Doctors Across Borders
Battling HIV/AIDS at home and abroad

‘Thank You for Giving Me My Life’
UCLA Liver Program marks 25 years

The Forest and the Trees
Integrative medicine blends best of East and West

Conversation
Hospital CEO’s cultural revolution
The story of the UCLA Liver Transplant Program, which celebrates its 25th year and is told in this issue of *UCLA Medicine* ("Thank You for Giving Me My Life," page 18), is the story of medicine at UCLA. From its inception, the UCLA School of Medicine – known today as the David Geffen School of Medicine at UCLA – was established on a foundation of science, with the belief that being on the cusp of discovery is essential to providing the best care to our patients. An environment has been created here in which young physicians and scientists are encouraged to reach beyond what already has been achieved, to conceive and implement new programs that will serve not just our patients but society at large. It is at the heart of our mission.

That certainly was so a quarter-century ago when Dr. Ronald Busuttil, a young, gifted and enthusiastic vascular surgeon, put together a team to establish a liver-transplant program here at a time when there were only a few centers in the country – all of them east of the Mississippi River – and the procedure was still considered by many to be experimental.

While the techniques for the operation were being improved in the early part of the 1980s by pioneers like Dr. Thomas Starzl at the University of Pittsburgh, our own future success in transplantation was being set in motion at the very beginning of the school. Here, vascular surgeon Dr. Jack Cannon worked in the mid-1950s to refine the operative procedures for liver transplantation, and the school’s founding chair of surgery, Dr. William P. Longmire Jr., established a transplantation-research laboratory and, with Dr. Paul Terasaki, did groundbreaking work in transplant immunology.

So the foundation had been laid when Dr. Busuttil performed the first successful human-liver transplant at UCLA, in February 1984. Now, 25 years later, UCLA’s program has grown to become the largest and most successful in the world, changing the lives of thousands upon thousands of patients and their families. To look at this program really is to see reflected the essence of UCLA medicine.

But the story of the UCLA Liver Transplant Program is not the only exemplar of our excellence. Improving the experience and satisfaction of patients at our hospitals also is a major initiative for us, as highlighted in this issue’s interview with Dr. David T. Feinberg, CEO of UCLA Hospital System ("Conversation," page 8).

Illness and hospitalization are difficult enough without having to overcome additional obstacles. Under the guidance of Dr. Feinberg and his leadership team, UCLA is working to ensure a patient-centric healing environment that is as comfortable and humanistic as possible.

One might not necessarily think of academic medical centers that provide tertiary and quaternary care as the institutions that would be leaders in the realm of patient comfort and satisfaction, but this is another area in which we want UCLA to be at the national vanguard.

That is the micro. On the macro level, UCLA researchers and physicians are working to spread their knowledge about HIV/AIDS prevention and treatment around the globe, as well as to local communities here at home ("Doctors Across Borders," page 12). Global medicine is an increasingly important issue in this new century, and as members of the world community our medical students and trainees and faculty will be on the forefront of the effort to develop new healthcare strategies to meet these and all the many challenges that will confront us.

**Our Story of Medicine.** From its inception, UCLA’s School of Medicine has been a place for young physicians and researchers to stretch beyond accepted practice and innovate the new.
STEM-CELL RESEARCHERS AT UCLA have grown functioning cardiac cells, using mouse-skin cells that had been reprogrammed into cells with the same unlimited properties as embryonic stem cells. The finding is the first to show that induced pluripotent stem cells, or iPS cells, which don’t involve the use of embryos or eggs, can be differentiated into the three types of cardiovascular cells needed to repair the heart and blood vessels.

The discovery could one day lead to clinical trials of new treatments for people who suffer heart attacks, have atherosclerosis or are in heart failure, says W. Robb MacLellan, M.D., a researcher at the Eli and Edythe Broad Center of Regenerative Medicine and Stem Cell Research at UCLA and senior author of the study. Researchers also were able to differentiate the iPS cells into several types of blood cells, which may one day aid in treating blood diseases and in transplanting bone marrow.

The study, which was published online in the journal Stem Cells, follows a breakthrough last year in which UCLA stem-cell researchers were among several scientific teams that were the first to create iPS cells by reprogramming mouse-skin cells into cells resembling embryonic stem cells. Although iPS cells are believed to be very similar to embryonic stem cells, further study needs to be done to confirm their differentiation potential. Dr. MacLellan’s study proved that iPS cells can be induced into becoming cardiovascular cells, an important step in the confirmation process.

Studies are also under way at UCLA to determine if human iPS cells behave similarly to mouse cells. If they do, the time may come when a person could use his or her own skin cells to create individualized iPS cell lines to provide cells for cardiac repair and regeneration, Dr. MacLellan says.

“Our hope is that, based on this work in mice, we can show that similar cardiovascular progenitor cells can be found in human iPS cells and, using a similar strategy, that we can isolate the progenitor cells and differentiate them into the cell types found in the human heart,” Dr. MacLellan says.
01 • Leadership
From the dean: UCLA as the incubator of leading-edge innovation. By Dr. Gerald S. Levey

02 • The Cutting Edge
News and research: Breakthrough science transforms skin cells into cardiac cells.

08 • Conversation
Dr. David T. Feinberg, CEO of UCLA Hospital System. By Anne Burke

FEATURES

12 • Doctors Across Borders
UCLA physicians battle HIV/AIDS at home and around the world. By Dan Gordon

18 • ‘Thank You for Giving Me My Life’
UCLA Liver Transplant Program: 25 years and thousands of lives saved. By David Greenwald

24 • The Forest and the Trees
East and West blend in the science of integrative medicine. By David Geffner

NEWS + NOTES

30 • Faculty Notes
Notables, honors and achievements: Remembering Dean Marie Cowan.

32 • Alumni Notes
What’s happening from the MAA: Fond memories of CHS.

34 • Friends
Donor roundup: Operation Mend extends a healing hand to wounded warriors.

37 • Epilogue
Music from the heart and the art of healing. By Vanya Green

Cover: Riccardo Gangale/AP Images

Nairobi-based photojournalist Riccardo Gangale spent a day in April at Partners in Hope Medical Center in Lilongwe, Malawi, to chronicle the efforts of UCLA-affiliated physicians who are working to address the crisis of HIV/AIDS in sub-Saharan Africa. His images have been published in The New York Times, Time, The Guardian, Le Monde and the Washington Post, among others.
Multifront Attack

Diabetes is fast becoming the No. 1 epidemic of our time. In the U.S. alone, more than 22-million people have diabetes, which is the leading cause of end-stage renal disease, amputations and blindness. UCLA is working to stem that tide with a new program to train the next generation of scientists to fight diabetes and other metabolic diseases on multiple fronts.

Established with a $2.5-million grant from the Burroughs Wellcome Fund, the Burroughs Wellcome Fund Interschool Training Program in Metabolic Disease is a Ph.D. education and research training program that will bring together researchers and educators from the David Geffen School of Medicine at UCLA, the UCLA School of Public Health and other UCLA entities.

“Our hope is to develop an integrative training and research framework where students can learn to assess the many seemingly distinct aspects of dietary, lifestyle and genetic factors that cause these prevalent phenotypes,” says Simin Liu, M.D., program co-director and a professor of epidemiology and medicine. “Once trained, these scientists will be able to develop better insights and system strategies to curb this epidemic.”

Currently, metabolic diseases are on the rise, even as breathtaking scientific discoveries are being made that are unprecedented in the history of biomedical sciences, says Thomas Drake, M.D., program co-director and a professor of pathology and laboratory medicine. “So the question many of us often ask is, how can we harness the major advances in biomedical sciences to bring out preventive and treatment measures to conquer what appears to be the public-health nemesis of our time?” he notes.

The mission of the new training program is to bring the best population and lab-based sciences to bear by assessing the impact of genes and their interactions with behavior, nutrition and the environment on health and diseases, and to critically and systematically evaluate the significance of genetic and dietary variations within populations. Ultimately, that knowledge will be applied to improving the public's health.

“Talented young people who are well-trained in the concepts, strategies and advanced tools of both population and lab-based research remain a rarity, particularly in the field of metabolic diseases and disciplines of epidemiology and pathology,” Dr. Drake says. “This program intends to fill that gap.”

Surf the Web, Sharpen the Brain

The Internet often is perceived as a tool that belongs predominantly to the younger generation. But Gary Small, M.D., director of the UCLA Center on Aging, is looking at how the Internet also can be used as a virtual exercise machine to keep the minds of older adults nimble and sharp.

His recent research with aging subjects shows some positive physiological effects. “Internet searching,” says Dr. Small, “engages complicated brain activity, which may help exercise and improve brain function.”

Dr. Small’s research involved volunteers between the ages of 55 and 76. Half of the group had experience searching the Web, and the other half did not. Using functional magnetic resonance imaging (fMRI), the brain activity of volunteers was monitored as they performed online searches and book-reading tasks. During the book-reading exercises, all the participants showed significant activity in the parts of the brain that control language, reading, memory and visual abilities. But when doing Internet searches, the Web-savvy group also registered activity in the frontal, temporal and cingulated areas of the brain, which control decision making and complex reasoning.

Because searching the Internet involves a lot of choices about where to look and what to click, it exercises the brain even more than simple reading. “A simple, everyday task like searching the Web appears to enhance brain circuitry in older adults, demonstrating that we can continue to learn as we grow older,” Dr. Small says.

The research also shows that the more of this kind of exercise the better. “Our most-striking finding,” he says, “was that Internet searching appears to engage a greater extent of neural activity that is not activated during reading, but only in those with prior Internet experience.” Whether and to what extent other emerging technologies have similar positive effects will be the object of future research studies.
Small Science, Big Goals

MATTEL CHILDREN’S HOSPITAL UCLA has launched a program in nanopediatrics to explore the future of personalized medicine for children. The program is among the first dedicated solely to nanomedicine and pediatric patients.

“Children are not small adults. Unless children are included as a research priority for the application of nanotechnology, then we will simply be applying approaches developed for adults,” says Edward R.B. McCabe, M.D., Ph.D., physician-in-chief of Mattel Children’s Hospital UCLA and founding director of the new program, which will partner with the California NanoSystems Institute at UCLA. “This flawed strategy will place children at risk, as opposed to a program in which children will be the focus from the outset.”

Nanotechnology involves manipulating atoms and molecules to create tiny devices, smaller than one-thousandth the diameter of a human hair. It is anticipated that nanomedicine, fueled by nanotechnology, will enable more-personalized medical care that will be both predictive and preventive.

While considerable attention has been paid to nanomedicine, the Mattel UCLA NanoPediatrics Program, created with a $1.8-million gift from the Mattel Children’s Foundation, may be the first initiative to examine the promises and risks of nanodiagnostics and nanotherapeutics for children in a formal and organized manner.

Projects currently underway at UCLA include the development and application of nanodiagnostics tools such as DNA-based newborn-screening tests for genetic abnormalities, the development of a new generation of nanodevices for the treatment of children with genetic diseases and cancer, and the investigation of the use of nanoparticles for diagnostic imaging both during pregnancy and after birth.

For additional information, visit www.nanopediatrics.ucla.edu

New Department Established

THE DIVISION OF NEUROSURGERY has been designated a Department of Neurosurgery, with Neil Martin, M.D., as the first chair.

“The division was designated a Department of Neurosurgery because of its significant presence in patient care, research, education and innovation,” says Gerald S. Levey, M.D., dean of the David Geffen School of Medicine at UCLA and vice chancellor for the UCLA Medical Sciences. “The department is one of the premier departments of neurosurgery in the country and provides leading-edge care in all of the key clinical disciplines.”

Neurosurgery at UCLA has been recognized among the top-10 programs in the country for the past 17 years by U.S.News & World Report. The decision to establish the new department was based on the faculty’s ability to provide high-quality and innovative patient care, make significant contributions to the body of neuroscience knowledge through peer-reviewed research and provide an enriched environment in which progressive training of academic neurosurgeons and neuroscientists can thrive.

Veronica’s Story

WHEN UCLA NEUROSURGEON Antonio DeSalles, M.D., first met Veronica Jacobs, she was “a very sad teenager … always looking down, she never smiled.” It was clear that the young woman was in pain and annoyed that “she couldn’t do anything in life but stay in [her] wheelchair,” he recalls.

Veronica suffered from dystonia, a debilitating neurological disorder that caused her to experience abnormal muscular twitches and spasms that twisted her limbs and body. The condition, which affects some 125,000 Americans, deteriorated over several years, to a point where Veronica could no longer walk and was virtually wheelchair bound.

“I didn’t like my family seeing me going through the rough times that I was going through,” Veronica says, crying. “I didn’t want my brother or my sisters seeing me struggle.”

To treat Veronica, Dr. DeSalles recommended surgically implanting a pacemaker-like device to block the abnormal impulses in her brain and stop the transmission of electricity to the muscles. At a minimum, Dr. DeSalles expected the surgery would stop Veronica’s spasms and allow her to sit up. But the outcome was far more successful.

After Veronica returned home from Ronald Reagan UCLA Medical Center, her parents went to the garage to retrieve her walker. Still in her wheelchair, she decided, “The heck with this, I’m going to get up and see if I can walk.” She got out of her wheelchair: “I walked to the living room … to the kitchen, from the kitchen, outside,” Veronica says. “And I just kept doing laps around the house, and I thought, wow, this is amazing. I can’t believe this is happening to me.”

Veronica’s ordeal now is just a painful memory. Today, she is walking and smiling like never before.

To watch a video of Veronica Jacobs and Dr. DeSalles, go to http://streaming.uclahealth.org/dystonia
Drink to Health

MORE THAN 5-MILLION PEOPLE in the United States are living with Alzheimer’s disease, and that number is expected to rise to more than 7.5 million by 2030.

Can that increase be checked?

UCLA Professor of Neurology David Teplow, Ph.D., is exploring a promising lead. With colleagues at Mount Sinai School of Medicine in New York, Dr. Teplow is studying compounds in red wine called polyphenols. Epidemiological studies have suggested that drinking red wine may reduce the incidence of Alzheimer’s disease, and work in Dr. Teplow’s lab now shows that polyphenols may in fact prevent the buildup of the toxic plaques that are associated with the wasting disease.

Toxic plaques in the brains of patients with Alzheimer’s disease are primarily composed of two proteins: ABeta 40 and ABeta 42. Dr. Teplow and his colleagues have studied how the ABeta 40 and ABeta 42 fold up and stick to each other to form aggregates that kill brain cells. They then treated the proteins with a polyphenol compound and discovered that the polyphenol blocked formation of the toxic aggregates.

The findings are “pretty straightforward,” Dr. Teplow says. “If the AB proteins can’t assemble, toxic aggregates can’t form, and thus there is no toxicity.” It may be that administering the compound to Alzheimer’s patients “might block the development of these toxic aggregates, prevent disease development and also ameliorate existing disease.”

Human clinical trials will determine if a drug composed of polyphenol compounds is safe and effective.

Building a Bicultural Bridge to Better Healthcare

LATINOS MAKE UP 36 PERCENT of the population of California but only 5.2 percent of practicing physicians. Meanwhile, immigrant doctors from Latin American countries work in the United States as technicians or nursing assistants because they don’t have a U.S. medical license. While talented human resources go wasted, the resulting gap in culture and language sometimes leads to serious communication problems that can harm patients.

The David Geffen School of Medicine at UCLA and the Department of Family Medicine are trying to address this issue with the International Medical Graduates Program. The program, which is privately funded by such organizations as the UniHealth Foundation, the California Endowment and the Kaiser Community Benefit Fund, recruits graduates of Latin American medical schools who are living in the U.S. and prepares them to pass the required medical-board exams and compete for family-medicine residency-training positions in California.

Such a program can provide a critical cultural bridge between patient and physician, says co-founder Patrick Dowling, M.D., chair of family medicine, increasing the number of bilingual and bicultural physicians practicing in the state. “To provide safe and quality care, a physician has to understand the patient,” he says.

The program was established in 2006 under the direction of Michelle Bhola, M.D. At present, seven graduates are in family-medicine residency programs in California, and another 10 to 12 will start programs in July 2009.

Graduates of the program promise to spend at least three years after completing their residencies working in a medically underserved area, including cities and rural areas in California. Twenty percent of all Californians – and 35 percent of all Hispanics in the state – live in such areas. In addition, UCLA is working with health officials in Mexico to expand the program to train their medical-school graduates who wish to return to practice in their home countries, where there traditionally are shortages of residency opportunities.

UCLA Tops in Physician Survey

A MAJOR SURVEY OF PHYSICIANS across the United States has named Ronald Reagan UCLA Medical Center among the country’s leading hospitals, and one of the most-highly recommended in several specialties. The results of the survey, conducted by the non-profit Consumers’ Checkbook, were published in AARP The Magazine.

Consumers’ Checkbook surveyed doctors and collected 140,000 ratings of hospitals in local communities across the country. The doctors were also asked whether they would recommend that patients seek care at hospitals in other communities for certain extremely difficult cases involving heart conditions, cancer and other ailments – and if so, which hospitals they would recommend. In addition to making the top-125 list, Ronald Reagan UCLA Medical Center was ranked among the most-recommended hospitals for neurosurgery, mystery diagnoses and eye care for extremely difficult cases.

This survey was conducted as part of the research for Consumers’ Checkbook’s new book, Consumers’ Guide to Hospitals, which uses volumes of government safety statistics and data on death and complication rates, along with survey results, to compare and rank hospitals in the country’s 53 largest metro areas.
Insomniacs Beware: Poor Sleep = Hungry Habits

INSOMNIA HAS LONG BEEN associated with poor health, including weight gain and obesity. Now researchers at UCLA have found out why. In a study published in the journal Psychoneuroendocrinology, UCLA Assistant Professor of Psychiatry Sarosh Motivala, Ph.D., and colleagues looked at two hormones that are primarily responsible for regulating the body’s energy balance, telling the body when it is hungry and when it is full. The study found that chronic insomnia disrupts one of these two hormones.

To date, no study has evaluated nocturnal levels of the two hormones, ghrelin and leptin, in primary insomnia patients. Ghrelin, a peptide secreted by the stomach, stimulates appetite and increases before meals. Leptin, which affects body weight and is secreted primarily by fat cells, signals the hypothalamus regarding the degree of fat storage in the body; decreased leptin tells the body there is a calorie shortage and promotes hunger, while increased levels promote energy expenditure.

In the study, researchers compared healthy sleepers with those suffering from chronic insomnia and measured the levels of the two hormones at various times throughout the night. They found that while leptin levels averaged out over the night to be roughly the same between the two groups, levels of ghrelin were 30 percent lower in insomnia sufferers.

On the face of it, a decreased level of ghrelin would seem to inhibit weight gain; it is an increase in ghrelin, after all, that stimulates appetite. But Dr. Motivala compared his findings with earlier studies on sleep deprivation and speculates that a switch may occur during the day: Sleep loss leads to increased ghrelin and decreased leptin, a “double whammy” that stimulates appetite.

“The current study shows that insomnia patients have a dysregulation in energy balance that could explain why these patients gain weight over time,” says Dr. Motivala. The finding “highlights how diverse behaviors like sleep and eating are connected. We are just beginning to explore the possible consequences of these connections, but it is another example of the importance of a good night’s sleep.”

Nursing’s New Dean

COURTNEY LYDER, D.N., IS THE NEW DEAN of the UCLA School of Nursing. He comes to UCLA from the University of Virginia, where he was a professor of internal medicine and geriatrics and led the UV School of Nursing’s acute- and specialty-care department.

UCLA Chancellor Gene D. Block praised Dr. Lyder as “an outstanding leader, particularly in promoting diversity and in translating scholarly work into clinical practice.” Dr. Lyder succeeds Marie Cowan, who died in February 2008.

Dr. Lyder was born in Port of Spain in the West Indies and grew up in Manhattan. He earned his doctorate in nursing from Rush University College of Nursing in Chicago.

A key focus of Dr. Lyder’s research has been on improving patient safety in hospitals. He was co-leader of an investigation to identify hospital errors affecting patients with Medicare, and he also has served as chair of a federal advisory panel that revised the standards of care for nursing homes.

UCLA Program Goes National

A PROGRAM TO IMPROVE OUTCOMES for heart-attack and stroke patients that was developed by UCLA cardiologist Gregg Fonarow, M.D., is among the American Heart Association’s top-10 research advances for 2008 and has been used as a model nationwide.

The AHA Get With The Guidelines program that is now being used by hospitals around the country is based in part on Dr. Fonarow’s CHAMP (Cardiovascular Hospitalization Atherosclerosis Management Program), which was the first hospital-based program of its kind in the country.

Under the program, patients are started immediately on cholesterol-lowering drugs and other cardio-protective medications and are given dietary and lifestyle counseling while in the hospital. By implementing this program, UCLA has cut repeat heart attacks and one-year mortality rates by half. The AHA took the program nationwide, and the Get With The Guidelines program has been expanded to include a module for stroke. Studies have shown that these programs are associated with improved hospital outcomes.
A Reason to Love Broccoli

WHAT’S THAT YOU SAY? You don’t like broccoli? A new study by researchers at UCLA suggests you might want to rethink your gustatory predilections. According to their findings, published in the journal Clinical Immunology, a naturally occurring compound found in broccoli and other cruciferous vegetables may help protect against respiratory inflammation that causes conditions like asthma, allergic rhinitis and chronic obstructive pulmonary disease.

The research shows that sulforaphane, a chemical in broccoli, triggers an increase of antioxidant enzymes in the human airway that offers protection against the onslaught of free radicals that we breathe in every day in polluted air, pollen, diesel exhaust and tobacco smoke. A supercharged form of oxygen, free radicals can cause oxidative tissue damage, which leads to inflammation and respiratory conditions like asthma.

“We found a two- to three-fold increase in antioxidant enzymes in the nasal-airway cells of study participants who had eaten a preparation of broccoli sprouts,” says Marc Riedl, M.D., an assistant professor of clinical immunology and allergy at the David Geffen School of Medicine at UCLA. “This strategy may offer protection against inflammatory processes and could lead to potential treatments for a variety of respiratory conditions.”

In the study, which was supported by the National Institutes of Health, the National Institute of Environmental Health Sciences and the U.S. Environmental Protection Agency, the maximum broccoli-sprout dosage of 200 grams generated a 101-percent increase of an antioxidant enzyme called GSTP1 and a 199-percent increase of another key enzyme called NQO1.

“A major advantage of sulforaphane is that it appears to increase a broad array of antioxidant enzymes, which may help the compound’s effectiveness in blocking the harmful effects of air pollution,” Dr. Riedl says.

According to the authors, no serious side effects occurred in study participants receiving broccoli sprouts, demonstrating that this nutritional intake may be an effective, safe antioxidant strategy to help reduce the inflammatory impact of free radicals.

Dr. Riedl notes that more research needs to be done to examine the benefits of sulforaphane for specific respiratory conditions. It is too early to recommend a particular dosage.

In the meantime, Dr. Riedl recommends including broccoli and other cruciferous vegetables as part of a healthy diet.

Thanks for the Memories

FOR DECADES, SCIENTISTS HAVE used electrodes to study how the brain reacts to sensory inputs. When a patient sees a face or hears a voice, scientists can watch how certain cells become active and interact with other cells in different parts of the brain. The question that has been hardest to answer is how the cells store information and remember what has happened – how is memory made and how is it recalled?

Itzhak Fried, M.D., Ph.D., a UCLA professor of neurosurgery, and colleagues at the Weizmann Institute of Science in Israel, have developed a new research model to look at the memory process. Dr. Fried’s research involves patients with epilepsy who have undergone surgical treatment. As a standard process before surgery, surgeons place electrodes inside the patients’ brains to locate the origin of their seizures. Dr Fried made use of those electrodes to record activity as memories are being formed.

Thirteen patients who had electrodes implanted in single neuron cells before their surgery were shown short clips of “episodes” featuring various characters and people such as Homer Simpson, Jerry Seinfeld and Tom Cruise. As the patients watched, the researchers recorded the activity of various single neurons in the hippocampus and in a nearby part of the brain called the entorhinal cortex.

A few minutes later, after performing an intervening task, the patients were asked to recall whatever clips came to mind. “They were not prompted to recall any specific clips,” Dr. Fried says, “but to use ‘free recall’ – that is, whatever popped into their heads.”

The researchers found that the same neurons that had responded to a specific clip when it was first shown fired strongly a second or two before the patient recalled – or “remembered” – that clip.

The study is significant because it confirms that spontaneous memories arise through the activity of the same neurons that became active when the memory was first made. This link between reactivation of neurons in the hippocampus and conscious recall of past experience has long been suspected. The study provides clear evidence that memory can be tracked to single cells in the brain, and as Dr. Fried says, that “reliving past experience in our memory is the resurrection of neuronal activity from the past.”

ILLUSTRATIONS: (INSOMNIA) ELLEN WEINSTEIN; (BROCCOLI) SCOTT MENCHIN
DAVID T. FEINBERG, M.D., M.B.A., ACKNOWLEDGES THAT he is obsessed. “I am singularly focused on this issue,” he says. As the chief executive officer of UCLA Hospital System, which includes campuses in Westwood and Santa Monica, he is, of course, intensely interested in the quality of the medical care that is delivered to patients. But his obsession goes beyond that. For Dr. Feinberg, a great hospital isn’t truly great unless it is also humane and compassionate, a place that treats patients and their families not only with medicine, but also with dignity and respect.

“We’re the No. 3 hospital in the country, according to U.S. News & World Report, and we have Nobel Prize winners and we invented the PET scan and we diagnosed the first case of AIDS – and none of that is what matters most,” says Dr. Feinberg, who is triple-board certified in child and adolescent psychiatry, adult psychiatry and addiction psychiatry, and who previously headed the Stewart and Lynda Resnick Neuropsychiatric Hospital at UCLA. “If you or someone in your family is sick, you don’t really care that you are in an I.M. Pei-designed building. You care about whether the people around you know what’s going on. Are they explaining things in a way that you understand? Are they making you feel safe? Are they treating you like a human being?”

Treating patients like human beings. It’s a concept that should not be alien in a medical setting but is for too many hospitals. In fact, it appeared to be so at UCLA when he took over the role of CEO two years ago, Dr. Feinberg says. He determined to change that and to make UCLA’s hospitals places that are renowned for their caring environment as well as their technical excellence. The proof of his efforts is evident: Patient-satisfaction scores in recent independent national surveys have escalated from the 38th percentile overall to the 96th. At Santa Monica-UCLA Medical Center and Orthopaedic Hospital, where Emergency Department scores had been in the single digits, those scores have exceeded the 99th percentile, as have results for women’s services there.

From hospital staff at every level introducing themselves to patients, to helping lost families find their way in the hospital, to picking up errant bits of trash on the floor, Dr. Feinberg leads by example. He spends an average of 40 percent of his time speaking with patients and families, and he not only hands them his business card but he also writes down his cell-phone number and invites them to call him, day or night, if there is anything they want to talk about. “The only thing I ask of people is that they not be bashful,” he says. “I want to hear from them.” He even carries complimentary valet-parking stickers, gas cards and meal vouchers in his pockets to give to patients or family member as a way to compensate them if something doesn’t go as smoothly as it should.

Los Angeles-based freelance writer Anne Burke talked with Dr. Feinberg about his mission and his vision for UCLA’s hospitals.

UCLA MEDICINE: Of all the initiatives you might have undertaken early in your tenure as CEO of UCLA Hospital System, why did you choose improving the patient experience as your first?

DR. FEINBERG: When I got this job, I began to meet with patients in our hospitals – this was when we were still in the old building – to go into their rooms and talk with them. What I learned was, we are providing miracles. We do things with kidneys that no one else does. We do brain surgeries that no one else does. And people tell me over and over, “It’s a miracle, we’ve been to five hospitals, and this is the first one that got it right,” and it moved me to tears.

But there was another theme that I heard, and that was, despite these miracles, one-out-of-three of these patients and their families said they would not refer a friend to us. And a lot of people from our own surrounding communities – Beverly Hills, Brentwood, Bel Air, Santa Monica – weren’t coming to us; they were going to other hospitals. There was something missing in the
experience that patients were having here. What I discovered in my walking around and talking with people was that the food wasn’t hot, the drapes didn’t close, the air conditioning didn’t work, there weren’t enough bedpans, nurses didn’t introduce themselves, and unit secretaries didn’t make eye contact when someone would ask them a question. One senior leader of this hospital even said to me in a meeting that he would no longer hospitalize a member of his family here because when his father was a patient here, he found the care to be, while very good medically, callous in terms of how his father was treated.

UCLA MEDICINE: That’s a pretty bleak assessment.

DR. FEINBERG: Yes, it is. And after a couple of months of doing this, it became very clear to me that what was missing was the concept that there’s no more-important person in this hospital than that patient. I want every patient and their family to be treated like they are the most-important people here and to receive the same level of care and consideration that I’d want for my family. We’re not being authentic and true to our mission if what we provide is not in every way good enough for our own families.

Not only do I want the most-technologically advanced hospital for my family, I want them to receive care that is compassionate. I want them to be treated with dignity and respect. I want the people they come into contact with, at every level, to connect with them emotionally. I want every one of their needs to be met because when someone is in the hospital, they are in their most-vulnerable state. They have given up their
“We are going back to the basics, making sure that meals come on time, that everybody who enters a room – whether they are a doctor, a nurse or a housekeeper – introduces him or herself, that nobody in this hospital dies alone.”

own food. They have given up their own bed and room. They have given up their own clothing. They have given up their privacy.

UCLA MEDICINE: What have you asked the staff to do to change the perception that UCLA is not a welcoming place?

DR. FEINBERG: It is about real change, not just perception. We are going back to the basics, making sure that meals come on time, that everybody who enters a room – whether they are a doctor, a nurse or a housekeeper – introduces him or herself, that nobody in this hospital dies alone. If a nurse is told that someone is dying, and there’s no one in the room with that patient, then I want that nurse to sit with that patient and hold that patient’s hand and to not have to worry about doing the rest of his or her job – it will be taken care of – because there is nothing more important for them to be doing at that moment.

I think that when it came to these things, we had lost our way. We thought if you put “UCLA” on the wall, that was good enough, and our message to a patient was that it was a privilege for you to get to see us instead of it is a privilege for us to care for you. Now, all of our senior executives at Ronald Reagan UCLA Medical Center have committed to visiting patients, and we have 150 managers in Santa Monica who do so there every Friday. Patients don’t care if it’s the chief executive officer or the chief nursing officer – they care that it is someone who says to them, “You don’t need any other numbers at UCLA – if you need anything, I’ll take care of it for you.” That’s a very comforting feeling for a patient.

UCLA MEDICINE: Why do you think things had evolved the way they did?

DR. FEINBERG: In the course of a single lifetime, UCLA has gone from having no hospital to having one hospital to now having several hospitals. Other competitive institutions – Mass General, Cleveland Clinic, Johns Hopkins, Mayo Clinic – have been around much, much longer. We came up very fast, and our focus was on leading-edge medical care and technology. It was a meteoric rise that centered on pushing the envelope of medical science and understanding. That is great, and I don’t want to diminish our achievement. But we were so focused on getting there, I think that is perhaps why we lost our way, as I’ve described.

UCLA MEDICINE: Have you noticed a change?

DR. FEINBERG: Absolutely, a big change. When I told our leadership team that they had to go up on the floors and meet with patients, I think many of them felt awkward about it at first
because it was not what they were used to doing. The pushback was, “We don’t have time, that’s not what we do. We go to meetings and try to solve things.” My response is that in any business, you want to get as close to your customers as possible. And in our case, our customers are lying in beds upstairs. It is so easy to get close to them – just go upstairs and sit down and give them your card and talk to them. And that is what they are doing.

**UCLA MEDICINE:** What feedback have you heard from your staff?

**DR. FEINBERG:** I’ve heard, “Thank you. This is why I came into healthcare.” People have chosen to work in this field because they want to help people. This is just tapping back into that ideal. Isn’t this what we’re supposed to be doing?

And we’re also the only hospital in California where everybody is in uniform, which helps from a patient-safety standpoint because patients know who’s coming in their room. Not only do our staff introduce themselves, if they are in royal blue they are a nurse, if they’re in khaki green they’re a care partner, etc. So as a patient, you know whom to ask for medicine and whom to ask for a glass of water. If it is someone in black, they are a member of the lift team, and they are there to help reposition or move the patient.

I don’t think any of this is a brilliant vision. To me, it is nuts and bolts.

**UCLA MEDICINE:** Managers are talking to patients, taking their pulse, as it were, and members of the staff are introducing themselves when they enter a room. How else are you seeing this initiative being played out?

**DR. FEINBERG:** Here is an example. A young woman had a terrible brain tumor, and she and her family came here for her surgery. Our surgeon spent 25 hours in the operating room, and he saved her life. While the woman was in the Intensive Care Unit after her surgery, her husband literally took up residence in the waiting room next to the ICU. I asked him how things were going, and he was very happy with the care she was receiving, and everything was good. But, there was one thing we could do better, he told me. He slept on a couch in the waiting room, and whenever he rolled over, the lights came on because they are on a sensor. “I keep waking up all night long,” he told me, and he put a sticker over the sensor so the lights wouldn’t come on and he could sleep. The next day I visited with him, and I asked him how things were going, and he said, “My God, this place, you can’t believe what this place is like. It’s so incredible!” I didn’t really understand what he was saying. He was kind of thanking me, and then he motioned toward the sensor – and it was gone! And in its place there was a light switch. So, somebody had heard that he was having trouble sleeping because the lights kept coming on when he rolled over, and they called engineering, and someone came and replaced the sensor with a light switch so he could sleep without a problem.

On the other side of the wall next to him, we were doing medicine that nobody else in the world is doing, and in the waiting room, it was like Ritz Carlton-level service where someone heard his need and responded to it.

**UCLA MEDICINE:** That’s a pretty good story.

**DR. FEINBERG:** It’s phenomenal. I wish I had thought of doing that.

**UCLA MEDICINE:** Ultimately, what do you want to see come of your initiative?

**DR. FEINBERG:** I want there to be a permanent change in culture in which the patient always is first and foremost and we recognize that it is a privilege for us to be serving them, and not the other way around. That is the way we are supposed to do things. We take care of people. We bring life into the world. Sometimes we save lives. We help people at the end of their life. It is a place of healing and hope, and we should treat people not just with great medicine but also with the kindness and compassion that they deserve. ©
Since a UCLA physician first identified the disease that would become known as AIDS nearly 30 years ago, doctors here have been at the forefront of the fight against the virus. Today, they battle the HIV/AIDS epidemic on local and global fronts – whether it is in an African community, a favela in Brazil or on the streets of Los Angeles.
Here aren't words sufficient to describe the devastation that HIV/AIDS has wreaked in sub-Saharan Africa – 22-million people live with the disease and the epidemic kills about 1.5-million people each year and has orphaned nearly 12-million children. But even within that beleaguered region, the small, landlocked country of Malawi is particularly tormented.

In this densely populated nation of nearly 14-million people, where an estimated one-in-eight is infected and the per-capita income is about $149 a year, the sparse healthcare infrastructure is stretched beyond its limited capacity. Malawi has only about one physician for every 100,000 patients, and they are fighting not just HIV/AIDS but the complicating effects of rampant malnutrition, malaria and diarrheal diseases. As if all of that weren't enough, the social stigma associated with HIV/AIDS is so great that much of the population is reluctant to get tested or, if they do know, to disclose their HIV-positive status or seek potentially lifesaving treatment, assuming that it's even available.

But where some might look at the conditions in Malawi and see only insurmountable obstacles, a group of David Geffen School of Medicine at UCLA faculty, trainees and alumni see opportunities.

“ Anything we do there has incredible benefit,” says Thomas J. Coates, Ph.D., the Michael and Sue Steinberg Endowed Professor of Global AIDS Research in the Division of Infectious Diseases and director of the UCLA Program in Global Health, which has mounted a sustained effort to assist the impoverished nation’s fight against the epidemic. “I've been working on and off with HIV/AIDS since 1982, and the only thing that keeps me going is hope. The sheer crush of the epidemic, especially in sub-Saharan Africa, can be overwhelming. But accomplishing even small things can make a huge difference.”

Dr. Coates is directing a broad-based effort in the southeastern African country that has helped to strengthen an HIV/AIDS clinic at Partners in Hope Medical Center in the capital city of Lilongwe by establishing a research laboratory there and sending more than a dozen UCLA internal-medicine residents for elective rotations to treat patients in the clinic. (For every two residents that UCLA sends, the Department of Medicine also provides funds to train a Malawian clinical officer alongside the UCLA residents.)

He and his UCLA colleagues have collaborated with groups both at home and in Malawi, including the Los Angeles-based nonprofit Partners in Malawi, which raised more than $1 million to establish the clinic. It also supports the work of former UCLA family-practice resident Perry Jansen, M.D., who moved to Malawi with his family seven years ago to care full-time for people with HIV, and John Hamilton, former assistant provost for UCLA, who now works in Malawi supporting the activities of the Program in Global Health.
TEN-THOUSAND MILES FROM MALAWI, Gail Wyatt, Ph.D., is in a similar fight on another front. Dr. Wyatt is associate director of the UCLA AIDS Institute, and for more than a decade, she has led a team of researchers who work to engage underserved and difficult-to-reach populations in studies that might benefit them. Since the early days of the epidemic, she has focused her efforts on examining the psychosocial factors that increase a person’s risk of HIV infection.

Dr. Wyatt has, for example, reported that one-in-two women with HIV and one-in-four men have a history of childhood sexual abuse, and she and her colleagues have developed interventions designed to help these men and women address the psychological issues caused by the abuse and make healthier choices about their sexual behavior and self-protection. An intervention she developed for HIV-positive women with histories of childhood sexual abuse, currently being disseminated in the State of New York, focuses on the post-traumatic stress, depression and sexual trauma that many women experience as a result of their abuse. “It is helping women to disentangle things for which they were not responsible and take control and responsibility for their own sexuality today,” she says.

In addition to the work she does in the U.S., Dr. Wyatt is involved in capacity-building overseas. In collaboration with five South African universities, she heads a program to train academicians in that country to conduct research on trauma and mental health, much of it related to HIV/AIDS. The program brings the trainees to UCLA for three months of study and provides mentorship when they return to South Africa. There also are yearly workshops to train additional South Africans. The program has created a network of universities that will work with UCLA in the future on multi-site studies of trauma-related issues connected to HIV risk.

But with all of the emphasis on international efforts, Dr. Wyatt is concerned there is a lack of focus on HIV/AIDS at home, where, she says, “we have a national crisis.” While she acknowledges that the U.S. Centers for Disease Control and Prevention has more-aggressively addressed such concerns as the number of African Americans who are not being tested and don’t know they are HIV-infected, Dr. Wyatt laments: “We are not doing an adequate job of making people aware that this infection is still spreading among some populations here in the United States, and we have no national policy for HIV prevention.”

DRS. COATES AND WYATT ARE BUT TWO of the many UCLA physicians and researchers who are engaged in the fight against HIV/AIDS on both local and global fronts through prevention, counseling, treatment, policy and building the capacity of communities to handle the epidemic. It is a daunting challenge: According to the most-recent statistics from UNAIDS, an estimated 33-million people worldwide – 1.2 million in the U.S. – are infected with HIV, and between 2.2-million and 3.2-million new cases are diagnosed annually.

“Three-million new infections in a year translates into 8,200 infections a day or 342 infections in an hour,” Dr. Coates notes. “Given that HIV is lethal in about 99 percent of the people it infects if left untreated, that is roughly the equivalent of a Boeing 747 crashing every hour of every day for a year.”

The members of the UCLA Center for Clinical AIDS Research and Education (CARE Center) are among others on campus also in the fight, operating a medical office in West Los Angeles that integrates education, research and primary care by appointment for patients with HIV/AIDS. Judith Currier, M.D., associate director of the CARE Center, and Raphael Landovitz, M.D., a CARE Center physician, are leading a major effort in Los Angeles County to make post-exposure HIV prophylaxis (PEP) available after a high-risk encounter. Although there is limited data on the efficacy of using antiretroviral therapy after potential exposure, the data that are available suggest an 80-percent reduction in the chance of HIV infection for those who comply with a 28-day course of treatment, starting within 72 hours of the high-risk exposure.

Arriving in Los Angeles in 2006 after completing his training...
at Harvard, Dr. Landovitz was surprised to find that, despite both national and state guidelines endorsing the use of the technology, there was limited knowledge about and use of PEP, particularly in low-income and minority communities where the epidemic is growing the fastest. He and Dr. Currier joined with other academics, Los Angeles city- and county-government and public-health officials and community representatives to convene a series of roundtable discussions on how best to employ PEP as a prevention strategy in the county. The discussions have resulted in a pilot program, headed by Dr. Landovitz and funded by the Los Angeles County Office of AIDS Programs and Policy, to provide post-exposure prophylaxis treatment at no cost to participants at two sites with large populations of HIV-infected and at-risk patients: the Los Angeles Gay and Lesbian Center and the Oasis Clinic in South Los Angeles.

Nearly three decades after a UCLA physician first published a description of the new disease, the shame attached to HIV/AIDS continues to be a major problem. Often, it can be powerful enough to keep people from seeking vital HIV-related services. In Los Angeles and in six foreign countries – South Africa, Uganda, Australia, Thailand, India and China – Mary Jane Rotheram-Borus, Ph.D., and an interdisciplinary team of collaborators designs, implements and evaluates intervention programs that aim to overcome the stigma by integrating HIV prevention and treatment into comprehensive family-wellness programs that utilize a community’s natural social networks to extend beyond traditional healthcare settings.

“Programs that are HIV-only can be highly stigmatized,” says Dr. Rotheram-Borus, director of the federally funded Center for HIV Identification, Prevention and Treatment Services at UCLA. “But whether the concern is HIV, obesity, smoking, alcohol or heart disease, all of evidence-based medicine shares core components and processes that can be applied to helping people maintain their health.”

In the developing world, where the strain of HIV is particularly pronounced, this integration strategy brings the added advantage of greater efficiency. “The healthcare budgets of the majority of the African countries allocate less than $30 per individual per year,” Dr. Rotheram-Borus says. “If HIV services are delivered separately, at HIV clinics, there is both the problem of stigma and the potential for draining resources from other important health issues.”

To make her wellness programs accessible, Dr. Rotheram-Borus locates them in everyday community settings such as churches, local bodegas and shopping malls – a family-wellness center is scheduled to open adjacent to Santa Monica’s Third Street Promenade in September – and integrates HIV services with other health concerns facing the community. She also taps families who are thriving within each community to serve as role models. “Regardless of community poverty, there always are families that are pragmatic problem solvers. Local peer role models are valuable assets in assisting with intervention,” she explains.

Leadership training is a key focus of Dr. Coates’s efforts. “The investment of the U.S. government has been enormous, and we are bringing scientific advances to the developing world,” he says. “But to make it work, there need to be people who have the time, commitment, resources and, ultimately, the training to build a local response.” That, says Dr. Coates, is why partnerships are so important. “Our goal is to bolster our local partners so that when we step away, they can move into the leadership positions.”

Arox Kamng’ona, a Malawian who earned his master’s degree in molecular and cell biology at the University of Cape Town in South Africa and is currently a lecturer at the University of Malawi College of Medicine (COM), hopes to obtain a Ph.D. through the COM and UCLA and then assume a leadership role in the Partners in Hope laboratory. Kamng’ona is teaming with Otto Yang, M.D., a UCLA associate professor in the Division of Infectious Diseases who is working to help build the infrastructure for both clinical and research programs in Malawi. Their project to better define the strains of HIV that are circulating in Malawi is to be conducted in Malawi and at UCLA.

“The Malawi government recognizes the need to increase the number of trained professionals in clinical fields,” Kamng’ona says. “This pilot project will help to establish the infrastructure to support my advanced training. It will empower me with HIV immuno-virology research skills for the betterment of the patient population in Malawi.”

Training Malawians like Kamng’ona to be principal investigators “is very important for the country,” notes Risa Hoffman, M.D.
1600, clinical instructor in the Division of Infectious Diseases. At the moment, however, “most of the research that comes out of Malawi is by Americans who live and work there.”

Dr. Hoffman represents the other side of the equation – the ability of Dr. Coates’s program to attract American physicians and scientists to the cause. After completing fellowship research in Malawi under the mentorship of Drs. Coates and Yang, she chose to stay on faculty in the Program in Global Health, dedicated to biomedical HIV prevention and supporting medical education in Malawi and Mozambique.

The current centerpiece of the capacity-building effort in Malawi is a program with Chancellor College in the city of Zomba. The liberal-arts and professional school trains the men and women who will be Malawi’s future business and political leaders. In a society in which the stigma of HIV/AIDS is considerable, the inclination to talk about sexual issues minimal and the level of gender inequality significant, the UCLA group has collaborated with the college on a series of programs to bring Malawian and American students and teachers together to explore issues of HIV/AIDS and the ways in which the epidemic is being fueled in Malawi. The goal is to enlighten the next generation of leaders about HIV – and to ensure that they don’t fall prey to the virus themselves.

“This program has changed the dialogue about HIV within the Chancellor College community,” says Dr. Coates. “It’s too early to tell if we’re having any effect on the rates of HIV among the college students, or what they’re going to do when they go on to their careers, but clearly we have had an impact on how they’re thinking about HIV.”

Malawi is not the only country on which the Program in Global Health focuses its attention. There also are initiatives in South Africa, Uganda, Zimbabwe, Tanzania, China, Thailand and Peru. For example, Dr. Coates heads a 48-community randomized clinical trial in South Africa, Zimbabwe, Tanzania and Thailand that is examining the impact of community-wide testing – enlisting more than half of the population of a community to be routinely tested and counseled – as a way to cut through the shame that prevents people in many developing countries from being tested and/or treated. In South Africa, where 17 percent of the world’s HIV-positive population resides, obstructive government policies have often stood in the way; there, Dr. Coates and colleagues have focused on policy-related work such as an effort to change the South African law that requires HIV testing be done by a nurse, a constraint that limits testing and keeps many in the dark about their HIV status.

**WHEN THE HIV/AIDS EPIDEMIC BEGAN,** Yvonne Bryson, M.D., was present at the clinical epicenter. A virologist and pediatrician, she was brought in by Michael Gottlieb, M.D., to see “Patient Zero,” the man who became the first identified case of the disease that would be known as AIDS, in 1981. Before long, Dr. Bryson began seeing children who were sick, some of them dying, from causes that couldn’t be determined. Soon it was apparent that HIV was being transmitted from blood transfusions and from pregnant mothers to their infants. “One-in-four babies born to HIV-positive mothers was infected,” Dr. Bryson recalls. “I had to break the news to these mothers, and I would be in tears.”

Dr. Bryson already ran a successful laboratory that would contribute critical insights into how the mother-infant transmission occurs and how to reduce the risk and provide early diagnosis of infants. But she wanted to do more. She led an effort that established the Los Angeles Pediatric AIDS Consortium and Care 4 Families. It comprises collaborative, one-stop centers throughout Los Angeles for disenfranchised pregnant women and their children, offering comprehensive services that include case-management social work, peer counseling and support groups, along with state-of-the-care treatment. (Jaime Deville, M.D., associate professor of pediatric infectious diseases, is the clinical director for the CARE 4 Families clinic at the David Geffen School of Medicine at UCLA and Mattel Children’s Hospital UCLA, where more than 70 families are followed.)

Later, Dr. Bryson, with the help of Karin Nielsen, M.D., UCLA associate clinical professor of pediatric infectious diseases, helped to take the model overseas, organizing and training personnel to run similar centers in Brazil and parts of Africa, as well as implementing strategies for encouraging rapid testing and counseling. And in 1988, Dr. Bryson and E. Richard Stiehm, M.D., UCLA profes-
sor of pediatric immunology, were involved in establishing the Elizabeth Glaser Pediatric AIDS Foundation, which would become the nation’s largest fundraiser for pediatric-AIDS research.

In the mid-1990s came the breakthrough: Dr. Bryson was one of the first investigators to study Zidovudine AZT, a drug that was found to dramatically reduce mother-to-infant HIV transmission – from 25 percent to less than 8 percent for mothers who receive treatment. That finding led to routine HIV testing of pregnant women in the United States, which ultimately reduced mother-to-child transmission to very-low levels. This result provided the proof of concept for the investigation of other new drugs, and it also led to Dr. Bryson’s involvement in bringing technology and scientific advances globally to resource-poor populations. For example, the global National Institutes of Health IMPAACT (International Maternal Pediatric Adolescent AIDS Clinical Trials) network to prevent mother-child transmission, of which she is the scientific chair, is involved in 67 different clinical sites in such countries as Africa, India, Thailand and South America.

Many of the children Dr. Bryson saw as patients in the early years of the epidemic are now in their teens and beyond, and several have had babies of their own. And with the advent of new drugs and antiretroviral treatments that have turned what used to be a death sentence into a treatable chronic illness, “the whole outlook has changed,” Dr. Bryson says. “It’s extremely gratifying.” But there still are frustrations. “The advances are only as good as the next person you identify, educate and treat, and some are still falling through the cracks,” she says. “It’s very important that we not become complacent just because we have been successful. There is still much to do.”

AS THE 21ST CENTURY DAWNED and the global pandemic turned 20, complacency wasn’t the issue; hopelessness was. New infections were at all-time highs. Only 4 percent of patients in developing countries had access to life-extending antiretroviral treatment. Even in the West, only one-third of those who were infected were receiving the drugs.

In June 2001, the first United Nations General Assembly Special Session ever convened to discuss a health issue was held in New York. At the end of the session, all 189 countries adopted the “Declaration of Commitment on HIV/AIDS,” a call to action that has served as a driving force in the global response ever since. In early 2003, the United States, through the President’s Emergency Plan for AIDS Relief (PEPFAR), committed $15 billion over five years to combat HIV/AIDS in 120 countries. PEPFAR increased the number of people in sub-Saharan Africa who would receive antiretroviral treatment by more than tenfold; powerful advances have also resulted from programs supported by the Global Fund.

“We are light years ahead of where we were in 2001,” says Dr. Coates. “People were saying that the United Nations document was pie-in-the-sky, that it couldn’t be achieved. Now, 30 percent of the people who need to be on antiretroviral therapy worldwide are receiving the therapy. A country as poor as Malawi has half the population who need treatment receiving it, and is experiencing a decline in deaths due to AIDS. The investment is paying off.”

But the struggle is far from over. If 30 percent of the world’s 33-million HIV/AIDS patients are receiving lifesaving treatment, it means 23 million of them are not. At the current rate of infection, five people contract the virus for every two who are started on treatment. Although there are many prevention-success stories, Dr. Coates points out that efforts continue to be obstructed in many countries by bans on funding for syringe exchanges and moralistic discourse that creeps into the public-health discussion of sexuality.

Indeed, to Dr. Coates and his UCLA colleagues who are working to combat HIV/AIDS both locally and in the developing world, success has led to a new concern.

“With all of the progress that’s been made, it’s easy for leaders to think, ‘We’ve done that, let’s move on to the next issue,’ especially during economic hard times,” Dr. Coates says. “We have had a good start, but it’s just a start. Our big challenge now is maintaining the momentum.”

Dan Gordon writes extensively about medical issues and is a regular contributor to UCLA Medicine.

“I’ve been working on and off with HIV/AIDS since 1982, and the only thing that keeps me going is hope. The sheer crush of the epidemic ... can be overwhelming. But accomplishing even small things can make a huge difference.”
THE PHOTOGRAPH OF LILY MANDEL in her hospital bed at age 14 months is shocking. Twig-thin arms and legs stick out from her swollen torso. Her belly is a taut vein-streaked balloon bulging with her bloated liver that has been invaded by tumors. The baby’s dark eyes are huge and startled. Her condition, a non-malignant hemangioendothelioma, is very rare; only about a dozen cases have been reported worldwide. Lily’s doctors at the University of Arizona in Tucson have tried to stop the progression of the disease with drugs and chemoembolization, but nothing has worked. Surgical removal is not possible – her liver is so filled with tumors, it would be like trying to cut holes out of Swiss cheese. As the tumors continue to grow, they will suffocate Lily’s other organs. There is nothing more that can be done, the doctors tell her parents. Begin to prepare for the inevitable.

“There comes a point, they said to us, when all we can do is try to keep her comfortable and to let her go when it’s time,” says Lily’s mother, Lydia Moon, her voice cracking.

A few days after what Moon refers to as “the death talk,” one of Lily’s doctors calls with news. About 500 miles away, in Los Angeles, a young vascular surgeon named Ronald W. Busuttil, M.D., Ph.D., and a group of his colleagues at UCLA have launched a liver-transplant program. It is very new, just a few months old, and Dr. Busuttil and his team have done only a handful of cases. Transplantation is a long shot, but for Lily there are no other options. Arrangements are made, and she is brought to UCLA Medical Center for evaluation.

The year is 1984.

TEARS POOL IN DR. BUSUTTIL’S EYES when Lily Mandel – now Lily Mandel Allen – walks through the glass doors of Mattel Children’s Hospital UCLA. It is December 2008. She is 25 years old, a lively, brown-haired newlywed with bright eyes and a wide, engaging smile. It is difficult upon seeing her
to reconcile the healthy young woman framed in the doorway with the stark picture of her as a baby. Lily stops for a moment when she catches sight of Dr. Busuttil – she was a toddler when he operated on her, and she has no conscious memory of him – and then walks quickly toward him to embrace. “It was,” she says later, “one of the very best hugs of my life.”

Lily visited with Dr. Busuttil for the first time in so many years after traveling to Los Angeles from Syracuse, N.Y., where she lives with her husband, Brian, to help decorate and ride on the 2009 Rose Parade float of the Donate Life transplantation-support organization. “After all these years, this feels so beautiful to be able to say to him ‘thank you for giving me my life,’” Lily says. “It is an amazing gift.”

On February 1, 2009, the 25th anniversary of the first successful human-liver transplant at UCLA, there was another reunion: Some 1,800 transplant recipients and their families gathered with members of the transplant team to commemorate the milestone, an event that Dr. Busuttil says was “emotionally overwhelming.”

UCLA’s program has done close to 5,000 liver transplants since its inception – roughly the equivalent of performing one transplant every two days for 25 years – making it the largest and most-active program in the country. Lily’s operation, on August 8, 1984, was the ninth transplant Dr. Busuttil performed. “When you think that three-quarters or more of our patients are still alive, it’s an amazing thing to comprehend,” Dr. Busuttil says.

GETTING THE PROGRAM STARTED HERE was no easy feat. Liver transplantation was in its infancy 25 years ago. Only the University of Pittsburgh had established a significant program, under the leadership of the pioneering transplant surgeon Thomas E. Starzl, M.D., Ph.D., and there were a few other
“Liver transplantation at UCLA was a fantastic adventure from the very beginning. Ron Busuttil built the program against the odds. He’s like a guy who put together a go-kart in his garage and ended up winning the Indy 500.”
gastroenterologists Marvin Ament, M.D., and Jorge Vargas, M.D. Later, he spent several weeks in Pittsburgh to train with Dr. Starzl – “He was a triple threat,” the older surgeon says of Dr. Busuttil, “one of the smartest and most-skilled people that we ever had around here” – and participate in a half-dozen cases.

When Dr. Busuttil returned to Los Angeles, he felt ready to begin. Many among the university’s powers-that-be, however, weren’t as sure. While Dr. Longmire and Sherman Mellinkoff, M.D., dean of the School of Medicine, and Chair of Surgery Eugene Stern, M.D., were supportive, others were less so. “I didn’t get a whole lot of enthusiasm from some of the people in the hospital administration,” Dr. Busuttil says.

He prepared a grand rounds to present his proposal. “There were a lot of people there – department chairs and faculty and administration – and I brought in a couple of pigs that I had transplanted, and I explained the program to everyone and what it was we wanted to do,” he says.

The response, Dr. Busuttil recalls, was decidedly chilly. “There was an extraordinary amount of skepticism,” he says. “They feared it would be very unsuccessful” – like many of the programs that had been tried elsewhere – “and that it would cost a lot of money and drain the hospital’s resources.”

Ultimately, Dr. Busuttil’s request was approved, but with restrictions on the number of cases he could perform, and the implication was clear that he must succeed from the outset or his program would be cancelled. “They told us we could do only six cases in six months – one a month – and then they would re-evaluate and decide if we could continue,” he says. “I had to do an enormous amount of cajoling and using my best persuasive abilities to work around that. If a patient needs a liver transplant and I’ve already done my one for the month, and we have a donor, am I supposed to say to that patient, no, I can’t do it?” In the end, Dr. Busuttil and his team ended up doing 22 transplants in the program’s first year, with a survival rate of close to 80 percent.

“Liver transplantation at UCLA was a fantastic adventure from the very beginning,” Dr. Hiatt says. “Ron Busuttil built the program against the odds. He’s like a guy who put together a go-kart in his garage and ended up winning the Indy 500.”

ON FEBRUARY 1, 1984, A WEDNESDAY, at around 2 p.m., Dr. Busuttil was in his accountant’s office in Palos Verdes, preparing his taxes, when he received a phone call. “‘You’ve got a donor,’ I was told. ‘Where?’ ‘At Saint Joe’s in Burbank, and you’ve got to be there by 6 o’clock.’”

At this point in transplantation’s incipient history, there wasn’t much protocol for collecting organs. Dr. Busuttil rushed back to Westwood, called two colleagues to accompany him and stopped at a convenience store at the corner of Gayley and Le Conte avenues to buy an Igloo cooler and four bags of ice, which he stashed in the trunk of his car. He and the two other doctors raced the 17 miles to Saint Joseph’s Medical Center to harvest the donor organ, put it on ice in the cooler, and then headed back to UCLA.

The operation began at about 9 p.m. in OR 1 of UCLA Medical Center. The patient, Dal Caudill, was a 44-year-old drugstore manager with liver cancer for which other treatments had been unsuccessful. “I told him before we started, ‘You know, I’ve never done one of these and you are going be my very first.’ But he was an extraordinarily religious man, and he had a lot of faith. And he said to me, ‘Doc, I don’t have any other choice because there’s nothing else that can...”
be done for me. It’s in your and God’s hands.”

The experience of doing that first transplant was exhilarating – and also filled with trepidation, knowing all that was at stake. “Failure was not an option,” Dr. Busuttil says. “With the prevailing skepticism regarding liver transplantation, our first case might have been our last.” By 5 a.m., it was finished. “When it was all over and he was off the table, I breathed a huge sigh of relief,” Dr. Busuttil says. The patient had received just 17 units of blood, and 17 days later, Caudill, his wife, Pat, and Dr. Busuttil walked together out of UCLA Medical Center, an image captured in a photograph that ran in the Santa Monica Evening Outlook over the headline, “UCLA liver transplant program chalks up its first success story.”

So the program indeed started off with a triumph and has been on a steep upward trajectory ever since. Twenty-five years after that first operation, about 60 percent of the program’s early patients are still alive. Unfortunately, Caudill’s malignancy did recur, and he died from cancer about nine months after the transplant. “But if it weren’t for Mr. Caudill and the success we had with him, this program would have not gotten off the ground,” Dr. Busuttil says.

THERE WAS SOMETHING OF a wild-wild West aspect to those early years of the program. For one thing, there was no Organ Procurement and Transplantation Network (OPTN) – that didn’t come online until 1986 – to match potential donors with recipients, so the physicians in the program were pretty much on their own when it came to finding suitable organs. That led to what Dr. Busuttil and others allow were some decidedly ghoulish moments.

“One of the jobs that I had was to call Intensive Care Units up and down the West Coast and as far east as the Mississippi River to ask if they had any potential donors,” recalls Dr. Ament. “There was no OPTN, so if we had a sick child or infant, we just had to pick up the phone and ask, ‘Do you have anybody who potentially is going to be declared brain dead?’ It sounds pretty awful, but there was no other way to do it at that time.”

Adds Dr. Vargas, “This was completely unknown territory for us. But it was also very exciting and very rewarding.”

They have come a long way since then. Today, OR 16 in the new Ronald Reagan UCLA Medical Center is dedicated to the liver service, and there is a separate ICU just for transplantation patients. Instead of taking eight or 10 or 12 hours, the procedure now takes about four or five. Dr. Busuttil is now the chair of surgery at UCLA and the Dumont Professor of Transplantation Surgery, and he is co-editor of the definitive text in the field, Transplantation of the Liver (Saunders, second edition, 2005). In 1994 – only 10 years after it started – the UCLA Liver Transplant Program surpassed the University of Pittsburgh to become the busiest liver-transplant center in the country. Its fellowship program has trained more than 50 liver-transplant surgeons, many of whom have gone on to head their own programs, including at such major centers as the University of Chicago, Massachusetts General Hospital, University of Arizona, Montefiore Hospital in New York, the Johns Hopkins University in Baltimore, University of Texas, University of Cincinnati and
the University of Pennsylvania. And about 150 foreign fellows have come to Westwood to observe and study liver transplantation, and bring their new knowledge back to their home countries.

The program also has been at the forefront of advancements in new surgical techniques that utilize the limited resource of donor organs more effectively. UCLA is a leader in living-donor transplantation, and also in situ split-liver transplantation in which a single donor organ is divided and transplanted into two patients. And the UCLA program is in the vanguard of clinical research, offering patients access to the latest innovations in immunosuppressive therapy and treatment for transplantation-related complications such as rejection and infection.

“We have grown up a lot since that first patient in 1984, but the fundamental mission, saving lives, has not changed,” Dr. Busuttil says.

A LITTLE WHILE AFTER LILY’S SURGERY, her mother walked into the child’s room in the pediatric ICU and found Dr. Busuttil sitting in a chair by the bedside. He was still wearing his blue surgical booties. Another doctor stopped by and asked if he wanted to get something to eat.

“No,” Lydia Moon recalls Dr. Busuttil responding, putting his feet up. “I’ll stay right here for now. I just want to baby-sit for a while.”

David Greenwald is the editor of UCLA Medicine.

For more information about the UCLA Liver Transplant Program, as well as other transplant programs at UCLA, go to http://transplants.ucla.edu

‘I WONDER IF WE COULD...’ ‘DONATE?’

IN THE EARLY YEARS OF TRANSPLANTATION, there was no nationwide network to assist in the procurement of organs. Physicians had to pick up the phone and call other hospitals to ask if they had any patients on the edge of death who might be potential donors.

“It was nerve-racking,” recalls pediatric gastroenterologist Marvin Ament, M.D. “Children were admitted to the Intensive Care Unit who were in liver failure, and our struggle was to keep them alive until we could find a donor, and there was no coordinated system at that time for finding donors.”

While Lily Mandel and her family waited for a new liver in the early summer of 1984, halfway across the country Janet and Milton Bemis were enduring their own heartbreak – their 2 1/2-year-old son, Matthew, drowned during a family outing to a local lake.

“It was like a nightmare,” Janet Bemis recalls. “But it was real, and there was nothing we could do about it. So we decided to try to make something positive out of this horrible tragedy.” Janet was cradling her son in the ICU, knowing he would not survive, when she turned to her husband and quietly said, “I wonder if we could…”

“Donate?” Milton asked, completing her thought.

Making their rounds in search of a possible donor, Lily’s doctors in Los Angeles learned of the young drowning victim, 1,500 miles away in Nebraska. Calls were made to Children’s Hospital in Omaha, where Matthew was on life support, and soon a UCLA team was flying there to harvest his liver.

Before his son was taken off life support, Milton Bemis leaned close to whisper: “Matthew … somebody needs you. You’re a winner, Matt. You’re going to help somebody.”

The transplant was successful, and today, Lily Mandel Allen counts August 8, 1984 – the date of her lifesaving operation – as her second birthday. And the Bemises, she says, have become like her second parents.

ORGAN PROCUREMENT HAS CHANGED A LOT SINCE THEN. Though the National Organ Transplant Act of 1984 called for an Organ Procurement and Transplantation Network (OPTN) to be operated by a private, non-profit organization under federal contract, it wasn’t until late 1986 that the United Network for Organ Sharing (UNOS) was awarded the initial contract, which it continues to administer.

Doctors no longer have to make uncomfortable phone calls in search of potential donor organs. The OPTN helps to ensure the success and efficiency of the U.S. organ-transplant system by facilitating the organ-matching and placement process through a nationwide computer system and a fully staffed Organ Center that operates 24 hours a day. The OPTN also develops consensus-based policies and procedures for organ recovery, allocation and transportation and collects and manages scientific data about organ donation and transplantation. Locally, OneLegacy is the federally designated transplant-donor network. In addition to bridging the lives of organ and tissue donors with recipients, OneLegacy also provides support to donor families and works to encourage the region’s diverse communities to become more involved in organ donation.

More than 222,200 people have given their hearts, lungs, livers, kidneys and other organs since 1988, when UNOS began publishing its data, resulting in more than 452,000 organ transplants nationwide. UCLA, which is among the largest transplant centers in the United States, has performed upwards of 11,450 transplants. Currently, there are more than 100,000 people in the U.S. on organ-transplant waiting lists.

Being a part of that community of organ donors has helped Janet and Milton Bemis to heal from Matthew’s death. “Miracles happen through organ donation and transplant,” Milton says, to which his wife adds, “Lily is such a wonderful young woman. I look at her, and I can picture what Matthew would have grown up to be like.”

To learn more about UNOS, go to www.unos.org

For information about organ donation in Southern California, visit www.onelegacy.org
ART CREDIT HERE

UCLA. The CCIM was created not only to help feed research and evidence-based science into clinically directed entities like Simms/Mann, but also to demonstrate to the nation’s medical establishment UCLA’s leadership role in evidence-based complementary and alternative medicine.

In addition to Simms/Mann, CCIM includes the UCLA Center for East-West Medicine, the Center for the Neurobiology of Stress, the Pediatric Pain Program at Mattel Children’s Hospital UCLA, the Stiles Program for Integrative Oncology within the Jonsson Comprehensive Cancer Center, the Center for Human Nutrition, The Norman Cousins Center for Psychoneuroimmunology, the Mindful Awareness Research Center and UCLArts and Healing.

“UCLA has the most-extensive depth and breadth of integrative-medicine resources and clinical facilities in the country,” notes Emeran Mayer, M.D., Ph.D., founding chair of CCIM and a professor in the UCLA departments of medicine, physiology and psychiatry and biobehavioral sciences. CCIM is working hard to establish the university as the preeminent institution in the field, and the noted mind-body physician and researcher says the collaborative center has “taken off” under the leadership of its current chair, Ka-Kit Hui, M.D., the founder of the UCLA Center for East-West Medicine. Since its inception, CCIM has also focused on educating patients and doctors about the hard science that supports the concepts of integrative medicine.

For example, Dr. Mayer points to a landmark infrastructure grant from the National Institutes of Health – the first ever for integrative-medicine-related work at UCLA – that allowed the interdis-

LATE LAST YEAR, JEANNE YEE came to the Peter Morton Medical Building at UCLA to endure another difficult appointment. The 40-year-old wife and mother was nearing the end of a grueling 10-week course of IV chemotherapy and high-dose radiation to combat inoperable stage-4 nasopharyngeal cancer, a diagnosis she received just months after giving birth to her second child. Strengthened by her Christian faith, yet physically and emotionally spent, Yee casually picked up a newsletter, published by the Simms/Mann-UCLA Center for Integrative Oncology, in the waiting room and leafed through its contents.

“The radiation and chemo staff had mentioned the Simms/Mann Center during my treatments,” Yee recalls. “But I didn’t really get it until that day, when I read the center’s article about cancer and nutrition. I said, ‘Oh my goodness, this center is right upstairs. I had better see what this place is all about.’”

What Yee found, upon walking into the pastel-colored fifth-floor office, past a neatly trimmed row of sea grass and a calming infinity fountain, was a facility that addresses quality-of-life issues for patients and their families with a program of “integrative medicine” that combines the best of Eastern and Western approaches to include Chinese healing arts, imaging techniques and nutrition. There also is a retail shop on the ground floor, Reflections, that specializes in breast prostheses, wigs and herbal supplements.

Established 15 years ago, Simms/Mann is but one spoke in the dynamic wheel that is UCLA’s Collaborative Centers for Integrative Medicine (CCIM), conceived in 2000 as a means to marshal the diverse integrative-medicine facilities at UCLA. The CCIM was created not only to help feed research and evidence-based science into clinically directed entities like Simms/Mann, but also to demonstrate to the nation’s medical establishment UCLA’s leadership role in evidence-based complementary and alternative medicine.

In addition to Simms/Mann, CCIM includes the UCLA Center for East-West Medicine, the Center for the Neurobiology of Stress, the Pediatric Pain Program at Mattel Children’s Hospital UCLA, the Stiles Program for Integrative Oncology within the Jonsson Comprehensive Cancer Center, the Center for Human Nutrition, The Norman Cousins Center for Psychoneuroimmunology, the Mindful Awareness Research Center and UCLArts and Healing.

“UCLA has the most-extensive depth and breadth of integrative-medicine resources and clinical facilities in the country,” notes Emeran Mayer, M.D., Ph.D., founding chair of CCIM and a professor in the UCLA departments of medicine, physiology and psychiatry and biobehavioral sciences. CCIM is working hard to establish the university as the preeminent institution in the field, and the noted mind-body physician and researcher says the collaborative center has “taken off” under the leadership of its current chair, Ka-Kit Hui, M.D., the founder of the UCLA Center for East-West Medicine. Since its inception, CCIM has also focused on educating patients and doctors about the hard science that supports the concepts of integrative medicine.

For example, Dr. Mayer points to a landmark infrastructure grant from the National Institutes of Health – the first ever for integrative-medicine-related work at UCLA – that allowed the interdis-
“THIS HAS NOT BEEN JUST A LITTLE POSTSCRIPT. I HAD A TUMOR THE SIZE OF A SMALL LEMON IN MY BRAIN THAT WAS FEEDING OFF THE NUTRIENTS IN MY BLOODSTREAM. AND THE CRITICAL QUESTIONS WERE: ‘WHAT KIND OF ANTI-CANCER FOODS CAN HELP STOP IT? WHAT KINDS OF SUPPLEMENTS CAN I TAKE THAT WILL BOOST MY IMMUNITY TO FIGHT THIS BRUTAL DISEASE?’”

— Jeannie Yee

ciplinary research and clinical center he runs, the Center for the Neurobiology of Stress, to conduct a Pilot and Feasibility Program for integrative-medicine investigators at UCLA. That program in turn opened doors for other integrative-medicine investigators on campus to secure grants for such studies as the effectiveness of yoga treatments for pain management, the neurobiological underpinnings of traditional Chinese disease classifications and how the brain responds to meditation.

And federal support for the work being done at UCLA continues. Within the last two years, there have been nine integrative-medicine-related studies and career-development projects conducted with funding from the NIH, through the National Center for Complementary and Alternative Medicine. The projects have addressed a wide range of issues, from the neurobiology of the placebo response to the effect of diaphragmatic breathing on the brain’s response to abdominal pain. In addition, UCLA integrative-medicine programs also have received substantial private support from the Gerald H. Oppenheimer Family Foundation, which has provided the longest on-going private funding for integrative-medicine studies on campus. These investigations have covered such topics as the beneficial effects of mindfulness meditation, Iyengar yoga, aromatherapy and green tea.

ALL OF THIS IS LIGHT YEARS from when psychologist Anne Coscarelli, Ph.D., established the Simms/Mann Center. “The term integrative medicine did not even exist,” she says. Clinical activities like mindfulness meditation, yoga and placebo response that are now commonplace were barely recognized. “We started with a focus on psychological and mind-body approaches, and we’ve been able to expand to include therapies like the ancient Chinese healing art of Qigong, art therapy, mind/body-imaging techniques and herbal nutrition,” Dr. Coscarelli says.

For Jeannie Yee, discovering Simms/Mann has been like acquiring a new suit of armor in her battle with cancer, which involved 39 sessions of 7,000-centigray radiation that caused severe tissue inflammation. “This has not been just a little postscript,” Yee insists. “I had a tumor the size of a small lemon in my brain that was feeding off the nutrients in my bloodstream. And the critical questions were: ‘What kind of anti-cancer foods can help stop it? What kinds of supplements can I take that will boost my immunity to fight this brutal disease?’”

The center’s medical director, Mary Hardy, M.D., guided her toward supplements to help minimize the inflammation and the fibroid scarring that followed, as well as problems that the tumor, which pressed against her optic nerve, caused her eyes.

“I needed information about the big picture that was more hard-core than just eat healthy foods and get your rest,” Yee says. “And I found that. Each time I visit the center, I feel that I come away with a new lease on life.”

A new way to practice medicine is what Dr. Hardy discovered decades ago, while a Tufts University resident working on the edge of Boston’s Chinatown. Dispensing primary care to an unassimilated Chinese population upended Dr. Hardy’s views and training. “I had these 3-by-5 cards that said in Chinese, ‘May I examine you?’” Dr. Hardy recalls, “and as I was taking out my stethoscope, these little old Chinese ladies were undoing two buttons to reveal their navels!”

Not long out of medical school, Dr. Hardy traveled to China to observe cranial-tumor-resection surgeries during which the patient was alert and talking. “Seeing this 20 years ago was shocking,” she continues, “and I came home vowing to gain more training in Eastern and herbal medicine.” She started the integrative-medicine program at Cedars-Sinai Medical Center and was helping to run the herbal-medicine center at UCLA when Simms/Mann offered her
the chance to work directly with patients. Since then, Dr. Hardy has carefully stocked the Reflections boutique with herbal supplements that have been proven safe and efficacious through clinical research studies and trials published in Western medical journals. She works with patients at various points in the cancer chain, for example, at the outset of treatment to minimize chemotherapy’s toxic side effects like mouth sores, vomiting and neuropathy.

“Patients with cancer have a real need to get accurate information about using dietary supplements and other complementary therapies,” Dr. Hardy says. “Our goal is to help patients make good choices that will not interfere with conventional treatments but do enhance their well-being.”

Some physicians may resist this hybrid approach, but “there really is no conflict between conventional Western treatment and integrative medicine,” asserts oncologist John Glaspy, M.D., director of the Women’s Cancers Program at the UCLA Jonsson Comprehensive Cancer Center. “Combining conventional and alternative healing techniques is not a lion and a lamb relationship. It is two lions working in cooperation with each other for the benefit of the patient. If taking supplements makes the patient’s life richer, helps them to tolerate conventional treatment better, lowers their anxiety and makes them feel more in control, then the benefits are very positive.”

**THE MERGING OF TWO LIONS** has defined Dr. Hui, who grew up in British-controlled Hong Kong and can recall his parents taking him to a Western doctor for burns or infections and to a Chinese physician for chronic problems like skin or dietary issues. “Blending East and West is who I am,” he says. Dr. Hui founded UCLA’s Center for East-West Medicine in 1993, amid mainstream perceptions that integrative medicine was “quackery,” and he began integrating its clinical programs into UCLA’s medical school just two years later.

“The key to acceptance in the medical community of this model of medicine is education early in the physician’s career,” Dr. Hui insists. Last year, 18 UCLA residents rotated through the East-West center’s clinic. Along with the eight medical students who took the center’s advanced clinical clerkship for fourth-year students, there was a practicing UCLA rheumatologist, a UCLA rheumatology fellow, a dental anesthesiologist in private practice and a resident in physical medicine and rehabilitation. The center also has launched a primary-care fellowship program, and Dr. Hui harbors the broader hope that the work of CCIM and its constituent centers may influence the curriculum of the new medical school that is being built at UC Riverside.

And while it is educating new generations of physicians who are interested in integrative medicine, Dr. Hui says the East-West center also maintains strong ties to its Chinese-medicine heritage. Last year, it hosted Professor Han Jisheng, the director of Peking University’s Institute of Neuroscience Research and the scientist former-Premier Zhou Enlai handpicked, in 1965, to elucidate the neurochemical basis for acupuncture as a pain reliever. Dr. Jisheng’s work led the Ministry of Health to establish departments of pain medicine in all of China’s major hospitals. There also have been legacy projects – a visual-history project that includes a Web portal, documentary film and video archive – with other Chinese-medicine pioneers. These include Professor Chen Keji, the president of the China Association of Integrative Medicine, who utilized scientific techniques to study the 1,000-year-old Chinese-medicine concept of blood stasis, and Professor Tu Youyou, chief research fellow of the Institute of Chinese Tradi-

**PHOTOGRAPHY: TITO DEVEYRA**

Dr. Mary Hardy (left) of the Simms/Mann-UCLA Center for Integrative Oncology has been instrumental in helping patient Jeannie Yee in her fight against cancer.
tional Medicines, whose work led to the development of a first-line anti-malarial drug, artemisinin, derived from the Chinese herb qinghao.

“Western medicine looks at the trees, branches and roots – the micro,” Dr. Hui explains. “Eastern medicine looks at the forest – the macro. Often-times in Western medicine, we are successful only if we can zero in on the certain things that we can actually do. But sometimes we don’t know why a patient is not well, and Eastern medicine works without necessarily knowing all the details by rebalancing the system and reestablishing the flow by using the body’s own mechanisms.”

Helena Chang, M.D., director of the Revlon/UCLA Breast Center, is a thoroughly Western-style physician who is completely comfortable with integrative medicine. “It defines the new model of care, from a disease-oriented treatment model to a patient-centered wellness model … an improved model for patients and doctors to embrace,” Dr. Chang says.

Treatment for conditions like chronic pain, asthma, allergies and gastrointestinal problems at the Center for East-West Medicine begins by taking into account the whole pattern of medical issues described by the patient. Therapeutic modalities used by the center’s doctors – all of whom are board-certified in such specialties as internal medicine, clinical pharmacology and geriatrics – include acupuncture, trigger-point injections, acupressure massage and Chinese nutrition. Apparently, consumer demand is high. With more than 14,000 patient visits a year, the East-West center (an insurance-based clinic whose treatments are recognized by mainstream medical payers) is the CCIM’s most-direct link to UCLA’s vast patient community. And according to a recent nationwide survey by the National Center for Complementary and Alternative Medicine, approximately 38 percent of adults and 12 percent of children are seeking out and using some form of complementary or alternative medicine.

Good Medicine, has helped nervous parents to embrace the many different methods utilized in Dr. Zeltzer’s pain-treatment program – acupuncture, hypnotherapy, Iyengar yoga, craniosacral therapy, biofeedback therapy, art therapy, music therapy, psychotherapy, family therapy, physical therapy and meditation/meditation-based stress reduction among them.

Acupuncturist Michael Waterhouse has been a part of Dr. Zeltzer’s team for 13 years, and he says that Dr. Zeltzer’s unified approach to treatment addresses the biological, psychological and social aspects of chronic pain. He describes two recent patients who highlight Dr. Zeltzer’s multi-pronged approach.

“Patient A and B are both high-achieving 17-year-old girls,” Waterhouse begins. “From the age of 15, they start to develop chronic headaches that become so severe they’re missing weeks of school. Patient A’s family had been pressuring her to attend a top college but eased off during her therapy. After eight acupuncture treatments, in conjunction with a small amount of biofeedback, her pain is completely resolved. Patient B was much-less verbal, but she was high-achieving in mathematics. Her family was dysfunctional, and even after 10 or 12 treatments, acupuncture alone was inadequate without the intervention of a family therapist, which the girl’s parents never embraced.”

Raffi Tachdjian, M.D., is another member of the team. While doing his pediatric residency at Massachusetts General Hospital in Boston, he began to pair his interest in inflammation and immunology with a lifelong passion for music, asking music-therapy students at the nearby Berklee College of Music to assist him with patients. Years later, Dr. Tachdjian has brought his music-therapy techniques to Dr. Zeltzer’s pain clinic.

He described one patient, a non-communicative 14-year-old boy with cerebral palsy and developmental delay who suffered with pain from scoliosis. “He is very difficult to engage in any meaningful way, but he responds to music therapy,” Dr. Tachdjian says. “The boy’s mother is elated; he’s subdued and playful, and he no longer pulls out his mother’s hair the way he did when he’s in pain.”

(Because music therapy is not covered by insurance, Dr. Tachdjian has established a tax-exempt non-profit organization, the Children’s Music Fund, to help pay for such interventions.)

Music therapy can also be effective during a highly invasive procedure, like a bone-marrow aspiration, Dr. Tachdjian says. “Rather than do a conscious sedation, which is risky and requires four hours of post-sedation care, with high-skilled nurs-
ing and cardiovascular monitoring, we can bring in a music therapist to achieve similar results. I see it as sort of the Aikido of pain management; because the human brain responds so quickly and efficiently to music, its therapeutic value runs the gamut from chronic to acute applications.”

These modalities are just two examples of how the various entities that make up the CCIM are well ahead of the curve. Dr. Zeltzer, for example, has used hypnotherapy techniques since the 1980s on complex patients with such conditions as sickle cell, diabetes and non-compliant cancer-associated pain. Her first NIH grant was to study hypnotherapy to control children’s pain in procedures like spinal taps and expanded later to include its use in quelling the aftermath of chemotherapy for children with cancer.

“There’s less research available with pediatric pain,” Dr. Zeltzer notes, “so my commitment has always been to do rigorous scientific studies to prove the safety and efficacy of these modalities for children. We have a psychophysiology pain laboratory set up just for that purpose; the key to mainstream acceptance of complementary and alternative modalities is good science and research.”

INTEGRATIVE RESEARCH HAS BEEN at the core of the Center for the Neurobiology of Stress (CNS), created by Dr. Mayer and Clinical Professor of Psychiatry and Biobehavioral Science Bruce Naliboff, Ph.D., and its NIH-funded subprogram, the Center for Neurovisceral Sciences and Women’s Health. Research efforts at CNS have included human-physiology studies on cerebral, autonomic, neuroendocrine and perceptual responses to visceral and somatic stimulation and health outcomes, quality-of-life and epidemiological studies in populations suffering from chronic functional-pain disorders. Another CNS program, the CNS Program for Mind-Body Research, targets therapies like yoga meditation and diaphragmatic breathing for common functional-pain disorders like irritable bowel syndrome, interstitial cystitis and fibromyalgia.

Dr. Mayer says he entered medical school specifically to pursue mind/brain/body interactions. His research has included work with the indigenous people living near the Orinoco River in Venezuela, the Irian Jaya of West Papua and with Native American healers. He has used the most-modern research tools, like functional brain imaging, to identify the neurological basis of ancient healing traditions.

“With the issue of healthcare reform front and center, now is the best time to have the medical establishment accept the many cost-effective techniques integrative medicine offers for treating chronic illness,” Dr. Mayer says. And although he acknowledges CCIM struggled with its identity in its early years, Dr. Mayer says it “now recognized around UCLA as an entity that is grounded in the same biomedical research and outcomes as the more-traditional facilities. Given the many diverse physicians and facilities connected by CCIM,” he adds, “the next logical step would be to position UCLA as the leading institution for integrative medicine within the University of California system.”

Patients like Jeannie Yee likely would embrace the long-term goals of CCIM’s leadership to extend its reach beyond UCLA, where she found a truly integrative approach in which all of those involved in her case – from her oncologist, ophthalmologist and radiologist to her nutritionist and Dr. Hardy at Simms/Mann – communicate with each other to coordinate her care.

“A stage-4 diagnosis of cancer, coming just months after giving birth to a vigorous and healthy baby boy, was beyond shocking,” she says. Yee falls quiet for a moment, then continues. “My coming to UCLA was just one of many miracles God has brought to me on this journey, and I am so thankful for that.”

David Geffner is a freelance writer in Los Angeles.

To learn more about CCIM and integrative medicine at UCLA, and to find links to individual centers and programs, go to www.ccim.med.ucla.edu
Remembering Dean Cowan 1938-2008

MARIE COWAN became dean of the UCLA School of Nursing in 1997. During her 11 years, her extraordinary commitment to academic and research excellence elevated the school to its current position as one of the top nursing schools in the country. She always had the requisite academic markers of scientific achievement: funded research grants, plentiful publications and prolific papers at scientific meetings. But most important, Dean Cowan had the willingness and the generosity of spirit to share her talents with everyone around her as a friend, a colleague, a mentor, a wife and the mother to three children.

Dean Cowan was 69 years old when she died last year, after a decade-long battle with cancer, and she continued to work up until a few days before her death. Gerald S. Levey, M.D., dean of the David Geffen School of Medicine at UCLA and vice chancellor for UCLA Medical Sciences, called her “a dynamo … fearless about thinking outside the box.” As a front-page obituary in the Seattle Times noted – before coming to UCLA, she was a well-known professor at the University of Washington – Dean Cowan was “a champion multitasker long before the term became popular.” Said one of her two daughters, Kathy Harris: “She had the energy of 10 people. She lived many lifetimes in her one.”

That energy was evident at UCLA, where her leadership transformed the School of Nursing. The school launched two new programs in 2006 to address the shortage of registered nurses in California: After a 10-year hiatus, the Bachelor of Science program in nursing was re-instituted, and a new program for graduate education in entry clinical nursing was established. A bioscience emphasis was established at the doctoral level. Dean Cowan doubled the size of the faculty by recruiting 22 prominent new researchers, and the school became known for its scholarship and diversity.

At the national level, she set the agenda for nursing research by serving on the first National Institutes of Health (NIH) peer-review group for the Council of Cardiovascular Nurses. As the chair of this group, Dean Cowan also helped alter...
“Scientific American 50.” Dr. Smith was selected in the area of neurological diagnostics.

**DR. WILLIAM VEGA**, professor of family medicine, was elected to the National Academy of Sciences’ Institute of Medicine for his outstanding professional achievement and service.

**Grants**

*Funding agency: National Heart, Lung and Blood Institute*

<table>
<thead>
<tr>
<th>Grant amount: $11.65 million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant duration: 5 years</td>
</tr>
<tr>
<td>Principal investigator: Dr. Stephan G. Young, professor of medicine</td>
</tr>
<tr>
<td>Summary: Study addresses critical gaps in understanding of triglyceride metabolism, including the mechanisms for triglyceride hydrolysis at the surface of endothelial cells and the metabolic signaling pathways that link systemic triglyceride metabolism with terminal adipocyte differentiation and lipid accumulation in adipose tissue.</td>
</tr>
</tbody>
</table>

*Funding agency: National Heart, Lung and Blood Institute*

<table>
<thead>
<tr>
<th>Grant amount: $9.29 million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant duration: 5 years</td>
</tr>
<tr>
<td>Principal investigator: Dr. Jerome A. Zack, professor of medicine</td>
</tr>
<tr>
<td>Summary: This study examines how high exposure to pesticides may boost individuals’ risk of developing Parkinson’s disease by disrupting molecular pathways and leading to the death of dopaminergic brain cells.</td>
</tr>
</tbody>
</table>

*Funding agency: National Institute of General Medical Sciences*

<table>
<thead>
<tr>
<th>Grant amount: $6.5 million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant duration: 5 years</td>
</tr>
<tr>
<td>Principal investigator: Dr. Marie-Francoise Chesselet, professor of neurobiology</td>
</tr>
<tr>
<td>Summary: This project is to determine why individual human-embryonic-stem-cell lines differ in their ability to form several mature cell types. These studies are important in establishing the use of these cells for regenerative-medicine purposes.</td>
</tr>
</tbody>
</table>

*Funding agency: W.M. Keck Foundation*

<table>
<thead>
<tr>
<th>Grant amount: $1.8 million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant duration: 3 years</td>
</tr>
<tr>
<td>Principal investigator: Dr. James Economou, professor of microbiology, immunology and molecular genetics</td>
</tr>
<tr>
<td>Summary: The goal of this program is to study the basic biology of genetically engineered stem cells to create a cancer-killing immune system.</td>
</tr>
</tbody>
</table>

bylaws to enable nurses to apply for research funding and to serve on peer-review and grant-award committees. In November 2007, the American Academy of Nursing applauded Dean Cowan’s career-long commitment to nursing research and presented her with its “Living Legend” award.

Marie Cowan has been remembered for many things in the world of nursing, but to those of us who personally knew her, she was much more. She had a really funny side and loved to have parties for students at her home, a yearly event that everyone looked forward to and enjoyed. The dean also took a personal interest in the school’s faculty, making sure that new appointees were given the tools they needed to achieve tenure. She made the staff feel that they were truly a part of the School of Nursing.

Through her vision, energy, innovation and leadership, she has left a rich and lasting legacy.

— Suzette Cardin, assistant dean of student affairs, UCLA School of Nursing

**In Memoriam**

**Dr. Murray E. Jarvik**, professor emeritus of psychiatry and pharmacology, died May 8, 2008, in Santa Monica, Calif. He was 84 years old. Dr. Jarvik was a pioneer in the field of psychopharmacology, and he was among the first to study the effects of LSD and other drugs on memory and addiction. He was perhaps best known for his studies on nicotine, smoking and pharmacological interventions in tobacco dependence, and as co-inventor of the nicotine patch. His contributions to the field of tobacco dependence earned him international recognition.

**Dr. Carolyn Kimme-Smith**, professor emerita of radiological sciences, died July 23, 2008, in Newport Beach, Calif. She was 74 years old. Dr. Kimme-Smith’s research was devoted primarily to improving methods of breast imaging, and she is credited with developing breakthroughs in early detection of breast cancer, advancing the fields of ultrasound and digital mammography and working toward the accreditation of UCLA’s biophysics program. UCLA’s chief of breast imaging, Dr. Lawrence Bassett, called Dr. Kimme-Smith a pioneer at a time when women were discouraged from pursuing high-profile academic careers.

**Dr. John H. Menkes**, professor emeritus of neurology and pediatrics, died November 22, 2008, in Los Angeles, Calif. He was 79 years old. Dr. Menkes joined the faculty of UCLA in 1966 as head of the first Division of Pediatric Neurology on the West Coast. He identified a rare disorder, now known as Menkes disease, that is caused by a defective enzyme that blocks the metabolism of copper. His earlier research, while an intern at Boston Children’s Hospital, involved maple syrup urine disease. He and colleagues published the first paper on the disease in the journal *Pediatrics* in 1954.
I Remember CHS

RONALD REAGAN UCLA MEDICAL CENTER opened in June 2008. But for some 50 years before that, the Center for the Health Sciences (CHS) was where generations of physicians received their training at UCLA. That’s five decades worth of memories that were created in the tick-tack-toe layout of the 11-story building and live on in the lives of our alumni.

**My first memories** of CHS were when I was an undergraduate at UCLA. I used to spend hours studying in the bowels of the Bio Med Library, and as an undergraduate hospital orderly, I would challenge myself to find quicker routes to get from one area to another. As a medical student, I found CHS to be massive but well-organized. I remember the distinctive smell of the different labs, especially the anatomy lab. I remember how intimate and small the lecture rooms and classes were compared to the massive rooms and large numbers of students we had as undergraduates at UCLA. I can remember feeling very honored that I could play even a small role in such a large, sophisticated and well-respected medical center.

– Valdemar Ascencio, M.D. ’75
Chairman, Department of Plastic Surgery
Saddleback Memorial Medical Center, Laguna Hills, California

**Having just graduated** from UCLA Medical School in 1955, I became one of the first interns in the newly opened CHS. Nobody knew where anything was, and we had to search around to try to find things. There was only one cafeteria, which served patients, families and also nurses and doctors, so we all ate together, which was quite friendly and open. It was still a rather small hospital, and all the interns knew each other well. When I finished my internship, I continued at CHS as a resident physician for several years. We worked like hell and had a great spirit of togetherness and setting standards as pioneers.

– Marsden Wagner, M.D. ’55
Director of Women’s and Children’s Health
World Health Organization

**What I remember** most about CHS was the camaraderie that existed among the staff. Nurses, nurses’ aides, ward clerks, residents, interns, subinterns quickly formed lasting bonds and created a true team approach to care. During those times when patients did poorly, or even died, these bonds provided an outlet for the terrible loneliness and fear that comes with being a doctor for the first time. When success came, a brilliant diagnosis or a good outcome of a life-threatening illness, we all regaled each other. Staff is what makes a medical center great and glorious. As the old CHS gives way to the new Ronald Reagan UCLA Medical Center, the tradition of excellence and caring fostered will be carried over not by concrete, steel or cable but by the individuals who occupy the structures.

– Richard J. Glassock, M.D. ’60
Laguna Niguel, California

**When I completed** my medical-school education, I became an intern at the new UCLA Medical Center. It was a modern, up-to-date hospital, but the only major problem was that the current level of intensive-care units had not been developed. Late one evening, I admitted an elderly man with an acute myocardial infarction who had coded and had been resuscitated by his son. I was worried about his unstable condition, and I decided to sleep in the same room with him. Fortunately, he was in a twin-bed room. I spent about a week as his “roommate,” looking in on him frequently. By the end of the week, his cardiac status improved, and he was discharged. The gentleman gave me the gift of a suitcase when I went away for two years for research training.

– Sid Gilman, M.D. ’57
Director, Michigan Alzheimer’s Disease Research Center
University of Michigan, Ann Arbor

**In our sophomore year**, student groups were assigned to study histology/pathology in a remodeled bathroom – very tight, with a table holding several of our own microscopes where we would review the slides together. To keep ourselves alert, we often would sing silly songs – songs like “These Are a Few of Our Favorite Things.” Classmate Loretta Milburn, M.D. ’62, also remembers when a visitor touring the medical school fainted upon entering the anatomy lab during lunch break just as one of the students working on a cadaver picked up a chicken leg from his lunch and started eating it!

– Lucia Carpenter-dean, M.D. ’62
MAA President, 1997-98
Current MAA Board Member
Scholars’ Voices Speak Volumes

IT COMES AS NO SURPRISE that medical school is expensive: The annual cost for the Class of 2011 is $48,521. This year, nearly 90 percent of students rely on financial aid to cover some portion of their costs. The UCLA Medical Alumni Association tries to help with scholarships. Below are the voices of some of this year’s recipients.

When I was first notified that I had been selected, I was overjoyed and stunned. This scholarship has allowed me to decrease my loans for this year, which is a huge relief. More important, this award reminds me that the UCLA MAA is committed to supporting the success of medical students. With this award, I am motivated to continue working hard as a medical student, and I will use this inspiration as I continue my training. — Mario Perez (M.D. ’09)

The word “thankful” does not begin to describe my initial reaction when I found out about the Mellinkoff Scholarship. It has helped me tremendously, especially in the midst of interviewing for various residency programs across the country. The obvious support from our alumni has inspired me to become the best physician I can be and to give back as an alumnus in the future. — Christine Chen (M.D. ’09)

I was surprised and honored to receive the Mellinkoff Award. This generous award was a great gesture of kindness and a tremendous help to me during a period of economic hardship, and it has further motivated me to support the cause of the Medical Alumni Association during my future career. — Ali Mehdizadeh (M.D. ’09)

I received a much-appreciated scholarship. I was blown away when I was informed of the scholarship, as it definitely came as a great financial relief. More than that, though, it made it possible for my wife and me to start our family while in medical school. The Class of 1955 really came through and allowed me to concentrate on school and our family, which now includes a rambunctious 35-month-old son. — Ryan Martin (M.D. ’10)

Intern year brings with it quite a bit of stress, not the least of which involves finally having my first paying job and the responsibility of paying back my student loans. Receiving this scholarship eases this transition and will allow me to concentrate on what intern year is all about – growing as a young physician. No one can understand this more than alumni, and I can only hope that I will be able to emulate generosity such as this later in my career. — Nicole Kalani Hetzer (M.D. ’09)

The announcement of the Medical Alumni Association’s Mellinkoff Scholarship came as a very-encouraging surprise. It means a lot to know that someone believes in me and is willing to invest in my future. The timing couldn’t be better with the additional fourth-year expenses of board exams and residency interviews. — Brittany Joy Kazmierski (M.D. ’09)

I received word about the Margaret Thornton Scholarship the same week my wife delivered our second child. With a new addition to our family, funds are definitely tight, and receiving the awarded money helps greatly to ease the stress. This was an unanticipated blessing that goes a long way to helping me focus on my family and education, two of the most-important aspects of my life right now. — Robert Boyer (M.D. ’10)
Caring for Wounded Warriors

THE NUMBER OF SERVICE MEN AND WOMEN who are being treated at UCLA for injuries they received in the wars in Iraq and Afghanistan is being increased under commitments with the U.S. military services. By the end of 2008, Operation Mend was providing ongoing care to 10 wounded warriors. In January and February 2009, Operation Mend added 12 additional patients to its roster and anticipates more will be referred throughout this year.

Operation Mend is a unique partnership that began in 2007 between UCLA and the military to provide reconstructive plastic surgery to injured service personnel. UCLA Health System has been very successful in raising funds for this care, but support remains critical as more patients are included. Stories in the media and on the Internet have helped to spur donations from across the country, and the Intrepid Relief Fund recently became a partner. A small and determined group of friends and advocates has helped to inspire larger gifts. At the end of 2008, the Goldsmith Family Foundation and the Jean Perkins Foundation donated $100,000 and $300,000, respectively. Additionally, the Navy Belles, Greater Los Angeles Women’s Council, made a $50,000 gift, having been inspired by member Margaret Bloomfield and by Operation Mend founder Ronald A. Katz.

U.S. Marine Staff Sgt. Octavio Sanchez underwent several surgeries using grafts from his forehead, a rib bone and ear cartilage to reconstruct his nose, lips and cheeks.

For additional information about Operation Mend, go to http://operationmend.ucla.edu

Events

On February 2, 2009, donors and friends of UCLA Neurosurgery attended Repair – Enhance – Protect – Your Brain & Your Spine at Ronald Reagan UCLA Medical Center. The Wall of Honor was unveiled. Dr. Neil Martin, chair of the Department of Neurosurgery, provided an update on the newly established department, and a lively reception highlighted “brain food.” Having its debut was the Wall of Laughter, a series of color-enhanced portraits of members of the Saturday Night Live cast taken by photographer Edie Baskin Bronson, who documented 25 years of the show, bring the Wall of Laughter to life on the sixth floor of Ronald Reagan UCLA Medical Center.

The Jonsson Cancer Center Foundation’s annual Taste for a Cure was held May 1, 2009, at the Beverly Wilshire Hotel, with Gary Newman and Dana Walden, chairmen of 20th Century Fox Television, honored with the Gil Nickel Humanitarian Award. Proceeds of the event benefit the UCLA Jonsson Comprehensive Cancer Center. For more information about Taste for a Cure, visit www.tasteforacure.com.

The 16th Annual Entertainment Industry Foundation Revlon Run/Walk for Women Los Angeles was held May 9, 2009. This 5K event is the city’s largest fundraiser for women’s cancers, and the Revlon/UCLA Women’s Cancer Research Program at the UCLA Jonsson Comprehensive Cancer Center is its leading beneficiary. For more information about the Revlon Run/Walk, go to www.cancer.ucla.edu/revlonrunwalk.

The UCLA Department of Neurosurgery will present its 2009 Visionary Ball at the Beverly Wilshire Hotel on October 1, 2009. With the 2007 biennial ball having raised more than $1 million to benefit research and education at UCLA, this year’s event promises to be every bit as successful. Former L.A. Dodgers baseball great Steve Garvey will again preside over the evening as master of ceremonies, and Visionary Awards will be presented to honorees who are leaders in business, philanthropy, science and medicine. Joan Dangerfield, widow of comedian Rodney Dangerfield, will present the “Rodney Respect Award” to a prominent entertainer; previously, the award has gone to Jay Leno and Tim Allen. For more information, go to http://visionaryball2009.com.

The 10th Annual Mattel Party on the Pier, scheduled for October 18, 2009, from 11 a.m. to 3 p.m. at Pacific Park on the Santa Monica Pier, will commemorate 10 years of an outstanding partnership between Mattel Children’s Hospital UCLA and Mattel, Inc. The park’s carnival games are specially re-stocked by Mattel volunteers with Mattel and Fisher-Price toys. Attendees enjoy unlimited access to rides, a silent auction and celebrity appearances. The event underwrites the vital work of Mattel Children’s Hospital UCLA, as well as supports physicians, programs and research within the UCLA Department of Pediatrics. For more information, visit www.partyonthepier.ucla.edu.
Chairs of Distinction

AN INVITATION TO AN OUTSTANDING PROFESSOR to occupy an endowed chair at UCLA is an exceptional honor, bringing distinction to the incumbent, the university and the donor. Chair holders greatly increase the prestige of their departments or divisions and also attract talented young scholars to study at UCLA, thus contributing in a critical way to the creation of an increasingly vital and intellectually stimulating environment. Serving as powerful recruitment and retention tools, endowed chairs ensure that UCLA will remain among the most-distinguished universities in the world.

The Skirball Foundation made a $1-million pledge to establish the Jack H. Skirball Endowed Chair in Ocular Inflammatory Diseases at the Jules Stein Eye Institute (JSEI). The chair will enable a distinguished faculty member to engage in ground-breaking investigations and training programs in this field. The late Mr. Skirball spent nearly his entire life dedicated to philanthropy. Since several members of his family had vision problems, research in this area became a priority. Beginning with its first contribution in 1969, The Skirball Foundation has funded vision-science programs at JSEI and, in particular, the endeavors of the UCLA Ocular Inflammatory Disease Center.

Born in 1896 in Pennsylvania, Mr. Skirball was ordained as a rabbi and then became a pioneer in film as the manager of Educational Films Corporation and president of Skirball Productions, which was responsible for such pictures as Alfred Hitchcock’s Saboteur (1942) and Shadow of a Doubt (1943). In the 1950s, he began a successful third career as a real-estate developer. Through his relationship with the Music Corporation of America (MCA, Inc.), Mr. Skirball became lifelong friends with Dr. Jules Stein and MCA head Lew Wasserman. The Skirball Chair serves as a lasting legacy to this enduring and influential connection and brings vision specialists closer to improved treatments and, ultimately, a cure and preventive methods.

For many years, brain research focused principally on the causes of cognitive deficiencies. Today, scientists are also looking into the factors that cause cognitive enhancement, or giftedness. UCLA is blazing the trail in this regard through its Tennenbaum Center for the Biology of Creativity, inspired by the vision and generosity of investment manager Michael E. Tennenbaum. Mr. Tennenbaum and his family created the center in 2002 to study the molecular and cellular systems and mechanisms that result in cognitive enhancements and explain the unusual levels of performance in gifted individuals – including extraordinary creativity. Recently, they established the Michael E. Tennenbaum Family Endowed Chair in Creativity Research, which supports the teaching and research activities of the director of the Tennenbaum Center, which is located within the Jane and Terry Semel Institute for Neuroscience and Human Behavior at UCLA.

In Memoriam

Frank W. Clark Jr., former UC Regent and namesake of the Frank Clark Urology Center and the Clark-Morrison Children’s Urological Center at UCLA, died in 2008. He was 90 years old. A prominent attorney in Los Angeles, Mr. Clark was appointed to the Board of Regents by Governor Jerry Brown in 1980, and he served as a regent until 2000. In 2004, Mr. Clark received The UCLA Medal. Dr. Gerald S. Levey, vice chancellor for UCLA Medical Sciences and dean of the David Geffen School of Medicine at UCLA, called Mr. Clark “one of the most-influential regents … knowledgeable, wise and articulate. When Regent Clark offered opinions, the regents generally listened.”

Madelyn “Maddie” Katz, a longtime advocate and supporter of UCLA, died in 2009, at her home, after a lengthy battle with pancreatic cancer. She was 73 years old. She is survived by her husband of 52 years, Ronald A. Katz; sons Randall Katz and Todd Katz, daughters-in-law Kathy Katz and Dana Katz; sister Helen Sinderman; brother-in-law, actor Joel Grey; and by four grandchildren and two step-grandchildren. Mr. and Mrs. Katz, both alumni of UCLA, generously supported many initiatives at UCLA, the most recent being Operation Mend, which was created by the Katz Family Foundation. As head of the UCLA Medical Center Auxiliary from 1996 to 1999, Mrs. Katz was inspired to establish, with her husband, the surgical-intervention waiting room – called “Maddie’s Room” – at Ronald Reagan UCLA Medical Center.

Mrs. Katz also was a member of the planning committee for Ronald Reagan UCLA Medical Center, which she said was a “superb home for UCLA’s life-saving doctors and nursing staff,” and she served on The UCLA Foundation Board of Governors. In addition, she was on the board of Women & Philanthropy at UCLA.

MEMORIAL AND TRIBUTE GIFTS
Many donors to UCLA Health System choose to make their gifts in honor of a physician or other healthcare provider or in memory of a loved one who received care at UCLA. For information or to make a contribution, go to www.uclahealth.org/giving, or mail contributions, payable to “The UCLA Foundation,” to: UCLA Medical Sciences Development, Annual Giving, 10945 Le Conte Avenue, Suite 3132, Box 951784, Los Angeles, CA 90095-1784.
Gifts

A gift of $1.35 million was received by the Jonsson Cancer Center Foundation from the Avon Foundation to support breast-imaging fellowships under the direction of Dr. Lawrence Bassett and the Avon Cares for Life program at Olive View-UCLA Medical Center directed by Dr. Judith Gasson. An invaluable resource for underserved women, Avon Cares for Life provides on-site patient navigation, high-risk screening, survivorship programs and access to breast-cancer clinical trials.

Dr. Thomas Calcaterra, UCLA professor emeritus of head and neck surgery, and Ellen Calcaterra (pictured left) made a $2-million gift to establish the Thomas C. Calcaterra, M.D., Recruitment Fund for Head and Neck Surgery. This endowment will aid the Division of Head and Neck Surgery to attract the country’s top ear, nose and throat specialists by underwriting competitive recruitment packages. While UCLA salaries closely match those at other public universities, they lag behind wages offered at private institutions. Moreover, the high cost of living in the Los Angeles area creates a notable disadvantage. Ultimately, the gift by the Calcaterras will be used to establish an administrative endowed chair in head and neck surgery for future division chiefs.

Dr. Calcaterra began his surgical training at UCLA in 1962 and joined the faculty in 1969. His clinical practice specialized in head and neck oncology and rhinology, as well as the surgical management of chronic sinusitis. Mrs. Calcaterra, an alumna of the UCLA Anderson School of Management, currently specializes in real-estate management, developing and consulting.

Furthering his distinguished history of philanthropy at UCLA, Kenneth A. Jonsson has made a gift of $1 million to the Jonsson Cancer Center Foundation. Mr. Jonsson’s generosity will support the highest-priority research needs of Drs. Dinesh Chhetri, Judith Gasson, E. Carmack Holmes, Jay Lee, Robert Smith and Jan Tillisch.

The Jonsson Cancer Center Foundation has received a gift of $200,000 from The Katz Family Foundation. One-half of the gift will support pancreatic-cancer research under the direction of Dr. Edward Garon; the remaining half will be used to support translational lymphoma research led by Drs. Linda Baum and Lauren Pinter-Brown. Ronald and Madelyn Katz have been advocates and generous supporters of UCLA for more than 35 years. Mr. Katz currently serves as secretary of the Ronald Reagan UCLA Medical Center Board of Advisors, and Mrs. Katz, until her death earlier this year, sat on the Board of Directors for Women & Philanthropy at UCLA.

Joy and Jerry Monkash have made a $300,000 pledge to the Jonsson Cancer Center Foundation to underwrite two promising translational-research projects; one is in melanoma under the direction of Dr. James Economou, and the other is in sarcoma led by Dr. Fritz Eilber. Both projects aim to translate basic-science discoveries into effective new therapies.

As a valued partner of the Jane and Terry Semel Institute for Neuroscience and Human Behavior at UCLA, the MSST Foundation pledged $750,000 to fund three programs: $400,000 to support fellowships for neuroscience graduate students in the Mood Disorders Research Program under the direction of Dr. Lori Althshuler; $250,000 to the Mindful Awareness Research Center led by Dr. Susan Smalley to expand its education program in the Los Angeles community and beyond; and $100,000 to the Family Development Project directed by Dr. Christoph Heinicke.

The Shapell-Guerin Foundation made a pledge of $1.5 million to underwrite Dr. Daniel Geschwind’s cutting-edge research into autism in the UCLA Department of Neurology. As head of the foundation, Vera and Paul Guerin are carrying on their family’s philanthropic dedication to the UCLA medical sciences.

Cynthia and William E. Simon Jr. made a $250,000 pledge to establish the UCLA Hospital System CEO Discretionary Fund, which will provide unrestricted moneys for Dr. David T. Feinberg, CEO and associate vice chancellor, to respond to critical needs and projects within the hospital system. Mr. Simon currently serves as co-chairman of the William E. Simon Foundation and the Cynthia L. and William E. Simon Jr. Foundation, both of which assist needy youngsters in urban areas through faith-based efforts. Mr. Simon joined the Ronald Reagan UCLA Medical Center Board of Advisors in 2008. The Simons have been supporters of UCLA for more than 16 years.

Karen and Brad Sraberg made a $500,000 gift to Mattel Children’s Hospital UCLA to name the Scott Elliott Sraberg Charitable Foundation Rotunda (pictured left) in memory of their son, who received care at UCLA. The rotunda is located on the fifth floor of Ronald Reagan UCLA Medical Center. They provided an additional contribution in support of the Child Life/Child Development Program, a pioneering, national model that appropriately addresses, in a culturally sensitive manner, the social, emotional and developmental needs of each child, whether hospitalized or seen as an outpatient, and his/her family. The Srabergs have another son who currently attends the UCLA Lab School, Corinne A. Seeds Campus, and Mr. Sraberg is a UCLA alumnus.
I was in the Pediatric Intensive Care Unit at Mattel Children’s Hospital UCLA one morning last spring when I heard a young girl crying out. As the medical team huddled around her and spoke in hushed tones, her agitation and refusal to cooperate mounted. When the team stepped away, I approached and asked if I might help.

“Hi, my name is Vanya Green,” I said, introducing myself to the child’s parents. “I’m a music therapist with Child Life/Child Development Services. I work with kids in the hospital, and some find that music helps them to relax.” As I lifted my guitar out of its case, the little girl sat up in her bed and her eyes widened. She turned to her father and said something in Arabic, pointing to my guitar.

“Aisha loves music,” he said to me. “Can you play something nice for her?”

I began to strum a minor-to-major progression and sing “aman aman” to a Middle Eastern melody. I had studied Arabic and Sephardic melodies as a Fulbright fellow in Israel, and so I adapted the words, adding “Salaam. Hello.” Aisha watched me carefully, and then she began to sing.

[Music] offers a way to cut through the noise and stress of a hospital stay, to contribute in its own way to healing.

For several months I visited with Aisha as she waited for and then recovered from her transplant surgery. I worked with the medical team, social worker, child-life specialist and interpreter to help encourage her to comply with her care plan. Aisha responded well to boundaries and structure within the therapeutic environment created by music. She learned deep-breathing and vocal exercises, and she began to write songs with me. Toward the end of her stay in the hospital, Aisha expressed an interest in learning English songs. She would focus her large eyes on me and then painstakingly repeat each syllable, smiling each time after forming the words.

The power of music to connect with people is more than anecdotal; research has demonstrated that the same parts of the brain associated with pleasurable experiences are affected when one listens to music. Music serves as a container for emotions that sometimes feel to be without limit. It helps create a boundary for feelings and gives meaning to them, and it offers a way to cut through the noise and stress of a hospital stay, to contribute in its own way to healing.

Aisha and I continued our visits. Soon, the two of us together were singing “A Whole New World.”

Vanya Green has been bringing music to the young patients at Mattel Children’s Hospital UCLA since 2007. She also is a performer and recording artist.
Reason to Smile

Transplant recipients and their families gathered at UCLA in February to celebrate the 25th anniversary of the UCLA Liver Transplant Program.