New Beginning

A hospital that began its existence as a small community facility is reimagined as the Santa Monica campus of UCLA Health System.
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Cover: Tom Bonner Photography

Dear reader:
Share your thoughts with us. Submit letters to: EditorMedicine@mednet.ucla.edu.
THE INVISIBLE BACKBONE. Information technology is the unseen scaffold supporting the delivery of healthcare, scientific discovery and medical education.

LIKE THE STETHOSCOPE, information technology (IT) is now an indispensable instrument in clinical care. Though less venerable, and often less visible, IT has become a potent force in the art and science of medicine. This year, three crucial information-technology programs will reach major milestones in UCLA Health System and the David Geffen School of Medicine at UCLA, and they will ultimately create the knowledge backbone needed to propel us into the next decade of patient care, scientific discovery and medical education.

CareConnect, the first of these programs, is creating a comprehensive electronic-health-records system. The CareConnect program transforms the way care is delivered by aggregating information about patients and making it available not only to caregivers, but also to the patients themselves. The elements of this momentous program include the concepts of:

- One person, one chart
- One scheduling system
- Immediate access to patient status for all UCLA doctors and referring physicians

By the end of 2012, our health providers will no longer have to sort through multiple applications and paper records to get a complete picture of a patient’s health status. A single application will provide access to the full record. More than 15 CareConnect workgroups, representing physicians, nurses and operations personnel, will implement this patient-centric construct, which links dynamic healthcare practices to powerful data technology, transforming the way UCLA delivers healthcare.

Another program, the UCLA Data Repository, or xDR, is establishing a new data and analytics program to support research and care transformation. The “x” in “xDR” stands for a variable of the unknown – to emphasize the inscrutability of future needs. The xDR will house CareConnect data and augment them with information from other databases, internal and external to UCLA. Research repositories from our Clinical and Translational Science Institute, and exploratory platforms in the Institute for Innovation in Health, will rely on the xDR, which will enable analytics and data mining on a heretofore unobtainable scale.

Querying large quantities of health data can vastly improve the precision of answers obtained, and the ability to relate one silo of data to another speeds up the process of analysis, and thereby of decision-making. The UCLA xDR program thus will deliver both the velocity and the data-management capacity needed to power real-time analyses that promote more evidence-based medicine.

The third effort, IT Operations Upgrade 2012 program, will increase the capacity and efficiency of UCLA Health Sciences’ information-moving backbone. This program aims to reduce the unit cost of IT services, such as storage, e-mail management, data centers and application maintenance, while increasing valuable services, such as support for mobile computing and video. The Operations 2012 program is taking aggressive steps to reduce unit costs, while concurrently upgrading capacity to support CareConnect and the xDR programs.

Importantly, these three cutting-edge IT programs are also facilitating innovative teaching methods and new educational models. And independently and in concert, they will ensure that the next decade yields strategic assets in the form of more useful data, efficient analysis and new knowledge – knowledge that promotes health, prevents disease and improves the lives of people worldwide.

Vice Chancellor, UCLA Health Sciences
Dean, David Geffen School of Medicine at UCLA
Gerald S. Levey, M.D., Endowed Chair
The current study demonstrates a possible link between this type of inflammation and pancreatic cancer and pancreatitis.

A UCLA STUDY has found variations in the types of bacteria found in the saliva of patients with pancreatic cancer and pancreatitis, compared with healthy controls. The findings may offer a new non-invasive biomarker to diagnose and track the development of these diseases. Pancreatic cancer is extremely deadly – only 5 percent of patients survive five years after diagnosis.

Previous studies have highlighted periodontal disease, which is related to inflammation of the gums, as playing a possible role in the development of systemic diseases such as heart disease. The current study demonstrates a possible link between this type of inflammation and pancreatic cancer and pancreatitis.

Researchers James Farrell, M.D., director of the Pancreatic Diseases Program at UCLA, and David Wong, D.M.D., the Felix and Mildred Yip Professor of Dentistry and associate dean of research at the UCLA School of Dentistry, found that 31 types of bacterial species were increased in the saliva of patients with pancreatic cancer, compared with healthy controls, and that 25 types of bacteria were reduced.

For example, a type of bacteria known as granulicatella adiacens, which is associated with systemic inflammation, was found to be elevated in pancreatic-cancer patients. Also, a bacteria called streptococcus mitis, which may play a protective role against inflammation, was lower in patients with pancreatic cancer.

The findings, published in the journal Gut, add to growing evidence that saliva may be a credible biomarker source to track and diagnose non-oral diseases. The study also offers new research directions for focusing on inflammation as a contributor to pancreatic diseases.

Detecting Pancreatic Cancer in Saliva
Visualizing the Web of Depression

DEPRESSION IS ONE OF THE MOST COMMON MENTAL DISORDERS in the elderly, but little is known about the underlying biology of its development in older adults. In a small study published in the journal Archives of General Psychiatry, UCLA researchers used a unique brain scan to assess the levels of amyloid plaques and tau tangles in older adults with a type of severe depression called major depressive disorder (MDD).

Previous research has suggested that plaque and tangle deposits in the brain — hallmarks of Alzheimer’s disease and many dementias — are associated not only with memory loss, but also with mild symptoms of depression and anxiety in middle-aged and older individuals. The team wanted to see what the brain-scanning technique developed at UCLA would find in older people with MDD.

UCLA researchers created a chemical marker called FDDNP that binds to both plaque and tangle deposits, which can then be viewed through a positron emission tomography (PET) brain scan, providing a “window into the brain.” Using this method, researchers are able to pinpoint where in the brain these abnormal protein deposits are accumulating.

Researchers compared the FDDNP brain scans of 20 older adults between ages 60 to 82 who had been diagnosed with MDD with the scans of 19 healthy controls of similar age, education and gender. They found that in patients with MDD, FDDNP binding was significantly higher throughout the brain and in critical brain regions, including the posterior cingulate and lateral temporal areas, that are involved in decision-making, complex reasoning, memory and emotions.

“The findings suggest that the higher protein load in critical brain regions may contribute to the development of severe depression in late life,” says Gary Small, M.D., the Parlow-Solomon Professor on Aging and a professor of psychiatry at the Jane and Terry Semel Institute for Neuroscience and Human Behavior at UCLA.

Researchers also found that similar protein-deposit patterns in the lateral temporal and posterior cingulate areas in patients were associated with different clinical symptoms. Some patients demonstrated indicators of depression only, while others displayed symptoms of mild cognitive impairment as well.

Dr. Small notes that previous research has shown that depression may be a risk factor for or a precursor to memory loss, which can later lead to dementia.

“We may find that depression in the elderly may be an initial manifestation of progressive neurodegenerative disease,” says the study’s first author, Anand Kumar, M.D., head of psychiatry at the University of Illinois at Chicago.

According to Drs. Small and Kumar, more follow-up over time is needed to evaluate the significance of the outcomes of the study’s patient subgroups. Such research will help further assess if depression later in life might be a precursor to mild cognitive impairment and dementia.

In addition, the researchers said, FDDNP used with PET may also be helpful in identifying new treatments and in tracking the effectiveness of current antidepressant therapy and medications designed to help reduce abnormal protein build-up in the brain.

The Rhythm of Learning

THE BRAIN LEARNS THROUGH CHANGES IN THE STRENGTH OF ITS SYNAPSES in response to stimuli. Now, in a discovery that challenges conventional wisdom on the brain mechanisms of learning, UCLA neurophysicists have found there is an optimal brain “rhythm,” or frequency, for changing synaptic strength. And further, like stations on a radio dial, each synapse is tuned to a different optimal frequency for learning.

The findings, published in the journal Frontiers in Computational Neuroscience, may lead to possible new therapies for treating learning disabilities.

“Our work suggests that some problems with learning and memory are caused by synapses not being tuned to the right frequency.”

A change in the strength of a synapse in response to stimuli is induced through so-called “spike trains,” series of neural signals that occur with varying frequency and timing. Previous experiments demonstrated that stimulating neurons at a very high frequency strengthened the connecting synapse, while low-frequency stimulation reduced synaptic strength.

During real-life behavioral tasks, neurons fire only about 10 consecutive spikes, not several hundred. And they do so at a much lower frequency — typically in the 50-spikes-per-second range. In other words, says Dr. Mehta, “spike frequency refers to how fast the spikes come. Ten spikes could be delivered at a frequency of 100 spikes a second or at a frequency of one spike per second.”

“The expectation, based on previous studies, was that if you drove the synapse at a higher frequency, the effect on synaptic strengthening, or learning, would be at least as good as, if not better than, the naturally occurring lower frequency,” Dr. Mehta says.

“To our surprise, we found that beyond the optimal frequency, synaptic strengthening actually declined as the frequencies got higher.”

Not only does each synapse have a preferred frequency for optimal learning, but also for the best effect, the frequency needs to be perfectly rhythmic — timed at exact intervals. Even at the optimal frequency, if the rhythm was thrown off, synaptic learning was substantially diminished.

Their research also showed that once a synapse learns, its optimal frequency changes. This learning-induced “detuning” has important implications for treating disorders related to forgetting, such as post-traumatic stress disorder, the researchers said.
UCLA in the Community

MORE THAN 70 UCLA HEALTHCARE PROVIDERS were among the physicians, nurses, dentists and other medical professionals, who offered their services to indigent and underinsured patients during a four-day free clinic in October 2011 at the Los Angeles Sports Arena.

Among the many services provided to the some 1,200 patients seen each day were mammograms, cancer screenings and eye care, including surgery in some cases.

“We saw so many people whose vision has been blurry for years,” says Faye Oelrich, program manager of the UCLA Mobile Eye Clinic. “One of our most touching cases was a young woman who has had a crossed eye since childhood, which you could tell she was very self-conscious about. She came to tears when we told her we could correct her eye with free surgery.”

The clinic was sponsored by CareNow, an organization focused on providing healthcare to uninsured and underinsured urban communities. About 23 percent of Los Angeles County residents have no health insurance, according to CareNow.

“I had another woman who has needed cataract surgery for years,” Oelrich recalls. “She wouldn’t have been able to pass the eye exam at the DMV, even with glasses, but she can’t afford surgery. She didn’t speak much English but broke down sobbing when she understood we would give her the surgery and said, ‘I’m crying because I’m so happy.’”

UCLA cardiologist Ravi Dave spent his day helping patients like Edmund Dominguez, a 53-year-old whose blood pressure was so high, Dr. Dave cautioned him it was only a matter of time before he had a stroke if he didn’t take medication.

Treating patients in such serious need of care makes Dr. Dave feel that he’s contributing significantly to the broader community. “It is special because we get to help the people who need help the most,” he says.

To watch a video about the CareNow/L.A. clinic, go to: www.uclahealth.org/carenow

Fish Oil Lowers Prostate Risk

MEN WHO ATE A LOW-FAT DIET WITH FISH-OIL SUPPLEMENTS for four to six weeks before having their prostate removed had slower cancer-cell growth in their prostate tissue than men who ate a traditional, high-fat Western diet, according to a study by researchers at UCLA’s Jonsson Comprehensive Cancer Center.

The researchers also found a change in the composition of cell membranes in both healthy cells and cancer cells in the prostates of men on the low-fat, fish-oil-supplement diet. The membranes had heightened levels of omega-3 fatty acids from fish oil and decreased levels of omega-6 fatty acids from corn oil, which may directly affect the biology of the cells, though further studies are needed, says urologic oncologist William Aronson.

The short-term study, published in Cancer Prevention Research, also found that blood obtained from patients after the low-fat, fish-oil diet slowed the growth of prostate-cancer cells in a test tube, while blood from men on the Western diet did not slow cancer growth.

“The finding that the low-fat, fish-oil diet reduced the number of rapidly dividing cells in the prostate-cancer tissue is important, because the rate at which the cells are dividing can be predictive of future cancer progression,” Dr. Aronson says.

With the study’s Western diet, 40 percent of the calories came from fat. The fat sources also were typical of the American diet and included high levels of omega-6 fatty acids from corn oil and low levels of fish oil that provides omega-3 fatty acids. With the low-fat diet, 15 percent of the calories came from fat. Additionally, the men on this diet took five grams of fish oil per day to provide omega-3 fatty acids.
Older May Not Be Better

OLDER, ESTABLISHED HUMAN-EMBRYONIC-STEM-CELL LINES, including those approved for federal research funding under former President George W. Bush, differ from newly derived human-embryonic-stem-cell lines, according to a study by UCLA stem-cell researchers.

The finding, by scientists with the Eli and Edythe Broad Center of Regenerative Medicine and Stem Cell Research at UCLA and published in the online edition of Human Molecular Genetics, highlights the importance of continuing to derive new stem-cell lines, so that researchers can better understand the ability of these cells to make every cell in the human body, says Amander Clark, Ph.D., assistant professor of molecular, cell and developmental biology.

The study looked at the first six new human-embryonic-stem-cell lines Dr. Clark’s research team developed at UCLA from 2009 to 2011. These lines have been accepted by the National Institutes of Health’s embryonic-stem-cell registry; acceptance into the registry allows the UCLA lines to be used in federally funded research projects.

In the study, Dr. Clark examined X-chromosome inactivation, a process by which normal female cells shut off one of their two X chromosomes during embryonic development. Dr. Clark wanted to compare this specific molecular signature in the established embryonic-stem-cell lines with what occurs when new embryonic-stem-cell lines are derived from human blastocysts.

In examining older lines derived prior to 2001, Dr. Clark found that with the progression of time, the molecular signature in these lines no longer reflected the normal process of X-chromosome inactivation. “The classic signature is gone, so something else is regulating X-chromosome inactivation in the established cell lines,” Dr. Clark says.

The new cell lines generated by Dr. Clark’s research team were derived from human embryos donated by couples who had previously undergone in-vitro fertilization. Several weeks after culturing cells from the embryos, Dr. Clark’s lab examined the new human-embryonic-stem-cell lines and found that both X chromosomes were still active in many cells, making them more like the original cells from which they were derived and less like the cells from the established stem-cell lines. Slowly, however, with time in a culture and cryo-preservation, one X chromosome is inactivated, and the cell lines become identical to the older, established lines, Dr. Clark says.

The question is, are the first cells to grow out from the original culture of a higher quality and therefore the ones researchers should be aspiring to use for research and potential therapies?

Heartfelt Award

RONALD REAGAN UCLA MEDICAL CENTER has received the Get With The Guidelines Heart Failure Gold Plus Quality Achievement Award from the American Heart Association for excellence in the treatment of patients with heart failure. The recognition signifies that UCLA has reached impressive benchmarks in the evidence-based treatment of heart-failure patients. Get With The Guidelines is a quality-improvement initiative that provides healthcare providers with tools that follow proven evidence-based guidelines and procedures in caring for heart-failure patients.

Under Get With The Guidelines Heart Failure treatment guidelines, heart failure patients are started on aggressive mortality-reduction therapies such as beta blockers, ACE inhibitors and aldosterone antagonists in the hospital. They also receive education on heart-failure management and a transition-of-care plan before being discharged.

“Ronald Reagan UCLA Medical Center is dedicated to being among the top hospitals nationwide in the care of heart-failure patients by implementing evidence-based strategies that can improve long-term patient outcomes, reduce costs and avoid future hospitalizations,” says Gregg C. Fonarow, M.D., Eliot Corday Professor of Cardiovascular Medicine and Science and director of the Ahmanson-UCLA Cardiomyopathy Center.

The program helps hospital staff develop and implement acute and secondary prevention-guideline processes. The program provides hospitals with a web-based patient management tool, decision support, robust registry, real-time benchmarking capabilities and other performance-improvement methodologies toward the goal of enhancing patient outcomes and saving lives.

According to the American Heart Association, about 5.7-million people suffer from heart failure. Statistics also show that each year, 670,000 new cases are diagnosed and more than 292,200 people will die of heart failure.
RESEARCHERS FROM UCLA’S CANCER AND STEM-CELL CENTERS have demonstrated for the first time that blood stem cells can be engineered to create cancer-killing T-cells that seek out and attack a human melanoma. The researchers believe the approach could be useful in about 40 percent of Caucasians with this malignancy.

Done in mouse models, the study serves as the first proof-of-principle that blood stem cells, which make every type of cell found in the blood, can be genetically altered in a living organism to create an army of melanoma-fighting T-cells, says Jerome Zack, Ph.D., professor of medicine and microbiology, immunology and molecular genetics and a scientist with UCLA’s Jonsson Comprehensive Cancer Center and the Eli and Edythe Broad Center of Regenerative Medicine and Stem Cell Research at UCLA.

“We knew from previous studies that we could generate engineered T-cells, but would they work to fight cancer in a relevant model of human disease, such as melanoma?” asks Dr. Zack. “We found with this study that they do work in a human model to fight cancer, and it’s a pretty exciting finding.”

The study appeared in the online edition of the journal Proceedings of the National Academy of Sciences.

Researchers used a T-cell receptor – cloned by other scientists from a cancer patient – that seeks out an antigen expressed by a certain type of melanoma. They then genetically engineered the human-blood stem cells by importing genes for the T-cell receptor into the stem-cell nucleus using a viral vehicle. The genes integrate with the cell DNA and are permanently incorporated into the blood stem cells, theoretically enabling them to produce melanoma-fighting cells indefinitely and when needed, says Dimitrios N. Vatakis, the study’s first author and an assistant researcher in Dr. Zack’s lab.

“The nice thing about this approach is a few engineered stem cells can turn into an army of T-cells that will respond to the presence of this melanoma antigen,” Vatakis says. “These cells can exist in the periphery of the blood, and if they detect the melanoma antigen, they can replicate to fight the cancer.”

In the study, the engineered blood stem cells were placed into human thymus tissue that had been implanted in the mice, allowing Dr. Zack and his team to study the human immune system reaction to melanoma in a living organism. Over about six weeks, the engineered blood stem cells developed into a large population of mature, melanoma-specific T-cells that were able to target the right cancer cells.

The mice were then implanted with two types of melanoma tumors, one that expressed the antigen complex that attracts the engineered T-cells and one that did not. The engineered cells specifically went after the antigen-expressing melanoma, leaving the control tumor alone, Dr. Zack says.

This approach to immune system engineering has intriguing implications, Dr. Zack says. T-cells can be engineered to fight disease, but their function is not long-lasting in most cases, and more engineered T-cells ultimately are needed to sustain a response. This new approach engineers the cells that give rise to the T-cells so that “fresh” cancer-killing cells could be generated when needed, perhaps protecting against cancer recurrence later.

Turning Stem Cells into Cancer-Killing Warriors

Tracking Teen Suicide

WITH NEARLY 36,000 PEOPLE TAKING THEIR OWN LIVES IN THE U.S. EACH YEAR, more than 4,600 of those victims are between the ages of 10 and 24, making suicide the third leading cause of death in this age group. And though youths treated at hospital emergency rooms for suicidal behavior remain at very high risk for future suicide attempts, many don’t receive the follow-up care they need after discharge.

Now, a new study by UCLA researchers shows that a specialized mental-health intervention for suicidal youth can help. Reporting in the journal Psychiatric Services, Joan Asarnow, Ph.D., professor of psychiatry at the Jane and Terry Semel Institute for Neuroscience and Human Behavior at UCLA, and colleagues show that a family-based intervention conducted while troubled youths are being treated in the hospital emergency department (ED) can lead to dramatic improvements in linking these youths to outpatient treatment following discharge.

“Because a large proportion of youths seen in the ED for suicide don’t receive outpatient treatment after discharge, the United States National Strategy for
Suicide Prevention identifies the ED as an important suicide-prevention site,” says Dr. Asarnow. “So, a national objective is to increase the rates of mental-health follow-up treatment for suicidal patients coming out of EDs.”

But how does one encourage this follow-up when youth are at their most vulnerable? Those in the study were randomly assigned to either the usual ED treatment or an enhanced mental-health intervention. The latter involved a family-based crisis-therapy session designed to increase motivation for outpatient follow-up treatment and improve the youths’ safety, supplemented by telephone contacts aimed at supporting families in linking to further outpatient treatment.

The results of the study show that the enhanced mental-health intervention was associated with higher rates of follow-up treatment. Of the participants in the enhanced intervention, 92 percent received follow-up treatment after discharge, compared with 76 percent in the standard ED treatment arm – a clinically significant difference.

While the results are positive, the study is only a first step. “The results underscore the urgent need for improved community outpatient treatment for suicidal youths,” Dr. Asarnow says. “Unfortunately, the follow-up data collected at about two months after discharge did not indicate clinical or functioning differences among youths who received community outpatient treatment and those who did not.”

Very bright light not only arouses us, but is known to have antidepressant effects. Conversely, dark rooms can make us sleepy. It’s the reason some people use masks to make sure light doesn’t wake them while they sleep.

Now, researchers at UCLA have identified the group of neurons that mediates whether light arouses us — or not. Jerome Siegel, Ph.D., professor of psychiatry at the Jane and Terry Semel Institute for Neuroscience and Human Behavior at UCLA, and colleagues report in the online edition of the Journal of Neuroscience that the cells necessary for a light-induced arousal response are located in the hypothalamus. It is an area at the base of the brain responsible for, among other things, control of the autonomic nervous system, body temperature, hunger, thirst, fatigue — and sleep.

These cells release a neurotransmitter called hypocretin, Dr. Siegel says. The researchers compared mice with and without hypocretin and found that those who didn’t have it were unable to stay awake in the light, while those who had it showed intense activation of these cells in the light but not while they were awake in the dark.

“This current finding explains prior work in humans that found that narcoleptics lack the arousing response to light, unlike other equally sleepy individuals, and that both narcoleptics and Parkinson’s patients have an increased tendency to be depressed compared to others with chronic illnesses,” says Dr. Siegel.

Prior studies of the behavioral role of hypocretin in rodents had examined the neurotransmitter’s function during only light phases (normal sleep time for mice) or dark phases (their normal wake time) but not both. And the studies only examined the rodents when they were performing a single task.

In the current study, researchers examined the behavioral capabilities of mice that had their hypocretin genetically “knocked out” (KO mice) and compared them with the activities of normal, wild-type mice (WT) that still had their hypocretin neurons. The researchers tested the two groups while they performed a variety of tasks during both light and dark phases.

Surprisingly, they found that the KO mice were only deficient at working for positive rewards during the light phase. During the dark phase, however, these mice learned at the same rate as their WT littermates and were completely unimpaired in working for the same rewards.

Consistent with the data in the KO mice, the activity of hypocretin neurons in their WT littermates was maximized when working for positive rewards during the light phase, but the cells were not activated when performing the same tasks in the dark phase.

Bright light arouses us and makes it easier to stay awake.

The Wakeful Brain

BRIGHT LIGHT AROUSES US and makes it easier to stay awake.

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DAVID T. FEINBERG, M.D., M.B.A. In a time of healthcare reform and cost containment, aligning the various elements of UCLA Health System is essential to ensure that this system of more than 80 clinics and four hospitals continues to excel.
it is that you, the patient, come to see us, whether that’s at one of our more than 80 clinics throughout Southern California or at one of the four hospitals on our two campuses in Westwood and Santa Monica. What I am most proud of is that our organization is really obsessed with being patient centered, in making sure that whoever comes through our doors is treated like they are someone in our own family. That’s our standard.

That is a standard that definitely has been set within the hospital system, and one that is attested to by the dramatically increased patient-satisfaction scores, up to 99 percent in some areas.

DTF: There is always room for improvement, whether it is on the hospital side of things or the community-offices side of things. Consider the hospitals, for example. It is wonderful to be in the 99th percentile in patient satisfaction, but what that means is that 85 out of 100 people would refer a friend or family member to us or rate us 9 or 10 on a scale of 1-to-10. When you look at it that way, it’s not that great. Eighty-five out of 100 patients would refer to us, but 15 would not. So while we are proud to be in the 99th percentile, what that really means is we are the best in an industry that is not known for good customer service. When we get to 100 out of 100 patients who would refer to us, then I will be truly happy.

How do we bridge that gap to get to 100?

DTF: All that we accomplish here – our Nobel Prize winners, our organ transplants, our breakthrough medical research – really doesn’t mean anything to the patient at the time he or she comes through our doors. The patient who comes to our Emergency Department tonight by helicopter doesn’t care about that. That patient and family only care about what is going to happen to him or her. We are challenged every day to operate wholly in the present, to be focused on what is happening in the moment with that one patient we are treating. We’ve made great progress in that regard, but the journey is not over. There’s still lots of room for improvement in our inpatient setting, and that is true for outpatient as well. We have plenty of work to do to make sure that every patient, without exception, receives the safest and highest-quality care in an envi-
environment that offers the highest level of compassion and respect in an ethically, culturally competent way.

Let’s focus on the outpatient setting for a moment. What are some areas that you view as your first-tier challenges?

DTF: I want us to be able to say to the outside world, “UCLA is the best in healthcare and we’re available.” What does that mean? It means that not only are we available – that our specialty and subspeciality services have the capacity to see all the patients who want to come to us – but that we also respect you and we respect your time. So we need to have same-day appointments for everything. If you or a member of your family is told she has a lump in her breast, and you live in Bakersfield, you should be able to get in to see our cancer specialist within however long it takes you to drive in from Bakersfield. If you are a regular patient coming to see us, there needs to be a smartcard on the dashboard of your car that will alert the clinic you have arrived, so that a room is ready for you when you walk into the office. And when you enter the room, everything you need is there for you – the right doctor, the right support personnel, the right equipment. Everything is coordinated around you, the patient. Let’s be honest, no one comes to see our specialists because they want to. Whether it’s the hospital or an outpatient clinic, if someone comes to us for specialty care, it is because he or she is sick and often frightened. Whatever is going on, it is messing up their day, and we have to get the concept that for them this is a crisis. So it is our obligation to make this visit as efficient and as comfortable for them as possible, with the underlying message being that it is a privilege for us to care for our patients.

You used the word “capacity.” Maintaining an appropriate level of capacity is a difficult challenge for a system that is so in demand. How do we achieve that?

DTF: Hospitals that have done well in this area would tell you that in the beginning of their journey, they didn’t have the capacity. Virginia Mason Hospital and Medical Center in Seattle, for example, was planning a new outpatient building because they felt they had insufficient capacity. But what they soon realized was, it wasn’t a matter of capacity. It was a matter of efficiency and of being more patient-centric in their approach. If they could get rid of waste within their system and make things run better, then they really didn’t need a new building. By focusing on providing care to their patients from the moment they walk through the door, they were able to convert their wait-
ing rooms to clinical space. So when we talk about issues of capacity, a lot of times it is because our systems are simply inefficient. If we can eliminate that inefficiency, the capacity expands incredibly.

Has that been demonstrated by anything we have done here at UCLA? DTF: To some extent we have done it in the hospitals, where we take care of just over 700 patients who stay overnight. In these tertiary and quaternary care hospitals, the cases can be very complex, but often there wasn’t real communication between the different providers taking care of the patients. We found that about 25 percent of the time, for example, nurses caring for a patient learned about that patient’s discharge from the patient him- or herself. The communication wasn’t happening in an efficient way. So now we have interdisciplinary rounds on every patient every day. The whole team gets together daily and discusses that case, and what we’ve found is that patients are getting out of the hospital sooner, and the rate of readmission has decreased. The quality of care has gotten better because it is more coordinated, and that has freed up capacity because patients are not staying as long or are not coming back. When we looked at the numbers recently, we found that over a six-month period, we took care of 800 more patients in the same buildings than we had in a previous six-month period. By getting more efficient, we created more capacity. Sometimes when we say we don’t have capacity, that really is the case – we don’t have the space or we don’t have the staff to handle the demand. But I believe that most of the time it is because we are not particularly efficient in how we do things.

Let’s talk about healthcare reform. Whatever happens in the courts with the Affordable Care Act, cost containment in healthcare is going to remain an issue. How do you see this evolving? DTF: The current system of healthcare in the United States is based on volume. The more volume, the more money you make. If you’re a gastroenterologist and you do colonoscopies, the more you do, the more money you make. And the sicker patients are, the more the system rewards the physicians who take care of them. So a neurosurgeon doing complex procedures on very ill patients will make more money than a pediatrician doing well-baby checkups. The switch is going to be from a system where compensation is based on volume to a system that is based on value. And value is going to be defined as providing high-quality care for lower costs. So when the basic framework for our system is switched from an emphasis on taking care of really sick people and making them better to taking care of large populations of people and keeping them healthy, it will be a total paradigm change. And it makes sense. So right now, UCLA is the No. 1 organ-transplant hospital in the United States. That is wonderful; we save lives and perform miracles every day. But with this paradigm shift, I think we have to become the No. 1 leader in saving organs, in figuring out how to keep people with their current body parts, so to speak. We need to figure out how to be better about preventing diabetes, for example, and how to take people who have illnesses and keep them healthy and out of the hospital. Accomplishing that is high value for low cost, and so we have to start thinking about taking care of populations and not just individuals.

How are we positioned for this? DTF: I think we are perfectly poised to do that. Unlike other academic medical centers, we have a few things going our way. We have this great alignment, which we have discussed. We have a large primary-care base for an academic medical center, so we already have hundreds of doctors on faculty who spend much of their time seeing outpatients. That allows us to take large populations, keep them healthy, and hopefully not have to use these complicated tertiary services that only the sickest of the sick get. It is a system that really makes more sense. Think about it – what do we want for ourselves and for our own families? We want to be kept well enough that our care could be delivered in outpatient settings, and we do not have to be admitted to the hospital. I want for my mom to be able to get all the preventive medicine she needs so she doesn’t become ill in the first place. That’s what I would pay for. That’s what society should pay for. And if we can get to that as the fundamental approach of our healthcare system, it will drive down the cost of care. And we have really smart people here at UCLA who are interested in this question of health-services delivery and are working to figure out these new models.

“When we looked at the numbers recently, we found that over a six-month period we took care of 800 more patients in the same buildings than we had in a previous six-month period. By getting more efficient, we created more capacity.”
UCLA HEALTH SYSTEM’S NEW SANTA MONICA CAMPUS RETAINS THE WARMTH OF A COMMUNITY HOSPITAL WHILE OFFERING THE LATEST TECHNOLOGY, RESEARCH AND SUBSPECIALTY CARE OF A WORLD-CLASS ACADEMIC MEDICAL CENTER.

By Dan Gordon • Photography by Tom Bonner
really is a new campus for the University of California, in Santa Monica.”

Complied at a cost of $572 million, the new campus marries the warm, communal feeling of a long-established community hospital with access to the latest technology, research and subspecialty care of a world-class academic medical center.

“Often, when a university says it has a community hospital that is part of its health system, there are two standards of care – one at that community hospital and another at the academic medical center,” says James Atkinson, M.D., medical director for the Santa Monica campus. “We, however, are delivering one very high standard of care at all of our hospitals. The Santa Monica campus is every bit as much an academic medical center as is our Westwood campus.”

The first stage of the rebuilding project was completed in 2007 with the opening of the campus’ southwest tower, which houses the Nethercutt Emergency Center and the BirthPlace, featuring hotel-like labor, delivery and recovery rooms and a 16-bassinet Neonatal Intensive Care Unit. In addition, a 50,000-square-foot ambulatory building across 16th Street from the hospital’s main entrance will feature an outpatient surgery suite, a radiation oncology facility, an outpatient pharmacy and clinics and medical office space. Facilities at the new campus include:

- 266 inpatient beds, most of them in private, spacious rooms.
- A 22-bed adult and pediatric Intensive Care Unit.
- Integrated interventional and surgical services, including radiology and cardiac-catheterization labs, 16 state-of-the-art operating rooms and pre-and post-anesthesia care units. The operating rooms have video monitors connected to conference rooms, teaching rooms, the 90-seat auditorium and the Internet, so that medical staff and other UCLA colleagues can observe, train and consult worldwide.
- A new imaging floor that includes the latest in MRI and CT scanning equipment for diagnostic radiology rooms, as well as two fluoroscopy rooms for procedures.
- Santa Monica’s only inpatient pediatrics unit, a 26-bed facility.
- The Orthopaedic Institute, featuring an outpatient clinic for adult and pediatric orthopaedics, and UCLA Department of Orthopaedics administrative and faculty offices.
- A conference center with meeting rooms and an auditorium.

Over the past several years, a number of services have been relocated from Westwood to Santa Monica, further bolstering the hospital’s role within the broader UCLA Health System. The choices of which services to move have been largely based on a continuum of care, says Posie Carpenter, chief administrative officer for the Santa Monica campus. “Santa Monica is home to most of our primary, secondary and bread-and-butter tertiary care – uncomplicated cardiac surgery, general surgery, solid-tumor oncology, urology, etc.,” Carpenter explains, while care involving higher levels of acuity has largely remained in Westwood.

This does not mean, however, that patients who are treated at Santa Monica give up any of the quality that comes with UCLA care. As Dr. Atkinson notes, there is one standard of care throughout UCLA Health System, and patients in Santa Monica have access to all of the subspecialty expertise and leading-edge technology medicine that the system has to offer. Whether that means a patient is transferred to
the Westwood campus if necessary or receives consultations from top specialists who are based in Westwood, that level of coordinated care is within reach.

Pediatricians at Santa Monica, for example, now have access to not only the expanded services available there, but they also can access all pediatric subspecialties available at Mattel Children’s Hospital UCLA such as pediatric pulmonology, endocrinology, hematology/oncology and immunology. Similarly, patients undergoing inpatient cancer treatment at Santa Monica can be sent to Ronald Reagan UCLA Medical Center in Westwood, if necessary, to receive more complex or specialized therapies.

The broader availability of these subspecialty services is reflected in the number of physicians who now have privileges at Santa Monica – approximately 1,100, nearly double the number from five years ago, Dr. Atkinson says.

Not long after Denise Sur, M.D., arrived at Santa Monica Hospital Medical Center, in 1991, she became part of a committee that examined ways to reduce the hospital’s size and scope. This was four years before Santa Monica affiliated with UCLA, following the Northridge earthquake, and Dr. Sur is grateful that nothing much came of her committee’s efforts. “It would have been very difficult to make it in the current healthcare environment as a strictly community hospital,” she says. “Becoming part of UCLA Health System was what helped us to survive, and in the process, it has given us the ability to excel in a way that would never have been possible without that relationship.”

But though it now has achieved a level of excellence that sets it within the highest ranks of academic medical centers, Santa Monica still strives to hold on to some of its original flavor. “The hi-tech is here, but we still retain some of that community-hospital ambiance,” says Dr. Sur, who today is chief of staff for UCLA Medical Center, Santa Monica and director of UCLA’s family residency program. “We weren’t ever trying to become a tertiary/quaternary care center, but rather one that sees the typical things patients would come to a hospital for in a community.” At the same time, she notes, the availability of far more services and specialists means that for all but the most complex cases, patients can remain in the community for the high-level care they would expect from an academic center.

“There are a lot of advantages to the academic community hospital concept,” says Dr. Atkinson. The education and training that are part of the teaching hospital’s mission ensure that the latest evidence-based care is practiced, he says, and the connection to the tertiary and quaternary services at the Westwood facility allows patients to be easily transferred, or resources to be brought to them, if their need escalates.

Maintaining a community feel and connecting with the architectural character of UCLA were two central goals in planning the Santa Monica campus, says Robert A.M. Stern, the internationally known New York architect who oversaw the design of the new hospital campus with the local firm of CO Architects.

The hospital incorporates the modified Northern Italianate style of the original buildings on UCLA’s Westwood campus. “We wanted them to look similar, so that people coming to Santa Monica perceive through the architecture that they are in the care of staff who are part of one of the world’s great medical centers,” Stern explains.

In seeking to create a campus environment, Stern and colleagues organized the hospital as a “village of buildings” rather than as a monolithic structure. The look is accentuated by the more than 25 percent of the campus that is dedicated to green and open spaces. The 18,000-square-foot Harman Garden Plaza that faces Wilshire Boulevard serves as a gathering place for patients, visitors and staff to enjoy sunshine, fresh air and ocean breezes. A new cafeteria features both indoor and outdoor seating areas, invoking the healing elements of fresh air and abundant natural light for patients, staff and visitors.

Inside, the hospital’s design also strives to make patients and families feel more comfortable, with features such as high ceilings, wide hallways, warm wood and art inspired by nature to instill a sense of restoration and hope. “Most hospitals are designed from the clinical point of view, and they often look like factories in which the hi-tech equipment has been manufactured,” says Stern. “I have often said that if you weren’t feeling ill when you pulled up in front of them, you might actually become ill because the environment was so unfriendly.” Stern sought, instead, to create a welcoming rather than intimidating environment.

With the high ceilings, ample light and warm
wood, “I think patients are going to come in and think they have arrived at a five-star hotel,” Carpenter says. “We now have a beautiful place of healing.”

As with the Westwood facility, the welcoming feel extends to patient rooms, with natural light flowing through large windows overlooking the green spaces. Most of the rooms are private and feature family space and comfortable sleeper chairs for roaming in.

“We see the environment as contributing to the patient’s healing,” says Dr. Sur, noting that the family is an integral part of that process. “Hospitals used to have limited visiting hours. They almost saw the family as an imposition. Now, we recognize that family members, as well as the physical environment itself, are a huge part of recovery for many patients.”

Founded 85 years ago by two local physicians, Santa Monica Hospital had a long tradition of providing outstanding primary care, as well as housing a freestanding family medicine training program long before it was acquired by The University of California Regents in 1995 to become part of UCLA Health System. Originally, the move was seen as a way of bolstering UCLA’s primary-care teaching credentials. “We were getting a fantastic family residency program at a time when there was a growing emphasis on the need to train more primary-care providers,” says Carpenter.

While primary-care and family medicine training has remained an integral focus in Santa Monica, it wasn’t long before the mission expanded. The newly acquired hospital began to evolve from a purely community hospital to an essential part of the clinical, research and educational missions of UCLA Health System.

In 1998, Los Angeles Orthopaedic Hospital became affiliated with UCLA Health System, agreeing to bring its inpatient services to Santa Monica. Throughout its history, the downtown Orthopaedic Hospital, which is 100 years old, has provided care to both poor children and those of movie stars and heads of state. Now, says James V. Luck Jr., M.D., who stepped down in October 2011 as president and CEO of Los Angeles Orthopaedic Hospital, “those children are going to have fantastic care here in Santa Monica in a wonderful, warm and welcoming environment. We couldn’t ask for more.” Dr. Luck also noted that the new facilities at Santa Monica will help to advance research and education into orthopaedic care, “and that is one of the main reasons we entered into this alliance with UCLA.”

The UCLA Geriatrics Program, ranked No. 2 in the nation, was among the first academic programs to move west, and now approximately two-thirds of the ambulatory offices and inpatient programs of the Department of Medicine are in Santa Monica as well.

Amidst the programmatic evolution to academic-community hospital, construction of what was deemed by California’s Office of Statewide Health Planning and Development (OSHPD) to be “the most complicated hospital project in the state” proceeded slowly.

As with Ronald Reagan UCLA Medical Center, the rebuilding project was necessitated by damage from the 1994 Northridge earthquake. But unlike the Westwood facility, which was constructed while patient care continued at the old Center for the Health Sciences complex across the street, building in Santa Monica took place as the hospital remained open for business.

Construction began in 2000, and by completion this year, it will have unfolded over approximately 20 phases. “It was like dominoes,” says Dr. Atkinson, who headed the hospital team overseeing the construction. “You would build a segment of the new construction, move patients and programs into that space, demolish the old buildings and then move on to the next phase. It all required careful planning by the engineers, architects and state authorities to make sure patients were kept safe as well as comfortable from the standpoint of noise and dust. As a result, it’s taken much longer than if we were doing this on a clear field without these constraints.”

The delicate process has continued right up through the final phase – tearing down the old patient-care tower, which remained intact as the new complex was built around it. With patients moving into the new hospital in January, demolition of the nine-floor tower – to be replaced by green space – could begin. But because of its juxtaposition alongside several new buildings, the structure could not simply be imploded; instead, the teardown is occurring one floor at a time, with care taken not to affect operations of the surrounding new hospital.

Beyond the inconvenience and safety issues, the lengthy construction time raised many administrative challenges. How much time and effort, for example, should be spent on maintenance and upgrades of a building slated to be torn down? But the larger concern was building a facility over such a long period when biomedical equipment and technology are constantly changing.

“This is why hospitals aren’t rebuilt very often,”
observes Dr. Sur. “For every piece of advice we got about something when we began planning in 1995, the recommendations have changed twice, at least.” She laughs when she thinks back on some of the original plans. “It was before the widespread use of wireless technology,” she recalls. “We thought we were going to be so hi-tech with our conference center that everyone would be able to plug their computers into a landline.” Add to that the evolving mandate for the Santa Monica facility within UCLA Health System. Bringing in Los Angeles Orthopaedic Hospital in 1998 was too good of an opportunity to pass up, but it meant a major revision in the original building plans.

In a sense, though, the building project’s slow pace – along with lessons gleaned from the Reagan hospital construction, which was proceeding concurrently but ahead of Santa Monica’s – served as an ally. “We were able to make a lot of interventions in the construction to be sure that we would be able to accommodate the most recent equipment,” says Dr. Atkinson. “As a result, we will be opening with the latest versions of all of the imaging technology and operating-room systems.”

Community engagement has become such an important part of the lexicon of major academic medical centers that it’s almost a cliche. But as UCLA Health System’s Santa Monica campus opens in earnest – not tucked away but smack-dab in the middle of the community, facing bustling Wilshire Boulevard – it is clear that in this case it’s not empty rhetoric. “The sense of community in Santa Monica runs deep,” observes Dr. Feinberg. “There is a long history before we purchased the hospital, and we have to respect that and make sure we are good neighbors.”

So at the dedication ceremony in September 2011, the medical center served fresh fruits and vegetables as one might find at the Santa Monica Farmers Market. Santa Monica campus administrators have worked closely with local politicians, police and firefighters to make certain that they are prepared to work together in the event of a disaster. “When you step out on our sidewalks, we are in the City of Santa Monica,” says Carpenter. “We see ourselves as an important community resource, and we strive to be well-integrated into the local community, while also serving as an important academic setting for UCLA Health System.”

Toward that integration, the Santa Monica campus has begun collaborating with Santa Monica College to support curricula and training programs for health professionals, as well as holding blood drives to support community needs. “The community’s involvement with the hospital has been integral from the beginning,” says Chui Tsang, Ph.D., superintendent/president of Santa Monica College and a member of the hospital’s Board of Advisors. “This is a milestone for Santa Monica – a beautiful facility that will not only provide the best care, but also will house top research.”

Laurel Rosen, president of the Santa Monica Chamber of Commerce, believes the presence of the Santa Monica campus has an effect that extends beyond the services provided within the hospital. “When you think about how many people come from very far to receive their healthcare here, we are fortunate to have it within our community,” she says. “But more than that, this helps to create a city that stands out from the crowd. Santa Monica is a culturally rich, thriving community, known to be on the cutting edge in many industries, whether it’s healthcare, technology or sustainability. Having UCLA here puts out the message that we are doing things right.”

“Here in Santa Monica, we pride ourselves on leading on the important issues of our day,” adds Richard Bloom, the city’s mayor. “Excellence in healthcare and providing added value to our local residents are both high on that list. So, we are blessed to have UCLA Health System’s newest state-of-the-art medical facilities in our midst, as well as community access to a lovely, contemplative courtyard that provides a counterpoint and respite to our busy daily lives. Generations of Santa Monicans, as well as people from throughout the region, will benefit from this incredible investment in our community.”

Dan Gordon is a regular contributor to UCLA Medicine.
When Santa Monica Hospital dedicated its new north wing in 1954, 11-year-old Bill Hromadka was there with his family in tribute to his late grandfather, August B. Hromadka, who had co-founded the hospital with William S. Mortensen in 1926.

In September 2011, Hromadka, now a handsome, white-haired 69-year-old grandfather himself, sat in virtually the same spot with his son and 10-year-old grandson, August, to watch the unveiling of UCLA's newest hospital building – which replaces the one he saw dedicated 57 years ago.

"It was pretty neat," says Hromadka, a retired investment manager and former hospital board member who lives in Santa Barbara. "I felt proud of my heritage and that I could share it with my son and grandson, who is the namesake of his great-great-grandfather."

The stately red-brick building on Wilshire Boulevard between 16th and 15th streets serves as the primary entry point for UCLA Health System's seven-acre hospital campus in Santa Monica. With a design inspired by the Northern Italianate architecture of UCLA's original buildings in Westwood, the new 266-bed hospital and academic medical center combines Old World charm with the latest technology that is both energy-efficient and earthquake-resistant.

The presence of three generations of Hromadkas, as well as some 450 other Santa Monica civic leaders and hospital dignitaries, at the dedication is a tribute to the pride city residents take in the hospital and the important role it has played in helping to shape the community.

"This is a closely knit community with many citizens involved in making Santa Monica a better place," says Louise Gabriel, president, CEO and founder of the Santa Monica History Museum. "The community takes a lot of pride in the hospital for the excellent care that it gives and because of its legacy of helping those in need."

Santa Monica Mayor Richard Bloom agrees. The hospital has "a storied place in the history of the city," he says. "Santa Monica has always prided itself as being on the leading edge of change in our environmental programs, our social-service network and so on. To have a healthcare facility that mirrors that same commitment to excellence and cutting-edge technology is a perfect fit."

Calvin Coolidge was president, Prohibition was the law and Swing was the new sound when two Viennese-trained doctors who made house calls by horse and buggy decided they wanted a modern hospital in their own community.

Close friends and colleagues, August B. Hromadka, M.D., and William S. Mortensen, M.D., were convinced that their sleepy seaside resort town of Santa Monica would soon attract a population boom. They secured a piece of property at 16th Street and Arizona Avenue and tried to drum up financial support for their project from the city council and fellow doctors.

But neither group was willing to share the risks. So, Drs. Hromadka and Mortensen decided they would do it on their own. The two took out mortgages on their homes and other personal loans to raise

FOR 85 YEARS, SANTA MONICA'S HOSPITAL AT THE CORNER OF 16TH STREET AND WILSHIRE BOULEVARD HAS PROVIDED QUALITY CARE TO ITS COMMUNITY. By Kim Kowsky

A NEW FACE FOR AN OLD FRIEND

TOP: Santa Monica Hospital founders William S. Mortensen (left) and August B. Hromadka; breaking ground, 1925.

CENTER: Santa Monica Hospital's nursery featured a viewing window; chief pharmacist Charles Hagan interacts with staff, 1940s.

BOTTOM: The original Santa Monica Hospital.
the $200,000 needed to cover the costs of the land and construction.

When Santa Monica Hospital opened its doors to patients, after a year of construction, on July 26, 1926, the local newspaper, The Outlook, hailed the three-story, 60-bed hospital as a “remarkable and modern feat of workmanship.”

Indeed, just as the newly refurbished UCLA Medical Center, Santa Monica is on the leading edge of modern medicine today, the original Santa Monica Hospital of 85 years ago boasted its own technological surprises.

The hospital was considered especially “up to the minute” for having radio connections in every room at a time when the first major network radio broadcast was still several months away. There also were utility plugs, reading lamps and hot-and-cold running water. An Otis elevator spacious enough to accommodate beds carried patients and nurses to the roof to enjoy “the healing rays of the sun” and views of Catalina Island.

The hospital was also impressive for including what was then a state-of-the-art X-ray lab, a large surgical suite with an observation area so visitors could view operations and a range of hydrotherapy and light therapies that were used to treat everything from pneumonia to surgical shock, according to a history published in 1987 by Dr. Mortensen’s grandson Thomas Soren Mitchell, M.D., who was born at the hospital and practiced medicine there. Daily room rates for most services were $4 for four-bed wards and $6 for private rooms; obstetrical patients paid a total fee of $65, which included a private room for a 10-day stay (standard at the time), the use of the delivery room, anesthesia, lab work and the nursery, Dr. Mitchell notes.

Santa Monica Hospital was immediately successful, and Drs. Hromadka and Mortensen began constructing a south wing to double its capacity. The new wing, completed in 1928, included a $25-a-day penthouse suite used by such Hollywood notables as Charlie Chaplin’s wife, the stage-and-film actress Paulette Goddard.

After the Depression hit in 1929, the hospital suffered financially because so many cash-strapped patients were unable to afford hospital services. Dr. Mortensen asked his business manager to leave some extra lights on at night so he wouldn’t have to see all those dark rooms, which “keep me from sleeping nights,” his grandson writes.

That same year, despite, or perhaps because of, his worries about the hospital’s future, Dr. Mortensen also launched First Federal Bank of Santa Monica, a public company that he quickly converted into a mutual savings and loan.

“He was uncommon in that he was both an outstanding surgeon and an outstanding businessman,” says another of Dr. Mortensen’s grandsons, Bill Mortensen III, 79, who served as the financial institution’s chief executive officer from 1961 until his retirement in 1997.

Thanks to Dr. Mortensen’s business acumen, Santa Monica Hospital survived the downturn and won community support for bond financing to help pay for a north wing in 1937. The $225,000 expansion added yet more beds and a modern radiation unit that included the Coolidge X-ray tube, a stable high-energy innovation that set the stage for modern radiation therapy.

The new wing also included at least 16 “memorial” rooms paid for by a benevolent fund the doctors established to serve people who couldn’t afford hospital care, according to Medicine in Santa Monica, a 1968 tome by Santa Monica physician Wilfred Snodgrass, M.D.

Bill Mortensen, who has two portraits of his grandfather hanging on the walls of his English cottage-style home in Pacific Palisades, describes his grandfather’s generosity as legendary. When his housekeeper mentioned that she and others were trying to raise money to build a church, Dr. Mortensen not only gave them the biggest donation they received, but also co-signed the loan that allowed them to build Calvary Baptist Church, which bills itself as the “first black church in Santa Monica.”

“That was one of the biggest symbols of his greatness,” Bill Mortensen says. “Black people were being treated unfairly in that era. I thought it was great that he extended himself in that way.”

Bill Mortensen spent summers working at the hospital as a dishwasher earning 50 cents an hour...
and then as an orderly earning 75 cents an hour. He recalls growing up thinking that his grandfather, who always dressed formally for dinner, was extraordinarily wealthy.

“One day, I asked my grandfather if he was a millionaire,” he says. “He said, ‘No, I’m not, but I could have been. I enjoyed giving away money more than I did just adding it up.’”

By the late 1930s, the hospital was a family affair. Dr. Hromadka’s son, John, and Dr. Mortensen’s sons, Elmer and Bill II, as well as a son-in-law, Cyril Mitchell, all became physicians and worked at the hospital. Another of Dr. Hromadka’s sons, Ralph, was hospital administrator. Other family members worked as purchasing agents, nurses, orderlies, aides and kitchen help.

After Dr. Hromadka died in 1939 and the Catholic diocese opened St. John’s Hospital nearby in 1942, Dr. Mortensen decided it was time to get out of the hospital business. “He felt he was getting too old to run it and thought the competition was going to be substantial,” Bill Mortensen says. “He didn’t see how a small city like Santa Monica could handle two hospitals.”

Rather than merging Santa Monica Hospital with St. John’s, Dr. Mortensen and Dr. Hromadka’s widow opted to give the facility to the Lutheran Hospital Society. In making the deal, they insisted on two provisions: that their children and grandchildren could receive cost-free treatment at the hospital and that any profit generated by the hospital would go toward the care of the medically indigent.

“He made nothing on the transfer, because he didn’t believe a person should profit off other people’s illnesses,” Bill Mortensen says. His grandfather remained active at the hospital until his death in 1955.

**Under Lutheran Hospital Society’s stewardship,** Santa Monica Hospital underwent more growth, including the unveiling witnessed by Bill Hromadka of the new north wing in 1954 and the dedication of the Nethercutt Emergency Center in 1969, which was named for J.B. Nethercutt, who with his aunt co-founded Merle Norman Cosmetics and was a champion of the new center. The new emergency center provided 24-hour emergency services to the Westside and became Santa Monica’s first paramedic base station.

In 1974, the hospital opened the Rape Treatment Center, which would become an internationally renowned model for the treatment of sexual-assault victims. Ten years later, Nethercutt and Merle Norman Cosmetics stepped up again, donating $5 million toward construction of the Merle Norman Pavilion, which was built as part of a $40-million modernization program. The pavilion was completed in 1988.

Dr. Walid Ghurabi began working at the Santa Monica hospital in 1980, and he became friends with the emergency center’s namesake, J.B. Nethercutt, who by then was chairman of Merle Norman Cosmetics.

Nethercutt, who had amassed one of world’s finest automobile collections, sometimes allowed Dr. Ghurabi, medical director of the emergency center, to drive one of his vintage cars and enjoyed talking about the early days of the cosmetics business. “J.B. often told me stories about how he used to ride his bicycle to deliver his Aunt Merle’s face creams to her customers,” Dr. Ghurabi recalls. “He was a good and generous man.”

Nethercutt died in 2004 and did not live to see the opening of the modernized J.B. Nethercutt Emergency Center in 2007. “I felt his absence very keenly,” Dr. Ghurabi says, recalling, “I cried when I got up to speak” at the dedication.

In 1994, the then-named Santa Monica Hospital Medical Center officially merged with Los Angeles Orthopaedic Hospital in 2005, the downtown hospital’s inpatient and outpatient surgeries were moved to Santa Monica, and the facility was rechristened Santa Monica-UCLA Medical Center and Orthopaedic Hospital.

Remarkably, the hospital has remained open throughout the 16-year reconstruction project, which involved the work of more than 15 design, engineering and construction firms and included more than 60,000 square feet of renovation, 330,000 square feet of new construction and the installation of three parks. With sometimes just two sheets of drywall and a metal stud separating major construction from a working operating room or a patient bed, the project has been called “the most complex hospital building project in the state,” says Posie Carpenter, chief administrative officer at the Santa Monica campus, “because it was constructed while we continued to operate our existing hospital.”

Gazing up at the handsome end product of all that planning and engineering, Bill Hromadka can only shake his head in awe.

“I don’t think in their wildest dreams my grandfather and Dr. Mortensen would have imagined their hospital growing into a modern campus like this,” he says. “I think it’s just fabulous.”

*Santa Monica is home to freelance writer Kim Kowsky.*

**To view a slideshow of more historic images of Santa Monica Hospital, click on the link to this story at:** www.magazine.uclahealth.org
You feel as though you are checking into a five-star hotel, when pulling up to the spacious porte-cochere off of 16th Street, walking under a bronze and frosted glass chandelier and through imposing doors that open to a grand lobby.

This is the welcoming entrance to the new UCLA Medical Center, Santa Monica, reflecting a growing trend in architecture and interior design that strives to humanize the experience of going to the hospital for patients and those who care about them.

The New York-based architectural firm of Robert A.M. Stern and its local partner for the project, CO Architects, selected the materials of red brick and tan stucco so that the building would connect visually to those of the main UCLA campus a few miles east in Westwood. Inside, exposed wood beams, bronze octagonal light fixtures designed by Stern and ivory walls recall the Arts and Crafts aesthetic that is enduringly popular in Southern California.

With such a backdrop, considerable thought went into the art that would hang throughout the facility. Behind the dark-wood admissions desk in that grand lobby, there is an impressive oil painting, *Four Tall Palms*, of bushy fronds bristling against a pale pink sky. This towering work is by the esteemed Frederick S. Wight, (1902-1986), an artist of considerable talent who not only taught at UCLA, but also ran the university’s art gallery for 20 years. The Frederick S. Wight Art Gallery, as it was named in his honor, was absorbed into the Hammer Museum at UCLA, but Wight’s contributions have not been forgotten. Influenced by the Symbolists, his luminous nature paintings are often exhibited at the Louis Stern Gallery in West Hollywood.

In fact, the lobby is something of a visual declaration by the hospital’s curator, Debby Doolittle, that art of a certain quality be hung throughout the medical center. This could be a tall order, since UCLA mostly does not purchase art for its medical facilities. Yet, some 3,000 works have been donated over the
years to the Medical Center Art Program. Many hang in Ronald Reagan UCLA Medical Center, the Peter Morton Medical Building and other UCLA Health System facilities.

Not just any donation of artwork was accepted for installation at the new Santa Monica campus. The criteria require an artist to have an association with UCLA, like Wight, or with Santa Monica and the surrounding communities. In addition, the art is meant to be inspired by nature or landscape and reflect a feeling of hope and healing.

The photographic work of Richard Ehrlich, M.D., meets all such criteria. The UCLA urologist is an internationally recognized photographer, and he has donated many of his critically praised photographs to UCLA’s medical facilities over the years. “My office is next door to Ronald Reagan UCLA Medical Center, and I spend more time there than anywhere else, including my house,” he says. Dr. Ehrlich began taking photographs in the operating room but developed a passion that now is something of a second career.

Three of his large-format prints hang together along one hallway of the Santa Monica hospital. Two of the saturated images evoke the abstract paintings of Mark Rothko and are from his series, Homage to Rothko. The other is an image from his Malibu Skies series.

“You want something that is calming, not provocative, in a healing environment,” Dr. Ehrlich adds. That is certainly the effect of two other photographs by the well-known landscape and nature photographer Robert Glenn Ketchum, one of an old stone wall, that hang in the waiting area of the Nethercutt Emergency Center.

Lori Sklar, a Santa Monica-based consultant who specializes in selecting art for hospitals and institutions, worked with Doolittle to choose and hang the art. “The art comes from artists and galleries that are interested in donating, as well as from faculty and
staff who are associated with UCLA,” she says.

In helping to select art for the Santa Monica facility, however, Sklar had a particular mandate, that the works “feel local, to be reflective of where the hospital is located and the demographics of the user population. There is a cohesive sensibility throughout the facility, so it feels like an art program and not a lot of jumbled art,” Sklar says.

Every one of the hospital’s 160 new or remodeled patient rooms has a framed color photograph of a scene from nature, mostly of the coastal regions such as brightly colored beach umbrellas on the sand by Mark Lohman, a sailboat cutting through the bay by Scott Stulberg or blue-tinged clouds over palm trees by Melanie Gideon. All art pieces are approved by a committee of hospital administrators, but staff members on each floor also were asked to appraise and approve what went into the rooms.

Though each room has a window, these photographs offer uplifting views of the outside world, says Becky Mancuso-Winding, senior director of development for UCLA Hospital System. For patients who are hospitalized for long periods, the art provides relief. “We want patients to feel we were bringing nature and the landscape to them,” says Mancuso-Winding.

On the first floor near the main elevators, there is a vitrine containing three bronze figurative sculptures by Venice artist Ruth Snyder, whose work has been featured in The Smithsonian Museums. A large wall inside the dining commons features a panoramic photograph of the Santa Monica pier by Glenda Chung.

Nonetheless, the hospital still has a number of bare walls. Doolittle calls them “empty canvases” awaiting donations. “We’d like another Frederick Wight, especially since his connection to UCLA is so strong,” Doolittle says.

“We have a long way to go,” Mancuso-Winding says. “But we are trying to stay true to our criteria.”

there’s a homey clutter to Brett Tashman’s room. A small pile of clothing is banked against one wall. Atop a rolling table is a stack of DVDs – several seasons’ worth of *The Sopranos*, among other titles. A pull-out bed by the window is unmade, its blankets and sheet rumpled. The room is filled with early afternoon December light.

As he reclines on his bed in a pair of sweatpants and a T-shirt, the 29-year-old Tashman could easily be relaxing in his room at home in the Inland Empire community of Upland, California – if not for the machinery, monitors and IV pole with its hanging plastic bags of toxic chemicals that slowly drip into his veins.

Instead, it is Tashman’s patient room on 4SW, the solid-tumor oncology unit of UCLA Medical Center, Santa Monica. For Tashman, 4SW has become something of a home away from home. Since he was diagnosed in November 2010 with a rare soft-tissue sarcoma known as desmoplastic small-round-cell tumor, Tashman has been hospitalized nine times to receive aggressive five-day courses of chemotherapy. It is a difficult regimen for the gregarious outside sales rep – five days of inpatient chemotherapy, a couple of weeks off to rest, then a one-day outpatient chemo infusion before starting the cycle again – but Tashman has managed to remain remarkably upbeat.

“Going through something like this can be as much a mental struggle as a physical struggle. Trying to stay positive is really important,” he says. He credits his attitude in large measure to the support of his family – his mother, brother or a friend usually stays with him when he is in the hospital – and to the positive attitude and care he has received from the physicians, nurses and staff of the Santa Monica oncology unit.

“The staff here is amazing,” he says. “Everybody from the doctors to the nurses to the food-service staff to the people who clean the rooms to the care partners, they are all great. I haven’t had one bad experience in any of the times I’ve been here. I can’t say that I look forward to coming here, but when I am here, it is a welcoming and comfortable environment.”

**The inpatient solid-tumor oncology unit was established at Santa Monica five years ago as part of a strategy to migrate several key services from the old UCLA Medical Center to Santa Monica ahead of the opening of Ronald Reagan UCLA Medical Center in Westwood. Before the move, inpatient solid-tumor oncology occupied space on the eighth floor of the old medical center. But it was not a dedicated unit; patients shared double rooms, and oncology beds were mixed in with other services such as medicine or transplantation. The move to Santa Monica gave solid-tumor oncology its own space for 26 beds and a focused staff of nurses who are specially trained in this care.**
Private rooms like Tashman’s are another significant feature of the unit. All but two of the unit’s rooms are private, and each has an alcove with a pull-out bed for a family member or friend to spend the night.

“Having that private room can be so important for many of our patients,” says Arash Naeim, M.D. ‘95, Ph.D., director of the fellowship program for hematology/oncology. “This patient population often comes to the hospital with caregivers or significant others, and the ability for them to have a private space and a place where that other person can stay with them overnight adds to the quality of the care they receive.”

In addition to privacy, the rooms also feature flat-screen TVs, and most are equipped with DVD players that were donated by a patient’s family, and a couple of game consoles are shared among the patients. Meals are served hotel-style; patients can order what they want (within their dietary restrictions) and have it delivered to their room when they want.

Because patients return over and over throughout the course of their treatment, the relationships that form in the unit can be intense. Patients like Tashman and the nurses and staff who care for them form an extended family, says Pattie Jakel, the unit’s clinical nurse specialist.

“One of our patients leaves love notes on everyone’s door,” Jakel says. “He left me one one weekend: ‘I love you, Pattie.’ I left it up there forever.” When a physician asked why she hadn’t taken it down, Jakel responded, “Well, no one leaves me love notes at home!”

As Tashman observed, no patient looks forward to being in the hospital, “but if they are going to be sick and have to come into the hospital for treatment, they like to be here,” Jakel says.

Moving the solid-tumor oncology program from Westwood to Santa Monica made sense on several fronts. Except in cases that require a higher level of monitoring and nursing care – patients receiving consecutive days of infusion or extremely toxic chemotherapy, for example, or who are older or more fragile – most of today’s modern cancer treatment is delivered in outpatient clinics rather than in the hospital, notes Dr. Naeim. Santa Monica offered opportunities to develop centralized and multidisciplinary centers that provide services including surgery, medical oncology and radiation oncology in a community location with easy access for patients.

There are 21 oncologists who treat patients at two outpatient locations in Santa Monica, notes Sandra Binder, director of operations for UCLA community practices. The combined clinics treat an average of 40 to 50 patients a day, and therapies range from standard chemotherapy to biological therapies and investigative agents. “There has been increased patient satisfaction, as there is a large open infusion area with multiple windows, allowing great views of the local mountains and the ocean,” Binder says.

In addition to opening space for more outpatients, the move also allowed Dennis Slamon, M.D., Ph.D., chief of the Division of Hematology/Oncology, director of clinical/translational research at UCLA’s Jonsson Comprehensive Cancer Center and executive vice chair for research for the UCLA Department of Medicine, to centralize his Clinical Research Unit, which oversees all cancer clinical trials at UCLA and at affiliated oncology offices throughout California and across the country. Dr. Slamon says he is confident that the move will result in the increased recruitment of patients to those clinical trials, which in turn will get new and more effective therapies to patients sooner.

“In the Santa Monica clinics, we are able to see more patients, and we’re hoping that many will be able to be treated in clinical trials, where we are testing the leading-edge targeted therapies that are...
being developed based on our laboratory research,”
Dr. Slamon says.

**Transitioning from Westwood to Santa Monica**
was not without potential issues, Dr. Slamon notes.
“Everything we did in solid-tumor oncology was built
around the Westwood campus to support the labora-

tory and clinical research that we were then taking
into the clinic,” he says. Moving clinical services to
Santa Monica but leaving research in Westwood
“presented a scenario where the faculty would have
to be shuttling back and forth from their labs in West-
wood to the new clinics in Santa Monica.”

To address that issue, Dr. Slamon moved the
clinician-scientists doing research in solid-tumor
oncology to new labs in Santa Monica, called the
Translational Oncology Research Laboratories, near
the clinics. The new lab space, like the new clinic
space, allows Dr. Slamon to centralize the research
operations and also place the oncologists closer to
the clinics where they are seeing patients.

The translational labs in Santa Monica boast
18,000 square feet of research space and house all
the pre-clinical laboratory programs for solid-tumor
oncology. Within these spaces, clinician-scientists
work to uncover targets for therapeutics, looking for
mutated genes that result in protein over- or under-
expressions that lead to cancer. Most cancers now
are not being treated by organ location, but by the
underlying mutation or oncogene that causes the
malignancy. The Santa Monica labs also have more
than 500 human-cancer cell lines established that
represent several malignancies, including breast,
lung and colorectal cancers, as well as sarcomas
and melanoma.

Expansion of both the clinical and research func-
tions in Santa Monica fits well within Dr. Slamon’s
continuing plans to enlarge UCLA’s footprint when
it comes to both the study and treatment of cancer.
In 1996, for example, he launched an ambitious
program called Translational Oncology Research
International (TORI), in which UCLA partners with
research institutions, companies and healthcare
providers across the United States to offer clinical
trials and research studies to patients in their own
communities. TORI not only makes enrolling in a
clinical trial easier for patients, but it also helps
diversify the population represented in the studies.

Currently, TORI has 25 affiliated oncology prac-
tices with 130 physicians enrolling patients in UCLA
clinical trials. Affiliated TORI sites are located in
California from Santa Maria south to Long Beach
and east to the Inland Empire and in Colorado,
Florida, Georgia, Indiana, Maryland, Nevada, New
Mexico and Texas. Each participating practice has a
UCLA study coordinator on site. Data from the

trials are sent back to the Clinical Research Unit in
Santa Monica. To date, the TORI network has placed
more than 5,000 patients on UCLA clinical trials, Dr.
Slamon says.

“**In the chaos of disease, how do we calm ourselves?**”
asks Dr. Naeim.

It is a difficult question, but UCLA is trying to
address it, in part, with a program known as Urban
Zen Integrative Therapy. The program, which is being
implemented throughout UCLA Health System, has
proven to be a very welcome addition to the inpatient
solid-tumor oncology unit. Urban Zen delivers yoga
therapy, mindfulness meditation, nutrition, Reiki and
aromatherapy to the bedside of interested patients.

These Eastern approaches, offered in conjunction
with traditional Western therapies, are designed to
address discomfort due to pain, anxiety, nausea,
insomnia and constipation.

Urban Zen originated with fashion designer Donna
Karan based on her experience when her husband
was dying of lung cancer in 2001. Distressed that
the hospital in New York where he was being treated
offered little to ease her husband’s pain and anxiety,
Karan went on to create a new model for patient
wellness. That model has been embraced by UCLA
Health System and its leadership.

So far, only a few of the oncology unit’s staff have
been trained in the techniques, but many have indi-
cated their desire to learn. “It has been remarkable,”
says Jakel. “I think about a patient who was having
an anxiety attack prior to going to radiation. One of
the nurses who has been trained dropped what she
was doing and went in and did Reiki therapy on that
patient, and after 10 minutes she was so much better.
It really calmed her down and relaxed her.”

That level of engagement with patients is at the
core of the care delivered on 4SW, notes Dolores
Siegman, interim director of the oncology unit.

“Oncology is the truest form of nursing,” she says.
“You treat the patient. You treat the family. You treat
the friends. You treat the spiritual, the physical, the
psychological. You are not treating just a disease
entity; you are treating the whole patient.”

And that approach, Siegman says, makes even
the most difficult times rewarding. “You know you
are doing your very best to make the lives of your
patients a little bit better,” she says. “There is a love
that you share. That’s kind of a quirky word, love.
But on this service, it rings true.”

David Greenwald is editor of UCLA Medicine.

Kim Irwin, director of media relations for
UCLA’s Jonsson Comprehensive Cancer Center,
contributed to this article.
The Music of Medicine

IF A SURGEON’S HANDS ARE HER MOST VALUABLE TOOL, how much more so if that surgeon also is an award-winning concert pianist.

For Tara McCannel, M.D., Ph.D., both surgery and concertizing are exacting forms of performance that require discipline, dexterity and dedication and allow only one chance to get it right.

To achieve excellence in both requires deep commitment and an exquisite sense of balance, attributes that Dr. McCannel amply possesses. She is director of the UCLA Ophthalmic Oncology Center at the Jules Stein Eye Institute and a leading researcher and surgeon for diseases and disorders of the eye. And she is a gold-medal recipient of the Royal Conservatory of Music of Toronto and has performed in concert halls around the world.

“In surgery, you can’t be changing your mind halfway through,” Dr. McCannel says. “You have to know in advance what you’re going to do and be purposeful to get a good result. The same is true for music. When I approach a piece, I don’t just play it. I want it to sound a certain way and convey my emotions about the piece to my listener.”

One Monday, Dr. McCannel performs nine operations on patients with melanomas of the eye. Then in the evening, she returns home, still dressed in her blue surgical scrubs, to spend time with her 3-month-old son before sitting down at the bench of her Yamaha baby grand piano. While her husband, Colin McCannel, M.D., also a UCLA retina surgeon, cradles their baby in his arms, she allows her fingers to hover over the keys for several moments “to get in the mood” for music.

“I’m passionate about music, but, to be honest, I know I could live without it. So I decided to do as much music as I can while pursuing another career.”

With perfect form, deep concentration and great emotion, she warms up with her favorite piece, “Oiseau Triste” by Ravel, before diving into Dvorak’s “Bagatelle” and Chopin’s “First Piano Ballade”—two pieces that she would perform for colleagues at a conference of the Association for Research in Vision and Ophthalmology in Ft. Lauderdale, Florida.

DR. MCCANNEl STARTED PLAYING PIANO AT AGE 5 while growing up in Vancouver, Canada. Encouraged by a teacher who was impressed by her early aptitude, Dr. McCannel took daily lessons and awakened as early as 4 a.m. to play the piano so she wouldn’t have to take turns with her younger sister.

She played and competed throughout her adolescence, winning the coveted Royal Conservatory of Music of Toronto’s gold medal in 1990, an honor bestowed on just one pianist a year in Canada. She won the opportunity to play Tchaikovsky’s “First Piano Concerto” with the University of Toronto Orchestra and considered pursuing music professionally. But, she says, she ultimately chose a career in medicine after realizing her “soul wouldn’t die” without music.

“I had a teacher who said when you go into music as your primary

Awards/Honors

Dr. Juan Alejos, head of the Pediatric Heart Failure Program, was named one of Huffington Post’s 2011 Game Changers for his work to change “how we look at the world and the way we live in it.”

Dr. Utpal Banerjee, member of the Jonsson Comprehensive Cancer Center and the Eli and Edythe Broad Center of Regenerative Medicine and Stem Cell Research at UCLA, received the NIH Pioneer Award from the National Institutes of Health.

Dr. Heather Christofk, member of the Jonsson Comprehensive Cancer Center and the Eli and Edythe Broad Center of Regenerative Medicine and Stem Cell Research at UCLA, received the New Innovator Award from the National Institutes of Health.

Dr. Tumaini Rucker Coker, assistant professor of pediatrics, received the 2011 Herbert W. Nickens Faculty Fellowship award from the Association of American Medical Colleges.

Dr. Steve Cole, associate professor of hematologic oncology, was named a fellow of the American Association for the Advancement of Science.

Dr. Antonio De Salles, professor of neurosurgery and radiation oncology, has published the sci-fi thriller, Why Fly Over the Cuckoo’s Nest? Psychosurgery in My Brain Please! (CreateSpace, 2011).

Dr. Daniel H. Geschwind, the Gordon and Virginia MacDonald Distinguished Professor and director of neurogenetics and the Center for Autism Research and Treatment, has been named a member of the Institute of Medicine of the National Academy of Sciences.

Dr. Jerome Hershman, professor-in-residence of endocrinology, has been awarded the Distinguished Alumni Award from the University of Illinois School of Medicine.

Dr. David J. Miklowitz, director of the Child and Adolescent Mood Disorders Program at the Jane and Terry Semel Institute for Neuroscience and Human Behavior at UCLA, has been awarded an Outstanding Research Achievement Prize by the Brain and Behavior Research Foundation.

Dr. Robert Modlin, the Klein Professor of Dermatology and chief of the Division of Dermatology, was named a fellow of the American Association for the Advancement of Science.
Dr. Richard Shemin, chief of cardiothoracic surgery, was selected to serve a two-year term as vice chair of the American Board of Thoracic Surgeons, after which he will become chair for another two years.

Dr. Peter Tontonoz, professor of pathology and laboratory medicine and an investigator at the Howard Hughes Medical Institute, has been appointed editor of Molecular and Cellular Biology.

Dr. Barbara Vickrey, vice chair of the Department of Neurology, has been named a member of the Institute of Medicine of the National Academy of Sciences.

Dr. Bonnie Zima, professor of psychiatry and associate director of the Jane and Terry Semel Institute for Neuroscience and Human Behavior at UCLA Health Services Research Center, received the 2011 American Academy of Child and Adolescent Psychiatry Elaine Schlosser Award.

Grants
- **Funding agency: National Cancer Institute**
  - Grant amount: $27.9 million
  - Grant duration: 5 years
  - Principal investigator: Dr. Ronald T. Mitsuyasu, associate director of the UCLA AIDS Institute
  - Summary: To conduct multicenter, cooperative group clinical trials for the treatment or prevention of cancers in HIV/AIDS and to study the biology of these tumors in the context of his clinical trials.

- **Funding agency: National Institute of General Medical Sciences**
  - Grant amount: $11.5 million
  - Grant duration: 5 years

Principal investigator: Kathrin Plath, associate professor of biological chemistry
- Summary: To determine the fundamental mechanisms underlying the interplay among transcription factors, chromatin structure and higher-order genomic organization during the conversion to induced pluripotent stem cells, in the maintenance of pluripotency, and differentiation of pluripotent cells.

In Memoriam
Dr. Alan Wilkinson, director of the UCLA Kidney and Pancreas Transplant Program, died June 19, 2011. He was 62 years old. In his 26 years at UCLA, Dr. Wilkinson helped to lead the program to national prominence, and he was recognized with the Award for Excellence in Education from the David Geffen School of Medicine at UCLA, and by the American Society of Transplantation.

As a surgeon, Dr. Tara McCannel performs at UCLA; as a pianist, she has performed in concert halls around the world.

career, it’s not a choice. It has to be your calling,” Dr. McCannel says. “I’m passionate about music, but, to be honest, I know I could live without it. So I decided to do as much music as I can while pursuing another career.”

Medicine was a natural choice for her. The daughter of a urologist, Dr. McCannel grew up accompanying her father on rounds, and she enjoyed hearing stories about his patients. She attended medical school at the University of Toronto, so she could take music lessons at the nearby conservatory. And she chose to specialize in ophthalmic surgery, because the field afforded her time to pursue music as well.

She would like for her son to have a formal music education, so he can learn to read music and play an instrument, but she worries that today’s teachers defer too much to catering to children’s busy schedules and pleasing the parents. “When I was a kid, my teacher was the boss,” Dr. McCannel says. “That’s just how it was. You did the work. There were tears. But if she wanted me to spend the weekend with her filing music sheets, I did it.”

While she has composed a life around her twin passions of music and medicine, there is one place where Dr. McCannel doesn’t allow the two to mix: the operating room.

“When I’m in surgery, I am very intense,” Dr. McCannel says. “I don’t allow music playing, and no chitchat. We’re here to get the job done in the most efficient way. I don’t allow any distractions.”

But outside of the O.R., “music has always been a huge part of my life,” she says. “I really appreciate that I have an opportunity to do it while also practicing medicine.” – Kim Kowsky
Jamie D. Feusner, M.D. ’99, is associate professor in residence in the Department of Psychiatry and Biobehavioral Sciences, director of the Obsessive-Compulsive Disorder Intensive Treatment Program and director of the Body Dysmorphic Disorder (BDD) Research Program.

I BEGAN CONDUCTING RESEARCH ON BDD SEVEN YEARS AGO AT UCLA. It is a psychiatric disorder in which individuals are preoccupied with perceived defects in their appearance that are not noticeable or appear slight to others. To better understand the nature of their perceptual distortions, we have studied their visual processing, using functional and structural neuroimaging. We have tested how the brains of those with BDD react to local (details) and global (holistic and configural) elements of their own and others’ faces, bodies and inanimate objects and how those reactions relate to their symptoms. In addition, we have studied their neural correlates of emotions, such as anxiety and disgust, and how they interact with their visual processing. More recently, we extended our research to differences in perception and emotion between BDD patients and sufferers of anorexia nervosa, a related disorder of body image. To achieve this objective, we are collaborating with Michael Strober, Ph.D., director of the UCLA Eating Disorders Program, and Cara Bohon, Ph.D., postdoctoral fellow at the Jane and Terry Semel Institute for Neuroscience and Human Behavior at UCLA.

One-on-One: Jamie D. Feusner, M.D. ’99

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Biggest challenge

ONE OF THE BIGGEST CHALLENGES recently has been recruiting individuals with anorexia nervosa whose weight has been restored to normal (usually as the result of treatment) and who are not taking psychiatric medications. To overcome this challenge, we have networked with the eating-disorders community and treatment providers in the Greater Los Angeles Area, given lectures on BDD and anorexia to the community, and made use of social media.

Highlight of the project

THE HIGHLIGHT HAS BEEN DISCOVERING that BDD patients’ brains handle visual information abnormally. They demonstrate unusually low brain activity when viewing holistic and configural visual elements of their faces. Their brains may not be able to adequately contextualize the details of what they are seeing into a whole visual concept. We have observed this phenomenon not only for own-face viewing, but also for other-face viewing and even for inanimate objects (houses), suggesting the patients have more general visual-processing abnormalities. These findings have provided an important insight into the pathophysiology of BDD, from which we may be able to eventually develop novel treatments to improve the symptoms.

For more information, email jfeusner@mednet.ucla.edu, or visit: www.semel.ucla.edu/bdd
Paula J. Pearlman, M.D. ’81, has been an emergency-medicine physician at Kaiser West Los Angeles Medical Center for nearly 30 years. She has discovered a way to help save lives with a laser.

I LIVE AND WORK IN LOS ANGELES. Every time I step into the Emergency Department of my hospital, I am exposed to the vast and fantastic cultural and ethnic diversity in this city. I meet and intimately interact with people of every color and from every socioeconomic stratum. We are different, yet we are the same. It’s a gift to know and embrace this truth.

Compelled to give something back to this great city, I started about eight years ago volunteering to do tattoo removal at Homeboy Industries. The organization was founded by Father Gregory Boyle and is recognized as the largest gang-intervention and re-entry-into-society program in the county. “Nothing stops a bullet like a job” and “Jobs not jail” are its mottos.

The tattoo-removal program is aimed at eradicating the inked obstacles that stand in the way of employment for ex-gang members, ex-prisoners, young kids from detention camps who arrive in shackles and anyone who wants to make a change to improve his or her life and self-esteem. I happily return to my “homies” several times a month to “blast away the past.” The tattoo removal is done by laser; it is free, but it’s a painful, intense process. Taking off the ink hurts much more than putting it on. After waiting on a list for up to two years, my patients begin treatments, returning every six-to-eight weeks for five-to-10 sessions, until all the ink is obliterated. The stories I hear are sometimes heartbreaking, sometimes uplifting. I’ve learned so much. And every single person says “Thank you.”

For me, it is immensely gratifying. I am able to contribute to the shot at redemption that my fellow Angelinos seek, to help those who grew up under the same L.A. sky as I did but who lived years away from my childhood in Westwood. These young men and women bravely walk through the doors of Homeboy Industries toward a better life by literally erasing some of their past.

For more information about Homeboy Industries or to volunteer in the laser tattoo-removal program, visit: http://homeboy-industries.org

MMA 2012 Reunion Weekend


MAA on the Road

In 2011, Valerie Walker, MAA director, visited alumni in Chicago, Denver, Houston, Nashville and San Luis Obispo. In 2012, the MAA will continue its outreach efforts by hosting a reception in Las Vegas on April 20, in San Luis Obispo on October 14, and in San Francisco on November 4.

A special thank-you to Nisha Abdul Cader, M.D. ’95, and Rushdi Cader, M.D. ’95, for hosting 16 alumni, representing graduating classes from 1956 through 1997, as well as Harbor-UCLA residency programs, at the MAA’s first California Central Coast alumni dinner.

Got Email?

In an effort to be more economical and ecological, the MAA is reducing its paper correspondences. To help us stay in touch, visit www.medalumni.ucla.edu to update your contact information, including your preferred email address.

Mobile Clinic Alumni Network

Did you volunteer as a student or attending physician? The UCLA Mobile Clinic Project is creating an alumni network of medical volunteers. As the second decade of service begins, you are invited to join the Mobile Clinic Alumni Network. Stay connected. Share insights. Cultivate community.

Click “Alumni” at: www.mcp.ucla.edu
Honoring the Visionaries in Our Community

THE 2011 VISIONARY BALL was held on October 6, 2011, at the Beverly Wilshire Hotel. Proceeds from the annual event go toward continuing research on the brain and spine and educating the next generation of neurosurgeons.

The evening was a toast to individuals who exemplify the values and mission of the UCLA Department of Neurosurgery. Guests heard a variety of inspiring stories.

Jennifer Sugioaka, diagnosed 11 years ago, at the age of 23, with terminal brain cancer today lives cancer-free thanks to a breakthrough vaccine developed by Dr. Linda Liau. Former Major League Baseball player Mark Gubicza shared the story of his teenage daughter’s battle with seizures that have now ceased after Dr. Gary Mathern performed lifesaving surgery.

Dr. Nader Pouratian implanted a brain pacemaker that stopped the tremors and restored life for a 43-year-old father, Richard Rothenberg, suffering from Parkinson’s disease.

Dr. David Hovda is the recipient of the Strength of the Nation Award, the highest honor the military awards to a civilian, because of his exceptional work with our troops.

The 2011 award recipients are:

- **Visionary Award:** Sidney Kimmel, head of Sidney Kimmel Entertainment and founder of The Jones Group, for his contributions that have led to building many cancer-research centers and seeding significant breakthroughs, including Dr. Liau’s early vaccine research at UCLA. Sir Michael Caine, esteemed actor, introduced Mr. Kimmel.

- **Medical Visionary Award:** Dr. Louis Ignarro, professor of medical pharmacology at UCLA and winner of the Nobel Prize in Physiology or Medicine, for his discovery of the importance of nitric oxide in cardiovascular health.

- **Courage Award:** Doriana Sanchez, Emmy-nominated director and choreographer. In January 2011, she could no longer dance or walk due to a large brain tumor, but at the event, she dedicated a touching dance performance to Dr. Neil Martin, chairman of the UCLA Department of Neurosurgery and W. Eugene Stern Professor in Neurosurgery, and the neurosurgeon responsible for her recovery.

- **Rodney Respect Award:** Bob Saget, renowned comedian and actor, in honor of carrying on Rodney Dangerfield’s legacy of laughter.

UCLA alumni **Renee and Meyer Luskin** have established the Meyer and Renee Luskin Chair in Migraine and Headache Studies, the first in the country dedicated to headache research. Dr. Andrew C. Charles, professor of neurology and director of UCLA’s Headache Research and Treatment Program, is the first chair holder. “We are very happy to support Dr. Charles, whose work is dedicated to the millions of people worldwide who endure migraines and other headache maladies,” said Mr. Luskin.

Using brain imaging and physiological techniques, Dr. Charles and his team investigate the basic biology involved in migraine headaches. They also perform clinical research on new therapies, educate healthcare providers, and offer up-to-date treatments. The Luskin Chair will support translational research aimed at bringing new therapies to patients in order to improve the standard of care.

Dr. Charles and his group were the first to show that females have a lower threshold for the waves of brain activity that appear to be an important trigger for migraines, which may help explain why three times as many women as men are affected. Also, this group recently played a key role in identifying and characterizing a new gene that causes migraines to run in families.

“I’m deeply honored to be associated with the Luskins, who are remarkably thoughtful, kind, and compassionate individuals,” said Dr. Charles. Mr. and Mrs. Luskin have made a number of generous gifts to UCLA, including a transformative contribution in January 2011 to support academic programs and capital improvements.
Gifts

The Eli and Edythe Broad Foundation directed a $1-million gift to the Division of Digestive Diseases to assist in the creation of the Center for Gastroenterology Systems Biology, which will focus on research on chronic inflammatory conditions such as Crohn’s disease and ulcerative colitis. The Broad Foundation’s giving to the division totals $5.5 million, including a named chair and a clinical program and laboratory in inflammatory bowel disease.

Mrs. Barbara Kort made a generous gift to underwrite Dr. Helena Chang’s extraordinary work on behalf of women’s health and overcoming breast cancer. Part of the donation will fund the Barbara Kort Santa Monica Women’s Imaging Center, which performs state-of-the-art breast magnetic resonance imaging (MRI), screening mammography, diagnostic mammography, imaging-guided needle biopsy (ultrasound, stereotactic, and MRI), and ductography. It also will fund Dr. Chang’s breast-cancer research to develop a biomarker-based predicting model to identify the drug-resistant triple-negative breast cancer, which is extremely aggressive and more likely to recur and metastasize than other subtypes of breast cancer, as well as a drug combination for treatment.

The Moss Foundation has made a $2.5-million gift to the Department of Surgery to fund an endowed chair in gastrointestinal and personalized surgery, a new area that provides targeted therapies for patients based upon their genomic profile (hereditary information). Ann and Jerry Moss are vision- ary UCLA friends and philanthropists whose gift focuses on surgical treatment, research, and teaching in gastrointestinal diseases. It will underwrite the work of a world-class surgeon with expertise in translational targeted therapy and in the genomics and biobanking of surgical specimens in order to build a personalized-medicine program.

Jane and Terry Semel have made a $10-million gift to support the “Promoting Healthy Behaviors through Innovative Science” project. This initiative will build a campus hub for faculty and students dedicated to health promotion through novel investigations within the Jane and Terry Semel Institute for Neuroscience and Human Behavior at UCLA. The funding will be used to foster and facilitate an integrated education and research program, as well as a new research tower as part of the Semel Institute.

The Jonsson Cancer Center Foundation has been notified of a planned gift of just over $900,000, established by Robert Smith and the late Esther Smith, to underwrite worldwide class cancer research.

In gratitude for his father’s lifesaving surgery at Ronald Reagan UCLA Medical Center, 27-year-old Eric Tamura established the Randall A. Tamura Family Scholarship at the David Geffen School of Medicine at UCLA. The $50,000 gift ($10,000 per year for five years) will be awarded to medical students who plan to pursue a career in pulmonology, a subspecialty of internal medicine concerned with respiratory diseases.

The Wolfen Family Foundation has made a gift of $1 million to the Jonsson Cancer Center Foundation to continue its support of the Wolfen Family Lung Cancer Clinical/Translational Research Program under the direction of Dr. Dennis Slamon. To date, the Wolfen Family Foundation has contributed more than $3 million to advance lung cancer research at UCLA.

In Memoriam

Dr. Bernard G. Sarnat, an eminent plastic surgeon and research scientist who made pioneering contributions to the understanding of craniofacial development and the causes of facial deformities, died October 21, 2011. He was 99 years old. Dr. Sarnat held joint appointments in the David Geffen School of Medicine at UCLA and UCLA School of Dentistry. In 1999, he provided funds to establish the Bernard G. Sarnat Endowed Chair in Craniofacial Biology at the medical school, with an emphasis on the etiology and prevention of craniofacial deformities. Nicknamed the “Dean of Plastic Surgery” by his colleagues, Dr. Sarnat helped establish the Plastic Surgery Research Council more than 50 years ago and was honored with more than 25 prestigious awards from around the world. Dr. Sarnat is survived by his wife Rhoda, son Gerry, daughter Joan, five grandchildren, and two great-grandchildren.

Gift from the Heart

Dr. Hillel Laks, Chancellor’s Professor of Surgery, Division of Cardiothoracic Surgery; Tyler Gilbert, and Dr. Richard S. Shemin, chief, Division of Cardiothoracic Surgery.

TYLER GILBERT is a 24-year-old CalArts student and aspiring composer who suffers from a rare congenital heart defect. When he was 16, a cardiologist told his parents that they had “done everything they could” and referred him to UCLA for a heart transplant. The pacemaker he received instead at UCLA was such a success, however, that he has been leading an active life ever since. Prior to her death, Frances Gilbert of Escondido, Mr. Gilbert’s great-aunt, set up the Tyler Gilbert Heart Transplant Survivor’s Foundation for the purpose of sponsoring basic science research in the field. To express his personal gratitude, Mr. Gilbert decided to fund a research fellowship in cardiac surgery at UCLA through the family foundation. Dr. Sepideh Hagvall, assistant adjunct professor and the first Tyler Gilbert Heart Transplant Survivor’s Foundation Fellow in Heart Research, is employing stem-cell biology and nanotechnology to repair or replace damaged portions of the heart, which may one day allow for the routine replacement of lost or failing tissues and organs.
Events

October 19, 2011, marked the 20th anniversary of the Stein/Oppenheimer Endowment Awards, with poster displays and a reception at UCLA’s California NanoSystems Institute. The highlight was a presentation of a UCLA lifetime commendation to Gerald H. Oppenheimer, a philanthropist who has fostered the careers of hundreds of promising young scientists. Dr. Leonard Rome, senior associate dean for research, said, “Jerry’s investment has led to an incredible financial return of nearly 62 to 1,” as the seed grants have generated new funding for high-quality, transformational research at its early stages. Mr. and Mrs. Oppenheimer are actively involved donors, always present for the annual event to see firsthand what the projects hold for the future of medicine and science in a variety of fields.

In October, a 2011 Chevrolet Camaro convertible donated by General Motors and custom-designed by Ryan Friedlinghaus of West Coast Customs raised $366,000 at auction to benefit Operation Mend. From left: Navy CPO Robert Bruce; retired Army Spec. Joey Paulk; Ryan Friedlinghaus, CEO and founder West Coast Customs; retired Marine Cpl. Aaron Mankin; retired Army Sgt. Jason March; and Ronald A. Katz, founder and philanthropist, Operation Mend.

The UCLA Daltrey/Townshend Teen Cancer Program (DTTCP) is an extension of Teenage Cancer Trust (TCT), a U.K. charity dedicated to improving the lives of young people with cancer. The program funds and builds specialty units in hospitals, where young cancer patients are treated together and housed in adjoined patient rooms designed to help them cope with grueling treatment and long hospital stays. Its vision is to ensure that these patients and their families receive the best possible care and professional support throughout the cancer journey. On Saturday, November 5, 2011, an event was held in support of the DTTCP, featuring Robert Daltrey, Robert Plant and the Band of Joy, and Dave Grohl of the Foo Fighters. The evening featured a live and silent auction, festive cocktails provided by Patron, and an incredible rock-n-roll lineup, raising nearly $2 million.

The UCLA Foundation hosted its 2011 Rediscover UCLA event on November 9, 2011, featuring the UCLA Longevity Center directed by Dr. Gary Small. More than 350 people were in attendance at Korn Convocation Hall of UCLA Anderson School of Management. Dr. Small made a presentation entitled “Alzheimer’s Disease: Can You Prevent It?” A dinner followed on Alumni Plaza, including roundtable discussions with the center’s scholars and board members.

Women & Philanthropy at UCLA hosted its fall program, “Mindful Awareness: Ancient Practice, Modern Science,” on November 17, 2011, in the Dr. S. Jerome and Judith D. Tamkin Auditorium of Ronald Reagan UCLA Medical Center. Dr. Marvin Belzer and Diana Winston, faculty from the UCLA Mindful Awareness Research Center, highlighted cutting-edge research on the power of mindfulness and led the guests through guided exercises to help reduce stress and be more present in life.

The Jonsson Cancer Center Foundation’s annual Taste for a Cure signature event will be held on April 20, 2012, at the Beverly Wilshire Hotel, with proceeds benefiting the Jonsson Comprehensive Cancer Center. Jennifer Salke, president of NBC Entertainment, will be honored with the 2012 Gil Nickel Humanitarian Award. Dinner Committee co-chairs are Dana Walden and Gary Newman, chairmen of Twentieth Century Fox Television; Jon Holman, president of The Holman Group; Larry Maguire, president and CEO of Far Niente Winery; and Jay Sures, partner and board member of United Talent Agency. For tickets or more information, visit www.tasteforacure.com.

The 19th Annual Entertainment Industry Foundation Revlon Run/Walk for Women Los Angeles will take place on May 12, 2012. The Revlon/UCLA Women’s Cancer Research Program is the leading beneficiary of this annual 5K event, which is the city’s largest fundraiser for women’s cancers. The UCLA Fights Women’s Cancer team is open to all supporters. Join now and receive a complimentary team T-shirt. Further information and access to the online registration page can be found at www.cancer.ucla.edu/revlonrunwalk.

A Vision Realized
CAMILLE DESJARDINS’ PARENTS, Julie and Stephen, have made a generous donation to help support the growth of the Children’s Comfort Care Program, under the direction of Dr. Elana Evan, at Mattel Children’s Hospital UCLA. Camille, who is 8, faces numerous medical and developmental challenges including epilepsy and cerebral palsy but has a remarkable capacity to dream. Using a digital book, Camille created her version of Cinderella and Prince Charming’s wedding and reception. On November 13, 2011, at The Montage Beverly Hills, her fairytale vision was realized. Everything, from the wedding dress, flowers and black-tie reception to the cake and casting of princes and princesses, was donated. The Children’s Comfort Care Program, the only one of its kind in Southern California, helps Camille pursue her dreams by providing pain and symptom management and enhancing her quality of life.
IT STARTED AS A ROUTINE TUESDAY MORNING, with no hint that by the end of the day I would change a little girl's life.

As I walked with Apollo, my 90-pound apricot standard poodle, down a corridor of Mattel Children’s Hospital UCLA, a man urgently waved me down. “Is that a therapy dog?” he asked. “Yes,” I responded. “My daughter is in the Pediatric Intensive Care Unit,” he said. “Would you please come visit her?”

I had only been in the PICU a few times before, and I was nervous about going, but how could I say no?

After getting a doctor's approval, I entered the room. There was a child of about 8 years old; I will call her Helen. She was hooked up to so many machines and tubes, that my first concern was making sure Apollo didn’t step on any of them. The little girl’s eyes were wide open and blank. She was in a coma of unknown origin that had gone on for more than two weeks. Seeing her like that was more than I had anticipated, and I didn’t know if I could face this situation. But I looked at my dog, brave and valiant as ever, and he gave me a burst of strength.

Apollo took up his usual position at the patient’s bed, and Helen’s father propped her up so she could be close to the dog. He then took her small hand and put it on Apollo’s head, saying over and over, “Helen, there’s a dog named Apollo here.”

Then something happened, something I had never seen before. Apollo seemed to stare into the deep abyss of Helen’s beautiful but blank blue eyes. His gaze was so intense, that I was afraid he might lick her face, and I had to pull him away. But for a moment, there was definitely some strange sort of connection between the two.

We stayed in the room another hour or so, with Apollo lying quietly at the foot of the bed, and then left to continue our rounds.

A little more than an hour later, Jack Barron, director of the UCLA People-Animal Connection program, called me. Helen’s nurse had called, he told me, asking if Apollo and I were still in the hospital. Shortly after we had left her room, Helen had woken up from her coma. “Where’s Apollo?” she asked, as her eyes flickered back to life.

I was dumbstruck. In the room with her, there seemed to be no sign of consciousness in her still form, and I didn’t think Helen had heard a thing.

Several weeks later, Helen was fully recovered. I had an opportunity to talk with her on the phone, and she told me that Apollo was the only memory she had from her coma experience. All she remembered was being surprised to see a dog’s face right in front of hers, and it made her want to laugh but no sounds would come out. Her next memory was of waking up.

Then I spoke with Helen’s father. He told me that in the hospital, he didn’t believe his daughter would ever come back. As each day went by, he said, he feared he was losing more and more of her. He said he had been praying for a miracle. He believed Apollo was the answer to his prayer.

I thought back to the time when I was very ill as a child. I remember lying in my hospital bed, lonely and afraid, when I saw a woman walking down the hallway with a golden retriever. The comfort of seeing the face of a friendly dog lifted my spirits so much, that I knew at that moment it was something I wanted to do if I recovered. Many years later, I was the one visiting ill patients, but I never really realized the impact those visits could make. Until I met Helen.

Since that time, I’ve seen people with dementia form complete sentences when Apollo comes near. I’ve seen a little girl’s fist, spastically clenched tight for days, open as he licked her hand. I’ve seen the suffering of so many people eased by his presence.

Sometimes I lie awake wondering what would have happened to Helen if Apollo and I had not been walking down that corridor on that day. I will never fully understand what took place between them, what they saw in each other’s eyes, and why that is the only moment she remembers. But I do know this: Dogs, with their uncanny ability to comfort and connect with people in sensitive and intuitive ways, help patients heal.

Laura Berton-Botfeld and Apollo have been volunteers with UCLA People-Animal Connection since 2005.

For more information about UCLA People-Animal Connection, go to: www.uclahealth.org/PAC
Looking to the future?

TV actor Don DeFore, a regular on *Ozzie & Harriet* and *Hazel*, and his family had no hint in this 1950s image of how Santa Monica Hospital would evolve to become an academic medical campus for one of the world’s foremost healthcare systems.