage and rough physical conditions has increased, and resiliency is much diminished. Less resiliency means more injuries, beyond those caused directly by combat."

Carragee's ability to see the humor in the midst of drama shines through. "Here's a story that still makes me

laugh," he says. "It was very, very early in the morning and we were all set up, ready to begin a combat operation when my cell phone rang. It was my daughter calling, just to say, 'Hi, Dad!' Suddenly, I catch sight of the sergeant major storming down the line to me. I outrank him, but frankly, he's the guy who really runs these kinds of operations. I hung up quickly, and he said, 'Now, Doc, if it's all right with you, can we get started?' That's war in the 21st century."

**Timothy Meier, SJ, PhD, '98:  
An Unlikely Army Chaplain**

Tim Meier today finds himself far from Stanford's labs, as he serves U.S. Army troops in the Iraq war zone. A Jesuit priest, a neurobiologist, an army chaplain,

Meier is undergraduate research coordinator and director of the honors program in biology at Stanford. He blogs regularly from what the military calls "downrange" as [cptdrfrtim.blogspot.com](http://cptdrfrtim.blogspot.com). (See "Eyes and Ears," page 27.) The blog, titled *Curmudgeon: An Unlikely Army Chaplain*, demonstrates Meier's ability to choose and navigate a surprising twist in life's path with humor and grace.

At age 50, Meier joined the California Army National Guard. That decision came out of a 30-day silent retreat in the summer of 2005. "It became clear to me that I was being asked to join the Army, which was a big surprise." He tackled this new situation like a researcher, took online courses, and then went to 90 days of chaplain basic

Sgt. 1st Class Matthew McGee (right) serves as assistant to Chaplain Timothy Meier in the 4th Infantry Division, Multi-National Division — Baghdad. The California state flag in the background honors Meier's assignment in the California Army National Guard.



SFC Michael Miles, 4th Infantry

training at Ft. Jackson, S.C., at age 51 (the oldest non-prior service person doing so). Ultimately, he took temporary leave from his regular job at Stanford and was deployed to Iraq.

Along the way, the man who speaks the language of molecular biology and divinity learned a new parlance and a new culture—the U.S. Army. He uses his own language as well, greeting those he encounters with a salute and always with “God bless you.” “I think of it as a prayer as well as ‘hello,’” he says. It turns out that his background in neurobiology has unexpected resonance in Iraq. “The research I did as a graduate student in Robert Sapolsky’s lab—long before I ever imagined myself wearing the uniform of the U.S.

Army—looked at, among other things, the molecular neurobiology of what the Army these days is calling mild traumatic brain injury.”

His assistant, and mentor in understanding this new world, Sgt. 1st Class Matthew McGee, says Meier’s gift as a chaplain is his ability to relate: “He is versatile at talking to people at their level and as a leader.” As Meier writes in his blog: “Whenever I find myself marveling at being in Iraq, wearing body armor, going outside the wire, and asking myself, ‘Self, how did this happen?’ I always focus on my gratitude to the women and men in my life who are veterans or still serving in the military. ... I am filled with gratitude that in some small way (smaller than I’d like, that’s for sure), I might be able to be of service to them.”

**Father Tim Blogging from the “Un-Civil” Front: “These days I’m attempting to be of service to women and men who have placed themselves in harm’s way, because there are so few others who can or will do so. Who knew 30 years ago that this desire would bring me to the cradle of civilization at a time when so much incivility reigns? ... God has a very weird sense of humor, indeed, and for the last 30 years of that, I am speechless with gratitude.”**

# Medicine and Law Partner for



Asya Sorokurs

*From left to right: Brooke Heymach, legal director, Peninsula Family Advocacy Program;  
Dana Weintraub, MD, medical director, Peninsula Family Advocacy Program and  
assistant professor of general pediatrics at Stanford University School of Medicine;  
Francisca Guzmán, project coordinator, Peninsula Family Advocacy Program.*

# PATIENTS

Dana Weintraub, MD, fellow '04, saw that many low-income children need not just health care but also legal remedies, inspiring her to become a national advocate for a medical-legal model of patient care. She realized that parents frequently confide to pediatricians details about their children's home and school lives, putting the physician in a unique position to spot legal problems in areas such as substandard housing and educational inequities.

Her students get streetwise quickly in Weintraub's class, *Medical-Legal Issues in Children's Health*. They wrestle with cockroaches, poverty, and child abuse. They immerse themselves in tenants' rights, welfare benefits, and immigration law.

In short, they learn about legal solutions for problems that ail many low-income patients and how they, as future doctors, can prescribe them. "We're bringing lawyers and doctors together toward the common goal of improving children's health," said Weintraub, a general pediatrics fellow at Stanford University School of Medicine from 2002 to 2004.

Now in its third year, the class attracts medical and law students and is co-taught at Stanford Law School by Weintraub and Melissa Rodgers of the UC Berkeley School of Law. It grew out of the pair's collaboration on the Peninsula Family Advocacy Program, an

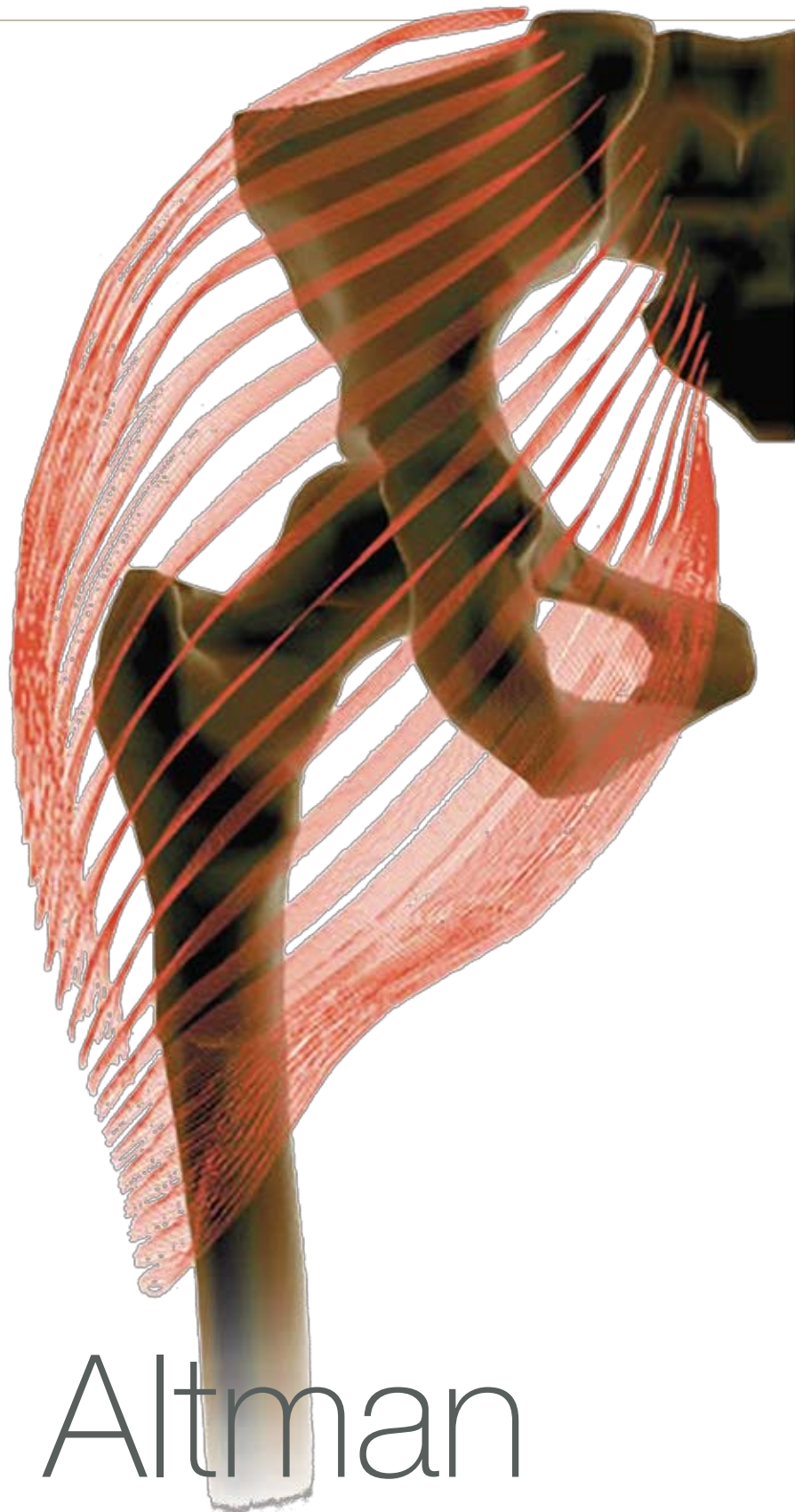
initiative they launched in 2004, in which pediatricians refer patients to lawyers who provide help in addressing underlying causes of poor health in low-income children.

Lawyers have secured improved housing for young patients living with cockroaches, mold, rats, unsafe electricity, missing windows, and plumbing problems. They've helped parents navigate the world of special education and obtain government benefits. The Family Advocacy Program is a collaboration of Lucile Packard Children's Hospital at Stanford, East Palo Alto's Ravenswood Family Health Center, and the Legal Aid Society of San Mateo County.

"Dana truly cares for these families," said Brooke Heymach, legal director. "In her passion for her work she tries to get kids everything they need, whether it's safe housing, public benefits, or special education services."

Weintraub, an assistant professor in general pediatrics at the School of Medicine and at Lucile Packard Children's Hospital, has become a leader in the National Center for Medical Legal Partnership, founded in 2006 by Barry Zuckerman, MD, at Boston Medical Center. As one of six assistant medical directors for the organization, she is working to support and evaluate some 120 similar ventures around the country, in addition to her work closer to home.

Moving a great idea, such as personalized medicine that performs in concert with a patient's genetic makeup, from concept to reality takes someone like Russ Altman, MD '90, PhD '89.



# Russ Altman

## Engineering the Intersections

Russ Altman is a walking endorsement for the benefits of a collaborative culture. He is chair of the bioengineering department, a professor of bioengineering, genetics, and medicine (and of computer science, by courtesy), director of the Biomedical Informatics Training Program, and a faculty member of Bio-X. Personalized medicine—which includes pharmacogenomics (the way in which human genetic background influences response to drugs), as well as the use of computer simulations to guide surgical decisions—unites his many interests.

One project Altman and collaborators are working on is dosing for the blood thinner warfarin. Because an overdose can cause spontaneous bleeding and an underdose can lead to clotting, proper dosing is particularly important. Since warfarin is prescribed to 2 million new users in the United States every year, safer dosing will have a big impact.

“Currently, we start with a low dose and have the patient return every week for small adjustments until we get just the right amount of anticoagulation,” Altman says. “With personalized dosing, we’ll take a DNA sample, check the genome for a few genes we know are important for determining response, plug that information into an equation, and get nearly the right dose from the start.”

### Right Time, Right Place

Altman grew up in Queens, N.Y. A childhood fascination with science and technology, especially in the early days of computers, led to studying biochemistry and molecular biology at Harvard. He came to Stanford to pursue a doctorate in medical information sciences and to attend medical school, conduct-

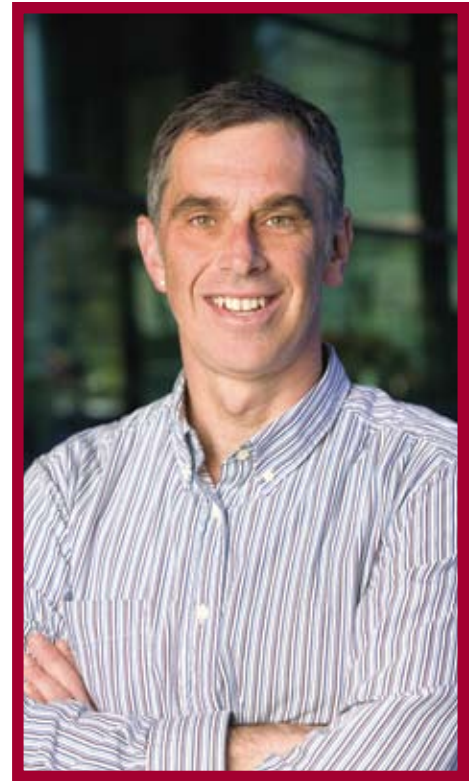
ed a residency in internal medicine, and then applied for a faculty position “at the intersection of medical informatics and molecular biology,” he says.

Altman describes his work as “a dialogue between the engineer and the physician” in him. Stanford, he thinks, is the right place for that kind of collaboration. “Here, young faculty members aren’t in a pyramid system, where only some can succeed. Graduate students in most programs can work freely with faculty in any department,” he says, “and we’re all on one campus, so interactions are easy logistically.”

### Collaborating Worldwide

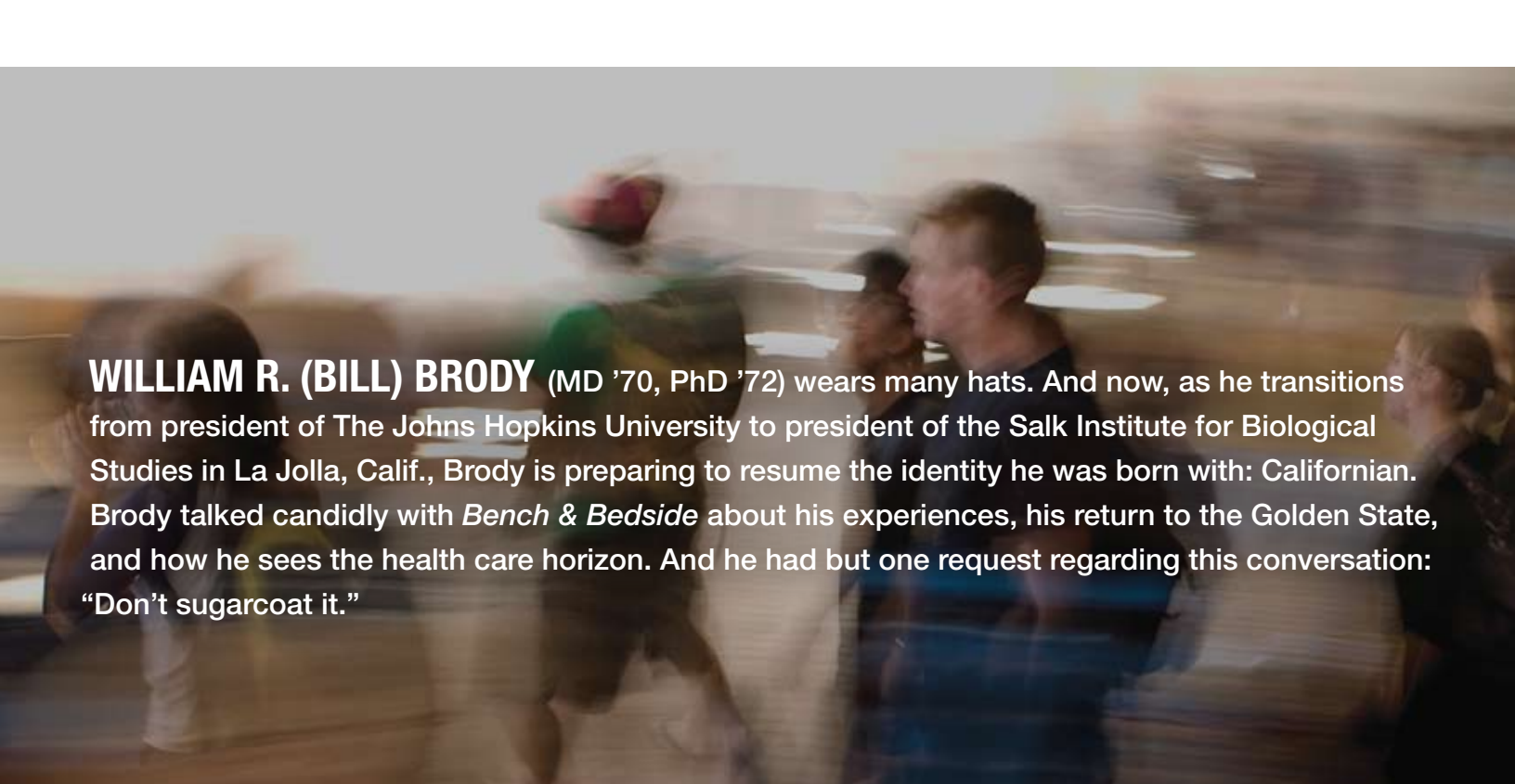
Combining his medical expertise and his computer skills, Altman is also working on a project called Pharmacogenetics and Pharmacogenomics Knowledge Base (PharmGKB), a central repository for information and knowledge. “We had an opportunity to bring 21 groups working on warfarin together, which gave us a much bigger and more diverse sample of patients to study,” says Altman. “That collaboration involved four continents, nine countries, and 21 individual research groups. This is the kind of thing that can be done with the Internet, using Google groups to share documents and streamline the collaboration.”

Why is it important for science and engineering to collaborate? “Because most problems don’t obey departmental boundaries,” Altman says. “To have the right capabilities to solve problems, you need to bring together the best people from different fields. Engineers have known this forever, but other scientists learned it in only the last couple of decades.”



Visual Arts Services/Steve Gladfelder

*Simbios (the NIH Center for Biomedical Computation at Stanford) is another venue where Altman uses his talents to promote collaborative learning. The graphic on page 12, three dimensional muscle modelling, is an example of a physics-based simulation model that is available to biomedical researchers for download through Simbios on an open access basis. Simbios helps researchers understand biological form and function to create drugs, synthetic tissues, medical devices, and more. Through Simbios, Altman trains other researchers to use this shared environment. To learn more, go to <http://simbios.stanford.edu>*



**WILLIAM R. (BILL) BRODY** (MD '70, PhD '72) wears many hats. And now, as he transitions from president of The Johns Hopkins University to president of the Salk Institute for Biological Studies in La Jolla, Calif., Brody is preparing to resume the identity he was born with: Californian. Brody talked candidly with *Bench & Bedside* about his experiences, his return to the Golden State, and how he sees the health care horizon. And he had but one request regarding this conversation: “Don’t sugarcoat it.”

# Bill Brody

## Bill Brody: Physician, pilot, engineer, pianist, research

You’ve been at the helm of Johns Hopkins for 12 years. How have the challenges of university leadership changed during that time?

Today the biggest challenge is survival. We’re in an unprecedented period. All revenue streams—endowment, gifts, funds from tuition—are potentially down. State and federal aid will be under pressure. And for the health system, so are Medicare and Medicaid reimbursements. So what’s the good news? I believe in tough times you can move up or you can move down. I think there are things academic medical centers and universities in general can do to seize this crisis: figuring out better cross-collaboration and shared administrative services, outsourcing when necessary, even shedding things that aren’t core, though obviously that’s a gut-wrenching decision.

What is one of the accomplishments you take pride in from your time at Hopkins?

We implemented a groundbreaking patient safety initiative while I was at Hopkins. We knew we were above average in our rate of patients with bloodstream infections from indwelling catheters, and we decided to talk openly about our infection rates, and do something about it. Of course, the lawyers went ballistic. But we insisted. Instead of hiring consultants, we tapped people on the front lines: doctors, nurses, ward clerks, patient transport, information technology, infectious disease. We set a goal that reflected our patients’ expectations: zero percent infection. “That’s impossible!” we were told. But in fact, that’s what we did: We set a goal of zero percent infections, and after several years of hard work we got basically zero infections. We replicated this outside of Hopkins, across the state of Michigan in a project with Blue Cross. Now a number of hospitals around the world are adopting these concepts with similar results.



## scientist, educator, academic leader

As a student, a faculty member, and an academic leader, you've been on the inside of some of this country's leading research universities. What qualities do these institutions share? How do they differ?

To outsiders, universities all look the same. Like children, they all go through the same developmental stages. But as you know if you have children, each one is different. For example, in some ways the personality of Hopkins is the personality of Baltimore—a place where people grow up, put down roots, and stay. It has a wonderful sense of stability, collegiality, and friendship. Whereas in California, where I grew up, most people came from outside. Because there's no historical tie to the past, you're free to do crazy and inventive things. So in California you find a certain intellectual experimentation and entrepreneurship, which is exciting and creates a very different institution at Stanford than Hopkins.

One of your goals at Hopkins was to create more transparency in medicine. How can other institutions learn from your example?

Rand Corporation did a famous study of 30 common conditions like myocardial infarction and pneumonia, in 12 geographical areas around the United States. They asked, "How often do patients get the right diagnosis and treatment?" They found that the answer was only about half the time—54 percent on average.

We did a similar examination for myocardial infarction at Hopkins and found that, depending on the ward, we were accurate 80 percent to 96 percent of the time—but not 100 percent. And this is for a condition where everybody understands the appropriate treatment regime. Why? It's not because people don't know. It's because the system wasn't

*continued on next page*

## BILL BRODY AT A GLANCE

TITLE: President, Salk Institute for Biomedical Research (effective March 2009)

PREVIOUS POSITION: President, The Johns Hopkins University (1996 through 2008)

EDUCATION: BS, Electrical Engineering Honors Program, 1965, Massachusetts Institute of Technology; MS, Electrical Engineering, 1966, Massachusetts Institute of Technology; MD, 1970, Stanford University School of Medicine; PhD, Electrical Engineering, 1972, Stanford University School of Engineering

STANFORD ROLES (1977 through 1986): Professor of Radiology and Electrical Engineering; Director, Advanced Imaging Techniques Laboratory; Associate Professor of Radiology and Electrical Engineering; Director of Research Laboratories, Division of Diagnostic Radiology

AFFILIATIONS: Member, Institute of Medicine, National Academy of Engineering. Fellow, Institute of Electrical and Electronic Engineers (IEEE); American Academy of Arts and Sciences; American Institute of Biomedical Engineering; International Society of Magnetic Resonance in Medicine; American Heart Association; American College of Radiology; and American College of Cardiology. Previously served on the President's Foreign Intelligence Advisory Board.

OTHER ACCOMPLISHMENTS: Respected scientist with more than 100 published articles. Co-founder of three medical device companies. Former president and CEO of medical instrument manufacturer Resonex Inc. (1984 through 1987). Advocate for innovation and strengthening the U.S. economy through investments in research and education. Active proponent of discussion of health care reform during the presidential election campaign.

organized to make sure the right treatment got instituted. I always say the biggest disease in America today is *variability*. We want to reduce variability to make sure everybody gets the right diagnosis in the right time, and the right treatment. But unless you measure, unless you publish your results, and unless you set a goal, you'll never get there. Transparency is the first step to improving quality in our health care system.

### What health challenges concern you most?

Although very few people are discussing it, Medicare is part of the problem we're in now. It's an enormous strain on the federal budget. The growth in Medicare expenses alone represents the cost of a new Iraq war every three years. At some point, whether it's this year or 2018, there's got to be a dramatic shift in how Medicare services are delivered, and academic health centers have to restructure to be part of a new delivery system. I don't know what that system is, but I do know that it will be more outpatient-oriented and more chronic disease-oriented and

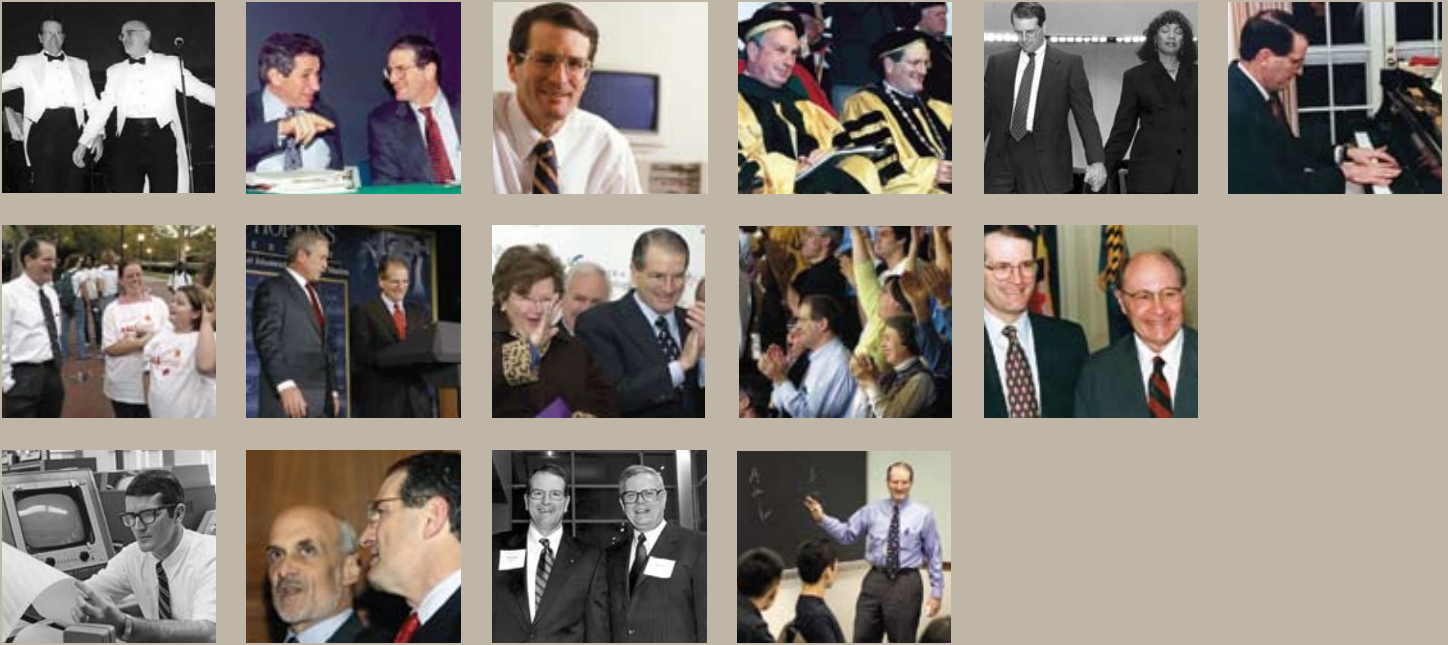
more interdisciplinary. We can't remain stuck in our silos. There has to be a shift to a system where hospitals have the financial incentive to keep people well vs. being paid every time patients come in for service. The academic medical centers that recognize we're going in that direction and get on top of it will be much better positioned.

Public health is another challenge. We have to stop the epidemic of obesity. Ask most people to name the last surgeon general they can remember and they'll tell you C. Everett Koop. Why? Because he took a stand against smoking. So why isn't the surgeon general on television every day talking about obesity, putting pressure on food companies, or trying to tax sugar, which would go a long way to reducing the epidemic? The same kinds of things we did with tobacco we could do with obesity. Sugar is as bad as nicotine, yet presently the federal government actually subsidizes the production of sugar. Like tobacco, we should tax it. It would have enormous health and economic benefits.

Going back to our economy, if you put additional dollars into the Na-

tional Institutes for Health budget or the National Science Foundation budget, those dollars will stimulate the economy just as effectively as if you gave them to some other sector, or even built bridges with them. In fact, it will get spent faster—if you're building a bridge, it can take years to get those projects going. I'm not saying you shouldn't do infrastructure projects. But it's critical for our country to get back to basics: investing in science and fixing education are key to our long-term success.

Perhaps the biggest economic stimulus the federal government could provide to the U.S. economy is universal health insurance. Health care is now the largest sector of our domestic economy. And with few exceptions, it is not outsourced; health care has to be delivered locally. In addition, medical device, equipment, and pharmaceutical companies are among the few industries that are net exporters. By providing health care insurance for all, we would not only inject more dollars immediately into our economy—as opposed to building or repairing roads and bridges—we would also make



people healthier and therefore more productive.

**What are you most looking forward to in your new role at the Salk Institute?**

I started my career in research and I'm looking forward to getting back, this time as a voyeur, not as a bench scientist. I think this is a renaissance for biomedical research. In the next decade or two, we're going to see enormous payback from the investments that have been made—in mapping the human genome, in stem cell technology. This will lead to cures for diseases and better understanding of brain function, for example.

**Are there any memories that stay with you from your time at Stanford?**

As a medical student, I arrived from MIT. Jerry Wiesner, who at the time was provost of MIT, said I was making a big mistake going to California because it was so conservative politically. Then, the first week I was at Stanford, activist David Harris, who was then

student body president, led a huge rally at White Plaza. Not long thereafter, they were firebombing buildings. A few years later, protesters occupied the hospital. I was more of a spectator to what was unfolding. I always wondered if Jerry Wiesner had ever set foot in the Golden State. But for me, Stanford was the right place. It allowed me to construct a curriculum that combined medicine and engineering when such a combination didn't exist anywhere else. Nobody said, "Rule 126.5 on page 110 says you can't do this." So I went and did it. That's the freedom and creativity of Stanford.

**You had looked forward to perfecting your piano playing in retirement. Clearly you won't have as much time now—but what piece would you most like to play to perfection?**

I thought my next job would be playing in a piano bar, but after a few auditions, it was clear I lacked that critical ingredient: *talent*. I'd like to play all the Chopin etudes. I can play about half of them poorly, but I'd like to be able to play the other half poorly, too.

**You're also a pilot. Do any of your piloting skills come in handy in university leadership?**

A pilot, like a surgeon, has to do multiple things at once. You may have to focus on one thing but keep 10 in your peripheral vision. To get anything done at a university or in life you have to focus. So I tell young people: "Just do one thing. Do it really well. Build a foundation. And after you've done that, do the next thing." At any given time I have two to three things on my plate that I have to focus on, but I have to keep 20 other things in mind, in case they become emergencies or high priorities. I would say that's similar to piloting an airplane.

*Editor's note: The Board of Trustees of Stanford University elected Bill Brody to a five-year term on the board, beginning June 10, 2009.*

# In My Opinion

## Doing More to Protect the Best Weapon— the Brain

by Kenneth W. Kizer, '72, MD, MPH,  
Former Undersecretary for Health, U.S.  
Department of Veterans Affairs

On the back cover of a recent issue of *Marine*, the official magazine of the U.S. Marine Corps, there is a full page advertisement showing four marines in martial arts garb with a caption reading “Minds make the best weapons.”

If the Marines and other armed services believe that a well-functioning brain is the best weapon, why isn't more being done to protect this critical asset? Why isn't the military doing at least as much as many high schools and colleges do for their athletes?

Traumatic brain injury (TBI) from roadside bombs and other improvised explosive devices (IEDs) has been labeled the signature injury of the current wars in Iraq and Afghanistan.

According to Department of Defense (DOD) statistics, approximately 7,000 military personnel have suffered TBI in these conflicts, but official figures are widely viewed as underestimating the true incidence of TBI because of the military's reliance on self-reporting and limited use of neuropsychological testing. Independent sources estimate the occurrence of mild TBI (for example, concussion) to be as high as 20 percent of those deployed to these areas, or more than 300,000 personnel to date. DOD officials have labeled such estimates “plausible.”

Traumatic injury to the brain may be caused in three ways: by penetrating trauma (such as from a bullet or shrapnel), by blunt force to the head (for example, head against windshield in a motor vehicle accident or helmet-to-helmet impact in football), or by pressure waves from bomb blasts (as with IEDs).

Penetrating trauma and blunt trauma are generally easy to detect. However, in bomb blast injuries, the explosive pressure waves move through the tissues and spaces of the head at different speeds due to the tissues' different densities, damaging brain cells without leaving any outward sign of trauma. Symptoms of the injury are highly variable, nonspecific, and may appear to be psychological. Because mild TBI may display no obvious symptoms, the affected service member, his or her buddies, and field medics may not recognize that TBI has occurred.

The diagnostic challenge is made more difficult because service members are expected to self-report. However, even if the soldier is aware that something doesn't feel right, like many athletes, he or she may be reluctant to admit that concern because of peer pressure or a desire to stay in the fray to support one's teammates. Such dedication



istockPhoto

to duty is often encouraged by both coaches and military superiors.

Although scientific data about the long-term consequences of mild TBI are woefully inadequate, it is now understood that a variety of long-term health problems may result, including depression, dementia, Parkinson's disease-like symptoms, and other emotional or psychological problems.

Once the brain has been injured, even mildly, it is more vulnerable to subsequent injury in the days or weeks after the first injury. This phenomenon, known as second impact syndrome, is well known in sports, where it has been linked with serious disability and death.

A greater understanding of second impact syndrome and its significance has created an imperative to test athletes after any significant head injury. An aggressive testing program aimed at preventing this problem now exists in

many amateur and most professional teams engaged in contact sports. Athletes who show signs of mild TBI are not allowed to return to competition until their brain injury has healed, as demonstrated by both the resolution of symptoms and normalization of the neuropsychological test.

Mild TBI is not only a concern for the affected person. It also exposes the victim's fellow troops to an increased risk of injury and death, especially in combat situations, because of decreased alertness, slowed reaction times, and other subtle effects of impaired mental function.

When mild TBI is suspected, a reliable neuropsychological screening test should be used to determine whether the person has sustained actual injury. Quick questionnaire survey tools such as those used by the military in Iraq and Afghanistan

are often not sensitive enough to detect injury and are vulnerable to gaming.

Validated neuropsychological screening tests for mild TBI, like ImPACT (Immediate Post-Concussion and Cognitive Testing), widely used by sports teams with good result, have been available for some time. They are inexpensive and can be completed in about 15 minutes.

TBI screening tools generate a score that, when compared to population-based normal scores, can provide objective evidence of brain injury that can be tracked over time. The test's reliability is substantially enhanced if it can be compared to a baseline test from the same person.

Recently, the DOD has decided to use another such test—the Automated Neuropsychological Assessment Metrics (ANAM)—for soldiers being deployed to combat zones. Although a step in the right direction, it is not enough to test just those going to combat.

Given the nature of military duty, there are myriad situations other than combat that put a service member at risk for TBI. It is highly likely that mild TBI occurs much more often among military personnel than generally recognized.

The military's continued reliance on self-reporting of mild TBI and limited use of appropriate screening tests exposes patients to more serious injury, and their comrades to unnecessary risk. The DOD should require every service member to complete a baseline neuropsychological screening test such as the ANAM or ImPACT upon entry into the service, and whenever brain injury is suspected.

When members of the armed forces are asked to stand in harm's way in foreign lands, protection of their brains deserves at least the same level of attention that high school and college athletes receive at home.

*Kenneth W. Kizer, is chairman of the board at Medsphere Systems Corporation, and was founding president and CEO of the National Quality Forum, a Washington, D.C.-based organization committed to improving American health care through national voluntary consensus standards for measuring and reporting health care quality.*



Courtesy of Sunita Jones

# Sunita Jones

## **Sunita Jones, PhD, Postdoctoral scholar '05, Department of Urology**

In this issue, post-docs reveal their life paths after the Stanford experience. We present an energetic business manager who expedites new drugs to market and an accomplished biotech researcher who is exploring new frontiers in targeted molecular therapy.

### **CURRENT POSITION**

I work at UMIP Ltd., the managing agent for intellectual property commercialization for The University of Manchester in the United Kingdom.

I am the business manager (licensing) in charge of commercialization of drug discovery and therapeutics intellectual property. I identify potential commercial partners, negotiate mutually beneficial technology access terms, and secure licenses. This requires a proactive, externally focused, and results-orientated approach and a strong desire to drive real world applications from innovative bioscience research.

### **HOW I GOT HERE**

Serendipity! I never wanted to go to school in California, but married a physicist from SLAC and had to move!

### **WHAT KEEPS ME MOTIVATED**

I really love what I do. I have a fantastic team, a great boss, great work environment, and extremely challenging projects to manage. The knowledge that I am contributing in some way to the translation of research findings into sustainable improvements in clinical outcomes is a great motivator.

### **WHAT KEEPS ME UP AT NIGHT**

I have an hour commute each way and by the time I go home each day I am exhausted. Sleep comes easy!

### **MOST IMPORTANT THING I LEARNED AT STANFORD**

It is possible to do whatever you want and get to wherever you want with a bit of focus, determination, optimism, and great mentors.

### **WHAT I DO TO RELAX**

Walk the dog!

### **WHAT'S ON MY NIGHT- STAND**

The Book Thief by Markus Zusak. A very good friend who was a postdoc with me at Stanford and who is now completing her residency in Germany sent it to me for my birthday a few weeks ago.



# Joe Arron

## CURRENT POSITION

Scientist (MD), Immunology, Tissue Growth and Repair Biomarker Group, Genentech, Inc.

I have a joint appointment in both research and development, and direct a laboratory that focuses on mechanisms and biomarkers of human disease in asthma and retinal disorders. Our goal is to identify molecular subtypes of these diseases and develop biomarkers and diagnostic tests that can be used to guide targeted therapy.

## HOW I GOT HERE

After completing a combined MD-PhD program at Cornell Medical School and The Rockefeller University in molecular immunology, I wanted to build new skills in

chemical genetics and developmental biology. I was accepted to a postdoctoral position in Jerry Crabtree's lab at Stanford to work on developing novel molecular tools to address important biological problems.

## WHAT KEEPS ME MOTIVATED

My group's motto is "the right drug for the right patient." Highly targeted molecular therapeutics promise significant benefits, but only if those targets are relevant in the patients being treated. Understanding the heterogeneity of complex human diseases on a molecular level is paramount to delivering personalized therapy and discovering new therapeutic pathways.

## WHAT KEEPS ME UP AT NIGHT

Not much. I work too hard during the day and am grateful for the rest!

## MOST IMPORTANT THING I LEARNED AT STANFORD

Doing great science is absolutely essential, but will only take you so far. You also have to be able to explain to diverse audiences why your work is relevant.

## MY FAVORITE MEMORY OF STANFORD

Long summer days. Playing the back nine holes of the Stanford golf course, going to lab and doing experiments all day, then back to the golf course to play the front nine by dusk. Now, with a young daughter and meetings all day — and I can't golf at Stanford for \$20 — life is still good but no longer simple.

## MY VISION OF THE PHD/ POSTDOC EXPERIENCE

A postdoc is a great deal of hard work, uncertainty, and frustration, and, it's difficult to see the light at the end of the tunnel. In retrospect, it's a wonderfully productive and formative experience.

## WHAT I DO TO RELAX

Come home from a hard day of work and cook a nice dinner for my family.

## WHAT'S ON MY NIGHT-STAND

*More Information than You Require* by John Hodgman.  
*Outliers* by Malcolm Gladwell.  
*Beautiful Evidence* by Edward Tufte.  
The most recent issue of *The New Yorker*.

**Joe Arron,  
MD, PhD,  
Postdoctoral  
scholar '06  
Departments of  
Pathology and  
Developmental  
Biology**

“It’s so rewarding dealing with patients. It’s a way of giving back.”



Courtesy of Rick Nolley, Jr.

Rick Nolley Jr. is an emergency medical technician (EMT) who works the streets of Oakland. “I came full circle from where I started,” he says. “You see a lot and it can burn you out, but it’s so rewarding dealing with patients. It’s a way of giving back.” Tenacity and discipline are required in the harrowing workday of an EMT, and Nolley credits a unique Stanford program for accelerating his initial curiosity for a challenging career in the medical field.

Nolley, 34, grew up in east Oakland. In 1990, a tutor at Berkeley High School alerted Nolley, then a sophomore, to the Stanford Medical Youth Science Program (SMYSP), a five-week summer residential biomedical program for high school students from low-income or underserved backgrounds, which recently celebrated its 20th anniversary. “I was always fascinated with Stanford,” said Nolley. “I was born there, in the hospital, and I was intrigued by the history.”

The SMYSP curriculum, based on science inquiry education, includes hospital internships, anatomy practicums, research projects, faculty lectures, college admissions/standardized test preparation, and long-term college and career guidance. “I enjoyed walking into the hospital and the labs,” said Nolley. “I got the idea of where it starts. This is your foundation. The program really solidified in me that I wanted to be somehow in the medical field, if not a doctor, then something else.”

# Rick Nolley, Jr.

## EMT

Mentoring is a crucial component of SMYSP, with Stanford undergraduates serving as guides to the 24 students admitted annually. “My counselor, Jon Hyman, ’90, had a huge impact on me,” said Nolley. “As an African-American male he shared my background and helped me on my journey. He selected me to head a research group on the medicine of ancient Egypt. Jon and I were exploring a mutual interest and this was one of the levels on which we connected. He went on to Harvard Medical School.”

Nolley also went east for college, to Howard University, where he majored in biology and minored in chemistry. He had his sights on medical school and took MCAT prep classes but got interested in computer networking. “It was becoming big and I started exploring different avenues.”

Nolley returned to the life sciences track and to the Bay Area to pursue a biotech career, working for both start-ups and established companies. “It was all good experience,” he noted, “but I wanted to get back on the medical track and get patient care experience.” He got his EMT certificate.

Serving among first responders in emergency medicine is not for the fainthearted. “The worst was an auto accident up on Skyline Drive in the hills,” recalls Nolley. “A young married couple with an infant less than a month old. The father lost control of the car while the mother was breastfeeding the baby. The car flipped over several times. The baby had major head trauma. We took them to Children’s Hospital in Oakland, but the kid didn’t make it. This was the first time I had seen something like this—and my wife was pregnant with our first child.”

Having now been seasoned by the often brutal reality of EMT service, Nolley is preparing the next phase of his career. He is currently enrolled in a joint master of public health/master of science program in physician assistant studies at Touro University in Vallejo, Calif., which he will complete in 2010. “I will end up in emergency medicine or general surgery. It’s been a winding, twisting road. Medical school is still a dream but with a growing family it would be very difficult. Being a physician’s assistant is a perfect solution. I also want to educate and train students to help underserved populations. Why not give back and help those coming up after us?”

### EXPANDING DIVERSITY IN THE SCIENCE AND HEALTH PROFESSIONS

The Stanford Medical Youth Science Program (SMYSP) is a summer, residential, pre-college pipeline program that is dedicated to encouraging low-income high school students to pursue higher education to prepare them for medical and other scientific careers.

“The program was developed to address the changing face of America, and to specifically help shape health professions that reflect the evolving nature of the American population,” said Professor of Medicine Marilyn Winkleby, PhD, MPH. Winkleby stressed the original need is growing in light of increasing health disparities among low-income, ethnic minority, and other medically underserved populations.

“The program is an opportunity in educational equity,” remarked SMYSP Executive Director Judith T. Ned, MEd, EdD. “Education is a right, and not a privilege.”

“We also know where our alums are,” noted Winkleby. “From the very beginning we understood it was essential to track how the program impacted lives. We looked at long-term college and career outcomes.”

“Our students are very committed and persistent in helping us keep contact with past participants,” added Dr. Ned.

Four hundred and seventy-six students have participated in the Stanford Medical Youth Science Program between 1988 and 2008, with 60 percent from underrepresented ethnic minority groups. Twenty-year evaluation data show that 75 percent of African-American, 80 percent of Latino, and 70 percent of Native American participants have earned a four-year college degree (among those admitted to college, and excluding those currently attending college). In contrast, among 25- to 34-year-old California adults, only 16 percent of African-Americans, 8 percent of Latinos, and 10 percent of Native Americans earn a four-year college degree. Among SMYSP’s college graduates, 48 percent are attending or have graduated from medical or graduate school, and 46 percent are working as or training to become health professionals.

For more information on SMYSP, visit: <http://smysp.stanford.edu>

To view a 10-minute clip of a video of the program, visit: <http://smysp.stanford.edu/news/opportunity.html>

## Alumni and Faculty Notes

### 1950s

**Donald I. Feinstein, BA '54, MD '58**, retired in July 2007 after 43 years on the hematology faculty at the Keck School of Medicine of the University of Southern California (USC), including roles as chief of hematology (1974 through 1990), chief of medicine at the USC/Norris Comprehensive Cancer Center (1983 through 1997), and chief of medicine at USC University Hospital (1990 through 1997). Although retired, Feinstein's love for his profession keeps him working full time. He and his wife, Jackie, have three children and one grandchild.

### 1960s

**Donald R. Newman, MD '64**, has retired from Sharp Rees Stealy Medical Group in San Diego after 36 years as an internist, hematologist, and oncologist. His academic work as a clinical professor at the University of California, San Diego, clinical research, and group administration had been his major interests. He and his wife, Jeri (Vix), RN '62, enjoy travel, nature, gardening, theater, family, and each other, and hope to remember and recognize classmates at the April reunion.

**Morris Bol, MD '69**, retired in 2006 after 35 years in medicine. The first 29 were in family practice in Denver and then Norwich, Vt., where he also held

an adjunct position at the Dartmouth Medical School in the department of family and community medicine. He spent the last six years as the regular surgical assistant to the orthopaedic surgeon in a community hospital, which he enjoyed. "I loved the camaraderie of the operating room and the dance of the procedure," reports Bol. Now happily and actively retired in San Francisco, he is living with his life partner, Lewis, enjoying grandchildren and children in San Mateo, Calif. (Rebecca, whose birth announcement he wrote on the blackboard in one of his lectures in April of 1967, much to the consternation of one of his professors, is an OB/GYN physician in Burlingame, Calif.).

**Soo Borson, MD '69**, is professor of psychiatry and behavioral sciences at the University of Washington in Seattle. She lives in Seattle and has two grown sons, Jake Wright (wife Jennifer) and Ben Wright (Stanford '82; wife Jen; and daughters Savannah, Olivia, and Layla).

**Michael Meagher, MD '69**, after 33 years of practicing diagnostic radiology, interventional and otherwise, at the University of Hawaii School of Medicine, a larger tertiary teaching facility in Honolulu, recently decided to to slow down. He restricts himself to work at the local Shriners facility, research (IRB) administration, and teaching medical students. He retains his position as professor and

## Last Call for the Alumni Survey

More than 500 of you have taken the survey so far, but to accurately represent all points of view, we need many more of you to participate. It's an online survey of 21 questions so it should only take a few minutes to complete.

Please go to our Web site <http://med.stanford.edu/alumni/> and click on "take alumni survey"

**The survey is short but you will be able to provide feedback on diverse topics such as:**

- 1. How well you believe the School of Medicine prepared you for your career.**
- 2. Satisfaction with your professional career.**
- 3. Views about society and your profession.**
- 4. Advice to share with current students.**

As a thank you, participants will be entered in a drawing to win an iPod Touch.



Preliminary findings will be reported online and in the next issue of this magazine. Please complete the survey by March 25, 2009.

chair of the division of radiology at the University of Hawaii School of Medicine. He and his wife, Lili, have been married for more than 40 years and enjoy time with their 4-year-old grandson. They look forward to seeing friends from the class of 1969 at the reunion.

### 1970s

**Molly Cooke, '73, MD '77**, a San Francisco internist and medical educator, is chair-elect of the board of governors for the American College of Physicians (ACP), the nation's second-largest physician organization. She assumes this responsibility in April 2009 and will serve for one year. She is currently ACP governor for the Northern California chapter. Cooke is a professor of medicine at the University of California, San Francisco (UCSF), where she holds the William G. Irwin Endowed Chair and is director of the Haile T. Debas Academy of Medical Educators.

Her medical practice focuses on the care of patients with HIV and other chronic illnesses. Her major professional contributions include seminal works in HIV ethics during the early years of the AIDS epidemic. More recently, she has made advancements in medical education, establishing a professional development program for faculty members in the School of Medicine at UCSF. She has been a Fellow of the American College of Physicians (FACP) since 1986.

**Herschel Lessin, MD**

'79, has been appointed to several national American Academy of Pediatrics (AAP) committees. He is a member of the Practice Management Online Editorial Advisory Board, a member of the executive committee of the Section on Administration and Practice Management, and a member of the Committee on Practice and Ambulatory Medicine. He will be the co-lead author, with Stanford alumnus and professor of pediatrics Larry Hammer, MD, of the next revision of the National AAP Policy on Improving Immunization Coverage. He has been very active in this issue and has been quoted on vaccine-related issues in *The Washington Post*, *The New York Times*, *The Wall Street Journal*, and the Associated Press. For the past 27 years,

Lessin has been in private pediatric practice at the Children's Medical Group in Poughkeepsie, N.Y. He has two grown children, Kayla and Zachary. He recently returned from a medical mission trip to Ghana in West Africa.

1980s

**Robin Allgren, PhD '84, MD '86,**

is founder and president of San Diego-based Breakthrough Bio Development LLC, which provides clinical research and regulatory affairs expertise as an independent consultant to biotech, pharma, medical device, diagnostic, and stem cell companies developing new investigational products.

2000s

**Jeffrey Zarin, MD '01,**

was appointed to the position of orthopaedic surgeon in the department of orthopaedic surgery at Boston Medical Center in October. He now also serves as assistant professor of orthopaedic surgery at Boston University School of Medicine. After receiving his medical degree from Stanford, Zarin completed his orthopaedic surgery residency at Harvard University and a fellowship in adult total joint arthroplasty at Brigham and Women's Hospital in Boston.

**Kurt Grote, '95, MD '02,**

is living in Redwood City, Calif., and working as a consultant for health systems in the United States and world-

wide at McKinsey & Company, where he is a partner. He and his wife, Amy, now have two children, Kellen, 6, and Lucy, 3.

**Naveen Yalamanchi, MD**

'04, finished her residency at the UCLA department of orthopaedic surgery in 2006, and shortly afterward switched gears to work as a health care analyst at the hedge fund Davidson Kempner Capital Management. She invests primarily in the medical devices sector, with some exposure to biotechnology and specialty pharmaceuticals.

**Deepika Nehra, MD '07,**

a general surgery resident at the Massachusetts General Hospital (MGH), was honored by the New England Surgical Society for research presented at its

annual meeting this fall in Boston. Nehra earned first place in the Resident Essay Prize Competition based on a paper and oral presentation of research she conducted as part of the MGH residency program, which is an analysis of the effectiveness of extracorporeal membrane oxygenation for the treatment of non-neonatal acute respiratory failure.

**Francesco M. Marincola (Housestaff and Fellow)**

is the founder of the *Journal of Translational Medicine*, which publishes reports of research and studies dealing with the development and testing of new modalities of treatment as well as the interpretation of clinical outcomes. Marincola launched the journal with BioMed Central in July 2003.

After he completed his surgical training and research training in transplant and cancer immunology at Stanford in 1990, he moved to the National Cancer Institute, part of the National Institutes of Health (NIH), where he continued his research in tumor immunology by developing strategies for studying tumor/host interactions in the context of human genetic polymorphism and cancer heterogeneity. Recently, he took a position as chief of immunogenetics with the NIH to broaden the scope of his work to other fields of human immunology in which genetic polymorphism is the hallmark of human disease.

## Regional Luncheon in Los Angeles before **Leading Matters**



*More than 40 medical alumni from the Los Angeles area attended the special regional luncheon on January 24 for an update from Dean Philip Pizzo and SUMCAA President Norman Tong (pictured above, center). Following lunch, many alumni attended Leading Matters, an all-Stanford event that will travel to 14 cities. Dates in 2009 include: San Francisco on May 9, Denver on October 1, and New York City on November 14. Details online at: [www.stanfordalumni.org/leadingmatters/](http://www.stanfordalumni.org/leadingmatters/)*

*We value your feedback and look forward to seeing your class notes. Send us an e-mail: [medalum@stanford.edu](mailto:medalum@stanford.edu)*

## In Memoriam

### **Harold E. Pearson, '33, MD '38**

June 22 at 97. Following graduation, Pearson interned and served as an instructor of bacteriology in Stanford's department of bacteriology and experimental pathology. In 1941, he received a master's degree in public health from the Harvard University School of Public Health. Pearson was board certified in pathology, and his expertise included public health, medical microbiology, and infectious diseases. His academic career included the following faculty roles: instructor of bacteriology, Stanford University, 1937 through 1939; instructor and assistant professor, epidemiology, Michigan School of Public Health, 1941 through 1944; assistant and associate professor, bacteriology, University of Southern California (later known as the Keck School of Medicine of the University of Southern California), 1949 through 1966; and professor of microbiology, University of Southern California, 1966 through his retirement in 1976.

In 1939, Pearson married his first wife, **Catherine Guerard (MD '38)**, who passed away in 1988. Together they had four children. In 1993, he married Mary Lou Hill, a public health nurse and gerontologist. Pearson is survived by his children from his first marriage, David Bruce Pearson, Leslie Pearson Rovainen, Gregory Anders Pearson; and three grandchildren. From his second marriage, he is survived by stepdaughters Melody

Covell and Valerie Paton; and three grandchildren.

Pearson was an avid world traveler, painter, and boating enthusiast. Once he and Mary Lou were married, they settled in Fredericksburg, Texas, as Pearson wanted to become a gentleman farmer, a career he continued until the last few years of his life before moving to Lubbock, Texas, shortly before his death.

### **Sanford E. Feldman, '34, MD '38**

February 4, at 93. Feldman was a longtime resident of San Francisco and Mill Valley, Calif., as well as Santa Fe, N.M. He had a lifelong interest in science and conducted basic research for years on food and water intake. He served as a physician in the U.S. military during World War II, and was for decades a general surgeon in private practice in San Francisco. Well respected by fellow doctors, he was active in the California Medical Association and served as president of the San Francisco Medical Society in 1969. A pioneer in the area of medical peer review, he was a founder and first director of the San Francisco Medical Peer Review Organization and became director of the California Medical Review Organization. After retirement from surgery, Feldman continued to work for the improvement of patient care. He is survived by his wife, Louise Taicher, MD; son David and his wife, Linda; daughters Wendy and Laurie; and son John.

### **Kenneth L. Allen, '41, MD '44**

August 24, at 89. A football and track standout at Santa Clara High School, Allen graduated at the top of his class in 1938. At his surgical residency at San Francisco General Hospital, he became the youngest chief resident in the history of the hospital. It was there that he met and later married Mary Jean Haynes, '42. After residency, he spent two years with the U.S. Naval Medical Service, serving as a surgeon in Long Beach, Calif. Thereafter, he spent two years as a fellow in surgery at the Cleveland Clinic, and returned to San Mateo, Calif., in 1950 to establish a surgical practice that he oversaw for 43 years, before retiring in 1993. Allen pioneered the use of routine intraoperative cholangiograms, helped establish the utility of mechanical retractors in the operating room, and introduced surgical stapling devices. He was a 50-year member of Peninsula Golf & Country Club and a founding member of Spyglass Hill in Monterey, Calif. Survivors include Mary Jean, his wife of 63 years; sons Robert H. Allen, MD '72; Bruce L. Allen, MD '74; and Christopher F. Allen, '82; and 13 grandchildren.

### **William F. Baxter, '45, MD '48**

August 22, at 84. After earning his college and medical degrees at Stanford University, he had a 50-year career as an ear, nose, and throat surgeon. He served as a

physician in the U.S. Army and then built a medical practice in Los Altos, Calif. He was dedicated to medical education, serving as acting director of the division of otolaryngology in the department of surgery at Stanford School of Medicine and the Veterans Affairs Palo Alto Health Care System, training hundreds of young residents. He also served as the chief of medical staff (1967 through 1968) and chief of surgery (1977 through 1978) at El Camino Hospital in Mountain View, Calif. After retirement, he moved to Laguna Niguel, Calif., and became very involved as a volunteer for Sports Gift, a nonprofit organization that provides sports to impoverished children around the world. He is survived by his wife, Mary Lou; children Susan Davis, Jane Baxter, Juliet Baxter, Kristopher Baxter, and Kevin Baxter; and 10 grandchildren.

### **Theodore M. Myers, '44, MD '48**

May 11, at 83. A Bay Area physician and psychiatrist who for 25 years worked in and created volunteer medical clinics worldwide for refugees and the poor, Myers found inspiration for his calling in 1962 aboard Project Hope, the converted Navy hospital ship. Twenty years later, when the youngest of his five children had entered college, he and his wife, Peggy, committed themselves permanently to international relief work. He developed his first medical clinic in Sudan's eastern region. Much of his volunteer work was done

for the American Jewish Joint Distribution Committee (JDC), which has aided and supported refugees worldwide. Myers's work took him to Ethiopia, establishing village-based medical programs throughout Gondar province and creating a large clinic in Addis Ababa that still provides medical care for 23,000 Ethiopian Jews who have migrated from remote villages in the countryside. Continuing his volunteer role with the JDC, he later established a pharmacy in Havana and organized a consulting program in Cuba that enabled American academic doctors to visit and consult with Cuban physicians on the latest advances in medical care and treatment.

In the former Soviet Union, Myers created a program to provide medicines for elderly, impoverished members of Jewish communities, and for the past 13 years he has conducted an annual international medical conference there, bringing leading physicians from U.S. medical schools to lecture to Russian-speaking doctors on advances in medical care. Before his involvement with international relief work, Myers practiced internal medicine and, later, psychiatry, working in San Mateo, Calif., for many years. He is survived by Peggy, his wife of 57 years; daughters Barbara, Melanie, and Jennifer; and sons James and Marc.

### **George S. Hjelte, MD '47**

July 30, at 87. Hjelte served as second lieutenant in the Army Supply Corps and later became captain. He married Phyllis Princlau Hjelte in 1948 and the couple moved

to Southern California. He worked in private practice in Pasadena, Calif., as a family physician and also served on the faculty of the Keck School of Medicine of the University of Southern California for a number of years. In 1964, Dr. Hjelte was appointed chief of medicine at Huntington Memorial Hospital and two years later went on to serve as chief of staff there. In 1995, he retired after a fulfilling career of 50 years. In 2002, he was named the second recipient of the James N. Gamble Award affiliated with the Huntington Memorial Hospital in Pasadena. After his retirement, Hjelte enjoyed travel with his wife, gardening, and visiting with his family. He is survived by his sister Dorothy H. Meyer; his four children, George C. Hjelte, Steven P. Hjelte, Phyllis S. Hjelte Waltz, and Lynne F. H. Fowler; and eight grandchildren.

**Theodore Daniel Pletsch, '53, MD '56**

March 1, at 76. After graduating from Stanford University School of Medicine, he served in the U.S. Army before becoming an OB/GYN physician for Kaiser Permanente. He lived in Portland, Ore., and Vancouver, Wash. Survivors include his wife, Sherry; daughters Karen and Elaine; sons Ted and Ath; step-daughter Chandra; and five grandchildren.

**Edmonston F. Coil, MD '57**

December 7, at 77. Coil had a distinguished 30-year career as a medical officer in the U.S. Navy, serving in many parts of the globe. His last assignment for the Navy

was as commanding officer at the Naval Health Research Center in San Diego. After retiring from the Navy he practiced internal medicine at the San Diego Life Extension Institute for 10 years. He then spent seven years as the medical director of General Dynamics before retiring. He is survived by his wife, Arlene; three sons; and seven grandchildren.

**Robert Mishell, '55, MD '58**

March 6, at 73. A professor emeritus of immunology at the University of California, Berkeley, and co-author of 45 publications, he invented the Mishell-Dutton culture technique in 1967, which is still in use today. Science was only one of many areas in which he contributed greatly to the community. He was active in the civil rights movement, worked to reduce underrepresentation of minorities in academia, and established a program for the social and humanistic aspects of health science education. The direction of his life changed when he and his wife, Barbara, were tragically beaten, leaving her with a traumatic brain injury. For the past 20 years, he dedicated all of his time and energy to his wife's recovery, allowing her to reach her full potential. He is survived by Barbara, his wife of 44 years; his son Jacob; and his two grandchildren.

**Brice Norman Brown, MD '72**

September 19, at 63. After graduating, Brown completed his medical residency in surgery in San Diego. He was a major in the U.S.

Army, where he served as a flight surgeon. He moved to Las Vegas in 1980 and founded a private practice in general surgery, where he remained in practice until 1994. Dr. Brown held various offices in hospital leadership and was a member of the Clark County Medical Society. He is survived by his daughter Cherin Aquilar and son Peter Brown.

**Richard D. Todd, MD, PhD (Housestaff)**

August 22, at 56, of leukemia. Todd was an internationally known expert on the influences of genetics and environment on psychiatric illness in children, addressing such disorders as attention-deficit/hyperactivity disorder, autism spectrum disorders, and affective disorders in childhood.

Todd was born in Oklahoma and completed his undergraduate studies at Vanderbilt University. He earned a doctorate in biology at the University of Texas at Dallas and then a medical degree at the University of Texas at San Antonio. He completed his residency in psychiatry at Stanford. He spent much of his career as a professor of psychiatry and director of the division of child and adolescent psychiatry at Washington University in St. Louis. He is the 2008 winner of the Elaine Schlosser Lewis Award from the American Academy of Child and Adolescent Psychiatry for research on attention-deficit/hyperactivity disorder.

He is survived by his wife of 28 years, Karen O'Malley, PhD; and children Lucas Todd and Anne O'Malley Louis.

# eyes & ears

## GOOD MOVIES, BOOKS, LISTENS AND SURFS

### READ

*La Clinica: A Doctor's Journey Across Borders*  
By David Sklar, '72, MD '76  
When Sklar's personal life took a wrong turn, he avoided burnout by returning to Mexico, the place where he'd first been drawn to medicine. His memoir, set in a modest clinic in the foothills of the Sierra Madre, recounts his rediscovery of his passion for medicine. Sklar is now associate dean of graduate medical education at the University of New Mexico School of Medicine.

*To Bind Up Their Wounds*  
By H. Ward Trueblood, '60, MD '64

Trueblood, Stanford clinical professor of surgery emeritus, has captured his Vietnam experiences as a surgeon, his Midwestern boyhood, and his life as a doctor's son in this memoir in poetry. The book's dedication reads: "For making sacrifices greater than we have the right to ask, this book is dedicated to our men and women serving in wartime."

*Putting Our House in Order: A Guide to Social Security & Health Care Reform*

By George P. Shultz and John B. Shoven

A former secretary of state and a Stanford economics professor collaborate to take a close look at building healthy approaches to life and society, with recommendations on Social Security and health care reform.

### WATCH

*Running the Sahara*  
Directed by James Moll, narrated by Matt Damon.  
Three long-distance runners ran 4,000 miles through six countries in 111 days to draw attention to the people of the Sahara. Expedition physician was Jeff Peterson, assistant professor of surgery/emergency medicine at Stanford University School of Medicine—a triathlete himself who cared not only for the three ultra-marathoners, but also for the film crew, natives of the local towns and villages, Sahara nomads, and the soldiers who provided security.

### SURF

*Curmudgeon: An Unlikely Army Chaplain*  
By Timothy J. Meier, SJ, PhD '98 <http://cptdfrftim.blogspot.com>  
Tim Meier, Deputy Division Operations Chaplain for Multi-National Division—Baghdad, blogs from "somewhere downrange Iraq." He's a Jesuit priest, molecular neurobiologist, scuba diver, and a guy who celebrates 30 years of sobriety. Get a taste of his work on pages 8 and 9—and check out the blog for updates.

# The Last Word

## by Chen Yu

I attended Stanford University School of Medicine during the height of the Internet boom in the latter half of the 1990s. In the milieu of the dot com boom and subsequent crash, our class was perhaps unusual in the diversity of career paths of such a small group—ranging from an amateur animator to start-up entrepreneur to academic researchers and clinicians.

I had ended up in life sciences venture capital, a business field that ironically situated me physically (a few hundred yards from Palm Drive) and intellectually (reading papers at Lane Library) quite close to my professional roots at the medical school. Like many alums, I sought out the Class Notes section to keep abreast of my classmates who were accomplishing great things in such a variety of areas. So when the Class Notes section was discontinued in *Stanford Medicine* magazine, I felt the need to reach out on my own to find out what my collective class had been doing. This turned out to be more difficult than I had imagined.

First, the wonderful flexibility of Stanford University School of Medicine also makes it challenging to track us down. Although we enter together as one class in anatomy, we exit years apart after taking different paths to graduation. Second, the lack of “class agents” means that there is no central organizer who collects and encourages class note contributions—the stories and anecdotes that make the Class Notes engaging. Finally, the lack of any consistent forum to communicate means that even motivated alums have no way to share updates on their careers or personal lives.

Two years ago, I decided to take the initiative and compile our own class newsletter based on my entering class year of 1996. After tracking down as many e-mail addresses as possible, I sent out a request for updates and

**Following are two excerpts from a class update to the entering class of 1996.**

**Becky (Leibowitz) Peterson** writes, “I very recently moved back to the Bay Area with my family (my husband, Ian, my son Laird, 16 months, and our yellow lab Zephyr) and it is great to be back!!! Everything feels very familiar, in a great way. I took a job as a radiologist at Kaiser Redwood City, starting in July. Funny memories from our Stanford days ... there are so many, but getting lost in the Sierras with Jim Brewer and our trusting SWEAT group is definitely up there!”

**Mai-Sie Chan** remains a SF lifer, “I’ve been a primary care doc in San Francisco Chinatown for the past four years, sharing an office with my father. Yep, I see my dad five days a week. It’s traditional internal medicine practice, and I do both outpatient and inpatient work simultaneously. I’m also speaking Cantonese around 90 percent of the day, since most of my patients are in their 70s, 80s, 90s, and even several over 100 years old, and most don’t speak English. I’m enjoying it and it’s good to feel like I’m filling a community need.

*Editor’s note: To read additional notes gathered by the entering class of 1996, go to <http://med.stanford.edu/alumni/>*

pleaded for those whom I had reached to forward the message to those whom I had missed. The response was surprising. Out of my 86 classmates, more than 20 replied and this content became the foundation for a mini-newsletter that our class has sent to each other for the past two years. Encouraged by the response and inspired by the belief that the Class Notes could and should be a central part of the alumni experience, our class shared this newsletter with the *Bench & Bedside* editors with the hope that our efforts might inspire other classes to do the same. In the era of social networking, the Class Notes can sometimes seem anachronistic. But, for most of us “technologically challenged” alums who were trained in an era before Facebook, the Class Notes represent the most convenient way for us to keep in touch with our classmates.

If you agree, I hope you will share your updates with the alumni office, volunteer to be your class agent to help collect/edit stories from your classmates, or just provide feedback on how the Class Notes can be made more effective. Because, in the end, what better story is there to read about in the alumni magazine than one about us?



Lin Chen

Chen Yu, MD '03, MBA 04,  
with wife Grace and baby Koby

*We value your feedback. Send us an e-mail: [medalum@stanford.edu](mailto:medalum@stanford.edu)*

**For the first time**, we have arranged for you to have exclusive use of the camp from June 4 – 7, 2009.

By registering, you will join fellow Stanford University Medical Center alumni at beautiful Fallen Leaf Lake, just south of Lake Tahoe.



**JUNE 4 – 7, 2009**

Lake view cabins, family-style dining, and outdoor mountain activities are at the heart of the Stanford Sierra Camp experience. Enjoy this family-friendly event that offers activities such as sailing, hiking, tennis, swimming, volleyball, and basketball.

Adults will enjoy a special wine tasting provided by WillaKenzie Wineries. The Sierra Camp is an experience enjoyed by alumni of all ages with memories that will last a lifetime. Pricing includes lodging, food, and all sporting activities.

For registration and details, visit: <http://med.stanford.edu/alumni/>

On November 15, 2008, nearly 150 alumni gathered to support the football team, as the Cardinal tackled the USC Trojans.

## COMING ATTRACTIONS!

Visit our website for details on our upcoming baseball tailgate.

The Big Game takes place on November 21, 2009. Join us for a great tailgate party before the annual match up with Cal. Cheer our team to bring home the Axe.



*Top left: Student leaders join with the SUMCAA Board of Governors. L-R, Tiffany Castillo, Bill Rhine, Norman Tong, Nancy Mason, Mitch Goldman, Ross Bright, Fernando Mendoza, Patti Fry, and Laurie Weisberg Bottom right: Postdocs enjoy the tailgate. L-R, Jared Wegner, Brett Staahl, Lena Ho, and Zach Wilson*

Bottom right photo courtesy of Bret Staahl; all others: Jessica Polysa



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