As a UCSF geriatrics fellow, Brie Williams, MD, MS, became intrigued by how aging affected incarcerated populations. Working on a survey of older women prisoners, she scoured the literature for previous research. “I found two articles: a dated one about older prisoners in a US jail, and one about French prisoners written in French,” recalled Williams. “I thought, ‘This may be an important manuscript to write, because it doesn’t look like we know much about the health needs of this growing population.’”

Williams is one of many people in the Department of Medicine who embody the public service mission of UCSF by improving health care for vulnerable patients. Their work stretches far beyond the clinic and hospital, reaching into prison cells, homeless shelters and the streets to discover better ways to help the most marginalized members of our community.

Williams' first publication described daily activities important for prisoners to be physically independent – such as the ability to stand for head count and climb onto an assigned bunk – and led to her work on a statewide needs assessment of aging prisoners for the California Department of Corrections and Rehabilitation. Since then, her research has taken her to correctional facilities in nine states and five countries. She works closely with Cyrus Ahalt, MPP, who brings public policy expertise to their team. Williams also serves as associate director of discovery for Tideswell at UCSF, an incubator for aging-related research, clinical care and training.

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From the Interim Chair

Breadth of Excellence

The separation of traditional medicine and public health has always been an odd quirk of the US health care system. The more we learn, the more we understand the tight interconnections of the world we have traditionally thought of as medical, and the world we have characterized as public health.

Within the UCSF Department of Medicine, many faculty straddle these worlds. In doing so, they are creating important new knowledge and building powerful new bridges. In this issue of Frontiers, we profile three of them, Brie Williams, Margot Kushel and Elise Riley. Brie’s work focuses on the health of the US prison population, a population larger than that of one-third of our states. Margot and Elise’s work centers on the needs of homeless people. All three are motivated by their recognition that the health needs of these disenfranchised populations have largely been ignored.

Addressing these needs is crucial on moral grounds, but also makes sense on pragmatic and economic grounds. The prisoner who is unhealthy at the time of release, the homeless person whose “primary care” is delivered in a series of emergency rooms… Brie, Margot and Elise’s work points out the profound costs of these failings, and the need to address them with new knowledge and tools. They are also developing insights that will help us better tackle issues such as behavioral change, adherence, and the social determinants of disease – issues that we confront when trying to improve the health of all populations.

Also in this issue, we highlight our newest Master Clinician, Lisa Murphy. Like Brie, Margot and Elise, Lisa has chosen, through her work as director of the Diabetes Center for High-Risk Populations, to focus on a particularly vulnerable population. She is a wonderful addition to our Master Clinician team.

Thomas Perkins is one of the founders of the legendary Silicon Valley venture capital firm Kleiner Perkins Caufield & Byers, and he has spent his career finding great people and programs to invest in. His choice to endow the Thomas Perkins Distinguished Professorship in Cancer Research is another inspired choice. Chuck Ryan, who heads our Genitourinary Medical Oncology Program, is a distinguished clinician and researcher and a wonderful recipient of the Perkins professorship.

In my first few months as interim chair of this magnificent department, I have come to appreciate the breadth of the work of the faculty. This issue highlights that breadth, with profiles of faculty working to improve the care of homeless people and prisoners, to others developing new molecular targets for prostate cancer. Philanthropy is crucial to all of this work, and I am grateful for the support of our donors, who recognize its importance.

Sincerely,

Robert M. Wachter, MD
Professor and Interim Chair, Department of Medicine
Lynne and Marc Benioff Endowed Chair in Hospital Medicine
Dr. Talmadge E. King, Jr.
New Dean of UCSF School of Medicine

Talmadge E. King, Jr., MD, an international expert on lung disorders who served as chair of the UCSF Department of Medicine for nine years, was appointed dean of the School of Medicine and vice chancellor for medical affairs at UCSF. He assumed his new role on July 1.

A physician-scientist, King’s research has focused on inflammatory and immunologic lung injury. He is best known for his pioneering work in the management of the interstitial pneumonias, a scarring process that often leads to death. His bibliography comprises more than 300 publications and he has co-edited eight books, including an acclaimed reference work on interstitial lung disease.

As dean of UCSF School of Medicine, King leads a premier medical school with a four-fold mission of education, research, patient care and public service. It is the only school in the nation ranked in the top five in both research and primary care education by U.S. News and World Report. It receives more competitive research funding from the National Institutes of Health (NIH) than any other school in the country, and has 2,197 full-time faculty members, including five Nobel laureates.

In addition to overseeing the school’s education and research enterprises, King leads the faculty at eight major sites in the San Francisco Bay Area and San Joaquin Valley, including UCSF Medical Center, UCSF Benioff Children’s Hospitals, San Francisco General Hospital and Trauma Center (SFGH), San Francisco VA Medical Center and Fresno Medical Education Program.

“The school is ready to embark on the next chapter of its history, and I am excited to lead it as dean,” King said. “I want to build on the strength of UCSF’s scientific accomplishments and culture of public service, and to strengthen our relationships with our communities and institutions across the globe.”

King was recruited to UCSF from the University of Colorado in 1997, serving as vice chair of the Department of Medicine and chief of medical services at SFGH. He became chair, the first year as interim, in 2006. Under his leadership, the department increased its faculty from 521 to 602, grew its budget from $322 million to $454 million, and boosted the number of endowed chairs and distinguished professorships from 39 to 72. The department is the No. 1 recipient of research dollars from the NIH among all departments of internal medicine in the nation. U.S. News & World Report ranks six of its subspecialty clinical programs in the top 10 – AIDS, cancer, diabetes & endocrinology, geriatrics, nephrology and rheumatology. Its residency training is among the top programs in the country.

“At UCSF, we are privileged,” King said. “Our faculty, staff and students are outstanding. We are able to recruit the best and brightest from around the world and perform the highest level of biomedical research and patient care, and our faculty and alumni have a seat at the table in guiding health policy throughout the world. In that position, we have both the honor and the obligation to ensure the health of our community by strengthening health systems and addressing health inequities, whether they occur at home or across the world.”

King is a past president of the American Thoracic Society, a past Secretary-Treasurer of the American Board of Internal Medicine, and a current member of the boards of the American College of Physicians, the National Committee on Quality Assurance, and Gustavus Adolphus College. He was elected to the Association of American Physicians, the Institute of Medicine, and the American Academy of Arts and Sciences, and was honored as a Master by the American College of Physicians.

In 2007, King received the Trudeau Medal, the highest honor of the American Thoracic Society. King, 67, grew up in Darien, Ga., a small town on the Atlantic Coast. King graduated from Gustavus Adolphus College in Saint Peter, Minn., and earned his MD from Harvard University in Boston, Mass. He served an internal medicine residency at Emory University Affiliated Hospitals in Atlanta, and a pulmonary fellowship at the University of Colorado Health Sciences Center in Denver. He lives in Oakland with his wife, Mozelle D. King, a retired teacher.

“Talmadge brings extraordinary experience, intellect and vision to his new role, as well as humanity. He’s been elected to the most prestigious societies in science and medicine on the basis of his scientific accomplishments, and yet he remains an accessible and deeply trusted colleague.”

– Laura Kurtzman
Solving Puzzles, Big and Small

In college, Elizabeth (Lisa) Murphy, MD, DPhil, discovered she could repair broken cassette players by replacing old motor belts with rubber bands. “I always like to figure out how things work so you can fix them,” she said.

As an endocrinologist, Murphy delves into complex metabolic pathways with the same gusto. “I love looking for patterns and putting the puzzle pieces together,” she said. “If you can help patients feel better, that is a really powerful thing.”

After earning her medical degree from Harvard Medical School, a doctorate in biochemistry from Oxford University as a Rhodes Scholar, and completing residency and an endocrinology fellowship at UCSF, Murphy served as chief medical officer at KineMed, a biotechnology company. Yet her love of patient care drew her back to San Francisco General Hospital and Trauma Center (SFGH) full-time in 2007.

She directs the Diabetes Center for High-Risk Populations, using her puzzle-solving skills to help individual patients and improve health systems. She and her team of nutritionists, diabetes educators and behavioral health experts help patients access healthy food, develop educational materials for low-literacy populations, and conduct outreach in jails. The Center also developed culturally specific classes. For example, many Hispanic patients are reluctant to take insulin because they think it causes blindness—which ironically can occur when doctors wait too long to begin insulin. “We established insulin ‘start groups’ in Spanish and English, talking about these fears head-on for a full hour,” said Murphy.

Because primary care providers manage most diabetic patients, Murphy’s team created a newsletter with practical updates about medications and insurance regulations, and work on fixing systemic problems with pharmacies to lighten the burden on individual providers. The team has won several national awards for improving diabetes care for vulnerable populations.

Murphy is an enthusiastic and generous teacher, helping everyone from medical students to senior clinicians understand her thought process and hone their own abilities. She responds to endocrine questions on eReferral, an online system that allows providers in San Francisco safety net clinics to consult experts about specific patient cases, and also coaches other eReferral reviewers on how to provide the most useful guidance. Because access to endocrinologists is so limited, Murphy and her colleagues also recently started outreach clinics in Monterey and Contra Costa Counties.

“She cares so passionately about our patients’ welfare,” said SFGH internist Margaret Wheeler, MD, herself a Master Clinician. “She is a born teacher and has an infectious interest in endocrinological problems.”

Murphy advises trainees to continuously build their fund of knowledge, and enjoys teaching continuing medical education courses. “I choose topics that are controversial and that I don’t know as much about, because it forces me to review the literature!” said Murphy. She also strives for balance. “You can spend a lot of time doing inconsequential things well, but save your A+ work for the things that really matter,” she said.

Murphy is married to Beth Weise, a technology reporter at USA TODAY. They have two daughters, Ellie and Margaret.
Going the Distance Together

“Research and being a good clinician are tightly interwoven,” said Charles Ryan, MD, Thomas Perkins Distinguished Professor in Cancer Research, who leads the UCSF Genitourinary Medical Oncology Program. He and his team care for patients with prostate, bladder, kidney and testicular cancers. Many of the program’s investigations focus on prostate cancer, which affects about one in seven American men.

“Prostate cancer is among the most heterogeneous cancers,” said Ryan. About one-third of patients don’t need treatment, one-third are cured with treatment, and one-third die despite all treatment. “Our goal is to not overtreat patients who don’t need it, provide effective therapy to those who can be cured, and develop new therapies for those who currently die of the disease,” he said.

Prostate cancer is driven by testosterone. Hormone therapy is one of the most effective treatments; by depriving men of testosterone, it helps keep prostate cancer in check. However, the cancer can become hypersensitive to low levels of testosterone and recur. “It’s like a hybrid car,” said Ryan. “When the price of gasoline goes up, people stop driving gas-guzzlers, and cars evolve to become more fuel-efficient. That’s similar to what happens with prostate cancer, which evolves to use less testosterone. Sometimes, the disease evolves into an electric car — something so completely different that we can’t target it with existing therapies.”

“We are at such a turning point in the field,” said Eric J. Small, MD, chief of the Division of Hematology and Oncology at UCSF Medical Center and deputy director of the UCSF Helen Diller Family Comprehensive Cancer Center. “In the 25 years that I’ve been doing this, I’ve never been more excited. UCSF is advancing the standard of care, not just learning about it at conferences.”

The Genitourinary Medical Oncology Program has pioneered many novel treatments, including:

- **Development of new drugs:** The team, including Small, Ryan and Lawrence Fong, MD, developed and obtained FDA approval of two new prostate cancer drugs: abiraterone acetate (Zytiga), which helps patients whose cancer has progressed despite standard hormone therapy, and sipuleucel-T (Provenge), which harnesses the body’s own immune cells to fight cancer. They are also testing another immunologic drug, ipilimumab (Yervoy), which has been approved for melanoma and has shown promise in prostate cancer. Pamela Munster, MD, and Rahul Aggarwal, MD, spearhead efforts to develop early phase clinical trials of new therapeutics.

- **Precision medicine:** With $10 million in support from Stand Up To Cancer and the Prostate Cancer Foundation, Small leads a multi-institutional “Dream Team” in genetically sequencing tissue samples from 300 patients with metastatic prostate cancer. By identifying different subgroups of prostate cancer, they are learning why some people develop resistance to therapy, and hope to customize treatments that target vulnerabilities of an individual’s particular cancer.

- **Developing less invasive surveillance tools:** In partnership with the Department of Radiology and Biomedical Imaging, the program is developing a novel imaging technique to monitor the aggressiveness of prostate cancer without biopsy. Similarly, UCSF is developing “liquid biopsies,” in which prostate cancer could be monitored by analyzing blood samples.

- **Comprehensive care:** Aggarwal leads the Supportive Therapy in Androgen Deprivation (STAND) Clinic, which educates patients about exercise, nutrition and the effects of hormone therapy on quality of life and how to manage side effects of treatment. “Patients experience profound changes when we take away testosterone, and we have a tremendous amount to learn about the biological, oncological and psychological effects,” said Aggarwal.

The UCSF Genitourinary Medical Oncology Program, in collaboration with the Movember Foundation, is also launching an international clinical trial to study whether increased exercise can improve life expectancy. “There is a strong interface between the endocrine system and prostate cancer,” said Ryan. “We’ve known about the effect of testosterone on prostate cancer for decades, but there is also a relationship between sugar metabolism and cancer progression, and perhaps even cholesterol metabolism and cancer. Even if exercise doesn’t lead to an improvement in cancer outcomes, we might find that it lowers the risk of diabetes, which is a known consequence of hormonal therapy.

“We are trying to address genitourinary cancers in a really broad fashion,” said Ryan, who enjoys collaborating across disciplines and enthusiastically mentors young investigators. “By bringing other people into the field, we can go so much further. There is an African proverb I like: ‘If you want to go fast, go alone. If you want to go far, go together.’”

Charles Ryan, MD, Thomas Perkins Distinguished Professor in Cancer Research, leads the UCSF Genitourinary Medical Oncology Program.
“About 2 million Americans are currently in prisons, over 12 million cycle through jails annually, and health-related costs represent at least 10 percent of the criminal justice budget,” said Williams. “There are incredible opportunities to improve the value and quality of criminal justice health care.”

Health impacts incarceration, and vice versa. “Mental health problems, substance use disorders and cognitive impairment are leading contributors to incarceration,” said Williams. “Many prisoners have had a lifetime of inadequate healthcare access, and some receive their first-ever health care in the criminal justice system. Nearly all prisoners are eventually released, so optimizing their care has the opportunity to transform lives and communities.”

Some of her group’s initiatives include:

- **UC Criminal Justice and Health Consortium**: Williams and Ahalt, along with colleagues at UC Santa Cruz and UC Riverside, recently received a University Office of the President Catalyst Award from UC President Janet Napolitano to improve health of incarcerated patients. “We’re engaging 100 UC-wide faculty members and trainees from diverse backgrounds including economics, medicine, nursing, sociology, psychology and Chicano studies,” said Williams. “Our vision is to bring this UC community of scholars together with policymakers to make transformational change in criminal justice health care.”

- **Community Aging Health Project**: Williams and Ahalt partnered with the San Francisco County Jail to conduct a study of older jail inmates. Based on the results, the jail now automatically screens older detainees for cognitive and functional impairments and refers them to a physician if needed. Williams’ team used their study findings to create geriatrics health trainings for jail clinicians, adapting these trainings for police officers and judges.

  “Most older adults spend relatively little time with health professionals, so we need to give other professionals knowledge in aging-related health,” said Williams. For example, in their training, police officers don thick gloves, earplugs and eyeglasses that distort their vision, tie rope around their ankles to shorten their gait, then try to walk. Judges learn how dementia and hearing impairment may impact an older adult during court proceedings. They have trained over 500 San Francisco police officers, 50 California judges, and correctional health professionals in California, Hawaii and New York, as well as physicians and nurses at the International Committee of the Red Cross who work in 50 detention centers worldwide.

- **Resource for policymakers**: Their research on compassionate release – early release or parole for seriously ill prisoners who pose little threat to the community – was highlighted in a report issued by the Pew Charitable Trusts and the John D. and Catherine T. MacArthur Foundation. Williams participated in a workshop on incarceration and health convened by the Institute of Medicine, and Williams and Ahalt recently advised the US Senate Special Committee on Aging, identifying priority issues and recommending topics for legislation.

- **Coordinating efforts**: In partnership with the UCSF Center for Vulnerable Populations, the San Francisco Sheriff’s Department, the Senior Ex-Offender Program of Bayview Hunters Point Multipurpose Senior Services, Inc., and other Bay Area stakeholders, Williams’ team is facilitating a city-wide meeting to develop a comprehensive Roadmap for San Francisco to better engage criminal justice-involved older adults with needed services.

- **European-American Criminal Justice Innovation Program**: In collaboration with the Prison Law Office, a public interest law firm, Williams and Ahalt will bring state legislators, criminal justice leaders and policymakers to visit model European prisons and help them adapt best practices to their home institutions (see sidebar at right).

  “It’s incredible to see radically different approaches, which give us ideas for achieving transformational change at home,” said Williams. Her experience at Bastøy prison in Norway was particularly striking. “From the warden to the officers and prisoners, everyone said the same thing: ‘Most inmates will eventually get out, and our goal is for them to be the best possible neighbors when they do.’ Helping people to leave healthier than when they went in is an integral part of realizing that goal.”

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**Visionary Prisons**

Dr. Brie Williams (above, right) with Tom Eberhardt, warden of Bastøy Fengsel, a prison located on a Norwegian island. Williams and her colleagues will bring American lawmakers and criminal justice leaders to Bastøy and other European prisons this fall to inspire innovation in the American prison system.

Bastøy’s ultimate goal is rehabilitation. The former church in the background now hosts meetings and concerts, including performances of a nationally recognized blues band whose musicians are prisoners. Inmates who have completed two-thirds of their sentence can take prison leaves to help them reintegrate into society, and the band plays at blues festivals during the summer.

Above: The communal kitchen at Sandaker, an “open prison” halfway house in Oslo, Norway which houses inmates who are approaching the end of their sentences. The staff includes correctional officers and social workers. Inmates work at outside jobs, but are required to return at night. They also earn community visitation privileges and often continue relationships with staff during probation.
Dr. Elise Riley
The Health of Homeless Women

“If someone doesn’t have a place to sleep, they’re also at risk for other consequences of poverty like malnutrition, violence and infections,” said UCSF epidemiologist Elise D. Riley, PhD, MPH. “Sometimes risks play off each other, creating what researchers call ‘syndemics’ – it’s when different epidemics overlap and make each other worse.”

Much of Riley’s research focuses on homeless women with HIV, a population she got to know in graduate school when interviewing incarcerated women. “Their stories gave me insight into the many ways our social fabric can fall apart or spiral out of control, and how challenging it can be to get out of those situations,” she said. “I wanted to find ways that health care and social service systems could not only help vulnerable people pick up the pieces, but preemptively intervene and more effectively deliver care to avert future health emergencies.”

She points out that health does not start in hospitals or clinics. “Health starts at home and in communities, so that’s where my colleagues and I go to do our studies,” said Riley, who leads investigations in the Tenderloin, one of the poorest neighborhoods in San Francisco. “We conduct ‘community-based research’ to include people both in and outside of the health care system. It allows us a better understanding of how multiple risks converge to influence the health of people with limited resources and options.”

Riley and her colleagues focus on how social and structural factors, unmet needs, other health problems and changing life situations influence health and the use of health services. “Hospitals, particularly emergency departments, are sometimes the last stop on a path that includes a multitude of risks and ends in poor health,” she said. “What if we could keep people healthy so they would not end up needing urgent care so often? As a nation we’re having more dialogue than ever before around consistent access to quality health care for all Americans. This is an exciting time for transformation! My colleagues and I are contributing to this positive change by including the perspective of vulnerable people who have extra challenges and who have not often been included in traditional clinical research.”

Key findings of recent studies include:

- **First things first:** Riley found that a lack of food and shelter had stronger negative influences on physical and mental health among HIV+ homeless adults than other social stressors, and even clinical factors like problems with medication adherence. “Having these basic needs met is really important before people are able to engage with the health care system and medication adherence,” said Riley. “Working in the opposite of the findings in many studies conducted in the general population. “If you have social networks that are violent or unhealthy and you can’t afford to get out of the community, social isolation is a form of self-protection,” said Riley. “Housing is important, but safe housing is critical for homeless and unstably housed women.”

- **Heart health:** In a 2013 JAMA Internal Medicine report, Riley’s team described mortality rates among homeless women that were ten times higher than in the general population. Although half of their study participants were HIV+, most deaths were caused by drug overdoses rather than conditions related to HIV. “Traditionally, a lot of drug research has not included many women, but to create effective services we need to understand their situations,

San Francisco General Hospital HIV/AIDS Division, I have a huge appreciation for ‘team care’ that includes providers, case managers and social workers as integral members of our health care teams, who take things like housing into consideration as they evaluate each patient’s overall situation.”

- **Violence:** In another study, 60 percent of homeless women reported physical, sexual or emotional abuse within the last six months. “We expected to see violence, but the degree to which it was reported was off the charts,” said Riley. Unlike the general population, homeless women were much more likely to be abused by someone who was not a primary partner. Another unexpected finding was how social isolation appeared to reduce the risk of experiencing violence, which is the

Elise Riley, PhD, and her colleagues investigate the health of homeless, HIV+ women in the Tenderloin, one of the poorest neighborhoods in San Francisco.
Dr. Margot Kushel
Getting Seniors off the Street

When Margot Kushel, MD, was a medical resident in the late 1990s, half the patients she admitted to San Francisco General Hospital and Trauma Center (SFGH) were homeless.

“We’d patch them up for a couple of days, discharge them to the street, and a few days later, they’d be back,” said Kushel. “I thought, ‘There’s got to be a better way.’ Homelessness is ethically intolerable, but it’s also a really bad business decision. People who are homeless use the most expensive parts of the health care system.”

Kushel has devoted her career to solving this problem. She used her early research on homeless patients’ high health care utilization to advocate for a significant expansion of the City and County of San Francisco’s medical respite program – which provides a safe place for homeless patients to heal – and served as the program’s founding director. She also helped evaluate the effectiveness of permanent supportive housing, which provides subsidized housing with onsite supportive services like counseling and medical care for chronically homeless people.

Now she and her colleagues are studying homeless adults aged 50 and older, who make up a growing segment of the homeless population. The median age of homeless adults not in homeless families is 50. Living on the street also contributes to premature aging; many homeless people in their 50s have physical and cognitive disabilities more commonly seen in people in their 70s or 80s.

With funding from the National Institute on Aging (NIA), Kushel is leading the Health Outcomes for People Experiencing Homelessness in Older Middle Age (HOPE-HOME) study.

Her team enrolled 350 homeless people in Oakland who are age 50 and older, recruiting participants from homeless shelters, free food programs, recycling centers and homeless encampments.

St. Mary’s Center (stmaryscenter.org), a nonprofit that serves at-risk seniors in Oakland, is a key research partner and provides space for Kushel’s project. The initial interview lasted three to four hours, and included questions about participants’ life experiences from childhood to the present, how they became homeless, current health conditions, substance use, mental health problems, health care utilization, experience of violence, and social support. Participants also receive neuropsychiatric testing to assess cognitive function, mobility and strength.

Every six months, they return for an hour-long follow-up interview and testing. Kushel plans to track participants for at least three years.

Getting to Know You
The HOPE-HOME study has a follow-up rate of 83 percent for each study visit, which is remarkable given that many participants lack phones and mailing addresses and also struggle with substance use disorders and mental health problems. The key, said Kushel, is building relationships.

“The people in our study are research participants, not subjects,” said Kushel. “They are doing us a favor, and we treat them with enormous respect and gratitude for what they’re teaching us. Many also appreciate the opportunity to tell their story and participate in something larger than themselves.

“We also build relationships with their contacts, whether it’s their family members, pastor, bartender or parole officer, and enlist them in helping us get the participant to return for interviews,” she said. She hires research team members who have relevant experience working with vulnerable populations. “My study staff have a certain amount of fearlessness – they are savvy, and if it’s safe, they’ll walk into an abandoned building if they think one of our participants is there,” she said.

As a token of appreciation, participants receive pharmacy or supermarket gift cards after completing each interview, as well as smaller gift cards monthly for updating their contact information by phone or in person.

One of the study’s early findings is that 43 percent of participants were never homeless until their 50s. “These are people who worked their whole lives doing physical labor,” said Kushel.

“Everything we learn in medical school is irrelevant if someone leaves your office and heads back to sleep on the street.” – Dr. Margot Kushel
“Often, people’s health makes it hard to keep doing such demanding jobs, and when they lose their jobs, they find that they can’t maintain their housing in this expensive housing market.”

Many participants have experienced childhood adversity, including physical or sexual abuse, neglect, head trauma, or loss of a parent to death or incarceration. “Our participants have had incredible amounts of adverse childhood experiences,” said Kushel. “They’ve also had very poor access to health care and food, and often have a history of substance use, which some initiated as a way to help them cope with tremendous trauma.”

Kushel recently received another NIA grant to study whether participants might be able to secure stable housing through family members. She also plans to submit proposals to test whether advance care planning tools could help participants ensure that their wishes around end-of-life issues are followed, and develop new ways to connect homeless seniors with primary care.

“Everything we learn in medical school is irrelevant if someone leaves your office and heads back to sleep on the street,” said Kushel. “My big goal is to figure out how prevent people from becoming homeless, or at the very least, how to get them housed again very quickly.”

**Faculty Appointments**

**Alice Chen, MD, MPH,** was appointed chief medical officer of the San Francisco Health Network (SFHN), the City and County of San Francisco’s publicly funded, vertically integrated health care system. It includes a network of over 35 community-based primary care and behavioral health clinics; San Francisco General Hospital and Trauma Center; Laguna Honda Hospital, a skilled nursing and rehabilitation facility; jail health; maternal child health; and a range of programs targeting homeless patients.

Chen is responsible for providing effective clinical leadership, vision, direction and expertise in the oversight and operations of the SFHN. She earned her medical degree from Stanford University School of Medicine and her MPH from Harvard T.H. Chan School of Public Health, and completed her internal medicine residency and chief residency at Brigham and Women’s Hospital.

**Jeffrey Critchfield, MD,** transitioned from his role as chief of the Division of Hospital Medicine at San Francisco General Hospital (SFGH) to take on the newly created position of chief medical experience officer for SFGH. He will continue to serve as medical director of risk management. Critchfield earned his medical degree and completed an internal medicine residency, chief residency and rheumatology fellowship at UCSF. In his new role, he leads efforts to cultivate a welcoming environment where patients and guests feel respected and cared for by providers and others across the campus, and where staff and faculty similarly experience that the organization respects and cares about them.

**Ralph Gonzales, MD, MSPH,** was appointed chief innovation officer for UCSF Health and associate dean of clinical innovation of the School of Medicine. Gonzales completed his medical degree and internal medicine residency at UCSF, and earned an MSPH from University of Colorado Health Sciences Center. As chief innovation officer, he will foster and spread a culture of continuous process improvement, including efforts to reduce waste and improve value and patient satisfaction. As associate dean of clinical innovation, Gonzales will develop new training programs for residents and fellows, and create a “collaboratory” that will support internal and external innovators in design, implementation and evaluation of early-stage innovations with a focus on new modes of care delivery.

The Divisions of HIV/AIDS and Infectious Diseases at San Francisco General Hospital and Trauma Center were combined into a single division in July. **Diane Havlir, MD,** (below, left) was appointed chief of the newly combined Division of HIV/ID and Global Medicine. **Monica Gandhi, MD, MPH,** (below, middle) will serve as associate chief for clinical programs and education and **Philip Rosenthal, MD,** (far right) as associate chief for research and academic affairs. Havlir is a graduate of Duke University Medical School, and trained in internal medicine at UCSF and infectious diseases at Case Western Reserve University. She pioneered research in HIV pathogenesis and treatment at UC San Diego before her recruitment to UCSF. She now leads a large international HIV, TB and malaria research program in East Africa.

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Heather Harris, MD
Chair, Safety Net Special Interest Group, American Academy of Hospice and Palliative Medicine

Katie Kelley, MD
Cancer Clinical Investigator Team Leadership Award, National Cancer Institute (NCI)

Anne Kinderman, MD
Named Inspiring Leader Under 40, American Academy of Hospice and Palliative Medicine

Jennifer Lai, MD
“40 Under 40” Award, San Francisco Business Times New Investigator Award, American Geriatrics Society

John Newman, MD, PhD
Distinguished Research Scientist and John S. Spice Award in Aging, Larry L. Hillblom Foundation New Investigator Award, American Geriatrics Society

Tung Nguyen, MD
Named Chair, President’s Advisory Commission on Asian Americans and Pacific Islanders

Jesse Nussbaum, MD
Gerald J. Gleich Lectureship Award, International Eosinophil Society Young Physician-Scientist Award, American Society for Clinical Investigation (ASCI)

Steven Pantilat, MD
Ritz E. Heerman Memorial Award, California Hospital Association’s Board of Trustees

Marion Peters, MD
Doctor of Medical Science honoris causa, University of Melbourne

Thomas Reid, MD
Inspiring Hospice and Palliative Medicine Leaders Under 40, American Academy of Hospice and Palliative Medicine

Cindy Lai, MD, was appointed director of Medical Student Clinical Education for the Department of Medicine. Lai completed an internal medicine residency at Massachusetts General Hospital and her general medicine clinician-educator fellowship at UCSF. She attends on the medicine wards at Moffitt-Long Hospitals and has a primary care practice at UCSF-Mt. Zion, where she also precepts residents and PISCES clerkship students. She serves as site director for the Moffitt-Long medicine clerkship and course director of Intersessions for third-year medical students. Lai is also part of a multidisciplinary leadership team developing the School of Medicine’s novel Bridges Clinical Microsystems Clerkship. Lai has received multiple teaching and mentoring awards, and is a member of UCSF’s Haile T. Debas Academy of Medical Educators.

Lenny López, MD, MPH, MDiv, was appointed chief of the Division of Hospital Medicine at the San Francisco Veterans Affairs Medical Center in September. López received his medical degree from University of Pennsylvania, completed his residency at Brigham and Women’s Hospital, and earned an MDiv and MPH from Harvard University before serving on the faculty of Harvard Medical School. His research focuses on reducing health care disparities in cardiovascular disease and diabetes, particularly around issues related to patient safety and language barriers, optimizing primary care clinical services for Latinos with cultural and linguistic barriers, and using health information technology to decrease disparities. He also investigates the epidemiology of acculturation among Latinos in the US and its impact on the prevalence and development of cardiovascular disease and Type II diabetes.

Robert Wachter, MD, was appointed interim chair of UCSF’s Department of Medicine. Author of 250 articles and six books, he coined the term “hospitalist” in 1996 and is generally considered the “father” of the hospitalist field, the fastest growing specialty in the history of modern medicine. He is past president of the Society of Hospital Medicine and past chair of the American Board of Internal Medicine. In the safety and quality arena, he edits the US government’s two leading websites on safety and has written two books on the subject. In 2004, he received the John M. Eisenberg Award, the nation’s top honor in patient safety. In 2015, Modern Healthcare magazine ranked him as the most influential physician-executive in the US, his eighth consecutive year in the top 50. His 2015 book, The Digital Doctor: Hope, Hype and Harm at the Dawn of Medicine’s Computer Age, was a New York Times science bestseller. Wachter is a graduate of the University of Pennsylvania’s Perelman School of Medicine and received the school’s alumni of the year award in 2015. He completed his residency and chief residency in internal medicine at UCSF, and was a Robert Wood Johnson Clinical Scholar at Stanford University.

Mehrdad Arjomandi, MD
Clean Air Award in Research, Breathe California

Esteban Burchard, MD, MPH
Named Advisor, President Obama’s Precision Medicine Initiative

Caroline Calfee, MD
Elected Chair, Critical Care Assembly, American Thoracic Society (ATS)

Shaun Coughlin, MD, PhD
Research Achievement Award, American Heart Association (AHA)

David Daikh, MD, PhD
Secretary Treasurer, American Society of Rheumatology

Gordon Fung, MD, MPH, PhD
Adarsh S. Mahal, MD Access to Health Care and Disparities Award, California Medical Association

Nora Goldschlager, MD
Honorary Member, Association of University Cardiologists

Eric Goosby, MD
Elected Member, Institute of Medicine (IOM) Presidential Award, International AIDS Society Research in Action Award, Treatment Action Group (TAG)
Abbi Eastburn, MD  
Excellence in Teaching Award, 
Haile T. Debas Academy of Medical Educators

James Frank, MD  
Excellence in Teaching Award, 
Haile T. Debas Academy of Medical Educators

Deborah Grady, MD, MPH  
Lifetime Achievement in Mentoring Award, 
UCSF School of Medicine

Gerald Hsu, MD  
Heme/Onc Faculty Teaching Award, Fellow, Division of Hematology/Oncology

Katherine Julian, MD  
Distinction in Teaching Award, 
UCSF Academic Senate

Ryan Laponis, MD  
UCSF Teaching Scholar

Rachael Lucatorto, MD  
Kaiser Teaching Award in the Classroom Setting

Rakesh Mishra  
Core Clerkship Teaching Award, 
Associated Students of the School of Medicine (ASSM)

Brian Schwartz, MD  
Apple Teaching Award, 
UCSF School of Pharmacy

Dolores Shoback, MD  
Class of 2015 Teaching Award for Clinical Faculty, 
UCSF School of Medicine

Rajni Rao, MD  
Excellence in Teaching Award, 
Haile T. Debas Academy of Medical Educators

Michael Reid, MD  
Class of 2015 Teaching Award for Clinical Faculty, 
UCSF School of Medicine

Michael Steinman, MD  
Mid-Career Research and Mentorship Award, Society of General Internal Medicine

Endowed Chairs and Distinguished Professorships

Karin Gaensler, MD  
Krishnamurthi Endowed Chair in Hematologic Malignancies

Jasleen Kukreja, MD  
Doris F. and Donald G. Fisher Distinguished Professorship in Pulmonary Therapies and Science

Byron Lee, MD  
Samuel T. and Elizabeth Webb Reeves Endowed Chair in Arrhythmia Research

Michael Rabow, MD  
Helen Diller Family Chair in Palliative Care

Paul Volberding, MD  
Robert L. Weiss Memorial Chair for HIV/AIDS Research

UCSF Awards

Elizabeth Murphy, MD, DPhil  
Elected Master Clinician, 
UCSF Department of Medicine

Joshua Adler, MD  
UCSF 150th Anniversary Alumni Excellence Award, 
UCSF School of Medicine

Wendy Anderson, MD  
Exceptional Physician Award, 
UCSF Medical Center

Kirsten Bibbins-Domingo, MD, PhD, MAS  
UCSF 150th Anniversary Alumni Excellence Award, 
UCSF School of Medicine

Peter Chin-Hong, MD  
Commencement Speaker, 
UCSF School of Medicine

David Claman, MD  
Exceptional Physician Award, 
UCSF Medical Center

Molly Cooke, MD  
UCSF 150th Anniversary Alumni Excellence Award, 
UCSF School of Medicine

Eric Goosby, MD  
UCSF 150th Anniversary Alumni Excellence Award, 
UCSF School of Medicine

Diane Havlir, MD  
UCSF Heroes and Hearts Award, SFGH Foundation

Sandra Hernández, MD  
UCSF 150th Anniversary Alumni Excellence Award, 
UCSF School of Medicine

Jay Levy, MD  
UCSF 150th Anniversary Alumni Excellence Award, 
UCSF School of Medicine

Pamela Ling, MD  
UCSF 150th Anniversary Alumni Excellence Award, 
UCSF School of Medicine

Maxine Papadakis, MD  
UCSF Chancellor’s Award for Disability Service, 
UCSF School of Medicine

Rena Pasick, DrPH, MPH  
UCSF Dr. Martin Luther King, Jr. Award for Diversity, UCSF Office of the Chancellor

Edgar Pierluissi, MD  
UCSF Heroes and Hearts Award, SFGH Foundation

Steven Schroeder, MD  
UCSF 150th Anniversary Alumni Excellence Award, 
UCSF School of Medicine

Dolores Shoback, MD  
Inducted into the AOA Gold-Headed Cane Society, 
UCSF School of Medicine

Paul Volberding, MD  
UCSF 150th Anniversary Alumni Excellence Award, 
UCSF School of Medicine

Robert Wachter, MD  
UCSF 150th Anniversary Alumni Excellence Award, 
UCSF School of Medicine

Brie Williams, MD  
President’s Research Catalyst Award, University of California, 
UC Office of the President

Teaching and Mentoring Awards

Melissa Bachhuber, MD  
Excellence in Teaching Award, 
Haile T. Debas Academy of Medical Educators

Cooke Award for the Scholarship of Teaching and Learning, UCSF Academy of Medical Educators

Rebecca Brown, MD  
MSTAR (Medical Student in Aging Research) Best Research Mentor Award, UCSF

Peter Chin-Hong, MD  
Apple Teaching Award, 
UCSF School of Pharmacy

Gurpreet Dhaliwal, MD  
Teaching Award for Clinical Faculty, UCSF School of Medicine 2015

Christine Ritchie, MD, MSPH  
President Elect, American Academy of Hospice and Palliative Medicine

Anne Schafer, MD  
Junior Faculty Osteoporosis Clinical Research Award, 
American Society for Bone and Mineral Research (ASBMR)

Eric Small, MD  
Fellow, American Society of Clinical Oncology

Paul Volberding, MD, MACP  
Master, American College of Physicians (ACP)

Robert Wachter, MD  
Named most influential physician-executive in the US, 
Modern Healthcare Magazine

Alumni of the Year Award, 
University of Pennsylvania Pearlman School of Medicine

Eric Widera, MD  
Inspirng Hospice and Palliative Medicine Leaders Under 40, 
American Academy of Hospice and Palliative Medicine

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Brie Williams, MD  
President’s Research Catalyst Award, University of California, 
UC Office of the President
One of Thomas Perkins' first bosses was David Packard at Hewlett-Packard. “He taught everybody that you had to make a contribution during your life, whether through charity, invention or something useful,” recalled Perkins. “It became imbued in my mind very early.”

Perkins, a founding partner of venture capital firm Kleiner Perkins Caufield & Byers, certainly followed that advice. He became an early pioneer of Silicon Valley, serving on the boards of Compaq, Genentech and Tandem Computers, and his firm has invested in more than 500 companies, including Amazon, Google and Twitter.

In addition to his brilliant career, Perkins has been a generous philanthropist, supporting the Leukemia & Lymphoma Society, San Francisco Ballet and many other organizations. He recently made a gift to UCSF, creating the Thomas Perkins Distinguished Professorship in Cancer Research in honor of oncologist Charles Ryan, MD, who leads the UCSF Genitourinary Medical Oncology Program.

“I am enormously impressed with Dr. Ryan,” said Perkins, who is one of Ryan’s patients. “I have a low-grade prostate cancer, which he has fortunately kept low-grade for years now. I want to understand the physics, chemistry, biochemistry and what is going on, and he always explains it very carefully and cogently. He is also a scientist – he understands the research aspect thoroughly, has conducted clinical trials himself, and is willing to try things that others have dismissed.”

With a laugh, Perkins added, “He’s a little aggressive, which is good – I am, too.”

“I am delighted to be the first recipient of this Distinguished Professorship,” said Ryan. “It provides me the security to be creative and take risks, and that’s incredibly exciting. It’s very humbling to think that the same person who has supported ventures such as Genentech and Google is now investing in our work. He inspires us to think about novel approaches to cancer in an intellectually rigorous way.”

“I think cancer will be with us for a very long time, and it’s a battle that is not going to be quickly won,” said Perkins. “I hope this chair will continue on forever, long after I am gone and even after Dr. Ryan is gone, and that it will continue to support pioneering research…. I feel it is one of my purposes in life – to give back some of the wonderful gifts that have been given to me, in terms of family, children, education and opportunity.”

For more information about how to establish an Endowed Chair or Distinguished Professorship, please contact Executive Director of Development Olivia Herbert at (415) 476-9878 or Olivia.Herbert@ucsf.edu.