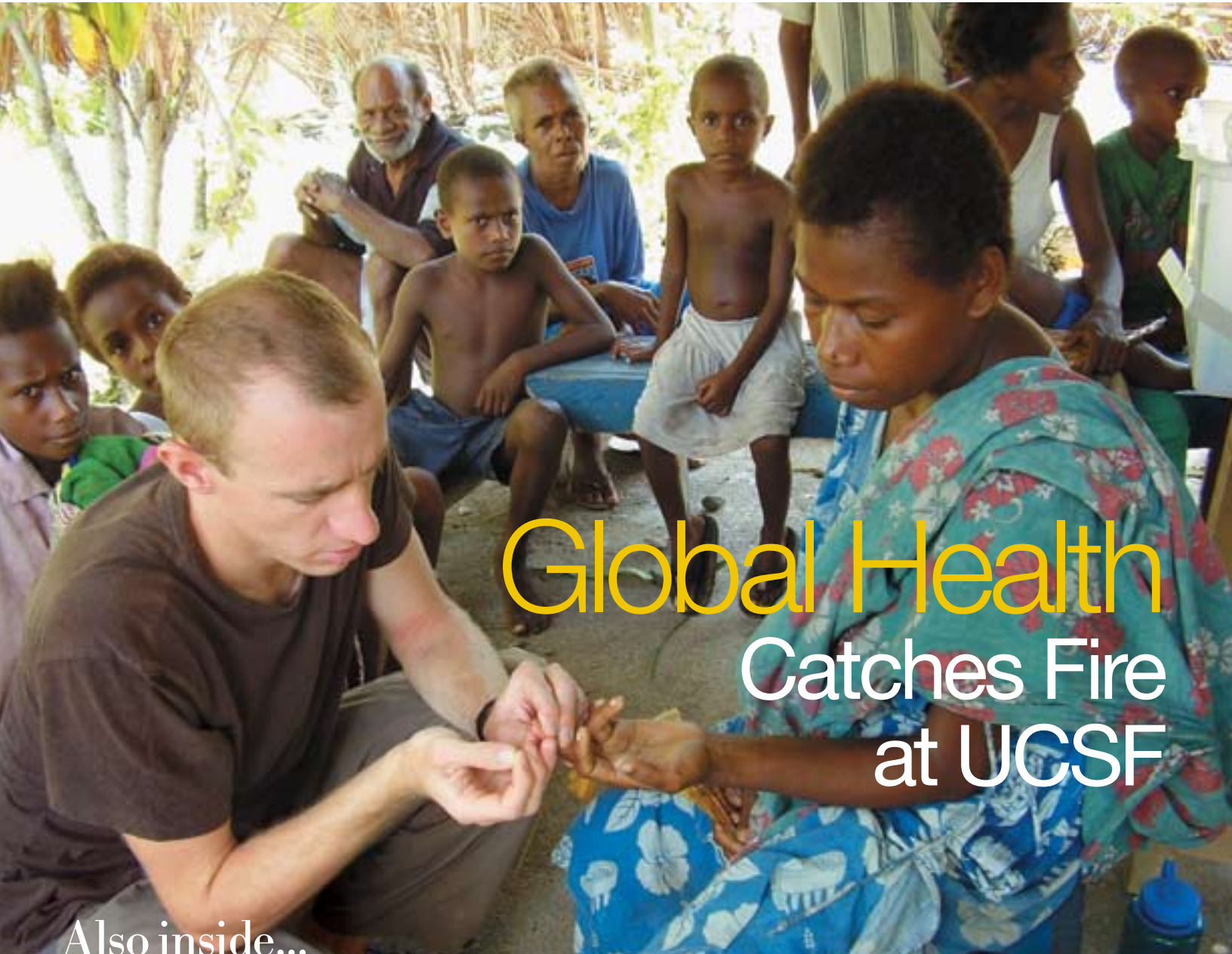


# Medical Alumni

M A G A Z I N E

fall 2007  
volume 48 | no 2



## Global Health Catches Fire at UCSF

Also inside...

ACADEMY OF MEDICAL EDUCATORS | HISTORICAL MURALS | CLASS NOTES

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School of Medicine



# Medical Alumni

M A G A Z I N E

Fall 2007: Volume 48, Number 2

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**ON THE COVER:** Malaria in Vanuatu, an archipelago of more than 80 islands in the South Pacific, has been getting steadily worse since the 1980s. UCSF scientists are among the medical professionals working hard to control malaria in this region. Carol Medlin, PhD, MPA, of the UCSF School of Medicine's Institute for Global Health, leads a collaborative effort with the Vanuatu Ministry of Health and the World Health Organization evaluating the impact of malaria control activities. This photo shows Field Director Zach Isdahl taking a blood sample for malaria parasite screening. See story, page 3

## Contact us!

Your letters are welcome. Write to:

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Or use the reply envelope in the center of the magazine.

You may also email your letter to: [maa@support.ucsf.edu](mailto:maa@support.ucsf.edu).  
Please type "Letter to the Editor" in your subject field.

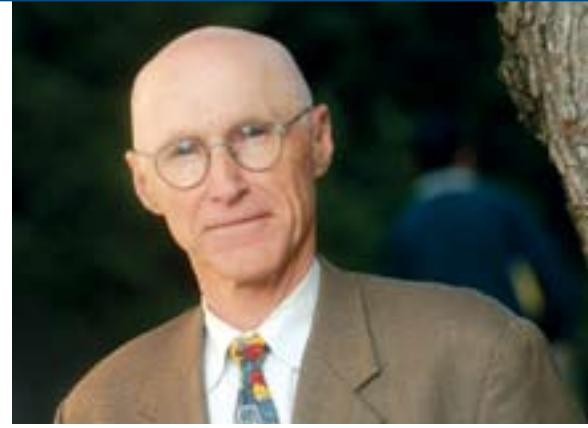
# The Disturbing Implications of “Evidence-based” Medicine

Of the many changes that medicine has seen in the past three decades, perhaps the most superficially beguiling is the shift from “practice-based” to “evidence-based” medicine. On the surface, who could argue with trying to base medical decisions on objective, reproducible data obtained in double-blinded, placebo controlled clinical trials?

For millennia medical decisions were based solely on the experience of the physician and his (or her) mentors. It has only been since the development

of the scientific method during the past two centuries that physicians have accumulated enough knowledge to cope effectively with the medical afflictions plaguing mankind. Therefore, the concept of basing medicine decisions on scientific observations is fairly new.

Patients and populations have benefited enormously from the advances wrought by this huge paradigm shift. Where would we all be without antibiotics, analgesics, anesthetics, sterile surgery, vaccina-



Ken Fye, MD '68

tions, prosthetic joints and x-rays, just to name a few of the medical miracles we all take for granted? There is no doubt that “evidence-based” medicine has provided the clinician with invaluable help in deciding when and how to use the modern tools of medicine.

However, economics has now been introduced into the realm of “evidence-based” medicine, and the results of this partnership of medicine and money have disturbing implications.

This point was brought home recently when a patient was referred to our rheumatology clinic because of the recent development of a cryptic arthritis. A complete physical examination is part of my evaluation, and during the examination I discovered an asymptomatic left-sided unilateral carotid bruits. An ultrasound study revealed a critical common carotid stenosis with a vertebral-subclavian artery steal syndrome, and the patient was referred for urgent corrective surgery.

Naively, I used this case to emphasize to the medical residents on our elective the importance of a good physical examination. I was shocked to find that carotid examinations in asymptomatic patients are discouraged by many general medicine faculty, because most bruits are clinically insignificant, and the cost of the ultrasounds required to detect the few clinically relevant stenoses would be prohibitive. Indeed, the “evidence” is that most bruits are not clinically important, and there is a societal cost to detecting the occasional significant lesion.

However, there is a cost to the evaluation of any lesion we find. What is the acceptable cost of detecting

## UCSF in World War II: Not Just Behind the Battles

After we published the article on UCSF’s 30th General Hospital in World War II in our last issue, John Kerner, MD '43, wrote to tell us that some from his UCSF class were in actual combat during the war:

“The class of February '43 had a number of its members on active duty.

John Hollister, Gordon Binder and I were Combat Medics in the most advanced positions. We picked up the wounded where they fell. Bob Holmes was with a field artillery unit, which was not far behind the lines. Helmut Fesca was captured but later killed.”

Combat Medics were charged with getting the wounded away from the front lines. Many times this involved the medic climbing out from the protection of his foxhole during shelling or into no-man’s-land to help a fallen comrade. Once with the wounded soldier, the medic would do a brief examination, evaluate the wound, stop any bleeding, sometimes inject a vial of morphine or administer plasma, and clean and bandage the wound. Then he would drag or carry the patient out of harm’s way and to the rear, often under enemy fire or artillery shelling.

Kerner, who originally thought he would be assigned to a hospital, went to England with the 35th Infantry Division in May 1944. Landing in Normandy shortly after D-Day, he was involved in combat for 264 days in France, Belgium, Luxembourg and Germany. He received the rarely given Combat Medic Award after riding the outside of a tank blasting its way through the siege at Bastogne. He was also awarded two Bronze Stars, five Battle Stars, and a Presidential Unit Citation. During the war, he wrote many letters to friends and family about his often harrowing experiences. Fifty years later, Kerner – named UCSF Alumnus of the Year in 2005 – drew from these letters to write a compelling memoir, *Combat Medic: World War II*.

We applaud the bravery and contributions of all UCSF alumni who served in the war, whether behind the battles or in the heart of them.

Kerner returned to Normandy in 2004, where he was named an honorary citizen of Gieville, France.

Inset: Kerner in Nancy, France, 1944



an asymptomatic breast or colon cancer? At what point does the cost of evaluating any asymptomatic lesion preclude the need for a physical examination? Who actually determines an acceptable cost in the evaluation of any medical problem? Who develops, then approves, the criteria by which acceptability is determined?

These are rhetorical questions, because, in fact, there are numerous learned actuarial bodies that make such determinations on accumulated financial data. However, I contend that the determination of what is and is

not economically acceptable is purely arbitrary and based solely on what a given organization or society is willing to spend on any problem.

It seems to me that, in the end, our most important role as physicians is as advocates for our patients. I should want to discover an asymptomatic lesion in my patient, and I should be eager to deal with the problem before it causes irreparable damage. If the “evidence” accumulated by my statistical colleagues suggests that the societal cost to finding a significant lesion in an asymptomatic population

is too great, then society should set the limits on what may or may not be done. Those limits should not be set by the treating physician. I should be fighting to do as much as I can to help my patient. If I don't, who will?

As usual we encourage those with differing view points to respond. Reasonable replies will be gleefully published.



Kenneth H. Fye, MD '68

## FROM THE PRESIDENT



Gordon Fung in the UCSF Asian Heart and Vascular Center, where he serves as director.

## Greetings and Thank You

I would like to take this opportunity to introduce myself as well as thank you for the opportunity to serve as your president for 2007-2008. I am a third-generation native San Franciscan and a second-generation UCSF physician. UCSF graduates in my family include my father Paul F. Fung, MD '40, PhD, sisters Linda F. Ow, PharmD '70, and Lenora Fung, MD '74, and brother Gregory Fung, MD '78, MS, PhD. I had a wonderful and memorable experience during medical school and exceeded my career dreams when I was able to return to UCSF as a full-time faculty member in the Department of Medicine/Division of Cardiology in 2000.

Over the past year on the MAA board, there has been a flurry of activity. First, we developed and approved a mission statement: “The UCSF Medical Alumni Association develops and supports relationships between medical students, residents, fellows, faculty, alumni and the School of Medicine.” In this regard, the MAA sponsors the first-year students' welcome BBQ and the White Coat Ceremony. Your dues have also supported the recruitment of diverse students, student scholarships, and the Area of Concentration program that provides students with special expertise in an aspect of medicine to round out their educational experience.

To encourage our newest members to stay involved, we have decided to offer free membership in the MAA for the first five years after graduation and have finalized a program to offer [email@ucsfalumni.org](mailto:email@ucsfalumni.org) to all students upon graduation to improve our connectivity. We established a vision committee headed by Dr. Kenneth Fye, past president and current editor of the MAA magazine, to work with our students, housestaff and faculty to determine the most effective means of interacting with all the groups and solidify the bonds of this growing relationship.

Our current structure is such that every activity is supported by dues only. We are hoping to develop an endowment to support the expanded goals and activities of our new mission. If you would like to support the activities of the MAA in a more meaningful way, or if there is anything that you would like to see developed or acted upon by the MAA to improve our working relationships with you, please feel free to email me at [gfung@medicine.ucsf.edu](mailto:gfung@medicine.ucsf.edu).

Again, thanks for the opportunity to serve and I look forward to working with you this year.

– Gordon Fung, MD '79, MPH, PhD



# Global Health Catches Fire at UCSF

BY ANNE KAVANAGH

“Global health is the challenge of the 21st century.”

– Haile Debas, MD

**If you are a parent in a village in sub-Saharan Africa, and your child gets strep throat, you are — most likely — in deep trouble. The nearest doctor is probably many miles away. Closer healers, if any, may not be well trained. If you don't get antibiotics, your child may suffer enormous complications. You have to pay for care, often under the table, and you make \$1 a day. To do so, you have to sell your crops or goats or borrow money.**

“The situation is devastating because it puts people into a cycle of poverty,” says Haile Debas, MD, executive director of UCSF Global Health Sciences (GHS) and former dean of the School of Medicine. “It's a lot worse than it looks.”

Lack of trained health care workers – intertwined with poverty, epidemics, environmental degradation, and other complex issues – creates major barriers to improving health both abroad and at home. “Global health,” says Debas, “is the challenge of the 21st century.”

To better address this vast and complicated arena, UCSF launched GHS in 2003. Harnessing expertise throughout the University, GHS works to reduce health disparities and improve the health of the most vulnerable populations around the world. It does so, in part, by training the next generation of global health scientists and clinicians and partnering with institutions to help them build programs in health care and life sciences.

## Tackling the Root Causes

Despite billions of dollars in aid pouring into Africa for decades, health conditions are as bad as they were 20 years ago, according to Debas. While HIV has compounded the crisis, he says governments there have not allocated enough of the resources to health care, and nongovernmental organizations have mostly focused on short-term solutions. This has maintained a culture of dependency in sub-Saharan Africa.

The key to making progress in global health, Debas asserts, is sustainability. Not just in African countries but in other resource-poor nations.

“You have to address the root cause,” Debas says. “There are just not enough trained doctors, nurses and other health care providers. You need to strengthen their institutions to train their workforce. If you focus just on technical fixes and not the human resources element, the troubles will persist.”

To put that principle into action, UCSF has developed a major partnership with the recently renamed Muhimbili University of Health and Allied Sciences (MUHAS) in Tanzania. UCSF has been sending postdoctoral scholars to MUHAS to teach biochemistry. MUHAS faculty also visited UCSF for a 10-day fellowship in medical education. Similar collaborations are underway with institutions in Vietnam and India.

Another problem exacerbates the workforce shortage: brain drain. In Ghana, for example, 50 percent of medical graduates have gone abroad. Malawi trained 600 doctors since its independence; 60 remain. Only 800 doctors practice in all of Mozambique, which has a population of 10 million.

Low wages, poor conditions, lack of facilities, and little faculty development create the “push” to leave. The “pull” comes from the higher salaries and better opportunities in developed countries.

Kenya suffers from both massive brain drain and an epidemic of sexually transmitted infections. UCSF and the Kenya Medical Research Institute (KEMRI) in Nairobi have developed a unique “sandwich” certificate program designed to increase the number of scientists in Kenya who have the skills to battle the rampant infections.

Graduate students at KEMRI’s Institute of Tropical Medicine and Infectious Disease spend either three months or one year at UCSF acquiring advanced research skills. This time is “sandwiched” between their first and third years, and their degrees are completed at home. “This structure encourages these talented scholars to stay and work in Kenya,” says Debas.

### Looking to Serve the World

In 2006, UCSF launched a Clinical Scholars training track in global health for medical residents from many specialties. This year, the program was expanded to include trainees from the schools of nursing and dentistry. GHS also recently convened a consortium of three other American universities to build the effort into a national program.

“Our scholars are citizens of the world, and their interest in careers in global health drove us to start this program,” says Debas.

Residents engage in a one-month intensive course in global health, case-based teaching, a scholarly project, network meetings, and a “local global” effort involving health

## Studying Abroad to Help at Home

**George Michuki, MSc  
Sandwich Certificate  
Program Scholar**

**Playing “doctor” as a 4-year-old forever fired the imagination of George Michuki. But living in a country with only two medical schools and intense competition, the young Kenyan had to work hard to pursue his long-held interest.**

His determination paid off when he was admitted to the then-new Institute of Tropical Medicine and Infectious Disease in Nairobi – one of only a few students selected. After earning a master’s degree in medical microbiology, he entered the Institute’s PhD program with aims to pursue a career in biomedical research.

Midway through, Michuki spent a year at UCSF as part of a special “sandwich” program (*see main story*). “I knew I wanted to live and work in Kenya,” he explains. “I was considering a five-year doctoral program in the U.K., but after that long abroad it would be quite difficult to merge my skills and knowledge back into the Kenyan system.”





George Michuki (right) receiving his certificate from UCSF Global Health Sciences Executive Director Haile Debas. After spending a year at UCSF, Michuki is now back in Kenya completing his doctoral degree in infectious disease. Four new scholars from Kenya arrived at UCSF this summer for the Sandwich Certificate program.

At UCSF Michuki conducted research on his doctoral project in the lab of world renowned biochemist Joe DeRisi, PhD, who found the SARS virus in 2003. Using advanced molecular technologies, Michuki examined the role bacteriophage plays in bacterial vaginosis, which is associated with increased susceptibility to HIV infection, Chlamydia and gonorrhea, low birth weight, and other serious conditions.

“What I will miss most are the lab facilities,” he says, noting that he learned to simplify some of the techniques so he could use them back home with the same results. “We don’t have such sophisticated equipment,” he explains, “but the skills I’ve developed can be applied to researching any infectious disease.

“Which disease will depend on the funding – just like here,” he laughs.

issues in UCSF’s backyard. They also work on a project involving research, program development, or training in a developing country.

For their project, residents mostly travel to places in Africa, Latin America and Asia where UCSF has partner institutions. “The goal is to build long-term relationships and capacity – to try to give rather than take from the experience,” says Chris Stewart, MD, program director and assistant clinical professor at UCSF. “Ideally, this is not just a band-aid.”

For residents, the benefits are many. “When people’s needs are so dire, the sense of doing something meaningful can be much more direct,” says Stewart, who spent years working in Vietnam.

Residents may face extreme conditions, Stewart says, such as little running water in hospitals, dogs wandering through the OR, few supplies, and patient rooms packed with entire families. “When you are used to relying on technology and systems, this can be a challenge to your clinical skills,” he adds, “which is both humbling and rewarding.”

Most scholars already have experience with such situations, Stewart notes, but the Clinical Scholars program aims to move them to the next level of effective intervention.

## Creating Watershed Educational Programs

To offer an even deeper educational experience, UCSF is developing a one-year master’s program in global



health sciences, with the first class to begin in 2008. A PhD program will follow in another two to three years. “The master’s program is a landmark,” says Debas. “There’s nothing like it out there. UCSF is taking the lead.”

GHS has also been asked by the UC Office of the President to help establish a UC-wide Global Health Initiative. It will unite the expertise of all 10 UC campuses, including schools of engineering, agriculture, management, and more. The plan is to eventually develop a UC School of Global Health.

### **Tapping into Faculty Knowledge**

UCSF has also capitalized on the skills, expertise and zest of the faculty to further the GHS mission. Two years ago, School of Medicine faculty were surveyed to assess their interest in working abroad. After more than 400 responded affirmatively, GHS established the Faculty Scholars program. The program coordinates short-term opportunities for faculty to visit partner institutions abroad to assist local academics, clinicians and researchers.

**“There is unbelievable excitement and passion among students, residents and faculty – not just at UCSF but all over the country,” says Debas. “It reminds me of the Peace Corps movement in the ’60s. People want to make a difference. Global health is really catching fire, and UCSF is right on the forefront.”**



Michelle Hsiang with local children in Sichuan Province. Fluent in Chinese, she wants to return to China to conduct research and care for kids.

## **Investigating Infectious Diseases in China**

**Michelle Hsiang, MD, Global Health Clinical Scholar**

**The wider world has intrigued Michelle Hsiang since her youth in the melting pot of Los Angeles, where she grew up speaking Chinese to her immigrant parents.**

That fascination led her to pursue the international health track at the Baylor College of Medicine. As part of the program, she conducted malnutrition intervention projects in Honduras, including starting a tilapia fish pond, a feeding kitchen, and a vitamin supplementation program. She also worked in a pediatric AIDS clinic in Botswana.

Now Hsiang is taking her training even further as a Global Health Clinical Scholar at UCSF. With a goal of specializing in pediatric infectious diseases, the second-year resident traveled to Sichuan Province in China in February to conduct research on schistosomiasis. The intestinal parasitic infection can cause poor growth, anemia, learning problems, and liver disease in children.

During the latter half of the 20th century, the Chinese national control program, with support from the World Bank Loan Project, was largely successful in decreasing prevalence rates of schistosomiasis. Yet in recent years the disease has re-emerged, particularly in Sichuan Province. Hsiang is working with a group from the UC Berkeley School of Public Health to find out why.

“It is so interesting to study a disease that you don’t see in the U.S.,” she says. “Plus the culture is fascinating. I feel a kinship with the people there.”

After UCSF, Hsiang wants to return to her ancestral land to meld her love of clinical work, public health and children. “There’s so much room for working in pediatric infectious diseases in China right now,” she says. “And kids are very resilient. You can make a big impact that will affect them the rest of their lives.”

# Training Child Psychiatrists to Treat India's Kids

**Peter Ferren, MD, MPH**  
Global Health Faculty Scholar



Top photo: The main hospital of Christian Medical College, a 2,000-bed multi-campus complex in Vellore, a city in southern India; above: Peter Ferren (second from right) and the CMC treatment team visiting patients; below: a group of Indian children.

**More than 1 billion people live in India, yet the country has no formal training program in child and adolescent psychiatry. That reality may change, with help from UCSF.**

Peter Ferren, an assistant professor of psychiatry at UCSF, spent time this winter at Christian Medical College (CMC) in Vellore aiding them in establishing such a program. The child and adolescent psychiatrist also gave lectures to faculty, staff and postgraduates, held informal discussions and skills demonstrations, and conducted clinical consultations.

Ferren collaborated with CMC as part of the Global Health Faculty Scholars program. "The intent of the program is to offer our expertise to other outstanding universities and to learn from them," he says. "It goes both ways."

This was not the first time Ferren had worked or studied abroad. During his years of education and training, he researched the impact of living with HIV in Zambia, family planning in Mongolia, and post-traumatic stress disorder in Bosnia.

"As a college student, in medical school and even during my residency, I was on the receiving end of learning," he explains. "Now as a faculty member, this was the first time I was able to provide something more than take – I could offer what I have learned."

He shared, for example, non-pharmacological methods to treating youth mental disorders, such as play therapy. From the Indians, he gained insight into the advantage of working with the entire family. With outpatient treatment rare in that country, the extended family will often come with the child for an inpatient stay at a psychiatric facility.

"We also discovered that kids are kids," Ferren says. "We would swap stories about cases and despite vastly different cultures, find we were talking about the same issues. It was very eye-opening and rewarding."



# Learning the Art of Health Diplomacy

BY CARLI CUTCHIN

**The Area of Concentration (AoC) in Global Health program enables students to broaden their knowledge of global health while engaging in international research or practice. With an emphasis on experiential, career-directed learning, the program prepares students to face the major health problems that persist globally in the 21st century.**



Tom Novotny (left) with UCSF medical student Michael Ho at the China CDC tobacco control office in Beijing, where they were researching the effect of marketing on the smoking attitudes and behaviors of adolescent girls and women.

“There is a strong interest among students to engage in the world and to advance equity and social justice,” says Tom Novotny, MD, MPH, director of International Programs in the School of Medicine. “Through the AoC, they gain perspective on how we are all participants in a larger health community. It gives them an outlet for their altruism, a chance to participate in health diplomacy, and a challenge to learn research skills in sometimes difficult environments.”

Students in the program enroll in courses focused on global health, undertake a clinical or research international practicum during their third or fourth year, and reflect on their project in a wrap-up report.

Novotny stresses that AoC is much more than just “medical tourism.” It’s an opportunity to produce something of lasting value, both “to the country in which they work and to themselves.”

“It’s not just a matter of following a physician or researcher around. The aim is to create a legacy for addressing serious global health problems.”

## Treating Eye Disease among India’s Poor

**Aiyin Chen, MD '08**

During her two-month practicum at an eye hospital in India, Aiyin Chen saw firsthand the devastation relatively minor eye diseases can cause among the country’s poor. Unable to afford cataract surgery, for example, many become blind and can no longer work or care for themselves properly. “For them, it’s a terminal disease,” she says.

A similar fate holds for those afflicted with bacterial corneal ulcers. As a third-year UCSF medical student, Chen flew to Madurai – home to the world’s largest eye care facility – to monitor

Aiyin Chen (third from right) and colleagues in Madurai, India, where she spent two months working in the world’s largest eye-care facility.

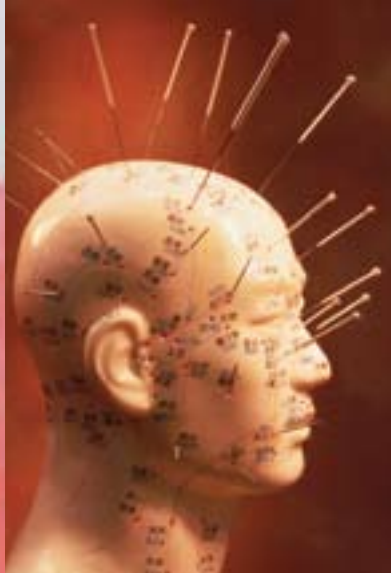


### AoC sites for the classes of 2007 and 2008:

Argentina  
Brazil  
Centers for Disease Control in Atlanta, GA, Nicaragua and El Salvador  
China

Ecuador  
India  
Japan  
Kenya  
Nicaragua  
Nigeria  
Peru

Philippines  
Rwanda  
South Africa  
World Health Organization in Geneva, Switzerland  
Tanzania  
Uganda



Above, right: Alan Teo receiving acupuncture treatment in Japan.

a clinical trial targeting the ailment, which is the leading cause of one-eye blindness in developing countries. Her job was to act as liaison between the hospital's physicians and those who developed the trial in the United States.

"During the first two years of medical school, you read studies about trials and outcomes," she says, "but it's not until you're there that you

understand the nitty gritty of clinical trials."

She was privy to other interventions as well – such as a mobile eye screening service that treats the poor in remote areas.

"It opened my eyes to the possibilities," she says. "Before going to India, I felt like there was a lot of need in developing countries, but I wasn't sure how people approached those problems. Once there, I saw opportunities for future research. I saw role models I could follow."

A less ambitious student might have waited until graduation to explore such opportunities. Chen was back on a plane within weeks. She did follow-up work in India that winter, then traveled to Beijing for an exchange program between UCSF and a university there.

Now a fourth-year student, Chen is back home, doing an ophthalmology rotation at San Francisco's VA Medical Center. But she hopes to be abroad again before long.

"There's so much to be done," she explains.

## Discovering What the West Can Learn from Asia

**Alan Teo, MD '07**

When Alan Teo was formulating ideas for his Area of Concentration project, he noticed that most of his peers were focused on alleviating health problems in developing countries. Wanting to

take a different approach, he arranged to study with a group of Japanese researchers who were doing a clinical trial on acupuncture. "I thought the United States could learn from the Far East," he explains.

Acupuncture has been practiced in Asia for thousands of years but, Teo observes, isn't standard treatment in the West. Traveling to Kyoto University, he helped assess the efficacy of acupuncture in relieving chronic neck and shoulder pain. He went in with little knowledge of acupuncture, but lots of optimism.

He was not disappointed. A relatively simple intervention, acupuncture, the researchers found, can bring significant relief to those with chronic musculoskeletal distress, compared to other treatments. In his project summary paper, currently being prepared for publication in a medical journal, Teo recommended that American clinicians more often refer patients to the treatment.

Now continuing at UCSF as a resident in psychiatry, Teo believes that his experience in Japan will have a lasting impact on his psychiatric practice.

"There's a tendency in medicine to just deal with a person's mental state if you're a psychiatrist, or to just deal with a person's skin if you're a dermatologist," he says. "I look at problems as having more than one dimension. The psychiatric patients we see here often have recalcitrant pain. Acupuncture may be a way to deal with that pain."



# Best Reunion Ever

The School of Medicine celebrated a rousing and inspirational homecoming weekend May 4-5 with record-breaking attendance – up more than 50 percent from last year.

“We are in the midst of an exciting period of growth ... and your involvement makes UCSF stronger,” Dean David. A. Kessler, MD, told the more than 200 alumni and friends gathered at the UCSF Mission Bay campus for Saturday’s activities.

The festivities included a State of the School panel and discussion led by Dean Kessler and a luncheon and awards program sponsored by the school and the Medical Alumni Association. In honor of their reunion, the classes of '47, '52, '57, '62, '67, '72, '77, '82, '87, '97 and '07 raised a total of \$580,000 for key medical education priorities, including scholarships.

One member from the Class of 1957 summed up the consensus of the attendees: “This is the best reunion we’ve ever had!”



**Alumnus of the Year Ronald J. Stoney, MD '59:** A leading figure in vascular surgery for more than four decades, Stoney is internationally recognized as a master clinical surgeon, an outstanding educator, and a tireless and tenacious advocate for vascular surgery. He is a professor emeritus at UCSF and president of the Pacific Vascular Research Foundation.



Class of 1977



Class of 2007 student speaker Aaron Tward



Bob Zaitlin, MD '47, Barbara Mullen MD '47, Raymond Mullen MD '47, Lloyd Espen, MD '47, and Florence Espen



Roger Hoag, MD '50, Silvija Hoag, MD, chair class of '52, David Schindler, MD '66, MAA president 2006-07



MAA Sadie E. Berkove Fellowship Award recipients Carina Baird, MD '07 (left), and Veronica Jordan, MD '07, with School of Medicine Vice Dean Nancy Milliken, MD



Reunion Class Scholarship recipients (clockwise from top) Amber Lerma, Zac Martinez, Lilith Judd, Tola Johnson, Michelle Rios and Lorenzo Machado



Nancy Milliken congratulates MAA Robert H. Crede Student Award recipient William Martinez, MD '07

Class of 1957



*Save the Date!*

**School of Medicine Homecoming**

**May 9–10, 2008**

# Alumni Gain Enhanced Access to Online Resources

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- PubMed Central, a searchable collection of full-text articles related to health science – <http://pubmedcentral.nih.gov>
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## Save the Date!

**Saturday, October 20, 2007 / 3:00–6:00 p.m.**

UCSF Medical Residents’ Alumni Network  
Inaugural Event



Save the date for the inaugural event of the **UCSF Medical Residents’ Alumni Network** at the **UCSF Mission Bay Conference Center** in San Francisco!

For more information, please contact Kathryn Cooper at [kcooper@support.ucsf.edu](mailto:kcooper@support.ucsf.edu) or 415/476-3442 or visit us on our website at [www.ucsfalumni.org/events/index.asp](http://www.ucsfalumni.org/events/index.asp).

# Academy Elevates the Quality of Medical Education

BY KATE VOLKMAN

“If you asked students at the UCSF School of Medicine to name their favorite professors, four out of the five would be members of the Academy,” says Molly Cooke, MD, director of the Haile T. Debas Academy of Medical Educators.

Members of the Academy number 73 of the 1,700 plus faculty in the school. Deemed excellent teachers, they are selected for membership by demonstrating their commitment to medical education.

The Academy was established in 2000 by the former dean of the School of Medicine, Haile Debas, MD, to improve the quality of medical education at UCSF. Many medical schools around the country have academies, but the Academy at UCSF is unique in that it’s both an honor society, dedicated to promoting and rewarding teaching excellence, and a service organization, focused on supporting teachers of medicine.

The members serve students, residents and fellows; one another; and other faculty through a number of programs, including matched endowed chairs, innovations funding, and the teaching improvement program/teaching observation program (TIP-TOP).

“The activity that captures best the spirit of the Academy is TIP-TOP,” says Cooke. TIP allows faculty members to witness “master teaching” in an effort to improve their own. With

TOP, a faculty member requests an observation of his/her own teaching by a trained observer, who is a member of the Academy. “These are formative observations, not evaluative,” Cooke explains. “The observed teacher will meet in advance with the observer and say, ‘The students say I’m too abstract.’ Then the observer will watch a teaching session and afterward the pair meets again. The teacher will do a self-assessment and then the observer will provide some feedback.”

“People who possess clinical skills and knowledge may or may not innately have the skills to impart that knowledge to others,” says Andrew Goldberg, MD, Academy member and chair of the working group that oversees TIP-TOP. “Since some people have a tremendous amount of knowledge and experience, it seems appropriate that they pass it along.”

Of all the programs the Academy offers, TIP-TOP is just the tip of the iceberg. Members also conduct training workshops on everything from how to give an effective lecture to how to assemble an educator’s portfolio. Additionally, the Academy has established 20 endowed chair positions in medical education. And it’s helping to fund a number of innovative programs like Parnassus Integrated Student Clinical Experiences (PISCES).

“PISCES really breaks the mold of clerkships,” says Lowell Tong, MD, member of both the Academy and the

leadership group for PISCES. Instead of the traditional third-year clinical clerkships, where students spend two weeks in one specialty and then spend six weeks in another specialty and so on, PISCES operates clerkships in parallel. They do every specialty all year, working with attending physicians to follow a cohort of patients, Tong explains.

As the Academy inducts its sixth class this fall, Cooke notes its evolution. “When we first started, Haile Debas directed us to focus on undergraduate medical education because he wanted to make sure the clinical departments stayed engaged in the teaching mission of the school,” she says. “But it’s difficult to separate medical student and resident clinical education. So we are moving in a definite, but thoughtful, way to being much more inclusive of residency education.” Last year’s class of inductees was the first to include members whose teaching is primarily at the resident level.

In Phase 2 of the Academy’s existence – the next five years – Cooke says that the focus will be on two initiatives. Pathways to Discovery is the working name for the first. “Some people are physician-researchers, some are physician-educators, and some are physician-advocates,” she says. “We think the thing that comes after the hyphen is just as important as the physician part. Frankly, our students have always thought that. So we’re developing a set of programs that allow students and residents, while they’re becoming clinically excellent, to also develop depth as physicians.”

The second initiative for Phase 2 aims to link education to improved patient outcomes. Cooke says, “The way medicine is going, an internist will go into practice and end up with insurance companies saying, ‘Here’s your report card on your diabetic patients. How come 25 percent of them haven’t even had a key diabetic blood test in the past year?’ We want learners thinking, from the very beginning, ‘How can we make patient care better?’”

Kimberly Topp, PhD (center), receives the 2005-2006 Academy Outstanding Service Award for her contributions to faculty development and TIP-TOP. With Harry Hollander, MD, associate director of the Academy and Molly Cooke, MD, director



## The Academy Up Close

### Tracy Fulton, PhD, adjunct associate professor in biochemistry and biophysics



"Teaching is my passion; it's everything to me," Fulton says. She joined the Academy in 2004 and especially appreciates the TIP-TOP program (see story, left). "I've both had my own teaching observed by another academy member and I've been a TOPPER, on more occasions that I can count. TOP is a bonding experience between teachers because you realize that other people, too, are scared to get up in front of 140 students. It's so rare to get to have that interaction with another teacher."

### Lowell Tong, MD, professor of clinical psychiatry



Tong has been a member of the Academy since the first class in 2001. He's one of 20 fortunate members to hold an endowed chair in medical education. "I've used the funds to develop a program called Faculty Fellowship in Educational Scholarship in my department. Each year we accept two to three faculty members through a competitive process, and for a period of two years, help them launch a specific scholarly project in medical education. There's mentoring and a very tailored curriculum on educational principles, practice and scholarship, as well as encouragement and support for developing their own projects. It has been a very gratifying experience."

### Andrew Goldberg, MD, MSCE, professor of clinical otolaryngology – head and neck surgery



Goldberg joined the Academy last fall with the first class of members focused on resident rather than undergraduate medical education. He's one of several faculty members who lobbied for that change in the membership guidelines. He says, "Since in the clinical setting we commonly teach medical students and residents simultaneously, my educational efforts impact both groups. The recognition of the overlap between resident and medical student teaching is a key leveling factor in validating the Academy's important mission of teaching excellence. I'm very pleased to be a member of the Academy and am thankful that these contributions are recognized and enhanced through my membership."

## Trailblazing Faculty's Legacy Will Help Future Students

BY KATE VOLKMAN

What the friends of Ellen Brown, MD, remember most about her is that she loved the UCSF School of Medicine. She earned her medical degree here in 1939, then served on the faculty until her retirement in 1979. She was so dedicated to the school that her colleagues and students became her family. Upon her death at the age of 94 in October 2006, she gifted the school over \$100,000 through a charitable remainder trust.

Born in 1912 to Warner and Jessie Brown in San Francisco, Brown grew up in Berkeley. When she was 14 her older brother Fred died of complications from polio, and his loss greatly affected her, according to her friends. She attended UC Berkeley as an undergraduate, where her father was a professor of psychology.

A pioneer in the field of medicine, Brown was one of only a few women in her medical school class. She went on to become chief resident under William J. Kerr, MD, who was UC Chair of Medicine in the 1940s. She helped found the Cardiovascular Research Institute, which opened in 1958. In the 1960s and '70s she operated a lab for peripheral vascular research. And at the same time she coordinated the Introduction to Clinical Medicine course for first- and second-year medical students.

"Dr. Brown was one of the people who influenced the powers that be to organize the course by organ systems," says Judy Serrell, Brown's former assistant.

Former student Karen Deveney remembers, "Dr. Brown attended pretty much every single lecture in that course. She was always there in the lecture hall, making sure that every teacher was accomplishing what they were supposed to."

"She was very concerned about students who were having trouble," says Serrell. "When we matched students with instructors, she really tried hard to make sure that somebody who was good with students would get paired with students who needed extra help."

It's no surprise then that Brown's gift to the School of Medicine is for the improvement of teaching for medical students.

In 1989 she received the UCSF Medal, awarded to individuals who have made outstanding personal contributions to the University's health sciences mission.

While she never married, Brown created her own family through lifelong friendships with Serrell, Deveney and Deveney's husband Cliff, also a former student who worked in her vascular medicine lab. Among her closest friends was the family of Otto E. Guttentag, a long-time colleague at UCSF.

Guttentag's son Lucas remembers Brown for her strong values and generous spirit. "She had a clear sense of right and wrong," he says. "She was a strong-willed person who was deeply loyal and incredibly generous to everyone who was part of her extended family. We all especially remember how she made us part of her life at her beloved cabin at Lake Tahoe where friends and colleagues spent idyllic summers."

> To learn more about planned giving opportunities at UCSF, contact the Office of Gift Planning at 415/476-1475 or [plannedgiving@support.ucsf.edu](mailto:plannedgiving@support.ucsf.edu).



Ellen Brown

# Good, Bad and Ugly of California's Medical History on Display

BY JODY DUNCAN

Tucked away in a small amphitheater on the Parnassus campus of UCSF, the history of medicine in California unfolds in a series of arresting murals by noted fresco painter Bernard Zakheim, a one-time student of Diego Rivera.

Zakheim came to San Francisco in 1920 from Poland, via Paris, seeking political asylum after World War I. He finished his art studies at what is now the San Francisco Art Institute and, among other projects, painted part of the murals that decorate San Francisco's Coit Tower in North Beach.

In 1937 he was commissioned by the Federal Art Project, one of Franklin D. Roosevelt's programs to support the arts during the Great Depression, to portray the history of medicine in California on the walls of Toland Hall. At the time, it was the main clinical amphitheater in the School of Medicine.

Zakheim chose to portray not just the good and heroic side of this history. Perhaps as a consequence, or perhaps because of his leftist-leaning political views in a wary America on the brink of Cold War, Zakheim's murals were plastered over with wallpaper in the late 1940s, presumably because they were distracting from lectures.

The murals remained covered, despite the protests of artists worldwide, until the early 1960s. Removing the wallpaper damaged as much as 50 percent of the murals, but thanks to the efforts of Zakheim's oldest son, Nathan, they have been painstakingly restored to near original condition.

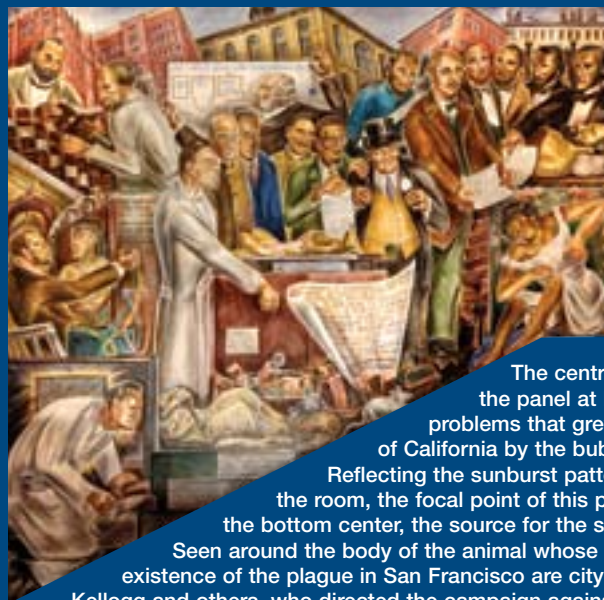
Zakheim decided to incorporate the sunburst design of the lecture hall into his paintings, where the panels radiate out from a center point, as does the architecture of the room. These pages feature a sampling of the murals with captions noting just a few of the significant characters and situations that pack each scene. The next time you're on campus, take a minute to duck into Toland Hall in UC Hall and view this fascinating piece of artistic history firsthand.



Zakheim's story begins in the center of the back wall, with the history of medicine in Northern California wrapping around the room to the left, and Southern California wrapping to the right. Part of the beginning panel can be seen here with a Native American greeting the morning sun. This image also depicts Sir Francis Drake supervising the autopsy of his younger brother, and Native Americans offering to Padre Junipero Serra the three most significant herbs contributed by California to modern medicine: mountain balm, sacred bark and gum plant.



This panel depicts the invasion of California by a strange people, a new religion, and the foreign diseases that almost exterminated the native population. Dr. Don Pablo Soler, the most distinguished of the Spanish surgeon-generals, can be seen in the center attending a Native American who has been badly gored by a bull. Also to be seen are General José Castro, and famous trapper and prospector "Peg-Leg" Smith.



The central episode of the panel at left illustrates the problems that grew from the invasion of California by the bubonic plague in 1900. Reflecting the sunburst pattern characteristic of the room, the focal point of this panel is on the rat in the bottom center, the source for the spread of the disease.

Seen around the body of the animal whose death proved the existence of the plague in San Francisco are city bacteriologist Wilfred Kellogg and others, who directed the campaign against the political forces that fought to suppress the acknowledgment of the presence of plague in the city.



The panel at right is dedicated to the multiple activities of the University of California Medical School. The same sunburst design is evident, this time radiating from a guinea pig which is meant to represent research. In the upper left corner is Dr. Lucy Wanzer, the first woman to enter the school. Among the group of men occupying the center of the picture are Dr. Herbert C. Moffitt, the most distinguished clinician on the Pacific Coast at the time, and Dr. Robert Langley Porter.



This panel is dedicated to pioneer physicians of Southern California. Namely, Dr. Richard Den, the popular Irish doctor of Los Angeles, and Dr. Cephas L. Bard, the first American physician of Ventura County. Dr. John S. Griffin can be seen examining a soldier suffering from malaria. Across from Dr. Griffin is Dr. Joseph Pomeroy Widney, a member of the first class in the Toland Medical School in 1865, who later helped found and presided over the University of Southern California.



Two of the figures depicted in this panel are Dr. Hugh Huger Toland, for whom the lecture hall is named, and Dr. Victor J. Fourgeaud, accompanied by his wife and son. Fourgeaud holds the title page of his monograph on diphtheria, a notable contribution to the study of the disease, which he wrote after the epidemic of 1856.



This panel is a tribute to the achievements of the Hooper Foundation for Medical Research in the application of the biological sciences to the problems of medicine and public health.



This panel is dedicated to the field of science as a whole – past, present and future. The large wheel in the center symbolizes the early development of modern science, called into existence by the necessity of the troubled humans in the foreground. The bearings upon which this wheel turns are engraved with the names of the men who laid the foundation for present scientific knowledge.

# ClassNotes

**Read more class notes online** — There are hundreds more class notes online at [www.ucsfalumni.org](http://www.ucsfalumni.org). You can add your own class note and digital photo to keep your classmates updated. If this is your first visit to the site, you will need your community ID number as a temporary password. Your ID is printed next to your name on the address portion of this magazine.

## 1940s

■ **Robert A. Mendle, MD '42**, and his wife, Barbara, married in his senior year and have resided in the same home in the San Francisco Bay Area for the last 57 years. They lost a son, Robert T. Mendle, in November. Mendle and his son, who attended the Medical College of Virginia, practiced general medicine together for 13 years. Mendle began his medical career at Mount Zion, followed by two years at Kaiser Permanente, where he thinks they repaired every hernia of the transported Southwest population at the shipyards. When the Army called him up, he served at the 279th Station Hospital in Berlin, Germany, for two years and then went back into practice until he was 85. He is a docent at the California Academy of Science and enjoys travel, which he says was a constant pleasure, but now sounds like a chore. He favors this quotation from a dear former patient of his: "Old age is inconvenient."

■ **Charles A. Berry, MD '47**, discontinued his patient practice in December 2006. He continues to consult on aerospace medical issues. He also continues to teach residents in aerospace medicine at the University of Texas Medical Branch (UTMB) and the United States



Air Force School of Aerospace Medicine in San Antonio, Texas. The Charles A. Berry, M.D. Space Medicine Library was established and dedicated at UTMB in Galveston, Texas, in March 2003. He is presently writing a book about his aerospace medicine experiences.

■ **Quentin Bonser, MD '47**, spent 40 years in general surgery in Placerville, Calif., where he saw lots of trauma from Highway 50. He served 10 years on the



American College of Surgeons trauma committee, was past president of Naffziger Surgical Society, and served 20 years as chairman of the Marshall Hospital Educational Nursing Scholarship Fund. He also served as a surgical consultant in Vietnam during three tours of two months each in 1970, 1971 and 1972. He has received numerous awards. His interests include trauma and amateur astronomy. In 2005, he and his wife, Loellen, celebrated their 60th wedding anniversary.

■ **Charles Kleeman, MD '47**, was on the faculty of UCLA School of Medicine from 1956 until his retirement in July 1994. He had many plans for his retirement, which never came to fruition because he couldn't cut the "umbilical cord" to medicine, becoming the Factor Family Foundation Emeritus Professor of Medicine at UCLA. He remained a "volunteer" at the UCLA Medical Center and West Los Angeles VA Medical Center in their departments of medicine and divisions of nephrology. And he continued to see consultations in his specialty areas two-and-a-half days a week. He and his wife, Annette, enjoy cycling, walking and exploring around West LA and Santa Monica.

They have three daughters and six grandchildren, of whom they are very proud. In June of this year the couple celebrated 62 years of marriage!



## 1950s

■ **Esther E. Alcorn, MD '52**, practiced family medicine with a partner and an HMO. She spent many years as a Planned Parenthood clinician, and nearly 50 years in vocational rehabilitation for the State of Arizona. She served in well-child and medical clinics in Pima County, Ariz., and 10 years at Pascua Indian Village. In 1949 she married Stanley M. Alcorn, a plant pathologist and farmer who passed away in April 1999. They had four sons, the first of whom was born during her second year of medical school. Since her husband's favorite hobby was farming, the Alcorn family spent much of every summer on the farm raising peaches, almonds and walnuts. From 1999 until this year she was managing partner of Alcorn Farms. She has an interest in foreign travel and genealogy. She published a book *Kinships* in 1999 and currently is working on publishing some books of poetry, one of which is based on medical subjects. She has seven grandchildren.



■ **Albert D. Hall, MD '52**, has been at or around UCSF for 55 years. If he counts his undergraduate years at Berkeley, it's over 60. He can truly say that he has been blessed with exceptional classmates, mentors and colleagues, and most importantly, exceptional students and patients. These years nearing his ninth decade have been his golden years of medicine. Hall continues with seminars at the San Francisco VA, where he was formerly chief of the surgical service, and attends surgical rounds at UCSF at 7 a.m. each Wednesday. He and his wife, Shirley, have traveled the continents and upon their



return reconfirm that they are fortunate to live where they do. They have two sons and two daughters, who have made them grandparents times four. They are proud of them all.



■ **Lee Sorenson, MD '52**, feels he was in an outstanding class. He completed an ophthalmological residency at UCSF and has been in practice in Berkeley. He still works four mornings a week. He and his nurse of 30 years plan to work at least 10 more. He is in practice with his two of his sons, Bob and Andy, which is both fun and challenging, as they are always testing his knowledge. Sorenson has been on the teaching staff at UCSF for 50 years, and was active in ophthalmological societies, as well as medical staff president. He and his wife, Ann (*above*), are active in golf, tennis, biking, skiing, swimming and hiking. They also play a lot of music

together and have a few music parties every year. Ann plays the piano; she is very good. He plays the guitar and thinks he's very bad. They have five sons: John, Bob and Andy are all ophthalmologists; Bruce is a printer and Danny is a nuclear physicist.

■ **David Costanza, MD '57**, says his life has been a blast since graduation in 1957. He and his wife, Sherry, have four children and three grandchildren. After a tour as a Medical Officer in the USNR, he returned to complete training in internal medicine at UCSF. They moved to Marin where he practiced for 40 years. Costanza chaired and served on many hospital and medical society committees. His last recognition was for establishing and chairing the bioethics committee at Marin General Hospital. Costanza is known as a jokester and offers his class this FINAL quiz. He says that if you flunk it, you have to start over again at the new Mission Bay facility, giving your DNA and stem cells.

Who was. . .

1. Miss Murphy?
2. JBdeCM (spell his name)?
3. Dirty Ralph?
4. The person who ate Lifesavers during Salvatore Pablo's lectures on nutrition?

5. The White robed "GOD" at Laguna Honda?
6. Dianne's father?
7. The one who uttered "Deep Breath"?
8. Sweetie Sweet?
9. TS who would cut your thyroid out if you let him?
10. Lastly, does your diploma state that you graduated from UCSF?

## 1960s

■ **Herbert Webb, MD '67**, has been in private practice for 30 years in San Pedro, Calif., near UCLS-HGH where he was, for a short time, on faculty. His major research in low-tidal-volume ventilator modalities for ARDS treatment became famous, leading eventually to the work of several other research centers, cutting mortality nearly in half. He gives a special thanks to the incredible pulmonary teaching at UCSF, especially from Don Tierney, MD, and at Harbor General. Webb has no plans for retirement – he says that's too scary, and besides, still more than half



*continued on next page*

# Officer, Humanitarian, Bachelor – and UCSF Grad

BY KATE VOLKMAN

It has been quite a year for U.S. Navy lieutenant Andy Baldwin, MD '03.

The avid triathlete won the 2007 *Triathlete Magazine* Humanitarian Award and was named Humanitarian of the Year by *Competitor Magazine*. In December 2006 *Outside* magazine numbered Baldwin – a three-time U.S. Triathlon All-American – 64 on its list of the Top 100 Most Influential People.

That was the year he treated more than 600 Laotians for lice, scabies, worms and liver flukes, among other ailments like malnutrition. He went to Laos when the Navy asked him to serve as group surgeon for a team of 50 military personnel on a one-month mission to recover the remains of U.S. POW/MIAs from the Vietnam War. While there he also visited remote mountain villages to care for the sick and injured.

On his website Baldwin writes, "The beauty of treating infections in the Third World is that there is virtually no antibiotic resistance. Basic penicillin kills just about anything. If only it were that way in the States."

To top it off, this spring he starred in ABC TV's 10th season of "The Bachelor – An Officer and a Gentleman." He



Andy Baldwin treating a child in Laos

became engaged to San Francisco resident Tessa Horst, to whom he proposed on the set of the romance reality series.

Now an undersea medical officer in Hawaii, Baldwin has continued his humanitarian work as a volunteer at Aloha Medical Mission in Honolulu, a nonprofit medical group that runs a free clinic for uninsured patients. He also coordinates missions to help impoverished communities overseas.

# In Memoriam

Charles V. Soracco, MD '33

Herbert Greenhood, MD '41

J. George Moore, MD '42

Paul A. Newton, MD '42

Keichi Shimizu, MD '42

Walter M. Tasem, MD '42

Willis G. Watrous, MD '45

Alfred Wheeler Childs, MD '46

William J. Koser, Jr., MD '46

Virginia Pallais, MD '46

H. Earl Gordon, MD '47

Joseph P. Mark, MD '50

Robert V. Balfour, MD '52

Louis Zimmerman, MD '52

Leland J. Harris, MD '55

Donald R. Bjornson, MD '57

Robert A. Campbell, MD '58

Tadami Yamanaka, MD '61

Allan A. Bayer, MD '64

## FACULTY, HOUSESTAFF

Charles M. Binger

Rolf Eissler

Richard J. Haber

Mamiko Kawai

**CORRECTION** – Last issue we incorrectly included Douglas Beers, MD '77, in our "In Memoriam" list. Our apologies to Dr. Beers, who wrote to let us know that he is still teaching and practicing internal medicine in Portland, Oregon (see *his Class Note on the opposite page*).

of his days are more rewarding than they are a hassle. His spare time is spent gardening, fitness training at the gym – he's in his best shape since college – b-ball, fly-fishing and skiing. Best of all is hanging out with two of his great buddies from UCSF, Larry dePolo and Ron Smith. He's also very thankful for a great second wife of 19 years. He has two wonderful children and fascinating young grandchildren.

■ **Peter C. Johnson, MD '67**, was named one of "The Best Doctors in America" and has 110 referred full-journal articles. He is a principle investigator of four NIH grants totaling \$3 million. He is chairman of neuropathology for Barrow



Neurological Institute, and professor of pathology at the University of Arizona. Johnson enjoys sailing – he has sailed the Sea of Cortez and along the East Coast – flying commercial

instruments, fly fishing, hunting, skiing, scuba diving, riding mules and landscape photography. He and his wife, Maryann, celebrated their 40th wedding anniversary in 2006.

## 1970s

■ **Irving K. Loh, MD '72**, completed his residency in internal medicine at Moffitt. He spent three years at NHLB/NIH in both intra- and extramural divisions, then went to Cedars-Sinai first as a fellow, then as a faculty member in cardiology and surgical cardiology. He's been in practice in Thousand Oaks, Calif., since 1980. He later founded the Ventura Heart Institute for preventive cardiology, clinical research and education programs, and lectures on cardiovascular disease management and information technology.



He was a White House surrogate speaker for healthcare reform in 1993-94, and also writes a newspaper column. He's been married 24 years to Trudi. They have four children: Jason, an executive with Oracle, Becky, a paralegal in Los Angeles, and Amanda and Alyssa are at Cal and a junior in high school, respectively. Drop a note to: drloh@venturaheart.com



■ **Eugene V. Moffett, MD '72**, is in his 25th year of practicing cardiology in Chico, Calif. He is planning to expand to CT angiography soon, and practice another 8-10 years. He and his wife are leaning toward moving back to San Francisco for retirement. Moffett is busy with travel and keeping up with family. Pictured is the wedding of his oldest son, Andy. Andy and his wife live in Menlo Park. Daughter Emily works as a design specialist for an advertising company, also in Menlo Park, and lives in San Francisco. Nate is studying in Dublin (Ireland) in preparation for business school.

Moffett and his wife, Bonnie, have a cabin at Tahoe Donner and hope to spend more time there. They are enjoying the semi-empty nest so far.

■ **Larry K. Heath, MD '72**, spent his entire career as an internist, and moved to the Urgent Care Department of the Mansfield Clinic six years ago. After serving as department chairman and head of the teaching program for four years, he decided to cut back on his responsibilities and now works on a half-time basis in urgent care. Heath recently spent five years serving as a supervisor on their local town board in Wisconsin. He took a year off for traveling, which included two trips to Guatemala, one to New Zealand and a prolonged journey to Bolivia. Heath's greatest joy is sharing life with his wife, Jeanette, to whom he's been married for 28 years. They have three sons: Josh, 33, is his stepson and an instructor in the



School of Architecture at Yale. Ben, 26, works in Las Vegas for a security firm, and Jesse, the youngest, is in his first year of law school at American University in Washington, D.C. Though empty

nesters, they have two dogs, three cats and a horse to keep them from getting too lonely.

■ **Douglas Beers, MD '77**, was recently forwarded a copy of the UCSF alumni magazine. He noted that his name appeared on the list "In Memoriam," an observation that "surprised my wife more than myself." He is still teaching and practicing internal medicine in Portland, with a large component of HIV and HCV disease. With two sons approaching college and a career of low-roller work, he's in no danger of retiring in the next 10–15 years.

■ **José M. Perez, MD '77**, has been at Miller Children's Hospital at Long Beach Memorial since graduating in July of 1977. He has been a neonatologist since 1981, and is president of Neonatal Medical Associates, Inc., and medical director of NICU at St. Mary's Medical Center in Long Beach. He enjoys teaching UCI medical students and pediatrics residents, as well as the neonatology fellows. With what time he has left, he enjoys theater (South Coast Repertory, and Laguna Playhouse) and his Dodgers. He and his wife, Chris, have two children: daughter, Lisa, graduated from Northwestern University with a degree in Theater Arts and is now an actress in Los Angeles. David graduated from the University of San Diego with a degree in Business Administration and a minor in Spanish and has become a successful personal trainer in Los Angeles.

■ **David E. Thorburn, MD '77**, has had a solo ophthalmology practice in Turlock, Calif., for the last 25 years. He has coached competitive soccer for over 20 years and has been running a 20-acre almond ranch for the past 23. He and his wife have raised six children, five of whom are now college graduates (all working), with the youngest still in college, recruited to play soccer.

## 1980s

■ **James Kahn, MD '82**, joined the UCSF faculty on July 1, 1987, and has remained here at San Francisco General Hospital. His focus has been HIV disease pathogenesis, with a new interest in medical informatics. Kahn just finished copyrighting a software application and is licensing it to UC Davis. He tries with almost no success to get anyone in his family to golf with him. He also enjoys cooking, and exploring San Francisco and the local artists who specialize in oils. He likes the new, the unusual, and the quirky things in life. Kahn is now married to a wonderful woman, Karen, who has brought two lovely twins into his life. He also has a daughter graduating from UC Davis and another who is a junior in San Francisco. He and Karen have been to Australia, Vietnam and Cambodia. They planned to take all four children to Israel in the spring of 2007.



■ **Susan D. Ehrlich, MD '82**, completed her residency at Children's Hospital in Oakland, Calif., then went into private practice with Berkeley Pediatrics. She moved to Madison, Wisconsin, in August of '93 and is currently clinical professor of pediatrics at the University of Wisconsin Medical School. She and her husband, Jim, are empty nesters who have a great time ballroom dancing, chasing after two Pyrenees, and trying to keep up with their kids' lives. Jim continues to practice civil rights law in Madison. The couple will be celebrating their 30th wedding anniversary this summer and have two sons: Aaron graduated from Oberlin, spent a year in Japan, and is getting married next spring. Sam is studying film and theatre at the University of Iowa.



■ **Gerald and Yvonne Gollin, MD '87**, Gerald is happy working in pediatric surgery, and plays tennis as often as possible. Yvonne is happy doing part time work as a maternal-fetal medicine

specialist. She loves their travels to Europe together. The couple both work at Loma Linda Medical Center in California and have two children: Ben and Nick.

■ **Sharon Windsor Smith, MD '87**, and Tom Hunt, MD, completed their family practice residency in Modesto, Calif. in 1991, then left for a year to work for the Himalayan Rescue Association near a Mt. Everest base camp. They then traveled in India, Kenya (visiting Nancy Chickering who was working on Lake Victoria), Thailand (practicing silent meditation) and newly opened Vietnam. They returned to join the faculty of the residency program in Modesto and had Tyler, the first of two children. They moved to Alaska in 1995 to practice full spectrum family medicine. They both worked part-time raising Tyler and his sister, Taryn, who arrived in 1996. Four years ago Tom became a full-time medical director and Sharon cut back to half-time. They also care for HIV patients in Alaska outside of the Native system.

Smith enjoys running, hiking, climbing, biking and skiing, with skate skiing being her athletic passion. The children are wonderful musicians; her son, Tyler, has motivated her to take up the violin again. The couple celebrates 20 years of marriage this year.

■ **Melinda Longaker, MD '87**, practiced dermatology for six years in New York City. She moved back to the Bay Area in 2000 where she joined another woman in private practice in Menlo Park. They enjoy working together and consulting for Philosophy Skin Care.

During her internship, she married Michael Longaker, MD, who is now an academic craniofacial surgeon. They have two sons: Daniel, born in 1999, is in first grade and spends his free time skateboarding while Andrew, born in 2000, is in preschool and tries to keep up on his Razor.

With little spare time, Longaker still runs whenever she can, and keeps in touch with friends (like Barbara Natterson) with late night phone calls after the children are in bed.



*continued on next page*

## 1990s

■ **Jess E. Alderman, MD '97**, graduated from Harvard Law in 2000. For the past several years he has been working at Northeastern University in Boston at the Public Health Advocacy Institute, a university-based think tank, as well as directing the Public Health Legal Clinic and teaching in various legal graduate programs. He and his partner, John, have recently relocated to upstate New York where he has accepted a position at SUNY Buffalo's law

school. He will direct their JD/MPH and JD/PharmD programs as well as teach several health-related law courses. On a personal note, Alderman was thrilled to be able to run the in Antarctica Marathon in February of 2007.

■ **Ron A. Birnbaum, MD '97, and Lisa J. Zwerling, MD '97**, have been married since 1998 and now live in Los Angeles with 2-year-old son Otis. Ron recently finished four years of active duty as a Navy doctor and is now a post-doc in an immunology lab at Harbor/UCLA. Lisa works as a writer on

the show "ER" (see Q&A below) and as a part-time pediatrician.

■ **Nicole Hartnett Kehoe, MD '97**, and her husband live in Ojai, Calif. They are fixing up their home in the country and look forward to sharing it with children in the future. She loves working at the community health center in Santa Paula in full spectrum family practice with obstetrics, serving mostly migrant farm worker families. She also teaches at Ventura Family Practice Residency and finds it fun. She will become chief of the family practice department at Ventura County Medical Center in 2007–2008.

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# Alumni Q&A

## Lisa Zwerling, MD '97

WRITER FOR THE  
TELEVISION SHOW "ER"

### Q: How did you get involved with "ER"?

**A:** I was always interested in creative writing and wrote a few plays before medical school. After finishing pediatrics residency on the East Coast, I moved back to LA to be closer to family. A friend from my pre-med school days recommended me to a writer/producer who was looking for "a doctor who could write" to help her develop a medical show about doctors in San Francisco. My UCSF credentials helped me get the job. That show, "Presidio Med," was cancelled during the first season but it led to my being invited to join the writing staff of "ER."

### Q: Why do you do it?

**A:** It's a lot of fun and also an incredible public health tool. Every episode offers an opportunity to educate viewers about medical and social issues.

### You started as a medical technical advisor, then became a writer, and are now a co-producer. Which do you enjoy most? Have you considered working in television full time?

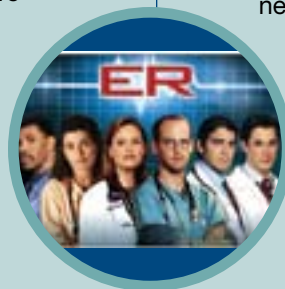
**A:** I started as a technical advisor on "Presidio Med" but have been a writer or writer/producer for my entire time at "ER." Tech advisors work primarily on the set with the actors, directors and crew to ensure medical accuracy. It's a challenging job but a lot of fun. Being part of a writing staff is very different. Much of the process is done as a group and I love sitting around and developing stories with the other writers. The nitty gritty work of drafting a script is more of a solo effort and requires discipline and focus that I sometimes struggle to muster. But ultimately it's hugely rewarding. I still find it thrilling to see a script go from a document to a produced episode in a matter of weeks. I do currently work full time on the show but squeeze in occasional shifts as a pediatrician at a free clinic.

### Q: How important is authenticity to the show's creators/producers?

**A:** Very. A commitment to medical authenticity has always been fundamental to the show. Doctors on the writing staff and the set collaborate with directors, propmasters and production designers to give the show its trademark medical realism.

### Q: How authentic/realistic is the show?

**A:** We are sometimes forced to fudge reality in order to serve the dramatic needs of our stories but we try to keep the cheating to a minimum. We routinely compress time though – anyone who's ever been to an ER knows it's impossible to be seen, treated and discharged within an hour.



### Q: Do you ever get to visit the sets?

**A:** Our writers' offices are on the same lot where we shoot the show so we get down to the set all the time.

### Q: Ever get to meet any of the actors?

**A:** Of course! We work closely with the actors to discuss and clarify storylines and characters. Our cast is insightful and down-to-earth so this part of the job is easy.

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## *Robert C. Lowery, Jr., MD '76*

I have been a contributing member to the Medical Alumni Association since graduation. Being a **Life Member** allowed me to ensure that this status would never lapse. Perhaps more importantly, it gives me the ability to donate more dollars to the alumni association for endeavors other than membership. All that I have been able to become, to do and to contribute, I owe to UCSF, a truly "life-changing" experience!

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