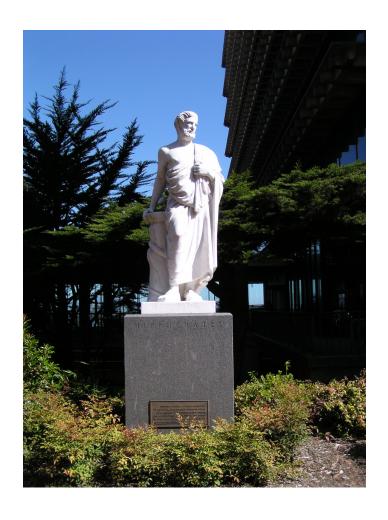


# University of California San Francisco

advancing health worldwide $^{\scriptscriptstyle{\mathsf{M}}}$ 



# INSTITUTIONAL PROFILE

FY 2009-10

Introduction	1
UCSF at a Glance	9
Summary Statistics	25
Faculty	30
Staff	42
Students	50
Rankings	81
UCSF History	103
Sponsored Activity	221
Financial Data	235
Campus Sites	263
Service & Outreach	281
Departments and Services	282
Resources	284
Health Care Information & Services	290
Education and Outreach Programs for the Community	294
Arts and Recreation	296
News and Events	297
Chancellor's Office	299
Vice Chancellor Development and Alumni Relations	311
Executive Vice Chancellor and Provost	323
Academic Senate	327
Research	329
Center for Bioentrepreneurship (CBE)	330
(Continued)	

	(Continued)	
	Police Department	444
	Information Technolgy Services (ITS)	440
	Human Resources	436
	Finance & Administration	434
	Finance	416
	Capital Programs	414
	Campus Planning	412
	Campus Life Services (CLS) and Facilities Management	399
	Audit Management Services	397
Senior	Vice Chancellor of Finance & Administration	393
	Proctor Foundation	387
	Langley Porter Psychiatric Institute	379
	Special Programs	378
	Affirmative Action/Equal Opportunity/Diversity	376
	Campus-Wide Programs	375
	Student Academic Affairs, Vice Provost	367
	Library & Center for Knowledge Management	363
	Graduate Division	358
	Academic Affairs, Vice Provost	354
	Academic Programs	353
	Sponsored Research, Assistant Vice Chancellor	349
	Research Services, Associate Vice Chancellor Research	343
	Office of Technology Management	340
	Clinical and Translational Science Institute (CTSI) at OCSF	333

	450
Web Communications	458
Community and Government Relations (CGR)	459
Center for Gender Equity	460
Lesbian, Gay, Bisexual and Transgender (LGBT) Resource Center	463
School/Department Profiles	467
School of Dentistry	469
Cell and Tissue Biology	484
Oral and Maxillofacial Surgery	488
Orofacial Sciences	493
Preventive and Restorative Dental Sciences	498
School of Medicine	503
Basic Science Departments	523
Anatomy	524
Anthropology, History and Social Medicine	529
Biochemistry & Biophysics	537
Cellular & Molecular Pharmacology	557
Epidemiology & Biostatistics	563
Microbiology and Immunology	569
Physiology	574
Clinical Departments	580

Anesthesia and Perioperative Care	581
Dermatology	587
Emergency Medicine	593
Family and Community Medicine	598
Laboratory Medicine	605
Medicine	609
Neurological Surgery	626
Neurology	632
Obstetrics, Gynecology and Reproductive Sciences	638
Ophthalmology	646
Orthopaedic Surgery	654
Otolaryngology	660
Pathology	669
Pediatrics	676
Physical Therapy and Rehabilitation Science	684
Psychiatry	689
Radiation Oncology	700
Radiology and Biomedical Imaging	708
Surgery	714
Urology	721
Interdisciplinary Centers and Programs	728
AIDS Research Institute	729
American Asthma Foundation Research Program	733
Center for Health and Community	734
(Continued)	

	Eli and Edythe Broad Ctr for Regen. Med. and Stem Cell Research	743
	Osher Center for Integrative Medicine	745
	Sandler Asthma Basic Research Center	748
	Wheeler Center for the Neurobiology of Addiction	749
	Organized Research Units	751
	Cardiovascular Research Institute	752
	Center for Reproductive Sciences	757
	Diabetes Center	758
	Helen Diller Family Comprehensive Cancer Center	764
	Hooper Foundation	771
	Institute for Global Health	775
	Institute for Human Genetics	780
	Institute for Neurodegenerative Diseases	781
	Philip R. Lee Institute for Health Policy Studies	786
Schoo	l of Nursing	793
	Community Health Systems	806
	Family Health Care Nursing	814
	Institute for Health and Aging	819
	Physiological Nursing	824
	Social and Behavioral Sciences	830
Schoo	l of Pharmacy	837
	Bioengineering and Therapeutic Sciences (BTS)	855
	Clinical Pharmacy	864
	Pharmaceutical Chemistry	870
	(Continued)	

UCSF Medical Center	879
California Institute for Quantitative Biosciences (QB3)	893
Global Health Sciences	899
Affiliated Institutions	905
San Francisco General Hospital (SFGH)	906
San Francisco Veteran Affairs Medical Center (SFVAMC)	907
Ernest Gallo Clinic & Research Center	909
The J. David Gladstone Institutes	910
Howard Hughes Medical Institute (HHMI)	912
Appendix - Chancellor's Annual Letters/Videos	915
Index	975

This is the fourth annual Institutional Profile of the University of California, San Francisco and covers the period of July 1, 2009 to June 30, 2010. It is a view of contemporary time and contains facts and figures about the university as a whole, as well as its various organizational units. Budget & Resource Management compiled this information from the UCOP website, various UCSF websites, UCSF promotional material, internal correspondence, and input from the departments and schools. In addition, we generated statistical data from the general ledger and other internal sources of record. This profile is designed as a reference volume, allowing the reader to access select information without reading the entire volume. The volume is organized with general information on the University followed by profiles of the major divisions, including central campus administration, schools, departments, the UCSF Medical Center, and affiliated organizations.

#### The Regents of the University of California

The University of California is governed by The Regents, a 26 member board, as established under Article IX, Section 9 of the California Constitution.

The Board of Regents appoints the President of the University and the Officers of The Regents: the General Counsel; the Treasurer; the Secretary and Chief of Staff; and the Chief Compliance and Audit Officer

#### It Starts Here: UC at the Frontier

When it first opened its doors in 1869, the University of California had just 10 faculty members and 38 students. Today, the UC system includes more than 220,000 students and more than 170,000 faculty and staff, with more than 1.5 million alumni living and working around the world.

From its inception 20 years after the California Gold Rush, UC faculty and students have looked to cross the horizons of what we know about our selves and our world, and what we can do in it. That was the vision of the pioneers living at the farthest frontiers of the American continent when they created a University for the Golden State. As we chart our course through the 21st century, the University of California is still at the frontier.

UC researchers are pioneers in agriculture, medicine, technology and the environment and many other fields. Thousands of California jobs, billions of dollars in revenues, and countless every-day household items – from more plentiful fruits and vegetables to compact fluorescent light bulbs – can be traced back to UC discoveries. Similarly, many of the world's leading businesses have connections to UC. Those companies were either based on technology developed by the

university, were founded by our faculty or alumni, or are headed by UC graduates.

UC's ten campuses at Berkeley, Davis, Irvine, Los Angeles, Merced, Riverside, San Diego, San Francisco, Santa Cruz and Santa Barbara provide exciting environments that foster world-class educational and research opportunities and generate a wide range of benefits and services that touch the lives of Californians every day.

Besides world-class classrooms and labs, UC has dozens of museums, concert halls, art galleries, botanical gardens, observatories and marine centers – academic resources but also exciting gathering places for the community. Another half million people benefit from UC Extension's continuing education courses and from Cooperative Extension's agricultural advice and educational programs located throughout the state.

UC also manages three U.S. Department of Energy national laboratories. The Lawrence Berkeley laboratory was founded on the Berkeley campus in 1931 as an interdisciplinary research center. Some years later, the Livermore and Los Alamos laboratories were established to serve U.S. defense needs; they continue today in new aspects of that mission, including response to terrorism and homeland defense. With nearly 19,000 employees, the three labs have become unparalleled research and development centers whose programs and activities address national interests and concerns in areas such as energy, environment, and health. While the mechanism for managing two of the labs has changed recently, UC is still integrally involved in their operations.

UC's five medical centers support the clinical teaching programs of the University's medical and health sciences schools and handle more than three million patient visits each year. The medical centers provide a full range of health care services in their communities and are sites for the development and testing of new diagnostic and therapeutic techniques. Collectively, these centers comprise one of the largest health care systems in California.

#### University of California, San Francisco (UCSF)

UCSF, which became part of the University of California in 1873, is the only UC campus dedicated exclusively to the health sciences. Built in 1897 at its original Parnassus Heights site, UCSF is home to graduate professional schools in dentistry, medicine, nursing and pharmacy; a graduate division for predoctoral and postdoctoral scientists; the UCSF Medical Center; the UCSF Children's Hospital; and Langley Porter Psychiatric Institute.

Prior to 1954, the deans of the various schools on the San Francisco campus reported directly to the President of the University. An administrative advisory committee composed of deans and administrative chiefs, with the dean of the School of Medicine as chairman, was established

in 1954 to supervise the campus. In 1958, the title of chairman was changed to provost, and in 1964, to chancellor. In 1970 the campus (then known as the San Francisco Medical Center) was named officially University of California, San Francisco.

UCSF now encompasses several major sites in San Francisco in addition to its original 107 acre Parnassus Heights location above Golden Gate Park. In 2003, UCSF opened its 43 acre Mission Bay campus, just south of downtown San Francisco. It also includes UCSF Mount Zion and maintains partnerships with two affiliated hospitals, San Francisco General Hospital Medical Center and the Veterans Affairs Medical Center.

#### **Building for the Future**

FY 2009-10 marked the continued development of UCSF's Mission Bay campus with the following projects under construction or in the planning stages:

- Cardiovascular Research Institute Building
- Neurosciences Building

Development of the campus will continue in phases over the next 15 years, and will contain approximately 20 buildings at full buildout. As of 2010, the Mission Bay campus had a population of 3,500 staff, students, faculty and visitors which is expected to rise to around 14,400 persons at full buildout.

UCSF plans to build a 289-bed, integrated hospital complex to serve children, women and cancer patients on a 14.5-acre parcel adjacent to its existing 43-acre biomedical campus at Mission Bay. Upon completion of the first phase in late 2013 or early 2014, the plans for the 869,000-plus-gross-square-foot hospital complex include:

- Children's Hospital The 183-bed facility, designed specifically for children and their families, will provide emergency and urgent care services. About 20 percent of hospitalized children at UCSF are treated for cancer and cancer-related issues, and they will benefit from the close proximity of cancer specialists.
- Women's Hospital The hospital will offer inpatient and outpatient services, specialty surgeries and a 36-bed birth center. Babies born at the facility will have the advantage of being right next door to the children's hospital should they require follow-up care.
- Cancer Hospital This 70-bed facility will build on UCSF's reputation as one of the top 10 cancer programs in the country. Specialists will provide inpatient and outpatient care, and serve the unique needs of women and pediatric cancer patients at the adjoining hospitals.

The UCSF Medical Center at Mission Bay will provide a world-class, sophisticated, efficient, flexible and family-centered healing environment. The hospital complex will provide comprehensive diagnostic, interventional and support services, and use advanced robotic and imaging technology during surgery - all in an environment centered around the care of patients and their families.

At the Mt. Zion campus, construction is nearing completion on a new building to house the Osher Center for Integrative Medicine and several facilities of the UCSF Medical Center. The mission of the Osher Center is to search for the most effective treatments for patients by combining both conventional and alternative approaches that address all aspects of health and wellness - biological, psychological, social and spiritual.

At the Parnassus Heights campus, construction is nearing completion on a laboratory building to serve as headquarters for the UCSF Institute for Regeneration Medicine, partially funded by the California Stem Cell Initiative. In addition, Parnassus Heights has close to a dozen floors of research space under renovation in preparation for new recruitments.

UCSF is renovating existing space at Parnassus, Mt. Zion, and San Francisco General Hospital to create additional instruction space, including "smart" classrooms, equipped with telemedicine, video conference and other technology to enable remote participation and interaction; a modern clinical skills center to enable "hands-on" training for medical procedures both in-person and via telemedicine; establishing technology infrastructure to enable greater interaction with faculty, clinicians, students, and others at sites such as UC medical schools and distant health care facilities.

#### Changing of the Guard

At the beginning of FY 2009-10, J. Michael Bishop stepped down as Chancellor and Susan Desmond-Hellmann became the ninth Chancellor of UCSF (see bio in Chancellor section). Chancellor Desmond-Hellmann has outlined five key priorities to guide UCSF in the pursuit of continued excellence:

- Patients and Health: Putting Patients First UCSF Medical Center and its health care professionals are consistently ranked among the nation's best. When a patient needs complex treatment, UCSF is the place to go.
- **Discovery: Translating Research into Improved Health** UCSF's success is measured in part by the visible impact scientists and scholars make daily to improve health worldwide.
- Education: Training Future Health Leaders Providing world-class education, UCSF attracts the best and the brightest students, offering them a strong curriculum taught by professors who are experts in their fields.

- **People: Our Most Valuable Resource** UCSF strives to recruit and retain the very best employees by creating a supportive environment and cultivating strong and capable managers.
- **Business: Supporting Continued Excellence** To achieve UCSF's mission and vision, the University must have a well-run institution that prizes excellence across the enterprise.

#### **Achieving Operational Excellence**

A work group was formed to identify options for addressing continued cuts in state funds and rising employee costs. The mission of the group was to:

- Improve FY 2010-11 operating margin by \$28M to \$40M through:
  - Administrative efficiencies
  - New or increased revenue
  - Net cost reductions
- Ensure we are spending our money wisely
- Create a culture that continually asks, "Is there a better way?"

The preliminary recommendations of the group are:

- Over three years, beginning in FY 2010-11:
  - Focus on administrators' work, their jobs and the technology that supports UCSF
  - Regionalize core services (HR, IT, Finance, Research Administration) to drive excellence accountability and reduce costs
- Aggressively address obstacles to operational excellence

The vision of success is for all departments-regardless of size, resources:

- Have equal access to operational excellence
- Be confident they will receive the service they need
- Be supported by accountable individuals with singular expertise and "can do" attitude

#### Advancing Health Worldwide: A Strategic Plan for UCSF

Representing a milestone in its 143-year history, UCSF completed its first-ever campuswide strategic plan, which charts the University's course as a global leader in health sciences over the next two decades.

The University engaged in a highly inclusive, two-year process of institutional introspection to develop a comprehensive strategic plan that will serve as a guide to advance its fourfold mission of education, health sciences research, patient care and community service.

UCSF faces challenges such as unprecedented growth in the last 15 years, including expansion at Mount Zion, Laurel Heights and Mission Bay campuses, and steadily declining financial support from the State of California. At the same time, however, dramatic advances in science, medicine and technology have presented UCSF with unparalleled opportunities to improve human health.

Against the backdrop of this reality and promise, Chancellor J. Michael Bishop in July 2005 appointed a Strategic Planning Board comprising faculty, staff, students, residents, fellows and postdoctoral scholars to oversee the creation of the strategic plan. Board members included representatives from the schools of dentistry, medicine, nursing and pharmacy, Graduate Division, Academic Senate, campus administration and UCSF Medical Center.

The goals for the strategic plan were twofold: first, to develop a comprehensive, integrated plan based on academic priorities to guide UCSF's direction; and second, to collaboratively engage the UCSF community in the process.

To assist in the planning process, the board retained the services of AMC Strategies, a firm specializing in strategic planning for academic health centers. Additional assistance came from the UCSF Foundation through its Strategic Planning Committee, the Chancellor's University-Community Partnerships Council and the Community Advisory Group.

Members of the campus community at large participated in the process through focus groups, indepth interviews, town hall meetings at all five major campus sites and a campuswide survey. In that survey, 2,092 respondents gave their opinions on the key issues to be considered in developing the plan.

UCSF also conducted a thorough assessment of national peer institutions and an extensive analysis of campus resources, finances, facilities and infrastructure. At its retreat in July 2006, the board reviewed and discussed the findings and began constructing the framework for the strategic plan.

After significant deliberations, the board adopted *advancing health worldwide*™ as the UCSF mission statement. Building upon this mission, a formal vision with strategies emerged. In October 2006, six strategy design teams with about 40 representative stakeholders per team, including some board members, developed specific recommendations to realize UCSF's vision.

The strategic plan is a great testimony to the collaborative culture of the campus community and its collective wisdom on how UCSF can fulfill its mission of advancing health worldwide.

The plan summarizes the UCSF Mission, Vision, & Strategic Direction as follows:

#### Mission:

advancing health worldwide  $^{\mathrm{TM}}$ 

#### Vision:

*In advancing health worldwide, we will:* 

- Be a world leader in scientific discovery and its translation into improved health
- Develop the world's future leaders in health care delivery, research and education
- Deliver the highest-quality, patient-centered care
- Develop innovative, collaborative approaches for education, health care and research that span disciplines within and across the health sciences
- Build upon our commitment to diversity
- Provide a supportive work environment to recruit and retain the best people and position UCSF for the future
- Serve our local, regional and global communities and eliminate health disparities

#### **Strategic Direction**

- 1. Fostering Innovation and Collaboration
- 2. Translating Discoveries Into Improved Health
- 3. Educating Future Leaders
- 4. Providing Highest-Quality Care
- 5. Nurturing Diversity
- 6. Promoting a Supportive Work Environment
- 7. Serving Our Community

A complete copy of the UCSF Strategic Plan is available at the following address:

http://strategy.ucsf.edu/contents/ucsf-strategic-plan/

# **UCSF AT A GLANCE**

# **Chapter Contents**

Campus Senior Leadership	10
Campus Organizational Chart	11
Key Statistics	13
UCSF Employee and Student Counts	13
Tuition and Fees	13
Library Collection	13
Campus Land Area	13
UCSF Financial Facts in Brief	14
Singular Achievements	15
Accolades	17
Nobel laureates	17
National Academy of Science members	18
Institute of Medicine members	19
American Academy of Arts & Sciences members	21
Lasker Award recipients	23
Gardner Award winners	23
MacArthur Award Recipient	23
National Medal of Technology winner	23
Royal Society of London member	23
California Scientists of the Year	23
Albany Medical Center Prize in Medicine and Biomedical Research winner	23

## **Campus Senior Leadership**

Susan Desmond-Hellmann, Chancellor

Mark Laret, Chief Executive Officer, Clinical Enterprise

Sam Hawgood, Dean, School of Medicine

Mary Anne Koda-Kimble, Dean, School of Pharmacy

Kathleen Dracup, Dean, School of Nursing

John Featherstone, Dean, School of Dentistry

Jeffrey Bluestone, Vice Chancellor and Provost

John Plotts, Vice Chancellor, Finance and Administration

Carol Moss, Vice Chancellor for Development and Alumni Relations

Elazar Harel, Vice Chancellor for Information Technology

Barbara J. French, Vice Chancellor, Strategic Communications and University Relations

Deborah Brennan, Assistant Chancellor and Chief of Staff

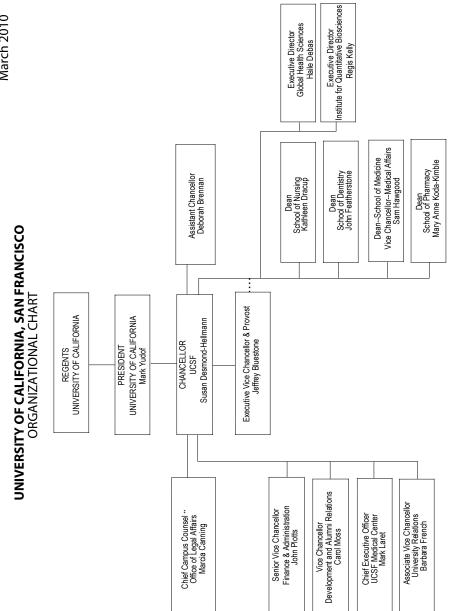
Regis Kelly, Director, California Institute for Quantitative Biosciences (QB3)

Haile Debas, Executive Director, UCSF Global Health Sciences

Marcia J. Canning, Chief Campus Counsel

Patricia Calarco, Dean, Graduate Division

# **Campus Organizational Chart**

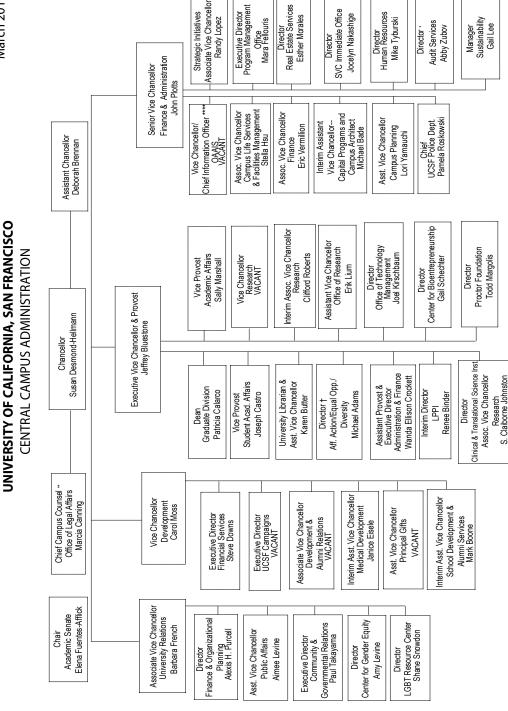


\*\* Also reports to the General Counsel/Vice President--Legal Affairs, Office of the President.

# March 2010

# University of California, San Francisco Institutional Profile - FY 2009-10 UCSF at a Glance

## **Campus Organizational Chart - Continued**



\* Also reports to the University's SVP--Compliance & Audit and has direct access to the Chancellor and The Regents.
\*\*\* Also reports to the General CourselfVice President—Legal Affairs, Office of the President and has direct access to the Chancellor.
\*\*\*\* Active recruitment underway (will also report to the Executive Vice Chancellor and Provost upon completion of recruitment).

† These units are compliance offices with direct access to the Chancellor as needed.

<sup>12</sup> 

# **Key Statistics**

#### **UCSF Employee and Student Counts**

FY 2005-06 FY 2006-07 FY 2007-08 FY 2008-09 FY 2009-10

Faculty <sup>1</sup> (Headcount)						
Full-Time	1,071	1,099	1,834	1,879	1,882	
Part-Time	1,013	1,038	427	485	478	
Other Academic <sup>1</sup> (Headcount)						
Full-Time	2,233	2,314	2,347	2,360	2,409	
Part-Time	868	902	889	874	929	
Residents <sup>2</sup> (Headcount)	1,004	1,017	967	962	999	
Staff <sup>1</sup> (Headcount)						
Full-Time	8,843	9,059	9,131	9,827	10,030	
Part-Time	5,650	6,142	6,702	6,491	6,175	
Students <sup>3</sup> (Fall Enrollment)						
DDS	365	360	361	372	376	
MS (Nursing)	445	474	522	557	621	
PharmD	490	491	491	486	489	
MD	582	603	594	599	631	
Ph.D	874	901	895	862	799	
International	116	111	139	209	200	
Other	110	123	143	137	143	
Total:	2,982	3,063	3,145	3,222	3,259	
	Tuition and Fees	<b>S</b>				
Parishant 4 (tasks) day 5 days tion. Parishantian 5						
Residents <sup>4</sup> (Includes Education, Registration, F				<b>#07.00</b> 5	<b>#00.040</b>	
Dentistry DDS	\$24,327	\$25,206	\$25,956	\$27,925	\$30,612	
Medicine MD	\$22,328	\$22,854	\$23,438	\$25,202	\$27,129	
Nursing MS Pharmacy PharmD	\$11,958 \$19,682	\$12,553 \$20,457	\$12,423 \$20,877	\$13,448 \$23,421	\$14,695 \$26,060	
Graduate Academic	\$8,899	\$9,075	\$9,822	\$10,666	\$11,640	
Graduate Academic	ψ0,099	φ9,073	ψ <del>3</del> ,022	φ10,000	φ11,040	
Nonresidents <sup>4</sup> (Includes Education, Registration	n, Professional School	and Campus-	based fees)			
Dentistry DDS	\$36,572	\$37,451	\$38,201	\$40,170	\$42,857	
Medicine MD	\$34,573	\$35,099	\$35,683	\$37,447	\$39,374	
Nursing MS	\$24,203	\$24,798	\$24,668	\$25,693	\$26,940	
Pharmacy PharmD	\$31,927	\$32,702	\$33,122	\$35,666	\$38,305	
Graduate Academic	\$23,860	\$24,036	\$24,810	\$25,672	\$26,676	
Library Collection						
Volumes <sup>5</sup>	824,852	836,490	839,488	_	_	
	024,002	300,400	500,400			
Campus Land Area						
Acres⁵	181	185	255	255	255	

<sup>&</sup>lt;sup>1</sup>Source: UCOP-Statistical Summary of Students & Staff - October, 2008

<sup>&</sup>lt;sup>2</sup>Source: Human Resources database

<sup>&</sup>lt;sup>3</sup>Source: Student Academic Affairs database

<sup>&</sup>lt;sup>4</sup>Source: Budget & Resource Management Regents Budget Tables

<sup>&</sup>lt;sup>5</sup>Source: UCOP-Campus Facts in Brief

# **Key Statistics - Continued**

#### **UCSF Financial Facts in Brief**

UCSF Financial Facts (Dollars in Thousands)	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	
Current Funds Expenditures by Uniform Classification Category <sup>1</sup>						
Instruction	\$161,572	\$183,135	\$213,984	\$214,879	\$180,117	
Research	\$558,149	\$587,376	\$618,250	\$662,199	\$665,365	
Public Service	\$60,399	\$60,746	\$66,898	\$74,520	\$84,461	
Academic Support	\$222,798	\$249,864	\$276,168	\$281,432	\$271,210	
Medical Centers	\$1,146,488	\$1,227,486	\$1,409,687	\$1,519,637	\$1,583,443	
Student Services	\$13,707	\$12,458	\$15,054	\$16,321	\$17,242	
Institutional Support	\$80,918	\$98,094	\$106,473	\$110,986	\$107,621	
Operation and Maintenance of Plant	\$49,095	\$52,673	\$56,452	\$54,990	\$72,411	
Student Financial Aid	\$35,408	\$38,758	\$33,165	\$34,122	\$33,665	
Auxiliary Enterprises	\$24,253	\$29,958	\$31,215	\$33,248	\$31,215	
Total:	\$2,352,788	\$2,540,548	\$2,827,346	\$3,002,334	\$3,046,750	
Current Funds Expenditures by Fund Source <sup>2</sup>						
General Funds	\$210,689	\$220,922	\$226,752	\$230,674	\$186,102	
Tuition and Fees	\$79,150	\$84,215	\$97,939	\$98,695	\$110,522	
Federal Government	\$397,845	\$400,712	\$405,204	\$409,265	\$433,956	
State Special Appropriations and Contracts	\$40,884	\$43,771	\$49,394	\$55,547	\$52,258	
Local Government	\$91,195	\$97,546	\$104,795	\$107,155	\$107,926	
Private Gifts, Grants and Contracts	\$207,656	\$231,560	\$255,889	\$301,358	\$284,983	
Endowment and Similar Funds	\$43,164	\$56,593	\$55,641	\$53,984	\$56,982	
Sales and Services of Educational Activities	\$91,430	\$112,764	\$142,319	\$138,634	\$116,648	
Sales and Services of Auxiliary Enterprises	\$21,070	\$26,072	\$27,865	\$34,581	\$25,961	
Sales and Services of Medical Centers	\$1,135,447	\$1,216,620	\$1,397,660	\$1,507,766	\$1,580,716	
Other Sources	\$35,612	\$49,225	\$67,803	\$71,568	\$93,249	
Reserves	(\$1,353)	\$548	(\$3,914)	(\$6,893)	(\$2,553)	
Total:	\$2,352,788	\$2,540,548	\$2,827,346	\$3,002,334	\$3,046,750	
University Endowments <sup>3</sup>						
Endowment, at fair value	\$774,164	\$893,682	\$850,381	\$671,904	\$743,411	
Annual Income Distribution	\$30,528	\$32,235	\$33,906	\$34,192	\$34,729	
Plant <sup>3</sup>						
Capital Assets	\$2,125,617	\$2,218,337	\$2,404,287	\$2,461,861	\$2,856,384	
Capital Assets Capital Expenditures	\$2,125,017	\$2,216,337	\$336,419	\$396,945	\$421,309	
Debt <sup>4</sup>						
	# 400 <b>7</b> 00	#000 F0 t	<b>#</b> 500.054	<b>#</b> F04 600	#0F0 171	
Outstanding Debt	\$486,732	\$602,594	\$588,951	\$581,990	\$650,474	
Debt Service	\$35,954	\$39,349	\$41,717	\$47,691	\$48,469	

 <sup>&</sup>lt;sup>1</sup>Source: UCSF Financial Schedule 8B
 <sup>2</sup>Source: UCSF Financial Schedule 8D
 <sup>3</sup>Source: UCOP - Campus Facts in Brief
 <sup>4</sup>Source: Budget & Resource Management

## **Singular Achievements**

- First university west of the Mississippi to offer a doctoral degree in nursing 1965.
- First to train pharmacists as drug therapy specialists 1966.
- First to synthesize human growth hormone and clone into bacteria, setting the stage for genetically engineered human growth hormone 1971.
- First to discover (together with Stanford) the techniques of recombinant DNA, the seminal step in the creation of the biotechnology industry 1973.
- First to develop prenatal tests for sickle cell anemia and thalassemia 1976.
- First to invent marketable Magnetic Resonance Imaging at UCSF's Radiological Imaging Lab 1976.
- First to develop a cochlear implant device that brings hearing to the deaf 1979.
- First to discover that a missing substance called surfactant is the culprit in the death of newborn with respiratory distress syndrome; first to develop a synthetic substitute for surfactant, reducing infant death rates significantly 1980.
- First to perform a successful surgery on a baby still in the mother's womb 1981.
- First to develop catheter ablation therapy for tachycardia, which cures "racing" hearts without surgery 1981.
- Co-founded the field of embryonic stem cell research (with the University of Cambridge) 1981
- First to clone an insulin gene into bacteria, leading to the mass production of recombinant human insulin to treat diabetes 1982.
- First to establish special care units for AIDS patients (1983) and among the first to identify HIV as the causative agent of the disease.
- First to discover the precise recombinant DNA techniques that led to the creation of a hepatitis B vaccine 1986.

# **Singular Achievements - Continued**

- First to discover that normal cellular genes can be converted to cancer genes (Nobel Prize in Medicine, J. Michael Bishop and Harold Varmus, 1989).
- First to discover and name prions (PREE-ons), an infectious agent that is responsible for a variety of neurodegenerative diseases (Nobel Prize in Medicine, Stanley Prusiner, 1997)
- First to discover the enzyme telomerase which plays a role in normal cell function, as well as in aging and most cancers. (Nobel Prize in Medicine shared by Elizabeth Blackburn, UCSF, Carol W. Greider, Johns Hopkins University, and Jack W. Szostack, Harvard University; 2009)

#### Accolades

#### **Nobel laureates:**

- **J. Michael Bishop** and **Harold Varmus**, 1989, for discovery of proto-oncogenes, showing that normal cellular genes can be converted to cancer genes;
- **Stanley Prusiner,** 1997, for discovery of prions, an entirely new infectious agent implicated in rare, slowly progressing brain diseases such as mad cow disease;
- **Elizabeth Blackburn,** 2009, for discovery of telomerase, which plays a role in normal cell function, as well as in aging and most cancers.

#### **Accolades - Continued**

#### **National Academy of Science members**

#### **Biochemistry**

- 1. Agard, David 2007
- 2. Alberts, Bruce 1981
- 3. Blackburn, Elizabeth 1993
- 4. Boyer, Herbert 1985
- 5. Shokat, Kevan 2009
- 6. Walter, Peter 2004
- 7. Weissman, Jonathan 2009
- 8. Wells, James 1999

#### **Biophysics and Computational Biology**

- 1. Dill, Ken 2008
- 2. Sedat, John 2009
- 3. Stoeckenius, Walther 1978
- 4. Stroud, Robert 2003

#### Cellular and Developmental Biology

- 1. Bishop, J. Michael 1980
- 2. Martin, Gail 2002
- 3. Vale, Ronald 2001
- 4. Yamamoto, Keith 1990

#### Cellular and Molecular Neuroscience

- 1. Jan, Yuh Nung 1996
- 2. Nicoll, Roger 1994

#### Genetics

- 1. Gross, Carol 1992
- 2. Guthrie, Christine 1993
- 3. Kenyon, Cynthia 2003

#### Notes:

- 1. List includes faculty inducted while at UCSF.
- 2. Year is year inducted to academy.
- 3. Source: National Academy of Science website, 5/19/2010

#### **Immunology**

1. Weiss, Arthur -2003

#### Medical Genetics, Hematology, and Oncology

- 1. Bourne, Henry 1994
- 2. Cleaver, James 1999
- 3. Hanahan, Doug 2009
- 4. Kan, Yuet Wai 1986
- 5. Prusiner, Stanley 1992
- 6. White, Raymond 1992

#### **Medical Physiology and Metabolism**

- 1. Baxter, John 2003
- 2. Clements, John 1974
- 3. Coughlin, Shaun 2004
- 4. Grumbach, Melvin 1995
- 5. Havel, Richard 1983

#### Physiology and Pharmacology

- 1. Jan, Lily 1995
- 2. Julius, David 2004

#### **Systems Neuroscience**

- 1. Merzenich, Michael 1999
- 2. Stryker, Michael 2009

#### **Accolades - Continued**

#### **Institute of Medicine members**

- 1. Abbas, Abul K.
- 2. Adler, Nancy E.
- 3. Ascher, Nancy L.
- 4. Bainton, Dorothy F.
- 5. Barondes, Samuel H.
- 6. Basbaum, Allan I.
- 7. Baxter, John D.
- 8. Benet, Leslie Z.
- 9. Bishop, J. Michael
- 10. Blackburn, Elizabeth
- 11. Bodenheimer, Thomas
- 12. Bourne, Henry R.
- 13. Braveman, Paula A.
- 14. Callaham, Michael L.
- 15. Chater, Shirley S.
- 16. Chesney, Margaret
- 17. Cohen, Fred E.
- 18. Coughlin, Shaun R.
- 19. Cummings, Steven R.
- 20. Darney, Phillip D.
- 21. Debas, Haile T.
- 22. Dracup, Kathleen A.
- 23. Epstein, Charles J.
- 24. Estes, Carroll L.
- 25. Feachem, Richard G
- 26. Ferriero, Donna M.
- 27. Fields, Howard L.
- 28. Ganem, Donald E.
- 29. Giacomini, Kathleen
- 30. Giudice, Linda C.
- 31. Glantz, Stanton A.
- 32. Goldman, Lee
- Notes:
  - 1. List includes faculty inducted while at UCSF.
  - 2. Source: Institute of Medicine 5/19/2010

- 33. Grady, Deborah
- 34. Green, Lawrence
- 35. Greene, John C.
- 36. Greene, Warner C.
- 37. Greenspan, Deborah
- 38. Greenspan, John S.
- 39. Grumbach, Kevin
- 40. Grumbach, Melvin M.
- 41. Hall, Zach W.
- 42. Hanahan, Doug
- 43. Harrington, Charlene A.
- 44. Harrison, Michael
- 45. Hauser, Stephen L.
- 46. Havel, Richard
- 47. Hawgood, Samuel
- 48. Holzemer, William L.
- 49. Jaffe, Robert B.
- 50. Jamison, Dean T.
- 51. Kenyon, Cynthia J.
- 52. Kerr, William B.
- 53. Kessler, David A.
- 54. King, Talmadge E.
- 55. Koda-Kimble, Mary Anne
- 56. Krevans, Julius R.
- 57. Kriegstein, Arnold
- 58. Langridge, Robert
- 59. Lee, Philip R.
- 60. Lo, Bernard
- 61. Luft, Harold S.
- 62. Margulis, Alexander R.
- 63. Marks, James
- 64. Martinson, Ida M.

#### **Accolades - Continued**

#### **Institute of Medicine members-continued**

- 65. McCormick, Frank
- 66. Merzenich, Michael
- 67. Miller, Ronald D.
- 68. Milstein, Arnold
- 69. Nicoll, Roger
- 70. Norbeck, Jane S.
- 71. Nussbaum, Robert L.
- 72. Padian, Nancy S.
- 73. Perez-Stable, Eliseo J.
- 74. Phillips, Theodore L.
- 75. Powe, Neil
- 76. Prusiner, Stanley B.
- 77. Ptácek, Louis J.
- 78. Rice, Dorothy P.
- 79. Rubenstein, John
- 80. Rudolph, Abraham M.
- 81. Schroeder, Steven A
- 82. Smith, Lloyd H.

- 83. Volberding, Paul A.
- 84. Wara, Diane W.
- 85. Washington, A. Eugene
- 86. Weiss, Arthur
- 87. Werb, Zena
- 88. White, Raymond L.
- 89. Wiener-Kronish, Jeanine P.
- 90. Yamamoto, Keith R.

#### Notes:

- 1. List includes faculty inducted while at UCSF.
- 2. Source: Institute of Medicine 5/19/2010

#### **Accolades - Continued**

#### **American Academy of Arts & Sciences members**

#### **Biochemistry and Molecular Biology**

- 1. Agard, David 2009
- 2. Abelson, John Normal 1985
- 3. Alberts, Bruce Michael 1978
- 4. Blackburn, Elizabeth 1991
- 5. Bourne, Henry Reid 1992
- 6. Boyer, Herbert Wayne 1979
- 7. Cohen, Fred E. 2008
- 8. Gross, Carol A. 1992
- 9. Guthrie, Christine 1991
- 10. Hanahan, Douglas 2007
- 11. Stroud, Robert M. 2007

# Cellular and Developmental Biology, Microbiology, and Immunology (including Genetics)

- 1. Bishop, J. Michael 1984
- 2. Ganem, Donald Emil 2004
- 3. Johnson, Alexander Dixon 2007
- 4. Kenyon, Cyntha J. 1997
- 5. Kornberg, Thomas B. 2003
- 6. Martin, Gail Roberta 1991
- 7. O'Farrell, Patrick H. 2009
- 8. Vale, Ronald D. 2002
- 9. Walter, Peter 2002
- 10. Yamamoto, Keith Robert 1989

# Neurosciences, Cognitive Sciences, and Behavioral Biology

- 1. Basbaum, Allan 2003
- 2. Doupe, Allison Jane 2008
- 3. Jan, Lily 2007
- 4. Jan, Yuh Nung 2007
- 5. Julius, David 2005
- 6. Lisberger, Stephen G. 2008
- 7. Nicoll, Roger Andrew 1999
- 8. Reichardt, Louis French 2005
- 9. Stryker, Michael P. 2002

#### Medical Sciences (including Physiology and Pharmacology), Clinical Medicine, and Public Health

- 1. Abbas, Abul K. 2009
- 2. Bainton, Dorothy Ford 1996
- 3. Bluestone, Jeffrey Allen 2006
- 4. Clements, John Allen 2002
- 5. Coughlin, Shaun Robert 2002
- 6. Debas, Haile Tesfaye 1992
- 7. Epstein, Charles J. 2004
- 8. Grumbach, Melvin Malcom 1995
- 9. Hauser, Stephen L. 1997
- 10. Havel, Richard J. 1992
- 11. Kan, Yuet Wai 1993

#### Notes:

- 1. List includes faculty inducted while at UCSF.
- 2. Year is year inducted to academy.
- 3. Source: American Academy of Arts & Sciences 11/12/2009

#### **Accolades - Continued**

#### American Academy of Arts & Sciences members-continued

#### Medical Sciences (including Physiology and Pharmacology), Clinical Medicine, and Public Health - continued

- 12. Levy, Jay A. 2004
- 13. Locksley, Richard Michael 2005
- 14. Mahley, Robert W. 2006
- 15. Prusiner, Stanley Ben 1993
- 16. Ptácek, Louis J. 2008
- 17. Schmid, Rudi 1982
- 18. Schroeder, Steven A. 2007
- 19. Smith Jr., Lloyd Hollingsworth 1970
- 20. Weiss, Arthur 2003
- 21. Werb, Zena 2003
- 22. White, Raymond L. 2005

# **Social and Developmental Psychology and Education**

1. Adler, Nancy - 2009

#### Notes:

- 1. List includes faculty inducted while at UCSF.
- 2. Year is year inducted to academy.
- 3. Source: American Academy of Arts & Sciences 11/12/2009

#### **Accolades - Continued**

#### **Lasker Award Recipients**

- 1. Bishop, J. Michael
- 2. Blackburn, Elizabeth
- 3. Boyer, Herbert
- 4. Clements, John
- 5. Kan, Yuet Wai
- 6. Prusiner, Stanley B.
- 7. Yamanaka, Shinya

#### **Gardner Award Winners**

- 1. Blackburn, Elizabeth
- 2. Bishop, J. Michael
- 3. Clements, John
- 4. Kan, Yuet Wai
- 5. Prusiner, Stanley B.
- 6. Walter, Peter

#### **MacArthur Award Recipient**

1. Derisi, Joseph

#### **National Medal of Technology**

1. Boyer, Herbert

#### **Royal Society of London**

1. Basbaum, Allan

#### California Scientists of the Year

- 1. Bishop, J. Michael -1982
- 2. Blackburn, Elizabeth-1999
- 3. Varmus, Harold-1982

#### Albany Medical Center Prize in Medicine and Biomedical Research

1. Blackburn, Elizabeth

#### Note:

1. List includes faculty inducted while at UCSF.

## **SUMMARY STATISTICS**

This section contains campus-wide statistics from the following sources:

- UCSF Strategic Planning Strategic Planning Environmental Assessment (prepared by consulting firm AMC Strategies )
- UCSF Academic Affairs
- UCSF Control Point websites
- UCOP website (Statistical Summary of Students and Staff)
- American Association of Medical Colleges (AAMC) website
- USNews.com

# **Chapter Contents**

Faculty Statistics Section	30
UCSF Faculty Headcount by School/Unit	31
UCSF Distribution of Faculty by Rank	32
UCSF Distribution of Faculty by Series	33
UCSF Proportion of Female Faculty	34
UCSF School of Dentistry Faculty Headcount	35
UCSF School of Medicine Clinical Departments Faculty Headcount	36
UCSF School of Medicine Basic Science Departments Faculty Headcount	38
UCSF School of Medicine All Other Departments Faculty Headcount	39
UCSF School of Nursing Faculty Headcount	40
UCSF School of Pharmacy Faculty Headcount	41
(Continued)	

Staff S	Statistics Section	42
	Full-Time and Part-Time Headcount	43
	Full-Time Equivalents	44
	Personnel Headcount by Ethnicity, Personnel Program, and Gender	45
	UCSF Total Staff Count	46
	UCSF Staff by Ethnicity	47
	UCSF Staff Count by Age Group	48
	UCSF Staff Count by Control Point/Department	49
Stude	nt Statistics Section	50
	Enrollment by Degree - All Schools	51
	Tuition and Fees	51
	Medical School Enrollment by Sex	52
	Medical School Graduates by Sex	52
	Enrollment by Ethnicity, Gender, and Level	53
	UCSF School of Medicine Applicants and Matriculants	54
	GPAs amd Testing Scores of Incoming UCSF Medical Students	55
	Racial/Ethnic Representation among 1st Year Medical Students UCSF vs. U.S.	56
	Tuition and Fees for First Year Medical Students	57
	UCSF Residency Programs Offers and Acceptances by Department	58
	Fellowships/Subspecialty Training	59
	Race/Ethnicity of UCSF Residents and Fellowx	60
	Caliber of UCSF Incoming DDS Students Compared to National Averages	61
	Gender Distribution of UCSF Dental Classes Relative to U.S. Average	62

(Continued)

	Racial/Ethnic Distribution - UCSF Predoctoral Enrollees vs. U.S. Average	63
	Racial/Ethnic Distribution of UCSF Dental Postgraduate Enrollees vs. U.S. Average	64
	UCSF Dental Postgraduate Program Applications and Admissions	65
	UCSF International Dentist Program Applications and Admissions	66
	UCSF International Students Racial/Ethnic Distribution	67
	UCSF PharmD Applicants and Matriculants by Year	68
	UCSF PharmD Total Program Enrollment	69
	GPA's of UCSF PharmD Entering Applicants	70
	Gender and Ethnicity of UCSF PharmD Enrollees	71
	Ethnicity of UCSF PharmD Enrollees	72
	UCSF School of Nursing Program Applications and Enrollment by Program	73
	UCSF Entering Nursing Students - Undergraduate GPA and Mean GRE Scores	74
	Distribution of UCSF Nursing Enrollees by Gender	75
	Distribution of UCSF Nursing Enrollees by Race/Ethnicity	76
	Distribution of UCSF Nursing Enrollees by State of Residency	77
	UCSF Graduate Division Applications and Acceptances	78
	UCSF Graduate Division Matriculated Students and Total Enrollment	79
	Graduate Student Profile	80
Rankii	ngs Section	81
	Best Medical Schools - U.S. News and World Report	82
	Research	82
	Primary Care	82
	AIDS	83

(Continued)

(Continued)		
	Respiratory Disorders	94
	Psychiatry	94
	Orthopedics	93
	Ophthalmology	93
	Neurology and Neurosurgery	92
	Kidney Disease	92
	Heart & Heart Surgery	91
	Gynecology	91
	Geriatric Care	90
	Ear, Nose, & Throat	90
	Digestive Disorders	89
	Diabetes & Endocrine Disorders	89
	Cancer	88
Best Hospitals - U.S. News and World Report		88
Гор Те	en Hospitals - U.S. News and World Report	88
UCSF	Nursing Discipline Rankings - U.S. News and World Report	87
Гор Те	en Pharmacy Graduate Programs - U.S. News and World Report	87
UCSF	Graduate Division Program Rankings - U.S. News and World Report	86
	Women's Health	86
	Pediatrics	85
	Internal Medicine	85
	Geriatrics	84
	Family Medicine	84
	Drug and Alcohol Abuse	83

Rheumatology	95
Urology	95
Top 10 Transplant Hospitals (United Network of Organ Sharing)	96
Heart	96
Kidney	97
Liver	98
Lung	99
Newsweek International - Top Global Universities	100
Top Fund-Raising Institutions	101

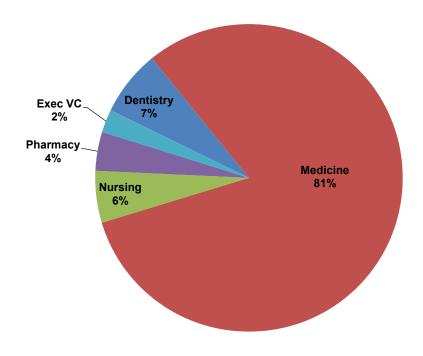
#### **FACULTY STATISTICS SECTION**

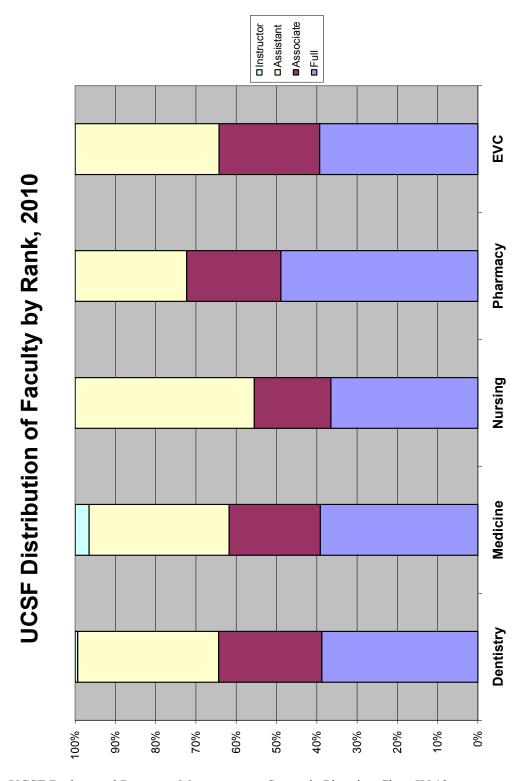
#### UCSF Faculty Headcount by School/Unit, 2005 vs. 2010

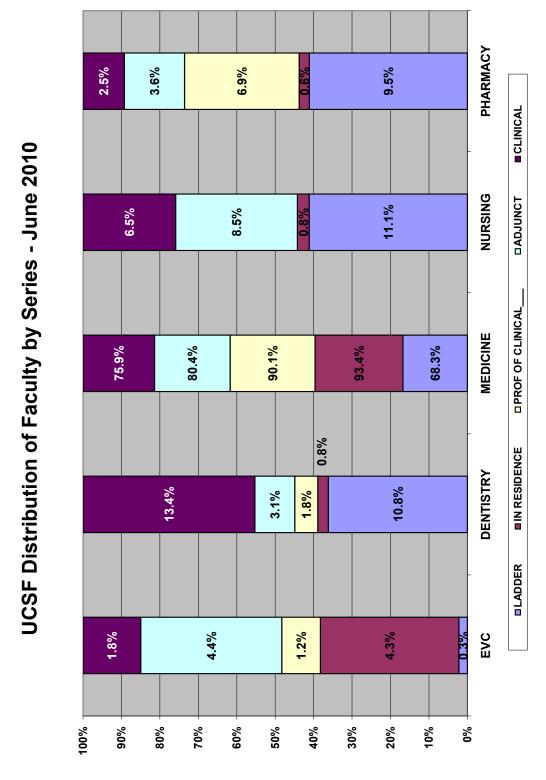
2005 vs. 2010

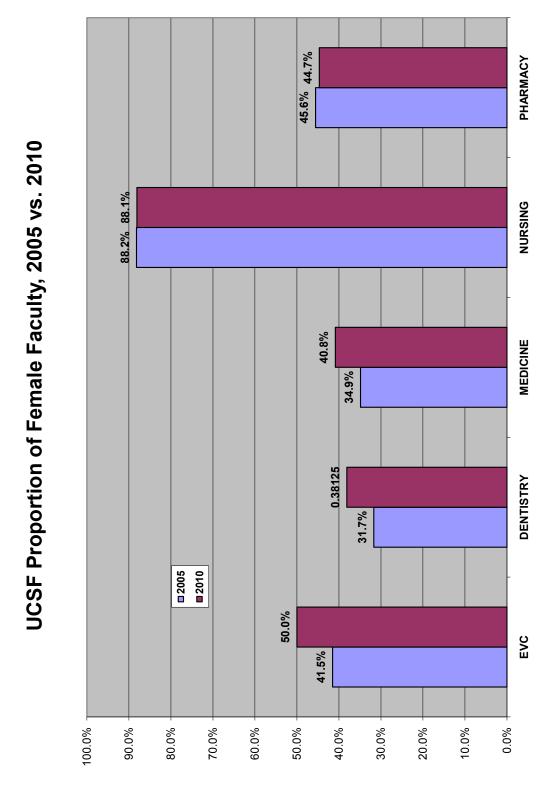
School/Unit	2005	2010	CAGR
Dentistry	186	160	-3.0%
Medicine	1,606	1,876	3.2%
Nursing	127	126	-0.2%
Pharmacy	79	94	3.5%
Exec VC	53	56	1.1%
Total	2,051	2,312	2.4%

2010 Distribution







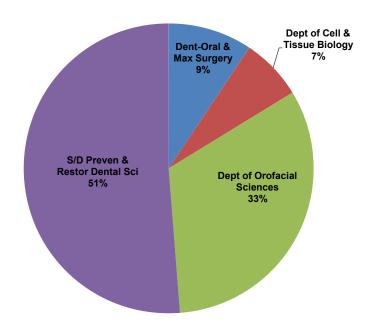


#### **School of Dentistry Faculty Headcount**

2005 vs. 2010

School/Unit	2005	2010	CAGR
Dean's Office	2	0	-100.0%
Dent-Oral & Max Surgery	18	15	-3.6%
Dept of Cell & Tissue Biology	0	11	0.0%
Dept of Orofacial Sciences	0	52	0.0%
Growth & Development	36	0	-100.0%
S/D Dean - Cntr for Health Prof	0	0	0.0%
S/D Preven & Restor Dental Sci	88	82	-1.4%
Stomatology	42	0	-100.0%
Total	186	160	-4.9%

2010 Distribution

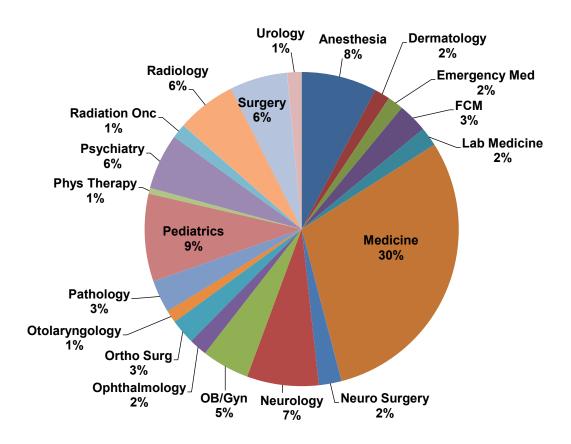


## **UCSF School of Medicine Clinical Departments Faculty Headcount**

2005 vs. 2010

School/Unit	2005	2010	CAGR
Anesthesia	102	130	5.0%
Dermatology	29	27	-1.4%
Emergency Med	0	27	0.0%
FCM	43	51	3.5%
Lab Medicine	34	33	-0.6%
Medicine	414	501	3.9%
Neuro Surgery	42	39	-1.5%
Neurology	86	124	7.6%
OB/Gyn	69	82	3.5%
Ophthalmology	25	31	4.4%
Ortho Surg	35	43	4.2%
Otolaryngology	23	22	-0.9%
Pathology	39	56	7.5%
Pediatrics	111	151	6.3%
Phys Therapy	14	10	-6.5%
Psychiatry	87	96	2.0%
Radiation Onc	26	25	-0.8%
Radiology	110	102	-1.5%
Surgery	95	100	1.0%
Urology	15	25	10.8%
Total	1,399	1,675	3.7%

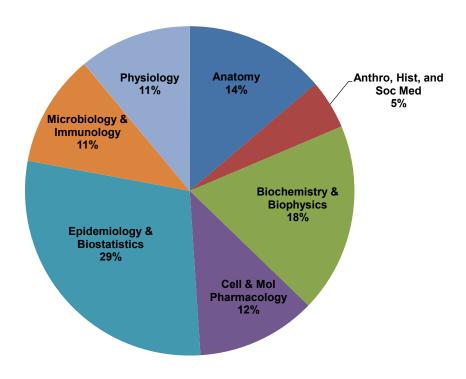
# UCSF School of Medicine Clinical Departments Faculty Headcount 2010 Distribution



UCSF School of Medicine Basic Science Departments Faculty Headcount 2005 vs. 2010

School/Unit	2005	2010	CAGR
Anatomy	21	20	-1.0%
Anthro, Hist, and Soc Med	7	7	0.0%
Biochemistry & Biophysics	25	27	1.6%
Cell & Mol Pharmacology	15	17	2.5%
Epidemiology & Biostatistics	32	42	5.6%
Microbiology & Immunology	12	16	5.9%
Physiology	17	16	-1.2%
Total	129	145	2.4%

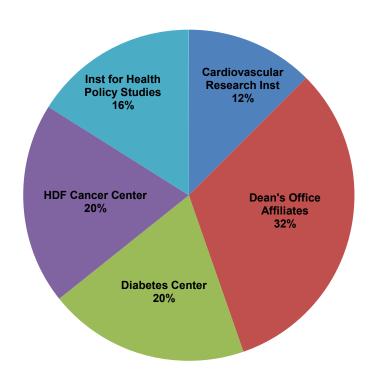
**2010 Distribution** 



# UCSF School of Medicine All Other Departments Faculty Headcount 2005 vs. 2010

School/Unit	2005	2010	CAGR
Cardiovascular Research Inst	10	7	-6.9%
Dean's Office Affiliates	13	18	6.7%
Diabetes Center	13	11	-3.3%
HDF Cancer Center	16	11	-7.2%
Inst for Health Policy Studies	9	9	0.0%
Total	61	56	-1.7%

2010 Distribution

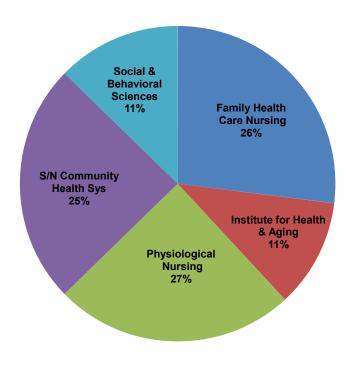


#### **UCSF School of Nursing Faculty Headcount**

2005 vs. 2010

School/Unit	2005	2010	CAGR
Dean's Office	2	0	-100.0%
Family Health Care Nursing	28	34	4.0%
Institute for Health & Aging	15	14	-1.4%
Physiological Nursing	44	31	-6.8%
S/N Community Health Sys	27	31	2.8%
Social & Behavioral Sciences	11	16	7.8%
Total	127	126	-0.2%

**2010 Distribution** 

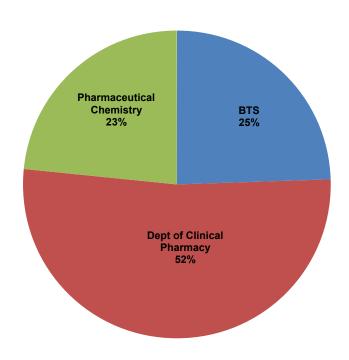


#### **UCSF School of Pharmacy Faculty Headcount**

2005 vs. 2010

School/Unit	2005	2010	CAGR
Biopharmaceutical Sciences	16	0	-100.0%
BTS	0	23	0.0%
Dept of Clinical Pharmacy	41	49	3.6%
Pharmaceutical Chemistry	22	22	0.0%
Total	79	94	3.5%

**2010 Distribution** 



#### STAFF STATISTICS SECTION

#### UNIVERSITY OF CALIFORNIA FULL-TIME AND PART-TIME HEADCOUNT SMG MSP, ACADEMIC AND PSS PERSONNEL OCTOBER 2009

	CTO* OSC	SAN FRANCISCO FULL-TIME	SAN FRANCISCO PART-TIME
SMG & MSP		1,244	296
ACADEMIC STAFF			
ACADEMIC ADMINISTRATORS	S	71	12
REGULAR TEACHING FACULTY - LADDER RANKS	0	352	75
REGULAR TEACHING FACULTY - ACTING RANKS	1	4	0
LECTURERS	2	2	3
OTHER TEACHING FACULTY	3	1,515	403
STUDENT ASSISTANTS	4	1,039	649
RESEARCH	5	1,297	238
LIBRARIAN	6	11	0
COOPERATIVE EXTENSION	7	0	0
UNIVERSITY EXTENSION	8	0	0
OTHER ACADEMIC PERSONNEL	9	0	27
OTHER - UNKNOWN		0	0
SUBTOTAL ACADEMIC STAFF	:	4,291	1,407
NON-ACADEMIC STAFF			
CLERICAL & ALLIED SERVICES	В	1.881	767
COMMUNICATIONS - ARTS & GRAPHICS	D	65	22
ARCHITECTURE, ENGINEERING & APPLIED SVC	Ē	69	4
FISCAL, MANAGEMENT & STAFF SVC	F	2,791	438
FOOD & LINEN SERVICES	С	138	162
HEALTH CARE & ALLIED SERVICES	Н	2,169	3,960
MAINTENANCE, FABRICATION, & OPERATIONS	G	497	81
PROTECTIVE SERVICES	J	158	13
SCIENCES, LABORATORY & ALLIED SERVICES	1	967	344
STUDENT SERVICES	Α	51	70
OTHER	Z	0	18
SUBTOTAL	:	8,786	5,879
NONE			
NOT ASSIGNED		0	0
TOTAL	.:	14,321	7,582

SOURCE: OCTOBER 2009 CORPORATE PERSONNEL SYSTEM

<sup>\*</sup> THE CLASS TITLE OUTLINE (CTO), ALSO IDENTIFIED AS THE OCCUPATION SUB-CLASSIFICATION (OSC), IS USED TO GROUP ACADEMIC POSITIONS ON THE BASIS OF TEACHING AND ACADEMIC FUNCTION OR PROGRAM CONSIDERATIONS AND STAFF POSITIONS ON THE BASIS OF SALARY AND OTHER PERSONNEL CONSIDERATIONS. CLASSIFICATION OF TITLE CODES TO OSC GROUPS CAN BE DETERMINED FROM THE U.C. POSITION TITLE LISTING, AVAILABLE IN CAMPUS PERSONNEL & ACCOUNTING OFFICES.

#### UNIVERSITY OF CALIFORNIA FULL-TIME EQUIVALENTS SMG MSP, ACADEMIC AND PSS PERSONNEL OCTOBER 2009

	0.7.0.*	
	CTO* OSC	SAN FRANCISCO
SMG & MSP		1,365.78
ACADEMIC STAFF		
ACADEMIC STAFF  ACADEMIC ADMINISTRATORS	S	79.53
REGULAR TEACHING FACULTY - LADDER RANKS	0	79.55 374.24
REGULAR TEACHING FACULTY - ACTING RANKS	1	4.00
LECTURERS	2	3.77
OTHER TEACHING FACULTY	3	1,721.48
STUDENT ASSISTANTS	4	1,289.46
RESEARCH	5	1,380.93
LIBRARIAN	6	11.00
COOPERATIVE EXTENSION	7	0.00
UNIVERSITY EXTENSION	8	0.00
OTHER ACADEMIC PERSONNEL	9	8.41
OTHER - UNKNOWN	·	0.00
SUBTOTAL ACADEMIC STAFF	=:	4.872.82
		,-
NON-ACADEMIC STAFF		
CLERICAL & ALLIED SERVICES	В	2,309.05
COMMUNICATIONS - ARTS & GRAPHICS	D	75.10
ARCHITECTURE, ENGINEERING & APPLIED SVC	E	70.68
FISCAL, MANAGEMENT & STAFF SVC	F	3,048.66
FOOD & LINEN SERVICES	С	235.88
HEALTH CARE & ALLIED SERVICES	Н	4,938.36
MAINTENANCE, FABRICATION, & OPERATIONS	G	544.33
PROTECTIVE SERVICES	J	169.35
SCIENCES, LABORATORY & ALLIED SERVICES	1	1,111.52
STUDENT SERVICES	Α	69.06
OTHER	Z	1.89
SUBTOTAL	L:	12,573.88
NONE		
NONE		2.22
NOT ASSIGNED		0.00
TOTAL	L:	18,812.48

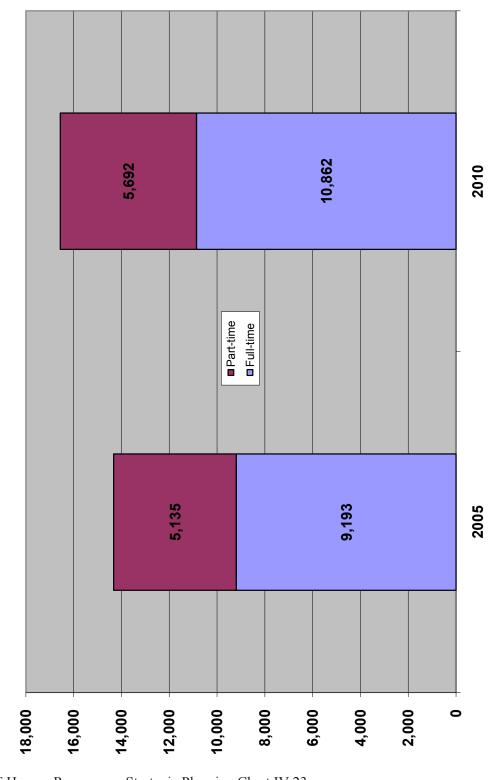
SOURCE: OCTOBER 2009 CORPORATE PERSONNEL SYSTEM

<sup>\*</sup> THE CLASS TITLE OUTLINE (CTO), ALSO IDENTIFIED AS THE OCCUPATION SUB-CLASSIFICATION (OSC), IS USED TO GROUP ACADEMIC POSITIONS ON THE BASIS OF TEACHING AND ACADEMIC FUNCTION OR PROGRAM CONSIDERATIONS AND STAFF POSITIONS ON THE BASIS OF SALARY AND OTHER PERSONNEL CONSIDERATIONS. CLASSIFICATION OF TITLE CODES TO OSC GROUPS CAN BE DETERMINED FROM THE U.C. POSITION TITLE LISTING, AVAILABLE IN CAMPUS PERSONNEL & ACCOUNTING OFFICES.

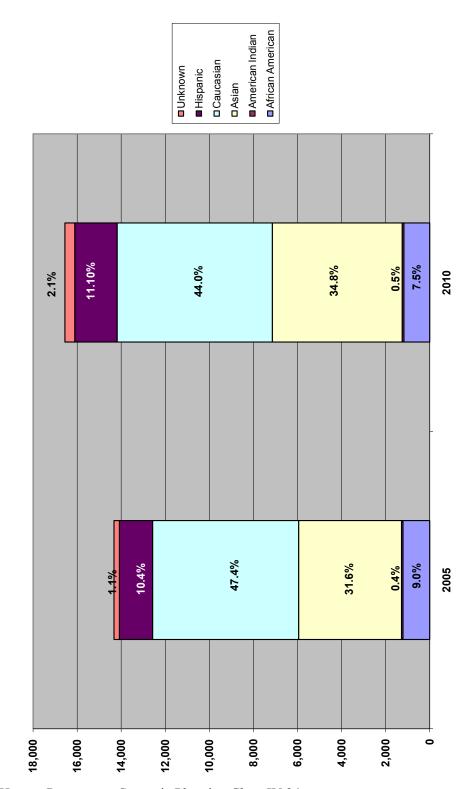
Table 11h: Personnel Headcount by Ethnicity, Personnel Program, and Gender: San Francisco

		Oct 2008		(	Oct 2009		Percent
	Female	Male	Total	Female	Male	Total	Change
American Indian	62	33	95	55	38	93	-2%
Unclassified	0	0	0	1	1	2	0%
Academic	11	6	17	8	9	17	0%
Non-Academic	51	27	78	46	28	74	-5%
SMG & MSP	7	2	9	4	2	6	-33%
PSS	44	25	69	42	26	68	-1%
Asian	4,705	2,736	7,441	4,698	2,754	7,452	0%
Unclassified	20	10	30	16	7	23	-23%
Academic	872	816	1,688	887	806	1,693	0%
Non-Academic	3,813	1,910	5,723	3,795	1,941	5,736	0%
SMG & MSP	169	162	331	165	173	338	2%
PSS	3,644	1,748	5,392	3,630	1,768	5,398	0%
African American	874	458	1,332	861	429	1,290	-3%
Unclassified	1	4	5	3	4	7	40%
Academic	78	60	138	79	58	137	-1%
Non-Academic	795	394	1,189	779	367	1,146	-4%
SMG & MSP	41	20	61	43	20	63	3%
PSS	754	374	1,128	736	347	1,083	-4%
Hispanic	1,321	780	2,101	1,353	788	2,141	2%
Unclassified	5	6	11	5	1	6	-45%
Academic	119	137	256	145	139	284	11%
Non-Academic	1,197	637	1,834	1,203	648	1,851	1%
SMG & MSP	34	40	74	36	45	81	9%
PSS	1,163	597	1,760	1,167	603	1,770	1%
White	6,413	3,979	10,392	6,379	3,949	10,328	-1%
Unclassified	37	23	60	28	16	44	-27%
Academic	1,491	1,837	3,328	1,541	1,838	3,379	2%
Non-Academic	4,885	2,119	7,004	4,810	2,095	6,905	-1%
SMG & MSP	559	430	989	578	439	1,017	3%
PSS	4,326	1,689	6,015	4,232	1,656	5,888	-2%
Unknown/Not Stated	338	217	555	384	215	599	8%
Unclassified	4	3	7	9	2	11	57%
Academic	73	98	171	91	98	189	11%
Non-Academic	261	116	377	284	115	399	6%
SMG & MSP	10	6	16	10	8	18	13%
PSS	251	110	361	274	107	381	6%
Total Campus	13,713	8,203	21,916	13,730	8,173	21,903	0%
Unclassified	67	46	113	62	31	93	-18%
Academic	2,644	2,954	5,598	2,751	2,948	5,699	2%
Non-Academic	11,002	5,203	16,205	10,917	5,194	16,111	-1%
SMG & MSP	820	660	1,480	836	687	1,523	3%
PSS	10,182	4,543	14,725	10,081	4,507	14,588	-1%



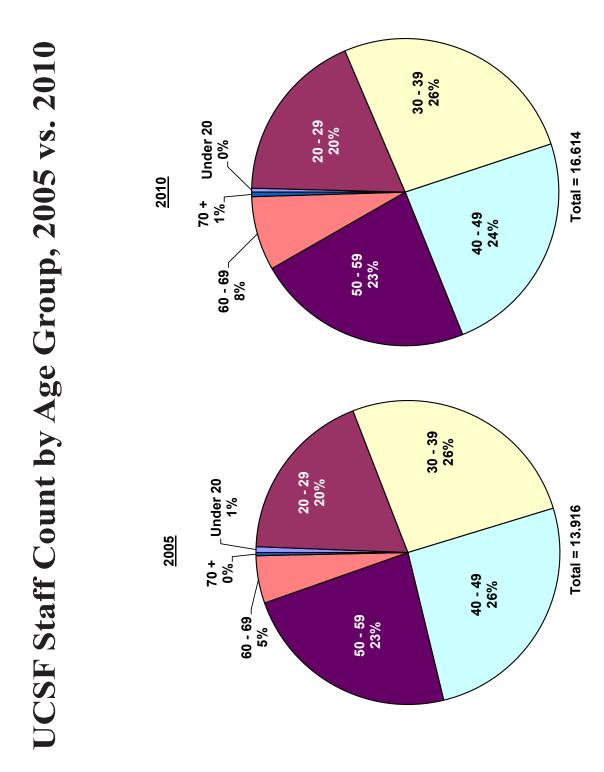


Source: UCSF Human Resources - Strategic Planning Chart IV-23



Source: UCSF Human Resources - Strategic Planning Chart IV-24

**UCSF Staff by Ethnicity** 



Source: UCSF Human Resources - Strategic Planning Chart IV-25

UCSF Staff Count by Control Point/Department

			% 2010	
Control Point	2005	2010	Total	CAGR*
CHANCELLOR'S IMMEDIATE OFFICE	15	21	0.1%	%0.7
EXECUTIVE VICE CHANCELLOR	861	937	2.7%	1.7%
FINANCIAL & ADMISTRATIVE SVCS	1,650	1,875	11.3%	2.6%
MC2-MEDICAL CENTER(CONTROL PT)	6,094	7,682	46.4%	4.7%
SCHOOL OF DENTISTRY	436	356	2.2%	<del>-4.0%</del>
SCHOOL OF MEDICINE	4,595	4,926	29.8%	1.4%
SCHOOL OF NURSING	271	273	1.6%	0.1%
SCHOOL OF PHARMACY	266	264	1.6%	-0.2%
VC-UNIV ADVANCEMENT & PLANNING	140	220	1.3%	6.5%
Grand Total	14,328	16,554	100.0%	

Source: UCSF Human Resources - Strategic Planning Chart IV-26

#### STUDENT STATISTICS SECTION

Tuition & Fees (Includes Education, Registration, Professional School, and Campus-based Fees)

School or Program	FY	2005-06	FΥ	2006-07	FY	2007-08	FΥ	2008-09	FΥ	2009-10
Tuition and Fees for Resident	2									
		24 227	Φ	25 206	ው	25.056	σ	27.025	σ	20 642
Dentistry DDS	\$	24,327	\$	25,206	\$	25,956	\$	27,925	\$	30,612
Medicine MD	\$	22,328	\$	22,854	\$	23,438	\$	25,202	\$	27,129
Nursing MS	\$	11,958	\$	12,553	\$	12,423	\$	13,448	\$	14,695
Pharmacy PharmD	\$	19,682	\$	20,457	\$	20,877	\$	23,421	\$	26,060
Graduate Academic	\$	8,899	\$	9,075	\$	9,822	\$	10,666	\$	11,640
Tuition and Fees for Nonresid	ents	6								
Dentistry DDS	\$	36,572	\$	37,451	\$	38,201	\$	40,170	\$	42,857
Medicine MD	\$	34,573	\$	35,099	\$	35,683	\$	37,447	\$	39,374
Nursing MS	\$	24,203	\$	24,798	\$	24,668	\$	25,693	\$	26,940
Pharmacy PharmD	\$	31,927	\$	32,702	\$	33,122	\$	35,666	\$	38,305
Graduate Academic	\$	23,860	\$	24,036	\$	24,810	\$	25,672	\$	26,676

### **Enrollment by Degree - All Schools**

Degree	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
BS	26	8	0	0	0	0	0
Certificate	30	31	48	65	68	71	68
DDS	350	365	365	360	361	372	376
DPT	0	16	16	13	30	18	25
DPTSc	0	3	2	3	3	2	2
DNS	0	0	0	0	0	0	0
MAS	19	29	44	42	42	46	48
MD	620	599	582	603	594	599	631
MS	462	471	445	474	522	557	621
PharmD	488	491	490	491	491	486	489
PhD	789	819	874	901	895	862	799

#### **Medical School Enrollment by Sex**

Year	Female	Male	All
2002-03	370	332	702
2003-04	375	325	700
2004-05	362	326	688
2005-06	380	312	692
2006-07	379	325	704
2007-08	382	325	707
2008-09	395	327	722
2009-10	400	338	738

### **Medical School Graduates by Sex**

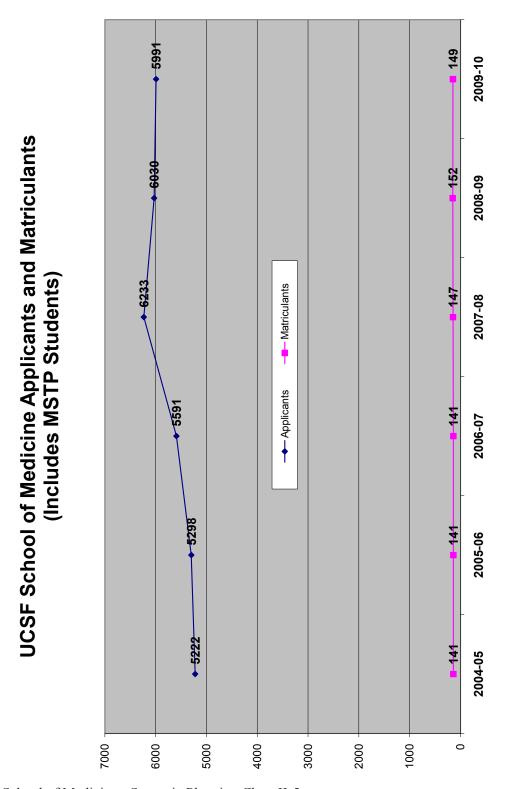
Year	Female	Male	All
Class of 2002	78	57	135
Class of 2003	88	67	155
Class of 2004	89	74	163
Class of 2005	77	73	150
Class of 2006	84	58	142
Class of 2007	88	66	154
Class of 2008	76	73	149
Class of 2009	82	63	145

Source: www.AAMC.Org

Table 7h: Enrollment by Ethnicity, Gender, and Level: San Francisco

		Fall 2008			Fall 2009		Or	ne-year chan	ge
	Ug	Gr	Total	Ug	Gr	Total	Ug	Gr	Total
International	0	145	145	0	153	153	n/a	6%	6%
Female	0	93	93	0	94	94	n/a	1%	1%
Male	0	52	52	0	59	59	n/a	13%	13%
Unknown	0	0	0	0	0	0			
American Indian	0	29	29	0	27	27	n/a	-7%	-7%
Female	0	19	19	0	17	17	n/a	-11%	-11%
Male	0	10	10	0	10	10	n/a	0%	0%
Unknown	0	0	0	0	0	0			
African American	0	156	156	0	163	163	n/a	4%	4%
Female	0	103	103	0	113	113	n/a	10%	10%
Male	0	53	53	0	49	49	n/a	-8%	-8%
Unknown	0	0	0	0	1	1			
Chicano/Chicana	0	173	173	0	170	170	n/a	-2%	-2%
Female	0	95	95	0	94	94	n/a	-1%	-1%
Male	0	78	78	0	76	76	n/a	-3%	-3%
Unknown	0	0	0	0	0	0			
Latino/Latina	0	138	138	0	131	131	n/a	-5%	-5%
Female	0	83	83	0	84	84	n/a	1%	1%
Male	0	55	55	0	46	46	n/a	-16%	-16%
Unknown	0	0	0	0	1	1			
Filipino/Pilipino	0	98	98	0	119	119	n/a	21%	21%
Female	0	67	67	0	77	77	n/a	15%	15%
Male	0	31	31	0	42	42	n/a	35%	35%
Unknown	0	0	0	0	0	0			
Chinese	0	487	487	0	480	480	n/a	-1%	-1%
Female	0	328	328	0	331	331	n/a	1%	1%
Male	0	159	159	0	149	149	n/a	-6%	-6%
Unknown	0	0	0	0	0	0			
Japanese	0	62	62	0	53	53	n/a	-15%	-15%
Female	0	37	37	0	31	31	n/a	-16%	-16%
Male	0	25	25	0	22	22	n/a	-12%	-12%
Unknown	0	0	0	0	0	0			
Korean	0	94	94	0	96	96	n/a	2%	2%
Female	0	63	63	0	58	58	n/a	-8%	-8%
Male	0	31	31	0	37	37	n/a	19%	19%
Unknown	0	0	0	0	1	1			
Other Asian	0	352	352	0	331	331	n/a	-6%	-6%
Female	0	217	217	0	193	193	n/a	-11%	-11%
Male	0	134	134	0	131	131	n/a	-2%	-2%
Unknown	0	1	1	0	7	7			
Pakistani/East Indian/Other	0	414	414	0	429	429	n/a	4%	4%
Female	0	266	266	0	267	267	n/a	0%	0%
Male	0	148	148	0	161	161	n/a	9%	9%
Unknown	0	0	0	0	1	1	1170	070	070
White	0	1,868	1,868	0	1,884	1,884	n/a	1%	1%
Female	0	1,084	1,084	0	1,104	1,104	n/a	2%	2%
Male	0	784	784	0	770	770	n/a	-2%	-2%
Unknown	0	0	0	0	10	10	TI/G	270	270
Not Stated/Unknown	0	428	428	0	457	457	n/a	7%	7%
Female	0	<b>428</b> 242	<b>428</b> 242	0	<b>457</b> 259	259	<b>n/a</b> n/a	7% 7%	7% 7%
Male	0	242 185	242 185	0	259 188	188	n/a n/a	7% 2%	7% 2%
Unknown	0	1	105	0	100	100	ıııa	∠ /0	∠ /0
							m/-	40/	40/
Campus Total	0	4,444	4,444	0	4,493	4,493	n/a	<b>1%</b>	<b>1%</b>
Female Male	0	2,697	2,697	0	2,722	2,722	n/a	1%	1%
Male Unknown	0	1,745 2	1,745 2	0	1,740 31	1,740 31	n/a	0%	0%

Graduate student headcounts include health sciences residents.



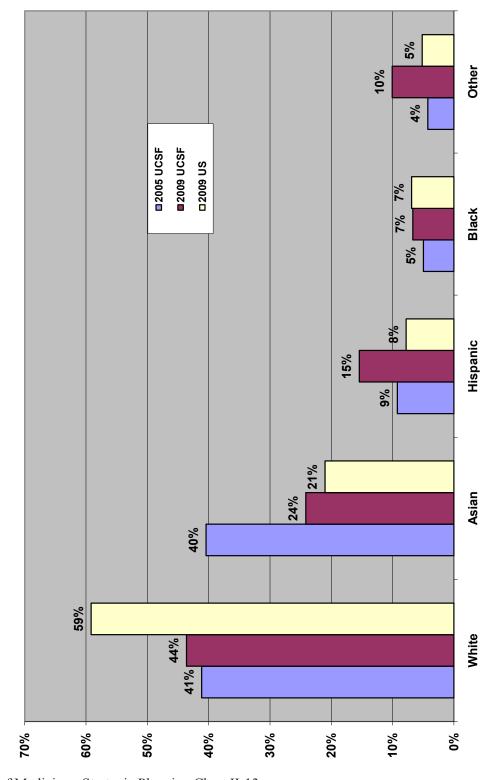
Source: School of Medicine - Strategic Planning Chart II-5

## **GPAs and Testing Scores of Incoming UCSF Medical Students**

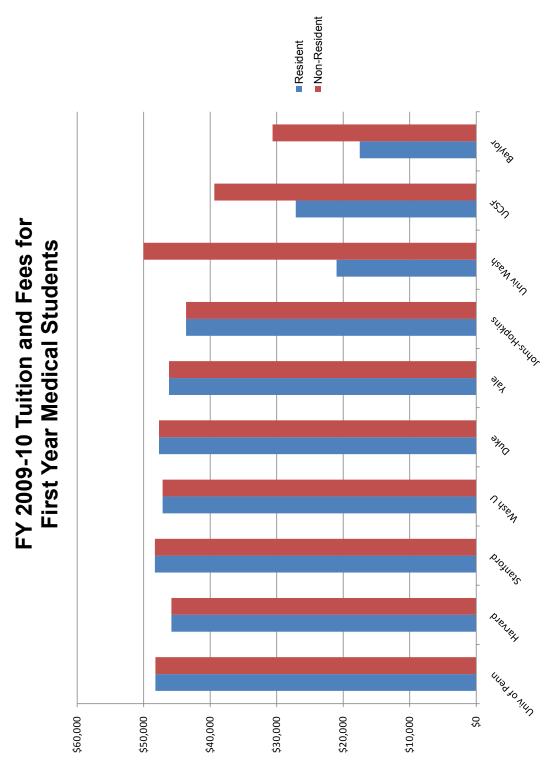
	Overall	Science	
Year	GPA	GPA	MCAT
2004-05	3.77	3.77	11
2005-06	3.79	3.79	12
2006-07	3.75	3.74	11
2007-08	3.73	3.7	11
2008-09	3.71	3.68	11
2009-10	3.74	3.72	12

Source: School of Medicine - Strategic Planning Chart II-8

Racial/Ethnic Representation among 1st Year Medical Students UCSF vs. U.S.



Source: School of Medicine - Strategic Planning Chart II-13



Source: AAMC.org

## UCSF Residency Programs Offers and Acceptances by Department, 2009-10

Department Name	Offers	Acceptances	% Filled
Internal Medicine	60	60	100.0%
Pediatrics	29	29	100.0%
Anesthesiology	19	19	100.0%
Surgery	24	9	37.5%
Psychiatry	15	15	100.0%
Family & Community Medicine	13	13	100.0%
Emergency Medicine	12	12	100.0%
Pathology (Anatomic & Clinical)	10	10	100.0%
Radiology	12	12	100.0%
Obstetrics - Gynecology	9	9	100.0%
Neurology	8	8	100.0%
Orthopaedic Surgery	7	7	100.0%
Dermatology	7	7	100.0%
Ophthalmology	5	5	100.0%
Neurological Surgery	3	3	100.0%
Otolaryngology	3	3	100.0%
Radiation Oncology	3	3	100.0%
Urology	3	3	100.0%
Nuclear Medicine	1	1	100.0%
Plastic Surgery	3	3	100.0%
Total	246	231	93.9%

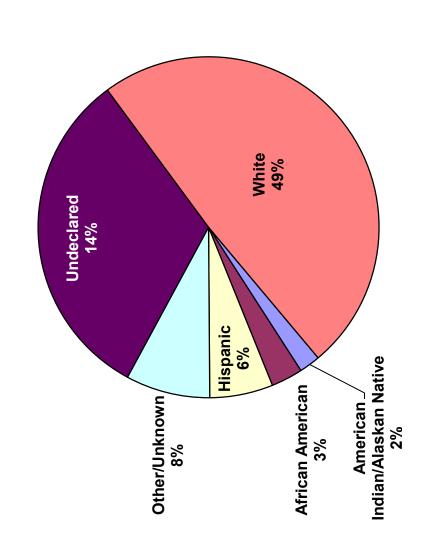
Source: UCSF Office of Graduate Medical Education - Strategic Planning Chart II-21

#### Fellowships/Subspecialty Training, 2009-10

31	175	
	175	39.6%
20	71	16.1%
9	38	8.6%
10	30	6.8%
9	21	4.8%
5	17	3.8%
7	18	4.1%
4	16	3.6%
3	9	2.0%
7	12	2.7%
7	11	2.5%
5	7	1.6%
5	4	0.9%
1	2	0.5%
2	0	0.0%
2	1	0.2%
1	3	0.7%
1	1	0.2%
	9 10 9 5 7 4 3 7 7 5 5 5	9 38 10 30 9 21 5 17 7 18 4 16 3 9 7 12 7 11 5 7 5 4 1 2 2 0 2 1 1 3

Source: UCSF Office of Graduate Medical Education - Strategic Planning Chart II-24

Race/Ethnicity of UCSF Residents and Fellows FY 2009-10



Source: UCSF Office of Graduate Medical Education - Strategic Planning Chart II-26

Caliber of UCSF Incoming DDS Students Compared to National Average

	Gr	Grade Point Average (GPA)	werage (GF	A)	Dei	Dental Aptitude Test (DAT)*	le Test (DA	T)*
	Overa	Overall GPA	Scienc	Science GPA	Academic A	c Average	**TAG	**T
Year	UCSF	SN	NCSF	SN	UCSF	SN	NCSF	SN
2010	3.56	N/A	3.50	N/A	20.00	N/A	20.00	W/A
5009	3.67	N/A	3.65	N/A	20.00	17.80	20.00	18.20
2008	3.52	3.30	3.48	3.20	19.98	17.00	20.08	18.00
2002	3.70	3.30	3.67	3.20	21.67	19.50	19.84	18.70
2006	3.65	3.28	3.61	3.16	21.14	19.30	19.48	18.30
2002	3.50	N/A	3.40	N/A	20.30	N/A	18.00	V/A
2004	3.40	3.40	3.40	3.40	20.80	18.70	18.30	17.30

\* National Data covers tests taken from 7/2009 - 6/2010

\*\* Tests hand-eye coordination

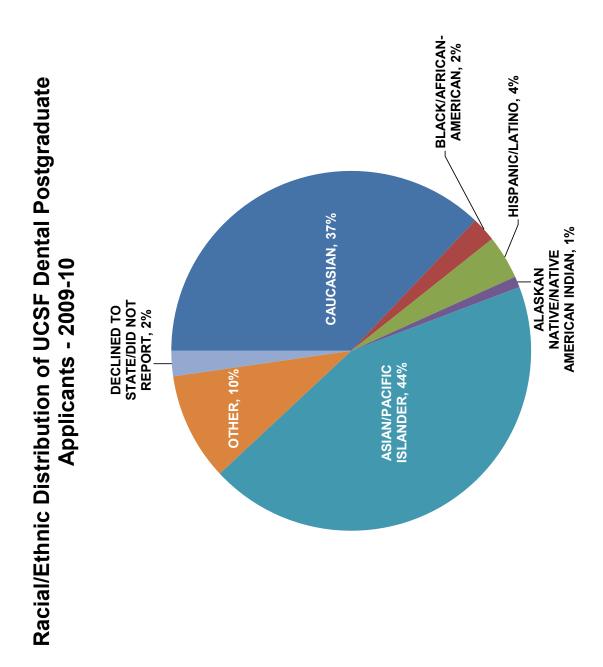
Dental Postgraduate Female Program Entrollees Class Entering 2009

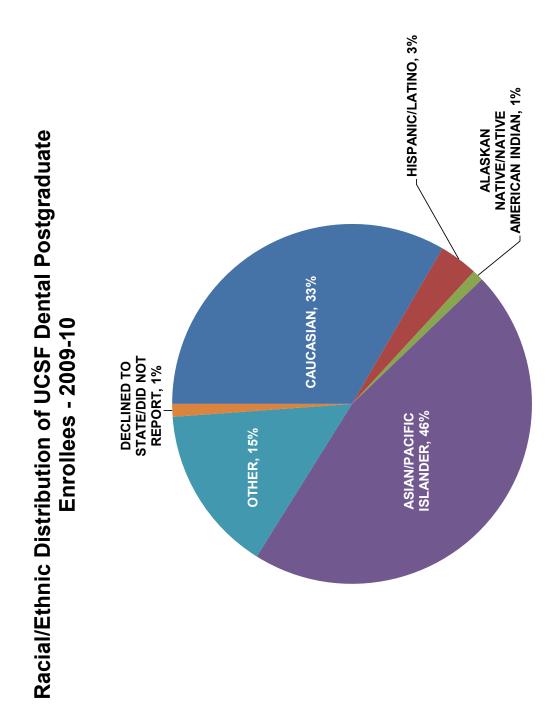
	#	#	Acceptance
Program	Applications	Admitted	Rate
Dental Public Health	0	0	0.0%
Endodontics	10	2	20.0%
General Practice	11	3	27.3%
Oral and Maxillofacial Pathology	1	0	0.0%
Oral and Maxillofacial Surgery	16	2	12.5%
Oral Medicine	1	0	0.0%
Orthodontics	22	3	5.3%
Pediatric Dentistry	39	4	10.3%
Periodontology	16	1	6.3%
Prosthodontics	11	2	18.2%
Total:	162	17	10.5%

The admissions reflect a representative distribution in gender.

The admissions total reflects the competitiveness and popularity of our programs.

The DPH program requires an additional degree, the MPH, so





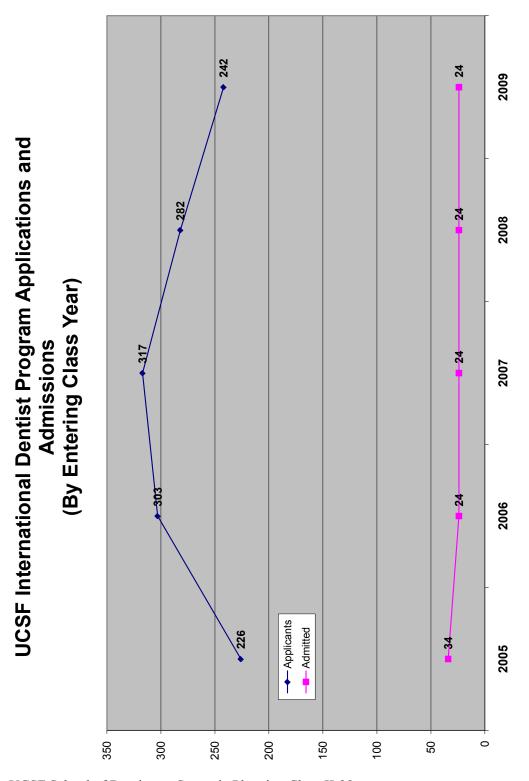
**UCSF Dental Postgraduate Program Applications and Admissions** Class Entering 2009

	#	#	Acceptance
Program	Applications	Admitted	Rate
Dental Public Health	2	1	20.0%
Endodontics	28	2	7.1%
General Practice	22	4	18.2%
Oral and Maxillofacial Pathology	3	0	%0.0
Oral and Maxillofacial Surgery	09	2	8.3%
Oral Medicine	1	0	%0.0
Orthodontics	139	2	3.6%
Pediatric Dentistry	52	2	%9.6
Periodontology	32	3	9.4%
Prosthodontics	34	2	14.7%
Total:	373	30	8.0%

The admissions reflect a representative distribution in gender.

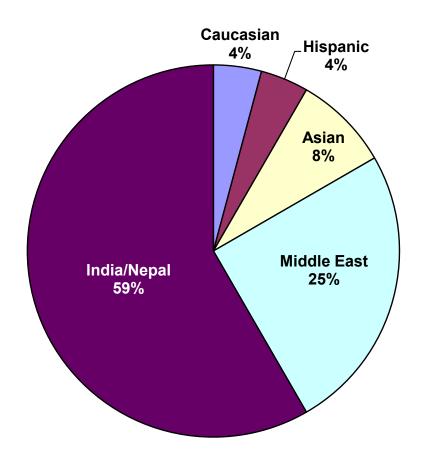
The admissions total reflects the competitiveness and popularity of our programs.

Source: UCSF School of Dentistry - Strategic Planning Chart II-37

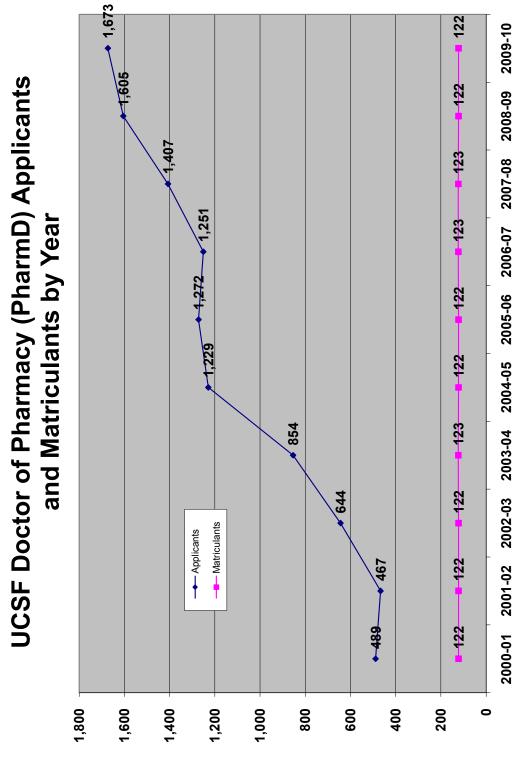


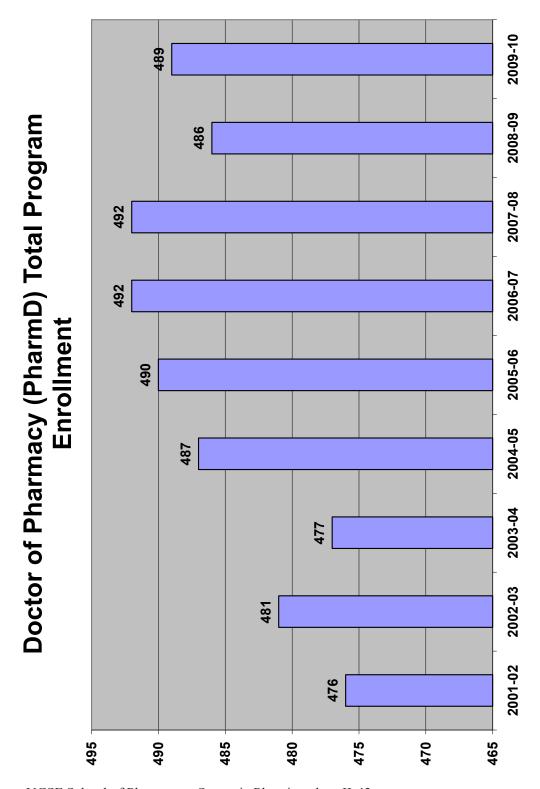
Source: UCSF School of Dentistry - Strategic Planning Chart II-38

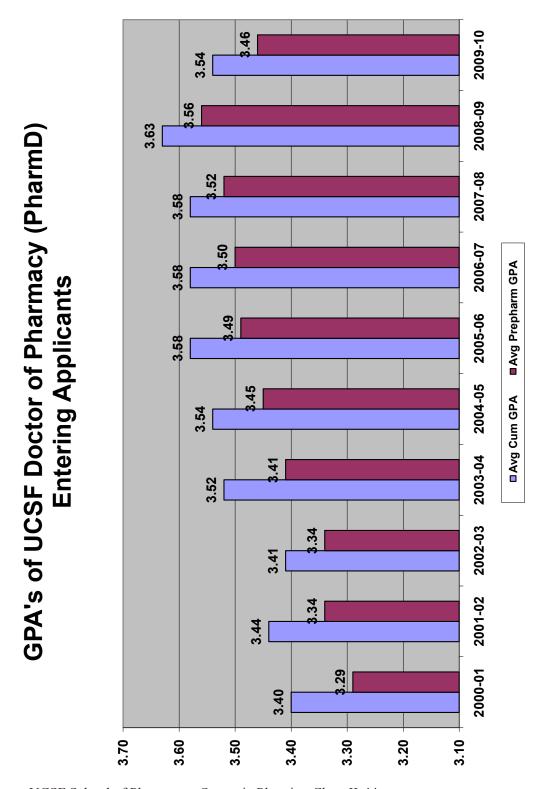
# UCSF International Students Racial/Ethnic Distribution - 2009-10 School of Dentistry

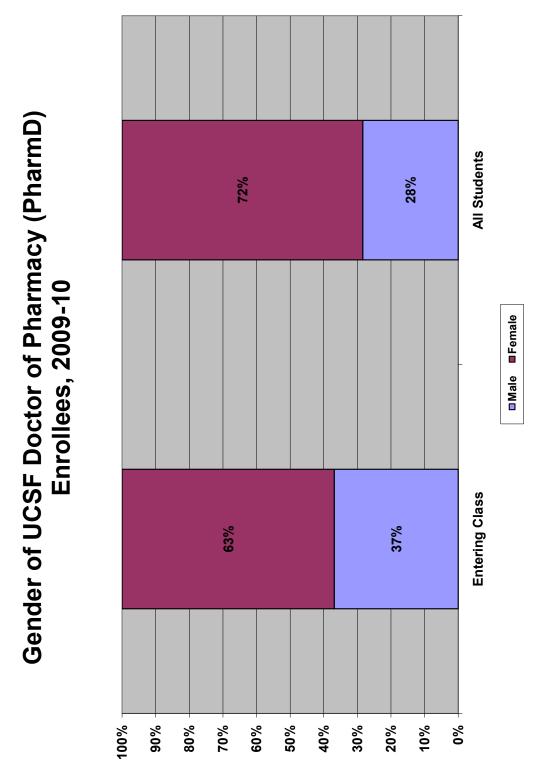


Source: UCSF School of Dentistry - Strategic Planning Chart II-39

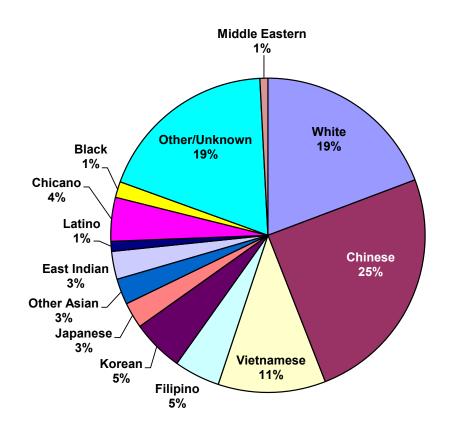








### Ethnicity of UCSF Doctor of Pharmacy (PharmD) Enrollees, 2009-10



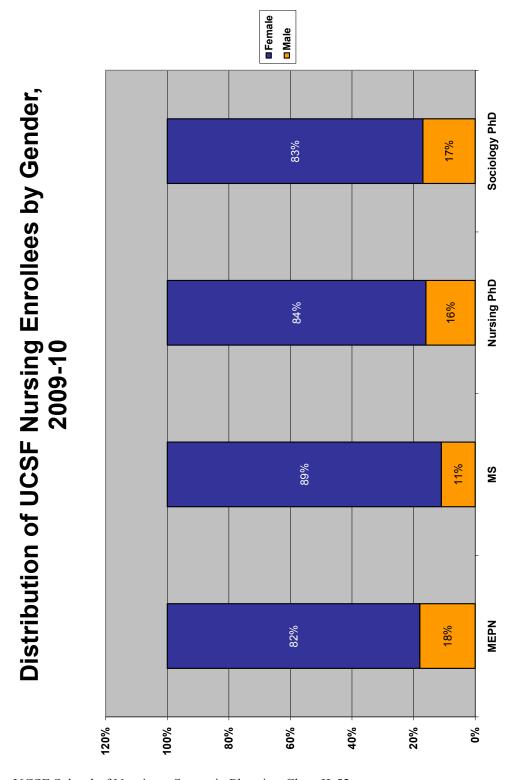
UCSF School of Nursing Program Applications and Enrollment by Program

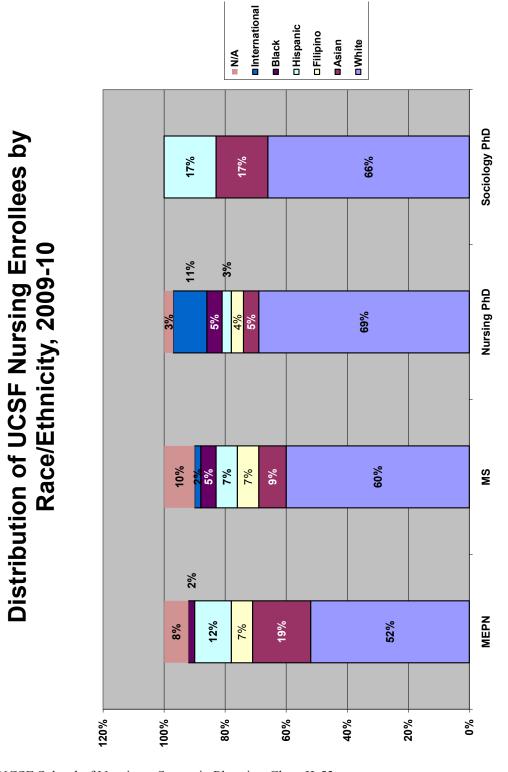
	Fall 2009		2002			2009	
	Size of Program	Appl.	Enrid	Acceptance Rate	Appl.	Enrid	Acceptance Rate
MEPN	84	422	89	16%	592	84	14%
MS	398	201	122	61%	197	124	%89
N-PhD	130	63	28	44%	45	23	51%
S-PhD	28	54	5	%6	35	9	17%
Total	640	740	223	30%	869	237	27%

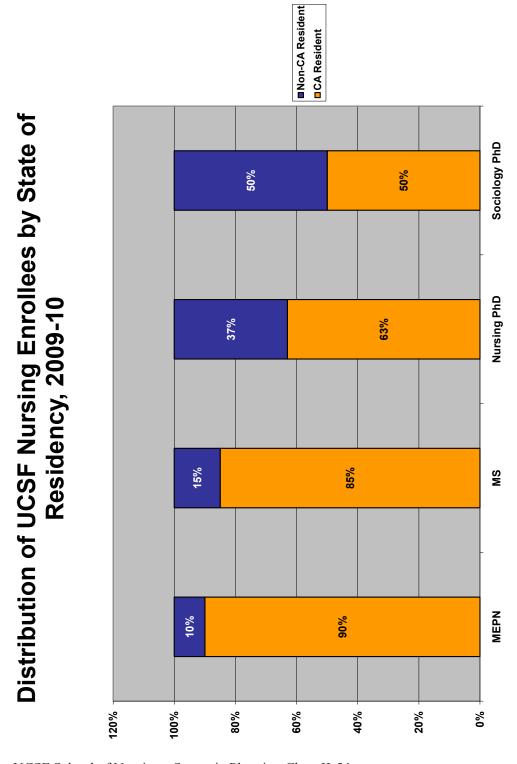
### UCSF Entering Nursing Students Undergraduate GPA and Mean GRE Scores

		2005	2	2009
	GPA	GRE	GPA	GRE
MEPN	3.47	V=570 Q=630 A=640	3.49	V=570 Q=650 A=650
MS	3.43	V=500 Q=540 A=600	3.38	V=480 Q=560 A=600
N-PhD	3.84	V=510 Q=540 A=560	3.84	V=510 Q=560 A=600
S-PhD	3.7	V=560 Q=615 A=6.0 (90%)	3.85	V=572 Q=597 W=5.5 (85%)

Note: Analytical Writing (aw) scores, after 2003, are scaled 0 to 6 instead of 200 - 800. Scores are re-coded here, for compatibility, using this formula:  $A = (aw + 2) \times 100$ 







#### 4/2010

#### University of California, San Francisco Institutional Profile - FY 2009-10 Summary Statistics

	FY 2005-0	Univ 6 / FY 2006	ersity of C 3-07 / FY 20	alifornia, S 107-08/FY 2	University of California, San Francisco - Graduate Division 2005-06 / FY 2006-07 / FY 2007-08/FY 2008-09/FY 2009-10 Applications and Acceptances	co - Gra 2009-10	iduate I Applica	Division	n and Acc	eptan	seo				
			Applications						ξ	rdents A	Students Accepted				
Graduate Program	2000 / [	70000	00007	00 0000 70	2,000	Fall 2005	500:	Fall 2006	900	Fall 2007	200	Fall 2008	800	Fall	Fall 2009
	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	Number / % of Apps	of Apps	Number / % of Apps		Number / % of Apps	of Apps	Number / % of Apps	of Apps	Number /	Number / % of Apps
Biochemistry*	350	358	698	325	208	72	20.6%	72	20.1%	62	16.8%	63	19.4%	52	16.9%
Bioengineering	323	437	388	391	391	56	17.3%	26	12.8%	28	14.9%	61	15.6%	61	15.6%
Biological & Medical Informatics	70	67	63	83	83	11	15.7%	13	19.4%	17	27.0%	18	21.7%	18	21.7%
Biomedical Sciences	299	327	259	285	285	65	21.7%	09	18.3%	69	26.6%	59	20.7%	59	20.7%
Biophysics	58	99	99	59	59	26	44.8%	28	42.4%	26	39.4%	24	40.7%	24	40.7%
Cell Biology*	0	0	0	0	0	0	%0.0	0	%0.0	0	0.0%	0	%0.0	0	0.0%
Chemistry & Chemical Biology	93	136	98	119	111	22	23.7%	19	14.0%	19	19.4%	25	21.0%	25	22.5%
Developmental Biology*	0	0	0	0	0	0	%0.0	0	%0.0	0	0.0%	0	%0.0	0	%0.0
Genetics*	0	0	0	0	0	0	%0.0	0	%0.0	0	0.0%	0	%0.0	0	%0.0
History of Health Sciences**	12	0	11	0	8	4	%0.0	0	%0.0	7	63.6%	0	0.0%	5	62.5%
Medical Anthropology***	0	42	0	33	0	0	%0.0	9	14.3%	0	0.0%	7	21.2%	0	0.0%
Neuroscience	268	274	262	279	330	36	13.4%	43	15.7%	30	11.5%	32	11.5%	41	12.4%
Nursing	71	71	46	54	37	41	27.7%	38	53.5%	36	78.3%	33	61.1%	30	81.1%
Oral & Craniofacial Sciences	21	13	13	15	13	5	23.8%	2	15.4%	4	30.8%	7	46.7%	3	23.1%
PSPG	69	71	75	54	76	16	23.2%	18	25.4%	22	29.3%	12	22.2%	15	19.7%
Sociology	52	42	39	23	35	11	21.2%	6	21.4%	6	23.1%	0	81.8%	8	22.9%
Campus Total	1686	1904	1689	1720	1735	365	21.6%	364	19.1%	359	21.3%	350	20.3%	341	19.7%
* All applications are received by, and admis	admissions are	ssions are to, Biochemistry													
** History of Health Sciences Application Data for Fall 2005, Fall 2007, and Fall 2009 only (admitting students in odd years only)	on Data for Fall	2005, Fall 2007	, and Fall 2009	only (admittin	g students in oo	ld years o	ıly).								
*** Medical Anthropology Application Data for Fall 2006, and Fall 2008 only (admitting students in even years only)	ata for Fall 200	s, and Fall 200	8 only (admittir	ig students in e	even years only										

Source: Graduate Division - Strategic Planning Chart II-59

					Unive	rsity of C	Saliforr	iia, San	University of California, San Francisco - Graduate Division	:0 - Gr	aduate l	Division								
		_	FY 2005-	06 / 20	06-07 / 2	007-08 /	2008-0	9/ 2009-	-10 Matri	culate	d Stude	nts and	Total E	FY 2005-06 / 2006-07 / 2007-08 / 2008-09/ 2009-10 Matriculated Students and Total Enrollment	ı					
							Mati	Matriculated Students	students								Total Ph.D. Enrollment	D. Enroll	ment	
Graduate Program		Fall 2005	2		Fall 2006			Fall 2007			Fall 2008	8		Fall 2009			_			
	Number	Percent of Acceptances	Percent of Applications	Number	Percent of Acceptances	Percent of Applications	Number	Percent of Acceptances	Percent of Applications	Number	Percent of Acceptances	Percent of Applications	Number	Percent of Acceptances	Percent of Applications	Fall 2005   Fa	Fall 2006 Fall	Fall 2007   Fa	Fall 2008 F	Fall 2009
Biochemistry*	32	44.4%	9.1%	29	40.3%	8.1%	19	30.6%	5.1%	24	38.1%	7.4%	22	42.3%	7.2%	112	117	114	103	119
Bioengineering	37	66.1%	11.5%	23	41.1%	5.3%	28	48.3%	7.2%	24	39.3%	6.1%	24	39.3%	6.1%	74	68	72	65	73
Biological & Medical Informatics	5	45.5%	7.1%	~	7.7%	1.5%	9	35.3%	9.5%	10	25.6%	12.0%	10	92.6%	12.0%	8	30	33	33	31
Biomedical Sciences	29	44.6%	9.7%	31	51.7%	9.5%	8	49.3%	13.1%	28	47.5%	9.8%	28	47.5%	9.8%	114	125	125	151	156
Biophysics	6	34.6%	15.5%	10	35.7%	15.2%	12	46.2%	18.2%	2	20.8%	8.5%	2	20.8%	8.5%	65	57	65	09	55
Cell Biology*	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	%0.0	0	%0:0	0.0%	0	%0.0	%0.0	46	35	37	36	23
Chemistry & Chemical Biology	6	40.9%	9.7%	9	31.6%	4.4%	7	27.9%	11.2%	6	36.0%	7.6%	6	0.0%	0.0%	51	47	20	51	48
Developmental Biology*	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	က	0.0%	0.0%	0	0.0%	0.0%	0	9	80	13	10
Genetics*	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	0	0.0%	0.0%	13	6	10	15	12
History of Health Sciences**	က	75.0%	25.0%	0	0.0%	0.0%	5	71.4%	45.5%	0	0.0%	0.0%	ო	0.0%	37.5%	4	7	7	7	8
Medical Anthropology***	0	0.0%	0.0%	4	%2'99	9.5%	0	0.0%	%0:0	2	71.4%	15.2%	0	0.0%	0.0%	15	16	13	13	15
Neuroscience	12	33.3%	4.5%	41	32.6%	5.1%	16	53.3%	6.1%	6	28.1%	3.2%	12	29.3%	3.6%	88	92	97	85	8
Nursing	30	73.2%	42.3%	30	78.9%	42.3%	25	69.4%	54.3%	18	54.5%	33.3%	29	%2'96	78.4%	140	152	139	123	119
Oral & Craniofacial Sciences	5	100.0%	23.8%	2	100.0%	15.4%	5	125.0%	38.5%	7	100.0%	46.7%	Э	100.0%	23.1%	15	10	12	15	23
PSPG	12	75.0%	17.4%	7	38.9%	9.6%	10	45.5%	13.3%	9	20.0%	11.1%	80	53.3%	10.5%	47	49	52	48	48
Sociology	2	45.5%	9.6%	9	66.7%	14.3%	9	%2.99	15.4%	4	44.4%	17.4%	9	75.0%	17.1%	8	36	34	33	28
Campus Total	188	51.5%	11.2%	163	44.8%	8.6%	171	49.3%	10.5%	152	43.4%	8.8%	159	46.6%	9.5%	852	851	898	851	852
* All applications are received by, and ad	Imission	ıs are to, Bı	admissions are to, Biochemistry.																	
** History of Health Sciences Application Data for Fall 2005, Fall 2007, and Fall 2009 only (admitting students in odd years only).	n Data fc	r Fall 2005,	Fall 2007,	and Fall 2	3) Aluo 600	dmitting st	udents in	odd years	only).											
*** Medical Anthropology Application Da	ita for Fa	all 2006, an	Data for Fall 2006, and Fall 2008 only (admitting students in even years only)	only (adn	nitting stuo	ents in eve	n years o	n(y).												

Source: Graduate Division - Strategic Planning Chart II-59

10/4/2010

### Graduate Student Profile Fall 2009

		Under-	
Program	Female	Represented	Total
_		Minority	Students
Adv Tr in Clin Research	58.0%	54.0%	50
Biochem & Molecular Bio	50.4%	50.4%	113
Bioengineering	29.9%	55.8%	77
Biol & Med Informatics	22.6%	54.8%	31
Biomedical Sciences	59.5%	56.6%	173
Biophysics	36.8%	45.6%	57
Cell Biology	55.6%	48.1%	27
Certif Pgm Biomed Resrch	64.7%	76.5%	17
Chemistry and Chem. Biol	47.9%	58.3%	48
Developmental Biology	53.8%	61.5%	13
Genetics	58.3%	58.3%	12
Global Health Sciences	78.9%	63.2%	19
History of Hlth Sciences	62.5%	62.5%	8
Medical Anthropology	80.0%	20.0%	20
Neuroscience	57.1%	46.4%	84
Nursing (MS)	88.5%	43.2%	347
Nursing (PhD)	82.8%	41.8%	122
Nursing MEPN	86.7%	47.0%	249
Oral & Craniofacial Sci	50.8%	66.2%	65
Ph Sciences & Phgenomics	55.1%	63.3%	49
Physical Therapy (DPT)	72.0%	32.0%	25
Physical Therapy (DPTSc)	100.0%	0.0%	3
Physical Therapy (MS)	66.7%	54.5%	33
Sociology	82.1%	60.7%	28
Totals	68.1%	49.8%	1,670

Source: Graduate Division - Strategic Planning Chart II-61

#### **RANKINGS SECTION**

#### Best Medical Schools - Research U.S. News & World Report 2010

Rank	Hospital
1	Harvard University
2	University of Pennsylvania
3	Johns Hopkins University
4	University of California, San Francisco
	Washington University in St. Louis
	Duke University
6	University of Michigan - Ann Arbor
6	University of Washington
6	Yale University
10	Columbia University

#### Best Medical Schools - Primary Care U.S. News & World Report 2010

Rank	Hospital
1	University of Washington
2	University of North Carolina, Chapel Hill
3	Oregon Health and Science University
4	University of Vermont
5	University of California, San Francisco
5	University of Colorado, Denver
7	Michigan State University
7	University of Pennsylvania
9	University of Massachusetts - Worcester
10	University of Iowa (Carver)

#### Best Medical Schools - AIDS U.S. News & World Report 2010

Rank	Hospital
1	University of California, San Francisco
2	Johns Hopkins University
3	Harvard University
4	University of Washington
	Duke University
6	Columbia University
6	University of California, Los Angeles (Geffen)
8	University of North Carolina, Chapel Hill
9	University of Alabama - Birmingham
10	University of California, San Diego

### Best Medical Schools - Drug and Alcohol Abuse U.S. News & World Report 2010

Rank	Hospital
1	Johns Hopkins University
1	University of California, San Francisco
1	Yale Univeristy
4	Columbia University
4	University of Pennsylvania
6	University of California, Los Angeles (Geffen)
7	Harvard University
8	University of California, San Diego
8	University of Pittsburgh
10	Medical University of South Carolina

#### Best Medical Schools - Family Medicine U.S. News & World Report 2010

Rank	Hospital
1	University of Washington
2	Oregon Health and Science University
3	University of North Carolina, Chapel Hill
4	University of Michigan, Ann Arbor
5	University of Wisconsin, Madison
6	University of California, San Francisco
7	University of Missouri
8	Duke University
9	University of Colorado, Denver
10	University of New Mexico

#### Best Medical Schools - Geriatrics U.S. News & World Report 2010

Rank	Hospital
1	Johns Hopkins University
2	Mount Sinai School of Medicine
3	University of California, Los Angeles (Geffen)
4	Duke University
	University of Michigan, Ann Arbor
6	University of Washington
7	Harvard University
8	University of Washington
	Yale University
10	University of California, San Francisco

#### Best Medical Schools - Internal Medicine U.S. News & World Report 2010

Rank	Hospital
	Johns Hopkins University
	Harvard University
3	University of California, San Francisco
	University of Pennsylvania
5	Duke University
	University of Washington
7	University of Michigan, Ann Arbor
6	Washington University in St. Louis
9	Columbia University
10	Yale University

#### Best Medical Schools - Pediatrics U.S. News & World Report 2010

Rank	Hospital
1	Harvard University
2	University of Pennsylvania
3	University of Cincinnati
4	Johns Hopkins University
5	Baylor College of Medicine
	Stanford University
7	University of California, San Francisco
8	University of Washington
9	Duke University
	University of Colorado, Denver
9	Washington University in St. Louis

#### Best Medical Schools - Women's Health U.S. News & World Report 2010

Rank	Hospital
	Harvard University
2	University of California, San Francisco
	University of Pennsylvania
4	Johns Hopkins University
4	University of Pittsburgh
	Duke University
7	Columbia University
7	Yale University
9	University of Washington
10	University of Michigan - Ann Arbor
10	University of North Carolina - Chapel Hill

### UCSF Graduate Division Program Rankings U.S. News & World Report 2010

Sciences - Area	UCSF Rank
Biological Sciences	7
Immunology/Infectious Disease	2
Biochemistry/Biophysics/Structural Biology	5
Cell Biology	4
Molecular Biology	6
Genetics/Genomics/Bioinformatics	8
Neuroscience/Neurobiology	3
Microbiology	4
Chemistry	32
Biochemistry	3
Physical Therapy	13

### Top Pharmacy Graduate Programs U.S. News & World Report 2008

Rank	University
1	University of California, San Francisco
2	University of North Carolina, Chapel Hill
3	University of Minnesota
4	University of Texas, Austin
5	Ohio State University
5	University of Kentucky
5	University of Michigan, Ann Arbor
5	University of Washington
9	Purdue University
9	University of Arizona
9	University of Florida
9	University of Illinois, Chicago
9	University of Maryland, Baltimore
9	University of Wisconsin, Madison

#### UCSF Nursing Discipline Rankings U.S. News & World Report 2008

UCSF Disciplines	
Nursing	
Adult	2
Adult/Medical/Surgical	1
Family	2
Gergontological/Geriatric	7
Midwifery	3
Nursing Service Administration	7
Pediatric	5
Psychiatric/Mental Health	2

#### Top Ten Hospitals U.S. News & World Report 2010

Rank	Hospital
1	Johns Hopkins Hospital, Baltimore
2	Mayo Clinic, Rochester, Minn.
3	Massachusetts General Hospital, Boston
4	Cleveland Clinic
5	Ronald Reagan UCLA Medical Center, Los Angeles
6	New York-Presbyterian Univ. Hosp.
7	UCSF Medical Center, San Francisco
8	Barnes Jewish Hospital/Washington Univ., St. Louis
9	Hosp. of the Univ. of Pennyslyvania, Philadelphia
10	Duke Univ. Medical Center, Durham, N.C.

## Best Hospitals - Cancer U.S. News & World Report 2010

Rank	Hospital
1	University of Texas M.D. Anderson Cancer Center, Houston
2	Memorial Sloan-Kettering Cancer Center, New York
3	Mayo Clinic, Rochester, Minn.
4	Johns Hopkins Hospital, Baltimore
5	University of Washington Medical Center, Seattle
6	Dana-Farber Cancer Institute, Boston
7	Massachusetts General Hospital, Boston
8	University of California, San Francisco Medical Center
9	Cleveland Clinic
10	Ronald Reagan UCLA Medical Center

# Best Hospitals - Diabetes & Endocrine Disorders U.S. News & World Report 2010

Rank	Hospital
1	Mayo Clinic, Rochester, Minn.
2	Massachusetts General Hospital, Boston
3	Johns Hopkins Hospital, Baltimore
4	University of California, San Francisco Medical Center
5	Ronald Reagan UCLA Medical Center, Los Angeles
6	Cleveland Clinic
7	New York-Presbyterian Univ. Hosp. of Columbia and Cornell
8	Yale-New Haven Hospital, New Haven, Conn.
9	Barnes-Jewish Hospital/Washington University, St. Louis
10	Brigham and Women's Hospital, Boston

## Best Hospitals - Ear, Nose, & Throat U.S. News & World Report 2010

Rank	Hospital
1	Johns Hopkins Hospital, Baltimore
2	Massachusetts Eye and Ear Infirmary, Boston
3	UPMC-University of Pittsburgh Medical Center
4	University of Iowa Hospitals and Clinics, Iowa City
5	Mayo Clinic, Rochester, Minn.
6	University of Texas M.D. Anderson Cancer Center, Houston
7	Hospital of the University of Pennsylvania
8	Cleveland Clinic
9	University of Michigan Hospitals and Health Centers
10	Barnes-Jewish Hospital/Washington University, St. Louis
15	University of California, San Francisco Medical Center

#### Best Hospitals - Gastroenterology U.S. News & World Report 2010

Rank	Hospital
1	Mayo Clinic, Rochester, Minn.
2	Cleveland Clinic
3	Johns Hopkins Hospital, Baltimore
4	Massachusetts General Hospital, Boston
	Mount Sinai Medical Center, New York
6	University of Chicago Medical Center
	Hospital of the University of Pennsylvania, Philadelphia
8	Ronald Reagan UCLA Medical Center, Los Angeles
9	New York Presbyterian University Hospital of Columbia and Cornell
10	Cedars Sinal Medical Center, Los Angeles
15	University of California, San Francisco Medical Center

#### Best Hospitals - Geriatric Care U.S. News & World Report 2010

Rank	Hospital
1	Mount Sinai Medical Center, New York
2	Ronald Reagan UCLA Medical Center, Los Angeles
3	Johns Hopkins Hospital, Baltimore
4	Massachusetts General Hospital, Boston
5	Mayo Clinic, Rochester, Minn.
6	Duke University Medical Center, Durham, N.C.
7	New York Presbyterian University Hospital of Columbia and Cornell
8	UPMC-University of Pittsburgh Medical Center
9	Yale-New Haven Hospital, New Haven, Conn.
10	Cleveland Clinic
11	University of California, San Francisco Medical Center

### Best Hospitals - Gynecology U.S. News & World Report 2010

Rank	Hospital
1	Johns Hopkins Hospital, Baltimore
2	Mayo Clinic, Rochester, Minn.
3	Birgham and Women's Hospital, Boston
4	Cleveland Clinic
5	Massachusetts General Hospital, Boston
6	Magee-Womens Hospital of UPMC, Pittsburgh
7	Duke University Medical Center, Durham, N.C.
8	University of California, San Francisco Medical Center
9	New York-Presbyterian Univ. Hosp. of Columbia and Cornell
10	Memorial Sloan-Kettering Cancer Center

#### Best Hospitals - Kidney Disease U.S. News & World Report 2010

Rank	Hospital
1	Mayo Clinic, Rochester, Minn.
2	Johns Hopkins Hospital, Baltimore
3	Cleveland Clinic
4	New York-Presbyterian Univ. Hosp. of Columbia and Cornell
5	Massachusetts General Hospital, Boston
6	Brigham and Women's Hospital, Boston
7	Ronald Reagan UCLA Medical Center, Los Angeles
8	University of California, San Francisco Medical Center
9	Barnes-Jewish Hosptial/Washington University, St. Louis
10	Vanderbilt-University Medical Center, Nashville

### Best Hospitals - Neurology and Neurosurgery U.S. News & World Report 2010

Rank	
1	Johns Hopkins Hospital, Baltimore
2	Mayo Clinic, Rochester, Minn.
3	Massachusetts General Hospital, Boston
4	New York-Presbyterian Univ. Hosp. of Columbia and Cornell
5	University of California, San Francisco Medical Center
6	Cleveland Clinic
7	Ronald Reagan UCLA Medical Center, Los Angeles
8	St. Joseph's Hospital and Medical Center, Phoenix
9	NYU Langone Medical Center
10	Barnes-Jewish Hospital/Washington University, St. Louis

#### Best Hospitals - Ophthalmology U.S. News & World Report 2010

Rank	
1	Bascom Palmer Eye Institute at the University of Miami
2	Wilmer Eye Institute, Johns Hopkins
3	Wills Eye Hospital, Philadelphia
4	Massachusetts Eye and Ear Infirmary
5	Jules Stein Eye Institute, UCLA Medical Center, Los Angeles
6	University of Iowa Hospitals and Clinics, Iowa City
7	Duke University Medical Center, Durham N.C.
8	Doheny Eye Institute, USC University Hospital, Los Angeles
9	University of California, San Francisco Medical Center
10	Cleveland Clinic

#### Best Hospitals - Orthopedics U.S. News & World Report 2010

Rank	Hospital
1	Hospital for Special Surgery, New York
2	Mayo Clinic, Rochester, Minn.
3	Massachusetts General Hospital, Boston
4	Cleveland Clinic
5	Johns Hopkins Hospital, Baltimore
6	Duke University Medical Center, Durham, N.C.
7	Barnes-Jewish Hospital/Washington University
8	UPMC-University of Pittsburgh Medical Center
9	University of Iowa Hospitals and Clinics, Iowa City
10	Rush University Medical Center
18	University of California, San Francisco Medical Center

# Best Hospitals - Psychiatry U.S. News & World Report 2010

Rank	Hospital
1	Massachusetts General Hospital, Boston
2	Johns Hopkins Hospital, Baltimore
3	McLean Hospital, Belmont, Mass.
	New York-Presbyterian Univ. Hosp. of Columbia and Cornell
	Menninger Clinic, Houston
6	Resnick Neuropsychiatric Hospital at UCLA
7	Sheppard and Enoch Pratt Hospital, Baltimore
8	Mayo Clinic, Rochester, Minn.
9	UPMC-University of Pittsburgh Medical Center
10	Yale-New Haven Hospital
23	University of California, San Francisco Medical Center

#### Best Hospitals - Pulmonology U.S. News & World Report 2010

Rank	Hospital
1	National Jewish Health
2	Mayo Clinic, Rochester, Minn.
3	Cleveland Clinic
4	Johns Hopkins Hospital, Baltimore
5	Massachusetts General Hospital, Boston
6	Duke University Medical Center
7	UPMC-University of Pittsburgh Medical Center
8	University of Colorado Hospital
9	University of California, San Francisco Medical Center
10	Hospital of the University of Pennsylvania

#### Best Hospitals - Rheumatology U.S. News & World Report 2010

Rank	Hospital
1	Johns Hopkins Hospital, Baltimore
2	Cleveland Clinic
	Hospital for Special Surgery, New York
4	Mayo Clinic, Rochester, Minn.
	Brigham and Women's Hospital, Boston
6	Ronald Reagan UCLA Medical Center, Los Angeles
7	Massachusetts General Hospital, Boston
8	Hospital for Joint Diseases, NYU Langone Medical Center
9	UPMC-University of Pittsburgh Medical Center
10	University of California, San Francisco Medical Center

#### Best Hospitals - Urology U.S. News & World Report 2010

Rank	Hospital
1	Johns Hopkins Hospital, Baltimore
2	Cleveland Clinic
3	Mayo Clinic, Rochester, Minn.
4	Ronald Reagan UCLA Medical Center, Los Angeles
5	University of California, San Francisco Medical Center
6	New York-Presbytherian Univ. Hosp. of Columbia and Cornell
7	Duke University Medical Center, New York
8	Memorial Sloan-Kettering Cancer Center, New York
9	Vanderbilt University Medical Center, Nashville
10	University of Texas M.D. Anderson Cancer Center, Houston

Top 10 Heart Transplant Hospitals (by 2009 Volume): Volume Trends

Rank	Hospital	2002	2003	2004	2005	2006	2007	2008	2009
1	New York-Presbyterian/Columbia	82	87	86	118	106	97		93
2	UCLA Med Center	96	96	77	86	83	88	26	92
3	Univ of Pittsburgh Med Ctr	40	33	37	37	22	46	51	62
4	Cleveland Clinic Foundation	09	73	28	72	74	61	09	22
4	Stanford Univ Med Ctr	47	52	62	25	99	59	99	22
4	Tampa General Hospital	42	22	54	09	69	53	45	22
7	Duke University Med Center	09	51	48	32	40	48	48	20
8	The Hosp of the Univ of PA	51	23	47	49	54	54	49	47
6	Univ of Michigan Med Cntr	33	29	31	32	32	33	34	44
10	St. Lukes Hospital of Kansas City	14	11	12	30	37	27	42	37
48	UCSF Medical Center	1	13	10	21	20	18	20	16

= hospital with the highest volume for the year Source: United Network of Organ Sharing (UNOS)

Top 10 Kidney Transplant Hospitals (by 2009 Volume): Volume Trends

	Hospital	2002	2003	2004	2005	2006	2007	2008	2009
7	UCSF Medical Center	298	342	370	251	295	366	347	305
2	NCLA	266	302	311	518	289	316	300	277
3	Univ of Alabama Hospital	314	293	249	298	303	294	260	265
4	New York-Presbyterian/Columbia	92	106	138	199	250	260	249	261
2	Univ. of Maryland Med System	252	185	215	202	229	244	222	254
9	Univ of Wisconsin Hosp and Clinics	288	286	308	304	310	289	288	253
	Johns Hopkins Hospital	176	168	168	184	203	181	166	251
80	Northwestern Memorial	186	195	223	241	256	246	245	250
6	Jackson Memorial Hospital	118	138	186	202	197	253	208	245
10	New York-Presbyterian/Weill Cornell	83	92	96	165	232	203	218	227

Source: United Network of Organ Sharing (UNOS)

Top 10 Liver Transplant Hospitals (by 2009 Volume): Volume Trends

Rank	Hospital	2002	2003	2004	2005	2006	2007	2008	2009
1	UCLA	195	185	182	203	234	230	228	192
2	Mayo Clinic Florida	167	171	245	246	218	165	170	166
င	UCSF Medical Center	105	127	124	160	149	127	147	153
4	Cleveland Clinic Foundation	32	40	63	122	125	148	147	141
4	New York Presbyterian/Columbia	94	86	108	128	152	122	135	141
9	Jackson Memorial	186	168	153	141	147	192	165	128
	Clarian Health-Methodist/IU/Riley	139	166	161	176	154	155	134	126
7	Methodist Univ Hospital	0	0	11	34	88	106	117	126
	University of Pittsburgh Med Ctr	179	276	243	222	183	183	106	126
10	Ochsner Foundation Hospital	20	107	96	94	78	100	91	120

Source: United Network of Organ Sharing (UNOS)

Top 10 Lung Transplant Hospitals (by 2009 Volume): Volume Trends

Rank	Rank Hospital	2002	2003	2004	2005	2006	2007	2008	2009
1	Cleveland Clinic Fndtn	36	47	63	64	62	69	22	154
2	Univ of Pittsburgh Med Ct	49	40	28	87	93	123	118	122
8	Duke University	20	69	69	29	09	22	71	93
4	The Methodist Hosptial	20	20	11	22	36	40	51	79
2	Bames-Jewish	58	47	58	54	58	53	28	22
2	New York-Presbyterian/Columbia	22	26	32	43	51	22	46	25
7	UCLA	27	28	37	54	09	69	54	52
80	Univ of Washington Med Ctr	36	37	43	42	52	52	46	46
6	The Hosp of the Univ of PA	28	32	39	69	51	53	43	45
10	Loyola Univ Med Center	25	29	33	38	26	39	46	42
10	Mayo Clinic Florida	15	21	23	32	26	35	40	42
18	UCSF Medical Center	13	28	31	32	29	32	41	33

= hospital with the highest volume for the year Source: United Network of Organ Sharing (UNOS)

#### **Newsweek International**

#### **Top 10 Global Universities**

- 1. Harvard University
- 2. Stanford University
- 3. Yale University
- 4. California Institute of Technology
- 5. University of California at Berkeley
- 6. University of Cambridge
- 7. Massachusetts Institute of Technology
- 8. Oxford University
- 9. University of California at San Francisco
- 10. Columbia University

## University of California, San Francisco Institutional Profile - FY 2009-10 Summary Statistics

# Top Fund-Raising Institutions FY 2008-09

		Funds
No.	University	Raised
		2008-09
1	Univ. of California, System Summary	\$1,284,965,179
2	Stanford University	\$640,107,311
3	Univ. of Texas System Summary	\$612,711,673
4	Harvard University	\$601,636,000
5	Cornell University	\$446,749,543
6	University of Pennsylvania	\$439,768,922
7	Johns Hopkins University	\$433,387,640
8	Columbia University	\$413,358,859
9	University of Southern California	\$368,981,377
10	Yale University	\$358,147,948
11	Univ. of California, Los Angeles	\$351,688,985
12	University of Wisconsin - Madison	\$341,805,035
13	New York University	\$334,787,429
14	University of Washington	\$323,545,197
15	Massachusetts Institute of Technology	\$319,074,750
16	Duke University	\$301,647,088
17	University of California, San Francisco	\$300,424,315
18	University of Minnesota	\$272,353,115
19	Univ of North Carolina at Chapel Hill	\$270,111,159
20	University of Michigan	\$263,329,921

Source: Council for Aid to Education

## University of California, San Francisco Institutional Profile - FY 2009-10 Summary Statistics

## Top Fund-Raising Institutions FY 2009-10

		Funds
No.	University	Raised
		2009-10
1	Johns Hopkins University	\$427,593,283
2	University of Pennsylvania	\$381,591,586
3	New York University	\$349,213,948
4	Duke University	\$345,468,017
5	Indiana University	\$342,818,089
6	University of California, Los Angeles	\$340,468,017
7	Cornell University	\$308,219,446
8	Massachusetts Institute of Technology	\$307,181,598
9	University of Washington	\$285,219,625
10	University of California, San Francisco	\$268,904,940
11	Univ of North Carolina at Chapel Hill	\$266,857,424
12	University of Michigan	\$252,098,059
13	University of Chicago	\$251,233,491
14	University of Texas at Austin	\$235,292,812
15	University of Notre Dame	\$221,615,902
16	Washington University	\$210,958,223
17	Princeton University	\$206,729,497
18	Univ of Illinois - System Summary	\$204,385,196
19	Pennsylvania State University	\$200,341,970
20	Purdue University	\$191,778,516

Source: Council for Aid to Education

## **UCSF HISTORY**

UCSF is home to graduate professional schools in dentistry, medicine, nursing and pharmacy; a graduate division for predoctoral and postdoctoral scientists; the UCSF Medical Center; the UCSF Children's Hospital; and Langley Porter Psychiatric Institute. The following paragraphs chronicle UCSF's history in brief over the past 144 years. A much more complete history of UCSF can be found later in this section.

UCSF was founded in 1864 as Toland Medical College, making it the oldest continuously operating medical school in the Western United States. In 1868, the University of California was created and in 1873, Toland Medical College affiliated with the University and became the Medical Department of the University of California.

The School of Pharmacy was founded in 1872 as the California College of Pharmacy by members of the California Pharmaceutical Society. This was the first college of pharmacy established in the West and the tenth in the United States. In 1873, the college affiliated with the University and became the College of Pharmacy of the University of California.

In 1881, the University of California Regents organized and established the Dental College in which was the first dental educational institution to be established west of the Mississippi River.

A diploma program for the education of nurses was first offered by the University of California in 1907. This ultimately led to the establishment of the School of Nursing, the first autonomous school of nursing in any state university, in 1939. The School of Nursing faculty achieved full academic status in the University in 1941.

In 1895, the California Legislature appropriated \$250,000 for the construction of the "Affiliated Colleges" of the University of California on a 13-acre parcel in Parnassus Heights donated by San Francisco Mayor Adolph Sutro. By the turn of the century, 400 students were receiving professional instruction at the Parnassus campus.

In response to the acute need for hospital facilities after the 1906 earthquake, the University established its first teaching hospital on the Parnassus campus in 1907. To create space for the new clinical facilities, the departments of Physiology, Anatomy, and Pathology were transferred to Berkeley, not to return until the 1950's. A new UC Hospital building was completed and opened in 1917 at a cost of \$600,000 raised from private donations.

In 1912, the name of Medical Department of the University of California was changed to the University of California College of Medicine, and by 1915 it was designated of-

ficially as the University of California Medical School.

In 1949, the Regents officially designated the Parnassus campus as the UC Medical Center in San Francisco and renamed the UC Medical School the "UC School of Medicine."

Prior to 1954, the deans of the various schools on the San Francisco campus reported directly to the President of the University. An administrative advisory committee composed of deans and administrative chiefs, with the dean of the School of Medicine as chairman, was established in 1954 to supervise the campus. In 1958, the title of chairman was changed to provost, and in 1964, to chancellor. In 1970 the campus (then known as the San Francisco Medical Center) was named officially University of California, San Francisco.

In 1955, the twelve-story, Moffitt Hospital opened with two stories added later. The adjoining fourteen-story medical sciences building opened in 1956 as basic science faculty in anatomy, biochemistry and physiology prepared their move from Berkeley. Long Hospital was constructed adjacent to Moffitt Hospital in 1982, bringing the combined capacity of the two hospitals to 526 beds as of 2007. Planned renovations will bring the capacity up to 580 beds by 2013.

In 1997, UC Regents approved Mission Bay as the site for UCSF's 2nd major campus site on 57 acres of property south of downtown San Francisco. At full buildout, the campus will contain approximately 20 buildings and will be populated by around 14,400 persons. As of 2010, the Mission Bay campus had a population of 3,500 staff, students, faculty and visitors.

UCSF is building a 289-bed, integrated hospital complex to serve children, women and cancer patients on a 14.5 acre parcel adjacent to its existing 43-acre Mission Bay campus. Upon completion of the first phase in late 2013 or early 2014, the plans for the 869,000-plus-gross-square-foot hospital complex include:

- A 183-bed children's hospital with urgent/emergency care and pediatric primary care and special ambulatory facilities;
- A 70-bed adult hospital for cancer patients;
- A women's hospital for cancer care, specialty surgery and select outpatient services, plus a 36 bed birth center;
- An energy center, helipad, parking and support services.

#### 1868-1898

## Origins of the University of California and Affiliated Colleges



#### **INTRODUCTION**

The story of UCSF's nineteenth-century beginnings provides a distinct contrast to more conventional accounts of the development of America's health professions in the long-established medical centers of the East and Midwest. This is especially true in light of its early development in Gold Rush San Francisco, which in five decades developed from an isolated village into a heterogeneous American metropolis of more than 300,000 inhabitants. San Francisco's founding decade of the 1850s was marked by the arrival of hordes of immigrant gold seekers of many nationalities, substandard housing, devastating city fires, cholera and typhoid epidemics, and governance by vigilance committees. Fixed in the social and economic chaos of the Gold Rush were the roots of California's emerging health professions: Dentistry, Medicine, Nursing and Pharmacy.

Despite the geographical isolation and unique social conditions of this urban frontier, the western health professions did not develop in a vacuum. As this history reveals, professional leaders persistently corresponded with leaders in the eastern universities and traveled to visit professional schools, searching for ideal templates for their own developing institutions. And, although they borrowed freely from curricula, clinical teaching techniques, classroom and lab designs, San Francisco's professional leaders often created a distinctive environment.

Rapid technological and theoretical developments within the professions themselves helped to transform medical education. In medicine this took the form of replacing traditional didactic lectures with hands-on instruction in pathology, physiology, bedside clinical training, and autopsy studies. In the last decades of the century, the development of bacteriology, immunology, antiseptic techniques, and anesthesia revolutionized medical practice and medical education. Dentistry, which by the mid-nineteenth century split from medicine as a specialty of its own, moved from crude tooth-pulling towards a primary concern with replacing and restoring teeth. In so doing, dentists pioneered nitrous oxide and ether anesthesia and introduced a number of new materials and devices, from gold foil and vulcanized rubber, to rotary instruments and adjustable chairs. In the field of pharmacy, the practice of manually preparing dosage forms (tinctures, extracts, pills, powder papers etc.) from a mere handful of effective drugs, and a pronounced interest in botanicals, gradually gave rise to patent medicines and industrially-produced drugs. This led eventually to increasingly sophisticated pharmaceutical chemistry and the development of the disciplines of pharmacognosy and pharmacology, revolutionizing the relationship between pharmacists and physicians. Finally, in the late nineteenthcentury hospitals evolved from pest-houses and poorhouses into functional institutions for healing and acute care. Nursing emerged as a separate profession, created by women who took on responsibility for hospital cleanliness, nutrition, safeguarding the sterility of the operating room and medical and surgical supplies, and for the consistent provision of disciplined bedside care, initially in hospitals and later in homes.

In the case of medicine, the development of private medical colleges predated the founding of the University of California itself. The Organic Act of 1868 created the University of California and designated 160 acres of land in Berkeley for its use. Section 8 of the Act directed the Board of Regents "to affiliate with the university any incorporated college of medicine or law, or other special course of instruction now existing or may be created." In 1872, as the structure of the divisions of the University was still under development and buildings were still under construction in Berkeley, a "medical department" was established under the control of physicians in San Francisco. Soon pharmacists moved to affiliate formally. In so doing, they put their instructional programs "on an academic basis" with the support of UC's first president Daniel Coit Gilman, who promoted the addition of advanced scientific training to the young university. In 1881 the College of Dentistry was created by the Board of Regents as one of the "affiliated colleges" based in San Francisco. The three colleges—medicine, pharmacy, and dentistry—were not mere satellite appendages to Berkeley, however.

The affiliated colleges shaped and bolstered the developing University in many ways. At the turn of the century, the creation of fulltime scientific faculty positions in anatomy,

pathology and physiology in connection with the affiliated colleges set a precedent for the University of California's subsequent leadership in the basic biological sciences and their application to clinical problems. Owing to the consistent support of a long line of UC Presidents, the health sciences remained a significant feature of the public service mandate of the state's university.

#### PRELUDE: The California Gold Rush

Any history of the health professions involving a boomtown like San Francisco would have to take into account the unique geographical and social environment created by the Gold Rush. In 1846 San Francisco was a colony of around 200 people called Yerba Buena. A year later the population had grown to 457, and most of these were men under forty, including one minister, three doctors, three lawyers, and one schoolteacher.`



View of San Francisco: San Francisco before the Gold Rush, March 1847, with Montgomery Street bordering the bay.

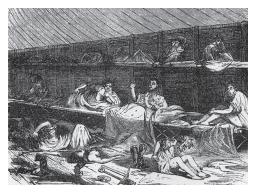
On January 24, 1848, a worker found gold nuggets in the millrace at John Sutter's encampment on the American River, setting off a decade-long nationwide wave of "Gold Fever." On February 2, 1848, President Polk signed the Treaty of Guadalupe Hidalgo with the Mexican government, transferring the Mexican lands, including California, to the U. S. for 15 million dollars. The Treaty was proclaimed on June 19th, but news did not reach California until August of 1848. That same month news of the gold discovery reached the East, and by November the first ship carrying goldseekers

left the east coast. Twenty-five years later, when the Colleges of Pharmacy and Medicine officially affiliated with the University, San Francisco's population had swelled to 183,723.

#### A City of Transients



Forest of Masts: Panoramic View of San Francisco, ca 1850s. Left to right: Nob Hill, Russian Hill, Telegraph Hill; and far right: a harbor full of abandoned ships.



Artist's depiction of lodging conditions in San Francisco, ca. 1850s.

Already by 1849, San Francisco had been transformed into a chaotic city of 40,000, with 4,000 immigrants arriving by ship each month. Abandoned ships cluttered the harbor and most of the available lumber was used to build saloons. Citizens lived in cellars and makeshift tents crowded into the flatlands that surrounded the bay. Health conditions were frightful, with a third of the deaths caused by diarrhea and dysentery. Malnutrition, scurvy, malaria, and typhus fever were also prevalent and the population was subjected to deaths from starvation, exposure, murder, executions, and various wounds and accidents. To make matters worse, in autumn of

1850, cholera arrived in California, brought in by ship, just in time to mar any celebration of state-hood. One physician observer estimated that from 1851 to 1853, one of every five persons reaching California died within six months of arrival. By 1855 over 150,000 persons had come to seek gold in California, swelling the new state's population, and San Francisco became a full-fledged city of over 60,000 served by nearly 2,000 dentists, physicians, and pharmacists with varying credentials.



Street Conditions in San Francisco during the Gold Rush.

#### **Coming To California**

From the beginning, physicians, pharmacists, and dentists were as enthusiastic about seeking their fortunes as most other prospectors. California's early dentists provided their services to the throngs of gold miners. Dr J. Foster Flagg, one of the early fortyniners, studied dentistry in the eastern US and arrived in San Francisco in late 1849. He described his outdoor workspace in a mining community, "my chair is a barrel cut in this wise, with a stick with head rest attached. The lower half of the barrel stuffed firmly with pine needles and covered with a strong potato sack, over which I had an elegant cover of striped calico. A tin cup of water sufficed to rinse the mouth, and the patient, from force of habit, spit on the floor of the office—which was the ground."

Dr. Hans Herman Behr, a German-educated physician-naturalist and student of Alexander von Humboldt, came to San Francisco in 1851. He found his intellectual treasure in studying the flora and fauna of California. Preferring botany to medical practice, he served on the faculty of the California College of Pharmacy for its first two decades.



Portrait of Hugh Toland

In 1852, South Carolina surgeon Dr. Hugh H. Toland joined a wagon train heading west in search of gold and a healthier climate for his ailing wife, who died just days after their arrival in California. After a few discouraging months as a miner, Dr. Toland realized that his medical knowledge was potentially more profitable than his mill, so he sold his claim and headed to the coast to establish a surgical practice in booming San Francisco.

Toland located his office near the waterfront at Montgomery and Merchant Streets and within months became the city's foremost surgeon, managing what was reportedly the largest practice on the West Coast. His interest in pharmacy and his experience in the mining camps prompted him to devise packaged medicines which he shipped to the mines by Wells Fargo messengers. His favorite remedies were labeled "anti-scrof" (iodide of potash) and "anti-syph" (mercury with a dash of lobelia) to treat the miners' most common problems: tuberculosis and syphilis.



This 19th-century surgical kit contained nine instruments including a charriere saw, four knives, a hook, a bone cutter, dressing forcep, two needles, a cloth, and brass tourniquet.

As the Sponge Case demonstrated, the medical milieu in San Francisco at mid-century was a mix best described by the state medical society president, who wrote in 1858, "We are a heterogeneous mass, an army of incompatibles. No country in the world is supplied with physicians so diverse in character. We have all the peculiarities of all the schools in the world, coupled with all the peculiarities of all the nations in the world."

Toland's fame often thrust him into controversy and he soon ran afoul of his colleague, Dr. R. Beverly Cole, a Philadelphia-trained physician who also came to California in search of gold. In 1856 Dr. Toland was called to attend a wounded newspaper editor, and medical judgment and vigilante justice became entwined in the famous Sponge Case.



This portable medical kit belonged to Dr. F. L. Miner. It contains such 19th-century remedies as chloral hydrate, chloroform, and potassium bromide.

# SAN FRANCISCO'S FIRST MEDICAL INSTITUTIONS: Hospitals and Pesthouses

Well before individual practitioners succeeded in organizing themselves into professional societies, the needs of the public's health prompted official government action on behalf of the San Francisco citizens. The task of removing the seriously ill or indigent from the streets and the threat of major epidemics prompted the city to provide for hospital care, first in tents and board sheds under supervision of contracting physicians. In 1850 a state bill appropriated \$50,000 to build a State Marine Hospital in San Francisco.



U.S. Marine Hospital, created by Congress and built in 1853.

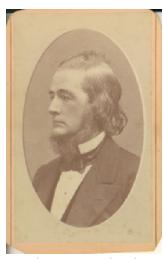
Meanwhile, in 1851 the U.S. Congress created a U.S. Marine Hospital in San Francisco, which was completed in 1853 and provided accommodations for an additional 500 patients. In 1855 the State Marine Hospital building was transformed into the City and County Hospital of San Francisco, supported by fees collected by a public health officer who inspected every vessel that entered the port.

In 1854, six Sisters of Mercy arrived from Ireland. They won praise for cleaning up the hospital environment after a series of scandals over poor care and for nursing patients through cholera and smallpox. The Sisters of Mercy stayed in San Francisco and continued to provide hospital care in a setting that eventually became St. Mary's Hospital. By 1857 the City and County Hospital was located in the former North Beach School at the southwest corner of Francisco and Stockton Streets. In order to help relieve crowding, in 1867 the city of San Francisco built a large almshouse near Laguna Honda on eighty acres of city-owned land on the western side of Twin Peaks. The following year the city created a 24-bed smallpox isolation hospital on the Laguna Honda grounds.

#### San Francisco's First Medical Schools

In 1858 California surgeon Elias Samuel Cooper organized the Medical Department of the University of the Pacific with a board of trustees consisting of ten clergymen and three physicians. The first session opened in May 1859, with a class of ten attending lectures in materia medica, chemistry, physiology, anatomy and medical jurisprudence. Dr. Cooper's death in 1862 brought confusion to the new school, and in 1864 the Pacific Medical faculty "suspended" activities and joined Dr. Hugh Toland in his efforts to found a viable medical school in San Francisco.

As San Francisco's population continued to grow, Hugh Toland's influence and wealth also increased,



Hugh Huger Toland (b. 1806, d. 1880)

earning an estimated \$40,000 per year. In 1864, he decided to establish a medical school in San Francisco and purchased land for that purpose in North Beach, at Stockton and Francisco, opposite the San Francisco City and County Hospital. A handsome building was soon completed, and Toland Medical College was open for enrollment. Clinical instruction and dissecting experience were the centerpieces of Toland's educational program, reflecting his training and experience in Parisian hospitals where clinical findings were carefully correlated with autopsy results.



In his inaugural speech, Dr. Toland offered the hope that the school would "spring into usefulness and become an ornament to the city and an honor to the state." From 1864 to 1872 Toland Medical College benefited from close proximity to the City-County Hospital (adjacent at right).

The school catalogue reflected Toland's insistence on the importance of clinical instruction. Lectures were given at San Francisco City and County Hospital where a "senior student examines the patient; announces the diagnosis and prognosis and views about treatment before class, discussion follows, complete clinical histories are kept and there are broad opportunities for autopsies." Just a month after classes began, the state of California approved a dissection law permitting pauper bodies to be studied by accredited physicians, thus opening the way for Toland students to gain experience doing dissection.

Toland's first class consisted of eight students, mostly drawn from the Cooper Medical College. The faculty of this lapsed medical college were asked to serve on the Toland roster, and Drs. Levi Cooper Lane, Henry Gibbons, Sr., and John F. Morse joined the faculty with some ambivalence. Significantly, R. Beverly Cole, the Dean and professor of obstetrics and diseases of women and children at Cooper, was not asked by Toland to join his new faculty.

The Toland Medical College quickly prospered. Its faculty of eight offered two fourmonth courses costing \$130 and leading to the degree of doctor of medicine. In the valedictory address to the first graduating class of Toland Medical College in 1865, Toland urged his graduates to devote a portion of every day to the study of monographs and medical journals to remain professionally competitive.

While boasting that he had built and furnished the school with his own resources, Toland also made a direct pitch to the new alumni to help their alma mater by supplying medical books. "When success crowns your efforts," he urged, "contribute in proportion to your ability and prepare a niche in this institution which will bear your names and transmit them to posterity."



Medical Students in Toland Medical College Dissecting Room, ca 1870. Photo by Eadweard Muybridge (Courtesy of the Bancroft Library, UC Berkeley).

R. Beverly Cole returned from a tour of Europe in 1867 and was appointed Surgeon General of the State of California in recognition of his valuable public health efforts. As a member of the Outside Lands Committee of the San Francisco Board of Supervisors, Cole became a well-known figure in the city's political arena. He supported the establishment of Golden Gate Park on the western edge of the city. Cole simultaneously persuaded the local health board to condemn the old City and County Hospital building, and a new institution was planned at Potrero Nuevo, a site nearly four miles south-



Prof. R. Beverly Cole, Medical Department of the University of California.

east of Toland's College. The impression among San Francisco's medical fraternity was that Cole had finally achieved his revenge for Toland's past rebuffs by weakening the College's vital link to the world of clinical medicine. Eventually, however, Dr. Cole would join the Toland medical faculty and become instrumental in the affiliation negotiations with the University of California.

#### **University Affiliation**

By 1870, Toland Medical College had a class of thirty students and had already granted diplomas to forty-five graduates. In that year, Toland sought to affiliate his medical school to the University of California, which itself was not yet two years old. In March 1873, the trustees deeded the Toland Medical College to the University of California Regents and the faculty minutes for the

first time bore the heading, "The Medical Department of the University of California."

R. Beverly Cole became the dean and twenty-seven students were enrolled in the first class. Toland's donation was appraised at the time at \$100,000 in buildings, lands, and instructional equipment, a gift that substantially increased the holdings of the young state university. On September 15, 1874, the regents adopted a resolution stating that "young women offering themselves for admission and passing the required examination must be received to all the privileges of the Medical Department." Responding to this new policy, schoolteacher Lucy Wanzer matriculated and in 1876 became the first female graduate of the Medical Department of the University of California. Many other young women followed her precedent, among them Mayor Adolf Sutro's daughter. In the subsequent five decades, roughly 10 percent of each graduating class was female, far in advance of the national average of 4 percent.

#### **California Pharmaceutical Society**

"The practice of medicine and pharmacy should go hand in hand and the more we endeavor to increase our individual knowledge and practical skill, so much more we confer dignity upon our own and a sense of security to the sister profession. The time has gone by when the educated and skillful pharmacist can be considered in the derogatory light of 'cook to the Doctor'. We are what our efforts make us; and as surely as water finds its level, so surely will the labors of the conscientious receive, in due time, their appointed reward." -

1870 minutes of the California Pharmaceutical Society.

In autumn of 1868, just four years after the foundation of Toland Medical College, an activist group of seventeen city pharmacists organized the California Pharmaceutical Society. The stated goal of the new association was "the advancement of pharmaceutical knowledge and the elevation of the professional character of apothecaries throughout the state of California." Regular monthly meetings of the Society continued, attracting a growing number of participating pharmacists, who presented papers on such subjects as, "Drug and Poison Bills," "State and Preparation for Commerce of the Crude and Refined Chemical products of California," Characteristic Botany of California," "California Wines, Brandies, etc", and "Fluid Extracts vs. Tinctures." Proceedings of the young Society reveal their concerns with "dispensing medicines of less than standard value", "indiscriminant" sale of poisons, introducing new formulas to the pharmaceutical Society were two enterprising individuals who devoted their time to pharmaceutical education and

professional standards while managing multiple city pharmacies.

In 1871 the Pharmaceutical Society drafted a bill "to regulate the practice of pharmacy in the City and County of San Francisco" which passed the legislature in 1872, and a Board of Pharmacy was appointed to administer the new law. This regulation predated the Medical Practice Act by five years, and the records of the California Pharmaceutical Society reveal a striking degree of unanimity among pharmacists of San Francisco. Minutes of the first annual meeting recorded 99 members and stated that "only three or four of the apothecaries of San Francisco have chosen to keep beyond the pale of our regulations." Their new constitution stated explicit goals: "to improve the science and art of Pharmacy, by diffusing knowledge among Apothecaries and druggists, fostering pharmaceutical literature, developing talent, stimulating discovery and invention... establishing the relations between druggists, Pharmaceutists, Physicians and the people at large, upon just principles, which shall promote the public welfare and tend to mutual advantage." By late 1871 the California Pharmaceutical Society incorporated and, in 1872, established the California College of Pharmacy, one of ten such colleges in the United States, and the first in the West. The first faculty included two pharmacists with medical degrees out of four members who taught courses in chemistry, pharmacy, materia medica, and botany.

The new pharmacy college had barely begun its first series of lectures when affiliating with the new state University was proposed, a move wholly supported by UC President Daniel Coit Gilman, whose support for science education in the young university set an important precedent. Agreement was reached with the Regents and by June 1873 the Pharmacy Department was formally affiliated with the University. Just three months earlier President Gilman had negotiated the conveyance of Toland's medical college to the university. UC now had its first two professional "affiliated colleges."

## **Creating a UC Dental Department**

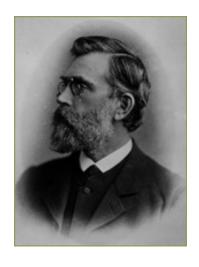
"We need a college of dentistry on this coast and if we have not a necessary talent among ourselves, we can import it. We owe those who take our places, greater facilities for study and professional breadth than the times have afforded us. The future will demand men educated in all that constitutes the scholar and professional man, and refined in all that makes the gentleman."

Dr. CC Knowles, June 26, 1870

The same impulse that prompted physicians and pharmacists to organize, standardize, and regulate their professions motivated a group of the city's leading dentists to call for creation of a professional dental school. S.W. Dennis, M.D., D.D.S., was typical of this group of early organizers. He had graduated from the medical department of the University of Pennsylvania, received

an honorary D.D.S. degree from the Indiana Dental College, and began practice in San Francisco after studying with a local dentist. In the midst of general lobbying for a school of dentistry, Dr. Dennis contacted colleagues at Harvard and the University of Pennsylvania to help plan for a dental college in San Francisco.

In the late nineteenth century, dentistry was regarded as a recently separated area of medical specialization. Many dentists had M.D. degrees in addition to their dental training and most agreed that dental education should be closely linked to the medical curriculum, especially with respect to the teaching of anatomy and pathology. They desired university affiliation and they worked in close conjunction with the faculty of the Medical Department. On May 28, 1881, the medical faculty formally proposed the creation of an affiliated Dental Department to the UC Regents, using the affiliation of the medical and pharmacy departments as precedent. Part of their appeal included their promise of free lecture and clinic space for dental students at the Toland Medical College building.



S. W. Dennis, M.D., DDS



Toland Medical Building was the site of science instruction for the College of Pharmacy (in 1875-1876) and Dentistry (1882-1891) as well as the Medical School (1864-1898)

The Regents responded favorably, and in September of 1881 they established a Dental College to be organized with seven professors, nine instructors and four demonstrators. The eight members of the Dental Class of 1882 took courses of instruction in anatomy, physiology, chemistry and surgery alongside medical students in the Toland Medical College building at the corner of Stockton and Francisco Streets. A dental clinic was also located there and dental students were invited to attend selected bedside teaching clinics given by the medical faculty. While the UC Dental Department was not the only dental school to be organized in San Francisco, its founding in the context of the state university placed it in the forefront of academic schools in the West.

Thus by 1882 the University of California had three affiliated colleges in San Francisco. Faculty salaries were paid by tuition and fees and the individual schools retained control over choice of faculty, but the Toland Medical College building was officially made the property of the

university, and graduates of the schools wore university gowns at graduation. From the beginnings of affiliation, reciprocity in course offerings and programs was a feature of the three colleges: medical and dental students took anatomy and physiology side-by side, and all three schools allowed their graduates to expand their careers by matriculating in the other schools, with course credit allowed.

#### **Trained Nurses for San Francisco**

Nationally the impetus for nursing reform grew out of the experiences of the Civil War and the proliferation of hospitals in the second half of the nineteenth century. In 1873 the first class of "trained" nurses graduated from the New England Hospital For Women And Children, and in that same year three other large eastern hospitals, Bellevue (New York), Massachusetts General (Boston) and, the New Haven Hospital (Connecticut) developed training programs. By 1880 there were fifteen nurse's training schools in the nation.

San Francisco's experience in training nurses was shaped by the existence of female leadership from the growing number of locally active women physicians, some graduates of the UC Medical Department and some trained at various eastern medical schools. San Francisco physician Charlotte Amanda Blake Brown took her medical training in Philadelphia and was, to her colleagues, "a most favorably known surgeon, obstetrician, medical organizer and good citizen of San Francisco." In 1875, she joined with her daughter—physician Adelaide Brown— to develop the Pacific Dispensary for Women and Children, which subsequently (1879) became the Women's and Children's Hospital. This was a unique institution, governed by an exclusively female medical staff and it offered rare opportunities for women physicians to gain postgraduate experience.



Charlotte Blake Brown

#### **Growth of the Affiliated Colleges**

The 1880s marked a period of growth and transition for all three affiliated colleges. The foremost feature of this change was the move towards more elaborate clinical and laboratory instruction. Although UC President Daniel Coit Gilman left for Baltimore in 1875, his legacy was reflected in the educational tone of the University of Califor-



Closeup of Toland Medical Building; the three story City County Hospital is on the right. The hospital moved to its Portrero site in 1872, making clinical training more difficult for students who had to travel four miles for clinical sessions.

nia's affiliated colleges throughout the nineteenth century. Gilman had urged that medical training include "the habits of observation, manipulation, and reasoning," and over the next two decades, the three affiliated colleges developed curriculum that gradually reduced the number of didactic lectures and stressed direct clinical experience. Laboratory instruction expanded as wet preparations and vivisection were added to the physiology courses, the use of surgical tools was demonstrated on cadavers, and quantitative and qualitative chemical analysis were taught in all three colleges. Dental, medical, and pharmacy students were given lectures on the principles of the microscope. Gradually the college faculties expanded beyond the original full professors and included a corps of assistants and demonstrators.

Such profound changes in curriculum placed pressure upon the built environment of the colleges. Toland Medical building was the original center of instruction, providing "ample accommodations" for the College of Pharmacy from 1873 to

1876 and sharing space with Dentistry for its entire first decade. The Toland Medical College building contained a large lecture hall, clinical amphitheater, dissecting room, and laboratory space with chemicals and equipment "necessary for practical teaching." Throughout the 1880s, much of the basic coursework for the dental students was nearly identical to that of medical students, including lectures in physiology, surgery, chemistry and materia medica, anatomy, and pathology, and, for dental students, emphasis on diseases and injuries of the head, face, jaws and mouth. Pathology for dental students was divided into General Pathology and the disease process, and Special Pathology, which included the causes of dental decay, dental hygiene and prophylaxis, diseases of the dentine and dentinal pulp, diseases of the mucous membranes, alveolar abscesses, and tumors, benign and malignant. Dental students took instruction in "Neuralgia and other nervous affections" and were invited to attend clinical lectures at the City and County Hospital. Medical and dental students shared the same commencement ceremony.

Despite their similarities in instructional program, the unique needs of dentistry inevitably put pressure on Toland Medical Building facilities. When the Dental Department

was first founded in 1881, space at Toland was described as "beautifully situated, well ventilated and lighted, and admirably constructed and arranged for the work at hand." Several rooms were set aside for dispensary work, and the faculty raised funds for the purchase of "five Morrison dental chairs, 5 Archer dental chairs, three S.S. White dental engines, 10 spittoons, turnkeys, forceps elevators and stools." The laboratory requirements for dentistry instruction were unique to that profession, and the dental lab in Toland Medical Building was described in the mid 1880s as "commodius, furnished with benches, lathes, furnaces for melting, forge, rolling mill, continuous gum furnace and all other requisites for thorough work." The Dental Department flourished in terms of numbers of students, size of the faculty, and scope of instruction. By the mid-1880s, over half of the dental curriculum involved direct clinical work or laboratory work, and the more dynamic the instruction became, the more space was required.

#### **Expanded Pharmacy Instruction at 113 Fulton Street**

Pharmacy instruction became more elaborate as well. Toland Medical Building had been the site of pharmacy instruction for the first three years after the founding and affiliation of the California College of Pharmacy, but in 1876 pharmacy instruction moved to larger quarters in the California Academy of Sciences. Although the College of Pharmacy was affiliated with the University, it was governed by its own board of trustees. In 1883, desiring larger, more centrally located quarters, the trustees purchased a lot at 113 Fulton Street where they erected a three-story building designed exclusively for pharmacy instruction. In this new space, courses in chemistry, materia medica, botany,

and theoretical and practical pharmacy were taught by a five-member faculty: William T. Wenzell, M.D., PhG, Professor of Chemistry, Herman H. Behr, M.D., Professor of Botany, Frederick A Grazer, Ph.G., Professor of Materia Medica, and Edward W. Runyon, Ph.G, Dean and Professor of Pharmacy.

Throughout the 1880s, the college continued to upgrade its admissions requirements and course offerings. Previously, the completion of one year of high school or its equivalent was sufficient, but by the mid-1880s applicants needed to demonstrate skill in English reading and composition, geography and arithmetic through examination. Requirements for graduation included attendance of two full years of courses "in each of the [Col-



The California College of Pharmacy at 113 Fulton St.

lege of Pharmacy] departments," plus four years of experience "in a pharmacy where prescriptions are compounded." Candidates for the PharmG degree had to be at least 21 years old, "of good moral character," and each student had to present an original thesis, "on some subject relating to Pharmacy or its collateral branches, or a chemical analysis conducted by himself."

## **Enhanced Curricula within the Affiliated Colleges**

Reciprocity existed among the affiliated colleges. Pharmacy graduates were allowed to be examined for the MD in either the Medical Department of Cooper Medical College after attending medical school for two years instead of the otherwise required three. MD graduates, in turn were encouraged to pursue the PharmG degree after one year's attendance of the two years course in the College of Pharmacy. Dental graduates with the D.D.S. were able to gain a year towards their MD degree by enrolling in the Medical



Dental Clinics.

Department. Many of the graduates and faculty of the nineteenth century held degrees in both Dentistry and Medicine.

An interesting feature of the expanded courses and admission requirements of the 1880s was the attempt to bolster the preparatory curriculum for all three departments. In 1884 the UC Academic Senate resolved that all that students of all three affiliated colleges "may have a free course of lectures at Berkeley" to include work in "Botany, comparative anatomy and physiology, organic and inorganic chemistry with

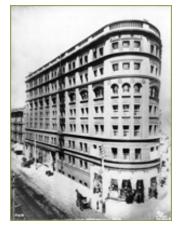
laboratory work, microscopic technology and physiological and pathological histology, physics with laboratory work and free hand drawing." The 1885 prospectus for the College of Dentistry praised: "this wise and liberal action of the Academic Senate," which provided, "the opportunity...for those students of intellectual capacity and professional ambition to attain that technical knowledge and practical laboratory training and experience so necessary to the scientific investigation of the aetiology of disease." This optional offering was directed at all the colleges and foreshadowed later upgrades in the requirements for pre-professional training in dentistry, medicine, and pharmacy.

#### **Dentistry Instruction at the Donohoe Building**

In 1891, as the business center of San Francisco shifted away from the Stockton Street location of the Toland Medical Building, the Dental Department moved its clinical and

mechanical instruction closer to downtown, occupying the entire fourth floor of the Donohoe Building on the corner of Market and Taylor. As dentistry's facilities acquired rows of new chairs and drills, enrollment increased, and entering students encountered a thriving clinical setting.

The Donohoe Building facility was the site of the practical aspect of dentistry, as students learned to work with gold foil and vulcanized rubber dentures, utilizing an array of drills and tools. Throughout the 1890s, UC's Dental Department was closely connected to San Francisco's population through its large dispensary service, providing free dental care upon need.



The College of Dentistry was located in the top two floors of the Donohoe building.

#### The Basic Sciences and the Practice of Medicine



Dentistry students studying bacti, 1894

The 1890s brought epochal changes in the content of basic science. Since the 1870s, when Sir Joseph Lister introduced antiseptic surgery and Louis Pasteur disproved the theory of spontaneous generation and developed the rabies vaccine, a new science of bacteriology found its "golden age." European bacteriologists developed rigorous techniques for isolating and identifying causative organisms, and isolated the organisms of anthrax (1876), tuberculosis (1882) cholera (1883), diphtheria (1884), typhoid (1884), Staphylcoccus (1884), tetanus (1884), Pneumococcus (1886), gas gangrene (1892), and plague (1894).

Bacteriology was gradually accepted into American medicine. In the late nineteenth century, the UC Medical Department retained basic science instruction in anatomy, physiology and pathology for medical and dental students at Toland Medical Building on the corner of Stockton and Francisco Streets. In an effort to modernize the cur-

riculum, the Medical Department\_invited Professor George H. F. Nuttall of Johns Hopkins University to give a special course of lectures in bacteriology. In 1893 the faculty installed a new bacteriology lab containing a "complete apparatus" imported directly from Berlin.

By the 1890s, dentistry, medicine and pharmacy were vitally involved in incorporating the expanding content of laboratory science. Bacteriology, along with microscopic histology, urinalysis, salivary analysis, toxicology, and parasitology were added to the curriculum. By the turn of the century, white gowns, enameled furniture, scrubbable surfaces, and rubber gloves transformed the appearance of the hospital ward, operating room and dental office. The use of diphtheria antitoxin and other antiserum products were added to the pharmacopiea, and chemistry instruction was expanded in the College of Pharmacy.



College of Pharmacy graduation invitation featuring illustrated content of the fields of chemistry, materia medica, botany, and pharmacognosy.

### **Building the Parnassus Campus**



View of Cole Valley looking east from Parnassus in 1892.

By the mid 1890s, as the content of medical science expanded, faculty and trustees of the three colleges were concerned, for, despite the fact that they were affiliated in name, their teaching facilities were scattered throughout the city, and the schools were rapidly running out of room to expand. In 1893 the Medical College Dean Robert McLean complained to the UC President that Toland Medical Building "has become unfit for the teaching of modern medicine." The President in turn reported to the Governor that "the professional colleges in SF are still suffering for want of suitable accommodations...[they] are better housed and

equipped than three years ago, but ask for ampler rooms." In his 1893 report, Medical College Dean Robert McClean appealed to the UC President and the Regents, asking for support for a building for all the colleges, declaring that "Its influence upon the esprit de corps of the Faculties of the various affiliated colleges upon the university as a whole and upon the public at large could not be overestimated." A committee comprised of faculty and alumni lobbied the legislature for three years, and finally in 1895 the Governor James H. Budd (a California alumnus) approved the legislature's unanimous appropriation of \$250,000 for construction of the University colleges of medicine dentistry, pharmacy, veterinary medicine, and law.



Grading the site of the Affiliated Colleges, August 29, 1895, John Tuttle, contractor.

Controversy developed over the potential sites for the colleges, and as late as May 1895, seven different sites were still being considered. In July of 1895, San Francisco Mayor Adolph Sutro donated a 13-acre site overlooking Golden Gate Park for the proposed affiliated colleges. Some speculated that this generous donation was possibly a result of Beverly Cole's and Arnold D'Ancona's tactful persuasion, others were suspicious of Sutros' motives. Several faculty disagreed with the choice of the Sutro site, considering the Parnassus shelf as totally inaccessible. Nevertheless a majority of faculty and alumni of the colleges eventually weighed in on the Sutro site, and records exist of

the Pharmacy faculty's trip to the site. After plans and bids were settled, construction began on October 20, 1896. One observer noted that "On request, the State Prison Directors supplied granite quarried by the prisoners of Folsom at a saving of \$10,000, the medical faculty subscribed over \$1,100 for plans, the architects reduced their fees, and builders accepted changes reasonably, and as the four structures rose, it was granted that planning and building were well and honestly done."



Pharmacy faculty upgraded laboratory facilities in the Fulton street building, and redoubled their efforts to create ideal modern teaching facilities in the new college buildings.

Faculty from the three colleges formed a "General Site and Building Committee of the Professional Departments of the University of California" to conduct research and oversee construction of the buildings. This Committee inspected building sites and surveyed eastern and Midwestern schools for comparisons and direction on national trends in laboratory instruction. One surviving product of their diligent research was the 76-page "Inspection Report of Colleges of Pharmacy, conducted in summer of 1895 by a group consisting of Dr. Beverly Cole, F. A. Beckett of the California College of Pharmacy, and Albert Sutton, an architect. They spent two months visiting schools of pharmacy and laboratories in nine cities. The report was detailed and critical in tone. At one point the Colored ribbon from pharmacy cornerstone laying ceremony authors note sarcastically that one college had "a building rather more imposing than our own on the exterior, but in order to continue this desirable deceit, it is advisable to remain on the outside." Their survey covered the minute details of laboratory furnishings and curriculum offerings, as well as the financial structure of the schools and salaries of faculty and janitors.

Upon returning from his travels, F. A. Beckett approached the pharmacy faculty, convinced by of the urgent need for expanding laboratory instruction. He proposed conversion of the janitor's quarters and sectioning off other rooms to create two additional labs, noting that the new college buildings at best would not be ready for three or four years, and "we could not afford to wait." He went on to propose an additional year of instruction and the granting of a Pharm D degree for more advanced study. Arguing persuasively for immediate action, he declared "We have the opportunity now to establish our reputation as the leading [College of Pharmacy] for all time, and not only for the present."



Colored ribbon from pharmacy cornerstone laying ceremony



<u>Laying cornerstone for the Affiliated Colleges on a stormy day, March 27, 1897.</u>

After five years of planning, construction and anticipation, the buildings of the Affiliated Colleges were ready for occupancy by 1898 and in October the Medical Department relocated. Pharmacy occupied its quarters over the Christmas holidays of 1898-1899. The buildings were impressive, but state support was limited to construction of the buildings themselves. The furnishing of labs and lecture halls was the responsibility of the college faculties and trustees. The Medical Department succeeded in developing a 1220-seat auditorium, the finest dis-

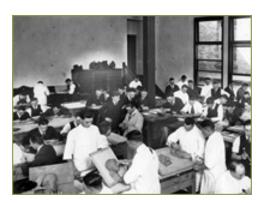
secting room in the world at the present time," and "spacious laboratories for pathology, bacteriology, chemistry and physiology," all featured in a glossy brochure.



Reproduction of pharmacy architect's drawing as published in the Pacific Druggist

Pharmacy alumni hosted several events and sold tickets to help furnish the building. Once finished, the facilities were the source of much professional pride. The California College of Pharmacy Announcement for 1901 described a four-story building with 40,000 square feet "entirely devoted to pharmacy." Facilities included a large general lecture hall designed to seat two hundred students; chemical, pharmaceutical, and microscopical labs designed to handle 100 students at a time; review classrooms, a museum, library, student's study rooms, faculty and staff offices, store rooms, and a boiler room. The facility was designed

to foster "a larger amount of personal contact between professor and pupil."



Specialized dentistry labs, 1903

While dentistry's clinical operations remained in the downtown Donohoe Building as before, the teaching space in the new Affiliated Colleges building contained several specialized dental labs, designed for detailed work in prosthetic dentistry. Other laboratories were designed for the teaching of bacteriology, chemistry and metallurgy. A special Technic room was outfitted for the teaching of operative and mechanical manipulations, "a leading feature in professional training." By 1903, the Department's Announcement listed "an

original Jenkin's porcelain outfit from Dresden, Germany, for "porcelain work is attracting more and more attention." By the early twentieth century orthodontia had grown in importance and was taught in a full course. A physiology lab was equipped with kymographs., electro magnet chronographs, induction coils, moist chambers, a galvanometer and other instruments for experiments and measurements.

#### 1899-1918

#### **Early Academic Programs and Teaching Hospitals**

#### **Beginnings of Fulltime Academic Chairs**



An imposing view of the completed Affiliated Colleges from Golden Gate Park, photographed in 1904.

The Affiliated Colleges faculty had no sooner moved into their new quarters on Parnassus Avenue in late 1898 when it became apparent that changes in the content and form of professional education would require changes in intellectual geography and architecture. The first move toward significant structural change came from Arnold D'Ancona, a former physiology professor who became Dean of the Medical Department in 1899. With the cooperation of UC President Benjamin Ide Wheeler and several wealthy donors, he began transforming the

Medical Department from an affiliated proprietary college to a University-supported institution. In 1900, he requested that the Regents provide financial support to the Medical Department for equipment and maintenance. In his appeal, he acknowledged the changes occurring within the University itself as it matured as an institution, and pointed out that "it has been the misfortune of the Medical Department that it was established as a private institution. It became an integral department of the University at a time when in fact the University was a mere experiment...".

Firmly convinced of the importance of the Medical Department for the developing University, President Wheeler supported Dean D'Ancona's efforts. As the accommodations at the new Affiliated Colleges buildings were being readied for classes, D'Ancona argued the need for full-time academic professors, noting that "it is impossible for a physician actively engaged in the practice of medicine to teach the fundamental subjects in a medical course satisfactorily. Efficient instruction and original investigation in these subjects are possible only when the instructors devote their entire time to



Dean Arnold D'Ancona, 1904.

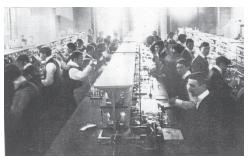
their College work." The Dental Department also published its aspirations for endowment of special chairs by "public spirited citizens so that ...men of ripe scholarship and experience untrammeled by the cares of active practice...may have the opportunity for independent investigation to the glory of the University and the State." Within months, with President Wheeler's support and the financial assistance of Mrs. Phoebe Hearst, three new academic departments—Pathology, Anatomy, and Physiology—were created, and a national search for full-time professors in the preclinical sciences began.

Alonzo E. Taylor, first full-time Professor of Pathology at UC, 1899-1910. In 1899 Alonzo E. Taylor was recruited from the University of Pennsylvania to direct a new academic Department of Pathology that would promote research in experimental pathology. The new unit was organized into four divisions: morphological pathology, chemical pathology, bacteriology, and original research.

Mrs. Hearst equipped the laboratory with brand new Leitz microscopes, microtomes, paraffin ovens, reagents, stains and lockers. For the research lab she provided a variety of Zeiss microscopes and equipment for microphotography and projection; analytical balances; autoclaves; and a Zuntz respiration apparatus. Mrs. Hearst also agreed to pay half of Dr. Taylor's full-time salary.



Alonzo E. Taylor, first fulltime Professor of Pathology at UC, 1899-1910.



UC's new Pathology Laboratory, ca 1902.

In 1901 Drs. Irving Hardesty and Joseph Marshall Flint came to UC from the University of Chicago to direct a new Department of Anatomy. Again Mrs. Hearst generously equipped the histology laboratory, providing an additional fifty Bausch and Lomb microscopes. The anatomy lab developed by Flint in the Medical School building was seen as a national exemplar for anatomy instruction, and the lab was the subject of a feature article in the Johns Hopkins Hospital Bulletin.

A final and crucial basic science recruitment was made in 1902 when Dr. Jacques Loeb of the University of Chicago accepted a joint appointment as member of Colleges of Letters and Sciences at UC Berkeley and in Physiology at the Medical Department in

San Francisco. Loeb was to do research in addition to teaching medical and college students, and Regent Rudolph Spreckels and Dr. Max Herzstein endowed Physiology Hall at the Berkeley campus and a private lab in Pacific Grove for Dr. Loeb's research with marine animals. Thus by 1903, a distinct emphasis on basic research was added to the standard professional education provided by UC's Affiliated Colleges. Now three salaried full-time scientists chaired academic preclinical departments and began their research into chemical pathology and experimental biology "on a physico-chemical rather than zoological basis."

#### **The Impact of Fulltime Pre-Clinical Faculty**



UC house staff poses in front of the Medical School Building in 1911. Left to right: Interns Best, Markel, Bryan, Baldwin; Resident Howard C. Naffziger.

The new changes were not accepted as an unmitigated good, however, for practical conflicts emerged between the new full-time professors interested in pure research and those faculty in medicine, pharmacy, and dentistry who were pressed by the more immediate need for instructing

students in gross anatomy, diagnostic pathology, and therapeutics. Complaining of the insular needs of medical, dental, and pharmacy students, Alonzo Taylor wrote to President Wheeler, "There was a time when physiology and pathol-

ogy were the handmaids of medicine and surgery, that day has passed forever. To limit instruction in physiology and pathology to that which is today of practical application, would be educational suicide.....we are here arrived at the parting of the ways of the commercial school of medicine and the university school of medicine."

Eventually a workable compromise was reached with Dean Arnold D'Ancona, who, in addition to his duties as Dean of the Medical Department taught physiology and microscopy to dentistry students for a decade. The College of Pharmacy arranged for necessary anatomy, physiology and bacteriology



After completing medical school at the University of California, Howard C. Naffziger (b. 1884, d. 1961) studied neurosurgery at Johns Hopkins with Harvey Cushing, returned to UC and rose through the ranks, eventually becoming first full-time chair of surgery.

instruction to be done by their own faculty in their facilities on Parnassus.

In some respects, the recruitment of Taylor, Flint and Loeb was ahead of its time, for pure research was still an exceptional activity at the University of California. In fact, at the turn of the twentieth century, while research was a professed ideal, instruction was the major mandate of a state university. As Physiologist Jacques Loeb wrote after leaving the University of California, "in a democracy today there is as yet no room in a state university for pure research. It may be done on the sly, but public pressure is against it."

In 1904, in the wake of this profound change in the preclinical sciences instruction, the Medical Department also upgraded admission standards, ruling that all successful applicants have at least two full years of college before admission, thus ensuring adequate preparation for the more advanced science training they would receive. Specifically required were the study of chemistry, physics, biology, as well as English, French, or German.

Herbert McLean Evans (b. 1882, d. 1971) completed his medical training at Johns Hopkins and became Chair of Anatomy at UC in 1915. Unfortunately for the Medical Department's finances, the first impact of the new system was a huge reduction in qualified applicants and a much smaller entering class. Only nine new students matriculated in 1905, in sharp contrast to the thirty-three students admitted the previous year. This elite class included Howard C. Naffziger of Nevada City, California, and Herbert MacLean Evans, who later left San Francisco after one year to complete his instruction at Johns Hopkins. Naffziger later trained in neurosurgery at Johns Hopkins under Harvey Cushing and returned to San Francisco to a distinguished career at the medical school. Herbert Evans returned to the University of California to chair the anatomy department at Berkeley in 1915. Despite the reduced enrollment that came with higher standards, the UC Medical Department fared well in its drive to upgrade the quality of education. In 1906 the AMA Council of Medical Education inspected 160 medical schools and fully approved only half of these. The Medical Department of the University of California was rated Class A in this early survey.



Herbert McLean Evans (b. 1882, d. 1971) completed his medical training at Johns Hopkins and became Chair of Anatomy at UC in 1915.

#### **Plans for a New Teaching Hospital**

"The student of medicine has his place in the hospital as part if its machinery just as much as he has in the anatomical laboratory, and ...to combine successfully in his education practice with science, the academic freedom of the university must be transplanted to the hospital."

- William Osler

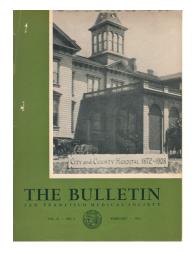


Campus with streetcar.

While the Medical and Dental Departments and the College of Pharmacy adjusted to the impact of major curriculum reform and the elusive promise of research activities, President Wheeler redoubled his efforts to improve the clinical side of medical instruction. He clearly wanted the University of California to be regarded as a center for medical science that ranked alongside Berlin, Paris, Johns Hopkins, and Harvard. In 1902 he revealed his plans for the development of a University teaching hospital "based on the newer scientific development of medicine."

But, he cautioned, "science in this sense would not be construed as a heedlessly impersonal idea, careless of the needs and sufferings of humanity, but rather as the one thing which will do much to make the prevention of these conditions possible." Wheeler felt that once the Affiliated Colleges had a teaching hospital, "the University would be then free to call to the clinical chairs the best men in the county, and offer them, in the shelter of its walls, an opportunity to devote their lives to the treatment of the sick, the teaching of students and the solution of some of the perplexing problems in medicine."

The clinical facilities used by the Medical Department by this time were severely overtaxed. The City and County Hospital had been built on the Portrero site in 1872 as an exemplar of order and cleanliness, but it quickly became overcrowded and within one year of its opening, patients



The old City County Hospital is featured here in a historical edition of the Bulletin of the San Francisco Medical Society, 25 (February 1952).



Nurses, interns, and attending physicians in the men's ward at the old City County Hospital. This hospital provided teaching material for five medical schools, including UC and Stanford.

were being placed in the chapel. The UC Medical Department operated a public dispensary for the needy and sick at the corner of New Montgomery and Howard streets, and a series of emergency hospitals were built at strategic points throughout the city, but no fewer than six medical schools had to share intern and ward assignments at the City and County Hospital. The positive effects of new additions to the original building were gradually offset by meager budgets, poor maintenance and political scandal. This decline in available clinical facilities for medical instruction was suddenly and abruptly accelerated in spring of 1906.

#### The 1906 Earthquake and Response

On April 18, 1906, in the early morning, a violent earthquake centered north of San Francisco on the San Andreas fault shook San Francisco, breaking the city's two major water mains and toppling brick buildings. With the city's water supply severely crippled, several fires burned out of control, destroying thousands of buildings. Total casualties were officially estimated at (nearly 700 persons with 352 missing) but the actual death toll probably stood in the thousands. Still worse, a city of 350,000 suddenly became totally dependent on outside aid.



Down Market from Mason: This photo of the post-earthquake destruction on Market street, April 1906, reveals the site of the Donohoe Building (far left) which housed UC's dental clinics at the time.

The disaster took a huge toll on the city's medical facilities—many of the city's hospitals were damaged or destroyed, including UC Medical Department's dispensary clinic at Montgomery Street and the Park Central Emergency Hospital near Golden Gate Park. The injured were evacuated to the Presidio's Post and General Hospitals in the far western portion of the city. The antiquated City and County Hospital, which had survived

relatively undamaged, was quickly overloaded with patients. Within a week, over 100 refugee camps were set up throughout the city and more than 40,000 people took shelter in Golden Gate Park, where improvised outdoor hospitals served the sick and wounded, and outdoor kitchens were set up to feed the public. The Affiliated Colleges, located in what was once the far western section of the city at the end of the Masonic streetcar line, were now much closer to the center of the San Francisco population.



San Francisco residents took refuge in a tent city in Golden Gate Park in 1906. The Affiliated Colleges are visible in the background.

In just three cataclysmic days, San Francisco reverted to that sort of civic chaos reminiscent of the gold rush days of the nineteenth century. With the help of the U.S. Army, a self-appointed Citizen's Committee of Fifty took on the task of managing the provision of sanitation, food, clothing and adequate shelter for the city's newly destitute and homeless population. Some medical care was available in the semi-permanent camps, where supervised sanitation, outpatient medical care, and tent hospitals were arranged. In the midst of this emergency, University officials quickly began to assess damages to the Affiliated Colleges and moved to meet the immediate needs of the University and its public. Six days after the quake, the Univer-

sity academic council met and formally ended the academic year. Students were to be passed or failed without examinations and women students were encouraged to return to their homes outside of the disaster area.

#### The California College of Pharmacy Responds



Drawing of the chemistry lab, pharmacy lecture hall, pharmaceutical lab 1910

Since it had consolidated its instruction in its building at Parnassus in 1899, the California College of Pharmacy suffered relatively minor damage, limited to cracked plaster, broken glassware, and ruined chemical supplies. Although instructional facilities had suffered little, the economic impact on the trustees and faculty was devastating, for hundreds of downtown drug stores were destroyed. Dean William Searby lost his flourishing Union Square Pharmacy and several other businesses, and he never fully recovered financially. Classes opened on time in autumn of 1906, and a faculty of eight professors, instructors and demonstrators taught courses in five laboratories. By this time Pharmacy's intact facilities included four floors measuring fifty by 150 feet, a lecture hall designed for an audience of 200 persons, and a large Garden of Medicinal Plants, which was "available for special research work on active constituents."

#### **Reconstructing Dentistry's Clinical Facilities**

The Dental Department's losses were far more severe, for all of its clinical instruction was carried out in the Donohoe Building near downtown. The entire clinical teaching facility that had recently been equipped with new chairs, fountain cuspidors, the prosthetic labs and furnaces, and a surgical amphitheater was reduced to charred rubble in the earthquake and the resulting fires. Meeting just three weeks after the disaster, the Dental Department's treasurer succeeded in compiling a "trial balance of \$22,803.01." Despite the fact that "all markings and records of students at the infirmary" were destroyed, the faculty compiled their existing data and recommended twenty-four students for graduation, thus bringing the session of 1905-1906 to a premature, but official end.

#### **New Facilities at Parnassus**

The Affiliated Colleges buildings had symbolized generous state support of ample facilities and educational reform. Preparing for the reopening of the Affiliated Colleges in autumn of 1906 was difficult because for the first time the consolidation of outlying facilities created compression at Parnassus. In the months following the earthquake, as the Dental Department combined all of its instructional programs at Parnassus, the inevitable problem of competition for space materialized.



Dentistry prosthetic lab at Parnassus; Post-earthquake Pharmacy instructional space: Microscopy lab, lecture hall.

The sudden destruction of Dentistry's entire clinical program in the earthquake and fire forced the faculty to consolidate its programs in the easternmost college building, which it shared with Pharmacy. Rooms that had housed spacious basic science labs and lecture rooms were refitted to make room for dentistry's labs, furnaces, and infirmary facilities. On the ground floor the chemical, metallurgical, dental technic and prosthetic labs were relocated, along with lockers, lavatories and furnace rooms. The second floor was dedicated to the bacteriology and histological labs, and lockers for women students; the third contained lecture halls, a faculty room, and a museum and library. To serve the urgent dental needs of the San Francisco refugees, the entire first floor was remodeled to house clinic facilities, including surgical and extracting rooms. Making use of the planned adjacent facilities of the medical school, dental faculty performed "the more serious operations" in the new University Hospital adjoining the college building. Unfortunately, these massive changes compromised Pharmacy's main lecture hall, an arrangement directly opposed by the Pharmacy faculty. In a revealing episode, President Wheeler stepped into the dispute and ruled that space would be made available for the needs of Dentistry.

#### Founding of the University of California Medical Center

Perhaps the most important lasting impact of the earthquake emergency was the creation of a dedicated University Teaching Hospital on the Parnassus campus, a facility designed to serve the public as well as to fulfill the instructional mandate of the University of California. President Wheeler's long-expressed wish for a teaching hospital at Parnassus had suddenly become an urgent civic responsibility. In May, just a month after the disaster, the medical faculty voted to solve the hospital problem, recommending that

the Board of Regents transfer the work of the Departments of Physiology and Anatomy and Pathology to Berkeley "in order that the college building may be devoted to the purposed of the clinical years." Anatomist Austin Flint wrote to Wheeler in 1907, "there can be no question that the atmosphere of Berkeley is pleasanter than the isolation of the city if one is interested in university work. … the work in Berkeley will be much more interesting than it was in the city and we look forward to living there."

Your committee recommends a grant of \$10,000 to be given immediately, and most strongly urges a further appropriation by the Finance Committee of \$100,000 as a fund, the income of which shall make possible a first-rate free hospital in San Francisco. Several members of the committee visited the building at the Affiliated Colleges which is now being converted into a hospital. ... The deplorable condition of the City and County Hospital, over-crowded as it is, renders it almost imperative that there be some such well-administered institution as the contemplated University Hospital would become under the management of the Well-known physicians who are interested in it."

- The Committee on Rehabilitation of Charitable Institutions, June 4, 1907

#### **Creating the First UC Hospital**



Operating room in the old UC Hospital, 1913.

Within weeks, the Regents approved the faculty appeal and appointed a Ways and Means Committee to raise funds for the building's conversion. Dean Arnold D'Ancona was appointed first director of the nascent teaching hospital. His correspondence for that period contains optimistic progress reports to the Regents, but also reveals the enormity of the task. Throughout 1906 and spring of 1907 he records the acquisition of litters, ward carriages, steam heat boilers and radiators, anesthetics, disinfectants, drugs, fuel, gauze, cotton, crockery, glassware, bed linens and towels. Anticipating the day when the University would take over hospital expenses,

he developed an accounting system for nursing, housekeeping, telephone, water, x-ray equipment and lab instruments.



Men's ward in the old UC Hospital, Medical School Building at Parnassus, ca 1915.

Conversion to a fully functional hospital was a monumental architectural shift for the medical school building, which had only recently been remodeled to suit the basic science teaching needs of the Departments' three new fulltime faculty, now at Berkeley. To take advantage of the north light, an operating room with rooms for anesthetizing, sterilizing, and x-ray apparatus, were located on the third floor, where histology labs had once been sited. Dean D'Ancona worked diligently to create an obstetrics ward, and soon after, a six-bed pediatric ward was arranged within the hospital as well as a specialized newborn nursery under the direction of pediatrics. The second floor was

equipped with separate men's and women's wards of fourteen to fifteen beds each for medical and surgical needs. To replace the city's decimated outpatient facilities, the entire ground floor of the Medical building was opened by October 1906 as an outpatient clinic.



Medical students joined student nurses in the Pediatrics Ward in the old UC Hospital, 1912.

The variability of recorded founding dates for the hospital reveals the haste and improvisational nature of its creation. D'Ancona had intended to have the hospital opened for patients by the University of California's Charter Day celebration in March 1907, but the actual date of opening was sometime in mid-April, just a year after the earthquake. Records reveal three different accounts of the opening of the hospital and the arrival of the "first" patient. Collectively, the response to disaster resulted in the construction of a new "idea and ideals of the teaching of medicine and the care of the sick on the Pacific Coast," in the words of the California State Journal of Medicine in 1907.

The Medical School building at Parnassus was refitted to house a 75-bed teaching hospital in 1907. Donors were assured that "the maintenance of this hospital will do much for the care of the sick poor, but far more for the advancement of scientific medicine in this state...."

# Founding the UC Hospital Training School for Nurses



The Medical School building at Parnassus was refitted to house a 75-bed teaching hospital in 1907.

Arguably, in the long term, the most significant change prompted by the earthquake emergency for the University's Affiliated Colleges was the development of a University of California Training School For Nurses in connection with the new teaching hospital. This educational venture would eventually result in the permanent creation of a fourth professional school located at Parnassus.

By 1900 San Francisco had several nurses' training schools that set precedents for nursing education on the Pacific Coast. As the hospital was being outfitted, the medical faculty committee on hospitals authorized D'Ancona to recruit graduate nurses and attendants. Orthopedic Surgeon Dr. Harry Sherman

and other enthusiastic medical faculty selected Miss Margaret A. Crawford, a highly regarded graduate nurse from the St Luke's Hospital school, to direct both the training school and nursing services in the UC teaching hospital. Although formal regential approval for a training school for nurses was not announced until December of 1907, well after the hospital opened for patients, the first student nurse entered in June of 1907, and two more trainees arrived in September and December.

Announcement of creation of the Training School in the SF Chronicle November 13, 1907; The California Nurses Association had organized in 1903 and by 1905 they had secured passage of a licensing law for registered nurses. Dean D'Ancona seemed well aware of the problems of exploitation in many of the first training schools, where students were seen as a source of free labor and were barely given time for coursework or supervised hands-on instruction. A minor conflict over the planned term of instruction arose in 1907, when the activist nurses of the California Nursing Association lobbied for a three-year course requirement for registration eligibility, while the UC physicians preferred a two-year course. In consultation with the faculty's Committee on the University Hospital, the Dean outlined a curriculum of 24 months of "active practical work, with a probationary period of three months" Anxious to reassure the nurses that there was no



Announcement of creation of the Training School in the SF Chronicle November 13, 1907;

intention of short-changing the new students, he emphasized that, "the faculty considers that in the conduct of the training school the university should follow the same ideals and purposes that guide all other departments of the University." A third year of instruction was incorporated officially in 1909.

Miss Crawford's high standards for selecting UC nursing matriculants, sometimes created difficulties, but there is evidence that faculty and the dean yielded to her judgment of the potential character and stamina of nursing students. Applicants for admission had to provide proof of high school graduation, a letter of character from family clergyman, and a letter of good health from family physician. A distinctive feature of the UC Hospital's policy with respect to nursing labor was the hiring of graduate nurses to supervise key departments in a higher proportion to other nursing schools in the city or in the nation. This seems to be correlated with the faculty's desire to create an exemplary teaching facility, staffed adequately with graduate nurses, and their reluctance to rely chiefly on untutored student labor.

"it is with some regret that I have come to the conclusions that in the main, training schools for nurses have been est. to meet the convenience of hospital and lessen their expenses, rather than for the purpose of training qualified nurses. The training school of our hospital should be conducted for the purpose of preparing a given number of nurses for an honorable professional career, and to provide the public with thoroughly qualified nurses....the nurses should be so trained that...they will look upon their profession as a means of social service."

- Dean Arnold D'Ancona



Dean Arnold D'Ancona awarding diplomas at the first graduation ceremony in 1910

In spring of 1910 the Training School held its first formal graduation ceremony, with Dean D'Ancona enthusiastically presenting diplomas to the handful of new university-trained nurses.

In the first two years Miss Crawford shouldered the burden of instruction, using a text in practical nursing to guide her students, and key Medical Department faculty, including Drs. Sherman, Moffitt, and a young surgical resident named Howard Naffziger taught evening lectures. Other changes within the training school were determined by external forces. California's 1913

labor law mandating an eight-hour day for student nurses prompted Dean Moffitt to budget money for hiring more graduate staff nurses and to plan for an increased number of students, in an effort to maintain an adequate ratio of nurses to patients.

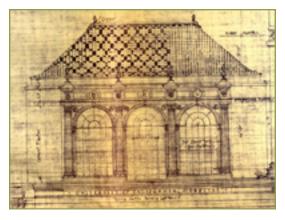
#### Dean Herbert C. Moffitt's Influence

In 1913 Dean Arnold D'Ancona retired to serve on the San Francisco Board of Education and Herbert C. Moffitt became Dean of the College of Medicine. A Harvard graduate with postgraduate training in Vienna, Moffitt had served on the faculty since 1889 as professor of the Principles and Practice of Medicine. During his time at UC, he became known as the leading physician on the West Coast and was a much-beloved mentor to his early twentieth century students. His businessman brother James K. Moffitt became a regent of the University in 1911, and occupied a chair on the Board for 37 years, exerting great influence on behalf of the Parnassus campus throughout his long period of service. James Moffitt's presence on the UC Board of Regents created a powerful impetus for keeping San Francisco as the essential location for the medical school, and in 1916 the Regents commissioned Dean Herbert Moffitt to study medical education around the county and to draw up a plan for



Dean Herbert C. Moffitt and Hooper Researcher William J. Kerr (later the first full-time Professor and Chair of Medicine) pose on Parnassus Ave.

future development of a reconsolidated Medical School at Parnassus.



Architectural drawing of UC Hospital

Moffitt's ambitious plan, drafted at the same time that he was fundraising and planning for a new UC Hospital building, recommended that new buildings to house anatomy and pathology be built in back of the new hospital at a cost of \$150,000. To house physiology and biochemistry and the requisite student labs, he urged that the old Medical School building be refitted for laboratory instruction and that the outpatient facilities located in the basement be removed to a new building to be erected for this purpose in front of the UC Hospital on Parnassus Avenue. A second phase of his plan would "remove the

Dental and Pharmacy Schools, and transform...[the building]...into laboratories suitable to the needs of the state departments of Hygiene, Pure Foods and Sanitary Engineering." With the exception of the nurses' dorm built across the street from the hospital in 1919, little of Moffitt's plan ever came to pass, but it identified the potentially controversial and conflicting space requirements and shifting priorities that would plague the Parnassus campus for the remainder of the century.

Once the first UC hospital in the medical school building was up and running, its limitations became all too apparent. D'Ancona's optimistic reports to the Regents on the progress and ease of converting the building were complicated by the actual difficulties of patient care in a three-story building with no elevators. Flexner had reported in 1910 that the hospital was "small, but adequate" and was doubtless made aware that the Regents and the Faculty had long been working on plans for a much larger facility. Almost from the opening day of the first hospital, medical staff began planning for a new building to be built as had been originally designed as an elaborate pavilion plan backing up to the Sutro Forest. A special Regent's committee was appointed to plan for financing and building a new hospital in 1913, and active fundraising began under the direction of the Medical Department's popular Dean, Herbert Moffitt. Secure in his community connections, Dean Moffitt initiated a successful private fund drive to raise \$750,000 to build a new UC Hospital at the west end of the Affiliated Colleges site.



"Modern" operating room in the new UC Hospital, 1924.

In January 1914 President Wheeler announced to the regents that planning could begin on the new hospital and in 1915 they appointed Louis Parsons Hobart as architect for this projected new hospital. Hobart, a leading architect in the Bay Area, also designed Grace Cathedral, the California Academy of Sciences, and Steinhart Aquarium. Construction proceeded with much anticipation and delay but by August 1917 the new 225-bed hospital was ready for occupancy.

The Medical School Building, which had housed the first hospital for a decade, was refitted as an extensive outpatient department; basic science instruction remained on the Berkeley campus; and fulltime clinical professors finally had a fully adequate infrastructure to support their academic ambitions.

#### A Divided Campus: Berkeley and San Francisco

Within twelve months of the near total destruction of the city of San Francisco, the Affiliated Colleges had restored and improved their instructional programs and converted the Parnassus campus into a clinical center. For the first time a full-service dental infirmary, a complete outpatient department, the College of Pharmacy-supervised drugstore, and a functional 75-bed teaching hospital provided service to the community from a centralized location along Parnassus Avenue. The hospital, staffed by graduate nurses and nurses in training, provided services in obstetrics, gynecology, pediatrics, medicine and surgery and was fully ready to "accommodate all of the cases of the kinds that medicine and surgery can benefit." The next challenge to the newly formed "medical center" came in the form of Flexner's scrutiny on behalf of national reform in medical education.



UC Berkeley (left) and San Francisco (right) were two "severed" campuses training medical students from 1906-1958.

To cap San Francisco's turbulent first decade of the new century, just two years after the makeshift UC hospital had been pressed into service, and the basic sciences removed to the Berkeley campus, Abraham Flexner visited the Medical Department of the University of California as part of his extensive investigation into the conditions of medical education in the United States.

In his report, which was published by the Carnegie Foundation for the Advancement of Teaching the following year, Flexner listed the UC Medical Department among the top sixteen institutions already requiring two years of college work for admission, but he expressed reservations about the odd split between preclinical instruction at UC Berkeley and clinical instruction at San Francisco

# **Reform of Clinical Instruction: Fulltime Chairmen**

In 1910, in his biennial report on the affairs of the University to the governor of California, Wheeler reaffirmed Dean D'Ancona's (and Flexner's) point of view regarding the need for full-time clinical instructors. He declared that "the needs of education in modern scientific medicine demand that all members of the teaching



University President Benjamin Ide Wheeler led a failed attempt to merge with Stanford in 1914

staff, whether of the first two years or the last two years, shall have a philosophical point of view, a scientific method, academic ideals and



Dean Arnold D'Ancona

enthusiasm in the pursuit of truth. If the teachers are not themselves investigators, the students will be mere artisans in medicine." Wheeler went on to identify the most urgent needs of the Medical Department: (1) establishment of a well-equipped dispensary in a suitable location, (2) organization of the university hospital on a permanent basis, and (3) a plan of placing clinical departments on a full-time academic plane. President Wheeler's interest in developing full-time teaching positions in clinical instruction at Parnassus prompted the hiring in 1912 of a full-time professor of Obstetrics and Gynecology. The following year Dr. William Palmer Lucas was recruited to a full-time clinical chair in Pediatrics.

- "... the needs of education in modern scientific medicine demand that all members of the teaching staff, whether of the first two years or the last two years, shall have a philosophical point of view, a scientific method, academic ideals and enthusiasm in the pursuit of truth. If the teachers are not themselves investigators, the students will be mere artisans in medicine."
- UC President, Benjamin Ide Wheeler

The name of Medical Department of the University of California was changed to the University of California College of Medicine in 1912, and by 1915 it was designated officially as the University of California Medical School.

Basic Science Instruction for Pharmacy and Dentistry Unlike medical students, who took all of their first two years of instruction in preclinical and clinical sciences at Berkeley after 1906, basic science courses for dentistry and pharmacy students were taught in well-equipped lecture halls and labs in the Dentistry/Pharmacy building. In 1903 Albert Schneider, M.S., M.D., Ph.D. was recruited to the College of Pharmacy from Northwestern University to teach microscopy, bacteriology and histology of Food and Drugs. He also taught courses in Pharmacognosy and advanced pharmaceutical bacteriology, using four textbooks that he had written. Basic science faculty traveled from Berkeley to Parnassus to present lectures and supervise laboratories. From 1906 on, Franklin T. Green, a Berkeley faculty member in physiological chemistry, taught



William Palmer Lucas created the Department of Pediatrics at UC in 1913 and became one of the first full-time professors at the UC Medical School.

chemistry to pharmacy students. He became Dean of the school of pharmacy in 1909 and served for nearly two decades as dean and principal professor of chemistry for the college. Arnold D'Ancona taught physiology to dental students until 1909 in addition to his duties as Dean of the Medical School and director of the first hospital. Henry Benjamin Carey, B.S. MD, was a significant and versatile faculty presence at Parnassus for both Dentistry and Pharmacy from 1907 until the mid 1920s. He began teaching in the College of Pharmacy as professor of vegetable organography, materia medica, and pharmacognosy, and in 1907 he served the Dental Department as instructor in materia medica and therapeutics. Throughout the next decade he taught anatomy and physiology to pharmacy and dental students.

#### **The Hooper Foundation**

Meanwhile, as the academic basic science departments developed infrastructure on the Berkeley campus, a new research institute, second in size only to New York's famed Rockefeller Institute, was founded on the Parnassus campus.

The Hooper Foundation for Medical Research opened in 1914 supported by a generous endowment provided by the widow of George W. Hooper, a San Francisco lumber



The Hooper Foundation was housed in one of the original Affiliated Colleges buildings, to the rear of the School of Pharmacy building.

merchant and philanthropist. The Hooper's first Director, George Whipple, conducted significant research in metabolism and epidemiology, eventually winning the Nobel Prize in Physiology or Medicine for his work on pernicious anemia, much of it conducted at the Hooper. Medical students were granted certain fellowships to participate in research, but little of the research focus affected the clinical curriculum that dominated the final two years of Parnassusbased medical education. Eventually, the San Francisco research location mandated by the Hooper Foundation became another strong argument for maintaining the UC Medical School in San Francisco rather than Berkeley.

#### **Public Health Concerns and the Affiliated Colleges**

Progressive reform flourished in the West, as San Francisco rebuilt after the earth-quake and prepared to advertise itself as a gateway city in the Panama Pacific exposition. In 1906 the Civic League of Improvement Clubs was organized to rebuild San Francisco as "a beautiful and modern sanitary city." One of the most appealing features of Progressive social reform was the reliance upon scientific expertise and efficiency through the public health movement, and San Francisco was no exception.

As the science of bacteriology became more sophisticated, the role of human carriers in diseases like diphtheria, tuberculosis, typhoid and venereal disease became a major focus of prevention. San Francisco had one of the highest rates of tuberculosis in the nation, and citizens organized along with health officers, creating voluntary associations to help fight the disease by enforcing anti-spitting ordinances and opening a tuberculosis clinic. In the early twentieth century, the UC Medical School took the lead in diagnosis and treatment of syphilis, utilizing the Wasserman Test, and Dr. L. S. Schmitt pioneered the use of Salvarsan in a special clinic at Parnassus. City physicians like Dr. Adelaide Brown became active in campaigns to provide clean milk, sanitary garbage disposal, and to enhance maternal and child welfare through visiting nurses services.

The extreme disruptions of the 1906 earthquake and fire refocused professional and public attention to the needs of the public's health. Bubonic plague appeared in the city

in 1907, and officers from the U.S. Public Health Service worked alongside local health officials, isolating patients, cleaning up filth and rubble, and trapping rats in an effort to control the spread of the disease by rat fleas. The outbreak produced 77 deaths out of 159 cases, a 50 percent fatality rate, but a major epidemic was halted, and in 1908 the decrepit rat-infested buildings of the city county hospital were burned to the ground. County patients were re-housed in horse stalls at the Ingleside race track and the city drafted plans to build a new City and County Hospital.

#### **Preventive Hygiene and Dentistry**

The popularity of public health concerns also had an impact on the College of Dentistry, which had long been concerned with providing dental care for the city's indigent population. The disruptions of the earthquake reinforced this tradition of assessing and treating the dental needs of all the city's inhabitants. One of the school's more famous graduates was M. Evangeline Jordon, who graduated from UC Dental Department in 1898 and developed the specialty of pedodontia, at a time when the care of children's teeth was not a professional priority. In the early twentieth century, she actively taught and did research, developing programs in dental care for pregnant women and children. She characterized dental caries as a disease of childhood, connected it with bottle-feeding, and wrote, "Rid the country of the deadly candy shop and grocery store, get most of your living from the vegetable garden and the family cow, and apply the teaching of oral hygiene." In 1915 she presented a paper on oral hygiene at the Panama Pacific Exposition and remained active in organized dentistry throughout her career.

The most visible leadership in dental public health at the University of California came from Guy Milberry D.D.S., a 1901 UC dentistry graduate who joined the faculty as an assistant in chemistry and metallurgy in 1907, and became Dean in 1914. He was present when the dental infirmary was established at Parnassus after the earthquake and in early 1909 he outlined a series of cooperative plans for an "out-clinic" at the Relief Home for the Aged and Infirm for patients who could not access the new dental facilities at Parnassus. Making use of older dental chairs and gathering surplus materials, he arranged for junior students to do simple extractions and vulcanite dentures on a gratuitous basis.



Guy S. Millberry

As the role of bacteria and nutrition in dental caries was debated, the field of dental hygiene emerged. In 1918 Guy S. Millberry created a one-year course for dental assistants and dental hygienists, one of the first in the nation. The program was increased to two years of instruction by 1924.

#### **Public Safety and the Reform of Pharmacy Education**

"...there is from east to West a more urgent demand than ever before for well-educated and well-trained pharmacists. Employers are looking for men who have a college education, and the supply is not equal to the demand. Furthermore, the national and state pure food and drug laws call for such constant care in the making of pharmaceuticals, such vigilance in the examination and testing of drugs and chemicals, that no drug store can be considered properly equipped that has not in it at least one person who is capable of applying the tests of the Pharmacopaeia. ....Pharmacists must adjust themselves to public sentiment, and the public expect reasonably pure drugs and medicines and reasonably competent persons to manufacture and dispense them."

- (Bulletin 1907-1908)

One of the most emblematic legislative initiatives of Progressive reform at the federal level was the passage of the Pure Food and Drugs Act of 1906, which sought to protect consumers from dangerous, adulterated, and mislabeled or contaminated food and drugs. This brought a unique focus to the pharmacy profession and a direct mandate for more sophisticated chemical analysis in the early twentieth century. At the inaugural meeting of the California Pharmaceutical Society in 1869, a major agenda item concerned the need to "prescribe the manner of dispensing poisons." In 1891 the State Board of Pharmacy was established to regulate pharmacies and the sale of poisons and narcotics, requiring warning labels and a sales registry.

The pharmacy curriculum had included courses in toxicology in its earliest curriculum, and pharmaceutical chemistry was considered a basic preparation for its graduates. After 1906, a special course was added on "Histology of Food and Drugs" to include microscopical examination of "food products and drugs and their more common adulterants." This course was designed "to better prepare the student to meet the demands of the Pure Food and Drug Law. Similarly, bacteriology was expanded to include study of "microbic contaminations of pharmaceutical preparations of water, of foods, etc." A full

course in Pharmacal Jurisprudence was also added by 1910. The course was intended to present, "the trend of recent legislation affecting the pharmacist," including liability issues and "pure food and drug decisions." By 1914, the school provided "special advanced instruction" for students "seeking to qualify themselves to serve as examiners under the Pure Food and Drugs Laws."

#### **Nursing and Public Health**

The ethos of the new public health was an explicit subject in the nursing curriculum of the early twentieth century. The rhetoric of the early UC nursing bulletins reveal a ubiquitous concern with the social environment of patient care, even in routine bedside training. During four months of outpatient work, students "not only learn[ed] to handle large numbers of ambulatory patients, but... gain [ed] an insight into the social problems of the poor." Maternity instruction included "deliveries in homes and complete social studies of these cases." Work in public health nursing included field assignments in Juvenile court, work with the city's active Society For The Study And Prevention Of Tuberculosis, and opportunities in industrial and workplace medicine. Coursework included "The Control of Poverty" and work within the Medical School's social service department included training in vital statistics, milk inspection, foster home work, and contagious disease nursing.

#### **War and the Affiliated Colleges**



American medicine organizes for war. Base Hospital #115, Special Head Hospital, August 7, 1918.

After months of "Preparedness," on April 4, 1917, President Wilson asked for a declaration of war on Germany. The School of Medicine was quick to respond, and within

days of the declaration the faculty submitted a proposal for the school to participate in the national defense. They envisioned the organization of a Red Cross unit as a mobile base hospital with fourth-year medical students assigned to it for instruction, and began drilling as early as June of 1917. Recent graduates in the classes of 1915 and 1916 were urged to join the Army, Navy, or Reserves. Dentistry, Medical, and Nursing faculty, as part of Base Hospital Thirty, were eventually sent to south-central France to care for the wounded. There they treated hundreds of wounds and gas injuries, and witnessed the beginning of the influenza pandemic among the troops. In all, 35 officers, 765 nurses, and 150 enlisted men served in the Thirtieth. In early 1917, the College of Pharmacy recorded the call of several pharmacy students "to the colors", and Chemistry instructor James N. Patterson was drafted into the army. Major F. Dowdall, a veteran of the Spanish American War was recruited to the pharmacy college faculty as instructor in first aid and military hygiene. Eventually an estimated 38,000 physicians served in the military, along with 5600 dentists and approximately 16,000 trained nurses.



UC nurses, World War I, Base Hospital # 30

The armistice of November 11, 1918 came just as the nation was in the midst of the great Spanish Influenza epidemic of 1918. The epidemic struck San Francisco in September and health officials, drawing upon their experience after the earthquake and fire, organized the city into health districts, recruited drivers and volunteers and set up emergency hospitals in advance of the epidemic. Citizens were told to "wear a mask and save your life!" Nurses were in high demand, and the UC training school cancelled classes and placed everyone on twelve-hour duty, sending nurses to other locations as needed. The epidemic peaked again in late December and in all, an estimated one in eleven persons contracted the disease in the city of San Francisco; at least 3500 died, and the disease was most fatal for people between twenty and forty years old. The national death toll was estimated at 500,000 to 700,000, more than ten times the combat death toll of 50,000 for American servicemen. In May of 1919 members Base Hospital

30 returned to the Presidio, were demobilized and came back to the Affiliated colleges. They had missed the flu epidemic in their home city, but had witnessed its ferocity among troops and medical personnel in France. With the strain of wartime and the epidemic emergency over, the affiliated colleges settled into a new decade, moving into an expansive future as a collection of professional schools, that would eventually constitute a modern medical center.



UC doctors headed off to war, to serve in Base Hospital #30. Left to Right: William J. Kerr, Herbert C. Moffitt, Howard C. Naffziger

#### 1919-1939

#### The Formation of Schools and the Rise of Clinical Instruction

#### **Debates over Medical Education**

In the postwar years, as the nursing school flourished and strengthened its ties with Berkeley academics, university and medical school officials again turned their attention to the problem of the split medical school. Their interest was prompted by rumors that the General Education Board, an organization backed by Rockefeller philanthropy and committed to rebuilding American medical education, wished to endow a school of public hygiene at Berkeley, on par with those already created and endowed at Johns Hopkins and Harvard. As part of this plan, they indicated that they would financially assist the UC Medical School in upgrading instruction and reconsolidation. The main requirement of the Rockefeller donors, however, was that the UC Medical School be relocated at Berkeley in close proximity to established academic programs in anatomy, bacteriology, immunology, and biochemistry.

In 1920, University President David P. Barrows, who was anxious to meet the criteria for this potential multi-million dollar donation, traveled east to speak with the Rockefeller board members in person. In consultation with Abraham Flexner himself. President Barrows was succinctly reminded of the current reforms deemed necessary in medical education. This was a time in American medicine when substandard schools identified in the Flexner report were rapidly being closed and the remaining institutions were realigning themselves according to Flexner's blueprint for reform. The UC Medical School's plight was not unique--the report indicated that of twenty-five top university-affiliated institutions, five (Rush Medical College, California, Nebraska, Kansas, and Stanford) had similarly separated instructional programs. Flexnerian reforms mandated the



David P. Barrows

implementation of salaried full-time positions for both scientists and clinicians, consolidation of science and clinical instruction in one geographical location near a major university, and designation of a large teaching hospital completely dedicated to clinical training. In response to these requirements, President Barrows drafted a plan for bring-

ing full-time "vocational" professors to the medical school, consolidation of instruction in one place, and reconfiguration and expansion of the UC Hospital teaching bed capacity along with plans for a school of public health. He then asked the Regents to develop a budget corresponding to these reforms, hoping that in so doing he would secure "the generous participation" of the General Education Board.

As he managed these negotiations, President Barrows was well aware of the local political obstacles to relocating the school at Berkeley. By the early 1920s there were substantial reasons for keeping the medical school in San Francisco, especially in terms of the city's potential as an inexhaustible source of talented practitioners and patients. Moreover, the medical school's major endowments of the late nineteenth and early twentieth centuries dictated a commitment to the Parnassus site. Sutro's donation of land for the Affiliated Colleges in 1895 was contingent on the use of the site expressly for professional medical education, and the Hooper Foundation specified that Hooper-funded research be conducted in San Francisco. Then in 1917, the new UC Hospital was built with \$750,000 of private subscriptions from a supportive San Francisco community. President Barrows hoped that the Regents might solve the problem and bend to the wishes of the



Page from The Blue and Gold in the 1920s showing University President Barrow's office

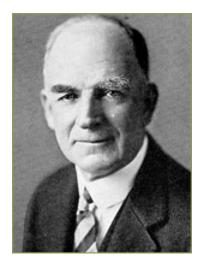
General Education Board, or conversely, that the General Education Board might be flexible on the issue of the school's actual location.

On March 12, 1921, in a move reflecting local politics and the lobbying influence of San Francisco clinicians, the UC Regents voted to reaffirm their 1912 decision, stating flatly that "as a prudential measure. . . . it shall be the policy of the Board to consolidate the medical department in San Francisco." That summer the General Education Board received the UC proposal for consolidation at San Francisco and never replied. It was clear that consolidation of the medical school would have to take place at the university campus in Berkeley in order to satisfy the terms of a Rockefeller endowment.

This was a major loss for California higher education: Rockefeller money was transforming the national landscape of medical education in the interwar years and would eventually provide over \$50 million to sixteen medical schools. Philanthropy came from other sources as well. Between 1910 and 1932 foundations would pour a total of

\$150 million into the reform of American medical education. The Regents' stubborn adherence to the San Francisco location prevented UC School of Medicine from obtaining national philanthropic financial support during this time of flush private endowments.

The matter of the Rockefeller endowment surfaced again in 1923, when the incumbent UC president, astronomer William W. Campbell, made a last forceful attempt to resolve the medical school situation, which he regarded as "the University's largest and most difficult problem." Like Barrows before him, President Campbell traveled east to confer directly with Abraham Flexner and the Rockefeller board, and discovered that, although the donors' offer of endowing a school of public health at Berkeley was still on the table, they would not assist the medical school if it remained in San Francisco. On the other hand, if the Medical Department was consolidated at Berkeley it was clear that the Rockefeller interests would be "instantly and tremendously interested in its financial problems." President Campbell delivered an ultimatum to the regents in 1 argu-



William W. Campbell

ing that "the Berkeley location of the medical school would tend to make it a statewide institution, in greater degree than it is today, and it would bring many millions of help from outside the State." He emphatically pointed out that "if the location is to remain in San Francisco, then I respectfully represent, the regents should be prepared to find in San Francisco or elsewhere, very soon, many millions of dollars for the consolidation expansion and maintenance of the Medical School and Hospitals."

Once again, the Regents stood firm for the Parnassus location, sealing the fate of the UC Medical School for the next three decades. Despite their stubborn rejection of an all-Berkeley medical campus, the Regents did respond to President Campbell's call for dramatic reform at the medical school and joined him in mobilizing state resources to accomplish the task

# **Developments in Nursing Education**

On November 19, 1917, just a few months after the opening of the new UC Hospital, University President Wheeler announced a five-year nursing baccalaureate degree which included two years of university work at Berkeley, followed by three years of training in the UC Hospital. The ideal

of a nursing baccalaureate was a welcome development, but its appearance at this time was a top-down decision made by a committee composed primarily of Berkeley faculty and Parnassus physicians. In late 1917 Hospital superintendent H.T. Summersgill protested the timing of the new program, in a letter revealing the realities of wartime depletion of medical personnel on the homefront. He feared an unmanageable increase in the student body, given the loss of many supervising nurses and teaching physicians due to wartime staffing, as well as the lack of proper accommodations for nursing students. Despite these objections, the Academic Senate approved the baccalaureate nursing program on March 1, 1918. By mid 1918 superintendent Summersgill left and was replaced by Dr. William E. Musgrave, who had been superintendent of Children's Hospital, and was a well-known supporter of nursing education. At the same time, Louise Morrow, a pediatrician with training in social economics from Berkeley, took over as director of nursing for both the training school and hospital. Dr. Morrow held a concurrent position as Chair of the Medical School's department of Social Service until 1921 and she helped link the training school intellectually and academically with the school of medicine. Another crucial nursing faculty appointment occurred in autumn of 1918 when Edith Bryan, a nurse from Pasadena Hospital, was named by the Regents as assistant professor to create the public health nursing program at Berkeley. She effectively developed the certificate program from a summer session into an impressive and popular eight-month academic year program. In the mid-1920s she took a leave and completed a Master's and Ph.D. in psychology at Johns Hopkins. Not only was she the first nurse to be appointed to the university faculty, she was the first American nurse to earn a doctoral degree. Her influence and her competent direction of the public health



<u>Aerial view showing the nurses'</u> <u>dormitory</u>

certificate program became an important factor effectively linking the Parnassus based nurses' training school with Berkeley's departments of Hygiene and Social Economics.

The immediate postwar years saw the permanent establishment of the five-year baccalaureate program, with students from Berkeley, Mills College and the College of the Pacific matriculating for their clinical nurses training at Parnassus. The public health certificate program was continuously enhanced and elaborated by Edith Bryan, who remained director of the program in the Department of Hygiene until 1933.

Although upgrades in curriculum served as evidence of the growth and maturation of the training school for nurses, the most visible enhancement came in the form of the long-awaited completion and occupancy of a seven-story nurses dormitory building across from the UC Hospital at 610 Parnassus.

As negotiations among two UC Presidents and medical faculty at Berkeley and Parnassus continued unsuccessfully and somewhat acrimoniously in the 1920s, a remarkably different story of cooperation between campuses evolved in the training school for nurses. The name of the school itself reflected this shift in focus. The "University of California Hospital Training School for nurses" officially became the "University of California Training School." In 1922 Mary May Pickering,



Mary May Pickering

a graduate of the Massachusetts Hospital training program, was appointed Director of the Training School and Superintendent of Nursing. In a series of subtle policy shifts during the 1920s she successfully aligned the training school with the University in several ways involving curriculum, governance, and academic schedule. Admissions requirements for nursing students had required a high school diploma from the school's beginnings, and under Pickering's direction, requirements began to resemble University admission standards. In 1923 Miss Pickering persuaded the Academic Senate to review the training school curriculum, thus placing the school directly under the supervision of the University rather than solely the Medical School. Over time, the training school's advisory board shifted in composition towards a greater ratio of Berkeley faculty to Medical School officials. In a final important change, the University's term schedules and letter grading system were adapted to the training school years. An important symbolic incident occurred in 1923 when nurses were formally invited to participate in the UC graduation ceremony at Berkeley. While strategically steering the training school, Miss Pickering also maintained an active role in the nursing profession, serving as editor of the Pacific Coast Journal of Nursing. She also supported the Training School's membership in the Association of Collegiate Schools of Nursing, representing UC at the founding of the Association in 1934.

Another important Berkeley landmark for nurses' training in California occurred in 1925 with the creation of the Foundation in Nursing Education with funds accumulated from the Bureau of Registration of Nurses. In a remarkable show of cooperation, nurses secured legal advice, and introduced a legislative bill appropriating funds to the Univer-

sity of California to create a chair in Nursing Education in the Department of Hygiene at Berkeley. The governor signed the bill on May 23, 1925 and in 1926 an advisory committee worked on recruitment and curriculum. On January 1, 1927 the committee appointed Miss Pickering professor of nursing education at Berkeley. Thus, while the matter of the split medical school assumed the proportions of an all-out feud throughout the 1920s, the UC Training School for Nurses was by far the most successful of all the affiliated colleges in maintaining productive, harmonious connections between academic and clinical training at Berkeley and Parnassus.

#### **UC Dentistry**



School of Dentistry class of 1923

In the years after World War I, the field of dentistry became increasingly committed to educational reform. Nationally the immediate cause for concern was the proliferation of proprietary dental schools, unconnected with universities, which were turning out graduates with diplomas, but limited skills. Although the dental department had formally affiliated with the University in 1907, UC funds did not sufficiently subsidize the costly technical curriculum and numerous instructor salaries. The administration of the college still depended on fees generated by tuition, and enrollments grew to their highest level in the college's

history. In 1918-1919 182 students were enrolled, while in the postwar 1920s enrollment steadily rose: 1919-1920: 230; 1920-1921: 337; 1921-1922:393; 1922-1923: 462, leveling off in 1923-1924 at 448.

"The work of the School is greatly handicapped not only by the inability of the teachers of the medical sciences at Berkeley, twelve miles distant, to cooperate in the instruction of dental students, but also by the unconcern for the correlations between clinical medicine and clinical dentistry in the instruction of medical and dental students, which seems to be shared equally by the Medical and Dental Schools."

- Gies, Dental Schools in the United States, p 272

Well before World War I, the Flexner Report exposed severe deficiencies in American medical education, prompting extensive reform. In 1922, the Carnegie Foundation commissioned a similar report on the status of American dental education. Published in 1926 as the Gies report, the study was conducted by William Gies, a Columbia biochemistry professor who had founded the Journal for Dental Research in 1918. He recognized that of all the health professions, dentistry had the closest correlation with medicine, and thus shared its achievements and problems. Consequently, his report also briefly evaluated the medical schools connected with the dental schools that he encountered. Like Flexner before him, Gies was disturbed by the medical school's geographic split between basic science on the Berkeley campus and clinical instruction at San Francisco, noting "this condition prevents effective cooperation between the school of Medicine and the College of Dentistry in teaching the medico-dental subjects to students of dentistry." He further found that this separation was carried over to the clinical environment at Parnassus, where "teachers of medical subjects did not give dental students instruction in clinical medicine; teachers of dental subjects did not give medical students instruction in clinical dentistry."

Gies traveled to the University of California in April of 1922 and conferred with dentistry Dean Guy S. Millberry to do a complete survey of the university's dental college. He described a school housed in the Dental/Pharmacy building utilizing 39,200 square feet of space that contained an impressive dental infirmary with 128 chairs and special facilities for children, oral surgery and roentgenography. He noted approvingly that the college had its own library containing 3800 bound volumes related to dental subjects and was supervised by a full-time librarian. In another positive note, he acknowledged Millberry's program intended to "create a demand for good dental service" by placing "dental graduates in various institutions, including public schools ... teaching hospitals...and institutional clinics of various sorts."

From his report, it is evident that Dr. Gies was both impressed and irritated with the UC College of Dentistry's program. On one hand the college's highly coordinated research program "is the most comprehensive investigation now in progress in dentistry." He noted that a special fund for the promotion of dental research had been set up by the University in which five-year grants from the American Dental Association and the Carnegie corporation were matched by the University Regents. With the collaboration of dental faculty and the warden of San Quentin, in 1924-1925, a dozen research programs were in progress: studying the effects of nutrition and the etiology of dental caries, anatomical studies of the salivary glands and radium therapy in oral cavity infections. Ongoing studies included the relations of bacteria to gum disease, the "presence and possible role of anaerobic bacteria in dental infections", and various microbiological and nutritional studies of pyorrheic inflammation in trauma, scurvy and Vincent's angina."

On the other hand, despite the existence of these well funded, pioneering research projects, Gies bemoaned the fact that UC College of Dentistry was "the only dental school in a state university that continues to base its DDS curriculum directly on a high-school education." Characterizing this matter as "an extreme educational disparity between the Medical and Dental schools", he continued to advocated preparatory program of four years high school and two years college, with three years training program in dentistry as the optimum. He complained that "the University of California exacts very high academic requirements for admission to the study of medicine, but adheres to the lowest for dentistry."



Guy S. Millberry

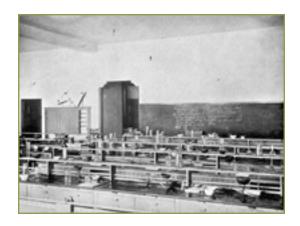
A versatile and able Dean, Guy Millberry pursued reform in the area of admissions requirements and by 1929 college work was established as a fixed pre-dental requirement at the UC College of Dentistry.

#### **UC Pharmacy**

The 1920s was a decade of ferment for Pharmacy education. In a speech in 1915, Abraham Flexner had declared that pharmacy was not a profession, stating that while the physician "thinks, decides, and orders; the pharmacist obeys—obeys of course with discretion, intelligence, and skill-yet in the end obeys and does not originate." The collective profession was stung by this public assertion as well as pharmacy's disappointing experience in the First World War —pharmacists were not considered officers and the army trained its own enlisted men to dispense medications. In the postwar period, the need for professional recognition prompted leaders to develop a study of pharmaceutical education similar to the Flexner and Gies Reports. They looked to the Carnegie Foundation for assistance, and eventually commissioned a study of pharmaceutical curriculum with support from the Commonwealth Fund. This work, published in 1927, recommended a four year B.S. curriculum and its author argued that pharmacy was a profession because the materials used were "dangerous and require ultimate acquaintance with the fundamental sciences upon which the art depends."

Throughout the 1920s, the faculty and trustees of the California college of pharmacy

participated in a general upgrading of the curriculum, sending annual delegates to the national conferences of the American Association of Colleges of Pharmacy. Conscious of its status as one of the few university-affiliated schools in the nation, the college of pharmacy stressed its legacy and distanced itself from the proprietary schools where large enrollments brought profits to faculty. Its Bulletin stated "from the first, the college endeavored to keep abreast of the best pharmaceutical schools in this county. It has not sought to enroll the greatest number of students, but to do the greatest amount of good. It has created a sentiment among pharmacists in favor of higher education." Nevertheless, tension existed between the cost of raising academic standards and concern for financial viability of the school, since it had been affiliated with the University of California since 1872, but financial control remained in the hands of the Trustees, not the UC Regents. In 1914 the College of Pharmacy had established a four year program, maintaining it along with two and three year programs. Throughout the 1920s, as professional standards were being constructed at the national level, the college offered a series of two and three-year courses leading to degrees entitled PharmC, Pharm G and Pharm B, with a progressive tightening of admissions requirements involving more years of high school work and preparatory courses in Latin.



Upgraded lab equipment for Pharmacy

In 1927, with strong support from the administration of the California College of Pharmacy, the legislature passed a new law requiring three years of formal instruction for candidates presenting themselves to the state board of pharmacy for licensing examination. National recommendations for a four-year course were heeded by the California Pharmacy trustees, but they insisted on also retaining their popular three year course which had helped finance the school. Ironically the college dean, Ph.D. Chemist H. C. Biddle, was one of five members of the American Association of Colleges

of Pharmacy committee appointed to consider a national educational policy promoting the new four-year curriculum. It was under his direction that the California College of Pharmacy briefly resigned its membership in the organization rather than lose accreditation. The problem would be solved at the university level in the next decade as President Sproul and the trustees finally agreed on full integration with the University and the Board of Regents took on financial responsibility for the increasing instructional needs of the College of Pharmacy.

The 1920s marked a troubled decade in the history of pharmaceutical education as career opportunities diminished with the industrialization of pharmaceuticals, and the drugstore became a more broad commercial enterprise. This growing rift in professional life between trade concerns and intellectual challenge was reflected in lecture titles given in 1926 at the college for "publicity week". Mr. E. B Kipfer from the Eli Lilly company lectured on "The Discovery And Uses Of Insulin," and C. L. Stevens of the Western Company of Chicago talked on "The Development And Possibilities Of The Tooth Brush Industry." Nevertheless, the decade was marked by an increasingly sophisticated curriculum and a lively student presence at the College of Pharmacy.

#### **The Langley Porter Reforms**

During the 1920s, the Medical School had gone virtually leaderless during the many years of uncertain negotiations with the General Education Board. After Herbert Moffitt's retirement from the deanship following World War I, the office was filled only briefly by George Whipple before his departure for Rochester in 1921. President Barrows served as acting dean from 1921-1923, and Lionel Schmitt, director of the University Hospital, served as acting dean for the next four years.

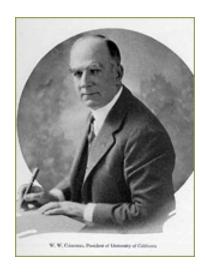
On December 13, 1927, President Campbell presented a plan to the Regents asking that the popular San Francisco physician Dr. R. Langley Porter be brought out of retirement to lead the medical school in a program of reform. The Regents quickly approved Porter's appointment and



Dr. Langley Porter

President Campbell enhanced the new dean's authority by mandating that the advisory board of the medical school should advise the University president through the dean's office. Heads of finance and appointees in the school were ordered to report to the dean rather than the president, and in the future the dean would serve as the sole representative of the president of the University to the faculty, students, and nurses.

One of Campbell's primary concerns as he recruited Langley Porter was the need to reorganize a curriculum that suffered gaps and duplication due to the geographical separation between east and west bay instruction. The new dean shared his concerns. Upon his arrival in the summer of 1927 Dean Porter did a quick survey and described the medical school as "a disintegrated institution," with special weakness in the second-year teaching of the clinical sciences of bacteriology and pharmacology. He proposed that the second year of preclinical science teaching be brought back to San Francisco and received immediate regential approval for the move. In 1928, Pharmacologist Chauncey Leake was recruited from a first rate department at Wisconsin. In early 1928, the Departments of Bacteriology and Pharmacology were transferred from Berkeley to new labs outfitted on the third floor of the medical school building.



University President William Campbell



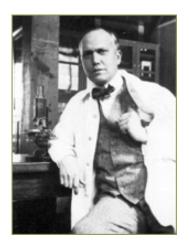
The pathology lab in old medical school building

Although the school remained geographically split, Dean Langley Porter still held the power of appointment over all medical educational activities at both Berkeley and San Francisco, and he quickly began to strengthen both the clinical and scientific sides of the curriculum through recruitment and appointments. Dr. Ian MacClaren Thompson was appointed to chair the Department of Anatomy, and J. M. D. Olmsted from Toronto was recruited to chair the Department of Physiology. John B. Saunders came from Edinburgh to teach anatomy.

On the clinical side at San Francisco, Dean Porter appointed full-time professors to head medicine (William J. Kerr) and Surgery (Howard Naffziger). By the end of the decade, with an effective new Dean in office and a Board of Regents committed to reform, President Campbell addressed the campus community with optimism, announcing that "it is confidently hoped that the wise administration of the medical school and the devoted service and splendid abilities of the dean and the faculty of the school, will in due time cause our medical school to take its place in the front rank of the world's greatest service institutions." A new university president, Robert G. Sproul, succeeded Campbell in 1930, and he soon proved to be a strong supporter of coordination of all the health professions at Parnassus. Although financial limitations put further consolidation plans on hold throughout the Depression, Dean Porter persisted in his ambitious vision for a merged medical center at Parnassus. Ultimately his program of reform would influence the development of the Colleges of Dentistry and Pharmacy by coalescing training in the clinical sciences of bacteriology, pathology and pharmacology into curriculum for all the health professions at Parnassus.

#### **The Preclinical Sciences at Berkeley**

Although the Great Depression halted any plans for complete reunification, there were some bright spots for medical education and research on both sides of the bay. In their disillusionment following the Rockefeller funding debacle, several key science faculty left UC, but the void was soon filled with more local talent. Biochemist Carl L. A. Schmidt was made chair of biochemistry and began his research into the chemistry of amino acids and proteins. With the loss, first of Jacques Loeb, and then Robert Gesell, the Physiology Department went into a period of decline. In contrast, the Department of Anatomy at Berkeley flourished under the leadership of young Californiaborn Johns Hopkins graduate Herbert M. Evans beginning in 1915.



Dr. Herbert M. Evans

Evans had studied anatomy under Franklin Mall at Johns Hopkins and before returning to California had published his first work on the embryology of the vascular system. Throughout the next three decades, Evans taught an entire generation of first-year medical students the rigors of bench research. He disdained the more applied nature of gross anatomy, and, when clinicians traveled from San Francisco to teach the necessary skills to medical students, he referred to them derisively as "the hat-rack boys."

In 1930, when the Depression reached California, effectively halting any plans to construct research labs at San Francisco, a 375,000 square foot Life Sciences building was erected on the Berkeley campus, funded by a state bond issue and a WPA appropriation. This building, for its time one of the largest academic structures in the nation, provided labs and classroom space for anatomy, physiology, biochemistry, botany, and zoology, and stood as an important architectural symbol for basic biological research and instruction on the Berkeley campus.

Another direction in medical research developed at Berkeley as a by-product of the landmark work in physics being done by Ernest Lawrence and others who developed the cyclotron in the early 1930s. Isotopes produced in the Berkeley cyclotron were used in several of the first radioisotope studies in man, some involving collaborations between Berkeley scientists and San Francisco physicians. In 1937, Harvard-trained neurologist John Lawrence, a brother of Ernest, used radiophosphorus to treat leukemia and other blood disorders. Later Iodine-131 was used in the diagnosis and therapy of thyroid disease by collaborating investigators at San Francisco and Berkeley. Biochemistry professor David Greenberg performed many of the early studies using radioactive manganese, cobalt, iron, potassium, sodium-24, phosphorus, strontium, and calcium. Such work led to the establishment of a division of Medical Physics within Berkeley's eminent Department of Physics, and in 1941 the Donner Laboratory was built to focus the work of the division on the study of biological systems.



One of the Toland Hall murals depicting the "wheel of science". The murals were painted by Bernard Zakheim in 1938.

# **Strengthening Clinical and Science Instruction at Parnassus**



William J. Kerr, LeRoy Briggs, Harold Brunn

In 1937, John Saunders became chair of the Anatomy Department and continued his role as a popular instructor and authority on the history of anatomy.

Clinical training expanded under the tutelage of full-time chair in Medicine William J. Kerr, a Harvard-trained physician with a strong interest in cardiology, and master clinicians like LeRoy Briggs.

Harold Brunn developed thoracic surgery at the County hospital and revitalized the teaching programs at Mt. Zion Hospital, while Howard Naffziger dominated surgery at Parnassus. As one of Harvey Cushing's close colleagues and a graduate of Johns Hopkins, Naffziger brought surgical prestige to the Parnassus campus and developed several unique neurosurgical operations which brought him national recognition. Once Naffziger was made full-time head of surgery in 1929, he developed an advanced residency training program at Parnassus in the tradition of the nation's most revered surgical mentor, William S. Halsted.

This involved an extended hierarchical training system for surgical residents that included substantial work in surgical research in an animal laboratory provided expressly for that purpose. Naffziger's successor, H. Glenn Bell, carried on this tradition, and UC became known for its consistent training of expert technical surgeons.

As experimental biology prospered at Berkeley, other basic science instruction took root in San Francisco. It is difficult to decipher from the historical record who deserves the most credit for this turn to science instruction. University President Robert Sproul was interested in uniting all the health professions at Parnassus and he lent support for the creation of new departments. Langley Porter's recruitment



H. Glenn Bell

of Chauncey Leake, coupled with parallel changes in the College of Pharmacy contributed to a remarkable development of basic research in pharmacology and pharmaceutical chemistry in the 1930s. Something of a polymath, Chauncey Leake taught the first formal course in the history of medicine on the San Francisco campus in 1929 and the following year the Department of Medical History was created. He also assumed the post of campus librarian.



Chauncey Leake

Meanwhile Leake's major interest was in pharmacological research and he quickly developed a strong instructional program in anesthesia, blood formation, and chemotherapy. His acquaintance with Berkeley Biochemist C. L. A. Schmidt turned into active collaboration when, in 1934, Schmidt was appointed Dean of Pharmacy at San Francisco. By this time, the College of Pharmacy was fully integrated into the University and the Regents took over responsibility for the school. In 1929, a physical chemist, Troy Daniels, arrived to do important basic research

in physical chemistry. By 1937, CL. A. Schmidt was appointed Dean of Pharmacy. Through Schmidt, Troy Daniels, and Chauncey Leake, a collegial synergy was formed to promote basic research in biophysics and chemistry in connection with the Schools of Pharmacy and Medicine.

By 1938, just a year after C.L.A. Schmidt was appointed Dean of Pharmacy, a college press release announced that remodeling in progress would make it "one of the best plants for the teaching of pharmacy in the country...." This project involved installing a central still for distilled water, modern lecture rooms, student research labs, space for housing animals, a shop for glass blowing and modern lab equipment. The program was designed to train pharmacists in the manufacture of drugs and sick room chemicals, provide inspection of drugs and cosmetics, and to pursue careers in food chemistry, sugar chemistry, pharmacology, dairy chemistry, narcotic law enforcement, wine chemistry, chemical control of water supplies, and hospital pharmacy. During the last years of the decade, Schmidt announced the school's involvement in research that "improve[s] over nature by synthesizing in the lab chemical substances that have specific effects in the alleviation and treatment of disease." He described projects conducted by John Oneto on ephedrine compounds, and Troy Daniels with new sulfanilamide drugs. In 1937 a graduate program in pharmaceutical chemistry was added to the School of Pharmacy's offerings and the first M.S. was awarded in 1940 and the Ph.D. in 1942.

"despite the depression there has been a greater demand for graduates of the College of Pharmacy than we have been able to meet."

- CLA. Schmidt, Dean of Pharmacy, July 15, 1938

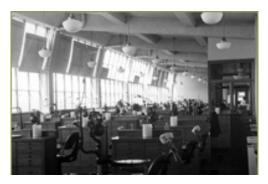


Aerial view: UCSF campus before Moffitt Hospital was built. Note the Clinics building adjacent to UC Hospital.

In 1934, after intense lobbying, the state legislature allocated \$600,000 for a 103,160 square foot Clinics Building designed to house the growing outpatient teaching service at Parnassus. This facility was quickly filled to capacity with small offices, making medical and dental care available to San Francisco citizens regardless of their ability to pay. It also served a function in uniting activities of all the colleges and the training school. Although dentistry, pharmacy, medicine and the training school formerly occupied space in distinctly defined buildings, and maintained them as architectural territory, after the mid-1930s they shared commingled space on the floors of the Clinics building.

Dentistry occupied the sixth and seventh floors and new space provided not only opportunity for improved facilities but created unprecedented cooperation with other schools housed in the building. Upon the opening of the Clinics Building in 1934, officials observed, "consultation with members of the medical faculty concerning unusual cases are easily possible to the reciprocal advantage of the students and members of the faculties in both the medical and dental schools." Consolidation of dentistry's roentgenology lab with that of the UC Hospital department was also seen as "providing opportunity for a broader understanding of this science and the means for effective coordination among physicians and dentists in the field of Roentgenological di-





agnosis." Although some of this rhetoric undoubtedly was designed to fulfill the expectations outlined in the Gies Report a decade earlier, there is ample evidence that the arrangement of the Clinics building created a greater integration of the colleges and the training school. Nursing was able to move offices from the Dormitory building into the clinics space, and pharmacy occupied dispensary space on the ground floor.

#### **Campus Life in the Great Depression**



Nursing Students in Toland Hall, 1941 (murals in background).

Throughout the depression, student life flourished in all the schools, despite the fact that the Clinics Building was the only outward sign of progress at Parnassus. An important uniting factor was the school of dentistry's sponsorship of student facilities, consistently supported by Dean Guy Millberry. In 1925 students and faculty built a dental supply store that soon expanded to include a stock of medical, dental, and pharmacy textbooks and supplies, along with a "complete stock" of dental instruments. Students were given a "liberal

discount" on cash purchases and any profits reverted to Associated Dental Students and used for "the general benefit of all the students." In 1933 and 1934—the midst of the depression—these facilities generated a surplus of \$52,000. Eventually these activities would provide impetus for the construction of Millberry Student Union.

In 1938, artist Bernard Zakheim, a student of Diego Rivera who worked on the Coit Tower murals, painted a series of murals in Toland Hall depicting the history of medicine in California, with financial support from the New Deal's Works Progress Administration.







Toland Hall murals. In 1938, artist Bernard Zakheim painted a series of murals in Toland Hall depicting the history of medicine in California.

The straitened economics of the depression overtook the UC Hospital as well as other parts of the Parnassus campus. By the 1930s, the UC Hospital employed a relatively large staff of graduate nurses, in positions funded with the support of University comptroller, Robert Sproul. He became University President in 1930 and almost immediately turned his attention to reorganization of the nursing curriculum. This process would be influenced directly throughout the decade by a succession of innovative nursing faculty. In 1931 Miss Waterman arrived to serve as director of the training school and nursing. She clearly articulated the vision of nursing as a true academic subject matter in 1931, when she urged the curriculum committee to adopt two years of lower division college courses as requirement for admission and to award the baccalaureate degree after four years of college work, with the fifth year reserved for postgraduate study leading to a masters degree. This proposal, when accepted marked the end of the three-year diploma track in the UC Training School.

In 1932, Edith Bryan, assistant professor of public health nursing at Berkeley, set an intellectual milestone for the entire nursing profession. In a remarkably prescient speech delivered at the San Antonio convention of the National League of Nursing Education, she delineated a clear area for nursing research. She urged her fellow nurses to "seek to understand the complexity of her [nurses'] problem as revealed by a study of the social sciences." She went on to define three realms of research for nurses: pure science, applied science and social science, adding that "no one of these scientific divisions of nursing is complete or free from distortion unless the other two are taken into consideration." Throughout the 1930s, other forces shaped the transformation of the training school.

In 1933 May Pickering left her position and the head of the training school departed in the same year. In 1934 Margaret Tracy was appointed to the joint position of training school director and superintendent of nurses, and by May was also made director of nursing education at Berkeley. Almost immediately, she proposed the establishment of a full-fledged academic School of Nursing. Support for the proposal came from Lucy Ward Stebbins, the dean of women at Berkeley who recommended the proposal to President Sproul. The proposal was halted in a bureaucratic tangle of committee debate, but by April 10, 1939, Regent's approval went to the Academic Senate. The School of Nursing was now established.

#### 1940-1958

# The Growth of Organized Research and Consolidation of the Parnassus Campus

# **Wartime and New Opportunities**



Langley Porter Clinic, 1942 Hospital psychiatric hospital was necessary.

The quickening of the American economy that came with war in Europe and then Pearl Harbor began to alter the status quo at the San Francisco campus, and the first signs of change occurred at the state level. As early as 1937, while the nation was still in the grip of the Depression, Dean Langley Porter began a campaign to cooperate with the State Department of Mental Hygiene to build a psychiatric hospital on land belonging to the university at the Parnassus campus. State officials, concerned with indigents and migrants flocking to California, were persuaded that a state acute

Dean Porter wisely proposed to operate the facility jointly with the state, thereby obtaining psychiatric teaching beds for the medical school. After long negotiations, the state and the UC Regents reached agreement, and a cornerstone was laid in 1941, a symbol,



Architectural Drawing of Moffitt Hospital

according to local observers, of "a new era of empathy and understanding of the mentally ill." In 1942 the Langley Porter Clinic, which would later become the Neuropsychiatric Institute, opened its new Architectural Drawing of Moffitt Hospital facility: a 105,000 square foot building that contained 100 beds, a large outpatient department, and a special children's ward. The facility, built on university land, was owned by the California State Department of Mental Hygiene and the School of Medicine received 10% of the space. This symbiotic relationship with the state contin-

ued for the next thirty years, and the establishment of the Langley Porter Clinic led to the founding in 1941 of a Department of Psychiatry on the Parnassus campus. While Dean Porter was negotiating with the state over the psychiatric hospital, another ambitious group of San Francisco clinical faculty petitioned the state for money to build a modern teaching hospital at Parnassus. The state's response was definite: a \$2 million bond issue was approved for this purpose in 1940 by Governor Earl Warren, although the war delayed construction for many years.

#### Base Hospital 30 in World War II



The 30th General Hospital CA. 1942. Howard Naffziger (center front) is the tall man in a dark suit.

The Medical School's leading physicians and surgeons reactivated Base Hospital #30, transforming it into the Thirtieth General Hospital. Hundreds of officers, nurses and enlisted men from the Medical faculty, and the Schools of Nursing, Pharmacy and Dentistry traveled to Europe to support American troops overseas, in England, and after the Normandy invasion in Europe.

During the war, Medical School classes were accelerated and compressed from four full years into seven terms of sixteen weeks each, and the M.D. degree was granted before the year of internship. New curriculum was introduced reflecting the health problems of the war, and the remaining faculty and house staff worked overtime to fill the many vacancies in the teaching hospitals. Although the military again in World War II did not grant officer status to pharmacists, they were given first lieutenant status by the U. S. Public Health Service. The pharmacy curriculum was compressed into three "semesters" per year, so that the required eight full semesters of study could be completed in a little more than two years.



Ward at the 30th General Hospital, June 1943.

As the war dragged on, manpower needs were fulfilled through the Army and Navy War Service Training Programs in both the Medical School and College of Dentistry. Here students were matriculated into an accelerated course track and emerged with commissions as 2nd lieutenants or ensigns in the reserve corps, available for active duty as needed. Tuition, fees, and books were provided by contract between the University and the federal government. By 1944, 90 percent of the dentistry student body was enrolled in these programs,

and civilian matriculants were accepted and deferred from selective service.



Nurses at the 30th General Hospital, June 1943.

Similarly, wartime nursing needs were met by huge enrollments, accelerated clinical training, and the Cadet Nurse corps administered by the U. S. Public Health Service. In 1944, a new Cadet nurses' dorm to house eighty students was built with federal funds, near the Langley Porter Institute and the campus tennis courts. The Cadet program also funded additional graduate education for nurse teachers and public health nurses

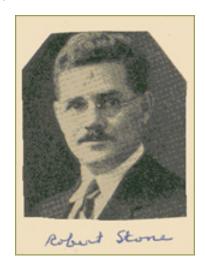
Such a massive effort in training personnel in the health professions consumed much of the efforts of college administrators on the home front, and when war ended, political issues that experienced a long hiatus reemerged in the complicated setting of the postwar years.

#### **Postwar Research Initiatives**

The war effort prompted new initiatives in scientific research which were organized on a massive scale. In the 1930s Congress created a National Institute of Health (NIH) from the former Hygienic Laboratory of the US Public Health Service. During the war, federal programs in medical research were organized loosely by a Committee on Medical Research (CMR) which administered research grants involving malaria research, evaluation and production of penicillin, new surgical procedures, mental health and aviation medicine. At war's end, the CMR converted wartime grants into ongoing grants in aid and positioned the NIH to become the principal federal funding agency for medical research in the postwar period.

Research had been conducted at all the schools at Parnassus as well as Berkeley. Pharmacy faculty collaborated on projects involving sonar studies, night landings of naval aircraft, treatment of brain injuries, improving the production of high-yelding strains of Penicillium sp., and spectrographic analysis of metals. In the school of medicine K. F. Meyer lent his bacteriological expertise to the production of an effective plague vaccine. During the draft, dental defects were the leading cause for rejection for service, and the armed services lowered requirements and brought restorative dental care to thousands of recruits. This created political will for a federal dental research institution and the National Institute of Dental Research was created on September 16, 1948 as the third of the National Institutes of Health. Research in the etiology and mechanism of dental caries flourished in the post war years, and by 1962 tooth decay was characterized as disease caused by the interaction of diet and specific microorganisms.

Robert Stone, former chair of radiology at the San Francisco Medical School served on the Manhattan Project throughout the war years and was well-placed to direct research funding from the Atomic Energy Commission (AEC) to the San Francisco campus after the war. Radiology research at San Francisco grew out of the earlier work in medical physics done with cyclotron-produced isotopes before the war. In 1949, under contract with the AEC, a Radiological Laboratory was established to allow Dr. Stone to investigate the effects of supervolt radiation therapy for cancer. Funded by an annual contract with the AEC, a seventy million volt synchrotron was installed at Parnassus and the radiological laboratory combined physics, biology, and clinical radiology to study the general effects of radiation. In 1951 a Radioactivity Research Center was founded



Robert Stone

for supervision of the radioisotopes used for medical research at San Francisco, funded with a combination of university, American Cancer Society, Atomic Energy Commission, and NIH money.

#### **Cancer Research**



The Consultative Tumor board, pictured discussing cancer cases at Parnassus, ca. 1952.

Dr. Robert Stone was also appointed at war's end to an influential federal planning committee for cancer research and collaborated with UC President Robert Sproul and medical school Dean Francis Smyth about funding opportunities.

In 1947 President Sproul appointed a Cancer Research Coordinating Committee to administer a \$250,000 state appropriation for cancer research. Federal funding arrived for cancer research in California by 1947 and a mouse colony for cancer research genetics was built on the Berkeley campus. At UCLA, a fully-

funded Cancer Research Institute was opened along with a new school of medicine. San Francisco received funding for its own Cancer Research institute. A "field station" for cancer research, the Laboratory of Experimental Oncology, was located at the Laguna Honda Hospital and staffed by Public Health Services officers who worked alongside UC faculty to do experiments on the biology of cancer and to test cancer treatments on

terminally-ill patients.



Dr. R. L. Byron performs a biopsy on a subcutaneous nodule of a cancer patient, assisted by Dr. K. H. Kelly and Mrs. Anna Lance.

This facility was closed when the NIH opened its Clinical Center at Bethesda in the mid 1950s, but cancer research at San Francisco continued under the aegis of the Cancer Research Institute which continued to coordinate chemotherapy trials and research projects. Eventually the CRI occupied the twelfth floor of the new Medical Sciences building, outfitted for cancer research with the aid of a \$1 million grant from the US Public Health Service.

#### Cardiovascular Research

Although he never sat on influential Washington committees, UC's Chair of Medicine, Dr. William J. Kerr, influenced the outcome of federal research funding at San Francisco through his insistence on developing research space in the new Moffitt Hospital during the extended planning stages of the 1940s.



Moffitt Hospital under construction

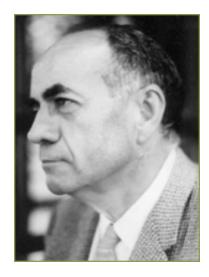
He persuaded the legislature to provide an additional \$50,000 to strengthen the foundations of the hospital to accommodate an additional thirteenth floor, hoping to clear the way for an entire floor devoted to heart research. In the late 1940s, Dean of the School of Medicine, Francis Smyth, organized a committee with representatives from Medicine, Surgery, Radiology and Pediatrics to develop cardiac catheterization at San Francisco. This committee received one of the first National Heart Institute training

grants and renamed itself the Cardiovascular Board, acting as a coordinating force for developing cardiovascular activities on the campus. The most important of these involved creation of an interdisciplinary, interdepartmental research group devoted to the study of cardiovascular, pulmonary and renal problems.

Dr. Julius Comroe was recruited in 1957 to direct this new Cardiovascular Research Institute (CVRI). When the CVRI opened in 1958 it featured eight clinical research beds, radiological facilities, twenty-two individual labs, a mechanical and electronics shop, dark rooms and animal quarters. Julius Comroe proved to be an excellent leader, persuading entire teams of researchers to relocate to San Francisco, recruiting new investigators, and involving many departments of the school in collaborative research.

#### **Metabolic Research**

Another research opportunity was based on public enthusiasm for study of the uses of the new drug, cortisone. In



Julius Comroe

1949 Merck sent its first experimental batches of the hormone to selected investigators throughout the country. At that time UC had no laboratory capable of doing such work, but by coincidence during that same year UC Medical School faculty physiologist, Dr. Leslie Bennett, was just beginning a year's sabbatical in clinical metabolic research in George Thorn's research lab at the Peter Bent Brigham Hospital at Harvard.

When the new drug was evaluated at the Brigham lab, Dr. Bennett saw its remarkable therapeutic effects firsthand. When he returned the next year to California, the state legislature made a special appropriation of \$200,000 to the University of California for research in arthritis and allied diseases and Dr. Bennett took charge of the project, remodeling two houses on Parnassus Avenue to serve as a site for his new Metabolic Research

Unit. Meanwhile on the Berkeley campus a Hormone Research Laboratory was created as a discrete research site for the work of Dr. Cho Hao Li, who had synthesized many related ACTH compounds. In response to the rapid development of metabolic and hormone studies throughout the nation, an additional National Institute was created in 1950 at Bethesda: the National Institute of Arthritis and Metabolic Diseases (NIAMD). Some of the postwar research activities at the UC Medical School were funded from a variety of state and local donors and foundations attracted to individual faculty capabilities. One of the first of these was the Biomechanics Laboratory, a collaborative unit set up in 1945 by Berkeley engineers and San Francisco anatomists and orthopedic surgeons.



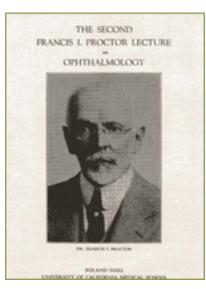
Dr. Leslie Bennett



Biomechanics Laboratory

The Biomechanics Lab had been initially funded by the Polio Foundation for research into muscle action and physiology, but with the coming of war the research was shifted to work on development of prosthetic devices for veterans. A related pain clinic was organized at San Francisco to study ghost pain and other problems of amputees.

In 1947 Mrs. Francis I. Proctor, widow of an ophthal-mologist who had been active in trachoma research before his death, established the Proctor Foundation for Research in Ophthalmology at San Francisco. The Proctor's research program brought Parnassus microbiologists and ophthalmologists together in the study of ocular microbiology, immunology and experimental pathology.



Dr. Francis I. Proctor

#### Reconsolidation of Medical Instruction at Parnassus



Looking west down Parnassus Avenue in the 1940s.

With the end of the war, as the Medical School obtained research funding from a variety of sources and the faculty became more involved in bona fide research efforts at Parnassus, the decades-old controversy over the proper site for consolidating all four years of medical instruction reemerged.

In 1944 the San Francisco faculty formed a Committee on Unification and Consolidation of the Medical School and submitted a detailed report on the history of the reconsolidation issue. Citing the Regents' repeated decisions to reunify

the school "as rapidly as space to accommodate them on Parnassus Heights" could be developed, the committee concluded that despite several exploratory reports and policies, there had been a "dissipation of effort" due primarily to "financial stringency." In a positive reaffirmation of the principle of unification they argued that scientific departments must be more closely associated with clinical departments to create "biological inspiration." They cited the need for complete revision of the medical curriculum into a "coordinated and progressive course" and argued for group investigation in research problems, using the "facilities of several departments." To make this possible in the im-

mediate postwar years, the committee proposed, in addition to building the new teaching hospital, that the state provide funds to construct a science building to provide lecture rooms, student laboratories, animal quarters, and research laboratories. In 1946 the Governor and legislature responded by allocating additional funds guarantee completion of an adequate 450-bed teaching hospital and then appropriated an additional \$4 million for construction of a Medical Science Building.



UC Hospital 1952

A few months after this commitment to the Parnassus campus was announced, the Academic Senate of the Berkeleybased northern section of the University proposed that the Medical School be moved to Berkeley.

The San Francisco faculty jumped into the controversy, rejecting the Academic Senate proposal by acclamation and arguing that the teaching program that utilized seven San Francisco hospitals could not be duplicated in the East Bay. Her-

bert Evans, a confirmed member of the Berkeley faculty, warned that the Regents' repeated decisions in favor of the Parnassus campus, which he called "a bleak, fog ridden hillside," would cause "permanent intellectual injury of medicine in the state through all futurity."

# **Nursing's Postwar Struggle for Academic Parity**

Since the UC hospital was founded at Parnassus in 1907 nursing education had gained the staunch support of a variety of key individuals who argued for equal academic status for nurses. These included a succession of hospital supervisors and directors, medical school deans, Berkeley faculty and the dean of women, as well as highly placed members of the University of California Administration. However, some influential officials were opposed to the rapid academic advancement of nursing, preferring a "trained" nurse to a "professional" one. Among those were Berkeley Academic Senate members representing the more "mature disciplines" who were unwilling to broaden the definition of scholarly work. Allied with them was an influential minority of medical school physicians who argued outspokenly for limiting nursing students' education to practical "training" and keeping nursing subordinate to medicine.

In 1939 by the Regent's authority, the UC Training School at Parnassus had officially become the UC School of Nursing, and, since that formal announcement, the school's publications described it as "the first autonomous school of nursing in a state university." Although the School's director, later Dean, Margaret Tracy reported directly to UC President Robert Sproul, true autonomy in the form of equivalent academic status and a faculty voice in the Academic Senate was a contested issue that persisted for another two decades. In 1944, in the midst of her crucial service as head of the Wartime Nurse Cadet corps, President Sproul conferred the official title of Dean of the School of Nursing to Margaret Tracy.



Dedication ceremony for cadet nurses' dormitory, R.G. Sproul and Margaret Tracy

Unfortunately, during the war years and after, the Academic Senate had stubbornly refused to promote Tracy from assistant to associate professor, attempting instead to strip her of her title as assistant professor. When Margaret Tracy's promotion was repeatedly turned down by the Academic Senate, the future status of the nursing school itself was threatened. Proposals to place nursing faculty in the specialist or clinical professor series were made, but they unanimously rejected these alternatives, correctly fearing that any lessened academic status would fatally compromise the future of the School. Future recruitment was at stake, along with the nurses' time to do the kind of research

that would lead to acceptance as a true academic unit of the university.

In early 1948, in a stunning move to find a solution to the impasse, Margaret Tracy convened her faculty, secured their agreement, and requested that President Sproul put a hold on appointments and promotions in the school for at least two years, allowing the entire faculty to devote its time and energy to earning higher academic degrees. President Sproul welcomed this compromise, and in a remarkable show of diligence, the faculty "went to school" for the next five years, collectively earning six doctorates and seven masters degrees. In a parallel move, beginning in 1949, nursing faculty were removed from supervisory and service roles in connection with the hospital, to allow them more time for creative research, with the support of the hospital administrator Stanley Durie. In a sense, Edith Bryan's prophetic statement on the importance of nursing research, made twenty years earlier, had now come to pass.

"If we are to develop the science of nursing to its greatest achievement, we must accord the scientific research worker in nursing a position of increasing dignity, honor and power in the profession." Edith Bryan, "Methods of Research and Study," paper presented at NLNE, 1932.

Finally, in 1951 the Academic Senate gave recognition to the UC Berkeley-San Francisco School of Nursing, as well as a School of Nursing at UCLA.

A perceptive Margaret Tracy acknowledged that, although the University of California was holding her faculty to a higher standard than any other university, ultimately the UC School of Nursing "would be stronger for it." The Academic Senate's demands for constant redefinition and goal-setting for the School of Nursing during the 1950s led to a series of reports on curriculum and mission that ultimately prompted productive curriculum reform and expansion. In 1947 the director of nursing at the Langley Porter Clinic developed an advanced psychiatric nursing program with funding from the U.S. Public Service and the National Mental Health Act of 1946. Also during this time, Mildred Newton developed and negotiated acceptance of a Masters Degree program that would satisfy the requirements of the University's Graduate Council.

Throughout the 1950s, as they completed academic degrees and planned for their move into new facilities at Parnassus, the nursing faculty joined together to preserve their gains. In 1951, Margaret Tracy's health began to fail, but her commitment to securing the school's academic position kept her firmly in the deanship. She continued with the assistance of supportive faculty members until she retired in spring of 1955. In 1954 nursing faculty began meeting on a bi-monthly basis as a committee named "Full Time Members of the Faculty of the School of Nursing at the Medical Center." In order to maintain the direction of the school while the recruitment and hiring of a permanent dean continued, June Bailey served as interim dean for the year 1956, and three faculty formed a "committee deanship" in 1957. The preferred candidate, Helen Nahm, was appointed in mid-March, with advice from the existing faculty that she should not accept the deanship unless she was made full professor. As late as 1957 the Academic Senate's powerful budget committee attempted to thwart the school by drastically cutting its budget. Yet, by the mid-1950s, the contested status of the school of nursing would be visibly strengthened by the construction of a multimillion dollar complex of a new university hospital and health sciences buildings designed to accommodate instructional and research facilities for all four Parnassus health professions.

#### A Giant Step Towards the Future in Health Sciences



Aerial View of the UCSF Campus in the early 1960s.

By mid-century, the University and the state embarked on a massive postwar construction plan involving all campuses. The regents' long-stated intention to consolidate the school at San Francisco prevailed over the arguments of the Berkeley faculty and in 1949 they officially designated the Parnassus campus as the UC Medical Center in San Francisco, and renamed the UC Medical School the "UC School of Medicine." After forty-four years of pronouncements on the need to unify the instructional programs of the medical school, actual plans were finally being made to expand the Parnassus campus to include

departments of biochemistry, anatomy and physiology. In early 1950 blueprints were released revealing plans for a twelve-story cross-shaped teaching hospital with two additional stories to be completed at a later date.



UCSF campus under construction, 1951

This hospital would be linked to a fourteen-story Medical Sciences Building. Construction at Parnassus continued for the next five years and the new medical center officially opened on March 13, 1955. Newspapers hailed the new structures as "shining functional monuments to health and health education." In June, 240 patients were moved into the 485 bed Moffitt Hospital, named for Herbert C. Moffitt who had served as dean, faculty member and chief of medicine for thirty seven years. Construction continued, and Increment I of the Medical sciences building was completed in 1956 as basic

science faculty in anatomy, biochemistry and physiology prepared for their move across the bay.



Physiology Lab, Anatomy Lab, Research-teaching Lab

Months before Moffitt Hospital was dedicated, Dentistry, Pharmacy and Nursing moved into increment one of the Medical Sciences Building, which was completed in 1954. The expanding chemical laboratory needs of Pharmacy prompted its occupancy of four full floors of the Medical Sciences Building. With its new demands for patient service as well as research, Dentistry moved into three floors, and retained its clinic space on the top two floors of the clinics building. The School of Nursing, which was reaching full academic status and achieving the long-awaited separation from the hospital nursing service, occupied the entire second floor of the Medical Sciences Building, space that allowed for classrooms, skills and nutrition laboratory space, and adequate offices for faculty and administration. Increment II, the North-South wing of the Medical Sciences Building was completed in 1958, in time for newly arrived basic science faculty in anatomy, biochemistry and physiology to prepare instructional laboratories for the entering freshman class of 100 medical students.

Important shifts in UC leadership occurred during the construction of these imposing new buildings, for the entire university system was undergoing dramatic expansion and decentralization in the postwar years. By the mid-1950s university enrollment stood at 44,000 and administrators were anticipating a tripling of enrollment in the next two decades. In response to these pressures, acquisition and development of new and existing campuses began in earnest. Between 1945-1958 the University acquired the Santa Barbara campus and developed liberal arts colleges at Davis and Riverside, and in 1951 a new four-year medical school began admitting students at UCLA. New general campuses would be added in the next decade bringing the total to nine separate sites, and five medical schools would eventually become a part of the UC system including the oldest one in San Francisco. In 1952, Clark Kerr, a young Berkeley professor of Economics and Industrial Relations, was appointed first chancellor of the Berkeley campus and he proceeded to work on academic and physical planning for the University.

In 1954, UC School of Medicine Dean Francis Smyth resigned after twelve years of service. In 1956 he was replaced by anatomist John Saunders, a popular choice among Parnassus clinicians. By assuming the deanship, Saunders became, in effect, the leading campus spokesman in the UC hierarchy, for he also held the influential position of Chief Campus Officer, representing San Francisco on the administrative advisory committee composed of deans from all campuses. As the University expanded, a system of provosts and chancellors replaced this advisory committee, part of a general movement towards autonomy for the individual campuses.

Thus, in 1958 John Saunders was named provost of the San Francisco campus as part of the decentralization process, and in 1964 became the first chancellor of the new



John Saunders, Provost

San Francisco campus. The other colleges and schools flourished in their spacious new quarters in the medical sciences building. In 1955, Pharmacy was officially designated as the School of Pharmacy under the continuing leadership of Dean Troy Daniels. In 1956 the Academic Senate made the College of Dentistry into the School of Dentistry with Willard Fleming serving as both Dean and Vice-Provost of the San Francisco campus. At this juncture, Dentistry, Medicine, Nursing, and Pharmacy were officially named as schools, bringing bureaucratic uniformity to the historical professional programs at the San Francisco Campus.

#### 1958: The Watershed Year for the San Francisco Campus



Aerial View of the UCSF Campus in 1958

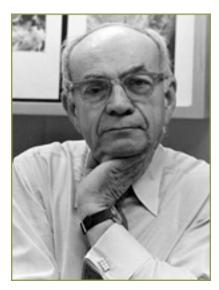
The San Francisco campus at mid-century was undergoing its most visible changes since the Affiliated Colleges had been built at Parnassus a half-century earlier. Moreover, the transformation of the campus could be measured in ways far more important than mere bricks and mortar. As the Moffitt Hospital and the medical sciences buildings took shape, physiologists (Leslie Bennett, Ralph Kellogg, Francis Ganong), biochemists (Harold Tarver, David Greenberg), and anatomists (William Reinhardt, Miriam Simpson, Ian Monie) made plans to create new basic science departments.

The University itself was undergoing a huge metamorphosis in the postwar years as enrollment skyrocketed and new campuses were added rapidly to meet the demand. In 1958 Berkeley's first Chancellor, Dr. Clark Kerr, was appointed President of the University of California. Presiding over the design and implementation of the University Master Plan, Kerr became vitally involved in the fate of the medical school much as his predecessors, Daniel Coit Gilman, Benjamin Ide Wheeler, David P. Barrows, William W. Campbell and R. G. Sproul, had been. Kerr recognized that the postwar world of higher education was a new environment of research opportunities made possible by unprecedented sources of extramural funding. He also understood the political importance of expert service to the public to be provided by a state university. Throughout its history, the University of California's support of agriculture had been its most important contribution to the well-being of the state. As late as 1948, 38 percent of the university budget was invested in agricultural activities compared to 9 percent for medicine. From his vantage point as university president, Clark Kerr observed that health sciences could now be "higher education's best current ambassador," and he turned his attention to the development of science-based medical education for the University of California.

Also in 1958, in an unrelated move that had huge implications for San Francisco's clinical teaching environment, officials at Stanford University in Palo Alto moved their Medical School's clinical training to be closer to basic science instruction at Stanford. This move was highly contested by eminent Stanford clinicians who wished to stay in the more abundant clinical environment of San Francisco. Stanford's departure for Palo Alto created unequaled opportunities for UC professors, house staff, residents and medical students who took over the busy clinical services at San Francisco General, much to the advantage of the University of California.

By the mid-1950s federal grants from the National Institutes of Health soared to new levels bringing in unprecedented amounts of support to equip new research labs, hire research faculty and train graduate scientists. Pharmacologist Julius Comroe lost no time in recruiting investigators and applying for NIH training and research grants. The CVRI opened in 1958 and its first research programs involved participation of investigators from thirteen existing departments as well as CVRI staff. In an optimistic reaffirmation of Flexner's view of the proper configuration for a medical school, Comroe wrote: "Everything had suddenly come together in San Francisco. For the first time in fifty years, there was a structurally complete medical school with basic scientists and clinical faculty (a complete faculty) using the same corridors, lecture rooms, elevators, and lunchroom. Where once had stood an unimpressive group of outdated buildings housing only half the school's faculty, there was now a magnificent, connected group of high-rise buildings with new laboratories, many not yet occupied."

Despite these high hopes for the benefits of reconsolidating the medical school, one skeptical onlooker, physiologist Leslie Bennett, observed that "proximity doesn't guarantee that you'll have collaboration." Indeed, despite the promise of new facilities, the Parnassus campus was dominated by clinicians with an entrenched system of financial arrangements who were a long way from a strict full time system. Although the arrival of the first-year basic sciences was heralded as a major improvement for campus instruction, this handful of new professors had little political clout on their new campus and would continue to be a minority voice in the medical politics of the Parnassus campus. In its first year, the CVRI was already fostering some important interdisciplinary research, but most influential campus department chairs had held office for many years with no outside review and remained suspicious of any radical campus change.



Julius Comroe

In 1958 the UC School of Medicine had a strong reputation for being a good regional medical school, known for excellence in technical surgery and expert physical diagnosis, but only a handful of new recruits were struggling to set up research programs. The most important question for the immediate future was how quickly this relatively isolated, tradition-bound west coast medical school would be able to integrate itself into the transforming mainstream of American medical education and biological research.

#### Millberry Union and the Social Unification of the Campus

Dentistry continued under the leadership of Dean Willard Fleming, whose popularity with students was well-known and whose stature as vice-Provost kept dentistry in the mainstream of the developing Parnassus campus. It was a fitting tribute to the School of Dentistry, and its longtime dean Guy S. Millberry, when, in 1958, the 175,000 square foot Millberry Union opened, for the first time creating, ample facilities for recreation, student housing, cafeteria, and a bookstore on the Parnassus campus. Millberry Union's very existence was the direct result of Dentistry's long history of promoting student body spirit, recreation and unity. The Millberry Union site on the north side of Parnassus Avenue had been acquired by the College of Dentistry in the early twentieth century and donated to the Regents for erection of a student union. Moreover, Dentistry's maintenance of tennis courts on campus, its sponsorship of "the shack" cafeteria in 1921, and the Dental Supply Store in 1925, created a precedent for recreational facilities and served as a financial foundation for the 1958 facility. Proceeds from the cafeteria and

store acted as a focus for matching alumni donations and state funds to build a state of the art student union.



Construction of Millberry Union, 1956

Throughout the first half of the twentieth century, a disparate group of affiliated colleges and a training school for nurses had united geographically at Parnassus, and became mutually involved in delivery of patient care to the San Francisco and California public. Integration of the schools was a gradual process and was enhanced during the Depression by construction of the Clinics Building in 1933. Following World War II, they were nominally linked in the Regent's formal naming of the University of California Medical Center in 1949, and by 1956, all four were designated as "Schools."

The construction of the impressive high-rise medical buildings along Parnassus Avenue, and the return of the Medical School's basic science departments in 1958 was the final culmination of a long process. A campus observer in the mid-1960s, wrote that with the completion of Moffitt Hospital, two phases of the Medical Science buildings, and Millberry Union, "the interaction of the four schools became a reality in practice as well as theory."

Each school had, in its own way, heeded the call to professionalize by working for legal regulation, determining more rigorous educational standards, and absorbing and applying new scientific disciplines and technological developments. The University of California Medical Center and its fully integrated professional schools would now move beyond the instructional and professionalizing tasks of the early twentieth century into the era of federally funded research and ever more sophisticated modes of patient care. For the remaining decades of the twentieth century, the major institutional challenge would be to achieve an effective balance of teaching, scientific research, and patient care within a fully independent UC Health Sciences campus.

#### 1959-1989

# **Modernization and the Expansion of Scientific and Clinical Training**

#### **An Emerging Identity for the Health Sciences Campus**

The period 1959-1989 witnessed a revolution in the health sciences and biomedical industries. At the beginning of the period there was no recombinant DNA technology, no biotechnology industry, no genetically engineered human growth hormone, interferon or hepatitis B vaccine, no "transgenic" mice to serve as disease models for everything from cancer to obesity, no proof for oncogenes, no genetically altered food, no gene therapy, no gene patents, no DNA fingerprinting. It was a revolutionary period for genetics research, and faculty at UCSF became leaders in multiple fields. Whether in research, teaching or community service, each school during this era of UCSF's history made substantial innovations and contributions.



UCSF, aerial view, 1975

The San Francisco campus of the University of California was given full administrative independence to control its educational and financial matters in 1964. In 1970, the University of California, San Francisco Medical Center was renamed the University of California, San Francisco, by the Regents, in recognition of the diversity of disciplines on campus and for uniformity with the other UC campuses. The "Medical Center" continued to refer to the hospitals and clinics on Parnassus. The period saw a revolution in the health sciences and the creation of the biotechnology industry that has

made the San Francisco Bay Area and UCSF so notable as an innovator in biomedical research. Beginning in the mid 1960s, reforms in graduate teaching and interschool collaboration—particularly integrating basic science training with clinical instruction—resulted in pioneering programs across all four Schools, the new Graduate Division, and the UCSF Medical Center, catapulting UCSF to the top ranks of US institutions for education and research in the health sciences.

At the beginning of the period 1959-1989, no pharmacists or pharmacy students worked

in patient areas in hospitals. But in the mid 1960s the UCSF School of Pharmacy initiated a national trend by introducing its Clinical Pharmacy program, training pharmacists as patient-oriented drug therapists. A number of its faculty received the Ebert Prize, awarded by the American Pharmaceutical Association for best research paper in the profession, and the school's programs in biopharmaceutics, pharmacokinetics and computer graphics were the most advanced in the world.



The new School of Nursing building, completed in 1972, is located just off 'Saunders Court' where the original building that housed the Schools of Medicine, Pharmacy and Dentistry once stood.

In 1972, when the new School of Nursing building was dedicated, it served the needs of some 600 students, 120 campus faculty and 80 adjunct faculty members.

Under the direction of Helen Nahm, who was appointed Dean of Nursing in 1958, the School was the first in the West to develop a doctoral program in nursing, and was unique by being the only School of Nursing in the country to establish a Department of Social and Behavioral Science, demonstrating its educational emphasis in both biological and social sciences.

In 1959, the American Dental Association's Council on Dental Education reported that the UCSF School of Dentistry led the nation's den-

tal schools in the performance of graduates on the Dental National Board Examination, a requirement for state or regional licensure. In 1980, a year before its 100th anniversary, the School of Dentistry dedicated its own new building with outstanding new clinical facilities to replace obsolete clinics and equipment, which had jeopardized the school's accreditation a few years previously.

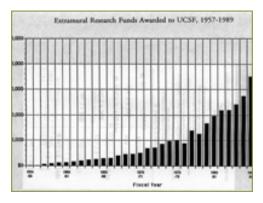


Mobile Dental Clinic 1966

Establishing a tradition of community outreach as represented in its establishment of the Mobile Dental Clinic in 1965, the school opened two outreach facilities in 1979 in underserved areas of San Francisco—the UCSF Community Dental Clinics at 100 Buchanan Street and at San Francisco General Hospital.

The Medical Center continued to expand. By the 1980s, the hospitals cared for an average

of 20,000 inpatients annually, while the clinics at the Ambulatory Care Center received an average of 190,000 patient visits each year, plus 25,000 emergency room visits. By 1990, UCSF's four schools and the Graduate Division graduated an average of 244 advanced practice or doctorally prepared nurses, 146 physicians, 108 dentists, 110 pharmacists, and 44 doctoral researchers each year. The University employed over 11,000 people, making UCSF one of the largest employers in San Francisco. Always highly ranked in obtaining competitive research grants, it had by the 1980s regularly received more NIH dollars than any other health science campus in the country. At the end of the 1980s, UCSF's annual operating budget was \$555 million.



This graph shows the increase in extramural research funding at UCSF from the mid-1950s to the 1980s

Throughout this period, the San Francisco campus began to find its own identity as a fully-fledged university. Developments in student and campus life services generated new special interest opportunities and events on campus. In September of 1958, Guy S. Millberry Union opened and became a hub of campus life on Parnassus Avenue for students, faculty, staff, alumni, neighbors and guests. The University of California had provided Student Union facilities at all campuses with undergraduate education programs, but that policy left out the San Francisco "Medical Center". The original idea for a student center stretched back to the 1920s, when students from the School of Dentistry developed

a student store and cafeteria. Guy Millberry, dean of dentistry from 1914-1939, both supported that enterprise and invested its proceeds. By the 1950s, that investment fund provided the financing for the complex of a gymnasium, swimming pool, fitness and recreation centers, conference rooms and cafeterias now named in his honor.



Student Council in Millberry Union lobby, 1966

Throughout the years, numerous student organizations within the schools of dentistry, medicine, nursing, pharmacy, and the Graduate Division have been established, ranging from chapters of professional organizations to groups whose purpose is outreach via various health-related projects to the emergence of an interdisciplinary Medical Humanities program.

Among the members of the UCSF community who were able to enjoy the benefits of Millberry

Union's facilities were the personnel of the General Services Department, the employees who provided all the services with regard to facility maintenance without which no medical center or university could exist. The extension of these privileges to these employees was not automatic, however, and took the efforts of campus organizations

including the Black Caucus, founded on May 4, 1968, exactly one month after the assassination of Dr. Martin Luther King, Jr. Recognizing that UCSF itself reflected social and economic relations as they exist in Bay Area communities, the Black Caucus was established as a forum to obtain a black consensus on racial matters that affect every person on campus. The Caucus, which was responsible for publishing the Black Bulletin, communicated directly with the Chancellor's office and fought for changes in the employment conditions for minorities on campus, including immediate changes in the classification from janitors to custodian, resulting in a retroactive pay increase by 25%, and creating an Outstanding Performance Award for persons in the General Services Department. The Caucus was also instrumental in establishing new student recruitment goals for each of the schools at UCSF to increase minority admissions by 25% each year.

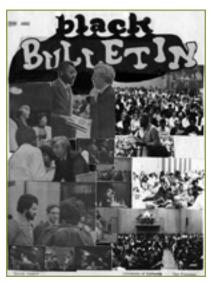


Photo montage from the June 1971 issue of the Black Bulletin.

# **Modernizing the UC Medical Center**



Langley Porter Psychiatric Institute

By the 1960s the Parnassus site was shedding its identity as "Cal's medical center" and reference to the UC Medical Center pertained to a variety of clinics, research centers, and hospitals that provided a diverse range of patient care and teaching programs for medical, nursing, dental, pharmacy, and graduate students. In 1960 the UC Hospital began two refurbishment projects to update the 1917 structure.

The Medical Center included the Langley Porter Neuropsychiatric Institute (completed in 1943 and became part of the Medical Center's accreditation in 1962), the Herbert C. Mof-

fitt Hospital (the largest general teaching hospital in the western US when it opened in 1955), and the new 'clinics building', later referred to as the Ambulatory Care Center, which opened in 1973. In addition, the Medical Center was responsible for the teaching programs and assisting in the provision of patient care through affiliation with San Francisco General Hospital, Laguna Honda Hospital, and the Veterans Administration Hospital at Fort Miley.



The Ambulatory Care Center, 1974

The three School of Medicine departments that were formerly at Berkeley—Anatomy, Biochemistry, and Physiology—had, by winter 1958, completed their move to the new Medical Sciences Building at Parnassus, thus returning the first 2 years of medical school instruction to the San Francisco campus. But the Medical Center—as UCSF was then called —also promoted campus events and activities across all the schools and the Graduate Division in lunch hour Discussion Series such as the "Health Sciences and the Problems of Man" interdepartmental seminar. The Medical Center Library

was equipped with a broad reference collection in all aspects of the health sciences. The literature ranged from contemporary formulations of biological theory to handbooks of psychiatric nursing.

UCSF's clinical and teaching activities also moved beyond San Francisco to provide service to underserved populations in rural California. In 1972, the University of California Area Health Education Center (AHEC) was established, as part of a nationwide program funded by the Department of Health, Education and Welfare, to help address the health care shortage in underserved areas such as the Central San Joaquin Valley. This led to the creation of the UCSF School of Medicine in Fresno to train medical students and house staff in Valley medical facilities. Also as part of this effort, the School of Pharmacy established a Drug Information and Analysis Center that employed pharmacists and rotated pharmacy students in what was then known as the Valley Medical Center. The Regional Medical Program was another federally-funded program in the 1960s that was designed to speed dissemination of information and services from university healthcare centers to practicing clinicians in community facilities throughout smaller towns and rural areas. This program also enabled the spread of UCSF expertise to outlying areas of Northern California and the central valley.

Also providing care to underserved communities in the Valley was UCSF School of Dentistry. The Mobile Dental Clinic program, headed by Marvin Stark, DDS, had been working in the community since 1965, regularly visiting such places as the California School of the Deaf to offer screening and referral services. Beginning in 1970, the program enlarged and began visiting migrant farm workers' camps in the San Joaquin and Sacramento Valleys with mobile clinics to provide definitive dental treatment to the workers' children. Recruitment efforts at the School of Dentistry had also focused on students from disadvantaged and minority backgrounds under the school's federally-funded Program for the Recruitment and Retention of Disadvantaged Students (RAR). More than 90% of the disadvantaged and minority students who graduated from UCSF School



UCSF dentists in the Mobile Dental Clinic, 1974

of Dentistry in the decade following its inception in 1968 returned to the communities from which they came.

The Medical Center had long faced financial struggles owing to the unique medical challenges commonly faced by academic medical centers and which tertiary care facilities and referral hospitals often face. The costs of running the center were always substantial, involving a number of expenses beyond patient care, including teaching costs, training grants and trainees, research expenses, costs to modernize and purchase new



By the 1980s, the UC Medical Center at Parnassus oversaw 570 beds that served 20,000 inpatients each year. The outpatient clinics provided care for more than 135,000 patient visits each year.

equipment. Yet the UCSF Medical Center has been required to operate on a substantially self-supporting basis.

In November 1982, Dr. William B. Kerr, director of the UCSF Hospitals and Clinics, was advised by the office of the MediCal Special Negotiator that UCSF would not be one of the hospitals in San Francisco County to receive a contract to provide care for MediCal patients. As a state-wide referral center for patients who needed specialized care and in some cases unique diagnostic and treatment services, this was a discouraging decision. It was estimated at that time that approximately 15% of all patients at Moffitt and UC Hospital were Medi-

Cal beneficiaries (about 2900 patients a year). This translated into a projected loss of \$16 million a year in revenue.

Despite many challenges to the management of the Medical Center, expansion continued. In 1983 the fifteen-story Joseph M. Long Hospital was dedicated. The new hospital featured the Francis A. Sooy Surgical Pavilion and an adjacent post-anesthesia recovery room on the fourth floor, the Herbst Emergency Service Pavilion on the first floor; the Walter Haas Radiation Oncology Pavilion on the ground floor; new physical therapy, inhalation therapy and pharmacy units, plus a whole array of new diagnostic facilities, including a newly-invented Nuclear Magnetic Resonance (NMR) imaging (now known as Magnetic Resonance Imaging [MRI]).



UCSF Mt. Zion Hospital

The Cardiovascular Research Institute expanded its thirteenth floor space from Moffitt. It cost \$71 million, supported by \$36 million from state and university funds, an \$11 million state bond, and millions from foundations and private individuals.

In December 1984 UCSF and Mt. Zion Hospital and Medical Center entered into an agreement committing both to develop a strategic plan to consolidate and coordinate programs and resources.

This arrangement led to the establishment of a Mt. Zion / UCSF Foundation to coordinate fund-raising, and collaboration on determining functions and responsibilities of academic leadership, coordination of teaching and clinical programs, and providing a broader primary care base in the community.

#### **Updates to Campus Buildings**

The old Medical School Building was demolished in 1967. In the period from the 1960s to 1980s, the University negotiated a number of refurbishments to the aging buildings such as the UC Hospital, originally completed in 1917, and the Clinics Building which was originally completed in 1933 to accommodate medical and dental outpatient clinics.

Other buildings were demolished in this period, such as the old Medical School Building – completed in 1898 and located in what is now the quad between the Medical Sciences Building and the School of Nursing – as well as the Residence Hall at 610 Parnassus which was demolished in 1973.



The old Medical School Building was demolished in 1967.



Health Sciences West tower, completed in 1966

New buildings included University House which opened in 1965 to be used as the Chancellor's Residence, and the two glass towers behind the Medical Science and Clinical buildings called Health Science East and West, which were completed in 1966. In 1972, the "Moffitt Modernization Project" was finalizing plans for updating the hospital. The

School of Nursing building was competed in 1972 and the Ambulatory Care Center building on the opposite side of Parnassus

Avenue was completed in 1973. In 1975, UCSF occupied over 3,000,000 square feet of clinical, research and office space.

Francis A. Sooy became the fourth chancellor of the campus in 1972. His tenure saw the culmination of efforts that began in the 1950s that gained UCSF recognition locally and nationally as a premier health sciences campus and UCSF became one of the most successful research universities in the country. The new School of Dentistry building



Francis A. Sooy

(1980), the modernized Moffitt Hospital projects (1980), and the new Long Hospital (1983) were completed. Sooy recruited outstanding physicians and researchers for some of the top campus positions, including three new deans.

In addition, UCSF was able to turn around its relationship with the surrounding community from outright hostility in some quarters to pride and participation in UCSF. As part of a series of accommodations to neighborhood and state legislative concerns about further growth, in the 1976 Long Range Development Plan, the Regents adopted several policies to limit growth at the Parnassus Heights site. The Regents designated 58 acres on the steep slopes of Mount Sutro as an open space reserve, and designated the boundaries of the campus so as to limit the further acquisition or leasing of property by UCSF. Certain houses at the western border of the campus, on Third and Fifth Avenues in particular, were to be returned to residential use from office uses, and a transportation study was funded. Most importantly, the Regents limited the amount of built space at the Parnassus Heights site to 3.55 million gross square feet, and recognized the principle of limiting the average daily population there.



The old dental clinics in what is now referred to as the Clinical Sciences Building.



The new School of Dentistry building, completed in 1980

With the space limitation in place, Parnassus researchers found themselves in increasingly cramped quarters. This lack of space prevented faculty from pursuing additional research as the National Institutes of Health (NIH) budget expanded and forced some to share space with researchers in unrelated fields. Ironically, this intermingling of researchers ultimately led to scientific collaborations that would not have otherwise taken place.

Meanwhile the School of Dentistry – one of only two dental schools in northern Califor-

nia – had long outgrown its previous space in the Clinical Sciences and Medical Sciences buildings, and was at risk of losing its accreditation if the problems of shortage of space and facilities were not resolved. By 1980, both the refurbishment of Moffitt Hospital and the construction of the new School of Dentistry were complete.



Construction of the UCSF Library (the building to the left of the crane)

In 1977 the University of California Office of the President agreed to plans for the construction of a new UCSF library. With help from a \$400 million general obligation bond, the plan was to start construction in 1987 for the new facility to house the 600,000 volume collection as well as reading rooms, study rooms and facilities for instructional technology. The building opened in 1990 and was officially dedicated in March 1991 at UCSF's Founders Day.

In 1985 UCSF acquired the Laurel Heights site in an effort to alleviate crowded conditions on the Parnassus campus. This episode began a

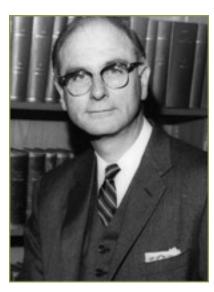
long legal battle with the Laurel Heights Improvement Association, concerned about the Environmental Impact Report that detailed plans for UCSF's use of Laurel Heights. The report included plans for the relocation the majority of the faculty, staff and research facilities of the School of Pharmacy and pharmacology labs. In 1991 the California Court of Appeal ruled in UCSF's favor that it did not misrepresent development plans and Laurel Heights eventually grew to become a fully occupied campus of UCSF, housing social science and humanities departments, health policy researchers, and administrative arms of various university and departmental offices. Only a small contingent of the School of Pharmacy's faculty and staff eventually took up occupancy at Laurel Heights.

#### **The Formation of the Graduate Division**

In 1961, the Regents of the University decentralized graduate education and San Francisco, which had previously been under the jurisdiction of Berkeley's administration, was organized as an independent Graduate Division with its own dean and graduate council. The Division was formed to provide leadership for graduate education and to serve as an administrative home for student admissions, degree progression, the appointment and advancement of postdoctoral scholars, and the development of campus policies affecting both students and postdoctoral scholars (post-docs). These responsibilities soon grew to include student recruitment, the acquisition and management of fellowship

awards, review of graduate academic programs, development of new academic degree programs, and the provision of student and post-doc services to enhance campus life. The dean of the Graduate Division shared overall responsibility for graduate academic matters and postdoctoral scholar appointments with the Graduate Council, a standing committee of the San Francisco Division of the Academic Senate.

In the fall of 1961, Dean Harold Harper, UCSF Professor of Biochemistry, was appointed and the Graduate Council was established to oversee graduate programs in: anatomy, biochemistry, comparative biochemistry, biophysics, dental surgery, dentistry, endocrinology, history of medicine, medical physics, microbiology, nursing, nutrition, pathology, comparative pathology, pharmaceutical chemistry, pharmacology, comparative pharmacology and toxicology, physiology, and animal physiology. In 1965, a doctorate degree in nursing science and in psychology commenced and in 1968 the Sociology PhD program in the School of Nursing was established. Harold Harper served as graduate dean for twenty years, and in 1981, UCSF Professor of Microbiology and Immunology Lloyd Kozloff was appointed as dean and served until 1991.



Harold Harper, first Dean of the Graduate Division



Dr. Barbara Koenig and Dr. Jessica Muller conducting research as part of a Medical Anthropology participant observation study, "On the Boundary of Life and Death: Care of the Dying by Medical Residents."

Throughout the 1970s and 1980s the list of graduate programs that were approved continued to grow, including PhD programs in medical anthropology (approved in 1973), human development (1975), neuroscience (1976), Doctor of Mental Health Degree (DMH) (1976), genetics (1977), immunology (1979), and nursing (1983). Additionally, a unique organizational structure was formed between UCSF and other UC campuses through the offering of joint Ph.D. degree programs: Speech and Hearing Sciences (UCSF and UC Santa Barbara 1972); Medical Anthropology (UCSF and UC Berkeley 1975); and, Bioengineering (UCSF and UC Berkeley 1983). A partnership was also formed between UCSF and the California State Univer-

sity system through the development of the joint M.S. degree in Physical Therapy with San Francisco State University in 1989. The growth of graduate education has substantially shaped the prominence of innovative research at UCSF.

A new area of recruitment that involved both the School of Dentistry and the Graduate Division was generated by a grant from the National Institute of Dental Research to support graduate training in the basic sciences called the Research Teacher Training Grant, supporting eleven students a year for work leading to the PhD. This program, which was initiated in 1958, was directed by Dr. Howard Meyers, graduate advisor for the School of Dentistry.

Along similar lines, the School of Medicine and the Graduate Division sponsored the creation of the Medical Scientist Training Program (MSTP) in 1969. Funded by the US Public Health Service, the program offered a special stipend to students to pursue graduate work along with a medical degree in order to correct for the "lack of academic programs designed specifically to prepare physicians for faculty careers." The MSTP curriculum originally consisted of three years of medical school plus three years of formal graduate study, leading to the MD degree and either an MS or PhD degree depending on which requirements were satisfied. Originally, funding covered the costs for six students, which was expanded to twelve students in 1972, the same number of students who are admitted on this program in 2008. Applicants to this program are admitted separately to the medical school and to the graduate program.



School of Dentistry Prosthetics Lab

Intensive recruitment programs designed to increase the participation of underrepresented students in graduate programs began in the early 1980s with the advent of the NIMH-funded Undergraduate Summer Research Training Program. This program, which prepares undergraduates for careers in biomedical and social science research, continues today as a national model. The Graduate Division also led and funded numerous campus efforts to increase diversity in graduate education, both at UCSF and at other UC campuses.

Beginning with fewer than 300 students in 1961, the Division grew to 894 registered students in 1985: 361 PhD candidates, 443 master's students and 90 postgraduate professional doctoral students. The Graduate Division also oversaw the administration of some 700 postdoctoral scholars in 36 departments or Organized Research Units (ORUs).

Also by 1985 the remarkable advances in graduate education on campus generated enough demand for the creation of a separate graduation ceremony. The first Graduate Division commencement was held on June 7, 1985 in Cole Hall on Parnassus Campus.

In 2008 the Graduate Division oversees approximately 1,500 students in twenty graduate programs and five graduate certificate programs, as well as 1,100 postdoctoral scholars

#### **Innovations in Professional Education**

In 1964, Provost John Saunders became UCSF's first chancellor. A veteran of the medical school faculty, Chancellor Saunders came to the University in 1931 as an anatomy professor and was chair of the department from 1938-1956. He also served as chair of the History of the Health Sciences department from 1942-1975, Dean of the School of Medicine from 1956-63, University Librarian from 1943-1971, and the first provost from 1958-1964. Saunders resigned as Chancellor in 1966 and took a special Regents Chair in History of Medicine on the San Francisco Campus.

Saunders believed that training students and healing patients were the paramount duties of the medical center, with research ranking third. There was a well-documented perception that Saunders expressed his priorities by allocating resources to clinicians while stalling on approving appointments and allocating space to meet the needs of research-

minded department chairs.

In November 1964, frustrated by this lack of support for research, a group of ten professors from the School of Medicine, including Dean Reinhardt, sent a letter to UC President Clark Kerr asking for an urgent appointment to discuss the future of the San Francisco campus. These professors were committed to the vision of transforming the San Francisco Medical Center into a world-class research university.

In 1966, Willard C. Fleming, who had been an outstanding Dean of the School of Dentistry since 1939, became the second Chancellor of the campus. Chancellor Fleming was chosen from outside of the School of Medicine to



Willard C. Fleming

avoid further conflict between clinicians and researchers within the school, and his calm demeanor proved useful for stabilizing the faculty and supporting the growing research enterprise. The San Francisco Campus was now on the road to becoming a full-fledged research university.

In 1965 the School of Medicine announced a new division that marked another major shift in medical education and interschool collaboration. The Division of Ambulatory and Community Medicine developed a four year integrated curriculum to provide training in the problems of poverty, overpopulation, urbanization, rural health, community mental health and aging populations. Dr. William Reinhardt, Dean of the School of Medicine, appointed Dr. Robert H. Credé as its first chairman, who put in motion the development of a training program to emphasize out-of-hospital care, including family medicine and management of the patient in the home, the function of community health services, leadership by physicians in community medicine and the coordination of health care among professional groups. He also actively supported inter-professional learning between nursing and medical students, one factor in the later development of the nurse practitioner role.

In 1966, the School of Pharmacy developed an innovative program to test the use of clinically skilled pharmacists in a patient care area—the first such program in the United States.

Under what became known as the Clinical Pharmacy Program, pharmacy students, residents and faculty were trained to work at patients' bedsides to help administer drugs and make treatment decisions. Associate Dean Jere Goyan (who went on to become dean and later serve as Commissioner of the FDA), was instrumental in establishing the Clinical Pharmacy Program and continued to advocate for it during his deanship. Goyan, Department of Pharmacy Chair Sidney Riegelman and Vice-Chair Donald Sorby sought to establish a program in which physicians would have the opportunity to discuss drug uses and prescriptions with the pharmacist. With the support of School



A UCSF pharmacist advising a patient.

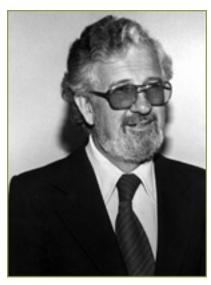
of Pharmacy Dean Troy C. Daniels and the approval of J. Englebert-Dunphy, acting Chancellor and Chair of the Department of Surgery, a "test site" was established in the surgical service on the ninth floor of Moffitt Hospital.

In a round-the-clock service available seven days a week—an operating schedule that was the first of its kind in the nation—a pharmacist was available to receive all orders, fill them if possible from unit-dose stock in the mini-pharmacy, and dispatch the remainder to the central pharmacy. Pharmacists also monitored patients for side effects and offered advice on "rational drug therapy" providing on-site recommendations for prescribing any of the approved hospital drugs (which in 1985 had grown to the order of some 850 different drugs). From the beginning, the presence of pharmacists in the wards and at the beside stimulated drug-related queries from nurses, intern/residents, and residents, and pharmacists became part of the hospitals Code Blue (cardiopulmonary resuscitation) Team bringing emergency drugs to the patient. Within the first year following its foundation in 1966, the progress of clinical pharmacy was articulated by William E. Smith, the first resident organizer:

The practice of pharmacy on the hospital floor appears to be a logical and direct method to help solve the various problems associated with modern complex drug therapy and drug distribution. Several members of the surgical and nursing personnel ... have expressed their acceptance of the pharmacist on the patient care team because he adds to the overall effort of providing care. The pharmacists believe that the type of service developed ... is the only kind of pharmaceutical service that should exist in the hospital.

During Jere Goyan's tenure as dean, the UCSF School of Pharmacy became the leader among pharmacy schools nationwide in research as measured by federal research funding, and has since consistently ranked first in the academic quality of its doctor of pharmacy program. Goyan's conviction that clinical experience should be part of a pharmacist's training and practice, while revolutionary when he proposed it, is now accepted internationally. Thousands of pharmacists across the nation owe a debt of gratitude to this man for his influence on their practices.

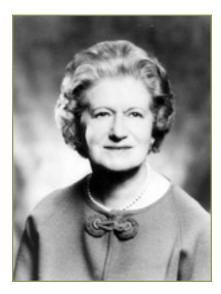
In a ten-year development plan written in 1967 (the year that Goyan became Dean), the School of Pharmacy committed itself to a revision of the curriculum that would enable the entire terminal year to be devoted to a combination of inpatient and outpatient clerkships. It was a



Pharmacy Dean Jere Goyan

radical shift in the training of pharmacists and in the organization of hospital pharmaceutical care. Clinical pharmacy also created the pain consultation service, organized by Peter Koo and physicians James Morris and Richard Crayne in 1979 as a low back pain program under the aegis of the Department of Orthopaedic Surgery.

Under Dean Helen Nahm's leadership from January 1958, a number of curricular changes in the School of Nursing occurred, revolutionizing the education of nurses in a number of pioneering undergraduate and graduate programs. In fall 1959, all nursing instruction moved from Berkeley to the San Francisco campus, while a number of new faculty appointments were made which paved the way for the development of new courses and areas of concentration. By 1960 the school had 42 faculty members and grants from the National Institute for Mental Health, National Heart Institute, National Cancer Institute and the Rockefeller Sealantic Fund to help support new teaching and research innovations for faculty and students. Throughout the 1960s and early 1970s, the number of master's degree students in nursing surged from eighteen students in 1958 to over 200 in 1975. In



Helen Nahm

the period from 1959 to 1975 the framework of the master's program in nursing shifted from an emphasis on teaching and administration to a clinical focus, initially in four major areas (medical-surgical, maternal-child, psychiatric-mental health, and community health nursing) and then to a wider range of more defined specialties, with the clinical specialist, and somewhat later, the nurse practitioner roles joining educator and administrator roles.

Another significant development in the School of Nursing curricula was the establishment of a doctoral program in nursing in 1965. In 1972 the School of Nursing established the Department of Social and Behavioral Sciences, another first at a health science campus anywhere, following the establishment of the PhD program in Medical Sociology in 1968 with the leadership of Professor Anselm Strauss. During the 1970s nurse practitioner programs developed, initially in pediatric and maternity areas, then to address adult health needs, and then families. These transitioned in a few years from continuing education offerings, designed for practicing nurses, into specializations in the masters program. The programs used a wide range of clinical teaching sites, including community clinics, physician offices, and outpatient clinics in the Bay area, even, for the family nurse practitioner program, extending to the Fresno AHEC Center.

The Medical Scientist Training Program (MSTP) was a significant development of an earlier innovation in the form of the Summer Research Training Program (SRTP), which also emphasized basic science research training for medical students. In 1962 a grant was obtained from the NIH to support the program, which was soon directed by Dr. Chauncey Leake. The program gathered further financial support from US Public Health Service grants, voluntary health agencies and private industry. Similar to the aims of the MSTP, the purpose of this program was "to recognize, encourage and prepare outstanding students to enter some field of academic medicine" and to provide competitive stipends to compete with alternate non-medical jobs students may pursue in the summer to earn money.

Rapid technological developments stimulated by the Bay Area orientation to Silicon Valley and information technology helped the early development of innovative computer research labs. In 1977, the School of Pharmacy's Computer Graphics Laboratory was established through the efforts of Robert Langridge and Tom Ferrin to make computer models of proteins and molecules.

Langridge had been a graduate student in Maurice Wilkins's lab at King's College, London, conducting x-ray studies of DNA and by the time of his arrival at UCSF had spent time at Yale, Harvard, Chicago and MIT. Langridge's lab allowed researchers to analyze the interaction of molecules using three-dimensional computer modeling. Among the first investigations using the Computer Graphics Laboratory was the Acting Dean of the School of Pharmacy, Eugene Jorgensen's, study of the thyroid hormone thyroxine which led to his development of the drug DIMIT. Today the UCSF Computer Graphics Laboratory (CGL) is home to the Resource for Biocomputing, Visualization, and Informatics (RBVI), a NIH National Center for Research Resources Biomedical Technology



UCSF faculty, students, and staff protest the US invasion of Cambodia, May 1970

Resource Center for the integrated analysis of biological sequence, structure, and functional information. The other major components of the Center include the Babbitt Laboratory and the Sequence Analysis and Consulting Service (SACS).

Phillip R. Lee became UCSF's third chancellor in 1969, coming to UCSF from his post as U.S. Assistant Secretary for Health and Scientific Affairs, Department of Health, Education, and Welfare.

He was also given a title unique in the UC system, Professor of Social Medicine, because of his national and international background in health policy. Chancellor Lee led the campus during a time of political and social turmoil created by Viet Nam war protests and the Civil Rights Movement. His understanding of social forces and his close relationship to students and staff allowed UCSF to continue its commitment to academic excellence and establish affirmative action. He was especially noted for his efforts to stimulate minority recruitment and enrollment.

During his tenure as chancellor, the San Francisco Medical Center was renamed the "University of California, San Francisco" in 1970 and became the only health sciences campus in UC's nine-campus system.

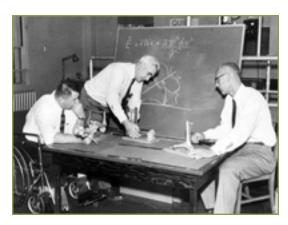
Lee remained chancellor until 1972, when he started UCSF's Health Policy Program – the first of its kind in the U.S., now emulated by many institutions across the country as a legitimate discipline in which to study health sciences issues. Under his leadership, the program became an Organized Research Unit in 1981, when it was renamed the Institute for Health Policy Studies. As one of the nation's foremost authorities in the study of equal access to health care, Dr. Lee was a frequent adviser to federal health policy makers.



Philip R. Lee

Other technologies such as those in neonatal intensive care transformed the practice of pediatrics at UCSF, but not without raising ethical and moral questions about life-preserving technological interventions. In 1972, Chancellor Lee invited Albert Jonsen, PhD, to join the new Institute for Health Policy to study the ethical aspects of health policy. Trained in philosophy and theology, Jonsen had left his position as President of the University of San Francisco and UCSF's was one of only two secular medical schools (the other being Pennsylvania State University) to have a professor of medical ethics on the faculty. In 1974, under the encouragement of Dean Julius Krevans, Jonsen was appointed associate professor of bioethics and developed innovative courses for medical students on the social impact of evolving medical technologies and practices. Aspects of this work continue to this day in the Department of Anthropology, History and Social Medicine.

#### **Innovations in Research**



Biomechanics laboratory, 1957

From the time of the creation of the Biomechanics Laboratory (1957) and the Cardio-vascular Research Institute (1958), organized research units (ORUs) and centers continued to be established largely as a result of the successful recruitment of national research grants and private endowments. Among the developments throughout this period were:

1963	Clinical Study Center at San Francisco General Hospital
1964	The Kidney Transplant service begins under John Najarian. Sam Kountz takes over as Director in 1967 and helps to make the service the
	world's largest
1967	Hormone Research Laboratory moves from Berkeley to Parnassus under Choh Hao Li . Four years later Li synthesizes human growth hormone.
1969	Benson Roe performs UCSF's first heart transplant.
1972	The Brain Tumor Research Center opens
1972	Health Policy Program, supported with a grant from the Robert Wood Johnson Foundation and directed by Philip Lee, established to identify major health policy issues and provide government officials with technical assistance.
1972	Herbert Boyer and Stanford colleague Stanley Cohen develop rDNA technology.
1974	Julius Schachter discovers Chlamydia as a cause of pneumonia in newborns. His lab moves to SFGH and becomes world leader in Chlamydia research.

1976	J. Michael Bishop and Harold Varmus discover oncogenes, that can lead
	to cancer.
1979	Research at SFGH: Gladstone Foundation Laboratories for Cardio-
	vascular Disease open. Over the next decade Rosalind Russell, Gallo,
	Koret and Lung Biology centers open making SFGH a major UCSF
	research center. (Koret Center for Human Nutrition, known for its work
	in diabetes; Gallo Clinic and Research Center; Rosalind Russell Arthri-
	tis Research Laboratories; the Rice Liver Center; the General Clinical
	Research Center; the Lung Biology Center; the Chlamydia Research
	Laboratories; Infectious Disease Laboratories)
1983	UCSF clinicians and researchers develop the country's first outpatient
	AIDS clinic and impatient ward at SFGH and begin an enormous multi-
	disciplinary effort to fight the disease.
1984	Millie Hughes-Fulford UCSF research scientist with the VAMC select-
	ed as space shuttle astronaut.
1985	Institute for Aging Health Policy recognized as an Organized Research
	Unit some years after its founding in 1979.
1989	J. Michael Bishop and Harold Varmus win the Nobel Prize in Physiol-
	ogy or Medicine for their work with oncogenes.
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When Helen Nahm became Dean of the School of Nursing in 1958, she was advised of the central role that original research was expected to play in faculty work in profession-

al schools. In 1963, the School of Nursing Faculty Organization established the Research Committee, which early on had \$7,500 to allocate annually for research projects, and throughout the following decade approaches to research modeled after the laboratory sciences on the one hand, and the social sciences on the other, began to take shape. However a number of projects among School of Nursing faculty resulted in publications that had immediate and long-lasting impact on both the clinical and social understanding of health care and became landmark publications for research methodologies. This includes Jeanne Quint's 1967 book The Nurse and the Dying Patient and the studies on death in hospitals by Barney Glaser and Anselm Strauss, Awareness of Dying (1965) and Discovery of Grounded Theory: Strategies for Qualitative Research (1967). With increasing numbers of faculty trained with PhDs, research further



Margretta Styles

flourished in the 1980s, particularly under the leadership of Dean Margretta Styles (dean 1977-1986). Styles allocated resources, catalyzed the development of a faculty that viewed research as an integral part of their work, and supported successful efforts to develop extramural research funding.

When Jane Norbeck became Dean of the School of Nursing in 1989, faculty identified "research clusters" that promoted innovative approaches in areas such as symptom management, HIV/AIDS, family health and disease prevention. These initiatives subsequently evolved into organized centers for research such as the Institute for Health and Aging, The Research Center for Symptom Management, the International Center for HIV/AIDS Research and Clinical Training in Nursing.

#### **Biotechnology**



Some of the UCSF/UC Berkeley crew in 1981 working on the development of an early clinical MRI

In 1975, following its success in proving the usefulness of CT Scanning, the UCSF Department of Radiology funded a small startup R&D operation involving a handful of engineers and physicists charged with the task of developing Nuclear Magnetic Resonance (NMR, now known as MRI) as a viable imaging instrument for soft tissues in the human body.

In 1983, this pioneering group produced clear, dramatic images, featured at the Radiological Society of North America in 1983, obtained FDA pre-market approval for their device, and directed some of the first clinical placements of NMR imagers in the United States.

In 1973 UC San Francisco biochemist Herbert Boyer and his Stanford collaborator Stanley Cohen revolutionized the field of biology by sketching out, on a paper napkin in a Hawaii delicatessen, a plan which became the technique for recombinant DNA or gene splicing. Boyer went on to co-found Genentech Corporation in 1976.

In 1977, William Rutter and colleagues achieved the first major triumph of genetic engineering by isolating the gene for rat insulin and transplanting it into bacteria, creating protein "factories" in the process. This led to the development at UCSF and elsewhere of a whole new group of artificially-created therapeutic products, such as

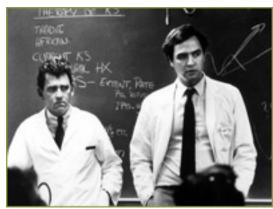
hepatitis B vaccine, and the mass-production of substances produced naturally in only minute amounts, such as human growth hormone and human insulin. It also created a whole new approach to research in the biological sciences. In 1986, William Rutter cloned the gene for hepatitis B and Chiron Corporation, which Rutter co-founded, distributed the first genetically engineered human vaccine.

In 1976 virologists J. Michael Bishop and Harold Varmus discovered that "oncogenes" – cancer-causing genes – can be found in many forms of life, including humans. This finding led to a new understanding of how normal cells are transformed into cancer cells by environmental, hormonal or other factors. It also led to the now widely accepted view that oncogenes are responsible for at least some cancers. Bishop and Varmus received numerous awards, including the Albert Lasker Award for Basic Medical Research (1982) and the Nobel Prize in Physiology or Medicine (1989), for this work.

In 1982, Stanley Prusiner identified prions, an entirely new infectious agent implicated in rare slowly progressing brain diseases such as mad cow disease in cattle and Creutzfeldt-Jakob disease in humans. Composed solely of protein, prions are able to replicate, aggregate and cause deadly infections without RNA or DNA, the first infectious agents known to do so. The discovery of prions led to breakthroughs in research for neurogenerative diseases such as Alzheimer's and Parkinson's. In 1990, UCSF received \$3 million to establish the W.M. Keck Foundation Center for Integrative Neuroscience. Under the direction of Stephen G. Lisberger, the Center combines studies of the brain and behavior in an effort to uncover the biology underlying such serious health problems as Alzheimer's and Parkinson's diseases. Dr. Prusiner has won numerous awards for this research, including the Nobel Prize in Physiology or Medicine in 1997.

#### **UCSF** and the AIDS epidemic

In 1983 UCSF clinicians and researchers started the country's first outpatient AIDS clinic and inpatient ward at San Francisco General Hospital and mounted an enormous multidisciplinary effort to fight the disease. This was barely two years after the first AIDS cases from Los Angeles were reported in the Morbidity and Mortality Weekly Report (MMWR) on June 5, 1981. Before long it was recognized that the mysterious illness—which was first known as GRID,



Marcus Conant and Paul Volberding discussing Kaposi's Sarcoma, 1981

gay-related immune deficiency—was present among gay men in San Francisco, where the number of reported cases rapidly multiplied over the next few years. Unlike anywhere else, the gay community in San Francisco united to encourage political and social support and care for the patients, while the medical teams at UCSF and San Francisco General Hospital struggled to identify and treat the disease, which was linked to HIV in 1984.

A diverse group of physicians and researchers were brought together to explore the epidemic:

- Dr. Jay Levy, a virologist who originally recognized what he termed ARV—AIDS Related Virus;
- Dr. Merle Sande, Chief of Medical Services at SFGH who brought together the State of California, the City and County of San Francisco, the University of California San Francisco, San Francisco General Hospital, and the Gladstone Foundation to build and fund the Gladstone Institute of Virology and Immunology, a research institute dedicated to the study of virology and immunology with a focus on HIV and AIDS;
- Dr. Paul Volberding, who developed the AIDS Clinic at SFGH, and was instrumental in developing the "San Francisco Model" of comprehensive AIDS care.
- Dr. John Ziegler, who moved to UCSF in 1981 as professor of medicine in residence, and Chief of Staff for Education at the VA Hospital, and who was the first to show an association with malignant lymphoma. Ziegler became the Director of the UCSF AIDS Clinical Research Center and made many scientific contributions in the area of HIV-associated malignancies, both in the USA and in Uganda;
- Dr. Arthur Ammann, a pediatric immunologist who observed a puzzling case of immune deficiency in three infant sisters and recognized the link to AIDS, initiating pediatric AIDS research;
- Dr. Marcus Conant, a dermatologist who observed the unusual cases of Kaposi's sarcoma and was one of the organizers of the SFGH clinic;
- Dr. Constance Wofsy, an infectious disease specialist who treated patients with Pneumocytosis and began referring them to be seen by Dr. Paul Volberding who was treating patients with Kaposi's Sarcoma.

Wofsy, who went on to become an international expert in Pneumocytosis and AIDS

in women, joined Volberding and Dr. Donald Abrams as the original "AIDS physician team" in the new clinic at SFGH. Another addition to AIDS research and treatment was provided by Drs. Deborah Greenspan, a specialist in oral medicine, and John Greenspan, an oral pathologist, both at UCSF's School of Dentistry. The Greenspans pioneered the role of dentistry in AIDS research. Deborah Greenspan investigated the relation of oral lesions to the presence and progression of AIDS, and, with help from basic scientists Evelyne Lennette and Harold zur Hausen, identified hairy leukoplakia which became a diagnostic marker of AIDS. Through his pathological investigations, John Greenspan linked lymphoma to the immunodeficiency of the patients with Pneumocytosis and Kaposi's sarcoma. The list of faculty from across UCSF and the Medical Center who were involved in the crucial early developments in the recognition and treatment of HIV/AIDS continues, and researchers are encouraged to consult the collections in the AIDS History Project for more information.

#### **Program in Biological Research (PIBS)**

In 1988, UCSF received a \$13.75 million five year grant from Miami-based Lucille P. Markey Charitable Trust to help create a new academic program that transcends departmental boundaries for biological research, called the Program in Biological Research (PIBS). It focused on using tools from genetics, molecular biology, and immunology, and was directed by J. Michael Bishop, who was also the Director of the Hooper Foundation. That same year, UCSF received \$7.1 million four year grant from the National Institute of Mental Health and the National Institute of Drug Abuse to expand its AIDS research. This grant supplemented a \$3 million grant awarded the previous year to establish a new Center for AIDS Prevention Studies (CAPS). The program created a unique collaborative partnership between UCSF, the San Francisco Department of Public Health, and the Bayview Hunters Point Foundation.

#### **Planning the Future**

In 1987 chancellor Julius Krevans formed the Faculty Committee on the Future of UCSF consisting of members elected by the schools' and Graduate Division's deans. The committee reviewed programmatic goals, involving existing and new academic programs, and considered issues surrounding the development of the campus and future space needs. The committee identified six programmatic goals that would begin to shape the future of the curriculum and strengthen research collaborations. The areas were:

- 1. To develop interdisciplinary clinical research with close ties to the basic sciences
- 2. To consolidate and expand social and behavioral sciences
- 3. To develop shared facilities involving the application of large instruments for structural biology groups
- 4. To consider the possibility of creating advanced undergraduate programs in the health sciences
- 5. To promote interactions with biotechnology and other relevant health-related disciplines in the industrial sector
- 6. To develop programs to conquer AIDS and other diseases caused by retroviruses

The future space requirements for the campus were identified as requiring action along the following lines:

- 1. To develop Laurel Heights as a vital academic center
- 2. To acquire 50-100 acres to develop as a major campus site to preserve options for the future
- 3. To acquire additional clinical facilities to free up clinical space immediately with no net increase of beds in the community
- 4. To maximize utilization of Parnassus Heights space resources by scrutinizing existing space use and programs, renovate, and build new research space

A number of these goals have been met over the past twenty years. As the campus continues to grow—developing into new spaces at Mission Bay, integrating teaching in the Social and Behavioral Sciences and Medical Humanities within the core curricula and graduate instruction, promoting bioentrepreneurship and biotechnological advancement, and continuing to receive outstanding support for research in all areas of the health sciences—UCSF will have exceeded these goals and will be moving forward to reach its new mission: "advancing health worldwide." A summary of some of the achievements and innovations post-1989 is provided in the final section of this history.

#### 1990-2000



UCSF, aerial view, 1988

1990	UCSF acquires Mount Zion Hospital.
1990	Construction begins on Gladstone Institute of Virology and Immunology at SFGH.
1990	UCSF receives \$3 million to establish the W.M. Keck Foundation Center for Integrative Neuroscience.
1991	Millie-Hughes Fulford, UCSF research scientist becomes part of space shuttle Columbia crew that conducts experiments on bone density loss.
1991	School of Nursing introduces the Master's Entry Program in Nursing (MEPN).
1991	School of Nursing establishes the Research Center for Symptom Management.
1991	School of Dentistry establishes the NIH Pain Research Center within the department of oral and maxillofacial surgery.
1992	DNSc degree program in the School of Nursing closes admissions; PhD remains the only doctoral program.
1993	Gladstone Institute of Virology opens at SFGH.
1994	Valencia Pediatric Practice, later renamed with expanded services, Valencia Health Services, sponsored by the School of Nursing.
1995	Completion of ground floor classrooms, part of campus education center re-development, and enhanced mezzanine commons and café space in the School of Nursing building.
1995	School of Pharmacy establishes the San Francisco Branch of the United States Cochrane Center.
1996	Graduate Division combines Ph.D. programs in Anatomy, Endocrinology, Experimental Pathology, and Physiology to form a new Graduate Group and Ph.D. program in Biomedical Sciences.

1997	Stanley Prusiner wins Nobel Prize in Physiology or Medicine for his dis-
	covery of prions.
1997	UC Regents approve Mission Bay as the site for UCSF's new campus and enter into an agreement with Catellus Development Corporation and the City and County of San Francisco for the donation of 43 acres of property in Mission Bay. The Mission Bay campus allows UCSF to double its research space, speed the pace of biomedical discovery, and help prepare a new generation of students. Phase 1 construction of \$800 million included four research buildings, a campus community center, a student housing complex, two parking structures, and development of large open space. By 2006, about 1400 faculty, students, scholars and staff are located at the UCSF Mission Bay campus. At full build-out, 9,100 people are expected to work and study there.
1997	School of Pharmacy develops and establishes the California Poison Control System, a system for providing uniform poison services for the entire state via satellite centers at four locations throughout the State.
1997	UCSF Medical Center merges with Stanford Health Services to become UCSF Stanford Health Care. The merger is ultimately deemed unsuccessful and the 2 institutions de-merge in 2000.
1997	Glide Memorial Clinic, as a joint project of the School of Nursing and Catholic Healthcare West, begins operation.
1998	School of Dentistry creates The Postbaccalaureate Program, aimed at preparing disadvantaged students for entry into oral health care higher education.
1998	School of Pharmacy leads in the creation of three new cross-campus PhD programs: Biological and Medical Informatics, Pharmaceutical Sciences and Pharmacogenomics, and, with the School of Medicine, Chemistry and Chemical Biology.
1998	School of Pharmacy radically alters its Doctor of Pharmacy curriculum to establish innovative specialty pathways (Pharmaceutical Care, Pharmaceutical Health Policy and Management, Pharmaceutical Sciences).
1999	School of Dentistry completes modernization of all its Predoctoral Clinics.
1999	School of Nursing ranks first among nursing schools in NIH funding.
2000	De-merger of the UCSF Stanford Health Care.

#### **Leadership**

#### **UCSF Chancellors:**

- Julius R. Krevans (1982-1993)
- Joseph B. Martin (1993-1997)
- Haile T. Debas (1997-1998)
- J. Michael Bishop (1998-2009)
- Susan Desmond-Hellmann (2009-present)

#### **Deans (Dentistry):**

- John C. Greene (1981-1994)
- Karin Vargervik, Interim (1994-1995)
- Charles N. Bertolami (1995-2007)
- John Featherstone, Interim (2007-present)

#### **Deans (Graduate Division):**

- Lloyd Kozloff, PhD (1981-1991)
- C. Clifford Attkisson, Ph.D., Interim (1991-1992); Dean and Associate Vice Chancellor of Student Academic Affairs (1992-2005)
- Patricia Calarco, Ph.D., Interim (2005-2007); Dean (2007-present)

#### **Deans (Medicine):**

- Joseph Martin (1989-1993)
- Haile Debas (1993-2003)
- David Kessler (2003-2007)
- Samuel Hawgood, (2007-present)

#### Deans (Nursing):

- Jane S. Norbeck: (1989-1999)
- Kathleen Dracup (2000-present)

#### Deans (Pharmacy):

- Jere E. Govan (1967-1992)
- George L. Kenyon (1993-1998)
- Mary Anne Koda-Kimble (1998-present).

#### **Directors (Medical Center)**: William B. Kerr (1977-2000)

• Mark R. Laret (2001-Present)

#### **2000**+



UCSF Mission Bay campus, 2003. Photo by Majed.

2000	School of Medicine radically redesigns the core curriculum to promote integration of disciplines, bringing cultural, social, and behavioral factors into the teaching of biomedical and clinical issues.
2000	School of Pharmacy establishes the Center for Consumer Self Care.
2000	The name of the Graduate Division's M.S. and Ph.D. program in Medical Information Science is changed to the M.S. and Ph.D. program in Biological and Medical Informatics by approval of the Graduate Council and Chancellor Bishop.
2000	Ph.D. program in Chemistry and Chemical Biology is established in the Graduate Division.
2000	UCSF Certificate Program in Clinical Research is approved by the Graduate Council.
2001	The newly created International Dentist Program enrolls its first class of students
2001	The Ph.D. program in Pharmaceutical Sciences and Pharmacogenomics is established.
2002	The Master's of Advanced Studies degree (MAS) in Clinical Research is established in the Graduate Division.
2002	Graduate Division establishes joint UCSF/San Francisco State University Doctorate in Physical Therapy Sciences (DPTSc).
2002	School of Pharmacy establishes satellite clinical teaching programs in Fresno and South Bay.

2003	Genentech Hall opens at the Mission Bay campus. With more than 400,000 gross square feet, it houses programs in structural and chemical biology and molecular cell and developmental biology, the Molecular Design Institute, the Center for Advanced Technology, a library, an auditorium, and commercial space.
2003	The names of the M.S. and Ph.D. programs in Oral Biology are changed to the M.S. and Ph.D. programs in Oral and Craniofacial Sciences with approval of the Graduate Council and Chancellor Bishop.
2004	Arthur and Toni Rembe Rock Hall opens at the Mission Bay campus. It houses programs in human genetics, developmental biology, developmental neuroscience, and the Center for Brain Development.
2004	Revised curriculum implemented for the School of Dentistry, creating new interdepartmental courses developed around five thematic streams that emphasize and reinforce the integration of basic sciences and clinical sciences in dental education.
2004	Graduate Division establishes joint UCSF/San Francisco State University Doctorate in Physical Therapy (DPT).
2004	The Betty Irene Moore Doctoral Fellowship program launched in the School of Nursing.
2005	School of Dentistry re-aligns its departmental structure to form the departments of: Cell and Tissue Biology, Oral and Maxillofacial Surgery, Orofacial Sciences, and Preventive and Restorative Dental Sciences.
2005	Byers Hall, The California Institute for Quantitative Biosciences (QB3) opens as the home for the California Institute of Science and Innovation (Cal ISI) at the Mission Bay campus. This is the headquarters for the Institute, which is a partnership with UC Berkeley and UC Santa Cruz. QB3 is one of the four California Institutes for Science and Innovation, developed at the initiative of Governor Grey Davis, and the only one focused on biomedical research to advance human health. Research here is intensely computational, integrating physical, mathematical and engineering sciences to tackle the complexities of genomics, proteomics, protein folding and interactions, and developing imaging systems of unprecedented power and resolution for diagnosis and treatment of disease.
2005	UCSF On-Line Certificate Program in Pain Management is approved by Graduate Council.
2006	Elizabeth Blackburn wins Albert Lasker Award for Medical Research for the prediction and discovery of the telomerase enzyme which plays a key role in cell aging and human cancer.

2006	UCSF establishes Clinical and Translational Science Institute as largest recipient of NIH Clinical and Translational Science Awards.
2006	Helen Diller Family Cancer Research Building breaks ground on the Mission
2000	Bay campus. It will contain research and development programs in neurologi-
	cal surgery, urology and cancer research.
2006	School of Dentistry celebrates its 125th anniversary.
2006	Graduate Division establishes Ph.D. program in Developmental Biology.
2006	UCSF Certificate Program in Global Health Sciences is approved by Graduate Council.
2006	School of Pharmacy is the #1 recipient among schools of pharmacy of NIH funding for the 27th consecutive year.
2006	The Schools of Dentistry, Pharmacy, Nursing, Medicine and the Graduate Di-
2000	vision offer the first inter-disciplinary class for all enrolled students.
2007	School of Medicine expands enrollment for first time in three decades with
	launch of the Program in Medical Education for the Urban Underserved
	(PRIME-US,) aimed at educating and inspiring new physicians to address
	health disparities.
2007	School of Pharmacy establishes the Medications Outcomes Center.
2007	Graduate Division establishes joint UCSF/Fresno State Doctorate in Physical Therapy (DPT).
2007	School of Dentistry is the #1 recipient among schools of dentistry of NIH
	funding for the 16th consecutive year.
2007	School of Nursing celebrates its centennial anniversary.
2008	UCSF breaks ground on new building at Parnassus to house Institute for Regeneration Medicine, to be home for 25 stem cell and regeneration medicine researchers.
2008	School of Medicine establishes new academic Department of Emergency Medicine.
2008	Graduate Division establishes Master's of Science in Global Health Sciences.
2008	School of Pharmacy establishes satellite clinical teaching programs in North
	Bay.
2008	School of Pharmacy and School of Medicine establish a joint department:
	Bioengineering and Therapeutic Sciences.

#### Leadership

#### **UCSF Chancellor:**

- J. Michael Bishop (1998-2009)
- Susan Desmond-Hellmann (2009-present)

#### Deans (Dentistry):

- Charles N. Bertolami (1995-2007)
- John Featherstone, Interim (2007-present)

#### **Deans (Graduate Division)**

- C. Clifford Attkisson, Ph.D., Interim (1991-1992); Dean and Associate Vice Chancellor of Student Academic Affairs (1992-2005)
- Patricia Calarco, Ph.D., Interim (2005-2007); Dean (2007-present)

#### **Deans (Medicine):**

- Haile Debas (1993-2003)
- David Kessler (2003-2007)
- Samuel Hawgood, (2007-present)

#### Deans (Nursing):

• Kathleen Dracup (2000-present)

#### Deans (Pharmacy):

Mary Anne Koda-Kimble (1998-present).

#### **Directors (Medical Center)**

- William B. Kerr (1977-2000)
- Mark R. Laret (2001-Present)

#### **About This History**

The UCSF History website is a collaboration of the UCSF Library and Center for Knowledge Management and the UCSF Department of Anthropology, History, and Social Medicine.

Funding for the project was provided by the Office of the Executive Vice Chancellor and Provost, A. Eugene Washington.

The cooperation and support of the UCSF Schools of Dentistry, Medicine, Nursing, and Pharmacy, the Graduate Division, and the UCSF Medical Center was vital to the success of the project.

#### Acknowledgements and Credits

#### Website editorial board

- Dorothy Porter, Ph.D., Chair UCSF School of Medicine, Department of Anthropology, History, and Social Medicine
- Troy E. Daniels, DDS, MS UCSF School of Dentistry
- Marilyn Flood, Ph.D., RN UCSF School of Nursing
- Robert L. Day, Pharm. D. UCSF School of Pharmacy
- Karen Nelson, MA UCSF Graduate Division
- Kathleen Balestreri UCSF Medical Center

#### Website content

- Nancy Rockafellar, PhD Author, Story 1868-1959, Biographies, Special Topics
- Brian Dolan, PhD Author, Story 1959--; editor, 1868-1959
- Joseph LaDou, M.D. Author, Special Topics

#### **Archival Photos**

Courtesy of UCSF Library

#### UCSF Library staff

- Lisa Mix, Manager, Archives & Special Collections
- Leslie Kleinberg, Website Project Manager
- Josue Hurtado, Assistant Archivist
- Julia Kochi, Director, Digital Library and Collections

We are grateful to the following UCSF Library staff for their support of the project:

- Karen Butter, University Librarian
- Sadie Honey, Web Services Manager
- Kathleen Cameron, Manager, Digital Content Development
- Renaud Waldura, Manager, Applications Group

#### Web design

• Shaun Webb

#### **SPONSORED ACTIVITY**

This section contains research-related data from the following sources:

- NIH rankings NIH website
- Extramural Awards by Type C&G Year End Summaries
- Extramural Awards Trends Budget Overview class
- NSF rankings NSF website
- PI Statistics To be developed

#### **Chapter Contents**

NIH Awards Ranked by 2010 Dollars	222
NIH Award Trends - FY 2005-06 to FY 2009-10	223
Extramural Awards by Type	224
UCSF Awards 1999-2010	226
UCSF Federal Awards 1999-2010	227
UCSF Awards FY 1999 - 2010	228
UCSF Proposals FY 1999-2010	228
UCSF Awards by Sponsor 2008-2010	229
UCSF Federal Awards 2008-2010	230
UCSF Awards by School 2008-2010	231
UCSF Awards 2002 - 2010	232
Extramural Award Trends	233

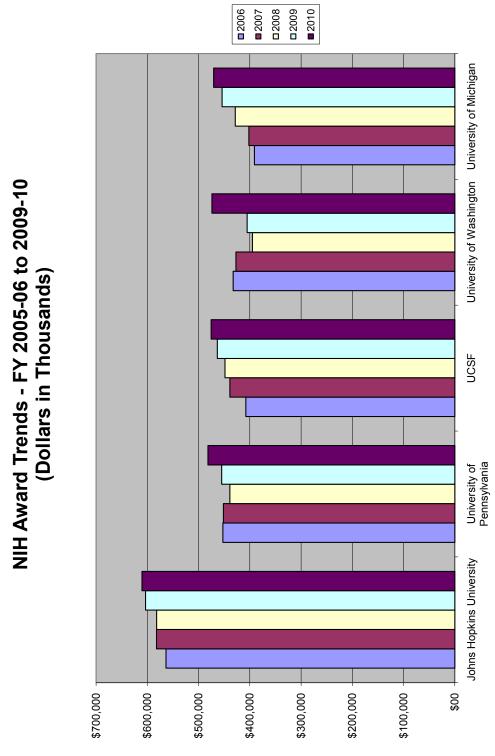
(Continued)

#### NIH Awards Ranked by 2010 Dollars FY 2005-06 to FY 2009-10\* (Dollars in Thousands)

Rank	Institution	2005-06	2006-07	2007-08	2008-09	2009-10
1	Johns Hopkins University	\$563,508	\$581,979	\$581,949	\$603,367	\$610,467
2	University of Pennsylvania	\$452,631	\$451,454	\$438,983	\$454,903	\$481,560
3	UCSF	\$407,880	\$438,999	\$448,430	\$463,287	\$475,400
4	University of Washington	\$432,429	\$427,118	\$394,929	\$405,322	\$474,042
5	University of Michigan	\$390,999	\$401,960	\$428,327	\$454,224	\$470,518
6	University of Pittsburgh	\$376,752	\$386,162	\$381,586	\$418,044	\$424,155
7	UCSD	\$301,820	\$316,260	\$335,857	\$366,943	\$390,832
8	Washington University	\$372,664	\$374,061	\$381,858	\$382,455	\$386,470
9	Yale University	\$338,665	\$368,539	\$368,855	\$357,364	\$378,805
10	UCLA	\$383,380	\$373,202	\$356,893	\$384,430	\$368,854

<sup>\*</sup>Does not include R & D Contracts

Source: NIH.gov - 2/17/11



Source: NIH.gov - 2/17/11

2,640

15

29 9 3,028

2,295

181,586,624.98

648,953,816.50

830,540,441.48

Subtotal, Public Sources

388

Source: UCSF Office of Sponsored Research

Date: 12/31/2010 - FINAL RESULTS

2,019 34 61 276 #Awds #Awds 0.00 F&A Costs 131,457,719.56 4,379,762.00 2,195,308.00 7,199,412.50 950,808.00 160,479.43 22,977,548.66 365,406.83 170,536,058.98 F&A Costs 2,194,417.00 94,838.00 2,435,746.00 5,405,514.00 153,728.00 284,091.00 482,232.00 11,050,566.00 849,614.00 418,348,676.19 59,194,377.12 **Direct Costs** 20,827,042.20 25,186,514.00 505,124.40 96,302,502.23 Direct Costs 35,521,876.00 17,473,595.00 2,793,910.00 4,427,423.79 3,713,437.00 552,651,314.27 36,795,153.00 1,581,356.00 7,366,341.38 1,910,144.55 4,395,161.00 6,040,957.00 741,901.17 852,456.00 1,278,370.70 UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 3,744,718.00 723,187,373.25 **Total Dollars** 27,622,260.00 1,278,370.70 107,353,068.23 Total Dollars 82,171,925.78 1,107,308.00 3,713,437.00 23,021,459.20 7,650,432.38 2,392,376.55 39,901,638.00 5,244,775.00 8,236,265.00 24,673,007.50 4,587,903.22 947,294.00 42,200,667.00 1,735,084.00 505,124.40 (All Awards) **NSF** grants Other Bay Area Public Agencies California Dept Health Care Services Other California Public Agencies **NIH Grants** Other Federal Contracts Subcontracts(SBIR/STTR) Subtotal, Federal Sources City/County of San Francisco Other Public Agencies UC Programs(except IUCRP) **UC Discovery portion of IUCRP** Subtotal, Other Public Sources Other DHHS Grants Other Federal Grants NIH Contracts Other DHHS Contracts Subcontracts (excluding SBIR/STTR) Fellowships(All Federal Sources) Subcontracts (all above prime sources) Fellowships(all above sources) **EXTRAMURAL AWARDS BY** -06/30/2010**ALL CAMPUS UNITS** OTHER PUBLIC SOURCES FEDERAL SOURCES 07/01/2009

Note: Awards are selected for inclusion based on the budget period start date. Results include actions processed through 07/08/2010.

20

46

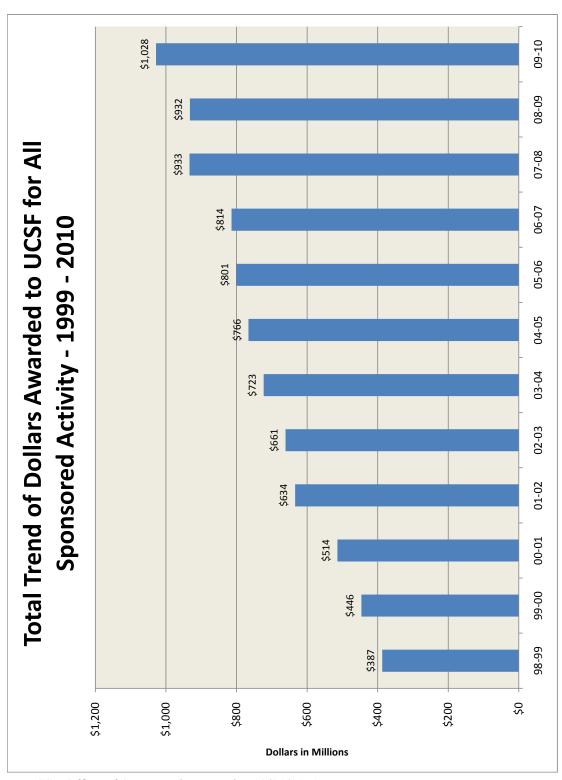
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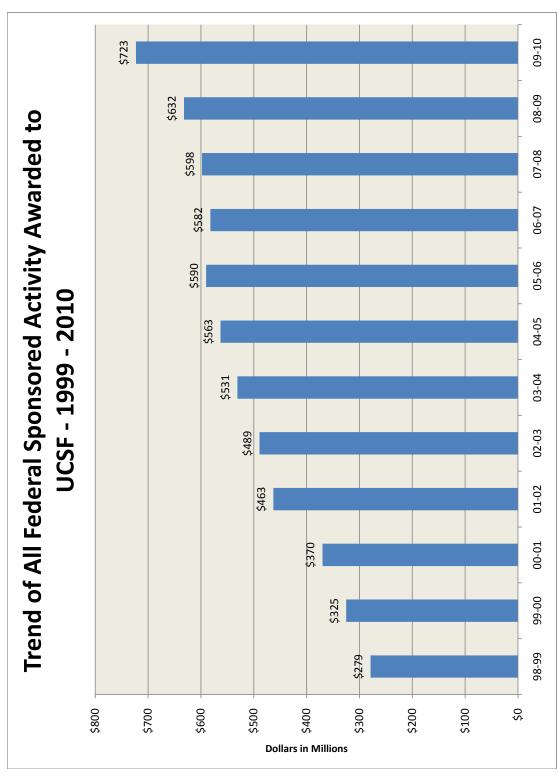
77

Note: Awards are selected for inclusion based on the budget period start date

Results include actions processed through 07/08/2010.

1,546 6,396 210 1,085 402 652 955 1,822 Date: 12/31/2010 - FINAL RESULTS 727 Source: UCSF Office of Sponsored Research ¥, 1,775 80 170 893 340 13 396 1,289 135 622 944 7 597 5,359 #Awds #Awds #Awds 26,683,698.48 0.00 0.00 0.00 0.00 F&A Costs 1,404,838.14 F&A Costs 8,060,275.82 695,592.66 10,160,706.62 F&A Costs 455,474.22 5,947,522.10 119,995.54 16,522,991.86 208,270,323.46 0.00 0.00 **Direct Costs** 8,212,745.72 6,604,037.29 7,629,394.79 116,590,885.93 **Direct Costs** 50,048,576.17 54,479,316.75 171,070,202.68 **Direct Costs** 0.00 125,000.00 125,000.00 820,149,019.18 94,144,708.13 2,506,919.41 1,437,297.00 486,524.17 UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 197,753,901.16 0.00 0.00 **Fotal Dollars** 102,204,983.95 7,299,629.95 126,751,592.55 **Total Dollars** 0.00 125,000.00 125,000.00 1,028,419,342.64 9,617,583.86 7,629,394.79 2,962,393.63 55,996,098.27 1,437,297.00 **Total Dollars** 606,519.71 71,002,308.61 (All Awards) Grants Fellowships **OTHER** agreements Grants Contracts Subcontracts Subtotal, Private, Non-Profit Sources Contracts Subcontracts Fellowships Subtotal, Private, For-Profit Sources Subtotal, Private Sources Advance Awards Extensions MTAs(Incoming), URCs Subtotal, Misc Agreement Types **CUMULATIVE TOTAL EXTRAMURAL AWARDS BY** -06/30/2010PRIVATE NON-PROFIT SOURCES PRIVATE FOR-PROFIT SOURCES **Miscellaneous Agreement Types ALL CAMPUS UNITS** 07/01/2009





#### UCSF Awards from All Sources FY 1999 - 2010

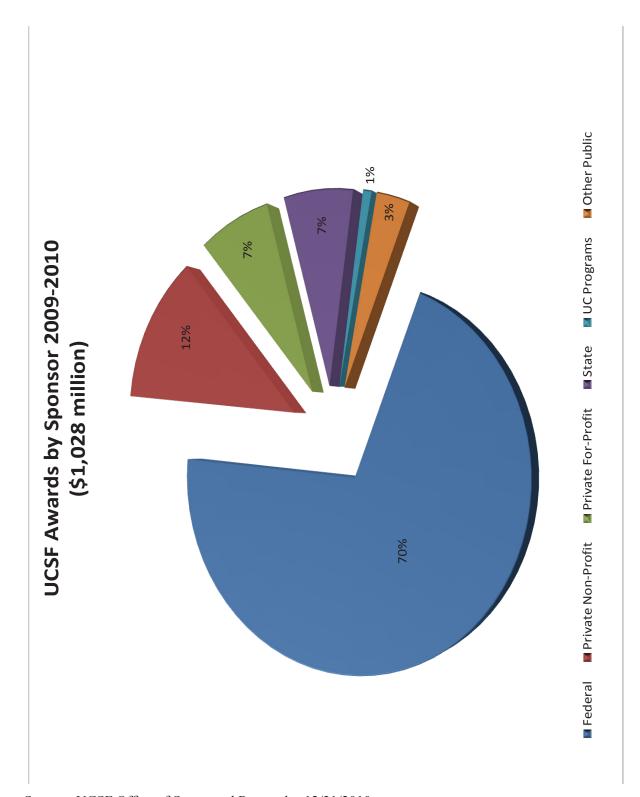
with % change since prior year (dollars in millions)

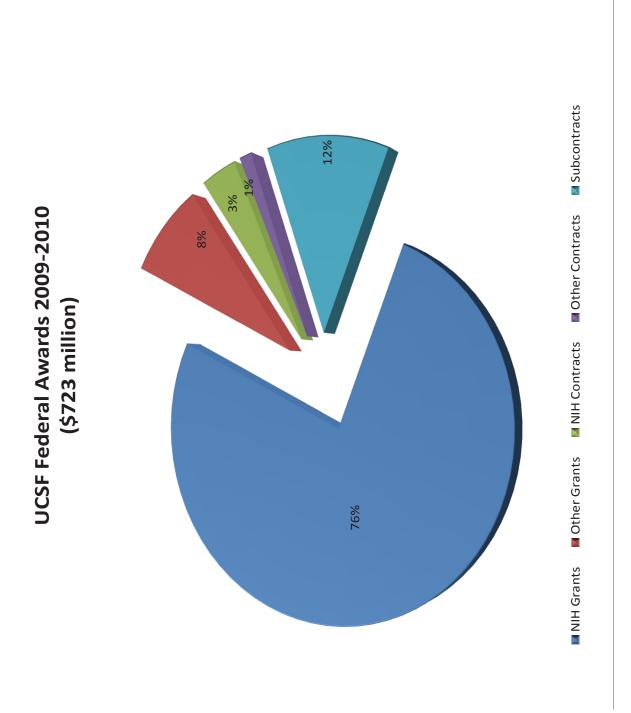
	F&A	%	Direct	%	Total	%		%
	Costs	Change	Costs	Change	Awarded	Change	Count*	Change
FY 98-99	\$74		\$313		\$387		2,247	
FY 99-00	\$82	11%	\$364	16%	\$446	15%	2,622	17%
FY 00-01	\$95	16%	\$419	15%	\$514	15%	2,754	5%
FY 01-02	\$119	25%	\$515	23%	\$634	23%	3,036	10%
FY 02-03	\$131	10%	\$530	3%	\$661	4%	3,131	3%
FY 03-04	\$143	9%	\$580	9%	\$723	9%	3,274	5%
FY 04-05	\$148	3%	\$618	7%	\$766	6%	3,385	3%
FY 05-06	\$156	5%	\$645	4%	\$801	5%	2,934	-13%
FY 06-07	\$155	-1%	\$659	2%	\$814	2%	2,943	0%
FY 07-08	\$176	14%	\$757	15%	\$933	15%	3,129	6%
FY 08-09	\$183	4%	\$750	-1%	\$932	0%	4,825	54%
FY 09-10	\$208	14%	\$820	9%	\$1,028	10%	5,359	11%

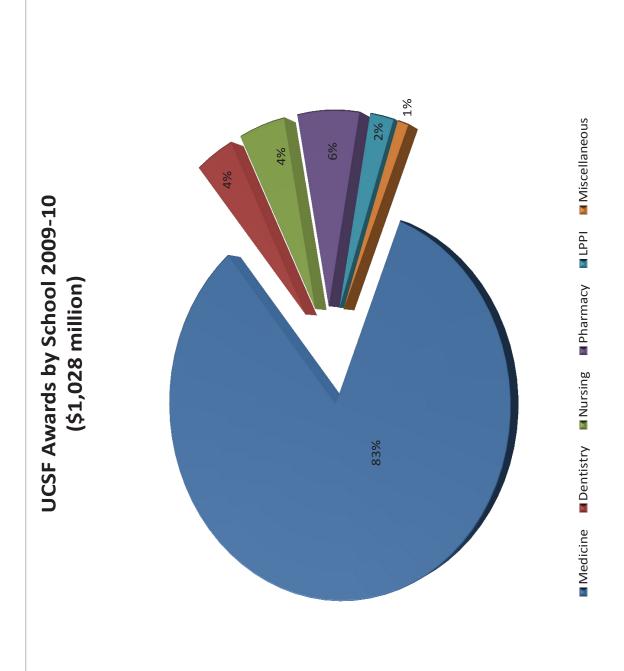
<sup>\*</sup>Change in accumulation method at FY 05-06 from a count of award modifications to a count of unique awards

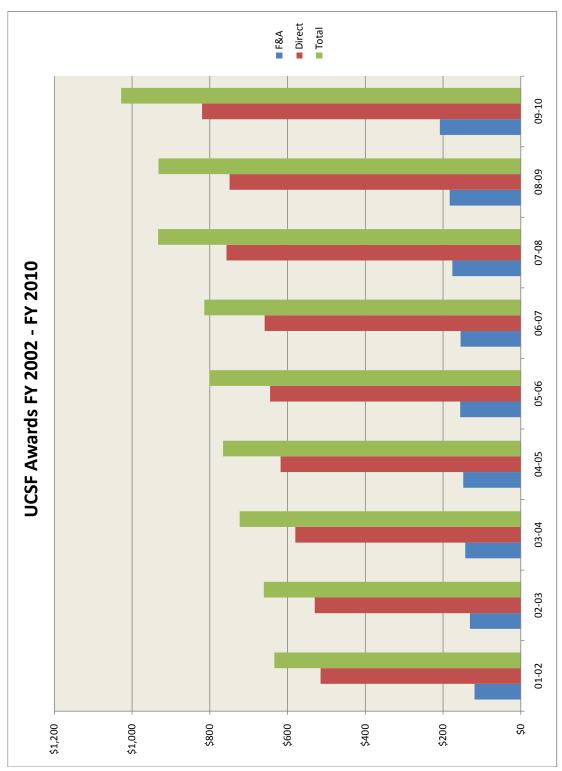
# UCSF Proposals from All Sources FY 1999 - 2010 with % change since prior year (dollars in millions)

	F&A	%	Direct	%	Total	%		%
	Costs	Change	Costs	Change	Proposed	Change	Count*	Change
FY 98-99	\$104		\$446		\$550		3,141	
FY 99-00	\$112	8%	\$476	7%	\$588	7%	3,273	4%
FY 00-01	\$125	12%	\$526	11%	\$651	11%	3,132	-4%
FY 01-02	\$151	21%	\$649	23%	\$800	23%	3,469	11%
FY 02-03	\$154	2%	\$594	-8%	\$748	-7%	3,624	4%
FY 03-04	\$179	16%	\$688	16%	\$867	16%	3,927	8%
FY 04-05	\$209	17%	\$801	16%	\$1,010	16%	4,230	8%
FY 05-06	\$236	13%	\$899	12%	\$1,135	12%	4,460	5%
FY 06-07	\$239	1%	\$889	-1%	\$1,128	-1%	4,866	9%
FY 07-08	\$240	0%	\$928	4%	\$1,168	4%	4,829	-1%
FY 08-09	\$346	44%	\$1,276	38%	\$1,622	39%	5,901	22%
FY 09-10	\$320	-8%	\$1,168	-8%	\$1,488	-8%	5,495	-7%







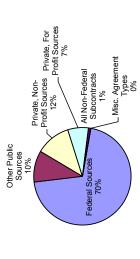


# University of California, San Francisco Extramural Award Trends (Dollars in Millions)

Total Funds Awarded by Fiscal Year

Source of Awards		2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
ederal Sources (Grants, Contracts & Sut	ocontracts)	\$370.4		\$489.5	\$530.6	\$563.2		\$576.9			\$723.2
Other Public Sources (State, City, et.)		\$49.6	\$54.7	\$61.1	\$62.4	\$59.3	\$67.6	\$71.3	\$92.3	\$97.3	\$107.4
Private, Non-Profit Sources		\$54.8		\$69.3	\$83.3	\$91.6		\$101.5			\$119.5
Private, For Profit Sources		\$33.3		\$34.4	\$41.0	\$46.8		\$53.3			\$70.4
All Non-Federal Subcontracts		\$6.1		\$6.3	\$5.5	\$5.3		\$4.5			87.9
Miscellaneous Agreement Types		\$0.0		\$0.0	\$0.0	\$0.0		\$0.9			\$0.1
Total	by Fiscal Year.	\$514.2	\$634.7	\$660.6	\$722.8	\$766.2		\$807.5			\$1028.4

# FY 2009-10 Extramural Awards



#### FINANCIAL DATA

This section contains information from the UCSF Financial Schedules.

#### **Chapter Contents**

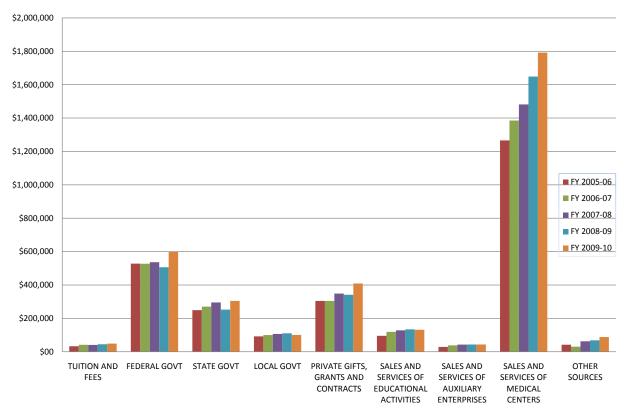
Current Funds Receipts Trended	236
5-Year Comparison of Current Fund Receipts	237
Current Funds Expenditures by Uniform Classification Category Trended	238
5-Year Comparison of Current Funds Expenditures by Uniform Classification Category	239
Financial Schedule 8A - Current Funds Receipts	240
Financial Schedule 8B - Current Funds Expenditures by Uniform Classification Category	242
Financial Schedule 8C - Current Funds Expenditures by Department	247
Financial Schedule 8D - Current Funds Expenditures by Fund Source	256
Financial Schedule 8E - Current Fund Expenditures by School and Source	261

# SCHEDULE 8A CURRENT FUNDS RECEIPTS (Dollars in Thousands)

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
TUITION AND FEES	\$32,879	\$41,895	\$40,898	\$44,991	\$48,731
FEDERAL GOVERNMENT	\$527,983	\$527,670	\$536,330	\$506,353	\$599,365
STATE GOVERNMENT	\$249,244	\$270,157	\$295,635	\$252,804	\$304,564
LOCAL GOVERNMENT	\$92,640	\$99,974	\$106,920	\$110,986	\$100,875
PRIVATE GIFTS, GRANTS AND CONTRACTS	\$304,817	\$304,571	\$348,668	\$341,156	\$409,231
SALES AND SERVICES OF EDUCATIONAL ACTIVITIES	\$95,657	\$119,232	\$128,565	\$134,423	\$131,598
SALES AND SERVICES OF AUXILIARY ENTERPRISES	\$28,915	\$38,580	\$42,714	\$43,430	\$43,492
SALES AND SERVICES OF MEDICAL CENTERS	\$1,265,854	\$1,385,385	\$1,481,761	\$1,648,966	\$1,791,907
OTHER SOURCES	\$42,151	\$30,762	\$62,584	\$68,949	\$88,332
TOTAL:	\$2,640,140	\$2,818,226	\$3,044,076	\$3,152,057	\$3,518,095

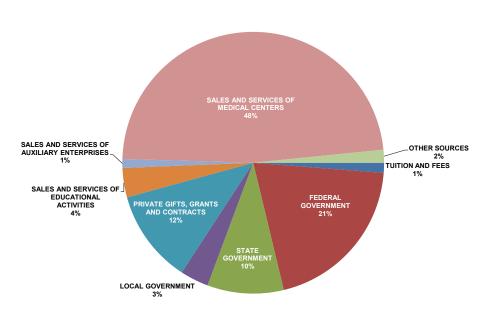
Source: UCSF Controller's Office

### Current Funds Receipts FY 2004-05 to FY 2009-10

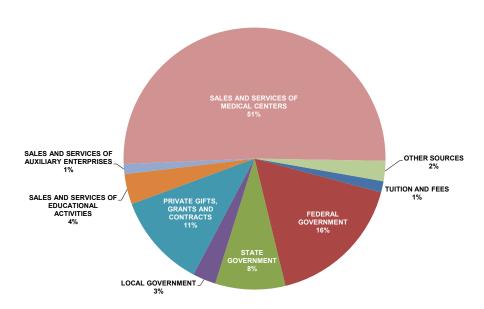


#### **5-Year Comparison of Current Fund Receipts**

FY 2005-06



FY 2009-10

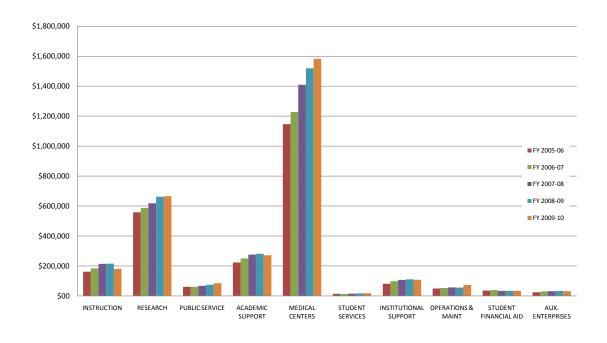


SCHEDULE 8-B
CURRENT FUNDS EXPENDITURES BY UNIFORM CLASSIFICATION CATEGORY
(Dollars in Thousands)

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
INSTRUCTION	\$161,572	\$183,135	\$213,984	\$214,879	\$180,117
RESEARCH	\$558,149	\$587,376	\$618,250	\$662,199	\$665,365
PUBLIC SERVICE	\$60,399	\$60,746	\$66,898	\$74,520	\$84,461
ACADEMIC SUPPORT	\$222,798	\$249,864	\$276,168	\$281,432	\$271,210
MEDICAL CENTERS	\$1,146,488	\$1,227,486	\$1,409,687	\$1,519,637	\$1,583,443
STUDENT SERVICES	\$13,707	\$12,458	\$15,054	\$16,321	\$17,242
INSTITUTIONAL SUPPORT	\$80,918	\$98,094	\$106,473	\$110,986	\$107,621
OPERATION AND MAINTENANCE	\$49,095	\$52,673	\$56,452	\$54,990	\$72,411
STUDENT FINANCIAL AID	\$35,408	\$38,758	\$33,165	\$34,122	\$33,665
AUXILIARY ENTERPRISES	\$24,253	\$29,958	\$31,215	\$33,248	\$31,215
TOTAL:	\$2,352,788	\$2,540,548	\$2,827,346	\$3,002,334	\$3,046,750

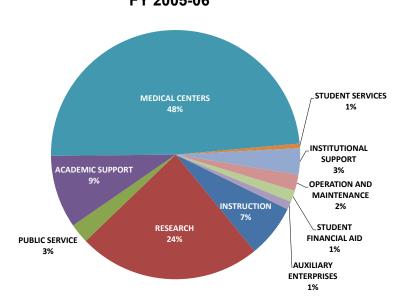
Source: UCSF Controller's Office

#### Current Funds Expenditures by Uniform Classification Category FY 2005-06 to FY 2009-10

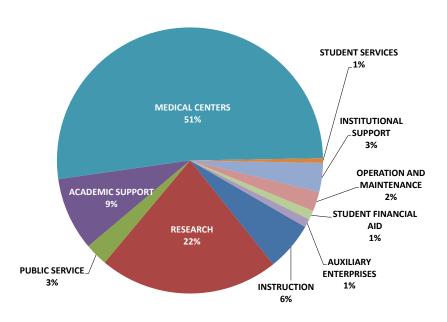


#### 5-Year Comparison of Current Expenditures by Uniform Classification Category

FY 2005-06



FY 2009-10



#### FY 2009-10 SCHEDULE 8-A CURRENT FUNDS RECEIPTS (Dollars in Thousands)

<u>-</u>	Total	Unre	Unrestricted			
		General	Designated			
TUITION AND FEES						
Regular session	\$ 70,519	\$ 2,832	\$ 67,687	\$ -		
Summer session	2,296		2,296			
Subtotal	72,815	2,832	69,983			
Scholarship Allowance	(24,084)		(24,084)			
Total	48,731	2,832	45,899			
FEDERAL GOVERNMENT						
Appropriations	4,054	-	-	4,054		
Grants	537,607	-	121,630	415,977		
Contracts	57,704		11,517	46,187		
Total	599,365		133,147	466,218		
STATE GOVERNMENT						
Appropriations	216,303	216,303	-	-		
Contracts	88,261		6,546	81,715		
Total	304,564	216,303	6,546	81,715		
LOCAL GOVERNMENT	100,875		2,637	98,238		
PRIVATE GIFTS, GRANTS AND CONTRACTS	409,231		35,097	374,134		
SALES AND SERVICES OF EDUCATIONAL ACTIVITIES	131,598	-	131,598	-		

#### FY 2009-10 SCHEDULE 8-A CURRENT FUNDS RECEIPTS (Dollars in Thousands)

	Total	otal Unrestricted		Restricted
		General	Designated	
SALES AND SERVICES OF AUXILIARY ENTERPRISES				
Parking operations	11,315	-	11,315	-
Residence and dining halls	13,888	-	13,888	-
Student union and bookstore	17,475	-	17,475	-
Other	814		814	
Total	43,492		43,492	
SALES AND SERVICES OF MEDICAL CENTERS	1,791,907		1,791,907	
OTHER SOURCES				
Service enterprises	4,545	-	4,545	-
Other	83,787	23	83,764	
Total	88,332	23	88,309	
Total Current Funds Receipts	\$ 3,518,095	\$ 219,158	\$ 2,278,632	\$ 1,020,305

#### FY 2009-10 SCHEDULE 8-B CURRENT FUNDS EXPENDITURES BY UNIFORM CLASSIFICATION CATEGORY (Dollars in Thousands)

Part				Current Funds		Distribution			
STRUCTION		Total	Unrestricted		Restricted				
GENERAL ACADEMIC   Health professions   Medicine   S   125,488   S   3,929   S   20,107   S   51,452   S   315,222   S   56,544   S   246,278   Dentistry   22,753   9,886   10,960   1,907   15,479   7,319   45   45   45   45   45   45   45   4			General	Designated					
Medicine	INSTRUCTION								
Medicine	GENERAL ACADEMIC								
Dentistry									
Nursing									
Pharmacy									
NeuroPysch			,	,					
Interdisciplinary studies			8,011		,	,	. ,	168	
Employee Benefits			-						
Compensated absences accrual   Compensated   Compensated absences accrual   Compensated   Compensa				(627)	1,136	159		11,225	
Total 184,476 80,010 43,292 61,174 355,244 86,950 257,714 SUMMER SESSION 564 -				-	-	-		-	
SUMMER SESSION         564         -         564         -         -         564         -         -         564         -         -         564         -         -         564         -         -         564         -         -         564         -         -         564         -         -         564         -         -         564         -         -         -         564         -	Compensated absences accrual	(1,120)	(70)	(1,050)		(778)	(341)		
EDUCATIONAL FEE EXPENSE   Care of the properties of the properti	Total	184,476	80,010	43,292	61,174	355,244	86,950	257,714	
PRORATION   -	SUMMER SESSION	564		564			564		
Subtotal         185,040         56,033         67,833         61,174         355,244         87,514         257,714           ELIMINATED CAPITAL EXPENDITURES         (4,923)         (11)         (3,948)         (964)         -         (4,924)         -           Total Instruction         180,117         56,022         63,885         60,210         355,244         82,590         257,714           RESEARCH           CENTERS           Health professions         Health professions           Medicine         149,088         2,443         3,084         143,561         65,443         83,545         (101)           Other         17,926         18         602         17,306         9,475         8,451         -           Compensated absences accrual         (8)         (181)         173         -         2223         (230)         -           Total         167,006         2,280         3,859         160,867         75,141         91,766         (101)           INDIVIDUAL OR PROJECT         RESEARCH         RESEARCH         Health professions         Research         Research         8,03         9,487         1           Nursing         11,826         10	EDUCATIONAL FEE EXPENSE								
ELIMINATED CAPITAL EXPENDITURES (4,923) (11) (3,948) (964) - (4,924) -  Total Instruction 180,117 56,022 63,885 60,210 355,244 82,590 257,714   RESEARCH  INSTITUTES AND RESEARCH CENTERS Health professions Mcdicine 149,088 2,443 3,084 143,561 65,443 83,545 (101) Other 17,926 18 602 17,306 9,475 8,451 -  Compensated absences accrual (8) (181) 173 - 223 (230) -   Total 167,006 2,280 3,859 160,867 75,141 91,766 (101)   INDIVIDUAL OR PROJECT RESEARCH Health professions Mcdicine 430,841 17,253 5,425 408,163 205,230 225,740 128 Dentistry 18,290 26 339 17,925 8,803 9,487 1 Nursing 11,826 10 58 11,758 7,118 4,708 -  Pharmacy 33,068 276 3,266 29,526 16,891 16,176 (1) Other 19,469 5 177 19,287 10,490 8,979 -  Employee Benefits 14 14 14 1 14 1 1 1 1 1 1 1 1 1 1 1	PRORATION		(23,977)	23,977					
Total Instruction   180,117   56,022   63,885   60,210   355,244   82,590   257,714	Subtotal	185,040	56,033	67,833	61,174	355,244	87,514	257,714	
Total Instruction   180,117   56,022   63,885   60,210   355,244   82,590   257,714		(4.022)	(11)	(2.048)	(064)		(4.024)		
RESEARCH   STITUTES AND RESEARCH   CENTERS   Health professions   Medicine   149,088   2,443   3,084   143,561   65,443   83,545   (101)   Other   17,926   18   602   17,306   9,475   8,451   - Compensated absences accrual   (8)   (181)   173   -   223   (230)   -     Total   167,006   2,280   3,859   160,867   75,141   91,766   (101)	EAFENDITURES	(4,923)	(11)	(3,948)	(904)		(4,924)		
INSTITUTES AND RESEARCH CENTERS   Health professions   Health professi	Total Instruction	180,117	56,022	63,885	60,210	355,244	82,590	257,714	
CENTERS   Health professions   Medicine	RESEARCH								
Medicine         149,088         2,443         3,084         143,561         65,443         83,545         (101)           Other         17,926         18         602         17,306         9,475         8,451         -           Compensated absences accrual         (8)         (181)         173         -         223         (230)         -           Total         167,006         2,280         3,859         160,867         75,141         91,766         (101)           INDIVIDUAL OR PROJECT           RESEARCH           Health professions           Medicine         430,841         17,253         5,425         408,163         205,230         225,740         128           Dentistry         18,290         26         339         17,925         8,803         9,487         1           Nursing         11,826         10         58         11,758         7,118         4,708         -           Pharmacy         33,068         276         3,266         29,526         16,891         16,766         (1)           Other         19,469         5         177         19,287         10,490         8,979         -									
Other Compensated absences accrual         17,926         18         602         17,306         9,475         8,451         -           Compensated absences accrual         (8)         (181)         173         -         223         (230)         -           Total         167,006         2,280         3,859         160,867         75,141         91,766         (101)           INDIVIDUAL OR PROJECT RESEARCH           Health professions         Medicine         430,841         17,253         5,425         408,163         205,230         225,740         128           Dentistry         18,290         26         339         17,925         8,803         9,487         1           Nursing         11,826         10         58         11,758         7,118         4,708         -           Pharmacy         33,068         276         3,266         29,526         16,891         16,176         (1)           Other         19,469         5         177         19,287         10,490         8,979         -           Employee Benefits         14         14         -         -         -         -         14         -           Interdisciplinary studies <td>Health professions</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Health professions								
Compensated absences accrual         (8)         (181)         173         -         223         (230)         -           Total         167,006         2,280         3,859         160,867         75,141         91,766         (101)           INDIVIDUAL OR PROJECT RESEARCH Health professions           Medicine         430,841         17,253         5,425         408,163         205,230         225,740         128           Dentistry         18,290         26         339         17,925         8,803         9,487         1           Nursing         11,826         10         58         11,758         7,118         4,708         -           Pharmacy         33,068         276         3,266         29,526         16,891         16,176         (1)           Other         19,469         5         177         19,287         10,490         8,979         -           Employee Benefits         14         14         -         -         -         14         -           Interdisciplinary studies         4,579         846         486         3,247         2,560         2,019         -           Total         518,087         18,430         9,751	Medicine	149,088	2,443	3,084	143,561	65,443	83,545	(101)	
Total 167,006 2,280 3,859 160,867 75,141 91,766 (101)  INDIVIDUAL OR PROJECT RESEARCH Health professions  Medicine 430,841 17,253 5,425 408,163 205,230 225,740 128  Dentistry 18,290 26 339 17,925 8,803 9,487 1  Nursing 11,826 10 58 11,758 7,118 4,708 - Pharmacy 33,068 276 3,266 29,526 16,891 16,176 (1)  Other 19,469 5 177 19,287 10,490 8,979 - Employee Benefits 14 14 1 14 - Interdisciplinary studies 4,579 846 486 3,247 2,560 2,019 -  Total 518,087 18,430 9,751 489,906 251,092 267,123 128	Other	17,926	18	602	17,306	9,475	8,451	-	
INDIVIDUAL OR PROJECT   RESEARCH   Health professions   Medicine   430,841   17,253   5,425   408,163   205,230   225,740   128   Dentistry   18,290   26   339   17,925   8,803   9,487   1   Nursing   11,826   10   58   11,758   7,118   4,708   - Pharmacy   33,068   276   3,266   29,526   16,891   16,176   (1)   Other   19,469   5   177   19,287   10,490   8,979   - Employee Benefits   14   14   -   -   -   14   -   -   14   -   Interdisciplinary studies   4,579   846   486   3,247   2,560   2,019   -   Total   518,087   18,430   9,751   489,906   251,092   267,123   128	Compensated absences accrual	(8)	(181)	173		223	(230)		
RESEARCH Health professions  Medicine 430,841 17,253 5,425 408,163 205,230 225,740 128  Dentistry 18,290 26 339 17,925 8,803 9,487 1  Nursing 11,826 110 58 11,758 7,118 4,708 -  Pharmacy 33,068 276 3,266 29,526 16,891 16,176 (1)  Other 19,469 5 177 19,287 10,490 8,979 -  Employee Benefits 14 14 14 -  Interdisciplinary studies 4,579 846 486 3,247 2,560 2,019 -  Total 518,087 18,430 9,751 489,906 251,092 267,123 128	Total	167,006	2,280	3,859	160,867	75,141	91,766	(101)	
Health professions         Medicine         430,841         17,253         5,425         408,163         205,230         225,740         128           Dentistry         18,290         26         339         17,925         8,803         9,487         1           Nursing         11,826         10         58         11,758         7,118         4,708         -           Pharmacy         33,068         276         3,266         29,526         16,891         16,176         (1)           Other         19,469         5         177         19,287         10,490         8,979         -           Employee Benefits         14         14         -         -         -         -         14         -           Interdisciplinary studies         4,579         846         486         3,247         2,560         2,019         -           Total         518,087         18,430         9,751         489,906         251,092         267,123         128	INDIVIDUAL OR PROJECT								
Medicine         430,841         17,253         5,425         408,163         205,230         225,740         128           Dentistry         18,290         26         339         17,925         8,803         9,487         1           Nursing         11,826         10         58         11,758         7,118         4,708         -           Pharmacy         33,068         276         3,266         29,526         16,891         16,176         (1)           Other         19,469         5         177         19,287         10,490         8,979         -           Employee Benefits         14         14         -         -         -         -         14         -           Interdisciplinary studies         4,579         846         486         3,247         2,560         2,019         -           Total         518,087         18,430         9,751         489,906         251,092         267,123         128									
Dentistry         18,290         26         339         17,925         8,803         9,487         1           Nursing         11,826         10         58         11,758         7,118         4,708         -           Pharmacy         33,068         276         3,266         29,526         16,891         16,176         (1)           Other         19,469         5         177         19,287         10,490         8,979         -           Employee Benefits         14         14         -         -         -         14         -           Interdisciplinary studies         4,579         846         486         3,247         2,560         2,019         -           Total         518,087         18,430         9,751         489,906         251,092         267,123         128									
Nursing         11,826         10         58         11,758         7,118         4,708         -           Pharmacy         33,068         276         3,266         29,526         16,891         16,176         (1)           Other         19,469         5         177         19,287         10,490         8,979         -           Employee Benefits         14         14         -         -         -         -         14         -           Interdisciplinary studies         4,579         846         486         3,247         2,560         2,019         -           Total         518,087         18,430         9,751         489,906         251,092         267,123         128			,						
Pharmacy         33,068         276         3,266         29,526         16,891         10,176         (1)           Other         19,469         5         177         19,287         10,490         8,979         -           Employee Benefits         14         14         -         -         -         -         14         -           Interdisciplinary studies         4,579         846         486         3,247         2,560         2,019         -           Total         518,087         18,430         9,751         489,906         251,092         267,123         128								1	
Other Employee Benefits         19,469         5         177         19,287         10,490         8,979         -           Employee Benefits         14         14         -         -         -         -         14         -           Interdisciplinary studies         4,579         846         486         3,247         2,560         2,019         -           Total         518,087         18,430         9,751         489,906         251,092         267,123         128									
Employee Benefits         14 14 14 14 14 14 14 14 14 14 14 14 14 1									
Interdisciplinary studies         4,579         846         486         3,247         2,560         2,019         -           Total         518,087         18,430         9,751         489,906         251,092         267,123         128				177	19,287	10,490			
Total 518,087 18,430 9,751 489,906 251,092 267,123 128				-					
	Interdisciplinary studies	4,579	846	486	3,247	2,560	2,019		
Subtotal 685,093 20,710 13,610 650,773 326,233 358,889 27	Total	518,087	18,430	9,751	489,906	251,092	267,123	128	
	Subtotal	685,093	20,710	13,610	650,773	326,233	358,889	27	

#### FY 2009-10 SCHEDULE 8-B CURRENT FUNDS EXPENDITURES BY UNIFORM CLASSIFICATION CATEGORY

(Dollars in Thousands)

	_	Current Funds			Distribution		
	Total	Unrestricted		Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
	_	General	Designated				
ELIMINATED CAPITAL							
EXPENDITURES	(19,728)	(662)	(2,036)	(17,030)		(19,727)	
Total Research	665,365	20,048	11,574	633,743	326,233	339,162	27
PUBLIC SERVICE							
COMMUNITY SERVICE							
Arts and lectures	105	-	62	43	38	67	-
Work study program-	150		40	110	1.50	•	
contracting agencies Other	159 83.610	1.176	49 265	110 82,169	158 52,546	2 31.063	(1)
Employee Benefits	85,010	1,170	203	62,109	32,340	1	(1)
Compensated absences accrual	742	(8)	750		730	13	
Subtotal	84,617	1,169	1,126	82,322	53,472	31,146	(1)
ELIMINATED CAPITAL							
EXPENDITURES	(156)	<u> </u>	(43)	(113)	-	(156)	-
Total Public Services	84,461	1,169	1,083	82,209	53,472	30,990	(1)
ACADEMIC SUPPORT							
LIBRARIES	6,948	5,033	1,408	507	3,953	3,421	427
AUDIO VISUAL SERVICES	600	595	5		641	233	274
COMPUTING SUPPORT	233	134		99	93	140	
COMPENSATED ABSENCES							
ACCRUAL	(566)	(86)	(480)		(413)	(153)	
EMPLOYEE BENEFITS	35	35	<u>-</u>	-		35	-
EDUCATIONAL FEE EXPENSE							
PRORATION		(1,278)	1,278	-	-		
ANCILLARY SUPPORT							
Dental clinics	9,615	4	9,307	304	3,696	5,919	_
Neuropsychiatric institute	29,207	10,759	17,145	1,303	19,217	10,014	24
Medical laboratories	11,018	220	10,798	-	4,039	7,778	799
Vivarium	(1,574)	-	(2,016)	442	7,840	19,497	28,911
Other	195,259	1,672	107,437	86,150	131,977	93,068	29,787
Total	243,525	12,655	142,671	88,199	166,769	136,276	59,521
ACADEMIC ADMINISTRATION	23,173	11,326	7,561	4,286	18,528	10,607	5,962
Subtotal	273,948	28,414	152,443	93,091	189,571	150,559	66,184

#### FY 2009-10 SCHEDULE 8-B CURRENT FUNDS EXPENDITURES BY UNIFORM CLASSIFICATION CATEGORY (Dollars in Thousands)

		Current Funds			Distribution		
	Total	Unrestricted		Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
	-	General	Designated	·			
ELIMINATED CAPITAL EXPENDITURES	(2,738)	(540)	(2,008)	(190)		(2,738)	-
Total Academic Support	271,210	27,874	150,435	92,901	189,571	147,821	66,184
MEDICAL CENTERS	1,622,994		1,620,657	2,337	638,230	1,053,274	68,510
ELIMINATED CAPITAL EXPENDITURES	(39,551)		(39,551)			(39,551)	
Total Medical Centers	1,583,443		1,581,106	2,337	638,230	1,013,723	68,510
STUDENT SERVICES							
ADMINISTRATION Deans of students and vice chancellor-student affairs	1,541	943	572	26	940	1,071	471
SOCIAL AND CULTURAL ACTIVITIES							
Cultural programs Housing service	253 15	-	202 15	51	106	147 15	-
Other social services	1,043	-	854	189	473	569	-
Public ceremonies Benefits	17 11	7 11	-	10	10	7 11	-
Recreational programs	278	-	278	<u> </u>	138	140	
Total	1,617	18	1,349	250	727	889	
FINANCIAL AID ADMINISTRATION	1,192	997	218	(23)	847	344	
STUDENT ADMISSIONS AND RECORDS							
Admissions Registrar	(1) 3,457	1,910	(1) 1,115	432	2,561	(1) 1,394	498
Total	3,456	1,910	1,114	432	2,561	1,393	498
COMPENSATED ABSENCES ACCRUAL	247	53	194		235	11	
EDUCATIONAL FEE EXPENSE PRORATION		(4,398)	4,398				
STUDENT HEALTH SERVICES	9,338	478	8,772	88	2,021	7,317	
Subtotal	17,391	1	16,617	773	7,331	11,025	969
ELIMINATED CAPITAL EXPENDITURES	(149)	<u> </u>	(149)	<u>-</u>		(149)	
Total Student Services	17,242	1	16,468	773	7,331	10,876	969

### FY 2009-10 SCHEDULE 8-B CURRENT FUNDS EXPENDITURES BY UNIFORM CLASSIFICATION CATEGORY

(Dollars in Thousands)

	_		Current Funds		Distribution			
	Total	Unres	stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers	
	-	General	Designated					
INSTITUTIONAL SUPPORT								
EXECUTIVE MANAGEMENT								
Chancellors and vice-chancellors	7,386	5,066	1,968	352	9,550	(749)	1,415	
Academic senate secretariat	249	249	-	-	180	69	-	
Planning and budgeting	14,457	3,913	10,544		5,523	9,490	556	
Total	22,092	9,228	12,512	352	15,253	8,810	1,971	
FISCAL OPERATIONS								
Controller's office	10,778	7,030	3,748	-	8,822	3,390	1,435	
Auditing-internal and external	115	83	32	-	-	115	-	
Bad debt write-off	333	-	333	-	-	333	-	
Office of research affairs	7,977	7,026	886	65	5,429	3,016	467	
Total	19,203	14,139	4,999	65	14,251	6,854	1,902	
GENERAL ADMINISTRATION SERVICES								
Environmental health and safety	3,639	3,065	574	-	2,898	3,807	3,067	
Academic & admin info systems	23,553	16,234	7,319	-	17,773	12,287	6,507	
Personnel	4,902	3,547	1,351	4	9,227	1,318	5,644	
Other	(4,251)	9,661	(14,087)	175	4,208	1,573	10,033	
Total	27,843	32,507	(4,843)	179	34,106	18,985	25,251	
LOGISTICAL SERVICES								
Capital projects management	(103)	-	(103)	-	2,916	5,710	8,729	
Communications	(1,680)	-	(1,680)	-	930	2,535	5,145	
Transportation services	6,651	-	6,651	-	3,697	7,900	4,945	
Mailing division	1,054	473	581	-	1,392	3,454	3,792	
Materiel management Police	3,974 9,286	1,417 7,656	2,557 1,615	15	3,403 7,905	3,921 3,672	3,350 2,290	
Reprographics	541	7,030	541	-	1,473	3,144	4,076	
Total	19,723	9,546	10,162	15	21,716	30,336	32,327	
	17,723	7,540	10,102	13	21,/10	30,330	32,321	
COMMUNITY RELATIONS	1000	~	46.506	200		2.225		
Development	16,925	345	16,280	300	14,539	9,080	6,694	
Public information Publications	1,198 49	1,175 19	(20) 30	43	1,132 26	561 29	495 7	
Total	18,172	1,539	16,290	343	15,697	9,670	7,196	
EMPLOYEE BENEFITS	155	150	5	_		155	-	
COMPENSATED ABSENCES ACCRUAL	1,409	(468)	1,877	-	1,134	276	-	
		· · · · · · · · · · · · · · · · · · ·						

#### FY 2009-10 SCHEDULE 8-B CURRENT FUNDS EXPENDITURES BY UNIFORM CLASSIFICATION CATEGORY

(Dollars in Thousands)

	_		Current Funds			Distribution	
	Total	Unres	tricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
•		General	Designated				
EDUCATIONAL FEE EXPENSE							
PRORATION		(17,439)	17,439	-	-		-
Subtotal	108,597	49,202	58,441	954	102,157	75,086	68,647
ELIMINATED CAPITAL							
EXPENDITURES	(976)	(335)	(641)			(977)	-
Total Institutional Support	107,621	48,867	57,800	954	102,157	74,109	68,647
OPERATION AND MAINTENANCE							
<u>OF PLANT</u>							
Administration	2,348	2,612	(264)	-	4,646	1,299	3,597
Building maintenance, major	12 200	15 (12	27.515	72	6 224	42.052	( 005
repairs and alterations Grounds maintenance	43,200 746	15,612 388	27,515 358	73	6,234 506	43,952 552	6,985 312
Janitorial service	7,797	4,157	3,640	-	6,096	3,721	2,020
Plant service	(3,992)	4,137	(3,992)	-	1,622	(31)	5,583
Refuse disposal	904	551	353	-	1,022	1,353	449
Utilities	23,114	21,524	1,590	-	76	35,388	12,349
Compensated absences accrual	169	73	96	-	144	25	12,349
Educational fee expense proration	-	(12,741)	12,741	_	-	-	
Subtotal	74,286	32,176	42,037	73	19,324	86,259	31,295
Subtotal	74,280	32,170	42,037	13	19,324	80,239	31,293
ELIMINATED CAPITAL							
EXPENDITURES	(1,875)	(1,290)	(585)	-	<u> </u>	(1,874)	-
Total Operation and Maintenance							
of Plant	72,411	30,886	41,452	73	19,324	84,385	31,295
STUDENT FINANCIAL AID	57,749	1,171	16,162	40,416		57,749	-
Scholarship Allowance	(24,084)		(24,084)			(24,084)	_
•				40.446			
Total Student Financial Aid	33,665	1,171	(7,922)	40,416		33,665	-
AUXILIARY ENTERPRISES							
Apartments	2,313	-	2,313	-	313	2,008	7
Bookstores	2,298	-	2,298	-	472	2,150	324
Residence halls	3,096	-	3,096	-	323	2,773	-
Parking	4,728	-	4,728	-	2,645	4,446	2,363
Compensated absences accrual	279	2	277	-	269	10	
Other	18,574	62	18,509	3	10,926	18,213	10,565
Subtotal	31,288	64	31,221	3	14,948	29,600	13,259
ELIMINATED CAPITAL							
EXPENDITURES	(73)	-	(73)	-	-	(73)	-
Total Auxiliary Enterprises	31,215	64	31,148	3	14,948	29,527	13,259
Total Current Funds Expenditures	3,046,750	186,102	1,947,029	913,619	1,706,510	1,846,848	506,604
Total Current Funds Expenditures	3,040,730	100,102	1,947,029	913,019	1,700,510	1,040,048	300,00

### SCHEDULE 8C - FY 2009-10 CURRENT FUNDS EXPENDITURES BY DEPARTMENT (Dollars in Thousands)

				Curi	ent Funds				Dis	tribution
	Total		Unres	tricte	d	Res	stricted	Salaries and Wages		Other enditures
	 	Ge	eneral	De	signated				. ,	
SCHOOL OF DENTISTRY										
INSTRUCTION										
Educational services	\$ 3,212	\$	(428)	\$	3,618	\$	22	\$ 1,368	\$	1,843
Cell and tissue biology	2,229		998		993		238	1,627		603
Oral and maxillofacial surgery	2,830		957		997		876	1,584		1,246
Orofacial sciences	5,511		2,958		2,312		241	4,143		1,368
Preventive and restorative dental sciences	8,749		5,446		2,773		530	6,757		1,992
Inter-school services	 222		(45)		267					267
Total	 22,753		9,886		10,960		1,907	15,479		7,319
RESEARCH										
Dentistry	18,289		26		339		17,924	8,802		9,487
PUBLIC SERVICE										
	6 274				52		6 221	1 046		4.420
Dental public services	 6,274				53		6,221	1,846		4,429
ACADEMIC SUPPORT										
Dean's office	11,293		3,039		6,495		1,759	5,738		6,053
Dentistry clinic	 9,615		4		9,307		304	3,696		5,919
Total	20,908		3,043		15,802		2,063	9,434		11,972
Total School of Dentistry	 68,224		12,955		27,154		28,115	35,561		33,207
SCHOOL OF MEDICINE										
INSTRUCTION										
Academic services	1,405		_		428		977	855		551
Anatomy	5,167		2,856		1,299		1,012	3,393		1,781
Anesthesia and perioperative care	4,804		1,548		2,873		383	32,108		2,022
Anthropology, history and social med.	933		646		274		13	674		259
Biochemistry and biophysics	6,090		3,117		713		2.260	3,980		2.110
Bioengineering	345		282		25		38	251		95
Center for health and community	1,590		96		133		1,361	1,163		428
Clinical and translational science inst.	2,104		635		294		1.175	1,223		880
Dermatology	2,213		1,197		693		323	7,065		2,186
Educational services	7.959		431		6.644		884	9,677		(1,718)
Emergency medicine	(391)		-		(495)		104	4,560		1,466
Epidemiology and biostatistics	1,959		721		1,238			1,427		532
Family and community medicine	7,052		1,404		959		4,689	6,096		944
Institute for human genetics	1,756		492		766		498	1,212		545
Believies	,		.,					,		
Helen Diller family cancer center	1,943		-		231		1,712	1,108		834

### SCHEDULE 8C - FY 2009-10 CURRENT FUNDS EXPENDITURES BY DEPARTMENT (Dollars in Thousands)

			Current Funds		Distribution			
	Total	Unres	tricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers	
_		General	Designated					
DIGITALICATION C. C.								
INSTRUCTION - Continued	2 (00	60	002	1.550	1.720	077		
Cardiovascular research institute	2,608	68	982	1,558	1,730	877		
Diabetes center	1,043	25	318	700	506	537		
Phillip R. Lee institute for health policy stu	710	25	570	115	346	363	1.77	
Laboratory medicine	3,379	1,030	1,034	1,315	6,708	(1,668)	1,66	
Malpractice insurance	1,339	666	673	1 204	17.402	1,340		
Fresno medical programs	25,711	3,377	21,130	1,204	17,493	8,218		
Medical ethics	55	48	7	-	38	17		
Medicine	20,818	8,796	3,058	8,964	52,973	(17)	32,13	
Microbiology and immunology	2,509	1,460	696	353	1,750	760		
Neurological surgery	1,221	669	(196)	748	10,001	2,287	11,06	
Neurology	3,712	1,379	(55)	2,388	5,923	1,798	4,00	
Obstetrics, gynecology and reprod sci	11,539	2,156	4,894	4,489	14,726	7,302	10,48	
Ophthalmology	2,192	1,356	223	613	5,441	1,500	4,74	
Orthopaedic surgery	3,655	1,182	2,252	221	11,024	3,007	10,3	
Osher Center for integrative medicine	1,071	-	206	865	645	426		
Otolaryngology	910	914	(290)	286	4,628	879	4,59	
Pathology	(2,521)	2,594	(5,739)	624	17,919	5,783	26,2	
Pediatrics	6,590	3,142	(299)	3,747	24,710	2,328	20,4	
Cellular and molecular pharmacology	2,980	1,711	524	745	1,930	1,049		
Physical therapy and rehab sciences	1,048	377	597	74	827	681	4:	
Physiology	3,578	1,756	819	1,003	2,387	1,191		
Program in biological studies	24	-	24	-	18	7		
Psychiatry	2,762	2,344	(850)	1,268	9,737	(3,259)	3,7	
Radiation oncology	(97)	410	(978)	471	8,194	562	8,8	
Radiology and biomedical imagining	(195)	2,057	(3,226)	974	26,419	6,145	32,7	
Resident salaries	(25,799)	2,989	(28,788)	-	(26,942)	1,142		
Surgery	4,756	2,654	1,166	936	29,962	(509)	24,69	
Urology	1,110	818	(650)	942	5,750	2,088	6,72	
Inter-school services	(528)	(528)	-	-	-	9	53	
Intra-school services	3,980	(2,973)	5,892	1,061	5,382	(1,403)		
Total	125,485	53,927	20,107	51,451	315,221	56,547	246,2	
RESEARCH								
Dean's office	75	-	-	75	51	24		
AIDS research institute	712	-	281	431	232	479		
Anatomy	10,922	-	-	10,922	5,425	5,498		
Anesthesia and perioperative care	8,709	14	(30)	8,725	5,098	3,611		
Anthropology, history and social med.	149	23	8	118	93	56		
Biochemistry and biophysics	13,591	176	727	12,688	6,962	6,628		
Helen Diller family cancer center	18,091	464	244	17,383	10,930	7,056	(10	
Cardiovascular research institute	24,177	498	1,241	22,438	11,811	12,367	(*)	
Center for health and community	473	9	5	459	260	213		
Clinical and translational science inst.	28,527	441	(1,281)	29.367	15,049	13,484		
Dermatology	5,486	217	13	5,256	3,168	2.317		
Emergency medicine	207	5	-	202	163	2,517		
Epidemiology and biostatistics	2,096	5	153	1,943	851	1,246		
Family and community medicine	3,743	-	308	3,435	1,691	2,052		

### SCHEDULE 8C - FY 2009-10 CURRENT FUNDS EXPENDITURES BY DEPARTMENT (Dollars in Thousands)

			Current Funds		Distribution			
	Total	Unres	tricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers	
		General	Designated					
RESEARCH - Continued								
Institute for human genetics	5,701	7	84	5,610	1,998	3,703	-	
Institute for neurodegenerative disease	8,944	-	147	8,797	4,215	4,728	-	
Institute for Regeneration Medicine	8,399	-	29	8,370	2,178	6,221	-	
Phillip R. Lee Instit - health pol studies	3,247	181	(78)	3,144	2,636	610	-	
Hooper foundation	2,163	343	(1)	1,821	682	1,481	(1)	
Diabetes Center	47,439	501	2,372	44,566	14,544	32,896	-	
Laboratory medicine	8,574	43	140	8,391	3,067	5,506	_	
Fresno medical programs	965	_	24	941	479	486	-	
Medicine	123,419	943	2,266	120,210	64,033	59,394	9	
Microbiology and immunology	12,348	112	657	11,579	5,560	6,825	39	
Neurological surgery	18,514	209	3	18,302	9,961	8,642	90	
Neurology	53,606	14,409	(551)	39,748	19,105	34,504	3	
Obstetrics, gynecology and reprod sci	50,958	211	587	50,160	17,119	33,839	_	
Ophthalmology	6,147	211	209	5,938	3,246	2,888	(13)	
Orthopaedic surgery	2,874	_	852	2,022	1,611	1,264	(13)	
Osher Center for integrative medicine	2,040		40	2,000	1,327	714		
Otolaryngology	2,715	_	41	2,674	1,764	951		
Pathology	11,110	84	177	10,849	5,366	5.744	_	
Pediatrics	18,626	45	1	18,580	10,868	7,758	-	
	12,279	14	8	12,257	4,974	7,304	-	
Cellular and molecular pharmacology	210	14	(44)	254	143	7,304 67	-	
Physical therapy and rehab sciences		5	53		4.158		-	
Physiology	8,593	3		8,535	,	4,436	-	
Psychiatry	3,268	-	29	3,239	1,821	1,447	-	
Radiation oncology	1,661	-	50	1,611	983	678	-	
Radiology and biomedical imagining	22,447	592	548	21,307	12,256	10,190	-	
Sandler asthma basic research center	438	-	1	437	191	248	-	
Surgery	21,322	144	(320)	21,498	11,749	9,572	-	
Urology	4,969	8	(482)	5,443	2,856	2,113	-	
Total	579,934	19,698	8,511	551,725	270,674	309,284	29	
PUBLIC SERVICE								
AIDS clinical care	10,553	_	(4)	10,557	5,503	5,049	-	
Area health education center	1,473	370	1	1,102	347	1,126	_	
Family planning	900	-	404	496	429	471	_	
Podiatric Medicine	169	_	-	169	128	41	_	
Institute for health policy studies	2.066	_	127	1,939	1.698	367	_	
Other	35,430	-	(476)	35,906	26,122	9,308	-	
Total	50,591	370	52	50,169	34,227	16,362	-	
ACADEMIC SUPPORT								
Dean's office	8,022	4,128	2,532	1,362	9,500	4,474	5,953	
Clinical and translational science inst.	127	1,120	127	1,502	72	56		
Dialysis center	2	_	2	_	-	2	_	
Emergency medicine	6,428	(1)	3,213	3,216	4,737	1,691	_	
Emergency medicine	0,420	(1)	3,213	5,210	7,737	1,071	-	

### SCHEDULE 8C - FY 2009-10 CURRENT FUNDS EXPENDITURES BY DEPARTMENT (Dollars in Thousands)

			Current Funds		Distribution			
	Total	Unres	tricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers	
		General	Designated					
ACADEMIC SUPPORT - Continued								
Endocrinology lab OBGYN	1	-	1	-	-	1	-	
Endocrinology lab pediatrics	157	-	157	-	109	48	-	
Histocompatibility laboratory	8,744	-	8,744	-	2,650	6,094	-	
Kaposi sarcoma clinic	2,242	-	11	2,231	1,497	844	99	
Mental health service for deaf	(92)	-	(92)	-	(9)	(83)	-	
Occupational health center	1,959	816	67	1,076	1,585	375	-	
Organ procurement	720	-	645	75	504	217	-	
Orthopaedic appliance facilities	3,163	-	3,163	-	1,279	1,884	-	
Professional service operations	58,940	130	51,732	7,078	32,381	37,922	11,363	
SFGH-operation	39,091	4	4,706	34,381	27,763	12,725	1,397	
SFGH-professional services	55,660	75	24,945	30,640	41,705	14,406	451	
Other	19,445	245	11,754	7,446	15,430	17,011	12,996	
Total	204,609	5,397	111,707	87,505	139,203	97,667	32,259	
Total School of Medicine	960,619	79,392	140,377	740,850	759,325	479,860	278,566	
SCHOOL OF NURSING								
INSTRUCTION								
Educational service	3,119	100	2,960	59	1,577	1,541	-	
Family health care	2,895	1,992	169	734	2,137	757	-	
Institute for health and aging	610	408	178	24	379	230	(1)	
Community health systems	4,455	1,777	555	2,123	3,361	1,093	-	
Physiological nursing	2,873	2,349	318	206	2,418	455	-	
Social and behaviorial science	815	780	(42)	77	686	130		
Total	14,767	7,406	4,138	3,223	10,558	4,206	(1)	
RESEARCH								
Family health nursing	1,289	2	-	1,287	842	446	-	
Institute for health and aging	2,112	_	-	2,112	1,584	528	-	
Community health systems	1,674	9	-	1,665	909	765	-	
Physiological nursing	4,276	_	-	4,276	2,461	1,815	-	
Social and behavioral science	2,303	-	-	2,303	1,322	981	-	
Dean's Office	173		58	115		173		
Total	11,827	11	58	11,758	7,118	4,708		
PUBLIC SERVICE								
Other nursing public service	14,445	-		14,445	8,830	5,615		
Total	14,445			14,445	8,830	5,615		

### SCHEDULE 8C - FY 2008-09 CURRENT FUNDS EXPENDITURES BY DEPARTMENT (Dollars in Thousands)

			Current Funds		Distribution			
	Total	Unresi	tricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers	
		General	Designated					
ACADEMIC SUPPORT								
Dean's office	6,503	2,504	3,196	803	4,153	2,436	86	
Occupational health center	980	436	425	119	675	305		
Total	7,483	2,940	3,621	922	4,828	2,741	86	
Total School of Nursing	48,522	10,357	7,817	30,348	31,334	17,270	85	
SCHOOL OF PHARMACY								
INSTRUCTION								
Clinical pharmacy	7,132	3,164	3,129	839	5,599	1,533	-	
Educational services	3,553	1,155	2,023	375	1,765	1,788	-	
Biopharmaceutical sciences	3,302	1,608	1,582	112	2,533	770	-	
Pharmaceutical chemistry	3,776	1,965	1,693	118	2,968	808	-	
Inter-school services	297	120	156	21		466	168	
Total	18,060	8,012	8,583	1,465	12,865	5,365	168	
RESEARCH								
Dean's office	1,106	-	867	239	124	981	-	
Clinical pharmacy	6,334	3	143	6,188	3,387	2,947	-	
Pharmaceutical chemistry	14,187	208	1,539	12,440	7,863	6,324	-	
Biopharmaceutical sciences	11,441	64	718	10,659	5,516	5,924	(1)	
Total	33,068	275	3,267	29,526	16,890	16,176	(1)	
ACADEMIC SUPPORT								
Dean's office	1,424	919	408	97	1,523	682	783	
Special drug study	427	-	427	-	159	267	-	
Clinical pharmacy	1,773	91	1,651	31	1,734	1,654	1,614	
Total	3,624	1,010	2,486	128	3,416	2,603	2,397	
PUBLIC SERVICES								
Pharmacy Public Services	10,466	-	73	10,393	6,939	3,527	-	
Total School of Pharmacy	65,218	9,297	14,409	41,512	40,110	27,671	2,564	
SUMMER SESSION								
INSTRUCTION	564		564			564		
CAMPUS-WIDE PROGRAMS								
INSTRUCTION								
Educational services	6	-	(44)	50	131	11,101	11,225	
Global health sciences	2,414	-	1,182	1,232	1,209	1,205	-	
Instructional equipment	977	492	(601)	1,086	-	978	-	
Langley Porter neuropsych	760	-	-	760	530	229	-	
Miscellaneous short courses	18	-	18	-	28	(10)	-	
Educational fee expense proration	-	(23,977)	23,977	-	-	-	-	

### SCHEDULE 8C - FY 2009-10 CURRENT FUNDS EXPENDITURES BY DEPARTMENT (Dollars in Thousands)

		(	Current Funds		Distribution			
	Total	Unrestr	ricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers	
		General	Designated					
INSTRUCTION - Continued								
Compensated absences accrual	(1,120)	(70)	(1,050)	-	(778)	(341)	-	
Employee Benefits	356	356				356		
Total	3,411	(23,199)	23,482	3,128	1,120	13,518	11,225	
RESEARCH								
Faculty fellowships and special								
grants	2,754	392	202	2,160	1,036	1,717	_	
Global health sciences	12,670	18	(55)	12,707	6,379	6,290	_	
LPNI	19,468	5	177	19,286	10,490	8,978	_	
Proctor foundation	5,257	_	657	4,600	3,096	2,160	_	
QB3 Institute	2,286	433	350	1,503	1,464	822	_	
Other	(460)	21	(66)	(415)	60	(520)	_	
Compensated absences accrual	(8)	(181)	173	-	223	(230)	_	
Employee Benefits	14	14	-	-	-	14	-	
Total	41,981	702	1,438	39,841	22,748	19,231	-	
PUBLIC SERVICE								
Compensated absences accrual	742	(8)	750	_	730	13		
Arts and lectures	105	(0)	62	43	38	67		
Community work study programs	159		49	110	158	2		
Employee Benefits	1	1	-	-	130	1	_	
Global health sciences	330		_	330	89	241	_	
Other	7	_	_	7	3	4	_	
Student outreach programs	1,498	806	88	604	612	885	-	
Total	2,842	799	949	1,094	1,630	1,213	_	
ACADEMIC SUPPORT	<del></del>	·						
Other	(359)	_	(311)	(48)	1	(359)		
Animal care facility	(1,574)	-	(2,016)	442	7.840	19,497	28,911	
Computer center - instruction	233	134	(2,010)	99	93	19,497	20,911	
Global health sciences	604	2	732	(130)	501	1,361	1,258	
Graduate division	2,134	829	1,005	300	855	1,288	1,238	
LPNI	29,207	10,759	17,145	1,303	19,217	10,014	24	
Libraries	6,937	5,022	1,408	507	3,953	3,410	427	
OB3 Institute	10	3,022	1,400	307	3,733	48	41	
Instr \$ Resr Support Services	652	595	57	-	641	285	274	
Educational fee expense proration	-	(1,278)	1,278	-	0+1	203	2/4	
Compensated absences accrual	(566)	(86)	(480)	-	(413)	(153)	-	
Employee Benefits	46	46	(400)	-	(413)	46	-	
Total	37,324	16,023	18,828	2,473	32,691	35,577	30,944	
Total Campus-wide Programs	85,558	(5,675)	44,697	46,536	58,189	69,539	42,169	
rotar Campus-wide rrograms	65,556	(3,073)	44,07/	40,330	30,109	07,339	42,109	

### SCHEDULE 8C - FY 2009-10 CURRENT FUNDS EXPENDITURES BY DEPARTMENT (Dollars in Thousands)

			Current Funds		Distribution			
	Total	Unrest	ricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers	
		General	Designated					
MEDICAL CENTERS	1,622,994		1,620,657	2,337	638,230	1,053,274	68,510	
STUDENT SERVICES								
Dean of students	1,541	377	1,138	26	940	601	-	
Dentistry testing program	(1)	-	(1)	-	-	(1)	-	
Financial aid	1,192	997	218	(23)	847	344	-	
Public ceremonies	17	7	-	10	10	7	-	
Registrar's office	3,457	1,910	1,115	432	2,561	1,394	498	
Student activities - other	1,295	-	1,055	240	580	716	-	
Student activities - recreation	278	-	278	-	138	140	-	
Budget reduction offset	-	(4,398)	4,398	-	_	_	-	
Student health services	9,338	478	8,772	88	2,021	7,317	-	
Student housing services	15	-	15	-	-	15	-	
Compensated absences accrual	247	53	194	-	235	11	-	
Educational fee expense proration	-	566	(566)	-	-	471	471	
Employee Benefits	11	11				11	-	
Total Student Services	17,390	1	16,616	773	7,332	11,026	969	
INSTITUTIONAL SUPPORT								
Chancellor's office	2,487	1,457	787	243	1,263	1,225	-	
Exec Vice-chancellor-academic affairs	2,150	1,495	653	2	1,653	497	-	
Vice-chancellor-administration	(2,352)	(1,431)	(922)	1	1,406	(3,757)	-	
Vice-chancellor-advance & planning	2,477	1,376	1,087	14	1,001	1,472	(3)	
Vice-chancellor-research	83	(116)	108	91	1,153	(1,070)	-	
Academic senate committees	249	249	-	-	180	69	-	
Controller's office	10,778	7,030	3,748	-	8,822	3,390	1,435	
Academic and admin info systems	21,359	13,418	7,941	-	15,857	9,954	4,452	
Affirmative action office	1,002	720	282	-	877	268	143	
Alumni affairs	3,656	-	3,599	57	3,564	1,733	1,640	
Audit services	1,090	1,132	(42)	-	1,226	425	561	
Auditing-external	115	83	32	-	-	115	-	
Addressing/Mailing Services	1,054	473	581	-	1,392	3,454	3,792	
Reprographics	541	-	541	-	1,473	3,144	4,076	
Communications	(1,680)	-	(1,680)	-	930	2,535	5,145	
Transportation services	6,651	-	6,651	-	3,697	7,900	4,945	
Campus risk	1,227	-	1,227	-	799	429	-	
Clerical pool	(214)	-	(214)	-	4,326	521	5,061	
Financial systems implementation	2,516	2,816	(300)	-	1,740	1,169	393	
ENS network services	(322)	-	(322)	-	176	1,163	1,661	
Office of research affairs	10,031	7,026	2,940	65	6,844	3,654	467	
Employee assistance programs	642	_	642	-	463	180	_	

### SCHEDULE 8C - FY 2009-10 CURRENT FUNDS EXPENDITURES BY DEPARTMENT (Dollars in Thousands)

	_		Current Funds		Distribution			
	Total	Unrest	ricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers	
		General	Designated					
INSTITUTIONAL SUPPORT - Continued								
Employee benefits	155	150	5	-	-	155	-	
Environmental health & safety	3,639	3,065	574	-	2,898	3,807	3,067	
Financial planning & benefits	1,082	579	503		703	457	79	
Development office	13,053	<del>.</del>	12,810	243	10,644	7,463	5,054	
Institutional relations	1,037	1,014	(20)	43	1,019	512	495	
Kaiser awards	16	-	-	16	15	2	-	
Labor relations	1,226	1,082	144	-	800	454	28	
Materiel management	3,974	1,417	2,557	-	3,403	3,921	3,350	
Miscellaneous	(8,966)	1,733	(10,699)	-	989	(150)	9,806	
Office of Legal affairs	580	565	15	-	1,085	208	714	
Planning and budget	14,457	3,913	10,544	-	5,523	9,490	556	
Personnel	2,034	1,754	276	4	2,822	(312)	476	
Police	9,286	7,656	1,615	15	7,905	3,672	2,290	
Project management services	(103)	-	(103)	-	2,916	5,710	8,729	
Public information	210	180	30	-	139	78	7	
Public service programs	1,529	1,153	325	51	1,221	531	223	
Royer awards	108	, <u>-</u>	_	108	102	6	-	
Satellite campus operations	(3)	7,121	(7,124)	_	_	_	3	
Compensated absences accrual	1,409	(468)	1,877	_	1,134	276	_	
Educational fee expense proration	-,,	(17,439)	17,439	_	-,13		_	
Bad debt & collections	333	(17,137)	333	-		333	-	
Total Institutional Support	108,596	49,203	58,440	953	102,160	75,083	68,645	
OPERATION AND MAINTENANCE OF								
PHYSICAL PLANT								
Administration	2,348	2,612	(264)	-	4,645	1,299	3,596	
Building maintenance	38,758	14,290	24,468	-	3,581	37,525	2,347	
Elevators	874	362	512	-	-	1,335	461	
Ground maintenance	745	387	358	-	506	552	312	
House maintenance-Chancellor	73	-	-	73	-	73	-	
Janitorial service	7,797	4,157	3,640	-	6,095	3,721	2,020	
Network maintenance	4,101	701	3,400	-	2,653	5,625	4,176	
Plant service	(3,992)	-	(3,992)	-	1,622	(31)	5,583	
Refuse disposal	904	551	353	-	-	1,353	449	
Educational fee expense proration	(1)	(12,741)	12,740	_	_	´ -	-	
Utilities	23,114	21,524	1,590	_	76	35,387	12,348	
Major repairs and alterations	(607)	258	(865)	_	-	(607)	,510	
Employee benefits	25	25	-	_	_	25	_	
Compensated absences accrual	143	48	95		144		-	
Total Operation and Maintenance								

### SCHEDULE 8C - FY 2009-10 CURRENT FUNDS EXPENDITURES BY DEPARTMENT (Dollars in Thousands)

	-		Current Funds		Distribution			
	Total	Unres	tricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers	
	-	General	Designated					
STUDENT FINANCIAL AID	57,749	1,171	16,162	40,416		57,749		
STUDENT FINANCIAL AID	37,749	1,1/1	10,102	40,410		37,749		
Scholarship Allowance	(24,084)	_	(24,084)			(24,084)	-	
Total Student Financial Aid	33,665	1,171	(7,922)	40,416		33,665		
AUXILIARY ENTERPRISES								
RESIDENCE AND DINING HALLS								
Aldea San Miguel	1,256	-	1,256	-	130	1,126	-	
Mission Bay	2,855	-	2,855	-	875	4,110	2,130	
University residence program	1,245	-	1,245		187	1,066	7	
Total	5,356		5,356		1,192	6,302	2,137	
OTHER								
Child care center	1,093	62	1,028	3	496	597	_	
Parking operations	4,728	_	4,728	_	2,645	4,446	2,363	
Programs and recreation	11,879	-	11,879	-	5,321	8,704	2,146	
Retail services	8,377	-	8,377	_	1,636	13,355	6,613	
Auxiliary administration	(426)	-	(426)	-	3,388	(3,814)	, -	
Compensated absences accrual	279	2	277		269	10	-	
Total	25,930	64	25,863	3	13,755	23,298	11,122	
Total Auxiliary Enterprises	31,286	64	31,219	3	14,947	29,600	13,259	
Subtotal	3,116,918	188,939	1,996,063	931,916	1,706,510	1,917,016	506,604	
Eliminated Capital Expenditures	(70,168)	(2,837)	(49,034)	(18,297)		(70,168)	-	
Total Current Funds Expenditures	3,046,750	186,102	1,947,029	913,619	1,706,510	1,846,848	506,604	

### SCHEDULE 8D - FY 2009-10 CURRENT FUNDS EXPENDITURES BY FUND SOURCE (Dollars in Thousands)

		Current I	Funds		Distribution	
	Total	Unrestricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
GENERAL FUNDS						
Instruction	56,022	56,022	-	72,096	(15,324)	750
Research	20,048	20,048	-	4,198	15,851	1
Public service	1,169	1,169	-	556	613	-
Academic support	27,874	27,874	-	20,147	7,833	106
Student services	-	-	-	2,984	(3,014)	(30)
Institutional support	48,868	48,868	-	39,743	10,469	1,345
Operation and maintenance of plant	30,886	30,886	-	6,003	24,884	-
Student financial aid	1,171	1,171	-	-	1,171	-
Auxiliary enterprises	64	64		54	10	-
Total	186,102	186,102		145,781	42,493	2,172
TUITION AND FEES						
Instruction	54,111	54,111	-	12,232	41,887	7
Research	(1,215)	(1,215)	-	2	(1,216)	-
Public service	191	191	-	138	54	-
Academic support	6,100	6,100	-	957	5,144	-
Student services	7,929	7,929	-	2,709	5,720	500
Institutional support	17,435	17,435	-	(18)	17,453	-
Operation and maintenance of plant	12,741	12,741	-	-	12,741	-
Student financial aid	13,220	13,220	-	-	13,220	-
Auxiliary enterprises	10	10	-	-	10	-
Total	110,522	110,522	-	16,020	95,013	507

### SCHEDULE 8D - FY 2009-10 CURRENT FUNDS EXPENDITURES BY FUND SOURCE (Dollars in Thousands)

		Current	Funds	Distribution			
	Total	Unrestricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers	
FEDERAL GOVERNMENT							
Grants							
Instruction	19,603	_	19,603	12,614	6,989		
Research	331,543	-	331,543	160,989	170,553		
Public service	9,488	-	9,488	4,591	4,897		
Academic support	6,337	-	6,337	3,274	3,063		
Student services	(23)	-	(23)	6	(28)		
Institutional support	(2)	-	(2)	-	(2)		
Student financial aid	21,760		21,760		21,760		
Total	388,706		388,706	181,474	207,232		
Contracts							
Instruction	12	-	12	14	(2)		
Research	44,281	-	44,281	15,691	28,590		
Public Service	323	-	323	142	181		
Academic support	633	-	633	226	408		
Student financial aid	1		1		1		
Total	45,250		45,250	16,073	29,178		
Total Federal Government	433,956	-	433,956	197,547	236,410		

### SCHEDULE 8D - FY 2009-10 CURRENT FUNDS EXPENDITURES BY FUND SOURCE (Dollars in Thousands)

		Current	Funds	Distribution		
	Total	Unrestricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
SPECIAL STATE APPROPRI-						
ATIONS AND CONTRACTS						
Instruction	4,195	_	4,195	1,795	2,400	-
Research	21,297	_	21,297	13,065	8,231	-
Public service	24,975	_	24,975	15,637	9,337	-
Academic support	246	_	246	103	143	-
Student financial aid	1,545		1,545		1,545	-
Total	52,258		52,258	30,600	21,656	
LOCAL GOVERNMENT						
Instruction	4	-	4	1	3	-
Research	1,902	_	1,902	1,524	379	_
Public service	32,792	-	32,792	24,158	8,634	-
Academic support	73,041	-	73,041	56,101	16,940	-
Student services	9	-	9	7	1	_
Institutional support	91	-	91	25	66	-
Student financial aid	87		87	-	87	
Total	107,926		107,926	81,816	26,110	
PRIVATE GIFTS, GRANTS AND						
CONTRACTS Lucture di cu	20.467		20.467	16.550	12.016	(1
Instruction Research	29,467	-	29,467	16,550	12,916	(115
Public service	217,362 14,572	-	217,362 14,572	114,173 7,360	103,075 7,213	(115
	,		,	,	,	-
Academic support Medical centers	10,024	-	10,024	4,986 642	5,039 929	-
Student services	1,571 622	-	1,571	18		-
	622 527	-	622 527	18 61	605 467	-
Institutional support		-				-
Student financial aid	10,835	-	10,835	-	10,835	-
Auxiliary enterprises	3		3		3	
Total	284,983		284,983	143,790	141,082	(116

### SCHEDULE 8D - FY 2009-10 CURRENT FUNDS EXPENDITURES BY FUND SOURCE (Dollars in Thousands)

		Current I	Funds	Distribution		
_	Total	Unrestricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
ENDOWMENT AND SIMILAR FUNDS	22, 495	15.557	6.020	11.012	10.667	(5)
Instruction	22,485	15,557	6,928	11,812	10,667	(5)
Research	21,234	3,874	17,360	10,235	10,997	(1)
Public service	94	35	59	-	94	-
Academic support	5,718	3,100	2,618	2,518	3,200	-
Medical centers	766	-	766	77	689	-
Student services	172	6	166	73	99	-
Institutional support	135	(204)	339	117	18	-
Operation and maintenance of plant	73	-	73	-	73	-
Student financial aid	6,305	118	6,187		6,305	-
Total	56,982	22,486	34,496	24,832	32,142	(6)
SALES AND SERVICES OF EDUCATIONAL ACTIVITIES						
Instruction	(18,826)	(18,826)	-	214,073	12,841	245,740
Research	4,732	4,732	-	4,098	723	90
Public service	(203)	(203)	-	62	(265)	-
Academic support	129,573	129,573	-	84,870	84,245	39,542
Student services	501	501	-	253	248	-
Institutional support	(187)	(187)	-	1,066	325	1,578
Auxiliary enterprises	103	103	-	97	6	-
Operation and maintenance of plant	(1,043)	(1,043)	-	-	(324)	720
Student financial aid	1,998	1,998		-	1,998	-
Total	116,648	116,648		304,519	99,797	287,670
SALES AND SERVICES OF AUXILIARY ENTERPRISES						
Institutional support	249	249	-	884	2,166	2,801
Operation and maintenance of plant	1	1	-	943	536	1,477
Auxiliary enterprises	25,711	25,711		14,194	18,588	7,071
Total	25,961	25,961	_	16,021	21,290	11,349

### SCHEDULE 8D - FY 2009-10 CURRENT FUNDS EXPENDITURES BY FUND SOURCE (Dollars in Thousands)

		Current I	Funds	Distribution			
	Total	Unrestricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers	
SALES AND SERVICES OF							
MEDICAL CENTERS  Medical centers	1,580,716	1,580,716		637,511	1,011,651	68,447	
OTHER SOURCES							
Instruction	12,961	12,961	-	13,974	10,212	11,225	
Research	4,162	4,162	-	2,257	1,958	53	
Public service	1,060	1,060	-	828	233	-	
Academic support	11,563	11,563	-	16,377	21,721	26,535	
Medical centers	121	121	-	-	184	63	
Student services	8,153	8,153	-	1,120	7,531	498	
Institutional support	44,910	44,910	-	58,493	44,390	57,974	
Operation and maintenance of plant	29,414	29,414	-	12,378	46,134	29,098	
Student financial aid	(23,257)	(23,257)	-	<u>-</u>	(23,257)	-	
Auxiliary enterprises	4,162	4,162	-	429	9,794	6,061	
Total	93,249	93,249		105,856	118,900	131,507	
RESERVES							
Instruction	83	83	-	83	1	-	
Research	21	21	-	-	21	-	
Academic support	98	98	-	12	86	-	
Medical centers	269	269	-	-	269	-	
Student services	(122)	(122)	-	162	(284)	-	
Institutional support	(4,403)	(4,403)	-	1,787	(1,244)	4,946	
Operation and maintenance of plant	340	340	-	-	340	-	
Auxiliary enterprises	1,161	1,161	-	173	1,115	128	
Total	(2,553)	(2,553)		2,217	304	5,074	
Total Current Funds Expenditures	3,046,750	2,133,131	913,619	1,706,510	1,846,848	506,604	

### SCHEDULE 8E - FY 2009-10 CURRENT FUND EXPENDITURES BY SCHOOL AND SOURCE (Dollars in Thousands)

	School of Dentistry	School of Medicine	School of Nursing	School of Pharmacy	Medical Center	Langley Porter	Other	Total
General Funds	12,955	79,392	10,357	9,297	0	10,764	63,337	186,102
Tuition and Fees	8,600	16,309	3,869	4,139	-	-	77,605	110,522
Federal Government Grants	9,927	311,869	10,146	21,891	-	13,201	21,672	388,706
Federal Government Contracts	2,024	41,630	(0)	1,006	-	812	(218)	45,251
Special State Appropriations & Contracts	677	23,339	14,737	8,458	-	1,000	4,048	52,259
Local Government	132	107,652	(2)	119	-	-	25	107,926
Private Gifts, Grants and Contracts	14,994	232,281	5,112	9,994	1,571	6,233	14,802	284,987
Endowment Income	1,159	42,636	1,035	1,511	766	880	8,994	56,981
Sales & Services Educational Activities	15,081	86,955	237	3,045	-	16,660	(5,332)	116,646
Sales & Services of Auxiliary	-	-	-	-	-	-	25,961	25,961
Sales & Services Medical Centers	-	-	-	-	1,580,716	-	-	1,580,716
Other Sources	2,662	18,325	3,032	5,754	121	(115)	63,467	93,246
Reserves	0	229	-	0	0	-	(3,067)	(2,553)
Total	68,224	960,617	48,520	65,217	1,583,443	49,435	271,294	3,046,750

# **CAMPUS SITES**

This section contains from the following sources:

- Campus Planning
- Public Affairs
- CPFM

# **Chapter Contents**

Overview	264
UCSF Leased Facilities	269
UCSF Total Acreage	270
State of California Map	271
San Francisco City Map	272
Parnassus Campus Map	273
Mission Bay Map	274
Mt. Zion Campus Map	275
Total UCSF Assignable Square Footage by Site	276
Total Assignable Square Footage by Function	277
Total Assignable Square Footage by Campus Unit	278
Distribution of Assignable Square Footage by Unit and Site	279
Change in the Distribution of Assignable Square Feet by Function within Schools	280

The University of California has outgrown its original campus at Parnassus Heights, and a number of additional UCSF locations throughout San Francisco have been established. Today, more than one-third of the campus's faculty and staff spend their working hours far from the infamous fog and wind of the 107-acre Parnassus Heights campus. These facilities are linked via the University's shuttle system, a free service to all employees.

**Parnassus Heights**, Parnassus Avenue. Located here are: the Ambulatory Care Center, Moffitt and Long Hospitals, Langley Porter Psychiatric Institute, the Schools of Dentistry, Medicine, Nursing and Pharmacy, many of the campus's central administrative offices, including that of the Chancellor, the Campus Library, Millberry Union, Aldea Student Housing, and other student housing facilities, and the Central Utilities Plant. Currently this campus site has an average daily population of 16,000 staff, student, faculty, patients and visitors.

**Mission Bay**. The 57-acre Mission Bay campus will contain 4.44 million gross square feet (gsf) of program space at full buildout. Development of the campus will occur in phases over the next 20 years, and will contain approximately 25 buildings at full buildout. Approximately half of the program space will be for research uses, and the balance of the space will include instruction, academic support, campus administration, campus community uses, housing and space for logistical operations. At least 8 acres of publicly-accessible open space will be located on the campus. 2.2 acres are set aside for the San Francisco Unified School District as a public school site. The site will contain structured parking to accommodate an estimated 5,500 parking spaces with implementation of the parking structures to be phased with campus development according to parking demand. As of 2010, the campus had a population of 3,500 staff, student, faculty and visitors with an estimated 14,400 persons expected to be at the Mission Bay campus site at full buildout. The Mission Bay site has a Conference Center, used by both campus and community groups, hosting over 550 events and 57,000 guests annually.

**Mount Zion**, 1600 Divisadero Street. In 1990, UCSF integrated with Mount Zion Medical Center. Primarily patient care, teaching and research programs, are located at UCSF /Mount. Zion. The focus on-patient care services at Mount Zion are on the UCSF Cancer Center, ambulatory surgery, an urgent care center, and outpatient clinical services. Currently this campus site has an average daily population of 2,600 staff, student, faculty, patients and visitors.

**San Francisco General Hospital**, 1001 Potrero Avenue. UCSF celebrated its 100th anniversary with SFGH in 1990. More than 1,000 UCSF faculty and staff members and residents provide all the medical care at "the General," which is owned and operated by the City and County of San Francisco. The Schools of Dentistry, Medicine, Nursing and Pharmacy use the hospital for teaching and for clinical and basic research.

**Veterans Administration Medical Center**, 4150 Clement Street. UCSF has an affiliation agreement with the VA Medical Center, which employs approximately 270 UCSF faculty and staff members at the Fort Miley San Francisco involved with patient care and academic research. UCSF also has 35 UCSF faculty and staff members at the VA Facility in Fresno at 2615 East Clinton Avenue.

Laurel Heights, 3333 California Street. This terraced, multi-storied low rise building currently houses approximately 1200 employees in the Schools of Medicine and Pharmacy, the Center for Health and Community, Administration & Finance, Academic Affairs and other administrative units. Although primarily used for office functions, a limited number of wet-laboratory functions also exist in the building. The building contains a Conference Center, used by both campus and community groups

**Mission Center Building (MCB)**, 1855 Folsom Street. This six story converted warehouse is used by the School of Medicine, UCSF Police, and various campus administration units such as Accounting, Documents, Media & Mail, for offices, and laboratories. Some Medical Center units such as Hospital Accounting and Clinical Enterprise Systems occupy space in the building. The building has a total of nearly 800 occupants.

**Buchanan Street Dental Clinic**, 100 Buchanan Street. The School of Dentistry's Clinics at Parnassus Heights and Buchanan Clinic are the largest providers of dental care to MediCal and economically disadvantaged patients in the Bay Area. Many of those patients are treated at the two-story Buchanan Clinic by UCSF's faculty members and students.

**Minnesota Street**, 654 Minnesota Street.. This three story covered industrial facility houses the employees of the Capital Programs, Real Estate, Campus Planning and Facilities Management Departments. The building is in the Dogpatch neighborhood immediately south of the Mission Bay campus site.

**Hunters Point**, 830 Palou Street. UCSF's Animal Care Facility is located in two single-story buildings. About a dozen staff members work here.

**Oyster Point,** 612 Forbes Boulevard, South San Francisco. This warehouse houses the activities of the Materiel Management Department and the campus storehouse, including 20 staff.

**Fresno**. UCSF established a regional medical education program in Fresno in 1975 to provide training for doctors and other health care professionals in the central San Joaquin Valley. Primary care and specialties in undergraduate, graduate and post-graduate levels are there. In 2005, with its 30th anniversary year commemoration, the UCSF Fresno Medical Education Program

celebrated the grand opening of its new Medical Education and Research Center (MERC). Roughly 190 hospital-based faculty, 297 local faculty, and 190 residents are associated with this Fresno site. Since its inception, UCSF Fresno has graduated approximately 60 physicians every year, totaling more than 2,000 to date. UCSF Fresno faculty and medical residents also care for the overwhelming majority of the area's underserved populations. In addition, UCSF Fresno educates about 200 medical students each year as well as provides academic preparation programs for middle- and high-school students interested in the health professions.

**China Basin Landing**, 185 Berry Street. This facility houses Epidemiology, clinical labs and the Diagnostic Imaging Center at this site located right across the street from AT & T Park. This building houses approximately 400 staff in 200,000 sf of leased space.

**220 Montgomery Street**. This is the location of the Development Office. Several separate departments, including Annual Giving and School Programs, Major Gifts, Corporate and Foundation Relations, Planned Giving and the UCSF Foundation, are housed here. About 125 employees occupy offices in this history 22-story building in the Financial District.

**50 Beale Street**. This building houses the Center for AIDS Prevention Studies.

**Other Leased Space\***. Two satellite clinics should be noted: the Lakeside Senior Medical Clinic on Ocean Avenue, and the family practice and pediatrics center at Lakeshore Plaza.

### **Upcoming/Ongoing Projects.**

#### Mission Bay Cardiovascular Research Building (17 A/B)

This new 236,000 gsf laboratory and clinical research building is being constructed for the Cardiovascular Research Institute and will house eight specialized research groups, an animal care facility, and associated administrative and support functions. The estimated cost of this 236,000 gsf facility is \$262.2 million (excluding group 2 / 3 equipment) and the target date of completion is November 2010.

#### Mission Bay Neurosciences Research Building (19A)

This new 235,000 gsf laboratory and clinical research building would support research needs of interdisciplinary programs in the Neurosciences. The building would be developed and owned by a private developer. UCSF would rent the building. The anticipated date of completion is late 2011.

<sup>\*</sup>See complete list of leased facilities on page 269.

### Mission Bay Utilities and Distribution Phases 2 and 3

These two utility infrastructure projects would construct a new central utility plant with cogeneration and an underground utility distribution system at Mission Bay. Phase 2 would complete construction of an underground utility distribution loop, while Phase 3 would construct the central utility plant and connect it to the distribution loop. The preliminary planning of Phase 2 is part of the 10 year Capital Financial Plan. The estimated costs of Phase 2 and Phase 3 would be respectively \$48 million and \$80.6 million and anticipated completion is projected beyond FY 2020.

### **Medical Center at Mission Bay**

This new 869,000 gsf hospital complex will include a 183 bed children's hospital with urgent/emergency care and special ambulatory facilities; a 70 bed adult hospital for cancer patients; a women's hospital for cancer care, specialty care and select outpatient services, plus a 36 bed birth center; and an energy center, helipad, parking and support services. The hospital will be located on a 14.5-acre parcel adjacent to the Mission Bay campus. The first phase of the Mission Bay hospital project is estimated to cost approximately \$1.575 billion with an anticipated completion date of 2014.

### Institute for Regeneration Medicine (Stem Cell) Research Building

This proposed new 71,000 gsf building is being constructed at Parnassus to accommodate the research activities of 15-20 principal investigators in the Institute for Regeneration medicine and would consist of laboratory bench areas, lab support, academic and administrative offices, an auditorium and meeting space, and building logistical support. The estimated cost for this project is \$123.3 million and the anticipated completion date is November, 2010

### **Osher Center for Integrative Medicine Building**

This new 5-story 48,000 gsf building being constructed at the UCSF Mount Zion campus site will include areas designed for clinical practice, lifestyle intervention, desktop research, and administrative activities of the Osher Center for Integrative Medicine. The building will also house clinical practices of the division of General Internal Medicine within the Department of Medicine. The estimated cost for this building project is approximately \$42 million, with a currently anticipated date of occupancy during December 2010.

### **Telemedicine and PRIME-US Education Facilities**

This project includes renovation of existing space at the UCSF Parnassus campus and at San Francisco General Hospital. The renovated space will provide new facilities to support Telemedicine Training Centers, Telemedicine Consultation Centers, a Clinical Skills Training Center, and academic and administrative space for the Program in Medical Education for the Urban

Underserved (PRIME-US). The project will extend across multiple sites at the UCSF Parnassus campus, SFGH, City of San Francisco Department of Public Health clinics, and other external locations. The project would also upgrade portions of UCSF's telecommunications infrastructure so that heavy flow of digitized voice, data, and video images can be efficiently handled across distantly separated sites. The total project budget has \$35 million in State funding and with anticipated completion in early 2012.

#### S-13 Anatomy Lab Renovation

This project will involve the renovation of 7,677 ASF on the 13th floor of the Medical Sciences Building at the Parnassus Campus to develop new laboratory suites for the Department of Anatomy and Pathology, with associated Laboratory support spaces and administrative support offices. The total budget for the project is \$7.5 million with an anticipated completion of July, 2011.

### Moffitt (Long) Hospital Chiller Replacement

This project will replace obsolete Chillers in the basement of Moffitt Hospital at the Parnassus Campus. Medical Center operational costs will be reduced as a result of energy savings from more efficient HVAC building systems. The total estimated project cost is \$6.5 million and should be completed during 2011.

### **Medical Sciences Building Improvements Phase 3**

This project will build upon the work completed through Phases 1 and 2 of the Medical Sciences Building Improvements project, completing the upgrade of the building's mechanical systems (heating, ventilation, and air conditioning) begun in the earlier projects. The project will include chilled water distribution, air-handling units, the heating hot water system, building management controls, and other mechanical and electrical systems. It will extend conditioned air distribution to remaining floors which were not completed in Phase 2. The total estimated project cost is \$26.2 million and should be completed in 2012.

#### **Electrical Distribution Phase 2**

This project would represent the second step in the implementation of the electrical system master plan for the Parnassus campus site. The project will improve emergency and standby power systems to address code changes and upgrade system management capability to balance loads and respond to outages. The estimated project cost is \$13.8 million with a projected completion of January, 2013.

#### **Aldea San Miguel Community Center**

This project will construct a new 2,500 sf community center at the Aldea San Miguel housing complex for use by both students and community groups. The total estimated project cost is \$1.4 million and should be completed during 2011.

### **UCSF Leased Facilities**

Property Address	Sqr. Ft.	Property Address	Sqr. Ft.
1950 Addison Street	2,028	270 Masonic Avenue	753
50 Beale Street	57,401	982 Mission Street	24,765
185 Berry Street	242,917	220 Montgomery Street	38,678
3 Bethesda Metro Center	12,204	260 Newhall Street	4,800
1330 Broadway Street	7,611	1294 Ninth Avenue	2,250
100 Brookwood Avenue	2,890	3313 North Hillard	3,888
100 Buchanan	703	2501 Ocean Avenue	3,000
3333 California Street	12,062	1500 Owens Street	57,334
3116 Commerce Street	1,800	44 Page Street	3,866
CPMC Davies Campus	8,700	350 Parnassus	46,404
1600 Divisidero	3,492	400 Parnassus	20
1635 Divisidero	14,063	500 Parnassus	10,677
870 Dubuque Avenue	3,296	505 Parnassus	642
3180 Eighteen Street	9,092	533 Parnassus	26,080
250 Executive Park Blvd.	42,438	369 Pine Street	630
1426 Fillmore Street	2,463	2211 Post Street	6,471
555 Florida Street	6,744	2233 Post Street	12,906
1855 Folsom Street	1,285	2352 Post Street	2,100
1700 Fourth Street	590	625 Potrero Avenue	3,600
2585 Freeport Road	4,431	Riverview Garden Apartments	9,099
2186 Geary Boulevard	3,122	1515 Scott Street	1,800
3330 Geary Boulevard	6,456	1318-20 Seventh Avenue	2,800
3360 Geary Boulevard	19,270	1320 Seventh Avenue	3,600
333 Gellert	3,681	SFGH	85,361
550 Gene Friend Way	2,913	600 Sixteenth Street	551
2300 Harrison Street	65,494	1555 Sixth Street	15,000
815 Hyde Street	1,867	1569 Sloat Boulevard	9,376
405 Irving Street	1,800	1100 So. Eliseo	3,607
432-A Irving Street	1,240	515 Spruce Street	4,403
296-298 Lawrence	7,420	2380 Sutter Street	10,321
2727 Mariposa	14,200	510 Treat Street	2,850
1930 Market Street	14,800	3130 Twentieth Street	9,542
964 Market Street	5,558		<del></del>
	Subtotal: <u>584,031</u>		Subtotal: 407,174

Grand Total: 991,205

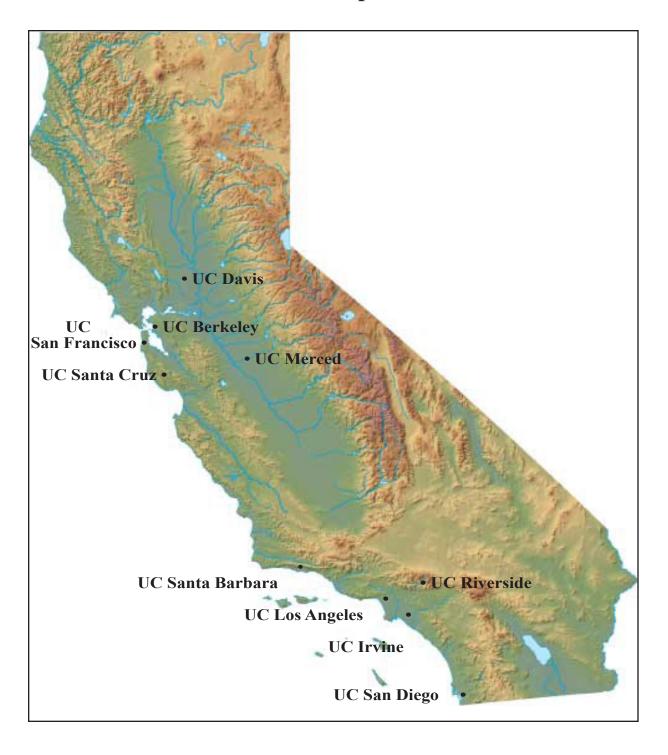
Source: UCSF Real Estate Services - Agreement Inventory dated 7/13/2010

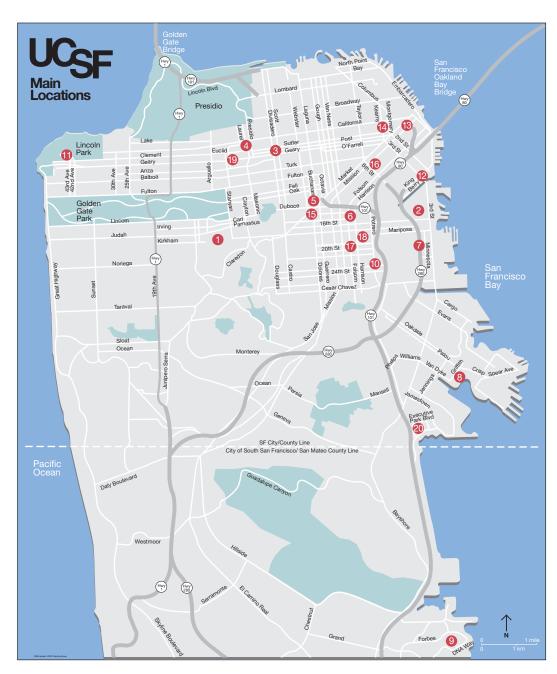
# **UCSF Total Acreage**

Location	
Parnassus Heights *	46.0
Mount Zion	7.3
Laurel Heights	10.8
Mission Center	3.1
Hunters Point	3.8
Oyster Point	5.5
Mission Bay	57.0
654 Minnesota	0.9
Fresno MERC	3.1
Total UCSF Acreage	137.5

<sup>\*</sup> Excludes 61 acres in Mt. Sutro Open Space Reserve

# **UC Campuses**

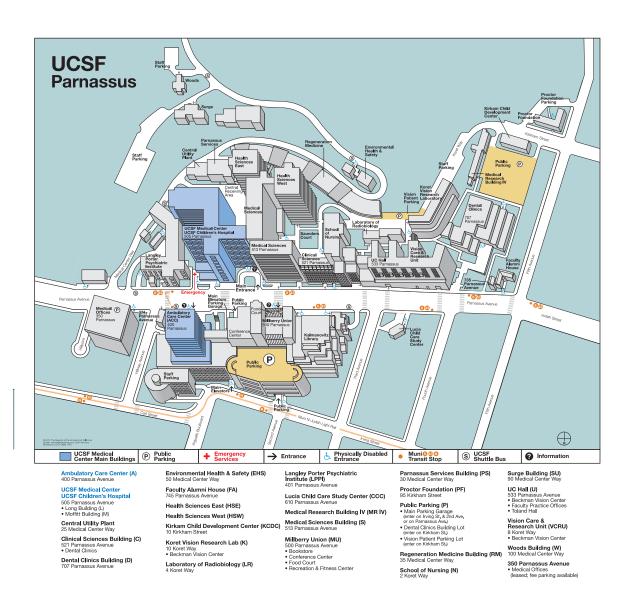


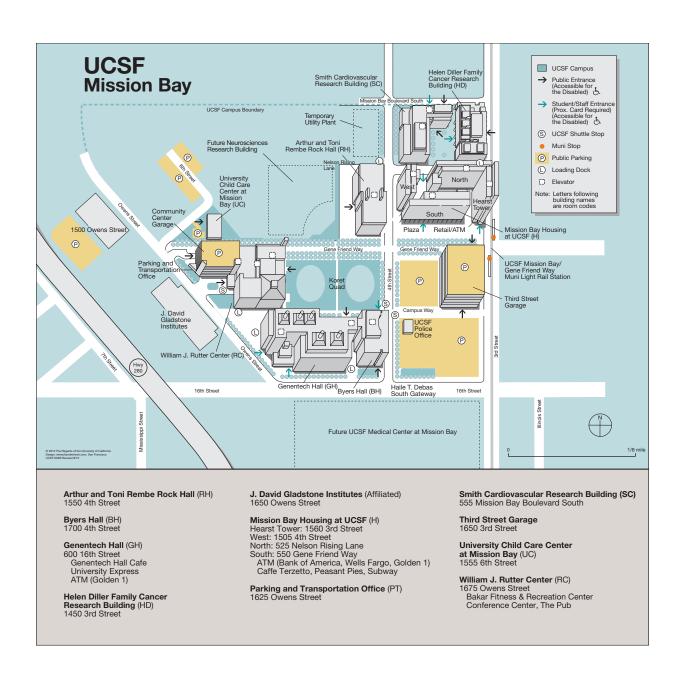


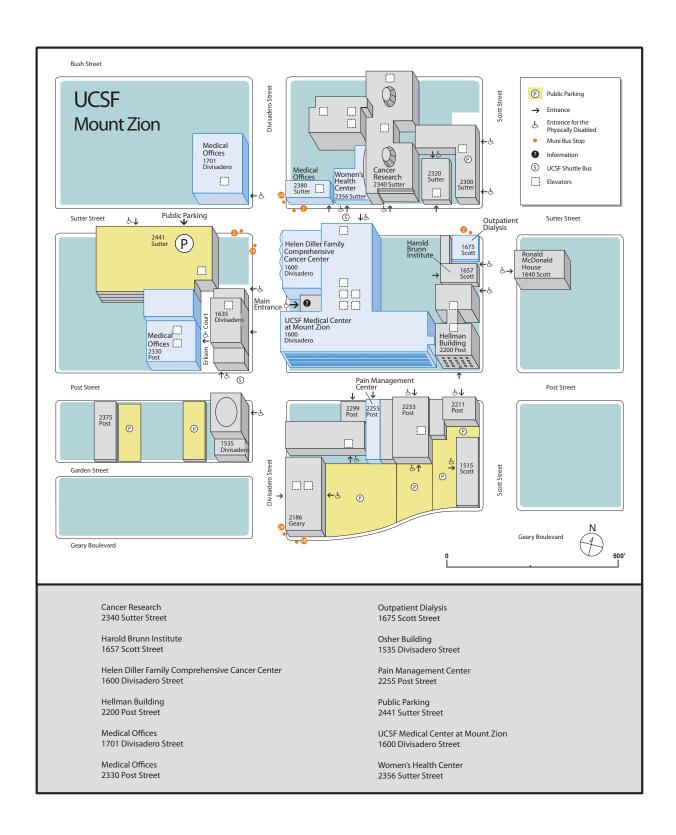
- 1 Parnassus Heights
- 2 Mission Bay
- 3 Mount Zion
- 4 Laurel Heights
- 5 Buchanan Dental Clinic
- 6 Mission Center Building
- 7 654 Minnesota Street

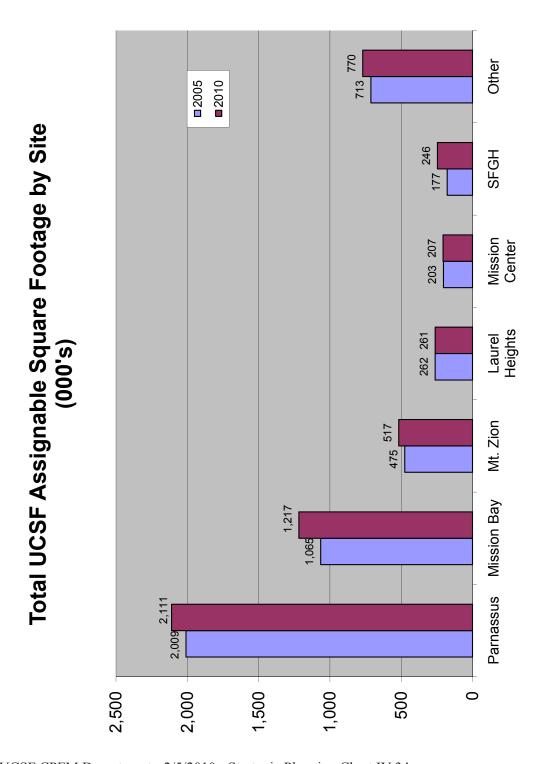
- 8 Hunters Point
- 9 Oyster Point
- 10 San Francisco General Hospital (Affiliation)
- 11 Veterans Affairs Medical Center (Affiliation)
- 12 185 Berry Street
- 13 50 Beale Street

- 4 220 Montgomery Street
- 15 1930 Market Street
- 16 982 Mission Street
- 17 2300 Harrison Street
- 18 2727 Mariposa Street
- 19 3360 Geary Boulevard
- 20 250 Executive Park Boulevard

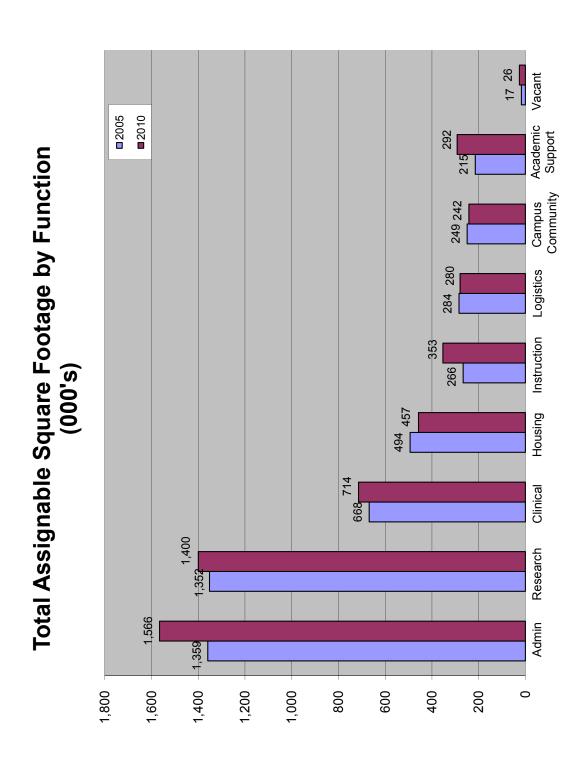




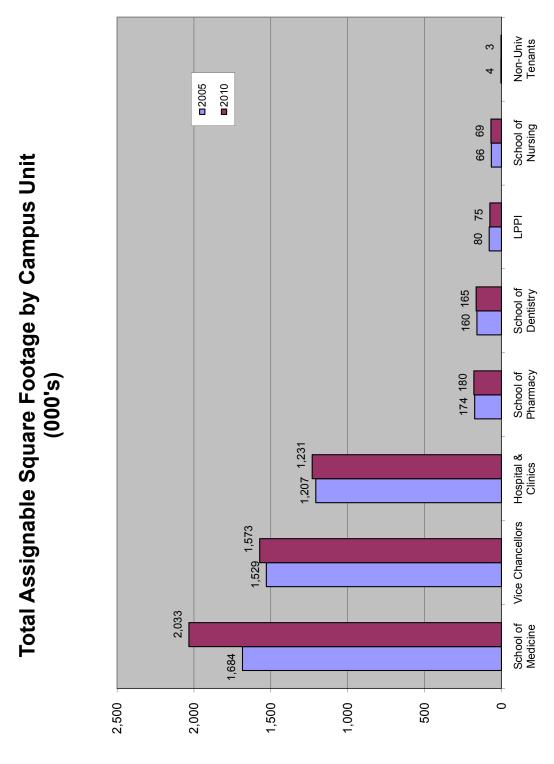




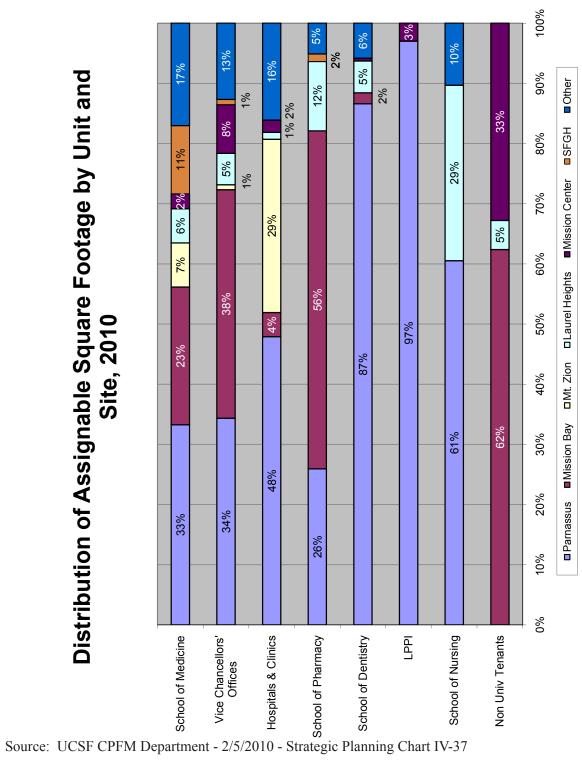
Source: UCSF CPFM Department - 2/5/2010 - Strategic Planning Chart IV-34

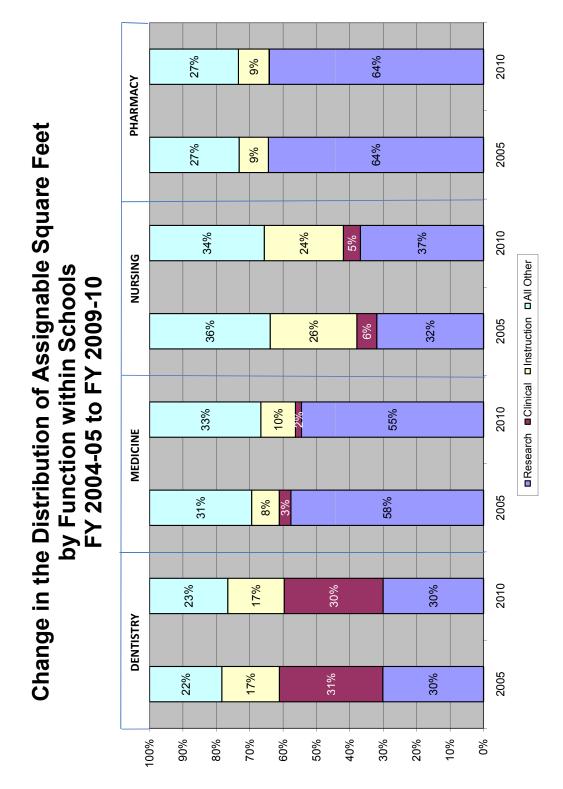


Source: UCSF CPFM Department - 2/5/2010 - Strategic Planning Chart IV-35



Source: UCSF CPFM Department - 2/5/2010 - Strategic Planning Chart IV-36





Source: UCSF CPFM Department -2/5/2010 - Strategic Planning Chart IV-38

#### **SERVICE & OUTREACH**

This section contains a summary of Service & Outreach that is described on the Community website: http://www.ucsf.edu/community/

UCSF is devoted to public service and is very much a part of the San Francisco and Bay Area communities. Through its patient care and research, reliance on neighborhood businesses, campus activities — including lectures and programs for the general public — and outreach efforts, UCSF's reach and impact stretch far into the community.

# **Chapter Contents**

Departments & Services	282
Resources	284
Health Care Information & Services	290
Education and Outreach Programs for the Community	294
Arts and Recreation	296
News & Events	297

#### DEPARTMENTS AND SERVICES

- Campus Life Services
- Capital Programs
- Community & Governmental Relations
- Facilities Management
- Human Resources
- Parking & Transportation
- Police Department

#### <u>Campus Life Services</u> - http://www.cas.ucsf.edu/cls/

Campus Life Services offers the following services:

- Arts & Events
- Child & Elder Care
- Conference Services
- Distribution & Storage
- Documents, Media & Mail
- Fitness & Recreation
- Housing Services
- Retail
- Transportation Services

See the Campus Life Services website or the section for the Senior Vice Chancellor of Finance and Administration or more detail.

#### <u>Capital Programs</u>- http://www.fm.ucsf.edu/

#### Mission (held jointly with Facilities Management)

We design, build, operate and maintain UCSF facilities in support of its research, teaching, health care, and community service mission.

The Capital Programs division provides project management services to those embarking on campus renovation or construction projects. A variety of people and skills are required to start a project and bring it to a successful completion. Planners, designers, administrators, contractors, inspectors, and others work together to meet the needs of UCSF clients. In its role as customer liaison, Capital Programs & Facilities Management enables these professionals to keep the client's requirements as the primary objective during each phase of a project.

See website or Senior Vice Chancellor of Administration and Finance section for more detail.

#### <u>Community & Government Relations</u> - http://ucsfcgr.ucsf.edu/

UCSF Community & Governmental Relations works with our neighbors to develop creative, mutually beneficial solutions that address the inherently complex relationship between UCSF and the wonderfully diverse city, of which it is a part.

The mission of Community Relations is to form community partnerships and communicate campus plans and activities in a proactive and forthright manner, as well as to present community feedback to campus decision makers.

The mission of Governmental Relations is to assist the University in obtaining adequate public funding and to advocate for public policy that supports the University's teaching, patient care, research, and public service programs.

#### Facilities Management - http://www.fm.ucsf.edu/

#### Mission (held jointly with Capital Programs)

We design, build, operate and maintain UCSF facilities in support of its research, teaching, health care, and community service mission.

#### **FM Services**

General

Facilities Management is responsible for the operations and maintenance of the campus, maintaining the physical structure of the campus, providing utilities, and providing the support services that surround these functions.

See website or Senior Vice Chancellor of Administration and Finance section for more detail.

#### Human Resources - http://ucsfhr.ucsf.edu/

The Human Resources website offers a searchable databases of UCSF's open career positions along with temporary employment opportunities.

<u>Parking and Transportation</u> - http://www.campuslifeservices.ucsf.edu/transportation/

UCSF has on-site parking available at most locations and offers free shuttle service between all

major campus sites.

#### Police Department - http://www.police.ucsf.edu/

The UCSF Police Department strives to provide a crime free and safe environment through strategic policing, integrity, respect, and strong community partnerships. It works in partnership with our community to enhance the safety and quality of life at UCSF through:

- Crime prevention and suppression.
- Victim support and assistance.
- Infrastructure protection.
- Community education and awareness.
- Emergency preparedness.
- Traffic Safety.

#### RESOURCES

- Center for Gender Equity
- Child & Elder Care
- Community Partnerships Program
- Disability Access Guide
- Disability Information and Resources
- Housing Office
- Guide for Industry
- LGBT Resources
- Major Campus Sites
- Mission Bay
- Work-Life Resource Center

### Center for Gender Equity - http://www.ucsf.edu/cge/

The Center for Gender Equity (CGE) is comprised of three core components:

- Women and Gender Resources
- Sexual and Relationship Violence Resources
- Lesbian, Gay, Bisexual and Transgender Resources

CGE provides advocacy, education and support services to both women and men of UCSF and the greater San Francisco community in each of these three areas. The Center draws upon the

rich array of identities, experiences, perspectives and knowledge represented within UCSF, to strengthen its approach to engaging and supporting the community in its pursuit of excellence.

#### <u>Child and Elder Care</u> - http://www.campuslifeservices.ucsf.edu/childcare/

Since 1978, UCSF has been a reliable and consistent source of quality child care for staff, faculty and students. Dedicated caregivers, innovative programs and a diverse approach create a nurturing, safe and inspiring environment for your child.

#### Community Partnerships Program - http://www.sf.ucsf.edu/

The University Community Partnerships Program (UCPP) was established by Executive Vice Chancellor Eugene Washington in the spring of 2006 to coordinate the many existing partnerships between UCSF-affiliated individuals/groups and San Francisco-based community organizations and support new partnerships.

#### **Our Mission**

To build collaborative relationships between UCSF and the community, promoting civic engagement, fostering community health and well-being and enhancing the environment for education, research, employment and patient care at UCSF. The UCPP serves as a bridge between UCSF and the community, emphasizing partnerships that value and respect the assets and diversity of both.

#### **Activities**

To accomplish this mission, the UCPP focuses its activities in the following major areas:

- Service Learning programs, which promote socially responsive, community based educational experiences for UCSF students and residents, and support faculty development in this area,
- Educational Outreach to the community, including partnerships with local school
  districts to improve K-12 science education, collaborations in high school and college
  "pipeline" programs to increase opportunities for disadvantaged students to pursue
  careers in the health professions and scientific research, and other types of outreach
  programs,
- Economic and Employment Development, targeting economically disadvantaged communities and building partnerships with local businesses, job training programs, and other agencies to ensure employment and business opportunities that will improve the

economic and civic environment in these neighborhoods,

Community Based Research and Evaluation, emphasizing participatory models that
engage and empower community members and community based organizations as
partners in research activities.

In addition, we share with and encourage our researchers and community leaders to follow the principles of partnerships that will allow them to achieve their full potential as partners

UCPP is modeled after some of the most progressive academic-community partnership programs in the country. UCSF's initiative is poised to become the leader in partnership innovation thanks to the decision- and policy-making power of its council of campus and community leaders.

With UCPP's guidance and support, UCSF brings new meaning to what it means to be a public institution—one that truly serves the vibrant community of San Francisco.

#### **Principles of Partnership**

The Makings of a Model Partnership

The University Community Partnership Program is dedicated to helping every campus-community partnership be highly successful and reach its full potential. To do this, we encourage all partners to adhere to the following principles of partnership.

- Partners have agreed upon mission, values, goals, and measurable outcomes for the partnership.
- The relationship between partners is characterized by mutual trust, respect, genuineness, and commitment.
- The partnership builds upon identified strengths and assets, but also addresses areas that need improvement.
- The partnership balances power among partners and enables resources among partners to be shared.
- There is clear, open and accessible communication between partners, making it an ongoing priority to listen to each need, develop a common language, and validate/clarify the meaning of terms.
- Roles, norms, and processes for the partnership are established with the input and agreement of all partners.
- There is feedback to, among, and from all stakeholders in the partnership, with the goal

of continuously improving the partnership and its outcomes.

- Partners share the credit for the partnership's accomplishments.
- Partnerships take time to develop and evolve over time.
- Partners embrace the art of evaluation, documenting whenever possible their process and measuring their interventions to create transparency, accountability, and replicability.
- Partners plan together the dissemination of research findings into translatable and practical applications with the community.

#### **Educational Outreach**

UCSF has a long history of reaching out to the citizens of San Francisco. Whether it is partnering with schools to improve science education or partnering with health clinics to teach the elderly how to better manage chronic disease, UCSF faculty, staff and students have brought health information to the people of San Francisco, making a difference in their lives.

UCPP builds upon that solid foundation, working to enhance and expand those efforts by:

- serving as a clearinghouse for the health, science and education resources that UCSF has to offer the community
- determining the community's educational needs and helping to meet them

#### **Service Learning**

Meeting UCSF's vision for community partnerships includes meeting its primary goal of educating the next generation of doctors, nurses, dentists, pharmacists and other health professionals. Service-learning combines community service with explicit learning objectives, preparation to meet those objectives and reflection on the learning experience. It is an important part of meeting UCSF's educational goals.

UCPP is dedicated to the core principles and values behind service-learning in the health professions.

#### A well-designed curriculum in service-learning

- is developed, implemented and evaluated in collaboration with the community
- responds to concerns identified by the community
- attempts to balance the service that is provided and the learning that takes place

- enhances learning by allowing the application of skills to real world situations
- provides opportunity for critical reflection

#### Students engaged in service-learning

- provide direct community service
- learn about the context in which the service is provided
- reflect on their roles as health professionals and as citizens

UCPP provides resources, training and support to those looking to include service-learning components in their community partnerships, as well as enhance and enrich existing service learning programs.

#### **Community Based Research**

The University Community Partnerships Program is committed to promoting a different model of research—one which empowers community members and community based organizations as active collaborators with UCSF researchers to bring the best of science to bear on real life health challenges. The UCPP believes that community members should be active participants in the pursuit of science, working alongside UCSF researchers to identify topics of mutual concern and to collaborate in the design, implementation and dissemination of research studies.

#### These types of collaborations:

- 1. enrich the relevance and validity of scientific research by identifying important new areas of scientific inquiry
- 2. recruit study participants who are more representative of the nation's diverse population
- 3. enhance the application of research evidence to improve the public's health

The UCPP Research and Evaluation ACI is closely linked with the Community Engagement Program (CEP) of the UCSF Clinical & Translational Science Institute (CTSI). The CTSI is a major new NIH funded initiative to transform clinical research, including support for more community based research and greater community application of clinical research evidence.

#### **Economic Development Initiative**

Since its inception in late 2000, the Economic Development Initiative, formerly known as Community Partnerships Program, has forged new and innovative partnerships with community-based organizations and businesses in the neighborhoods adjoining our still evolving Mission Bay campus. These partnerships demonstrate a new way of working with community in a manner that is inclusive, participatory, and builds on the strengths and assets of our newest neighbors, as well as the university. The Economic Development Initiative works with over 10 UCSF departments and 25 community-based organizations to implement its workforce and business development programs.

**Disability Access Guide** - http://access.ucsf.edu/

<u>Disability Information and Resources</u> - http://www.ucsf.edu/resources/disability.html

**Housing Office** - http://www.campuslifeservices.ucsf.edu/hous

Housing Services offers a variety of programs. We are a customer driven organization, providing quality housing and related services to students, post-docs, residents/clinical fellows and faculty.

**Guide for Industry - Website:** http://corporate.ucsf.edu/

With over 15,000 faculty and staff, 4,000 graduate students, and more than 1,000 postdoctoral fellows, UCSF is ranked among the top five centers in the US for health sciences research and education.

UCSF offers decades of experience partnering with industry to secure and grow vertical and horizontal market share

UCSF discoveries and scientists have launched over 60 start-ups – including Genentech and Chiron – and UCSF leads all UC campuses in licensing revenues. We engage with external partners in nearly 200 clinical trials and 100 research collaborations annually.

<u>LGBT Resources</u> - http://www.ucsf.edu/cge/lgbtr/

Lesbian, Gay, Bisexual, Transgender, Intersex Resources (LGBTIR) reflects and advances the University of California's commitment to equity, diversity, and cultural competence in education, employment, research, and health care. You're warmly invited to contact us about LGBTIR's

programs and services, which include:

#### Workshops,

trainings, panels, lectures, conferences, and more

#### Information,

referrals, and informal advising and support

#### **Networking**

and mentoring opportunities

#### Advocacy

for inclusion of LGBTI people and concerns in all UC programs and services

#### Listservs

for UC's LGBTI communities, LGBTI parents, and LGBTI staff

#### Newsletter

featuring LGBTI-related news from UC and beyond

#### Library

specializing in LGBTI health issues

Work-Life Resource Center - http://www.ucsf.edu/wrklife/

The UCSF Work-Life Resource Center envisions a diverse campus community where the quality of life at work is enhanced, enriched, and sustained for all members. The WLRC promotes collaborative strategies that foster supportive work and learning environments.

#### **HEALTH CARE INFORMATION & SERVICES**

- Cancer Resource Center
- Community Consortium (HIV)
- Dentistry Clinics
- HealthWorks at Mount Zion
- Homeless Dental Clinic
- HIV InSite
- Institute for Health and Aging
- National Center of Excellence in Women's Health

- UCSF Clinical Trials
- UCSF Medical Center

#### <u>Cancer Resource Center</u> - http://cancer.ucsf.edu/crc/

The Cancer Resource Center supports wellness and the healing process by providing patients and their loved ones with information, emotional support, and community resources. The CRC maintains a multimedia library, provides access to specialized health databases, and offers research assistance. We host diverse support groups and classes, and direct people to other community resources. All CRC programs are free.

#### <u>Community Consortium (HIV)</u> - http://www.communityconsortium.org/index.html

The Community Consortium is an association of health care providers who care for the majority of people living with HIV in the San Francisco Bay Area. Our mission is to improve the quality of primary medical care for people with HIV/AIDS in our community.

#### <u>Dentistry Clinics</u> - http://dentistry.ucsf.edu/patients/directory.html

#### Directory of Clinics

- Buchanan Dental Center
- Center for Craniofacial Anomolies
- Faculty Group Practice
- Faculty Prosthodontic Group
- Oral and Maxillofacial Surgery at UCSF
- UCSF Maxillofacial Surgery at San Francisco General Hospital
- UCSF Center for Orofacial Pain
- Oral Surgery at Buchanan Dental Clinic
- UCSF Orofacial Center
- Orthodontic Practice
- Parnassus Student Dental Clinics
- Pediatric Dentistry
- Oral Medicine/Oral AIDS Center/Sjögren's Syndrome Clinic

#### <u>HealthWorks at Mt. Zion</u> - http://mountzion.ucsfmedicalcenter.org/healthworks/index.asp

HealthWorks for Women, the first hospital-based comprehensive women's health center in San Francisco, opened at Mount Zion in 1986. Located on the first floor of the hospital building, services included a women's health library with a range of books, periodicals, audio and video

tapes, freely available. Closed shortly after the UCSF - Mount Zion merger in 1990, the revival of HealthWorks is made possible by a generous donation from a former patient, Margaret Carter, and now serves as a resource for all patients and visitors to Mount Zion.

#### Homeless Dental Clinic - http://www.ucsf.edu/hdc/

A collaboration between faculty, residents, students, and volunteers, Tom Waddell Health Center / UCSF Community Health Clinic has been working to improve the health of homeless San Franciscans for over a decade.

The philosophy of the Dental Clinic is to motivate patients to seek healthcare and to prevent dental disease through education and preventive dentistry. The Dental Clinic is guided by three mutually supportive sets of aspirations:

#### ....For the clients

To provide oral health education, referrals, and treatment. To make a positive impact on the lives of the homeless people.

#### ....For the students

To create a setting in which students can learn, teach, and practice clinical skills. To cultivate sensitivity and comfort in interactions with the underserved population.

#### .....For the Community

To use the Dental Clinic as a forum for education and health care service. To promote advocacy for the needs of this population.

Ultimately, we hope this experience will broaden our vision and make us more able and compassionate health care providers for any population we choose to serve.

#### **HIV InSite** - http://hivinsite.ucsf.edu/

Comprehensive, up-to-date information on HIV/AIDS treatment, prevention, and policy from the University of California, San Francisco School of Medicine.

#### Institute for Health and Aging - http://nurseweb.ucsf.edu/iha/

Our Mission - to optimize the health and aging of individuals, communities, and society through research, education and public service in the social and behavioral sciences.

The number and proportion of older Americans is growing rapidly and continues to accelerate with the aging of the "baby boomers." This demographic trend, combined with concurrent increases in the prevalence of chronic illness, the need for long-term care, and the impact of a changing and financially constrained health care system, underscore the critical need for research that investigates cost effective health care services delivery, outcomes, accountability, access to services, and quality of care. Coupled with increasing state government responsibility for health and long-term care, these trends have necessitated the integration of research into practice applications in real-world settings. The Institute for Health & Aging responds directly to these challenges nationally.

#### National Center of Excellence in Women's Health - http://www.ucsf.edu/coe/

Now entering its tenth year, the only nationally-designated Center of Excellence (CoE) of its kind in Northern California is an established health service provider and resource for and partner with the community in tackling current topics in women's health. The last decade has seen major advances in women's health, and the UCSF CoE has played a key role in this process leading innovations in clinical practice, development of new knowledge, and in professional and community education. We were one of the original six institutions given the 'Center of Excellence' honor by the US Department of Health and Human Services Office on Women's Health, and there are now 23 Centers across the country.

#### Our Model of Women's Health:

The UCSF National Center of Excellence in Women's Health (CoE) has developed a new model to transform the traditional Academic Medical Center from a fragmented set of activities into a dynamic and multi-disciplinary health care system focused on the needs of all women.

The model includes five components:

- integrated clinical care to provide seamless health care services to women
- research focused on women's health issues to better understand women's health needs
- professional education to better educate tomorrow's women's health care providers
- leadership activities to encourage women interested in this field
- community outreach to expand services and the reach of the program beyond the walls of the university setting.

#### Clinical Trials - http://medschool.ucsf.edu/clinical trials/

UCSF's expertise with clinical trials includes researchers in the following departments and centers:

- AIDS Clinical Trials Group at SFGH Center
- Asthma Clinical Research Center
- Cardiology Research
- Cardiovascular Research Institute (CVRI)
- Center for AIDS Prevention Studies (CAPS)
- Center of Excellence in Women's Health
- Comprehensive Cancer Center
- Cryptosporidium parvum Genome Demonstration Project
- Drug Dependence Research Center
- Fetal Treatment Center
- Gladstone Institute for Cardiovascular Disease
- HIV InSite Clinical Trials
- Immune Tolerance Network
- Immunogenetics and Transplantation
- Laboratory for Radiological Informatics
- Lipid Clinic
- Magnetic Resonance Science Center
- Multiple Sclerosis Genetics Group
- UCSF Pain Management Center

#### UCSF Medical Center - http://www.ucsfhealth.org/

UCSF Medical Center is one of the top 10 hospitals in the nation and a leader in the medical innovations that have improved and saved lives. Explore ucsfhealth.org to learn more about our services and doctors.

#### EDUCATION AND OUTREACH PROGRAMS FOR THE COMMUNITY

- Osher Lifelong Learning Institute
- UCSF Mini Medical School
- Science & Health Education Partnership

#### Osher Lifelong Learning Institute

Osher Lifelong Learning Institute at UCSF presents Mini Medical School for the public, beginning in October

#### **UCSF Mini Medical School**

UCSF Mini Medical School is a public education course focusing on the theme "Bringing Science to Life: the Promise of Modern Medicine." Designed for people who want to know more about the science behind the news and the intricate workings of the human body, it includes lectures on health and science topics and special visits to clinical units and research labs at UCSF. The course is structured to approximate some of the core learning that health science students experience in their first two years of study.

The UCSF Mini Medical School is designed to provide members of the community the opportunity to see and hear what goes on every day in UCSF's classrooms and research labs with lectures from the same faculty who are on the front lines and special elective classes that take you behind the scenes. Mini Med addresses issues of accelerating public interest in the science behind the health headlines, in the role of the consumer in health care decision making, and in helping to shape health policy.

#### **Science and Health Education Partnership**

The Science & Health Education Partnership (SEP) is a collaboration between the University of California, San Francisco and the San Francisco Unified School District. Scientists and educators from both organizations work in partnership to support quality science education for K-12 students.

SEP, founded in 1987 and currently housed in the Department of Biochemistry & Biophysics, is nationally recognized as a model partnership between a university and a local public school system. Since 1989, SEP has been awarded nearly \$9-million in competitive federal, private, and state awards. SEP is currently funded by the Howard Hughes Medical Institute, by a NIH-Science Education Partnership Award (SEPA) from the National Center for Research Resources (NCRR), the Bechtel Foundation, the UCSF Chancellor's Office, the UCSF School of Medicine, and the California Science Project.

SEP's mission is to promote partnership between scientists and educators in support of high quality science education for K-12 students. To this end, SEP develops and implements programs with the following goals: 1) to support teaching and learning among teachers, students, and scientists; 2) to promote an understanding of science as a creative discipline, a process, and a body of integrated concepts; 3) to contribute to a deeper understanding of partnership; and 4) to provide models and strategies for other institutions interested in fostering partnerships between scientific and education communities.

For SEP, the primary meaning of the term partnership is mutual teaching and learning among partners. As a result, SEP functions as a teaching and learning community in which all participants are encouraged to simultaneously take on the roles of student, teacher, and scientist. As students, we are learning and discovering; as teachers, we are making instructional decisions, implementing pedagogical strategies, and assessing learning; and, as scientists, we are incorporating prior knowledge and generating new knowledge through the course of inquiry. This mutual inquiry into science education through partnership incorporates shared decision-making, continual development of the organization along with the individual, and leadership and expertise arising out of the community of teachers, scientists, and students. SEP continues to evolve by building and applying a foundation of knowledge about successful approaches to professional development and scientist-teacher partnership.

Each year, SEP coordinates the efforts of over 300 UCSF participants who contribute approximately 10,000 hours of service with over 400 SFUSD teachers and their students, representing 80-90 percent of the District's K-12 schools.

#### ARTS AND RECREATION

- Cole Hall Cinema
- Millberry Fitness & Recreation Center
- Outdoor Programs
- Performing Arts Clubs
- Rec Sports

<u>Cole Hall Cinema</u> - http://www.campuslifeservices.ucsf.edu/artsevents/calendar/cinema/

The latest movies from spectacles, anime, dramas, documentaries and more - Cole Hall Cinema has been the movie theater of choice for the campus community for over 40 years. Where else can you see first-run movies and classics for less than what you'd pay for lunch?

### Millberry Fitness & Recreation - http://www.cas.ucsf.edu/mps/membership/

Millberry Recreation and Fitness Center offers modern facilities, the latest exercise equipment, an indoor swimming pool and personal service from a knowledgeable staff. Located at UCSF's Parnassus Campus, the fitness center provides a convenient and comfortable workout atmosphere for the university community.

Outdoor Programs - http://www.outdoors.ucsf.edu/

Outdoor Programs creates rejuvenating outdoor experiences for students, staff and families in UCSF and local community. Whether it's paddling the shores of Mission Bay, hiking through Yosemite, or enjoying a day on the beach, we make it easy to take advantage of the fun opportunities right outside your back door.

Performing Arts Clubs - http://www.campuslifeservices.ucsf.edu/artsevents/calendar/clubs.php

- Visual Arts Club
- Ballroom & Latin Dance Club
- Gospel Choir at UCSF
- Symphony Parnassus
- Parnassus Players
- Vocal Chords
- Piano Committee
- Poets on Parnassus
- Brass Ensemble at UCSF
- Jazz Ensemble
- Booster Shot

**Rec Sports** - http://www.recsports.ucsf.edu/

There's something for everyone at UCSF Recreational Sports. The program offers leagues, dropin sports, clubs, and clinics for UCSF students, staff, and community.

#### **NEWS & EVENTS**

- Campus Events Calendar
- UCSF Today
- UCSF News Office
- UC Newswire
- Synapse

Campus Events Calendar - http://calendar.ucsf.edu/

<u>UCSF Today</u> - http://pub.ucsf.edu/today/cache/index.html

UCSF News Office - http://pub.ucsf.edu/newsservices/

A division of the UCSF Department of Public Affairs, News Services handles news and media relations for all programs affiliated with the UCSF Campus, UCSF Medical Center and UCSF Children's Hospital. This responsibility includes writing and distributing news releases, responding to inquiries from journalists, identifying faculty experts for interviews, maintaining communication with journalists at the local, regional, and international level, developing strategic communications plans and tracking media coverage about UCSF.

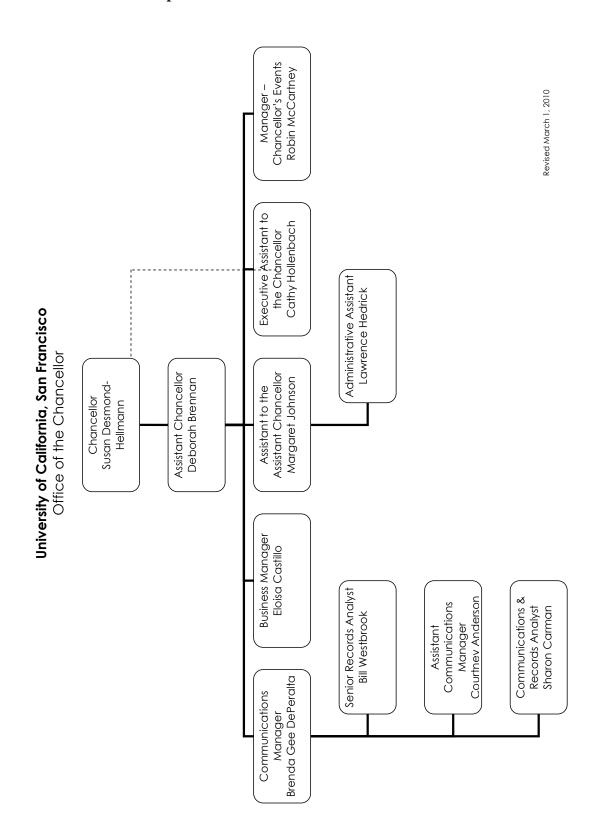
<u>UC Newswire</u> - http://ucnewswire.org/ucnw.cfm

**Synapse** - http://www.ucsf.edu/synapse/

Synapse is the UCSF student-run weekly newspaper with offices in Millberry Union 123W. The paper appears on Thursdays during the academic year and monthly during the summer. Synapse is also published weekly online.

Thousands of copies of Synapse are read weekly on campuses at Parnassus and Mission Bay, as well as sites at Mission Center, Mt. Zion, and Laurel Heights. Synapse is one of the primary news sources for the rapidly developing UCSF community. All UCSF students, faculty and staff members are invited to contribute. Announcements and letters should be submitted six days before publication and can be either e-mailed, faxed, sent or dropped-off at the Synapse office. All material submitted, including letters, is subject to editing.

# **CHANCELLOR'S OFFICE**



#### **CHANCELLOR'S OFFICE**

Susan Desmond-Hellmann, M.D., M.P.H. Chancellor

Susan Desmond-Hellmann previously served as president of product development at Genentech, a position she held from March 2004 through April 30, 2009. In this role, she was responsible for Genentech's pre-clinical and clinical development, process research and development, business development and product portfolio management. She also served as a member of Genentech's executive committee, beginning in 1996. She joined Genentech in 1995 as a clinical scientist, and she was named chief medical officer in 1996. In 1999, she was named executive vice president of development and product operations. During her time at Genentech, several of the company's patient therapeutics (Lucentis, Avastin, Herceptin, Tarceva, Rituxan and Xolair) were approved by the U.S. Food and Drug Administration, and the company became the nation's No. 1 producer of anti-cancer drug treatments.

Desmond-Hellmann completed her clinical training at UCSF and is board-certified in internal medicine and medical oncology. She holds a bachelor of science degree in pre-medicine and a medical degree from the University of Nevada, Reno, and a master's degree in public health from the University of California, Berkeley.

Prior to joining Genentech, Desmond-Hellmann was associate director of clinical cancer research at Bristol-Myers Squibb Pharmaceutical Research Institute. While at Bristol-Myers Squibb, she was the project team leader for the cancer-fighting drug Taxol.

Desmond-Hellmann also has served as associate adjunct professor of epidemiology and biostatistics at UCSF. During her tenure at UCSF, she spent two years as visiting faculty at the Uganda Cancer Institute, studying HIV/AIDS and cancer. She also spent two years in private practice as a medical oncologist before returning to clinical research.

In January 2009, Desmond-Hellmann joined the Federal Reserve Bank of San Francisco's Economic Advisory Council for a three-year term. In July 2008, she was appointed to the California Academy of Sciences board of trustees.

Desmond-Hellmann was named to the Biotech Hall of Fame in 2007 and as the Healthcare Businesswomen's Association Woman of the Year for 2006. She was listed among Fortune magazine's "top 50 most powerful women in business" in 2001 and from 2003 to 2008. In 2005 and 2006, the Wall Street Journal listed Desmond-Hellmann as one of its "women to watch."

From 2005 to 2008, Desmond-Hellmann served a three-year term as a member of the American Association for Cancer Research board of directors, and from 2001 to 2009, she served on the executive committee of the board of directors of the Biotechnology Industry Organization. She served on the corporate board of Affymetrix from 2004-2009.

Source: UCSF News Office

#### **About the Office of the Chancellor**

#### The functions of the Immediate Office of the Chancellor include:

Administrative and Professional Support for the Chancellor - provide administrative and professional support for the Chancellor: facilitate appropriate input and follow-up on executive decisions required of the Chancellor and senior administrators; maintain and coordinate the Chancellor's calendar, and travel arrangements; manage the Chancellor's residence; work with the Campus Events Office to plan events and special programs for the Chancellor and his spouse; coordinate Chancellor-related visitor arrangements; research, edit, and write Chancellor's correspondence, manuscripts, reports, and other written materials.

Campus Liaison with the Office of the President, Regents, External Agencies, and Internal Offices - serve as liaison to the Office of the President and Secretary to the Regents; provide coordination and preparation for Regents' and Council of Chancellors' meetings; handle inquiries from city, state, and federal offices; facilitate complaint resolution; special handling/follow-up of requests for physician referrals and other special requests; coordinate among Vice Chancellors' offices; liaison with the Development Office on Chancellor's activities and involvement; provide logistical support for the campus Emergency Operations Committee for designated campus emergencies.

Manage the Chancellor's Administrative Records System - serve as office of record for Chancellor's correspondence; coordinate the Chancellor's incoming and outgoing mail; ensure resolution of actions assigned to senior campus administrators; develop, implement, and maintain correspondence document imaging/workflow system for senior campus leadership. Please see Chancellor's Office correspondence guidelines.

**Chancellor's Committees** - prepare appointments and staff Chancellor's committees and boards.

**Information Management** - develop, maintain, and update websites for the Office of the Chancellor, including UCSF Administrative Policies and UCSF Delegations of Authority; coordinate campus Public Records Act requests; serve as office of record for campus and University policies; serve as office of record on campus Delegations of Authority mandated by the Office of the President; maintain campus Records Disposition Schedule Manual.

#### FORMER CHANCELLORS

J. Michael Bishop, M.D. Chancellor 1998-2009

John Michael Bishop was born in York, Pennsylvania in 1936 and spent his childhood in a rural area on the west bank of the Susquehanna River. During the summer months of his high school years, Dr. Robert Kough, his family physician, aroused his interest in the life of a physician and the fundamentals of human biology.

He entered Gettysburg College intent on preparing for medical school, where he met Kathryn Ione Putman, the woman who would become his wife. After graduating with a major in chemistry, Bishop accepted an offer to attend Harvard Medical School. At Harvard, he discovered that the path to an academic career in the biomedical sciences lay through research, not through teaching. During this period, he became a practiced pathologist, got married, and developed a passion for molecular biology.

Upon graduation, Bishop received clinical training as a house physician at the Massachusetts General Hospital. Years later, the hospital awarded him the prestigious Warren Triennial Prize.

Following clinical training, Bishop was trained in fundamental research as a postdoctoral fellow in the Research Associate Training Program at the National Institutes of Health (NIH) in Bethesda, MD. While at the NIH, he studied the replication of the poliovirus and conducted his first publishable research. Midway through his postdoctoral training, Bishop moved to Hamburg, Germany to continue his training for one year before accepting a position at UCSF in February, 1968

After moving to San Francisco, he continued his work on poliovirus and researched retroviral replication, eventually joining forces with Harold Varmus in late 1970 to study how Rous Sarcoma Virus transforms cells to neoplastic growth. Their collaboration would eventually lead to the discovery of retroviral oncogenes which resulted in their Nobel Prize in Physiology or Medicine for 1989.

Chancellor Bishop began his career at UCSF as an Assistant Professor of Microbiology and Immunology and is now a Professor in the same department and in the Department of Biochemistry and Biophysics. He serves as Director of the G. W. Hooper Research Foundation. He became the eighth Chancellor of UCSF on July 1, 1998.

#### Haile T. Debas, M.D. Chancellor 1997-1998

Haile T. Debas, M.D., currently Director of Global Health Sciences, served as the seventh chancellor of UCSF. An internationally renowned surgeon, scientist, and teacher, Dr. Debas agreed to accept the appointment for a period of one year. Serving as both chancellor and dean, he played a key role in all of the major initiatives of the campus, including the development of UCSF Stanford Health Care, a new major site for biomedical research at Mission Bay, and the development of the UCSF Comprehensive Cancer Center. During his tenure, UCSF became one of the country's leading centers for transplant surgery, the training of young surgeons, and basic and clinical research in surgery.

Dr. Debas served as chair of the UCSF Department of Surgery from 1987 until his appointment as dean in 1993. Dr. Debas' other major initiatives include the development of the UCSF AIDS Research Institute, a redesign of the UCSF Human Genetics Program, and important changes in the medical school curriculum.

# Joseph B. Martin, M.D., Ph.D. Chancellor 1993-1997

Joseph B. Martin, M.D., Ph.D. served as UCSF's sixth chancellor. Dr. Martin played a major role in the creation of UCSF Stanford Health Care and in the planning of the Mission Bay campus. He was successful in gaining critical community support for UCSF. Through his clear vision and guidance, he helped assure the university's place in the twenty-first century. Dr. Martin received the UCSF Medal in 1998 for his outstanding achievements.

Before his appointment as chancellor, Dr. Martin served as Dean of the School of Medicine at UCSF from 1989-1993. Dr. Martin is credited with recruiting a number of distinguished physicians and scientists to UCSF. He held an appointment as Professor of Neurology and is internationally recognized for his work in the fields of neuroscience and neurology. His research focuses on the use of molecular genetics to better understand the causes of neurological diseases.

# Julius R. Krevans, M.D. Chancellor 1982-1993

Julius R. Krevans, M.D., was the fifth chancellor of UCSF. During his tenure, UCSF experienced many achievements. In 1989, UCSF applauded its first Nobel Prize winners, J. Michael Bishop and Harold Varmus. UCSF also played a critical role in spawning the biotechnology industry during these years. Under Dr. Krevans' leadership, UCSF attracted many women and

minority students to careers in health sciences.

Before his appointment as chancellor, Dr. Krevans served as Dean of the School of Medicine at UCSF from 1971-1982. He was also active on the boards and committees of numerous national foundations, government agencies, and organizations including the National Academy of Science's Institute of Medicine and the American Board of Internal Medicine. He served as the chair of the Association of American Medical Colleges from 1980-81, helping to develop public policy for this organization. He was also a director of the Clinical Scholar program, a director of both the James Picker and Bank America-Giannini Foundation, and a member of the Association of American Physicians.

# Francis A. Sooy, M.D. Chancellor 1972-1982

Francis A. Sooy, M.D., served as UCSF's fourth chancellor. During his tenure, UCSF gained recognition locally and nationally as a premier health sciences campus and became one of the most successful research universities in the country. The new School of Dentistry building, the new Long Hospital, and the modernized Moffitt Hospital projects were completed. Sooy recruited outstanding physicians and researchers for some of the top campus positions, including three new deans. In addition, UCSF was able to turn around its relationship with the surrounding community from outright hostility in some quarters to pride and participation in UCSF.

Dr. Sooy spent 50 years of his life associated with the University of California - from his undergraduate years at Berkeley in 1933, to his graduation in the top 10% of his medical school class at UCSF in 1941, to becoming chair of the Department of Otolaryngology in 1967, and to his tenure as chancellor. He was also head of the statewide Academic Senate from 1969-1970. After his service as chancellor, Dr. Sooy returned to private practice and teaching responsibilities at UCSF.

#### Philip R. Lee, M.D. Chancellor 1969-1972

Philip R. Lee, M.D., UCSF's third chancellor, led the campus during a time of political and social turmoil. Dr. Lee's understanding of social forces and his close relationship to students and staff allowed UCSF to continue its commitment to academic excellence and affirmative action. He has been especially noted for his efforts to stimulate minority recruitment and enrollment. Dr. Lee retired his chancellorship to create the UCSF Institute for Health Policy Studies, the first of its kind in the United States. While at UCSF, Dr. Lee served as Professor of Social Medicine at the UCSF School of Medicine, and as Co-Director of the Institute of Health and Aging at the

#### School of Nursing.

As one of the nation's foremost authorities in the study of equal access to health care, Dr. Lee was a frequent adviser to federal health policy makers. He served as the first president of the Health Commission for the City and County of San Francisco, having been appointed by Mayor Feinstein to head the commission at its founding in 1985. In 1986, he was appointed chair of the Physicians Payment Review Commission established by the U.S. Congress. Dr. Lee, Professor Emeritus of Social Medicine, currently serves as Special Assistant to the Dean of the School of Medicine. Dr. Lee, a national figure before he came to UCSF, served as the first U.S. Assistant Secretary for Health and Scientific Affairs, Department of Health, Education, and Welfare.

# Willard C. Fleming, D.D.S. Chancellor 1966-1969

Williard C. Fleming, D.D.S., served as UCSF's second chancellor. Already past retirement age, Dr. Fleming agreed to take the post until a younger successor could be found. At the time, he was the only university chancellor in the nation who was a dentist. He was responsible for establishing the first formal affirmative action program for the campus, making UCSF a national leader in equal access to education in the health professions. He worked to improve dental education and was active in trying to solve manpower problems in dentistry, particularly in the recruitment of minority students and in the development of programs with new social mechanisms to extend medical and dental care to "all the people."

Dr. Fleming's remarkable contributions to UCSF spanned more than 50 years. A national figure in dental education and always in the vanguard of new thinking, he was President of the American Association of Dental Schools and the American College of Dentists, and held honorary degrees from the University of Toronto, the University of Southern California, and the University of California. Much of Dr. Fleming's research and teaching was in the field of periodontology, the study of gum tissue disease. He served 26 years as the dean of the School of Dentistry and held virtually every senior administrative post on the campus during his tenure at UCSF. Before becoming chancellor, he served as the university's first vice provost.

Dr. Fleming was devoted to students and was one of the prime movers in the 1920s to develop long-range planning for a student activity center on campus, which opened in 1958 as the Guy S. Millberry Union. His commitment to rigorous professional standards is evidenced by the wording in the terms of the UCSF Scholarship Fund established in his honor, which gives the highest priority to the student who exhibits "concerns for the welfare of others." He considered this quality as the most important attribute of every professional person.

John B. De C.M. Saunders, M.D. Chancellor 1964-1966

John B. De C. M. Saunders, M.D., served as UCSF's first chancellor. Associated with UCSF for 60 years, Dr. Saunders was instrumental in raising a prominent local institution to a world-renowned medical center. In 1931, he came to UCSF as an anatomy professor and then chair of the department from 1938-1956. He also served as chair of the History of the Health Sciences department from 1942-1975, dean of the School of Medicine from 1956-63, University Librarian from 1943-1971, and the first UCSF provost from 1958-1964, before his appointment as chancellor. He continued teaching and advising after the chancellorship.

Dr. Saunders was a member of the San Francisco Medical Society for 52 years, and served on many of its committees and on the California Medical Association (CMA) Scientific Board. He was a CMA delegate for 18 years, during his tenure as dean and chancellor.

Dr. Saunders authored more than 120 scientific publications on anatomy, surgery, orthopaedics, and medical history, most notably works on Andreas Vesalius and the classic 1952 "Leonardo da Vinci, on the Human Body."

Dr. Saunders won numerous awards for research on a wide range of problems. His work included studies in embryology on the structure of development of bones, the physiology of muscles and the mechanics of movement, and participation in the development of new surgical procedures, especially in orthopaedic and general surgery.

# FY 2009-10 Headcount as of 4/1/10 CHANCELLOR'S IMMEDIATE OFFICE

St	aff	Acad	demic	Grand
Full Time	Part Time	Full Time	Part Time	Total
19				19

Source: UCSF Human Resources

### VICE CHANCELLOR DEVELOPMENT & ALUMNI RELATIONS

This section contains general information about Development and Alumni Relations - UCSF Foundation along with year end status reports.

# **Chapter Contents**

Preliminary Fund-Raising Report	316
UCSF Private Support Report	317
Five Year Comparison - Year-to-Date	318
Regents' Endowment Funds Income Trends	320
UCSF Foundation Fund Growth Trends	321

#### VICE CHANCELLOR DEVELOPMENT AND ALUMNI RELATIONS

 Vice Chancellor Carol Moss

#### **Senior Management Staff**

- Corporate and Foundation Relations Jeff Ellis, Senior Director
- Development Joseph Neisen, Executive Director
- Development and Alumni Services
   Linda E. Williams, Executive Director
- Financial Services and Administration Steve Downs, Executive Director
- Planned Giving
   Dan Riley, Director
- Website http://www.ucsf.edu/support/

University Development and Alumni Relations (UDAR) is a comprehensive, full-service fundraising and alumni relations operation that employs approximately 175 full-time staff members including a development staff responsible for major gifts, planned giving, corporate and foundation gifts, annual giving, development communications, alumni relations, and campus events.

Established in 1982, the UCSF Foundation promotes the interests and welfare of the University of California San Francisco and the UCSF Medical Center. The Foundation accomplishes its mission through the leadership, guidance, and generosity of its Board of Directors, Chancellor's Associates, and donors. As UCSF receives less than 8 percent of its operating budget from state appropriations, the University must rely increasingly on UDAR and Foundation support to help continue its work locally, nationally, and internationally.

Source: Vice Chancellor Development & Alumni Relations - 8/11/2009

The UCSF Foundation Board of Directors, all distinguished leaders from the community, oversees the Foundation's operations and advises University administration with the help of several committees: Audit, Cancer Council, Government Relations, Investment, Marketing, Nominating and Real Estate. The UCSF Foundation's daily operations are administered by UDAR.

Chancellor's Associates are UCSF's core council of philanthropic leaders and community advisors dedicated to supporting the University's mission of Advancing Health Worldwide. Through myriad avenues of involvement, Chancellor's Associates are among the University's most valued volunteers. Associates have played a key role in UCSF's fundraising campaigns, real estate development plans, marketing and strategic planning efforts, gala events, and research and clinical program development and support.

Chancellor's Associates are nominated by the UCSF Foundation Board of Directors in recognition of outstanding volunteer or philanthropic leadership on behalf of UCSF or demonstrated interest in furthering the success and mission of UCSF.

Ranked among the top health sciences institutions in the world, UCSF is positioned to translate fundamental advances in the biomedical and quantitative sciences into new knowledge, cures and treatments. But diminishing state funding, aging facilities and the realities of health-care economics all challenge its ability to fulfill this promise.

Without significant private support, UCSF will remain static in a rapidly changing world. With the resources generated by private giving, UCSF will be able to remain at the forefront of medical innovation and continue in its mission of improving human health.

Source: Vice Chancellor Development & Alumni Relations - 8/11/2009

FY 2009-10 Headcount as of 4/1/10 DEVELOPMENT

St	Staff	Acac	Academic	Grand
Full Time	Full Time   Part Time   Full Time   Part Time	Full Time	Part Time	Total
149	3			152

Source: UCSF Human Resources

Permanently Budgeted FTEs DEVELOPMENT

	FY 2005-06	FY 2006-07		FY 2007-08	H	FY 2008-09	60	FY 2009-10	9
Permanent Budget Account Title	Academic Staff	Ä		Academic Staff		Academic Staff	Staff	Academic	Staff
ALUMNI AFFAIRS	25.00		25.00	25.	25.00		25.00		25.00
CORPORATION AND FOUNDATION	3.00		3.00	κi	3.00		3.00		3.00
MEDICAL DEVELOPMENT	29.00		29.00	29.	8		29.00		29.00
FINANCIAL SERVICES & ADMINISTRATION	28.(		8.00	28.00	8		28.00		28.00
DIRECTOR OF DEVELOPMENT	3.00		3.00	κi	3.00		3.00		3.00
FACULTY-ALUMNI HOUSE	0.6	0.65	0.65	Ö	9.05		0.65		0.65
GIFT & ENDOWMENT PLANNING	5.00		5.00	.5	5.00		5.00		5.00
Total:	0.00 93.65	35 0.00 93.65	3.65	0.00 93.65	92	0.00 93.65	93.65	0.00 93.65	93.65

Source: UCSF Budget & Resource Management

UCSE			PREL	30-Jur	30-Jun-2010 PRELIMINARY FUND-RAISING REPORT	ORT	
University of California San Franciaco advancing heath moridados				(Dollars in t	(Dollars in thousands)		
		FY 2009-2010	0		FY 2008-2009		
Month	Count	Number Of Donors	Amount	Count	Number Of Donors	Amount	
GOAL	26,500	20,000	\$ 250,000	36,000	27,000	\$ 300,000	00
ACTUAL							
July	1,555	1,516	\$ 16,537	1,489	1,436	\$ 30,310	10
August	1,014	767	\$ 15,534	945	662	\$ 23,354	54
September	096	773	\$ 24,840	1,437	1,231	\$ 24,047	47
October	2,694	2,462	\$ 11,642	2,048	1,746	\$ 18,936	36
November	3,182	2,749	\$ 54,020	2,693	2,402	\$ 17,990	90
December	6,582	5,138	\$ 45,880	6,456	4,527	\$ 71,897	197
January	1,276	851	\$ 20,793	2,318	2,461	\$ 11,469	69
February	1,596	960	\$ 15,016	1,921	1,303	\$ 44,613	113
March	1,758	1,095	\$ 11,459	1,916	1,115	\$ 16,135	35
April	2,444	1,739	\$ 22,241	2,113	1,240	\$ 11,486	-86
May	2,953	1,632	\$ 10,926	3,020	2,102	\$ 12,359	59
June	2,315	1,134	\$ 19,485	2,874	1,719	\$ 17,828	28
YEAR ACTUAL	28,329	20,816	\$ 268,375	29,230	21,944	\$ 300,424	.24
% OF GOAL	106.9%	104.1%	107.4%	81.2%	81.3%		100.1%
	YTD 10.	TAL -June 201	YTD TOTAL -June 2010 (Based on weekly totals)	ly totals)	21,820	\$ 300,424	24
		0 %	% OF GOAL		80.8%		100.1%
Gifts - Alumni	6,162		\$ 3,514	4,756		\$ 2,7	2,785
Gifts - Other	21,573		\$ 170,989	23,880		\$ 169,216	16
H	1				_		9
lotal Girts	27,735			28,636	•		3
Private Grants	594		\$ 93,872	565		\$ 128,424	.24
YEAR ACTUAL	28,329	20,816	\$ 268,375	29,230	21,944	300,424	24
							I

#### UCSF Private Support Report -- FY2009-2010

Tuesday, July 13, 2010

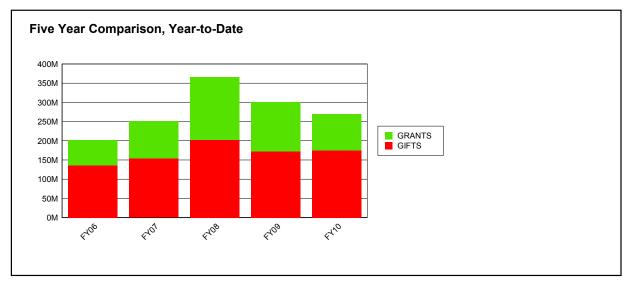
All totals are for cash or equivalent, except for pledges where indicated. Deferred gifts are reported at present value.

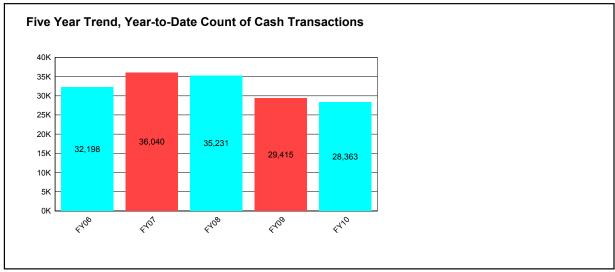
		UCSF			
	Regents	Foundation	Total	FY2009	Difference
Source of Gifts					
Alumni	114,973	3,393,909	3,508,882	2,784,518	724,364
Campus Organizations	2,088,058	295,678	2,383,736	465,605	1,918,131
Corporations	9,358,872	8,762,866	18,121,738	21,390,167	(3,268,429)
Foundation Directors/Members	72,545	2,171,819	2,244,363	6,207,652	(3,963,289)
Foundations	78,482,744	83,866,270	162,349,014	213,381,532	(51,032,517)
Other Individuals	14,081,312	38,562,857	52,644,169	29,730,192	22,913,977
Other Sources	25,312,699	2,340,338	27,653,038	26,464,647	1,188,391
Total	129,511,202	139,393,739	268,904,940	300,424,313	(31,519,373)
D					
Purpose of Gifts					
Student Support	14,659,006	1,972,599	16,631,605	13,406,248	3,225,357
Instruction	1,932,407	4,580,208	6,512,615	2,435,691	4,076,924
Campus Improvement	6,256,457	54,272,819	60,529,276	47,702,770	12,826,506
Department Support	60,501,354	41,984,681	102,486,035	125,795,645	(23,309,610)
Unrestricted	1,572,225	6,198,686	7,770,911	4,911,826	2,859,086
Other	373,740	11,916,041	12,289,781	30,525,183	(18,235,402)
Research	44,216,013	18,468,705	62,684,718	75,646,951	(12,962,233)
Total	129,511,202	139,393,739	268,904,940	300,424,313	(31,519,373)
Breakdown by School					
Chancellor	8,917,030	25,226,745	34,143,775	53,869,527	(19,725,752)
Dentistry	11,162,535	768,359	11,930,895	5,437,504	6,493,391
Graduate Division	848,913	43,821	892,734	960,809	(68,075)
Medicine	100,968,762	61,153,384	162,122,146	189,888,369	(27,766,223)
Nursing	2,802,167	673,374	3,475,541	14,457,534	(10,981,994)
Pharmacy	2,963,282	946,132	3,909,415	3,716,499	192,916
UCSF Medical Center	1,848,512	50,581,923	52,430,435	32,094,071	20,336,364
Total	129,511,202	139,393,739	268,904,940	300,424,313	(31,519,373)
Breakdown by Gift Type					
1	100.050	10 422 444	10 542 060	10 2E2 120	9 100 000
Securities  Real Preparty	109,950	18,433,111	18,543,062	10,352,139	8,190,923
Real Property	309,574	521,569	831,143	1,118,154	(287,011)
Non-Monetary	392,518	120 420 059	392,518	414,367	(21,849)
Cash	128,699,160	120,439,058	249,138,218	288,539,654	(39,401,435)
Total	129,511,202	139,393,739	268,904,940	300,424,313	(31,519,373)

Breakdown by Transaction Type		UCSF			
	Regents	Foundation	Total	FY09 to Date	Difference
Outright Gifts and Grants	122,014,042	61,881,998	183,896,040	232,918,101	(49,022,061)
Payments	7,497,159	77,511,741	85,008,901	67,506,212	17,502,689
Cash Total	129,511,202	139,393,739	268,904,940	300,424,313	(31,519,373)
New Pledges	3,780,880	241,316,299	245,097,179	91,607,566	153,489,613

Total
8,801,181
266,787
538,150
0
4,750
97,296,715
106,907,583
55,441,432
162,349,014

Five Year Comparison,	Year-to-Date					
	FY2006	FY2007	FY2008	FY2009	FY2010	
Private Grants	65,668,000	97,259,124	162,934,677	128,424,284	93,872,478	
Gifts and Payments	135,522,400	154,686,217	203,133,341	172,000,029	175,032,462	
Total	201,190,400	251,945,341	366,068,018	300,424,313	268,904,940	





# REGENTS' ENDOWMENT FUNDS INCOME TRENDS **UNIVERSITY OF CALIFORNIA SAN FRANCISCO** (Dollars in Millions)

	FY 2000-01	FY 2001-02	FY 2002-03	FY 2003-04	FY 2004-05	FY 2000-01 FY 2001-02 FY 2002-03 FY 2003-04 FY 2004-05 FY 2005-06 FY 2006-07 FY 2007-08 FY 2008-09 FY 2009-10	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
Number of Endowment										
Income Funds	478	481	499	514	525	540	551	571	584	+009
Principal Amount										
@ Market Value <sup>(1)</sup>	\$ 610.40	\$ 542.66	\$ 563.41	\$ 654.05	\$ 709.20	\$ 610.40   \$ 542.66   \$ 563.41   \$ 654.05   \$ 709.20   \$ 769.59   \$ 890.74   \$ 845.99   \$ 667.64 <mark>  \$ 738.54</mark>	\$ 890.74	\$ 845.99	\$ 667.64	\$ 738.54
Income Earned <sup>(2)</sup>	\$ 27.03	\$ 28.07	\$ 28.05	\$ 29.38	\$ 29.73	\$ 27.03   \$ 28.07   \$ 28.05   \$ 29.38   \$ 29.73   \$ 30.53   \$ 32.22   \$ 33.91   \$ 34.19 <mark>  \$ 34.70</mark>	\$ 32.22	\$ 33.91	\$ 34.19	\$ 34.70
% Change in Income	13.66%	3.83%	-0.05%	4.73%	1.19%	2.69%	5.52%	5.26%	0.83%	1.49%

(1) EIAS: period 17

(2) Income earned as of the fiscal close for the specific fiscal year. Income typically transferred to the campus in August and recorded in the campus G/L in the next fiscal year.

Source: University of California Financial Reports & Endowment Funds Annual Report

EIAS - Income & Shares Report

J.Budget Classes\09-10 Budget Overview\Regents Endowment Funds Income Trends.xls 4/18/2011

# UCSF FOUNDATION FUND GROWTH TRENDS (Dollars in Thousands)

	FY 2000-01	FY 2001-02	1-01 FY 2001-02 FY 2002-03 FY 2003-04 FY 2004-05 FY 2005-06 FY 2006-07 FY 2007-08 FY 2008-09 FY 2009-10	FY 2003-04	FY 2004-05	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
Current Funds	\$ 180,634	\$177,063	\$177,063   \$195,015   \$240,515   \$236,961   \$202,163   \$231,663   \$212,025   \$229,811   <mark>\$203,811</mark>	\$ 240,515	\$ 236,961	\$ 202,163	\$231,663	\$ 212,025	\$229,811	\$ 203,811
@ Market Value										
<b>Endowment Funds</b>	\$ 229,734	\$219,705	\$219,705 \$248,509	\$ 298,920	\$338,475 \$380,902 \$465,591	\$ 380,902	\$465,591	\$ 456,057	\$408,804 \$ 476,539	\$ 476,539
@ Market Value										
Total Funds	\$410,368	\$396,768	\$396,768   \$443,524   \$539,435   \$575,436   \$583,065   \$697,254   \$668,082   \$638,615   <mark>\$680,350</mark>	\$ 539,435	\$575,436	\$ 583,065	\$697,254	\$ 668,082	\$638,615	\$ 680,350
@ Market Value										
Percent Change in	35.10%	-3.31%	11.78%	21.62%	%29.9	1.33%	19.58%	-4.18%	-4.41%	6.54%
Fund Balances										

(1) Net of payment included in current funds balance. Source: UCSF Foundation Statements

J:Budget Classes\06-07 Budget Overview\UCSF Foundation Fund Growth Trends.xls (Foundation) 4/18/2011

### EXECUTIVE VICE CHANCELLOR AND PROVOST

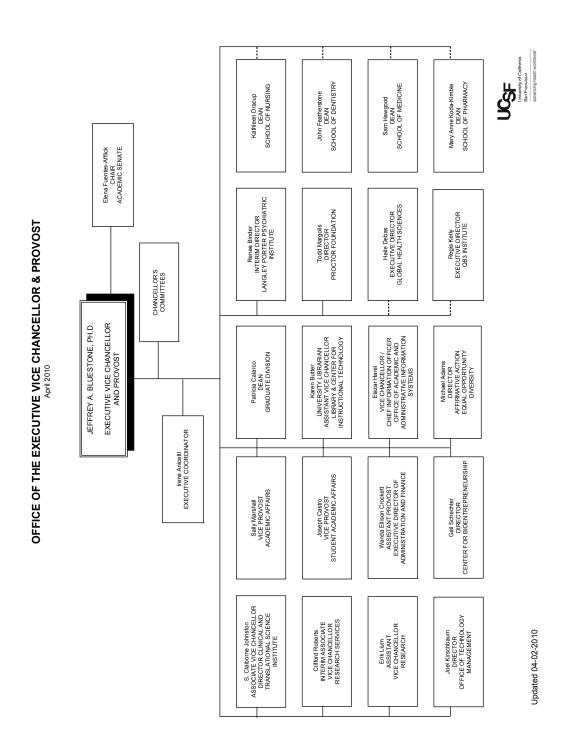
<u>Chapter Contents</u>	
Organizational Chart	324
Executive Vice Chancellor and Provost	325
Academic Senate	327
Research	329
Center for Bioentrepreneurship & Industry Partnerships (CBE)	330
Clinical & Translational Science Institute (CTSI) at UCSF	333
Office of Technology Management	340
Research Services, Associate Vice Chancellor Research	343
Sponsored Research, Assistant Vice Chancellor	349
Academic Programs	353
Academic Affairs, Vice Provost	354
Graduate Division	358
Library & Center for Knowledge Management	363
Student Academic Affairs, Vice Provost	367
Campus-Wide Programs	375
Affirmative Action/Equal Opportunity/Diversity	376
Special Programs	378

379

387

Langley Porter Psychiatric Institute

Proctor Foundation



#### EXECUTIVE VICE CHANCELLOR AND PROVOST

- Executive Vice Chancellor and Provost, Jeffrey Bluestone, PhD
- Executive Director/Assistant Provost: Wanda Ellison Crockett, MPA
- Website -http://evcprovost.ucsf.edu/

During his over 30 years in academic research, Dr. Bluestone has been a faculty member at the National Institutes of Health and at the University of Chicago. Dr. Bluestone, who joined UCSF in 2000, is a renowned immunologist and leader in immune tolerance research designed to both understand and treat autoimmune diseases and organ transplant rejection. He is currently director of the UCSF Diabetes Center, which is dedicated to the care and treatment of patients with type 1 and type 2 diabetes worldwide and to its goal of bringing an end to the disease, and director of the Immune Tolerance Network, a government supported consortium of more than 80 of the world's leading scientific researchers dedicated to the clinical testing of new therapies for immune tolerance. He is the A.W. and Mary Margaret Clausen Distinguished Professor in Metabolism and Endocrinology. Dr. Bluestone recently served as interim vice chancellor for research.

#### **Past Executive Vice Chancellors**

A. Eugene Washington, 1/04 - 3/10

Regis Kelly, 10/01 - 1/04

Zach Hall, 3/98 - 10/01

Source: Executive Vice Chancellor and Provost, 9/28/2010

# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 EXECUTIVE VICE CHANCELLOR

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$21,281,588	\$15,566,020	\$5,127,491	32.94%
CIRM	\$73,711	\$73,711	\$39,952	54.20%
Other State Contracts	\$147,756	\$147,756	\$0	0.00%
Local Government	\$72,541	\$72,541	\$7,664	10.57%
<b>Private Clinical Trials</b>	\$241,301	\$233,190	\$59,330	25.44%
Private Contracts & Grants	\$12,045,566	\$9,146,693	\$1,184,917	12.95%
Total:	\$33,862,463	\$25,239,912	\$6,419,353	25.43%

Source: UCSF Budget & Resource Management

# FY 2009-10 Headcount as of 4/1/10 EXECUTIVE VICE CHANCELLOR

	St	aff	Acade	emic	<b>Grand Total</b>
Department	FT	PT	FT	PT	
EXECUTIVE VICE CHANCELLOR	2				2
ACADEMIC AFFAIRS	11				11
ACADEMIC SENATE	5				5
AFFIRMATIVE ACTION	10	1			11
ASSOC VC RESEARCH	265	5	1	1	272
Center for BioEntrepeneurship	2				2
GRADUATE DIVISION	10		1	22	33
LIBRARY	48	9	10	1	68
LPPI: INSTR & RESEARCH	157	56	133	31	377
OFFICE OF SPONSORED RESEARCH	34	1			35
OFFICE TECHNOLOGY MANAGEMENT	15	2			17
PROCTOR FOUNDATION	15	10	15	2	42
STUDENT ACADEMIC AFFAIRS	83	14		11	108
UCSF GLOBAL HEALTH SCIENCES	19	3		1	23
VC RESEARCH QB3 INSTITUTE	11		1		12
Total	687	101	161	69	1,018

Source: UCSF Human Resources

#### **ACADEMIC SENATE**

- Chair Gardner, David
- Business Officer –Alden, Heather (Executive Director)
- Website http://senate.ucsf.edu

The Academic Senate is the primary means by which faculty participate in shared governance and policy making at the University of California. Per Standing Orders of the Regents (SOR) 105.1, the Academic Senate represents all faculty who hold appointments in Academic series at any rank. At each campus of the University of California, the Academic Senate is responsible for determining the qualifications for admission, recommending candidates for degrees (SOR 105.2 (a)), authorizing and supervising all courses and curricula (SOR 105.2 (b)), and determining the membership of the faculty (SOR 105.2 (c)).

The Academic Senate Committee on Academic Personnel reviews faculty candidates for advancement or promotion and issues recommendations to the Vice Provost, Academic Affairs regarding proposed personnel actions as well as campus academic personnel policies.

The Academic Senate Committee on Privilege and Tenure hears cases involving grievances, disciplinary actions, and early termination of faculty appointments of faculty in the three Academic Senate series, as well as process oversight review for student grievances in academic affairs.

These structures and provisions help make the University of California Academic Senate one of the most highly developed and influential faculty governments of any university.

The UCSF Academic Senate Office facilitates the work of faculty committees by providing professional support for 19 standing campus committees, numerous ad hoc committees and representation on campus and UC Systemwide committees. The administrative support includes managing each committee's meetings, conducting policy research, providing guidance on policies and procedures, as well as drafting minutes, communications and reports.

Source: Executive Vice Chancellor - 9/28/2010

FY 2009-10 Headcount as of 4/1/10 ACADEMIC SENATE

Grand	Total	2
Academic	Part Time	
Acac	Full Time	
Staff	Part Time   Full Time   Part Time	
St	Full Time	5

Source: UCSF Human Resources

Permanently Budgeted FTES ACADEMIC SENATE

	FY 2005-06	90	FY 2006-07	-07	FY 2007-08	90	FY 2008-09	60	FY 2009-10	10
Permanent Budget Account Title	Academic	Staff	Academic	Staff	Academic	Staff	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic Staff	Staff
ACADEMIC SENATE COMMITTEES		2.30		2.30		2.30		2.30		2.30
ASC-GRANT ADMINISTRATION		2.70		2.90		2.90		2.70		2.70
Total:	00'0	5.00	00:00	5.20	00.00	5.20	00'0	5.00	00.0	5.00

Source: UCSF Budget & Resource Management

### **RESEARCH**

### CENTER FOR BIOENTREPRENEURSHIP & INDUSTRY PARTNER-SHIPS

- Director Schechter, Gail
- Business Officer Murphy, Suzanne
- Website http://cbe.ucsf.edu/cbe/1840-DSY.html

CBE educates, enables, and empowers scientists to develop innovative technologies through industry partnerships.

The Center for BioEntrepreneurship (CBE) fosters the spirit of entrepreneurship and facilitates the translation of research discoveries from UCSF into the clinic and ultimately into the market-place. CBE provides life scientists with the necessary business skills to build commercial value from their inventions and become leaders in the life science industry. CBE provides training through a suite of academic courses and resources, including extensive networking, interaction, and mentoring by industry experts.

The UCSF Center for BioEntrepreneurship offers unique educational programs and resources to develop the next generation of entrepreneurs and leaders in the life science industry. CBE connects the UCSF academic community with the broader Bay Area community of industry experts and investors to translate discoveries from the laboratory for the commercial and clinical benefit of the institution and society. CBE was launched in 2001 and has served more than 2,000 interested faculty, post-docs, and students. The successful outcomes include multi-million dollars in funding of innovative technologies, launching new companies, and preparing for industry leadership roles.

#### **CBE Mission**

- Educate aspiring entrepreneurs in key business skills
- Develop courses and programs led by industry experts
- Prepare next generation of life science industry leaders
- Promote commercialization of innovative technologies
- Facilitate interactions between academia and industry

#### **CBE Highlights**

- Inspire scientists to develop innovate projects
- Train scientists in the business of life sciences
- Build cross-disciplinary expertise and teams
- Provide interaction with industry mentors

Source: Executive Vice Chancellor - 9/28/2010

#### **CBE Accredited Courses**

#### Idea to IPO ... and Beyond

A course designed for scientists and clinicians interested in entrepreneurship and building value from their biomedical inventions. Idea to IPO examines the "nuts and bolts" of launching a successful life science business through a unique blend of lectures by industry leaders, course projects, readings and practicums. Students and faculty form teams around innovative technologies and formally present them to a panel of prominent venture capitalists. Idea to IPO students experience a tailored introduction of life science entrepreneurship, with practical information and exercises

#### **Drug Discovery and Design**

A quarter-long course that surveys how new drugs are discovered and brought to the clinic. UCSF faculty and industry experts address market-place trends and implications for research planning in drug discovery. Students develop their own project for a discovery opportunity, and present their plan to the class participants.

#### Intellectual Property...A Life Scientist's Guide

A course for life scientists interested in the role intellectual property plays in building value and public benefit from their inventions in academic and industry settings. This course will lead participants through the realm of protecting and creating value from intellectual property, with lectures, readings and discussions of recent cases in the biotechnology industry. Optional course project: draft claims on an existing technology.

#### **Corporate Finance Survival Skills**

A course for life scientists and healthcare professionals interested in gaining an understanding of the role that corporate finance and accounting plays in life science businesses. Weekly lectures from industry executives, readings, and applied assignments will cover real-world concepts useful to the company founder or an employee in a life science company, including basic terminology, accounting tools, financing options, and term sheets.

#### **CBE Programs**

- Scientist to CEO ... Real life success stories
- Camp Entrepreneur ... Learn entrepreneurial skills
- Coaches on Campus ... Industry experts come to UCSF
- Career Development ... Transition from academia to business
- Innovation Competition ... Pitch innovative ideas for prize money
- Biotech State of the Union ... Annual report on life sciences industry

Source: Executive Vice Chancellor - 9/28/2010

FY 2009-10 Headcount as of 4/1/10 CENTER FOR BIOENTREPRENEURSHIP (CBE)

Staff	aff Acad Part Time Full Time	Academic ime Part Time	Grand Total
7			7

Source: UCSF Human Resources

Permanently Budgeted FTEs CENTER FOR BIOENTREPRENEURSHIP (CBE)

	FY 2005-06	90-	FY 2006-07	-07	FY 2007-08	-08	FY 2008-09	60-	FY 2009-10	10
Permanent Budget Account Title	Academic	Staff	Academic	Staff	Academic	Staff	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic Staff	Staff
OFFICE OF INDUSTRY & RSRCH DEVLOP										
CENTER FOR BIOENTREPRENEURSHIP		1.00		1.00		1.00		1.00		06.0
Total:	00'0	1.00	0.00	1.00	0.00	1.00	00.00	0.00 1.00		0.00 0.90

Source: UCSF Budget & Resource Management

# CLINICAL AND TRANSLATIONAL SCIENCE INSTITUTE (CTSI) AT UCSF

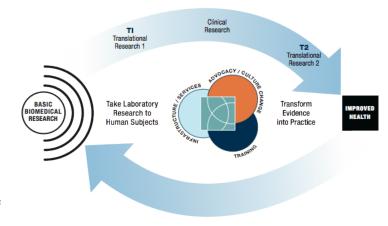
- Director, CTSI and Assoc Vice Chancellor for Research Johnston, S. Claiborne, M.D., PhD.
- Co-Director, CTSI Grady, Deborah, M.D., MPH
- Executive Director, CTSI Autry, Susan, MBA
- Website http://ctsi.ucsf.edu/

#### **About CTSI**

The Clinical & Translational Science Institute (CTSI) at UCSF facilitates the rapid translation of research to improvements in patient and community health. To achieve its goals, CTSI provides infrastructure, services and training to support clinical and translational research. To advance its mission, CTSI also develops broad coalitions and partnerships at the local and national levels to

enable a transformation of the research environment. Established in 2006, UCSF's CTSI was among the first of the now 55-member NIH-funded Clinical and Translational Science Awards (CTSA) consortium.

UCSF's CTSI is a cross-school, campus-wide institute, with scientist leaders at its helm. The institute is directed by S. Clai-

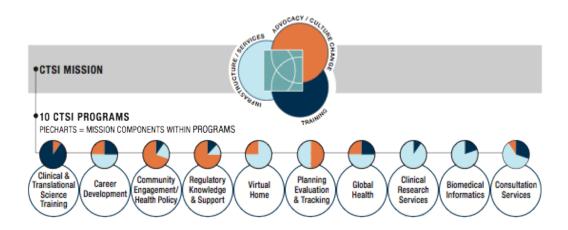


borne Johnston, MD, PhD, a renowned research expert in the prevention and treatment of stroke, and co-directed by Deborah Grady, MD, MPH, an international expert on women's health. Susan Autry, MBA, a specialist in business administration, science and technology management, and multidisciplinary collaborations, serves as the executive director.

#### **CTSI Goals**

- To further enhance the efficiency and quality of clinical and translational research by transforming the research, training, and career development environment.
- To develop cross-cutting initiatives using the knowledge, skills, and infrastructure developed by multiple CTSI programs to accelerate clinical and translational research beyond UCSF CTSI's collaborating institutions and its impact on health of our own and other communities.

CTSI's Mission is accomplished through its programs below – All mentioned services and resources are available to all researchers at UCSF and affiliated institutions



#### Research Services & Infrastructure

#### **CLINICAL RESEARCH Services (CRs)**

9 different physical locations in San Francisco and the greater Bay Area, including hospital and community settings, provide an array of clinical research services.

The new cross-cutting Clinical Research Acceleration initiative aims at bringing research services directly into community practices to accelerate the pace of clinical and translational research with streamlined regulation, a new participant recruitment service, and sophisticated research management.

#### **CONSULTATION SERVICES (CS)**

Provides expert advice from UCSF faculty and senior staff. The services include biostatistics, data management, regulatory knowledge and support, ethics, bioinformatics, global health, mentoring, and more.

#### **BIOMEDICAL INFORMATICS (BMI)**

Provides services and resources for investigators to manage clinical and translational research data and to enable collaboration and data sharing, including analysis of large data sets, data security and hosting, collaborator discovery (UCSF Profiles), cohort discovery (the Integrated Data Repository), discovery of current and past human subjects research activities (Human Studies Database), knowledge representation models (the Ontology for Clinical Research), and new methods of data transformation (the Health Ontology Mapper).

#### REGULATORY KNOWLEDGE & SUPPORT (RKS)

Supports researchers in navigating regulatory and compliance issues required to conduct clinical & translational research. In addition, working with partners CTSI advocates for new ways to increase the efficiency and quality of the regulatory approval process and to reduce its delays as well as the associated administrative burdens for researchers at UCSF. To improve the evidence-base for research training, administration, and services, CTSI will conduct a series of randomized trials of the value and cost-effectiveness of new interventions.

A new initiative aims at creating a consortium involving academic medical centers throughout California to share IRB approvals for multi-center studies, to create Master contracts with industry, and to combine medical records data for identification of patients for research purposes.

#### COMMUNITY ENGAGEMENT/HEALTH POLICY (CE/HP)

Provides expert advice in community engagement and health policy. Trains researchers to work effectively with community partners and vice versa, and matches researchers with community partners. In addition, the Comparative Effectiveness Large Dataset Analysis Core supports studies assessing comparative effectiveness of clinical interventions with a searchable inventory of large local and national health datasets.

The new cross-cutting San Francisco Bay Area Health Improvement initiative aims at bringing together local public health and philanthropic partners to work with CTSI to improve the health of the San Francisco Bay Area community through a series of health improvement projects directed at high impact conditions.

#### **GLOBAL HEALTH (GH)**

Provides services and resources to support researchers in conducting international projects targeted at global health research, including a searchable International Projects Database (IPD) and a Global Research Support (G-RES) Web Portal. In addition, CTSI advocates improving financial, regulatory, and legal processes required to conduct global health research and addressing global health researchers' health and safety concerns.

#### Career Development

#### CAREER ADVANCEMENT (CA)

Trains senior investigators to be successful mentors (Mentor Development Program) and supports mentees in finding a mentor. Provides career advancement programs to enable greater diversity at UCSF. Advocates for change to ensure that promotion criteria across all UCSF schools take collaborative, multidisciplinary research into account, emphasize clinical & translational research, and support the recruitment and retention of underrepresented clinical and translational researchers.

#### STRATEGIC OPPORTUNITIES SUPPORT (SOS)

Funds pilot and other grants to enable researchers at all career levels to test-drive ideas for larger grants as well as a variety of career enhancing areas such as the T1 Translational Catalyst program, which provides extensive consultation and assistance to identify industry partnerships for investigators pursuing promising discoveries that are potentially translatable to new therapies or diagnostic tests, and mini flexible sabbatical awards.

#### **Training**

#### CLINICAL & TRANSLATIONAL SCIENCE TRAINING (CTST)

In coordination with other UCSF training programs, provides a seamless pathway for trainees at any level, from professional student to faculty, to enter a career in clinical and translational science, resulting in a shortening of the overall length of training.

#### TRAINING IN CLINICAL RESEARCH (TICR)

Provides didactic education for students, postdocs, fellows and residents, including the Clinical Research Workshop, a 1-year Advanced Training in Clinical Research, a 2-year Master's in Clinical Research, and a PhD in Epidemiology and Translational Science, for example, focusing on drug and device development, observational study design, epidemiology, clinical trials, scientific communication, implementation and dissemination sciences (IDS, for community-based practitioners), and health policy.

#### **KL2 SCHOLARS**

A career development award that provides training, mentoring, infrastructure and protected time for junior faculty diverse in discipline, gender, and race to pursue multidisciplinary clinical research, including works-in-progress seminars (WIPs), faculty-led methodology and career development seminars, special interest group seminars co-led by scholars and program faculty, and "lessons learned" seminars given by scholars and their mentors, as well as ongoing support in grant and manuscript production.

#### RESIDENT CLINICAL & TRANSLATIONAL RESEARCH PROGRAM

Promotes investigative careers for residents in clinical training by providing didactic training, such as a clinical research methods course and a 1-year Resident Scholar program, mentoring, and small funding for research projects. In addition, the Ambassador program is designed to engage departmental faculty in the Resident Research Program.

# PATHWAYS TO CAREERS IN CLINICAL AND TRANSLATIONAL RESEARCH (PACCTR)

Fosters the incorporation of clinical research training in the core curriculum of all medical, dental, nursing and pharmacy pre-doctoral students. Trainees are paired with K scholars according to research interests to provide additional mentoring and role modeling, and with undergraduate students in the Pre-health Undergraduate Program (PuP) to build interest and skills in mentoring.

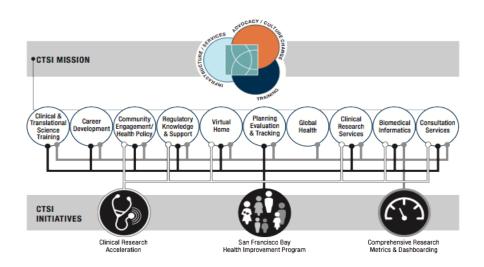
#### MOLECULAR MEDICINE GRADUATE PROGRAM

Provides all UCSF graduate and postgraduate students with training in T1 translational research, including grand rounds and seminars presented by numerous UCSF programs as well as organized research units, intensive mini-courses collaboratively presented by basic science and clinical faculty, a series of seminars and symposia featuring distinguished translational scientists and basic scientists who changed their research direction to focus on medically-important problems, and the "Biology of Disease" Certificate program.

#### PROGRAM IN IMPLEMENTATION AND DISSEMINATION SCIENCES (PIDS)

Provides training in translating effective tests, treatments, and preventive measures into improved population health, including courses focused on research methodology in Implementation and Dissemination Sciences and a training program for learners at all levels as a dedicated track within the Master's in Clinical Research, or as a Supplemental Certificate Program.

#### **CTSI's New Cross-Cutting Initiatives**



#### Coordination, Communication and Evaluation (CTSI Central)

#### **VIRTUAL HOME**

Provides a single place online for investigators to find research resources, develop skills, access training, and find colleagues and collaborators. Works with partners on campus to identify and facilitate innovative ways to deliver key resources for researchers at UCSF and enable communication and collaboration using web-based tools.

#### PLANNING, EVALUATION & TRACKING

Supports CTSI programs and leadership to develop goals and relevant metrics of success, assess progress toward stated goals, and improve performance and management.

The new cross-cutting Research Metrics and Dashboarding initiative aims at improving the performance, transparency, and accountability of research administration within and beyond CTSI by setting challenging goals and tracking performance metrics on public dashboards.

Financial Schedule 8C - FY 2009-10 Current Funds Expenditures CLINICAL AND TRANSLATIONAL SCIENCE INSTITUTE (CTSI) AT UCSF (Dollars in Thousands)

			Current Funds	S		Distribution	
	Total	Unres	Unrestricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
		General	General Designated				
Instruction	2,104	635	294	1,175	1,223	880	0
Research	28,527	441	(1,281)	29,367	15,049	13,484	9
Academic Support	127	0	127	0	72	56	0
Total	30,758	30,758 1,076	(860)	30,542	16,344	14,420	9

Source: UCSF Controller's Office - 9/30/2010

#### OFFICE OF TECHNOLOGY MANAGEMENT

- Director Kirschbaum, Joel
- Patent Prosecution and Business Manager Abel, Daniel
- Website http://www.otm.ucsf.edu/index.asp

The UCSF Office of Technology Management (OTM) is responsible for managing the intellectual property (e.g. patentable inventions, software, research materials, etc.) created by UCSF employees. It was established in 1996 and has the mission of "Transferring and commercializing UCSF's life science & medical technologies for public use and benefit, while generating income to support campus research and education".

The responsibility for managing technology of the nine University of California campuses originally rested with the UC System-wide Office of Technology Transfer (OTT) until a process of decentralization to campus control was begun in 1990. Initially, the UC Office of the President agreed that, as of July 1, 1996, UCSF would assume responsibility for managing the majority of UCSF technologies disclosed after that date. This technology transfer decentralization process, now completed as of FY07-08, now gives UCSF's OTM responsibility for managing all UCSF inventions, past, present and future.

UCSF in 1995 had the largest gross royalty revenues of any single university in the world, over \$42 million. It accounted for 76% of the total combined income of the nine UC campuses. Currently, approximately 150 new technology disclosures per annum are generated from research and scholarship at UCSF. The OTM presently manages an invention portfolio comprising over 1,400 active inventions, 755 United States patents, and 356 active technology licenses that generates an average of over \$60M in gross annual income. Since its inception in July, 1996, the OTM has helped launch over three dozen start-up companies to commercialize UCSF technologies.

UC patent policy requires that technologies conceived or developed by its employees be disclosed on a timely basis to the technology transfer office. Title to the technologies is assigned to the university as per state labor code. The OTM will receive these disclosures, evaluate the disclosed technology for commercial potential, obtain patent or other intellectual property protection when appropriate, diligently market and seek to license the technology to industry, negotiate, draft and manage resulting license agreements, and distribute net license revenues to inventors, within UCSF, and to other institutions in the case of inventions UCSF researchers make in collaboration with their colleagues at other institutions.

An item of technology may be an invention for which a patent is sought or a writing for which

Source: Office of Technology Management, 9/28/2010

a copyright is obtained. Patents and copyrights give their owners the right to exclude, which we can term here an intangible right. In other cases, the item of technology may be a tangible product such as a biological organism or a computer disk with embedded data. In some instances both tangible and intangible rights will be included in a license grant to a company. In all cases, the process begins with a timely technology disclosure to OTM for evaluation.

Source: Office of Technology Management, 9/28/2010

FY 2009-10 Headcount as of 4/1/10 OFFICE OF TECHNOLOGY MANAGEMENT

Grand	Total	17
Academic	Part Time	
Aca	Full Time	
Staff	Part Time	2
St	Full Time	15

Source: UCSF Human Resources

Permanently Budgeted FTEs
OFFICE OF TECHNOLOGY MANAGEMENT

		FY 2005-06	90-	FY 2006-07	-07	FY 2007-08	-08	FY 2008-09	60-	FY 2009-10	-10
Permanent Budget Account Title	,	Academic	Staff	Academic	Staff	Academic	Staff	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic Staff	Staff
OFFICE OF TECHNOLOGY MANAGEMENT			6.50		6.50		6.50		6.50		
_	Fotal:	0.00	0.00 6.50	00.00	0.00 6.50	00'0	0.00 6.50	00'0	0.00 6.50		0.00 0.00
	ı										

Source: UCSF Budget & Resource Management

#### RESEARCH SERVICES, ASSOCIATE VICE CHANCELLOR RESEARCH

- Interim Associate Vice Chancellor Roberts, Clifford
- Business Officer Murphy, Suzanne
- Website http://www.research.ucsf.edu/

#### **Mission Statement**

To promote research and improve health by:

- Providing high quality services to investigators
- Fostering new research initiatives
- Translating discoveries into public benefit

The Office of Research, Associate Vice Chancellor provides resources and services including the following:

- Cell Culture Facility
- Human Research Protection Program
- Institutional Animal Care and Use Program Laboratory Animal Resource Center
- Office of Environmental Health and Safety
- Technical Committees
- UCSF Stem Cell Research
- Clinical and Translational Science Institute (CTSI)
- Research Compliance Program

#### **UCSF Cell Culture Facility**

The UCSF Cell Culture Facility is a centralized resource to investigators, providing cells & tissue cultures, both primary and continuous cell lines. The facility maintains an extensive cryogenic "Cell Bank" repository. Resale products, tissue culture service and cell banking are available at both the Parnassus campus and the Mission Bay campus.

#### **Human Research Protection Program**

The Human Research Protection Program (HRPP) of the University of California, San Francisco, in partnership with the research community, is responsible for ensuring the ethical and equitable treatment of all human research subjects in studies being conducted at UCSF and its affiliates and as well as national standards for research involving human participants.

Source: Office of Research, 9/2/2009

The HRPP creates a full circle of protection for research subjects and researchers by providing education and training, the Committee review process, and post-approval monitoring and outside audits. The HRPP is also responsible for ensuring compliance with federal regulations, state laws and University polices

The UCSF Human Gamete, Embryo, and Stem Cell Research Committee provides guidelines on the Office of Research web site to assist UCSF faculty who intend to conduct research using human stem cells to comply with multiple State and Federal guidelines, regulations, statutory restrictions, and UCSF policies. The Committee reviews all protocols where the use of human stem cells are identified, provides approvals where appropriate, and provides additional guidance per campus policy to ensure protocols and studies are in compliance with all relevant regulatory requirements.

#### **UCSF Institutional Animal Care and Use Program**

The University has established policies on the use of animal subjects to promote their humane care and use in research and instruction and to ensure institutional compliance with all applicable federal and state laws and regulations and University policies governing the use of animals.

The IACU Committee oversees all UCSF research and instruction that involves vertebrate animals, in order to ensure that the highest ethical and animal welfare standards are met. The IACUP conducts post-approval monitoring and participates in external audits to ensure ethical use of animals at UCSF.

#### **Laboratory Animal Resource Center (LARC)**

LARC's mission is to:

- Provide quality care for all animals used at UCSF
- Assist the faculty in their mission of quality research with respect to the use of laboratory animals.
- Act as a resource for the faculty on all issues relating to laboratory animals.
- Assist the University to meet its goal of humane treatment of laboratory animals.

We will fulfill our Mission in a time and cost effective manner by developing and implementing high quality veterinary and husbandry care.

Source: Office of Research, 9/2/2009

#### Office of Environmental Health and Safety

The Office of Environmental Health and Safety (OEH&S) is part of UCSF Office of Research and supports the UCSF Mission of Advancing Health Worldwide. OEH&S also supports the UCSF Medical Center of Mission of Caring, Healing, Teaching, and Discovering.

#### Mission:

- To protect the health and safety of UCSF staff, faculty, students, patients and visitors.
- To ensure that the physical environment of the campus is a safe and healthy workplace.

OEH&S work includes programs in biological safety, chemical safety, radiation safety, environmental protection, emergency response, ergonomics, controlled substances, public health, fire and life safety, training, industrial hygiene accident prevention, and sanitation.

#### **Technical Committees**

Technical Committees are those mandated by regulatory, and policy requirements. Some regulatory agencies mandate that approval by a duly appointed Committee be granted before any research project using radioactive materials, or certain biological agents, can be initiated. These agencies include the Food and Drug Administration (FDA), Nuclear Regulatory Commission (NRC), California Department of Health Services - Radiologic Health Branch, and National Institute of Health (NIH)

The Technical Committees are as follows:

- Biological Safety Committee (BSC)
- Chemical and Environmental Safety Committee (CESC)
- Radiation Safety Committee (RSC)
- Radioactive Drug Research Committee (RDRC)

#### **Research Compliance Program**

UCSF is committed to the highest ethical and legal standards in the research enterprise. Research Compliance Committee

The Research Compliance Committee provides guidance to the research community on appropriate ethical and compliance principles. Specifically, the Committee is charged to:

Source: Office of Research, 9/28/2010

- Ensure that appropriate research compliance policies and procedures are current, and internal controls are in place and widely understood by the campus community;
- Review the ongoing assessment of controls and compliance with established policy and procedures by operational and staff units;
- Review the effectiveness of the education and training programs;
- Recommend policies and procedures for the improvement of research compliance;
- Coordinate with other ethics and compliance committees to develop consistent and effective policy and assessment procedures.

Source: Office of Research, 9/28/2010

FY 2009-10 Headcount as of 4/1/10 ASSOCIATE VICE CHANCELLOR - RESEARCH

1S	Staff	Acac	Academic	Grand
Full Time	ull Time Part Time	Full Time	Part Time	Total
265	5	1	1	272

Source: UCSF Human Resources

Permanently Budgeted FTEs ASSOCIATE VICE CHANCELLOR - RESEARCH

	FY 2005-06	9	FY 2006-07	-07	FY 2007-08	-08	FY 2008-09	60	FY 2009-10	-10
Permanent Budget Account Title	Academic S	Staff	Academic	Staff	Academic	Staff	Academic	Staff	Academic	Staff
ASSOC VC RESEARCH		6.75		6.75		6.75		8.75		8.35
CELL CULTURE - ADMINISTRATION	_	18.34		17.20		17.20		17.20		20.18
COMMITTEE ON HUMAN RESEARCH	2	20.62		21.15		21.15		23.36		21.36
EH&S ADMINISTRATION	2	21.96		18.85		21.50		21.50		24.88
EH&S HAZARDOUS MATERIALS MANAGEMENT		5.95		5.95		4.36		4.36		4.36
EH&S-HAZARD MATL REMOVAL (HM)										2.02
EH&S-OCCUP HEALTH & RSRCH (RH)										0.05
ENVIRO HLTH SFTY-CAMPUS GROUP	_	5.86		10.88		9.82		12.82		15.60
ENVIRO HLTH SFTY-INDUSTRIAL HYGIENE		0.02								9.62
INST ANIMAL CARE & USE COMMITTEE		6.30		6.30		6.30		8.30		8.30
LARC-ADMINISTRATION	4.50 13	134.86	4.50	134.86	0.00	45.90	2.00			0.00
LARC-COMMERCIAL								2.00		2.00
LARC-LARGE ANIMAL								2.60		2.60
LARC-OTHER ANIMAL								1.30		1.30
LARC-SMALL ANIMAL							•	134.80		134.80
LARC-SPECIAL SERVICES								0.50		0.50
VICE CHANCELLOR RESEARCH										2.85
Total:	4.50 23	230.66	4.50	221.94	00.00	132.98	2.00 237.49	237.49	00.00	258.80

Source: UCSF Budget & Resource Management

# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 ASSOCIATE VC - RESEARCH

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$85,091	\$85,091	\$0	0.00%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$63,868	\$63,868	\$7,664	12.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$2,001	\$2,001	\$0	0.00%
Total:	\$150,959	\$150,959	\$7,664	5.08%

Source: UCSF Budget & Resource Management

#### SPONSORED RESEARCH, ASSISTANT VICE CHANCELLOR

- Interim Assistant Vice Chancellor Lium, Erik
- Business Officer Murphy, Suzanne
- Website http://www.research.ucsf.edu/osr/index.asp

The Office of Sponsored Research is comprised of the following units:

- Contracts and Grants Division
- Industry Contracts Division
- Conflict of Interest Advisory Committee
- OSR Training

#### **Contracts and Grants Division**

Mission Statement

To promote research, instruction, public service and other sponsored activities by providing high quality administrative services to faculty and staff.

We provide a variety of services to the campus community related to obtaining and managing extramural sponsored research, training, clinical trial and public service projects awarded by a variety of federal, state, local government and non-profit sponsors.

The functions of C&G include the following:

- Providing information on funding opportunities
- Proposal and budget development assistance
- Proposal review, sign-off, and transmission
- Grant and contract negotiation and acceptance
- Subcontract preparation and administration
- Post-award assistance
- Award close-out
- Policy development and coordination
- Research activity and associated reports
- Training for campus personnel
- Special projects

#### **Industry Contracts Division**

The Industry Contracts Division champions academia-industry collaborations to support the ex-

Source: Office of Sponsored Research - 9/28/2010

pansion of sponsored research by developing and managing strategic relationships with industry.

We review, negotiate and approve all industry research contracts and grants between UCSF researchers and biotechnology and pharmaceutical companies, including, but not limited to, clinical trial agreements, sponsored research agreements, collaboration agreements, material transfer agreements (both incoming and outgoing), UC discovery grants, and confidentiality agreements.

#### **Conflict of Interest Advisory Committee**

Federal regulations, state laws and University policies related to research conflicts of interest recognize that faculty may have financial interests in sponsors of their research and/or in entities with business interests closely related to their research. The term "conflict of interest in research" refers to situations in which financial or other personal considerations may compromise, or have the appearance of compromising, an investigator's professional judgment in conducting or reporting research.

Federal regulations, state laws, and University policies require that faculty members submit financial disclosure forms at the time that a proposal is submitted for funding. In those cases in which a financial interest and possible conflict of interest are disclosed, the laws provide for the review of each situation by an impartial review committee. At UCSF, that committee is the Chancellor's Conflict of Interest Advisory Committee (COIAC).

#### **OSR Training**

The Office of Sponsored Research (OSR) Training unit is committed to providing quality training to the UCSF community in a blended learning approach.

#### **Curriculum in Sponsored Research Administration**

Instruction in sponsored research administration consists of online courses and job aids, as well as scheduled in-person learning opportunities.

- Pre-award and Electronic Sponsored Research Administration
- Human and Animal Research Subjects
- Post-award Administration
- Environmental Health and Safety
- In the works...
  - Research Administration: Kick Start (online mini-curriculum)
  - Certificate programs in Sponsored Research Administration

#### Pre-award and Electronic Sponsored Research Administration

Finding Grants and Funding Sources

Source: Office of Sponsored Research - 9/28/2010

- Grants.gov (Cayuse)
- Grants.gov (Adobe Acrobat)
- Introduction to Sponsored Research (WebCT)
- UCSF Budget Overview
- Proposal Express (WebCT)
- Research Administration: Kick Start (under development)
- Research Administration System (RAS): Preaward (WebCT)

Source: Office of Sponsored Research - 9/28/2010

FY 2009-10 Headcount as of 4/1/10 OFFICE OF SPONSORED RESEARCH

Grand	Total	35
Academic	Part Time	
Acad	Full Time   Part Time	
Staff	Full Time Part Time	1
Sta	Full Time	34

Source: UCSF Human Resources

Permanently Budgeted FTEs OFFICE OF SPONSORED RESEARCH

	FY 2005-06	90-	FY 2006-07	2-07	FY 2007-08	90	FY 2008-09	60	FY 2009-10	01
Permanent Budget Account Title	Academic Staff	Staff	Academic Staff	Staff						
CLINICAL CONTRACTS UNIT										
COMMITTEE ON HUMAN RESEARCH										
OFFICE OF RESEARCH ADMINSTRATION										
OSR ADMIN						3.17		4.17		4.17
OSR COI						2.00		2.00		2.00
OSR-CONTRACTS & GRANTS DIVISION		22.00		22.00		14.42				
OSR-INDUSTRY CONTRACTS DIVISION		8.00		8.00		8.00				
OSRIT						2.00		4.00		4.00
OSR TRAINING						0.41		0.41		
OSR-RESEARCH ADMINISTRATION PROJECT		0.75		0.75		0.75				
OSR-CONTRACTS & GRANTS DIVISION								17.42		17.42
OSR-INDUSTRY CONTRACTS DIVISION								11.00		11.00
OSR-RESEARCH ADMINISTRATION PROJECT								0.75		0.75
RESRCH AFFAIRS-RESEARCH ADMIN PROJ										
Total:		0.00 30.75	0.00	0.00 30.75	0.00	0.00 30.75	0.00	0.00 39.75	0.00 39.34	39.34

Source: UCSF Budget & Resource Management

# **ACADEMIC PROGRAMS**

#### ACADEMIC AFFAIRS, VICE PROVOST

- Vice Provost Marshall, Sally, PhD.
- Business Officer Leathers, Cynthia Lynch
- Website http://academicaffairs.ucsf.edu/

The Office of Academic Affairs and Faculty Development and Advancement facilitates the recruitment, mentoring, and retention of the highest-caliber diverse faculty. It is the office of record for academic personnel and is responsible for all faculty and non-faculty academic appointments and advancement actions, stewardship reviews of deans and chairs, faculty misconduct/griev-ance and research misconduct policies and investigations. It provides leadership, training, and guidance in the development and implementation of policies and procedures relating to academic affairs. It is committed to improving the work life and academic environment for faculty to support innovative and collaborative approaches for education, health care and research at UCSF. The office leads efforts to build an electronic faculty information system and online processing of advancement materials. The Office of Academic Affairs and Faculty Development and Advancement is responsible for implementing recommendations from the Chancellor's Council on Faculty Life (CCFL). CCFL programs include: Faculty Development Day, new faculty biographies posted on the UCSF website, UCSF-Coro faculty leadership collaborative, faculty mentoring program, a faculty development program and a faculty enrichment/wellness program.

• Director of Academic Diversity –Navarro, Renee, PharmD, MD

The Office of Academic Affairs also encompasses the Academic Diversity initiative, including the Director of Academic Diversity, and a multi point program to enhance the climate for a diverse population of students, trainees, faculty and other academics. This program is responsible for the Academic Demographic System designed to aid in improving the diversity of the pool in faculty searches. It has a search committee check list and tool kit. Incentives and accountability include an annual leadership panel and reports from each of the schools.

- Acting Director Daron, Randy
- Business Officer Williams, Charleane
- Website http://www.ucsf.edu/worklife/

The Work-Life Resource Center envisions a diverse campus community where the quality of life at work is enhanced, enriched, and sustained for all members. To that end, the Center serves as a clearinghouse for ideas and issues pertaining to worklife, and engages in and supports related research to achieve organizational excellence. The WLRC promotes collaborative strategies that foster supportive work and learning environments. The Problem Resolution Center is home to

the Campus Mediation Program, which provides a voluntary, confidential, safe and neutral process for staff, administrators, faculty and students. The Office of Sexual Harassment Prevention & Resolution seeks to educate the campus community on prevention and resolution of sexual harassment and to provide timely, neutral, thorough and fair services, handling sexual harassment complaints in accordance with University policy, governing laws and regulations. The Supportive Work Environment develops, implements, and monitors strategies, programs, and activities designed to create a more supportive work environment at UCSF, through collaborative efforts with other departments and units.

FY 2009-10 Headcount as of 4/1/10 ACADEMIC AFFAIRS

Grand	Total	11
Academic	Part Time	
Acac	Full Time	
Staff	ull Time Part Time	
St	Full Time	11

Source: UCSF Human Resources

Permanently Budgeted FTEs ACADEMIC AFFAIRS

	FY 2005-06	90	FY 2006-07	-07	FY 2007-08	-08	FY 2008-09	60-9	FY 2009-10	-10
Permanent Budget Account Title	Academic	Staff	Academic Staff Academic Staff	Staff	Academic	Staff	Academic	Staff	Academic Staff Academic Staff Academic Staff	Staff
ACADEMIC AFFAIRS								8.00		8.00
EXECUTIVE VICE CHANCELLOR & PROVOST						13.00		5.00		2.00
SR VICE CHANCELLOR-ACADEMIC AFFAIRS		14.20		13.00						
Total:	0.00	0.00 14.20	0.00	0.00 13.00	0.00	0.00 13.00		0.00 13.00		0.00 13.00

Source: UCSF Budget & Resource Management

Permanently Budgeted FTES WORK-LIFE RESOURCE CENTER

	FY 2005-06	9	FY 2006-07	20	FY 2007-08	90	FY 2008-09	60	FY 2009-10	10
Permanent Budget Account Title	Academic Staff Academic Staff Academic Staff Academic Staff Academic	Staff	Academic	Staff	Academic	Staff	Academic	Staff		Staff
AVC ADMIN-PROBLEM RESOLUTION CENTER		1.45		1.45		1.45		1.45		1.45
S&SHR-SEX HARASSMENT & PREVENT PROG		0.95		1.00		1.00		1.00		2.00
SUPPORTIVE WORK ENVIRONMENT		1.45		1.45		1.45		1.45		1.45
WORK LIFE RESOURCE CENTER		2.90		3.00		3.00		3.07		3.07
Total:	0.00	6.75	06.9 00.0	6.90	0.00	06.9 00.0	0.00 6.97	6.97	0.00 7.97	7.97

Source: UCSF Budget & Resource Management

#### GRADUATE DIVISION

- Dean Calarco, Patricia, PhD
- Assistant Dean, Academic Affairs Taylor, Peter, PhD
- Assistant Dean, Postdoctoral Scholars and Research Des Jarlais, Christine, EdD
- Website http://graduate.ucsf.edu/

The UCSF Graduate Division encompasses all graduate academic degree programs and all Masters and PhD students in the four schools. The Dean of the Graduate Division, Patricia Calarco, has the institutional responsibility for the administration of graduate degree programs in accordance with policies of the Academic Senate and the Graduate Council. The Graduate Dean also has administrative responsibility for the appointment of postdoctoral scholars, the academic review of graduate programs, and dispute resolution involving graduate students and postdoctoral scholars. The Graduate Division Office is located in the William Rutter Community Center at Mission Bay, Suite 310.

#### **Mission Statement**

The UCSF Graduate Division advances excellence in health science education and training through inclusiveness, innovation and service. We develop and implement initiatives to enhance the educational and academic experience of students, postdoctoral scholars, and faculty.

The quality of graduate education is also enhanced by our goals of increased fund raising, increased local and national visibility of our graduate programs, and improved academic and private sector job opportunities for graduates and postdoctoral scholars. The quality of UCSF graduate programs is inextricably linked to the reputation and endeavors of its research faculty. Thus, by specific efforts to improve the research enterprise we serve a broader function in improving the national visibility of the campus and enhancing our recruitment of top students. This is facilitated by intensive external program reviews, financial support of students and by centralizing much of the recruitment of disadvantaged students for the graduate programs. In the inter-disciplinary world of modern science, the Graduate Division also fosters the development of selected new graduate programs, and manages program growth in areas of state and national need, resulting in concomitant growth in faculty FTE. Another important function in determining the success of our graduate and postdoctoral training programs involves careful monitoring of several measures, such as the fairness of access, the time to degree, the near and long-term placement of graduates. Other measures contributing to success include the climate a student encounters at UCSF, opportunities for teaching, and opportunities for academic enrichment, e.g., preparing for a qualifying exam, writing a dissertation or grant, and improving job readiness

Source: Graduate Division, 9/28/2010

skills. As well, students turn to us for guidance on many important issues, e.g., Ethical Conduct in Research and Discrimination Against Graduate Students on the Basis of Marital Status, Parental Status, or Childbearing Intent.

The Graduate Division is the administrative home for admission, student financial support, progression and advancement of graduate students, and, as well, has responsibility for the appointment of postdoctoral scholars and the development of campus policies affecting them. In support of its administrative functions, the Graduate Division strives to streamline the necessary procedures mandated by the University of California and the Western Association of Schools and Colleges, our accrediting body. Where possible paper flow is minimized, information and forms are handled on line, and web and email access are used for communication and monitoring of requirements. The Graduate Division also pursues a number of joint goals with our Alumni Association, such as increasing job opportunities and broadening development efforts.

#### **Specific Functions:**

#### **Graduate Admissions**

The Graduate Division develops and maintains the graduate student on-line applications, processes applications, ensures that University and Academic Senate policies are followed, provides information to prospective students regarding UCSF graduate programs and campus admission requirements, and serves as a resource to the graduate programs in their recruitment efforts.

#### **Academic Progression and Student Records**

Student petitions, requests for leaves of absence, applications for admission to qualifying examination and advancement to candidacy are reviewed and approved. Student academic progression is monitored; thesis and dissertations are reviewed and accepted for Library archiving; and completion of degree requirements is certified.

#### **Fellowships and Student Support Programs**

University, extramural, and endowment funds are managed and fellowships awarded, some in collaboration with the Graduate Council Committee on Fellowships. We also award limited amounts of research and travel funds

#### **Outreach and Recruitment**

The Graduate Division develops and implements programs designed to enroll, retain, and gradu-

Source: Graduate Division, 9/28/2010

ate a diverse student body. The Division also develops programs to increase diversity at the post-doctoral level. Initiatives include the Summer Research Training Programs, UC LEADS (Leadership Excellence through Advanced Degrees), the NSF AGEP Program, the NIGMS Initiative for Maximizing Student Diversity, and the NIGMS IRACDA Scholars in Science Postdoctoral Fellowship program. Efforts to increase funds for student support include grant writing, fundraising, and other development activities.

#### Postdoctoral Appointment and Records

The Graduate Division administers policies and programs regarding postdoc appointments and provides information to prospective and current postdoctoral scholars.

#### **Events for Students and Postdoctoral Scholars**

The Graduate Division coordinates an annual commencement, new student and postdoctoral scholar orientations, and co-sponsors a number of events with the Graduate Student Association (GSA) and the Postdoctoral Scholar Association (PSA). These include the Practice of Science Seminar, Biotech Industry Day, Career Fairs, New Student Fair, and student recruitment activities.

Source: Graduate Division, 9/28/2010

FY 2009-10 Headcount as of 4/1/10 GRADUATE DIVISION

Grand	Total	33
Academic	Part Time	22
Acac	Full Time	1
Staff	Part Time	
St	Full Time	10

Source: UCSF Human Resources

Permanently Budgeted FTEs GRADUATE DIVISION

	FY 2005-06	90	FY 2006-07	-07	FY 2007-08	80	FY 2008-09	60	FY 2009-10	10
Permanent Budget Account Title	Academic	Staff	Academic	Staff	Academic	Staff	Academic Staff   Academic Staff   Academic Staff   Academic Staff   Academic	Staff	Academic	Staff
GRADUATE ACADEMIC PROGRAMS DIRECTOR										99.0
GRADUATE DIVUCLEADS PROGRAM		0.25		0.25		0.25		0.25		0.25
GRADUATE DIVISION	1.00	5.66	1.00	5.66		99.9		9.66	1.00	8.66
Total:	1.00 5.91	5.91	1.00	1.00 5.91	0.00	0.00 6.91	0.00	9.91	1.00	8.91

Source: UCSF Budget & Resource Management

# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 GRADUATE DIVISION

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$4,620,440	\$2,041,925	\$43,326	2.12%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$249,234	\$195,191	\$0	0.00%
Total:	\$4,869,674	\$2,237,116	\$43,326	1.94%

Source: UCSF Budget & Resource Management

#### LIBRARY & CENTER FOR KNOWLEDGE MANAGEMENT

- University Librarian and Assistant Vice Chancellor Butter, Karen
- Business Officer Munson, James
- Website http://library.ucsf.edu/

#### **Mission Statement**

The UCSF Library and Center for Knowledge Management advances science, fosters excellence in teaching and learning, and promotes health through the collection, development, organization, and dissemination of the world's health sciences knowledge base.

One of the preeminent health sciences libraries in the world, the UCSF Library serves not only as a repository for health sciences information, but also as a center for development of electronic information resources and the hub of instructional computing on the UCSF campus.

#### LIBRARY MATERIALS

Print and digital books, journals and databases support the research, patient care, education, and community service programs at UCSF. The Library's 637,000 volumes and more than 16,692 journals subscriptions covers the spectrum of the health sciences disciplines.

The Digital Library program supports the creation, management and delivery of digital content and a web presence for Japanese Woodblock Prints Collection, a History of UCSF, Synapse (the UCSF student newspaper) and a set of cholera pamphlets.

#### CENTER FOR KNOWLEDGE MANAGEMENT

The Center for Knowledge Management (CKM) is an innovative division of the Library that concentrates resources and expertise for the development of academic information systems, digital knowledge bases, electronic tools, mobile applications, and the sophisticated computing and communications infrastructure required for the Library.

#### EDUCATIONAL TECHNOLOGIES

The Tech Commons and the Center for Instructional Technology, located in the new Teaching and Learning Center, provides a technology-rich environment for UCSF academic programs. Three computer labs and classrooms, located at Parnassus and Mission Bay,provide general computing support for the UCSF curricula.

Source: Library, 9/28/2010

Learning Environment offers multimedia tools and resources and a common learning management platform to assist faculty in the design and delivery of curricular content.

#### EDUCATION AND REFERENCE SERVICES

Education and reference librarians offer consultation and instruction to support education, research, and clinical care at UCSF. In addition to general classes, the Library offer curriculum-integrated instruction.

Librarians assist in locating print and online resources and in searching specialized databases.

#### **ARCHIVES & SPECIAL COLLECTIONS**

Archives and Special Collections preserves and maintains unique materials related to the history of the health sciences and UCSF. Materials include the UCSF Archives, the East Asian Collection,, UCSF faculty and departmental records, and contemporary initiatives such as the AIDS History Project and the Tobacco Control. With external funding the Library developed and maintains the Legacy Tobacco Documents Library, an online archive of more than 65 million pages of tobacco industry documents.

#### SPONSORED PROJECTS IN THE LIBRARY

The Library is engaged with partners throughout the university, the campus, and the health sciences community to collect, preserve, and provide access to unique materials of scholarly interest and to invest in technologies that support the advancement of knowledge

Source: Library, 9/28/2010

FY 2009-10 Headcount as of 4/1/10 LIBRARY

Staff
Part Time  Full Time
6

Source: UCSF Human Resources

Permanently Budgeted FTEs LIBRARY

		FY 2005-06	90	FY 2006-07	-07	FY 2007-08	80-	FY 2008-09	60	FY 2009-10	-10
Permanent Budget Account Title	7	Academic	Staff	Academic	Staff	Academic	Staff	Academic	Staff	Academic Staff   Academic Staff   Academic Staff   Academic Staff   Academic Staff	Staff
CENTER FOR INSTRUC TECHNOLOGY		1.00		1.00		1.00		1.00		1.00	
LIBRARY/CKM		10.12 76.52	76.52	10.12 74.36	74.36	10.12	10.12 74.36	10.30	10.30 69.20	10.30	59.07
LIBRARY-INSTRUCTIONAL COMPUTING			4.75		4.75		4.75		4.75		4.75
Tol	Total:	11.12 81.27	31.27	11.12 79.11	79.11	11.12 79.11	79.11	11.30 73.95	73.95	11.30 63.82	63.82

Source: UCSF Budget & Resource Management

# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 LIBRARY

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$40,861	\$40,861	\$13,484	33.00%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
<b>Private Clinical Trials</b>	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$49,607	\$49,607	\$27,050	54.53%
Total:	\$90,469	\$90,469	\$40,534	44.80%

Source: UCSF Budget & Resource Management

#### STUDENT ACADEMIC AFFAIRS, VICE PROVOST

- Vice Provost Student Academic Affiars Castro, Joseph
- Business Officer Anfinson, Adele
- Website -http://saawww.ucsf.edu/

#### **About Student Academic Affairs**

Student Academic Affairs (SAA) provides a range of quality services to students and educators at UCSF. In choosing to enroll at a health sciences campus, the students we serve have demonstrated their strong commitment to taking care of others. It is a great privilege for SAA to serve such extraordinarily talented individuals – the next generation of UCSF alumni – who are leaders dedicated to advancing health worldwide.

With an annual operating budget of \$20 million and 109 full-time employees, the scope and breadth of Student Academic Affairs is so far-reaching that every UCSF student has contact with several departments at some point during their pathway to graduation from UCSF.

SAA has strengthened its services across the campus and has led the campus in **three priority** areas – educating students, nurturing diversity, and serving community.

Student Academic Affairs includes the following departments:

- Administration and Finance
- Center of Science Education & Opportunity (CSEO)
- Educational Technology Services (ETS)
- International Students & Scholars office (ISSO)
- Mission Bay Student Services
- Office of Institutional Research
- Office of the Registrar (OIR)
- Office of Student Life (OSL)
  - Office of Academic Support and Disabled Services
  - Office of Career and Professional Development
  - Student Activities Center
  - Synapse (campus newspaper)
- Student Financial Aid (SFA)
- Student Health & Counseling Services (SHCS)
- Student Information Systems (SIS)
- University Community Partnerships (UCP)
- UCSF / San Francisco Unified School District Partnership

#### **Office of the Vice Provost**

Joseph Castro, Vice Provost and Special Assistant to the Chancellor

Provides leadership, direction, and management of campus-wide student academic affairs activities. Serves as campus Accreditation Liaison Officer with the Western Association of Schools and Colleges (WASC) while UCSF is going through extensive once-a-decade, multi-year reaccreditation process. Organizes and plans the units' activities to respond effectively to current and emerging needs of students and educators and the changing environment. Interprets University, state, federal, and other policies and regulations. Develops operating budgets, monitors department finances, and manages staff and planning for future needs. On behalf of the Chancellor, leading campus efforts to strengthen educational infrastructure, university community partnerships, diversity and outreach, and interprofessional education. Chair of UC-systemwide Student Health Insurance Program Implementation Team and UCSF representative on systemwide Climate, Culture and Inclusion Committee. Operating Budget: \$20,000,000 (excluding student financial aid) Total FTE managed: 109

Total MSP Managed: 12

#### Veronica Nepveu, Executive Assistant

The Assistant to the Vice Provost is the principal employee responsible for the comprehensive administrative and analytical support to the Vice Provost. Establishes effective communication paths with campus counterparts to ensure all meeting requirements are met. Assists the VP with ongoing special projects that include the coordination of presentations to the campus, Office of the President, and system-wide meetings; assist with the editing and production of publications and special reports; and planning and coordination of special events.

#### Maria Blandizzi, Director of Special Projects

Provides high level analytic and project support to the Vice Provost and acts as a project director, liaison, troubleshooter and facilitator, handling sensitive matters on behalf of the Vice Provost with wide discretion as needed to ensure a timely and appropriate response to a wide variety of non-routine issues. The Director guides the general progress and implementation of various special projects of high importance to SAA

#### **Administration and Finance**

Lisa Raskulinec, Chief Business Officer (CBO), Director of Finance and Administration

Provides leadership and assumes overall administrative responsibilities for strategic financial management and planning, human resources, compliance with UC policies, maintenance and operations, recharge operations, inventory, purchasing, safety, and facilities. Other responsibilities include assignments related to resource acquisition, maintenance, and fiscal stewardship of major extramural training awards. This position acts as the main point of contact for fiscal audits, UCOP, and federal agencies regarding compliance, administrative, fiscal and budgetary matters. Oversight duties include partnering with other SAA Directors to develop business

plans; ensuring that information is provided to the central level for review; setting department standards and practices; ensuring sound fiscal management and compliance with University policies; and communicating policy and procedural information. Ensure sound information is communicated for effective decision making by the Vice Provost regarding policy and resource allocations to all units within SAA.

#### **Center for Science Education and Opportunity (CSEO)**

Don Woodson, Deputy Director

The Center for Science & Education Opportunity (CSEO) was founded in 1999 to encourage students from the San Francisco Bay Area to pursue a college education. The CSEO helps students explore academic interests, prepare academically for college, learn how to apply to and finance college, and decide which colleges best fit their academic goals. CSEO's mission is to actively address educational disparities in its partner communities by providing support to underrepresented and educationally disadvantaged students on their path to higher education and fulfilling careers, especially in the fields of science and health.

#### **Educational Technology Services (ETS)**

Matt Epperson, Operations Manager

Educational Technology Services designs and supports the educational technology in classrooms, provides technical support for instructors and other classroom users, offers video conference and video recording services, and schedules general assignment classrooms. This team is committed to providing expert support, innovative technology and a full suite of media services to the campus community. A newly created endowment in 2008 is helping the campus to sustain the many classroom improvements made over the past two years.

#### **International Students and Scholars Office (ISSO)**

Gang Wang, Director

ISSO is the UCSF office designated to provide international students, scholars, and visitors with information, advice, and assistance in obtaining visa documentation and authorization for employment, and in the maintenance of immigration status. ISSO is the sole campus entity authorized to submit immigration status applications on behalf of UCSF to federal agencies, to track and report international student and scholar data as mandated by federal and state law, and to improve and monitor compliance with state, federal, and University regulations governing immigration services.

#### **Mission Bay Student Services**

Pam Belluomini, Coordinator

Mission Bay Student Services serves the needs of over 700 graduate students and professional students who work and live on campus. We bring existing University

programs and services to students and develop diverse and innovative programs and activities that enhance the quality of student life at Mission Bay.

#### Office of Institutional Research (OIR)

Chris Cullander, Director

The UCSF Office of Institutional Research (OIR) is the central source for validated student/trainee data and analysis for the campus administration, the UC Office of the President, programmatic and campus accreditations, and the US Department of Education. This data and analysis is used to inform planning and decision-making as well as to document institutional effectiveness.

#### The Office of the Registrar

Doug Carlson, Director

The Office of the Registrar assesses and collects registration fees, enrolls students in courses, records grades, produces transcripts, verifies enrollment and degrees, maintains the general course catalog, and oversees scheduling of general assignment classroom space. The Office of the Registrar serves students, faculty, staff, and the public. The Office of the Registrar is also responsible for classroom support and the scheduling of 56 general classrooms at Parnassus, Mission Bay, Laurel Heights and Mt. Zion.

#### Office of Student Life (OSL)

Eric Koenig, Director

Encouraging students to participate fully in the campus experience is the goal of the Office of Student Life. Within the department, the Student Activity Center works with more than 130 registered student organizations to advise, encourage and guide our students in their pursuit of extracurricular activities, community service involvement and student programming efforts. The Office of Career & Professional Development (OCPD) provides resources designed to enhance the academic, professional and career development of UCSF students and post-graduate trainees. In 2008, the Office received over 1,000 student visits for one-on-one counseling and had over 5,000 students attend events, programs, and class sessions. The Office of Academic Support and Disability Services coordinates services to students with permanent and temporary disabilities. Synapse, the UCSF student-run weekly newspaper, appears on campus Thursday's during the academic year and is one of the primary news sources for the rapidly developing UCSF community. And finally, the department provides support to the Associated Students of UCSF (ASUCSF) and the Graduate Student Association (GSA), both of which are focused on improving the quality of student life and advocate for student rights and interests.

#### **Student Financial Aid (SFA)**

Carrie Steere-Salazar, Director

The Student Financial Aid Office strives to assure that all UCSF students receive equitable grant and loan packages, and works closely with colleagues in each professional school to devise long-term packaging philosophies that meet the goals of the University. Our mission is to efficiently balance regulatory compliance with the financial needs of our students, while providing the best possible customer service. The financial well-being of students is our primary concern. The SFA staff provides financial counseling and advising to students on a drop-in and appointment basis. The staff has implemented a holistic debt-management and budget-planning program to educate students on ways to minimize debt and explore loan repayment options upon graduation, and provides workshops in conjunction with both individual school intersession programs and also as part of the Student Enrichment Series sponsored by SAA.

#### **Student Information Systems**

Doug Carlson, Interim Director Orlando Leon, Associate Director

The Office of the Registrar's Information Systems division develops and maintains the Student Information System and provides system and software development, application and Web site hosting, and network, security, and desktop support for SAA departments.

#### **Student Health & Counseling Services**

Henry Kahn, Medical Co-Director

Adele Anfinson, Administrative Co-Director

Student Health and Counseling Services (SHCS) provides an array of vital services to students at clinics located at Parnassus and Mission Bay. SHCS also administers a student insurance plan to provide highest quality, comprehensive, and cost effective healthcare. SHCS received more than 11,000 student visits in 2009. SHCS outreach efforts reflect a philosophy that integrates the mind and body, helping students develop habits that enhance their quality of life as active, engaged individuals while enrolled at and after leaving UCSF. Over the past two years, new investments in this office have helped to decrease the wait period for students seeking mental health counseling to a week or less.

#### **UCSF/ San Francisco Unified School District Partnership**

Orlando Elizondo, Director

The goal of the SFUSD/UCSF Partnership is to reduce and eventually eliminate the achievement gap at our participating schools. By strategically harnessing the energy and expertise of UCSF students, faculty and staff, we are working with SFUSD to accomplish this goal through initiatives that strengthen the curriculum and more effectively address the physical and emotional needs of students.

#### **University Community Partnerships (UCP)**

Wylie Liu, Operations Co-Director Naomi Wortis, Faculty Co-Director

The vision of UCP is to promote improvement in the quality of life throughout our communities by cultivating and sustaining strong, collaborative partnerships designed to eliminate health inequities and to model excellence in University and Community Engagement. The mission of the Partnership is to build collaborative relationships between UCSF and San Francisco communities, promoting civic engagement, fostering community health and well-being and enhancing the environment for education, research, employment and patient care at UCSF. UCP serves as a bridge between UCSF and local communities, emphasizing partnerships that value and respect the assets and diversity of both.

**ASSOCIATE VICE CHANCELLOR - STUDENT ACADEMIC AFFAIRS** FY 2009-10 Headcount as of 4/1/10

Total	108
Part Time	11
Full Time	
Part Time	14
Full Time	83
	Part Time   Full Time   Part Time

Source: UCSF Human Resources

Permanently Budgeted FTEs ASSOCIATE VICE CHANCELLOR - STUDENT ACADEMIC AFFAIRS

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
Permanent Budget Account Title	Academic Staff				
ASSOC VC-STUDENT ACADEMIC AFFAIRS	3.95	4.95	0.35		
COMMUNICABLE DISEASE PREVENTION PR	0.13 4.49	0.13 3.99	0.00 2.75		
DISABLED STUDENT SERVICES-OSL				0.50	0.55
FINANCIAL AID OFFICE	12.63	12.63	12.63	15.00	13.17
IRTS-ADMINISTRATION	3.06	2.36	2.36	6.18	5.82
IRTS-CLASSROOM SUPPORT	6.50	7.20	5.29	6.24	90.9
IRTS-EDUC TELEVISION	4.60	4.60	00'0		
IRTS-ELECTRONICS	3.30	3.30	3.30		
IRTS-GRAPHICS IMAGING	2.00	2.00	2.00	2.00	
IRTS-PHOTOGRAPHY	1.30	1.30	1.30	1.30	1.30
OFFICE OF STUDENT LIFE	3.05	3.05	3.75	3.60	3.25
OFFICE OF THE REGISTRAR & ADMISSION	10.00	10.00	10.00	9.92	9.21
STUDENT ACTIVITY CENTER	3.55	3.55	3.55	4.00	4.00
STUDENT CNTRD OUTREACH PROGRN/MATCH	1.50	1.50	1.50	2.50	2.40
STUDENT EMPLOYMENT/CAREER COUNSELNG	2.00	2.00	2.00	2.00	3.50
STUDENT HEALTH SERVICE	10.31	14.01	15.11	16.40	15.37
STUDENT INFORMATION SYSTEMS (SIS)	00.9	4.00	4.00	4.00	3.61
STUDENT PUBLICATION-SYNAPSE	2.05	1.85	1.85	1.85	1.90
SVCS TO INTERNATL STUDENTS/SCHOLARS	11.15	11.15	11.15	11.13	10.97
VICE PROV-STUDENT ACADEMIC AFFAIRS				9.42	8.97
Total:	0.13 91.44	0.13 93.44	0.00 82.89	0.00 96.04	0.00 90.08

Source: UCSF Budget & Resource Management

### **CAMPUS-WIDE PROGRAMS**

#### AFFIRMATIVE ACTION/EQUAL OPPORTUNITY/DIVERSITY

- Director– Adams, Michael B.
- Business Officer Tu, Amanda
- Website http://www.aaeo.ucsf.edu/about.htm

The Office of Affirmative Action/Equal Opportunity/Diversity exists to foster and insure equal opportunity for all persons involved with UCSF, and to promote diversity through specific affirmative actions. Its activities help to create an environment in which each individual's contribution is valued and everyone can succeed. The Office of Affirmative Action/Equal Opportunity/ Diversity is designed to be a resource to the entire campus.

While an affirmative action plan is required by federal regulations, UCSF views affirmative action as an important part of managing its human resources and enriching the diversity of the campus community. Different approaches, experiences, ideas, and perspectives are not only welcome, but are actively sought. It is the goal of the Office of AA/EO/D to support the implementation of diversity at all levels of the campus community.

FY 2009-10 Headcount as of 4/1/10 AFFIRMATIVE ACTION

St	Staff	Acad	<b>Academic</b>	Grand
Full Time	ull Time   Part Time   Full Time   Part Time	Full Time	Part Time	Total
7	•			7
lΟ				_

Source: UCSF Human Resources

Permanently Budgeted FTEs AFFIRMATIVE ACTION

	FY 2005-06	90	FY 2006-07	-07	FY 2007-08	90	FY 2008-09	60	FY 2009-10	10
Permanent Budget Account Title	Academic	Staff	Academic	Staff	Academic	Staff	Academic	Staff	Academic Staff   Academic Staff   Academic Staff   Academic Staff	Staff
AFFIRMATIVE ACTION OFFICE		13.80		13.79		13.19		13.19		11.89
AFFIRMATIVE ACTION-DIVERSITY TRNG		1.50		1.50		1.50		1.50		1.50
Total:		0.00 15.30	0.00	0.00 15.29	00'0	0.00 14.69	00.00	0.00 14.69	0.00	13.39

Source: UCSF Budget & Resource Management

# **SPECIAL PROGRAMS**

#### LANGLEY PORTER PSYCHIATRIC INSTITUTE

- Director–Binder, Renee
- Business Officer Caffey, Marie
- Website -http://psych.ucsf.edu/

#### Overview

San Francisco's first psychiatric hospital and training center, Langley Porter Psychiatric Institute (LPPI) was founded in 1942 as part of the State mental hospital system, under the Department of Mental Hygiene; in 1973 LPPI was transferred to the University of California. LPPI is among the nation's foremost resources for comprehensive and compassionate patient care, research and education in the field of mental health. The complexity and diversity of LPPI and the Department of Psychiatry are unique on campus: no other unit combines a department within a school, an organized research unit (LPPI), and a free-standing licensed hospital (LPPH&C); and the Chair reports to both the Dean (Department) and the Executive Vice Chancellor (LPPI and LPPH&C).

#### Research

LPPI has been a world leader in research for over half a century. Its many investigators explore biological, psychological, and social processes as they may affect the cause, diagnosis, and treatment of mental disorders as well as those that promote health, coping capacity, and life satisfaction. Operating in one of the premier biomedical research institutions in the world, researchers have compiled a deep and distinguished record of achievement. LPPI has a significant number of research scientists who are investigating the cellular, genetic, behavioral, and clinical factors related to both mental health and mental illness. Basic science discoveries are being applied to clinical care through translational research efforts and new intervention strategies.

#### **Clinical Services**

#### Mission Statement

The mission of Langley Porter Psychiatric Hospital and Clinics (LPPH&C) is to provide the highest quality care, grounded in education and refined by research.

Since 1942, Langley Porter Psychiatric Hospital and Clinics has provided compassionate and effective psychiatric care for thousands of adults, adolescents and children. LPPH&C provides advanced and caring psychiatric treatment services through inpatient, partial hospitalization, and

Source: LPPI, 9/28/2010

outpatient programs for a wide range of conditions including depression, anxiety, attention deficit disorder, and many others. The Adult Inpatient Program is a 22-bed acute psychiatric service, using a biopsychosocial approach in the treatment of adults 18 years and older who suffer from severe behavioral and emotional disturbances. Emphasis is on the assessment and stabilization of illness exacerbations with referral to appropriate subacute services following discharge. The average hospital stay is eight days. The clinics provide a broad range of outpatient consultation, evaluation and treatment interventions for emotional, psychological, and cognitive problems of adults. All patients receive an initial assessment and an individualized treatment plan. There are specialty assessment clinics in depression, anxiety, women's mood and hormone issues, geriatrics, prodromal psychosis and HIV. LPPH&C offers a range of time-limited and open-ended individual and group psychotherapy and ongoing medication management as part of an individual's treatment plan. The Children's Center at Langley Porter facilitates transformations for the children and adolescents of Northern California and beyond who come to us with a broad range of mental disorders and behavioral disturbances. Superb clinical care, influential research, and top-ranked education are the foundations of UCSF's national leadership in child psychiatry.

#### **Education**

LPPI is nationally recognized for its many outstanding training programs in medical student education; residency in general adult psychiatry; clinical fellowships in child and adolescent psychiatry, forensic psychiatry, and geriatric psychiatry; psychology fellowships in clinical psychology, clinical services research, health psychology, and community academic research training; research fellowships; and continuing medical education.

FY 2009-10 Headcount as of 4/1/10 LPPI

St	aff	Acad	lemic	Grand
Full Time	Part Time	Full Time	Part Time	Total
157	56	133	31	377

Source: UCSF Human Resources

Source: LPPI, 9/28/2010

# Permanently Budgeted FTEs

#### FY 2009-10 0.85 0.32 1.44 0.05 0.40 Academic 2.54 1.00 2.70 33.07 5.55 1.31 4.55 0.75 3.35 1.00 1.38 1.42 FY 2008-09 0.32 1.44 0.05 1.00 0.40 Academic 2.70 31.07 4.75 1.31 3.80 1.55 2.00 4.40 13.40 6.00 8.85 13.40 4.38 4.77 3.80 6.30 4.00 5.25 0.25 7.00 5.00 2.00 1.35 1.00 1.38 FY 2007 0.40 1.52 0.85 0.42 0.05 2.54 9. 0.32 1.00 Academic 0.25 7.00 5.25 2.70 31.07 4.40 13.40 6.00 8.85 8.50 4.38 3.80 6.30 4.00 2.00 2.00 1.32 5.00 0.25 2.00 1.25 1.00 1.38 FY 2006-07 0.40 3.00 0.43 0.80 1.52 Academic 2.54 0.05 1.00 13.40 8.00 8.85 8.50 4.38 4.77 3.80 6.30 4.00 0.25 7.00 5.25 2.70 31.07 10.35 5.00 0.25 2.00 1.25 1.00 1.38 FY 2005-06 1.00 0.43 0.80 1.52 0.85 2.54 0.05 0.40 Academic 0.32 GRADUATE ACADEMIC PROGRAMS DIRECTOR PPH QUALITY ASSURANCE & IMPROVEMNT PPH-FACULTY PRACTICE CLINICS (PSA) LPPH ADULT PARTIAL HOSPITALIZATION PPH CHILD & ADOL INPT SER NURSING PPH-CHILD PARTIAL HOSPITALIZATION PPH CHILD & ADOLESCENT I-P SER PPH HOSPITAL INFO MGMT (HIMS) PPH PHARMACY (NON-REVENUE) LP ADULT INPATIENT PSYCHIATRY PPH CHILD PSYCHIATRIC CLINIC PPI PROFESSIONAL EDUCATION PPI NURSING ADMINISTRATION LPPH ADULT PSY INPT SERVICE Permanent Budget Account Title PPH REHAB THERAPY ADMIN PPH-INTAKE AND REFERRALS PPH SOCIAL WORK SERVICES PPH PICU INPT SER-NURSING PPH PURCHASING & STORES PPH-CENTER ON DEAFNESS PPH CENTRAL ADMISSIONS PPH COMPUTER SERVICES PPH PSYCHIATRIC CLINICS PPH HOUSE STAFF ADMIN LPPI:NEUROGENETICS LAB -PPI: WOMENCARE CLINIC PPH DIETARY SERVICES PPH MEDICAL RECORDS -PPH-ALZHEIMER CLINIC LPP1-ALZHEIMER CLINIC PPH BUSINESS OFFICE LPPH ADMINISTRATION PPH HOUSEKEEPING

University of California, San Francisco **Institutional Profile - FY 2009-10 School/Department Profiles - Executive Vice Chancellor** 

5.00 7.50 7.50 6.85 8.50 3.92 3.92 6.30 6.30 6.25 6.25

Source: UCSF Budget & Resource Management

1.15 1.00 1.38

(Continued)

PPH FINANCE

# Permanently Budgeted FTEs

3.00

3.00

1.65

2.00

Staff

#### Academic 0.85 9.31 2.00 4.60 2.00 0.65 2.55 0.88 218.54 0.60 3.41 Staff 2.00 3.00 2.00 1.00 1.65 00.1 Academic 48.51 11.10 2.00 0.65 1.15 3.95 1.00 2.20 3.00 0.60 0.85 8.65 2.00 1.00 3.00 224.12 Staff 3.41 1.00 2.00 Academic 3.00 2.00 2.00 1.00 4.50 1.00 1.00 1.00 8 1.00 9.43 1.75 1.00 1.10 8.56 0.85 6.65 1.00 9.55 219.22 3.95 Staff 3.41 3.00 2.00 2.00 1.00 2.00 2.00 00.1.00 1.65 1.00 Academic 1.44 2.00 1.10 8.56 0.85 6.65 1.00 9.55 2.00 0.75 1.15 3.95 1.75 1.08 2.20 2.00 228.82 1.00 3.00 1.37 0.80 0.04 3.41 Staff 1.65 1.00 1.00 1.00 1.00 1.00 2.00 5.00 51.92 2.00 3.00 2.00 Academic 4. 1.00 Total: PPI-CONSULT/BRIEF INTERVENTION CLN PPI-PSYCHOLOGICAL ASSESSMENT SVC PPI-ADOL/YOUNG ADULT INPATIENT SVC PPI-MANAGEMENT INFORMATION SYSTE PPI-PERVASIVE DEV DISORDER CLINIC PPI-MEDICAL POST GRAD EDUCATION **-PPI-MED DIRECTOR IN-PATIENT SVCS** PPI-CHILDREN'S INPATIENT SERVICE PPI-PSYCHOLOGY ADMINISTRATION PPI-MEDICAL STUDENT EDUCATION PPI-STATE SUPPORTED RESEARCH PPI-CONSULTATION LIAISON SERV PPI-RESEARCH-ADMINISTRATION PPI-PROF EDUCATION-PROG DIR PPI-CHILDREN'S SERVICE (OPD) -PPI-GENERAL ADMINISTRATION PPI-PSYCHIATRIC CARE CLINIC Permanent Budget Account Title PPI-BUILDING MAINTENANCE PPI-PROGRAMS & SERVICES PPI-ENVIRONMENTAL H & S PPI-CENTER ON DEAFNESS PPI-HUMAN DEVELOPMENT PPI-HEALTH PSYCHOLOGY -PPI-FINANCIAL SERVICES PPI-INSTITUTE DIRECTOR -PPI-MATERIAL SERVICES -PPI-RESEARCH-AGNEWS PPI-CLEARING ACCOUNT PPI-RESEARCH-SONOMA PPI-OUTPATIENT DEPT PPI-RESEARCH

University of California, San Francisco **Institutional Profile - FY 2009-10 School/Department Profiles - Executive Vice Chancellor** 

2.00

1.00 3.09 1.00 1.00 1.00

2.55 1.00 0.83 2.00 2.72

9.

211.65

46.51

1.00

Source: UCSF Budget & Resource Management

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO EXTRAMURAL AWARDS BY TYPE 07/01/2009 – 06/30/2010 (All Awards) LANGLEY PORTER INSTITUTE

Date: 12/31/2010 - FINAL RESULTS

Source: UCSF Office of Sponsored Research

FEDERAL SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds	XL#
NIH Grants	15,998,347.61	12,322,458.98	3,675,888.63	43	58
Other DHHS Grants	0.00	0.00	0.00	0	0
NSF grants	0.00	0.00	0.00	0	0
Other Federal Grants	1,951,651.00	1,470,426.00	481,225.00	က	5
NIH Contracts	0.00	0.00	0.00	-	_
Other DHHS Contracts	0.00	0.00	0.00	0	0
Other Federal Contracts	155,257.00	155,257.00	0.00	9	8
Subcontracts (excluding SBIR/STTR)	1,908,508.00	1,300,230.00	608,278.00	17	23
Subcontracts(SBIR/STTR)	0.00	0.00	0.00	0	0
Fellowships(All Federal Sources)	113,225.00	113,225.00	0.00	က	4
Subtotal, Federal Sources	20,126,988.61	15,361,596.98	4,765,391.63	73	66
OTHER PUBLIC SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds	XL#
City/County of San Francisco	0.00	0.00	0.00	0	0
Other Bay Area Public Agencies	11,264.00	9,795.00	1,469.00	-	_
California Dept Health Care Services	0.00	0.00	0.00	0	0
Other California Public Agencies	0.00	0.00	0.00	0	0
Other Public Agencies	0.00	0.00	0.00	0	0
UC Programs(except IUCRP)	474,365.00	474,365.00	0.00	က	က
UC Discovery portion of IUCRP	0.00	0.00	0.00	0	0
Subcontracts(all above prime sources)	182,060.00	164,482.00	17,578.00	ო	3
Fellowships(all above sources)	89,940.00	89,940.00	0.00	က	4
Subtotal, Other Public Sources	757,629.00	738,582.00	19,047.00	10	<b>±</b>
Subtotal, Public Sources	20,884,617.61	16,100,178.98	4,784,438.63	83	110

Note: Awards are selected for inclusion based on the budget period start date. Results include actions processed through 07/08/2010.

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO EXTRAMURAL AWARDS BY TYPE 07/01/2009 – 06/30/2010 (All Awards) LANGLEY PORTER INSTITUTE	NCISCO IS)		Source: UCSF Office of Sponsored Research Date: 12/31/2010 - FINAL RESULTS	CSF Office of Sponsored Research Date: 12/31/2010 - FINAL RESULTS	Research RESULTS
PRIVATE NON-PROFIT SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds	XL#
Grants	699,399.00	643,553.00	55,846.00	12	13
Contracts	8,900.00	7,888.89	1,011.11	2	2
Subcontracts	277,496.00	233,418.00	44,078.00	7	2
Fellowships	331,639.00	331,639.00	0.00	б	6
Subtotal, Private, Non-Profit Sources	1,317,434.00	1,216,498.89	100,935.11	25	26
PRIVATE FOR-PROFIT SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds	XL#
Grants	0.00	0.00	0.00	0	0
Contracts	675,058.40	536,676.14	138,382.26	က	က
Subcontracts	00:0	0.00	0.00	0	0
Fellowships	0.00	0.00	0.00	0	0
Subtotal, Private, For-Profit Sources	675,058.40	536,676.14	138,382.26	ო	ო
Subtotal, Private Sources	1,992,492.40	1,753,175.03	239,317.37	28	29
Miscellaneous Agreement Types	Total Dollars	Direct Costs	F&A Costs	#Awds	XL#
Advance Awards	0.00	0.00	0.00	7	2
Extensions	00:00	0.00	0.00	30	30
MTAs(Incoming),URCs	0000	0.00	0.00	23	23
OTHER agreements	0.00	0.00	0.00	0	0
Subtotal, Misc Agreement Types	0.00	0.00	0.00	92	22
CUMULATIVE TOTAL	22,877,110.01	17,853,354.01	5,023,756.00	166	194

Note: Awards are selected for inclusion based on the budget period start date. Results include actions processed through 07/08/2010.

# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 LPPI

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$14,426,909	\$11,638,753	\$4,519,723	38.83%
CIRM	\$73,711	\$73,711	\$39,952	54.20%
Other State Contracts	\$147,756	\$147,756	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$161,669	\$161,251	\$32,573	20.20%
Private Contracts & Grants	\$3,759,152	\$3,214,664	\$613,731	19.09%
Total:	\$18,569,197	\$15,236,135	\$5,205,978	34.17%

Source: UCSF Budget & Resource Management

# Financial Schedule 8E - FY 2009-10 Current Fund Expenditures by Source LANGLEY PORTER PSYCHIATRIC INSTITUTE

	Total
General Funds	\$10,764
Tuition and Fees	\$0
Federal Government Grants	\$13,201
Federal Government Contracts	\$812
Special State Appropriations & Contracts	\$1,000
Local Government	\$0
Private Gifts, Grants and Contracts	\$6,233
Endowment Income	\$880
Sales & Services Educational Activities	\$16,660
Sales & Services of Auxiliary	\$0
Sales & Services Medical Centers	\$0
Other Sources	(\$115)
Reserves	\$0
Total	\$49,435

Source: UCSF Controller's Office - 9/30/2010

#### PROCTOR FOUNDATION

- Director Margolis, Todd
- Business Officer Aguayo, Leslie
- Website http://www.ucsf.edu/proctor/

Established in 1947, The Francis I. Proctor Foundation for Research in Ophthalmology is an internationally renowned, privately endowed Organized Research Unit at the University of California, San Francisco. The Foundation is dedicated to research and training in infectious and inflammatory ocular diseases, and the application of this research to the prevention of blindness worldwide.

The activities of the Foundation include Fellowship Training, Faculty Research, Medical Group Practice, Clinical Diagnostic Laboratory, and International Research and Training.

The Foundation is supported by endowments, research grants, private donations, and clinical practice income. Though it works in close collaboration with the Department of Ophthalmology at UCSF, the Proctor Foundation is administratively and functionally distinct from the Department.

#### History

The Francis I. Proctor Foundation for Research in Ophthalmology was established in 1947 in San Francisco through the joint action of Mrs. Francis I. Proctor, and the Regents of the University of California. Mrs. Proctor intended the Foundation to be a memorial to her husband, Francis I. Proctor, MD, who died in 1936.

In his will, Dr. Proctor left a portion of his estate to support research on trachoma and other eye diseases. Dr. Thygeson, and Mrs. Proctor agreed on the establishment of a memorial research laboratory at a West Coast university.

Negotiations with the University of California Regents led to the establishment of the Francis I. Proctor Foundation for Research in Ophthalmology at the University's Medical Center in San Francisco. Since its inception, the Proctor Foundation has grown from a single laboratory room with a small part-time staff to a research organization comprising more than 12,000 square feet of laboratory and office space with a faculty and staff of more than 50 people. Acquisition of the initial laboratory space was made possible by a donation from Mr. and Mrs. Berthold Guggenhime. This manner of acquiring space by purchase has been a key factor in ensuring the Proctor Foundation's continuing autonomy.

Source: Proctor Foundation, 9/28/2010

Mrs. Proctor made many other gifts to the University, including one in 1953 for the construction of a medical office building for patient care by Foundation faculty practitioners. The Proctor Foundation Building at 95 Kirkham Street was constructed in 1953-1955 on property adjacent to the UCSF campus. The first floor of the building is devoted to clinical space for outpatient care. The lower floor houses the Kimura Ocular Immunology Laboratory.

In 1958, Mrs. Proctor and Mr. Forrest Davidson made generous gifts which were matched by the US Public Health Service to purchase laboratory space on the third floor of the UCSF Medical Sciences Building. Part of this space became the World Health Organization Collaborating Centre for the Prevention of Blindness and Trachoma.

Two additions were made to the Proctor Foundation building at 95 Kirkham Street in 1965. A third floor laboratory was constructed on top of the existing building, and an east wing was added. The additional space now houses the clinical microbiological laboratory, the cytochemistry laboratories, and the Harry Hind Library as well as faculty and administrative offices.

The organization of the Proctor Foundation was stipulated in the agreement between the founder, Mrs. Proctor, and the Regents of the University of California. This plan calls for the Director of the Foundation to be responsible to a Board of Governors which consists of the Chancellor of UCSF, the Chairman of the Department of Ophthalmology, and an Independent Governor (originally Mrs. Proctor's representative). The current Board of Governors is comprised of Susan Desmond-Hellmann, MD, Chancellor, UCSF (represented by Executive Vice Chancellor and Provost Jeffrey Bluestone, PhD); Stephen McLeod, MD, Chair, Department of Ophthalmology; and, John P. Whitcher, MD, MPH, Independent Governor. Todd P. Margolis MD, PhD, has been the Director of the Foundation since 1999.

#### Research

The research interests of the Foundation focus on the prevention, pathogenesis and treatment of infectious and inflammatory eye disease. Specific research areas include:

- Latent Infection with Herpes Simplex Virus
- Molecular Diagnostics
- Predicting and Improving Clinical Outcomes in Corneal Ulcer Patients
- Epidemiology of Uveitis
- Autoimmune Mechanisms in a New Spontaneous Model of
- Sjögren's syndrome
- Molecular and Cellular Mechanisms in Inflammatory Angiogenesis
- Studies of Sjogren's Syndrome and Dry Eye
- Optimal therapies for Uveitis

Source: Proctor Foundation, 9/28/2010

- Effective Treatment strategies for the elimination of Trachoma
- Mathematical Modeling of Infectious Disease

#### **Patient Care**

The Proctor Medical Group (PMG) is world famous for the expert eye care that it provides. For over 50 years PMG clinicians have been leaders in the medical and surgical management of red eyes (external diseases), corneal diseases and uveitis (inflammation inside the eye). They are particularly well known for the diagnosis and management of inflammatory eye problems that occur in association with diseases affecting other organ systems such as wegners granulomatosis, graft vs host disease, mucous membrane pemphigoid and sarcoidosis, and unusual viral, parasitic and fungal infections.

Specific interests of the Medical Group physicians are dry eye, ocular surface disease, AIDS-related eye diseases, diseases caused by Chlamydia, herpes simples virus and herpes zoster, corneal ulcers, allergic eye disease, immune mediated disease of the conjunctiva, iritis and retinitis.

## Fellowship Program

The Proctor Foundation offers two types of Fellowship Training. Three Clinical Fellowships are offered each year, two in cornea and one in uveitis. Because of the clinical nature of these fellowships they are limited to US citizens or permanent US residents. Over the past several years, the Foundation has also been able to offer one Research Fellowship to an international candidate.

#### Clinical Fellowship Training:

The Proctor Foundation offers two distinct clinical fellowship training programs:

### Corneal/external disease fellowship

We conduct a one year clinical fellowship program offering comprehensive training in all aspects of corneal and external diseases, corneal transplantation, refractive surgery, and uveitis. Clinical sites include the UCSF Department of Ophthalmology, Proctor Medical Group, San Francisco General Hospital and Kaiser Redwood City. A second year, focusing primarily on research, may be available when appropriate. Ongoing research programs include clinical trials, epidemiologic projects, and laboratory-based studies in infectious and inflammatory ocular disease, refractive procedures, and corneal endothelial cell transplantation. Opportunities exist for field research in developing countries, AIDS-related research, and training in advanced surgical techniques.

#### Uveitis fellowship

We also offer a one year uveitis fellowship, which provides clinical training in all aspects of

Source: Proctor Foundation, 9/28/2010

uveitis, as well as time set aside for either clinical or laboratory research. A second year, focusing more on research, may be available when appropriate. Ongoing research programs include clinical trials, epidemiologic projects, and laboratory-based studies in infectious and inflammatory ocular disease.

## Research Fellowship Training:

Research fellows participate in didactic sessions, research projects, and observe our clinical approach to the management of patients with ocular infectious and inflammatory eye disease. The primary responsibilities for research fellows will be to design and execute well constructed projects. They may also attend organized teaching sessions as described in the Clinical Fellowship Training section. Clinical and research faculty involved in research fellowship training at the Proctor Foundation are Drs. Richard Abbott, Nisha Acharya, Matilda Chan, Bruce Gaynor, Jeremy Keenan Douglas Holsclaw, David Hwang, Bennie Jeng, Thomas Lietman, Todd Margolis, Stephen McLeod, Nancy McNamara, Ayman Naseri, John Whitcher, and Ira Wong.

Source: Proctor Foundation, 9/28/2010

FY 2009-10 Headcount as of 4/1/10 PROCTOR FOUNDATION

Grand	Total	42
Academic	Part Time	2
Acac	Full Time	15
Staff	Part Time	10
St	Full Time	15

Source: UCSF Human Resources

Permanently Budgeted FTEs PROCTOR FOUNDATION

	FY 2005-06	90	FY 2006-07	20	FY 2007-08	90	FY 2008-09	60	FY 2009-10	10
nt Title	Academic	Staff	Academic	Staff	Academic	Staff	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic Staff	Staff
PROCTOR FOUNDATION		7.10		7.10		7.10		7.10		7.10
PROCTOR FOUNDATION CLINICAL SUPPORT		0.50		0.50		0.50		0.50		0.50
PROCTOR FOUNDATION FACULTY SUPPORT	2.00	0.25	2.00	0.25	2.00	0.25	2.00	0.25	2.00	0.25
PROCTOR FOUNDATION FELLOWSHIP TRNG	3.00	0.50	3.00	0.50	3.00	0.50	3.00	0.50		0.50
Total:	2.00	8.35	2.00	8.35	2.00	5.00 8.35	2.00	5.00 8.35	2.00	8.35

Source: UCSF Budget & Resource Management

# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 PROCTOR FOUNDATION

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$1,807,895	\$1,475,601	\$532,980	36.12%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$79,632	\$71,939	\$26,757	37.19%
Private Contracts & Grants	\$771,985	\$675,073	\$80,527	11.93%
Total:	\$2,659,512	\$2,222,613	\$640,264	28.81%

Source: UCSF Budget & Resource Management

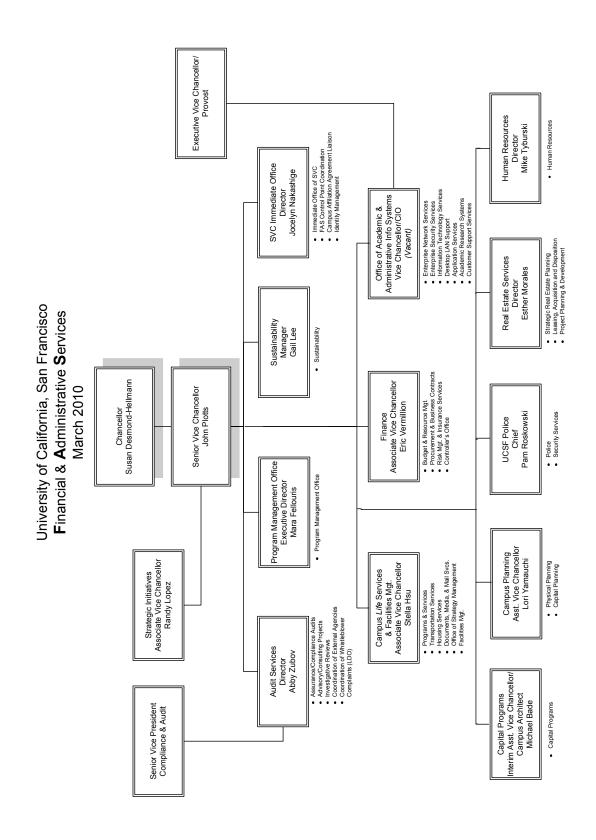
## **School/Dept. Profiles - Senior Vice Chancellor Finance and Administration**

# SENIOR VICE CHANCELLOR FINANCE & ADMINISTRATION

## **Chapter Contents**

Organizational Chart	394
Senior Vice Chancellor Finance and Administration	395
Audit Management Services	397
Campus Life Services (CLS) and Facilities Management	399
Campus Planning	412
Capital Programs	414
Finance	416
Budget and Resource Management	417
Campus Procurement and Business Contracts	424
Controller's Office	427
Risk Management Services	432
Finance & Administration	434
Human Resources	436
Information Technology Services (ITS)	440
Police Department	444
Program Management Office (PMO)	450
Real Estate Services	452

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration



## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

#### SENIOR VICE CHANCELLOR FINANCE AND ADMINISTRATION

- Senior Vice Chancellor Plotts, John
- Website http://www.ucsf.edu/fas/

#### **Financial and Administrative Services**

OUR MISSION: Provide strategic and operational support services that advance UCSF's mission, safeguard University assets and assure public trust.

OUR VISION & VALUES: We strive to be a high performing team providing superior services helping to make UCSF the institution of choice for discovery, working and learning.

## **Departments Reporting to Senior Vice Chancellor Plotts:**

- Audit Management Services
- Campus Life Services (CLS) and Facilities Management
- Capital Programs
- Finance
  - Budget & Resource Management
  - Campus Procurement & Business Contracting
  - Controller's Office
  - Risk Management & Insurance Services
- Finance and Administration
- Human Resources
- Office of Academic and Administrative Information Systems (OAAIS)
- Police Department
- Program Management Office (PMO)

## University of California, San Francisco Institutional Profile - FY 2009-10 School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

## FY 2009-10 Headcount as of 4/1/10 FINANCIAL & ADMINISTRATIVE SERVICES

	St	aff	Acad	emic	<b>Grand Total</b>
Department	FT	PT	FT	PT	
FINANCIAL & ADMISTRATIVE SVCS	16				16
ASST VC-FACILITIES MGMT	286	5			291
AUDIT	10				10
AVC-ADMINISTRATION	195	9			204
AVC-FINANCE	199	4			203
CAMPUS LIFE SERVICES	408	32			440
CAMPUS PLANNING	13				13
FAS DEPARTMENT	1				1
OAAIS	208				208
REAL ESTATE SERVICES	11				11
Total	1,347	50	0	0	1,397

Source: UCSF Human Resources

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

### **AUDIT MANAGEMENT SERVICES**

- Director Zubov, Abby
- Website -http://oaais.ucsf.edu/audit/home.html/

Our mission is to assist the university community in the discharge of their oversight, management and operating responsibilities by:

- Performing independent objective audits,
- Conducting investigations,
- · Coordinating external reviews, and
- Providing advisory services

We work closely with Senior Leadership and business functional managers within the schools of Medicine, Dentistry, Nursing and Pharmacy and the Medical Center to improve the effectiveness of control, and governance processes.

Source: Audit Management Services, 9/26/2008

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

FY 2009-10 Headcount as of 4/1/10 AUDIT MANAGEMENT SERVICES

Grand	Total	10
Academic	Part Time	
Acad	Full Time Part Time	
Staff	Part Time	
St	Full Time	10

Source: UCSF Human Resources

Permanently Budgeted FTEs AUDIT MANAGEMENT SERVICES

	FY 2004-05	05	FY 2005-06	90-	FY 2006-07	-07	FY 2007-08	80	FY 2008-09	60	FY 2009-10	10
Permanent Budget Account Title	Academic	Staff	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic Staff Academic Staff	Staff	Academic	Staff	Academic	Staff	Academic	Staff
AUDIT DIVISION		12.03		13.00		13.00		13.11		14.11		14.11
AVC ADMIN-INVESTIGATIONS GROUP										0.60		0.60
Total:	00'0	0.00 12.03	0.00 13.00	13.00	0.00 13.00	13.00		0.00 13.11	0.00	0.00 14.71	0.00 14.71	14.71

Source: UCSF Budget & Resource Management

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

## CAMPUS LIFE SERVICES (CLS) AND FACILITIES MANAGEMENT

## **Campus Life Services**

- Associate Vice Chancellor Hsu, Stella
- Website http://www.cas.ucsf.edu/cls/

Campus Life Services offers the following services:

- Arts & Events
- Conference Services
- Distribution & Storage
- Documents, Media & Mail
- Family Services
- Fitness & Recreation
- Housing Services
- Retail
- Transportation Services

#### **Arts & Events**

Arts & Events' mission is to strengthen the bonds that make us a strong community, through recognition and celebration for everyone at UCSF.

Arts & Events services include arts, cultural, social, and community-building programs at all primary campus sites, as well as discount tickets to local theatrical and performing arts, movie theatres, and local and national retail providers. Arts & Events also facilitates the Bear Hug program, UCSF's employee recognition program.

#### **Conference Centers**

The Conference Centers' mission is to provide venues and resources for partial, single, and multi-day events that support the academic and research goals of the campus.

The Millberry Union Event and Meeting Center at Parnassus and Mission Bay Conference Center offer space, equipment, event coordination, and amenities, such as food services, all of which are open to the entire community.

Source: Campus Life Services, 9/22/2010

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

## **Distribution & Storage**

Distribution & Storage's mission is to provide innovative and cost effective distribution, warehousing and surplus services and products to match the needs of UCSF faculty and staff

Distribution and Storage manages a secure, full-service warehouse, and provides central receiving and delivery of supplies and large equipment. Other services include: moving and relocation services, sales and delivery of UC strategically sourced commodities, processing orders and delivery of compressed medical and industrial gases and scientific alcohol, and the collection, processing, and sale of surplus goods and property, including vehicles, within University compliance policy for liquidation of assets.

#### Documents, Media & Mail

Documents, Media & Mail's mission is to provide innovative and cost effective documents, media and mail services and products to match the needs of UCSF faculty, students and staff.

Documents, Media & Mail provides full print, copy, and bindery services, print and website design, multi-media services, including video production, and document scanning and archival. Mail services include incoming USPS, outgoing USPS, and bulk mail addressing and processing.

## **Family Services**

Family Services' mission is to create a loyal community of UCSF parents and children through the provision of the highest quality care, good value, and family specific programs that support a more productive work life and enriched family life.

UCSF Family Services integrated programs provide high-quality care for 300 children (infants-12 years) and their families, as well as a referral program for both children and adults.

### **Fitness & Recreation**

Fitness & Recreation's mission is to support and stimulate physical and social activities that enrich wellness and recreational opportunities for the UCSF campus community.

Fitness & Recreation services include state-of-the art fitness facilities, recreational, intramural,

Source: Campus Life Services, 9/22/2010

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

and club sports, and outdoor programs. There are two center locations—Millberry Fitness & Recreation Center at Parnassus and Bakar Fitness & Recreation Center at Mission Bay.

## **Housing**

Housing's mission is to provide University housing and related services to students, post-docs, residents/clinical fellows, and faculty.

On-campus housing, located at Parnassus and Mission Bay, offers single, couple, and family options. Mission Bay Housing provides 431 apartments. The Parnassus campus has three communities: Aldea San Miguel provides 172 apartments, with 1- and 2-bedroom options; The Faculty Houses, with 10 buildings, provide a total of 18 apartments, flats or houses with 2-, 3- and 4-bedroom options; and The Avenues Student Houses, with 15 buildings, provide group living options for 103 single students. Housing also offers an off-campus listing service for rental referrals in the community, plus a short-term lodging guide listing nearby hotels, Bed and Breakfasts, and guest apartments.

### Retail

Retail's mission is to bring value, convenience, and variety to the UCSF community, thereby enhancing the quality of life on campus.

Retail provides on-campus dining, shopping, and banking services to the faculty, staff, and students at UCSF. Retail is comprised of two units—the University Stores and Vendor Services. The University Stores are comprised of three stores: the University Store, including the Technology Store on Parnassus, and the University Store at Mission Bay. The stores offer products and services, ranging from health sciences reference and course books to medical instruments to major name brand computer hardware and software, as well as consumer lifestyle products, including clothing, transit passes, and a full compliment of convenience items. Vendor Services manages the leases of approximately 18 commercial tenants and the many vending machines at five campus locations.

#### **Transportation Services**

Transportation's mission is to manage and oversee the campus's transportation resources in the best interests of the institution, and to provide excellence for all provided services.

Transportation provides access to campus sites through a variety of modes that include shuttle bus services, rideshare services such as vanpools, bus club and carpools, parking access for

Source: Campus Life Service, 9/22/2010

## University of California, San Francisco Institutional Profile - FY 2009-10 School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

motorcycles and bicycles, and some limited access for personal and department-owned vehicles. As a transit-first campus, and one that focuses on sustainable transportation practices, the department provides on-site transit pass sales at all campus sites and supports a full pre-tax transportation benefit program. Additionally, the department manages the campus fleet program and its component functions.

Source: Campus Life Service, 9/22/2010

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

#### **Facilities Management (FM)**

- Associate Vice Chancellor Hsu, Stella
- Website http://www.cpfm.ucsf.edu/

## **Mission Statement**

We operate and maintain UCSF facilities in support of its research, teaching, health care, and community service mission.

#### **FM Services**

General

Facilities Management is responsible for the operations and maintenance of the campus, maintaining the physical structure of the campus, providing utilities, and providing the support services that surround these functions.

#### **Custodial Services**

The Custodial Department provides cleaning services on campus which include: offices, labs, classrooms, restrooms, elevators, stairwells hallways, entrances/lobbies, lounges/waiting areas, and conference rooms. They handle special requests such as carpet shampooing, floors stripping and wax or graffiti removal, high cleaning, and window washing. They also handle event setups, table and chair rental, pest control services, and emergency clean up for floods, breakages and spills.

### **Customer Service Center**

The Customer Service Center (CSC) along with the campus Facility Managers provides FM's main interface with campus clients to address their operation and maintenance needs. The CSC handles billing inquires, emails monthly invoices, encodes employee security cards, distributes keys and processes customer job estimates. They also manage FM's Preventive Maintenance (PM) Program for all sites and compile documents and reports on equipment maintenance/repair and testing for accreditation/inspection data for Medical Center accreditation needs. The CSC provides emergency response notification to the campus community via CPFM's Urgent Notification Program (URGENTNOTICE@LISTSRV.UCSF.EDU) and CPFM's Information Line (514-1212).

#### **Facilities Maintenance**

Craftspeople and engineers in this unit provide maintenance services. Plumbers repair and maintain hot, cold, and distilled water, as well as gas, air and vacuum systems. They also keep sink faucets, all sewer, acid waste, waste vent drainage systems, and drinking fountains in working order. Carpenters maintain doors and windows, repair floor tiles, hang shelves and earthquake brac-

Source: Facilities Management - 9/27/2010

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

ing, and repair furniture. Heating, Ventilation and Air Conditioning (HVAC) mechanics maintain comfort cooling and heating systems, steam systems, heating hot water and oversee computer-controlled environmental systems. Refrigeration mechanics maintain local campus chillers, ice makers and refrigeration and freezer units. Electricians repair and maintain the electrical systems, outlets and equipment, as well as responding to trouble calls. Building Maintenance Workers (BMWs) replace air filters, clear roofs and debris, move furniture and assist the craftspeople in all general building maintenance. Campus engineers provide maintenance and repair services to the rotating equipment located in buildings; the Parnassus and Mission Bay engineers are on duty 24 hours a day, seven days a week to provide emergency coverage and response.

### Fire and Life Safety

The UCSF Fire and Life Safety Systems Group is staffed with on-site fire and life safety technicians and operates under strict state code requirements. The group is responsible for the design, installation, updates, maintenance, operation and repair of all building fire alarms, fire extinguisher, and life safety systems on the main campuses as well as many off-site locations affiliated with UCSF.

## Landscaping

The Grounds Maintenance Crew maintains the plants, shrubbery, trees, hardscape, and all land-scaped areas on the Parnassus and Mission Bay Campuses, as well as outlying campus sites such as Laurel Heights and Mission Center. On the Parnassus Campus alone this encompasses a total area of over 100 acres. The Grounds Maintenance staff is responsible for keeping the exterior of our campuses clean, safe, and attractive. Over time, the unit is moving our older landscaping into more sustainable designs on the Parnassus Campus, and establishing the new landscaping at the Mission Bay Campus, as the buildings and grounds come on line.

### Lock Shop

The Lock Shop installs and maintains alarm systems, access control systems, closed circuit television systems (CCTV) and the campus master key system. It also procures/provides all UCSF proprietary keys and locks, as well as maintaining thousands of alarm points, door systems and emergency call buttons across our many sites.

#### Plant and Infrastructure Operations and Maintenance

Plant Services department engineers operate the Parnassus Central Utilities Plant (PCUP) and maintain the campus normal power system, emergency electrical power generators and distribution, central chilled water distribution, steam distribution, high pressure condensate, campus supervisory control and data acquisition system (SCADA) and energy management systems.

Source: Facilities Management - 9/27/2010

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

## **Strategic Facilities Management**

This unit provides design review services for all construction projects – new and retrofit projects. These services are specifically aimed at assuring compliance with UCSF Facilities Design Guidelines and good design practices as well as compatibility with existing systems. This unit also encompasses campus wide recycling, energy efficiency and water conservation programs. The unit is charged with planning and implementing deferred maintenance, facility renewal as well as overseeing the implementation of UCSF's strategic energy plan.

## **Sustainable Operations**

The Sustainable operations unit of FM was created in response to UC Systemwide policy on Sustainable Building operations. The program is focused on improving the sustainability of FM's operational practices and certifying UCSF buildings as "green buildings" through the US Green Building Council.

Source: Facilities Management - 9/27/2010

## University of California, San Francisco Institutional Profile - FY 2009-10 School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

# FY 2009-10 Headcount as of 4/1/10 CAMPUS LIFE SERVICES

St	aff	Acad	lemic	Grand
Full Time	Part Time	Full Time	Part Time	Total
408	32			440

Source: UCSF Human Resources

## **School/Dept. Profiles - Senior Vice Chancellor Finance and Administration**

Permanently Budgeted FTES CAMPUS LIFE SERVICES

	-5	9	-200	-80(	·-60
Permanent Budget Account Title	Academic Staff				
ADDRESSING SERVICES	2.40	2.40	2.40		
ALDEA GEN EXP-ADMIN & CLER	3.90				
ALDEA HSEHD SERV MAINT & REPAIR	2.65	2.65	2.65		
AUX ENTERPRISES ADMINISTRATION	3.00	3.00	3.00		
AUX ENTERPRISES DISTRIBUTION	00.9	00.9	00.9		
AUX ENTERPRISES STORAGE & SURPLUS	7.00	7.00	7.00		
AUX ENTERPRISES STORES	3.00	3.00	3.00		
CAMPUS SHUTTLE SERVICES	81.97	48.23	48.23		
CAS ADMINISTRATION	6.41	4.41	4.41		
CAS INFORMATION SYSTEMS UNIT	8.00	4.00	4.00		
CENTRAL DESK/GAME ROOM	2.50				
CHILD CARE CENTER	10.80	10.80	10.80		
CHILD/ELDERLY CARE R&R SERVICE	1.00	1.00	1.00		
CLS MU PLAZA STORE OPERATION EXP				5.67	5.67
CLS ADDRESSING SERVICES				2.40	2.40
CLS ADMINISTRATION				4.41	4.41
CLS ALDEA HSEHD SERV MAINT & REPAIR				2.65	2.65
CLS CAMPUS SHUTTLE SERVICES				48.23	48.23
CLS CHILD CARE CENTER				10.77	10.77
CLS CHILD/ELDERLY CARE R&R SERVICE				1.00	1.00
CLS D&S ADMINISTRATION					3.00
CLS D&S GAS AND ALCOHOL					3.00
CLS D&S LABOR SERVICES				00.9	00.9
CLS D&S SURPLUS SALES				7.00	7.00
CLS DMMDS ADMINISTRATION				5.00	5.00
CLS DOCMEDIAMAIL-PRODUCTION				26.45	26.45
CLS ENTERPRISES ADMINISTRATION				3.00	
CLS ENTERPRISES STORES				3.00	
CLS FED MU FITNESS & REC				2.29	2.29
CLS GROUP FITNESS CORE	0.91				
CLS INFORMATION SYSTEMS UNIT				4.00	4.00
CLS LAUREL HEIGHTS MANAGEMENT				3.68	
CLS MAIL DISTRIBUTION				21.70	21.70
CLS MBAY CHILD CARE CNTR OPERATING				8.29	8.29
CLS MCB PARKING				0.50	0.50
CLS MISSION BAY HOUSING	17.60				
CLS MU BOOKSTORE				19.44	19.44
CLS MU CENTRAL DESK/GAME ROOM				2.50	2.50

Continued)

## **School/Dept. Profiles - Senior Vice Chancellor Finance and Administration**

Permanently Budgeted FTES CAMPUS LIFE SERVICES

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	9-10
Permanent Budget Account Title	Academic Staff	Academic Staff	Academic Staff	Academic Staff	Acac	Staff
CLS MU CUSTOMER SERVICE				8'	44	8.44
CLS MU FIT PROG ADMIN					1.95	1.95
CLS MU FIT PROG AQUATICS				5.0	90	5.05
CLS MU FIT PROG GROUP FITNESS CORE				0.0	91	0.91
CLS MU FIT PROG MASSAGE				. 7.	74	2.74
CLS MU FIT PROG OUTDOORS PROGRAMS				2.0	00	2.00
CLS MU FIT PROG REC SPORTS				<u>-</u>	18	1.18
CLS MU FIT PROG UCSF DAY CAMP				0.0	80	0.80
CLS MU FIT PROG YOUTH & FAMILY				0	31	0.31
CLS MU MEMBERSHIPS				4	54	4.54
CLS MU OPERATION MANAGEMENT				4.8	93	4.93
CLS MU PERSONAL TRAINING				<u></u>	28	1.58
CLS OUTGOING U.S. MAIL				5.	45	5.45
CLS P&S ARTS & PERFORMANCE				· 0	42	0.59
CLS P&S MU P&R KIDS	0.31					
CLS P&S-EMPACT ADMIN				4	55	4.55
CLS P&S-EMPACT ARTS & PERFORMANCE				. 0	92	0.76
CLS P&S-EMPACT TICKETS				0	75	0.75
CLS P&S-MARKETING ACTIVITIES				3.6	20	3.50
CLS P&S-REC FACILITY/OPERATIONS					00	1.00
CLS P&S-REC-OPERATIONS MGMT				3.0	53	0.53
CLS PARKING ENFORCEMENT				9.9	00	00.9
CLS PARKING OPERATIONS-LHTS				0.50	20	0.50
CLS PARKING OPER-CURRENT				44.	11	44.11
CLS PR YR MU FITNESS & REC				3.6	20	3.50
CLS REMOTE PARKING LOT				0.5	20	0.50
CLS STUDENT HOUSING SERVICE				0	20	0.70
CLS TECHNOLOGY STORE				5.0	00	5.00
CLS TRANSPORTATION SERVICE				3.6	06	3.90
CLS URP 3RD 5TH STUDENTS OPS FAC				5.6	95	5.95
CLS VANPOOL PROGRAM				<del>-</del>	20	1.50
CLS-P&S-CUSTODIAL					20	8.70
CLS-VENDOR SERVICE			2.22		20	2.20
FED MU FITNESS & REC		2.29	2.29			2.96
ITS STORE	06.9	2.00	5.00			
LAUREL HEIGHTS MANAGEMENT	3.68		3.68			
MAIL DISTRIBUTION	30.69	22.05	22.05			
MBAY CHILD CARE CENTER OPERATING	8.29		8.29			

# (Continued)

## University of California, San Francisco Institutional Profile - FY 2009-10

## **School/Dept. Profiles - Senior Vice Chancellor Finance and Administration**

	-2	9	-20(	-80(	60(
Permanent Budget Account Title	Academic Staff				
MBAY P&R KIDS CLUB	2.00				
MCB PARKING	0.70	0.50	0.50		
MISSION BAY MGS CUSTOMER SERVICE	12.68				
MISSION BAY MGS FITNESS OP	2.00				
MISSION BAY MGS MEMBERSHIP	8.00				
MISSION BAY P&R AQUATICS	1.98				
MPS ADMINISTRATION	5.92				
MPS ARTS & PERFORMANCE	0.42	0.42	0.42		
MPS CONFERENCE CENTER	2.29				
MPS CUSTODIAL	9.30	8.70	8.70		
MPS- EMPACT ARTS & PERFORMANCE	0.76	92.0	0.76		
MPS MEMBERSHIPS	4.54	2.66			
MPS OUTDOOR PROGRAMS GENERAL/CANOE	2.00				
MPS REC HEALTH & WELLNESS	2.74				
MPS REC-AQUATICS	5.05				
MPS REC-VARIOUS ACTIVITIES	1.95				
MPS STUDENT RECREATION	2.66		2.96	2.96	
MPS-CUSTOMER SERVICE	8.44				
MPS-EMPACT ADMIN	4.55	4.55	4.55		
MPS-EMPACT TICKETS	0.75	0.75	0.75		
MPS-MARKETING ACTIVITIES	6.50	3.50	3.50		
MPS-OUTDOOR PROG-SUMMER DAY CAMP	0.80				
MPS-REC FACILITY/OPERATIONS	1.00	1.00	1.00		
MPS-REC-CYBEX FLOOR	4.93				
MPS-REC-OPERATIONS MGMT	0.53	0.53	0.53		
MPS-REC-PERSONAL BEST	1.58				
MPS-REC-SPORTS	1.18				
MPS-VENDOR SERVICE	3.20	2.20			
MU BOOKSTORE	19.44	19.44	19.44		
MU CENTRAL DESK/GAME ROOM		2.50	2.50		
MU CUSTOMER SERVICE		8.44	8.44		
MU FIT PROG ADMIN		1.95	1.95		
MU FIT PROG AQUATICS		5.05	5.05		
MU FIT PROG GROUP FITNESS CORE		0.91	0.86		
MU FIT PROG MASSAGE		2.74	2.74		
MU FIT PROG OUTDOORS PROGRAMS		2.00	2.00		
MU FIT PROG REC SPORTS		1.18	1.18		
MU FIT PROG UCSF DAY CAMP		08.0	0.80		

Permanently Budgeted FTEs CAMPUS LIFE SERVICES

## **School/Dept. Profiles - Senior Vice Chancellor Finance and Administration**

Permanently Budgeted FTEs CAMPUS LIFE SERVICES

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
Permanent Budget Account Title	Academic Staff				
MU FIT PROG YOUTH & FAMILY		0.31	0.31		
MU MEMBERSHIPS		4.54			
MU OPERATION MANAGEMENT		4.93	4.93		
MU PERSONAL TRAINING		1.58	1.58		
MU PLAZA STORE OPERATION EXPENSES	29.5	5.67			
OUTGOING U.S. MAIL	5.45		5.45		
PARKING ENFORCEMENT	00.9				
PARKING OPERATIONS-LAUREL HEIGHTS	06:0				
PARKING OPER-CURRENT	44.11	•	44.11		
PARKING OPS-MISSION BAY	2.00				
PR YR MU FITNESS & REC		3.50	3.50		
REMOTE PARKING LOT	0.50		0.50		
REPRO-PRODUCTION	35.53		26.45		
RMBS ADMINISTRATION	2.00		2.00		
STUDENT HOUSING SERVICE	0.70	0.70	0.70		
TRANSPORTATION SERVICES	3.90		3.90		
TURK STREET STUDENT HOUSING	3.10				
UNIVERSITY RESIDENCE PROGRAM	5.95	5.95			
VANPOOL PROGRAM	2.90	1.50	1.50		
Total:	0.00 446.61	0.00 324.97	0.00 315.49	0.00 324.89	0.00 321.38

Source: Budget & Resource Management

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

FY 2009-10 Headcount as of 4/1/10 FACILITIES MANAGEMENT\*

Staff	Acac	Academic	Grand
Part Time	Full Time	Part Time	Total
286	2		291

\*Includes Capital Programs

Source: UCSF Human Resources

Permanently Budgeted FTEs CAPITAL PROGRAMS AND FACILITIES MANAGEMENT (CPFM)

Permanent Budget Account Title		FY 2005-06	9	FY 2006-07	07	FY 2007-08	80	FY 2008-09	60	FY 2009-10	- -
	Ace	Academic Staff		Academic Staff		Academic Staff		Academic	Staff	Academic	Staff
BLDG MAIN IENANCE			22.17		22.17		22.17		21.82		19.32
CUSTODIAL OPERATIONS		٠,	58.00		58.00		49.90		58.00		52.70
FAC OPER DIVISION OH			2.00				0.00		0.00		0.00
FACILITIES MGMT-SPACE MGMT UNIT			3.00		3.00		3.00		3.00		2.65
GEN & ADM EXPENSES		.,	30.50		30.50		32.26		30.50		28.70
LANDSCAPE SVC CORE			3.70		3.70		3.70		3.70		3.42
01	Total:	0.00 119.37	19.37	0.00 117.37	117.37	0.00 111.03	11.03	00.00	0.00 117.02	0.00 106.79	106.79

Source: UCSF Budget & Resource Management

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

#### **CAMPUS PLANNING**

- Assistant Vice Chancellor Yamauchi, Lori
- Website http://campusplanning.ucsf.edu/

What We Do

Campus Planning provides professional planning services that guide the physical development of the campus and assists in strategic development and improvements of buildings and space to support UCSF's mission of research, teaching, health care, and public service.

Major Responsibilities

### **Physical Planning**

The Physical Planning unit is responsible for overseeing land use planning for all UCSF campus sites, including Parnassus Heights, Mount Zion and Mission Bay, and site selection for major new construction projects and campus expansion. Included within the unit's broad scope of responsibility is maintenance of the campus' Long Range Development Plan, master planning, landscape planning, signage, and oversight of planning studies related to land use and design guidelines set forth in the Long Range Development Plan. The Physical Planning unit also prepares required environmental documentation for construction and major renovation projects to ensure compliance with the California Environmental Quality Act (CEQA).

## **Capital Planning**

The Capital Planning Unit is responsible for defining projects for inclusion in annual and tenyear capital plans for both State-funded and non-State funded Capital Improvement Programs (CIP). Working with academic and non-academic stakeholders, project managers from Capital Projects & Facilities Management (CPFM) and analysts from Budget and Resource Management (BRM), capital planners help formulate projects, define scope through programming, and develop funding plans. A major role includes preparing planning documentation required for project approvals by the Chancellor, the Office of the President (UCOP), the Regents, and various State agencies. Capital Planning also coordinates project compliance with the California Environmental Quality Act (CEQA) and ensures projects are consistent with UCSF's long range development plan (LRDP). Finally it assists the Chancellor by analyzing space requests, formalizing changes in space allocation, and developing policies for facilities and space.

Source: Campus Planning, 8/19/2009

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

FY 2009-10 Headcount as of 4/1/10 CAMPUS PLANNING

Grand	Total	13
Academic	Part Time	
Acad	Full Time	
Staff	ull Time   Part Time   Full Time   Part Time	
St	Full Time	13

Source: UCSF Human Resources

Permanently Budgeted FTEs CAMPUS PLANNING

	FY 2005-06	90	FY 2006-07	-07	FY 2007-08	80	FY 2008-09	60	FY 2009-10	10
Permanent Budget Account Title	Academic	Staff	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic Staff	Staff	Academic	Staff	Academic	Staff
CAMPUS PLANNING		15.00		16.00		16.00		18.02		18.02
Total:	0.00 15.00	15.00	00.0	0.00 16.00	00.0	0.00 16.00	0.00	0.00 18.02	00'0	0.00 18.02

Source: UCSF Budget & Resource Management

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

## **CAPITAL PROGRAMS**

- Senior Vice Chancellor Resource Management & Capital Programs Barclay, Steve
- Interim Assistant Vice Chancellor & Campus Architect Bade, Michael
- Website http://www.fm.ucsf.edu/

## Mission (held jointly with Facilities Management)

We design, build, operate and maintain UCSF facilities in support of its research, teaching, health care, and community service mission.

The Capital Programs division provides project management services to those embarking on campus renovation or construction projects. A variety of people and skills are required to start a project and bring it to a successful completion. Planners, designers, administrators, contractors, inspectors, and others work together to meet the needs of UCSF clients. In its role as customer liaison, Capital Programs & Facilities Management enables these professionals to keep the client's requirements as the primary objective during each phase of a project.

Source: Capital Programs - 8/18/2010

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

FY 2009-10 Headcount as of 4/1/10 CAPITAL PROGRAMS\*

St	Staff	Acac	Academic	Grand
ull Time	ull Time Part Time	Full Time	Full Time Part Time	Total
286	5			291

\*Includes Facilities Management

Source: UCSF Human Resources

Permanently Budgeted FTEs CAPITAL PROGRAMS AND FACILITIES MANAGEMENT (CPFM)

		FY 2005-06	90-	FY 2006-07	-07	FY 2007-08	-08	FY 2008-09	60-	FY 2009-10	-10
Permanent Budget Account Title		Academic	Staff	Academic Staff	Staff	Academic	Staff	Academic	Staff	Academic	Staff
BLDG MAINTENANCE			22.17		22.17		22.17		21.82		19.32
CUSTODIAL OPERATIONS			58.00		58.00		49.90		58.00		52.70
FAC OPER DIVISION OH			2.00				0.00		0.00		0.00
FACILITIES MGMT-SPACE MGMT UNIT			3.00		3.00		3.00		3.00		2.65
GEN & ADM EXPENSES			30.50		30.50		32.26		30.50		28.70
LANDSCAPE SVC CORE			3.70		3.70		3.70		3.70		3.42
	Total:	0.00	0.00 119.37	00'0	0.00 117.37	00.00	0.00 111.03	00.00	0.00 117.02	00'0	0.00 106.79

Source: UCSF Budget & Resource Management

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

## **FINANCE**

- Associate Vice Chancellor Vermillion, Eric
- Website http://finance2.ucsf.edu/

The Office of the Associate Vice Chancellor - Finance is responsible for resource planning and management, decision support analysis, purchasing and business contracting for goods and services, risk management and insurance services for the campus.

The following organizations report to the Office of the Associate Vice Chancellor:

- Budget and Resource Management
- Campus Procurement and Business Contracts
- Controller's Office
- Risk Management Services

Source: Finance website, 6/24/2008

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

## **Budget and Resource Management**

- Executive Director Hawkins, Angela
- Website http://www.finance2.ucsf.edu/budres/budres.html

The mission of the Budget and Resource Management is to:

- Manage and coordinate budget process and costing policies as resource stewards;
- Provide education for campus administration and staff, other campuses and appropriate agencies at the state and federal level;
- Analyze policy and business plans, acting as an information clearing house;
- Provide resource planning and management for the campus.

We do this for any stakeholder who supports the mission of the University of California.

Budget and Resource Management consists of 6 units:

- Capital Budget
- Costing Policy
- Institutional Analysis
- Operating Budget
- Recharge Operations
- Resource Planning

#### **Capital Budget**

## Functions & Topics

- Administration of UCSF State and Non-State Capital Improvement Program
- Coordination with the Office of the President and Treasurer's Office for the Capital Budget, Operation and Maintenance of Plant (OMP), and Deferred Maintenance and Facility Renewal Program administration
- Liaison with Capital Projects and Facilities Management (CP & FM) on budget integrity and project tracking
- Management of the Mission Bay Capital Budget
- Oversight of the campus capitalization process
- Responsibility for campus submittal of new OMP workload requests
- Coordination, oversight and funding allocation for the Deferred Maintenance and Fa-

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

cility Renewal Program

- Coordination and analysis of campus' external financing needs, including the preparation and review of The Regents' Meetings Finance Agenda items
- Development and maintenance of the debt capacity model for assessing the campus' ability to service external debt
- Development of financial models for projecting and assessing long-term financial viability of proposed capital initiatives
- Responsibility for monitoring budgetary policy related to the Green Building and Clean Energy Standards

## **Costing Policy**

Functions & Topics

Costing Policy Group Leadership

**Costing Policy Analysis** 

Facilities & Administration (F&A) Proposal Development

- F&A Recovery Analysis
- Space Functional Use Survey
- Space Functionalization Support
- GL A-21 Function Coding

Indirect Cost Recovery (ICR) Cost Reporting

Guidelines and Requirements for Funds Received from Extramural Sources

Short Term Investment Pool (STIP)/Total Return Investment Pool (TRIP) Policy & Support

Departmental Account-Fund Functionalization Oversight

Effort Reporting Policy

UCSF Data Warehouse Development Design & Analysis

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

- ICR Benchmarking Planning & Analysis
- Space and Financial Management Reporting

Facilities and Administrative Cost Recovery Sources & Uses Class

Account/ fund Profile Quality Assurance Oversight

Equipment and Facilities Asset Management Capitalization Support

## **Institutional Analysis**

Functions & Topics

- Annual UCSF Institutional Profile and Updates
- Garamendi Analysis and Reporting
- Vacation Leave Assessment Rate Calculations
- Facilities and Administration (F&A) Recovery Reporting
- A-21 CAS Relief Expenditure Analysis

### **Operating Budget**

Functions & Topics

Fiscal Close and Opening Activity

- Update fiscal close guidelines
- Prepare fiscal close budget and financial journals to balance the State General Fund, chancellor's funds and other Budget Office managed funds
- Review and approve Carry Forward Requests
- Reconcile the State General Fund for final close

## Chancellor's Resources Management

- Coordinate the annual campus budget planning and review process
- Implement Office of the President allocations to the Campus and Chancellor's allocations to Campus control points

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

## Operating Budget Management

• Review and approve general ledger transactions (both budget and financial) on permanently budgeted fund as part of the monthly general ledger cycle

#### Reporting and Analysis

- Prepare and/or coordinate completion of a number of routine and ad hoc budget reports:
  - Annual staffing reconciliation
  - UCSF annual budget projections
  - Faculty recruitment and retention expenditures
  - Self-supporting degree program proposals and annual financial reports
  - Patent income reporting and allocation to schools
  - Various self-insurance programs including Worker's Compensation, General Auto and Employee Liability (GAEL) and Malpractice
  - Development Office financing

#### Permanent Budget Management

- Manage the Permanent Budget System insuring that all transaction to this multi-year, base budget are performed accurately and reflected as such in all reports
- Ensure that all quarterly and fiscal closing reporting requirements to the Office of the President are fulfilled

## Gifts and Endowment Funds Management

- Coordinating requests to the Office of the President to establish and/or modify endowment funds
- Process and distribute annual endowment income to appropriate Campus funds

### **Recharge Operations**

Functions & Topics

## Campus Recharge Operations

• Recharge Policy Development

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

- Medical Center Recharge Agreements
- Annual Recharge Call
- Recharge Approval Letters
- Recharge Proposal Reviews and Approvals
- Annual Recharge Status Report
- Recharge Audits/Internal Quality Reviews

### Recharge Training Coordination & Technical Support

- Recharge Basics Class Presentation (application/pdf, 583.3 kB, info)
- Revised Recharge Review Process Training (message/rfc822, 2.0 MB, info)
- Mission Bay Recharges
- Mission Bay Recharge Management Oversight Groups
- Mission Bay Recharge Proposal Development
- Mission Bay Recharge Status Reports

#### Regents' Tables

## **Resource Planning**

### Functions & Topics

#### Campus Resource Planning and Review

- Provide analytical support for program planning at UCSF
- Prepare allocation letters to campus control points for the Chancellor
- Financial management of the Chancellor's central resources.
- Financial planning for the Chancellor's discretionary and General Fund resources.
- Maintain and implement the Chancellor's Financial Plan.
- Direct and conduct resource related policy analysis.
- Develop and effectively recommend institutional resource priorities.
- Provide critical, policy-level analysis on a wide range of budget, financial and other resource planning and allocation issues.

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

- Determine planning strategies to pursue new resources for the campus. Coordinate restructuring strategies for existing campus financial resources.
- Coordinate planning of centrally managed provisions and capital programs consistent with institutional resource priorities.
- Provide resource management and planning support as critical financial management issues are identified and needs defined.
- Oversee and provide direct support for special analytical studies and presentations, as they are defined by the Chancellor and the Vice Chancellor Administration.
- Identify significant campus resource and management policy trends and prepare reports and recommendations.
- Advise campus constituencies on asset and management issues.

## Mission Bay Operating Budget

- Prepare and distribute the annual Mission Bay Operating Budget Resource Call
- Analyze resource requests and prepare aggregate Mission Bay operating budget request for the Chancellor and Executive Budget committee

## Regent's Budget Tables

• Prepare and submit annual Regents' Budget Tables to OP for annual Regents' Budget preparation

### New Program, Policy and Business Plan Analysis

- Analyze proposed laws/regulations/policies and recommend campus actions and response
- Analyze proposed initiatives and business plans and recommend actions to maximize aggregate campus utility

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

FY 2009-10 Headcount as of 4/1/10 BUDGET & RESOURCE MANAGEMENT

St	Staff	Acad	Academic	Grand
Full Time	Part Time	Full Time	Full Time Part Time	Total
21	2			23

Source: UCSF Human Resources

Permanently Budgeted FTEs BUDGET & RESOURCE MANAGEMENT

		FY 2005-06	90-	FY 2006-07	3-07	FY 2007-08	-08	FY 2008-09	60-	FY 2009-1	01-1
Permanent Budget Account Title		Academic	Staff	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic	Staff	Academic	Staff	Academic	Staff
CAMPUS BUDGET & RESOURCE MGMT			23.60		26.60		26.60		26.60		26.60
	Total:	00.00	0.00 23.60		0.00 26.60	00'0	26.60	00'0	26.60	0.00	26.60

Source: UCSF Budget & Resource Management

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

## **Campus Procurement and Business Contracts**

- Executive Director Hine, Jim
- website http://cpbc.ucsf.edu//

#### Mission / Vision

- Provide best value business and procurement contracts, transactions, and advice.
- Ensure highest level of compliance with UC policy and applicable local, State and Federal laws and regulations
- Enable technology to reduce and simplify transaction cost and provide valid and accurate management metrics to conduct the university's business

CPC: Enabling the business of UCSF

## **Campus Procurements (CP)**

- Director Dave Kolsom
- Provide procurement services that will support the academic and research mission
- Provide guidance and procurement process tools to campus departments and central administration units
- Ensure controls in the procurement process and maintain the highest level of compliance with UC policy and applicable local, State and Federal laws and regulations.

#### **Operations and Technology (OT)**

- Director Vanessa Wong
- Manage campus-wide e-Procurement Procure-to-Pay (P2P) program to achieve cost savings and operational efficiency in support of the mission of UCSF in education, healthcare, and research.
  - Provide campus-wide e-Procurement change management and functional users support including guidance on roles assignment, business processes, user onboarding
  - Educate campus users in e-Procurement through development and delivery of outreach and training programs

Source: CPBC - 8/19/2010

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

- Serve as liaison to campus Information Technology group for Application enhancements and any procurement related software application projects
- Collaborate with Accounts Payable in payment and vendor dispute resolution process for e-Procurement orders
- Reconcile purchase orders ensuring liquidation of encumbrances and streamlined fund close-out.
- Develop small business subcontracting plans for campus departments to meet federal contracts requirements, and provide guidance on the preparation and reporting required of such plans.

### **Strategic Sourcing (SS)**

- Director Mike Rodriguez
- A systematic process to reduce the total cost of purchased products and services by fully leveraging the University's combined purchasing power, without compromising quality or service
  - Represent UCSF at UC system level to ensure campus needs are included in systemwide sourcing agreements
  - Serve as campus advocate for systemwide agreements, implement end user adoption of agreements and monitor campus compliance
  - Survey campus community end users for unique campus needs
  - Educate campus community of suppliers products and ordering processes
- Negotiate and Manage P2P catalogs
  - Populate e-commerce with suppliers and product offerings appropriate for the UCSF community
  - Monitor e-commerce price for contract compliance

Source: CPBC - 8/19/2010

# School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

FY 2009-10 Headcount as of 4/1/10 CAMPUS PROCUREMENT & BUSINESS CONTRACTS

S	Staff	Acac	Academic	Grand
<b>Full Time</b>	Part Time   Full Time	Full Time	Part Time	Total
29	1			08

Source: UCSF Human Resources

Permanently Budgeted FTEs CAMPUS PROCUREMENT AND BUSINESS CONTRACTS

	FY 2005-06	90-	FY 2006-07	-07	FY 2007-08	-08	FY 2008-09	60-	FY 2009-10	-10
Permanent Budget Account Title	Academic	Staff	Academic	Staff	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic	Staff	Academic	Staff
CAMPUS PROCUREMENT/BUS CONTRACTS		32.29		27.50		27.50		29.50		30.15
Total:	0.00	32.29	00.0	27.50	00'0	27.50	0.00	29.50	00'0	30.15

Source: UCSF Budget & Resource Management

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

### **Controller's Office**

- Assistant Vice Chancellor, Campus Controller Hamilton, Cecilia, CPA
- Website http://controller.ucsf.edu/

The Controller's Office consists of the following:

- AVC Controller
- Accounting and Reporting
  - Capital Accounting
  - Cash & Controls
  - Financial Reporting
  - General Accounting
  - Student Accounts
- Administrative Services
- Disbursements
  - Accounts Payable
  - Payroll
  - Travel & AP Customer Care
- Extramural Funds
- Gift & Foundation Accounting
- Internal Controls

### **AVC Controller**

The Assistant Vice Chancellor and Controller is responsible for executing the Controller's Office mission of providing effective accounting services to ensure compliance with institutional policies, applicable laws and regulations, and to safeguard University assets. Through innovative use of resources and collaboration with internal and external customers and stakeholders, the Controller's Office strives to meet unit, department, and campus-wide business goals and provide the highest quality and accountability in fiscal support services within the UC system.

Assistant Vice Chancellor and Controller Cecilia Hamilton joined UCSF in June 2008. Prior to UCSF, she was the Associate Vice-President for Finance at George Washington University for almost a decade. She also spent 20 years as a partner at a large Washington DC area public accounting firm (Snyder, Cohn, Collier, Hamilton and Associates, PC). She holds a Masters of Science in Accounting from Georgetown University and is a Certified Public Accountant.

Please feel free to contact her directly at 415-476-0843 or Cecilia.Hamilton@ucsf.edu or her Executive Coordinator Giovanni Vassallo at 476-4167 or Giovanni.Vassallo@ucsf.edu.

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

### **Accounting & Reporting**

The Accounting and Reporting unit (Capital Accounting, Cash & Controls, Financial Reporting, and General Accounting) provides financial reporting and accounting services to University of California Office of the President (UCOP); UCSF senior management; federal, state and local agencies; schools and departments for compliance and strategic financial management.

## **Key Services:**

- Control and manage general ledger activity and financial reporting.
- Coordinate year-end close, financial statement preparation, tax return filings, and internal and external audit activity.
- Record/maintain plant fund data and capital asset (equipment) inventory across campus.
- Manage and monitor the campus cashiering process, bank reconciliations, and cashier station audits.

### **Disbursements**

The Disbursement Accounting unit (Accounts Payable, Travel, Payroll Services, and Student Accounts) provides payments and customer service to employees, vendors, students and travelers and transmits the supporting financial data to the general ledger.

### **Key Services:**

- Provide campus-wide payroll and benefits processing, including employee-related filings.
- Distribute funds deducted from employees' pay to federal and state tax agencies, insurance companies, etc.
- Process vendor invoices and check disbursements, electronic fund transfer (EFT) payments, and FX wires/drafts.
- Process employee and travel expense reimbursement.
- Oversee preferred travel agencies to ensure lowest possible rates and best services are provided to UCSF travelers.
- Manage student financial aid disbursements, collection of student loans, and other university loan programs.

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

#### **Extramural Funds**

The Extramural Funds unit provides post-award management and financial reporting, billing, and collections and accounting services for federal, state, and private contracts and grants as well as other extramural funding sources.

### **Key Services:**

- Process billing, accounts receivable, financial status reports, closeout, and all other aspects of post-award contract and grant accounting and closeout.
- Monitor compliance with applicable federal, state, local, sponsor and university regulations and policies.
- Collaborate with the UCSF Office of Sponsored Research, senior management, and faculty and administrators of research units on grant and contract management and administration.

### **Gift and Foundation Accounting**

The Gift and Foundation Accounting unit provides gift processing, accounting services, and financial reporting for Foundation and Campus gift and endowment funds to ensure compliance with institutional policies, applicable laws and regulations. This unit has a joint reporting relationship to the Controller's Office and the Development Office with the Development Office providing guidance in gift administration and donor relationships and the Controller's Office providing accounting controls, cash handling, and financial and operational expertise.

### **Key Services:**

- Provide gift processing, donor database maintenance and customer service to University Development and Alumni Relations (UDAR), donors and the campus community.
- Provide processing, policy guidance, and accounting for all UCSF/UCSF Foundation gifts and UCSF Foundation gift transfers.
- Provide accounting for all UCSF Foundation bank and investment manager accounts.
- Coordinate year-end close, financial statement preparation, tax return filings, and internal and external audit activity for the UCSF Foundation.

### **Internal Controls**

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

The Internal Controls unit promotes the development and performance of effective internal controls within UCSF's business operations to mitigate key business risks.

### **Key Services:**

- Review proposed policies and procedures for control efficacy.
- Monitor compliance with cost transfer policies to ensure all payroll and non-payroll expense transfers are audit-worthy and justifiable.
- Monitor compliance with effort reporting certification to ensure UCSF meets the requirements outlined in OMB Circular A-21.

### **Summary**

All units in the Controller's Office are committed to:

- Compliance with institutional policies, applicable laws and regulations, Generally Accepted Accounting Principles (GAAP), Governmental Accounting Standards Board (GASB), and Financial Accounting Standards Board (FASB) to safeguard University assets.
- Accuracy and timeliness of all financial information used campus-wide and universitywide.
- Working closely with our customers to provide timely answers and problem resolution.
- Training programs that educate the campus business managers and staff with UC financial policies and procedures.

# **School/Dept. Profiles - Senior Vice Chancellor Finance and Administration**

FY 2009-10 Headcount as of 4/1/10 CONTROLLER

St	Staff	Acac	Academic	Grand
Full Time	Part Time	Full Time   Part Time	Part Time	Total
136	1			137

Source: UCSF Human Resources

Permanently Budgeted FTEs CONTROLLER'S OFFICE

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY	FY 2009-10
Permanent Budget Account Title	Academic Staff	Academic Staff	Academic Staff	if Academic Staff	off Academic	ic Staff
A & R ADMIN				1.	1.00	1.00
ACCOUNTING-OPERATIONS			97.20	0.		
ACCOUNTING-OPERATIONS-SPA			18.90	0		
ACCOUNTS PAYABLE				20.	20.00	20.00
ADMIN SERVICES				15.	15.22	17.22
BBS, ADMIN & RISK MGMT SVCS			0.00	00		
CAMPUS STORAGE OPERATION						
CAPITAL ACCOUNTING				ω΄	00	8.00
DISBURSEMENTS ADMIN				4.	00	3.00
EMF ACCOUNTING				36.	36.00	36.00
FOUNDATION & GIFT ACCOUNTING				Б	8	3.00
GENERAL ACCOUNTING				15.	8	15.00
INTERNAL CONTROLS					8	1.00
OPERATIONS				5.	00	
PAYROLL						25.75
STUDENT ACCOUNTS					1.00	11.00
TRAINING & COMMUNICATIONS				2.	2.00	2.00
TRAVEL & CUSTOMER SERVICE					11.00	11.00
Total:	0.00 0.00	0.00 0.00	0.00 122.10	0 0.00 132.22		0.00 153.97

Source: UCSF Budget & Resource Management

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

### **Risk Management Services**

- Director Flynn, Bruce G.
- Website https://www.rmis.ucsf.edu/

### **Mission Statement**

Risk Management and Insurance Services strives to protect the assets and interests of UCSF staff and programs through assessment of loss exposures, focused prevention efforts and efficient management of insurance and self-insurance policies.

### **Risk Management Services**

- Enterprise Risk Management
- Litigation management
- Certificate of Insurance management
- Loss prevention consultation
- Travel safety insurance and notification services
- Research risk/human subject injury claims management
- Contract risk consultation
- Volunteer guidelines
- Foreign clinical trial and liability

### **Insurance Services**

- Automobile Self-Insurance
- General and Employment Practicies Liability Self-Insurance
- Property Self-Insurance
- Specialty Insurance
- Third Party Event Insurance
- Construction Insurance
- Equipment Maintenance Insurance
- Foundation and Support Group Events Insurance
- Student Event Insurance

Source: Risk Management and Insurance Services - 8/19/2010

# **School/Dept. Profiles - Senior Vice Chancellor Finance and Administration**

FY 2009-10 Headcount as of 4/1/10 RISK MANAGEMENT SERVICES

Grand	Total	2
Academic	Part Time	
Acac	Full Time	
Staff	ull Time   Part Time   Full Time   Part Time	
Š	Full Time	2

Source: UCSF Human Resources

Permanently Budgeted FTEs RISK MANAGEMENT SERVICES

		FY 2005-06	90-	FY 2006-07	-07	FY 2007-08	90:	FY 2008-09	60	FY 2009-10	9-10
Permanent Budget Account Title		Academic	Staff	Academic	Staff	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic	Staff	Academic	Staff
RISK MANAGEMENT SERVICES			5.00		2.00		00'9		00'9		00.9
	Total:	00'0	5.00	00'0	5.00	0.00	00'9	0.00	00.9	0.00	00.9

Source: UCSF Budget & Resource Management

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

### FINANCE & ADMINISTRATION

- Director Nakashige, Jocelyn
- Executive Coordinator Sooy, Adrian
- Website http://www.ucsf.edu/fas/

### Mission

The Office of the Senior Vice Chancellor for Finance & Administration is the campus control point over many of the key campus departments responsible for the provision and maintenance of the majority of central campus infrastructure and services.

#### Services:

- Coordination with other departments toward the accomplishment of key FAS initiatives, goals and objectives
- Special projects support to the Senior Vice Chancellor-Finance & Administration on issues with broad campus and organizational impact
- Campus-wide management analysis, business planning and consulting to units both internal and external to the FAS organization
- Campus policy development, analysis and interpretation
- Control point responsibilities, including accountability for financial management coordination of FAS units
- Coordination of budget resource call process for FAS organization
- Functional owner Identity Management System
- Liaison to non-UCSF Research Institutes and Affiliated Organizations

Source: Finance & Administration - 1/13/2010

# **School/Dept. Profiles - Senior Vice Chancellor Finance and Administration**

FY 2009-10 Headcount as of 4/1/10 FINANCE & ADMINISTRATION

Grand	Total	8
Academic		
Acad	Part Time   Full Time   Part Time	
Staff	Part Time	
Ť.	Full Time	8

Source: UCSF Human Resources

Permanently Budgeted FTEs FINANCE & ADMINISTRATION

	F	EV 2005	90	2000	7	EV 2007 00		EV 2000	9	2000	9
		F1 2003-06	8	LI 2000-01	<u>`</u>	L 1 2007 -0	•	FT 2000-03	200	LI 2003-10	2
Permanent Budget Account Title	_	Academic	Staff	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic Staff	Staff	Academic	Staff	Academic	Staff
AVC - BUDGET AND FINANCE			5.00		4.40		4.40		25.70		15.35
)	Fotal:	00.0	2.00	00.00	4.40	0.00	4.40	0.00	25.70	0.00	15.35

Source: UCSF Budget & Resource Management

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

### **HUMAN RESOURCES**

- Director Tyburski, Mike
- Website http://ucsfhr.ucsf.edu/

UCSF Human Resources provides quality HR services to attract, develop, motivate and retain a diverse workforce within a supportive work environment. We do this with an emphasis on customer service based on consultation and communication with both the UCSF and UCOP Campus communities.

Campus Human Resources activities include:

- Benefits & Financial Planning
- Development and Training
- Labor and Employee Relations
- Staffing and Compensation
- Disability Management
- Faculty and Staff Assistance Program (FSAP)
- UCSF Temporary Employment Program

### **Benefits and Financial Planning**

Benefits & Financial Planning administers retirement and health and welfare programs for UCSF faculty/staff, postdoctoral scholars, resident/clinical fellows, UCOP staff and dependents of the above. Through the Health Care Facilitator Program, we resolve escalated health insurance and access to care problems for UCSF, UCOP and Medical Center faculty/staff, retirees and dependents.

Our goal is to ensure employees, trainees and retirees understand and can obtain the most value from their UC sponsored benefits which are an important component in their total compensation or retirement package. This is accomplished by:

- Web based tools and resources
- Educational workshops
- One-on-one counseling
- Working directly with a variety of internal and external vendors and organizations to resolve problems
- Implementing Federal and State laws and UC policy as related to benefits administration and educating HR Administrators of their roles and responsibilities
- Conveying UCSF/UCOP benefits interests and priorities to the Office of the President and/or Insurance Brokers

Source: Human Resources, 9/4/2009

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

### **Development and Training**

Development and Training maximizes the performance of both the UCSF and UCOP Campus employees and business units. We provide training and consultation in employee skill development and organizational systems improvement. As a team of committed members of the UCSF community, we have a holistic sense of the UCSF environment, making us uniquely qualified to provide these services.

### **Labor and Employee Relations**

Labor and Employee Relations provides comprehensive professional services in the areas of Employee Relations and Labor Relations to a wide variety of campus clients. HR's Client Services Center provides both the UCSF and UCOP Campus departments with a dedicated team of HR professionals cross-trained in all aspects of human resources.

### **Compensation**

Compensation programs at UCSF serve as the catalyst for organizational performance by defining pay, rewards and incentives. Compensation professionals provide services related to classification, compensation, organizational analysis and operational needs.

### **Recruitment and Workforce Planning**

Recruitment and Workforce Planning professionals provide services related to recruitment, shortand long-term employment, outreach and diversity hiring strategies, workforce planning statistics and solutions, organizational analysis and operational needs for both the UCSF and UCOP Campuses.

### **Disability Management**

Disability Management efforts are dedicated to reducing the human and fiscal cost of workplace disability to both the UCSF and UCOP Campuses. This is accomplished by:

- Providing education and early intervention services to prevent or minimize the effects of disability in the workplace,
- Facilitating early identification, referral, and treatment for disability and/or injuries at work.
- Assisting employees with disabilities in overcoming disability-related restrictions or limitations,

Source: Human Resources, 9/4/2009

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

- Implementing UC policy and/or contract provisions regarding return to work, reason
- able accommodation, and medical separation,
- Consulting with management, Human Resources, and other University staff regarding workplace disability issues.

### Faculty and Staff Assistance Program (FSAP)

The Faculty & Staff Assistance Program (FSAP) provides confidential assessment, counseling, crisis intervention and referral services to faculty, staff, and healthcare professionals to both the UCSF and UCOP Campus communities. We provide consultation and organizational counseling interventions with skill and compassion that honors the dignity of all.

### **UCSF Temporary Employment Program**

Temporary workers play an important role at University of California, San Francisco by providing administrative and technical support services to our departments at all UCSF campus locations.

The Temporary Employment Program (TEP) provides immediate temporary staff to assist departments during periods of increased work flow, employee absences such as sick and vacation leaves, recruitment periods and special projects. The TEP offers this assistance at a cost effective rate and is a viable recruitment source of skilled candidates for career and limited vacancies.

Temporary Employment is also a viable recruitment source of candidates for casual and career vacancies.

Source: Human Resources, 9/4/2009

# **School/Dept. Profiles - Senior Vice Chancellor Finance and Administration**

FY 2009-10 Headcount as of 4/1/10 HUMAN RESOURCES

Grand	Total	62
Academic	Part Time	
Acac	Full Time	
Staff	Part Time	9
St	Full Time	56

Source: UCSF Human Resources

Permanently Budgeted FTEs HUMAN RESOURCES

	FY 2005-06	90	FY 2006-07	FY 2007-08	80-2	FY 2008-09	60	FY 2009-10	-10
Permanent Budget Account Title	Academic	Staff	Academic Staff	ff Academic	Staff	Academic	Staff	Academic	Staff
BENEFITS COUNSELING		09.9	.9	09:9	09'9		09.9		09'9
BENEFITS-FINANCIAL PLANNING									0.50
CLIENT SVCS CENTER (LABOR RELATION)		26.75	26.75	75	26.75		26.75		12.35
DISABLITY MGMT SVCS (RISK MGMT)		3.90	3.	3.90	3.90		3.90		3.90
EMPLOYEE REHABILITATION SERVICE		1.50	<u>-</u>	1.50	1.50		1.50		1.50
FACULTY & STAFF ASSISTANCE PROGRAM		5.43	5.	5.43	5.43		5.43		5.43
HR-COMPENSATION & STRATEGIC REWARDS									6.90
PERS-BUSINESS INFORMATION TECH SVCS		0.15	0.	0.15	0.15		0.15		0.15
PERS-D&T-ORGANIZATIONAL DEVELOPMENT		1.00		00.1	1.00		1.00		1.00
PERSONNEL OFFICE ADMINISTRATION							0.22		0.22
PERSONNEL-DEVELOPMENT & TRAINING		3.34	e,	3.34	3.34		3.34		3.34
PERSONNEL-EMPLOYMENT ADVERTISING							90.0		90.0
PERSONNEL-MGT INTERN PROG									7.00
RESIDENTS-FELLOWS INSURANCE		1.75	<del>-</del>	1.75	1.75		1.75		1.75
TEMP EMPLOYMENT PRGM(CLERICAL POOL)		7.00	7.	2.00	7.00		7.00		7.00
Total:	00:00	57.42	0.00 57.42	42 0.00	57.42	0.00	57.70	0.00	57.70

Source: UCSF Budget & Resource Management

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

## **INFORMATION TECHNOLOGY SERVICES (ITS)**

- Vice Chancellor, CIO Harel, Elazar
- Website http://its.ucsf.edu

### Mission

Provide the UCSF community with high quality Information Technology services that are reliable, secure, innovative, and cost-effective.

### ITS consists of seven units:

- Academic Research Systems : Michael Kamerick, Director
- Business Applications: Jane Wong, Director
- Customer Services: Kevin Barney, Interim Director
- Finance & Administration, Jamey Ewing, Interim Director
- IT Architecture: Opinder Bawa, Director
- IT Infrastructure: Jane Wong, Interim Director
- Policies, Security, and Privacy: David Rusting, Director

### Some of the primary ITS services include:

- Integrated Data Repository
- MyResearch
- Clinical Data Reporting
- Account/Fund Profile (AFP) and Department (DEP) Systems
- Budget System Local (BSL)
- Effort Reporting System (ERS)
- Online Payroll/Personnel System (OLPPS)
- PeopleSoft Financials (General Ledger, Journals, Asset Management)
- PeopleSoft Purchasing (Accounts Payable, Procurement)
- PeopleSoft Research Administration System (RAS)
- Residents & Fellows System (RFS)

Source: ITS - 8/25/2010

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

- Student Financial Aid (SFA)
- WebLinks
- Data warehouse
- ServiceNow
- Active Directory
- Customer service center (Helpdesk)
- Email (Outlook/Exchange)
- Listserv Administration / Email Mailing Lists
- Remote Access (VPN)
- UCSF Online Directory
- Security monitoring, training, and enforcement
- IT polices
- Network planning and implementation
- Voice and data network maintenance
- Remote access to UCSF networks
- Internet access
- Data Center Services

Source: ITS - 8/25/2010

# University of California, San Francisco Institutional Profile - FY 2009-10 School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

# FY 2009-10 Headcount as of 4/1/10 INFORMATION TECHNOLOGY SERVICES (ITS)

St	aff	Acad	demic	Grand
Full Time	Part Time	Full Time	Part Time	Total
208				208

Source: UCSF Human Resources

# **School/Dept. Profiles - Senior Vice Chancellor Finance and Administration**

Permanently Budgeted FTEs Information Technology Services (ITS)

		-00000			
Permanent Budget Account Title	Academic Staff				
ADCOM APPLICATION SERVICES			19.00		
ADCOM REPORTING SERVICES			3.00	3.00	
ADMINISTRATIVE COMPUTING	4.10		4.10	4.10	4.10
ADMINISTRTIVE COMPUTING	36.70		2.00		
AIS-ADVANCE FACULTY					(5.41)
AIS-COMMITTE ON HUMAN RESEARCH					(1.75)
APPLICATION SERVICES				19.00	35.25
AS-DATA & REPORTING SERVICES					(2.00)
AS-MAINFRAME APPLICATIONS					(2.00)
AS-PAYROLL/PERSONNEL					(2.00)
AS-PEOPLESOFT-PS & P2P					(18.95)
AS-WEBLINKS					(1.05)
AVC-ADMINISTRATIVE COMPUTING <b&fs></b&fs>	1.00				
CSS COMMUNICATIONS				0.35	0.35
CSS CUSTOMER SUPPORT SERVICES			8.25	8.25	15.50
CSS DESKTOP & LAN SUPPORT			17.00	17.00	17.00
CSS REMEDY SERVICE				3.45	3.45
CSS SUPPORT SERVICE DESK			16.50	16.50	
CSS-CUST SPRT-SVC DSK-COMMUNICATION					16.50
CUSTOMER SUPPORT, SECURITY & PLAN	16.50				
CUSTOMER SUPPORT, SECURTY & PLAN	14.00				
EIS ADMINISTRATION					(1.00)
EIS ENTERPRISE INFRASTRUCTURE				0.02	(3.95)
EIS POLICIES/PROGRAMS			3.45	3.45	5.80
EIS-POLICY/DEV & COMPLIANCE E-DSCVY					(0.70)
ENS DATA			32.40	32.40	61.85
ENS DIRECT SERVICES			3.40	3.40	3.40
ENS-TELECOMMUNICATIONS DEPARTMENT	22.30				
ENS VOICE			8.65	4.80	4.80
ENS-WIDE AREA NETWORK <its></its>	32.40				
GENERAL OAAIS SUPPORT (CIO SUPPORT)					0.10
ITS DATA CENTER SERVICES			10.00	10.00	7.00
ITS FINANCE & ADMINISTRATION	12.85				
'ITS INFORMATION SERVICES			1.00	1.00	
ITS SECURITY REVIEW	2.00				
ITS TECHNICAL SERVICES			7.00	7.00	1.25
ITS-IDENTITY/DIRECTORY/ACCESS SVCS					(3.70)
ITS-MAIL EXTRA STORAGE & BLACKBERRY					(4.50)
ITS-SERVER SUPPORT					(1.00)
ITS-VIRTUAL HOSTING					0.77
LAN SERVICES	14.00				
OAAIS-ARS-INTERGRATED DATA REPOSTRY					(2.55)
OAAIS-ARS-SECURE DATA ENVIRONMENT					(2.67)
OAAIS-BRM FINANCIAL MGMT OVERALL					
Total:	0.00 155.85	0.00 0.00	0.00 148.60	0.00 146.60	0.00 130.74

Source: UCSF Budget & Resource Management

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

### **UCSF POLICE DEPARTMENT**

- Chief of Police Roskowski, Pamela
- Website http://police.ucsf.edu/

### **Mission Statement**

Our mission is to enhance the safety and quality of life at UCSF by working in partnership with the community to promote public safety and crime prevention through education and enforcement; to maintain public order while preserving the legal rights of all individuals; to provide effective, efficient and courteous service; and to reduce the impact of crime. This mission is accomplished through effective:

- Crime prevention and suppression.
- Victim support and assistance.
- Infrastructure protection.
- Community education and awareness.
- Emergency preparedness.
- Traffic Safety.

This mission embraces the Police Department's primary objective of maintaining a safe environment that is free of crime and disorder, enforcing the law in a fair and impartial manner, recognizing both statutory and judicial limitations of police authority and the constitutional rights of all persons.

### **Values**

The principles upon which we base our policing are:

### Service

We value the privilege to provide effective, efficient and equitable service. We respect the members of our community, the importance of a combined crime prevention alliance and the opportunity to provide a united policing effort.

#### **Ethics**

We value honesty and integrity, and will demonstrate these values in all of our actions.

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

We are accountable for maintaining the public's trust with the highest ethical standards and adherence to department policy, as well as, local, state and federal law. As police officers **entrusted with the** authority to maintain the public peace, our values will not be compromised.

### **Professionalism**

We value commitment, responsibility and clear direction. We achieve the essence of professionalism through teamwork, creativity and continual self-improvement.

### **Diversity**

We value our differences and acknowledge that our unique backgrounds bring strength to our organization and community. We strive to reflect the community we serve and respect the skills, knowledge and abilities of one another.

### Vision

The UCSF Police Department strives to provide a crime free and safe environment through strategic policing, integrity, respect, and strong community partnerships. We willingly accept this responsibility and hold ourselves accountable for its accomplishment.

From this vision statement, the Police Department adopted its crime prevention motto, "Together for a safe and crime free campus", which is used to promote community participation and commitment to the police-community partnership.

The UCSF Police Department has 47 sworn officers and 92 security and civilian staff working in one of five sub-divisions under the leadership of the Chief of Police/Director of Public Safety. The Department is organized as follows:

- Office of the Chief
- Field Services Division
- Investigation and Support Services Division
- Security Services Division
- Homeland Security and Emergency Management Division

The UCSF Police Department is a service-oriented organization charged with providing the very best public safety services to the campus community using a collaborative community-policing

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

model and philosophy. Police patrol services are provided 24 hours-per day, everyday at all San Francisco and San Mateo County sites. All sworn officers have full police powers statewide, with primary jurisdiction on property owned, operated, or controlled by UCSF and are responsible for all related aspects of law enforcement services and criminal investigation. UCSF Police Officers are responsible for the detection and suppression of all criminal activities related to the UCSF campus in California.

## **Department Services & Organization**

### Office of the Chief

The Office of the Chief is responsible for the overall leadership, planning and delivery of public safety services to UCSF faculty, students, staff, affiliates, patients, vendors and neighbors. Additionally, Strategic and fiscal planning, policy development, labor relations, community relations, intergovernmental relations, and coordination with local, state and federal agencies and the UC Office of the President are among the responsibilities of the Office of the Chief.

The UCSF Chief of Police also serves as the University of California Coordinator of Police Services responsible for coordination and development of system-wide public safety planning and policy as well as leadership of the University of California Council of Police Chiefs representing the ten University of California Police Departments.

### **Field Services Division**

The Field Services Division provides uniformed police patrol services 24 hours a day, every day. Police officers patrol by car, bicycle and on foot to maintain high profile, proactive and preventive public safety services. Services include responding to emergency calls, investigating crimes, enforcing criminal and vehicle codes, investigating traffic collisions, community policing, and managing security and safety for the many special events that occur on campus. Dignitary protection and support to the UC Office of the President and UC Regents are also responsibilities of this division

### **Investigation and Support Services Division**

The Investigation and Support Services Division includes the 911 Emergency Communications Center (ECC) plays a vital role in providing quality services to the Campus and law enforcement affiliates in the community and provides a full range of services including dispatching police,

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

answering 911 calls originating from UCSF facilities, monitoring fire and intrusion alarms. The ECC is the focal point of all police field communication and links the University with other emergency public agencies.

The Investigations Unit conducts investigations on all reported major crimes. They also maintain investigative liaisons with other law enforcement agencies and develop crime analysis information to assist in effective patrol operations and to better inform the community of crime and public safety matters. The Investigations Unit manages a myriad of criminal cases each year ranging from sexual assault and robbery to embezzlement and fraud and participates as members of the UCSF and UCOP Threat Management Teams with responsibilities for risk assessment and threat mitigation.

The Crime Prevention Unit conducts the UCSF Police Department's public outreach through effective community crime prevention and crime analysis. It promotes and maintains safety awareness and community outreach programs, while also developing and coordinating a variety of activities designed to meet the safety needs of the entire campus community. Presentations and special workshops on all aspects of personal safety, prevention of workplace violence, rape/assault prevention and related law enforcement topics are scheduled on a regular basis for all campus members and at new employee and student orientations.

The Police Records Unit includes compliance with State law related to crime records, FBI and California Uniform Crime Reporting, and collection and analysis of crime data as required by the Jean Clery Act.

The Professional Standards Unit maintains the UCSF Police Department's accreditation by performing compliance reviews of all C.A.L.E.A. standards and is responsible for conducting internal affairs investigations, police recruiting, P.O.S.T. background investigations, and maintaining compliance with P.O.S.T. certification, training and administrative rule requirements.

IT Support, Property and Evidence Management, Fleet Management, and Administrative Support services are also responsibilities of this Division.

Security Services Division

The Security Services Division provides on-site security protection services at designated sites, manages the We ID Access Control Program, conducts site security surveys and new development plan review, coordinates approval of new security devices for installation by Facilities Management organization, manages the Live Scan Fingerprinting and Security Clearance pro-

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

cess, provides notary services, coordinates special event security, and troubleshoots security issues on behalf of the UCSF enterprise.

Homeland Security and Emergency Management Division

The Homeland Security and Emergency Management Division exists to assist the campus community by implementing and coordinating programs and procedures for emergency planning, mitigation, unusual occurrence response and recovery; business continuity planning, emergency information dissemination, and training appropriate campus personnel in emergency response and recovery activities. Given the vulnerability of the Bay Area and the UCSF community to any number of catastrophic natural and man-made disasters, emergency planning is of vital importance and considered a priority by the Chancellor.

# **School/Dept. Profiles - Senior Vice Chancellor Finance and Administration**

FY 2009-10 Headcount as of 4/1/10 POLICE

1S	Staff	Acac	Academic	Grand
Full Time	Full Time   Part Time   Full Time   Part Time	Full Time	Part Time	Total
120	2			122

Source: UCSF Human Resources

Permanently Budgeted FTEs POLICE

		FY 2005-06	90	FY 2006-07	-07	FY 2007-08	-08	FY 2008-09	60	FY 2009-10	10
Permanent Budget Account Title		Academic	Staff	Academic	Staff	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic	Staff	Academic	Staff
POLICE ADMINISTRATION			64.61		65.61		68.56		68.56		64.82
POLICE-EMERGENCY PREPAREDNESS			1.00		1.00		1.00		1.00		1.00
SECURITY GUARD SERVICES			125.35		2.07		2.07		2.07		2.07
	Total:	0.00	0.00 190.96	00'0	0.00 68.68		0.00 71.63		0.00 71.63		0.00 67.89

Source: UCSF Budget & Resource Management

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

## PROGRAM MANAGEMENT OFFICE (PMO)

- Director Fellouris, Mara
- Associate Director Nelson, Zoanne

The PMO was created in 2003 to build campus capacity and excellence in Administrative Systems strategic and tactical planning, campus-wide project implementations, and deployment of technology to drive business value. The PMO improves administrative operations by leveraging technology and streamlining business processes in order to provide quality customer service, contain and reduce administrative costs, and improve stewardship. The PMO also manages and facilitates general administrative improvements to achieve administrative operational excellence at UCSF. Its work is executed under the auspice of the UCSF Administrative Information Systems Board (formerly Administrative Systems Advisory Committee) and project/program specific Steering Committees. Key PMO functions include:

- Business planning/value proposition
- Business process and organization redesign
- Software installation/customization
- Change management

PMO completed projects include Online Journals, Asset Management, Positive Time Payroll Reporting (OPTRS), Proposal Express, Research Administration Post Award Systems (RAS), Effort Reporting, and eprocurement/ecommerce.

Active projects and current pipeline includes Time and Attendance/Vacation Leave Accrual (TAVLA), Research Administration Phase 2, Budgeting and Business Intelligence Cognos Solution, On-line Payroll Expense Transfers, Human Resources Management System, and eworkplace Portal.

Source: UCSF Program Management Office (PMO) - 8/30/2010

# University of California, San Francisco Institutional Profile - FY 2009-10 School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

# FY 2009-10 Headcount as of 4/1/10 PROGRAM MANAGEMENT OFFICE (PMO)

St	aff	Acad	lemic	Grand
Full Time	Part Time	Full Time	Part Time	Total
11	1			12

Source: UCSF Human Resources

## School/Dept. Profiles - Senior Vice Chancellor Finance and Administration

### REAL ESTATE SERVICES

- Director Morales, Esther E.
- Website http://realestate.ucsf.edu/whatwedo.html

Real Estate Services is a Unit within University Advancement and Planning and is responsible for all UCSF campus real estate activities, including acquisition and disposition of space. The Unit provides asset management services for approximately 7.0 million square feet of owned and leased property for the campus. This includes over 1.2 million square feet of leased office, laboratory, medical, clinic, and residential space. Real Estate Services represents the Regents and enters into all real property agreements on behalf of the UCSF campus.

### Areas of Responsibility

- Regents representation, as both tenant and landlord, for over 1.2 million square feet of space. Lease negotiation, execution and administration. Establishment of campus protocol and assurance of compliance with contract terms.
- Mission Bay off-site campus development opportunities, and lease strategies for non-UC tenants on new Mission Bay campus site. Lease strategies for vendor tenants at other campus sites.
- UCSF Foundation Real Estate Committee staffing and support.
- Housing development strategies to meet campus long range housing objectives.
- Due diligence real estate analysis for all potential new sites. Responsible for campus compliance with Office of the President, Regents, and State policies regarding financial analyses of transactions, seismic evaluation of leased facilities, Health and Safety code compliance, Phase I environmental assessments, long range development plan compliance, and campus policies and procedures.
- Contract management and administration for leases and other contract agreements involving facilities use issues (lease analysis for acquired medical practices, licenses, affiliations, easements, and the like).
- Tenant improvements negotiations, project management, budget review, contracts.
- Campus leasing policies, practices, and procedures taking into consideration long range development plans, community relations issues, financial feasibility, and sound business practices.

### Services Provided to UCSF

• Real Estate Services, including Tenant and Landlord representation and negotiations, market surveys, site evaluation and selection.

Source: Real Estate Services website, 6/25/2008

# **School/Dept. Profiles - Senior Vice Chancellor Finance and Administration**

- Asset Services, including lease and contract management and administration (lease database, contract forms, reports, accounting, property tax filing, contract audits, exercise options, terminations and renewals, contract compliance).
- Project Management Services, including negotiations for lease space alterations, selection of architects and contractors, tenant improvements construction management, contract compliance for cost allocations between tenant and landlord.
- Property Management Services, including landlord tenant liaison and relocation assistance to leased space.

Source: Real Estate Services website, 6/25/2008

# **School/Dept. Profiles - Senior Vice Chancellor Finance and Administration**

FY 2009-10 Headcount as of 4/1/10 REAL ESTATE SERVICES

ฮ	Staff	Acac	Academic	Grand
Full Time	Part Time	Full Time	Part Time	Total
11				11

Source: UCSF Human Resources

Permanently Budgeted FTEs REAL ESTATE SERVICES

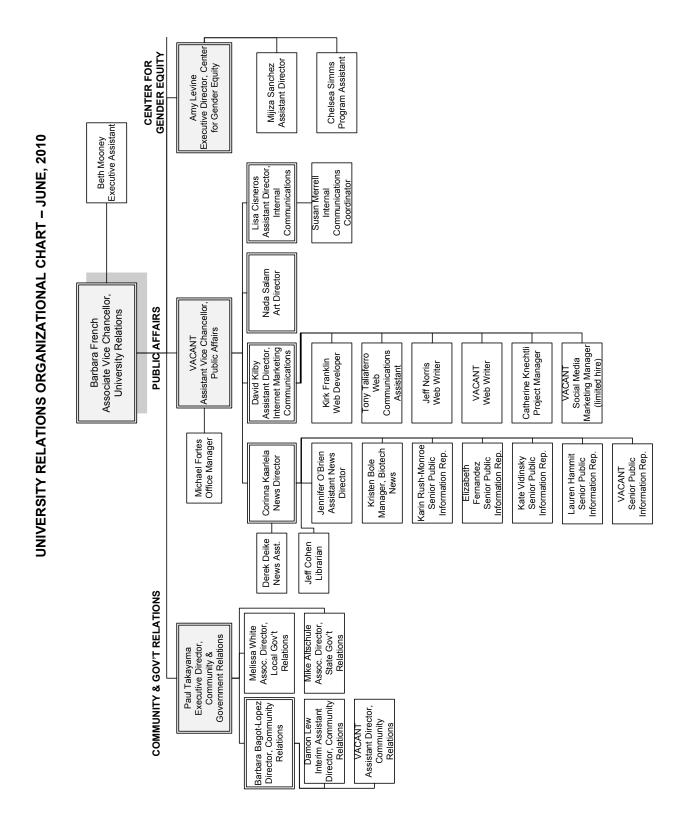
		FY 2005-06	90	FY 2006-07	-07	FY 2007-08	-08	FY 2008-09	60-	FY 2009-10	10
Permanent Budget Account Title		Academic	Staff	Academic	Staff	Academic	Staff	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic Staff	Staff
REAL ESTATE/CONTRACT SVCS			2.67		2.67		2.67		2.67		2.67
	Total:	00.00	2.67	00.00	2.67	0.00	5.67	00'0	5.67	00'0	2.67

Source: UCSF Budget & Resource Management

# VICE CHANCELLOR STRATEGIC COMMUNICATIONS & UNIVERSITY RELATIONS

# **Chapter Contents**

Organizational Chart	456
UCSF News Services	458
Web Communications	458
Community and Government Relations (CGR)	459
Center for Gender Equity	460
Lesbian, Gay, Bisexual and Transgender (LGBT) Resource Center	463



### STRATEGIC COMMUNICATIONS & UNIVERSITY RELATIONS

• Vice Chancellor - French, Barbara J.

University Relations includes the following organizations:

- News Services
- Web Communications
- Community and Government Relations
- Center for Gender Equity
- Lesbian, Gay, Bisexual & Transgender (LGBT) Resource Center

The UCSF University Relations unit is positioned at the center of university life. Its purpose is to:

- promote, project, and explain UCSF to internal and external audiences;
- •inform the public, government officials, and the scientific and medical communities nationally and locally of UCSF's excellence in patient care, research and education;
- inform the public about the issues confronting the campus; and to help create a favorable atmosphere as the campus seeks support from the public and private sectors.

It does so with teams who specialize in web and digital communications, internal communications, media relations, marketing, and community and government relations.

Source: Strategic Communications & University Relations, 9/22/10

### **UCSF News Services**

UCSF News Services is the news, public information and media relations office for the UCSF campus, UCSF Medical Center, UCSF Benioff Children's Hospital, and Langley Porter Psychiatric Hospital.

Under UC policy, UCSF has a responsibility as a public institution to share its knowledge and expertise and to cooperate with the news media. News Services oversees this responsibility.

The mission of News Services is to present news accurately about UCSF clinical, research, educational and community outreach programs with the public via the media, and to work with the news media to achieve fair and accurate reporting about UCSF. This includes identifying and promoting to the media stories that best illustrate UCSF's excellence in patient care, research and education. It also includes writing and distributing news releases, placing opinion editorials, providing information and responding to inquiries from journalists, identifying faculty experts for media interviews, training faculty and staff experts for media interviews, and maintaining communication with journalists at the local, regional, national, and international level.

News Services follows the media guide of the California Healthcare Association.

The News Services office is accessible 24 hours per day, weekends and holidays by calling 415/476-2557. After regular business hours (8 a.m.-5 p.m.), a news staff person is on call and available to handle inquiries and other situations that involve communication to the media and the public.

### **Web Communications**

The Web Communications unit is responsible for utilizing web and digital communications tools to inform internal and external audiences about news and events that have a campus-wide impact or that illustrate UCSF's excellence in patient care, research and education. The unit is responsible for updating and maintaining UCSF's homepage (www.ucsf.edu) as well as other campus-wide web sites, including UCSF Today, an online resource for campuswide news (see http://today.ucsf.edu). The unit also compiles and distributes a daily round-up of news and feature stories that have been published in print or on the web about UCSF. This daily email summary is

Source: Strategic Communications & University Relations, 9/22/10

called FYI . . . UCSF In the News.

The Web Communications unit also supports campus leadership on communicating issues of campus-wide concern. It also oversees communications for the broad campus community, covering news, issues and events specifically targeted for faculty, staff, students and trainees. The unit provides updated communication concerning campus budget issues, the budget, data security, emergency communications and progress made on the strategic plan and diversity initiatives.

### **UCSF BRANDING**

University Relations has responsibility for managing UCSF's brand, including the use of the UCSF logo as well as the usage of the advancing health worldwide tagline. Information on UCSF's identity guidelines can be found at: http://identity.ucsf.edu/.

### **Community and Government Relations (CGR)**

• Website - http://ucsfcgr.ucsf.edu/about.html

### Mission

Community and Government Relations (CGR) is charged with overseeing and directing UCSF's interactions with our neighbors, community groups and government officials. The staff of CGR is committed to fostering a spirit of honest communication, mutual understanding and creative collaboration with the people whose neighborhoods and concerns we share.

### Challenge and Opportunity

UCSF Community & Government Relations works with our neighbors, community-based organizations, and government officials to develop creative, mutually beneficial solutions that address the inherently complex relationship between UCSF and our wonderfully diverse city.

The mission of Community Relations is to form partnerships and communicate campus plans and activities in a proactive and forthright manner to neighbors and neighborhood organizations, as well as to present community feedback to campus decision makers.

The mission of Government Relations is to assist the University in obtaining adequate public funding and to advocate for public policy that supports the University's teaching, patient care, research, and public service programs.

Source: Strategic Commiunications & University Relations, 9/22/10

The mission of the University Community Partnerships Program is to build collaborative relationships between UCSF and the community, promoting civic engagement, fostering community health and well-being and enhancing the environment for education, research, employment and patient care at UCSF. The University Community Partnerships Program serves as a bridge between UCSF and the community, emphasizing partnerships that value and respect the assets and diversity of both.

## **Center for Gender Equity**

Website - http://web.ucsf.edu/cge/

CGE provides advocacy, education and support services to both women and men of UCSF and the greater San Francisco community in the areas of women and gender resources and sexual and relationship violence. The Center draws upon the rich array of identities, experiences, perspectives and knowledge represented within UCSF, to strengthen its approach to engaging and supporting the community in its pursuit of excellence.

### Overview

Beginning over 29 years ago as the Rape Prevention Education Program, then the Women's Resource Center and now the Center for Gender Equity (CGE), this versatile campus unit has become an integral part of UCSF's teaching, research, patient care and public service mission. In this role, the Center seeks to create programs and initiate policies that sustain an inclusive and equitable campus community.

CGE has evolved to both accommodate and anticipate the changing needs of the UCSF community, as well as changes in the broader social context, with respect to what constitutes meaningful gender analysis and which tools are most effective in addressing persistent inequities.

The programs, services and resources provided under are informed by over five decades of collective professional training and experience. Staff areas of expertise include:

- adult education
- group process and facilitation
- program planning
- public policy

Source: Strategic Communications & University Relations, 9/22/10

- community outreach
- social and cultural studies
- public health

#### The Center for Gender Equity's goals include:

- Promoting an understanding of the role of gender and sexuality in our lives and our society
- Supporting equity and achievement for women as they pursue their intellectual, professional, and personal goals.
- Enhancing the quality of women's and men's lives by providing services that address the myriad of diverse backgrounds and experiences of all people.
- Serving as a liaison for women and men to existing campus and community services.
- Providing outreach to the Bay Area community.
- Participating in the formulation and review of policies, procedures and programs relating to gender equity.

#### Women and Gender

Gender is a variable that has dramatic impact on power dynamics and communication patterns. In recent years, the growing body of rigorous research, in combination with less formal studies and popular surveys on gender issues, has built a compelling case for acknowledging the pervasive and damaging nature of gender bias in academic and business settings. A great need remains to build and maintain the infrastructure that will make gender equity both attainable and sustainable. The Center for Gender Equity has taken the lead in facilitating this process at UCSF, providing the knowledge base and staff support to move forward with this challenging work.

Through a variety of approaches, including individual, small and large group, and policy-oriented efforts, CGE helps to increase the visibility of and response to the importance of gender balance in creating equal access, expanded opportunities and meaningful teaching, working and learning partnerships for the students, faculty, postdoctoral fellows and the broader community we serve.

#### Sexual & Relationship Violence

Source: Strategic Communications & University Relations, 9/22/10

The Center for Gender Equity is committed to providing the resources and support required to address sexual and relationship violence affecting our campus community members, including students, faculty, staff and postdoctoral scholars. Educational materials, referrals, training sessions and consultation (on-line, telephone and in-person for individuals and groups) are all available upon request. To more learn about these, and other available resources, please contact the Assistant Director of the Center for Gender Equity at ssanchez@genderquity.ucsf.edu

Source: Strategic Communications & University Relations, 9/22/10

#### Lesbian, Gay, Bisexual and Transgender (LGBT) Resource Center

• Website - http://lgbt.usf.edu

Since 1998, the LGBT Center has provided a wealth of programs and services to the UCSF community and beyond. For over a decade, the Center has lived out UCSF's strategic plan by nurturing diversity, creating a supportive work environment, and promoting high-quality patient care. In addition, as the only LGBT office in a health setting, and one of the first LGBT offices in higher education, the LGBT Center has also been a powerful voice for LGBT equality in health, employment, and education nationwide.

The Center's programs and services include:

- Training: customized lectures and workshops for students, staff, and faculty
- **Consulting**: confidential advising about LGBT-related concerns in the class-room and workplace
- Events: diverse programs for the full UCSF campus community, including workshops, lectures, performances, and conferences
- **Networking**, mentoring & awareness-raising: a listsery, online "Out List," and Visibility Project featuring LGBT members of the UCSF community
- **Information & research**: a comprehensive website featuring up-to-date information about LGBT health and workplace issues
- **Support & advocacy**: individualized support and seasoned advocacy around a variety of LGBT concerns

Source: Strategic Communications & University Relations, 9/22/10

FY 2009-10 Headcount as of 4/1/10 UNIVERSITY RELATIONS

Š	Staff	Acad	Academic	Grand
Full Time	Part Time	Full Time	Part Time	Total
27	1			28

Source: UCSF Human Resources

Permanently Budgeted FTEs UNIVERSITY RELATIONS

		FY 2005-06	90	FY 2006-07	-02	FY 2007-08	-08	FY 2008-09	60	FY 2009-10	9
Permanent Budget Account Title	¥	Academic Staff	Staff	Academic Staff		Academic Staff	Staff	Academic Staff	Staff	Academic Staff	Staff
CAMPUS TOURS			0.25		0.25		-0.25		-0.25		-0.25
CENTER FOR GENDER EQUITY			3.00		3.00		3.00		3.00		3.00
COMMUNICATION MATERIALS			6.70		6.70		4.95		5.70		5.70
COMMUNITY RELATIONS			7.60		8.10		8.10		8.10		8.10
GLBTI PROGRAMS			1.00		1.00		1.00		1.00		0.1
INTERNAL COMMUNICATIONS									3.00		3.00
NEWS SERVICE DEPARTMENT		•	15.20		14.95		13.85		14.85		14.85
PUBLIC AFFAIRS ADMINISTRATION			5.40		4.40		5.05		6.05		7.85
PUBLICATION OFFICE			9.40		9.40		9.40		5.75		3.95
VC-UAP UNIVERSITY RELATIONS					2.00		2.00		2.00		2.00
Ĭ	Total:	0.00 48.55	48.55	0.00 49.80	49.80	00.00	0.00 47.10	00.00	0.00 49.20	0.00 49.20	19.20

Source: UCSF Budget & Resource Management

# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 UNIVERSITY RELATIONS

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$0	\$0	\$0	0.00%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$27,070	\$27,070	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$7,503	\$7,531	\$1,130	15.00%
Total:	\$34,572	\$34,601	\$1,130	3.26%

#### University of California, San Francisco Institutional Profile - FY 2009-10 School/Department Profiles

#### SCHOOL/DEPARTMENT PROFILES

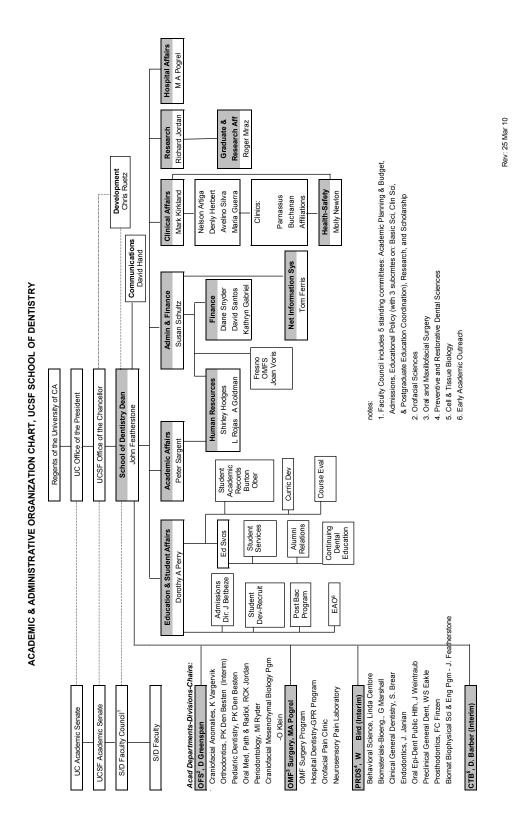
This section contains profiles for each School, Department, and ORU based on information obtained from the following sources:

- Control Point/ORU web sites
- Department web sites
- UCSF Strategic Planning Strategic Planning Environmental Assessment (prepared by consulting firm AMC Strategies)
- Contracts & Grants Year-End Summaries
- NIH rankings
- Sponsored Project Expenditures and Indirect Cost Recovery (Big Sheets)
- UCSF Financial Schedules
- Ad Hoc/Data Warehouse queries
- Permanent Budget queries
- Employee Database (EDB) queries run by Human Resources to calculate headcount as of April 2, 2009 based on the following criteria:
  - Employee Status = Active
  - Current Appointment and Distribution
  - Appt Type = Career or Academic
  - Academics With Salary

# **SCHOOL OF DENTISTRY**

# **Chapter Contents**

Organizational Chart	470
Overview	471
Cell and Tissue Biology	484
Oral and Maxillofacial Surgery	488
Orofacial Sciences	493
Preventive and Restorative Dental Sciences	498



#### SCHOOL OF DENTISTRY

**School Leadership** 

**John D. B. Featherstone**, MSc, PhD Dean

John Featherstone, MSc, PhD, is Professor of Preventive and Restorative Dental Sciences at the University of California, San Francisco (UCSF) and Dean of the School of Dentistry. He earned his M.Sc. in physical chemistry from the University of Manchester (UK) and a Ph.D. in chemistry from the University of Wellington (New Zealand). His research over the past 35 years has covered several aspects of cariology (study of tooth decay) including fluoride mechanisms of action, caries risk assessment, de- and remineralization of the teeth, apatite chemistry, salivary dysfunction, caries (tooth decay) prevention, and laser effects on dental hard tissues with emphasis on caries prevention and early caries removal. He is currently active in implementing caries management by risk assessment in several dental schools across the nation.

He has won numerous national and international awards, including the International Association for Dental Research distinguished scientist award for research in dental caries (2000), the Zsolnai Prize from the European Caries Research Organization (2002) for his lifelong contributions to caries research, the "Ericsson Prize in Preventive Dentistry" by the Swedish Patent Fund (2002) and the Norton Ross Award for excellence in clinical research from the American Dental Association (2007). He has published over 220 manuscripts and book chapters.

**Susan Schultz**, MBA Associate Dean, Administration and Finance

**Richard Jordan**, DDS, PhD, FRCPath Associate Dean for Research

**Peter Sargent**, PhD Associate Dean for Academic Affairs

**Dorothy A. Perry**, RDH, PhD, MS Associate Dean for Education and Admissions

Mark Kirkland, DDS Associate Dean for Clinical Affairs Director, International Dentist Program

M. Anthony Pogrel, DDS, MD Associate Dean for Hospital Affairs

**Nelson Artiga-Diaz**, DDS, MPH Assistant Dean for Community Clinics

#### **Mission Statement/Overview**

The UCSF School of Dentistry seeks to improve public health through excellence in teaching, research, patient care, and public service in the dental and craniofacial sciences. We foster an inspired environment where individuals identify themselves as scholars and realize their scholarship through service as clinicians, educators, and scientists.

The School of Dentistry has a long and distinguished history as an institution dedicated to dental education. Established in 1881, it was the first dental institution to be founded west of the Mississippi River. Today, the UCSF School of Dentistry provides the opportunity for dental students to become outstanding clinicians, scientists, educators, and leaders for a new generation of professionals. It is one of two dental schools in the UC system and one of six in California.

#### **Departments**

Cell and Tissue Biology (CTB), Peter Sargent, PhD, Interim Chair - The Department of Cell and Tissue Biology (CTB) at the UCSF School of Dentistry has active research programs in cell and developmental biology, tissue remodeling and repair, genesis and progression of head and neck cancers, and molecular pathogenesis. Investigators in this Department have developed several National Institutes of Health-supported centers and programs over the past decade. These include the Comprehensive Oral Health Research Center, which focuses on strategies for promoting tissue repair, the UCSF Oral Cancer Research Center, which is concerned with the genesis and progression of oral cancer, and, most recently, a project to catalogue the salivary proteome.

The Department of Cell and Tissue Biology is the administrative home for the new UCSF campus-wide Program in Craniofacial and Mesenchymal Biology (CMB). This Program focuses on basic and translational research related to cellular and morphogenetic processes underlying development. These include cell migration and proliferation, signaling mechanisms underlying formation of mesenchymal tissues, the role of epithelial-mesenchymal interactions in tissue formation, and the properties and differentiation potential of mesenchymal stem cells. These areas of focus provide strong opportunities for interaction with the UCSF Campus-wide Developmental & Stem Cell Biology Program, with research campus-wide in tissue engineering and biomaterials, and with the Craniofacial Anomalies Center in the School of Dentistry.

The Department is also one of the founders of the new UCSF campus-wide Program in Microbial Pathogenesis. Research within the department related to this area currently focuses on bacterial adherence mechanisms, oral candidiasis, and viral infections in the placenta and immune protection. The Department of Cell and Tissue Biology is collaborating with the departments of Preventive and Restorative Dental Sciences and of Orofacial Sciences in the School of Dentistry and the Microbial Pathogenesis Program to recruit in the important area of biofilms research.

The Department of Cell and Tissue Biology houses the UCSF Mouse Microarray Consortium. It is also affiliated with the newly established Mass Spectrometry Facility, within UCSF's Biomolecular Resource Center.

Faculty in Department of Cell and Tissue Biology teach in the Biomedical Sciences course sequence in the DDS pre-Doctoral program, with a focus on human anatomy and embryology, head and neck anatomy, histology and neuroscience. Cell and Tissue Biology faculty members also teach in a number of courses given by graduate programs, including the Biomedical Sciences Graduate Program and Oral and Craniofacial Sciences Graduate Program.

The Department of Cell and Tissue Biology is actively recruiting new faculty in the area of Developmental and Molecular Biology related to the CMB Program and in the Microbial Pathogenesis Program.

Oral and Maxillofacial Surgery (OMFS), M. Anthony Pogrel, DDS, MD, FACS, FRCS, Chair – The Department of Oral Maxillofacial Surgery (OMFS) teaches both theoretical and clinical courses in the predoctoral dental curriculum and offers instruction in medical emergencies in the dental hygiene and predoctoral dental programs.

Basic research in the department include investigations of the mechanisms of bone growth and replacement, the use of lasers and mechanisms of pain, and studies of treatment and outcomes of implant, orthognathic, TMJ, and reconstructive surgery.

The department provides clinical care in oral and maxillofacial surgery to ambulatory patients at the Dental Clinics Building, the postgraduate OMFS Clinic at Moffitt Hospital, and the oral and maxillofacial surgery clinic at San Francisco General Hospital. Treatment for hospitalized patients is provided at Moffitt/Long Hospital, San Francisco General Hospital, UCSF/Mount Zion, and Veterans Affairs Medical Center.

The department also provides elective courses in oral and maxillofacial surgery at San Francisco General Hospital and implant clerkships where students learn to assist with surgical procedures.

Other externships allow dental students to spend from two to six weeks at other dental schools around the country. The department's postgraduate residency program leads to certification in OMFS with an MD degree. A PhD is also offered to suitable applicants. Please write to the program director for specific information on postgraduate programs in oral and maxillofacial surgery

Orofacial Sciences (OFS), Deborah Greenspan, BDS, DSc, Chair - The Department of Orofacial Sciences is a new and exciting academic and clinical enterprise, the role of which is teaching and practicing the diagnosis and treatment of localized and systemic oral diseases and developmental conditions, and advancing knowledge about them. Several clinical disciplines comprise this Department including Craniofacial Anomalies, Oral Medicine, Oral Pathology, Oral Radiology, Orthodontics, Pediatric Dentistry and Periodontology. Cross-disciplinary clinical, teaching and research activities characterize this Department, which benefits from strong interactions within the Dental School, other campus Schools and the Medical Center. Educational activities are broad, providing both predoctoral and postdoctoral students alike with a strong basis of knowledge and clinical experience.

Research in the Department covers a broad spectrum of basic, translational and clinical sciences that complement the clinical activities of the Department. These include extramurally funded studies of oral mucosal and salivary gland diseases, including those common in people with HIV infection (conducted through the Oral AIDS Center), oral cancer, xerostomia, Sjögren's Syndrome (the Sjögren's International Collaborative Clinical Alliance), and new methods for diagnosing and treating periodontal diseases. In addition, clinical research studies assess the effect of orthodontic treatment on the form and function of the craniofacial complex, new approaches to imaging, the interrelationships of the neuromuscular systems on muscle function and bone growth, and seek to understand the variations in outcome of interdisciplinary treatment of patients with craniofacial anomalies. Studies of enamel and dentin formation are key to new initiatives for tissue engineering of tooth structures, as well as for understanding dental pathologies such as fluorosis and amelogenesis imperfecta.

Patient treatment services provide the highest level of patient care focusing on the latest and most effective treatment methods. The Oral Medicine Clinical Center (formerly known as the Stomatology Clinical Center) specializes in the diagnosis and treatment of oral soft tissue and salivary gland diseases and serves as the basis for predoctoral student education. The Oral Pathology Diagnostic Laboratory, one of the largest in Northern California, offers world-class tissue diagnostic services for dental and medical practitioners. Orthodontics provides state-of-the-art care for children and adults with dental malocclusions. Pediatric Dentistry provides primary and tertiary care for dental diseases and prevention for infants and children. Periodontology focuses on the diagnosis and management of the various periodontal conditions and provides treatment with osseo-integrated implants. The Center for Craniofacial Anomalies provides multidisciplinary

consultation and comprehensive treatment of children with various birth defects.

Postgraduate programs in Orthodontics, Pediatric Dentistry, Periodontology and Oral Medicine complete the department's instructional activities. Most students in these training programs are concurrently enrolled in an MS degree program in Oral and Craniofacial Sciences. Additional training leading to the PhD in Oral and Craniofacial Sciences is also available.

Preventive and Restorative Dental Sciences (PRDS), William Bird, DDS, DrPH, Interim Chair – The Department of Preventive and Restorative Dental Sciences conducts multidisciplinary instruction, research, and patient care programs through its seven divisions: behavioral sciences, professionalism and ethics, biomaterials science and bioengineering, general dentistry, endodontics, oral epidemiology and dental public health, and prosthodontics. Preclinical and clinical educational programs operate within the laboratories and clinics of the dental facilities on campus and through the school's satellite facilities, including the community clinics at San Francisco General Hospital and Buchanan Street. The postprofessional specialty clinic in graduate prosthodontics is located on campus.

In the predoctoral dental curriculum, the divisions of behavioral science, professionalism and ethics and oral epidemiology & dental public health teach a stream of courses called "Successful Dental Practice" spread throughout the four-year curriculum. This core curriculum includes clinical care and current issues in dentistry, behavioral sciences, ethics, quality assurance, and practice management.

The educational goals of the Successful Dental Practice program include developing 1) behavioral management and communications skills, 2) ethical dentist-patient relations, 3) sensitivity and social skills, 4) practice management skills, and 5) the ability to cultivate self-reflections and well-being. The program integrates several disciplines including basic, clinical, and behavioral sciences under a common mission to introduce a more participatory educational format.

Research in the department spans the spectrum from basic to translational to clinical research. Areas of emphasis include the application of the analytical techniques of materials science to the characterization of dental hard tissues and restorative materials; characterization and testing of dental materials; the effects of restorative procedures on the dental pulp; basic research into that organ's biology; psychological aspects of temporomandibular joint disorders; preventive, diagnostic, and therapeutic laser applications in dentistry; caries risk assessment; and caries prevention and management.

Research in oral epidemiology, public health, and behavioral science includes a spectrum of ongoing projects on the epidemiology of oral diseases and the delivery of dental care. Faculty in

the department have ongoing studies in patient and population-based research, including clinical trials and other types of clinical research. One epidemiologic study is examining how dental diseases run in families. A series of studies in the behavioral sciences is investigating the effect of dentists' attitudes toward domestic violence and health care professionals' barriers to providing preventive care in a managed care environment. Ongoing studies also include the research into the use of smokeless tobacco products by professional baseball players, and developing the development of community-based tobacco prevention and cessation interventions. Faculty are working with dental insurers to develop new, nonsurgical approaches and insurance products that will emphasize preventive measures to prevent, treat, and manage dental caries that will emphasize preventive measures and nonsurgical procedures.

The department offers a three-year residency program in prosthodontics. In addition, the department offers postgraduate education in dental public health and epidemiology, in conjunction with the School of Public Health at UC Berkeley as part of the Dentist Scientist Award Program for dentists interested in combining specialty training with a PhD in epidemiology. An accredited dental residency program in dental public health is also available for dentists who are interested in specializing in dental public heath..

#### **About the School**

#### **Dental Education and Training Programs:**

- The School of Dentistry admits 80 students per year into a four-year curriculum leading to the DDS degree. Of the 2005-2006 entering class, 64% of DDS students are women.
- For 2006, there were more than 19 applicants for each position in the DDS program. The mean GPA of entering dental students was 3.46 on a 4.00 scale.
- For 2005-06, the School admitted 24 students into the two-year International Dentist Program (IDP). IDP students are qualified graduates of foreign dental programs who come to the U.S. to earn a DDS degree.
- The School offers postgraduate programs in several dental specialty areas: dental public health, endodontics, oral and maxillofacial surgery, orthodontics, pediatric dentistry, periodontology, prosthodontics, and a general practice residency.
- From the American Dental Association's 2002/03 Survey of PreDoctoral Education:
  - \* Tuition and fees to attend the School of Dentistry are affordable; it ranks 41st among the 54 U.S. dental schools.
  - \* UCSF School of Dentistry ranks second in total expenditure per student

(\$137,403 per student per year).

- \* The School ranks first in funds received for sponsored education, research and training programs.
- A large proportion of underrepresented minority students choose UCSF. In 2002-03, the School enrolled 36% of all Hispanic dental students attending one of the five California dental schools.
- The School of Dentistry created, and continues to operate, the first postbaccalaureate program exclusively for applicants to dental schools in the United States, admitting 15 students per year. The one-year program targets disadvantaged students who have failed to gain admission to a U.S. dental school. In the seven years of the program's existence, 99% of postbaccalaureate students gained admission to dental school.
- The School is committed to training the next generation of dental scholars and faculty members. It offers PhD and Master's degree programs in Oral and Craniofacial Sciences, a combined DDS-PhD program, and a combined PhD-dental specialty training program. Other graduate programs include Craniofacial and Mesenchymal Biology and Bioengineering, and a new DDS/MBA program.

#### **Patient Care Services and Revenue:**

- The School of Dentistry operates 14 clinics at three sites, and provides more than 120,000 patient visits per year. Comprehensive dental care services are provided, including complex oral and maxillofacial surgery, and care for special-needs patients.
- Clinical income amounts to approximately \$14 million per year.
- Clinical productivity of UCSF DDS students is among the highest of all 56 U.S. dental schools (according to student-generated clinical income, adjusted according to cost-of-living differences between different parts of the country).
- UCSF School of Dentistry is the single largest Denti-Cal provider in the state of California. Over the last three years, 35-40% of all Denti-Cal treatments provided by California's five dental schools were performed at UCSF.
- Fees in our student clinics are competitive, ranging from 50-75% of that of private practices. The School serves a large proportion of people on fixed incomes, public assistance recipients, and the working poor.
- Faculty and students staff a dental clinic for the homeless that provides both screening for dental disease and dental treatment at no cost to the patient.
- The School of Dentistry's Center for Craniofacial Anomalies is responsible for the complete management of patients with cleft lip and palate, and other complex cranio-

facial birth defects. The Craniofacial Clinic provides services in clinical social work, nursing, orthodontics, oral/maxillofacial surgery, plastic/reconstructive surgery and speech pathology.

#### **Research Activities:**

The UCSF School of Dentistry is the preeminent dental research enterprise in the world. Each year since 1992 it has ranked first among all US dental schools in research funding from the National Institutes of Health. The School of Dentistry's research program is exemplified by the school's Research Center in Oral Biology, its Oral Cancer Research Center (OCRC), and its Oral AIDS Center. A pioneer in AIDS research, the school recently celebrated its 20th anniversary as the repository of the San Francisco AIDS Specimen Bank. It is the administrative home of the Center for the Health Professions. The school's NIH-funded Center to Address Disparities in Children's Oral Health (CAN DO) is one of only five such centers in the US and the only one in California. UCSF's multidisciplinary Center for Craniofacial Anomalies is housed within and administered by the School of Dentistry's Department of Growth and Development as is the School's new Center for Craniofacial and Mesenchymal Biology.

The School is committed to promoting broadly-based research programs with the goal of improving methods for understanding, preventing, treating, and curing oral and craniofacial facial diseases and disorders. Thus, the goals for our research program include:

- Maintaining our status as one of the top ranked dental schools with regard to extramural research grant support.
- Expanding our research infrastructure by increasing research laboratory space-taking advantage of the campus's overall Mission Bay expansion project.
- Fostering within the School at least two pinnacles of excellence defined as interdisciplinary research programs which are collaborative with the Schools of Medicine, Pharmacy, and/or Nursing but which are housed within the School of Dentistry and to which the rest of the campus looks as the definitive UCSF authority for that subject area.
- More fully integrating the School's basic research scientists into the broader life of the School of Dentistry particularly in their interaction with the predoctoral D.D.S. program and, correspondingly, more fully integrating clinician faculty members into the richness of the intellectual and scientific life of the School and campus.

# Financial Schedule 8E - FY 2009-10 Current Fund Expenditures by Source SCHOOL OF DENTISTRY (Dollars in Thousands)

	Total
General Funds	\$12,955
Tuition and Fees	\$8,600
Federal Government Grants	\$9,927
Federal Government Contracts	\$2,024
Special State Appropriations & Contracts	\$677
Local Government	\$132
Private Gifts, Grants and Contracts	\$14,994
Endowment Income	\$1,159
Sales & Services Educational Activities	\$15,081
Sales & Services of Auxiliary	\$0
Sales & Services Medical Centers	\$0
Other Sources	\$2,662
Reserves	\$13
Total	\$68,224

Source: UCSF Controller's Office - 9/30/2010

Source: UCSF Financial Schedules

#### SCHEDULE 8C - FY 2009-10 CURRENT FUNDS EXPENDITURES BY DEPARTMENT (Dollars in Thousands)

		_		Curr	ent Funds				Distr	ribution	
	Total		Unres	tricte	d	Re	estricted	aries and Wages		Other enditures	ess: nsfers
			General	De	signated						
SCHOOL OF DENTISTRY											
INSTRUCTION											
Educational services	\$ 3,21	2 \$	(428)	\$	3,618	\$	22	\$ 1,368	\$	1,843	\$ -
Cell and tissue biology	2,22	)	998		993		238	1,627		603	-
Oral and maxillofacial surgery	2,83	)	957		997		876	1,584		1,246	-
Orofacial sciences	5,51	1	2,958		2,312		241	4,143		1,368	-
Preventive and restorative dental sciences	8,74	)	5,446		2,773		530	6,757		1,992	-
Inter-school services	22	<u> </u>	(45)		267			 -		267	 45
Total	22,75	3	9,886		10,960		1,907	15,479		7,319	45
RESEARCH											
Dentistry	18,28	<u> </u>	26		339		17,924	 8,802		9,487	1
PUBLIC SERVICE											
Dental public services	6,27	<u> </u>			53		6,221	 1,846		4,429	 -
ACADEMIC SUPPORT											
Dean's office	11,29	3	3,039		6,495		1,759	5,738		6,053	499
Dentistry clinic	9,61		4		9,307		304	3,696		5,919	-
Total	20,90	3	3,043		15,802		2,063	9,434		11,972	499
Total School of Dentistry	68,22	1	12,955		27,154		28,115	35,561		33,207	545

Source: UCSF Controller's Office - 9/30/2010

Date: 12/31/2010 - FINAL RESULTS Source: UCSF Office of Sponsored Research UNIVERSITY OF CALIFORNIA, SAN FRANCISCO (All Awards) **EXTRAMURAL AWARDS BY TYPE** 07/01/2009 - 06/30/2010 SCHOOL OF DENTISTRY

Total Dollars	Direct Costs	F&A Costs	#Awds	XL#
17,270,624.00	12,683,228.00	4,587,396.00	51	75
331,068.00	312,349.00	18,719.00	7	2
0.00	0.00	0.00	0	0
0.00	0.00	0.00	0	0
3,277,352.00	2,672,114.00	605,238.00	-	9
0.00	0.00	0.00	0	0
0.00	0.00	0.00	0	0
954,821.00	680,058.00	274,763.00	10	15
0.00	0.00	0.00	0	0
32,662.00	32,662.00	0.00	-	2
21,866,527.00	16,380,411.00	5,486,116.00	65	100
Total Dollars	Direct Costs	F&A Costs	#Awds	XL#
65,000.00	64,587.00	413.00	-	_
0.00	0.00	0.00	0	0
232,502.00	212,923.00	19,579.00	7	2
615,151.00	400,000.00	215,151.00	-	_
10,120.00	8,800.00	1,320.00	-	_
4,752.00	4,752.00	0.00	7	2
0.00	0.00	0.00	0	0
0.00	0.00	0.00	0	0
85,703.70	85,703.70	0.00	7	9
1,013,228.70	776,765.70	236,463.00	6	13
22,879,755.70	17,157,176.70	5,722,579.00	74	113
	Total Dollars 17,270,624,00 331,068,00 0.00 0.00 3,277,352.00 0.00 0.00 32,662.00 21,866,527.00 Total Dollars 65,000.00 232,502.00 615,151.00 10,120.00 4,752.00 0.00 85,703.70 1,013,228.70	12,683,22 312,32 312,32 680,06 16,380,41 Direct G 64,56 400,06 8,88 4,77 776,76	Direct Costs F&A Co 12,683,228.00 4,587,38 312,349.00 18,77 0.00 0.00 680,088.00 274,77 0.00 82,662.00 5,486,111 Direct Costs F&A Co 64,587.00 5,486,111 0.00 19,57 4,752.00 19,57 0.00 85,703.70 236,46 776,765.70 5,722,57	Direct Costs         F&A Costs         #Aw           12,683,228.00         4,587,396.00         #Aw           0.00         0.00         0.00           0.00         0.00         0.00           0.00         0.00         0.00           0.00         2,672,114.00         665,238.00           0.00         0.00         0.00           16,380,411.00         5,486,116.00           Direct Costs         F&A Costs         #Aw           64,587.00         413.00         0.00           212,923.00         19,579.00         0.00           4,752.00         0.00         0.00           0.00         0.00         0.00           88,703.70         236,463.00           776,765.70         5,722,579.00

Note: Awards are selected for inclusion based on the budget period start date. Results include actions processed through 07/08/2010.

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO EXTRAMURAL AWARDS BY TYPE 07/01/2009 - 06/30/2010 (All Awards) SCHOOL OF DENTISTRY	isco		Source: UCSF Office of Sponsored Research Date: 12/31/2010 - FINAL RESULTS	CSF Office of Sponsored Research Date: 12/31/2010 - FINAL RESULTS	Research
PRIVATE NON-PROFIT SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds	XL#
Grants	14,805,951.92	13,546,176.38	1,259,775.54	25	31
Contracts	32,000.00	21,968.00	10,032.00	2	2
Subcontracts	19,869.00	17,740.00	2,129.00	<b>~</b>	-
Fellowships	39,000.00	39,000.00	0.00	-	~
Subtotal, Private, Non-Profit Sources	14,896,820.92	13,624,884.38	1,271,936.54	29	35
PRIVATE FOR-PROFIT SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds	XL#
Grants	0.00	0.00	0.00	0	0
Contracts	445,999.00	299,793.13	146,205.87	7	80
Subcontracts	0.00	0.00	0.00	0	0
Fellowships	0.00	0.00	0.00	0	0
Subtotal, Private, For-Profit Sources	445,999.00	299,793.13	146,205.87	7	80
Subtotal, Private Sources	15,342,819.92	13,924,677.51	1,418,142.41	36	43
Miscellaneous Agreement Types	Total Dollars	Direct Costs	F&A Costs	#Awds	XT#
Advance Awards	0.00	0.00	0.00	7	2
Extensions	0.00	0.00	0.00	22	23
MTAs(Incoming),URCs	0.00	0.00	0.00	26	26
OTHER agreements	0.00	0.00	0.00	-	-
Subtotal, Misc Agreement Types	00.0	0.00	0.00	51	52
CUMULATIVE TOTAL	38,222,575.62	31,081,854.21	7,140,721.41	161	208

Note: Awards are selected for inclusion based on the budget period start date. Results include actions processed through 07/08/2010.

# FY 2009-10 Headcount as of 4/1/10 SCHOOL OF DENTISTRY

	St	aff	Acad	emic	<b>Grand Total</b>
Department	FT	PT	FT	PT	
DEAN'S OFC: SCH OF DENTISTRY	50	5	1	10	66
DENTAL CLINICS	44	14		5	63
DENT-ORAL & MAX SURGERY	23	4	40	8	75
DEPT OF CELL & TISSUE BIOLOGY	12	2	35	6	55
DEPT OF OROFACIAL SCIENCES	43	12	31	36	122
S/D-PREVEN & RESTOR DNTL SCI	47	16	44	52	159
Total	219	53	151	117	540

Source: UCSF Human Resources

# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 SCHOOL OF DENTISTRY

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$13,010,866	\$9,859,344	\$4,937,414	50.08%
CIRM	\$484,494	\$463,813	\$250,509	54.01%
Other State Contracts	\$192,482	\$192,482	\$17,796	9.25%
Local Government	\$131,821	\$131,821	\$0	0.00%
<b>Private Clinical Trials</b>	\$298,723	\$298,723	\$11,696	3.92%
Private Contracts & Grants	\$10,973,620	\$10,450,189	\$1,178,454	11.28%
Total:	\$25,092,007	\$21,396,372	\$6,395,868	29.89%

#### DEPARTMENT OF CELL AND TISSUE BIOLOGY

- Interim Chair Sargent, Peter, PhD.
- Business Officer Mott, Stephanie
- Website http://www.ucsf.edu/ctb/

The Department of Cell and Tissue Biology (CTB) in the UCSF School of Dentistry has active research programs in cell and developmental biology, tissue remodeling and repair, genesis and progression of head and neck cancers, and molecular pathogenesis.

The Department of Cell and Tissue Biology plays an active role in the new UCSF campus-wide Program in Craniofacial and Mesenchymal Biology (CMB). This Program focuses on basic and translational research related to cellular and morphogenetic processes underlying development. These include cell migration and proliferation, signaling mechanisms underlying formation of mesenchymal tissues, the role of epithelial-mesenchymal interactions in tissue formation, and the properties and differentiation potential of mesenchymal stem cells. These areas of focus provide strong opportunities for interaction with the UCSF Campus-wide Developmental & Stem Cell Biology Program, the UCSF Institute for Regeneration Medicine, with campus-wide research programs in tissue engineering and biomaterials, and with the Craniofacial Anomalies Center in the School of Dentistry.

The Department was one of the founders of the UCSF campus-wide Program in Microbial Pathogenesis. Research within the department related to this area currently focuses on bacterial adherence mechanisms, oral candidiasis, and viral infections in the placenta and immune protection. The Department of Cell and Tissue Biology has collaborated with the department of Preventive and Restorative Dental Sciences and the Microbial Pathogenesis Program to recruit in the important area of biofilms research.

Faculty in Department of Cell and Tissue Biology teach in the Biomedical Sciences course sequence in the DDS pre-Doctoral program, with a focus on human anatomy and embryology, head and neck anatomy, histology, and neuroscience. Cell and Tissue Biology faculty members also teach in a number of courses given by graduate programs, including the Biomedical Sciences Graduate Program and Oral and Craniofacial Sciences Graduate Program.

The Department of Cell and Tissue Biology anticipates actively recruiting new faculty in the area of Developmental and Molecular Biology related to the CMB Program and in the Microbial Pathogenesis Program.

Source: Department of Cell and Tissue Biology, 9/28/2010

FY 2009-10 Headcount as of 4/1/10 CELL & TISSUE BIOLOGY

St	Staff	Acad	Academic	Grand
Full Time	Part Time	Full Time	Part Time	Total
12	2	38	9	99

Source: UCSF Human Resources

Permanently Budgeted FTEs CELL AND TISSUE BIOLOGY

	FY 2005-06	90	FY 2006-07		FY 2007-08	90	FY 2008-09	60	FY 2009-10	10
Permanent Budget Account Title	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic Staff	Staff	Academic	Staff	Academic	Staff	Academic	Staff
DENT-GROWTH & DEVELOPMENT LABS	13.00 3.58	3.58	15.00 3.58	3.58	15.00 3.58	3.58	15.00 3.58	3.58	15.00 0.00	0.00
Total:	13.00 3.58	3.58	15.00 3.58	3.58	15.00 3.58	3.58	15.00 3.58	3.58	15.00 0.00	0.00

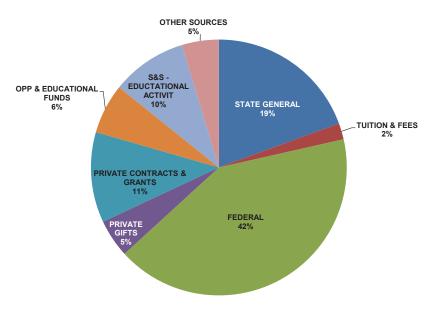
Source: UCSF Budget & Resource Management

# Total Expenditures by Fund Source CELL AND TISSUE BIOLOGY

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$1,624,649	\$1,480,875	\$1,399,820	\$1,167,181	\$998,192	-38.6%
TUITION & FEES	\$71,743	\$171,925	\$140,612	\$160,773	\$105,136	46.5%
FEDERAL	\$1,779,116	\$2,310,022	\$3,989,735	\$3,033,267	\$2,146,225	20.6%
STATE SPECIAL & CONTRACTS	\$182,895	\$185,398	\$536,365	\$99,611	(\$162)	-100.1%
PRIVATE GIFTS	\$334,279	\$884,629	\$357,586	\$246,824	\$247,672	-25.9%
PRIVATE CLINICAL TRIALS	(\$1,016)	\$0	\$0	\$0	\$0	-100.0%
PRIVATE CONTRACTS & GRANTS	\$1,560,692	\$1,167,184	\$1,112,474	\$895,128	\$587,565	-62.4%
ENDOWMENT FUNDS	\$80,144	\$53,753	\$21,678	\$56,345	\$39,081	-51.2%
OPP & EDUCATIONAL FUNDS	\$356,708	\$267,307	\$193,395	\$262,449	\$324,965	-8.9%
S&S -EDUCTATIONAL ACTIVITY	\$560,394	\$433,559	\$289,237	\$343,783	\$491,850	-12.2%
OTHER SOURCES	(\$967)	(\$6,018)	\$71,137	\$53,763	\$239,695	-24888.5%
Total:	\$6,548,638	\$6,948,634	\$8,112,040	\$6,319,124	\$5,180,220	-20.9%

Source: Budget & Resource Management

#### Expenditures by Fund Source Cell and Tissue Biology FY 2009-10



# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 CELL AND TISSUE BIOLOGY

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)		OH % MTDC
Federal	\$2,146,225	\$2,264,451	\$1,218,372	53.80%
CIRM	(\$170)	(\$170)	(\$771)	453.45%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$587,565	\$581,023	\$188,941	32.52%
Total:	\$2,733,620	\$2,845,304	\$1,406,542	49.43%

#### DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

- Chair Pogrel, M. Anthony, DDS, MD
- Business Officer Martin, Giselle, MPA/HSA
- Website http://www.omfs.ucsf.edu/

Oral and Maxillofacial Surgery is that specialty which combines surgical training with dental expertise for the treatment of diseases, injuries, tumors and deformities of the face and jaws. This encompasses:

- Dentoalveolar surgery (impacted and buried teeth, cysts, etc)
- Dental implants
- Facial fractures
- Management of facial disfigurements
- Management of cleft lip and palate
- Management of deformities of the face and jaws
- Management of tumors, including salivary gland tumors and maxillofacial cancer

The Department of Oral Maxillofacial Surgery (OMFS) teaches both theoretical and clinical courses in the predoctoral dental curriculum and offers instruction in medical emergencies in the predoctoral dental programs.

Basic research in the department include investigations of the mechanisms of bone growth and replacement, mechanisms of pain, and studies of treatment and outcomes of implant, orthognathic, TMJ, and reconstructive surgery.

The department provides clinical care in oral and maxillofacial surgery to ambulatory patients at the Dental Clinics Building, the postgraduate OMFS Clinic at Moffitt Hospital, and the oral and maxillofacial surgery clinic at San Francisco General Hospital. Treatment for hospitalized patients is provided at Moffitt/Long Hospital, San Francisco General Hospital, UCSF/Mount Zion, and Veterans Affairs Medical Center.

The department also provides elective courses in oral and maxillofacial surgery at San Francisco General Hospital and implant clerkships where students learn to assist with surgical procedures. Other externships allow dental students to spend from two to six weeks at other dental schools around the country.

Source: Oral and Maxillofacial Surgery, 10/05/2009

The department's postgraduate residency program leads to certification in OMFS with an MD degree. A PhD is also offered to suitable applicants. The Department also offers a one year General Practice Residency program.

Source: Oral and Maxillofacial Surgery, 10/05/2009

FY 2009-10 Headcount as of 4/1/10 ORAL & MAXILLOFACIAL SURGERY

1S	Staff	Acac	Academic	Grand
Full Time	Part Time   Full Time   Part Time	Full Time	Part Time	Total
23	4	40	8	75

Source: UCSF Human Resources

Permanently Budgeted FTEs
ORAL AND MAXILLOFACIAL SURGERY

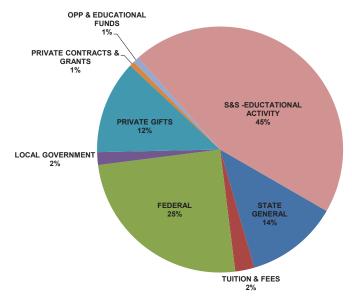
	FY 2005-06	90	FY 2006-07	-07	FY 2007-08	80	FY 2008-09	60	FY 2009-10	10
Permanent Budget Account Title	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic Staff	Staff	Academic	Staff	Academic	Staff	Academic	Staff
DENT-ORAL SURG	09'6	1.84	9.50	9.50 1.84	9.50	9.50 1.84	9.50 1.84	1.84	9.50	
Total:	9.50	1.84	9.50	1.84	9.50	9.50 1.84	9.50	1.84	9.50	0.00

# Total Expenditures by Fund Source ORAL AND MAXILLOFACIAL SURGERY

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$988,703	\$1,023,047	\$1,067,302	\$1,066,420	\$957,285	-3.2%
TUITION & FEES	\$78,064	\$57,705	\$54,766	\$139,258	\$197,026	152.4%
FEDERAL	\$1,350,956	\$1,228,817	\$1,698,149	\$1,971,048	\$1,961,006	45.2%
STATE SPECIAL & CONTRACTS	\$89,772	\$183,726	\$137,574	\$136,690	\$27,090	-69.8%
LOCAL GOVERNMENT	\$193,265	\$217,207	\$226,937	\$138,742	\$131,821	-31.8%
PRIVATE GIFTS	\$63,608	\$164,146	\$115,158	\$57,910	\$966,143	1418.9%
PRIVATE CLINICAL TRIALS	\$0	\$8,945	\$0	\$0	\$0	0.0%
PRIVATE CONTRACTS & GRANTS	\$3,139	\$99,999	\$124,976	\$341,833	\$51,366	1536.4%
ENDOWMENT FUNDS	\$32,683	\$84,511	\$51,747	\$57,487	\$47,589	45.6%
OPP & EDUCATIONAL FUNDS	\$93,107	\$104,626	\$62,116	\$43,964	\$62,251	-33.1%
S&S -EDUCTATIONAL ACTIVITY	\$3,588,515	\$3,331,356	\$3,491,348	\$3,683,611	\$3,530,862	-1.6%
OTHER SOURCES	\$26,237	\$26,227	\$8,278	\$66,448	\$68,882	162.5%
Total:	\$6,508,051	\$6,530,311	\$7,038,351	\$7,703,412	\$8,001,319	22.9%

Source: Budget & Resource Management

# Expenditures by Fund Source ORAL AND MAXILLOFACIAL SURGERY FY 2009-10



#### Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 ORAL AND MAXILLOFACIAL SURGERY

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$1,961,006	\$1,546,876	\$845,045	54.63%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$131,821	\$131,821	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$51,366	\$51,269	\$8,659	16.89%
Total:	\$2,144,193	\$1,729,966	\$853,704	49.35%

Source: UCSF Budget & Resource Management

#### Financial Schedule 8C - FY 2009-10 Current Funds Expenditures ORAL AND MAXILLOFACIAL SURGERY (Dollars in Thousands)

			Current Fund	ls		Distribution	
	Total	Unre	stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
		General	Designated				
Instruction	2,830	957	997	876	1,584	1,246	0
Total	2,830	957	997	876	1,584	1,246	0

Source: UCSF Controller's Office - 9/30/2010

#### DEPARTMENT OF OROFACIAL SCIENCES

- Chair Greenspan, Deborah, BDS, DSc
- · Business Officer Dronsky, Marina

The Department of Orofacial Sciences (OFS) is an exciting academic and clinical enterprise. The role of the Department is teaching and practicing the diagnosis and treatment of localized and systemic oral diseases and developmental conditions, and advancing knowledge about them. The disciplines in the department are: Craniofacial Anomalies; Oral Medicine, Oral Pathology, Oral Radiology; Orthodontics; Pediatric Dentistry and Periodontology. Crossdisciplinary clinical, teaching and research activities characterize the department, which benefits from strong interactions within the Dental School, other campus Schools and the Medical Center. Educational activities are broad, providing both predoctoral and postdoctoral students alike with a strong basis of knowledge and clinical experience.

Our research in OFS covers a spectrum of basic, translational and clinical sciences that complement the clinical activities of the Department. These include: extramurally funded studies of oral mucosal and salivary gland diseases, including those common in people with HIV infection (conducted through the Oral AIDS Center); oral cancer; xerostomia and Sjögren's syndrome (the Sjögren's International Collaborative Clinical Alliance) and new methods for diagnosing and treating periodontal diseases. The department houses the campus-wide AIDS Specimen Bank (affiliated with the AIDS Research Institute). In addition, clinical research studies assess the effect of orthodontic treatment on the form and function of the craniofacial complex, new approaches to imaging, and seek to understand the variations in outcome of interdisciplinary treatment of patients with craniofacial anomalies. Studies of enamel and dentin formation are key to new initiatives for tissue engineering of tooth structures, as well as for understanding tooth pathologies such as fluorosis and amelogenesis imperfecta.

Patient treatment services provide the highest level of patient care, focusing on and developing the most effective treatment methods. The Oral Medicine Clinical Center specializes in the diagnosis and treatment of oral soft tissue and salivary gland diseases. The Oral Pathology Diagnostic Laboratory, one of the largest in Northern California, offers world-class tissue diagnostic services for dental and medical practitioners. Orthodontics provides state-of-the-art care for children and adults with dental malocclusions. Pediatric Dentistry provides care for dental diseases and prevention for infants and children. Periodontology focuses on the diagnosis and management of periodontal conditions and provides treatment including osseo-integrated implants. The Center for Craniofacial Anomalies provides multidisciplinary consultation and comprehensive treatment of children with craniofacial birth defects.

Source: Department of Orofacial Sciences, 10/05/2009

Postdoctoral professional specialty programs in Orthodontics, Pediatric Dentistry, Periodontology and Oral Medicine complete the department's instructional activities. Most students in these training programs are concurrently enrolled in an MS degree program in Oral and Craniofacial Sciences. Additional training leading to the PhD in Oral and Craniofacial Sciences is also available.

#### **Divisions**

Craniofacial Anomalies
Oral Medicine, Oral Pathology and Oral Radiology
Orthodontics
Pediatric Dentistry
Periodontology

Chair: Dr. Deborah Greenspan 513 Parnassus Ave, S 612 San Francisco, CA. 94143-0422 deborah.greenspan@ucsf.edu

Source: Department of Orofacial Sciences, 10/05/2009

FY 2009-10 Headcount as of 4/1/10 OROFACIAL SCIENCES

Grand	Total	122
Academic	Part Time	36
Acac	Full Time	31
Staff	Part Time	12
St	Full Time	43

Source: UCSF Human Resources

Permanently Budgeted FTEs OROFACIAL SCIENCES

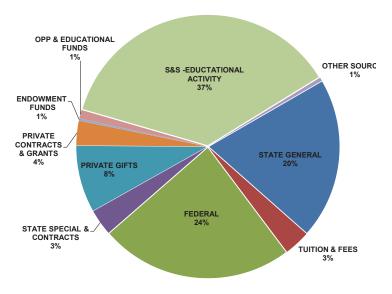
Permanent Budget Account Title         Academic Staff         Academic Staff	FY 2005-06 FY	FY 2006-07	FY 2007-08	<u> </u>	FY 2008-09	FY 2009-10	0
0.22 0.01 1.40 0.07 1.26 29.00 6.43	emic Staff Acad	emic Staff	Academic S	taff Acade	mic Staff	Academic	Staff
0.01 1.40 0.07 1.26 29.00 6.43	0.22	0.22					
29.00 6.43	0.01 1.40						
29.00 6.43	0.07 1.26						
		28.00 6.43	28.00 6.43		28.00 6.43	28.00	
S/D OFS ADMINISTATION S/D OFS SAI FS & SEDVICE ACTIVITY	29.00 6.43						
A/D OES SAI ES & SEBVIOE ACTIVITY		0.88 1.56	0.81 1.53	53	0.81 1.53	0.65	1.66
0,0 0,0,0,0,0,0 0,0,0,0,0,0,0,0,0,0,0,0		0.12 1.50	0.12	1.50	0.22 1.38	0.22	1.38
S/D STOMATOLOGY 0.58	0.58						
Total: 29.30 9.67 2		29.22 9.49	28.93 9.46		29.03 9.34	28.87 3.04	3.04

# Total Expenditures by Fund Source OROFACIAL SCIENCES

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$3,200,410	\$3,254,654	\$3,279,890	\$3,078,875	\$2,961,850	-7.5%
TUITION & FEES	\$655,811	\$194,593	\$419,262	\$469,012	\$483,686	-26.2%
FEDERAL	\$5,076,583	\$5,145,127	\$4,571,678	\$3,807,288	\$3,556,396	-29.9%
STATE SPECIAL & CONTRACTS	\$88,532	\$0	\$0	\$263,079	\$484,664	447.4%
LOCAL GOVERNMENT	\$113,365	\$0	\$0	\$0	\$0	-100.0%
PRIVATE GIFTS	\$752,573	\$579,548	\$1,315,193	\$1,103,765	\$1,235,543	64.2%
PRIVATE CLINICAL TRIALS	\$130,254	\$122,385	\$139,576	\$59,493	(\$4,630)	-103.6%
PRIVATE CONTRACTS & GRANTS	(\$158,340)	\$334,655	\$448,859	\$621,977	\$453,460	-386.4%
ENDOWMENT FUNDS	\$14,724	\$126,220	\$72,423	\$147,920	\$38,020	158.2%
OPP & EDUCATIONAL FUNDS	\$157,291	\$98,389	\$108,552	\$136,861	\$158,970	1.1%
S&S -EDUCTATIONAL ACTIVITY	\$4,319,661	\$4,832,254	\$4,889,538	\$5,812,660	\$5,480,492	26.9%
OTHER SOURCES	(\$96,501)	\$27,129	\$103,682	\$14,672	\$66,294	-168.7%
Total:	\$14,254,363	\$14,714,954	\$15,348,653	\$15,515,601	\$14,914,747	4.6%

Source: UCSF Budget & Resource Management

#### Expenditures by Fund Source Orofacial Sciences FY 2009-10



# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 OROFACIAL SCIENCES

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$3,556,396	\$2,336,268	\$1,084,042	46.40%
CIRM	\$484,664	\$463,983	\$251,279	54.16%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	(\$4,630)	(\$4,630)	\$0	0.00%
Private Contracts & Grants	\$453,460	\$435,430	\$112,774	25.90%
Total:	\$4,489,890	\$3,231,051	\$1,448,095	44.82%

Source: UCSF Budget & Resource Management

# DEPARTMENT OF PREVENTIVE AND RESTORATIVE DENTAL SCIENCES

- Interim Chair Bird, William F., DDS, MPH, DrPH
- Business Officer Katsus, Rose

The Department of Preventive and Restorative Dental Sciences (PRDS) is the largest department in the School of Dentistry. The Department is comprised of six divisions including Behavioral Sciences, Professionalism and Ethics; Biomaterials and Bioengineering; General Dentistry (with Patient Care and Patient Simulation sections); Endodontics, Oral Epidemiology and Dental Public Health; and Prosthodontics. Preclinical and clinical educational programs operate within the laboratories and clinics of the dental facilities on campus and through the school's satellite facilities, including the community clinic at 100 Buchanan Street. The department offers accredited three-year residency programs in prosthodontics and endodontics and an accredited one or two year residency in Dental Public Health. In addition, the department offers postgraduate education in dental public health and epidemiology, in conjunction with the School of Public Health at UC Berkeley as part of the Dentist Scientist Award Program for dentists interested in combining specialty training with a PhD in epidemiology.

In the predoctoral dental curriculum, the division of behavioral science, professionalism and ethics teaches integrated Cultural Competency courses spread throughout the four-year curriculum. This core curriculum includes clinical care and current issues in dentistry, behavioral sciences, and ethics. The Department is responsible for the pre-clinical and clinical teaching for the DDS and IDP pre-doctoral students for three of the school's three five curriculum streams (Preventive and Restorative Dental Sciences, Patient Centered Care and Scientific Methods) and has the largest responsibility for the didactic and clinical teaching (over 60%) of all the departments in the School

Research in the department spans the spectrum from basic to translational to clinical research. Areas of emphasis include, the application of the analytical techniques of materials science to the characterization of dental hard tissues and hard tissue cellular matrix and restorative materials; characterization and testing of dental materials; the effects of restorative procedures on the dental pulp; basic research into that organ's biology; psychological aspects of temporomandibular joint disorders; multi school collaborative EPR studies; preventive, diagnostic, and laser research for modifying the enamel to be more resistant to dental caries and therapeutic laser applications in dentistry; caries risk assessment; and caries prevention and management.

Source: Department of Preventive and Restorative Dental Sciences - 8/19/2010

Research in oral epidemiology, public health, and behavioral science includes a spectrum of ongoing projects on the epidemiology of oral diseases and the delivery of dental care. The Department houses the School's NIH-funded Center to Address Disparities in Children's Oral Health (CAN DO) is one of only five such centers in the US and the only one in California. The CAN DO Center aims to understand, prevent and reduce oral health disparities in young children, with a primary focus on preventing early childhood caries. Faculty in the department have ongoing studies in patient and population-based research, including clinical trials and other types of clinical research. Faculty are working with dental insurers to develop new, nonsurgical approaches and insurance products that will emphasize preventive measures to prevent, treat, and manage dental caries.

Source: Department of Preventive and Restorative Dental Sciences, 8/19/2010

FY 2009-10 Headcount as of 4/1/10 PREVENTIVE & RESTORATIVE DENTAL SCIENCES

Staff		Acac	Academic	Grand
P	art Time	Full Time   Part Time   Full Time   Part Time	Part Time	Total
_				
47	16	44	52	159

Source: UCSF Human Resources

Permanently Budgeted FTEs
PREVENTIVE AND RESTORATIVE DENTAL SCIENCES

	FY 2005-06	90-	FY 2006-07	-02	FY 2007-08	-08	FY 2008-09	60-	FY 2009-10	10
Permanent Budget Account Title	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic	Staff	Academic	Staff	Academic	Staff	Academic	Staff
DENT RES-RESTORATIVE DENT		0.10								
DENT-ORG ACT-RESTORATIVE		1.05		1.05		1.05				
DENT-REST-GRAD PROS	0.03	1.05	0.03	1.05	0.03	1.05	0.03	1.05	0.03	1.05
S/D-PREVEN & RESTOR DENTAL SCIENCES	42.89 10.37	10.37	42.89 10.37	10.37	42.89	10.37	42.89	10.37	42.89	
Total:	42.92 11.42	11.42	42.92	42.92 11.42	42.92	42.92 11.42	42.92	42.92 11.42	42.92	1.05

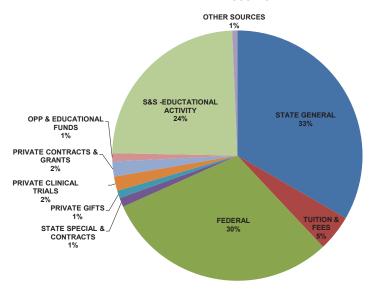
Source: UCSF Budget & Resource Management

# Total Expenditures by Fund Source PREVENTIVE AND RESTORATIVE DENTAL SCIENCES

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$5,415,160	\$5,560,884	\$6,146,633	\$5,861,759	\$5,471,812	1.0%
TUITION & FEES	\$175,244	\$388,940	\$1,002,849	\$1,291,227	\$765,959	337.1%
FEDERAL	\$4,539,132	\$4,829,122	\$4,477,193	\$4,803,335	\$4,974,130	9.6%
STATE SPECIAL & CONTRACTS	\$445,375	\$445,939	\$381,529	\$352,025	\$192,482	-56.8%
LOCAL GOVERNMENT	\$19,383	(\$13,983)	\$0	\$0	\$0	-100.0%
PRIVATE GIFTS	\$120,148	\$241,298	\$164,632	\$177,037	\$161,578	34.5%
PRIVATE CLINICAL TRIALS	\$83,148	\$145,697	\$196,690	\$175,657	\$303,353	264.8%
PRIVATE CONTRACTS & GRANTS	\$96,978	\$205,338	\$309,210	\$192,260	\$317,259	227.1%
ENDOWMENT FUNDS	(\$253)	\$14,148	\$47,888	\$24,242	\$8,470	-3445.3%
OPP & EDUCATIONAL FUNDS	\$206,139	\$193,079	\$139,688	\$251,637	\$175,720	-14.8%
S&S -EDUCTATIONAL ACTIVITY	\$3,695,010	\$4,064,601	\$3,287,380	\$4,248,190	\$3,946,121	6.8%
OTHER SOURCES	\$8,103	(\$25,103)	\$9,112	\$57,114	\$107,805	1230.5%
RESERVES	\$1,768	\$0	\$0	\$0	\$0	-100.0%
Total:	\$14,805,336	\$16,049,961	\$16,162,804	\$17,434,483	\$16,424,688	10.9%

Source: UCSF Budget & Resource Management

# Expenditures by Fund Source Preventive and Restorative Dental Sciences FY 2009-10



Source: UCSF Budget & Resource Management

# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 PREVENTIVE AND RESTORATIVE DENTAL SCIENCES

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$4,974,130	\$3,574,193	\$1,778,601	49.76%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$192,482	\$192,482	\$17,796	9.25%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$303,353	\$303,353	\$11,696	3.86%
Private Contracts & Grants	\$317,259	\$317,259	\$108,144	34.09%
Total:	\$5,787,224	\$4,387,287	\$1,916,237	43.68%

Source: UCSF Budget & Resource Management

# Financial Schedule 8C - FY 2009-10 Current Funds Expenditures PREVENTIVE AND RESTORATIVE DENTAL SCIENCES (Dollars in Thousands)

			Current Func	ls		Distribution	
	Total	Unre	stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
		General	Designated				
Instruction	8,749	5,446	2,773	530	6,757	1,992	0
Total	8,749	5,446	2,773	530	6,757	1,992	0

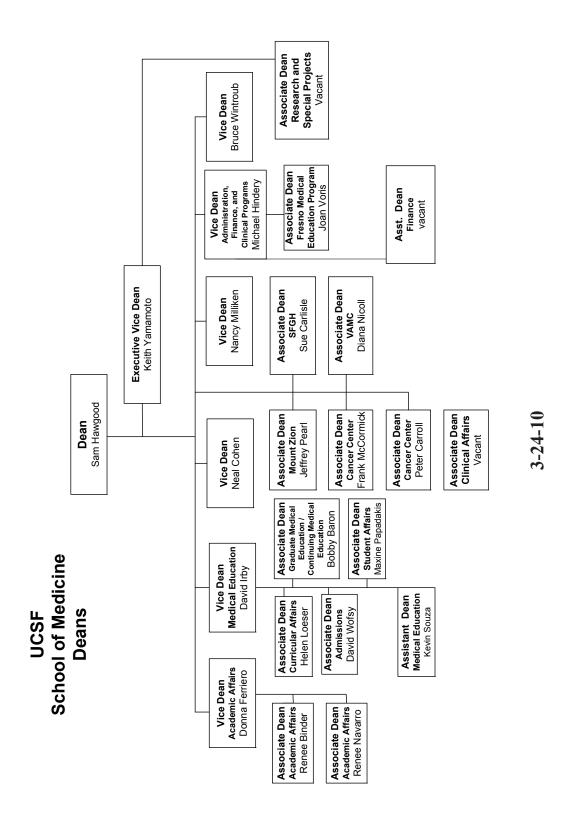
#### **SCHOOL OF MEDICINE**

# **Chapter Contents**

Organizational Chart	506
Overview	507
Basic Science Departments	523
Anatomy	524
Anthropology, History and Social Medicine	529
Biochemistry and Biophysics	537
Bioengineering and Therapeutic Sciences (BTS)	548
Cellular and Molecular Pharmacology	557
Epidemiology and Biostatistics	563
Microbiology and Immunology	569
Physiology	574
Clinical Departments	580
Anesthesia and Perioperative Care	581
Dermatology	587
Emergency Medicine	593
Family and Community Medicine	598
Laboratory Medicine	605
Medicine	609
Neurological Surgery	626
Neurology	632
(Continued)	

	Obstetrics, Gynecology and Reproductive Sciences	638
	Ophthalmology	646
	Orthopaedic Surgery	654
	Otolaryngology	660
	Pathology	669
	Pediatrics	676
	Physical Therapy and Rehabilitation Science	684
	Psychiatry	689
	Radiation Oncology	700
	Radiology	708
	Surgery	714
	Urology	721
Interdi	sciplinary Centers and Programs	728
	AIDS Research Institute	729
	American Asthma Foundation Research Program	733
	Center for Health and Community	734
	Clinical and Translational Science Institute (CTSI) at UCSF	736
	Eli and Edythe Broad Center for Regeneration Medicine and Stem Cell Research	743
	Osher Center for Integrative Medicine	745
	Sandler Asthma Basic Research Center (SABRE Center)	748
	Wheeler Center for the Neurobiology of Addiction	749
Organi	zed Research Units	751
	Cardiovascular Research Institute	752
	Center for Reproductive Sciences	757

Diabetes Center	758
Helen Diller Family Comprehensive Cancer Center	764
Hooper Foundation	771
Institute for Global Health	775
Institute for Human Genetics	780
Institute for Neurodegenerative Diseases	781
Philip R. Lee Institute for Health Policy Studies	786



#### **SCHOOL OF MEDICINE**

#### Leadership

#### Dean and Vice Chancellor Medical Affairs, UCSF

#### Samuel Hawgood, MB, BS

Sam Hawgood, MBBS, achieved an international reputation in neonatology during his distinguished career at UCSF, where he was chair of the Department of Pediatrics, associate director of the Cardiovascular Research Institute, and president of the UCSF Medical Group. He served as interim dean as of December of 2007 before being appointed dean by the Regents on September 17, 2009.

Dr. Hawgood graduated from the University of Queensland in Australia with first class honors. He completed his pediatric training at the Royal Children's Hospital in Brisbane, Australia, and his neonatal fellowship at the Queen Victoria Hospital in Melbourne, Australia, and at UCSF

- \* Basic Science Departments
  - Anatomy
  - Anthropology, History and Social Medicine
  - Biochemistry & Biophysics
  - Bioengineering and Therapeutic Sciences (BTS)
  - Cellular & Molecular Pharmacology
  - Epidemiology and Biostatistics
  - Microbiology and Immunology
  - Physiology
- \* Clinical Departments
  - Anesthesia and Perioperative Care
  - Dermatology
  - Emergency Medicine
  - Family and Community Medicine
  - Laboratory Medicine
  - Medicine
  - Neurological Surgery
  - Neurology
  - Obstetrics, Gynecology and Reproductive Sciences
  - Ophthalmology
  - Orthopaedic Surgery
  - Otolaryngology
  - Pathology

- Pediatrics
- Physical Therapy and Rehabilitation Science
- Psychiatry
- Radiation Oncology
- Radiology
- Surgery
- Urology
- \* Interdisciplinary Centers and Programs
  - AIDS Research Institute
  - American Asthma Foundation Research Program
  - Center for Health and Community
  - Clinical and Translational Science Institute/CTSI
  - Eli and Edythe Broad Center for Regeneration Medicine and Stem Cell Research
  - Osher Center for Integrative Medicine
  - Sandler Asthma Basic Research Center (SABRE Center)
  - Wheeler Center for the Neurobiology of Addiction
- \* Organized Research Units
  - Cardiovascular Research Institute
  - Center for Reproductive Sciences
  - Diabetes Center
  - Helen Diller Family Comprehensive Cancer Center.
  - Hooper Foundation
  - Institute for Global Health
  - Institute for Human Genetics
  - Institute for Neurodegenerative Diseases
  - Phillip R. Lee Institute for Health Policy Studies

#### **About the School**

Consistently ranked among the nation's top medical schools, the UCSF School of Medicine earns its greatest distinction from its outstanding faculty – among them are three Nobel laureates, 69 Institute of Medicine members, 57 American Academy of Arts and Sciences members, 40 National Academy of Sciences members, and 17 Howard Hughes Medical Institute investigators.

UCSF School of Medicine faculty are known for influential basic science and clinical research. Among UCSF achievements are the discovery that normal cellular genes can be converted to cancer genes; the development of fetal surgery; the identification of HIV as the cause of AIDS.

UCSF research helped lay the foundation for the biotechnology industry. UCSF recombinant Source: School of Medicine website, 5/10/2010

DNA techniques led to the creation of a hepatitis B vaccine, the synthesis of human growth hormone, and the mass production of human insulin to treat diabetes.

The school is comprised of 28 academic departments, nine organized research units, and seven interdisciplinary research centers at seven major sites throughout San Francisco and in Fresno. Its primary clinical training sites are at the UCSF Medical Center, San Francisco General Hospital, the San Francisco Veterans Affairs Medical Center and UCSF-Fresno.

The School of Medicine has an annual budget of around \$1.48 billion. Its approximately \$6000 million in funding for extramural research includes over \$400 million from NIH, ranking the School currently second among NIH-funded institutions.

The School currently has 1,934 full-time faculty, 5,804 staff and non-faculty academics, 631 students pursuing their MD degree, 612 students working toward PhD or master's degrees, 1,100 post-doctoral students, and 1,298 residents and clinical fellows.

The School also encompasses the UCSF Medical Group and its approx. 1,500 physician faculty members. In FY 2008, the group had 730,353 outpatient visits and earned \$315 million in revenue, a 34% increase over the past three years.

In 2010, U.S News & World Report ranked the school fourth nationally for its research training and fifth for its primary care training – the only medical school in the country ranked in the top five in both categories.

#### Mission

The UCSF School of Medicine strives to advance human health through a fourfold mission of education, research, patient care and public service.

#### History

Founded in 1864 as , the school became part of the University of California in 1873. In 1898, the school moved to its present Parnassus Heights campus, on land donated by San Francisco mayor Adolph Sutro. The first UC hospital opened here in 1907, growing into Moffitt-Long Hospitals and Children's Hospital. These facilities, together with Mount Zion Hospital, now comprise the UCSF Medical Center. UCSF faculty have also treated patients and trained students at San Francisco General Hospital since the school's founding 146 years ago.

Facts & Figures 2010 Highlights

- Founded as Toland Medical College in 1864
- Affiliated with University of California in 1873
- Occupying seven major sites in San Francisco and Fresno with:
  - 28 academic departments
  - 9 organized research units
  - 7 interdisciplinary research centers
- Ranked by US News & World Report\* fourth in quality of research training and fifth in quality of primary care training. UCSF is the only medical school listed in the top 5 in both categories
- Consistently ranked among top three US medical schools by NIH dollars awarded.
- Ranked first for active patents in UC system
- Ranks among the top 10 in all medical school specialty programs assessed by US News & World Report\*, including first in AIDS medicine, second in women's health, and third in internal medicine.

#### **Recent Accomplishments & Innovations**

2009: Nobel Prize awarded to UCSF's Elizabeth Blackburn for the discovery of the key enzyme telomerase.

2009: The Helen Diller Family Cancer Research Building opens at UCSF's Mission Bay campus.

2008: New Pathways to Discovery program streamlines training towards careers of inquiry, discovery and innovation.

2007: The Program in Medical Education for the Urban Underserved (PRIME-US) expands medical school enrollment to educate and inspire new physicians to address health disparities.

2006: UCSF Institute for Regeneration Medicine\*\* launched, comprising the existing Program in Developmental and Stem Cell Biology and the Program in Craniofacial and Mesenchymal Biology.

2004: The Institute for Human Genetics established.

2003: UCSF opens the Mission Bay campus, one of the most advanced health sciences centers in the world, now encompassing 57 acres, with four research buildings, a community center and student housing.

2002: National Center of Excellence in Women's Health opens a dedicated 8-story Women's

Health Center.

2001: New medical school curriculum and the Academy of Medical Educators are instituted. Both are now national models for medical education and for faculty development.

1999: Cancer Center\*\*\* designated by the National Cancer Institute as Comprehensive Cancer Center, the first in Northern California.

1997: Nobel Prize awarded to UCSF's Stanley Prusiner for the discovery of prions. 2009: Nobel Prize awarded to UCSF's Elizabeth Blackburn for the discovery of the key enzyme telomerase.

<sup>\*</sup>Source:US News & World Report Best Graduate Schools 2011

<sup>\*\*</sup>Renamed in 2009 as the Eli and Edythe Broad Center of Regeneration Medicine and Stem Cell Research at UCSF

<sup>\*\*\*</sup>Renamed in 2007 as UCSF Helen Diller Family Comprehensive Cancer Center

Faculty & Staff	
Faculty	
• Full Time	1,934
• Part Time	56
• Volunteer	2,492
Staff	
<ul> <li>Non-Faculty Academics</li> </ul>	686
• Staff employees	5,118
Scientific Society Memberships	
<ul> <li>American Academy of Arts &amp; Sciences</li> </ul>	57
<ul> <li>Howard Hughes Medical Investigators</li> </ul>	17
<ul> <li>Institute of Medicine</li> </ul>	69
<ul> <li>National Academy of Sciences</li> </ul>	40
Research Indicators	
<ul> <li>NIH Dollars (in millions)</li> </ul>	\$433
<ul> <li>NIH Grants</li> </ul>	846
• Active Patents, U.S.	632
<ul> <li>Active Patents, foreign</li> </ul>	688
•	
<b>Total Operating Budget (in millions)</b>	\$1,480
<ul> <li>Tuition and Fees</li> </ul>	14.8 - 1%
<ul> <li>State Appropriations</li> </ul>	103.6 - 7%
<ul> <li>Extramural Grants and Contracts</li> </ul>	592.0 - 40%
<ul> <li>Practice Plan</li> </ul>	384.8 - 26%
<ul> <li>Gifts &amp; Endowments</li> </ul>	103.6 - 7%
<ul> <li>Hospital Agreements</li> </ul>	88.8 - 6%
<ul> <li>SFGH Affiliation Contract</li> </ul>	88.8 - 6%
<ul> <li>Sales and Services</li> </ul>	74.0 - 5%
• Other	29.6 - 2.%

#### **Student Composition**

School of Medicine Admissions	
<ul> <li>Applications Received</li> </ul>	5,991
<ul> <li>Interviews Granted</li> </ul>	502
Students Accepted	270
2009 Entering M.D. Students	149
<ul> <li>Total M.D. Students</li> </ul>	631
<ul> <li>Ph.D./M.S. Students</li> </ul>	612
<ul> <li>Mean Undergraduate GPA</li> </ul>	3.74
<ul> <li>Mean MCAT Score (Biology)</li> </ul>	11.3
<ul> <li>Underrepresented Minorities</li> </ul>	32%
• Women	54%
<ul> <li>California Residents</li> </ul>	80%
<b>Tuition &amp; Fees</b>	
<ul> <li>California Residents</li> </ul>	\$27,708
<ul> <li>Out-Of-State Residents</li> </ul>	\$39,953
<b>GME &amp; Postdocs</b>	
<ul> <li>Residents</li> </ul>	847
<ul> <li>Clinical Fellows</li> </ul>	451
<ul> <li>Postdoctoral Scholars</li> </ul>	1,100
CME Students	
<ul> <li>Live Course Students</li> </ul>	15,178
<ul> <li>Grand Rounds Students</li> </ul>	3,572
<ul> <li>Home Study Students</li> </ul>	5,549
Facilities (at 9 sites)	
<ul> <li>Educational Space</li> </ul>	75,792 ASF.
<ul> <li>Research Space</li> </ul>	992,714 ASF

#### **Affiliated Hospitals & Training Sites**

UCSF Medical Center (Moffitt-Long, Children's & Mount Zion Hospitals)

- Licensed beds 722
- Annual ambulatory care visits 736,182

#### San Francisco General Hospital

- Licensed beds 686
- Annual ambulatory care visits 527,178

#### San Francisco VA Medical Center

- Licensed beds 124
- Annual ambulatory care visits 459,265

#### Langley Porter Psychiatric Institute

- Licenses beds 67
- Annual ambulatory care visits 30,000

#### Fresno Medical Education Program

• Multiple sites

#### **Alumni & Development**

- Total Alumni 7,660
- Alumni Association Membership 3,452
- Alumni Gifts (cash) \$2,183,728
- Total Gifts (cash) \$239,747,417
- Endowment (Market Value) \$800,896,000

# Financial Schedule 8E - FY 2009-10 Current Fund Expenditures by Source SCHOOL OF MEDICINE (Dollars in Thousands)

	Total
General Funds	\$79,392
Tuition and Fees	\$16,309
Federal Government Grants	\$311,869
Federal Government Contracts	\$41,630
Special State Appropriations & Contracts	\$23,339
Local Government	\$107,652
Private Gifts, Grants and Contracts	\$232,281
Endowment Income	\$42,636
Sales & Services Educational Activities	\$86,955
Sales & Services of Auxiliary	\$0
Sales & Services Medical Centers	\$0
Other Sources	\$18,325
Reserves	\$229
Total	\$960,617

#### SCHEDULE 8C - FY 2009-10 CURRENT FUNDS EXPENDITURES BY DEPARTMENT (Dollars in Thousands)

			Current Funds			Distribution		
	Total	Unres	tricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers	
_		General	Designated					
n vampu vamov	•							
INSTRUCTION	1 405		420	077	0.5.5	5.51		
Academic services	1,405	2.056	428	977	855	551	-	
Anatomy	5,167	2,856	1,299	1,012	3,393	1,781	7	
Anesthesia and perioperative care	4,804	1,548	2,873	383	32,108	2,022	29,326	
Anthropology, history and social med.	933	646	274	13	674	259		
Biochemistry and biophysics	6,090	3,117	713	2,260	3,980	2,110 95	•	
Bioengineering	345	282 96	25	38	251	95 428	-	
Center for health and community	1,590		133	1,361	1,163		-	
Clinical and translational science inst.	2,104	635	294	1,175	1,223	880	7.020	
Dermatology	2,213	1,197	693	323	7,065	2,186	7,038	
Educational services	7,959	431	6,644	884	9,677	(1,718)	6.417	
Emergency medicine	(391)	721	(495)	104	4,560	1,466	6,417	
Epidemiology and biostatistics	1,959	,	1,238	4.600	1,427	532	(12	
Family and community medicine	7,052	1,404 492	959	4,689	6,096	944	(12	
Institute for human genetics	1,756	492	766	498	1,212	545	- (1	
Helen Diller family cancer center	1,943	-	231	1,712	1,108	834	(1	
Hooper foundation	396	-	38	358	204	192		
Cardiovascular research institute	2,608 1.043	68 25	982 318	1,558 700	1,730 506	877 537	-	
Diabetes center	,	25 25					-	
Phillip R. Lee institute for health policy stu	710		570	115	346	363	1.661	
Laboratory medicine	3,379	1,030	1,034	1,315	6,708	(1,668)	1,661	
Malpractice insurance	1,339	666 3,377	673	1 204	17,493	1,340	-	
Fresno medical programs	25,711	,	21,130	1,204	,	8,218	-	
Medical ethics	55	48	7	9.064	38 52.072	17	22 129	
Medicine	20,818	8,796	3,058 696	8,964 353	52,973	(17) 760	32,138	
Microbiology and immunology	2,509	1,460 669		333 748	1,750 10.001	2.287	11.067	
Neurological surgery	1,221	1.379	(196)		.,	2,287 1.798	11,067 4,009	
Neurology	3,712	,	(55) 4,894	2,388	5,923	,	10,489	
Obstetrics, gynecology and reprod sci	11,539	2,156	4,894	4,489	14,726	7,302 1,500	,	
Ophthalmology	2,192	1,356		613 221	5,441	3,007	4,749	
Orthopaedic surgery	3,655	1,182	2,252		11,024	,	10,377	
Osher Center for integrative medicine	1,071 910	914	206	865 286	645	426 879	4,596	
Otolaryngology Pathology		2,594	(290) (5,739)	624	4,628	5,783	26,223	
Pediatrics	(2,521) 6,590	3,142	(3,739)	3.747	17,919 24,710	2.328	20,223	
	2,980	,	524	3,747 745	1.930	2,328 1.049	20,448	
Cellular and molecular pharmacology	1,048	1,711 377	524 597	743 74	1,930 827	681	459	
Physical therapy and rehab sciences Physiology	3,578	1,756	819	1,003	2,387	1,191	439	
Program in biological studies	3,378 24	1,/36	24	1,003		,	-	
	2,762	2 244		1,268	18 9,737	(2.250)	3,716	
Psychiatry Rediction angelogy	,	2,344	(850)	,	8,194	(3,259)	,	
Radiation oncology Radiology and biomedical imagining	(97)	410 2,057	(978)	471 974	26.419	562 6.145	8,852 32,758	
Resident salaries	(195)		(3,226)	9/4	-, -	6,145 1.142	32,/38	
	(25,799)	2,989	(28,788)	936	(26,942)	,	24.697	
Surgery	4,756	2,654 818	1,166	936 942	29,962	(509)	6,727	
Urology Inter-school services	1,110	(528)	(650)	942	5,750	2,088	537	
Intra-school services Intra-school services	(528) 3,980	(528)	5,892	1,061	5,382	(1,403)	55/	
	125,485	53,927	20,107	51,451	315,221	56,547	246,278	

#### SCHEDULE 8C - FY 2009-10 CURRENT FUNDS EXPENDITURES BY DEPARTMENT (Dollars in Thousands)

			Current Funds			Distribution	
	Total	Unres	tricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
	10141	General	Designated	Restricted	wages	Expenditures	Transiers
SCHOOL OF MEDICINE							
SCHOOL OF WEDICINE							
RESEARCH							
Dean's office	75	-	-	75	51	24	-
AIDS research institute	712	-	281	431	232	479	(1)
Anatomy	10,922	-	-	10,922	5,425	5,498	-
Anesthesia and perioperative care	8,709	14	(30)	8,725	5,098	3,611	-
Anthropology, history and social med.	149	23	8	118	93	56	-
Biochemistry and biophysics	13,591	176	727	12,688	6,962	6,628	-
Helen Diller family cancer center	18,091	464	244	17,383	10,930	7,056	(104)
Cardiovascular research institute	24,177	498	1,241	22,438	11,811	12,367	-
Center for health and community	473	9	5	459	260	213	-
Clinical and translational science inst.	28,527	441	(1,281)	29,367	15,049	13,484	6
Dermatology	5,486	217	13	5,256	3,168	2,317	-
Emergency medicine	207	5	_	202	163	44	_
Epidemiology and biostatistics	2,096	_	153	1,943	851	1,246	1
Family and community medicine	3,743	_	308	3,435	1,691	2,052	_
Institute for human genetics	5,701	7	84	5,610	1,998	3,703	_
Institute for neurodegenerative disease	8.944	,	147	8,797	4,215	4,728	_
Institute for Regeneration Medicine	8,399	_	29	8,370	2,178	6,221	_
Phillip R. Lee Instit - health pol studies	3,247	181	(78)	3,144	2,636	610	_
Hooper foundation	2,163	343	` /	1,821	682	1,481	(1)
	,		(1)	,		,	(1)
Diabetes Center	47,439	501	2,372	44,566	14,544	32,896	-
Laboratory medicine	8,574	43	140	8,391	3,067	5,506	-
Fresno medical programs	965	-	24	941	479	486	-
Medicine	123,419	943	2,266	120,210	64,033	59,394	9
Microbiology and immunology	12,348	112	657	11,579	5,560	6,825	39
Neurological surgery	18,514	209	3	18,302	9,961	8,642	90
Neurology	53,606	14,409	(551)	39,748	19,105	34,504	3
Obstetrics, gynecology and reprod sci	50,958	211	587	50,160	17,119	33,839	-
Ophthalmology	6,147	-	209	5,938	3,246	2,888	(13)
Orthopaedic surgery	2,874	-	852	2,022	1,611	1,264	-
Osher Center for integrative medicine	2,040	-	40	2,000	1,327	714	-
Otolaryngology	2,715	-	41	2,674	1,764	951	-
Pathology	11,110	84	177	10,849	5,366	5,744	-
Pediatrics	18,626	45	1	18,580	10,868	7,758	-
Cellular and molecular pharmacology	12,279	14	8	12,257	4,974	7,304	-
Physical therapy and rehab sciences	210	-	(44)	254	143	67	-
Physiology	8,593	5	53	8,535	4,158	4,436	-
Psychiatry	3,268	-	29	3,239	1,821	1,447	_
Radiation oncology	1,661	_	50	1,611	983	678	_
Radiology and biomedical imagining	22,447	592	548	21,307	12,256	10,190	_
Sandler asthma basic research center	438	5,2	1	437	191	248	_
Surgery	21,322	144	(320)	21,498	11,749	9,572	_
Urology	4,969	8	(482)	5,443	2,856	2,113	=
Total	579,934	19.698	8,511	551,725	270,674	309,284	29

#### SCHEDULE 8C - FY 2009-10 CURRENT FUNDS EXPENDITURES BY DEPARTMENT (Dollars in Thousands)

			Current Funds			Distribution	
	Total	Unres	tricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
		General	Designated				
SCHOOL OF MEDICINE							
PUBLIC SERVICE							
AIDS clinical care	10,553	_	(4)	10,557	5,503	5,049	_
Area health education center	1,473	370	1	1,102	347	1,126	_
Family planning	900		404	496	429	471	_
Podiatric Medicine	169	_	_	169	128	41	_
Institute for health policy studies	2,066	_	127	1,939	1,698	367	_
Other	35,430		(476)	35,906	26,122	9,308	-
Total	50,591	370	52	50,169	34,227	16,362	-
ACADEMIC SUPPORT							
Dean's office	8,022	4,128	2,532	1,362	9,500	4,474	5,953
Clinical and translational science inst.	127	_	127		72	56	_
Dialysis center	2	_	2	_	-	2	-
Emergency medicine	6,428	(1)	3,213	3,216	4,737	1,691	-
Endocrinology lab OBGYN	1	-	1		-	1	_
Endocrinology lab pediatrics	157	_	157	_	109	48	-
Histocompatibility laboratory	8,744	_	8,744	_	2,650	6,094	-
Kaposi sarcoma clinic	2,242	_	11	2,231	1,497	844	99
Mental health service for deaf	(92)	_	(92)	, - -	(9)	(83)	_
Occupational health center	1,959	816	67	1,076	1,585	375	_
Organ procurement	720	_	645	75	504	217	_
Orthopaedic appliance facilities	3,163	_	3,163	_	1,279	1,884	_
Professional service operations	58,940	130	51,732	7,078	32,381	37,922	11,363
SFGH-operation	39,091	4	4,706	34,381	27,763	12,725	1,397
SFGH-professional services	55,660	75	24,945	30,640	41,705	14,406	451
Other	19,445	245	11,754	7,446	15,430	17,011	12,996
Total	204,609	5,397	111,707	87,505	139,203	97,667	32,259
Total School of Medicine	960,619	79,392	140,377	740,850	759,325	479,860	278,566

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO EXTRAMURAL AWARDS BY TYPE 07/01/2009 - 06/30/2010 (All Awards) SCHOOL OF MEDICINE	ANCISCO ds)		Source: UCSF Office of Sponsored Research Date: 12/31/2010 - FINAL RESULTS	ICSF Office of Sponsored Research Date: 12/31/2010 - FINAL RESULTS	Research RESULTS
FEDERAL SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds	XL#
NIH Grants	470,138,661.14	358,685,690.21	111,452,970.93	991	1,281
Other DHHS Grants	33,771,565.00	29,628,345.00	4,143,220.00	55	88
NSF grants	2,807,633.00	2,490,739.00	316,894.00	4	4
Other Federal Grants	4,593,611.00	3,178,767.00	1,414,844.00	21	27
NIH Contracts	20,497,632.50	14,075,602.00	6,422,030.50	21	36
Other DHHS Contracts	3,744,718.00	2,793,910.00	950,808.00	80	12
Other Federal Contracts	4,328,524.22	4,172,403.79	156,120.43	43	51
Subcontracts (excluding SBIR/STTR)	70,290,170.68	50,625,248.32	19,664,922.36	481	909
Subcontracts(SBIR/STTR)	579,389.00	400,206.22	179,182.78	80	∞
Fellowships(All Federal Sources)	3,074,545.00	3,074,545.00	0.00	62	82
Subtotal, Federal Sources	613,826,449.54	469,125,456.54	144,700,993.00	1,693	2,194
OTHER PUBLIC SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds	XL#
City/County of San Francisco	22,906,459.20	20,718,455.20	2,188,004.00	34	63
Other Bay Area Public Agencies	936,030.00	842,661.00	93,369.00	7	80
California Dept Health Care Services	15,793,509.00	14,212,242.00	1,581,267.00	18	35
Other California Public Agencies	21,689,545.00	17,479,544.00	4,210,001.00	34	43
Other Public Agencies	1,612,266.00	1,470,763.00	141,503.00	11	12
UC Programs(except IUCRP)	5,850,010.38	5,629,414.38	220,596.00	48	28
UC Discovery portion of IUCRP	505,124.40	505,124.40	0.00	2	9
Subcontracts(all above prime sources)	2,210,316.55	1,745,662.55	464,654.00	18	22
Fellowships(all above sources)	1,065,227.00	1,065,227.00	0.00	25	31
Subtotal, Other Public Sources	72,568,487.53	63,669,093.53	8,899,394.00	200	278
Subtotal, Public Sources	686,394,937.07	532,794,550.07	153,600,387.00	1,893	2,472

Note: Awards are selected for inclusion based on the budget period start date. Results include actions processed through 07/08/2010.

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO EXTRAMURAL AWARDS BY TYPE 07/01/2009 – 06/30/2010 (All Awards) SCHOOL OF MEDICINE	1800		Source: UCSF Office of Sponsored Resear Date: 12/31/2010 - FINAL RESUL	ICSF Office of Sponsored Reseal Date: 12/31/2010 - FINAL RESUL	Resea
FEDERAL SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds	•
NIH Grants	470,138,661.14	358,685,690.21	111,452,970.93	991	_
Other DHHS Grants	33,771,565.00	29,628,345.00	4,143,220.00	54	
NSF grants	2,807,633.00	2,490,739.00	316,894.00	4	
Other Federal Grants	4,593,611.00	3,178,767.00	1,414,844.00	21	
NIH Contracts	20,497,632.50	14,075,602.00	6,422,030.50	21	
Other DHHS Contracts	3,744,718.00	2,793,910.00	950,808.00	80	
Other Federal Contracts	4,328,524.22	4,172,403.79	156,120.43	43	
Subcontracts (excluding SBIR/STTR)	70,290,170.68	50,625,248.32	19,664,922.36	481	
Subcontracts(SBIR/STTR)	579,389.00	400,206.22	179,182.78	80	
Fellowships(All Federal Sources)	3,074,545.00	3,074,545.00	0.00	62	
Subtotal, Federal Sources	613,826,449.54	469,125,456.54	144,700,993.00	1,693	7,
OTHER PUBLIC SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds	
City/County of San Francisco	22,906,459.20	20,718,455.20	2,188,004.00	34	
Other Bay Area Public Agencies	936,030.00	842,661.00	93,369.00	7	
California Dept Health Care Services	15,793,509.00	14,212,242.00	1,581,267.00	18	
Other California Public Agencies	21,689,545.00	17,479,544.00	4,210,001.00	34	
Other Public Agencies	1,612,266.00	1,470,763.00	141,503.00	7	
UC Programs (except IUCRP)	5,850,010.38	5,629,414.38	220,596.00	48	
UC Discovery portion of IUCRP	505,124.40	505,124.40	00.0	Ŋ	
Subcontracts(all above prime sources)	2,210,316.55	1,745,662.55	464,654.00	18	
Fellowships(all above sources)	1,065,227.00	1,065,227.00	0.00	25	
Subtotal, Other Public Sources	72,568,487.53	63,669,093.53	8,899,394.00	200	
Subtotal, Public Sources	686,394,937.07	532,794,550.07	153,600,387.00	1,893	2,4

Note: Awards are selected for inclusion based on the budget period start date Results include actions processed through 07/08/2010.

# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 SCHOOL OF MEDICINE

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$373,967,227	\$269,451,965	\$111,107,925	41.23%
CIRM	\$7,250,208	\$6,257,607	\$3,338,965	53.36%
Other State Contracts	\$13,999,553	\$13,191,831	\$1,570,923	11.91%
Local Government	\$107,738,762	\$106,199,941	\$2,621,421	2.47%
Private Clinical Trials	\$16,700,921	\$14,873,085	\$3,881,649	26.10%
Private Contracts & Grants	\$147,589,496	\$124,487,966	\$25,792,017	20.72%
Total:	\$519,656,671	\$409,974,428	\$122,520,884	29.89%

Source: UCSF Budget & Resource Management

# FY 2009-10 Headcount as of 4/1/10 SCHOOL OF MEDICINE

	St	aff	Acad	emic	<b>Grand Total</b>
Department	FT	PT	FT	PT	
ANATOMY	42	3	77	29	151
ANESTHESIA/PERIOPERATIVE CARE	96	40	151	16	303
ASSOCIATE DEAN - SFGH	70	5			75
BIOCHEMISTRY & BIOPHYSICS	65	6	115	44	230
CARDIOVASCULAR RESEARCH INST	96	11	57	26	190
CELLULAR & MOLECULAR PHARMACOL	31	4	69	29	133
DEAN'S OFC: SCH OF MEDICINE	105	4		29	138
DEAN'S OFFICE AFFILIATES	310	35	260	6	611
DEPT OF EMERGENCY MEDICINE	17	20	33	16	86
DERMATOLOGY	19	3	51	17	90
EPIDEMIOLOGY & BIOSTATISTICS	70	11	58	11	150
HDF COMREHENSIVE CANCER CENTER	100	6	44	12	162
HIST OF HLTH SCI	2		6		8
HOOPER FOUNDATION	4	4	11	2	21
INST FOR HLTH POLICY STUDIES	32	15	15	3	65
INST FOR NEURODEGENERATIVE DIS	45	1	9	1	56
LABORATORY MEDICINE	157	21	65	8	251
MEDICINE	630	130	668	183	1,611
MICROBIOLOGY AND IMMUNOLOGY	36	5	48	23	112
NEUROLOGICAL SURGERY	88	8	94	15	205
NEUROLOGY	152	19	174	30	375
OB/GYN & REPRODUCTIVE SCIENCES	219	42	140	26	427
OPHTHALMOLOGY	33	7	62	9	111
ORTHOPAEDIC SURGERY	65	8	82	13	168
OTOLARYNGOLOGY	16	4	42	8	70
PATHOLOGY	80	6	119	24	229
PEDIATRICS	170	61	258	38	527
PHYSICAL THERAPY & REHAB SCI.	6	2	8	6	22
PHYSIOLOGY	25	3	65	25	118
PSYCHIATRY	207	73	66	30	376
RADIATION ONCOLOGY	28	2	49	4	83
RADIOLOGY	161	18	199	52	430
S/M MEDICAL EDUCATION PROGRAM	27	2			29
S/M-DIABETES CENTER	135	1	49	18	203
S/M-FCM-DEPARTMENT	70	39	53	17	179
S/M-INSTITUTE OF GLOBAL HEALTH	30	11	10	3	54
SURGERY	197	21	194	25	437
UROLOGY	30	4	53	11	98
Total	3,666	655	3,454	809	8,584

Source: UCSF Human Resources

# **BASIC SCIENCE DEPARTMENTS**

#### **DEPARTMENT OF ANATOMY**

- Chair Basbaum, Allan I., Ph.D., FRS
- Business Officer Millett, Margaret
- Website http://anatomy.ucsf.edu

#### **Administrative Mission Statement**

To provide responsive administrative and technical services, in a collegial environment, in support of teaching and research so as to ensure quality, compliance and effectiveness.

The Department of Anatomy is comprised of 20 faculty members with primary full-time appointments, 16 jointly appointed faculty, 2 Fellows, and about 250 postdoctoral fellows and students engaged in research covering questions in cell and developmental biology and neurobiology, many of which are relevant to cancer, on both the Parnassus Heights and Mission Bay campuses. The faculty include members of the National Academy of Sciences, the Institute of Medicine, the American Academy of Arts and Sciences, and the Royal Society. The faculty is committed to graduate and professional school education, with contributions to the medical, pharmacy and physical therapy students, as well as programs in continuing medical education. The department is the administrative home of the Willed Body Program. The Department is actively committed to creating and maintaining a stimulating, collaborative, educational environment within UCSF.

Source: Department of Anatomy, 8/18/2010

FY 2009-10 Headcount as of 4/1/10 ANATOMY

St	Staff	Acad	Academic	Grand
Full Time	ull Time   Part Time   Full Time	Full Time	Part Time	Total
42	3	22	58	151

Source: UCSF Human Resources

Permanently Budgeted FTEs ANATOMY

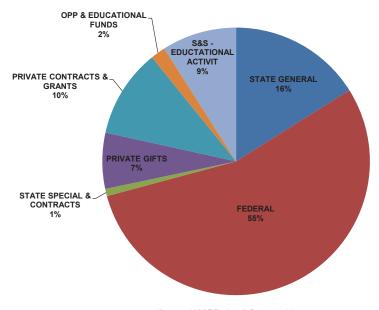
		FY 2005-06	90-	FY 2006-07	-07	FY 2007-08	-08	FY 2008-09	60-	FY 2009-10	10
Permanent Budget Account Title		Academic	Staff	Academic	Staff	Academic	Staff	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic Staff	Staff
MED SCH-ANATOMY		24.05	21.66	24.20	24.20 22.35	24.37	24.37 22.27	24.15	24.15 20.63	24.15	17.69
MED SCH-CURATOR			0.50		0.50		0.50		0.50		0.50
	Total:	24.05	24.05 22.16	24.20	24.20 22.85	24.37	24.37 22.77	24.15	24.15 21.13	24.15 18.19	18.19

Source: UCSF Budget & Resource Management

# Total Expenditures by Fund Source ANATOMY

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$2,629,395	\$2,769,297	\$3,085,138	\$2,917,243	\$2,881,204	9.6%
TUITION & FEES	(\$6,036)	\$12,572	\$6,295	(\$1,121)	(\$38)	-99.4%
FEDERAL	\$9,937,452	\$9,258,858	\$8,466,155	\$8,044,300	\$9,810,844	-1.3%
STATE SPECIAL & CONTRACTS	\$100,685	\$88,008	\$60,946	\$111,651	\$157,770	56.7%
PRIVATE GIFTS	\$432,110	\$312,546	\$908,366	\$798,494	\$1,211,369	180.3%
PRIVATE CONTRACTS & GRANTS	\$670,321	\$1,329,466	\$1,901,595	\$1,910,608	\$1,921,913	186.7%
ENDOWMENT FUNDS	\$32,904	\$67,406	\$55,738	\$38,942	\$33,518	1.9%
OPP & EDUCATIONAL FUNDS	\$175,984	\$556,310	\$365,860	\$628,113	\$323,242	83.7%
S&S -EDUCTATIONAL ACTIVITY	\$1,574,775	\$2,296,457	\$1,705,980	\$1,736,563	\$1,617,525	2.7%
OTHER SOURCES	(\$15,149)	(\$37,320)	(\$5,820)	(\$8,251)	\$8,251	-154.5%
RESERVES	\$0	\$0	\$0	\$0	\$40,404	0.0%
Total:	\$15,532,441	\$16,653,600	\$16,550,254	\$16,176,542	\$18,006,000	15.9%

#### Expenditures by Fund Source Anatomy FY 2009-10



Source: UCSF Budget & Resource Management

# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 ANATOMY

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$9,810,844	\$7,882,904	\$4,082,410	51.79%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$1,921,913	\$1,709,758	\$593,327	34.70%
Total:	\$11,732,757	\$9,592,661	\$4,675,737	48.74%

Source: UCSF Budget & Resource Management

#### Financial Schedule 8C - FY 2009-10 Current Funds Expenditures ANATOMY (Dollars in Thousands)

			Current Fund	ls		Distribution	
	Total	Unre	stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
•		General	Designated				
Instruction	5,167	2,856	1,299	1,012	3,393	1,781	7
Research	10,922	0	0	10,922	5,425	5,498	0
Total	16,089	2,856	1,299	11,934	8,818	7,279	7

# NIH Awards - FY 2009-10 ANATOMY

	Number	Amount
Research Grants*	39	\$15,068,912
Training Grants	2	\$760,781
Fellowships	4	\$193,947
Other Awards	1	\$1,681,048
R&D Contracts**	0	\$0
Total:	46	\$17,704,688

<sup>\*</sup>Does not include grants awarded under the American Recovery and Reinvestment Act (ARRA)

<sup>\*\*</sup>Not reported

# DEPARTMENT OF ANTHROPOLOGY, HISTORY AND SOCIAL MEDICINE

- Acting Chair Milliken, Nancy, M.D.
- Business Officer Hayes, Daniel J.
- Website http://dahsm.medschool.ucsf.edu/

This interdisciplinary department in the School of Medicine provides non-biomedical social science and humanities perspectives on health, illness, and disease. The Department runs three teaching and research programs, two in coordination with the University of California, Berkeley:

- Medical Anthropology
   (PhD program with the Department of Anthropology's Program in Critical Studies in Medicine, Science, and the Body)
- History of Health Sciences (PhD program and MA for Professionals program)
- Social Medicine (University of California Multicampus Research Program: UC Medical Humanities Consortium)

In addition, the Department is home to the Center for Humanities and Health Sciences designed to foster intellectual interaction between students and faculty throughout the department, the four schools within UCSF, other UC Campuses, and other institutions.

The Department draws on many resources in the Bay Area for research, teaching, and collaborative projects. Many of our faculty have joint appointments with other academic units at UCSF and UC Berkeley. Particularly strong relations are enjoyed with UC Berkeley's Department of History (and the Office for History of Science and Technology), the Department of Anthropology, and UCSF's Institute for Health and Aging, Institute for Health Policy Studies, and the Department of Social and Behavioral Sciences.

#### **Program in Medical Anthropology**

#### The Mission

Medical Anthropology increases our understanding of health-related beliefs and behaviors of all kinds, from the precise products of science to the silent rituals of culturally scripted healing. Anthropological research on social and cultural processes in the arena of health have both theoretical and practical utility addressing many of the central quandaries of the human condition: from Source: Department of Anthropology, History and Social Medicine, 10/1/2010

social suffering and institutional inequality to chronic pain, warfare, and everyday violence. The Medical Anthropology Program at UCSF has three primary missions:

- To conduct original critical research that builds the knowledge base of medical anthropology.
- To train new generations of medical anthropologists for careers in research and education
- To prepare medical and other health professional students for the complexities of clinical practice and for effective scientific engagement in an increasingly diverse and internationally linked world.

We aim to contribute useful and critical anthropological knowledge for the promotion of human wellness, the relief of suffering, and the treatment of disease, through research and training in collaboration with other health professionals and social and behavioral scientists. In a global era of rapid social change, anthropological knowledge can help health professionals meet the urgent practical and moral challenges of the 21st century.

#### What is Medical Anthropology?

Over the years, a growing need has developed for interdisciplinary training which relates socio-cultural systems and patterns of human variation to physical and mental health problems. Within the last quarter century, the rapid pace of social change - migration, urbanization and technological advances in medicine - has created new problems in the provision of health care to large sectors of the population. These changes have seemingly promised a better quality of medical care, yet, in fact, socio-economic, ethnic, age, gender, and other inequalities in health care delivery continue. It is becoming widely recognized now that ethnic and class differences, among others, affect both access to health services and relationships with the medical establishment. With this realization has come an urgent need for research, training and program planning and evaluation relating socio-cultural factors to the control of disease and the maintenance of health. As a sub-discipline of anthropology -- the study of both socio-cultural and physical aspects of humans and human groups -- medical anthropology is in an unparalleled position to make positive contributions toward the understanding and resolution of many of these problems.

There are presently about 1700 members of the Society for Medical Anthropology, a sub-unit of the American Anthropological Association, and the interest and concern in research and instruction in this field are increasing daily. Despite the rapid growth of the field, and the increasing recognition of its importance, few institutions of higher learning are equipped to offer a full range of instruction and research opportunities in medical anthropology, and fewer still are able to provide such opportunities within both medical and community settings.

Source: Department of Anthropology, History and Social Medicine, 10/1/2010

#### **Foundations of the Joint Program**

Taking cognizance of these needs and of the rich resources and facilities available on both the San Francisco and Berkeley campuses, the Regents of the University of California authorized these campuses to offer a joint PhD degree in Medical Anthropology. The primary objective of this joint degree program is to produce sophisticated and well-rounded medical anthropologists, fully equipped to handle both theoretical and applied problems in health care and community settings, as well as in academia. We train a large number of MD/PhDs in our joint program.

Emphasis in the UCSF Program is on providing students with the concepts and skills requisite for careers in health research, teaching and public service. Through work in both institutional and community settings, students are trained to identify and analyze both the formal and informal aspects of health care systems, and to understand the relationships between the socio-cultural and biomedical dimensions of health and illness beliefs and behavior. This training is coupled with the more traditional, theoretical approaches gained in formal course work -- theoretical training which enables students to place their practical knowledge into broader cross-cultural contexts and frameworks.

The program described here provides specialized training leading to the PhD in Medical Anthropology. It emphasizes the integration of interdisciplinary academic programs, supervised trainee field work in medical settings, community-based research, and workshops in field research methods and data analysis.

Recently, the field of anthropology has clearly distinguished between its socio-cultural and physical sub-fields. With the application of anthropology to health problems, however, the sub-disciplines, along with the medical sciences, find common intellectual ground in both theory and practice. This joint approach is reflected in the present Program, which presents a broadly-based training for our students.

#### **Program in History of Health Sciences**

#### Mission

This graduate program trains students to examine the history of health sciences (medicine, nursing, pharmacy, public health, alternative healing, and biomedical research) from a variety of critical approaches. Doctoral students are prepared to undertake a wide variety of professional careers in academia, industry, government, and communications. For those who choose academic research and teaching in the field, this program lays the foundation for them to create and interpret new knowledge as scholars and to share and disseminate their knowledge of the field as educators. Those who choose other career paths learn to incorporate historical perspectives into

Source: Department of Anthropology, History and Social Medicine, 10/1/2010

their understanding and practice of their respective fields, as do students enrolled in the master's program for professionals and medical students who take elective courses in the program. The physical and intellectual location of this history program within one of the nation's leading medical schools affords the opportunity to advance the historical analysis and understanding of biomedical sciences, clinical practices, and health policies.

#### **Degree Programs**

History of Health Sciences offers two degree programs. The doctorate program leads to the PhD. Students may also pursue a doctorate in History of Health Sciences jointly with a degree in Medicine, leading to a combined MD-PhD. Candidates for the joint degree must apply separately to the Program in History of Health Sciences and to the School of Medicine. The terminal master's degree leading to the MA is offered to individuals who already hold an advanced degree in medicine, science, or other professional field (e.g., public health, nursing, pharmacy) or who are enrolled in a program leading to such a degree.

#### **History of the History Program**

The History of Health Sciences has been a part of the UCSF campus since 1930 when the Regents of the University of California established a Department of History and Bibliography. Following Johns Hopkins University's initiative, it was the second one to be established in the United States. In 1965, the Special Collections function was transferred to the library, and the department was renamed the History of Health Sciences, which was intended to represent the complete spectrum of activities within the four disciplines of the UCSF health sciences campus. Concurrent with this change, the Graduate Division approved a program of study that led to the MA and PhD degrees in the field. UCSF's Department of History of Health Sciences is the only campus in the UC system and on the west coast to offer advanced degrees in the subject. The program suspended its teaching operations in the late 1990s after the tragic premature death of one of its faculty members. The program was successfully re-opened in 2005, with master's, doctoral, and postdoctoral students contributing to the vitality of the humanities at UCSF.

#### **Program in Social Medicine**

Social Medicine is a field of interdisciplinary academic investigation that examines the many ways that health, disease, and the practices of medicine, the bio-medical sciences and implementation of medical technologies are affected by societal forces.

Medicine is itself social by virtue of its intimate engagement with diverse populations, where the doctor/patient relationship is mediated through social conventions determined by cultural beliefs, community advocacy, family relations and individual attitudes. But the way the medical profession evolves and its judgments and practices understood are also implicated in diverse social dynamics, from how the media translate expert knowledge for wider public consumption, to the

Source: Department of Anthropology, History and Social Medicine, 10/1/2010

political and commercial interests that regulate and foster bio-medical research and the development of medical technology. Scholarship in Social Medicine provides insight to the creation and legacy of these social relations.

The field of Social Medicine has thrived on interdisciplinarity and collaborative investigation which integrates the conceptual frameworks and methodologies of the humanities, the social sciences, clinical and population research. It provides philosophical and critical reflexivity about bio-medical and public health enterprises, the knowledge and practices on which they are based, and the impact of those phenomena on social, political, economic and historical transformation. Its practitioners are humanists, social scientists, clinical and population scientists from specialties such as medical anthropology, history, sociology, cultural studies, psychiatry, health economics, clinical research and the public health sciences.

At UCSF, the division of Social Medicine in the Department of Anthropology, History & Social Medicine aims to facilitate the "meeting of minds" among humanists, social scientists, clinicians and other health care professionals. Working together, projects are designed to advance our understanding of bio-medical science, clinical practice, biotechnology, and bio-entrepreneurship as products of culture which in turn impact upon the management of health in post-modern societies and in global social and economic systems.

We see twenty-first-century Social Medicine as engaged with new frontiers in medicine, public health, the life sciences, biotechnology and bio-entrepreneurship where "the social" arena is located in spaces around the clinic, laboratory, patent office and executive boardrooms. Research here investigates the social relations of bio-medicine and public health that motivate the movement of knowledge and practice from "bench to bedside to the community," and its practitioners from "scientist to CEO."

One area of active investigation in Social Medicine at UCSF is the impact of medical technologies on clinical skills and decision making, and its effect on patient management —particularly revolving around "internet interventions" and the "digital revolution" in disease diagnosis. We explore these areas in light of newly emerging collaborations between university and corporate research and development, and the promotion of the culture of bio-entrepreneurship.

Source: Department of Anthropology, History and Social Medicine, 10/1/2010

FY 2009-10 Headcount as of 4/1/10 ANTHROPOLOGY, HISTORY & SOCIAL MEDICINE

Grand	Total	8
Academic	Part Time	
Aca	Full Time	9
Staff	Part Time	
St	Full Time	2

Source: UCSF Human Resources

Permanently Budgeted FTEs ANTHROPOLOGY, HISTORY AND SOCIAL MEDICINE

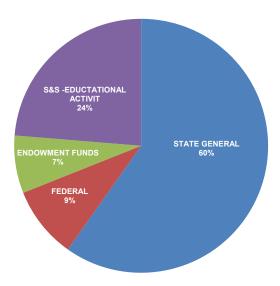
MS-DAHSM-HISTORY OF MED  MS-DAHSM-MED ANTHROPOLOGY  S.M. S.OCIAI MEDICINE	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
JF MED ROPOLOGY	Academic St	Academic Staff Academic Staff Academic Staff Academic Staff Academic Staff	Academic Staff	Academic Staff
ROPOLOGY	2.00 1.83	33 2.00 1.83	2.00 1.69	2.00 1.32
AN OCCUPATION AND A COMMO	2.00 1.85	35 2.00 1.85	2.00 1.72	2.00 1.30
	1.00	1.00	1.00	1.00
Total: 4.00 4.68	5.00 3.68	38 5.00 3.68	5.00 3.41	5.00 2.62

## Total Expenditures by Fund Source ANTHROPOLOGY, HISTORY AND SOCIAL MEDICINE

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$657,325	\$773,714	\$696,918	\$705,655	\$678,270	3.2%
FEDERAL	\$589,029	\$378,760	\$94,443	\$67,346	\$104,030	-82.3%
STATE SPECIAL & CONTRACTS	\$4,464	\$0	\$0	\$0	\$0	-100.0%
PRIVATE GIFTS	\$57,863	\$30,872	\$12,150	\$10,118	\$2,572	-95.6%
PRIVATE CONTRACTS & GRANTS	\$6,443	\$17,368	\$0	\$11,236	\$14,638	127.2%
ENDOWMENT FUNDS	\$69,982	\$121,880	\$107,821	\$110,599	\$83,173	18.8%
OPP & EDUCATIONAL FUNDS	\$26,491	\$23,001	\$16,226	\$62,561	\$13,794	-47.9%
S&S -EDUCTATIONAL ACTIVITY	\$299,558	\$243,137	\$218,342	\$258,627	\$268,874	-10.2%
OTHER SOURCES	\$0	(\$1,773)	\$940	(\$721)	\$0	0.0%
Total:	\$1,711,156	\$1,586,959	\$1,146,840	\$1,225,420	\$1,165,351	-31.9%

Source: UCSF Budget & Resource Management

# Expenditures by Fund Type Anthropology, History and Social Medicine FY 2009-10



## Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 ANTHROPOLOGY, HISTORY AND SOCIAL MEDICINE

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)		OH % MTDC
Federal	\$104,030	\$72,405	\$37,595	51.92%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$14,638	\$14,638	\$0	0.00%
Total:	\$118,668	\$87,043	\$37,595	43.19%

Source: UCSF Budget & Resource Management

# Financial Schedule 8C - FY 2009-10 Current Funds Expenditures ANTHROPOLOGY, HISTORY AND SOCIAL MEDICINE (Dollars in Thousands)

			Current Fund	ls		Distribution	
	Total	Unre	stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
-		General	Designated				
Instruction	933	646	274	13	674	259	0
Research	149	23	8	118	93	56	0
Total	1,082	669	282	131	767	315	0

Source: UCSF Controller's Office - 9/30/2010

#### DEPARTMENT OF BIOCHEMISTRY AND BIOPHYSICS

The Biochemistry and Biophysics department is comprised of 28 faculty members and about 200 students and postdoctoral fellows investigating a range of biological problems encompassing biochemistry, genetics, structural biology, and cell biology. The faculty is committed to graduate education and is actively engaged in shaping the collaborative environment that makes UCSF a special place.

#### **Departmental Executive Committee**

- Chair Davis, Grae, Ph.D.
- Vice-Chairs DeRisi, Joseph, PhD
- Department Director Kniery, Penny
- Website http://biochemistry.ucsf.edu/

#### **Graduate Programs**

In order to provide students with the greatest flexibility in choosing a course of study, the biochemistry and molecular biology, cell biology, genetics and developmental biology programs have a joint admissions process called the Tetrad. Students interested in any of these programs apply to all four programs together, are accepted into all four initially, then commit to a particular program at the end of their first year of study. There are currently 101 faculty affiliated with the four Tetrad programs.

The Tetrad programs are part of the Program in Biological Sciences (PIBS). PIBS is a confederation of faculty and students whose purpose is to provide opportunities for graduate training, foster collegiality among different disciplines, and facilitate development of new research activities that span traditional department boundaries.

#### The Biochemistry and Molecular Biology Program

The Biochemistry and Molecular Biology Program (BMB) is a member of the Tetrad consortium within PIBS. The BMB faculty members are drawn from three of the four Schools of UCSF, and from eight Departments (Anatomy, Biochemistry and Biophysics, Cellular and Molecular Pharmacology, Microbiology and Immunology, Pathology, Pharmaceutical Chemistry, Physiology, and Stomatology). Research within BMB employs biochemical and molecular approaches to approach a broad range of problems, from neoplasia to protein targeting, from enzyme catalysis to cell motility, from yeast genetics and genomics to x-ray crystallography, from transcriptional regulation to neurodevelopment. As with other Tetrad and PIBS programs, BMB researchers

are highly interactive and collaborative. Indeed, a guiding principle of the program is to instill understanding and appreciation of the interactiveness and interrelatedness of diverse research approaches and experimental systems.

#### **The Cell Biology Program**

Collaborations among the cell biology laboratories and with other scientists at UCSF help create a fertile environment for pursuing answers to questions of cellular structure, function and development. The faculty of the Cell Biology Program is drawn from the Departments of Anatomy, Biochemistry and Biophysics, Cellular and Molecular Pharmacology, Medicine, Microbiology, Pathology, and Physiology. The participant research groups share an interest in understanding the structure, function and differentiation of cells and tissues. They employ a wide variety of approaches, instruments and techniques that characterize modern biology: cell culture, chemistry, electrophysiology, genetics, molecular biology, and ultrastructure

#### The Developmental Biology Program

The interdepartmental and interdisciplinary Program in Developmental Biology was created in response to the need for trained investigators who can apply the techniques of modern molecular biology, genetics, cell biology, and immunology, in conjunction with the methods of classical experimental embryology, to solving the questions of how embryonic development and differentiation are achieved. Program faculty are drawn from the following departments: Anatomy; Biochemistry & Biophysics; Microbiology; Neurological Surgery; Neurology; Obstetrics, Gynecology & Reproductive Sciences; Ophthalmology; Pediatrics; Pharmacology; Physiology; Psychiatry; and the Reproductive Endocrinology Center. The participating research groups share an interest in understanding the basic mechanisms of embryonic development and differentiation. Studies of organisms as diverse as nematodes, fruit flies, frogs, chickens, zebrafish and mice are conducted using the wide variety of approaches, instruments, and techniques of modern biological research.

#### **The Genetics Program**

The Genetics Program offers an interdisciplinary and interdepartmental program for the Ph.D. degree and trains graduate students to conduct research and prepare for careers in modern molecular, developmental, and medical genetics. This program combines the related interests and research efforts in genetics of both basic science and clinical faculty. The genetics group includes faculty of the Departments of Anatomy, Biochemistry and Biophysics, Cellular and Molecular Pharmacology, Medicine, Microbiology and Immunology, Pediatrics, and Psychiatry. The faculty are engaged in diverse research issues studying gene expression, differentiation

and development, chromosome structure and mechanics, structure of the human genome, human biochemical genetics, radiation genetics, and cytogenetics. They study an equally diverse group of organisms, including tumor viruses, bacteria, yeast, fruit flies, nematodes, mice, and humans.

#### **Integrative Program in Complex Biological Systems**

A comprehensive track within the Integrative Program in Quantitative Biology for training students in the understanding and engineering of complex biological systems from the molecular and cellular levels to the whole organism. To meet the vast challenges ahead, the Complex Biological Systems track proposes to depart significantly from a traditional curriculum. Students within this track will develop novel approaches to solve the critical sociology and language problems associated with training scientists to be simultaneously conversant in the languages of biology, mathematics, physics and engineering. Ten new faculty members have been recruited to UCSF to expand expertise in critical quantitative areas and to build an entirely new curriculum focused on the observation, modeling, manipulation and design of complex biological systems.

#### **Core Facilities**

#### **Center for Advanced Technology**

The Center for Advanced Technology is a collection of instrumentation dedicated to serving the research needs of the UCSF and QB3 communities. The primary focus is on instrumentation for high-throughput experimental biology, but the CAT is also interested in any instrumentation too large or complex to be maintained by a single laboratory. Through partnerships with other UCSF groups and core facilities, the CAT is able to provide access to additional instrumentation, such as a Biacore T100 and 1000 instrument available via the Macromolecular Structure Group (MSG). In addition, the CAT has formed partnerships with companies interested in loaning equipment. These alliances provide our researchers with cutting edge equipment. In exchange, these companies' equipment is vetted by the highly talented researchers that utilize our facilities.

#### **Nikon Imaging Center**

The Nikon Imaging Center at QB3/UCSF (NIC@QB3) is a core facility for light microscopy developed by the UCSF Cardiovascular Research Center, the School of Medicine, and QB3 in partnership with Nikon Instruments Inc. and Technical Instruments. The NIC@QB3's corporate partners include Applied Scientific Instrumentation, In Vivo Scientific, Molecular Devices, Prior Scientific, Roper Scientific, Solamere Technology Group, and Sutter Instrument. The mission of the NIC@QB3 is to:

• Stimulate innovation in biological research by providing investigators access to cutting

edge microscopy resources with a particular emphasis on developing novel imaging solutions to systems biology challenges.

- Promote cross-discipline collaborations by providing an exciting intellectual commons centered on light microscopy.
- Provide courses, individual instruction, and consulting on advanced light microscopy techniques.
- Promote collaborations with biopharmaceutical companies.
- Provide training for performing genomic and proteomic experiments.
- Provide training in the bioinformatics required for interpretation of genomic and proteomic experiments.
- Manage the use and sharing of the related equipment.

#### **Community Service**

#### The Science & Health Education Partnership (SEP)

SEP is a collaboration between the University of California, San Francisco and the San Francisco Unified School District. Scientists and educators from both organizations work in partnership to support quality science education for K-12 students. Founded in 1987, SEP is nationally recognized as a model partnership between a university and a local public school system. Since 1989 SEP has been awarded nearly \$9 million in competitive federal, private, and state funds. Current funding is provided by the Howard Hughes Medical Institute, an NIH Science Education Partnership Award (SEPA) from the National Center for Research Resources, the Bechtel Foundation, the UCSF Chancellor's Office, the UCSF School of Medicine, and the California Science Project.

SEP's mission is to promote partnership between scientists and educators in support of high quality science education for K-12 students. To this end, SEP develops and implements programs with the following goals: 1) to support teaching and learning among teachers, students, and scientists; 2) to promote an understanding of science as a creative discipline, a process, and a body of integrated concepts; 3) to contribute to a deeper understanding of partnership; and 4) to provide models and strategies for other institutions interested in fostering partnerships between scientific and education communities. SEP functions as a teaching and learning community in which all participants are encouraged to simultaneously take on the roles of student, teacher, and scientist. SEP continues to evolve by building and applying a foundation of knowledge about successful approaches to professional development and scientist-teacher partnership. Each year, SEP coordinates the efforts of over 300 UCSF participants who contribute approximately 10,000 hours of service with over 400 SFUSD teachers and their students, representing 80-90 percent of

the District's K-12 schools.

#### **Research Centers**

#### **The Center for Structures of Membrane Proteins**

The Center for Structures of Membrane Proteins (CSMP) provides atomic structure determination for membrane proteins including both bacterial and human membrane proteins. Human membrane proteins encode the targets for ~40% of all therapeutic drugs in use today, despite the lack of understanding of the mechanisms and atomic interactions of any one of these. Many of the human protein structures sought have therapeutic importance. Therefore the structures will provide an atomic level template for drug design and discovery.

The goal of the CSMP is to express, purify and determine the structures of representative members of membrane protein classes. Where classes of membrane proteins are represented in prokaryotes, it is likely that structures for a homolog will be determined first for prokaryotic or archaeal members. Many human proteins have no good homologs in prokaryotes or archaea. These include psychopharmaceutical receptors that are targets for neuro-psychopharmaceutical drugs, the re uptake pumps that are currently targets for the new anti-depressants, the ~1500 GPCRs in the human genome that include numerous key drug targets today. Nearly 30% of all eukaryotic proteins are membrane proteins, and these include protein targets for over 40% of all drugs in use today. In most cases the particular membrane protein targets of today's drugs are not yet determined, primarily because preparation of membrane proteins in structurally homogeneous and functionally active state as well as subsequent structure determination have been extremely challenging. CSMP supports an integrated program, with interdependent subprojects, and core facilities that provide for routine processes, including protein purification, characterization, x-ray diffraction at the Advanced Light Source in Berkeley at beamlines 5.0.2, and 8.3.1, and structure determination by electron microscopy and NMR. Bioinformatics contributes to the construction of a target list of representative proteins whose structures are to be determined and leverages the experimentally determined structures by structurally and functionally characterizing many more related protein sequences.

#### The HIV Accessory and Regulatory Complex Center

The HIV Accessory and Regulatory Complex (HARC Center) is an interdisciplinary research center aimed at creating a comprehensive structural picture of interactions between HIV viral proteins and intracellular host molecules at early stages in the viral lifecycle. High-resolution structures of such complexes offer the potential for novel targeted drug design strategies in the treatment of AIDS.

Virus-host complexes play essential roles in HIV infection and propagation. Host T cells are initially targeted by the binding of viral proteins to cell surface receptors, and once internalized, the virus depends upon a different set of interactions with intracellular host proteins for the successful production, packaging and release of new viral particles. The HARC Center is specifically focused upon five HIV proteins that perform essential regulatory and accessory functions at this stage: Integrase, Tat, Rev, Vif and Nef. Integrase coordinates with host proteins to integrate a DNA copy of the viral genome into the host genome, while Tat and Rev recruit cellular proteins to enhance the production and nuclear export of viral mRNAs. Vif is a component of an assembly that tags host defense proteins for destruction, while Nef interacts with a variety of proteins to remodel cell architecture and alter signaling, enhancing viral replication overall. The Center aims to provide a detailed structural picture of these HIV-host interactions, which will illuminate how recognition occurs and how it might be disrupted to the detriment of the virus. In addition, by comparing structures of proteins bound to multiple partners, or in different states of assembly, we can begin to understand how allosteric changes may modulate host protein function and assembly, and how this is affected by the binding of viral proteins, again with the downstream goal of therapeutic intervention. The Center is comprised of researchers from nine different laboratories at UCSF and Berkeley, and is one of three Research Centers launched in 2007 by the National Institute of General Medical Sciences (NIGMS) and National Institute of Allergy and Infectious Diseases (NIAID), with the goal of gaining a deeper understanding of the structural biology of HIV. Members of the HARC Center provide expertise within a comprehensive range of biochemical, molecular biological and structural methods, including mass spectroscopy, x-ray crystallography, NMR and cryo-electron microscopy. Two Technology Cores provide services to the projects and innovation of essential methods. In conjunction with its research activities, the Center makes new methodologies, tools and databases available to the research community at large, and is active in creating new collaborations with outside investigators, including those carrying out associated R21/R33 projects.

#### **The Membrane Protein Expression Center**

The Membrane Protein Expression Center (MPEC) develops and applies the latest innovative methods that yield structurally and functionally intact membrane proteins for subsequent drug development, structural, and functional characterization. Membrane proteins mediate many cellular processes, yet despite their importance, little is understood about the basic mechanisms by which they work. The MPEC focuses especially on eukaryotic membrane proteins since they provide many major drug target proteins. Our approach focuses on expression, purification and functional reconstitution of each membrane protein according to its importance for pharmacological or biological purposes. The scarcity of pure protein from natural or recombinant sources

is the primary barrier to routine biochemical use of eukaryotic membrane proteins. To overcome this limitation, we are developing novel expression methods. This is facilitated in the development phase by co-investigators Drs Robert Stroud, Peter Walter, David Julius, Robert Edwards, Daniel Minor, Ronald Kaback, James Van Etten, and Shimon Schuldiner, who are each experts in membrane protein biology. Assays carried out at the MPEC establish stability, structural monodispersity, and oligomeric homogeneity as a key part of the purification and characterization. Developing a means to produce large quantities of pure, functional eukaryotic membrane proteins will have a major impact on the future of medicine as it will advance our understanding of the basic biochemistry behind transmembrane signaling and transport mechanisms that underlie processes like neurotransmission, cardiovascular regulation, and hormonal signaling, as well as promote the development of new drugs to treat dysfunctions in these systems.

#### The Multiple Myeloma Translational Initiative

The tremendous potential to translate promising small molecule modulators into future clinical treatments brought the UPR research team together with a new UCSF T1 program, The Multiple Myeloma Translational Initiative (MMTI). The MMTI is composed of several drug discovery programs including the UPR program, as well as translational resources including myeloma disease models and a highly annotated repository of myeloma patient samples, and a close interface with the clinical myeloma team at UCSF. The goals of the MMTI are to accelerate discovery and translation of MM therapeutic candidates from internal and external sources into clinic-ready compounds.

FY 2009-10 Headcount as of 4/1/10 BIOCHEMISTRY AND BIOPHYSICS

St	Staff	Acac	Academic	Grand
Full Time	Part Time  Full Time  Part Time	Full Time	Part Time	Total
65	9	115	44	230

Source: UCSF Human Resources

Permanently Budgeted FTEs BIOCHEMISTRY AND BIOPHYSICS

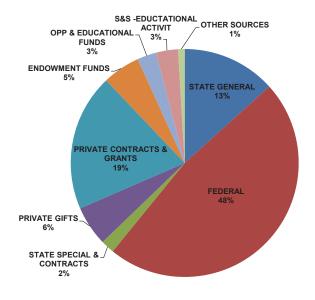
	FY 2005-06	90-	FY 2006-07	-07	FY 2007-08	80	FY 2008-09	60	FY 2009-10	-10
Permanent Budget Account Title	Academic Staff	Staff	Academic Staff	Staff	Academic Staff	Staff	Academic Staff	Staff	Academic	Staff
BIOCHEM RECHARGE							90:0	0.12		(3.60)
BIOCHEM T3							0.01	0.10		
MED SCH-GENETICS	2.00	1.00	2.00	1.00	2.00	1.00	2.00	1.00	2.00	1.00
MS BIOCHEMISTRY & BIOPHYSICS	23.50	14.11	23.50	14.09	23.50	14.04	23.50	11.08	23.50	5.91
NEUROBIO/CELL BIOLOGY		1.00		1.00		1.00		1.00		1.00
ORG ACT-BIOCHEMISTRY/BIOPHYSICS	06:0	2.22	0.80	2.18	0.92	2.51	2.34	2.46	2.96	2.73
S/M-BIOPHYSICS		0.43		0.43		0.43		0.43		0.43
Total:	26.40	26.40 18.76	26.30 18.70	18.70	26.42 18.98	18.98	27.91 16.19	16.19	28.46 7.47	7.47

## Total Expenditures by Fund Source BIOCHEMISTRY AND BIOPHYSICS

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$3,562,959	\$3,684,192	\$4,253,654	\$4,117,800	\$3,652,623	2.5%
FEDERAL	\$15,402,847	\$15,542,462	\$14,297,028	\$12,615,891	\$13,063,448	-15.2%
STATE SPECIAL & CONTRACTS	\$297,075	\$119,418	\$198,513	\$235,678	\$526,780	77.3%
LOCAL GOVERNMENT	\$0	\$0	\$59	\$1,274	\$0	0.0%
PRIVATE GIFTS	\$1,690,281	\$1,969,686	\$2,519,387	\$2,838,047	\$1,557,899	-7.8%
PRIVATE CONTRACTS & GRANTS	\$4,204,991	\$4,573,761	\$5,260,256	\$5,471,733	\$5,330,457	26.8%
ENDOWMENT FUNDS	\$1,618,329	\$2,953,635	\$1,748,891	\$1,574,510	\$1,465,061	-9.5%
OPP & EDUCATIONAL FUNDS	\$415,736	\$503,974	\$569,472	\$695,039	\$745,401	79.3%
S&S -EDUCTATIONAL ACTIVITY	\$1,342,711	\$1,740,171	\$1,709,993	\$1,974,195	\$855,609	-36.3%
OTHER SOURCES	\$283,057	\$322,332	\$347,425	\$343,483	\$257,407	-9.1%
Total:	\$28,817,987	\$31,409,630	\$30,904,679	\$29,867,649	\$27,454,686	-4.7%

Source: UCSF Budget & Resource Management

#### Expenditures by Fund Source Biochemistry and Biophysics FY 2009-10



# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 BIOCHEMISTRY AND BIOPHYSICS

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$13,063,448	\$10,282,494	\$5,366,240	52.2%
CIRM	\$469,659	\$455,729	\$247,005	54.2%
Other State Contracts	\$0	\$0	\$0	0.0%
Local Government	\$0	\$0	\$0	0.0%
Private Clinical Trials	\$0	\$0	\$0	0.0%
Private Contracts & Grants	\$5,330,457	\$4,052,704	\$838,832	20.7%
Total:	\$18,863,564	\$14,790,926	\$6,452,077	43.6%

Source: UCSF Budget & Resource Management

#### Financial Schedule 8C - FY 2009-10 Current Funds Expenditures BIOCHEMISTRY AND BIOPHYSICS (Dollars in Thousands)

			Current Fund	ls		Distribution	
	Total	Unre	stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
•		General	Designated				
Instruction	6,090	3,117	713	2,260	3,980	2,110	0
Research	13,591	176	727	12,688	6,962	6,628	0
Total	19,681	3,293	1,440	14,948	10,942	8,738	0

Source: UCSF Controller's Office - 9/30/2010

# NIH Awards - FY 2009-10 BIOCHEMISTRY AND BIOPHYSICS

	Number	Amount
Research Grants*	44	\$20,599,552
Training Grants	2	\$961,800
Fellowships	4	\$194,144
Other Awards	1	\$264,782
R&D Contracts**	0	\$0
Total:	51	\$22,020,278

<sup>\*</sup>Does not include grants awarded under the American Recovery and Reinvestment Act (ARRA)

<sup>\*\*</sup>Not reported

## DEPARTMENT OF BIOENGINEERING AND THERAPEUTIC SCIENCES (BTS)

- Co-Chair Giacomini, Kathy, PhD.
- Co-Chair Nelson, Sarah, Dr.rer.nat
- Department Manager Friciello, Maria
- Website http://bts.ucsf.edu/

#### **About The Department**

In the Department of Bioengineering and Therapeutic Sciences at the University of California, San Francisco we are looking at science problems with fresh eyes and from new perspectives to reveal more quickly the biological reasons that support health and give rise to disease, and to develop new and effective ways of diagnosing and treating disease with medicines and medical devices.

#### **New Teams**

Our department was created in 2009 with the knowledge that we could more quickly realize our aims by bringing together scientists whose expertise is building and computing, and scientists who are experts in the pharmaceutical sciences and genetics.

Through combinations such as these, we are improving our understanding of the underlying biology that supports health and the alterations that give rise to specific diseases. We are better able to understand the vast amount of data now available about the human genome. We are engineering biological systems and devices. We are improving clinical trial design and analysis. The end results are better medicines and medical devices that lead to improved health. In particular, our science will help make it possible to personalize medicines to individual patients and develop new approaches to monitor whether a therapy is working as expected or whether an alternative strategy should be considered.

#### **New Approaches Required**

Our work is timely. The process of developing and evaluating potential medicines and medical devices through the point they are approved for use in patients is slow, inefficient, expensive, and unproductive. Today's medicines largely target the average person, and are distributed throughout the entire body, not just where they are needed. The medicines and medical devices we foresee are better described as *intelligent therapeutics*.

- Imagine a cancer therapy, cloaked in a special chemical shield that targets specific cells and releases its agent inside only those cells, rather than everywhere in the body. As a result, the treatment goes only to the area where it is needed, and unnecessary side effects caused by wider distribution in the body are eliminated.
- Imagine small, implantable devices that monitor changes in biology. These devices allow us to track precisely the progress of certain diseases and adjust precisely specific treatments for individual patients for best results.
- Imagine knowing the genetic factors that affect a patient's individual response to a certain medicine. This makes it possible to ensure that individual patients are treated with products that will be effective.

#### Teaching for Tomorrow, Extending Our Science

Our faculty is also preparing a new generation of scientists and healthcare providers to be better able to discover and treat the underlying causes of human disease. We are training PhD graduate students who will be tomorrow's science leaders, and providing PharmD and MD professional students with the exceptional science foundation they need to deliver increasingly complicated therapeutics to their patients. At the same time, we are working with industry and government leaders in the U.S. and beyond to extend our expertise and work together where once we worked apart.

We believe that our approach to science and teaching is key to a healthier world.

In working toward outcomes such as these, we are focusing on 5 areas of research: **Drug Development Sciences**, **Pharmacogenomics**, **Therapeutic Bioengineering**, **Computational and Systems Biology**, and **Cellular and Molecular Engineering**.

#### **Drug Development Sciences**

Our scientists understand how difficult it is to develop new therapeutics. In industry, the process is complicated and fraught with failure. The goal is to make the process more efficient and improve success.

The drug development process includes and requires evaluation of safety and efficacy. The process begins long before a candidate drug is tested in patients and extends through the lifecycle of a drug long after it is available to patients in the market. Our scientists are expert along this full continuum and conduct research in:

- Drug absorption, distribution, metabolism, and excretion characteristics and toxicity
- Drug safety
- Efficacy of a candidate drug through studies of its pharmacokinetic and pharmacodynamic properties in patient populations
- Biomarker selection
- Clinical trial design and analysis
- Modeling
- Simulation
- Regulatory sciences needed to optimize the drug development process.

#### **Pharmacogenomics**

Our scientists are uncovering the genetic reasons why people respond differently to drugs. The goal is safer, more effective therapies for populations and individuals.

The large amount of publicly available human DNA sequence data and rapid advances in genomic technologies have stimulated research into the genetic basis of drug response and the use of genetic models in drug discovery and development. Our scientists were early leaders in the field of pharmacogenomics and in translating their discoveries to better use of therapeutics in patients. They are involved in:

- A large international research program exploring membrane transporter pharmacogenetics
- Individual projects in asthma, diabetes, HIV, obesity, and cancer pharmacogenetics
- Studies to explore the significance of regions of the genome that are highly conserved in evolution and factors regulating the activity and toxicity of neuroactive agents
- DNA microarray applications to study gene expression patterns (genetic signatures) in human tumors and to aid in the development of diagnostics and therapeutics for the treatment of cancer
- The use of model organisms to predict behavior, including behavior elicited by substances of abuse.

#### **Therapeutic Bioengineering**

Our scientists are building miniature devices and developing techniques to work inside systems ranging in size from individual cells to the entire human body. The goal is to use these technologies to understand biology, and to detect and treat disease.

Bioengineering has a major role in developing new probes for tissue targeting, designing sensors of biological activity to evaluate normal and abnormal physiology, fabricating tissue replacements and drug delivery devices, and computational modeling of disease processes. Our scientists seek to advance therapeutics by engineering novel materials and devices at the cellular and subcellular levels. Such technologies might ultimately be used to treat cancer, neurodegenerative diseases, diabetes, and blood/immune disorders. Faculty in this field are interested in:

- Mechanisms for delivering novel drug and gene therapies that take advantage of specific biological and biochemical properties of the disease with minimal impact upon surrounding normal tissue
- Developing biocompatible and biological materials as part of functional implant systems for tissue replacement, including the use of stem cells and gene therapy
- Determining the fundamental principles by which cells and extracellular matrix respond to physical loading and how mechanical factors influence tissue development, injury, repair, and remodeling
- Developing new probes for tissue characterization, diagnosis, and evaluation of response to therapy using methodologies such as genomics and proteomics
- Designing novel instrumentation and computer-aided simulations for optimizing invasive procedures such as robotic surgery, intra-operative monitoring, and delivering focal therapy.

#### **Computational and Systems Biology**

Our scientists are using computation to master the immense quantity of information needed to understand and design proteins, which are responsible for biological function and form. And, they are using computation and other skills to create models of biological systems that describe critical aspects of normal function and how these change with disease.

The computational biologists in our department are concerned with the folding, function, evolution, and design of proteins. They are developing and applying computational methods for prediction of protein structure and function, for mapping evolution of protein sequences and their functions, and for designing proteins with desired structure and function. In collaboration with others, these methods facilitate the study of individual biological systems, drug discovery, pharmacogenomics and pharmaceutical sciences, systems biology, and synthetic biology. Our systems biologists study the mechanisms underlying complex biological processes as integrated

systems of many, diverse, interacting components. They combine mathematical modeling and quantitative experiments to elucidate the design principles of complex biological systems and to predict their function and behavior. As such, systems biology has wide applications in the diagnosis and treatment of complex diseases, the design of new-generation drugs, and in future therapeutics. Our research in these areas includes the:

- Quantitative study and modeling of biomolecular networks
- Design and engineering of new pathways
- Study of the evolution of protein interactions and pathways
- Mathematical and computational analysis of complex biological systems
- Modeling of complex diseases
- Quantitative study of physiological systems
- Systems-level study of drug response, metabolic networks, and synthetic biology.

#### Cellular and Molecular Engineering

Our scientists are using engineering principles to design new technologies that will improve our abilities to succeed in all types of basic and translational research. For example, by developing new approaches to characterizing and monitoring molecular and cellular function, it will be possible to design new therapeutics that target abnormal cells and more effectively restore normal behavior.

The scientists working in this area are expert at deciphering molecular function, designing new interacting molecules, analyzing and designing enzymes, pathways, and networks. They aim to engineer sub-cellular, cellular, and synthetic systems for basic biological research, diagnostic applications, or delivery devices. The development of ultra-high resolution light and fluorescence imaging technologies will contribute to the understanding of interactions between single and multiple assemblies of cells and to the discovery of new cell-based therapeutics. Molecular and cellular engineering interfaces with computational and systems biology in modeling, design, and simulation of structure and function of biological systems on all scales. Our scientists are interested in:

- Understanding how the molecular machinery in cells functions at the atomic level to study cellular organelles, molecular motors, biological membranes, and individual proteins
- Developing techniques of genomics and proteomics for analyzing whole genome

complements of proteins and transcripts

- Theoretical modeling of protein structures, protein function, and interacting systems of molecules that include signaling networks, molecular machines, and membrane proteins
- Designing molecules with specific biological or functional properties for understanding drug transport and developing novel approaches to drug delivery.

Permanently Budgeted FTEs BIOENGINEERING AND THERAPEUTIC SCIENCES (BTS)

Permanent Budget Account Title         Academic         Staff         Academic         Academic         Academic         Academic         Academic<			FY 2005-06	90-	FY 2006-07	-02	FY 2007-08	80-	FY 2008-09	60-8	FY 2009-10	-10
OENGINEERING-UC BERK	get Account Tit		Academic	Staff	Academic	Staff	Academic	Staff	Academic	Staff	Academic	Stafi
. 0.00 0.00 0.00 0.00 0.00 0.00 0.00 5.00 0.94 ·	IOENGINEERING-(								2.00	0.94		0.66
		Total:	00.0	0.00	00.00	0.00	00.0	0.00	2.00	0.94		99.0

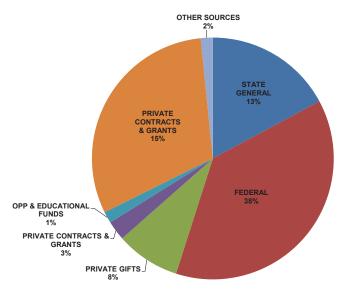
## Total Expenditures by Fund Source BIOENGINEERING AND THERAPEUTIC SCIENCES (BTS)

Fund Source	FY 2008-09 Year 1*	FY 2009-10 Year 2	% Change Year 1 to Year 2
STATE GENERAL	\$370,073	\$252,220	-31.8%
TUITION & FEES	\$0	\$0	0.0%
FEDERAL	\$543,790	\$554,890	2.0%
STATE SPECIAL & CONTRACTS	\$0	\$0	0.0%
PRIVATE GIFTS	\$22,954	\$126,071	449.2%
PRIVATE CLINICAL TRIALS	\$0	\$0	0.0%
PRIVATE CONTRACTS & GRANTS	\$24,078	\$38,509	59.9%
ENDOWMENT FUNDS	\$0	\$7,756	0.0%
OPP & EDUCATIONAL FUNDS	\$26,965	\$22,504	-16.5%
S&S -EDUCTATIONAL ACTIVITY	\$449,405	\$451,767	0.5%
OTHER SOURCES	\$4,251	\$23,548	453.9%
Total:	\$1,441,517	\$1,477,264	2.5%

<sup>\*</sup>New department in FY 2008-09

Source: UCSF Budget & Resource Management

#### Expenditures by Fund Source Bioengineering and Therapeutic Sciences (BTS) FY 2009-10



Source: UCSF Budget & Resource Management

# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 BIOENGINEERING AND THERAPEUTIC SCIENCES (BTS)

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$554,890	\$41,825	\$14,144	33.82%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$38,509	\$30,638	\$16,155	52.73%
Total:	\$593,399	\$72,463	\$30,299	41.81%

Source: UCSF Budget & Resource Management

# Financial Schedule 8C - FY 2009-10 Current Funds Expenditures BIOENGINEERING AND THERAPEUTIC SCIENCES (BTS) (Dollars in Thousands)

			Current Fund	ls		Distribution	
	Total	Unre	stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
		General	Designated				
Instruction	345	282	25	38	251	95	0
Research	0	0	0	0	0	0	0
Total	345	282	25	38	251	95	0

Source: UCSF Controller's Office - 9/30/2010

#### DEPARTMENT OF CELLULAR AND MOLECULAR PHARMACOLOGY

- Chair Shokat, Kevan, Ph.D.
- Business Officer Berg, Sharon M.
- Website http://cmp.ucsf.edu/

The Department of Cellular and Molecular Pharmacology (CMP) within the UCSF School of Medicine pursues two related academic goals: [1] to discover new knowledge through innovative research on chemical and biological phenomena; [2] to transmit knowledge to students (graduate students, postdoctoral colleagues, and students and fellows in medicine, pharmacy and dentistry) at the conceptual and empirical levels

Research in CMP spans a broad range of studies. Included are analyses of the mechanisms and biological consequences of the interactions of drugs and other small molecule ligands with receptors, channels, and cellular organelles, hormonal and sensory signal transduction, cytoskeleton-based intracellular motility, cell movement and migration, synaptic transmission and plasticity, protein design and structure prediction, protein folding, structure and function, and RNA-protein interactions. Experimental approaches include genetics, chemistry and crystallography; experimental systems stretch from yeast to human.

CMP is the administrative home to the graduate education program in Chemistry and Chemical Biology. Other graduate studies with Department faculty are carried out within two consortium programs, Biomedical Sciences (BMS) and the Program in Biological Sciences (PIBS); inquiries should be directed to those programs. Inquiries regarding postdoctoral research in CMP should be addressed to individual faculty members. For other information, search this Web Site or contact the CMP administrative staff.

## **Chemistry and Chemical Biology Graduate Program**

The Dept. of Cellular and Molecular Pharmacology is the administrative home to the Ph.D. program in Chemistry and Chemical Biology (CCB) which provides students with a broad and rigorous training in molecular thermodynamics, bioorganic chemistry, computational chemistry and structural biology. The program is distinctive in its orientation toward the study of molecules in living systems. It is further distinguished by providing integrated training in the sciences related to chemical biology: integrating both with respect to the levels of structure (atomic, molecular, cellular) and with respect to the traditional disciplines of chemistry and biology in the setting of a health science campus. The training objectives for students of the program are met through course work, laboratory rotations, and activities of the program such as journal clubs and research presentations and through thesis research in a specific laboratory. 48 Faculty are mem-

Source: Cellular and Molecular Pharmacology 8/26/2008

bers of the program, so students have many choices for laboratories to conduct their Ph.D. thesis work.

CCB is a member of both the Program in Biological Sciences (PIBS) and the Program in Quantitative Biology (PQB), providing students with access to exceptional faculty and resources for biological research. CCB together with the Biophysics Graduate Program sponsors a joint seminar series entitled ""Linking Physics & Chemistry to Biology" which meets once a week throughout the school year. The CCB program is jointly administered by the Depts. of Cellular & Molecular Pharmacology and Pharmaceutical Chemistry.

Source: Cellular and Molecular Pharmacology website, 6/25/2008

FY 2009-10 Headcount as of 4/1/10 CELLULAR AND MOLECULAR PHARMACOLOGY

St	Staff	Acad	Academic	Grand
Full Time	Part Time	Full Time	Part Time	Total
24	V	บิฮ	UC	133
S	t	60	23	100

Source: UCSF Human Resources

Permanently Budgeted FTEs CELLULAR AND MOLECULAR PHARMACOLOGY

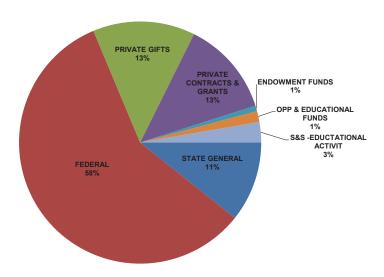
	FY 2005-06	90-	FY 2006-07	-02	FY 2007-08	80	FY 2008-09	60	FY 2009-10	10
Permanent Budget Account Title	Academic	Staff	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic Staff	Staff	Academic	Staff	Academic	Staff
MED RES-PHARMACOLOGY		3.02		3.02		3.02				
MED SCH-PHARMACOLOGY	14.00	5.13	14.00	5.13	15.50	5.13	16.84 7.22	7.22	17.00	4.02
PHARMACOLOGY TOXICOLOGY LAB		3.10		3.10		2.44		2.44		2.44
Total:	14.00 11.25	11.25	14.00	14.00 11.25	15.50 10.59	10.59	16.84 9.66	99.6	17.00 6.46	6.46

## Total Expenditures by Fund Source CELLULAR AND MOLECULAR PHARMACOLOGY

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$1,545,581	\$1,629,358	\$1,770,925	\$1,641,069	\$1,766,498	14.3%
TUITION & FEES	\$0	\$0	\$15	\$0	\$0	0.0%
FEDERAL	\$5,344,980	\$5,540,845	\$5,985,084	\$6,938,020	\$9,570,898	79.1%
STATE SPECIAL & CONTRACTS	\$19,546	\$25,290	\$0	\$0	\$0	-100.0%
PRIVATE GIFTS	\$1,575,254	\$3,491,764	\$2,213,472	\$2,619,628	\$2,252,834	43.0%
PRIVATE CONTRACTS & GRANTS	\$1,167,734	\$1,459,898	\$1,517,180	\$1,760,867	\$2,101,831	80.0%
ENDOWMENT FUNDS	\$20,962	\$256,700	\$89,630	\$195,598	\$123,276	488.1%
OPP & EDUCATIONAL FUNDS	\$152,499	\$192,095	\$197,918	\$317,164	\$238,270	56.2%
S&S -EDUCTATIONAL ACTIVITY	\$764,219	\$488,063	\$733,380	\$987,589	\$451,009	-41.0%
OTHER SOURCES	(\$80,553)	\$214,418	\$5,737	\$95,001	\$35,007	-143.5%
RESERVES	\$0	\$0	\$0	\$38	\$2,287	0.0%
Total:	\$10,510,223	\$13,298,431	\$12,513,340	\$14,554,974	\$16,541,909	57.4%

Source: UCSF Budget & Resource Management

### Expenditures by Fund Source Cellular and Molecular Pharmacology FY 2009-10



# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 CELLULAR AND MOLECULAR PHARMACOLOGY

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)		OH % MTDC
Federal	\$9,570,898	\$6,743,308	\$3,527,552	52.31%
CIRM	\$0	\$0	\$0	0.00%
State Special & Contracts	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$2,101,831	\$1,589,262	\$289,467	18.21%
Total:	\$11,672,729	\$8,332,569	\$3,817,019	45.81%

Source: UCSF Budget & Resource Management

# Financial Schedule 8C - FY 2009-10 Current Funds Expenditures CELLULAR AND MOLECULAR PHARMACOLOGY (Dollars in Thousands)

			Current Fund	ls		Distribution	
	Total	Unre	stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
		General	Designated				
Instruction	2,980	1,711	524	745	1,930	1,049	0
Research	12,279	14	8	12,257	4,974	7,304	0
Total	15,259	1,725	532	13,002	6,904	8,353	0

Source: UCSF Controller's Office - 9/30/2010

# NIH Awards - FY 2009-10 CELLULAR AND MOLECULAR PHARMACOLOGY

	Number	Amount
Research Grants*	56	\$30,712,075
Training Grants	5	\$1,642,553
Fellowships	13	\$597,949
Other Awards	2	\$3,018,695
R&D Contracts**	0	\$0
Total:	76	\$35,971,272

<sup>\*</sup>Does not include grants awarded under the American Recovery and Reinvestment Act (ARRA)

<sup>\*\*</sup>Not reported

#### DEPARTMENT OF EPIDEMIOLOGY AND BIOSTATISTICS

- Joint Chair Hiatt, Robert, MD, PhD
- Joint Chair Risch, Neil, PhD.
- Business Officer Mead, Sally A.
- Website http://www.epibiostat.ucsf.edu/

#### **Mission Statement**

- The educational mission of the Department is to train students, fellows and faculty in methods for studying disease etiology and prevention in general populations, for evaluating diagnostic tests and treatment efficacy in clinical settings, and for using evidence-based approaches in clinical practice.
- The scientific mission is to do outstanding clinical and population-based research in these areas, often in collaboration with other departments and institutions, and to guide use of the findings in clinical practice and public health policies.

#### Organization

The Department has five Divisions that oversee teaching and other academic activities, and manage faculty appointments and promotions.

- The Division of Biostatistics Dr McCulloch, Head) oversees biostatistical teaching and consultation. Faculty in this Division carry out research on statistical methods, and collaborate with investigators in other UCSF departments in the areas of study design and data analysis, and in bioinformatics..
- The Division of Cancer Epidemiology (Dr. Witte, Head) provides training in cancer and molecular epidemiology. Faculty in this Division also conduct research in collaboration with the UCSF Comprehensive Cancer Center Population Sciences Division (Dr Hiatt, Director). Dr Green directs the Cancer Center's research in Social and Behavioral Sciences, and Dr Witte is Co-Leader of the Center's Cancer Genetics program. Dr Witte is also Associate Director of the Institute for Human Genetics.
- The Division of Clinical Epidemiology (Dr Newman, Head) focuses on teaching the methods of evidence-based medicine and clinical research through the Training in Clinical Research (TICR) program. The Division is also home to Clinical and Translational Sciences Training (CTST), which coordinates training in clinical and translational research for students, residents, fellows and junior faculty in all UCSF Schools

Source: Epidemiology and Biostatistics website, 8/10/2009

and Departments.

- The Division of Clinical Trials and Multicenter Studies ((Dr Black, Head) leads methodologic advances in approaches to designing, coordinating, analyzing, and disseminating the results of clinical investigations, and participates in the activities of the San Francisco Coordinating Center.
- The Division of Preventive Medicine and Public Health (Dr Rutherford, Head) leads teaching of topics ranging from preventive medicine to public health and managed care. Faculty in this Division carry out most of the Department's research on AIDS and infectious disease and on international health.

The Department also has programs that serve as support groups for specified academic pursuits, and it has three centers and a consulting unit.

- The Institute for Human Genetics (Dr Risch, Director; Dr Witte, Associate Director) serves as a focal point for campus-wide activities in human genetics and has faculty members spanning three schools; Medicine, Nursing and Pharmacy.
- The Program in International Health (Dr Rutherford, Head) supports UCSF courses, the Global Health Area of Concentration Program and multi-university discussion groups that address the global burden of disease and global approaches to health improvement. Dr. Novotny also directs the Office of International Programs in the School of Medicine, which coordinates opportunities for medical students to work internationally.
- The Biostatistics Research Program (Dr Neuhaus, Head) promotes intellectual exchange and collaboration on the design and analysis of studies involving longitudinal, cluster, and survival data. The Program convenes seminars, discussions of work in progress and a journal club, it promotes grant development in the area of biostatistical methodology, and it sponsors visiting scholars..
- The Center for Bioinformatics and Molecular Biostatistics (CBMB) (Dr Segal, Head) develops data analytic methods required to make sense of the large data volumes generated by the emerging techniques of molecular biology. The center forms partnerships with other campus groups to carry out research in this area; recruits fellows and junior faculty and helps to retrain interested existing faculty, and contributes to cam-

Source: Epidemiology and Biostatistics website, 8/10/2009

pus-wide bioinformatics teaching.

• The San Francisco Coordinating Center is a collaborative enterprise that draws on scientists at UCSF and CPMC to design and manage multi-center clinical trials and longitudinal studies of health, aging, osteoporosis, and cardiovascular disease. Teams are responsible for scientific design and direction, data collection and management, data analysis and publications, and quality control components of complex multi-center studies.

Source: Epidemiology and Biostatistics website, 8/10/2009

FY 2009-10 Headcount as of 4/1/10 EPIDEMIOLOGY AND BIOSTATISTICS

Grand	Part Time Total	11 150
Academic	Full Time   Part	58
Staff	Part Time   Full Time	11
St	Full Time	02

Source: UCSF Human Resources

Permanently Budgeted FTEs EPIDEMIOLOGY AND BIOSTATISTICS

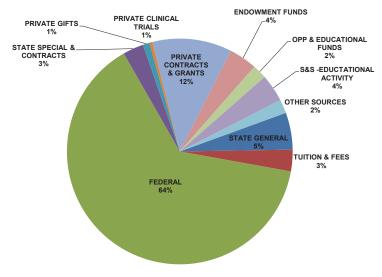
	FY 2005-06	90-	FY 2006-07	-07	FY 2007-08	-08	FY 2008-09	60-	FY 2009-10	-10
Permanent Budget Account Title	Academic Staff	Staff	Academic Staff Academic Staff	Staff	Academic	Staff	Academic Staff	Staff	Acad	Staff
BIOSTATISTICS-EPIDEMIOLOGY		8.58		8.58		8.58		8.05		8.05
EPID/BIOSTATS-PREVENTION SCIENCES		19.18		8.35		5.81		6.03		6.46
MS-EPIDEMIOLOGY & BIOSTATISTICS	6.43	7.12	6.43	7.00	6.43	7.00	6.43	7.00	6.43	5.26
ORG ACT-EPIDEMIOLOGY & BIOSTAT	1.37	19.02	1.37	7.94	1.37	8.31		7.96		8.06
PMR-EPIDEMIOLOGY	1.00	0.14	1.00	0.14	1.00	0.14	1.00	0.14	1.00	0.14
PROG RELATED COSTS-MASTERS CLIN EPI	2.22	1.58	2.22	1.58	1.40	1.58	1.53	0.05	1.28	1.28 0.10
Total:	11.02	1.02 55.62	11.02	11.02 33.59	10.20	10.20 31.42	96'8	8.96 29.23	8.71	28.07

## Total Expenditures by Fund Source EPIDEMIOLOGY AND BIOSTATISTICS

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$1,454,209	\$1,445,085	\$1,497,650	\$1,848,161	\$1,355,910	-6.8%
TUITION & FEES	\$701,078	\$674,315	\$867,213	\$734,705	\$789,393	12.6%
FEDERAL	\$11,429,057	\$14,654,011	\$14,816,928	\$15,625,034	\$16,331,464	42.9%
STATE SPECIAL & CONTRACTS	\$1,736,519	\$1,346,334	\$1,378,206	\$1,390,718	\$758,181	-56.3%
LOCAL GOVERNMENT	\$34,910	(\$10,131)	\$0	\$3,203	\$0	-100.0%
PRIVATE GIFTS	\$358,954	\$656,248	\$654,858	\$390,612	\$242,502	-32.4%
PRIVATE CLINICAL TRIALS	\$844,191	\$796,882	\$373,716	\$1,824,484	\$108,592	-87.1%
PRIVATE CONTRACTS & GRANTS	\$2,764,645	\$2,935,347	\$2,246,057	\$3,319,167	\$2,913,955	5.4%
ENDOWMENT FUNDS	\$522,334	\$769,162	\$731,666	\$957,042	\$1,024,911	96.2%
OPP & EDUCATIONAL FUNDS	\$220,494	\$615,664	\$557,042	\$585,018	\$522,232	136.8%
S&S -EDUCTATIONAL ACTIVITY	\$222,081	\$839,635	\$59,826	\$407,952	\$1,008,312	354.0%
OTHER SOURCES	\$518,093	\$209,266	(\$614)	(\$1,196,771)	\$503,593	-2.8%
RESERVES	\$133,894	\$0	\$31,570	\$0	\$0	-100.0%
Total:	\$20,940,459	\$24,931,819	\$23,214,119	\$25,889,325	\$25,559,045	22.1%

Source: UCSF Budget & Resource Management

#### Expenditures by Fund Source Epidemiology and Biostatistics FY 2009-10



## Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 EPIDEMIOLOGY AND BIOSTATISTICS

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$16,331,464	\$12,280,343	\$2,655,141	21.62%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$530,385	\$529,461	\$85,230	16.10%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$108,592	\$100,393	\$21,371	21.29%
Private Contracts & Grants	\$2,913,955	\$2,582,170	\$615,632	23.84%
Total:	\$19,884,397	\$15,492,367	\$3,377,374	21.80%

Source: UCSF Budget & Resource Management

#### Financial Schedule 8C - FY 2009-10 Current Funds Expenditures EPIDEMIOLOGY AND BIOSTATISTICS (Dollars in Thousands)

		Current Funds Unrestricted Restricted		Distribution			
	Total			Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
·		General	Designated				
Instruction	1,959	721	1,238	0	1,427	532	0
Research	2,096	0	153	1,943	851	1,246	1_
Total	4,055	721	1,391	1,943	2,278	1,778	1

Source: UCSF Controller's Office - 9/30/2010

#### DEPARTMENT OF MICROBIOLOGY AND IMMUNOLOGY

- Interim Chair Lanier, Lewis, Ph.D.
- Business Officer Kure, Larisa D.
- Website http://www.ucsf.edu/micro/

#### Message from the Interim Chair, Dr. Lewis Lanier:

The Department of Microbiology and Immunology is one of five "wet-bench research" basic science departments within the School of Medicine. It has 17 full-time primary faculty members, including 1989 Nobel Prize winner, J. Michael Bishop, who is also UCSF's ex-Chancellor, and Frank McCormick, Director of the UCSF Helen Diller Comprehensive Cancer Center. The department's missions include: scientific research in areas related to infectious disease, microbial pathogenesis, immunology, and cancer; teaching microbiology and immunology to professional students in Medicine, Pharmacy, and Dentistry; graduate education leading to the Ph.D. degree in the Biomedical Sciences (BMS) and "Tetrad" graduate programs; and advanced research training of postdoctoral fellows. Individuals interested in doing graduate work in immunology, microbiology, virology, parasitology, or cancer research at UCSF should apply to one or more of these graduate programs. Individuals interested in postdoctoral opportunities within the department should contact the faculty directly.

The research laboratories of the department are located at both of the main UCSF campuses, Parnassus Heights and Mission Bay and their activities span a wide range of modern biomedical science. Further information can be found in the links to each faculty member listed. There are also many UCSF faculty members who have a joint appointment with the department, reflecting close ties to either the research or teaching missions of the department; these individuals are also listed with links to further information.

The department serves as the administrative home for the Immunology Graduate Program, which is closely affiliated with the Biomedical Sciences (BMS) graduate program, and also for the Microbial Pathogenesis Program, which is closely affiliated with both the BMS and Tetrad graduate programs. Both of these programs draw upon faculty from many departments at UCSF and have a rich diversity of intellectual activities, which are open to members of the UCSF community.

Source: Microbiology and Immunology, 8/18/2009

FY 2009-10 Headcount as of 4/1/10 MICROBIOLOGY AND IMMUNOLOGY

Grand	Total	112
Academic	Part Time	23
Acac	Full Time	48
Staff	Part Time	5
St	Full Time	36

Source: UCSF Human Resources

Permanently Budgeted FTEs MICROBIOLOGY AND IMMUNOLOGY

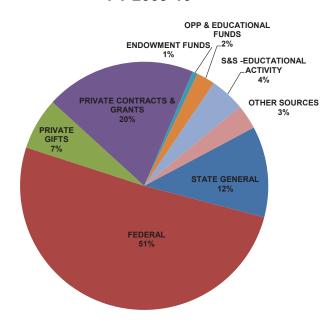
	FY 2005-06	90	FY 2006-07	22	FY 2007-08	80	FY 2008-09	60	FY 2009-10	9
Permanent Budget Account Title	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic	Staff	Academic	Staff	Academic	Staff	Academic	Staff
MICROBIO/IMMUNO ACADEMIC SUPPORT								0.04		0.17
MR-MICROBIOLOGY & IMMNUNOLOGY		0.20		0.35		0.25		0.25		
MS-MICROBIOLOGY & IMMUNOLOGY	13.92	6.93	13.92	6.93	13.92 6.93	6.93	13.92	5.93	13.92 4.37	4.37
Total:	13.92 7.13	7.13	13.92 7.28	7.28	13.92 7.18	7.18	13.92 6.22	6.22	13.92 4.54	4.54

## Total Expenditures by Fund Source MICROBIOLOGY AND IMMUNOLOGY

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$1,568,078	\$1,697,414	\$1,706,904	\$1,668,516	\$1,544,881	-1.5%
FEDERAL	\$6,753,642	\$6,830,550	\$7,036,471	\$5,778,217	\$6,626,498	-1.9%
STATE SPECIAL & CONTRACTS	\$36,106	\$23,694	\$0	\$0	(\$2)	-100.0%
PRIVATE GIFTS	\$862,751	\$616,120	\$1,101,005	\$1,552,063	\$881,309	2.2%
PRIVATE CONTRACTS & GRANTS	\$1,646,549	\$1,466,308	\$1,661,727	\$1,984,210	\$2,554,704	55.2%
ENDOWMENT FUNDS	\$29,429	\$106,385	\$99,415	\$46,304	\$87,550	197.5%
OPP & EDUCATIONAL FUNDS	\$227,212	\$254,224	\$276,197	\$291,280	\$312,053	37.3%
S&S -EDUCTATIONAL ACTIVITY	\$514,403	\$435,369	\$705,284	\$148,575	\$593,294	15.3%
OTHER SOURCES	\$6,156	\$60,783	(\$55,297)	\$131,387	\$415,779	6654.3%
RESERVES	\$10,379	\$5,769	\$0	\$39,636	\$0	-100.0%
Total:	\$11,654,704	\$11,496,615	\$12,531,707	\$11,640,186	\$13,016,064	11.7%

Source: UCSF Budget & Resource Management

#### Expenditures by Fund Source Microbiology and Immunology FY 2009-10



## Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 MICROBIOLOGY AND IMMUNOLOGY

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$6,626,498	\$5,365,750	\$2,866,656	53.43%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
<b>Private Clinical Trials</b>	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$2,554,704	\$2,031,862	\$584,520	28.77%
Total:	\$9,181,201	\$7,397,612	\$3,451,176	46.65%

Source: UCSF Budget & Resource Management

#### Financial Schedule 8C - FY 2009-10 Current Funds Expenditures MICROBIOLOGY AND IMMUNOLOGY (Dollars in Thousands)

			Current Fund	ls		Distribution	
	Total	Unre	stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
		General	Designated				
Instruction	2,509	1,460	696	353	1,750	760	0
Research	12,348	112	657	11,579	5,560	6,825	39
Total	14,857	1,572	1,353	11,932	7,310	7,585	39

Source: UCSF Controller's Office - 9/30/2010

## NIH Awards - FY 2009-10 MICROBIOLOGY AND IMMUNOLOGY

	Number	Amount
Research Grants*	26	\$10,431,612
Training Grants	3	\$1,126,895
Fellowships	1	\$52,154
Other Awards	0	\$0
R&D Contracts**	0	\$0
Total:	30	\$11,610,661

<sup>\*</sup>Does not include grants awarded under the American Recovery and Reinvestment Act (ARRA)

<sup>\*\*</sup>Not reported

#### DEPARTMENT OF PHYSIOLOGY

- Chair Julius, David J.
- Business Officer Sall, Susan Kay
- Website http://keck.ucsf.edu/physio/

#### Overview

UCSF's Department of Physiology discovers and promotes knowledge of how the human body functions through an understanding of cells, organs, and systems. Through the combined efforts of faculty, students, and staff, we strive to maintain a scientific community that fosters excellence in teaching and research, and which will train the next generation of scientists.

#### **Research Centers**

Department of Physiology faculty direct and/or participate in a number of leading research centers both on and off the UCSF campus. Among these research centers are:

- The W.M. Keck Foundation Center for Integrative Neuroscience
- The Sloan-Swartz Center for Theoretical Neurobiology
- The Gladstone Institute of Neurological Disease
- The Gallo Research Center
- The Wheeler Center for the Neurobiology of Addiction

#### **Graduate Program**

Graduate education by Department of Physiology faculty is carried out through their participation in interdepartmental graduate programs. The major graduate program in which Physiology faculty teach is in the Program in Biological Sciences (PIBS).

#### Program in Biological Sciences (PIBS

UCSF offers a rich variety of research opportunities in the biological sciences encompassing multiple different disciplines and departments. The graduate faculty at UCSF created the Herbert W. Boyer Program in Biological Sciences (PIBS) in order to give students access to the broadest possible range of research and to encourage interactions among faculty and students in different disciplines.

PIBS has allowed the creation of interdisciplinary graduate curricula rather than limiting students to studies in conventional departments. PIBS currently consists of five distinct programs offering

Source: Department of Physiology, 10/05/2009

the Ph.D. degree: Biophysics, Immunology, Neuroscience, Chemistry and Chemical Biology, and the Tetrad program composed of Biochemistry and Molecular Biology, Cell Biology, Developmental Biology, and Genetics; and one post graduate program - Molecular Medicine.

While the five Ph.D. programs differ in their emphasis and degree requirements, students admitted to any PIBS program can enroll in course work, attend retreats and carry out their thesis studies in any of the 150 labs affiliated with PIBS. Prospective students interested in PIBS should go to the links describing the individual graduate programs to determine which programs best fits their background and research interests.

#### Neuroscience Graduate Program

The Department of Physiology administers the Neuroscience Graduate Program (which is one of the PIBS programs). The Neuroscience Graduate Program admits applicants for the Fall quarter only. For information on the application process and deadline and to download application materials, please visit: http://www.ucsf.edu/neurosc/neuro admissions.html

Non-degree postdoctoral programs are also available for individuals who wish to obtain specialized research training in one of the fields of physiology represented by the Department.

#### Biomedical Sciences (BMS) Graduate Program

The Biomedical Sciences (BMS) Graduate Program trains students studying for the PhD degree.

The unique curriculum of the BMS program is designed to provide students with a wide range of opportunities for their development as biomedical researchers. In the first year of the program, students take courses, present in journal club, complete three laboratory rotations, and select a thesis laboratory. In the second year, students begin research in their thesis laboratories, take additional courses, present in journal club, serve as teaching assistants, and take their qualifying examinations. In later years students primarily focus on their thesis research and dissertation, although they may opt to take additional elective courses or participate in a wide range of other activities. Details of the academic program are given below.

#### Chemistry and Chemical Biology (CCB) Graduate Program

The Ph.D. program in Chemistry and Chemical Biology provides a background in modern chemistry that includes molecular thermodynamics, bioorganic chemistry, computational chemistry, structural biology and cell biology. The interdisciplinary study of molecules in living systems at a health science campus helps to integrate the traditional disciplines of chemistry and biology.

Source: Department of Physiology, 10/05/2009

FY 2009-10 Headcount as of 4/1/10 PHYSIOLOGY

St	Staff	Acac	Academic	Grand
Full Time	Part Time	Full Time   Part Time	Part Time	Total
25	3	65	25	118

Source: UCSF Human Resources

Permanently Budgeted FTEs PHYSIOLOGY

	FY 2005-06	90-	FY 2006-07	-07	FY 2007-08	-08	FY 2008-09	60-	FY 2009-10	10
Permanent Budget Account Title	Academic	Staff	Academic	Staff	Academic	Staff	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic Staff	Staff
MB019B GLASSWARE FACILITY RECHG		0.10		0.10		0.10		0.10		0.10
MED SCH-PHYSIOLOGY	21.20	10.80	21.20	6.80	21.20	8.80	25.20	10.43	24.50 7.45	7.45
MED-PHYSIO-ENDOCRINOLOGY	1.00	0.93	1.00	0.93	1.00	0.93				
MS-NEUROSCIENCE	3.00	2.35	3.00	2.35	3.00	2.35				
ORG ACTIVITY-PHYSIOLOGY		0.10		0.10		0.10		0.05		
Total:		25.20 14.28	25.20 10.28	10.28		25.20 12.28	25.20 10.58	10.58	24.50 7.55	7.55

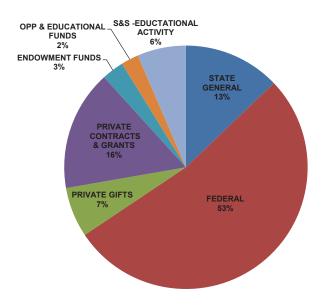
Source: UCSF Budget & Resource Management

Total Expenditures by Fund Source PHYSIOLOGY

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$2,079,650	\$2,101,913	\$2,592,629	\$2,480,429	\$1,760,587	-15.3%
TUITION & FEES	\$0	\$0	\$5,000	\$0	\$0	0.0%
FEDERAL	\$8,292,963	\$7,878,895	\$6,855,333	\$5,685,461	\$7,224,950	-12.9%
STATE SPECIAL & CONTRACTS	\$0	\$0	(\$881)	\$0	\$0	0.0%
PRIVATE GIFTS	\$607,180	\$660,487	\$596,546	\$941,422	\$909,912	49.9%
PRIVATE CONTRACTS & GRANTS	\$1,698,446	\$2,003,834	\$2,488,832	\$2,458,253	\$2,190,839	29.0%
ENDOWMENT FUNDS	\$38,266	\$222,439	\$159,693	(\$36,428)	\$403,303	954.0%
OPP & EDUCATIONAL FUNDS	\$246,503	\$300,534	\$346,360	\$303,609	\$318,818	29.3%
S&S -EDUCTATIONAL ACTIVITY	\$305,917	\$1,171,652	\$1,395,993	\$1,508,409	\$886,214	189.7%
OTHER SOURCES	\$6,222	(\$8,532)	(\$68,532)	(\$9,719)	\$4,854	-22.0%
RESERVES	\$0	\$13,260	\$0	\$0	\$0	0.0%
Total:	\$13,275,146	\$14,344,482	\$14,370,973	\$13,331,435	\$13,699,476	3.2%

Source: UCSF Budget & Resource Management

#### Expenditures by Fund Source Physiology FY 2009-10



## Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 PHYSIOLOGY

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$7,224,950	\$5,176,514	\$2,779,265	53.69%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$2,190,839	\$1,743,463	\$307,550	17.64%
Total:	\$9,415,789	\$6,919,977	\$3,086,815	44.61%

Source: UCSF Budget & Resource Management

#### Financial Schedule 8C - FY 2009-10 Current Funds Expenditures PHYSIOLOGY (Dollars in Thousands)

			Current Fund	ls		Distribution	
	Total	Unre	stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
		General	Designated				
Instruction	3,578	1,756	819	1,003	2,387	1,191	0
Research	8,593	5	53	8,535	4,158	4,436	0
Total	12,171	1,761	872	9,538	6,545	5,627	0

Source: UCSF Controller's Office - 9/30/2010

## NIH Awards - FY 2009-10 PHYSIOLOGY

	Number	Amount
Research Grants*	19	\$7,422,958
Training Grants	1	\$478,565
Fellowships	9	\$418,306
Other Awards	0	\$0
R&D Contracts**	0	\$0
Tota	: 29	\$8,319,829

<sup>\*</sup>Does not include grants awarded under the American Recovery and Reinvestment Act (ARRA)

<sup>\*\*</sup>Not reported

## **CLINICAL DEPARTMENTS**

#### DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE CARE

- Chair Maze, Mervyn, M.D.
- Business Officer O'Halloran, Marge
- Website http://www.anesthesia.ucsf.edu/external/index.html

#### **Mission Statement**

Excellence in all aspects of anesthesia, pain management, and perioperative care.

#### **History of the Department**

Prior to 1900, anesthesia was supervised and taught by faculty surgeons at both didactic and clinical levels. During the 1920s and 1930s, hospital-employed physicians provided anesthesia as a service function. Even at this early time, Dr. Chauncey Leake was performing pioneer investigative work on anesthetic agents in the Department of Pharmacology, and elective courses in clinical anesthesia were offered to medical students.

In 1940, the first faculty appointment in anesthesia was awarded, and in 1941, a Division of Anesthesia was created in the Department of Surgery. A formal residency program also was introduced at this time. The faculty consisted of 4 members, and there were 10 residency positions. The department provided anesthesia for operative procedures, consulting occasionally for intensive care and obstetric anesthesia. Research activity was minimal.

In 1958, Dr. Stuart C. Cullen became the first chairman of the new Department of Anesthesia and Perioperative Care. Dr. Cullen and his faculty developed a larger, more active residency program offering more broadly based clinical activity, including obstetric anesthesia, Intensive Care Unit, and anesthesia training at San Francisco General Hospital. In addition, undergraduate medical school student teaching began, and an active, productive research unit was developed. In June of 1966, Dr. Cullen left the chairmanship to become the Dean of the School of Medicine.

Dr. William K. Hamilton became chairman in 1967, and the department's growth continued. An anesthesia unit was established at the Veterans Administration Hospital and the Department assumed responsibility for the intensive care unit at San Francisco General Hospital. Anesthesia faculty began to participate in providing care on the pediatric and newborn intensive care units at the University Hospital. The research base was also broadened in both quality and depth. In 1983, Dr. Hamilton was appointed Vice Dean and Associate Dean for Postdoctoral and Clinical Affairs, and in 1984, Dr. Ronald D. Miller succeeded him as Professor and Chairman.

Source: Anesthesia and Perioperative Care website, 7/27/2008

Currently, the Department of Anesthesia and Perioperative Care has over 100 faculty, 72 residents in clinical training, and 15 research-trainees and fellows. In addition to the University Hospital, very active units of the department exist at San Francisco General Hospital Medical Center, the Veterans Affairs Medical Center, and UCSF/Mount Zion Medical Center. Many members of the department have joint appointments in basic sciences and other clinical departments.

Our faculty have a major influence on our specialty both nationally and internationally, including NIH study sections, NIH funding, FDA and Editorial Boards.

Many of the graduates of our program hold full-time academic university positions. A number of our graduates have been or currently are chairmen of academic departments of anesthesia. The majority of our graduates have become prominent clinicians in private practice, many of whom assume leadership roles in their hospital, community, state, and/or national organizations. Clearly, the success of our graduates over the last 50 years, confirms the commitment our Department has to its residency.

Source: Anesthesia and Perioperative Care website, 7/27/2008

FY 2009-10 Headcount as of 4/1/10 ANESTHESIA AND PERIOPERATIVE CARE

Caree	Career Staff	Acac	Academic	Grand
Full Time	Part Time	Full Time	Part Time	Total
96	40	151	16	303

Source: UCSF Human Resources

Permanently Budgeted FTEs ANESTHESIA AND PERIOPERATIVE CARE

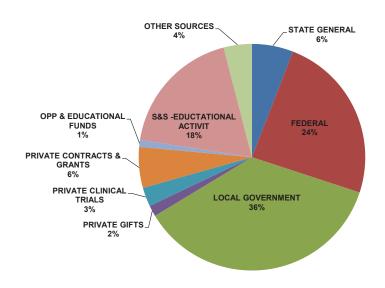
	FY 2005-06	90	FY 2006-07	20	FY 2007-08	80	FY 2008-09	60	FY 2009-10	10
Permanent Budget Account Title	Academic	Staff	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic Staff	Staff	Academic	Staff	Academic	Staff
MED SCH-ANAESTHESIA	12.00 1.00	1.00	12.00 1.00	1.00	12.00 1.00	1.00	12.00 0.77	0.77	12.00 0.00	0.00
ORG ACT-ANESTHESIA		0.19		0.03		0.03		0.03		0.03
Total:	12.00 1.19	1.19	12.00 1.03	1.03	12.00 1.03	1.03	12.00 0.80	0.80	12.00 0.03	0.03

Total Expenditures by Fund Source ANESTHESIA AND PERIOPERATIVE CARE

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$1,552,723	\$1,526,173	\$1,694,068	\$1,575,420	\$1,561,648	0.6%
TUITION & FEES	\$273,480	\$337,107	\$72,989	\$9,785	\$114,601	-58.1%
FEDERAL	\$7,002,764	\$7,100,587	\$7,146,561	\$7,388,361	\$6,392,972	-8.7%
STATE SPECIAL & CONTRACTS	(\$877)	\$0	\$35,355	\$42,442	\$55,525	-6428.6%
LOCAL GOVERNMENT	\$6,441,667	\$7,458,888	\$8,430,384	\$9,382,446	\$9,613,169	49.2%
PRIVATE GIFTS	\$581,329	\$653,228	\$383,436	\$352,670	\$416,805	-28.3%
PRIVATE CLINICAL TRIALS	\$301,379	\$656,264	\$330,174	\$697,524	\$716,515	137.7%
PRIVATE CONTRACTS & GRANTS	\$680,186	\$1,262,314	\$1,687,543	\$2,599,623	\$1,544,419	127.1%
ENDOWMENT FUNDS	\$98,271	\$142,483	\$82,842	\$77,558	\$131,000	33.3%
OPP & EDUCATIONAL FUNDS	\$219,201	\$234,161	\$255,697	\$250,653	\$265,758	21.2%
S&S -EDUCTATIONAL ACTIVITY	\$2,401,654	\$2,832,278	\$5,261,182	\$4,523,644	\$4,903,673	104.2%
OTHER SOURCES	\$150,417	\$114,566	\$295,416	\$781,766	\$1,066,489	609.0%
Total:	\$19,702,195	\$22,318,049	\$25,675,648	\$27,681,891	\$26,782,575	35.9%

Source: UCSF Budget & Resource Management

#### Expenditures by Fund Source Anesthesia and Perioperative Care FY 2009-10



## Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 ANESTHESIA AND PERIOPERATIVE CARE

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$6,392,972	\$5,677,022	\$2,579,325	45.43%
CIRM	\$55,294	\$55,294	\$29,969	54.20%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$9,613,169	\$9,613,169	\$0	0.00%
Private Clinical Trials	\$716,515	\$713,398	\$133,704	18.74%
Private Contracts & Grants	\$1,544,419	\$1,587,677	\$551,888	34.76%
Total:	\$18,322,370	\$17,646,560	\$3,294,886	18.67%

Source: UCSF Budget & Resource Management

# Financial Schedule 8C - FY 2009-10 Current Funds Expenditures ANESTHESIA AND PERIOPERATIVE CARE (Dollars in Thousands)

			Current Fund	ls		Distribution	
_	Total	Unre General	stricted  Designated	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
Instruction	4,804	1,548	2,873	383	32,108	2,022	29,326
Research _	8,709	14	(30)	8,725	5,098	3,611	0
Total	13,513	1,562	2,843	9,108	37,206	5,633	29,326

Source: UCSF Controller's Office - 9/30/2010

## NIH Awards - FY 2009-10 ANESTHESIA AND PERIOPERATIVE CARE

Γ	Number	Amount
Research Grants*	26	\$8,576,040
Training Grants	1	\$182,132
Fellowships	0	\$0
Other Awards	0	\$0
R&D Contracts**	0	\$0
Total:	27	\$8,758,172

<sup>\*</sup>Does not include grants awarded under the American Recovery and Reinvestment Act (ARRA)

<sup>\*\*</sup>Not reported

#### DEPARTMENT OF DERMATOLOGY

- Chair Wintroub, Bruce U. M.D.
- Business Officer Kenaani, Mounira
- Website http://www.dermatology.ucsf.edu/

#### **Mission Statement**

The mission of the Department is to be a world leader in the care of skin and patients with skin diseases through outstanding clinical service, education and training, and research.

Faculty in the Department work at a variety of locations within the UCSF system as well as at the affiliated San Francisco General Hospital and the San Francisco VA Medical Center. The Department is based at the Mount Zion campus and offers a wide range of specialty services in medical, pediatric, surgical and cosmetic dermatology. Patient care is also offered at UCSF's Parnassus campus.

Our physicians and staff provide a full range of diagnostic dermatopathology services. Our goal is to deliver quality, appropriate care to patients referred by dermatologists and physicians in all medical specialties.

#### **Patient Care**

Patient services are offered in the following areas:

- General Dermatology
- Pediatric Dermatology
- Melanoma/Pigmented Lesions
- Skin Cancer
- Specialty Practices
  - Autoimmune
  - Cutaneous T Cell Lymphoma
  - Environmental and Occupational Dermatology
  - Hair and Nail Disorders
  - HIV Dermatology
  - Organ Transplant/High Risk Skin Cancer Clinic
  - Psoriasis Day Care Center
  - Ulcer/Wound Care
  - Vascular Anomalies Conference

Source: Department of Dermatology, 8/24/2009

#### Research

Research in the UCSF Department of Dermatology reflects the wide range of faculty interests and expertise. Programs address key problems in skin biology and disease at the levels of the basic and clinical sciences, as well as health services and public policy. Research is conducted at a number of locations within UCSF and at the affiliated VA Medical Center and San Francisco General Hospital.

#### **Education**

The UCSF Department of Dermatology is a leader in the education of medical students, fellows, residents and practicing dermatologists.

#### Residency Program

The three-year training track focuses on developing strong clinical skills in the diagnosis and management of dermatologic disease. Residents rotate through clinical sites with very diverse patient populations and see an equally diverse range of skin disease. Residents' clinical curriculum provides in-depth exposure and instruction in multiple dermatologic subspecialties, including: dermatologic surgery, pediatric dermatology, dermatopathology, etc. Clinical training is coupled with a comprehensive daily didactic lecture series delivered by our highly recognized faculty. These curricula take full advantage of the rich clinical and basic science resources that UCSF has to offer, and are designed to produce an outstanding foundation of training for residents by the completion of the program.

#### Research Fellowships

- Clinical Hair Research
- HIV Dermatology
- Melanoma/Cutaneous Oncology
- Psoriasis

#### Post-Residency Fellowships

- Clinical Hair Research
- Dermatopathology
- Mohs Surgery
- Pediatric Dermatology

Source: Department of Dermatology, 8/24/2009

FY 2009-10 Headcount as of 4/1/10 DERMATOLOGY

St	Staff	Acac	Academic	Grand
Full Time	Part Time	Full Time	Part Time	Total
		, -	ļ	
19	3	51	17	90

Source: UCSF Human Resources

Permanently Budgeted FTEs DERMATOLOGY

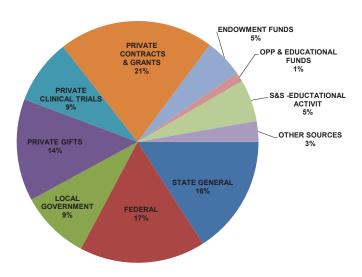
	FY 2005-06	90	FY 2006-07		FY 2007-08	98	FY 2008-09	60	FY 2009-10	10
Permanent Budget Account Title	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic	Staff	Academic	Staff	Academic	Staff	Academic	Staff
MED SCH-DERMATOLOGY	4.00	3.44	4.00	3.44	4.00	3.44	4.00	3.07	4.00	3.07
MR-DERMATOLOGY-PSORIASIS	0.50	5.63	0.50	5.63	0.50	5.63	0.50	5.63	0.50	4.43
Total:	4.50	9.07	4.50	9.07	4.50	9.07	4.50	8.70	4.50	7.50

## Total Expenditures by Fund Source DERMATOLOGY

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$1,263,037	\$1,589,736	\$1,630,695	\$1,852,119	\$1,413,478	11.9%
FEDERAL	\$2,628,882	\$2,353,499	\$2,045,580	\$1,893,598	\$1,492,207	-43.2%
STATE SPECIAL & CONTRACTS	\$0	\$118,355	\$6,738	(\$1,894)	\$0	0.0%
LOCAL GOVERNMENT	\$278,536	\$351,266	\$643,088	\$552,456	\$827,074	196.9%
PRIVATE GIFTS	\$893,952	\$866,179	\$1,038,970	\$1,302,634	\$1,210,335	35.4%
PRIVATE CLINICAL TRIALS	\$156,994	\$669,630	\$740,624	\$767,136	\$772,432	392.0%
PRIVATE CONTRACTS & GRANTS	\$1,306,874	\$1,254,859	\$1,378,593	\$1,627,005	\$1,841,594	40.9%
ENDOWMENT FUNDS	\$274,468	\$226,288	\$208,374	\$464,775	\$459,027	67.2%
OPP & EDUCATIONAL FUNDS	\$71,281	\$98,702	\$118,365	\$109,661	\$109,656	53.8%
S&S -EDUCTATIONAL ACTIVITY	\$1,425,430	(\$526,218)	\$804,407	(\$271,204)	\$500,160	-64.9%
OTHER SOURCES	\$12,545	(\$227)	\$23,923	\$239,642	\$245,379	1856.0%
Total:	\$8,311,999	\$7,002,067	\$8,639,358	\$8,535,928	\$8,871,341	6.7%

Source: UCSF Budget & Resource Management

## Expenditures by Fund Type Dermatology FY 2009-10



## Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 DERMATOLOGY

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$1,492,207	\$1,122,054	\$520,175	46.36%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$827,074	\$827,074	\$0	0.00%
Private Clinical Trials	\$772,432	\$736,532	\$179,189	24.33%
Private Contracts & Grants	\$1,841,594	\$1,841,557	\$301,376	16.37%
Total:	\$4,933,307	\$4,527,216	\$1,000,740	22.10%

Source: UCSF Budget & Resource Management

# Financial Schedule 8C - FY 2009-10 Current Funds Expenditures DERMATOLOGY (Dollars in Thousands)

			Current Fund	ls		Distribution	
	Total	Unre	stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
•		General	Designated				
Instruction	2,213	1,197	693	323	7,065	2,186	7,038
Research	5,486	217	13	5,256	3,168	2,317	0
Total	7,699	1,414	706	5,579	10,233	4,503	7,038

Source: UCSF Controller's Office - 9/30/2010

## NIH Awards - FY 2009-10 DERMATOLOGY

	Number	Amount
Research Grants*	3	\$622,722
Training Grants	1	\$236,390
Fellowships	0	\$0
Other Awards	0	\$0
R&D Contracts**	0	\$0
Total:	4	\$859,112

<sup>\*</sup>Does not include grants awarded under the American Recovery and Reinvestment Act (ARRA)

<sup>\*\*</sup>Not reported

#### DEPARTMENT OF EMERGENCY MEDICINE

- Chair Callaham, Michael A. M.D.
- Business Officer Massey, Carol E.
- Website http://emergency.ucsf.edu/dschool.ucsf.edu/

#### **Our Mission**

Welcome to the Department of Emergency Medicine at University of California, San Francisco. UCSF is among the leading academic health sciences institutions in the world, highly respected for the quality and scope of scientific activities, educational programs and patient care. The Department of Emergency Medicine is committed to delivering quality patient care, educating physicians in accordance with high professional standards, and generating knowledge from research that will alleviate suffering through the prevention and treatment of disease.

#### **Education**

The Department of Emergency Medicine is committed to the education of medical students, residents, and fellows. The UCSF-SFGH joint residency program, a four-year program, began in June 2008 with its first class of 12 residents. Our affiliated residency at UCSF-Fresno is a four-year program as well that has been training residents since 1974. Medical students, and residents from other specialties also rotate through our clinical departments. Faculty in the Department of Medicine are recognized as excellent clinical and bedside teachers, and are also actively involved in School of Medicine curriculum, serving as preceptors and mentors for students. A number of faculty are nationally recognized educators and members of the Academy of Educators at UCSF.

#### Research

UCSF's diverse intellectual and technological resources are the conduit for building a nationally recognized research program in Emergency Medicine. With our unique patient interface, ideal for translational research, we are in an unparalleled position to collaborate with colleagues in other academic departments and to produce research that shapes both clinical care and public policy. Our faculty have a wide range of research interests and welcome collaborations with established researchers as well as inquires from interested students and residents seeking research mentors.

Source: Department of Emergency Medicine website, 10/21/08

#### **Patient Care**

It is the mission of the Department of Emergency Medicine to serve our patients and to provide the highest level of medical care available. Emergency Medicine provides a dedicated team of physicians, nurses and other healthcare professionals to provide an extraordinary level of knowledge, skill and compassion to every patient we serve. All of our attending physicians are board certified in emergency medicine, and have a passion for what they do and are dedicated to caring for our patients. Our Emergency Departments are affiliated with the University of California, San Francisco School of Medicine and Medical Center, and are located on two different campuses: Moffitt-Long Hospital and San Francisco General Hospital. Faculty are present in the department 24 hours a day, 7 days a week, supervising care and providing bedside and didactic teaching.

Moffitt-Long completed a major renovation and is now a state of the art facility. Approximately 40,000 patients are treated here each year. We provide care for patients regardless of race, religion, or ability to pay. Our team of experts includes board certified emergency medicine specialists, who are trained to treat a wide array of urgent medical conditions. These range from the most complex problems, such as heart attacks, stroke, surgical complications, high risk obstetrics to more minor situations, including ankle sprains and lacerations. When medically necessary, medical specialists from all disciplines are available for consultations and treatment. We are a pediatrics receiving hospital and pediatricians are available 24 hours a day and are involved in the care of all children who visit the Emergency Department. In addition, the department's experienced nursing staff has specific training in emergency and critical care. Our faculty physicians have access to a full spectrum of diagnostic capabilities, including cardiac catheterization lab, stroke center, 64-slice CT scanner, digital radiology monitoring and bedside ultrasound, for the evaluation and emergent treatment of patients.

San Francisco General Hospital Emergency Department is the only Level-One Trauma Center for the City and County of San Francisco and northern San Mateo. The annual census is approximately 58,000, and the Emergency Department serves as a point of entry and triage for critically injured patients of all ages, in addition to a wide range of non-traumatic complaints for a predominantly underserved, urban population.

Source: Department of Emergency Medicine website, 10/21/08

## FY 2009-10 Headcount as of 4/1/10 EMERGENCY MEDICINE

St	aff	Acad	lemic	Grand
Full Time	Part Time	Full Time	Full Time   Part Time	
17	20	33	16	86

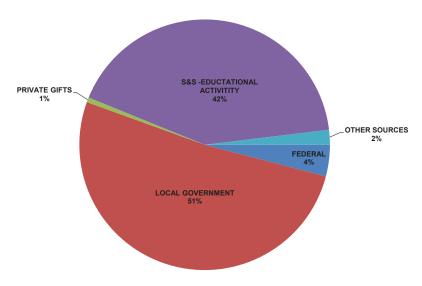
Source: UCSF Human Resources

#### Total Expenditures by Fund Source EMERGENCY MEDICINE

Fund Source	FY 2007-08 Year 1	FY 2008-09 Year 2	FY 2009-10 Year 3	% Change Year 1 to Year 2
STATE GENERAL	\$7,202	\$1,500	\$5,399	-25.0%
TUITION & FEES	\$24,521	\$5,145	\$3,525	-85.6%
FEDERAL	\$0	\$142,754	\$253,388	0.0%
STATE SPECIAL & CONTRACTS	\$0	\$0	(\$30)	0.0%
LOCAL GOVERNMENT	\$3,660,492	\$3,499,327	\$3,207,384	-12.4%
PRIVATE GIFTS	\$11,666	\$75,179	\$39,479	238.4%
PRIVATE CONTRACTS & GRANTS	\$11,417	\$12,753	\$22,285	95.2%
ENDOWMENT FUNDS	\$1,868	\$14,088	\$4,937	164.3%
OPP & EDUCATIONAL FUNDS	\$2,389	\$1,566	\$1,958	-18.0%
S&S -EDUCTATIONAL ACTIVITY	\$7,511,014	\$3,215,933	\$2,613,177	-65.2%
OTHER SOURCES	\$2,388	\$126,866	\$119,169	4889.6%
Tota	al: \$11,232,957	\$7,095,110	\$6,270,671	-44.2%

Source: UCSF Budget & Resource Management

#### Expenditures by Fund Source Emergency Medicine FY 2009-10



## Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 EMERGENCY MEDICINE

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$253,388	\$253,388	\$40,395	15.94%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$3,207,384	\$3,207,384	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$22,285	\$22,285	\$2,016	9.04%
Total:	\$3,483,057	\$3,483,057	\$42,411	1.22%

Source: UCSF Budget & Resource Management

#### Financial Schedule 8C - FY 2009-10 Current Funds Expenditures EMERGENCY MEDICINE (Dollars in Thousands)

			Current Fund	ls		Distribution	Distribution	
	Total	Unre	stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers	
		General	Designated					
Instruction	(391)	0	(495)	104	4,560	1,466	6,417	
Research	207	5	0	202	163	44	0	
Total	(184)	5	(495)	306	4,723	1,510	6,417	

Source: UCSF Controller's Office - 9/30/2010

#### DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE

- Chair Grumbach, Kevin, M.D.
- Business Officer Mozesson, Judith
- Website http://www.familymedicine.medschool.ucsf.edu/

#### **Mission Statement**

Our department's mission is to educate students and residents in family medicine with an emphasis on meeting the needs of the economically disadvantaged and the medically underserved; to advance knowledge in family and community medicine; and develop methods of primary care that are effective, efficient, and accessible to all people.

#### Education

The Department of Family and Community Medicine plays a leading role in a full continuum of educational programs at UCSF.

- Our faculty ensures that every UCSF medical student is taught fundamental generalist clinical skills and patient-centered primary care.
- We emphasize preparation of culturally competent family physicians to meet the needs of underserved communities through a family practice residency training program at San Francisco General Hospital and three other affiliated family practice residencies in Northern California
- We are training the next generation of academic leaders in family and community medicine through family medicine postdoctoral research and faculty development fellowships.
- We provide continuing medical education courses and other educational support to practicing physicians and health professionals.

#### Research

The Department of Family and Community Medicine is internationally recognized for our pioneering research programs in primary care and community health. Many of our research activities are multidisciplinary involving faculty members from other departments in the UCSF School of Medicine as well as Nursing, Dentistry and Pharmacy and the UC Berkeley School of Public Health.

Source: Family and Community Medicine website, 7/27/2008

We receive over \$15 million annually in research grants funding a wide array of research programs, including:

- Evaluations of innovative tools to improve the quality of care in primary care practice.
- Studies to elucidate and reduce health disparities associated with race, ethnicity and social class.
- Research on family dynamics and patient-physician communication in chronic illness.
- Research on health workforce diversity and policies to address the maldistribution of physicians, nurses and other health professionals.

#### **Patient Care**

Family and Community Medicine faculty take care of the primary care needs of patients of all ages. Many of our faculty deliver babies. Faculty see patients at the following locations in San Francisco:.

- UCSF Family Medicine Center at Lakeshore 1569 Sloat Blvd., Suite 314
- UCSF Senior Medical Center at Lakeside (Practice limited to Geriatrics)
   2501 Ocean Avenue
- Family Health Center San Francisco General Hospital 995 Potrero Ave., Bldg 80

#### **Community Service**

Community is an integral part of the Department of Family and Community Medicine. Our philosophy of education and research emphasizes community engagement and public service. Our Department plays a leadership role in:

- Directing national and global programs to assist community providers to develop greater expertise in HIV care;
- Providing technical assistance to government agencies, community based organizations, and foundations;

Source: Family and Community Medicine website, 7/27/2008

- Organizing a UCSF Community Partnership Resource Center to promote collaborative activities with underserved neighborhoods in San Francisco; and
- Developing innovative training models in Community Oriented Primary Care (COPC).
  - \* Action Plan Project
  - \* Community Partnership Resource Center
  - \* San Francisco Hepatitis B Collaborative
  - \* AIDS Education & Training Center (AIDS ETC)
  - \* Correctional Medicine Consultation Network (CMCN)
  - \* National HIV/AIDS Clinicians' Consultation Center

Source: Family and Community Medicine website, 7/27/2008

FY 2009-10 Headcount as of 4/1/10 FAMILY AND COMMUNITY MEDICINE

St	Staff	Acao	Academic	Grand
Full Time	Part Time	Full Time	Part Time	Total
70	39	53	17	179

Source: UCSF Human Resources

Permanently Budgeted FTEs FAMILY AND COMMUNITY MEDICINE

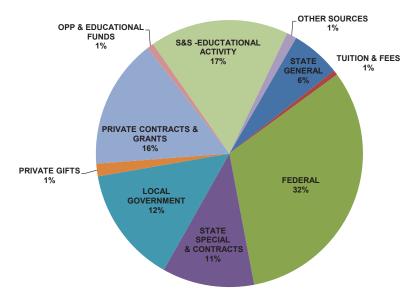
	FY 2005-06	9	FY 2006-07	07	FY 2007-08	8	FY 2008-09	60	FY 2009-10	10
Permanent Budget Account Title	Academic Staff Academic Staff Academic Staff Academic Staff Academic Staff	Staff	Academic	Staff	Academic	Staff	Academic	Staff	Academic	Staff
MED SCH-FAMILY & COMMUNITY MEDICINE	9.00 6.91	5.91	9.00 6.76	92.9	9.00 6.61	6.61	9.00 5.37	5.37	9.00 3.72	3.72
ORG ACT-FAMILY & COMMUNITY MEDICINE						0.15		0.15		0.15
PROF SERV-FAM & COMM MED-SFGH	J	0.15		0.15		0.15		0.15		0.15
Total:	9.00 7.06	90'2	9.00	9.00 6.91	9.00 6.91	6.91	9.00 5.67	2.67	9.00 4.02	4.02

## Total Expenditures by Fund Source FAMILY AND COMMUNITY MEDICINE

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$1,455,788	\$1,509,580	\$1,581,418	\$1,514,775	\$1,404,051	-3.6%
TUITION & FEES	\$343,742	\$425,493	\$569,316	\$513,720	\$139,658	-59.4%
FEDERAL	\$8,322,353	\$7,600,620	\$7,639,394	\$8,318,542	\$7,517,037	-9.7%
STATE SPECIAL & CONTRACTS	\$2,309,924	\$4,149,300	\$6,211,346	\$8,336,713	\$2,610,204	13.0%
LOCAL GOVERNMENT	\$1,522,666	\$2,193,234	\$2,753,431	\$3,426,469	\$3,297,111	116.5%
PRIVATE GIFTS	\$49,494	\$162,476	\$205,783	\$166,011	\$360,034	627.4%
PRIVATE CONTRACTS & GRANTS	\$2,011,053	\$1,868,052	\$2,072,031	\$2,487,857	\$3,679,084	82.9%
ENDOWMENT FUNDS	\$20,419	\$49,326	\$161,214	\$117,108	\$99,071	385.2%
OPP & EDUCATIONAL FUNDS	\$456,920	\$433,276	\$412,727	\$425,293	\$189,132	-58.6%
S&S -EDUCTATIONAL ACTIVITY	\$1,791,707	\$1,624,755	\$2,173,569	\$2,491,290	\$3,938,991	119.8%
OTHER SOURCES	\$5,891	\$1,729	\$60	(\$399)	\$281,471	4677.6%
Total:	\$18,289,957	\$20,017,841	\$23,780,290	\$27,797,380	\$23,515,844	28.6%

Source: UCSF Budget & Resource Management

## Expenditures by Fund Type Family and Community Medicine FY 2009-10



## Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 FAMILY AND COMMUNITY MEDICINE

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$7,517,037	\$4,613,339	\$674,636	14.62%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$2,532,461	\$1,997,449	\$285,350	14.29%
Local Government	\$3,297,111	\$3,267,098	\$14,090	0.43%
Private Contracts & Grants	\$3,679,084	\$3,277,882	\$395,902	12.08%
Total:	\$17,025,694	\$13,155,768	\$1,369,978	10.41%

Source: UCSF Budget & Resource Management

#### Financial Schedule 8C - FY 2009-10 Current Funds Expenditures FAMILY AND COMMUNITY MEDICINE (Dollars in Thousands)

			Current Fund	S Distribution			
	Total	Unre	stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
		General	Designated				
Instruction	\$7,052	\$1,404	\$959	\$4,689	\$6,096	\$944	(\$12)
Research	\$3,743	\$0	\$308	\$3,435	\$1,691	\$2,052	\$0
Total	\$10,795	\$1,404	\$1,267	\$8,124	\$7,787	\$2,996	(\$12)

Source: UCSF Controller's Office - 9/30/2010

## NIH Awards - FY 2009-10 FAMILY AND COMMUNITY MEDICINE

	Number	Amount
Research Grants*	4	\$1,298,619
Training Grants	0	\$0
Fellowships	0	\$0
Other Awards	0	\$0
R&D Contracts**	0	\$0
Total:	4	\$1,298,619

<sup>\*</sup>Does not include grants awarded under the American Recovery and Reinvestment Act (ARRA)

<sup>\*\*</sup>Not reported

### DEPARTMENT OF LABORATORY MEDICINE

- Chair Lowell, Clifford A., M.D., Ph.D.
- Business Officer Hang, Tony Huoi
- Website http://labmed.ucsf.edu/

The Department of Laboratory Medicine at the University of California at San Francisco is dedicated to clinical service, research and teaching.

The Department of Laboratory Medicine oversees the Clinical Laboratories at the Moffit-Long, Mt. Zion, San Francisco VA and San Francisco General Hospital & Trauma Center. The Clinical Laboratories perform a large menu of diagnostic laboratory analyses in hematology, immunology, microbiology, transfusion medicine, molecular diagnostics, molecular pathology genetics, metabolism, toxicology, cytogenetics, and chemistry. Each hospital is served by a Clinical Laboratory at their site; with an additional a large central Laboratory is located at the UCSF China Basin facility.

The Department has over 50 faculty engaged in biomedical research. The research interests of the faculty include hematology/ thrombopoiesis, sexually-transmitted diseases, transfusion related disease, immunology/AIDS, neurovirology, cancer genetics and cytogenetics, molecular mechanisms of hypertension, metabolism and obesity. Research faculty within the Department are located at the four affiliated hospitals, Blood Center of Pacific, Lawrence Berkeley Laboratories, as well as at the China Basin facility. Each faculty research group is staffed by students, post-doctoral research fellows and technical staff, with most of the faculty participating in the major research Programs at UCSF.

The major Teaching mission of the Department is directed to residents in the combined, ACGME accredited, Anatomic and Clinical Pathology Program run jointly with the Department of Pathology. Each year 12-15 residents rotate through the different sections of the Clinical Laboratories at the various hospitals and gain hands-on experience in interpretation and utilization of diagnostic tests. Laboratory Medicine also offers one-year Clinical Laboratory Specialist Training Programs in Clinical Chemistry, Immunology, Hematology, Immunohematology, Cytogenetics, Molecular Diagnostics, Molecular Pathology, Phlebotomy, and Microbiology. Course work will prepare students to independently perform a wide array of laboratory tests in their chosen specialty. Using the newest methodologies and state of the art automated analyzers, graduates of the programs will provide the test results used in the detection, diagnosis and treatment of human diseases. Additionally, faculty in Laboratory Medicine are actively involved in teaching with the School of Medicine as well as graduate (PhD) level teaching in the basic science programs.

Source: Department of Laboratory Medicine, 9/3/2009

FY 2009-10 Headcount as of 4/1/10 LABORATORY MEDICINE

SI	Staff	Acac	Academic	Grand
Full Time	Part Time	Full Time	Part Time	Total
157	21	65	8	251

Source: UCSF Human Resources

Permanently Budgeted FTEs LABORATORY MEDICINE

	FY 2005-06	90-	FY 2006-07	-07	FY 2007-08	-08	FY 2008-09	60-	FY 2009-10	-10
Permanent Budget Account Title	Academic	Staff	Academic	Staff	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic Staff	Staff	Academic	Staff
CLINICAL LABS SFGH						8.56		8.56		8.56
MED SCH-LABORATORY MEDICINE	8.50	9.23	8.50	8.50 9.23	8.50	9.23	8.50	8.86	8.50	8.05
S/M LAB MEDICINE		1.00					0.35	0.70	2.04	1.10
Total:		8.50 10.23	8.50	8.50 9.23	8.50	8.50 17.79	8.85	8.85 18.12	10.54	10.54 17.71

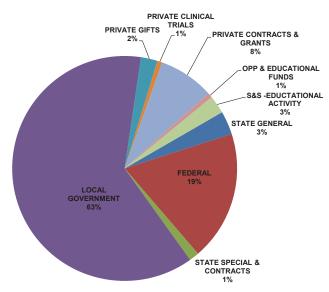
Source: UCSF Budget & Resource Management

# Total Expenditures by Fund Source LABORATORY MEDICINE

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$1,353,448	\$1,390,845	\$1,522,865	\$1,338,874	\$1,072,636	-20.7%
FEDERAL	\$5,318,049	\$5,490,646	\$4,892,960	\$6,415,169	\$5,931,561	11.5%
STATE SPECIAL & CONTRACTS	\$84,348	(\$6,687)	\$168,929	\$242,214	\$447,459	430.5%
LOCAL GOVERNMENT	\$0	\$0	\$18,802,713	\$19,609,065	\$19,788,507	0.0%
PRIVATE GIFTS	\$364,074	\$586,398	\$608,199	\$347,314	\$754,893	107.3%
PRIVATE CLINICAL TRIALS	\$53,547	\$327,048	\$68,548	\$164,214	\$224,284	318.9%
PRIVATE CONTRACTS & GRANTS	\$944,793	\$1,363,590	\$1,656,500	\$2,775,990	\$2,537,384	168.6%
ENDOWMENT FUNDS	\$113,505	\$147,288	\$23,278	\$8,523	\$126,250	11.2%
OPP & EDUCATIONAL FUNDS	\$197,423	\$204,459	\$193,099	\$193,730	\$218,762	10.8%
S&S -EDUCTATIONAL ACTIVITY	(\$299,328)	(\$407,720)	\$540,173	\$126,862	\$822,982	-374.9%
OTHER SOURCES	(\$34,805)	\$11,127	\$10,326	\$131,709	\$120,096	-445.1%
Total:	\$8,095,056	\$9,106,994	\$28,487,589	\$31,353,665	\$32,044,815	295.9%

Source: UCSF Budget & Resource Management

### Expenditures by Fund Source Laboratory Medicine FY 2009-10



Source: UCSF Budget & Resource Management

## Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 LABORATORY MEDICINE

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$5,931,561	\$3,107,063	\$1,432,062	46.09%
CIRM	\$317,580	\$317,580	\$172,128	54.20%
Other State Contracts	\$129,879	\$84,237	\$21,059	25.00%
Local Government	\$19,788,507	\$19,730,302	\$0	0.00%
Private Clinical Trials	\$224,284	\$223,177	\$33,315	14.93%
Private Contracts & Grants	\$2,537,384	\$2,081,604	\$617,163	29.65%
Total:	\$28,929,195	\$25,543,963	\$2,275,727	8.91%

Source: UCSF Budget & Resource Management

# Financial Schedule 8C - FY 2009-10 Current Funds Expenditures LABORATORY MEDICINE (Dollars in Thousands)

			Current Fund	ls		Distribution	
	Total	Unre	stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
		General	Designated				
Instruction	3,379	1,030	1,034	1,315	6,708	(1,668)	1,661
Research	8,574	43	140	8,391	3,067	5,506	0
Total	11,953	1,073	1,174	9,706	9,775	3,838	1,661

Source: UCSF Controller's Office - 9/30/2010

### **DEPARTMENT OF MEDICINE**

- Chair King, Talmadge E. M.D.
- Business Officer Chrisman, Maye
- Website http://medicine.ucsf.edu/

The Department of Medicine is divided into 18 divisions:

- Cardiology
- Clinical Pharmacology
- Endocrinology/Metabolism Endocrinology
- Experimental Medicine
- Gastroenterology
- General Internal Medicine
- Geriatrics
- Hematology/Oncology
- Hospital Medicine
- Infectious Diseases
- Lung Biology Center
- Medical Genetics
- Nephrology
- Occupational and Environmental Health
- Positive Health
- Prevention Science
- Pulmonary, Critical Care, Allergy and Sleep Medicine
- Rheumatology

### **Division of Cardiology**

Website: http://medicine.ucsf.edu/divisions/cardiology/

There are three separate Divisions of Cardiology, based at the UCSF Medical Center at Parnassus, the San Francisco General Hospital Medical Center, and the San Francisco VA Medical

Center. The Cardiology Division of the Department of Medicine is an integral part of the UCSF Medical Center Heart and Vascular Center, which is dedicated to the diagnosis and treatment, and eradication of heart and vascular disease through research. Despite declining death rates, heart and vascular disease is still the number one cause of death in industrialized nations.

The UCSF Cardiology Faculty Practice is using today's most sophisticated tools to diagnose heart and vascular disease in people who may be at high-risk, such as those with a family history of heart disease, high blood pressure, high cholesterol or those nearing middle age and worried about a lifestyle that has been harsh on the heart.

Screening in the UCSF Cardiology Faculty Practice consists of laboratory tests to measure the amounts of fats and cholesterol in the blood, and a combination of non-surgical imaging technologies that provide physicians a window into the heart. Also, the full range of heart disease prevention and treatment are available from drug therapy to invasive procedures and surgery.

Subspecialty sections of the Cardiology Division include electrophysiology (heart rhythm), heart failure/transplantation, pulmonary hypertension/lung transplantation, echocardiography, stress testing (ECG, nuclear, ultrasound) and advanced cardiac imaging (MRI and CT scan).

### **Clinical Services**

Clinical services include the outpatient Cardiology Faculty Practice, Cardiac Electrophysiology Service, inpatient Cardiology Service, inpatient Cardiology Consultations, Interventional Cardiology, and the Heart Failure/Transplantation Service.

### Research

Cardiology faculty are involved in a wide range of basic (laboratory) and clinical (patient) research. UCSF's strength over the years has been the investigation of new therapies for heart disease, such as catheter ablation of heart rhythm disturbances. More recently, we have begun to study the application of stem cells to the treatment of heart disease.

### Clinical Pharmacology & Experimental Therapeutics

Website: http://medicine.ucsf.edu/divisions/clinpharm/

The Division of Clinical Pharmacology & Experimental Therapeutics in the Department of Medicine, located at the San Francisco General Hospital campus, is an interdepartmental unit that engages in numerous research projects relating to smoking and health issues. Under the leadership of Dr. Neal Benowitz MD, an expert on smoking and health, and in particular, the human pharmacology of nicotine, the division conducts research projects that focus on the study of human pharmacology of nicotine, with an emphasis on nicotine addiction. Among the issues currently being explored and studied include (1) the role of nicotine in controlling cigarette smoking and the use of other forms of tobacco; (2) the pathways and genetics of nicotine metabolism and pharmacological activity of nicotine breakdown substances; (3) phamacogenetics of nicotine addiction treatment; (4) racial/ethnic differences in nicotine pharmacology and addiction; (5) assessment of exposure to tobacco smoke in smokers and people exposed to secondhand smoke; (6) nicotine based tobacco regulation interventions; and (7) studies of exposure to smoke constituents from Hookah smoking and other novel smoking products; The division also does research on drugs of abuse such as gamma hydroxybutyric acid (GHB) and dextromethorphan.

In addition, the Division of Clinical Pharmacology & Experimental Therapeutics also commits to teaching and patient care. The Clinical Pharmacology Service at SFGH serves both adult and pediatric patients. The major discharge/treatment diagnoses for Clinical Pharmacology services at SFGH include overdose from prescribed medications, herbal treatments, or substances of abuse, accidental poisoning from ingestion of toxic substances, toxic reactions to prescribed medications and poisoning from spider, insect or snake bites. The service also provides consultation on drug interaction and safety and the use and interpretation of levels of drugs in blood to guide optimal medical therapies.

The Division's teaching activities include the Therapeutics Course (Med 140.22), which is open for enrollment to 4th year medical students every October. This is one-month elective course held every year involves participation from approximately 30 faculty members, many from SFGH. Furthermore, the Postdoctoral Training Program, co-sponsored by the Departments of Medicine-SFGH and Biopharmaceutical Sciences, includes training in Clinical Pharmacology and Experimental Therapeutics, Medical Toxicology (ACGME accredited) and combined 3-year fellowship program with Occupational & Environmental Medicine.

### **Division of Endocrinology/Metabolism**

Website: http://medicine.ucsf.edu/divisions/endocrine/

Endocrinology is the study of hormones and the treatment of hormone based diseases. The endocrine glands produce chemicals called hormones. These hormones are released into the blood stream and then have their action by stimulating other organs in the body. The major endocrine glands are the thyroid, pancreas, adrenal and pituitary. The hormones from these glands regulate growth, metabolism, blood pressure, reproduction as well as many other necessary functions.

For over 50 years, the Divisions of Endocrinology, at UCSF Medical Center at Parnassus, the San Francisco General Hospital Medical Center, and the San Francisco VA Medical Center, have been international leaders in both clinical endocrinology and basic endocrine research.

Our goals remain simple. We bring the questions and unknowns from our patient's bedside to the research laboratory, to not only help improve our understanding of disease process, but to bring about new therapeutic modalities. We then bring the advances of the laboratory back to our patients.

Members of our divisions are world recognized and distinguished in their research and treatment of diabetes, osteoporosis, adrenal disease, thyroid disease and pituitary disease.

### **Division of Experimental Medicine**

Website: http://medicine.ucsf.edu/divisions/experimental/

The mission of the Division of Experimental Medicine, based at the San Francisco General Hospital Medical Center, is to understand the human immune system so that lifesaving therapies and vaccines can be developed to protect against chronic infectious diseases of global importance, such as HIV/AIDS; and to establish a training environment that fosters patient-oriented research, both here and abroad.

### **Division of Gastroenterology**

Website: http://medicine.ucsf.edu/divisions/gi/

The Department of Medicine's Gastroenterology Divisions, based at the UCSF Medical Center at Parnassus, the San Francisco General Hospital Medical Center, and the San Francisco VA Medical Center, includes 35 full-time faculty, 12 trainees, and 30 administrative and research staff at four different UCSF teaching hospitals. The Division is dedicated to the highest standards of clinical care and teaching, as well as to research leading to new approaches to the prevention, diagnosis, and treatment of gastrointestinal disease.

The Division of Gastroenterology specializes in the following:

- Diseases of the Liver and Biliary System
- Liver Transplantation
- Inflammatory Bowel Disease
- Cancer of the colon and Esophagus

- Obesity, Diabetes and the Liver Disease of Obesity
- Bowel Mobility Disorders

### **Division of General Internal Medicine**

Website: http://medicine.ucsf.edu/divisions/gim/

The Division of General Internal Medicine is located and managed at three campuses of the University of California, San Francisco: the UCSF Medical Center at Parnassus, the San Francisco General Hospital Medical Center, and the San Francisco VA Medical Center. Each site has its own uniqueness but all excel in the delivery of high quality, culturally sensitive and linguistically appropriate primary and preventive health care; conducting innovative, population-based and epidemiological research; and training the best doctors of the future.

### **Clinical Studies**

The Division of General Internal Medicine has a long history of clinical research by both our own investigators and non-DGIM investigators recruiting from our practice. Currently, in General Medical Practice (located on the main campus at UCSF) we follow approximately 18,000 patients who make approximately 40,200 annual patient visits. These patients are seen by 21 faculty physicians, 30 primary care resident physicians, 28 categorical resident physicians, and 5 nurse practitioners.

### **Residency Program**

The UCSF Primary Care/General Internal Medicine Residency is a three-year program designed to train internists in both ambulatory and hospital care. As a part of the Department of Medicine Residency Program at the University of California, San Francisco (UCSF), it combines intensive in-hospital training with structured training in ambulatory medicine in a general internal medicine group practice, in internal medicine subspecialties, and in non-internal medicine specialties essential to the practicing general internist. The primary care residency is fully integrated with the Department of Medicine's other internal medicine residency programs. The primary care residents and the general internal medicine faculty participate in all Department of Medicine teaching and service activities.

### **Division of Geriatrics**

Website: http://medicine.ucsf.edu/divisions/geriatrics/

### **Our Mission**

To improve the care of older persons through teaching, discovery, and the care of patients.

### **Our Vision**

To transform the lives of older persons worldwide.

### Who We Are

We are 50 faculty, fellows, and staff whose work is grounded in deep commitment to and respect for older persons, especially those who are ill or frail. We are a young, vital Division that values integrity, excellence, and preeminence in all we do. We work in the community and on virtually every UCSF campus –Parnassus, San Francisco VAMC, San Francisco General Hospital, Laurel Heights, Mission Bay, China Basin, and Lakeside Senior Medical Center.

### **Our Work**

As doctors, we care for patients in their homes and in hospitals, clinics, and long-term care settings. As teachers, we teach medical students, resident physicians, physicians in practice, and other learners, and we train the next generation of leaders of geriatric medicine. As scientists, we seek to understand the causes and outcomes of illness in older persons, and to improve their health and well-being.

### **Divisions of Hematology/Oncology**

Website: http://medicine.ucsf.edu/hemonc/

The faculty of the Divisions of Hematology and Medical Oncology, managed separately at the UCSF Medical Center at Parnassus, the San Francisco General Hospital Medical Center, and the San Francisco VA Medical Center, are dedicated to being leaders in the field of healthcare. Our faculty conduct over 10,000 patient visits and consults a year in five areas of specialization at four sites. Our standards for patient care are high and we strive to exceed those standards by understanding the fundamental importance of continuing the medical education of our faculty, utilizing the most up-to-date equipment and techniques, and pursuing vigorously high quality assurance standards through patient feedback and self-assessment.

Our Divisions excel in the pursuit of cutting-edge research in both basic science and clinical research science. In addition to extensive clinical research opportunities provided by our close relationship with the UCSF Comprehensive Cancer Center (the only one of its kind on the west coast), we have extensive support from the National Institute of Health and the National Cancer Institute. Our faculty are investigators on four Spore grants, prestigious national awards.

We have developed an exceptional educational program for our faculty and our fellows, both research and clinical and there is no clinical fellowship program like ours in the country. We offer a comprehensive curriculum that includes thorough didactic and practical training and provide

mentorship and advisement from the first day of fellowship. We maintain forums for feedback from our trainees that we are consistently evaluating and incorporating into our program and we offer specific and consistent guidance and support around research and professional development. We understand the exceptional potential of our trainees and work to create opportunities to propel the physician scientist to national prominence.

Our faculty are committed to serving as a resource for our community. We incorporate community outreach in our strategic goals for the Divisions. Our ultimate goal is to not only change the face of Cancer and Blood Disorders around the world but to change individual lives.

## **Divisions of Hospital Medicine**

Website: http://medicine.ucsf.edu/divisions/hospmed/

The Divisions of Hospital Medicine, located at the UCSF Medical Center at Parnassus and the San Francisco General Hospital Medical Center, are national leaders in clinical care, education, and research. Hospitalists care for inpatients on the general medicine service at the UCSF and SFGH Medical Centers, as well as on the general medical consult service and the palliative care service. In addition to their clinical work, the Divisions of Hospital Medicine focus on excellence in teaching, research, and systems improvement.

The divisions have achieved a remarkable number of "firsts" in hospital medicine:

- Coined the term hospitalist (in a 1996 article by Robert Wachter, MD, and Lee Goldman, MD in the New England Journal of Medicine)
- Published the first peer-reviewed paper on hospitalists' positive impact on clinical care in JAMA
- Hosted the first hospital medicine CME course in 1997; the course remains the nation's most popular and is now in its 13th year.
- Edited the field's main textbook, Hospital Medicine
- Established the nation's first hospital medicine fellowship
- Established one of the most highly respected inpatient palliative care services in the United States, now the site of a national palliative care leadership center
- Edited the major case-based series on End of Life care in the United States, Perspectives of Care at the Close of Life, in JAMA
- Edited the first case-based series on medical errors ("Quality Grand Rounds" in the Annals of Internal Medicine), the popular journal on medical errors, AHRQ WebM&M and the federal medical errors portal, AHRQ Patient Safety Network, and wrote the

bestselling book on medical errors, Internal Bleeding: The Truth Behind Americas Terrifying Epidemic of Medical Mistakes

• Helped found the Society of Hospital Medicine; two of the society's first eight presidents (Drs. Wachter and Pantilat) are from UCSF, and two members of the group have received the society's Young Investigator Award (Drs. Auerbach and Shojania)

Over the past few years, articles describing the program have appeared in virtually every major medical publication, along with the New York Times, the LA Times, and the Washington Post.

### **Division of Infectious Diseases**

Website: http://medicine.ucsf.edu/divisions/id/

The Division of Infectious Diseases at UCSF is an academic division in the Department of Medicine with both a clinical and research focus. We have 3 main sites (UCSF Medical Center, San Francisco General Hospital, and the San Francisco Veterans Affairs Medical Center) and have affiliations with institutions including the San Francisco Department of Public Health, UC Berkeley's School of Public Health and the Training in Malaria Research in Uganda Program. We offer a rigorous fellowship program with Clinical Research and Basic Science Research tracts dedicated to producing physician-scientists of an exceptional caliber. We have a top-notch research community within the division, with extensive NIH and private foundation support. We have several patient care in-patient and out-patient outlets with services including UCSF's Positive Health Practice and the Women's Interagency HIV Study.

### **Mission Statement**

Our mission is to maintain the high standard of excellence associated with UCSF by delivering outstanding patient care, developing cutting edge research and providing some of the best Infectious Diseases training in the world.

### **Lung Biology Center**

Website: http://medicine.ucsf.edu/divisions/lbc

The Lung Biology Center (LBC) is a research division in the Department of Medicine at the University of California, San Francisco. Its mission is to study important questions about diseases of the lung and airways through cellular and molecular biology. The division has facilities and faculty at the Mission Bay Campus and the San Francisco General Hospital Medical Center campus. The Lung Biology Center (LBC) studies the cellular and molecular mechanisms underlying common lung diseases, including asthma, pulmonary fibrosis, acute lung injury, chronic obstructive pulmonary disease and lung cancer. By creating an environment of collaboration among scien-

tists from multiple disciplines, the LBC is training the next generation of leaders in pulmonary biology and disease.

Current treatments of most common lung diseases are ineffective or toxic, in part due to limited understanding of the molecular events underlying these diseases. LBC scientists employ a wide range of approaches including basic cell and molecular biology, disease models and patient-based research to develop new insights into the biology of lung disease and new approaches for treatment.

### **Division of Medical Genetics**

Website: http://medicine.ucsf.edu/divisions/medgen/

The Division of Medical Genetics, based at the UCSF Medical Center at Parnassus, was created in 2004 to serve as a focus within the Department of Medicine for clinical care, scholarly research, and genetics education.

In the realm of clinical care, the Division provides an adult genetics inpatient consultation service as well as partnering with the Pediatric Genetics service in providing outpatient care and counseling to adults with rare, complex genetic disorders in themselves or their families. In addition, the Division's founding vision is to form strong partnerships with various subspecialties of internal medicine in order to develop specialized genetics-oriented clinics managed jointly by medical genetics and the subspecialty physicians. Such a partnership is beginning already in cardiovascular disorders with the launch of the Program in Cardiovascular Genetics within the UCSF Heart and Vascular Center that will focus on familial cardiomyopathies, familial arrhythmias, Marfan syndrome, and adults with corrected congenital heart defects. A similar partnership will begin soon with the highly successful and well-established Cancer Risk Program in the UCSF Cancer Center. Plans for joint clinical activities with the Memory and Aging Center, focusing on hereditary dementias, are also under development.

Scholarly research is a key component of the Division's activities. Research interests of the primary and adjunct members of the Division range from molecular and cellular biological studies of genetic disease to gene discovery to genetic epidemiology and clinical research. The Division is tightly integrated into the new UCSF Institute for Human Genetics.

Education in genetics is the third, important component of the Division's mission. Members of the Division partner with the Pediatric and Reproductive Genetics Divisions in training Genetics Residents and Fellows in the UCSF-Stanford Joint Fellowship, serve as faculty on the NIH-funded Genetics Training Grant, and have a primary role in teaching genetics in the medical school curriculum. Members of the Division are also heavily involved in graduate education in the genetics track of the Biomedical Sciences Graduate Program.

### **Division of Nephrology**

Website: http://medicine.ucsf.edu/divisions/nephrology/

The Division of Nephrology at the University of California, San Francisco has a long and distinguished history. Over the past four decades, UCSF has been a major source of leaders and investigators in nephrology at academic centers throughout the United States.

Our mission continues in this tradition: expanding the frontiers of basic and clinical investigation in nephrology, training the next generation of academic nephrology leaders and providing the highest level of patient care.

Current faculty members are based at the UCSF Medical Center at Parnassus, San Francisco General Hospital and the San Francisco VA Medical Center.

Active basic research programs focus on the regulation of sodium balance, regulation of epithelial ion transport, mechanisms of water transport in renal epithelia and pathology of renal matrix metabolism.

Clinical research programs include both database and patient-oriented studies in hypertension, chronic kidney disease, acute kidney injury and end-stage renal disease. Numerous UCSF faculty members outside of the Division with interest in kidney related research are also active members of our fellowship training program.

We also take great pride in the excellence of our clinical programs. UCSF Medical Center is one of the top performing institutions, providing over 300 kidney transplants per year (and over 9,000 since 1964). Members of the Division are active participants in numerous clinical trials, thus bringing cutting edge therapies interventions to the bedside.

## **Division of Occupational and Environmental Medicine**

Website: http://medicine.ucsf.edu/divisions/oem/

The Divisions of Occupational and Environmental Medicine, at the University of California San Francisco Medical Center at Parnassus and the San Francisco VA Medical Center, provides clinical services, consultation to industry and labor, conducts basic and applied research in occupational and environmental health, and trains health specialists in medicine, nursing, ergonomics, and industrial hygiene. The Division is a component of the Center for Occupational and Environmental Health (COEH), along with programs at the University of California Davis and Berkeley.

### **Positive Health**

Website: http://medicine.ucsf.edu/divisions/php/

From the first reports of the epidemic over 20 years ago, the UCSF Positive Health Program (PHP) at San Francisco General Hospital has led the world in defining best practices of clinical care in HIV/AIDS medicine.

PHP is an interdisciplinary, 501(c)3 non-profit organization providing specialized primary care to thousands of people in San Francisco living with HIV.

Every day in Building 80 on the San Francisco General Hospital, PHP serves hundreds of primary care patients and dozens of clinical trials volunteers. Primary care is provided on the sixth floor-Ward 86-and services include HIV clinical care, psychosocial support services and specialized programs to support healthy living.

The Positive Health Program has a major presence in the developing world training local providers and leading global research. PHP's faculty is among the most cited in scientific publications and conducts work in all major areas of HIV science.

PHP also produces CME-accredited education programs including a weekly HIV Grand Rounds lecture series and the annual Medical Management of AIDS conference now in its 22nd year.

All of PHP's staff commits to focusing first on patient wellbeing and to working towards a collective mission "to explore, learn, teach, heal and comfort."

### **Division of Preventions Science**

Website: http://medicine.ucsf.edu/divisions/caps/

The mission of the Division of Prevention Science (formerly the Center for AIDS Prevention Studies, or CAPS), based in the UCSF Medical Center at Parnassus and our administrative offices at 50 Beale Street, is to conduct domestic and international research to prevent the acquisition of HIV and to optimize health outcomes among HIV-infected individuals.

### **Divisions of Pulmonary and Critical Care Medicine**

Website: http://medicine.ucsf.edu/divisions/pulmonary/

The mission of the Pulmonary Division today is to continue to provide comprehensive medical care for the community, to develop innovative research aimed at elucidating basic mechanisms of disease, and to translate its research activities into both new clinical initiatives and a rich training environment for the next generation of academic physician scientists. Although the Pulmonary Division has one overall mission, it is inherently multi-dimensional. The Division is comprised

of three hospital sites, each of which emphasize different aspects of care for patients with lung disease. The Division is also intricately linked to the Cardiovascular Research Institute and the Immunology Program on the Parnassus campus and the Lung Biology Center on the San Francisco General Hospital campus. The 42 Division faculty have diverse interests and expertise.

The Pulmonary Division at UCSF has a long history of contribution to the care of patients with lung disease, of innovative research, and of training academic pulmonologists. The Division was developed in concert with the organization of the Cardiovascular Research Institute at UCSF by Julius Comroe in 1958. Dr Comroe, aside from developing and establishing much of modern pulmonary function testing, succeeded in attracting a cadre of strong scientists to UCSF, including John Severinghaus, John Clements, John Murray, and many others who subsequently contributed much to Pulmonary Medicine as it is known and practiced today. Clinical and research training have been an integral part of the Division and the CVRI since its earliest days. John Murray directed one of the earliest NIH training grants in pulmonary medicine beginning in 1966. Julius Comroe subsequently led this program into the 1970s while John Murray established a Pulmonary Section at the San Francisco General Hospital. Jay Nadel assumed the role as Director of the Research Training Grant in 1977 and continues now in this role. Since its inception the Research Training Program at UCSF has been continually funded by the National Institute of Health. Nearly a quarter of all academic pulmonologists in the United States have trained at UCSF.

In 2009, the Pulmonary Division at Parnassus was combined with the Allergy/Immunology Division. The Allergy/Immunology Practice provides outpatient consultative and continuous care, and inpatient consultative care, for the full range of allergic diseases, including asthma, allergic rhinitis, sinusitis, and dermatitis, for food allergies, urticaria, and anaphylaxis, and also for non-HIV disorders of immunodeficiency (common variable immunodeficiency, hypgammaglobulinemia, etc).

### **Divisions of Rheumatology**

http://medicine.ucsf.edu/divisions/rheum/

The mission of the Divisions of Rheumatology at UCSF is to provide outstanding cutting edge clinical care, to advance the discipline through clinical and basic research, and to train the next generation of academic rheumatologists. Our programs are located at three campuses of UCSF: the Parnassus Heights campus, the location of the Moffitt-Long Hospital; the Fort Miley Veterans Administration Center in the outer Richmond district; and the San Francisco General Hospital in the Mission District. Although physically separated, the programs are highly integrated and interactive.

The clinical programs at all three sites provide comprehensive and consultative clinical care to patients with rheumatologic diseases in the outpatient and inpatient settings. We provide care to patients with a wide spectrum of illnesses that characterize the rheumatologic diseases such as rheumatoid arthritis, systemic lupus erythematosus and the vasculitides. Our clinical services provide and have helped develop cutting edge new therapies.

The research programs span the spectrum of the most fundamental research questions that underlie the pathogenesis of rheumatologic diseases to research involving clinical trials of new therapies as well as studies of health care delivery systems. We now have unprecedented opportunities in basic research and in the availability of new therapeutics to address questions related to rheumatologic diseases. As a consequence we are experiencing a large expansion of our research programs. These comprehensive research programs are being funded by a wide range of sources including the National Institutes of Health, the Arthritis Foundation, the Howard Hughes Medical Institute, philanthropic efforts and industry. Philanthropic support of research efforts and educational programs is coordinated by The Rosalind Russell Medical Research Center for Arthritis which was established and sited at UCSF by an act of Congress.

The educational programs of the division involve teaching activities in the medical school, graduate school, internships, and residency programs and at the subspecialty fellowship level. We actively participate in continuing medical educational programs for physicians in practice. Our highly regarded subspecialty training program in rheumatology aims to produce outstanding scientists and physicians in the subspecialty of rheumatology.

FY 2009-10 Headcount as of 4/1/10 MEDICINE

St	Staff	Acac	Academic	Grand
Full Time	Part Time  Full Time  Part Time	Full Time	Part Time	Total
630	130	668	183	1,611

Source: UCSF Human Resources

Permanently Budgeted FTEs MEDICINE

	FY 2005-06	90-	FY 2006-07	-07	FY 2007-08	-08	FY 2008-09	60-1	FY 2009-10	-10
Permanent Budget Account Title	Academic Staff	Staff	Academic	Staff	Academic Staff	Staff	Academic	Staff	Academic	Staff
LUNG BIOLOGY CENTER-RECHARGE	0.03	3.81	0.03	3.81	0.30	0.49	0:30	0.49	0:30	0.39
MED RES-SPECIAL-METABOLIC	1.00		1.00		1.00		1.00		1.00	
MED SCH-MEDICINE-GENERAL	44.66	22.27	44.66	22.27	44.66	22.27	44.50	19.12	44.50	12.28
MED SCH-MEDICINE-SFGH		13.32		12.02		12.02		12.02		11.16
MR-MED-ONCOLOGY-CRI		1.45				1.45				
MR-MED-SPECIAL-CRI	0.50									
MR-MEDICINE-GENERAL		09.0		09.0		0.60		09.0		0.60
MR-MEDICINE-SFGH		0.09		0.09		0.09		0.09		
MR-MED-ONCOLOGY-CRI				1.45		1.45		1.4		1.33
MR-MED-SPECIAL-CRI			0.50		0.50		0.50		0.50	
ORG ACCT/MED	0.02	17.05	0.02	15.78	0.02	17.53		16.40		15.81
ORG ACT-DEPT MED-SFGH	0.40	9.75	0.40	10.25	1.50	10.00	1.50	10.00	1.50	10.00
ORG ACT-MED S F G HOSPITAL-GENERAL	0.32	3.90	0.32	3.82	0.31	5.50	0.31	5.50	90.0	4.68
PRO FEE-MED-SFGH-ERGONOMICS PROGRAM		1.15		1.15	0.20	2.80	0.20	2.80	0.20	2.80
PROF SER-MEDICINE-HERMATOL/ONCOLOGY									0.01	0.12
S/M OCCUPATIONAL HEALTH CENTER	8.10	4.01	8.10	4.01	8.10	4.01	8.10	4.01	8.10	3.42
S/M-MED-DESMOND-HELLMANN									1.00	
SFGH AIDS CLINIC		0.20		0.28		0.08		0.08		
Total:	55.03 77.60	77.60	55.03 75.53	75.53	56.59	56.59 78.29	56.41	72.52	57.17	62.29

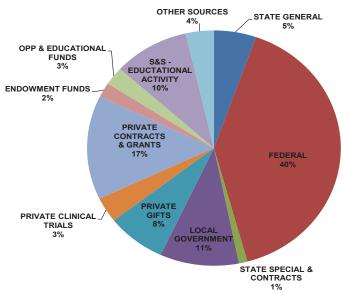
Source: UCSF Budget & Resource Management

# Total Expenditures by Fund Source MEDICINE

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$11,775,659	\$11,516,960	\$12,281,481	\$11,830,097	\$10,665,168	-9.4%
TUITION & FEES	\$292,117	(\$55,712)	\$530,593	\$301,608	\$318,732	9.1%
FEDERAL	\$79,779,228	\$76,285,248	\$71,657,955	\$73,445,570	\$79,959,611	0.2%
STATE SPECIAL & CONTRACTS	\$2,411,117	\$2,698,663	\$2,904,063	\$1,803,227	\$2,158,624	-10.5%
LOCAL GOVERNMENT	\$16,238,327	\$18,134,427	\$19,640,145	\$21,456,093	\$19,958,768	22.9%
PRIVATE GIFTS	\$13,576,685	\$13,716,887	\$15,559,021	\$16,055,387	\$14,978,140	10.3%
PRIVATE CLINICAL TRIALS	\$3,220,792	\$4,636,558	\$3,862,835	\$6,442,555	\$6,862,677	113.1%
PRIVATE CONTRACTS & GRANTS	\$22,955,587	\$25,764,887	\$27,310,696	\$33,370,239	\$28,332,213	23.4%
ENDOWMENT FUNDS	\$5,552,992	\$4,641,543	\$4,329,114	\$2,797,421	\$3,982,567	-28.3%
OPP & EDUCATIONAL FUNDS	\$2,947,442	\$3,116,727	\$3,144,079	\$6,002,021	\$4,960,590	68.3%
S&S -EDUCTATIONAL ACTIVITY	\$5,391,677	\$9,465,758	\$21,664,097	\$22,882,757	\$19,136,620	254.9%
OTHER SOURCES	(\$1,255,671)	\$439,663	\$500,032	\$3,612,005	\$7,125,178	-667.4%
RESERVES	\$28,873	(\$53,000)	(\$8,286)	\$32,343	\$104,564	262.2%
Total:	\$162,914,824	\$170,308,610	\$183,375,825	\$200,031,323	\$198,543,452	21.9%

Source: UCSF Budget & Resource Management

## Expenditures by Fund Source Medicine FY 2009-10



Source: UCSF Budget & Resource Management

# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 MEDICINE

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$79,959,611	\$59,657,102	\$23,948,905	40.14%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$382,388	\$378,925	\$46,535	12.28%
Local Government	\$19,958,768	\$19,449,113	\$510,874	2.63%
Private Clinical Trials	\$6,862,677	\$5,969,852	\$1,887,761	31.62%
Private Contracts & Grants	\$28,332,213	\$27,065,573	\$5,529,846	20.43%
Total:	\$135,495,657	\$112,520,566	\$31,923,921	28.37%

Source: UCSF Budget & Resource Management

### Financial Schedule 8C - FY 2009-10 Current Funds Expenditures MEDICINE (Dollars in Thousands)

			Current Fund	ls	_		Distribution	
	Total	Unre	stricted	Restricted	_	Salaries and Wages	Other Expenditures	Less: Transfers
		General	Designated					
Instruction	20,818	8,796	3,058	8,964	#	52,973	(17)	32,138
Research	123,419	943	2,266	120,210	#	64,033	59,394	9
Total	144,237	9,739	5,324	129,174		117,006	59,377	32,147

Source: UCSF Controller's Office - 9/30/2010

# NIH Awards - FY 2009-10 MEDICINE

	Number	Amount
Research Grants*	290	\$133,812,326
Training Grants	17	\$6,501,941
Fellowships	13	\$732,007
Other Awards	10	\$20,999,337
R&D Contracts**	0	\$0
Total	330	\$162,045,611

<sup>\*</sup>Does not include grants awarded under the American Recovery and Reinvestment Act (ARRA)

<sup>\*\*</sup>Not reported

### DEPARTMENT OF NEUROLOGICAL SURGERY

- Chair Berger, Mitchel S, M.D.
- Business Officer Garrity, Elizabeth J.
- Website http://neurosurgery.ucsf.edu/

### **Patient Care**

UCSF's Neurosurgery service ranked in the top three of U.S. News and World Report's 2009 roster of the best neurosurgery services in the United States, and the UCSF Medical Center was ranked among the top ten hospitals. Our integrated array of clinical programs provides the full range of adult and pediatric neurological surgery specialty services, including treatment planning, surgery, auxiliary therapies, and rehabilitation. Clinical specialties for each clinical program are as follows:

- Brain Tumor Center at UCSF
- Brain Tumor Surgery Program for Adults
- Central Nervous System Injury
- Cerebrovascular Disorders
- Clinical Neuro-Oncology
- Epilepsy Surgery Program
- Radiosurgery Program
- Movement Disorders and Parkinson's
- Nerve Injury Program
- Neurospinal Disorders
- Pain Management
- Pediatric Neurological Surgery Program
- California Center for Pituitary Disorders at UCSF
- Subservices

### **Neurosurgery Research**

## **Neurological Surgery Research Centers at UCSF**

Clinician researchers, basic scientists, clinical trialists, research specialists, postdoctoral fellows, and an administrative staff all support research efforts in the Department of Neurological Surgery. Communication and collaborations among researchers and clinical faculty in the research centers provide a productive environment for research trainees. A large body of publications results from these research efforts each year.

Source: Neurological Surgery 8/12/2009

Current funding for research in the Department totals approximately \$7,000,000 per year. Most research is funded by grants from the National Institutes of Health (NIH). Other funding resources include private agencies, such as the American Cancer Society, and gifts and endowments from our patients, their families, and friends.

Neurological surgery research includes:

- Brain Tumor Research Center (BTRC) At the forefront of brain tumor research since 1972, the Brain Tumor Research Center (BTRC) is an integrally related program of basic science and clinical research investigating brain tumor biology and therapy, including radiation injury and repair, drug resistance, neuro-oncology, developmental neurobiology, and gene therapy.
- **Brain and Spinal Injury Center (BASIC)** Injury of the central nervous system has devastating consequences, both to the individual and to society, but progress is being made in the diagnosis and treatment of brain and spinal cord injury. The mission of the Brain and Spinal Injury Center (BASIC) is to promote collaborative basic and clinical studies on injuries to the brain and spinal cord.
- Cerebrovascular Research Cerebrovascular research in the department is concerned
  with ischemia and functional recovery, as well as the pathophysiology of arteriovenous
  malformations.
- **Epilepsy Research** Epilepsy research in the Department of Neurological Surgery is centered on experimental surgical treatments and basic neurobiology studies. The overall goal of our research program is to elucidate basic mechanisms through which a normal brain becomes "epileptic" and to develop novel treatment options, based on this information, for patients suffering with epilepsy.
- Movement Disorders Research Movement disorders research in the department
  includes experimental surgical treatments, gene therapy for Parkinson's disease, neurotransplantation strategies for Parkinson's disease, associated intraoperative neuroimaging techniques, basal ganglia physiology in movement disorders, and neurophysiological correlates for movement disorders.
- Pain Research Pain research in the department includes projects on cortical modulation of pain behavior, modeling fibromyalgia and associated pain in rats, and central nervous system (CNS)-modulated peripheral inflammation.
- **Pediatric Clinical Research** Current research projects focus on pediatric neurological and neurosurgical disorders, including pediatric brain tumors, congenital hydrocephalus, and fetal repair of myelomeningocele.

Source: Neurological Surgery 8/12/2009

FY 2009-10 Headcount as of 4/1/10 NEUROLOGICAL SURGERY

St	Staff	Acac	Academic	Grand
Full Time	Part Time   Full Time	Full Time	Part Time	Total
88	8	96	15	202

Source: UCSF Human Resources

Permanently Budgeted FTEs NEUROLOGICAL SURGERY

	FY 2005-06	90	FY 2006	-04	FY 2007	80	FY 2008-	6	FY 2006-07 FY 2007-08 FY 2008-09 FY 2009-
Permanent Budget Account Title	Academic	Staff	Academic	Staff	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic	Staff	Academic
MED SCH-NEUROSURGERY	2.00	5.00 3.30		5.00 3.30		5.00 3.30		5.00 2.97	2.00
ORG ACTONEUROSURGERY BIOSTATISTICS	0.25	2.21							
S/M DEPT OF NEUROLOGICAL SURGERY	0.01 0.10	0.10	0.01	0.01 0.10		0.01 0.10		09.0	
Total:	5.26 5.61	5.61	5.01	5.01 3.40		5.01 3.40		5.00 3.57	2.00

**-10 Staff** 2.39

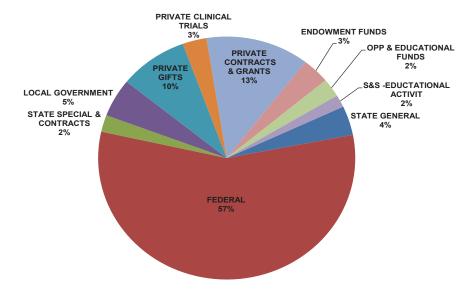
Source: UCSF Budget & Resource Management

# Total Expenditures by Fund Source NEUROLOGICAL SURGERY

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$920,581	\$1,099,998	\$1,155,857	\$1,034,801	\$878,610	-4.6%
TUITION & FEES	\$10,000	\$0	\$0	\$27,202	\$59,404	494.0%
FEDERAL	\$8,676,616	\$8,913,487	\$11,360,264	\$11,621,760	\$12,758,936	47.0%
STATE SPECIAL & CONTRACTS	\$0	\$80,314	\$160,036	\$219,885	\$504,367	0.0%
LOCAL GOVERNMENT	\$1,056,954	\$1,158,753	\$1,240,729	\$1,297,708	\$1,145,483	8.4%
PRIVATE GIFTS	\$2,260,162	\$1,945,269	\$2,403,016	\$2,420,920	\$1,952,260	-13.6%
PRIVATE CLINICAL TRIALS	\$806,479	\$1,125,571	\$894,943	\$878,794	\$685,015	-15.1%
PRIVATE CONTRACTS & GRANTS	\$3,292,792	\$2,462,078	\$3,765,846	\$3,075,055	\$2,939,007	-10.7%
ENDOWMENT FUNDS	\$603,693	\$591,307	\$502,419	\$743,049	\$777,809	28.8%
OPP & EDUCATIONAL FUNDS	\$387,010	\$408,846	\$430,361	\$579,649	\$557,825	44.1%
S&S -EDUCTATIONAL ACTIVITY	(\$525,701)	(\$717,339)	(\$1,227,368)	\$865,074	\$368,643	-170.1%
OTHER SOURCES	\$27,574	(\$99,645)	(\$314,666)	\$359,579	\$85,273	209.3%
RESERVES	\$0	\$5,261	\$0	\$0	\$0	0.0%
Total:	\$17,516,159	\$16,973,899	\$20,371,437	\$23,123,474	\$22,712,633	29.7%

Source: UCSF Budget & Resource Management

## Expenditures by Fund Type Neurological Surgery FY 2009-10



Source: UCSF Budget & Resource Management

# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 NEUROLOGICAL SURGERY

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$12,758,936	\$10,593,843	\$5,215,296	49.23%
CIRM	\$504,367	\$513,287	\$278,202	54.20%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$1,145,483	\$1,145,483	\$0	0.00%
Private Clinical Trials	\$685,015	\$630,808	\$105,553	16.73%
Private Contracts & Grants	\$2,939,007	\$2,846,133	\$535,180	18.80%
Total:	\$18,032,809	\$15,729,553	\$6,134,231	39.00%

Source: UCSF Budget & Resource Management

### Financial Schedule 8C - FY 2009-10 Current Funds Expenditures NEUROLOGICAL SURGERY (Dollars in Thousands)

			Current Fund	ds		Distribution	
	Total		stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
		General	Designated				
Instruction	1,221	669	(196)	748	10,001	2,287	11,067
Research	18,514	209	3	18,302	9,961	8,642	90
Total	19,735	878	(193)	19,050	19,962	10,929	11,157

Source: UCSF Controller's Office - 9/30/2010

# NIH Awards - FY 2009-10 NEUROLOGICAL SURGERY

	Number	Amount
Research Grants*	25	\$15,731,264
Training Grants	1	\$122,698
Fellowships	6	\$303,023
Other Awards	0	\$0
R&D Contracts**	0	\$0
Total:	32	\$16,156,985

<sup>\*</sup>Does not include grants awarded under the American Recovery and Reinvestment Act (ARRA)

<sup>\*\*</sup>Not reported

### DEPARTMENT OF NEUROLOGY

- Chair Hauser, Stephen L. M.D.
- Business Officer Czech, Jane
- Website http://www.ucsf.edu/brain/

### A Word From the Chair

Future generations will look back on this time as the beginning of a golden age of neurology, a time when the exact molecular causes responsible for age-old neurologic disorders were first described. Revolutionary advances have changed our understanding of both common and unusual nervous system disorders – including dementia, stroke, multiple sclerosis, motor system disease, muscular dystrophy and cancer, to name but a few – and already have produced wonderful new opportunities to effectively diagnose and treat patients. The Department of Neurology at UCSF is proud of its tradition as a leading academic center dedicated to excellence in patient care, education and research. The Department's excellence is shaped by the clinical and research faculty who provide great breadth in understanding of most neurological conditions, and by the excellence and diversity of our medical residency and postgraduate training programs. For the past several years, the Department has been at or near the top of all departments of neurology nationwide as a recipient of biomedical funding from the National Institutes of Health, and one of our faculty – Dr. Stanley Prusiner – in 1997 became the first American neurologist to receive the Nobel Prize in Medicine or Physiology.

To expand its range of scientific focus, the Department is affiliated with several not-for-profit organizations. Among them are the Ernest Gallo Clinic and Research Center, the Gladstone Institute of Neurological Disease, and the Sandler Neurogenetics Center. In 1998, the Department and Ernest Gallo Clinic and Research Center embarked on a major state-funded medical research project to find the cause or causes of alcohol addiction and substance abuse. The Gladstone Institute, directed by Dr. Lennart Mucke, conducts a world-renowned research program into Alzheimer's disease in coordination with the Department's own Memory and Aging Center. And the Sandler Neurogenetics Center, established in 1998, was organized to create a multi-disciplinary genetics effort among clinicians, physician-scientists, and basic neurologists to stimulate interactions and support state-of-the-art approaches into the causes, prevention and treatment of human nervous system disorders.

Stephen L. Hauser, M.D. Robert A. Fishman Distinguished Professor and Chair

Source: Department of Neurology - 8/19/2010

The Department of Neurology consists of the following units and affiliated organizations:

- ALS Center
- Brain Development Research Program
- Center for Cerebrovascular Research
- Epilepsy Center
- Ernest Gallo Clinic and Research Center
- Gladstone Institute of Neurological Disease
- Memory and Aging Center
- Multiple Sclerosis Center
- Multiple Sclerosis Genetics Group
- Neurogenetics
- Neurocritical Care and Stroke Program
- Neurorehabilitation Program
- Pain Clinical Research Center
- Parkinson's Diseases Center
- Pediatric Multiple Sclerosis Center
- Wheeler Center for the Neurobiology of Addiction
- San Francisco General Hospital
- San Francisco Veterans Administration Hospital

Source: Department of Neurology - 8/19/2010

FY 2009-10 Headcount as of 4/1/10 NEUROLOGY

emic Grand	Part Time Total	30 375
Academic	Full Time Part Time Full Time Part Time	174
Staff	Part Time	19
Sta	Full Time	152

Source: UCSF Human Resources

Permanently Budgeted FTEs NEUROLOGY

	FY 2005-06	90	FY 2006-07	20	FY 2007-08		FY 2008-09	60	FY 2009-10	10
Permanent Budget Account Title	Academic	Staff	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic Staff	aff	Academic	Staff	Academic	Staff
MED SCH-NEUROLOGY	10.00 4.00	4.00	10.00 4.00	4.00	10.00 4.00	00	10.00 3.43	3.43	10.00 2.52	2.52
NEUROLOGY SSG RECHARGES				0.01	·.O	0.01		0.01		0.01
ORG ACT-NEUROLOGY			1.20 1.20	1.20	1.20 1.20	20	1.20 1.20	1.20	1.20	1.20
PROF SERV MEMORY DISORDERS		0.10		0.10	0.	0.10		0.10		0.10
Total:	10.00 4.10	4.10	11.20 5.31	5.31	11.20 5.31	31	11.20 4.74	4.74	11.20 3.83	3.83

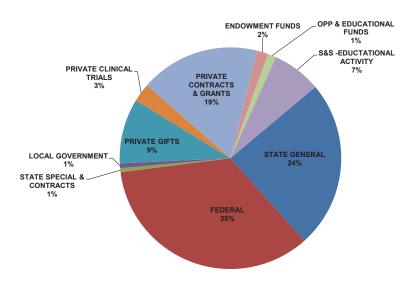
Source: UCSF Budget & Resource Management

# Total Expenditures by Fund Source NEUROLOGY

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$19,418,397	\$18,645,669	\$17,667,526	\$21,260,420	\$15,788,473	-18.7%
TUITION & FEES	\$0	\$0	\$0	\$379	\$0	0.0%
FEDERAL	\$14,180,130	\$15,392,519	\$16,102,602	\$23,077,394	\$22,314,230	57.4%
STATE SPECIAL & CONTRACTS	\$636,425	\$693,440	\$821,185	\$877,075	\$378,496	-40.5%
LOCAL GOVERNMENT	\$393,483	\$432,285	\$554,760	\$586,124	\$440,976	12.1%
PRIVATE GIFTS	\$3,749,456	\$4,747,194	\$5,554,884	\$4,856,344	\$6,101,247	62.7%
PRIVATE CLINICAL TRIALS	\$2,498,837	\$2,687,502	\$3,148,975	\$2,777,738	\$1,748,845	-30.0%
PRIVATE CONTRACTS & GRANTS	\$6,810,967	\$9,802,576	\$8,445,932	\$13,551,365	\$11,250,334	65.2%
ENDOWMENT FUNDS	\$898,599	\$1,371,816	\$856,867	\$1,160,577	\$1,060,172	18.0%
OPP & EDUCATIONAL FUNDS	\$467,132	\$547,454	\$674,544	\$649,462	\$796,486	70.5%
S&S -EDUCTATIONAL ACTIVITY	\$1,675,914	\$2,160,544	\$3,816,199	\$990,189	\$4,603,605	174.7%
OTHER SOURCES	(\$50,948)	(\$7,827)	(\$170,343)	(\$164,549)	(\$141,497)	177.7%
RESERVES	\$0	\$8,053	\$0	\$0	\$0	0.0%
Total:	\$50,678,393	\$56,481,227	\$57,473,130	\$69,622,517	\$64,341,367	27.0%

Source: UCSF Budget & Resource Management

### Expenditures by Fund Source Neurology FY 2009-10



Source: UCSF Budget & Resource Management

# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 NEUROLOGY

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$22,314,230	\$16,253,433	\$6,303,984	38.79%
CIRM	\$149,486	\$151,858	\$87,677	57.74%
Other State Contracts	\$229,010	\$217,142	\$18,321	8.44%
Local Government	\$440,976	\$440,976	\$0	0.00%
Private Clinical Trials	\$1,748,845	\$1,619,085	\$339,047	20.94%
Private Contracts & Grants	\$11,250,334	\$9,282,013	\$1,587,275	17.10%
Total:	\$36,132,881	\$27,964,507	\$8,336,303	29.81%

Source: UCSF Budget & Resource Management

### Financial Schedule 8C - FY 2009-10 Current Funds Expenditures NEUROLOGY (Dollars in Thousands)

			Current Fund	ls		Distribution	
	Total	Unre	stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
		General	Designated				
Instruction	3,712	1,379	(55)	2,388	5,923	1,798	4,009
Research	53,606	14,409	(551)	39,748	19,105	34,504	3
Total	57,318	15,788	(606)	42,136	25,028	36,302	4,012

Source: UCSF Controller's Office - 9/30/2010

# NIH Awards - FY 2008-09 NEUROLOGY

	Number	Amount
Research Grants	65	\$38,646,639
Training Grants	1	\$118,716
Fellowships	2	\$85,791
Other Awards	0	\$0
R&D Contracts*	0	\$0
Total:	68	\$38,851,146

<sup>\*</sup>Not reported

# DEPARTMENT OF OBSTETRICS, GYNECOLOGY AND REPRODUCTIVE SCIENCES

- Chair Giudice, Linda C, MD, PhD, MSc
- Business Officer Horning, Dixie D..
- Website https://obgyn.ucsf.edu/

### **Mission Statement**

To Promote Health and Prevent Disease in Women by:

- Educating health care providers and investigators
- Conducting research to advance knowledge
- Providing quality general and specialty clinical services for women

### **Divisions Overview**

There are five divisions within the Department:

- 1. Division at San Francisco General Hospital. The mission of the Division at San Francisco General Hospital is to improve the health of all women by eliminating financial, linguistic and cultural barriers to care and to provide high quality, evidenced-based, cost-effective health care to women in the context of training and research. Obstetrician-gynecologists and midwives at SFGH provide the full range of clinical care to a remarkably diverse population of women visiting the hospital, and the New Generation Health Center (for teens), The Women's Options Center (for family planning and pregnancy termination), Mission Neighborhood Health Center (for prenatal and well-woman care) and Excelsior Clinic (for midwifery care). At SFGH's Women's Health Center, Division faculty provide specialized care in endocrinology, gynecologic cancer, high-risk pregnancy and continuity care for a broad spectrum of ethnically diverse women. Research by Division faculty explores multiple areas with major projects underway in family planning and reproductive tract infections. Director: Rebecca Jackson, MD
- 2. Division of General Gynecology. The Division of General Gynecology focuses on the gynecologic care of women throughout the life span. Its faculty include experts in pediatric and adolescent gynecology, family planning, dysplasia, uterine myomata, menopausal issues, urinary incontinence, pelvic organ prolapse, chronic pelvic pain, and gynecologic surgery. Faculty research interests are focused on the epidemiology and effective treatments for urinary incontinence and abnormal cervical cytology, as well as the assessment of technologies such as the Pap smear, of patient preferences for

Source: Department of Obstetrics, Gynecology and Reproductive Sciences, 9/2/2010

treatment options in noncancerous uterine conditions, and prenatal diagnosis. The division is responsible for the core curriculum in gynecology for UCSF medical students based at the UCSF/Parnassus and UCSF/Mount Zion sites and for training in gynecology for UCSF residents rotating through those sites. Director: Elena Gates, MD

- 3. Division of Gynecologic Oncology. This division focuses on cancers of the reproductive tract. Faculty are experts in the prevention and management of precancerous abnormalities (such as dysplasia and hyperplasia) and cancer involving the vulva, vagina and cervix, uterus, fallopian tube and ovary. The Division provides clinical training for students, residents and clinical fellows in these areas through its multidisciplinary practices in the UCSF Comprehensive Cancer Center and surgical and inpatient care of women at UCSF's Mount Zion and Moffitt-Long hospitals. Faculty are engaged in research investigating the pathogenesis, detection and treatment of cervical, ovarian and endometrial cancer. Director: John Chan, MD
- 4. Division of Maternal-Fetal Medicine. The Division of Maternal-Fetal Medicine provides a full line of direct clinical and consultation services to patients and physicians in all aspects of maternal care and fetal disorders. The perinatologists in this division offer expert consultations for all maternal complications, including maternal heart disease, neurologic disorders, immunologic disorders, gastrointestinal and genitourinary disorders, as well as for fetal conditions such as multiple gestations, Rh and other alloimmunization, fetal growth disorders, and all types of fetal anomalies. Division faculty direct and manage the Birth Center (site for labor and delivery and the inpatient antepartum unit), which serves as a central place in the Department for teaching obstetrics to students, residents and clinical fellows. Faculty research involves biologic and clinical investigations addressing a broad range of topics across the disciplines of maternal-fetal medicine and genetics. Director: Mari-Paule Thiet, MD
- 5. Division of Reproductive Endocrinology and Infertility. This division provides expertise in infertility care and assisted reproduction, reproductive endocrinology and surgery, reproductive urology, andrology, genetics and psychology. Education activities in the Division emphasize a basic understanding of the menstrual cycle and the interaction between the hypothalamus, the pituitary and the ovary with the aim of providing trainees with a greater understanding and better management of many areas of reproductive endocrinology, including abnormal uterine bleeding, amenorrhea, contraception, hirsutism, infertility, menopause and osteoporosis. Division research encompasses a broad scope of basic, translational and clinical investigations. Director: Marcelle Cedars, MD

Source: Department of Obstetrics, Gynecology and Reproductive Sciences, 9/2/2010

### **Department-Based Research Centers and Programs**

- Center for Reproductive Sciences
- Bixby Center for Global Reproductive Health
- Medical Effectiveness Research Center for Diverse Populations
- Program on Reproductive Health and the Environment (PRHE)
- Women's Health Clinical Research Center (WHCRC)

### **Patient Services**

### **Hospital Sites**

Department faculty provide clinical services to women at several UCSF campuses, including SFGH, San Francisco's Veteran's Administration Hospital, UCSF/Parnassus and UCSF/Mount Zion, as well as satellite offices in Serramonte, Salinas, Santa Rosa, Pleasanton, and Greenbrae in Marin County. Each of these sites assists in providing the highest quality health care to women in the San Francisco Bay Area.

Patient services include the following:

- Obstetrics
  - Perinatal Diagnostic Center
- Gynecology
  - Chronic Pelvic Pain Center
  - Women's Continence Center
  - Comprehensive Fibroid Center
- Reproductive Endocrinology & Infertility
  - Fertility Preservation Center
  - Center for Reproductive Health
  - Polycystic Ovarian Syndrome Clinic
- Gynecologic Oncology
  - Dysplasia Clinic
- Midwifery Programs
  - UCSF Medical Center at Parnassus and Mt. Zion campuses
  - San Francisco General Hospital
- New Generation Health Center
  - Teen Health Services
- Women's Options Center at SFGH and at the Mt. Zion campus

Source: Department of Obstetrics, Gynecology and Reproductive Sciences, 9/2/2010

Women's Health Resource Center

#### **Education and Training**

- Medical Students
  - Research Opportunities
  - CRH Internship
- Graduate Student Education
  - Biomedical Sciences Program (BMS)
  - Program in Biological Sciences
- Nurse-Midwifery Education
- Residency Program
- Fellowship Programs
  - Clinical Fellowships
  - Post-Doctoral Fellowships
- Training Support
- Continuing Medical Education
- UCSF National Center of Excellence in Women's Health (http://coe.ucsf.edu/)
  - Women's Health Undergraduate Research Internship
  - Health and Leadership Project for High School students
  - Getting Women In Internship Program
  - Youth Steering Committee
  - Young Women's Health Leadership Summit
  - Service Learning through Partnerships Program

Source: Department of Obstetrics, Gynecology and Reproductive Sciences, 9/2/2010

**OBSTETRICS, GYNECOLOGY AND REPRODUCTIVE SCIENCES** FY 2009-10 Headcount as of 4/1/10

1S	Staff	Acac	Academic	Grand
Full Time	Part Time	Full Time   Part Time	Part Time	Total
219	42	140	26	427

Source: UCSF Human Resources

Permanently Budgeted FTEs
OBSTETRICS, GYNECOLOGY AND REPRODUCTIVE SCIENCES

	FY 2005-06	90-	FY 2006-07	-07	FY 2007-08	80-	FY 2008-09	60-	FY 2009-10	10
Permanent Budget Account Title	Academic	Staff	Academic	Staff	Academic	Staff	Academic	Staff	Academic Staff   Academic Staff   Academic Staff   Academic Staff	Staff
MED SCH-OBSTETRICS & GYNECOLOGY	14.00	14.00 13.44		14.00 10.64	14.00 10.64	10.64	14.00	66'6	14.00	7.91
OB/GYN-ACADEMIC SUPPORT		0.10		0.10		0.10		0.10		0.10
OBGYN-ORGANIZED ACTIVITY		0.16		0.16		0.16		0.16		0.08
ORG ACT-OB/GYN & REPRODUCTIVE SCI	0.64	4.08	0.64	4.08	09.0	3.56	09.0	3.56	09.0	3.56
ORG ACT-SFGH OBGYN-PROF & TECH SVC		0.40		0.40		0.25		0.25		0.25
REPRODUCTIVE ENDOCRINE CENTER	1.50	0.68	1.50	0.68	1.50	0.68	1.50	0.68	1.50	0.56
Total:	16.14	16.14 18.86	16.14	16.14 16.06	16.10 15.39	15.39	16.10	16.10 14.74	16.10 12.46	12.46

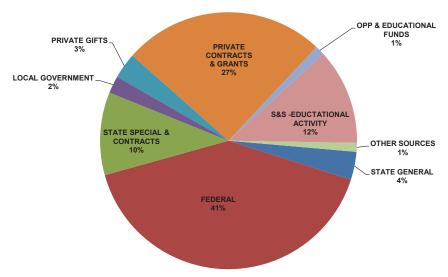
Source: UCSF Budget & Resource Management

## Total Expenditures by Fund Source OBSTETRICS, GYNECOLOGY AND REPRODUCTIVE SCIENCES

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$2,456,297	\$2,610,322	\$2,784,910	\$2,806,790	\$2,496,894	1.7%
TUITION & FEES	\$60,640	\$257,364	\$35,293	(\$80,874)	\$7,853	-87.0%
FEDERAL	\$16,523,525	\$16,394,545	\$19,290,421	\$26,330,709	\$28,856,784	74.6%
STATE SPECIAL & CONTRACTS	\$5,901,254	\$5,954,996	\$6,651,079	\$8,366,884	\$7,391,076	25.2%
LOCAL GOVERNMENT	\$1,514,709	\$1,510,712	\$1,641,842	\$1,621,925	\$1,537,736	1.5%
PRIVATE GIFTS	\$1,609,326	\$2,224,405	\$2,829,688	\$2,606,831	\$2,298,129	42.8%
PRIVATE CLINICAL TRIALS	\$296,975	\$284,728	\$231,507	\$371,554	\$348,474	17.3%
PRIVATE CONTRACTS & GRANTS	\$18,030,801	\$17,326,137	\$17,413,214	\$19,291,595	\$18,032,608	0.0%
ENDOWMENT FUNDS	\$70,647	\$57,939	\$13,444	\$43,552	\$42,199	-40.3%
OPP & EDUCATIONAL FUNDS	\$546,662	\$737,017	\$730,962	\$598,304	\$842,205	54.1%
S&S -EDUCTATIONAL ACTIVITY	\$6,498,606	\$5,622,966	\$7,939,396	\$8,473,070	\$8,555,041	31.6%
OTHER SOURCES	\$395,546	\$493,993	\$547,822	\$687,443	\$790,129	99.8%
RESERVES	\$0	\$0	\$0	\$0	\$0	0.0%
Total:	\$53,904,985	\$53,475,125	\$60,109,579	\$71,117,784	\$71,199,128	32.1%

Source: UCSF Budget & Resource Management

## Expenditures by Fund Source Obstetrics, Gynecology and Reproductive Sciences FY 2009-10



Source: UCSF Budget & Resource Management

# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 OBSTETRICS, GYNECOLOGY AND REPRODUCTIVE SCIENCES

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$28,856,784	\$8,775,318	\$3,036,868	34.61%
CIRM	\$1,248,941	\$1,120,864	\$615,394	54.90%
Other State Contracts	\$6,105,109	\$6,106,874	\$601,164	9.84%
Local Government	\$1,537,736	\$1,537,736	\$0	0.00%
Private Clinical Trials	\$348,474	\$326,103	\$118,121	36.22%
Private Contracts & Grants	\$18,032,608	\$13,591,096	\$1,480,528	10.89%
Total:	\$56,129,652	\$31,457,991	\$5,852,076	18.60%

Source: UCSF Budget & Resource Management

# Financial Schedule 8C - FY 2009-10 Current Funds Expenditures OBSTETRICS, GYNECOLOGY AND REPRODUCTIVE SCIENCES (Dollars in Thousands)

			Current Fund	ls		Distribution	
	Total	Unre General	stricted  Designated	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
Instruction	11,539	2,156	4,894	4,489	14,726	7,302	10,489
Research	50,958	211	587	50,160	17,119	33,839	0
Total	62,497	2,367	5,481	54,649	31,845	41,141	10,489

Source: UCSF Controller's Office - 9/30/2010

# NIH Awards - FY 2009-10 OBSTETRICS, GYNECOLOGY AND REPRODUCTIVE SCIENCES

	Number	Amount
Research Grants*	24	\$23,096,513
Training Grants	2	\$333,635
Fellowships	0	\$0
Other Awards	0	\$0
R&D Contracts**	0	\$0
Total:	26	\$23,430,148

<sup>\*</sup>Does not include grants awarded under the American Recovery and Reinvestment Act (ARRA)

<sup>\*\*</sup>Not reported

#### DEPARTMENT OF OPHTHALMOLOGY

- Chair McLeod, Stephen D., M.D.
- Business Officer Sall, Susan, MHA
- Website http://ucsfeye.net/

#### Overview

Ophthalmology became established as a department separate from Otolaryngology in 1912 at the University of California San Francisco. Since that time the Department of Ophthalmology has grown steadily and today includes the clinical facilities of three major hospitals.

The Department of Ophthalmology is organized around faculty members with subspecialty skills and expertise. The department combines one of the nation's leading vision research programs with outstanding clinical care. The research and multicenter clinical facilities of the Department of Ophthalmology comprise the Beckman Vision Center.

The Beckman Vision Center includes the Koret Vision Research Laboratory Building and the Vision Care and Research Unit (VCRU).

The **Koret Vision Research Laboratory** houses one of the most active vision science programs in the country, with extensive support from the National Eye Institute of the NIH as well as from private benefactors.

The Vision Care and Research Unit (VCRU) is an outpatient facility designed for the management of complicated cases as well as clinical research.

The Beckman Vision Center also includes the Ambulatory Care Center on Parnassus Avenue and Departments of Ophthalmology at the San Francisco General Hospital (Chief, Dr. Bennie Jeng) and the Fort Miley Veterans Medical Center (Chief, Dr. Ayman Naseri).

The Department trains five residents per year in a three year residency program, and provides instruction in Ophthalmology to medical students. Postgraduate programs of clinical fellowship training are available in cornea, external disease and refractive surgery, glaucoma, neuro-ophthalmology, ocular oncology, ophthalmic plastic surgery, uveitis and vitroretinal surgery.

The establishment of The Beckman Vision Center and the building of the Koret Vision Research Laboratory is the achievement of That Man May See, Inc., a foundation dedicated to vision re-

search and care.

#### Research

The Koret Vision Research Laboratory

The Koret Foundation's contribution of \$2.4 million was the corner stone for building the Koret Vision Research Laboratory, which is recognized internationally as a center for innovative research. More information on the research of individual faculty members can be found on the faculty web pages.

The Koret Vision Research Laboratory has over 40,000 sq. ft. of space devoted to research laboratories, including an electron microscopy facility with two transmission electron microscopes and one scanning electron microscope. The Koret labs are dedicated to the areas of glaucoma, corneal disease, cellular pharmacology, ocular oncology, amblyopia, visual development, retinal physiology, ophthalmic genetics, corneal transplantation, retinal growth factors, retinitis pigmentosa and macular degeneration. Special facilities include the Mazzocco Microsurgical Laboratory, the Livingston conference room, the Caygill Library, and the Hogan eye pathology laboratory.

Innovative research programs include studies of the mechanism and potential new treatments for glaucoma; evaluation of new diagnostic and therapeutic modalities for ocular tumors; investigations of the basic mechanisms of vision, including the molecular biology and cell biology of visual process; and an effort to understand and overcome prevalent blinding diseases that are currently incurable, such as macular degeneration and other inherited and acquired retinal degenerations.

There are over 20 funded research grants in the Department of Ophthalmology, a CORE Research Center Grant, and a total federal funding for vision science in the institution which is the third largest in the United States.

#### **Patient Care**

The Department of Ophthalmology offers patient care services in the following areas:

- General Services
- Cataract

- Cornea and External Disease
- Diagnostic Laboratories
- Glaucoma
- Macula/Retina/Vitreous
- Neuro-Ophthalmology
- Ocular Oncology
- Pediatric Ophthalmology
- Plastic and Reconstructive Surgery
- Refractive Surgery
- Uveitus
- VISION Optical Dispensary

#### Leadership In Eyecare Service and Technology

The Vision Correction Center at the University of California, San Francisco is a leading center for diagnosis, treatment and research in refractive surgery technology including laser-assisted insitu keratomileusis (LASIK). Ophthalmologists from all over the country have come to UCSF for their training in excimer laser surgery.

#### **Education**

#### **Residency Program**

The Department of Ophthalmology at the University of California, San Francisco has an integrated residency program, which utilizes the clinical facilities of three major hospitals. These institutions are the University of California Medical Center, the Veterans Administration Hospital and San Francisco General Hospital.

We train five residents per year in each of three residency years. The principal objective of our program is to train outstanding ophthalmologists who have strong backgrounds in basic and clinical ophthalmic science and who are capable of entering any future career pathway in the vision science field including ophthalmic practice, and/or ophthalmic teaching and research. It is our intention to provide this training through a combination of formal teaching sessions throughout residency, exposure to appropriate clinical cases at all levels, and ongoing close relationships between residents and an outstanding faculty. The programmatic areas covered in our residency

are ophthalmic basic science, ophthalmic pathology, orbital and adnexal diseases, plastic and reconstructive surgery, conjunctival and corneal diseases and surgery including refractive surgery, ocular microbiology, uveitis, diseases and surgery of the lens, glaucoma and glaucoma surgery, vitreoretinal diseases, pediatric ophthalmology and strabismus, neuro-ophthalmology, ocular oncology, and ocular emergency care and trauma. We attempt to teach critical, inquisitive, and innovative thinking, and we incorporate mentored research experience into our curriculum.

FY 2009-10 Headcount as of 4/1/10 OPHTHALMOLOGY

St	Staff	Acac	Academic	Grand
Full Time	Part Time   Full Time   Part Time	Full Time	Part Time	Total
33	7	62	6	111

Source: UCSF Human Resources

Permanently Budgeted FTEs OPHTHALMOLOGY

		FY 2005-06	90	FY 2006-07	_	FY 2007-08	80	FY 2008-09	60	FY 2009-10	0
Permanent Budget Account Title		Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff	Staff	Academic	Staff	Academic	Staff	Academic	Staff
MED RES-OPHTHALMOLOGY			0.70								
MED SCH-OPHTHALMOLOGY		7.00 7.06	7.06	7.00 7.06	90.7	7.00	7.06	7.00 6.59	6.59	7.00	5.09
OPHTHAL-DEPT COPIER			0.01	J	0.01		0.01		0.01		0.01
	Total:	7.70 7.77	7.77	7.00 7.07	70.7	7.00 7.07	7.07	7.00 6.60	09.9	7.00 5.10	5.10

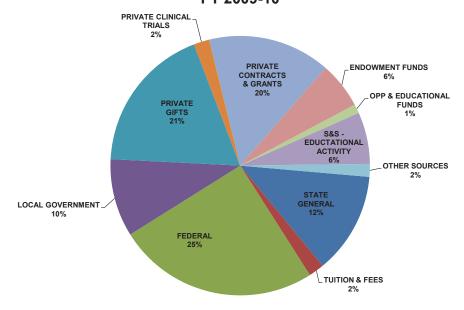
Source: UCSF Budget & Resource Management

## Total Expenditures by Fund Source OPHTHALMOLOGY

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$1,168,523	\$1,251,472	\$1,402,772	\$1,364,949	\$1,355,654	16.0%
TUITION & FEES	\$229,957	\$170,623	\$178,440	\$218,823	\$206,964	-10.0%
FEDERAL	\$2,018,145	\$2,727,347	\$2,416,590	\$2,024,566	\$2,689,751	33.3%
LOCAL GOVERNMENT	\$354,330	\$358,043	\$396,602	\$661,183	\$1,039,745	193.4%
PRIVATE GIFTS	\$2,528,727	\$2,268,128	\$2,054,259	\$2,293,572	\$1,971,046	-22.1%
PRIVATE CLINICAL TRIALS	\$62,274	\$78,395	\$131,598	\$446,045	\$208,570	234.9%
PRIVATE CONTRACTS & GRANTS	\$1,004,481	\$1,176,218	\$1,886,599	\$2,245,513	\$1,638,286	63.1%
ENDOWMENT FUNDS	\$520,884	\$682,758	\$873,113	\$902,571	\$619,174	18.9%
OPP & EDUCATIONAL FUNDS	\$76,149	\$84,311	\$108,049	\$112,744	\$120,498	58.2%
S&S -EDUCTATIONAL ACTIVITY	\$1,058,460	\$1,122,425	\$799,001	\$701,034	\$690,287	-34.8%
OTHER SOURCES	\$5,378	(\$130)	(\$651)	\$157,463	\$171,534	3089.7%
Total:	\$9,027,309	\$9,919,591	\$10,246,373	\$11,128,461	\$10,711,510	18.7%

Source: UCSF Budget & Resource Management

#### Expenditures by Fund Type Ophthalmology FY 2009-10



Source: UCSF Budget & Resource Management

# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 OPTHALMOLOGY

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$2,689,751	\$2,356,888	\$1,288,099	54.65%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$1,039,745	\$1,039,745	\$0	0.00%
Private Clinical Trials	\$208,570	\$50,050	\$48,460	96.82%
Private Contracts & Grants	\$1,638,286	\$1,346,132	\$48,476	3.60%
Total:	\$5,576,353	\$4,792,815	\$1,385,035	28.90%

Source: UCSF Budget & Resource Management

#### Financial Schedule 8C - FY 2009-10 Current Funds Expenditures OPHTHALMOLOGY (Dollars in Thousands)

			Current Func	ls		Distribution	
	Total	Unre	stricted Designated	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
Instruction	2,192	1,356	223	613	5,441	1,500	4,749
Research	6,147	0	209	5,938	3,246	2,888	(13)
Total	8,339	1,356	432	6,551	8,687	4,388	4,736

Source: UCSF Controller's Office - 9/30/2010

## NIH Awards - FY 2009-10 OPHTHALMOLOGY

	Number	Amount
Research Grants*	12	\$3,841,050
Training Grants	0	\$0
Fellowships	1	\$52,154
Other Awards	2	\$1,017,169
R&D Contracts**	0	\$0
Total:	15	\$4,910,373

<sup>\*</sup>Does not include grants awarded under the American Recovery and Reinvestment Act (ARRA)

<sup>\*\*</sup>Not reported

#### DEPARTMENT OF ORTHOPAEDIC SURGERY

- Chair Vail. Thomas P., M.D.
- Business Officer Capra, Richard Eugene
- Website http://orthosurg.ucsf.edu/

#### **Mission Statement**

The Orthopaedic Surgery Department will use an interdisciplinary team of physicians, nurses, and other health care professionals to assess and provide care for orthopaedic needs, utilizing patient care for the provision of education and training to the residents. Our goal is to be a center of excellence for the hospital.

Employees and physicians work together to create excellence in physician training and development, improved outcomes and quality of life for patients in the Bay Area and beyond, and the highest level of customer service - from community education and point of entry, to discharge and continuum of care.

In providing these services, the Orthopaedic Surgery Department serves the public with seven primary goals:

- To develop skilled, dedicated and compassionate physicians with excellence in all aspects of academic and direct care training.
- To ensure high quality customer service to patients at every level of contact.
- To provide the highest level of orthopaedic surgery and care possible, as our public trust.
- To provide continuity of care, guiding the patient to needed geriatric, psychiatric, nutritional, concomitant disease, etc. treatment as needed.
- To ensure that the primary care provider and other health care professionals receive adequate information to incorporate the orthopaedic care plan into the patient's overall plan of care.
- To make the patient or primary caregiver an active part of the healing team, so that she or he is an informed, committed partner in the healing mission.
- To provide employees with opportunities for growth, participation and the opportunity to make a vital contribution to the organization.

#### **Research Laboratories**

- Bioengineering Research Laboratory
- Hand/Microvascular Surgery
- Molecular Biology

Source: Orthopaedic Surgery website

- Orthopaedic Oncology
- SFVAMC Laboratory

#### **Patient Care**

The department of Orthopaedic Surgery offers the following clinical services/specialties:

- Arthritis Clinic
- Arthroplasty/Joint Replacement
- Foot and Ankle
- Hand/Upper Extremity
- Orthopaedic Oncology
- Orthotics and Prosthetics
- Pediatrics
- Shoulder and Elbow
- Spine Center
- · Sports Medicine
- Trauma/Problem Fracture

#### Education

Fellowships

- Arthroplasty
- Hand
- Spine
- Sports
- Trauma

Source: Orthopaedic Surgery website

FY 2009-10 Headcount as of 4/1/10 ORTHOPAEDIC SURGERY

St	Staff	Acac	Academic	Grand
Full Time		Part Time   Full Time   Part Time	Part Time	Total
65	8	82	13	168

Source: UCSF Human Resources

Permanently Budgeted FTEs ORTHOPAEDIC SURGERY

	FY 2005-06	90	FY 2006-07	20	FY 2007-08		FY 2008-09	60	FY 2009-10	10
Permanent Budget Account Title	Academic	Staff	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic Staff	iff Ac	ademic	Staff	Academic	Staff
MED SCH-ORTHOPAEDIC SURGERY	00'6	9.00 5.91	9.00 5.91	5.91	9.00 5.91	1	9.00 5.49	5.49	9.00 4.31	4.31
Total:	9.00 5.91	5.91	9.00	5.91	9.00 5.91	1	9.00 5.49	5.49	7 00.6	4.31

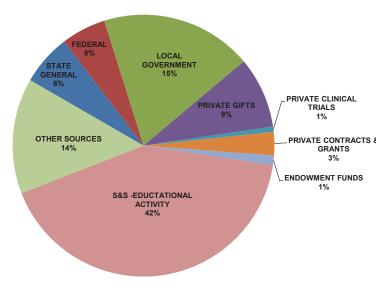
Source: UCSF Budget & Resource Management

## Total Expenditures by Fund Source ORTHOPAEDIC SURGERY

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$1,270,223	\$1,127,046	\$1,199,070	\$1,193,707	\$1,182,188	-6.9%
TUITION & FEES	\$177	\$0	\$928	\$603	\$11,116	6185.1%
FEDERAL	\$1,095,543	\$1,312,005	\$1,607,002	\$1,313,524	\$1,034,909	-5.5%
STATE SPECIAL & CONTRACTS	\$0	\$0	\$0	\$26,501	\$3,655	0.0%
LOCAL GOVERNMENT	\$2,734,699	\$2,804,056	\$2,894,459	\$3,404,241	\$3,512,491	28.4%
PRIVATE GIFTS	\$710,428	\$524,450	\$680,319	\$1,194,890	\$1,649,633	132.2%
PRIVATE CLINICAL TRIALS	\$127,620	\$90,710	\$117,319	\$122,296	\$122,235	-4.2%
PRIVATE CONTRACTS & GRANTS	\$566,261	\$1,047,988	\$954,496	\$1,213,211	\$540,819	-4.5%
ENDOWMENT FUNDS	\$71,052	\$98,571	\$129,384	\$170,277	\$220,965	211.0%
OPP & EDUCATIONAL FUNDS	\$42,799	\$47,945	\$98,993	\$95,923	\$84,902	98.4%
S&S -EDUCTATIONAL ACTIVITY	\$5,223,179	\$6,430,563	\$7,878,744	\$12,119,424	\$7,822,162	49.8%
OTHER SOURCES	\$1,027,048	\$1,203,355	\$1,675,956	\$1,284,405	\$2,671,376	160.1%
RESERVES	\$3,175	\$0	\$0	\$0	\$0	-100.0%
Total:	\$12,872,203	\$14,686,689	\$17,236,671	\$22,139,002	\$18,856,453	46.5%

Source: UCSF Budget & Resource Management

#### Expenditures by Fund Source Orthopaedic Surgery FY 2009-10



Source: UCSF Budget & Resource Management

# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 ORTHOPAEDIC SURGERY

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$1,034,909	\$1,011,116	\$542,721	53.68%
CIRM	\$3,655	\$3,655	\$366	10.00%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$3,512,491	\$3,512,491	\$0	0.00%
Private Clinical Trials	\$122,235	\$104,061	\$24,226	23.28%
Private Contracts & Grants	\$540,819	\$532,359	\$120,055	22.55%
Total:	\$5,214,110	\$5,163,683	\$687,367	13.31%

Source: UCSF Budget & Resource Management

#### Financial Schedule 8C - FY 2009-10 Current Funds Expenditures ORTHOPAEDIC SURGERY (Dollars in Thousands)

			Current Fund	ls		Distribution	
	Total	Unre	stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
		General	Designated				
Instruction	3,655	1,182	2,252	221	11,024	3,007	10,377
Research	2,874	0	852	2,022	1,611	1,264	0
Total	6,529	1,182	3,104	2,243	12,635	4,271	10,377

Source: UCSF Controller's Office - 9/30/2010

## NIH Awards - FY 2009-10 ORTHOPAEDIC SURGERY

	Number	Amount
Research Grants*	6	\$2,155,732
Training Grants	0	\$0
Fellowships	1	\$50,474
Other Awards	1	\$11,000
R&D Contracts**	0	\$0
Total:	8	\$2,217,206

<sup>\*</sup>Does not include grants awarded under the American Recovery and Reinvestment Act (ARRA)

<sup>\*\*</sup>Not reported

#### DEPARTMENT OF OTOLARYNGOLOGY

- Chair Eisele, David W. M.D.
- Business Officer Wong, Holly J.
- Website http://otolaryngology.ucsf.edu/

#### **Mission Statement**

- To provide the highest quality care and service for all patients in the prevention, diagnosis, and treatment of disorders of the head and neck.
- To provide international leadership in the education of medical students, physicians, and medical scientists in the application of medical knowledge for disorders of the head and neck.
- To conduct the highest quality biomedical research education for medical students, physicians, and medical scientists.
- To attract and support physicians, scientists, and other health care professionals of the highest character and greatest skills.
- To provide educational resources and opportunities for patients, family members, and community physicians.
- To promote the highest quality medical care and enhance the community.

The Department of Otolaryngology – Head and Neck Surgery at the University of California, San Francisco combines superior resident and medical student training with the highest quality of patient care. Beyond our offices, clinics, and laboratories within the 107-acre UCSF Parnassus campus above Golden Gate Park, our Department reaches into the Moffitt Long Hospital, the Ambulatory Care Center, the Medical Center at Mount Zion, and shares UCSF's partnerships with San Francisco General Hospital and the San Francisco Veterans Affairs Medical Center.

Under the leadership of our Chairman, David W. Eisele, MD, the Department of Otolaryngology – Head and Neck Surgery's expertise encompasses all aspects of the field of Otolaryngology – Head and Neck Surgery including head and neck surgical oncology, laryngology, rhinology, otology, neurotology, skull base surgery, pediatric otolaryngology, and facial plastic surgery. In addition, we provide innovative technologies and options for communication and swallowing disorders, voice disorders, and sleep disorders. The Department prides itself on being a vital resource for the medical community by providing state-of-the-art care for patients.

We offer an outstanding five-year residency training program, whereby, housestaff are mentored and guided by our internationally recognized clinical and research faculty. Third year medical students from all over the U.S. and Canada are invited to participate in our clerkships. Addition-

ally, our Department offers fellowship training in head and neck oncological surgery.

Medical research scientists in our esteemed research laboratories are among the most sought after geneticists and physiologists in the world. From development of the cochlear implant to defining mechanisms underlying the origins of functional brain illnesses and disabilities, advances in research at the Coleman Memorial Laboratory, the Epstein Laboratory, and the Center for Clinical Research In Otolaryngology, are transforming head and neck challenges into treatment possibilities.

#### Research

The Department has an active research program in both clinical and basic sciences of hearing and publishes 40-50 articles in scientific journals annually. The research laboratories are currently staffed by six faculty members and approximately 35 pre- and postdoctoral fellows and visiting professors.

The principal research and development laboratories are the Coleman Memorial Laboratory (Directors: Michael M. Merzenich, PhD and Christoph E. Schreiner, PhD, MD) housed within the W. M. Keck Center for Integrative Neurosciences, the Epstein Otoneurological Laboratory (Director: Patricia A. Leake, PhD) and Center for Clinical Research in Otolaryngology (Director: Dr. Andrew Goldberg).

The researchers in these laboratories focus on wide-ranging aspects of normal and pathologic hearing. The common goal is to understand the structures and processes involved in the sensation of sounds in order to devise better treatments for the hard-of-hearing. Areas of research include the coding of sound in the normal auditory systems of animals and humans; effects of hearing-loss and deafness on the function of the auditory nervous system; reorganization of the auditory system in development, learning, and following injury; use of electrical stimulation with cochlear implants in restoration of hearing; improvement of electronic hearing aids; treatment of tinnitus; genetic causes of hearing impairment; use of genetic methods in the treatment of hearing loss.

Other areas of research encompass a wide array of subjects in the areas of balance-, voice-, and swallowing-disorders, as well as, the oncology of the head and neck.

#### **Patient Care**

The Department of Otolaryngology – Head and Neck Surgery is dedicated to providing superior treatment and preventative medicine. With innovative technology and the highest caliber

health care professionals, we are committed to the ideal that optimal care is both specialized and integrated. Offering a range of up-to-the-minute services provides our patients with the best in diagnosis and management of head and neck disorders.

#### Head and Neck Surgery at the UCSF Comprehensive Cancer Center

The Division of Head and Neck Surgery provides extensive head and neck surgery services and comprehensive care for cancer patients and their families, through the UCSF Comprehensive Cancer Center at Mt. Zion. The division specializes in head and neck surgical oncology, treatments for salivary gland and thyroid neoplasms, voice restoration, and anterior-anterolateral cranial base surgery.

#### **UCSF Voice Center**

The University of California San Francisco (UCSF) Voice and Swallowing Center is a multidisciplinary center designed to serve patients with voice and swallowing disorders. The mission of the Center is to provide state-of-the-art care for patients, develop technology for the diagnosis and management of patients with disorders of the upper airway, participate in research for our improvement in the understanding of voice and swallowing disorders and develop educational programs for residents and fellows interested in the diagnosis and management of patients with voice and swallowing disorders.

#### Otology, Neurotology, & Skull Base Surgery

The Division of Otology, Neurotology, and Skull Base Surgery provides care for tumors of the skull base, anterior and middle cranial base and adjacent sinuses, diseases of the ear and related structures. This includes hearing loss, vertigo & balance problems, as well as infections, injuries, tumors, and other ear conditions. The Division specializes in posterior and lateral cranial base surgery, and cochlear implantation.

#### **UCSF Sinus Center**

The UCSF Sinus Center provides care for diseases of the sinuses, nose and related structures. This includes sinus infection, tumors of the nose and sinuses, nasal obstruction and allergy. The Sinus Center specializes in minimally invasive endoscopic approaches for treatment of disorders of the nose and sinuses.

The Sinus Center emphasizes a comprehensive multi-disciplinary approach, using the appropriate specialist to provide complete care.

#### Facial Plastic and Reconstructive Surgery

We offer care and service for patients with congenital and traumatic deformities, surgical defects of the face and neck in addition to cosmetic surgery of these areas.

#### **Pediatric Otolaryngology**

Our pediatric otolaryngologists provide care for a variety of ear, nose and throat disorders in children. These include chronic tonsillitis, obstructive sleep apneachronic, ear disease, hearing loss, chronic rhinosinusitis, congenital, benign and malignant masses of the head and neck, and airway disorders including laryngomalacia, vocal cord abnormalities, and obstructive sleep apnea.

In the near future, the program will include a dedicated Comprehensive Airway Clinic that will centralize the services of pediatric otolaryngology and pediatric pulmonology. Patients with airway problems (and their families) will benefit from the convenience and efficiency of being evaluated and treated for a complex problem in one clinic setting.

#### **General Otolaryngology Faculty Practice**

The Division of General Otolaryngology provides care for diseases of the nose, sinus, and throat. The division specializes in endoscopic sinus surgery, rhinology, laryngology, dysphagia, and snoring and obstructive sleep apnea.

#### **UCSF Swallowing Center**

The Swallowing Center at UCSF provides a multidisciplinary approach to evaluation and treatment of patients with swallowing disorders. Assessment includes use of fluoroscopy, endoscopy, and ultrasound to determine the nature of the problem and to guide treatment. Laryngology specialists consider surgical options while speech pathologists with expertise in dysphagia guide patients through behavioral and dietary management. Patients are referred to gastroenterology, neurology, and pulmonary medicine as needed. Patients with difficulty swallowing are welcome to contact the Swallowing Disorders Center for an appointment.

#### **UCSF Salivary Gland Center**

Dr. Eisele, Professor and Chairman of the Department of Otolaryngology – Head and Neck Surgery and Director of the Division of Head and Neck Surgery at UCSF has a special clinical interest in salivary gland disorders and their surgical and medical management.

As program director for the Head and Neck Cancer Program at UCSF, Dr. Eisele directs comprehensive care for patients with salivary gland cancers. He has trained numerous residents and fellows in innovative surgical techniques and he has helped to introduce minimally invasive diagnostic and treatment methods to the United States. He has lectured both nationally and internationally on salivary gland disorders.

#### **Audiological Services**

The UCSF Audiology Clinic works closely with a variety of medical departments to provide state-of-the-art audiologic testing for individuals of all ages. Comprehensive evaluation and treatment is provided for hearing loss, hyperacusis, tinnitus and dizziness, vertigo and balance-related disorders.

#### **Cochlear Implant Center**

Cochlear implants are designed to provide useful hearing to adults and children with significant hearing loss who are unable to receive benefit from hearing aids.

#### **OHNS Division of Sleep Surgery**

The Division of Sleep Surgery in the Department of Otolaryngology—Head and Neck Surgery specializes in the evaluation and surgical treatment of patients with sleep-disordered breathing—including snoring, upper airway resistance syndrome, and obstructive sleep apnea.

#### **Education and Training**

#### **Residency Program**

The Department of Otolaryngology – Head and Neck Surgery offers a comprehensive five-year residency training program, which covers the breadth of Otolaryngology – Head and Neck Surgery in wide array of clinical settings. The Department has outstanding clinical programs in Head and Neck Oncological Surgery, Neurotology, Skull Base Surgery, Pediatric Otolaryngology, Facial Plastic and Reconstructive Surgery, Laryngology, Rhinology, Sleep Apnea Medicine and Surgery, Dysphagia, and Audiology, Fellowships

In addition to gaining extensive surgical experience, Fellows in the Department of Otolaryngology – Head and Neck Surgery have a wide range of teaching and research responsibilities. Fellows join our department's faculty as clinical instructors and participate in educating otolaryngology residents in both inpatient and outpatient settings.

FY 2009-10 Headcount as of 4/1/10 OTOLARYNGOLOGY

Grand	Total	70
Academic	Part Time	8
Acao	Part Time   Full Time   Part Time	42
Staff	Part Time	4
Sta	-ull Time	16

Source: UCSF Human Resources

Permanently Budgeted FTEs OTOLARYNGOLOGY

		FY 2005-06	90	FY 2006-07	20	FY 2007-08	-08	FY 2008-09	60-	FY 2009-10	10
Permanent Budget Account Title		Academic	Staff	cademic Staff Academic Staff Academic Staff Academic Staff Academic Staff	Staff	Academic	Staff	Academic	Staff	Academic	Staff
MED SCH-OTOLARYNGOLOGY		7.00	7.00 5.36	7.00 5.36	5.36	7.00 5.36	5.36	7.00 5.09	5.09	7.00 4.32	4.32
	Total:	7.00 5	5.36	7.00 5.36	5.36	7.00	7.00 5.36	7.00	7.00 5.09	7.00	7.00 4.32

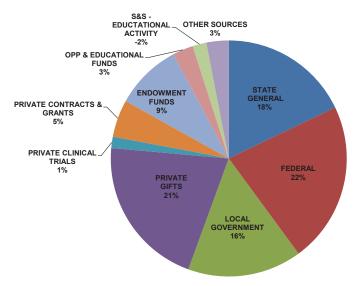
Source: UCSF Budget & Resource Management

## Total Expenditures by Fund Source OTOLARYNGOLOGY

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$1,087,746	\$1,354,475	\$1,176,595	\$1,058,968	\$914,280	-15.9%
FEDERAL	\$1,348,824	\$983,991	\$1,286,841	\$1,000,155	\$1,126,754	-16.5%
STATE SPECIAL & CONTRACTS	(\$487)	\$0	\$0	\$0	\$0	-100.0%
LOCAL GOVERNMENT	\$407,285	\$429,479	\$430,317	\$596,908	\$799,687	96.3%
PRIVATE GIFTS	\$877,861	\$855,347	\$916,215	\$1,338,536	\$1,065,122	21.3%
PRIVATE CLINICAL TRIALS	\$0	\$26	\$10,166	\$1,600	\$79,676	0.0%
PRIVATE CONTRACTS & GRANTS	\$153,302	\$85,919	\$151,960	\$241,294	\$261,383	70.5%
ENDOWMENT FUNDS	\$207,456	\$316,444	\$712,787	\$531,908	\$466,877	125.0%
OPP & EDUCATIONAL FUNDS	\$49,625	\$50,165	\$56,193	\$69,139	\$145,001	192.2%
S&S -EDUCTATIONAL ACTIVITY	\$544,671	(\$232,273)	\$401,431	\$798,233	(\$97,126)	-117.8%
OTHER SOURCES	\$0	\$3,164	\$13,345	\$149,376	\$155,782	0.0%
RESERVES	\$325	\$0	\$0	\$0	\$0	-100.0%
Total:	\$4,676,609	\$3,846,738	\$5,155,850	\$5,786,116	\$4,917,436	5.1%

Source: UCSF Budget & Resource Management

#### Expenditures by Fund Source Otolaryngology FY 2009-10



Source: UCSF Budget & Resource Management

# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 OTOLARYNGOLOGY

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$1,126,754	\$1,089,770	\$556,864	51.10%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$799,687	\$799,687	\$0	0.00%
Private Clinical Trials	\$79,676	\$35,286	\$7,924	22.46%
Private Contracts & Grants	\$261,383	\$217,109	\$38,034	17.52%
Total:	\$2,267,501	\$2,141,853	\$602,823	28.14%

Source: UCSF Budget & Resource Management

#### Financial Schedule 8C - FY 2009-10 Current Funds Expenditures OTOLARYNGOLOGY (Dollars in Thousands)

			Current Fund	ls		Distribution	
	Total	Unre	stricted Designated	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
Instruction	910	914	(290)	286	4,628	879	4,596
Research	2,715	0	41	2,674	1,764	951	0
Total	3,625	914	(249)	2,960	6,392	1,830	4,596

Source: UCSF Controller's Office - 9/30/2010

## NIH Awards - FY 2009-10 OTOLARYNGOLOGY

	Number	Amount
Research Grants*	2	\$892,323
Training Grants	0	\$0
Fellowships	0	\$0
Other Awards	0	\$0
R&D Contracts**	0	\$0
Total:	2	\$892,323

<sup>\*</sup>Does not include grants awarded under the American Recovery and Reinvestment Act (ARRA)

<sup>\*\*</sup>Not reported

#### DEPARTMENT OF PATHOLOGY

- Chair Abbas, Abul K.
- Business Officer Bunker, Mary F.
- Website http://pathology.ucsf.edu

The Department of Pathology at the University of California, San Francisco, aims to achieve the highest standards in patient care, research, and education. The Department provides diagnostic pathology services in a wide variety of areas, with the most modern available technologies and highly trained subspecialists who are recognized nationally and internationally for their expertise.

The Department's research programs are diverse, and interface with a wealth of basic and translational research programs that are a hallmark of UCSF.

Our educational programs include the Pathology Residency training program, subspecialty fellowships in Cytopathology, Dermatopathology, Neuropathology, Surgical Pathology, Gastrointestinal and Liver Pathology, and Transplant Pathology, and a post-sophomore fellowship program for medical students, as well as active roles in the graduate, medical, allied health, and MD/PhD programs of UCSF.

The Department's operations are housed at several sites including the principal site at Parnassus Heights, the home of the UCSF School of Medicine and Moffitt-Long Hospitals; the Mt. Zion campus, home of the UCSF Comprehensive Cancer Center; San Francisco General Hospital & Trauma Center, the Veterans Administration Medical Center; and most recently, the new UCSF research campus at Mission Bay.

#### **Research Programs**

The Department of Pathology has numerous vibrant research programs and strives to be a leader among academic Pathology departments in both basic and clinical research. The research activities of the Department interface closely with numerous research programs at UCSF, including those at the Comprehensive Cancer Center. Our research faculty are members of the two large graduate programs at UCSF: the Program in Biological Sciences and the Biomedical Sciences Program. Well over one hundred postdoctoral research fellows and graduate students are being trained in the laboratories in the Department.

In addition, investigators in the Department are involved in a large number of translational research projects on diverse topics, including: breast tumors; liver, kidney and gastrointestinal

Source: Pathology website, 6/30/2008

diseases; transplantation; lymphoid neoplasms. Information about the research activities of individual faculty members may be found in their biographical sketches.

Although our research activities span a wide range of interests, many of our large, independently funded research groups fall into the following major thematic areas:

- Infection and Immunity
- Cancer
- Neuropathology
- Inflammation and Tissue Injury

#### **Clinical Services**

The departments of Pathology and Laboratory Medicine offer the following clinical services:

- Autopsy
- Cellular Therapy: BMT Laboratory
- Chemistry
- Cytopathology
- Dermatopathology
- Hematology & Hematopathology
- Immunology
- Microbiology
- Molecular & Cytogenetic Testing
- Neuropathology
- Oral Pathology
- Renal Pathology/Electron Microscopy
- Surgical Pathology
- Transfusion Medicine & Blood Banking

#### **Education**

#### Residency Program, Departments of Pathology and Lab Medicine

Training is offered in straight anatomic pathology (AP), straight clinical pathology (CP), and combined AP/CP.

Training is provided through a combination of clinical activities, didactic lectures, and teaching conferences.

Residents in the combined training program receive two years of training in anatomic pathology and two years of training in clinical pathology. Although the minimum current requirement for Source: Pathology website, 6/30/2008

AP/CP Board certification is eighteen months of general anatomic pathology and clinical pathology (plus one additional year), our program traditionally provides training in blocks of one year, with the opportunity, usually, to switch between anatomic pathology and clinical pathology at the end of each academic year. Our goal is to provide basic training in the practice of pathology with opportunities for subspecialty training and in-depth research for those who intend to pursue an academic career. Elective rotation time in each year can be used for training in either anatomic or clinical pathology.

Source: Pathology website, 6/30/2008

FY 2009-10 Headcount as of 4/1/10 PATHOLOGY

St	Staff	Acac	Academic	Grand
Full Time	Part Time   Full Time   Part Time	Full Time	Part Time	Total
80	9	119	24	229

Source: UCSF Human Resources

Permanently Budgeted FTEs PATHOLOGY

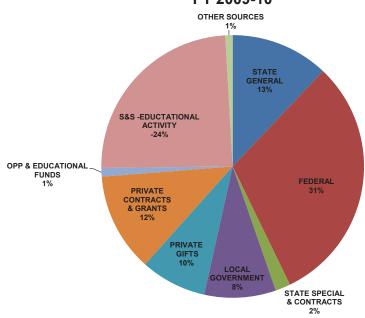
	FY 2005-06	90-	FY 2006-07	-07	FY 2007-08	-08	FY 2008-09	60-9	FY 2009-10	-10
Permanent Budget Account Title	Academic	Staff	Academic Staff   Academic Staff   Academic Staff   Academic Staff   Academic	Staff	Academic	Staff	Academic	Staff	Academic	Staff
MED SCH-PATHOLOGY	17.70 18.62	18.62	17.70	17.70 18.62	0.50	0.50 18.62	17.70	17.70 17.48	17.70 14.95	14.95
MS/PATH-FORENSIC PATH & MED		1.00		1.00		1.00		1.00		1.00
ORG ACT-PATHOLOGY	0.50	2.00	0.50	1.96	0.50	2.05	0.50	1.95	0.50	1.95
PROF SERV-PATH-SFGH-FNA BIOPSY	.>-									0.13
Total:	18.20 21.62	21.62	18.20 21.58	21.58	1.00	1.00 21.67		18.20 20.43	18.20 18.03	18.03

Source: UCSF Budget & Resource Management

## Total Expenditures by Fund Source PATHOLOGY

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$2,683,397	\$2,788,961	\$2,962,060	\$2,828,704	\$2,678,223	-0.2%
FEDERAL	\$4,431,310	\$5,142,834	\$5,903,853	\$5,475,302	\$6,810,030	53.7%
STATE SPECIAL & CONTRACTS	\$101,492	\$92,476	\$94,856	\$436,070	\$412,907	306.8%
LOCAL GOVERNMENT	\$1,494,728	\$1,614,388	\$1,697,706	\$1,785,260	\$1,951,823	30.6%
PRIVATE GIFTS	\$1,330,572	\$1,894,635	\$1,831,701	\$2,106,690	\$1,799,965	35.3%
PRIVATE CLINICAL TRIALS	\$0	\$0	\$177	\$0	\$0	0.0%
PRIVATE CONTRACTS & GRANTS	\$680,565	\$480,726	\$1,565,966	\$2,672,093	\$2,691,749	295.5%
ENDOWMENT FUNDS	\$90,680	\$224,430	\$413,289	\$72,826	\$72,271	-20.3%
OPP & EDUCATIONAL FUNDS	\$115,681	\$187,166	\$163,200	\$218,866	\$234,017	102.3%
S&S -EDUCTATIONAL ACTIVITY	(\$5,293,411)	(\$5,449,139)	(\$5,651,920)	(\$5,921,258)	(\$5,381,706)	1.7%
OTHER SOURCES	\$16,481	\$9,501	(\$7,147)	\$219,701	\$198,829	1106.4%
RESERVES	\$0	\$0	\$0	\$0	\$25,370	0.0%
Total:	\$5,651,495	\$6,985,977	\$8,973,742	\$9,894,255	\$11,493,478	103.4%
			· ·			

#### Expenditures by Fund Type Pathology FY 2009-10



## Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 PATHOLOGY

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$6,810,030	\$6,021,400	\$2,835,285	47.09%
CIRM	\$77,969	\$77,969	\$42,259	54.20%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$1,951,823	\$1,888,243	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$2,691,749	\$2,395,512	\$606,410	25.31%
Total:	\$11,531,572	\$10,383,124	\$3,483,954	33.55%

Source: UCSF Budget & Resource Management

#### Financial Schedule 8C - FY 2009-10 Current Funds Expenditures PATHOLOGY (Dollars in Thousands)

		Current Fund		ls	Distribution			
	Total	Unre	stricted  Designated	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers	
Instruction	(2,521)	2,594	(5,739)	624	17,919	5,783	26,223	
Research	11,110	84	177	10,849	5,366	5,744	0	
Total	8,589	2,678	(5,562)	11,473	23,285	11,527	26,223	

Source: UCSF Controller's Office - 9/30/2010

# NIH Awards - FY 2009-10 PATHOLOGY

	Number	Amount
Research Grants*	26	\$12,739,233
Training Grants	0	\$0
Fellowships	2	\$76,811
Other Awards	1	\$8,000
R&D Contracts**	0	\$0
Total:	29	\$12,824,044

<sup>\*</sup>Does not include grants awarded under the American Recovery and Reinvestment Act (ARRA)

<sup>\*\*</sup>Not reported

#### **DEPARTMENT OF PEDIATRICS**

- Interim Chair Ferriero, Donna, M.D.
- Business Officer Jew, Jacqueline
- Website http://www.pediatrics.medschool.ucsf.edu/

The Department of Pediatrics at UCSF is committed to excellence in research, education and the clinical care of infants, children and young adults. We are particularly proud of our faculty, many of whom have received national and international recognition for their accomplishments in each of these areas. Faculty who have been elected to leadership roles in professional societies, serve as editors of major pediatric texts or journals, and are the recipients of millions of dollars annually in extramural research funding attest to the excellence of our faculty.

We are proud to demonstrate a substantial commitment to education, reflected in our highly acclaimed student, resident and fellowship programs.

Being leaders in combating the illnesses that afflict millions of children, our scientific and academic activities in our Department encompass a wide range of basic and clinical areas and include all of the major pediatric specialties as well as rehabilitation, bone marrow transplantation and health policy.

Helping and treating families, our Department offers a wide range of comprehensive patient care services for the diagnosis and treatment of inpatients and outpatients, from birth to adulthood, with general pediatric and subspecialty problems.

#### **Adolescent Medicine**

The Division of Adolescent Medicine at the University of California, San Francisco is dedicated to improving the health and well-being of adolescents. Using interdisciplinary approaches, we aim to: provide exemplary clinical care; advance knowledge through leading-edge research; translate, synthesize and disseminate state-of-the-art knowledge in clinical practice, research, and health care policy to the broader community; and train the next generation of leaders in adolescent health

#### **Pediatric Bone Marrow Transplant**

More than 600 transplants have been performed for children at UCSF Children's Hospital since the Bone Marrow Transplant Program was established in 1982. That year, we performed the first partially matched bone marrow transplant on the West Coast using bone **marrow from a parent** 

Source: Department of Pediatrics - 9/20/2010

for a child with a severe immunodeficiency disease. Today, we are a leader in special treatment options for children with primary immunodeficiency diseases, marrow failure syndromes, genetic diseases, cancers and other life-threatening illnesses.

#### **Cardiology**

The Division of Pediatric Cardiology at UCSF strives to give future cardiologists a unique and comprehensive education, to provide exemplary services for the diagnosis and treatment of our patients, and to conduct innovative research. We serve patients and train fellows through our Pediatric Heart Center, an integrated center of excellence which optimizes patient care and fosters innovation and creativity of faculty and staff from multiple disciplines.

#### **Critical Care**

The Division of Pediatric Critical Care at UCSF strives to provide high quality clinical care for critically ill infants and children in a multi-disciplinary setting with state-of-the art equipment. The Division is committed to providing an excellent educational environment and the fellowship program has a long history of graduating exceptionally well-trained pediatric intensivists, many of whom have successfully pursued an academic career. In addition, our faculty is involved in a variety of research endeavors aimed at advancing knowledge of diseases and treatment options pertinent to pediatric critical care. The ongoing financial support from extramural research funding is testimony to the excellence of our faculty.

#### **Endocrinology**

The Division of Pediatric Endocrinology in the Department of Pediatrics at the University of California, San Francisco offers a wide variety of training opportunities, research programs and clinical services. The Division includes eight faculty members, each of whom is involved in a variety of research and clinical endeavors.

### Gastroenterology, Hepatology, and Nutrition

The Division of Pediatric Gastroenterology, Hepatology, and Nutrition is dedicated to providing excellent clinical care in the context of a training and research institution. We integrate state of the art medical care and innovative treatment regimens. We are also diligent in our quest to learn about the causes of disease, determining improved and optimal treatment regimens, and understanding the course of disease throughout childhood and adolescence.

Source: Department of Pediatrics - 9/17/2010

### **General Pediatrics**

The Division of General Pediatrics at the University of California, San Francisco is dedicated to providing excellent clinical care, training the next generation of pediatricians, advancing our knowledge of how to improve the health of children, and improving the health of our community. Over 90 faculty, staff and fellows are committed to this mission, as part of UCSF Children's Hospital.

#### Hematology/Oncology

The Children's Cancer and Blood Disease Program of the UCSF School of Medicine is an international leader in the treatment and research of pediatric cancers and hematologic disorders. We are home to the UCSF's Brain Tumor Center and the regional pediatric Hemophilia Treatment Center, and we are part of one of the nation's ten comprehensive Sickle Cell Centers.

#### **Medical Genetics**

The Division of Medical Genetics is dedicated to providing exceptional clinical diagnostic services, medical management, genetic counseling, resources and referrals for pediatric and adult patients who have, or are at risk to have, a genetic condition or birth defect.

#### **Neonatology**

The Division of Neonatology at UCSF is committed to innovation of clinical practice and excellence in patient care that has distinguished the program since its inception by Drs. Bill Tooley and Roderic Phibbs more than 40 years ago. The William H. Tooley Intensive Care Unit was established at UCSF in 1964 to create a highly specialized clinical environment to tackle the problem of respiratory distress syndrome, then the predominant cause of neonatal mortality in the developed world. Four decades of basic and translational research and continuous refinement of our multi-disciplinary approach to clinical care has had a dramatic impact on the survival of premature infants here, within the region we serve, and around the world.

#### Rehabilitation

The Pediatric Rehabilitation Service provides comprehensive multidisciplinary rehabilitation care for children ages birth through 21 years. Our goal is to maximize the abilities of each child while minimizing the effects of their impairments. This is accomplished through effective rehabilitation of the highest quality provided in a family-centered environment. Depending upon the nature of the impairment and the needs of the child; treatment takes place in diversified settings

Source: Department of Pediatrics - 9/17/2010

and uses the various skills of rehabilitation professionals to promote the highest level of functioning possible for the child. The Pediatric Rehabilitation Team is committed to helping each individual reach full functional independence in self care, mobility, communication, cognition, and socialization.

## **Fellowship Training Programs**

UCSF currently has 78 fellows in the pediatrics department, focusing on either laboratory-based research -- through the Molecular Medicine Program -- or clinical research or epidemiology -- through the Oracle program. The Department of Pediatrics also has received a generous gift earmarked for fellowship training that is being used to fund and augment support to fellows.

### Fellows' College

A unique three year program tailored specifically to the professional development needs of AC-GME and other academic fellows in the Department of Pediatrics. Working with subspecialty faculty, School of Medicine and University educational resources, Fellows' College is designed to enhance fellowship subspecialty training program experiences with additional guidance and mentorship essential to prepare the fellows to maximize their educational, research and individual professional potential. The overall goal is to assist the fellows in making a successful transition from fellowship to early academic faculty positions as physician-scientists and academic clinician educators in their subspecialties.

#### **Residency Training Program**

The UCSF pediatric residency program is one of the most sought-after in the United States. Numbers tell the story. Each year the program typically receives over 600 applications for the 28 first-year positions available. Such competition is a tribute to the keen problem-solving and doctor-patient-parent communication skills that are the department's cornerstones. The goal, of course, is to train pediatricians by weaving them into the care of patients at UCSF's renowned Children's Hospital and other hospital sites. But training pediatricians is not the same as teaching them. That requires imparting a deeper understanding of their role as healers and disease experts and engenders a give-and-take style of learning that encourages everyone to be a peak performer – and to enjoy their work at the same time.

Source: Department of Pediatrics - 9/17/2010

FY 2009-10 Headcount as of 4/1/10 PEDIATRICS

St	Staff	Acac	Academic	Grand
Full Time	Full Time Part Time	Full Time	Part Time	Total
170	61	258	38	527

Source: UCSF Human Resources

Permanently Budgeted FTEs PEDIATRICS

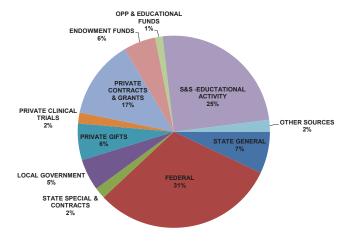
	FY 2005-06	90	FY 2006-07	_	FY 2007-08	80	FY 2008-09	60-	FY 2009-10	10
Permanent Budget Account Title	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic Staff	Staff	Academic	Staff	Academic	Staff	Academic	Staff
FLOURESCENTLY LABELED DNA										
MED SCH-PEDIATRICS	21.66 13.47	13.47	21.66 13.47	3.47	21.66 13.47	13.47	21.66 12.08	12.08	21.50	8.54
ORG ACT-BEHAVIOR & DEVELOP PEDS		0.15		0.15		0.15		0.15		0.12
ORG ACT-PEDIATRICS		0.15		0.15		0.15		0.15		0.15
Total:	21.66 13.77	13.77	21.66 13.77	3.77	21.66 13.77	13.77	21.66 12.38	12.38	21.50 8.81	8.81

## Total Expenditures by Fund Source PEDIATRICS

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$3,256,212	\$3,561,859	\$3,615,805	\$3,714,255	\$3,187,684	-2.1%
TUITION & FEES	\$94,896	\$5,945	\$2,447	\$228	\$8,065	-91.5%
FEDERAL	\$16,657,064	\$12,333,021	\$14,091,670	\$13,231,537	\$14,022,270	-15.8%
STATE SPECIAL & CONTRACTS	\$466,390	\$500,357	\$659,322	\$705,259	\$864,384	85.3%
LOCAL GOVERNMENT	\$1,549,209	\$1,546,930	\$1,805,475	\$2,198,438	\$2,392,236	54.4%
PRIVATE GIFTS	\$1,729,104	\$2,083,182	\$2,246,615	\$2,712,289	\$2,789,786	61.3%
PRIVATE CLINICAL TRIALS	\$657,054	\$374,898	\$452,798	\$795,132	\$829,142	26.2%
PRIVATE CONTRACTS & GRANTS	\$3,997,546	\$5,356,990	\$4,554,866	\$7,769,935	\$6,004,570	50.2%
ENDOWMENT FUNDS	\$1,040,854	\$871,833	\$416,696	\$957,955	\$2,440,341	134.5%
OPP & EDUCATIONAL FUNDS	\$416,846	\$531,305	\$572,170	\$537,092	\$570,284	36.8%
S&S -EDUCTATIONAL ACTIVITY	\$6,370,532	\$8,145,605	\$16,634,493	\$13,250,687	\$11,251,052	76.6%
OTHER SOURCES	\$28,947	(\$13,048)	\$1,175,647	\$881,630	\$904,959	3026.3%
RESERVES	\$0	\$797	\$3,517	\$0	\$3,105	0.0%
Total:	\$36,264,655	\$35,299,676	\$46,231,522	\$46,754,438	\$45,267,878	24.8%

Source: UCSF Budget & Resource Management

#### Expenditures by Fund Type Pediatrics FY 2009-10



## Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 PEDIATRICS

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$14,022,270	\$10,247,808	\$4,010,910	39.14%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$672,284	\$530,048	\$95,322	17.98%
Local Government	\$2,392,236	\$2,392,236	\$62,856	2.63%
Private Clinical Trials	\$829,142	\$665,792	\$182,964	27.48%
Private Contracts & Grants	\$6,004,570	\$5,512,848	\$1,349,290	24.48%
Total:	\$23,920,502	\$19,348,733	\$5,701,343	29.47%

Source: UCSF Budget & Resource Management

#### Financial Schedule 8C - FY 2009-10 Current Funds Expenditures PEDIATRICS (Dollars in Thousands)

			Current Fund	ls		Distribution	
	Total		stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
		General	Designated				
Instruction	6,590	3,142	(299)	3,747	24,710	2,328	20,448
Research	18,626	45	1	18,580	10,868	7,758	0
Total	25,216	3,187	(298)	22,327	35,578	10,086	20,448

Source: UCSF Controller's Office - 9/30/2010

# NIH Awards - FY 2009-10 PEDIATRICS

	Number	Amount
Research Grants*	46	\$15,689,343
Training Grants	6	\$1,289,129
Fellowships	2	\$83,175
Other Awards	1	\$125,959
R&D Contracts**	0	\$0
Total:	55	\$17,187,606

<sup>\*</sup>Does not include grants awarded under the American Recovery and Reinvestment Act (ARRA)

<sup>\*\*</sup>Not reported

## DEPARTMENT OF PHYSICAL THERAPY AND REHABILITATION SCIENCE

- Chair –Topp, Kimberly.
- Business Officer Lambert, Mary
- Website http://ptrehab.medschool.ucsf.edu/

#### **Mission Statement**

The Mission of the UCSF Department of Physical Therapy and Rehabilitation Science is to educate scholarly, socially sensitive clinicians, educators and researchers in physical therapy and rehabilitation science who will lead the profession of physical therapy into the next century. The graduates will be prepared to practice independently or as part of a team within an environment of health care that is not only patient focused, but directed towards building the scientific base of clinical practice, the quality, accessibility, availability, and efficiency. The mission of this Department is to develop dynamic, creative, efficient, sensitive educational opportunities for entry and graduate level students in physical therapy, contribute to the scientific evidence base of physical therapy practice, provide high quality efficient rehabilitation services to clients, and assume an active role in the development of the physical therapy profession within the community at UCSF and SFSU, California and across the United States.

#### Overview

The UCSF Department of Physical Therapy and Rehabilitation Science is located in the School of Medicine, with graduate degrees supported by the Graduate Division. The Department faculty provide patient care through a Faculty Practice located at two different sites. The Department offers three graduate degrees in physical therapy in partnership with San Francisco State University (SFSU): the UCSF/SFSU Entry level Master of Science-Doctorate in Physical Therapy (MS-DPT), the Post Professional DPT (PostProfDPT) for recent graduates, and the post professional Doctorate in Physical Therapy Science (DPTSc). The Department also supports faculty and student research in clinical and basic sciences

#### **Patient Care**

Rita Arriaga, PT, MS is the Director of Clinical Services for the Department. She oversees the inpatient services as well as the faculty practice. She also oversees the outpatient pediatric rehabilitation unit. Upon referral, we offer expert physical therapy consultations, evaluations and interventions to patients of all ages for musculoskeletal and neuromusculoskeletal problems impacting function. The faculty practice at UCSF includes approximately ten clinical faculty.

Source: Physical Therapy and Rehabilitation Science website, 7/1/2008

These faculty members are in our department within the School of Medicine. The majority of the faculty are certified specialists in orthopedics, neurology or geriatrics. Some of the faculty also are specialists working with patients with musculoskeletal injuries of the extremities, spine problems, chronic pain, hemophilia, injured athletes, injured workers, and patients with neurological insults and degenerative conditions. In addition, some of the faculty do ergonomic evaluations at the work site. The clinical faculty also collaborate in research studies. Faculty providers adhere to the Ethical Code and Standards of Practice of the American Physical Therapy Association and to UCSF Medical Staff bylaws. They also conform to the scope of practice and licensure laws and regulations for physical therapy practice in California.

#### Research

The Department strongly supports scientific inquiry and critical thinking within the curriculum and among the faculty. The faculty is involved in a variety of basic, clinical and translational research studies. There is a Movement Analysis Lab, a Gait Lab and an Anatomy Lab. Clinical and outcomes research also take place in the practice clinics. In addition, there is one basic science laboratory. Several studies are interdepartmental and collaborative, and take place in the Departments of Radiology and Anatomy. Students are integrated into faculty research programs.

### **Training**

#### **Graduate Programs in Physical Therapy**

All of the Graduate Programs in Physical Therapy are jointly offered by the University of California, San Francisco and San Francisco State University. These graduate programs are not only integrated within the Graduate Divisions at UCSF and San Francisco State University, but the program is part of the School of Medicine at UCSF and part of the College of Health and Human Services at SFSU. Three different degree programs in physical therapy are offered:

- 1. Master of Science in Physical Therapy (MS-DPT)
- 2. Doctorate in Physical Therapy (Post Professional DPT)
- 3. Doctorate in Physical Therapy Science (DPTSc)

The academic programs in PT are designed to prepare leaders in physical therapy: leaders in community practice, teaching and research. We aim to excite individuals about lifelong learning and commitment to the patient, the community and the profession. Our program also fosters building sensitivity and caring while developing strong questioning and critical inquiry.

Source: Physical Therapy and Rehabilitation Science website, 7/1/2008

FY 2009-10 Headcount as of 4/1/10 PHYSICAL THERAPY AND REHABILITATION SCIENCE

SI	Staff	Acad	Academic	Grand
Full Time	Part Time   Full Time	Full Time	Part Time	Total
9	2	8	9	22

Source: UCSF Human Resources

Permanently Budgeted FTEs PHYSICAL THERAPY AND REHABILITATION SCIENCE

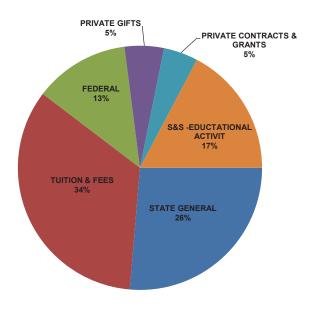
	FY 2005-06	90	FY 2006-07	20	FY 2007-08	80	FY 2008-09	60	FY 2009-10	10
Permanent Budget Account Title	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic Staff	Staff	Academic	Staff	Academic	Staff	Academic	Staff
MED SCH-PHYSICAL THERAPY CURRIC	2.00 2.51	2.51	2.00 2.51	2.51	2.00 2.51	2.51	2.00 2.51	2.51	2.00 2.27	2.27
PHYS THERAPY SELF SUP ACAD PROGRAMS	1.41		1.41		1.63 0.87	0.87	0.28	0.63	0.43	0.37
PROF SERV-OP-PHYSICAL THERAPY							0.03		0.03 1.01	1.01
Total:	3.41 2.51	2.51	3.41 2.51	2.51	3.63 3.38	3.38	2.31	2.31 3.14	2.46 3.65	3.65

## Total Expenditures by Fund Source PHYSICAL THERAPY AND REHABILITATION SCIENCE

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$357,148	\$402,550	\$355,229	\$345,866	\$377,450	5.7%
TUITION & FEES	\$243,736	\$229,816	\$381,377	\$498,915	\$487,529	100.0%
FEDERAL	\$0	\$0	\$0	\$1,664	\$180,878	0.0%
PRIVATE GIFTS	\$44,260	\$113,984	\$130,373	\$127,139	\$74,537	68.4%
PRIVATE CLINICAL TRIALS	\$0	\$0	\$2,671	\$12,166	\$7,844	0.0%
PRIVATE CONTRACTS & GRANTS	\$0	\$0	\$23,105	\$52,570	\$65,270	0.0%
ENDOWMENT FUNDS	\$5	\$9,578	\$48,663	\$1,391	\$1,359	30101.8%
OPP & EDUCATIONAL FUNDS	\$881	\$1,975	\$24	\$967	\$0	-100.0%
S&S -EDUCTATIONAL ACTIVITY	\$416,458	\$646,212	\$1,179,506	\$659,970	\$247,669	-40.5%
Total:	\$1,062,487	\$1,404,114	\$2,120,950	\$1,700,647	\$1,442,537	35.8%

Source: UCSF Budget & Resource Management

# Expenditures by Fund Source Physical Therapy and Rehabilitation Science FY 2009-10



# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 PHYSICAL THERAPY AND REHABILITATION SCIENCE

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$180,878	\$180,878	\$67,940	37.56%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$7,844	\$6,644	\$4,760	71.64%
Private Contracts & Grants	\$65,270	\$65,270	\$5,365	8.22%
Total:	\$253,993	\$252,793	\$78,064	30.88%

Source: UCSF Budget & Resource Management

# Financial Schedule 8C - FY 2009-10 Current Funds Expenditures PHYSICAL THERAPY AND REHABILITATION SCIENCE (Dollars in Thousands)

			Current Func	ls		Distribution	
-	Total	Unre General	stricted  Designated	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
Instruction	1,048	377	597	74	827	681	459
Research	210	0	(44)	254	143	67	0
Total	1,258	377	553	328	970	748	459

Source: UCSF Controller's Office - 9/30/2010

#### **DEPARTMENT OF PSYCHIATRY**

- Interim Chair Binder, Renée, M.D.
- Business Officer Caffey, Marie
- Website http://psych.ucsf.edu/

#### <u>Overview</u>

The UCSF Department of Psychiatry is among the nation's foremost resources for comprehensive and compassionate patient care, research and education in the field of mental health. The Department is located at the major campuses including Parnassus, San Francisco General Hospital, San Francisco Veterans Affairs Medical Center, Mission Bay, Laurel Heights, and UCSF Fresno. The distinguished faculty are integrally involved in state-of-the-art patient care, excellence in professional training, and pioneering research.

### **Clinical Services**

<u>Langley Porter Psychiatric Institute (LPPI)</u>

<u>Mission Statement</u>. The mission of Langley Porter Psychiatric Hospital and Clinics (LPPH&C) is to provide the highest quality care, grounded in education and refined by research.

LPPH&C, the primary site for the Department of Psychiatry's clinical services on the Parnassus Campus, has developed new and differentiated programs over the past five years. This progress has been accomplished despite cutbacks in mental health teaching funds due to the state's budgetary constraints. Leadership is provided by Stuart Eisendrath, MD., Director of LPPH&C Clinical Services.

Adult Inpatient Program. The Adult Inpatient Program (AIP) at LPPI is a 22-bed acute psychiatric service. The AIP uses a biopsychosocial approach in the treatment of adults 18 years and older who suffer from severe behavioral and emotional disturbances. Emphasis is on the assessment and stabilization of illness exacerbations with referral to appropriate subacute services following discharge. The average hospital stay is eight days.

<u>Partial Hospitalization Program</u>. The Partial Hospitalization Program (PHP) offers outpatient services for patients with mood and/or personality disorders in addition to other severe and persistent mental illnesses for an average period of 2-4 weeks. Services are provided by a multi-disciplinary treatment team consisting of a psychiatrist, psychologist, nurse, clinical social workers, and rehabilitation therapists; and includes comprehensive evaluation and individualized treat-

ment planning; time-limited, intensive, dialectical behavioral therapy/psychodynamically-based group and individual psychotherapy; medication monitoring; and aftercare planning and referral.

Adult Outpatient Program. The Adult Psychiatry Clinic (APC) provides a broad range of outpatient consultation, evaluation and treatment interventions for emotional, psychological, and cognitive problems of adults. The APC consists of specialty assessment clinics in depression, anxiety disorders, bipolar disorder, prodromal psychosis, geriatrics, and women's mood and hormone issues. All patients receive an initial assessment, and an individualized treatment plan is then developed by a clinician working collaboratively with the patient. Modalities include time-limited and open-ended individual and group psychotherapy, couples therapy, and ongoing medication management. Future directions are towards more specialty clinics with research opportunities.

Child and Adolescent Services. This is a unique resource to families in the Bay Area and throughout Northern California. Child and Adolescent Services (CAS) provides assessment and treatment for children and adolescents with a broad range of mental disorders and behavioral disturbances. The service strives to set the standard for excellent mental health care. Within that context, CAS offers clinical care in programs that also promote excellent training for the next generation of mental health providers and foster research to ensure continued improvements in care. CAS balances general expertise with areas of particular focus. Specialty clinics address major syndromes such as autism, Attention-Deficit/Hyperactivity Disorder (ADHD), adolescent depression, early onset schizophrenia, eating disorders, complex diagnoses, and Tourette's and Tic Disorders. Treatment options include individual and family psychotherapy, cognitive and behavioral therapies, medications, parent education, and group therapies, and new treatment approaches continue to be introduced as they emerge. CAS also offers expert clinical consultation to community care providers to support their efforts to care for especially complicated patients.

## San Francisco General Hospital (SFGH)

The Department of Psychiatry is one of the largest departments at San Francisco General Hospital (SFGH) with an annual budget of over \$40 million. The Department is organized into 6 clinical divisions and several research programs with 37 full-time and 16 part-time faculty members, and approximately 250 UCSF staff employees. The Department operates a large, dynamic set of clinical programs including the City and County's primary psychiatric emergency service, 4 inpatient psychiatric units, consultation-liaison services, neuropsychology services, traumatic brain injury services, a hospital-based and mobile methadone programs, trauma recovery program, child and adolescent services, a parent enhancement program targeting infants and their parents, and a broad range of community-based case management services for the chronically mentally ill

throughout the City and County of San Francisco. James Dilley, MD is Chief of the Department of Psychiatry at SFGH, as well as Director of the AIDS Health Project.

The SFGH Department of Psychiatry is the largest provider of acute psychiatric care in San Francisco and provides a range of psychiatric services. These clinical services are organized within 6 divisions described below.

The <u>Division of Acute and Emergency Services</u> (AES) is comprised of a Psychiatric Emergency Service (PES) and inpatient facilities. The Psychiatric Emergency Service is the only 24-hour per day, 7-day a week service in the city that accepts psychiatric patients brought in by the police and/or by ambulance. The inpatient service operates two 21-bed acute units that are staffed by culturally and ethnically focused care teams (African-American, Asian, Latino, Lesbian, Gay, Bisexual and Transgender, and Women), one 21-bed non-acute unit, and an 11-bed unit dedicated to the care of forensic patients from the county jails of the City and County of San Francisco for a total of over 20,000 patients days and nearly 6,000 admissions annually.

The <u>Division of Psychosocial Medicine</u> DSM) oversees a Consultation-Liaison Service serving approximately 800 unduplicated clients per year on the SFGH medical, surgical, and OB inpatient units; the Neuropsychology Service evaluating over 200 unduplicated clients per year; Healthy San Francisco, a pilot project integrating primary care and mental health services in federally qualified health centers; and the Emergency Department (ED) case management program targeting over 100 frequent ED clients. DSM also operates the Trauma Recovery Center offering integrated treatment, training and study of the emotional consequences of acute physical and emotional trauma to nearly 800 unduplicated clients annually. The Rape Treatment Center (RTC) and Child/Adolescent Support, Advocacy and Resource Center (CASARC) provide medical, forensic and mental health services to sexually abused adults, children, and adolescents.

The <u>Division of Community Services</u> (DCS) serves over 1,100 unduplicated clients per year with case management services, pharmacological management, crisis intervention, individual, group, and family therapy. An additional 233 clients and their families are served through a managed care capitation program that provides over 18,000 units of intensive assertive case management services annually. DCS also provides vocational rehabilitation services to approximately 30 clients through contract with the California Department of Rehabilitation (DOR). This program is in the process of merging with the Vocational Rehabilitation Services (VRS) initiative based at SFGH to provide skills training and job placements to mentally ill or traumatically brain injured clients. Clients provide clerical and janitorial services on the hospital campus and operate a mobile coffee cart, video library, flower service, and clothing project.

The Division of Infant, Child and Adolescent Psychiatry (ICAP) includes two core clinical

programs and an affiliated research program: Child Adolescent Services, Infant Parent Program, and Child Trauma Research Program. Child and Adolescent Services (CAS) provides outpatient mental health services to children and youth from birth through age 18 at SFGH offices and in neighboring community settings, serving 440 unduplicated clients annually. The Infant-Parent Program (IPP) is a mental health program focused on difficulties in the relationship between young children and their adult caregivers, serving 3,000 unduplicated clients annually. Under the auspices of the UCSF Committee on Human Research, the Child Trauma Research Program (CTRP) offers assessment and treatment to children from birth through age five who experience domestic violence or other interpersonal trauma. The Child Trauma Research Program (CTRP) offers assessment and treatment to children from birth through age five who experience domestic violence or other interpersonal trauma. All three programs have active training components, with rotations for post-doctoral fellows, psychiatry residents, and pre-doctoral students.

The <u>Division of Substance Abuse/Addiction Medicine</u> (DSAAM) provides substance abuse treatment through the Opiate Treatment Outpatient Program and the Methadone Van Program. These programs provide methadone maintenance and counseling, medical and psychiatric services, and detox admissions, as well as outpatient treatment for methamphetamine/cocaine abuse or dependence and any co-occurring substance use or psychiatric disorders. Of the estimated 18,000 opiate users in San Francisco, only 3,000 are in treatment. DSAAM maintains 90 methadone detox slots and 530 methadone maintenance slots for medically complex patients for a total of approximately 170,000 units of service annually.

The AIDS Health Project (AHP) was established in 1984 and while its services have changed somewhat over the past 26 years, its mission has remained unchanged: to provide culturally sensitive counseling and education to stop the spread of HIV infection, and to help people face the emotional, psychological and social challenges of living with HIV disease. AHP programs serve some 6,000 clients annually and include HIV mental health and substance abuse counseling services for those with HIV/AIDS and prevention services for those at risk, as well as education, training, and psychiatric consultation for AIDS service providers locally and nationally, for a total of nearly 35,000 units of service annually.

Research Programs at SFGH. SFGH faculty members are actively engaged in a growing port-folio of clinical, behavioral, biomedical, and health services research, publishing over 30 peer-reviewed articles this past year. Primary areas of research in the Department of Psychiatry at SFGH include substance abuse treatment and prevention, HIV prevention and the development of evidence-based interventions, family therapy, depression prevention, and child trauma research. Total research funding increased from \$4.2 million in FY08 to \$7.9 million in FY09.

Training Programs at SFGH. As one of the last great county teaching hospitals that provides

high quality care for the poor and uninsured, SFGH is critically important to the academic mission of UCSF for both pre-doctoral and post-doctoral education. On an annual basis, 27 psychiatry residents train in the Department of Psychiatry at SFGH. The Child Trauma Research Project, the Neuropsychology Training Program, Child and Adolescent Multicultural Training Program, UCSF Clinical Psychology Training Program, and AIDS Health Project together sponsor an additional 28 pre-doctoral trainees and 12 post-doctoral fellows in Psychology each year. licated services to over 1,600 unique clients annually.

## San Francisco Veterans Administration (SF-VA)

The SFDVAMC is one of the leading academic research institutions in the country. An affiliate of UCSF, it has the largest funded research program in the Veterans Health Administration, with more than \$77 million in annual research expenditures. The Mental Health Service (MHS) research portfolio consists of approximately \$20 million in active grants from NIH, VHA, DoD, and private foundations. MHS investigators, who are also In-Residence or Adjunct faculty in the Department of Psychiatry at UCSF, are engaged in high-impact clinical and translational research in PTSD, geriatric neuropsychiatry, substance abuse, and schizophrenia. The Interim Chief of the Service, Sophia Vinogradov, MD, is an active NIMH-funded investigator with collaborations at Duke, Harvard, Dartmouth, UCLA, and UCD. The MHS Associate Chief for Research, Kristine Yaffe, MD, is an internationally recognized geroneuropsychiatry researcher and is also the Associate Chair for Clinical and Translational Research for the Department of Psychiatry.

The MHS provides a range of clinical services to veterans, treating approximately 11,000 patients every year at its main San Francisco site and at 6 community-based outpatient clinics sited throughout northern California. The service is made up of approximately 120 FTE staff from a range of disciplines (including psychiatry, psychology, social work, and nursing), many of whom are also UCSF faculty members. Specialty clinical programs have been developed in geropsychiatry, home-based primary care, PTSD, substance abuse, HIV psychiatry, integrated interdisciplinary care, women's mental health, mood disorders, and psychotic illness.

The MHS serves as a training site for medical students, residents, psychiatry fellows, psychology pre-doctoral and post-doctoral fellows, and trainees from other disciplines. Its programs are consistently ranked as among the best sites for psychiatry training by UCSF medical students and residents, and its psychology programs are among the most competitive in the country. The MHS Associate Chief for Education, Robert Daroff, MD, is a member of the prestigious Academy of Medical Educators at UCSF and directs the School of Medicine's psychiatry clerkship. Eight VA psychiatry faculty have been awarded Academy of Medical Educators Excellence in Teaching Awards in the past four years, and psychiatry has an active leadership role in the "VAL-OR" clerkship, recognized internationally as an innovative model for teaching.

#### **Education**

The UCSF Department of Psychiatry is nationally recognized for its many outstanding training programs in medical student education, residency programs, and clinical and research fellowships. Strong leadership is provided by Lowell Tong, MD, Associate Chair of Education, who also serves as the director of Medical Student Education. The Department's Medical Student Education program is fully integrated with all School of Medicine fundamental and clinical science departments in jointly leading interdisciplinary courses throughout the four-year medical student curriculum. The top tier-ranked and large General Adult Psychiatry Residency Training Program, directed by Ellen Haller, MD, offers a four-year training opportunity across three main training sites at the Parnassus campus (LPPI), SFGH and the VAMC; includes the biological, psychological and socio-cultural aspects of psychiatry; and strives to prepare residents for successful careers emphasizing leadership in clinical practice, scholarship, teaching and research. The Department supports the following 21 education and training programs:

- Physician Oriented
  - Undergraduate Medical Education
    - Medical Student Education
  - Graduate Medical Education
    - General and Adult Residency Training (UCSF)
    - General and Adult Residency Training (UCSF-Fresno)
    - Child and Adolescent Psychiatry
    - Forensic Psychiatry
    - Geriatric Psychiatry
    - Addiction Psychiatry (VA)
    - Psychosomatic Medicine (VA)
  - Psychiatry Research Fellowships
    - During residency
      - Clinical Translational
    - Post-residency
      - VA Biological Research
      - Independent (Hughes, etc.)
- Psychologist and Social-Behavioral Scientist Oriented
  - Pre- and Post-doctoral Psychology
    - Clinical Psychology (SFGH, LPPI)
    - Clinical Psychology (VA)
    - Child and Adolescent Services Multicultural Clinical Training
  - Post-doctorate Research Psychology (not limited to psychologists)

- Affective Science
- Drug Abuse Treatment and Services Research (NIH T32)
- Neurosciences and Schizophrenia (NIH T32)
- Psychology & Medicine (NIH T32)
- Community Academic Research Training Alliance (NIH R25)
- Clinical Services Research Program/Child Health Services (NIH T32)
- Life Long Learning Oriented
  - Continuing Education Committee is a faculty/administrative oversight body that guides policy and regulatory functions, and reviews 8 departmental Grand Rounds series and CME course proposals

#### Research

The UCSF Department of Psychiatry has been a leader in research for over half a century. Its many investigators explore biological, psychological, and social processes as they may affect the cause, diagnosis, and treatment of mental disorders as well as those that promote health, coping capacity, and life satisfaction. Operating in one of the premier biomedical research institutions in the world, researchers have compiled a deep and distinguished record of achievement. The Department has a significant number of research scientists who are investigating the cellular, genetic, behavioral, and clinical factors related to both mental illness and mental health. Basic science discoveries are being applied to clinical care through translational research efforts and new intervention strategies. As one vehicle for promoting clinical and translational research in the Department, departmental faculty are organized into eight Research Collaboration Groups representing broad areas of research interests: Affective Disorders; Child/Adolescent/Young Adult; Geriatric/Cognitive Impairment; Schizophrenia and Psychosis; Stress and Trauma; Substance Abuse; Education; and Neurobiology and Genetics.

FY 2009-10 Headcount as of 4/1/10 PSYCHIATRY

St	Staff	Acac	Academic	Grand
Full Time	Part Time	Full Time	Part Time	Total
207	73	99	30	376

Source: UCSF Human Resources

Permanently Budgeted FTEs PSYCHIATRY

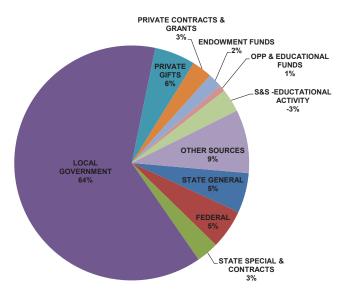
	FY 2005-06	90	FY 2006-07	-02	FY 2007	80-	FY 2007-08   FY 2008-09	60-	FY 2009-10	-10
Permanent Budget Account Title	Academic	Staff	Academic	Staff	Academic	Staff	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic Staff	Staff
AIDS HEALTH PROJ GENR'L COMMON COST								0.20		0.30
MED SCH-PSYCHIATRY	21.67 15.18	15.18	20.67 15.18	15.18	20.67 15.68	15.68	20.67 14.96	14.96	20.67	8.51
PSY-MENTAL HEALTH SERV FOR DEAF										
S/M:PSYCH GRAD ACADEMIC EDUCATION		0.50		0.50		0.50				
Total:	21.67 15.68	15.68	20.67 15.68	15.68	20.67 16.18	16.18	20.67 15.16	15.16	20.67 8.81	8.81
		1		1						ı

## Total Expenditures by Fund Source PSYCHIATRY

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$1,716,463	\$1,621,093	\$2,001,400	\$2,165,140	\$2,347,992	36.8%
TUITION & FEES	\$0	\$0	\$0	\$0	\$308	0.0%
FEDERAL	\$1,959,262	\$2,863,649	\$2,720,945	\$1,588,350	\$2,312,050	18.0%
STATE SPECIAL & CONTRACTS	\$2,468,555	\$3,484,706	\$2,824,746	\$2,124,357	\$1,310,957	-46.9%
LOCAL GOVERNMENT	\$25,553,576	\$26,796,333	\$28,434,632	\$26,337,382	\$26,867,124	5.1%
PRIVATE GIFTS	\$772,506	\$1,093,300	\$780,918	\$1,028,998	\$2,401,308	210.8%
PRIVATE CONTRACTS & GRANTS	\$1,648,074	\$1,474,848	\$1,285,766	\$1,607,927	\$1,188,527	-27.9%
ENDOWMENT FUNDS	\$530,695	\$688,627	\$474,144	\$372,719	\$832,681	56.9%
OPP & EDUCATIONAL FUNDS	\$162,716	\$234,620	\$243,399	\$310,110	\$376,836	131.6%
S&S -EDUCTATIONAL ACTIVITY	\$1,527,870	\$1,195,716	\$1,755,113	\$1,563,896	(\$1,369,499)	-189.6%
OTHER SOURCES	\$3,224,949	\$3,117,433	\$3,254,953	\$4,025,128	\$3,730,297	15.7%
RESERVES	\$0	\$0	\$1,482	\$0	\$0	0.0%
Total:	\$39,564,666	\$42,570,326	\$43,777,498	\$41,124,006	\$39,998,581	1.1%

Source: UCSF Budget & Resource Management

## Expenditures by Fund Type Psychiatry FY 2009-10



## Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 PSYCHIATRY

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$2,312,050	\$1,706,405	\$641,056	37.57%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$1,306,365	\$1,253,087	\$178,147	14.22%
Local Government	\$26,867,124	\$26,024,223	\$1,881,775	7.23%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$1,188,527	\$1,126,484	\$97,856	8.69%
Total:	\$31,674,066	\$30,110,199	\$2,798,834	9.30%

Source: UCSF Budget & Resource Management

#### Financial Schedule 8C - FY 2009-10 Current Funds Expenditures PSYCHIATRY (Dollars in Thousands)

			Current Fund	ls		Distribution	
	Total	Unres	stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
		General	Designated				
Instruction	2,762	2,344	(850)	1,268	9,737	(3,259)	3,716
Research	3,268	0	29	3,239	1,821	1,447	0
Total	6,030	2,344	(821)	4,507	11,558	(1,812)	3,716

Source: UCSF Controller's Office - 9/30/2010

## NIH Awards - FY 2009-10 PSYCHIATRY

	Number	Amount
Research Grants*	42	\$19,848,305
Training Grants	5	\$922,385
Fellowships	3	\$134,732
Other Awards	4	\$2,348,446
R&D Contracts**	0	\$0
Total:	54	\$23,253,868

<sup>\*</sup>Does not include grants awarded under the American Recovery and Reinvestment Act (ARRA)

<sup>\*\*</sup>Not reported

#### DEPARTMENT OF RADIATION ONCOLOGY

- Chair Roach, Mack III, M.D.
- Business Officer Lewis, Vickie
- Website http://www.ucsf.edu/radonc/

The Radiation Oncology team at UCSF is world-renowned for offering the highest level of evidence-based and innovative care for patients. This team of clinicians, physicists and basic researchers are intimately involved in pioneering ways to improve the outcomes of treatment by fostering advancements in the field of Radiotherapy. These efforts are centered around delivering the very best care for current and future patients, while training the radiotherapy care givers of tomorrow.

### History

The Department of Radiation Oncology at UCSF is one of the oldest and most respected departments of its type in the world. The seeds for this department were planted nearly 70 years ago and since then it has evolved from a small research facility to international prominence. During this time, four faculty members have received the highest honor of our society, the American Society of Therapeutic Radiology and Oncology (ASTRO) Gold Medal. This department has made many very important contributions to the field of Radiation Oncology including some of the basic principles of interactions between radiation and drugs such as Therapeutic Gain Factor (TGF) and early trials combining chemotherapy with radiotherapy.

In 1928 Dr. Robert Stone was recruited to head a new Division of Radiology within the Surgery Department at UCSF. Dr. Stone was an early collaborator with the Lawrence brothers of Berkeley with whom he designed and built x-ray equipment. He was also the first from UCSF to be honored with the ASTRO Gold Medal and an early explorer into the use of neutron beams to treat cancer. Dr. Stone's successor, B. V. A. Low-Beers would be known for his exploration of radioisotope therapy and as a founding member of the International Club of Radiotherapists. Perhaps the department's greatest progress was made under the administration of J. Franz Buschke who was not only a pioneer of supervoltage radiotherapy but who, in accepting his appointment at UCSF, committed himself to developing a superior clinical radiation therapy treatment center and training program. It was during his tenure, in 1960, that the first dedicated radiation therapy trainees started at UCSF.

Upon Dr. Buschke's retirement in 1970, one of those first trainees, Dr. Theodore Phillips, became his replacement as Chief of Therapy. In 1974 Dr. Phillips saw Radiation Oncology become a Division of Radiology with a separate budget and then, in 1978, a separate department of the

medical school. Under Dr. Phillips the department grew substantially, acquiring a number of new modalities including three-dimensional conformal radiotherapy, radiosurgery, hyperthermia, and other treatment options. The new modalities enabled UCSF to offer treatments not available within the community and to advance the field through research. In 1998, Dr. Phillips stepped down as chair and became the Wun-Kon Fu Professor. Dr. William Wara assumed the position of Chair and, during his tenure, did much to expand the pediatrics capabilities within the department. Dr. Wara stepped down in 2005 and has been replaced by the current Chair, Dr. Mack Roach, III.

#### **Patient Care**

UCSF Radiation Oncology department offers a comprehensive approach to patient care with a wide range of therapy modalities implemented by a staff of noted physicians, physicists and dosemitrists.

### Brachytherapy

Brachytherapy refers to a method of delivering radiation to tumors by placing radioactive sources either directly into the tumor or very close to it.

### CyberKnife

The CyberKnife is a non-invasive radiosurgery system designed to perform precisely-targeted, high-dose treatment in one to five sessions to small regions anyplace in the body.

#### Gamma Knife

The Gamma Knife is a specialized machine for giving a single very high dose of highly-conformal radiation to small, well-circumscribed targets anyplace in the brain with the highest level of precision.

#### • Hyperthermia

Hyperthermia (heat treatment) at high temperatures can be used to kill cancer cells or, at lower levels of heating, to make cancer cells more susceptible to other treatments such as radiation and chemotherapy.

#### • Image-Guided Radiation Therapy

Most of the treatments delivered in our department use image-guided radiotherapy (IGRT) technologies, some of them developed by our UCSF scientists, to precisely aim and verify where radiation is delivered.

#### • Intensity Modulated Radiotherapy

IMRT applies computer optimization technology to medicine, allowing computercontrolled radiation intensity variations across each treatment field to improve the conformity of radiation to complicated target regions and to improve sparing of normal

tissues.

#### Intra Operative Radiotherapy

Intra-operative radiation therapy (IORT) is the use of radiation therapy during a surgical procedure in order to deliver maximal radiation to a tumor while sparing adjacent normal structures.

### Orthovoltage

Orthovoltage is x-ray treatment used for cancers that are very superficial in the body such as skin cancer.

#### Proton for Ocular Tumors

Proton therapy is an extremely precise form of radiation treatment that is UCSF's preferred method of radiation therapy for ocular melanoma.

### Three Dimensional Conformal Therapy

Three-dimensional conformal radiation therapy (3D-CRT) allows shaping of radiation to a tumor in three-dimensions using non-coplanar radiation beams with computer treatment planning and computer-controlled treatment delivery.

#### • Treatment Planning

Radiation treatment planning is becoming increasingly sophisticated. Most treatment planning is based on computed tomography (CT) imaging of a patient in the treatment position, but this scan can be merged in the treatment planning computer with other imaging modalities such as magnetic resonance imaging and spectroscopy (MRI/MRS) or positron emission tomography (PET) to improve tumor delineation. Modern treatment planning also benefits from more accurate radiation dose calculation methods and computer optimization.

#### **Research and Clinical Trials**

From the brain to head and neck to prostate cancers, some of the most important clinical trials completed to date have been lead by investigators from UCSF. Numerous studies on central nervous system (CNS) tumors have addressed issues related to defining optimal drugs, radiation type (brachytherapy or radioactive seeds, radiosurgery, and radiation therapy), and the use of hyperthermia (heat). The largest randomized trial completed to-date involving head and neck cancer studying optimal fractionation schemes was designed and chaired by Dr. Karen Fu, (another ASTRO Gold Medal winner, from UCSF). The largest prostate cancer trial completed to date, evaluating the impact of radiation field on outcomes, was designed and chaired by another investigator from UCSF (Dr. Roach). As a leading research institution, UCSF fields numerous clinical trials in many areas at one time.

## **Education and Training**

The Department of Radiation Oncology offers the following training opportunities:

- Medical Student Externships/Clerkships
- Residency Training Program
- Physics Residency Training Program
- Physics Postdoctoral Fellowships
- Clinical Fellowships
- Annual Postgraduate Course in Radiation Oncology

FY 2009-10 Headcount as of 4/1/10 RADIATION ONCOLOGY

Part Time   Full Time   Part Time	St	Staff	Acac	Academic	Grand
01/	<b>Fime</b>		Full Time	Part Time	Total
2	28	2	67	4	83

Source: UCSF Human Resources

Permanently Budgeted FTEs RADIATION ONCOLOGY

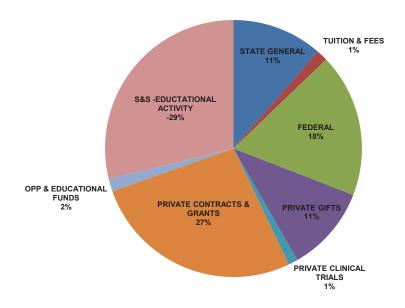
	Ħ	<b>+</b>	<b>.</b>	
-10	Sta	0.7	4.00 0.74	
FY 2009-10	Academic	4.00 0.74	4.00	
60-	Staff	4.00 1.06	4.00 1.06	
FY 2008-09	Academic Staff Academic Staff Academic Staff Academic Staff Academic Staff	4.00	4.00	
-08	Staff	4.00 1.25	1.25	
FY 2007-08	Academic	4.00	4.00	
-07	Staff	4.00 1.25	4.00 1.25	
FY 2006-07	Academic	4.00	4.00	
90	Staff	4.00 1.25	4.00 1.25	
FY 2005-06	Academic	4.00		
	Permanent Budget Account Title	MED SCH-RADIATION ONCOLOGY	Total:	

## Total Expenditures by Fund Source RADIATION ONCOLOGY

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$537,236	\$541,189	\$559,916	\$519,984	\$410,084	-23.7%
TUITION & FEES	\$42,023	(\$39,436)	\$146,491	(\$48,320)	\$50,166	19.4%
FEDERAL	\$1,378,048	\$1,401,535	\$954,108	\$782,076	\$649,372	-52.9%
PRIVATE GIFTS	\$357,307	\$176,929	(\$20,699)	\$243,405	\$388,495	8.7%
PRIVATE CLINICAL TRIALS	\$78,420	\$9,897	(\$8,743)	\$2,921	\$42,336	-46.0%
PRIVATE CONTRACTS & GRANTS	\$545,487	\$711,615	\$640,819	\$705,308	\$958,591	75.7%
ENDOWMENT FUNDS	(\$8,300)	\$41,216	(\$3,502)	(\$1,121)	\$0	-100.0%
OPP & EDUCATIONAL FUNDS	\$118,796	\$66,027	\$72,242	\$50,533	\$55,718	-53.1%
S&S -EDUCTATIONAL ACTIVITY	(\$367,091)	(\$1,050,147)	(\$202,780)	\$201,168	(\$1,035,904)	182.2%
OTHER SOURCES	(\$7,000)	\$291	\$41,271	\$116,403	\$6,532	-193.3%
RESERVES	\$39,811	\$0	\$0	\$81	\$0	-100.0%
Total:	\$2,714,737	\$1,859,115	\$2,179,123	\$2,572,438	\$1,525,390	-43.8%

Source: UCSF Budget & Resource Management

## Expenditures by Fund Source Radiation Oncology FY 2009-10



# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 RADIATION ONCOLOGY

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$649,372	\$599,637	\$275,678	45.97%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$42,336	\$42,336	\$4,050	9.57%
Private Contracts & Grants	\$958,591	\$957,684	\$396,079	41.36%
Total:	\$1,650,299	\$1,599,658	\$675,806	42.25%

Source: UCSF Budget & Resource Management

#### Financial Schedule 8C - FY 2009-10 Current Funds Expenditures RADIATION ONCOLOGY (Dollars in Thousands)

			Current Fund	ls		Distribution	
	Total	Unre	stricted  Designated	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
Instruction	(97)	410	(978)	471	8,194	562	8,852
Research	1,661	0	50	1,611	983	678	0
Total	1,564	410	(928)	2,082	9,177	1,240	8,852

Source: UCSF Controller's Office - 9/30/20110

# NIH Awards - FY 2009-10 RADIATION ONCOLOGY

	Number	Amount
Research Grants*	47	\$15,526,796
Training Grants	2	\$780,852
Fellowships	1	\$46,590
Other Awards	0	\$0
R&D Contracts**	0	\$0
Total:	50	\$16,354,238

<sup>\*</sup>Does not include grants awarded under the American Recovery and Reinvestment Act (ARRA)

<sup>\*\*</sup>Not reported

#### DEPARTMENT OF RADIOLOGY AND BIOMEDICAL IMAGING

- Chair Arenson, Ronald L., M.D.
- Business Officer Garzio, Catherine
- Website http://www.radiology.ucsf.edu/

Radiology and Biomedical Imaging at the University of California, San Francisco combines trailblazing research, outstanding education, and clinical excellence in a leading academic health sciences institution. Our faculty includes some of the foremost names in diagnostic and interventional radiology today.

Our clinical programs, featuring sub-specialty expertise, span four hospitals: Moffitt / Long Hospitals, San Francisco General Hospital (SFGH), Mt. Zion Hospital, the San Francisco Veterans Affairs Hospital, as well as an outpatient imaging center at China Basin Landing. We offer the full spectrum of clinical applications and techniques on state-of-the-art equipment. With our five sites, we perform more than 500,000 procedures annually.

Our residency program is among the very best in the country, attracting the best and brightest medical students in the United States. All of our residents go on for sub-specialty fellowships, most often at UCSF. Many pursue academic careers. We emphasize research experiences and training during the residency and nearly all of our residents spend a year working with a PhD collaborator in a lab.

Our clinical and research fellowships, covering every major sub-specialty, are also outstanding. Different fellowship opportunities exist at each of our four sites, including a Clinical Instructor/Fellowship equivalent experience at SFGH geared toward those destined for private practice.

Our research efforts are flourishing with additional faculty and funded programs. The department has consistently been among the top institutions in the NIH rankings, and we are proud to be second in the country in NIH funding in 2007. Industrial collaborations provide us with unique opportunities to work with prototype equipment. These relationships also create close interactions with industrial scientists who work with our faculty and students while exploring new approaches to medical imaging.

The outpatient imaging center and research facility at China Basin Landing, adjacent to the Mission Bay campus, houses the Center for Molecular and Functional Imaging, including a 3T MR system, as well as clinical MR, CT and PET/CT. The Surbeck Laboratory for Advanced Imaging at QB3 offers 3T and 7T MRI and exceptional translational research programs. We expect these important facilities, together with UCSF Medical Center expansion to Mission Bay, to support Source: Radiology and Biomedical Imaging 8/19/2008

even more growth in our prolific research program and will strengthen our reputation for leadership and vision in diagnostic imaging innovation as we enter a new era of molecular imaging.

The department of Radiology consists of the following sections:

- Abdominal Imaging
- Cardiac & Pulmonary Imaging
- Interventional Radiology
- Musculoskeletal
- Neuroradiology
- Neuro Interventional
- Nuclear Medicine
- Pediatric Radiology
- Ultrasound
- Women's Imaging

#### Research

The Department of Radiology and Biomedical Imaging is actively engaged in research that ranges from basic science to new technologies to clinical applications. In 2007, the Department (including VA Medical Center and UCSF laboratories) ranked 2nd in total NIH funding for diagnostic radiology departments.

In the past several years, the Department has expanded and added three important state-of-the art research facilities: The Center for Molecular and Functional Imaging at China Basin Landing, The Surbeck Laboratory for Advanced Imaging located at QB3: The California Institute for Biomedical Research in Mission Bay, and the Center for Imaging of Neurodegenerative Diseases at the San Francisco VA Medical Center.

#### Education

The Department of Radiology and Biomedical Imaging is renowned for its excellence in post-graduate education and training. Its programs in residency, fellowships, medical student education, and CME all rank among the nation's most prestigious advanced study programs in Radiology.

Source: Radiology and Biomedical Imaging 8/19/2008

The Diagnostic Radiology Residency Program at the University of California, San Francisco, is one of the largest and most diverse in the United States dedicated to training leaders in research, teaching, public service, and clinical care.

The Nuclear Medicine Residency Program within the Department of Radiology and Biomedical Imaging is unique in offering broad clinical training that includes molecular imaging, dedicated cross-sectional training, and extensive research opportunities.

The Department of Radiology Fellowship Program offers unparalleled training opportunities to those physicians who wish to expand their expertise in several of the radiology subspecialties: abdominal imaging, breast imaging, breast imaging and ultrasound, cross sectional imaging (CT, Ultrasound, MRI), diagnostic neuroradiology, musculoskeletal, pediatric, thoracic imaging, ultrasound, vascular interventional, women's imaging (ultrasound, mammography), interventional neuroradiology and a practicum in cross sectional radiology.

The Henry Goldberg Center for Advanced Imaging Education offers electives in Radiology to medical students through the UCSF School of Medicine's integrated curriculum. The Center teaches radiology and anatomy through the use of medical imaging.

Through the Joint Graduate Program in Bioengineering with UC Berkeley, the Department of Radiology faculty participate in graduate student education and offer significant opportunities for PhD candidates in Bioengineering to participate in research activities. More than half of the faculty in the Joint Graduate Program hold appointments in Radiology and Biomedical Imaging.

The Department of Radiology Postgraduate Education & CME Program has been established as one of the most respected CME programs in the United States since 1963. The UCSF Radiology CME program offers numerous destination courses presented by UCSF's world-renowned radiologists, as well as DVD series that has kept clinicians up-to-date in the field of radiology.

Source: Radiology and Biomedical Imaging 8/19/2008

FY 2009-10 Headcount as of 4/1/10 RADIOLOGY AND BIOMEDICAL IMAGING

St	Staff	Acac	Academic	Grand
Full Time	Full Time   Part Time   Full Time   Part Time	Full Time	Part Time	Total
161	18	199	52	430

Source: UCSF Human Resources

Permanently Budgeted FTEs RADIOLOGY AND BIOMEDICAL IMAGING

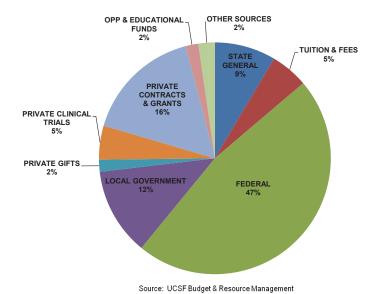
	FY 2005-06	90-	FY 2006-07	-07	FY 2007-08	-08	FY 2008-09	60	FY 2009-10	·10
Permanent Budget Account Title	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic	Staff	Academic	Staff	Academic	Staff	Academic	Staff
GEN MED-BIOENGINEERING-UC BERK	2.00	1.00	2.00	1.00	2.00	2.00 1.00				
MED RES-RADIOLOGY	0.27	0.86	0.27	0.86						
MED SCH RADIOLOGY DEPT PROGRAMS	13.83	8.04	13.83	8.04	13.83	13.83 8.03	13.83 7.40	7.40	13.83	5.12
ORG ACT-RADIOLOGY PROGRAMS	1.46		1.59	9.12	2.80	10.36	3.07	11.34	4.33	4.33 11.59
PROF SERV OP-RADIOLOGY		9.07	1.55	11.06	0.55	0.55 7.71	0.55	7.71	0.42	7.41
Total:	17.56 18.97	18.97	19.24	19.24 30.08		19.18 27.10	17.45 26.45	26.45	18.58 24.12	24.12

## Total Expenditures by Fund Source RADIOLOGY AND BIOMEDICAL IMAGING

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$3,372,364	\$3,278,822	\$3,726,960	\$3,615,805	\$2,679,337	-20.6%
TUITION & FEES	\$1,827,016	\$1,876,153	\$1,974,420	\$1,824,374	\$1,647,467	-9.8%
FEDERAL	\$9,638,944	\$10,461,484	\$12,170,688	\$13,535,486	\$14,800,934	53.6%
STATE SPECIAL & CONTRACTS	\$379,855	\$105,758	\$185,287	\$233,627	\$38,935	-89.7%
LOCAL GOVERNMENT	\$4,660,097	\$4,835,600	\$4,814,844	\$3,662,057	\$3,831,687	-17.8%
PRIVATE GIFTS	\$1,110,523	\$831,215	\$642,157	\$568,048	\$526,051	-52.6%
PRIVATE CLINICAL TRIALS	\$746,064	\$1,270,876	\$795,300	\$2,007,406	\$1,486,993	99.3%
PRIVATE CONTRACTS & GRANTS	\$4,516,808	\$5,665,390	\$5,730,846	\$6,298,895	\$5,147,457	14.0%
ENDOWMENT FUNDS	\$161,721	\$177,826	\$216,847	\$196,514	\$134,207	-17.0%
OPP & EDUCATIONAL FUNDS	\$320,324	\$442,227	\$525,640	\$592,729	\$557,143	73.9%
S&S -EDUCTATIONAL ACTIVITY	\$3,775,012	\$7,670,236	\$4,687,651	\$437,839	(\$76,194)	-102.0%
OTHER SOURCES	\$740,859	\$264,485	\$345,868	\$826,683	\$716,756	-3.3%
RESERVES	\$0	\$0	\$1,462	\$0	\$367	0.0%
Total:	\$31,249,586	\$36,880,073	\$35,817,969	\$33,799,463	\$31,491,140	0.8%

Source: UCSF Budget & Resource Management

## Expenditures by Fund Type Radiology and Biomedical Imaging FY 2009-10



## Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 RADIOLOGY AND BIOMEDICAL IMAGING

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$14,800,934	\$13,001,036	\$4,696,763	36.13%
CIRM	\$13,881	\$13,881	\$2,776	20.00%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$3,831,687	\$3,831,687	\$0	0.00%
Private Clinical Trials	\$1,486,993	\$1,419,500	\$225,831	15.91%
Private Contracts & Grants	\$5,147,457	\$4,862,158	\$1,215,087	24.99%
Total:	\$25,280,952	\$23,128,262	\$6,140,457	26.55%

Source: UCSF Budget & Resource Management

## Financial Schedule 8C - FY 2009-10 Current Funds Expenditures RADIOLOGY AND BIOMEDICAL IMAGING (Dollars in Thousands)

			Current Fund	ls		Distribution	
	Total	Unre	stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
•		General	Designated				
Instruction	(195)	2,057	(3,226)	974	26,419	6,145	32,758
Research	22,447	592	548	21,307	12,256	10,190	0
Total	22,252	2,649	(2,678)	22,281	38,675	16,335	32,758

Source: UCSF Controller's Office - 9/30/2010

## **DEPARTMENT OF SURGERY**

- Chair Ascher, Nancy L., M.D., Ph.D.
- Business Officer Panion, Mike Charles
- Website http://www.surgery.ucsf.edu/index.html

#### **Mission Statement**

Our mission is threefold: to develop the next generation of leaders in surgery; to provide outstanding quality clinical care that is cost effective, yet compassionate; and to make significant advances in scientific knowledge and clinical practice through both basic and clinical research.

## **Specialty Divisions**

- Cardiothoracic
- General Surgery
- Pediatric Cardiothoracic
- Pediatric Surgery
- Plastic & Reconstructive
- Transplant Surgery
- Trauma Surgery (SFGH)
- Vascular Surgery

## **Geographic Divisions**

- UCSF/Parnassus
- UCSF/Mount Zion
- San Francisco General Hospital
- San Francisco Veterans Administration Medical Center

## **Research Laboratories**

- Cardiac Biomechanics Lab
- Cardiothoracic Translational Research Lab
- Center for Bioengineering and Tissue Regeneration
- Center for the Neurobiology of Digestive Diseases
- Chuter Lab
- Colorectal Surgery Research Lab
- Endocrine Surgery Oncology Lab
- Gastrointestinal Surgery Research Lab
- Kang-Niemann Lab
- Lung Transplantation Lab

Source: Surgery website, 7/1/2008

- Pacific Vascular Research Lab
- Raffai Lab
- Sarkar Lab
- Schneider Lab
- Surgical Oncology Lab
- Surgical Research Lab (SRL)
- Thoracic Oncology Lab
- Wang Lab

#### **Clinical Services**

The Department of Surgery offers comprehensive general surgical services and subspecialty services, including vascular surgery, plastic surgery, cardiothoracic surgery, pediatric surgery, and transplant surgery. The UCSF/Mount Zion Surgery Division provides services in general, endocrine, breast, melanoma, and oncologic surgery. UCSF/Mount Zion is the site of the UCSF Comprehensive Cancer Center and focuses on providing comprehensive diagnostic and treatment options to patients with benign or malignant tumors.

## **Education and Training**

#### **Patient Education**

Educating our patients and those who care for them is a continuous and essential component of the practice, demonstrated daily through such channels as our website, the distribution of instructional materials, and general contact with the patients and their families. We also strive to reach out to the public through community presentations and meetings, as well as participating in UCSF's Mini Medical School program - a public education course encompassing some of the core learning done in the first two years of health science studies.

### **Residency Education**

We deeply value the importance of residency education as a key element to the training and development of our young surgeons. We supervise, mentor, and work directly with the residents of the General Surgery Residency Program in both a clinical and research capacity. For more details on the Residency Program itself, please visit the Department of Surgery's Education Office.

#### **International Education**

Our commitment to education has no boundaries as we frequently mentor and work with overseas visitors to the practice and laboratory ranging from students to full-time faculty.

Source: Surgery website, 7/1/2008

### **Global Health Education**

We also support and are dedicated to improving health standards and reducing the burden of disease globally, specifically in the more vulnerable populations. For more information on the UCSF Surgery and Global Health Program, please visit www.globalpas.org. In addition, further information and programs can be found through UCSF Global Health Sciences.

Source: Surgery website, 7/1/2008

FY 2009-10 Headcount as of 4/1/10 SURGERY

St	Staff	Acac	Academic	Grand
Full Time	Part Time	Part Time   Full Time	Part Time	Total
197	21	194	25	437

Source: UCSF Human Resources

Permanently Budgeted FTEs SURGERY

	FY 2005-06	90	FY 2006-07	-07	FY 2007-08	-08	FY 2008-09	FY 2009-10	9-10
Permanent Budget Account Title	Academic	Staff	Academic	Staff	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic Staff	f Academic	Staff
GENERAL FUNDS	17.50 17.39	17.39							
MED RES-SURGERY-GENERAL				2.00		2.00			
MED SCH-SURGERY-GENERAL			17.50 13.07	13.07	17.50	17.50 17.39	17.50 16.46		17.50 14.22
MED SCH-SURGERY-GEN-SFGH				4.32					
SURGERY-ADMINISTRATION				0.03					
SURGERY-EXPER SURG SUITE (4MSUR1)		2.00							
SURGERY-XEROX COPIER RECHRG A00008		0.03							
SURG-IMMUN/TRANSP HLA TYPING Y00004	0.17	0.47							
SURG-IMMUNE MONITOR-POST TRANSPLANT			0.17	0.17 0.47	0.17	0.17 0.47	0.17 0.47		0.17 0.47
Total:	17.67 19.89	19.89	17.67	17.67 19.89	17.67	17.67 19.86	17.67 16.93		17.67 14.69

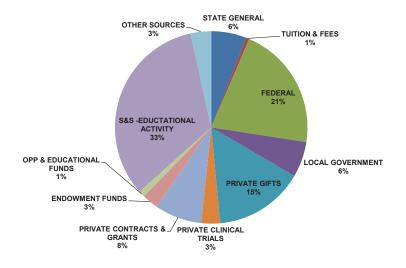
Source: UCSF Budget & Resource Management

## Total Expenditures by Fund Source SURGERY

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$1,455,788	\$3,396,010	\$3,412,601	\$3,417,250	\$2,797,966	92.2%
TUITION & FEES	\$343,742	\$151,410	\$152,790	\$167,151	\$242,705	-29.4%
FEDERAL	\$8,322,353	\$10,956,250	\$10,302,513	\$8,521,211	\$9,891,597	18.9%
STATE SPECIAL & CONTRACTS	\$2,309,924	\$98,836	\$371,857	\$287,985	\$121,330	-94.7%
LOCAL GOVERNMENT	\$1,522,666	\$2,624,061	\$2,726,784	\$2,958,961	\$2,818,996	85.1%
PRIVATE GIFTS	\$49,494	\$4,119,265	\$4,798,590	\$5,801,306	\$7,113,815	14273.1%
PRIVATE CLINICAL TRIALS	\$0	\$3,872,120	\$1,100,695	\$1,889,242	\$1,479,710	0.0%
PRIVATE CONTRACTS & GRANTS	\$2,011,053	\$5,065,622	\$4,995,386	\$5,180,716	\$3,741,893	86.1%
ENDOWMENT FUNDS	\$20,419	\$1,671,037	\$1,049,411	\$1,026,500	\$1,289,935	6217.4%
OPP & EDUCATIONAL FUNDS	\$456,920	\$394,563	\$499,301	\$463,371	\$494,949	8.3%
S&S -EDUCTATIONAL ACTIVITY	\$1,791,707	\$15,203,473	\$18,453,440	\$14,721,792	\$15,632,082	772.5%
OTHER SOURCES	\$5,891	(\$3,115,971)	(\$490,521)	\$669,736	\$1,627,285	27521.2%
RESERVES	\$0	\$0	\$0	\$914	\$0	0.0%
Total:	\$18,289,957	\$44,436,676	\$47,372,848	\$45,106,136	\$47,252,262	158.4%

Source: UCSF Budget & Resource Management

## Expenditures by Fund Source Surgery FY 2009-10



Source: UCSF Budget & Resource Management

# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 SURGERY

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$9,891,597	\$7,128,764	\$3,099,455	43.48%
CIRM	\$11,997	\$11,995	\$6,501	54.20%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$2,818,996	\$2,796,877	\$8,551	0.31%
Private Clinical Trials	\$1,479,710	\$1,387,595	\$355,654	25.63%
Private Contracts & Grants	\$3,741,893	\$3,713,773	\$801,536	21.58%
Total:	\$17,944,193	\$15,039,004	\$4,271,697	28.40%

Source: UCSF Budget & Resource Management

## Financial Schedule 8C - FY 2009-10 Current Funds Expenditures SURGERY (Dollars in Thousands)

			Current Fund	ls		Distribution	
	Total	Unre	stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
		General	Designated			_	
Instruction	4,756	2,654	1,166	936	29,962	(509)	24,697
Research	21,322	144	(320)	21,498	11,749	9,572	0
Total	26,078	2,798	846	22,434	41,711	9,063	24,697

Source: UCSF Controller's Office - 9/30/2010

## NIH Awards - FY 2009-10 SURGERY

	Number	Amount
Research Grants*	26	\$10,242,959
Training Grants	2	\$334,563
Fellowships	2	\$110,644
Other Awards	1	\$238,500
R&D Contracts**	0	\$0
Total:	31	\$10,926,666

<sup>\*</sup>Does not include grants awarded under the American Recovery and Reinvestment Act (ARRA)

<sup>\*\*</sup>Not reported

## **DEPARTMENT OF UROLOGY**

- Chair Carroll, Peter R., M.D.
- Business Officer Perry, Patricia
- Website http://urology.ucsf.edu/

#### **Mission Statement**

The mission of the UCSF Department of Urology is:

- to provide compassionate, cost-effective, skillful and innovative care to all patients
- to ask relevant questions and answer them with scientific knowledge obtained through laboratory and clinical research
- to educate students, residents and fellows in the art and science of urology and thereby to train the future leaders in our field
- to recognize that the Department of Urology is a group of individuals working together, responsibly and ethically, to achieve its goals
- be leaders in the field locally, regionally, nationally, and internationally
- contribute significantly and positively to all aspects of the UCSF community

#### **Welcome From the Chair**

The UCSF Department of Urology is committed to offering the best urologic care, the most productive and innovative research programs, and an outstanding educational program that trains the future leaders in the field. We are one of the most productive urology departments in the nation, concentrating our efforts on a wide variety of research and clinical care programs.

The department continues to build on its very strong, long-time commitments to research and training. In recent years, our research programs have grown and diversified with additional depth in the basic sciences, clinical sciences and health services research, and population sciences. Urology has two major junior faculty development grants in benign urologic diseases and male reproductive health that provide support as young faculty undertake their research programs. In urologic oncology, the department has raised grant and gift funds to support the career development of prostate cancer researchers, with a focus on translational research. The department's continued commitment to research is reflected in our outstanding record of publications, grant support, and presentations at regional, national and international meetings. UCSF now ranks fourth nationally among departments of urology in funding from the National Institutes of Health.

Source: Department of Urology, 8/19/2010

Our residency program is one of the best in the country, attracting the finest applicants available. The UCSF residency includes a research year to provide a foundation for careers in academic urology. Members of the department have helped develop multidisciplinary research and adult and pediatric patient care programs in key areas throughout the UCSF Campus. The excellence of UCSF's patient care program in urology has been acknowledged by its national #5 ranking in US News and World Report.

We take seriously our mission to educate, to care and to discover. We are grateful to the faculty and staff, the housestaff, the leadership of UCSF and our patient advocates, who have allowed us to achieve and maintain our status as a program of excellence.

## History

The discipline of urology at UCSF began at San Francisco County Hospital in 1900. In 1915, Dr. Frank Hinman, Sr., son of a pioneer family, became the first Chair of the Division of Urology. Dr. Hinman was an extraordinary surgeon, teacher and scientist. His monumental book, The Principles and Practice of Urology, first published in 1937, is an enduring symbol of the department's commitment to the art and science of urology. Dr. Hinman served as Chair until his retirement in 1950.

Dr. Donald Smith succeeded Dr. Hinman in 1951. His major clinical interests were fluid and electrolyte balance, renal physiology, reconstructive surgery (especially hypospadias repair), urinary tract infection, and pediatric urology. In 1957, he conceived and wrote the text, General Urology (now Smith's General Urology, in its 17th edition), whose concise, direct format has made it a classic for both undergraduate and practitioner. Dr. Smith trained 72 residents during his 25 year tenure as Chair, retiring in 1976.

Dr. Emil A. Tanagho assumed the Chair in 1976, after successfully negotiating departmental status for what had previously been a division of the Department of Surgery. Dr. Tanagho's goal was to maintain the excellence of the clinical training while introducing a strong academic program. To this end, he expanded the residency training program and recruited a complement of full-time faculty members to encompass the diverse subspecialties within the field of urology. During Dr. Tanagho's 20 year tenure as Chair, the Department of Urology contributed immensely to the urologic literature, its members publishing approximately 1000 articles in peer-reviewed journals.

In 1996, Dr. Peter Carroll succeeded Dr. Tanagho as department Chair. Under his tenure the department's research programs have grown and diversified. The department maintains a strong

Source: Department of Urology, 8/19/2010

commitment to innovative and expert clinical care. Dr. Carroll continues to build on a distinguished legacy leading the UCSF Department of Urology into the future.

## Clinics, Hospitals, and Research Facilities

Clinical, research, educational and administrative functions are housed at five UCSF locations and four affiliated hospitals. UCSF locations include: UCSF Parnassus, UCSF Mount Zion, San Francisco General Hospital, San Francisco and Veterans Affairs Medical Center. The three affiliated hospitals are: California Pacific Medical Center, and Children's Hospital-Oakland.

## **Clinical and Research Programs**

Faculty lead clinical and research programs in endourology, laparoscopy and urinary stone disease, male infertility and reproduction, neurourology, male erectile dysfunction, pediatric urology, sexual medicine, trauma and reconstructive surgery, tissue regeneration, urology outcomes, and urologic oncology. The department's research funding has grown at an impressive rate and now ranks fourth in National Institutes of Health funding to departments of urology. Funding for clinical and basic research comes from external sources, including federal and state government, foundations and private gifts. A true partnership with patient advocates has aided in the growth of resources and provides a focus and urgency to our research and care missions.

## Residency

Urology residents are selected for our program through the American Urological Association Matching Program, consistently matching our top choices. The training program covers all aspects of urologic practice. Each first-year resident is paired with a faculty member who guides the resident through his or her UCSF training. This relationship is designed to facilitate our training program's mission: to maintain a very competitive program which trains future leaders in urology, through the use of individualized clinical rotations and a year of focused laboratory research.

## **Fellowship**

The Department of Urology has a robust set of clinical and postdoctoral fellowship programs which provides specialized training in specific areas of urology. The objectives of the clinical fellowship programs are to provide subspecialty and research training for the future academic leaders of urology. UCSF's postdoctoral fellowships for Ph.Ds provide additional research training in the basic sciences, population sciences, and clinical and outcomes research.

Source: Department of Urology, 8/19/2010

FY 2009-10 Headcount as of 4/1/10 UROLOGY

St	Staff	Acad	Academic	Grand
Full Time	Part Time	Full Time	Part Time	Total
30	4	53	11	98

Source: UCSF Human Resources

Permanently Budgeted FTEs UROLOGY

	FY 2005-06	90-	FY 2006-07	-05	FY 2007-08	90	FY 2008-09	60	FY 2009-10	.10
Permanent Budget Account Title	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic Staff	Staff	Academic	Staff	Academic	Staff	Academic	Staff
MED SCH-UROLOGY	4.00	4.00 4.34	4.00	4.00 4.34	4.00	4.00 4.34		4.00 4.00		4.00 3.48
Total:	4.00	4.00 4.34	4.00	4.00 4.34	4.00	1.00 4.34	4.00	4.00 4.00	4.00	1.00 3.48

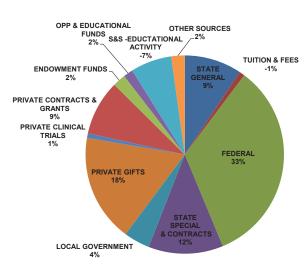
Source: UCSF Budget & Resource Management

## Total Expenditures by Fund Source UROLOGY

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$849,841	\$880,903	\$930,228	\$827,228	\$826,431	-2.8%
TUITION & FEES	\$46,954	\$26,198	\$42,261	\$38,254	(\$76,386)	-262.7%
FEDERAL	\$2,724,069	\$2,250,642	\$2,790,290	\$2,741,381	\$2,952,637	8.4%
STATE SPECIAL & CONTRACTS	\$0	\$550	\$1,616	\$324,199	\$1,075,256	0.0%
LOCAL GOVERNMENT	\$240,699	\$247,523	\$284,440	\$343,854	\$374,151	55.4%
PRIVATE GIFTS	\$858,502	\$1,226,386	\$2,028,559	\$2,653,186	\$1,547,128	80.2%
PRIVATE CLINICAL TRIALS	\$89,114	\$70,156	\$5,039	\$1,322	\$64,157	-28.0%
PRIVATE CONTRACTS & GRANTS	\$1,611,621	\$1,955,370	\$1,172,679	\$681,458	\$791,376	-50.9%
ENDOWMENT FUNDS	\$138,003	\$404,004	\$371,340	\$263,121	\$186,717	35.3%
OPP & EDUCATIONAL FUNDS	\$95,759	\$140,115	\$127,770	\$129,170	\$138,066	44.2%
S&S -EDUCTATIONAL ACTIVITY	\$371,378	(\$630,878)	\$811,162	\$650,496	(\$591,049)	-259.2%
OTHER SOURCES	\$5,761	\$423	\$8,343	\$186,586	\$192,713	3245.1%
Total:	\$7,031,700	\$6,571,392	\$8,573,726	\$8,840,255	\$7,481,196	6.4%

Source: UCSF Budget & Resource Management

## Expenditures by Fund Source Urology FY 2009-10



Source: UCSF Budget & Resource Management

# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 UROLOGY

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$2,952,637	\$2,799,026	\$1,217,289	43.49%
CIRM	\$1,067,850	\$897,355	\$510,451	56.88%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$374,151	\$374,151	\$0	0.00%
Private Clinical Trials	\$64,157	\$64,130	\$36	0.06%
Private Contracts & Grants	\$791,376	\$757,399	\$139,743	18.45%
Total:	\$5,250,171	\$4,892,062	\$1,867,520	38.17%

Source: UCSF Budget & Resource Management

## Financial Schedule 8C - FY 2009-10 Current Funds Expenditures UROLOGY (Dollars in Thousands)

			Current Fund	ls		Distribution	
	Total	Unre	stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
		General	Designated				
Instruction	1,110	818	(650)	942	5,750	2,088	6,727
Research	4,969	8	(482)	5,443	2,856	2,113	0
Total	6,079	826	(1,132)	6,385	8,606	4,201	6,727

Source: UCSF Controller's Office - 9/30/20110

## NIH Awards - FY 2009-10 UROLOGY

	Number	Amount
Research Grants*	10	\$3,996,439
Training Grants	1	\$111,812
Fellowships	0	\$0
Other Awards	0	\$0
R&D Contracts**	0	\$0
Total:	11	\$4,108,251

<sup>\*</sup>Does not include grants awarded under the American Recovery and Reinvestment Act (ARRA)

<sup>\*\*</sup>Not reported

## INTERDISCIPLINARY CENTERS AND PROGRAMS

### AIDS RESEARCH INSTITUTE

- Director Greenspan, John , BDS, PhD
- Business Officer Moreno, Mario
- Website http://ari.ucsf.edu/

#### **Mission Statement**

The AIDS Research Institute at UCSF is committed to fostering innovative and integrated science—basic, clinical, prevention, and policy research—to prevent, understand, treat, and someday cure HIV infection; rapid dissemination of our findings; and training new scientists to continue working toward our ultimate goal of ending the HIV/AIDS epidemic.

#### **About the AIDS Research Institute at UCSF**

The AIDS Research Institute (ARI) coordinates and integrates all AIDS research activities at the University of California, San Francisco. The ARI stimulates innovation and supports interdisciplinary collaboration aimed at all aspects of the epidemic domestically and around the world. Bringing together hundreds of scientists and more than 50 programs from throughout the university and affiliated labs and institutions, and working in close collaboration with affected communities, the ARI is one of the premier AIDS research entities in the world.

#### **Executive Committee**

- Nina Agabian, PhD
- Francesca Aweeka, PharmD
- Jason D. Barbour, PhD
- Susan Buchbinder, MD
- Michael Busch, MD, PhD
- Haile T. Debas, MD
- Jes W. Dilley, MD
- Ruth Greenblatt, MD
- Warner C. Greene, MD, PhD
- John S. Greenspan, BDS, PhD
- C. Bradley Hare, MD
- Diane V. Havlir, MD
- Frederick Hecht, MD
- Mallory Johnson, PhD
- Jay A. Levy, MD

- Joseph M. McCune, MD, PhD
- Stephen F. Morin, PhD
- Arthur Reingold, MD, MPH
- E. Michael Reyes, MD, MPH
- George W. Rutherford, MD
- Paul A. Volberding, MD
- Diane W. Wara, MD

## **Programs**

#### Basic/Vaccine

- AIDS Biology Program
- AIDS Research Institute at UCSF Laboratory of Clinical Virology
- Blood Systems Research Institute
- Craik Laboratory
- Drug Research Unit at San Francisco General Hospital
- Gladstone Institute of Neurological Disease
- Gladstone Institute of Virology and Immunology
- HPV/Epithelial Tumor Virus Laboratory
- Laboratory for Molecular Pathogenesis
- Laboratory of Matija Peterlin
- Laboratory of Neurobiology/Neuroimmunology
- Laboratory of Raul Andino
- Laboratory of Tumor and AIDS Virus Research
- San Francisco Department of Public Health Vaccine Trials
- UCSF-GIVI Center for AIDS Research (CFAR)

#### Clinical Care & Research

- Adult AIDS Clinical Trials Group (AACTG)
- AIDS and Cancer Specimen Resource
- AIDS Biology Program
- AIDS Health Project
- AIDS Immunobiology Research Laboratory
- AIDS Research Institute at UCSF Laboratory of Clinical Virology
- AIDS Specimen Bank
- Bay Area Perinatal AIDS Center (BAPAC)
- Community Consortium
- Deaf AIDS Support Services, UC Center on Deafness
- Drug Research Unit at San Francisco General Hospital
- Family Treatment Fund
- Francis J. Curry National TB Center

- International Center of HIV/AIDS Research and Clinical Training in Nursing
- Oral AIDS Center
- Osher Center for Integrative Medicine
- Pediatric AIDS Clinical Trials Unit
- Positive Health Program at SFGH
- 360: The Positive Care Center at UCSF
- UCSF Nursing HIV/AIDS Center
- UCSF-GIVI Center for AIDS Research (CFAR)
- Veterans Affairs Medical Center HIV Clinical Research Program
- Women's HIV Interdisciplinary Network
- Women's HIV Program at UCSF
- Women's Interagency HIV Study (WIHS)

#### Prevention

## Center for AIDS Prevention Studies (CAPS)

- Center for Health Improvement and Prevention Studies (CHIPS)
- Epidemiology and Prevention Interventions Center (EPI-Center)
- San Francisco Department of Public Health HIV Research Section
- Policy
- AIDS Policy Research Center

#### • Education & Training

- AIDS Action Network
- AIDS Clinical Training for International Organizations of Nurses (ACTION)
- AIDS Education and Training Centers National Evaluation Center
- AIDS Health Project
- ASPIRE (AIDS Services—Prevention, Interventions, Research, and Education)
- Center for AIDS Prevention Studies (CAPS)
  - CAPS/Fogarty International Traineeships in AIDS Prevention Studies
  - Collaborative HIV Prevention Research in Minority Communities Program
  - Traineeships in AIDS Prevention Studies (TAPS)
- Center for HIV Information (CHI)
  - HIV InSite
- Cochrane Collaborative Review Group on HIV Infection and AIDS
- FACES (Family AIDS Care and Educational Services)
- Fogarty International Center, UC Berkeley and UCSF
- Institute for Global Health
- International Center of HIV/AIDS Research and Clinical Training in Nursing
- International Training and Education Center on HIV (I-TECH)
- Japanese Physicians AIDS Training Program
- National HIV/AIDS Clinicians' Consultation Center (NCCC)

- Osher Center for Integrative Medicine
- Pacific AIDS Education and Training Center (PAETC)
- Positive Health Program Community Education Unit
- San Francisco Area (UCSF) AIDS Education and Training Center
- UCSF Global Health Sciences
- UCSF-GIVI Center for AIDS Research (CFAR)

#### International

- AIDS Clinical Training for International Organizations of Nurses (ACTION)
- ASPIRE (AIDS Services—Prevention, Interventions, Research, and Education)
- CAPS/Fogarty International Traineeships in AIDS Prevention Studies
- Center for HIV Information (CHI)
  - HIV InSite
- FACES (Family AIDS Care and Educational Services)
- Family Treatment Fund
- Fogarty International Center, UC Berkeley and UCSF
- Institute for Global Health
- International Center of HIV/AIDS Research and Clinical Training in Nursing
- International Training and Education Center on HIV (I-TECH)
- Japanese Physicians AIDS Training Program
- UCSF Global Health Sciences

#### Women & Children

- Bay Area Perinatal AIDS Center (BAPAC)
- Pediatric AIDS Clinical Trials Unit
- Positive Health Women's Services
- Women's HIV Interdisciplinary Network
- Women's HIV Program at UCSF

## AMERICAN ASTHMA FOUNDATION RESEARCH PROGRAM (formerly the Sandler Program for Asthma Research)

- Director Seaman, William E, M.D.
- Business Officer Dougherty, Valerie
- Website http://www.americanasthmafoundation.org/grants/

#### **Mission Statement**

The mission of the American Asthma Foundation Research Program is to develop important new pathways of investigation in basic research regarding asthma. The Program aims are to:

- Support highly innovative research.
- Draw outstanding investigators from other fields into the study of asthma.
- Support asthma research by excellent investigators who are early in their faculty careers.

The Program supports research at non-profit research institutions in the U.S., Canada, Australia, Ireland, Israel, Sweden and the United Kingdom by providing 3-year grants at two levels.

- Senior Awards are intended for investigators with well-established research programs and an international reputation for their research.
- Early Excellence Awards are intended to support investigators who have demonstrated exceptional early accomplishment as independent investigators.

The American Asthma Foundation Research Program was established in 1999 with the goal of advancing basic research in asthma. The Program is administered by UCSF and is financially supported by gifts from the American Asthma Foundation, a 401(c)3 non-profit. The Program is governed by a thirteen-member international scientific review board, which is comprised of top basic biomedical scientists, including members of the UCSF faculty. Over the past ten years, the Program has supported more than 140 innovative basic research projects focused on investigating causes, preventions and cures for asthma.

The program office at UCSF is responsible for advertising the award program, coordinating the application review process, making funding recommendations to the American Asthma Foundation, assuring award compliance with program policies, hosting an annual scientific meeting to foster interaction among asthma researchers, and documenting program activities.

Source: American Asthma Foundation Research Program - 8/19/2010

## CENTER FOR HEALTH AND COMMUNITY

- Director Adler, Nancy
- Website http://chc.medschool.ucsf.edu/

#### **Mission Statement**

Facilitate multidisciplinary research that will provide comprehensive understanding of problems of health, illness and health care.

Develop and test new strategies for research and interventions to promote health, prevent disease and facilitate recovery.

Provide integrated teaching of basic and applied aspects of social and behavioral sciences, epidemiology and health policy to students in all four professional schools.

Establish collaborative partnerships with community groups that enable the Center to fulfill its educational, research, and service priorities.

### **About the Center**

The Center for Health and Community at UCSF (CHC) was established to assess the challenges of the changing health care delivery environment and identify policies and interventions that will maximize the beneficial impact of the changing health care delivery system.

The Center is comprised of programs and individual faculty from all UCSF Schools who have been at the cutting edge of health services and policy-related research for many years, and includes the basic social and behavioral scientists in epidemiology, health policy, anthropology, psychology, sociology, history, bioethics, economics, and clinical research.

Under the leadership of CHC, scientists, clinicians and policy analysts collaborate through multidisciplinary groups designed to promote comprehensive approaches to health problems, and to bridge the gap between medicine and social science. These collaborative activities offer new opportunities to delivery systems, community health, research, and population health perspectives that form the Center's academic vision. According to Dr. Nancy Adler, Director of the Center for Health and Community, there is "a good deal of research that shows us we cannot isolate physical diseases from our emotions, behaviors and experiences." More than half of premature deaths can be prevented through changes in behavior, environment, and lifestyle-a fact that has been largely ignored by traditional medicine. The Center places special research emphasis on the hu-

Source: Center for Health and Community website, 7/2/2008

man side of health care, on who the patient is rather than what disease the patient has.

The Center also plays a leading role in developing innovative curricula for both pre-clinical and clinical years that will promote an understanding of the contributions of non-biological factors to health, disease, and recovery. Drawing on its strong and diverse faculty from various schools and departments, CHC provides both pre- and postdoctoral students with professional tools to deal with social, psychological and cultural issues in the clinical setting and prepares students to work in a complex socio-political professional environment that crosses traditional boundaries. Through these and other activities, Center members are taking steps to improve care to individuals and communities, shape health care policy, and educate future health care providers.

#### Research

Under the leadership of the Center, scientists, clinicians and policy analysts collaborate through multidisciplinary work groups to research and promote comprehensive approaches to health problems. These groups reflect the Center's four areas of research interest: changes in the health care delivery system in California, community health indicators and partnerships, methodologies and measurement, and research and policy on key populations and health problem indicators.

#### Education

Center for Health and Community programs offer graduate degrees in social and behavioral sciences related to health as well as research training for post-doctoral scholars.

The Center also plays a leading role in developing innovative curricula for both pre-clinical and clinical years that will promote an understanding of the contributions of non-biological factors to health, disease, and recovery. Drawing on its strong and diverse faculty from various schools and departments, CHC provides both pre-and post-doctoral students with professional tools to deal with social, psychological and cultural issues in the clinical setting and prepares students to work in a complex socio-political professional environment that crosses traditional boundaries.

Source: Center for Health and Community website, 7/2/2008

## CLINICAL AND TRANSLATIONAL SCIENCE INSTITUTE (CTSI) AT UCSF

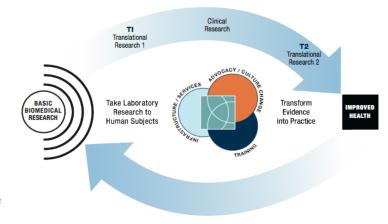
- Director, CTSI and Assoc Vice Chancellor for Research Johnston, S. Claiborne, M.D., PhD.
- Co-Director, CTSI Grady, Deborah, M.D., MPH
- Executive Director, CTSI Autry, Susan, MBA
- Website http://ctsi.ucsf.edu/

#### **About CTSI**

The Clinical & Translational Science Institute (CTSI) at UCSF facilitates the rapid translation of research to improvements in patient and community health. To achieve its goals, CTSI provides infrastructure, services and training to support clinical and translational research. To advance its mission, CTSI also develops broad coalitions and partnerships at the local and national levels to

enable a transformation of the research environment. Established in 2006, UCSF's CTSI was among the first of the now 55-member NIH-funded Clinical and Translational Science Awards (CTSA) consortium.

UCSF's CTSI is a cross-school, campus-wide institute, with scientist leaders at its helm. The institute is directed by S. Clai-

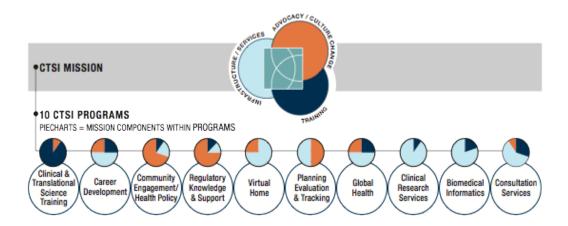


borne Johnston, MD, PhD, a renowned research expert in the prevention and treatment of stroke, and co-directed by Deborah Grady, MD, MPH, an international expert on women's health. Susan Autry, MBA, a specialist in business administration, science and technology management, and multidisciplinary collaborations, serves as the executive director.

### **CTSI Goals**

- To further enhance the efficiency and quality of clinical and translational research by transforming the research, training, and career development environment.
- To develop cross-cutting initiatives using the knowledge, skills, and infrastructure developed by multiple CTSI programs to accelerate clinical and translational research beyond UCSF CTSI's collaborating institutions and its impact on health of our own and other communities.

CTSI's Mission is accomplished through its programs below – All mentioned services and resources are available to all researchers at UCSF and affiliated institutions



## Research Services & Infrastructure

## **CLINICAL RESEARCH Services (CRs)**

9 different physical locations in San Francisco and the greater Bay Area, including hospital and community settings, provide an array of clinical research services.

The new cross-cutting Clinical Research Acceleration initiative aims at bringing research services directly into community practices to accelerate the pace of clinical and translational research with streamlined regulation, a new participant recruitment service, and sophisticated research management.

#### **CONSULTATION SERVICES (CS)**

Provides expert advice from UCSF faculty and senior staff. The services include biostatistics, data management, regulatory knowledge and support, ethics, bioinformatics, global health, mentoring, and more.

## **BIOMEDICAL INFORMATICS (BMI)**

Provides services and resources for investigators to manage clinical and translational research data and to enable collaboration and data sharing, including analysis of large data sets, data security and hosting, collaborator discovery (UCSF Profiles), cohort discovery (the Integrated Data Repository), discovery of current and past human subjects research activities (Human Studies Database), knowledge representation models (the Ontology for Clinical Research), and new methods of data transformation (the Health Ontology Mapper).

## REGULATORY KNOWLEDGE & SUPPORT (RKS)

Supports researchers in navigating regulatory and compliance issues required to conduct clinical & translational research. In addition, working with partners CTSI advocates for new ways to increase the efficiency and quality of the regulatory approval process and to reduce its delays as well as the associated administrative burdens for researchers at UCSF. To improve the evidence-base for research training, administration, and services, CTSI will conduct a series of randomized trials of the value and cost-effectiveness of new interventions.

A new initiative aims at creating a consortium involving academic medical centers throughout California to share IRB approvals for multi-center studies, to create Master contracts with industry, and to combine medical records data for identification of patients for research purposes.

## COMMUNITY ENGAGEMENT/HEALTH POLICY (CE/HP)

Provides expert advice in community engagement and health policy. Trains researchers to work effectively with community partners and vice versa, and matches researchers with community partners. In addition, the Comparative Effectiveness Large Dataset Analysis Core supports studies assessing comparative effectiveness of clinical interventions with a searchable inventory of large local and national health datasets.

The new cross-cutting San Francisco Bay Area Health Improvement initiative aims at bringing together local public health and philanthropic partners to work with CTSI to improve the health of the San Francisco Bay Area community through a series of health improvement projects directed at high impact conditions.

### **GLOBAL HEALTH (GH)**

Provides services and resources to support researchers in conducting international projects targeted at global health research, including a searchable International Projects Database (IPD) and a Global Research Support (G-RES) Web Portal. In addition, CTSI advocates improving financial, regulatory, and legal processes required to conduct global health research and addressing global health researchers' health and safety concerns.

#### Career Development

#### CAREER ADVANCEMENT (CA)

Trains senior investigators to be successful mentors (Mentor Development Program) and supports mentees in finding a mentor. Provides career advancement programs to enable greater diversity at UCSF. Advocates for change to ensure that promotion criteria across all UCSF schools take collaborative, multidisciplinary research into account, emphasize clinical & translational research, and support the recruitment and retention of underrepresented clinical and translational researchers.

## STRATEGIC OPPORTUNITIES SUPPORT (SOS)

Funds pilot and other grants to enable researchers at all career levels to test-drive ideas for larger grants as well as a variety of career enhancing areas such as the T1 Translational Catalyst program, which provides extensive consultation and assistance to identify industry partnerships for investigators pursuing promising discoveries that are potentially translatable to new therapies or diagnostic tests, and mini flexible sabbatical awards.

## **Training**

## CLINICAL & TRANSLATIONAL SCIENCE TRAINING (CTST)

In coordination with other UCSF training programs, provides a seamless pathway for trainees at any level, from professional student to faculty, to enter a career in clinical and translational science, resulting in a shortening of the overall length of training.

## TRAINING IN CLINICAL RESEARCH (TICR)

Provides didactic education for students, postdocs, fellows and residents, including the Clinical Research Workshop, a 1-year Advanced Training in Clinical Research, a 2-year Master's in Clinical Research, and a PhD in Epidemiology and Translational Science, for example, focusing on drug and device development, observational study design, epidemiology, clinical trials, scientific communication, implementation and dissemination sciences (IDS, for community-based practitioners), and health policy.

### **KL2 SCHOLARS**

A career development award that provides training, mentoring, infrastructure and protected time for junior faculty diverse in discipline, gender, and race to pursue multidisciplinary clinical research, including works-in-progress seminars (WIPs), faculty-led methodology and career development seminars, special interest group seminars co-led by scholars and program faculty, and "lessons learned" seminars given by scholars and their mentors, as well as ongoing support in grant and manuscript production.

#### RESIDENT CLINICAL & TRANSLATIONAL RESEARCH PROGRAM

Promotes investigative careers for residents in clinical training by providing didactic training, such as a clinical research methods course and a 1-year Resident Scholar program, mentoring, and small funding for research projects. In addition, the Ambassador program is designed to engage departmental faculty in the Resident Research Program.

## PATHWAYS TO CAREERS IN CLINICAL AND TRANSLATIONAL RESEARCH (PACCTR)

Fosters the incorporation of clinical research training in the core curriculum of all medical, dental, nursing and pharmacy pre-doctoral students. Trainees are paired with K scholars according to research interests to provide additional mentoring and role modeling, and with undergraduate students in the Pre-health Undergraduate Program (PuP) to build interest and skills in mentoring.

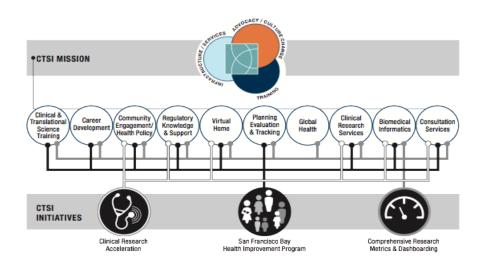
#### MOLECULAR MEDICINE GRADUATE PROGRAM

Provides all UCSF graduate and postgraduate students with training in T1 translational research, including grand rounds and seminars presented by numerous UCSF programs as well as organized research units, intensive mini-courses collaboratively presented by basic science and clinical faculty, a series of seminars and symposia featuring distinguished translational scientists and basic scientists who changed their research direction to focus on medically-important problems, and the "Biology of Disease" Certificate program.

## PROGRAM IN IMPLEMENTATION AND DISSEMINATION SCIENCES (PIDS)

Provides training in translating effective tests, treatments, and preventive measures into improved population health, including courses focused on research methodology in Implementation and Dissemination Sciences and a training program for learners at all levels as a dedicated track within the Master's in Clinical Research, or as a Supplemental Certificate Program.

## **CTSI's New Cross-Cutting Initiatives**



### Coordination, Communication and Evaluation (CTSI Central)

### **VIRTUAL HOME**

Provides a single place online for investigators to find research resources, develop skills, access training, and find colleagues and collaborators. Works with partners on campus to identify and facilitate innovative ways to deliver key resources for researchers at UCSF and enable communication and collaboration using web-based tools.

### PLANNING, EVALUATION & TRACKING

Supports CTSI programs and leadership to develop goals and relevant metrics of success, assess progress toward stated goals, and improve performance and management.

The new cross-cutting Research Metrics and Dashboarding initiative aims at improving the performance, transparency, and accountability of research administration within and beyond CTSI by setting challenging goals and tracking performance metrics on public dashboards.

Financial Schedule 8C - FY 2009-10
Current Funds Expenditures
CLINICAL AND TRANSLATIONAL SCIENCE INSTITUTE (CTSI) AT UCSF (Dollars in Thousands)

			Current Funds	ls		Distribution	
	Total	Unres	Unrestricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
		General	Designated				
Instruction	2,104	635	294	1,175	1,223	880	0
Research	28,527	441	(1,281)	29,367	15,049	13,484	9
Academic Support	127	0	127	0	72	56	0
Total	30,758	1,076	(860)	30,542	16,344	14,420	9

Source: UCSF Controller's Office - 9/30/2010

## ELI AND EDYTHE BROAD CENTER FOR REGENERATION MEDICINE AND STEM CELL RESEARCH

- Director- Kriegstein, Arnold
- Business Officer Morikawa-Wan, Stacy
- Website http://stemcellfacts.ucsf.edu/

Regenerating injured tissues and organs might sound like science fiction. But as we gain a greater understanding of how stem cells in our body change from their undifferentiated states to become specialized tissues, UCSF's program in regeneration medicine is at the threshold of developing cell-based approaches and therapies for various diseases that result from tissue injury or degeneration.

The Eli and Edythe Broad Center of Regeneration Medicine and Stem Cell Research at UCSF combines the talents of molecular biologists, developmental and cell biologists, neurobiologists, immunologists and cancer researchers. Their efforts, organized around research areas, are aimed at gaining a better understanding of how defined types of tissues develop, and are directed toward cell-based approaches to the treatment of disease. These insights will shape and direct potential therapies, which will be tested and refined in UCSF-based clinical trials.

The Center's organization is designed to foster collaborations derived from work on different organs and tissue systems. Accordingly, the laboratories and research efforts are organized along a series of pipelines, each focusing on a particular tissue or organ system, and including basic research as well as translational research directed toward clinical applications. A basic researcher and a clinician direct each pipeline.

Seven different pipelines, based on extensive research and clinical strength, have been developed:

- Hematopoiesis
- Musculoskeletal
- Neural
- Cardiovascular
- Pancreas/Diabetes and Liver
- Epithelial
- Reproductive

Source: Department website - 9/29/2010

The Center is also the home of UCSF's Human Embryonic Stem Cell Research Center and Program in Craniofacial and Mesenchymal Biology. The Eli and Edythe Broad Center of Regeneration Medicine and Stem Cell Research at UCSF is supervised by Dr. Arnold Kriegstein, Director, and Dr. Rik Derynck, Co-Director.

Source: Department website - 9/29/2010

#### OSHER CENTER FOR INTEGRATIVE MEDICINE

#### **Executive Committee**

- Margaret A. Chesney, PhD, Director
- Frederick (Rick) Hecht, MD, Director, Research
- Shelley Adler, PhD, Director, Education Programs
- Kevin Barrows MD, Director, Clinical Programs

Website - http://osher.ucsf.edu/

The Osher Center for Integrative Medicine came into being in 1997 because of the vision of UCSF School of Medicine Dean Emeritus Haile T. Debas, M.D., and the generous support of the Bernard Osher Foundation. Dr. Debas felt that UCSF, as one of the top-ranked biomedical research and teaching institutions in this country, needed to take the lead in researching complementary and alternative therapies and educating its doctors so they could help advise their patients, many of whom are seeking out these therapies.

The Osher Center operates as a campus-wide multidisciplinary program with a mission to transform the way medicine is practiced by conducting rigorous research on integrative approaches to health, educating students, health professionals and the community, and treating patients with compassionate care that addresses all aspects of health and wellness - physical, psychological, social and spiritual.

#### **Mission Statement**

The UCSF Osher Center offers a dynamic approach to health, healing and prevention by integrating modern medicine with established practices from around the world.

Our mission is to transform the way medicine is practiced by conducting rigorous research on integrative approaches to health, educating students, health professionals and the community, and treating patients with compassionate care that addresses all aspects of health and wellness - physical, psychological, social and spiritual.

#### Research

A high priority of the Osher Center for Integrative Medicine is to conduct rigorous scientific research to determine the most effective treatments for patients that address all aspects of their health and wellness -- biological, psychological, social and spiritual. Through this research, the

Source: Osher Center for Integrative Medicine, 9/30/2010

Osher Center will advance the evaluation of complementary, alternative, and integrative treatments and the integration of proven approaches into patient care. Our research aims not only to evaluate whether treatments work, but how they work.

An important focus of our research is mind-body therapies. We are the recipients of two Center of Excellence grants from the National Center for Complementary and Alternative Medicine of the National Institutes of Health. The first Center of Excellence grant is investigating the effects of a meditation intervention (Mindfulness-Based Stress Reduction) in HIV infection, including the impact on disease course, neuroendocrine function, and the immune system. The second Center of Excellence grant is applying an expanded intervention model to issues related to obesity. Other active areas of research include studies related to lower back pain and to stress.

#### **Clinical Services**

The goal of the Osher Center's Clinical Program is to provide clinical care that integrates modern medicine with established practices from around the world. Our approach recognizes the whole person in a partnership with health practitioners. Our mission is to improve health and wellness, prevent and treat illness, and enhance the quality of life.

The Osher Clinic offers the following individual treatments and services: Biofeedback, General Integrative Medicine, Guided Imagery, Integrative Oncology, Integrative Psychiatry and Psychotherapy, Integrative Womens' Health, Manual Medicine, Massage Therapy, Traditional Chinese Medicine, Yoga Therapy.

The Clinic also offers group programs: Mindfulness-Based Stress Reduction, Being Alive Now, Mindfulness-Based Childbirth and Parenting, the Mind in Labor, Tai Chi and Qigong, Yoga, Prepare for Surgery, Meditation and Guided Imagery

#### **Education**

The goal of the UCSF Osher Center Education Program is to educate health professional students, trainees, and practicing clinicians in integrative medicine. We create educational resources that underscore the variety of medical systems, as well as the diversity of needs of patients and practitioners; we enhance educational opportunities that go beyond complementary and alternative medicine content, tools, and techniques in order to include an expanded view of patients, practitioners, and their relationships; and we design and evaluate educational programs that are cross-cultural, inter-disciplinary, and evidence-based, and that address integrative medicine at both the individual and societal levels.

Source: Osher Center for Integrative Medicine, 9/30/2010

#### **Communications**

The goal of the Communications program is to translate the value of integrative medicine for public audiences and to make our research, patient care and educations endeavors tangible to people and their everyday lives.

We aim to raise the visibility of the center and position it as a leader in integrative medicine. To achieve this, we support fundraising and development efforts by emphasizing the importance of integrative medicine treatments, prevention and wellness; as well as increase awareness of the center's programs that serve the community, including opportunities to receive care or to participate in group programs, research studies and public lectures.

Source: Osher Center for Integrative Medicine, 9/30/2010

## SANDLER ASTHMA BASIC RESEARCH CENTER (SABRE CENTER)

- Program Head Locksley, Richard M., M.D.
- Business Officer Reynolds, Fleur E.
- Website http://sabre.ucsf.edu/index.html

#### **Mission Statement**

The Sandler Asthma Basic REsearch Center (SABRE Center) at UCSF is an investigative unit dedicated to basic discovery in asthma research.

The SABRE Center is nucleated by a small group of basic scientists who are supported by advanced technology cores. The cores and a monthly seminar series promote integration of the SABRE Center into the greater UCSF research community in order to enhance collaboration and to increase awareness for needs in fundamental discovery in asthma research. Founded in 1999, the SABRE Center is made possible by the generous support of the Sandler Foundation.

## **Summary of Accomplishments over the Past Year**

We have just begun our second year with a full complement of SABRE Center Investigators in place on the Parnassus campus at UCSF. We have succeeded in organizing an efficient scientific unit and our relatively small cadre of scientists and collaborators continues to make important contributions to the basic understanding of allergy and asthma. Despite the difficult funding environment at NIH, our young investigators have submitted several NIH grants and have had successes with a number of smaller foundation and individual awards. Integration with the clinical Asthma Center has strengthened such that our first SABRE Center Program Project submission is planned for later in the year. Funding from our innovative grants program led to the discovery of the biochemical pathway underlying the biology of ORMDL proteins, which remain the strongest risk for childhood asthma in multiple genome-wide association studies in human patients, thus opening up an entirely new area for investigation of novel therapeutics in asthma. We look forward to continued successes in the coming year as we continue with our mission to conquer asthma.

Source: Strategic Asthma Basic Research Center - 11/12/09

#### WHEELER CENTER FOR THE NEUROBIOLOGY OF ADDICTION

- Director Fields, Howard, MD, PhD
- Administrator Veitch, Patricia
- Website http://physio.ucsf.edu/cnba/Center/index.php

#### **Mission Statement**

The Wheeler Center for the Neurobiology of Addiction is a collaborative research program seeking biological answers to the human tragedy of drug addiction. Our scientists investigate how drugs of abuse change brain function and how these changes lead to addiction. Our goal is to develop a foundation of knowledge resulting in more effective treatment for addiction.

#### **About the Wheeler Center**

The Wheeler Center for the Neurobiology of Addiction has brought together scientists in genetics and in cell, molecular and systems neuroscience to explore and identify nervous system changes that lead to addiction.

The Center's members have made seminal contributions to our understanding of drug actions on the nerve cells that mediate reward and on the mechanisms of learning and memory -- phenomena that play key roles in the addictive process. The goal of the center is two fold. First, to bring to the study of addiction a broad scope of basic scientific inquiry and fresh insights that require collaboration across disciplinary boundaries. Second, to attract the brightest students and young investigators to the field of addiction research.

By so doing, Center researchers will accelerate the discovery process and advance knowledge through exploiting new technologies, whenever and wherever they emerge. For this reason, Wheeler Center funding provides grants to associated faculty with novel ideas or techniques. We provide seed money to nascent approaches with the hope of nurturing creativity. Given the aversion to risk taking among traditional funding sources and their emphasis on support for established projects and investigators, we believe that this approach can be catalytic.

With its innovative and collaborative research program, the Center for the Neurobiology of Addiction is exploring and identifying the genetic risk factors and the neural circuits, that enable drugs of abuse to take command of the brain. By so doing, Center researchers hope to find ways to strip these drugs of their addictive power and to find new avenues for treatment and prevention.

Source: Wheeler Center 8/10/2009

Center investigators looking at the genetic variations that influence learning and memory and the molecular targets of addicting drugs, hope to understand what happens to the molecular components of nerve cells when they are exposed to drugs of abuse.

Those analyzing the effects of addicting drugs on the specialized junctions between nerve cells (synapses), seek to explain what happens to synapses when addictive drugs reach the brain's pleasure centers, especially the dopaminergic reward circuitry.

Those concentrating on the neural circuits involved in addiction hope to reveal the connections between molecular changes in nerve cells and drug tolerance, drug-dependence, and drug self-administration.

Source: Wheeler Center 8/19/2008

#### **ORGANIZED RESEARCH UNITS**

#### CARDIOVASCULAR RESEARCH INSTITUTE

- Chair Coughlin, Shaun R, M.D., Ph.D.
- Business Officer Estrada, Clarice, M.P.A.
- Website http://www.cvri.ucsf.edu/

#### **Mission Statement**

The Cardiovascular Research Institute (CVRI) performs cutting edge research illuminating cardiovascular and pulmonary biology and disease and trains clinicians and scientists to become future leaders of these fields.

The CVRI provides a home for a wide spectrum of investigation ranging from the most basic science to disease-focused and patient-based research. It links faculty interested in cardiovascular biology and disease across UCSF programs, departments and campuses. The diversity of CVRI's faculty and its collaborative culture fosters a multidisciplinary approach to research problems and provides an important bridge between UCSF's outstanding clinical and basic science departments.

CVRI's multidisciplinary approach has produced major advances in cardiovascular science and medicine. For example, an effort to understand air-water interfaces and the biophysics of alveolar inflation led directly to a treatment for respiratory distress syndrome in premature infants, leading to a 50% drop in mortality from this disease in the U.S. and elsewhere -- the largest single effect on infant mortality in recent history.

Ongoing research by Institute faculty ranges from understanding how hormones regulate cellular behaviors to uncovering the detailed mechanisms by which blood clots; from understanding the genes that govern the formation of heart muscle cells to how genes determine an individual's risk for heart disease; and from how lung tissue is formed in the embryo to how it is remodeled by chronic disease. Currently, CVRI has nearly 100 core and associate faculty conducting research on the following opportunities for progress:

- Vascular biology and atherothrombosis
- Metabolism, obesity and metabolic diseases
- Developmental biology and congenital anomalies
- Pulmonary biology and disease
- Ion channels and arrhythmias
- Muscle biology and heart failure
- Prediction and prevention of cardiovascular disease

Source: Cardiovascular Research Institute 8/13/2009

#### Advanced technologies

The research training program of the Institute has played a central role in CVRI activities. Since 1958, over 2600 postdoctoral research fellows have trained in the CVRI and energized its research. The training program continues to flourish with approximately 100 current fellows and six National Institutes of Health-sponsored training grants. The CVRI's multidisciplinary research programs expose trainees to a wide spectrum of approaches and techniques and provide a broad perspective suitable for future leaders in cardiovascular science and medicine. Intensive mentored research experience is enriched by coursework created to prepare individuals for a career in academic biomedical science. Key to the success of the training program is the CVRI's encouragement of collaboration among scientists in different disciplines and the interactions among their trainees.

Beginning September 2010, the CVRI will move into a new cardiovascular research building on UCSF's Mission Bay campus. The new facility will bring faculty, staff, and trainees with complementary skill sets together in dedicated neighborhoods reflecting the research themes described above. Each neighborhood will include basic and physician-scientists and will leverage the extraordinary research community that has developed at Mission Bay. At the same time, there will be substantial investment in supporting and growing the hospital-based CVRI research programs that will remain on the Parnassus campus.

Given the CVRI's history of achievement, its robust training program, its critical mass of established investigators in pulmonary and cardiovascular research, and its close ties to some of the best basic science and clinical departments in the world, the CVRI is well positioned to make important new contributions to basic knowledge and clinical management of pulmonary and cardiovascular diseases. The morbidity and mortality from these diseases will continue to be major public health challenges, and we hope and expect that the Institute's contributions to advancing the prevention, diagnosis and treatment of these diseases will be as important in the next five decades as it has been in the last five.

Source: Cardiovascular Research Institute 8/13/2009

FY 2009-10 Headcount as of 4/1/10 CARDIOVASCULAR RESEARCH INSTITUTE (CVRI)

Caree	Career Staff	Acac	Academic	Grand
Full Time	Part Time	Full Time	Part Time	Total
96	11	25	26	190

Source: UCSF Human Resources

Permanently Budgeted FTEs CARDIOVASCULAR RESEARCH INSTITUTE

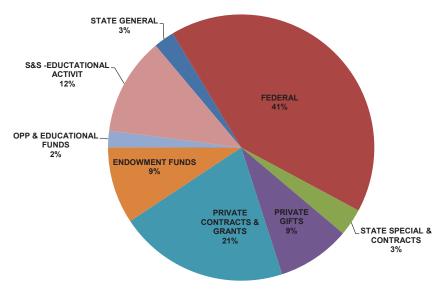
	FY 2004-05	05	FY 2005-06	90-	FY 2006-07	-07	FY 2007-08	90	FY 2008-09	60
Permanent Budget Account Title	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic	Staff	Academic	Staff	Academic	Staff	Academic	Staff
CLIN PHYSIOLOGICAL SECT-CVRI	2.75		2.75		2.75		2.75		2.75	
MR-INST CARDIOVASCULAR RES	2.20	4.24	2.20	4.24		4.24	2.20	4.24	2.20	3.95
PROF SERV OP-CVRI	0.02	0.50		0.40		0.20		0.20		0.20
Total:	4.97	4.74	4.95	4.95 4.64	4.95	4.44	4.95	4.44	4.95	4.15

# Total Expenditures by Fund Source CARDIOVASCULAR RESEARCH INSTITUTE

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$684,007	\$835,521	\$705,712	\$845,471	\$785,436	14.8%
TUITION & FEES	\$9	\$732	\$125	\$1,251	\$0	-100.0%
FEDERAL	\$14,952,780	\$15,887,509	\$14,087,195	\$13,704,346	\$12,935,539	-13.5%
STATE SPECIAL & CONTRACTS	\$76,689	\$56,424	\$541,154	\$898,794	\$1,035,974	1250.9%
PRIVATE GIFTS	\$1,249,254	\$1,325,362	\$2,061,341	\$2,621,041	\$2,767,787	121.6%
PRIVATE CLINICAL TRIALS	\$48,844	\$155,741	\$93,536	\$123,127	\$184,064	276.8%
PRIVATE CONTRACTS & GRANTS	\$3,990,636	\$3,800,018	\$4,610,661	\$6,010,468	\$6,450,502	61.6%
ENDOWMENT FUNDS	\$1,133,936	\$1,465,524	\$1,520,865	\$1,913,534	\$2,916,714	157.2%
OPP & EDUCATIONAL FUNDS	\$616,624	\$490,315	\$651,751	\$679,470	\$625,507	1.4%
S&S -EDUCTATIONAL ACTIVITY	\$2,241,795	\$2,715,385	\$2,891,741	\$2,172,587	\$3,702,888	65.2%
OTHER SOURCES	(\$5,685)	\$9,997	(\$8,941)	\$2,387	\$14,497	-355.0%
Total:	\$24,988,887	\$26,742,528	\$27,155,140	\$28,972,476	\$31,418,909	25.7%

Source: Budget & Resource Management

# Expenditures by Fund Type Cardiovascular Research Institute FY 2009-10



# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 CARDIOVASCULAR RESEARCH INSTITUTE

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$12,935,539	\$10,351,837	\$4,717,040	45.57%
CIRM	\$782,611	\$781,217	\$407,804	52.20%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$184,064	\$164,681	\$5,553	3.37%
Private Contracts & Grants	\$6,450,502	\$6,236,783	\$2,156,056	34.57%
Total:	\$20,352,716	\$17,534,518	\$7,286,453	41.55%

Source: UCSF Budget & Resource Management

#### Financial Schedule 8C - FY 2009-10 Current Funds Expenditures CARIOVASCULAR RESEARCH INSTITUTE (Dollars in Thousands)

			Current Fund	ls		Distribution	
	Total	Unre	stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
•		General	General Designated				
Instruction	2,608	68	982	1,558	1,730	877	0
Research	24,177	498	1,241	22,438	11,811	12,367	0
Total	26,785	566	2,223	23,996	13,541	13,244	0

Source: UCSF Controller's Office - 9/30/2010

#### CENTER FOR REPRODUCTIVE SCIENCES

- Director Conti, Marco, M.D.
- Business Officer Horning, Dixie D.
- Website https://obgyn.ucsf.edu/crs/

#### **Mission Statement**

The Center is a multidisciplinary group of basic and physician scientists engaged in research and training in reproductive biology. Molecular, cellular, and genetic approaches are used to address fundamental aspects of reproductive health and facilitate translation to the clinic. Each member is dedicated to ethical scientific discoveries. This knowledge disseminates to the clinical and research community for training of new generations of scientists and clinicians in order to improve human reproductive health.

The Center for Reproductive Sciences (CRS) is an Organized Research Unit of the University of California, founded in 1977. The CRS is composed of 19 basic scientists representing diverse fields of biology who have joined forces with 8 physician-scientists to coordinate basic and translational research in reproductive physiology and pathophysiology. The faculty utilizes state of the art techniques to extend the understanding and, ultimately, treatment of reproductive disorders and hormone-dependent cancers. CRS research activities are conducted within several different departments and programs throughout the UCSF campus which include the Department of Obstetrics, Gynecology and Reproductive Sciences, the Departments of Anatomy and Physiology, Department of Urology, the General Clinical Research Center and the Cancer Center. Senior members of the CRS act as mentors for scholars in several prestigious University-based training activities including the Programs in Biological Science (PIBS) and Biomedical Science (BMS), the Molecular Medicine Program, and three national NIH training programs: Medical Scientist Training Program, the Reproductive Scientist Development Program and the Women's Reproductive Health Research Career Development Center.

Source: Center for Reproductive Sciences 9/24/2008

#### **DIABETES CENTER**

- Chair Hebrok, Matthias, Ph.D.
- Business Officer Kenaani, Mounira
- Website http://diabetes.ucsf.edu/

The Diabetes Center at UCSF has one singular mission: to bring lasting improvements in quality of life to diabetes patients in the Western United States, both type 1 and type 2. This common goal unites the clinical, education and research arms of the Diabetes Center into a comprehensive program that is unique among diabetes facilities.

#### Research

UCSF's long-standing commitment to diabetes research has placed it squarely at forefront of diabetes research for decades, both type 1 and type 2. With a rich history of breakthrough discoveries, UCSF has attracted numerous world-leaders to its team of researchers.

The UCSF commitment to finding a cure for diabetes is stronger than ever. With expanding facilities and faculty, a new state-of-the-art Islet Transplantation Center and a renewed vision, the Diabetes Center team is charging headlong towards the day when a lasting cure for diabetes is within our grasp.

Much of our research focuses squarely on the development techniques, therapies and new tools that show promise of a day when diabetes is but a memory. A primary objective is to place the remaining pieces in the puzzle that is islet transplantation, developing new, inexhaustible sources of islet cells and thwarting the body's natural rejection by making immune tolerance a clinical reality. New therapeutics based upon natural products are also under investigation for type 2 diabetes, just one of many late-breaking therapies in clinical trials at the Diabetes Center.

In working towards a cure, we also imagine a day when diabetes simply never occurs, and so research aimed at preventing its development, both type 1 and type 2, is another of our goals. From identifying and analyzing genes that predispose individuals to the disease, to early interventions that stops diabetes in its tracks, Diabetes Center researchers have made headlines around the world with their ground-breaking diabetes prevention research.

But for most people living with diabetes, a cure cannot come soon enough. The numerous and serious secondary complications that come with diabetes - vision, circulation, kidney, neurological and other - will not wait for a cure. That is why the Diabetes Center's extended network of experts in metabolism, ophthalmology, nutrition, endocrinology, molecular and cell biology, hu-

Source: Diabetes Center 8/18/2009

man genetics, and a range of scientific disciplines continue their research to alleviate the pain and suffering that represents the real human cost of diabetes.

#### Education

#### The Diabetes Teaching Center

In essence, people with diabetes must act as their own health advocates. They must take meticulous care in the daily activities that most people take for granted, such as meal planning, exercise, and stress management. They must learn proper use and administration of medications and monitoring equipment. And, most importantly they must learn to recognize the symptoms of complications of their disease so that they may be prevented or treated in their early stages.

It is for this reason that UCSF has traditionally placed a great emphasis on the education of people with diabetes, in order to assist them in managing the extraordinary change in lifestyle that necessarily accompanies the disease.

The Diabetes Teaching Center's programs, established in 1978, are distinguished among self-management outreach programs in that they place an exquisite emphasis on individualized care teaching patients how to recognize their own individual patterns of response to various effectors of their condition. The program enables patients to make more consistent and appropriate adjustments in their therapy and lifestyle.

#### What you will learn:

- how to understand diabetes mellitus: its types, its causes and effects and the goals of treatment
- effective ways of managing lifestyle changes: exercise, diet, meal planning, weight management and prevention of hypoglycemia (low blood sugar)
- how to manage insulin: principles of usage, modes of action, the best regimen of dose adjustments
- how to test blood glucose and ketones and develop testing skills, adjusting therapy based upon your test results
- how to use oral medications for diabetes treatment: reasons for use, types of medication, potential effects
- how to prevent and manage potential complications, both acute and chronic
- how to recognize the psychosocial issues: emotional adjustment to diabetes mellitus, the role of family and support groups specialized Classes:

Source: Diabetes Center 8/18/2009

Insulin pump classes, oral agent and insulin workshops are provided on a regular basis. Appointments can also be scheduled on an individual basis with the educators.

#### Clinical Care

Comprehensive, Preventative, Quality care.

The Diabetes Clinical Center at UCSF is dedicated to the comprehensive, cost-effective care of diabetes in adults and children, with an emphasis on patient education and the avoidance of complications of the disease. The program specializes in the use of proven measures to prevent severe diabetic complications, including optimal metabolic control, screening and treatment of foot disorders, diabetic retinopathy, incipient nephropathy, anti-hypertensive therapy and lipid-lowering therapy.

A model for the management of other chronic diseases, the clinical Center combines a number of unique and important methods to ensure the highest quality of care for all its patients.

For instance, diabetes in children comes with a number of unique concerns not generally associated with adult diabetes. At UCSF, children with diabetes are seen by a special pediatric team that is experienced in the management of the unique aspects of juvenile diabetes, and provide social, economic and emotional support for families. Patients of all ages and their families and caregivers are offered extensive training in diabetes management.

A key feature of the Diabetes Clinical Center is its close collaboration with UCSF diabetes researchers. With few distinct boundaries between clinical researchers and laboratory scientists, UCSF patients have access to late-breaking discoveries, new treatment options and new strategies for diagnosing and managing type 1 and type 2 diabetes. The clinical and research links are strengthened by the UCSF Islet and Cellular Transplant Center.

Source: Diabetes Center 8/18/2009

FY 2009-10 Headcount as of 4/1/10 DIABETES CENTER

Š	Staff	Acac	Academic	Grand
Full Time	Part Time   Full Time   Part Time	Full Time	Part Time	Total
135	1	49	18	203

Source: UCSF Human Resources

Permanently Budgeted FTEs DIABETES CENTER

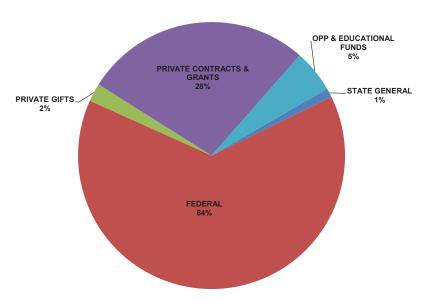
	FY 2005-06	90	FY 2006-07	20	FY 2007-08	80	FY 2008-09	60	FY 2009-10	10
Permanent Budget Account Title	Academic	Staff	Academic	Staff	Academic	Staff	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic Staff	Staff
DIABETES CENTER-MRU & HRI COMBINED	0.05 0.84	0.84	0.05	0.44	09:0	0.60 030	1.35 0.31	0.31	1.35 0.31	0.31
HORMONE RESEARCH LAB	2.00	6.10	2.00	2.85	2.00	2.85	2.00	2.70	2.00	2.37
MR/METABOLIC RESEARCH	2.18 0.65	0.65	2.18		2.18		1.50		1.50	
Total:	4.23 7.59	7.59	4.23	4.23 3.29	4.78 3.15	3.15	4.85 3.01	3.01	4.85 2.68	2.68

# Total Expenditures by Fund Source DIABETES CENTER

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$632,426	\$708,610	\$854,946	\$749,202	\$525,783	15.3%
FEDERAL	\$30,894,325	\$32,588,151	\$29,292,105	\$25,692,902	\$30,632,149	-10.9%
STATE SPECIAL & CONTRACTS	\$0	\$0	\$67,433	\$316,611	\$187,125	-63057.1%
PRIVATE GIFTS	\$3,124,937	\$2,377,117	\$2,071,196	\$1,502,081	\$1,056,492	-7.5%
PRIVATE CLINICAL TRIALS	\$208,318	(\$119,823)	\$1,781,052	\$1,260,519	\$336,140	47733.2%
PRIVATE CONTRACTS & GRANTS	\$5,372,576	\$9,790,140	\$8,335,400	\$10,434,826	\$13,187,424	173.8%
ENDOWMENT FUNDS	\$3,731	\$60,270	\$33,238	\$23,570	\$27,367	-74.8%
OPP & EDUCATIONAL FUNDS	\$1,313,164	\$1,707,730	\$1,860,680	\$1,823,470	\$2,481,994	66.7%
S&S -EDUCTATIONAL ACTIVITY	(\$457,272)	\$315,369	\$53,552	\$64,540	\$202,342	-86.9%
OTHER SOURCES	\$1,865	(\$24,876)	\$63,406	\$34,383	(\$50,739)	-327.1%
Total:	\$41,094,070	\$47,402,687	\$44,413,007	\$41,902,105	\$48,586,077	14.5%

Source: UCSF Budget & Resource Management

#### Expenditures by Fund Type Diabetes Center FY 2009-10



# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 DIABETES CENTER

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$30,632,149	\$19,365,173	\$9,404,730	48.57%
CIRM	\$187,125	\$187,125	\$101,491	54.24%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$336,140	\$221,211	\$100,688	45.52%
Private Contracts & Grants	\$13,187,424	\$8,925,494	\$1,873,396	20.99%
Total:	\$44,342,838	\$28,699,003	\$11,480,306	40.00%

Source: UCSF Budget & Resource Management

#### Financial Schedule 8C - FY 2009-10 Current Funds Expenditures DIABETES CENTER (Dollars in Thousands)

			Current Fund	ls		Distribution	
	Total	Unre	stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
		General	eneral Designated				
Instruction	1,043	25	318	700	506	537	0
Research	47,439	501	2,372	44,566	14,544	32,896	0
Total	48,482	526	2,690	45,266	15,050	33,433	0

Source: UCSF Controller's Office - 9/30/2010

#### HELEN DILLER FAMILY COMPREHENSIVE CANCER CENTER

- Chair McCormick, Frank, Ph.D., FRS
- Business Officer Jacobsen, Lynda J. (campus), Shields, Gerrie (Medical Center)
- Website http://cancer.ucsf.edu/

#### Overview

The interdisciplinary UCSF Helen Diller Family Comprehensive Cancer Center combines efforts in basic science, patient care, clinical research, epidemiology, and the behavioral sciences, cutting across dozens of departments within the UCSF Schools of Medicine, Pharmacy, Nursing, and Dentistry. The Center's dual aims are to translate the discoveries and mechanistic insights of bench science into novel therapeutics and improved strategies for clinical care; and to reduce the cancer burden through population research that can lead to prevention, early detection, and quality-of-life improvement for those living with cancer.

The Center achieved status in December 1999 as an NCI-designated "comprehensive cancer center," the highest of three designations. In addition to undertaking novel laboratory-based and clinical research, as well as maintaining excellent clinical care programs, comprehensive cancer centers integrate prevention-and-control research into other activities so that they play an important leadership role in their communities and regions. Among the more than 60 NCI-designated cancer centers nationwide, UCSF in 2009 ranked sixth in the size of its NCI Cancer Center Support Grant (CCSG), and first among the 10 such centers located in California. In overall funding, in 2009 UCSF ranked eighth among all U.S. institutions in appropriated research support from the NCI plus cancer-specific funding under the American Recovery and Reinvestment Act of 2009.

In November 2007, the Center was renamed the "UCSF Helen Diller Family Comprehensive Cancer Center" in tribute to Bay Area resident Helen Diller and her family.

In April 2009 the Chancellor approved the consolidation of the Cancer Research Institute ORU with the Helen Diller Family Comprehensive Cancer Center and the ORU was renamed the Helen Diller Family Comprehensive Cancer Center.

#### **Research Enterprise and Core Facilities**

The overarching goal of the UCSF-HDFCCC is to shepherd new approaches to cancer prevention, detection, and treatment into clinical and population settings, where they can be tested and evaluated. Multidisciplinary programs -- comprising lab scientists, clinical investigators, provid-Source: Helen Diller Family Comprehensive Cancer Center, 9/15/2010

ers of patient care, epidemiologists, and sociobehavioral scientists -- facilitate this process by focusing research on relevant issues to patients and persons at risk of cancer. Collaboration across disciplines ensures that insights gained in the lab can move quickly and effectively to cancer patients' bedsides and to cancer prevention and control programs.

Many of the Center's research programs are organized around organ or disease sites, but other programs address overarching themes such as defects in cell cycle control, involvement of immunologic mechanisms, and global changes in gene copy number and chromosome arrangement. In the CCSG renewal application of 2007, the Center organized itself around 11 multidisciplinary programs:

- Breast Oncology
- Cancer and Immunity
- Cancer Genetics
- Cell Cycling and Signaling
- Hematopoietic Malignancies
- Neurologic Oncology
- Pancreas Cancer
- Pediatric Malignancies
- Prostate Cancer
- Society, Diversity, and Disparities
- Tobacco Control

Additional programs, such as those in thoracic oncology, gynecologic oncology, GI and GU cancers other than pancreas and prostate, melanoma/cutaneous oncology, and others, are in developmental formation. The Center's programmatic breadth and depth are additionally exemplified by two NCI SPORE grants (Specialized Programs Of Research Excellence), which engage labbased and population scientists, clinical investigators, and advocates in focused areas of research. Current UCSF SPORE grants are for breast cancer, in operation since 1992; and brain cancer, awarded in 2002.

Research programs are supported by a variety of shared facilities and resources; those cores supported by the current NCI-CCSG include:

- Array
- Biostatistics and Computational Biology
- Clinical Research Support Office
- Genome Analysis
- Immunohistochemistry and Molecular Pathology

Source: Helen Diller Family Comprehensive Cancer Center, 9/15/2010

- Laboratory for Cell Analysis (Cytometry)
- Mass Spectrometry
- Mouse Pathology
- Preclinical Therapeutics
- Tissue
- Translational Informatics

#### **Clinical Care**

The mission of the Center's clinical program is to provide comprehensive care through multidisciplinary collaboration and integrated services, to advance cancer therapies through clinical research, and to train future leaders in the treatment of patients with cancer. The collaborative approach to research and treatment is a hallmark of the program, enlisting the participation of surgeons, medical oncologists, radiation oncologists, pediatric oncologists, radiologists, and pathologists.

Highlights of the Center's comprehensive clinical program include:

- Translational research and innovative combined-modality trials for management of cancers of the prostate, breast, head and neck, colon, liver, lung, melanoma, and other solid tumors
- Premier bone marrow transplantation
- Advanced radiation therapy techniques including conformal radiotherapy, intraoperative radiotherapy, high-dose brachytherapy, intravascular brachytherapy, stereotactic radiotherapy, and radio-immunotherapy
- World-renowned neuro-oncology program providing innovative therapy for brain and spinal cord cancers
- Risk prevention/genetic screening
- Leaders in the treatment of pediatric malignancies

The annual number of new cancer diagnoses at UCSF has experienced pronounced growth in recent years. In 2008, a total of 6,029 new cancer cases were seen, as compared with 5,737 in 2007, 5,505 in 2006, 5,051 in 2005, and 4,761 in 2004.

#### Community Education; Professional Education and Training

The UCSF-HDFCCC sponsors a wide variety of programs and services in the areas of community outreach, education, and information dissemination, with many community outreach activities focused on cancer prevention and control. Other outreach activities include free support groups, workshops, and wellness programs; faculty collaborations with local public schools; sponsor-

Source: Helen Diller Family Comprehensive Cancer Center, 9/15/2010

ship of community-based conferences and programs; and provision of community-based research studies that have outreach components.

Professional educational activities include programs geared to laboratory and population scientists, clinicians, and allied health professionals. An annual scientific symposium attracts nationally known cancer researchers; regular scientific seminars bring esteemed researchers to UCSF for discussion and collaboration; and CME conferences have an important impact on the health care community in California and nationally.

UCSF-HDFCCC members represent academic departments in all four UCSF schools, contributing to educational programs within each. Additionally, UCSF-HDFCCC members are strongly affiliated with the graduate degree programs (Biomedical Sciences; Biological Sciences; Biological and Medical Informatics; Chemistry and Chemical Biology; Biophysics; Bioengineering; and Pharmaceutical Sciences/Pharmacogenomics), many of which have cancer components.

A specialized training program, the Minority Program in Cancer Control Research, provides focused training and collaboration in furtherance of a mission to reach traditionally underrepresented populations.

Source: Helen Diller Family Comprehensive Cancer Center, 9/15/2010

FY 2009-10 Headcount as of 4/1/10
HELEN DILLER FAMILY
COMPREHENSIVE CANCER CENTER

St	Staff	Acac	Academic	Grand
ull Time	Part Time	Full Time	Part Time	Total
100	9	44	12	162

Source: UCSF Human Resources

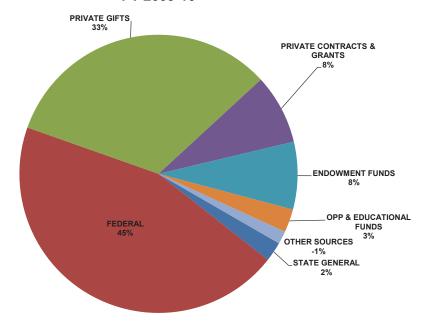
Permanently Budgeted FTEs HELEN DILLER FAMILY COMPREHENSIVE CANCER CENTER

	FY 2005-06	90-	FY 2006-07	-07	FY 2007-08	-08	FY 2008-09	60-	FY 2009-10	-10
Permanent Budget Account Title	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic	Staff	Academic	Staff	Academic	Staff	Academic	Staff
MR-CANCER RESEARCH INSTITUTE	1.56	1.51	1.56	1.51	1.56	1.51	1.56	1.39	1.56	1.22
ORG ACT-S/M MT ZION CANCER CENTER	3.51	13.57	4.35	15.45	7.20	7.20 14.01	7.20	7.20 15.06	5.27	17.38
Total:	5.07	15.08	5.91	16.96	8.76	15.52	8.76	8.76 16.45	6.83	18.60

# Total Expenditures by Fund Source HELEN DILLER FAMILY COMPREHENSIVE CANCER CENTER

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$734,278	\$639,986	\$566,549	\$585,270	\$463,875	-36.8%
TUITION & FEES	(\$33,251)	\$0	\$0	\$0	\$0	-100.0%
FEDERAL	\$13,256,568	\$10,973,242	\$8,883,573	\$9,095,357	\$9,134,016	-31.1%
STATE SPECIAL & CONTRACTS	\$81,050	\$129,497	\$135,176	\$110,802	(\$19,707)	-124.3%
PRIVATE GIFTS	\$3,138,532	\$4,088,025	\$4,759,978	\$6,537,444	\$6,677,834	112.8%
PRIVATE CLINICAL TRIALS	\$383,189	\$73,100	\$81,231	\$86,291	\$71,998	-81.2%
PRIVATE CONTRACTS & GRANTS	\$2,063,808	\$1,972,288	\$833,799	\$1,842,355	\$1,656,656	-19.7%
ENDOWMENT FUNDS	\$968,659	\$944,499	\$1,169,090	\$1,058,928	\$1,603,145	65.5%
OPP & EDUCATIONAL FUNDS	\$449,120	\$517,366	\$468,948	\$222,040	\$550,827	22.6%
S&S -EDUCTATIONAL ACTIVITY	\$252,102	\$321,605	\$649,588	\$672,249	\$31,340	-87.6%
OTHER SOURCES	(\$27,086)	\$329,954	(\$59,824)	\$264,432	(\$304,117)	1022.8%
RESERVES	\$975	\$0	(\$155,218)	\$34,468	\$51,260	5156.1%
Total:	\$21,267,944	\$19,989,562	\$17,332,891	\$20,509,636	\$19,917,127	-6.4%

#### Expenditures by Fund Source Helen Diller Family Comprehensive Cancer Center FY 2009-10



UCSF Budget & Resource Management

# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 HELEN DILLER FAMILY COMPREHENSIVE CANCER CENTER

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$9,134,016	\$8,774,229	\$4,472,891	50.98%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	(\$2,526)	(\$2,207)	(\$574)	26.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$71,998	\$71,998	\$1,231	1.71%
Private Contracts & Grants	\$1,656,656	\$1,339,305	\$410,344	30.64%
Total:	\$10,860,144	\$10,183,324	\$4,883,892	47.96%

Source: UCSF Budget & Resource Management

# Financial Schedule 8C - FY 2009-10 Current Funds Expenditures HELEN DILLER FAMILY COMPREHENSIVE CANCER CENTER (Dollars in Thousands)

			Current Fund	ls		Distribution	
	Total	Unres	stricted Designated	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
Instruction	1,943	0	231	1,712	1,108	834	(1)
Research	18,091	464	244	17,383	10,930	7,056	(104)
Total	20,034	464	475	19,095	12,038	7,890	(105)

Source: UCSF Controller's Office - 9/30/2010

#### **HOOPER FOUNDATION**

- Director Bishop, J. Michael, M.D.
- Business Officer Stauffer, Grace A
- Website http://www.ucsf.edu/hooper/

The Hooper Foundation is an organized research unit within the University of California at San Francisco. There are currently three faculty members doing research in the following areas:

- J. Michael Bishop Oncogenes and the molecular basis of cancer
- Frances M. Brodsky Clathrin and vesicular trafficking diseases
- Don Ganem Human pathogenic viruses

Source: Hooper Foundation 9/30/2008

FY 2009-10 Headcount as of 4/1/10 HOOPER FOUNDATION

Grand	Total	21
Academic	Part Time	7
Acac	Full Time	11
Staff	Full Time   Part Time   Full Time	4
St	Full Time	7

Source: UCSF Human Resources

Permanently Budgeted FTEs HOOPER FOUNDATION

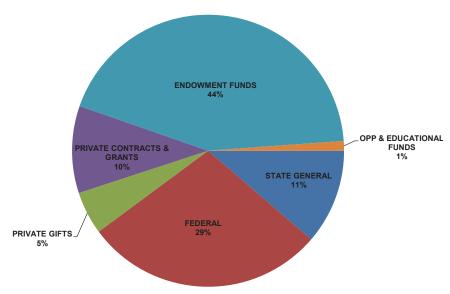
	FY 2005-06	90	FY 2006-07	-07	FY 2007-08	90-	FY 2008-09	60	FY 2009-10	.10
Permanent Budget Account Title	Academic	Staff	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic	Staff	Academic	Staff	Academic	Staff
MR-INSTITUTE-HOOPER FOUNDATION	6.60 6.37	6.37	09'9	6.60 6.37	09'9	6.60 6.37	6.35 6.37	6.37	5.64	6.37
Total:	6.60 6.37	6.37	09'9	6.37	09'9	6.60 6.37	6.35	6.37	5.64	6.37

# Total Expenditures by Fund Source HOOPER FOUNDATION

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$637,810	\$611,605	\$629,008	\$592,534	\$342,880	-46.2%
FEDERAL	\$1,542,091	\$1,800,339	\$1,555,985	\$660,240	\$866,211	-43.8%
STATE SPECIAL & CONTRACTS	\$11	\$0	\$0	\$0	(\$11)	-200.0%
PRIVATE GIFTS	\$82,347	\$768,925	\$308,088	\$147,094	\$155,364	88.7%
PRIVATE CONTRACTS & GRANTS	\$341,349	\$449,004	\$194,293	\$322,199	\$314,198	-8.0%
ENDOWMENT FUNDS	\$1,078,234	\$554,485	\$930,072	\$1,360,776	\$1,320,576	22.5%
OPP & EDUCATIONAL FUNDS	\$33,200	\$42,874	\$47,624	\$32,736	\$34,955	5.3%
S&S -EDUCTATIONAL ACTIVITY	\$127,308	\$159,940	\$188,855	(\$124,440)	\$2,165	-98.3%
Total:	\$3,842,350	\$4,387,173	\$3,853,924	\$2,991,139	\$3,036,339	-21.0%

Source: UCSF Budget & Resource Management

#### Expenditures by Fund Type Hooper Foundation FY 2009-10



# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 HOOPER FOUNDATION

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$866,211	\$431,400	\$176,818	40.99%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$314,198	\$260,447	\$108,976	41.84%
Total:	\$1,180,409	\$691,847	\$285,794	41.31%

Source: UCSF Budget & Resource Management

#### Financial Schedule 8C - FY 2009-10 Current Funds Expenditures HOOPER FOUNDATION (Dollars in Thousands)

			Current Fund	ls		Distribution	
	Total	Unre	stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
•		General	Designated				
Instruction	396	0	38	358	204	192	0
Research	2,163	343	(1)	1,821	682	1,481	(1)
Total	2,559	343	37	2,179	886	1,673	(1)

Source: UCSF Controller's Office - 9/30/2010

#### INSTITUTE FOR GLOBAL HEALTH

- Director Rutherford, George W., M.D.
- Business Officer Lopez, Georgina Y.
- Website -http://globalhealthsciences.ucsf.edu/pphg/

#### Mission Statement

The Institute for Global Health (IGH) is dedicated to improving health and reducing the burden of disease in the world's most vulnerable populations through applied public health research, education and program improvement. Working with academic, governmental and community partners throughout the world, IGH promotes the use of evidence-based methods to build capacity in surveillance, monitoring and evaluation, health management information systems, epidemiology, clinical care and scientific best practices.

#### **Program Areas**

The IGH is an organized research unit within the School of Medicine that is affiliated with Global Health Sciences and works within that program as the Prevention and Public Health Group (PPHG). Partnering with more than 15 countries on four continents and the Caribbean, IGH's work focuses on applied public health research, education and program improvement. Programs and activities include:

- Evidence and Guideline Development
  - Editorial base and distribution point of systematic reviews for the Cochrane Collaboration's HIV/AIDS Group.
- *Monitoring and Evaluation (M&E)* 
  - Leads evaluations of public health and clinical programs and interventions
  - Provides training, technical assistance and active mentoring
- Health Management Information Systems
  - Provides guidance and services to develop, implement and evaluate health information systems.
- Triangulation
  - Synthesizes data from multiple sources to corroborate findings and reduce biases; quickly examines existing data to strengthen interpretations and improve policy and programs.
- Surveillance Training and Technical Assistance
  - Provides training, technical assistance and active mentoring in a variety of methodologies for international HIV surveillance with a special emphasis on most-

Source: Institute for Global Health -9/29/2010

at-risk populations (MARPS); uses locally adapted surveillance tools to produce high quality, reliable data to help inform policy and program recommendations in HIV-affected populations.

- Epidemiologic and Public Health Research
  - A multidisciplinary team disseminates large-scale models for prevention and treatment and to strengthen systems. In addition to providing technical assistance at the national level, many faculty members conduct innovative international health research to assist in future policy decisions and program models. IGH faculty research includes:
    - Cambodian Young Women's Health Study
    - Acute UFO Study: Acute HCV Infection in Young Injectors
    - Male Circumcision and Population-level HIV Incidence in Kenya
    - Men Who Have Sex with Men (MSM)
    - Global Tuberculosis Control
    - Valley Fever Vaccine Project
    - Philippines Child Health Experiment
- Training and Workshops
  - IGH offers a number of specialized technical assistance workshops designed to help institutions collect, analyze, synthesize and present health-related data. All workshops are led by UCSF faculty, and may be tailored to participants' needs.
  - Offers training in clinical research to postdoctoral fellows from developing countries both at IGH and with partners in Brazil and Croatia.

The Institute for Global Health merged administratively with Global Health Sciences in 2007 while remaining organizationally sited in the School of Medicine. Director Rutherford reports to the Dean of the School of Medicine through GHS Executive Director Debas.

Source: Institute for Global Health - 9/29/2010

# FY 2009-10 Headcount as of 4/1/10 INSTITUTE FOR GLOBAL HEALTH

St	aff	Acad	lemic	Grand
Full Time	Part Time	Full Time	Part Time	Total
30	11	10	3	54

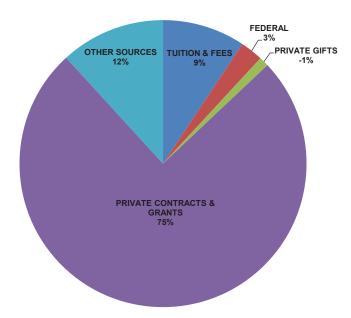
Source: UCSF Human Resources

# Total Expenditures by Fund Source INSTITUTE FOR GLOBAL HEALTH

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$0	\$3,000	\$0	\$1,500	\$17,706	0.0%
FEDERAL	\$1,938,036	\$2,422,397	\$4,034,175	\$4,186,718	\$5,113,653	163.9%
STATE SPECIAL & CONTRACTS	\$0	\$625,627	\$790,219	\$1,128,964	\$1,002,522	835435108.3%
LOCAL GOVERNMENT	\$26,526	\$0	\$0	\$259	\$0	-100.0%
PRIVATE GIFTS	\$30,097	\$51,218	\$35,594	\$43,632	\$107,410	256.9%
PRIVATE CONTRACTS & GRANTS	\$14,243	\$95,867	\$407,400	\$524,114	\$1,288,594	8947.2%
OPP & EDUCATIONAL FUNDS	\$0	\$0	\$158,007	\$144,860	\$174,333	0.0%
S&S -EDUCTATIONAL ACTIVITY	\$4,493	\$13,828	\$30,399	\$14,634	(\$55,743)	-1340.6%
OTHER SOURCES	(\$8,269)	\$15,322	\$3,917	\$3,860	(\$15,265)	84.6%
Total:	\$2,005,126	\$3,227,259	\$5,459,711	\$6,048,541	\$7,633,210	280.7%

Source: UCSF Budget & Resource Management

#### Expenditures by Fund Source Global Health Sciences FY 2009-10



# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 INSTITUTE FOR GLOBAL HEALTH

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$5,113,653	\$4,340,859	\$1,081,664	24.92%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$1,002,522	\$983,415	\$129,337	13.15%
Local Government	\$0	\$0	\$0	0.00%
<b>Private Clinical Trials</b>	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$1,288,594	\$1,227,390	\$120,777	9.84%
Total:	\$7,404,769	\$6,551,665	\$1,331,778	20.33%

#### INSTITUTE FOR HUMAN GENETICS

- Director Risch, Neil, Ph.D
- Assistant Director Fergus, Cory
- Website http://www.humgen.medschool.ucsf.edu/

The Institute for Human Genetics (IHG) was established in January 2005, with the appointment of Dr. Neil Risch as the Institute's first director. Dr. Risch is the Lamond Family Foundation Distinguished Professor in Human Genetics.

UCSF has a long history of excellence in Human Genetics research and education. Two of the most prestigious research awards (Allan Award and Stern Award) from the American Society of Human Genetics, the pre-eminent human genetics society in the world, have gone to UCSF faculty, which demonstrates its leadership in the field. UCSF has trained many eminent geneticists throughout its longstanding NIH-funded medical genetics training program. With the establishment of the IHG, UCSF set out to expand research and education in Human Genetics. The IHG, which consists of a core group of geneticists based across all of the UCSF campuses as well as a larger group of affiliated members, brings UCSF faculty interested in various aspects of Human Genetics together to create an exciting inter-departmental and inter-disciplinary environment for research and training. Investigators come from most of the departments in the School of Medicine as well as from the Schools of Pharmacy, Dentistry and Nursing. IHG faculty are engaged in research that spans the broad spectrum of human genetics, from basic science and technology development to clinical investigations to pharmacogenetics and population genetics to reproductive applications and outcomes. The IHG maintains close ties with the Center for Bioinformatics & Molecular Biostatistics in the Department of Epidemiology and Biostatistics, thereby reinforcing its role as the intellectual focal point for Human Genetics at UCSF. It also serves as an organizational home for cores that provide state of the art genotyping, DNA sequencing and computing resources to the entire UCSF community.

Human genetics continues to increase in importance in medical practice. It is also clear that dramatic events in molecular biology, such as the sequencing and characterization of the human genome and other model organism genomes, in informatics and computer science, where we now routinely talk in gigabytes of memory rather than kilobytes, and in molecular genetic methodology, where DNA sequences can be obtained for pennies, offer unprecedented opportunities to make progress in both the discovery and application phases of human genetics.

#### INSTITUTE FOR NEURODEGENERATIVE DISEASES

- Chair Prusiner, Stanley B., M.D.
- Business Officer Booth, Howard S.
- Website http://ind.universityofcalifornia.edu/

#### **Mission Statement**

Diseases resulting from degenerative changes in the nervous system markedly impact the lives of millions and pose growing public health challenges. The prevention and treatment of these neurodegenerative disorders represents one of the critical goals of medical research today and is the mission of the Institute for Neurodegenerative Diseases.

The Institute for Neurodegenerative Diseases (IND) brings together over 100 renowned researchers and clinicians from eight University of California campuses. IND members represent such diverse disciplines as neurology, neuropathology, cell biology, genetics, molecular biology, computational and structural biology, biotechnology and pharmaceutical science. By working together, IND members develop novel, multidisciplinary approaches to obtain new understanding and new treatments for neurodegenerative diseases.

The IND is a multi-site research organization devoted to accelerating knowledge and developing cures to combat the growing problem of neurodegenerative diseases. Spanning eight campuses within the University of California, the IND stimulates creative interactions among basic scientists and clinicians through a series of Core Activities that include:

- IND Seminar Series, which brings together experts in the field of neurodegenerative diseases to provide descriptions of their cutting-edge research. In addition to these lectures, each speaker is provided opportunities to interact with faculty members and students.
- IND Annual Retreat, which brings together faculty and students from all eight UC campuses to discuss recent developments in their research and clinical programs. In addition, two guest speakers are invited to give keynote addresses on significant aspects of neurodegenerative disease research.
- Mini-Courses, open to IND members and students across all eight campuses. These are half-day events that bring two or three researchers from outside institutions to focus on the latest developments in "hot" areas of research. Mini-courses are designed to encourage discussion and interaction between students and faculty.

In addition to emphasizing laboratory breakthroughs, physician-scientists within the IND con-

Source: Institute for Neurodegenerative Diseases 8/19/2010

duct clinical research to translate these discoveries into viable treatments. This work occurs in state-of-the-art clinical research and treatment centers such as:

- Memory and Aging Center
- Parkinson's Disease Clinic and Research Center
- Multiple Sclerosis Center
- ALS Research and Patient Care Center

Source: Institute for Neurodegenerative Diseases 8/19/2010

FY 2009-10 Headcount as of 4/1/10 INSTITUTE FOR NEURODEGENERATIVE DISEASES

Staff	Acad	Academic	Grand
ull Time Part Time	Full Time	me   Part Time	Total
45 1	6	1	99

Source: UCSF Human Resources

Permanently Budgeted FTEs INSTITUTE FOR NEURODEGENERATIVE DISEASES

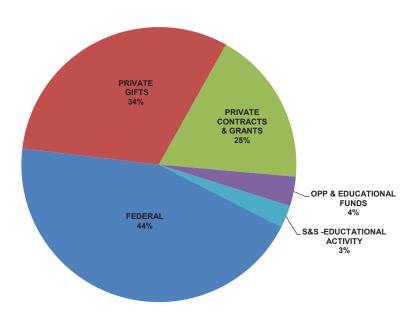
	FY 2005-06	90-	FY 2006-07	-07	FY 2007-08	-08	FY 2008-09	60-	FY 2009-10	-10
Permanent Budget Account Title	Academic	Staff	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic	Staff	Academic	Staff	Academic	Staff
S/M INST NEURODEGENERATIVE DIS	4.40	4.40 19.70	2.00	2.00 19.00	2.00	2.00 17.00	2.00 17.00	17.00	1.80	18.00
Total:		4.40 19.70	2.00	2.00 19.00	2.00	2.00 17.00	2.00	2.00 17.00	1.80	18.00

# Total Expenditures by Fund Source INSTITUTE FOR NEURODEGENERATIVE DISEASES

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$14,793	\$10,207	\$10,000	\$9,999	\$1	-100.0%
FEDERAL	\$7,485,532	\$8,676,995	\$7,525,730	\$3,803,510	\$4,111,846	-45.1%
PRIVATE GIFTS	\$1,118,557	\$722,948	\$2,464,717	\$3,787,537	\$2,896,528	159.0%
PRIVATE CONTRACTS & GRANTS	\$552,099	\$988,958	\$1,379,603	\$2,808,031	\$1,695,006	207.0%
OPP & EDUCATIONAL FUNDS	\$231,961	\$288,882	\$313,464	\$299,827	\$320,544	38.2%
S&S -EDUCTATIONAL ACTIVITY	\$81,748	(\$139,851)	(\$424,631)	\$435,780	\$243,987	198.5%
Total:	\$9,484,689	\$10,548,138	\$11,268,883	\$11,144,683	\$9,267,912	-2.3%
						·

Source: UCSF Budget & Resource Management

#### Expenditures by Fund Source Institute for Neurodegenerative Diseases FY 2009-10



## Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 INSTITUTE FOR NEURODEGENERATIVE DISEASES

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$4,111,846	\$3,744,282	\$2,026,802	54.13%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$1,695,006	\$1,694,535	\$260,370	15.37%
Total:	\$5,806,852	\$5,438,817	\$2,287,173	42.05%

Source: UCSF Budget & Resource Management

# Financial Schedule 8C - FY 2009-10 Current Funds Expenditures INSTITUTE FOR NEURODEGENERATIVE DISEASES (Dollars in Thousands)

			Current Fund	ls		Distribution	
	Total	Unre	stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
		General	Designated				
Research	8,944	0	147	8,797	4,215	4,728	0
Total	8,944	0	147	8,797	4,215	4,728	0

Source: UCSF Controller's Office - 9/30/2010

#### PHILIP R. LEE INSTITUTE FOR HEALTH POLICY STUDIES

- Chair Brindis, Claire D.
- Business Officer Fetto, Phyllis K.
- Website http://www.ihps.medschool.ucsf.edu/

#### Mission

The Institute's mission is to contribute to the solution of complex and challenging health policy problems through leadership in:

- health policy and health services research
- education and training
- technical assistance
- public service

We conduct, synthesize, and translate research among multiple academic disciplines and fields to provide a base of evidence to share with people who make decisions about health and health care

We focus on providing information about policy decisions that will affect people's health and lives, from helping to improve clinical decision-making at a patient's bedside to assessing the potential impact of state and national health legislation.

We help educate and train students, including post-doctoral fellows, in the health professions and other disciplines, for future leadership in health policy and health services research. We also help prepare fellows to take leadership in public health and health care in government at the local, state, federal and international levels, and in the non-profit and private sectors.

Most of all, we are committed to improving the health and health care of people in the Greater San Francisco Bay Area, the State of California, the nation, and the world.

### Goals

- Improve the health of the public
- Improve health care
- Build future health policy leadership
- Improve the public's understanding of public sector, private sector, and personal choices about health care and health
- Improve health policy with research designed to impact public and private sector health policy decisions

#### Research

The Philip R. Lee Institute for Health Policy Studies at the University of California, San Francisco (UCSF) is one of the nation's premier centers for health policy and health services research. Institute faculty and research staff generate evidence providing the basis for sound health policy decisions at the local, state, national, and international levels. We also work with UCSF colleagues to translate research, building a pathway from research to policy and from bench to bedside to community.

#### Research Areas

#### Health care reform and health care system

Access to care, with special consideration of underserved populations and health disparities, quality of care, financing of care, costs and cost-effectiveness of care, technology assessment, organization of care, physician practice patterns, health care workforce issues, and other issues

#### Child and adolescent health

Health insurance, children with special needs, evaluation of school-based clinics and coordinated school health services, adolescent health policy, physician practice guidelines, and other issues

#### *Reproductive health*

Teen pregnancy, evaluation of pregnancy prevention programs, Latina reproductive health, infertility issues, and other issues

#### HIV/AIDS

Costs of care, cost-effectiveness of prevention and treatment, HIV and injection drug use

#### Prescription drug policies

Drug safety, effectiveness, efficacy, drug use among the elderly and chronically ill, pharmaceuticals for disenfranchised populations

#### Substance abuse

Tobacco and other drug use, evaluation of treatment interventions, tobacco and corporate influences on health policy, tobacco control policies, second-hand smoke

#### Chronic illness

Costs of illness, functional and psychosocial outcomes of illness, functional status measurement

#### Work and health

Relationship between work and health, work disability policies, and other issues

Research integrity

Evidence-based policy and research on bias in research

Biomedical communications

Editorial peer review, ethical standards in publishing, authorship guidelines, dissemination of research

Informed Medical Decision-making

Having information to make sound decisions affecting one's health and well being

### **Education and Training**

The Philip R. Lee Institute for Health Policy Studies provides training in health policy research for predoctoral students at UCSF as well as for postdoctoral and mid-career scholars. The goals of the PRL-IHPS training program are:

- To train diverse stakeholders to conduct outstanding health policy research;
- To foster effective policy communication across the diverse professions, "languages," and disciplines of health policy;
- To translate research into action using methods and findings that are sufficiently well-grounded that one can confidently offer them for use by policymakers.

We believe the scope of health policy is wide. It ranges from the development of new systems for financing, delivering and measuring high-quality healthcare; to evaluation of political, programmatic, and organizational initiatives to improve population health; to basic social and behavioral science research on health determinants. We emphasize the importance of thoughtfully and self-reflectively engaging perspectives, tools, and theories from multiple academic and professional fields in pursuit of the effective and responsible translation of research into policy and practice. The program includes scholars with backgrounds in the clinical sciences, health services, humanities, policy science, public health, and social and behavioral sciences. The program can last for 1-3 years depending on the trainees' background, goals, and prior preparation. We coordinate our didactic offerings with research and training programs around the campus and the Bay. Our curriculum includes:

- writing and works-in-progress seminars; \*
- ethical issues related to project sponsorship, paper authorship, and collaborative relationships;
- guest speakers including fellow-invited speakers, PRL-IHPS Grand Rounds, and the Chancellor's Health Policy Research Lectures;

 additional coursework, such as principles and approaches to policy analysis, project design and grant writing, health policy translation, quantitative and qualitative methods in health policy research.

Fellows participate in research under the guidance of a research mentor. In general, fellows are engaged in 1-3 research projects at UCSF as well as working on their own independent research projects. In addition to the research mentors, fellows also have a career mentor who helps ensure that fellows make good progress while in the program towards their career goals.

FY 2009-10 Headcount as of 4/1/10 INSTITUTE FOR HEALTH POLICY STUDIES

Grand	Total	99
Academic	Part Time	3
Acac	Full Time	15
Staff	Part Time	15
St	Full Time	32

Source: UCSF Human Resources

Permanently Budgeted FTEs INSTITUTE FOR HEALTH POLICY STUDIES

	FY 2005-06	90	FY 2006-07	2	FY 2007-08	8	FY 2008-09	60	FY 2009-10	10
Permanent Budget Account Title	Academic	Staff	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic Staff	Staff	Academic	Staff	Academic	Staff
INST FOR HEALTH POLICY STUDIES	0.10 4.83	4.83	0.05 5.08	5.08	0.05 5.29	5.29	0.05 5.29	5.29	0.05	5.25
M/R-INST HLTH POLICY STUDIES	1.54		1.54		1.54		1.54		1.54	
SM-INST HLTH POLICY STUDIES		1.00		1.00		1.00		0.94		99.0
Total:	1.64 5.83	5.83	1.59 6.08	80.9	1.59 6.29	6.29	1.59	1.59 6.23	1.59 5.91	5.91

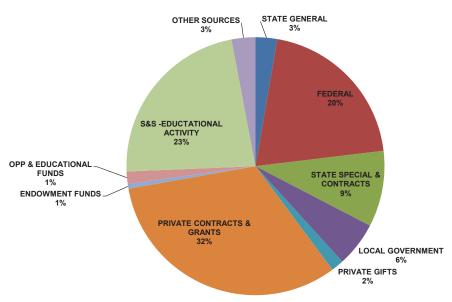
Source: UCSF Budget & Resource Management

## Total Expenditures by Fund Source INSTITUTE FOR HEALTH POLICY STUDIES

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$334,122	\$324,767	\$332,330	\$236,159	\$205,358	-38.5%
FEDERAL	\$2,895,181	\$2,296,062	\$2,198,044	\$1,655,632	\$1,537,362	-46.9%
STATE SPECIAL & CONTRACTS	\$1,723,633	\$1,507,439	\$1,379,951	\$1,531,555	\$719,722	-58.2%
LOCAL GOVERNMENT	\$250,388	\$363,188	\$418,291	\$300,643	\$424,791	69.7%
PRIVATE GIFTS	\$36,368	\$23,609	(\$52,017)	\$14,668	\$118,778	226.6%
PRIVATE CONTRACTS & GRANTS	\$2,608,332	\$3,139,538	\$2,040,675	\$1,980,009	\$2,443,028	-6.3%
ENDOWMENT FUNDS	\$63,838	\$18,986	\$77,637	\$16,115	\$45,818	-28.2%
OPP & EDUCATIONAL FUNDS	\$285,603	\$261,652	\$262,571	\$258,740	\$115,765	-59.5%
S&S -EDUCTATIONAL ACTIVITY	\$563,195	\$700,641	\$1,668,671	\$1,988,458	\$1,711,445	203.9%
OTHER SOURCES	\$33,281	\$80,715	\$87,016	\$217,836	\$225,016	576.1%
RESERVES	\$5,456	\$0	\$0	\$0	\$0	-100.0%
Total:	\$8,799,399	\$8,716,597	\$8,413,170	\$8,199,815	\$7,547,085	-14.2%

Source: UCSF Budget & Resource Management

## Expenditures by Fund Source Institute for Health Policy Studies FY 2009-10



Source: UCSF Budget & Resource Management

## Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 INSTITUTE FOR HEALTH POLICY STUDIES

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$1,537,362	\$1,229,089	\$681,960	55.49%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$406,642	\$406,642	\$58,334	14.35%
Local Government	\$424,791	\$424,791	\$44,473	10.47%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$2,443,028	\$2,323,872	\$392,766	16.90%
Total:	\$4,811,824	\$4,384,394	\$1,177,533	26.86%

Source: UCSF Budget & Resource Management

### Financial Schedule 8C - FY 2009-10 Current Funds Expenditures INSTITUTE FOR HEALTH POLICY STUDIES (Dollars in Thousands)

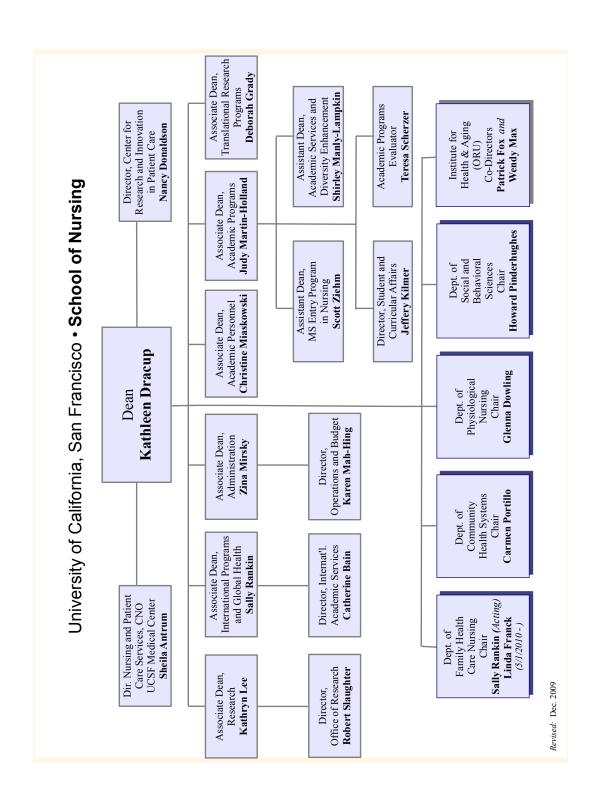
			Current Fund	ls		Distribution	
	Total	Unre	stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
		General	eneral Designated				
Instruction	710	25	570	115	346	363	0
Research	3,247	181	(78)	3,144	2,636	610	0
Public Service	2,066	0	127	1,939	1,698	367	0
Total	6,023	206	619	5,198	4,680	1,340	0

Source: UCSF Controller's Office - 9/30/2010

## **SCHOOL OF NURSING**

## **Chapter Contents**

Organizational Chart	794
Overview	795
Community Health Systems	806
Family Health Care Nursing	814
Institute for Health and Aging	819
Physiological Nursing	824
Social and Behavioral Sciences	830



#### SCHOOL OF NURSING

#### Leadership

#### Dean

Kathleen A. Dracup, RN, FNP, DNSc, FAAN is Dean and Endowed Professor in Nursing Education, University of California, San Francisco, School of Nursing

Dr. Dracup earned a Doctorate in Nursing Science from the University of California, San Francisco, a Master of Nursing degree from the University of California, Los Angeles, and a Bachelor of Science degree from St. Xavier's University, Chicago, Illinois.

Dr. Dracup's professional career includes 35 years of experience in cardiovascular nursing and university professorships. She is recognized nationally and internationally for her investigation in the care of patients with heart disease and the effects of this disease on spouses and other family members.

Her initial research focused on the needs of spouses of terminally ill cardiac patients in the intensive care unit. In her subsequent interdisciplinary program of research, she has tested a variety of interventions designed to reduce the emotional distress experienced by cardiac patients and their family members and to reduce morbidity and mortality from sudden cardiac death.

She consistently has been awarded extramural funding for her research from the National Heart, Lung and Blood Institute, the National Institute for Nursing Research, the American Heart Association, the Department of Defense, the Department of Veterans Affairs, and the American Association of Critical Care Nurses.

Dr. Dracup has published her research in more than 300 articles and chapters, and has recently published the textbook, Intensive Coronary Care. She served as the editor of Heart & Lung for over a decade and currently is the co-editor of the American Journal of Critical Care. She is a Fellow of the American Academy of Nursing and the American Heart Association Council of Cardiovascular Nursing. She was a Fulbright Senior Scholar to Australia and is a member of the Institute of Medicine. She received the outstanding teaching award at UCLA School of Nursing on four different occasions and was awarded the American Heart Association's Eugene Braunwald Award for Academic Mentorship in 2003.

#### Sheila Antrum, RN, MSHA

Chief Nursing and Patient Care Services Officer UCSF Medical Center

#### Catherine Bain, RN, MS

Director, International Academic Services, Academic Coordinator and Asst. Clinical Professor

## Nancy Donaldson, RN, DNSc, FAAN

Director, UCSF Stanford Center for Research and Innovation in Patient Care Clinical Professor

#### Judith Martin-Holland, RN, PhD, FNP

Associate Dean, Academic Programs and Diversity Initiatives Academic Administrator

#### Chrisanne Garrett, MAED

Director, Educational Technology and Academic Coordinator

#### Deborah Grady, MD, MPH

Associate Dean, Translational Research Programs

#### Sally Rankin, RN, PhD, FNP, FAAN

Associate Dean of International Programs, Professor

### Shirley Manley-Lampkin, RN, PhD

Assistant Dean, Academic Services and Diversity Enhancement, Academic Coordinator

### Christine Miaskowski, RN, PhD, FAAN

Associate Dean, Academic Affairs Professor and Sharon A. Lamb Endowed Chair in Nursing

#### Zina Mirsky, RN, EdD

Associate Dean, Administration, Lecturer

**Kathryn Lee**, RN, PhD, FAAN Associate Dean for Research, Professor and James and Marjorie Livingston Endowed Chair in Nursing

**Robert Slaughter,** PhD Director, Office of Research, Academic Administrator and Lecturer

**Scott Ziehm**, RN, ND Assistant Dean, Masters Entry Program in Nursing, Health Sciences Clinical Professor

## History

The nationally recognized excellence of the School of Nursing reflects a long history of innovation in nursing education. A diploma program for the education of nurses was first offered by the University of California in 1907, when it established the Hospital Training School for Nurses.

In 1917 a five-year curriculum leading to a baccalaureate degree was developed on the Berkeley campus in the Department of Hygiene. This program combined academic study with practice in nursing, using the Training School program as the middle years. These two curricula continued until 1934, when the diploma program was discontinued.

Instruction in public health nursing leading to certification was first offered to graduate nurses in 1918 on the Berkeley campus. In 1925, through funds appropriated by the state legislature from the accumulated funds in the State Bureau of Registered Nurses, an additional certificate curriculum in nursing education and nursing service administration was initiated. The Berkeley and San Francisco programs were brought together administratively in 1934. On March 17, 1939, the Regents authorized the establishment of a School of Nursing, the first autonomous school of nursing in any state university. In 1941 the faculty of the School of Nursing achieved full academic status in the University. The School added programs in succeeding years:

- 1949 Master of Science (M.S.)
- 1965 Doctor of Nursing Science (D.N.S.)
- 1980 Articulated BS/MS Program for Registered Nurses
- 1984 Doctor of Philosophy (Ph.D.)
- 1991 Master's Entry Program in Nursing (MEPN)

In the fall of 1959, all activities of the School of Nursing were consolidated onto the San Fran-

cisco campus.

In the 2006-07 academic year, UCSF School of Nursing celebrated its centennial. See the centennial website for details.

#### Mission

Nursing care for the healthy and the ill occurs in a dynamic social and professional environment with changing needs for clinical, research, and theoretical expertise. As a leader in health care and nursing progress, the UCSF School of Nursing must anticipate and respond to changing issues and trends and must influence policies and practices in health care.

Within this context, the School of Nursing draws upon the insights and experiences that its students, faculty, and alumni have to offer from their rich and diverse cultural heritage.

Taking advantage of its long history as a part of the University of California, San Francisco health sciences campus, the School will continue to work cooperatively with other health professionals on campus, nationally, and internationally in its search for excellence in teaching, research, practice, and public service.

The School of Nursing's mission comprises three elements:

- Teaching
  - Prepare students from culturally diverse backgrounds to assume leadership roles in nursing clinical practice, administration, teaching, and research.
  - Provide education and research training in the social, behavioral, and biological sciences focused on health, illness, and health care.
- Research
  - Advance knowledge and theory through research.
  - Design and evaluate the organization, financing, and delivery of health care.
  - Generate and test innovative professional educational models.
- Practice
  - Promote and demonstrate excellence in professional nursing practice.
  - Benefit the public, the profession, and the University through active individual and group involvement in service activities.

### **Principles of Community**

The San Francisco campus of the University of California is dedicated to learning and teach-

ing in the health sciences. As a graduate and professional school campus, UCSF serves society through four primary missions: teaching, research, patient care, and public service. Faculty, staff, and students on the UCSF campus are a composite of many races, creeds, and social affiliations. To achieve campus goals, individuals must work collaboratively with mutual respect and with forbearance.

Several principles of community life are established to guide individual and group actions on the campus. Adherence to these principles is essential to ensure the integrity of the University and to achieve campus goals. UCSF faculty, staff, and students are asked to acknowledge and practice these basic principles of community life:

- We affirm that members of the campus community are valued for their individual qualities and members are encouraged to apply their unique talents in creative and collaborative work.
- We recognize, value, and affirm that social diversity contributes richness to the University community and enhances the quality of campus life for individuals and groups. We take pride in our various achievements and we celebrate our differences.
- We affirm the right of freedom of expression within the UCSF community and also
  affirm commitment to the highest standards of civility and decency toward all persons.
  We are committed to creating and maintaining a community where all persons who
  participate in University activities can work together in an atmosphere free of all forms
  of abusive or demeaning communication.
- We affirm the individual right of public expression within the bounds of courtesy, sensitivity, and respect. We recognize the right of every individual to think and speak as dictated by personal belief, to express individual ideas, and to state differences with other points of view, limited only by University requirements regarding time, place, and manner.
- We reject acts of discrimination, including those based on race, ethnicity, gender, age, disability, sexual orientation, and religious or political beliefs.
- We recognize that UCSF is devoted to public service and we encourage members of
  the campus community to participate in public service activities in their own communities and recognize their public service efforts in off-campus community settings.
- We affirm that each member of the campus community is expected to work in accord with these principles and to make individual efforts to enhance the quality of campus life for all.

UCSF was the fourth largest recipient of National Institutes of Health research support in 2005, receiving a total of \$452.2 million from all awards in the nationally competitive process, according to rankings released by NIH. The rankings cover research and training grants, fellowships, contracts and other awards. The UCSF School of Dentistry, School of Nursing and School of Pharmacy each ranked first nationally – all three schools maintaining their rankings from last year. The UCSF School of Medicine ranked third nationally, as it did last year.

"UCSF's research has once again been deemed among the best in the country by the most rigorous of judges -- our scientific peers throughout the nation," said UCSF Chancellor Mike Bishop, M.D. "The strength of NIH support for UCSF is a national-level endorsement of scientific research here in all four schools. That bodes well for progress on many fronts critical to advancing health care."

Dean Dracup wrote to staff and faculty, "This ranking is a reflection of the hard work and talent of many people in the school -- faculty, staff and students. Thank you for everything you do to contribute to our success as the #1 School of Nursing in the United States."

# Financial Schedule 8E - FY 2009-10 Current Fund Expenditures by Source SCHOOL OF NURSING

	Total
General Funds	\$10,357
Tuition and Fees	\$3,869
Federal Government Grants	\$10,146
Federal Government Contracts	(\$3)
Special State Appropriations & Contracts	\$14,737
Local Government	(\$2)
Private Gifts, Grants and Contracts	\$5,112
Endowment Income	\$1,035
Sales & Services Educational Activities	\$237
Sales & Services of Auxiliary	\$0
Sales & Services Medical Centers	\$0
Other Sources	\$3,032
Reserves	\$0
Total	\$48,520

Source: UCSF Controller's Office - 9/30/2010

## SCHEDULE 8C - FY 2009-10 CURRENT FUNDS EXPENDITURES BY DEPARTMENT (Dollars in Thousands)

			Current Funds			Distribution	
	Total	Unres	tricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
		General	Designated				
SCHOOL OF NURSING							
INSTRUCTION							
Educational service	3,119	100	2,960	59	1,577	1,541	-
Family health care	2,895	1,992	169	734	2,137	757	_
Institute for health and aging	610	408	178	24	379	230	(1)
Community health systems	4,455	1,777	555	2,123	3,361	1,093	-
Physiological nursing	2,873	2,349	318	206	2,418	455	_
Social and behaviorial science	815	780	(42)	77	686	130	
Total	14,767	7,406	4,138	3,223	10,558	4,206	(1)
RESEARCH							
Family health nursing	1,289	2	_	1,287	842	446	_
Institute for health and aging	2,112	-	_	2,112	1,584	528	_
Community health systems	1,674	9	_	1,665	909	765	_
Physiological nursing	4,276	-	_	4,276	2,461	1,815	_
Social and behavioral science	2,303	_	_	2,303	1,322	981	_
Dean's Office	173	-	58	115	-	173	-
Total	11,827	11	58	11,758	7,118	4,708	-
PUBLIC SERVICE							
Other nursing public service	14,445			14,445	8,830	5,615	
Total	14,445			14,445	8,830	5,615	
ACADEMIC SUPPORT							
Dean's office	6,503	2,504	3,196	803	4,153	2,436	86
Occupational health center	980	436	425	119	675	305	
Total	7,483	2,940	3,621	922	4,828	2,741	86
Total School of Nursing	48,522	10,357	7,817	30,348	31,334	17,270	85

Source: UCSF Controller's Office - 9/30/2010

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO EXTRAMURAL AWARDS BY TYPE 07/01/2009 – 06/30/2010 (All Awards) SCHOOL OF NURSING

Date: 12/31/2010 - FINAL RESULTS

Source: UCSF Office of Sponsored Research

FEDERAL SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds	XL#
NIH Grants	11,864,914.00	8,505,921.00	3,358,993.00	24	36
Other DHHS Grants	2,845,301.00	2,627,478.00	217,823.00	80	10
NSF grants	0.00	0.00	0.00	0	0
Other Federal Grants	1,189,435.00	1,044,775.00	144,660.00	ო	က
NIH Contracts	0.00	0.00	0.00	0	0
Other DHHS Contracts	0.00	0.00	0.00	0	0
Other Federal Contracts	0.00	0.00	0.00	0	0
Subcontracts (excluding SBIR/STTR)	2,059,162.00	1,787,046.00	272,116.00	15	24
Subcontracts(SBIR/STTR)	215,843.00	139,704.16	76,138.84	7	2
Fellowships(All Federal Sources)	62,516.00	62,516.00	0.00	2	5
Subtotal, Federal Sources	18,237,171.00	14,167,440.16	4,069,730.84	54	80
OTHER PUBLIC SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds	XL#
City/County of San Francisco	0.00	0.00	0.00	0	0
Other Bay Area Public Agencies	0.00	0.00	0.00	0	0
California Dept Health Care Services	11,545,215.00	10,720,522.00	824,693.00	13	21
Other California Public Agencies	10,741,156.00	9,786,043.00	955,113.00	22	43
Other Public Agencies	0.00	0.00	0.00	0	0
UC Programs (except IUCRP)	412,822.00	412,822.00	0.00	2	2
UC Discovery portion of IUCRP	0.00	0.00	0.00	0	0
Subcontracts(all above prime sources)	0.00	0.00	0.00	0	0
Fellowships(all above sources)	0.00	0.00	0.00	0	0
Subtotal, Other Public Sources	22,699,193.00	20,919,387.00	1,779,806.00	40	69
Subtotal, Public Sources	40,936,364.00	35,086,827.16	5,849,536.84	94	149

Note: Awards are selected for inclusion based on the budget period start date. Results include actions processed through 07/08/2010.

Source: UCSF Office of Sponsored Research Date: 12/31/2010 - FINAL RESULTS

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO (All Awards) **EXTRAMURAL AWARDS BY TYPE** 07/01/2009 - 06/30/2010 SCHOOL OF NURSING

FEDERAL SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds	XL#
NIH Grants	11,864,914.00	8,505,921.00	3,358,993.00	24	36
Other DHHS Grants	2,845,301.00	2,627,478.00	217,823.00	80	10
NSF grants	0.00	0.00	0.00	0	0
Other Federal Grants	1,189,435.00	1,044,775.00	144,660.00	က	က
NIH Contracts	0.00	0.00	0.00	0	0
Other DHHS Contracts	0.00	0.00	0.00	0	0
Other Federal Contracts	0.00	0.00	0.00	0	0
Subcontracts (excluding SBIR/STTR)	2,059,162.00	1,787,046.00	272,116.00	15	24
Subcontracts(SBIR/STTR)	215,843.00	139,704.16	76,138.84	2	2
Fellowships(All Federal Sources)	62,516.00	62,516.00	0.00	7	9
Subtotal, Federal Sources	18,237,171.00	14,167,440.16	4,069,730.84	54	80
OTHER PUBLIC SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds	XL#
City/County of San Francisco	0.00	0.00	0.00	0	0
Other Bay Area Public Agencies	0.00	0.00	0.00	0	0
California Dept Health Care Services	11,545,215.00	10,720,522.00	824,693.00	13	21
Other California Public Agencies	10,741,156.00	9,786,043.00	955,113.00	22	43
Other Public Agencies	0.00	0.00	0.00	0	0
UC Programs (except IUCRP)	412,822.00	412,822.00	0.00	S	2
UC Discovery portion of IUCRP	0.00	0.00	0.00	0	0
Subcontracts(all above prime sources)	0.00	0.00	0.00	0	0
Fellowships(all above sources)	0.00	0.00	0.00	0	0
Subtotal, Other Public Sources	22,699,193.00	20,919,387.00	1,779,806.00	40	69
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Note: Awards are selected for inclusion based on the budget period start date. Results include actions processed through 07/08/2010.

## FY 2009-10 Headcount as of 4/1/10 SCHOOL OF NURSING

	S	taff	Acad	emic	Grand Total
Department	FT	PT	FT	PT	
DEAN'S OFC: SCH OF NURSING	35	3	5	20	63
FAMILY HLTH CARE NSG	15	10	22	16	63
INSTITUTE FOR HEALTH & AGING	97	15	13	13	138
PHYSIOLOGICAL NURSING	18	5	23	36	82
S/N COMMUNITY HEALTH SYSTEMS	23	12	22	17	74
SOCIAL & BEHAVIORAL SCIENCES	7	2	10	11	30
Total	195	47	95	113	450

Source: UCSF Human Resources

## Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 SCHOOL OF NURSING

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$11,047,512	\$8,329,810	\$3,289,825	39.49%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$14,446,819	\$13,303,886	\$1,298,648	9.76%
Local Government	(\$1,560)	(\$1,560)	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$4,788,309	\$4,328,608	\$642,584	14.85%
Total:	\$30,281,080	\$25,960,743	\$5,231,056	20.15%

Source: UCSF Budget & Resource Management

#### **COMMUNITY HEALTH SYSTEMS**

- Interim Chair Portillo, Carmen.
- Director, Operations and Finance Pinster, W. Kent
- Website http://nurseweb.ucsf.edu/chs/

#### Mission

The mission of the Department of Community Health Systems is to promote and sustain health in the community and workplace, with particular emphasis on culturally diverse and high-risk populations. We are committed to improving the health and health care for those served by community-based health care systems through educating culturally competent nurses, conducting research, and providing services in the community which address the health issues of those underserved by the traditional institution-based health care system.

#### **Education Mission**

To prepare students from culturally diverse backgrounds to assume leadership roles in nursing clinical practice, administration, teaching, and research.

#### **Research Mission**

To advance knowledge and theory through research.

To design and evaluate the organization, financing, and delivery of health care.

To generate and test innovative professional educational models.

#### **Service Mission**

To promote and demonstrate excellence in professional nursing practice.

To benefit the public, the profession, and the University through active individual and group involvement in service activities.

#### Vision

Members of the Department of Community Health Systems are committed to conducting research, preparing nurse leaders, and providing services for those served by community based

health care systems. We seek to maximize the health of communities with particular emphasis on culturally diverse and high risk populations. Our work focuses on both health and illness. Through our research, teaching, practice, and service, we strive to:

- Provide mentoring for graduate students to enhance their clinical expertise and research training;
- Promote and sustain health in the community and workplace from an individual, client-centered approach and from a community-level public health approach;
- Enhance the quality of life for people living with mental illnesses, infectious diseases, and other acute and chronic illnesses at work and at home;
- Improve the accessibility, affordability, acceptability, and quality of care of community-based care systems; and,
- Develop and test models of care that meet the health care needs of communities, with emphasis upon vulnerable populations.

#### Research

Research is one of the 3 primary missions of the Department of Community Health Systems. Our faculty conducts insightful and novel research in areas related to the Department's specialty programs. Research increases our knowledge about important specific issues, as well as leading to overall advancements in standards of health care. It also provides insights into the adequacy of current heath care services and the viability of new and old treatment protocols.

CHS faculty research focuses on vulnerable populations and communities such as: the homeless and disadvantaged; elderly; persons with psychiatric disorders and issues of trauma and abuse; high-risk infants and children; workers at risk for or living with injury or disability; individuals with chronic diseases such as asthma, cardiovascular disease, diabetes and HIV infections; incarcerated persons; and ethnic and immigrant minorities.

Areas of faculty research address major community health issues such as:

- The impact of disease or conditions on vulnerable populations (e.g. premature birth on infants and families, chronic illness and disability on health-related quality of life, stigma on access to care),
- Community and patient based intervention (e.g. self-management of chronic illnesses, health promotion in severe mental illness, lifestyle health behaviors and risk reduction, strategies to manage infectious diseases such as HIV/AIDS and TB, injury prevention, and drug and alcohol abuse), and

Health care systems analysis and intervention (e.g. patient safety, organization of nursing staff to deliver care, multidisciplinary health care delivery, organization and financial aspects of health care delivery.

#### **Patient Care**

Located in and around San Francisco, our faculty practices allow us to serve the neediest people in our community, those normally underserved by more mainstream health care systems, including the homeless and mentally ill. The practices are also a vital educational resource for the Department because they provide invaluable opportunities for our students to train in actual community environments.

Our practices provide health services the some of the most vulnerable populations in our area. For example, the nurse-managed Glide Health Services provides free medical care to the city's homeless and underinsured. The faculty practice at Progress Foundation gives residents of the Progress Houses access to medical care that eliminates costly emergency room visits. The other practices each serve a special segment of the community.

Our six faculty practices are:

- 1. Glide Health Services
- 2. Nursing Faculty Practice at Progress Foundation
- 3. UCSF Ambulatory Care Clinics, Division of Internal Medicine
- 4. UCSF Ambulatory Care Clinics, Division of Pulmonary Medicine
- 5. UCSF Positive Health Program
- 6. Comfort Care & Palliative Care Service Consultation

#### **Educational Activities**

Master of Science Program in Nursing prepares leaders in the roles of nurse practitioner, clinical nurse specialist, administrator, teacher, and consultant. Most applicants applying to this program are experienced registered nurses who have successfully completed a Bachelor's degree. Upon graduation, all have a base of knowledge in a specific area of nursing; can participate knowledgeably in research activity and application; and are capable of contributing to the formulation of theory and to the application of theory to nursing practice. The 5 Masters specialty areas are:

• The Adult Nurse Practitioner (ANP) Program prepares nurses in advanced practice to diagnose and manage primary care problems of adults. The curriculum emphasizes comprehensive physical and psychosocial assessment, decision-making processes in acute and chronic health conditions, introduction to complementary healing strategies,

and health maintenance care, including health promotion and disease prevention.

- Advanced Community Health and International Nursing focuses on planning and evaluating community/public health programs; international health, population-level care, health promotion, grant writing, teaching/learning strategies, health care systems, public policy, and leadership; addressing health disparities of vulnerable and diverse populations; practicing and consulting in multicultural and international settings; and specializing in HIVAIDS as a community health nurse. The focus of clinical experiences is on advanced nursing practice in a variety of community/public health private and governmental agencies in local, national, and international settings.
- **Nursing Administration (NA)** The administration program prepares individuals for management and administrative positions throughout the health care arena. The expert curriculum provides a solid business administration foundation for those interested in pursuing careers that require the use of management principles.
- Occupational and Environmental Health Nursing (OEH) focuses on the prevention and management of illnesses and injuries that result from conditions in the workplace or community. OEH nurses design programs and provide clinical interventions to prevent and manage these disorders effectively.
- **Psychiatric/Mental Health Nursing** teaches the skills to provide quality care that addresses mental and physical aspects of. The curriculum reflects important advances in understanding about mental disorders, including their prevention and treatment, and has evolved to respond to special needs of vulnerable populations in the community. The curriculum has a biopsychosocial orientation, addressing mental illness as a biological event, as a personal experience, and as a social and cultural phenomenon.

The UCSF School of Nursing's Master's Entry Program in Nursing (MEPN) is a way for students who have earned a B.S. or B.A. degree that is not in nursing to take part in our Master of Science in Nursing (MSN) Program.

While the MSN is a two-year program for students who have already earned a BSN, MEPN is a three-year program in which the first year is for preparatory nursing study. In that first year, MEPN students learn what is usually taught in a two-year BSN program and then proceed to the standard two-year MSN course of study.

Some masters students may also elect to choose a "minor" in addition to their designated specialty area. A minor typically consists of three or more courses in one of the following specialties: following specialties:

- MENTAL HEALTH NURSING CARE FOR VICTIMS OF TRAUMA
- HIV/AIDS
- HEALTH POLICY
- EDUCATION
- HUMANITIES, HISTORY, & ETHICS IN NURSING PRACTICE
- GENOMICS

The UCSF **PhD Program in Nursing** is a school-wide program in which students are assigned academic advisors in the Department that offers research mentorship most closely aligned to the applicant's research interests.

Doctoral education in the Department of Community Health Systems focuses on the many facets of health and illness in the community, including health promotion and disease prevention; care and management of chronic illness; the management related to mental, physical, environmental and occupational health and safety; and health care delivery systems, including patient safety, human resources and dissemination of best practices.

Faculty research focuses on vulnerable populations and communities such as: the homeless and disadvantaged; elderly; persons with psychiatric disorders and issues of trauma and abuse; high-risk infants and children; workers at risk for or living with injury or disability; individuals with chronic diseases such as asthma, cardiovascular disease, diabetes and HIV infections; incarcerated persons; and ethnic and immigrant minorities.

**Post-Doctoral** studies are arranged by individual request depending upon specific areas of interest and availability of resources within those areas.

Ample and attractive opportunities exist for scholarly pursuits in research, teaching, administration, and clinical work.

FY 2009-10 Headcount as of 4/1/10 COMMUNITY HEALTH SYSTEMS

St	Staff	Acac	Academic	Grand
Full Time	ull Time   Part Time   Full Time   Part Time	Full Time	Part Time	Total
23	12	22	17	74

Source: UCSF Human Resources

Permanently Budgeted FTEs COMMUNITY HEALTH SYSTEMS

	FY 2005-06	90	FY 2006-07		FY 2007-08		FY 2008-09	6	FY 2009-
Permanent Budget Account Title	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic	taff	Academic	Staff	Academic S	Staff	Academic
NURS-COMMUNITY HEALTH SYSTEMS	15.87 4.41	4.41	15.87 3.61	.61	15.87 3.61	3.61	15.87 2.27	2.27	15.87
ORG ACT-NURSING DEAN'S OFFICE						0.30	J	0.30	
SCH NUR OCCUPATIONAL HEALTH CENTER	3.90	3.90 1.85	3.90 1.85	.85	3.90 1.85	1.85	3.90	1.85	3.90
Total:	19.77 6.26	6.26	19.77 5.46	.46	19.77 5.76	5.76	19.77 4.42	1.42	19.77

Staff 2.27 0.25 1.85 4.37

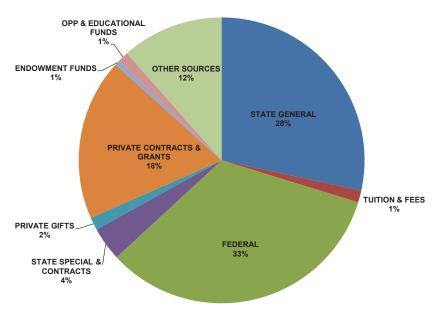
Source: UCSF Budget & Resource Management

## Total Expenditures by Fund Source COMMUNITY HEALTH SYSTEMS

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$2,190,142	\$2,165,754	\$2,533,569	\$2,645,897	\$2,221,654	1.4%
TUITION & FEES	\$4,594	\$9,947	\$1,025	(\$32,156)	\$105,224	2190.5%
FEDERAL	\$2,841,146	\$3,129,643	\$2,222,017	\$2,754,549	\$2,612,621	-8.0%
STATE SPECIAL & CONTRACTS	\$205,143	\$164,754	\$170,101	\$206,321	\$298,781	45.6%
PRIVATE GIFTS	\$55,430	\$21,110	\$51,955	\$180,771	\$112,110	102.3%
PRIVATE CONTRACTS & GRANTS	\$678,801	\$941,463	\$1,304,022	\$1,382,473	\$1,431,418	110.9%
ENDOWMENT FUNDS	\$56,023	\$13,291	\$59,966	\$68,674	\$45,644	-18.5%
OPP & EDUCATIONAL FUNDS	\$103,403	\$125,745	\$98,356	\$116,889	\$93,154	-9.9%
S&S -EDUCTATIONAL ACTIVITY	\$165,257	(\$27,316)	\$354,444	\$62,145	(\$1,326)	-100.8%
OTHER SOURCES	\$647,311	\$1,054,860	\$888,196	\$962,210	\$902,747	39.5%
Total:	\$6,947,251	\$7,599,252	\$7,683,651	\$8,347,771	\$7,822,027	12.6%

Source: Budget & Resource Management

## Expenditures by Fund Source Community Health Systems FY 2009-10



Source: Budget & Resource Management

## Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 COMMUNITY HEALTH SYSTEMS

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$2,612,621	\$2,259,384	\$592,519	26.22%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$298,781	\$150,897	\$21,342	14.14%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$1,431,418	\$1,085,835	\$147,741	13.61%
Total:	\$4,342,819	\$3,496,115	\$761,602	21.78%

Source: UCSF Budget & Resource Management

### Financial Schedule 8C - FY 2009-10 Current Funds Expenditures COMMUNITY HEALTH SYSTEMS (Dollars in Thousands)

			Current Fund	ls		Distribution	
	Total	Unre	stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
-		General	Designated				
Instruction	4,455	1,777	555	2,123	3,361	1,093	0
Research	1,674	9	0	1,665	909	765	0
Total	6,129	1,786	555	3,788	4,270	1,858	0

Source: UCSF Controller's Office - 9/30/2010

#### FAMILY HEALTH CARE NURSING

- Chair Franck, Linda
- Business Officer Pinster, William K.
- Website -http://nurseweb.ucsf.edu/fhcn

### **Department Description**

The Department of Family Health Care Nursing (FHCN) offers specialties in the areas of neonatology, acute and primary care pediatrics, perinatology, midwifery, women's health, and family primary care. FHCN prepares nurses at the advanced practice across the care giving continuum of acute care to primary care settings. Doctoral students are prepared for careers in research, education, and leadership positions.

#### **Mission Statement**

Our mission is to optimize the health and well-being of children, women, and families in a changing multicultural society by fostering excellence in our nursing programs of teaching, research, and practice, as well as through community service. We promote the advancement of knowledge through systematic exploration, scholarly dialogue, reflection, and dissemination. We promote the personal and collective growth and sense of accomplishment of everyone affiliated with this department. We fulfill our mission through teaching, research, practice, community service, and personal and collective growth.

#### **Research Activities**

FHCN research programs are focused on the health of children, women, and families. Topical examples include, but are not limited to, relationships between children's environments, psychobiology, and physical and mental health; immigrant children's health; interrelations between family processes and health, particularly chronic illness; family and staff experiences in pediatric palliative care; short- and long-term health outcomes for women and their families; the experiences, strengths, and interrelationships of battered women and their children; the mental health and development of vulnerable adolescents; studies of rhythms of sleep and fatigue in a variety of populations and instrument development to measure fatigue and sleep disturbance; family management of chronic, technology-dependent health conditions in children and their transition to adulthood; the role of religious organizations in HIV/AIDS prevention and care in sub-Saharan Africa; increased BMI in Asian children; Central American environmental exposures and the influence on children; and patient safety in perinatal care.

Source: Family Health Care Nursing, 9/2/2010

#### **Patient Care Activities**

Faculty practice sites include Valencia Health Services, a primary care practice, providing comprehensive health services to pediatric and adolescent clients in the San Francisco Mission District; UCSF/Mount Zion Young Women's Program, providing perinatal and gynecological care for high-risk youth; Women's Primary Care Clinic, Mission Neighborhood Health Center, providing health promotion, disease prevention, gynecologic, and family planning services; Jail Health Services, San Francisco County Jail, providing primary health care for high-risk inmates; California Child Health Program, providing education and child care health resources and linkages for child care center providers and the families they serve throughout California; Midwives of San Francisco at San Francisco General Hospital, providing prenatal, labor and delivery, and postnatal care; and support of the North Coast Perinatal Access System, promoting high quality, risk appropriate care for mothers and their babies, and improving access to appropriate preconception, pregnancy, and postpartum diabetes education to women of child-bearing age and to providers.

#### **Educational Activities**

Preparation of nurses at the master's level for advanced practice include the specialties of Family Nurse Practitioner, Nurse-Midwifery, Advanced Practice Neonatal Nursing (Neonatal Nurse Practitioner), Advanced Practice Pediatric Nursing (Pediatric Nurse Practitioner), Acute Care Pediatric Nurse Practitioner, and Advanced Practice Perinatal Nursing (Perinatal Clinical Nurse Specialist). The Doctor of Philosophy in Nursing program prepares nurses to conduct research in nursing and to contribute to the body of knowledge in the areas of neonatology, pediatrics, perinatology, midwifery, women's health, and family primary care. Other opportunities include post-Master's specialized study, postdoctoral studies funded through T32 federal training grants, and nondegree special studies for postdoctoral scholars and international nurses.

Source: Family Health Care Nursing, 9/2/2010

FY 2009-10 Headcount as of 4/1/10 FAMILY HEALTH CARE NURSING

nic Grand	Part Time Total	16 63
Academic		22
Staff	Part Time   Full Time	10
St	Full Time	15

Source: UCSF Human Resources

Permanently Budgeted FTEs FAMILY HEALTH CARE NURSING

	FY 2005-06	90	FY 2006-07		FY 2007-08	98	FY 2008-09	60	FY 2009-10	10
Permanent Budget Account Title	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic Staff	taff	Academic	Staff	Academic	Staff	Academic	Staff
NURS-FAMILY HEALTH CARE NURSING	17.17 4.11	4.11	17.17 4.11	11	17.17 4.11	4.11	18.10 3.00	3.00	18.10 3.00	3.00
ORG ACT-S/N FAMILY HLTH CARE SVCS		0.18	0.	0.18		0.18		0.13		0.13
Total:	17.17 4.29	4.29	17.17 4.29	29	17.17 4.29	4.29	18.10 3.13	3.13	18.10 3.13	3.13

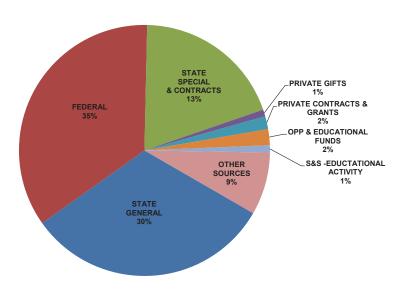
Source: UCSF Budget & Resource Management

## Total Expenditures by Fund Source FAMILY HEALTH CARE NURSING

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$1,794,159	\$1,873,062	\$2,087,724	\$2,291,055	\$1,993,337	11.1%
TUITION & FEES	\$122,883	\$9,238	\$0	\$0	(\$100)	-100.1%
FEDERAL	\$2,888,988	\$3,209,401	\$3,210,736	\$2,981,475	\$2,201,376	-23.8%
STATE SPECIAL & CONTRACTS	\$1,642,072	\$831,110	\$1,059,649	\$980,078	\$1,213,570	-26.1%
LOCAL GOVERNMENT	\$49,011	\$11,159	\$68,335	\$16,752	(\$1,560)	-103.2%
PRIVATE GIFTS	\$42,947	\$42,434	\$90,842	\$174,771	\$55,083	28.3%
PRIVATE CLINICAL TRIALS	\$1,431	(\$100)	\$0	(\$1,814)	\$0	-100.0%
PRIVATE CONTRACTS & GRANTS	\$2,758	\$140,078	\$100,685	\$212,360	\$104,108	3674.9%
ENDOWMENT FUNDS	\$28,385	\$56,596	\$58,018	\$110,786	\$19,607	-30.9%
OPP & EDUCATIONAL FUNDS	\$88,097	\$98,105	\$131,172	\$135,551	\$129,039	46.5%
S&S -EDUCTATIONAL ACTIVITY	\$65,982	(\$7,410)	\$54,923	(\$14,673)	\$58,755	-11.0%
OTHER SOURCES	\$514,033	\$638,814	\$746,253	\$663,643	\$504,625	-1.8%
Total:	\$7,240,747	\$6,902,487	\$7,608,336	\$7,549,985	\$6,277,839	-13.3%

Source: UCSF Budget & Resource Management

## Expenditures by Fund Type Family Health Care Nursing FY 2009-10



Source: UCSF Budget & Resource Management

## Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 FAMILY HEALTH CARE NURSING

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$2,201,376	\$1,397,899	\$461,787	33.03%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$1,215,638	\$1,172,532	\$176,123	15.02%
Local Government	(\$1,560)	(\$1,560)	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$104,108	\$97,544	\$33,295	34.13%
Total:	\$3,519,562	\$2,666,415	\$671,206	25.17%

Source: UCSF Budget & Resource Management

#### Financial Schedule 8C - FY 2009-10 Current Funds Expenditures FAMILY HEALTH CARE NURSING (Dollars in Thousands)

			Current Fund	ls		Distribution	
	Total	Unre	stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
		General	Designated				
Instruction	2,895	1,992	169	734	2,137	757	0
Research	1,289	2	0	1,287	842	446	0
Total	4,184	1,994	169	2,021	2,979	1,203	0

Source: UCSF Controller's Office - 9/30/2010

#### INSTITUTE FOR HEALTH AND AGING

- Co-Directors Max, Wendy, Fox, Patrick
- Business Officer Gudelunas, Regina
- Website http://nurseweb.ucsf.edu/iha/

The Institute for Health & Aging (IHA), located at the Laurel Heights Campus of the University of California, San Francisco, was originally established by the School of Nursing in 1979 as the Aging Health Policy Center. The Center evolved from social sciences research and training activities, initially undertaken by faculty in the Department of Social and Behavioral Sciences in 1976.

Since Drs. Wendy Max and Patrick Fox assumed the role as Institute Co-Directors in 1999, their mission has been to build a productive, academically vibrant, and financially sound center of research, education, and public service programs.

When the Regents of the University of California established the Institute for Health & Aging as an organized research unit (ORU) on July 19, 1985, it represented a significant commitment by the University to the field of aging, and is a special acknowledgement of the importance of aging research, education, and public service to the University's mission.

Over the years, key research centers have been established by Institute faculty, which address a wide range of socioeconomic issues in the areas of women's health, healthy and active aging, disability, substance abuse, and medical economics including the following:

- The Dorothy P. Rice Center for Health Economics
- The Center for Healthy and Active Aging
- The Lesbian Health and Research Center

The Institute for Health & Aging provides public service to Californians through a number of important health promotion and research programs, most of which are funded through the Chronic Disease, Injury and Control (CDIC) & Cancer Detection Sections at the California Department of Health Services including the following:

- California Alzheimer's Disease Program
- California Cancer Detection Section (CDS)
- California Center for Physical Activity (CCPA)
- California Diabetes Program

Source: Institute for Health and Aging, 9/30/2009

- California Heart Disease & Stroke Prevention Program (CHDSP)
- Integrating Medicine and Public Health (IMAP)
- Preventive Health Care for Adults (PHCA)

#### **Education & Training Programs**

The Institute for Health & Aging at the School of Nursing, University of California, San Francisco, provides comprehensive education and training in aging, health policy, and health services research for pre- and post-doctoral scholars in a variety of social science disciplines.

Over the past 10 years, IHA faculty members have mentored 118 predoctoral students and post-doctoral researchers, and 67 visiting scholars.

In addition, IHA participates in a joint training program, Health Policy Fellowship Program. This program is a collaboration between the Institute for Health & Aging and the Institute for Health Policy Studies at UCSF, and provides multidisciplinary teaching and training for post-doctoral fellows. The fellowships are funded jointly by the Agency for Healthcare Research and Quality and the Robert Wood Johnson Foundation. The program curriculum comprises a supervised research project, a seminar series that focuses on health policy, health services, research methods, and writing, among other topics, and a career development component.

The Institute for Health & Aging also has a scholarship program with three components. The Carroll L. Estes Critical Scholars Program will provide support to graduate students studying aging, health, long-term care, and disability with particular attention to issues of social policy and social justice. The Estes Program in Law, Health and Aging, will provide support to law and social science grad students interested in issues related to law, health, and aging. The third component of the scholarship program will be the Senior Scholar Program, named in honor of Maggie Kuhn, cofounder of the Gray Panthers, and Tish Sommers, cofounder and president of OWL, Older Women's League. This program will provide support to distinguished older people who wish to spend time at UCSF working with our scholars on major issues related to aging in America. It may also support younger scholars with similar interests.

Source: Institute for Health and Aging, 9/30/2009

FY 2009-10 Headcount as of 4/1/10 INSTITUTE FOR HEALTH AND AGING

St	Staff	Acac	Academic	Grand
Full Time	Part Time	Full Time Part Time	Part Time	Total
97	15	13	13	138

Source: UCSF Human Resources

Permanently Budgeted FTEs INSTITUTE FOR HEALTH AND AGING

	FY 2005-06		FY 2006-07	07	FY 2007-08	90	FY 2008-09	60	FY 2009-10	10
Permanent Budget Account Title	Academic Staff Academic Staff Academic Staff Academic Staff	taff /	Academic	Staff	Academic	Staff	Academic	Staff	Academic	Staff
ORG ACT-NURSE-INST HEALTH & AGING	0	0.26		0.26		0.18		0.18		0.18
S/N-INSTITUTE FOR HEALTH & AGING	1	1.52		1.52	1.00	1.00 1.52	1.00 1.48	1.48	1.00 1.48	1.48
Total:	0.00 1.78	.78	0.00 1.78	1.78	1.00	1.00 1.70	1.00 1.66	1.66	1.00	1.66

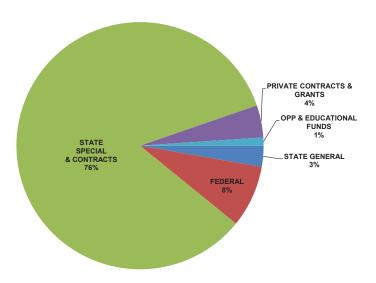
Source: UCSF Budget & Resource Management

## Total Expenditures by Fund Source INSTITUTE FOR HEALTH AND AGING

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$240,932	\$255,814	\$442,761	\$696,611	\$407,584	69.2%
TUITION & FEES	(\$1,121)	\$2,822	\$230	(\$215)	\$0	-100.0%
FEDERAL	\$1,642,333	\$1,555,425	\$2,111,435	\$1,431,633	\$1,201,971	-26.8%
STATE SPECIAL & CONTRACTS	\$9,066,105	\$9,280,094	\$9,888,841	\$10,487,275	\$12,438,525	37.2%
LOCAL GOVERNMENT	\$311,878	\$11,645	(\$371)	(\$4,470)	\$0	-100.0%
PRIVATE GIFTS	\$56,797	\$94,783	\$111,874	\$136,258	\$5,757	-89.9%
PRIVATE CLINICAL TRIALS	\$0	\$0	\$0	(\$84)	\$0	0.0%
PRIVATE CONTRACTS & GRANTS	\$885,582	\$839,509	\$824,445	\$674,388	\$624,169	-29.5%
ENDOWMENT FUNDS	\$62,045	\$106,868	\$307	\$413	\$2,855	-95.4%
OPP & EDUCATIONAL FUNDS	\$169,906	\$197,610	\$124,660	\$228,182	\$158,861	-6.5%
S&S -EDUCTATIONAL ACTIVITY	\$9,142	\$23,056	(\$228,793)	(\$75,728)	\$19,503	113.3%
OTHER SOURCES	(\$14,788)	\$17,492	(\$32,013)	\$36,283	\$15,217	-202.9%
RESERVES	\$0	\$0	\$0	\$497	\$0	0.0%
Total:	\$12,428,811	\$12,385,118	\$13,243,375	\$13,611,044	\$14,874,441	19.7%
				·		

Source: UCSF Budget & Resource Management

## Expenditures by Fund Source Institute for Health and Aging FY 2009-10



Source: UCSF Budget & Resource Management

## Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 INSTITUTE FOR HEALTH AND AGING

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$1,201,971	\$1,134,700	\$553,827	48.81%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$12,325,763	\$11,373,819	\$1,040,312	9.15%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$624,169	\$620,841	\$119,728	19.28%
Total:	\$14,151,903	\$13,129,360	\$1,713,866	13.05%

Source: UCSF Budget & Resource Management

## Financial Schedule 8C - FY 2009-10 Current Funds Expenditures INSTITUTE FOR HEALTH AND AGING (Dollars in Thousands)

-			Current Fund	ls		Distribution	
	Total	Unre	stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
		General	Designated				
Instruction	610	408	178	24	379	230	(1)
Research	2,112	0	0	2,112	1,584	528	0
Total	2,722	408	178	2,136	1,963	758	(1)

Source: UCSF Controller's Office - 9/30/2010

## PHYSIOLOGICAL NURSING

- Chair Dowling, Glenna A.
- Business Officer Tsujihara, Phyllis D.
- Website none

## **Department Description**

The Department of Physiological Nursing is one of four departments within the School of Nursing. The Department offers clinical masters programs in areas such as Acute Care, Cardiovascular, Critical Care/Trauma, Gerontology, and Oncology. These programs prepare graduates for roles in advanced practice. Graduates from our doctoral program are prepared for roles in academia and research.

#### **Mission Statement**

The mission of the Department of Physiological Nursing includes four elements: teaching, research, practice, and public service, with a principal focus on adults with acute and chronic illnesses.

## **Research Activities**

The Department of Physiological Nursing has a wide spectrum of research activities ranging from disease and symptom management (e.g., dyspnea, fatigue, side effects of chemotherapy and radiation treatment, pain, sleep, and hyperlipidemia) to end of life care. Departmental faculty expertise is widely recognized as evidenced by significant intramural and extramural funding.

#### **Patient Care Activities**

Many of the faculty in the Department maintain current clinical expertise in a variety of practice settings including ambulatory, acute and long-term care.

#### **Academic Program Areas**

The Department of Physiological Nursing offers courses of study leading to a master's degree in science with emphases in the following areas:

<u>Acute Care Nurse Practitioner</u> - Acute Care Nurse Practitioners are advanced practice nurses who provide care to acutely ill patients with complex conditions such as critical care, emergency/trauma, cardiovascular, internal medicine, neurology and surgery. Students engage in five areas

Source: Physiological Nursing - 9/16/2009

of care management including: (1) eliciting patient histories and performing physical examinations; (2) ordering diagnostic tests; (3) performing therapeutic procedures; (4) furnishing and prescribing medications, and (5) coordination of care. The focus of the program is on developing skills to manage hospitalized or emergency department patients. The program has three areas of emphasis: critical care, cardiopulmonary, and ED/Trauma. If students have individual practice goals, additional areas such as neurosurgery or nephrology may be explored. Students will have preparation in pathophysiology, health assessment, pharmacology and primary, chronic and acute care.

<u>Cardiovascular Nursing</u> - The cardiovascular specialty spans the health care continuum and students can customize their focus areas on health promotion, coronary artery disease prevention, cardiac rehabilitation, or the management of medical, surgical, and critically ill cardiac patients. The curriculum includes courses in human pathophysiology and aging, and in nursing management of cardiac patients in critical care, acute care, outpatient settings, and rehabilitation programs. The cardiovascular nursing program prepares graduates for advanced nursing practice roles such as: clinical nurse specialists (CNS), educators, middle management administrators, and case managers. Our dual cardiovascular/genomics specialty provides coursework that empowers graduates through knowledge, skill, and resources to integrate genetic concepts, principles and new technologies into their practice.

<u>Critical Care/Trauma Nursing</u> - Change in health care delivery has led to an increase in the acuity of hospitalized patients and the need for continuity of care across settings. Certification as a Clinical Nurse Specialist in Critical Care/Trauma prepares the advanced practice nurse to perform in the roles associated with practicing, educating, managing, researching, or coordinating care in critical care or trauma settings. The program includes curriculum in pathophysiology, pharmacology, monitoring and clinical management of critical care, trauma and emergency department patients; critical analysis of practice issues and clinical experiences in advanced practice roles. The program provides students with the expertise needed to work in a fast-changing environment, to evaluate clinical outcomes, to improve patient care and to promote cost-effective care.

Gerontological Nursing - This specialty focuses on the nursing care of the older adult. Both Clinical Nurse Specialist and Gerontological Nurse Practitioner options are available. The curriculum for both specialties includes core courses in advanced clinical skills for the assessment and management of older adults, pathophysiology, pharmacology, mental health, social, political, economic factors, and current patterns/ future trends in the delivery of healthcare and long-term services to older adults. Students have an opportunity to obtain in-depth clinical experience in a wide range of settings that span the continuum, from ambulatory and community-based services, to hospitals and institutional long term care. Students interested in oncological nursing may

Source: Physiological Nursing - 9/16/2009

chose a dual Oncology/GNP program of study. Courses and clinical experiences combine both geriatric and oncology nursing in various settings. The dual program is three years in length.

Oncology - The Oncology specialty prepares advanced practice nurses to participate in cancer prevention and early detection, and in the planning, developing, and providing new strategies in caring for patients with cancer. Three advanced practice areas of focus are available: Advanced Practice Oncology Nursing (Clinical Nurse Specialist - CNS), dual option in Oncology and Genomics Advanced Practice Nursing (CNS), and Gerontological /Oncology Nurse Practitioner (GNP). Nurses are prepared for advanced clinical practice, leadership, research support, and adult education positions in cancer control or acute and chronic oncology care settings. The dual option of Oncology and Genomics: Advanced Practice Nursing prepares graduates for emerging roles in the science of cancer genetics. The emphasis is on screening for genetics predisposition, the genetics of cancer and other adult illness, and the use of genetically engineered technologies and therapies. The Oncology GNP specialty offers a limited number of students the opportunity to prepare for a role as a nurse practitioner with expertise in gerontology and oncology. Throughout this program, students focus their learning objectives on the management of cancer illness in the older adult.

<u>Genomics Minor</u> – Students may choose to complete the Genomics Minor. The Genomics courses can be found with three dual specialty programs Cardiovascular/Genomics, Oncology/Genomics, and Gerontology/Genomics or as a genomics minor.

Source: Physiological Nursing - 9/16/2009

FY 2009-10 Headcount as of 4/1/10 PHYSIOLOGICAL NURSING

St	Staff	Acad	Academic	Grand
Full Time	Part Time	Full Time   Part Time	Part Time	Total
18	5	23	36	82

Source: UCSF Human Resources

Permanently Budgeted FTEs PHYSIOLOGICAL NURSING

	FY 2005-06	90	FY 2006-07	-07	FY 2007-08	80-	FY 2008-09	60	FY 2009-10	10
Permanent Budget Account Title	Academic	Staff	Academic	Staff	Academic	Staff	Academic	Staff	\cademic Staff   Academic Staff   Academic Staff   Academic Staff	Staff
NURSING-PHYSIOLOGICAL NURSING	17.33 5.13	5.13	18.33 5.13	5.13	18.33 5.13	5.13	20.33 3.83	3.83	19.33 3.83	3.83
Total:	17.33 5.13	5.13	18.33 5.13	5.13	18.33 5.13	5.13	20.33 3.83	3.83	19.33	3.83

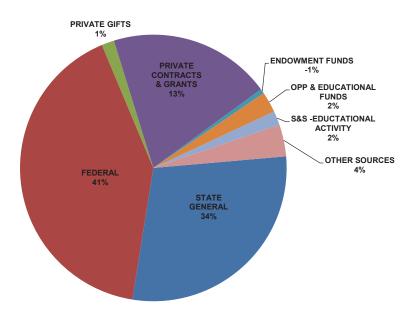
Source: UCSF Budget & Resource Management

## Total Expenditures by Fund Source PHYSIOLOGICAL NURSING

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$2,386,256	\$2,593,712	\$2,676,842	\$2,659,532	\$2,349,192	-1.6%
TUITION & FEES	(\$20,029)	\$52,864	\$40,088	\$6,815	(\$36,394)	81.7%
FEDERAL	\$3,934,306	\$3,939,345	\$3,712,892	\$3,293,490	\$3,343,518	-15.0%
STATE SPECIAL & CONTRACTS	\$0	\$1,207	\$0	\$0	\$0	0.0%
LOCAL GOVERNMENT	\$0	\$0	\$0	\$16,473	\$0	0.0%
PRIVATE GIFTS	\$82,171	\$80,536	\$141,152	\$122,188	\$124,258	51.2%
PRIVATE CLINICAL TRIALS	\$0	\$0	\$0	\$272	\$0	0.0%
PRIVATE CONTRACTS & GRANTS	\$1,671,002	\$1,132,579	\$1,192,443	\$1,028,965	\$1,603,207	-4.1%
ENDOWMENT FUNDS	\$50,141	\$240,185	\$230,181	\$171,137	(\$45,782)	-191.3%
OPP & EDUCATIONAL FUNDS	\$170,735	\$197,447	\$236,366	\$236,936	\$205,394	20.3%
S&S -EDUCTATIONAL ACTIVITY	\$268,836	\$243,312	\$258,441	\$110,180	\$137,347	-48.9%
OTHER SOURCES	\$103,551	\$187,119	\$202,936	\$306,769	\$314,645	203.9%
Total:	\$8,646,970	\$8,668,305	\$8,691,341	\$7,952,755	\$7,995,384	-7.5%

Source: UCSF Budget & Resource Management

## Expenditures by Fund Type Physiological Nursing FY 2009-10



Source: UCSF Budget & Resource Management

## Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 PHYSIOLOGICAL NURSING

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$3,343,518	\$2,595,160	\$1,374,906	52.98%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$1,603,207	\$1,498,981	\$213,806	14.26%
Total:	\$4,946,725	\$4,094,141	\$1,588,711	38.80%

Source: UCSF Budget & Resource Management

## Financial Schedule 8C - FY 2009-10 Current Funds Expenditures PHYSIOLOGICAL NURSING (Dollars in Thousands)

			Current Func	ls		Distribution	
	Total	Unre	stricted Designated	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
Instruction	2,873	2,349	318	206	2,418	455	0
Research	4,276	0	0	4,276	2,461	1,815	0
Total	7,149	2,349	318	4,482	4,879	2,270	0

Source: UCSF Controller's Office - 9/30/2010

### SOCIAL AND BEHAVIORAL SCIENCES

- Chair Pinderhughes, Howard
- Business Officer Gudelunas, Regina C.
- Website http://www.ucsf.edu/medsoc/

### History

In 1960, UCSF School of Nursing began to recruit sociologists to conduct research related to health, to teach research methodology to selected students in the Masters Program in Nursing, and to generally provide, through substantive course work, scholarly emphasis upon social aspects of health and illness. During this time, the sociology faculty became integrated into the intellectual life and programs of UCSF and the School of Nursing by assisting nursing faculty with their research, helping nursing students attracted to sociological perspectives and methodologies to develop research careers in nursing, and developing courses suitable to the substantive interests of graduate nursing students.

In 1968, the sociology faculty developed plans for a Ph.D. degree-granting program in sociology. Their objectives, then as now, were 1) to train select numbers of sociology and health profession students for advanced careers in research and teaching in sociology of health and illness broadly defined, and 2) to establish on the UCSF campus a nationally and internationally recognized department for sociological research and training, especially in medical and health areas. The Doctoral Program in Sociology was provided authority to grant the Ph.D. degree in 1968.

Almost simultaneously, the School of Nursing developed its own doctoral (DNSc) program, based partially on the growing strength of numbers of doctorally-prepared faculty and the strong reputation of the sociology faculty. Although these programs developed separately, sociology faculty served, and continue to serve, the School of Nursing by teaching substantive courses, participating on qualifying exam and dissertation committees, and providing instruction in research methods and analysis to those graduate nursing students for whom sociological perspectives and methodologies are consistent with their own interests.

With its inception in 1968, the Doctoral Program in Sociology became the only doctoral program specializing in medical sociology in the state of California and the first of a limited number of such programs in the United States. Since then, the UCSF Program has established itself as a strong and important center for medical sociology research and training in this country and worldwide. In addition to the reputation of its faculty, what initially and clearly distinguished the UCSF program was its early and continuing methodological emphasis upon research data gained directly from interviews and field observations and upon qualitative data analysis. It is especially known for the development of the grounded theory method by Anselm Strauss and Barney

Source: Department of Social and Behavioral Sciences, 9/29/2008

#### Glaser.

In 1972, the School of Nursing departmentalized, and the Graduate Program in Sociology was incorporated into the Department of Social and Behavioral Sciences (SBS). In 1979, the Aging Health Policy Center was established within the Department, led by Carroll Estes and attracting researchers with skills in quantitative research and survey methodology who were knowledgeable in social policy, aging, and the organization, financing, and delivery of health care. These new faculty included Charlene Harrington and Robert Newcomer. In 1985, the aging center was officially designated by the Regents of the University of California as an organized research unit (ORU) and renamed the Institute for Health & Aging (IHA). The primary faculty appointment of all full-time research faculty must be in a department; today most Institute of Health and Aging (IHA) faculty are appointed in the Department of Social and Behavioral Sciences. These faculty contribute to both the Institute and the Department, bringing considerable quantitative methodological and substantive strengths which have also been integrated into the Doctoral Sociology Program. Current Co-Directors are Pat Fox and Wendy Max. The substantial extramural funds raised by the Institute thus provide additional faculty support to the Doctoral Program in Sociology.

With the rise of national interest in women's rights and women's health, an integrated core of courses on women's health and healing was initiated by department faculty in 1973. This program later won a major three-year grant from the Fund for the Improvement of Post-Secondary Education (FIPSE) to develop and nationally disseminate curricular resources and run three Summer Institutes in Women, Health and Healing (1984-87) that drew faculty from around the world. These were organized by Professors Virginia Olesen, Adele Clarke and Sheryl Ruzek and also supported by the School of Nursing. These two-week Institutes were designed for faculty in post-secondary educational settings who planned to teach courses or organize programs in the areas of women's health. After circa 2000, the name of this area of emphasis was changed to "Gender and Health."

Since circa 1990, new faculty have organized additional areas of emphasis within the Doctoral Program in Sociology. Professors Clarke and Janet Shim teach in the area of social studies of science, technology and medicine. Professors Howard Pinderhughes teach in the area of race, class, and health inequalities. Professor Pinderhighes also teaches violence studies. And Professor Shari Dworkin most recently adds the areas of global health and HIV/AIDs. All of these areas of emphasis attract students nationwide and internationally who wish to conduct research in these areas of expertise.

In 2002, the Department, with School of Nursing approval, started new Masters and doctoral degree programs in nursing with a specialty in health policy. Faculty in the Nursing Health Policy

Source: Department of Social and Behavioral Sciences, 9/29/2008

Programs include Charlene Harrington, Robert Newcomer, Ruth Malone, and Susan Chapman. They have interests in long term care, tobacco control policy, and health workforce policy, among others.

#### Research

The research mission of the Department is 1) to advance knowledge through theory and research; 2) to design and evaluate the organization, financing, and delivery of health care; and 3) to examine one broad dynamics of health, healing, and the production of knowledge and its application in these domains. Departmental faculty are actively involved in a large number of research activities directly and indirectly related to the teaching program and the mission of the department.

SBS is affiliated with the UCSF **Institute for Health & Aging**, an organized research unit of the campus which conducts research in the following areas: health economics, substance abuse, disability, health and diverse populations, aging and long-term care, women's health, healthy and active aging, and other topic areas.

SBS is part of the UCSF Center for Health and Community, a group of health policy and social sciences departments and research units within the university sharing a common mission that includes advancing innovative partnerships, interdisciplinary programs and service to the community; providing students with the basic and applied aspects of social and behavioral sciences and health policy; and improving the quality of education for health professionals and researchers.

#### **Education**

SBS offers courses of study leading to a Ph.D. in sociology, with major emphasis on the sociology of health, medicine, and health care systems, and also courses of study for nurses leading to an M.S. or Ph.D. with an emphasis in health policy.

**Ph.D. Sociology** - For the sociology Ph.D. program, enrollment is open to students with a bachelor's or master's degree in sociology or a related field. Students proceed through a program of coursework, preliminary and qualifying examinations and dissertation preparation.

**Ph.D.** Nursing - Health Policy - The health policy program is a cross-disciplinary program that prepares students to assess the policy dimensions of issues in the clinical practice, teaching, and research environments within which they work and to translate nursing practice issues into policy issues.

**M.S.** Nursing - Health Policy - A Health Policy specialty program leading to the Master of Science degree is open to registered nurses through the School of Nursing.

Source: Department of Social and Behavioral Sciences, 9/29/2008

FY 2009-10 Headcount as of 4/1/10 SOCIAL AND BEHAVIORAL SCIENCES

St	Staff	Acac	Academic	Grand
Full Time	Part Time	Full Time   Part Time	Part Time	Total
7	2	10	11	30

Source: UCSF Human Resources

Permanently Budgeted FTEs SOCIAL AND BEHAVIORAL SCIENCES

	FY 2005-06	90	FY 2006-07	-07	FY 2007-08	80	FY 2008-09	60	FY 2009-10	10
Permanent Budget Account Title	Academic	Staff	Academic	Staff	Academic	Staff	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff	Staff
ORG ACT-S/N SOCIAL & BEHAVIORAL SCI		0.03		0.03		60.0		0.07		0.04
S/N SOCIAL & BEHAVIORAL SCIENCES	7.21	7.21 1.63	7.21	7.21 1.68	7.21	1.57	7.00	1.31	7.00 1.31	1.31
Total:		7.21 1.66	7.21	7.21 1.71	7.21	7.21 1.66	7.00 1.38	1.38	7.00 1.35	1.35

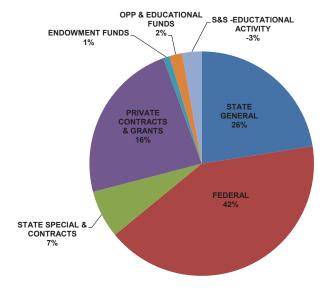
Source: UCSF Budget & Resource Management

## Total Expenditures by Fund Source SOCIAL AND BEHAVIORAL SCIENCES

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$1,125,982	\$1,091,682	\$1,096,163	\$946,244	\$780,167	-30.7%
TUITION & FEES	(\$156)	\$156	\$1,684	(\$228)	(\$117)	-25.0%
FEDERAL	\$1,686,085	\$1,958,204	\$1,771,771	\$1,627,444	\$1,439,071	-14.7%
STATE SPECIAL & CONTRACTS	\$248,456	\$196,614	\$315,119	\$241,228	\$239,294	-3.7%
LOCAL GOVERNMENT	\$0	(\$12)	\$0	\$11,361	\$0	0.0%
PRIVATE GIFTS	\$72,190	\$83,190	\$88,033	\$12,024	\$1,209	-98.3%
PRIVATE CONTRACTS & GRANTS	\$543,284	\$403,007	\$796,467	\$588,744	\$813,305	49.7%
ENDOWMENT FUNDS	\$21,230	\$21,935	(\$6,026)	\$0	\$32,083	51.1%
OPP & EDUCATIONAL FUNDS	\$43,254	\$54,097	\$57,954	\$62,517	\$63,582	47.0%
S&S -EDUCTATIONAL ACTIVITY	\$244,876	\$218,482	\$87,018	\$166,211	(\$97,245)	-139.7%
OTHER SOURCES	\$2,701	\$3,400	\$5,120	\$599	\$7,305	170.5%
Total:	\$3,987,903	\$4,030,753	\$4,213,303	\$3,656,145	\$3,278,654	-17.8%

Source: UCSF Budget & Resource Management

## Expenditures by Fund Source Social and Behavioral Sciences FY 2009-10



Source: UCSF Budget & Resource Management

## Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 SOCIAL AND BEHAVIORAL SCIENCES

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$1,439,071	\$951,750	\$307,513	32.31%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$813,305	\$813,305	\$101,501	12.48%
Total:	\$2,252,377	\$1,765,055	\$409,014	23.17%

Source: UCSF Budget & Resource Management

## Financial Schedule 8C - FY 2009-10 Current Funds Expenditures SOCIAL AND BEHAVIORAL SCIENCES (Dollars in Thousands)

			Current Fund	ls			
	Total	Unre	stricted  Designated	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
Instruction	815	780	(42)	77	686	130	0
Research	2,303	0	0	2,303	1,322	981	0
Total	3,118	780	(42)	2,380	2,008	1,111	0

Source: UCSF Controller's Office - 9/30/2010

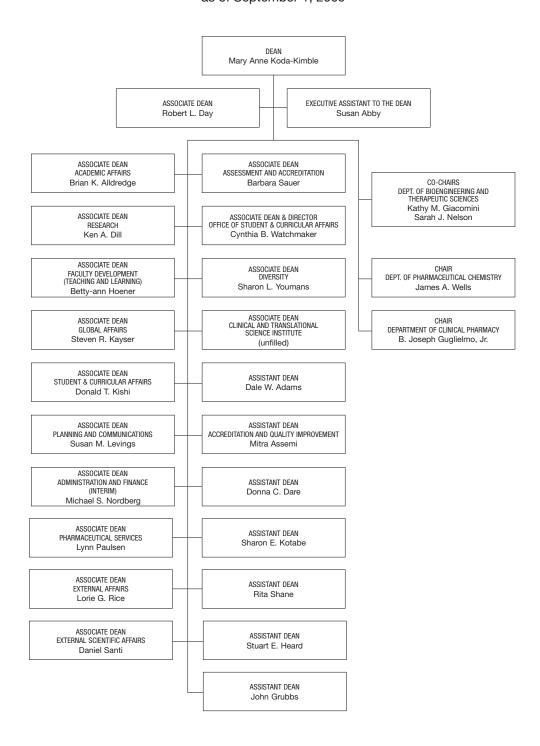
## **SCHOOL OF PHARMACY**

## **Chapter Contents**

Organizational Chart	838
Overview	839
Bioengineering and Therapeutic Sciences (BTS)	855
Clinical Pharmacy	864
Pharmaceutical Chemistry	870

#### UCSF School of Pharmacy Dean's Office Administration

as of September 1, 2009



#### SCHOOL OF PHARMACY

#### **School Leadership**

#### Dean

Mary Anne Koda-Kimble, PharmD

- Current Title:
  - Dean, School of Pharmacy
  - Professor of Clinical Pharmacy
  - Thomas. J. Long Endowed Chair in Community Pharmacy Practice
- First Year on UCSF Faculty: 1970
- Education: Pharm.D., University of California San Francisco, 1969
- Licensure:
  - Licentiate in Pharmacy, California, 1969
  - Certified Diabetes Educator, National Certification Board for Diabetes Educators, 1992, 1997
- Specialty: Diabetes

Dr. Mary Anne Koda-Kimble is dean of the School of Pharmacy at the University of California, San Francisco, where she also holds the Thomas J. Long Endowed Chair in Chain Pharmacy Practice. Dr. Koda-Kimble received her PharmD from UCSF in 1969, and joined its faculty in 1970. A nationally recognized leader in pharmacy education, Dr. Koda-Kimble is a past president of the American Association of Colleges of Pharmacy and has served on the California State Board of Pharmacy, the FDA's Nonprescription Drugs Advisory Committee, and the Board of Directors of the American Council of Pharmaceutical Education. Dr. Koda-Kimble has received many teaching and practice awards. She was designated a "Founding Member and Distinguished Practitioner" of the National Academy of Practice in Pharmacy. She is a recipient of the Paul F. Parker Medal from the American Colleges of Clinical Pharmacy for distinguished service to the profession of pharmacy, and the Outstanding Dean Award from the American Pharmacists Association-Academy of Student Pharmacists. She is a member of the United States Pharmacopoeia Board of Trustees and was elected in 2000 to the prestigious Institute of Medicine for her major contributions to health and medicine. The author of many publications, she is best known for the text book Applied Therapeutics, which is widely used by health professional students and practitioners throughout the world.

## **Department Chairs**

- Kathleen M. Giacomini, PhD
- B. Joseph Guglielmo, Jr., PharmD
- Thomas L. James, PhD

#### **Associate Deans**

- Brian Alldredge, PharmD
- Christopher Cullander, PhD
- Robert L. Day, PharmD
- · Ken Dill, PhD
- Rob Duca, MBA
- Betty-ann Hoener, PhD
- Susan Levings, MS
- Daniel H. Lowenstein, MD
- Joseph M. McCune, MD, PhD
- Lynn Paulsen, PharmD
- Lorie G. Rice, MPH
- Barbara Sauer, PharmD
- Sharon L. Youmans, PharmD, MPH
- Cynthia B. Watchmaker, MEd, MBA

#### **Assistant Deans**

- Dale Adams, PharmD
- Donna Dare, PharmD
- John Grubbs, PharmD
- Stuart Heard, PharmD
- Sharon Kotabe, PharmD
- Rita Shane, PharmD

#### **Executive Assistant to the Dean**

Susan Abby

## History

#### Founded in 1872

The School of Pharmacy of the University of California, San Francisco was founded in 1872 as the California College of Pharmacy by a group of farsighted members of the California Pharmaceutical Society, itself then only four years old. This was the first college of pharmacy established in the West and the tenth in the United States. The objectives of the founders were to advance pharmaceutical knowledge and elevate the professional character of apothecaries throughout California.

#### 1873: Affiliated with UC

On June 2, 1873, the college affiliated with the University of California. It became the College of Pharmacy of the University of California on July 1, 1934, at which time an academic curriculum leading to the bachelor's degree was offered to replace certification in vocational training.

### 1938: Graduate curriculum established

In 1938, a graduate curriculum leading to the MS and PhD degrees in pharmaceutical chemistry, internships in hospital pharmacy, and a pharmaceutical technology laboratory were established.

### 1955: Doctor of Pharmacy established

In 1955, a program of study leading to the professional degree, doctor of pharmacy, was established. In keeping with University policy, the College of Pharmacy became the School of Pharmacy in 1955.

#### 1966-1969: Clinical pharmacy program established

In 1966, the School of Pharmacy instituted an experimental decentralized pharmacy service in the patient care area of UCSF's Moffitt Hospital. The success of this service encouraged the faculty to adopt a clinical pharmacy program as a new major educational objective of the curriculum. In 1969, a required clinical clerkship program was instituted which now encompasses

the entire training program of the fourth year.

### **Today**

The School administers or co-administers a wide variety of academic programs, including several graduate programs leading to PhD degrees and a combined PharmD/PhD degree. The School's doctor of pharmacy program offers students a core clinical curriculum and the choice of one of three foci of further study in pharmaceutical care, pharmaceutical sciences, or pharmaceutical health policy and management.

The UCSF School of Pharmacy is the top-ranked pharmacy school in the nation as ranked independently by academic quality and perception, funding, and publications. The caliber of its sciences is reflected by the ability of the School's faculty to attract more research funding from the National Institutes of Health than any other pharmacy school in the nation every year since 1979. As a measure of the School's excellence in chemistry, UCSF receives more federal funding for chemical research and development than any university in the US.

#### Mission

The School's mission statement was most recently revised in 2007. It reads:

The School of Pharmacy at the University of California, San Francisco is dedicated to improving human health worldwide and advancing scientific discovery. The School:

- Conducts exceptional pharmaceutical research, including basic science, translational science, clinical science, health policy, and health services research.
- Delivers world-class education to our Doctor of Pharmacy, graduate, postdoctoral students and others.
  - We educate PharmD students to be leaders and effective team members in health care and to be lifelong experts in the safe and effective use of medicines.
  - We educate graduate students to be outstanding researchers across the spectrum from the basic to the health sciences.
  - We provide strong postdoctoral training.
- Develops and delivers outstanding and innovative pharmaceutical care.
- Serves the community by sharing our expertise with the public, industry leaders, and policy makers.

We achieve these goals within a culture of understanding, inclusion, equity, and respect. We recruit and support faculty members, staff, and students who are diverse in gender, age, race, ethnicity, religion, sexual orientation, and socioeconomic status. We have a particular commitment

to historically excluded populations who are currently underrepresented.

The missions of the UCSF School of Pharmacy departments of biopharmaceutical sciences, clinical pharmacy, and pharmaceutical chemistry fall under the broader umbrella of the School's mission statement. The School supports the larger missions of the University of California, San Francisco and the University of California.

## **Plans**

The UCSF School of Pharmacy faculty and the School's administrative leaders believe that it is more important now than ever that the School look ahead with clarity at where it is headed and why. The reasons are many. At UCSF, the continued build out of the Mission Bay research campus has resulted in science possibilities beyond imagination. A new hospital will be built at Mission Bay as well, which will help speed the translation of discoveries into effective, safe patient care. The Parnassus and other campus sites will be reshaped for changing needs. Many of the School's accomplished, senior faculty members will retire over the next 5 to 10 years. New young faculty members are intellectually fearless and broad minded about what the School should become and can do. Nationally, while the School receives exceptional support from the National Institutes of Health, federal funding for research overall does not look bright. This is at a time when the School's faculty needs funding for new approaches to drug discovery and development and new collaborations among biological scientists and scientists in engineering, physics, and computation. The health care situation of haves and have nots in this country begs a major overhaul in which pharmacy could play a bigger and bigger role on behalf of the public it serves. The opportunities for the School are tremendous and timely. The School has chosen its future directions with great care to maximize its work and leverage its resources. The Schools' current strategic plan, Pressing Ahead in New Directions: Strategic Course 2007-2012, outlines 3 major goals:

- 1. Create a new framework for drug discovery and development.
- 2. Ensure that more patients get the best results from their drugs.
- 3. Shape the future of pharmacy science, policy, education, and patient care by working in fresh and collaborative ways.

## **Select Accomplishments**

UCSF School of Pharmacy scientists and clinicians improve human health and well-being in ways that are both center stage and behind the scenes. Here are a few examples.

#### **Clinical Pharmacy**

In the 1960s, first to train pharmacists as drug therapy specialists and not simply drug dispensers.

This philosophical and academic shift positioned pharmacists as "clinical pharmacists" who, as active members of the health care team, began to work side by side with physicians and nurses to provide direct care to patients and consultation to patients' families.

## **Pathway Curriculum**

Innovators today of a 3-pathway Doctor of Pharmacy (PharmD) curriculum that gives students, who are all clinically trained, the opportunity to further explore pharmaceutical care, pharmaceutical science, and pharmaceutical health policy and management in more detail.

In order for pharmacists to meet today's changing health care needs pharmacy school curricula must be farsighted and continually refreshed.

#### **DOCK**

First to develop computer-based molecular docking software program, called DOCK, that calculates and displays in three dimensions how potential drugs might attach to target molecules.

Computer-based approaches speed drug development by more efficiently "sorting out" or "screening" from millions, and billions, of chemicals those compounds that have the best potential for drug development.

#### **AMBER**

Developed one of the first, and most widely used, computer models of biomolecules and drugs, called AMBER.

AMBER has been used for designing drugs, for predicting the effects of mutations on proteins, and for understanding the structures and properties of proteins and DNA molecules.

#### Clearance

First to establish a physiological basis for describing drug distribution in the body by introducing the concept of drug "clearance."

Accurate calculations of how rapidly a drug is cleared from the body are key to understanding how much drug is active in the body at a given time and hence the most effective dose for a patient.

## **Research Analysis**

Leader in establishing how to critically evaluate and make the best use of health care information and scientific research.

The best practices by physicians and other health care providers are based upon applying accurate, unbiased information.

#### **Antimicrobials**

Demonstrated the value of antimicrobial prescription-monitoring programs in hospitals.

The intervention of hospital pharmacists is associated with the improved treatment of hospital-associated infections.

#### **Proteases**

Developed a "defective version" of HIV virus protease, which acts much like a pair of molecular scissors as it "snips" apart the viral protein at specific locations. This protease can be used to corrupt normal versions of the protein, thereby preventing the viruses from accomplishing disease-related tasks in the body.

Through their publication of more than 200 papers and five patents on proteases since the early 1980s the School's scientists have made clear the value of proteases in understanding and controlling many human diseases.

### **Transporters**

Cloned the first transporter molecule, known as N1, in humans that is responsible for moving specific types of organic molecules in the liver.

Understanding how the human body handles drugs and its own naturally produced molecules is a key to improving drug development.

#### **NMR**

Applied sophisticated nuclear magnetic resonance (NMR) techniques to describe important protein structures in AIDS and fatal neurodegenerative diseases, such as mad cow disease, which can serve as targets for the "rationale" design of potential new and effective drugs.

The power of NMR and other techniques to "see" the architecture of molecules involved in disease makes it easier to determine how to rationally design drugs that bind to, or incapacitate, those molecules.

#### **Poison Control**

Consolidated California's six independent poison control centers into one integrated system, which is administered by the UCSF School of Pharmacy and responds to inquiries 24 hours each

day via a toll-free telephone number.

The California Poison Control System responds to hundreds of thousands of poisoning inquiries each year and saves tens of millions of dollars annually in medical treatment costs.

## **Peptide Synthesis**

Invented, with School of Medicine colleague, an efficient and economical way of generating large amounts of different peptides with potentially desirable properties.

During the past decade, pharmaceutical companies have devoted more and more resources to combinatorial chemistry, which is a technological approach to generating a variety of molecules quickly. These molecules in turn are evaluated for their potentials as new drug platforms. Peptides are a very important class of molecules, many of which are made naturally by the body and perform important functions, which companies synthesize and evaluate as potential precursors to drugs that fight disease.

#### **Cancer Therapy**

Discovered, through research on the basic mechanisms of the enzyme thymidylate synthase, that the then-standard combination chemotherapy of two specific drugs used against colorectal, breast, liver, head and neck cancers might actually be antagonistic.

This laboratory conclusion was subsequently supported by clinical investigations, which led to the establishment of more effective combination therapies that have now become standard cancer treatments.

## **Thyroid Hormone**

Created a synthetic thyroid hormone, named GC-1, with special and specific properties.

GC-1 can be used to develop more selective drugs to treat thyroid disorders and to learn more about how thyroid hormone regulates metabolism.

## **Gene Delivery**

Invented a method, called transfection, of delivering genes into cells for the purposes of both gene therapy to treat disease and the study of molecular mechanisms that underlie both normal physiology and disease.

Transfection is more efficient than previous gene delivery methods, which generally have yielded low percentages of cells that take up and activate a gene, and does not provoke the immunological reactions caused by the viruses typically used as gene delivery vehicles in gene therapy.

#### **Parasitic Disease**

In a collaborative research effort, identified a protein target needed by the parasite Tritrichomonas foetus, determined the structure of the protein, used DOCK (See above.) to identify molecules that might bind and "immobilize" the protein, and -- using these as touchstones -- synthesized molecules that could bind more tightly to the protein while not interfering with the human forms of the protein.

Protozoans are a major cause of deadly and debilitating illness of humans and livestock throughout the world. School scientists use the sophisticated techniques of structure-based drug design and combinatorial chemistry to produce effective species-specific molecules of medicinal importance.

#### **Protein Folding**

Studies at the School have led to a deeper understanding of the principles of how proteins adopt their structures.

Because a protein's structure is related to its function, the ability to understand principles of folding is leading to better computational models for designing drugs that can affect a protein's function. The physical theories developed here have led to a new view of how proteins adopt their structures. The ability to predict protein shape will ultimately speed the pace of scientific discovery and drug development.

### **Academic Programs**

## **PharmD Professional Programs**

Doctor of Pharmacy (PharmD) Professional Degree with Pathways in:

- Pharmaceutical Care
- Pharmaceutical Health Policy and Management
- Pharmaceutical Sciences

## **Joint-degree Programs**

- PharmD/PhD
- PharmD/MPH

#### **PhD Graduate Programs**

Doctor of Philosophy (PhD) Graduate Degrees in:

- Biological & Medical Informatics (BMI)
- Biophysics

- Chemistry & Chemical Biology (CCB)
- Pharmaceutical Sciences & Pharmacogenomics (PSPG)

#### **Postdoctoral Programs**

- Postdoctoral PharmD Residencies
- Postdoctoral Fellowships
- Visiting Professorships

## **Continuing Education Programs**

## Research Programs, Facilities, Services

- Biomolecular Resource Center
- California Poison Control System (CPCS)
- Center for Consumer Self Care
- Center for Drug Development Science (CDDS)
- Center for Pharmacogenomics
- Computer Graphics Laboratory (CGL)
- Drug Product Services Laboratory (DPSL)
- Drug Research Unit (DRU)
- Drug Studies Unit (DSU)
- Mass Spectrometry Facility
- Medication Outcomes Center
- Molecular Design Institute (MDI)
- Nuclear Magnetic Resonance Laboratory (NMR)
- Partners in D
- Peptide and DNA Synthesis / Sequence Analysis & Consulting Service (SACS)
- Program for Pharmaceutical Economics and Policy Studies (ProPEPS)
- Small Molecule Discovery Center (SMDC)
- The San Francisco Cochrane Center

#### **Major Instructional Facilities**

- Basic Science Instruction Center
- Thomas A. Oliver Informatics Resource Center

## Other Education and Training

- Pharmacy Leadership Institute
- American Course on Drug Development and Regulatory Sciences (ACDRS)
- International Program in Clinical Pharmacy Education with Tokyo University of Pharmacy and Life Science

## **School Statistics as of July 2009**

## **Faculty**

- Salaried 103
- Without Salary 684

#### **Students**

- PharmD 491
- PhD 351
  - Biophysics 50
  - BMI 29
  - CCB 50
  - PSPG 49
  - UCSF/UCB JGGB 173

### **Postdoctoral**

- Fellows 102
- Residents 15

#### **Staff** - 265

## **Academic appointees** 94

## Alumni (living)

- PharmD (includes BS) 5,442
- MS 25
- PhD 652

## **FY 2008-09 Budget**

More than US\$71 million, of which 32% is from federal contracts and grants.

Source: School of Pharmacy website, 7/22/2008

# Financial Schedule 8E - FY 2009-10 Current Fund Expenditures by Source SCHOOL OF PHARMACY

	Total
General Funds	\$9,297
Tuition and Fees	\$4,139
Federal Government Grants	\$21,891
Federal Government Contracts	\$1,006
Special State Appropriations & Contracts	\$8,458
Local Government	\$119
Private Gifts, Grants and Contracts	\$9,994
Endowment Income	\$1,511
Sales & Services Educational Activities	\$3,045
Sales & Services of Auxiliary	\$0
Sales & Services Medical Centers	\$0
Other Sources	\$5,754
Reserves	\$3
Total	\$65,217

Source: UCSF Controller's Office - 9/30/2010

## SCHEDULE 8C - FY 2009-10 CURRENT FUNDS EXPENDITURES BY DEPARTMENT (Dollars in Thousands)

			Current Funds			Distribution		
	Total	Unres	tricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers	
		General	Designated					
SCHOOL OF PHARMACY								
INSTRUCTION								
Clinical pharmacy	7,132	3,164	3,129	839	5,599	1,533	-	
Educational services	3,553	1,155	2,023	375	1,765	1,788	-	
Biopharmaceutical sciences	3,302	1,608	1,582	112	2,533	770	-	
Pharmaceutical chemistry	3,776	1,965	1,693	118	2,968	808	-	
Inter-school services	297	120	156	21		466	168	
Total	18,060	8,012	8,583	1,465	12,865	5,365	168	
RESEARCH								
Dean's office	1,106	_	867	239	124	981	-	
Clinical pharmacy	6,334	3	143	6,188	3,387	2,947	-	
Pharmaceutical chemistry	14,187	208	1,539	12,440	7,863	6,324	-	
Biopharmaceutical sciences	11,441	64	718	10,659	5,516	5,924	(1)	
Total	33,068	275	3,267	29,526	16,890	16,176	(1)	
ACADEMIC SUPPORT								
Dean's office	1,424	919	408	97	1,523	682	783	
Special drug study	427	-	427	-	159	267	-	
Clinical pharmacy	1,773	91	1,651	31	1,734	1,654	1,614	
Total	3,624	1,010	2,486	128	3,416	2,603	2,397	
PUBLIC SERVICES								
Pharmacy Public Services	10,466	-	73	10,393	6,939	3,527	-	
Total School of Pharmacy	65,218	9,297	14,409	41,512	40,110	27,671	2,564	

Source: UCSF Controller's Office - 9/30/2010

Date: 12/31/2010 - FINAL RESULTS Source: UCSF Office of Sponsored Research UNIVERSITY OF CALIFORNIA, SAN FRANCISCO (All Awards) **EXTRAMURAL AWARDS BY TYPE** 07/01/2009 - 06/30/2010 SCHOOL OF PHARMACY

	: !	i			ļ
FEDERAL SOURCES	l otal Dollars	Direct Costs	F&A Costs	#Awds	× #
NIH Grants	30,226,845.00	22,468,151.00	7,758,694.00	28	69
Other DHHS Grants	2,953,704.00	2,953,704.00	0.00	-	2
NSF grants	1,605,031.00	1,072,311.00	532,720.00	9	9
Other Federal Grants	501,568.00	346,989.00	154,579.00	က	9
NIH Contracts	898,023.00	725,879.00	172,144.00	2	က
Other DHHS Contracts	0.00	0.00	0.00	0	0
Other Federal Contracts	21,122.00	16,763.00	4,359.00	-	-
Subcontracts (excluding SBIR/STTR)	6,632,671.10	4,578,299.80	2,054,371.30	35	47
Subcontracts(SBIR/STTR)	312,076.00	201,990.79	110,085.21	က	က
Fellowships(All Federal Sources)	393,425.00	393,425.00	0.00	7	80
Subtotal, Federal Sources	43,544,465.10	32,757,512.59	10,786,952.51	116	145
OTHER PUBLIC SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds	XL#
City/County of San Francisco	0.00	0.00	0.00	0	0
Other Bay Area Public Agencies	0.00	0.00	0.00	0	0
California Dept Health Care Services	51,034.00	40,827.00	10,207.00	-	-
Other California Public Agencies	9,154,815.00	9,129,566.00	25,249.00	4	4
Other Public Agencies	112,698.00	101,793.00	10,905.00	2	2
UC Programs(except IUCRP)	591,460.00	527,965.00	63,495.00	5	Ŋ
UC Discovery portion of IUCRP	0.00	0.00	0.00	0	0
Subcontracts(all above prime sources)	0.00	0.00	0.00	0	0
Fellowships(all above sources)	37,500.00	37,500.00	0.00	-	-
Subtotal, Other Public Sources	9,947,507.00	9,837,651.00	109,856.00	13	13
Subtotal, Public Sources	53,491,972.10	42,595,163.59	10,896,808.51	129	158

Note: Awards are selected for inclusion based on the budget period start date. Results include actions processed through 07/08/2010.

Grants         Total Dollars         Direct Costs         F&A Costs         #A           ortracts         1,288,85.6f         1,148,399.37         140,464.24         140,464.24           ortracts         0.00         0.00         0.00         0.00           owships         226,009.00         226,009.00         0.00           Sources         1,554,862.6f         1,440,298.34         154,564.27           Grants         80,000.00         226,009.00         228,009.00           ontracts         4,754,913.42         3,119,206.47         1,584,564.27           ontracts         4,754,913.42         3,119,206.47         1,586,757.69           ontracts         99,000.00         99,000.00         22,830.50           owships         5,044,553.42         3,357,795.97         1,686,757.45           cources         6,599,416.03         4,758,094.31         1,841,321.72           cources         6,599,416.03         4,758,094.31         1,841,321.72           densions         0.00         0.00         0.00           occor         0.00         0.00         0.00           occor         0.00         0.00         0.00           occor         0.00         0.00         0.00 <th>UNIVERSITY OF CALIFORNIA, SAN FRANCISCO EXTRAMURAL AWARDS BY TYPE 07/01/2009 - 06/30/2010 (All Awards) SCHOOL OF PHARMACY</th> <th>0</th> <th></th> <th>Source: UCSF Office of Sponsored Research Date: 12/31/2010 - FINAL RESULTS</th> <th>CSF Office of Sponsored Research Date: 12/31/2010 - FINAL RESULTS</th> <th>Research RESULTS</th>	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO EXTRAMURAL AWARDS BY TYPE 07/01/2009 - 06/30/2010 (All Awards) SCHOOL OF PHARMACY	0		Source: UCSF Office of Sponsored Research Date: 12/31/2010 - FINAL RESULTS	CSF Office of Sponsored Research Date: 12/31/2010 - FINAL RESULTS	Research RESULTS
Grants         1,288,853.61         1,148,399.37         140,454.24           Contracts         40,000.00         25,889.97         14,110.03           boontracts         0.00         226,009.00         226,009.00         0.00           il Sources         1,554,862.61         1,400,298.34         154,564.27           it Sources         1,554,862.61         1,400,298.34         154,564.27           Grants         B,000.00         51,780.00         222,20.00           Contracts         4,754,913.42         3,119,206.47         1,635,706.95           contracts         4,754,913.42         3,119,206.47         1,635,706.95           contracts         99,000.00         99,000.00         99,000.00           illowships         99,000.00         99,000.00         1,686,757.45           i Sources         6,599,416.03         4,758,094.31         1,841,321.72           s Sources	PRIVATE NON-PROFIT SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds	XL#
Contracts         40,000.00         25,889.97         14,110.03           contracts         0.00         0.00         0.00           illowships         1,554,862.61         1,400,298.34         154,564.27           it Sources         1,554,862.61         1,400,298.34         154,564.27           Grants         80,000.00         51,780.00         28,220.00           Contracts         4,754,913.42         3,119,206.47         1,635,706.95           coontracts         110,640.00         87,809.50         22,830.50           sllowships         99,000.00         99,000.00         0.00           sllowships         5,044,553.42         3,357,795.97         1,686,757.45           Sources         6,599,416.03         4,758,094.31         1,841,321.72         3           Sources         6,599,416.03         4,758,094.31         1,841,321.72         3           Sources         6,599,416.03         4,758,094.31         1,841,321.72         3           Sources         6,599,416.03         0.00         0.00         0.00           stensions         0.00         0.00         0.00         0.00           greenments         0.00         0.00         0.00         0.00           <	Grants	1,288,853.61	1,148,399.37	140,454.24	^	10
coontracts         0.00         0.00         0.00           sillowships         226,009.00         226,009.00         0.00           it Sources         1,554,862.61         1,400,298.34         154,564.27           Grants         R0,000.00         51,780.00         28,220.00           Contracts         4,754,913.42         3,119,206.47         1,635,706.95           Contracts         99,000.00         99,000.00         99,000.00           sillowships         99,000.00         99,000.00         1,686,757.45           sillowships         5,044,553.42         3,357,795.97         1,686,757.45           Sources         6,589,416.03         4,758,094.31         1,841,321.72         3           Sources         6,589,416.03         4,758,094.31         1,841,321.72         3           Sources         6,589,416.03         4,758,094.31         1,841,321.72         3           Scources         6,000         0.00         0.00         0.00           stensions         0.00         0.00         0.00         0.00           greenments         0.00         12,738,130,23         2           ETOTAL         60,091,388,13         47,383,257,90         12,738,130,23         2	Contracts	40,000.00	25,889.97	14,110.03	-	-
Sources	Subcontracts	0.00	0.00	0.00	0	0
it Sources         1,554,862.61         1,400,298.34         154,564.27           Grants         Total Dollars         Direct Costs         F&A Costs         #Aww           Grants         4,754,913.42         3,119,206.47         1,635,706.95         #Aww           Contracts         4,754,913.42         3,119,206.47         1,635,706.95         #Aww           Contracts         99,000.00         99,000.00         22,830.50         0.00           91 contracts         5,044,553.42         3,357,796.97         1,686,757.45         #Aww           it Sources         6,599,416.03         4,758,094.31         1,841,321.72         #Aww           sce Awards         0.00         0.00         0.00         0.00         0.00           strensions         0.00         0.00         0.00         0.00         0.00           greenments         0.00         0.00         0.00         0.00         0.00         0.00           ient Types         0.00         0.00         12,738,130,23         2           ETOTAL         60,091,388.13         47,353,257,90         12,738,130,23         2	Fellowships	226,009.00	226,009.00	0.00	7	6
Grants         Direct Costs         F&A Costs         #Aw           Grants         80,000.00         51,780.00         28,220.00           Contracts         4,754,913.42         3,119,206.47         1,635,706.95           Scontracts         110,640.00         87,809.50         22,830.50           Sillowships         99,000.00         99,000.00         0.00           it Sources         5,044,553.42         3,357,795.97         1,686,757.45           Sources         6,599,416.03         4,758,094.31         1,841,321.72           Sources         0.00         0.00         0.00           Sirements         0.00         0.00         0.00           Breenents         0.00         0.00         0.00           Ient Types         0.00         0.00         0.00           IE TOTAL         60.091,388.13         47,353,257.90         12,738,130,23         2,2367.90	Subtotal, Private, Non-Profit Sources	1,554,862.61	1,400,298.34	154,564.27	15	20
Grants         80,000.00         51,780.00         28,220.00           Contracts         4,754,913.42         3,119,206.47         1,635,706.95           Bocontracts         110,640.00         87,809.50         22,830.50           ellowships         99,000.00         99,000.00         23,357,795.97         1,686,757.45           fit Sources         5,044,553.42         3,357,795.97         1,686,757.45         #Awn           ce Awards         6,599,416.03         4,758,094.31         1,841,321.72         #Awn           Extensions         0.00         0.00         0.00         0.00           greements         0.00         0.00         0.00         0.00           ment Types         0.00         0.00         0.00         0.00           VETOTAL         60.091.388.13         47.353.257.90         12.738.130.23         2.	PRIVATE FOR-PROFIT SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds	XL#
Contracts         4,754,913.42         3,149,206.47         1,635,706.95           bcontracts         110,640.00         87,809.50         22,830.50           ellowships         5,044,553.42         3,357,795.97         1,686,757.45           fit Sources         6,599,416.03         4,758,094.31         1,841,321.72         **Aw           ce Awards         0.00         0.00         0.00         0.00         0.00         0.00           Extensions         0.00         0.00         0.00         0.00         0.00         0.00           greements         0.00         0.00         0.00         0.00         0.00         0.00           ment Types         0.00         0.00         0.00         0.00         0.00           VETOTAL         60.091.388.13         47.353.257.90         12.738.130.23         2.	Grants	80,000.00	51,780.00	28,220.00	2	2
bbcontracts         110,640.00         87,809.50         22,830.50           ellowships         99,000.00         99,000.00         0.00           fit Sources         5,044,553.42         3,357,795.97         1,686,757.45           e Sources         6,599,416.03         4,758,094.31         1,841,321.72         3           e Sources         0.00         0.00         0.00         0.00         0.00           Extensions         0.00         0.00         0.00         0.00         0.00           gireements         0.00         0.00         0.00         0.00         0.00           NETOTAL         60.091.388.13         47.353.257.90         12.738.130.23         2	Contracts	4,754,913.42	3,119,206.47	1,635,706.95	13	41
ellowships         99,000.00         99,000.00         0.00           fit Sources         5,044,553.42         3,357,795.97         1,686,757.45           e Sources         6,599,416.03         4,758,094.31         1,841,321.72         3           ce Awards         0.00         0.00         0.00         0.00           Extensions         0.00         0.00         0.00           ing),URCs         0.00         0.00         0.00           ing,URCs         0.00         0.00         0.00           inent Types         0.00         0.00         0.00           VETOTAL         60.091.388.13         47.353.257.90         12.738.130.23         2	Subcontracts	110,640.00	87,809.50	22,830.50	~	-
fit Sources         5,044,553.42         3,357,795.97         1,686,757.45           e Sources         6,599,416.03         4,758,094.31         1,841,321.72         3           ce Awards         0.00         0.00         0.00         0.00         0.00         0.00           Extensions ining),URCs         0.00         0.00         0.00         0.00         0.00           igreements         0.00         0.00         0.00         0.00           nent Types         0.00         0.00         0.00           VE TOTAL         60.091.388.13         47.353.257.90         12.738.130.23         2.	Fellowships	99,000.00	99,000.00	0.00	7	7
e Sources         6,599,416.03         4,758,094.31         1,841,321.72         3           Total Dollars         Direct Costs         F&A Costs         #Awv           Extensions         0.00         0.00         0.00           ining),URCs         0.00         0.00         0.00           inent Types         0.00         0.00         0.00           nent Types         0.00         0.00         0.00           VE TOTAL         60.091.388.13         47.353.257.90         12.738.130.23         22	Subtotal, Private, For-Profit Sources	5,044,553.42	3,357,795.97	1,686,757.45	18	19
Total Dollars         Direct Costs         F&A Costs         #Awn           Extensions         0.00         0.00         0.00           ming),URCs         0.00         0.00         0.00           igreements         0.00         0.00         0.00           nent Types         0.00         0.00         0.00           VE TOTAL         60.091.388.13         47.353.257.90         12.738.130.23         22	Subtotal, Private Sources	6,599,416.03	4,758,094.31	1,841,321.72	33	39
0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Miscellaneous Agreement Types	Total Dollars	Direct Costs	F&A Costs	#Awds	*L#
0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Advance Awards	0.00	0.00	0.00	10	10
0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Extensions	0.00	0.00	0.00	31	34
0.00 0.00 0.00 0.00 0.00 0.00 9 60.091.388.13 47.353.257.90 12.738.130.23 25	MTAs(Incoming),URCs	0.00	0.00	0.00	99	99
0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	OTHER agreements	0.00	0.00	0.00	0	0
TOTAL 60.091.388.13 47.353.257.90 12.738.130.23	Subtotal, Misc Agreement Types	0.00	0.00	0.00	46	100
	CUMULATIVE TOTAL	60,091,388.13	47,353,257.90	12,738,130.23	259	297

Note: Awards are selected for inclusion based on the budget period start date. Results include actions processed through 07/08/2010.

## FY 2009-10 Headcount as of 4/1/10 SCHOOL OF PHARMACY

	St	aff	Acad	emic	<b>Grand Total</b>
Department	FT	PT	FT	PT	
DEAN'S OFC: SCH OF PHARMACY	30		1	10	41
DEPARTMT OF CLINICAL PHARMACY	91	25	65	9	190
PHARMACEUTICAL CHEMISTRY	35	4	117	34	190
SCHOOL OF PHARMACY-BTS	40	5	72	49	166
Total	196	34	255	102	587

Source: UCSF Human Resources

# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 SCHOOL OF PHARMACY

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$24,686,123	\$19,742,878	\$8,614,146	43.63%
CIRM	(\$41,820)	(\$41,820)	(\$22,667)	54.20%
Other State Contracts	\$8,162,071	\$8,031,512	\$52,305	0.65%
Local Government	\$119,181	\$25,118.49	\$8,289	33.00%
Private Clinical Trials	\$262,182	\$229,769	\$7,200	3.13%
Private Contracts & Grants	\$7,367,666	\$6,476,103	\$2,334,054	36.04%
Total:	\$40,555,403	\$34,463,560	\$10,993,327	31.90%

Source: UCSF Budget & Resource Management

## DEPARTMENT OF BIOENGINEERING AND THERAPEUTIC SCIENCES (BTS)

- Co-Chair Giacomini, Kathy, PhD.
- Co-Chair Nelson, Sarah, Dr.rer.nat
- Department Manager Friciello, Maria
- Website http://bts.ucsf.edu/

## **About The Department**

In the Department of Bioengineering and Therapeutic Sciences at the University of California, San Francisco we are looking at science problems with fresh eyes and from new perspectives to reveal more quickly the biological reasons that support health and give rise to disease, and to develop new and effective ways of diagnosing and treating disease with medicines and medical devices.

### **New Teams**

Our department was created in 2009 with the knowledge that we could more quickly realize our aims by bringing together scientists whose expertise is building and computing, and scientists who are experts in the pharmaceutical sciences and genetics.

Through combinations such as these, we are improving our understanding of the underlying biology that supports health and the alterations that give rise to specific diseases. We are better able to understand the vast amount of data now available about the human genome. We are engineering biological systems and devices. We are improving clinical trial design and analysis. The end results are better medicines and medical devices that lead to improved health. In particular, our science will help make it possible to personalize medicines to individual patients and develop new approaches to monitor whether a therapy is working as expected or whether an alternative strategy should be considered.

## **New Approaches Required**

Our work is timely. The process of developing and evaluating potential medicines and medical devices through the point they are approved for use in patients is slow, inefficient, expensive, and unproductive. Today's medicines largely target the average person, and are distributed throughout the entire body, not just where they are needed. The medicines and medical devices we foresee are better described as *intelligent therapeutics*.

Source: Department of Bioengineering and Therapeutic Sciences (BTS) 8-5-09

- Imagine a cancer therapy, cloaked in a special chemical shield that targets specific cells and releases its agent inside only those cells, rather than everywhere in the body. As a result, the treatment goes only to the area where it is needed, and unnecessary side effects caused by wider distribution in the body are eliminated.
- Imagine small, implantable devices that monitor changes in biology. These devices allow us to track precisely the progress of certain diseases and adjust precisely specific treatments for individual patients for best results.
- Imagine knowing the genetic factors that affect a patient's individual response to a certain medicine. This makes it possible to ensure that individual patients are treated with products that will be effective.

#### Teaching for Tomorrow, Extending Our Science

Our faculty is also preparing a new generation of scientists and healthcare providers to be better able to discover and treat the underlying causes of human disease. We are training PhD graduate students who will be tomorrow's science leaders, and providing PharmD and MD professional students with the exceptional science foundation they need to deliver increasingly complicated therapeutics to their patients. At the same time, we are working with industry and government leaders in the U.S. and beyond to extend our expertise and work together where once we worked apart.

We believe that our approach to science and teaching is key to a healthier world.

In working toward outcomes such as these, we are focusing on 5 areas of research: **Drug Development Sciences**, **Pharmacogenomics**, **Therapeutic Bioengineering**, **Computational and Systems Biology**, and **Cellular and Molecular Engineering**.

#### **Drug Development Sciences**

Our scientists understand how difficult it is to develop new therapeutics. In industry, the process is complicated and fraught with failure. The goal is to make the process more efficient and improve success.

The drug development process includes and requires evaluation of safety and efficacy. The process begins long before a candidate drug is tested in patients and extends through the lifecycle of a drug long after it is available to patients in the market. Our scientists are expert along this full continuum and conduct research in:

Source: Department of Bioengineering and Therapeutic Sciences (BTS) 8-5-09

- Drug absorption, distribution, metabolism, and excretion characteristics and toxicity
- Drug safety
- Efficacy of a candidate drug through studies of its pharmacokinetic and pharmacodynamic properties in patient populations
- Biomarker selection
- Clinical trial design and analysis
- Modeling
- Simulation
- Regulatory sciences needed to optimize the drug development process.

#### **Pharmacogenomics**

Our scientists are uncovering the genetic reasons why people respond differently to drugs. The goal is safer, more effective therapies for populations and individuals.

The large amount of publicly available human DNA sequence data and rapid advances in genomic technologies have stimulated research into the genetic basis of drug response and the use of genetic models in drug discovery and development. Our scientists were early leaders in the field of pharmacogenomics and in translating their discoveries to better use of therapeutics in patients. They are involved in:

- A large international research program exploring membrane transporter pharmacogenetics
- Individual projects in asthma, diabetes, HIV, obesity, and cancer pharmacogenetics
- Studies to explore the significance of regions of the genome that are highly conserved in evolution and factors regulating the activity and toxicity of neuroactive agents
- DNA microarray applications to study gene expression patterns (genetic signatures) in human tumors and to aid in the development of diagnostics and therapeutics for the treatment of cancer
- The use of model organisms to predict behavior, including behavior elicited by substances of abuse.

#### Therapeutic Bioengineering

Our scientists are building miniature devices and developing techniques to work inside systems ranging in size from individual cells to the entire human body. The goal is to use these technologies to understand biology, and to detect and treat disease.

Bioengineering has a major role in developing new probes for tissue targeting, designing sensors of biological activity to evaluate normal and abnormal physiology, fabricating tissue replacements and drug delivery devices, and computational modeling of disease processes. Our scientists seek to advance therapeutics by engineering novel materials and devices at the cellular and subcellular levels. Such technologies might ultimately be used to treat cancer, neurodegenerative diseases, diabetes, and blood/immune disorders. Faculty in this field are interested in:

- Mechanisms for delivering novel drug and gene therapies that take advantage of specific biological and biochemical properties of the disease with minimal impact upon surrounding normal tissue
- Developing biocompatible and biological materials as part of functional implant systems for tissue replacement, including the use of stem cells and gene therapy
- Determining the fundamental principles by which cells and extracellular matrix respond to physical loading and how mechanical factors influence tissue development, injury, repair, and remodeling
- Developing new probes for tissue characterization, diagnosis, and evaluation of response to therapy using methodologies such as genomics and proteomics
- Designing novel instrumentation and computer-aided simulations for optimizing invasive procedures such as robotic surgery, intra-operative monitoring, and delivering focal therapy.

#### **Computational and Systems Biology**

Our scientists are using computation to master the immense quantity of information needed to understand and design proteins, which are responsible for biological function and form. And, they are using computation and other skills to create models of biological systems that describe critical aspects of normal function and how these change with disease.

The computational biologists in our department are concerned with the folding, function, evolution, and design of proteins. They are developing and applying computational methods for prediction of protein structure and function, for mapping evolution of protein sequences and their functions, and for designing proteins with desired structure and function. In collaboration with others, these methods facilitate the study of individual biological systems, drug discovery, pharmacogenomics and pharmaceutical sciences, systems biology, and synthetic biology. Our systems biologists study the mechanisms underlying complex biological processes as integrated

systems of many, diverse, interacting components. They combine mathematical modeling and quantitative experiments to elucidate the design principles of complex biological systems and to predict their function and behavior. As such, systems biology has wide applications in the diagnosis and treatment of complex diseases, the design of new-generation drugs, and in future therapeutics. Our research in these areas includes the:

- Quantitative study and modeling of biomolecular networks
- Design and engineering of new pathways
- Study of the evolution of protein interactions and pathways
- Mathematical and computational analysis of complex biological systems
- Modeling of complex diseases
- Quantitative study of physiological systems
- Systems-level study of drug response, metabolic networks, and synthetic biology.

#### Cellular and Molecular Engineering

Our scientists are using engineering principles to design new technologies that will improve our abilities to succeed in all types of basic and translational research. For example, by developing new approaches to characterizing and monitoring molecular and cellular function, it will be possible to design new therapeutics that target abnormal cells and more effectively restore normal behavior.

The scientists working in this area are expert at deciphering molecular function, designing new interacting molecules, analyzing and designing enzymes, pathways, and networks. They aim to engineer sub-cellular, cellular, and synthetic systems for basic biological research, diagnostic applications, or delivery devices. The development of ultra-high resolution light and fluorescence imaging technologies will contribute to the understanding of interactions between single and multiple assemblies of cells and to the discovery of new cell-based therapeutics. Molecular and cellular engineering interfaces with computational and systems biology in modeling, design, and simulation of structure and function of biological systems on all scales. Our scientists are interested in:

- Understanding how the molecular machinery in cells functions at the atomic level to study cellular organelles, molecular motors, biological membranes, and individual proteins
- Developing techniques of genomics and proteomics for analyzing whole genome

complements of proteins and transcripts

- Theoretical modeling of protein structures, protein function, and interacting systems of molecules that include signaling networks, molecular machines, and membrane proteins
- Designing molecules with specific biological or functional properties for understanding drug transport and developing novel approaches to drug delivery.

FY 2009-10 Headcount as of 4/1/10 BIOENGINEERING AND THERAPEUTIC SCIENCES (BTS)

St	Staff	Acac	Academic	Grand
Full Time	Part Time	Full Time	Part Time	Total
40	5	72	49	166

Source: UCSF Human Resources

Permanently Budgeted FTEs BIOENGINEERING AND THERAPEUTIC SCIENCES (BTS)\*

	FY 2005-06	90	FY 2006-07	20	FY 2007-08	80	FY 2008-09	60	FY 2009-10	9
Permanent Budget Account Title	Academic	Staff	Academic	Staff	Academic	Staff	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic Staff	Staff
BIOPHARIMACEUTICAL SCIENCE RESEARCH	0.02	0.02 0.02	0.02 0.02	0.02	0.01 0.02	0.02				
BIOPHARMACEUTICAL SCI-RES & SERVICE							0.01	0.01 0.02	0.01	0.02
S/P-BIOPHARMACEUTICAL SCIENCES	17.00 3.75	3.75	17.00 3.75	3.75	17.00 3.75	3.75	17.00 3.75	3.75	18.00 3.75	3.75
Total:	17.02 3.77	3.77	17.02 3.77	3.77	17.01 3.77	3.77	17.01	17.01 3.77	18.01 3.77	3.77

<sup>\*</sup>Includes Department of Biopharmaceutical Sciences

Source: UCSF Budget & Resource Management

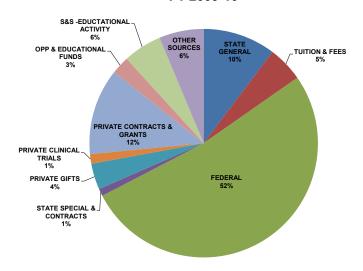
## Total Expenditures by Fund Source BIOENGINEERING AND THERAPEUTIC SCIENCES (BTS)

Fund Source	FY 2005-06 Year 1*	FY 2006-07 Year 2*	FY 2007-08 Year 3*	FY 2008-09 Year 4**	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$1,685,424	\$1,752,000	\$1,692,478	\$2,009,451	\$1,702,693	1.0%
TUITION & FEES	\$637,288	\$591,738	\$763,675	\$979,268	\$826,405	29.7%
FEDERAL	\$5,434,491	\$6,256,245	\$7,165,141	\$7,809,422	\$8,613,020	58.5%
STATE SPECIAL & CONTRACTS	\$30,073	\$29,192	\$177,128	\$342,574	\$170,523	467.0%
PRIVATE GIFTS	\$553,521	\$698,422	\$663,308	\$582,737	\$611,004	10.4%
PRIVATE CLINICAL TRIALS	\$833,907	\$592,589	\$400,817	\$21,443	\$224,662	-73.1%
PRIVATE CONTRACTS & GRANTS	\$1,811,530	\$1,466,968	\$2,129,094	\$2,373,097	\$2,020,345	11.5%
ENDOWMENT FUNDS	\$112,044	\$106,881	\$39,825	\$10,006	(\$448)	-100.4%
OPP & EDUCATIONAL FUNDS	\$172,847	\$266,211	\$499,610	\$336,598	\$420,132	143.1%
S&S -EDUCTATIONAL ACTIVITY	\$659,610	\$246,584	\$650,771	\$412,028	\$903,389	37.0%
OTHER SOURCES	\$321,989	\$451,988	\$569,889	\$858,810	\$1,044,372	224.4%
Total:	\$12,252,723	\$12,458,818	\$14,751,737	\$15,735,434	\$16,536,097	35.0%
					·	

<sup>\*</sup>Reflects totals for Biopharmaceutical Sciences

Source: UCSF Budget & Resource Management

#### Expenditures by Fund Source Bioengineering and Therapeutic Sciences (BTS) FY 2009-10



<sup>\*\*</sup>New department in FY 2008-09

## Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 BIOENGINEERING AND THERAPEUTIC SCIENCES (BTS)

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$8,613,020	\$5,960,464	\$2,918,960	48.97%
CIRM	(\$41,820)	(\$41,820)	(\$22,667)	54.20%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$224,662	\$192,250	\$1,800	0.94%
Private Contracts & Grants	\$2,020,345	\$1,681,292	\$876,974	52.16%
Total:	\$10,816,207	\$7,792,186	\$3,775,067	48.45%

Source: UCSF Budget & Resource Management

#### DEPARTMENT OF CLINICAL PHARMACY

- Chair B. Joseph Guglielmo
- Business Officer Petrie, Deborah J.
- Website http://clinicalpharmacy.ucsf.edu/

#### **Our Mission**

To advance health through excellence and innovation in education, patient care, research, and public service.

#### **Our Vision**

To be the best at bridging gaps in patient care, especially for the underserved.

#### **Our Core Values**

Caring, Integrity, Diversity, Collaboration, and Excellence.

#### **Our Philosophy**

#### Education

- Provide innovative, interprofessional experiences to develop students and pharmacists as integral members of the health care team
- Educate students and pharmacists to apply evidence-based approaches to practice
- Develop students and pharmacists to become leaders in all practice settings
- Provide educational programs to the public at large

#### **Patient Care**

- Provide evidence-based care that optimizes medication use across all health care settings
- Optimize health outcomes through partnerships with patients, caregivers, health care professionals, policy makers and health plans
- Ensure safe and effective therapy through secure and reliable medication prescribing, supply and delivery systems

#### Research

- Generate and disseminate knowledge to advance patient care, medication safety, disease prevention and treatment, health care cost-effectiveness and quality, and pharmacy education
- Apply new knowledge to develop, evaluate and disseminate innovative health care

Source: Department of Clinical Pharmacy - 9/20/2008

delivery models, pharmacy education models, and health policy

#### **Public Service**

- Participate in local, state, national and global health programs that promote and advocate health improvement, wellness, disease prevention and treatment, and access to health care
- Serve as patient advocates especially for underserved populations
- Participate as active leaders of the University and the public at large

#### **HISTORY**

The Department of Clinical Pharmacy has functioned as an independent unit since 1973 when the Department was approved by campus administration as the School of Pharmacy Division of Clinical Pharmacy. Through a cutting edge approach to practice, education, and clinical research, Clinical Pharmacy at UCSF has achieved international prestige. The faculty developed and established the first clinical pharmacy curriculum in the world. This curriculum serves as a model for many other Schools of Pharmacy. Over one-third of the paid faculty have been elected to serve on the boards of state and national professional organizations. Four have served as President of the California Society of Hospital Pharmacists and have been recognized as Pharmacist of the Year. Over 60% of the Clinical Pharmacy faculty have received formal recognition for excellence in teaching during their careers. The Clinical Pharmacy residency program is the largest accredited residency program in the nation. In 1996, the Office of the President of the University of California approved departmental status for Clinical Pharmacy. Since that time, the faculty of the Department of Clinical Pharmacy continue to lead in practice, education and clinical research.

#### **Programs**

- California Poison Control System
- Center for Consumer Self Care
- Drug Product Services Laboratory
- Drug Research Unit
- Infectious Disease Management Program
- International Affairs Program
- Medication Outcomes Center
- Program for Pharmaceutical Economics and Policy Studies (ProPEPS)
- Residency Program
- The San Francisco Cochrane Collaboration
- Center for Translation and Policy Research on Personalized Medicine

Source: Department of Clinical Pharmacy - 9/20/2008

- Women's Interagency HIV Study Satellite Pharmacy Education Programs
  - Los Angeles-Orange County Satellite Pharmacy Education Program
  - Santa Clara-South Bay Satellite Pharmacy Education Program
  - UC Davis-Sacramento Satellite Pharmacy Education Program
  - UC San Diego Satellite Pharmacy Education Program
  - UCSF Fresno Satellite Pharmacy Education Program
  - UCSF North Bay Pharmacy Education Program

Source: Department of Clinical Pharmacy - 9/20/2008

FY 2009-10 Headcount as of 4/1/10 CLINICAL PHARMACY

Grand	Total	190
Academic	Part Time	6
Acac	Full Time	92
Staff	Part Time	25
Sta	Full Time Part Time	91

Source: UCSF Human Resources

Permanently Budgeted FTEs CLINICAL PHARMACY

	FY 2005-06	90-	FY 2006-07	-02	FY 2007-08	-08	FY 2008-09	60	FY 2009-10	10
Permanent Budget Account Title	Academic	Staff	Academic	Staff	Academic Staff   Academic Staff   Academic Staff   Academic Staff   Academic	Staff	Academic	Staff	Academic	Staff
PHARM-DIV CLINICAL PHARMACY	31.00	10.10	31.00	31.00 10.10	31.00 10.10	10.10	31.00 7.42	7.42	31.00 7.42	7.42
PHARM-DIVISION OF CLINICAL PHARM	0.37	0.37 17.02	1.27	1.27 8.81	1.27	1.27 8.81	1.27	8.81	1.27	8.81
S/P CLIN PHARM-SAN DIEGO PROG										
Total:	31.37 27.12	27.12	32.27 18.91	18.91	32.27 18.91	18.91	32.27 16.23	16.23	32.27 16.23	16.23

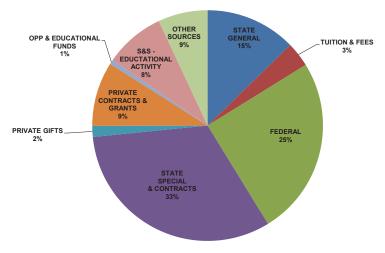
Source: UCSF Budget & Resource Management

## Total Expenditures by Fund Source CLINICAL PHARMACY

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$3,313,123	\$3,381,575	\$3,359,180	\$3,665,905	\$3,257,274	-1.7%
TUITION & FEES	\$988,782	\$838,408	\$815,781	\$1,013,146	\$889,153	-10.1%
FEDERAL	\$2,788,004	\$5,214,626	\$5,882,214	\$4,777,088	\$6,418,889	130.2%
STATE SPECIAL & CONTRACTS	\$6,996,226	\$7,058,972	\$7,067,375	\$7,903,277	\$8,250,703	17.9%
LOCAL GOVERNMENT	\$0	\$0	\$1,325	\$33,672	\$119,181	0.0%
PRIVATE GIFTS	\$342,468	\$238,718	\$267,905	\$415,075	\$391,218	14.2%
PRIVATE CLINICAL TRIALS	\$16,397	\$29,510	\$11,232	\$61,364	\$37,519	128.8%
PRIVATE CONTRACTS & GRANTS	\$1,163,060	\$1,483,713	\$1,955,770	\$2,216,210	\$2,314,752	99.0%
ENDOWMENT FUNDS	\$0	\$0	\$9,342	\$18,273	\$6,060	0.0%
OPP & EDUCATIONAL FUNDS	\$85,933	\$123,516	\$152,062	\$120,289	\$156,152	81.7%
S&S -EDUCTATIONAL ACTIVITY	\$117,943	(\$399,274)	\$208,320	\$1,578,705	\$2,165,208	1735.8%
OTHER SOURCES	\$965,982	\$2,004,090	\$2,074,292	\$2,229,441	\$1,782,574	84.5%
RESERVES	\$111,668	\$0	\$0	\$0	\$2,084	-98.1%
Total:	\$16,889,585	\$19,973,854	\$21,804,796	\$24,032,444	\$25,790,766	52.7%

Source: Budget & Resource Management

#### Expenditures by Fund Source Clinical Pharmacy FY 2009-10



Source: Budget & Resource Management

## Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 CLINICAL PHARMACY

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$6,418,889	\$5,725,134	\$1,395,098	24.37%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$8,162,071	\$8,031,512	\$52,305	0.65%
Local Government	\$119,181	\$25,118	\$8,289	33.00%
Private Clinical Trials	\$37,519	\$37,519	\$5,400	14.39%
Private Contracts & Grants	\$2,314,752	\$1,954,079	\$362,678	18.56%
Total:	\$17,052,413	\$15,773,363	\$1,823,770	11.56%

Source: UCSF Budget & Resource Management

#### Financial Schedule 8C - FY 2009-10 Current Funds Expenditures CLINICAL PHARMACY (Dollars in Thousands)

			Current Fund	ls		Distribution	
	Total	Unre	stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
		General	Designated				
Instruction	7,132	3,164	3,129	839	5,599	1,533	0
Research	6,334	3	143	6,188	3,387	2,947	0
Total	13,466	3,167	3,272	7,027	8,986	4,480	0

Source: UCSF Controller's Office - 9/30/2010

#### DEPARTMENT OF PHARMACEUTICAL CHEMISTRY

- Chair Wells, James
- Business Officer Harris, Debra E.
- Website http://www.pharmchem.ucsf.edu/

#### **Vision for Research in Pharmaceutical Chemistry:**

The opportunities in Pharmaceutical Chemistry for high impact discovery and design for human betterment have never been greater. The pioneers of this department were rooted in physical, computational, analytical, synthetic and enzyme chemistry. This faculty helped to forge modern approaches for structure-based drug and protein design, mass spectrometry, NMR spectroscopy and computer-aided visualization of macromolecules. The group has flourished from this base and currently represents world-class leaders in drug and protein design, de novo protein structure prediction, proteomics, and synthetic and chemical biology. We seek to innovate computational, chemical, and biochemical approaches to deepen our understanding of the principles of molecular recognition and cell circuit design. Our dream is for systematic and predictive algorithms to discover safe and effective pharmaceuticals, and for the construction of synthetic biosystems to understand and improve the human condition.

#### **Research Centers and Facilities**

#### **Campus Resources**

The available computational resources are among the world's best in computational chemistry and biology. Hardware platforms include high performance workstations from Compaq, Hewlett Packard, IBM, Silicon Graphics, Sun Microsystems and numerous Linux and Mac stations (including clusters). Computers and workstations on campus are connected to campus-wide local area network, which in turn is connected via high speed microwave link to the Internet. Access to remote computer facilities, such as the NFS-sponsored supercomputer centers, is also available via this Internet link. Access to extensive literature databases is available through such systems as MEDLINE and the University's MELVYL system. An on-line journal system provides desktop access to full text and graphics images for a limited, but growing, number of journals. A central aspect of the computer resources is the Computer Graphic Laboratory within the Department of Pharmaceutical Chemistry, which has been both developing state-of-the-art software for molecular modeling and design as well as providing access to high performance interactive graphics since 1969.

#### The Mass Spectrometry Facility (MSF)

The National Bio-Organic, Biomedical Mass Spectrometry Resource, supported by the NIH National Center for Research Resources, provides both scientific and technical expertise and state-of-the-art high-performance, tandem mass spectrometric instrumentation. Significant instrumentation in the facility include an LTQ-Orbitrap Velos and an LTQ-Orbitrap XL, both with electron transfer dissociation capability, an LTQ-FT linear ion trap FT-ICR instrument equipped with the ability to perform electron capture dissociation, three QSTAR quadrupole orthogonal time of flight instruments, a QTRAP5500 for high accuracy and high throughput quantitative studies and a 4700 Proteomic Analyzer MALDI tandem time of flight instrument. The facility is a world leader in proteomic analysis. Major research focuses within the facility are the analysis of post-translational modifications and development of methods for quantitative comparative analysis of protein and post-translational modification levels. The facility also continues to develop one of the leading suites of tools for analysis of mass spectrometry proteomics data, ProteinProspector; the public website for this software handles about 1.5 million searches per year for researchers throughout the world.

#### The Nuclear Magnetic Resonance Laboratory (NMR)

The Nuclear Magnetic Resonance Laboratory in Genentech Hall is equipped with state of the art high-field NMR spectrometers for chemistry and studies of macromolecular structure. For routine proton-heteronuclear and 2D NMR experiments, a 400 MHz Varian Inova spectrometer is available in room GH-S102. In room GH-S106, two Varian 600 MHz spectrometers and a Brunker 500 MHz spectrometer are available for high-resolution studies of macromolecules including solution structure determination of proteins, nucleic acids, and their complexes. The spectrometers have complete 2D and 3D NMR capabilities (including inverse detection, triple resonance, pulsed field gradients and tailored excitation) permitting use of virtually all modern pulse sequences for solution NMR experiments. In addition, room GH-S106 contains a newly installed state-of-the-art Brunker 800MHz spectrometer. The Brunker 500 MHz and 800 MHz spectrometers are equipped with Cryoprobes, and one of the Varian Inova 600 systems has a Coldprobe. Multidimensional NMR data are transferred to a dedicated data processing system composed of a server, several Silicon Graphics workstations, and a Linux based cluster for off-line data processing and analysis.

More information regarding the NMR lab, including scheduling, can be found at the following website: http://picasso.ucsf.edu. This website also enables others to access NMR software developed here such as SPARKY, CORMA, MARDIGRAS, CHIRANO, and other programs useful for structure refinement.

#### Resource for Biocomputing, Visualization, and Informatics

The Resource for Biocomputing, Visualization, and Informatics (RBVI) is an NIH Biomedical Technology Research Resource center. The Center is focused on the development of innovative computational and visualization-based data analysis methods and algorithms, and provides investigators with access to state-of-the-art interactive three-dimensional graphics hardware – including large screen stereoscopic projection equipment. The Center's computing environment includes a cluster of high-performance multiprocessor Linux servers used for performing theoretical studies on protein and nucleic acid structure and function, and for storing, searching, and analyzing various sequence and structure databases. Software developed by the RBVI includes UCSF Chimera, a highly extensible program now in use at more than 100,000 research laboratories world-wide for interactive visualization and analysis of molecular structures and related data, including density maps, supramolecular assemblies, sequence alignments, ligand-protein docking results, trajectories, and conformational ensembles. Training workshops are conducted regularly on the use of Chimera and other software developed at the Center.

#### The Sequence Analysis and Consulting Service (SACS)

The Sequence Analysis and Consulting Service is a recharge service dedicated to providing high quality access to bioinformatics computing services. SACS has consultants with expertise in sequence analysis software and databases, and offers training in the use of these resources. SACS supports the GCG Wisconsin Sequence Analysis Package, providing over 150 sequence analysis programs together with access to several integrated sequence databases. SACS also supports the homology tools BLAST and FASTA, the phylogeny suite Phylip, multiple alignment programs ClustalW, MSA, Mase and PIMA, and a variety of pattern identification, protein secondary structure, and DNA analysis tools. Comprehensive local databases, updated daily, are available for access by this suite of software tools.

#### **Small Molecule Discovery Center (SMDC)**

#### **Overview and Mission**

The Small Molecule Discovery Center (SMDC) is located at the California Institute for Quantitative Biomedical Research (QB3) on the Mission Bay Campus of the University of California, San Francisco. The SMDC offers biomedical investigators at UC campuses in San Francisco, Santa Cruz, and Berkeley access to small molecule discovery technologies including high-

throughput screening, fragment-based screening, and hit-to-lead medicinal chemistry. High-throughput screening (HTS) is the predominant technology used in the pharmaceutical industry to identify small molecule hits in drug discovery programs. The SMDC screening function is enhanced by the presence of an integrated chemistry group staffed by experienced medicinal chemists from the pharmaceutical industry. The application of medicinal chemistry following screening allows correlations between chemical structure and biological activity (SAR) to be more fully understood and provides a better measure of a target's druggability than does screening alone. By collaborating with UC investigators, the SMDC aims to accelerate the path from new discoveries in biology to validated biological targets that could eventually lead to new small molecule therapeutics.

#### Capabilities and Workflow

The High-Throughput Screening (HTS) core of the SMDC performs biochemical and cell-based assays utilizing a screening library of more than 150,000 compounds. This compound collection contains diversity libraries (ca. 100K compounds), targeted libraries (>40K compounds), fragment libraries (ca. 12K compounds), and libraries of known drugs/actives (ca. 4k compounds). Collaboration between the SMDC and an investigator lab begins with the development of an assay suitable for a high throughput format. This work is normally performed in the investigator lab with the consultation of the HTS director of the SMDC. When the assay is judged to be robust enough for HTS (e.g., with a Z prime > 0.5) the screen is performed using SMDC instrumentation with the training and supervision of the SMDC screening group. Our HTS instrumentation includes liquid handling robots and automated bulk dispensers to plate-out compounds/ reagents and high-throughput plate readers to measure assay readout (e.g., fluorescence polarization, FRET, luminance, etc.). As part of a special arrangement with GE, the SMDC also houses the IN Cell analyzer 1000, a high-content screener used for cell-based phenotypic assays. Data analysis is carried out with a suite of programs in the commercial programming platform Pipeline Pilot. Pipeline Pilot also interfaces with relational databases allowing storage and subsequent retrieval of all assay and compound data deposited in the system. The results of a screen are posted to a website where users can view the data, including preliminary structure-activity relationships (SAR) generated automatically by Pipeline Pilot from the screening data.

Following a screen, the SMDC will cherry-pick the hits (up to 0.3% of the total number of compounds screened) and provide these to the investigator lab. The cherry-picked "hits" can then be scrutinized in more detail for example by determining IC50 values, performing mechanism of action studies, and evaluating off-target toxicities. These studies are typically conducted in the investigator lab. In the event that additional quantities of hit compounds are required for these studies, the SMDC will assist users in finding suitable vendor(s) for re-supply. Following

hit validation, the SMDC chemistry group will work with investigators to determine which hits are potential candidates for chemistry optimization. Of the approximately 8-10 high-throughput screens performed each year in the SMDC, we expect that only 1-2 (at most 3) will progress into the hit-to-lead chemistry phase.

The goal of the hit-to-lead chemistry effort is to improve potency against the target while minimizing off-target toxicities. This may be accomplished empirically by systematic modification of the chemical structure and/or by structure-based design if crystallographic information is available for the target. Alternate chemical scaffolds are examined that retain key recognition features of the hit but are more drug-like in nature (e.g., constrained systems, peptido-mimetics, etc.). Consideration of the germane patent literature is also advisable during this phase. New analogs are evaluated for target potency, cytotoxicity, and metabolic liabilities. As a project matures, select compounds may be tested for in vivo efficacy in animals, if reliable models are available. The hit-to-lead process requires close collaboration between the SMDC and user laboratories and typically require between 12 and 18 months of effort. When a promising lead series has been identified, composition-of-matter patents may be filed and partners in industry or the non-profit sector are sought out to continue lead optimization studies with the ultimate objective of identifying drug candidate(s).

#### **Graduate Programs**

Graduate research training at UCSF is organized primarily through several major research training programs: Integrative Program in Quantitative Biology (iPQB), Program in Biological Sciences (PIBS), and the Biomedical Sciences Program (BMS).

The Department of Pharmaceutical Chemistry is affiliated with graduate programs in Bioengineering, Biological and Medical Informatics (BMI), Biophysics, Chemistry and Chemical Biology (CCB), Neuroscience, Pharmaceutical Science and Pharmacogenomics (PSPG), and Tetrad.

There is a new umbrella program, Quantitative Biosciences Consortium (QBC), which compromises iPQB, Bioengineering, CCB, and PSPG.

FY 2009-10 Headcount as of 4/1/10 PHARMACEUTICAL CHEMISTRY

SI	Staff	Acac	Academic	Grand
Full Time	Part Time	Full Time   Part Time	Part Time	Total
35	4	117	34	190

Source: UCSF Human Resources

Permanently Budgeted FTEs PHARMACEUTICAL CHEMISTRY

	FY 2005-06	90-	FY 2006-07	-07	FY 2007-08	-08	FY 2008-09	60-	FY 2009-10	10
Permanent Budget Account Title	Academic	Staff	Academic	Staff	Academic	Staff	Academic	Staff	Academic Staff Academic Staff Academic Staff Academic Staff Academic Staff	Staff
PHARMACEUTICAL CHEMISTRY		0.10		0.05		0.05				
PHARM-PHARM CHEM-GRADUATE STUDENTS	9.00		9.00		9.00		9.00		9.00	
S/P BIOMOLECULAR RESOURCE CTR OPS	1.05	7.14	1.05	7.14	1.05	7.14	1.05	7.14		
S/PHARMACY DEPT PHARM CHEM	21.00	8.44	21.00	8.44	20.00	8.20	20.00	8.20	(1	8.20
S/P-PHARMACEUTICAL CHEMISTRY	2.73	2.13	1.73	0.81	3.15	1.23	3.15	1.28	2.50	1.90
Total:	33.78 17.81	17.81	32.78	32.78 16.44	33.20	33.20 16.62	33.20	33.20 16.62	32.50 10.10	10.10

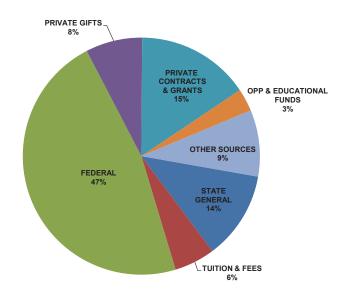
Source: UCSF Budget & Resource Management

## Total Expenditures by Fund Source PHARMACEUTICAL CHEMISTRY

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$2,406,820	\$2,292,774	\$2,527,123	\$2,573,790	\$2,351,009	-2.3%
TUITION & FEES	\$1,263,862	\$791,814	\$1,148,294	\$1,067,838	\$1,088,246	-13.9%
FEDERAL	\$9,912,419	\$8,370,896	\$9,179,317	\$9,385,940	\$9,212,434	-7.1%
STATE SPECIAL & CONTRACTS	\$1,622	\$0	\$38,715	\$93,966	\$62,227	3737.5%
LOCAL GOVERNMENT	\$0	\$0	\$0	\$0	\$0	0.0%
PRIVATE GIFTS	\$1,795,730	\$1,059,316	\$997,965	\$1,121,224	\$1,515,653	-15.6%
PRIVATE CONTRACTS & GRANTS	\$1,509,322	\$1,162,744	\$2,191,240	\$2,096,096	\$3,032,568	100.9%
ENDOWMENT FUNDS	\$0	\$17,836	\$77	\$76,189	\$23,175	0.0%
OPP & EDUCATIONAL FUNDS	\$188,605	\$505,168	\$384,572	\$581,678	\$605,982	221.3%
S&S -EDUCTATIONAL ACTIVITY	\$191,257	\$382,506	(\$116,946)	\$231,787	(\$67,530)	-135.3%
OTHER SOURCES	\$1,118,730	\$1,111,702	\$1,208,764	\$642,572	\$1,779,149	59.0%
RESERVES	\$9,474	\$0	\$0	\$0	\$0	-100.0%
Total:	\$18,397,840	\$15,694,754	\$17,559,121	\$17,871,080	\$19,602,913	6.6%
	·					

Source: UCSF Budget & Resource Management

#### Expenditures by Fund Type Pharmaceutical Chemistry FY 2009-10



Source: UCSF Budget & Resource Management

## Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 PHARMACEUTICAL CHEMISTRY

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$9,212,434	\$7,801,938	\$4,178,143	53.55%
CIRM	\$0	\$0	\$0	0.00%
State Special & Contracts	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$3,032,568	\$2,840,731	\$1,094,402	38.53%
Total:	\$12,245,003	\$10,642,669	\$5,272,545	49.54%

Source: UCSF Budget & Resource Management

#### Financial Schedule 8C - FY 2009-10 Current Funds Expenditures PHARMACEUTICAL CHEMISTRY (Dollars in Thousands)

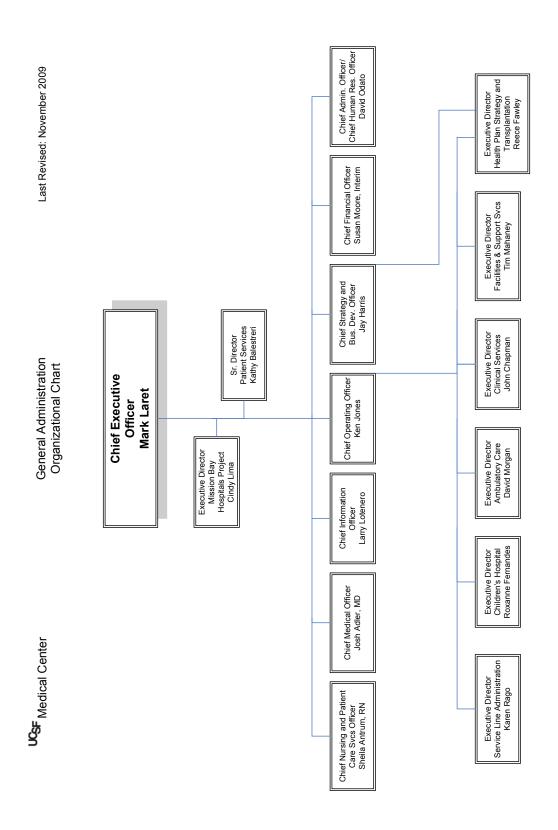
			Current Fund	ls		Distribution	
	Total	Unre	stricted	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers
		General	Designated				
Instruction	3,776	1,965	1,693	118	2,968	808	0
Research	14,187	208	1,539	12,440	7,863	6,324	0
Total	17,963	2,173	3,232	12,558	10,831	7,132	0

Source: UCSF Controller's Office - 9/30/2010

## **UCSF MEDICAL CENTER**

## **Chapter Contents**

Organizational Chart	880
Leadership	881
Overview	883
Utilization Statistics - Trended	885
Statement of Net Assets - Trended	886
Statements of Revenues, Expenses and Changes in Net Assets - Trended	887
Statement of Cash Flows - Trended	888
Capital Assets	890
Operating Leases	891
Transactions with Other University Entities	891
Patient Mix	892
Patient Origin	892



#### **UCSF MEDICAL CENTER**

#### Leadership

Mark R. Laret Chief Executive Officer

Mark R. Laret is the chief executive officer of UCSF Medical Center and UCSF Children's Hospital. In his eight years as CEO, Laret has led a financial and operational turnaround. His focus on patient safety, quality of care and patient satisfaction has helped UCSF achieve national leadership status in each of these areas.

A 30-year veteran of the health care field, Laret served in management positions at UCLA Medical Center from 1980 to 1995, where he engineered UCLA's acquisition of Santa Monica Community Hospital and was CEO of the 900-physician UCLA Medical Group. From 1995 to 2000 he was CEO of UC Irvine Medical Center and led a successful financial and operational overhaul

Laret is active nationally through his leadership with the Council of Teaching Hospitals of the Association of American Medical Colleges, the Accreditation Council for Graduate Medical Education, and the University Healthsystem Consortium. He also is Chair-elect of the Association of American Medical Colleges, is on the executive committee of the Hospital Council of Northern and Central California; and co-chairs the San Francisco African American Health Disparity Project.

He has testified before state legislative committees on health care challenges in California. He also serves on the board of Mercy Ships, a charity which delivers medical care to Third World countries on ships converted to floating hospitals.

A California native, Laret earned a bachelor's degree at UCLA in 1976 as a Regents scholar and a master's degree at the University of Southern California in 1979 – both in political science.

Other Senior Administrators as of November 2009

- Chief Admin, Officer/Chief Human Resources Officer David Odato
- Chief Financial Officer Susan Moore, Interim
- Chief Information Officer Larry Lotenero
- Co-Interim Chief Medical Officer Adrienne Green, MD, Josh Adler, MD
- Chief Nursing and Patient Care Services Officer Sheila Antrum, RN
- Chief Operating Officer Ken Jones, Interim
- Chief Strategy and Business Development Officer Jay Harris

Source: UCSF Medical Center - 12/10/2010

#### **Introduction to the UCSF Medical Center**

UCSF Medical Center is a world leader in health care, known for innovative medicine, advanced technology and compassionate care. For more than a century, it has offered the highest quality medical treatment. Today, its expertise covers virtually all specialties, including cancer, heart disease, infertility, neurological disorders, organ transplants and orthopedics as well as special services for women and children.

As an academic medical center, UCSF Medical Center is unlike community hospitals in that it offers pioneering treatments not widely available elsewhere. For example, it has the only nationally designated Comprehensive Cancer Center in Northern California. The center is dedicated to finding new and better treatments for cancer patients. We also have Northern California's only nationally designated Center of Excellence in Women's Health, which offers specialized care and health education for women.

Another area of distinction is its health services for children and pregnant women. UCSF Children's Hospital is a "hospital within a hospital" with more than 150 specialists in more than 40 areas of medicine. It has programs designed specifically for young patients, including a 50-bed neonatal intensive care nursery, recreational therapy for recovering kids and 60 outreach clinics throughout Northern California. Its physicians were the first in the world to successfully perform surgery on a baby still in the womb. They also developed life-saving treatments for premature infants whose lungs aren't fully developed.

In the area of neurology and neurosurgery, UCSF Medical Center is among the top five hospitals in the nation. It has one of the largest brain tumor treatment programs in the nation as well as the only comprehensive memory disorders center and the only comprehensive epilepsy center in Northern California.

It also has one of the nation's largest centers for kidney and liver transplants. Its AIDS program is the most comprehensive in the nation and the surgical eye care program is the largest in Northern California. In the area of orthopedics, UCSF is internationally recognized for treating the spine, including deformities, degenerative disc disease, tumors and fractures.

According to the annual surveys of U.S. News & World Report, UCSF Medical Center consistently ranks as one of the top 10 hospitals in the nation. (Read more at www.ucsfhealth.org/usnews.)

In addition to its world-class medical knowledge, the organization believes that the compassion of its doctors, nurses and other staff are key to its success. It receives countless letters of grati-

Source: UCSF Medical Center - 12/10/2010

tude from patients and their families, a true measure of the valuable and caring service it provides.

The following sections outline UCSF Medical Center's activities in more detail including information from the 2010 Annual Report and five-year trended financial statistics

#### Overview

UCSF Medical Center serves as the principal clinical teaching site for the UCSF School of Medicine, affiliated with the University of California since 1873. Its mission is Caring, Healing, Teaching and Discovering. It is licensed to provide inpatient care at UCSF Medical Center at Parnassus on the 107-acre Parnassus campus and at UCSF Medical Center at Mount Zion, outpatient hospital care at the two campuses, outreach clinics throughout Northern California and at other locations including ValleyCare Medical Center in Pleasanton.

The medical center's primary service area is the City and County of San Francisco. Its secondary service area includes the eight Bay Area counties surrounding San Francisco, Alameda, Contra Costa, Marin, Monterey, San Mateo, Santa Clara, Solano, and Sonoma. The medical center also cares for patients from a tertiary service area including counties from Madera and Mariposa to the southeast to Yolo and Sacramento to the northeast, and San Joaquin and Stanislaus to the east.

More than 85 percent of its hospital patients have historically originated from the 20 counties in these service areas. About 80 percent of its patients are adults and 20 percent children.

In 2008, the medical center updated its Clinical Enterprise Strategic Plan to cover growth through 2015. This plan builds on and validated much of the direction of the 2002 Strategic Plan, and added other areas of emphasis. Three high-level differentiators were identified -- Best Care, Clinical Growth and Shared Accountability. The plan outlines nine themes, each with detailed initiatives and tactics:

- Maximize the potential of impatient facilities
- Match patient mix to mission and program capability
- Expand functional ambulatory and office capacity
- Achieve more effective referral outreach
- Create the next generation care delivery model
- Provide the highest value care to patients
- Educate, recruit & retain the best talent
- Define a stronger culture of shared accountability and action
- Manage costs

Source: UCSF Medical Center Report - 12/10/2010

In fiscal year 2010, UCSF Medical Center reported income before other changes in net assets in excess of \$149 million. Cash balances at June 30, 2010 were \$217 million. The organization had about 7,775 employees, including full-time, part-time and per diem employees.

For more information, see the medical center's Web site at www.ucsfhealth.org and the 2010 annual report at http://www.ucsfhealth.org/annualreport

#### **Introduction to the Financial Statements and Data Tables**

The following pages include 5-year trended financial statements including the Statement of Net Assets, Revenues and Expenses, Changes in Net Assets, and Utilization Statistics.

Source: UCSF Medical Center - 12/10/2010

	UCS Utilizatio	UCSF Medical Center Utilization Statistics - Trended	Center s - Trended			
Statistics	2006	2007	2008	2009	2010	CAGR
Admissions	28,064	27,892	28,679	28,190	29,087	0.9%
Average daily census	486	489	503	523	200	0.7%
Average length of stay	6.4	6.3	6.4	9.9	6.3	
Patient days	177,551	178,544	184,060	190,870	182,641	0.7%
Case mix index	1.79	1.84	1.90	1.94	192	
Outpatient visits:						
Hospital clinic visits	679,341	695,640	722,728	735,713	752,635	2.6%
Home health visits	21,520	16,001	16,491	17,717	18,468	-3.8%
Emergency visits	36,703	38,486	39,356	37,759	36,426	-0.2%
Total visits:	737 564	750 127	778 575	791 189	807.529	2 3%

#### University of California, San Francisco Medical Center Statement of Net Assets - Trended (Dollars in Thousands)

Assets		<u>2006</u>	<u>2007</u>	2008	2009	<u>2010</u>
Current assets:						
Cash		\$155,555	\$182,839	\$128,842	\$127,526	\$217,192
Patient accounts receivable \$20,350 and \$22,802,	, net of estimated uncollectibles of respectively	\$229,842	\$262,011	\$269,788	\$291,110	\$302,481
Other receivables	respectively	\$1,301	\$306	\$375	\$1,927	\$154
. , , ,	ts and loss contingencies, net	\$0	\$0	\$0	\$1,415	\$18,454
Inventory Prepaid expenses and other	r assets	\$20,099 \$12,809	\$20,409 \$18,629	\$20,667 \$15,687	\$22,084 \$26,477	\$24,557 \$28,023
	Total current assets	\$419,606	\$484,194	\$435,359	\$470,539	\$590,861
Restricted assets						
Donor funds		\$6,790	\$7,124	\$7,705	\$9,536	\$12,759
Capital assets, net		\$502,826	\$601,542	\$682,856	\$736,367	\$824,471
Deferred costs of issuance and oth	er	\$4,445	\$5,280	\$5,106	\$13,105	\$16,174
	Total assets	\$933,667	\$1,098,140	\$1,131,026	\$1,229,547	\$1,444,265
Liabilities						
Current liabilities:						
Accounts payable and accru		\$53,563	\$79,315	\$85,171	\$98,574	\$101,686
Accrued salaries and benefi Third-party payor settlemen		\$55,745 \$19,584	\$45,193 \$30,738	\$48,861 \$8,278	\$58,971 \$0	\$61,590 \$0
Current portion of long-term		\$12,491	\$14,880	\$19,157	\$27,843	\$30,570
Other liabilities		\$5,395	\$3,543	\$3,753	\$3,413	\$4,948
	Total current liabilities	\$146,778	\$173,669	\$165,220	\$188,801	\$198,794
Long-term debt and capital leases,	net of current portion	\$167,317	\$219,935	\$229,490	\$245,783	\$262,810
Third-party payor settlements, net		\$55,300	\$29,395	\$27,531	\$26,032	\$39,314
Other Liabilities					\$8,173	\$11,418
	Total liabilities	\$369,395	\$422,999	\$422,241	\$468,789	\$512,336
Net Assets						
Invested in capital asssets, net of r Restricted Expendable	elated debt	\$323,018	\$366,727	\$426,809	\$462,741	\$531,091
Capital projects		\$1,605	\$1,621	\$1,778	\$3,734	\$7,787
Other Unrestricted		\$5,185 \$234,464	\$5,503 \$301,290	\$5,927 \$274,271	\$5,802 \$288,481	\$4,972 \$388,079
Ourestricted		φ234,404	<b>Φ</b> 301,∠90	φ∠14,∠1 l	φ∠00,48 l	φ300,079
	Total net assets	\$564,272	\$675,141	\$708,785	\$760,758	\$931,929

#### University of California, San Francisco Medical Center Statements of Revenues, Expenses and Changes in Net Assets - Trended (Dollars in Thousands)

	<u>2006</u>	2007	2008	2009	<u>2010</u>
Net patient service revenue, net of provision for doubtful accounts	\$1,244,462	\$1,363,149	\$1,457,023	\$1,629,106	\$1,766,688
Other operating revenue					
Clinical teaching support Other	\$9,276 \$15,312	\$9,276 \$13,931	\$9,276 \$16,539	\$8,712 \$15,332	\$3,796 \$17,273
Total other operating revenue	\$24,588	\$23,207	\$25,815	\$24,044	\$21,069
Total operating revenue	\$1,269,050	\$1,386,356	\$1,482,838	\$1,653,150	\$1,787,757
Operating expenses					
Salaries and employee benefits	\$546,978	\$623,352	\$715,258	\$642,416	\$652,506
UCRP, retiree health and other employee health benefits	*	*	*	\$131,479	\$141,248
Professional services Medical supplies	\$20,401 \$177,894	\$20,394 \$187,262	\$24,238 \$211,434	\$25,196 \$230,108	\$24,665 \$245,015
Other supplies and purchased services	\$305,737	\$331,273	\$365,088	\$388,187	\$424,973
Depreciation and amortization	\$52,171	\$55,968	\$60,711	\$67,707	\$77,790
Insurance	\$4,705	\$4,643	\$5,775	\$7,083	\$7,288
Other	\$47,422	\$50,952	\$55,756	\$59,937	\$63,693
Total operating expenses	\$1,155,308	\$1,273,844	\$1,438,260	\$1,552,113	\$1,637,178
Income from operations	\$113,742	\$112,512	\$44,578	\$101,037	\$150,579
Non-operating revenues (expenses):	• •	,	•		· · · ·
Interest income	\$5,929	\$8,405	\$8,162	\$5,566	\$8,576
Interest expense	(\$8,012)	,			
Infrastructure to be dedicated	(\$15,726)		\$0	\$0	\$0
Build America bonds federal interest subsidies Loss on disposal of capital assets	\$0 (\$290)	\$0 \$0	\$0 (\$957)	\$0 (\$18,681)	\$241 (\$2,571)
Loss on disposal of capital assets	(\$290)	φυ	(\$857)	(\$10,001)	(\$2,371)
Total non-operating expenses	(\$18,099)	(\$1,670)	(\$3,014)	(\$20,954)	(\$1,474)
Income before other changes in net assets Other changes in net assets:	\$95,643	\$110,842	\$41,564	\$80,083	\$149,105
Other changes in her assets.					
State and federal capital appropriations	\$0	\$20,373	\$10,818	\$0	\$0
Donated assets	\$2,854	\$1,886	\$1,327	\$2,174	\$59,132
Health system support	(\$24,753)	(\$22,232)	(\$20,065)	(\$30,284)	(\$37,066)
Total other changes in net assets	(\$21,899)	\$27	(\$7,920)	(\$28,110)	\$22,066
Increase in net assets	\$73,744	\$110,869	\$33,644	\$51,973	\$171,171
Net assets - beginning of year					
Not appete and of year	\$490,528	\$564,272	\$675,141	\$708,785	\$760,758
Net assets - end of year	\$564,272	\$675,141	\$708,785	\$760,758	\$931,929

<sup>\*</sup>Not broken out seperately

#### University of California, San Francisco Medical Center Statements of Cash Flows - Trended (Dollars in Thousands)

	<u>2006</u>	<u>2007</u>	<u>2008</u>	2009	<u>2010</u>
Cash flows from operating activities					
Receipts from patients and third-party payors	\$1,211,881	\$1,315,529	\$1,420,258	\$1,564,449	\$1,734,564
Payments to employees	(\$437,764)		(\$597,100)	(\$637,309)	(\$650,956)
Payments to suppliers	(\$556,058)	(\$569,082)	(\$656,693)	(\$698,525)	(\$764,994)
Payments for benefits	(\$102,207)	(\$105,014)	(\$114,490)	(\$127,220)	(\$139,435)
Other receipts, net	\$29,392	\$17,421	\$33,833	\$44,518	\$39,351
Net cash provided by operating activities	\$145,244	\$129,964	\$85,808	\$145,913	\$218,530
Cash flows from noncapital financing activities:					
Infrastructure to be dedicated	(\$15,726)	\$0	\$0	\$0	\$0
Health system support	(\$24,753)	(\$22,232)	(\$20,065)	(\$30,284)	(\$37,066)
Net cash used by noncapital financing activities	(\$40,479)	(\$22,232)	(\$20,065)	(\$30,284)	(\$37,066)
Cash flows from capital and related financing activities:					
Proceeds from debt issuance	\$0	\$155,651	\$26,886	\$45,039	\$49,889
Bond issuance cost	\$0	\$0	\$0	\$0	(\$97)
Build America bonds federal interst subsidies	\$0	\$0	\$0	\$0	\$241
Proceeds from sale of capital assets	\$30	\$5	\$45	\$106	\$67
Purchases of capital assets	(\$80,643)	(\$148,001)	(\$139,669)	(\$138,843)	(\$163,877)
Defeasance of 1998 hospital revenue bonds	\$0	(\$93,010)	\$0	\$0	\$0
Principal paid on long-term debt and capital leases	(\$13,530)	(\$15,348)	(\$16,409)	(\$21,317)	(\$30,131)
Interest paid on long-term debt and capital leases	(\$8,012)	(\$10,075)	(\$10,319)	(\$7,839)	(\$12,375)
Gifts and donated funds	\$2,854	\$22,259	\$12,145	\$2,174	\$59,132
Net cash used by capital and related financial activities	(\$99,301)	(\$88,519)	(\$127,321)	(\$120,680)	(\$97,151)
Cash flows from investing activities:					
Interest income received	\$5,929	\$8,405	\$8,162	\$5,566	\$8,576
Change in restricted cash	(\$86)	(\$334)	(\$581)	(\$1,831)	(\$3,223)
Net cash provided by investing activities	\$5,843	\$8,071	\$7,581	\$3,735	\$5,353
Net (decrease) increase in cash	\$11,307	\$27,284	(\$53,997)	(\$1,316)	\$89,666
Cash - beginning of year	\$144,248	\$155,555	\$182,839	\$128,842	\$127,526
Cash - end of year	\$155,555	\$182,839	\$128,842	\$127,526	\$217,192

#### University of California, San Francisco Medical Center Statements of Cash Flows - Trended (Continued) (Dollars in Thousands)

	2006	<u>2007</u>	2008	2009	<u>2010</u>
Reconciliation of income from operations to net cash					
provided by operating activities:					
Income from operations	\$113,742	\$112,512	\$44,578	\$101,037	\$150,579
Adjustments to reconcile income from operations to					
net cash provided by operating activities:					
Depreciation and amortization expense	\$52,171	\$55,968	\$60,711	\$67,707	\$77,790
Provision for doubtful accounts	\$62,322	\$31,201	\$23,862	\$43,006	\$37,415
Changes in operating assets and liabilities:					
Patient accounts receivable	(\$91,231)	(\$63,370)	(\$31,639)	(\$64,328)	
Other receivables	\$282	\$995	(\$69)	(\$1,552)	\$1,773
Inventory	(\$2,400)	(\$310)	(\$258)	(\$1,417)	(\$2,473)
Prepaid expenses and other assets	(\$2,120)	(\$5,629)	\$3,213	(\$10,521)	,
Accounts payable and accrued expenses	\$101	\$25,752	\$5,856	\$13,403	\$3,112
Accrued salaries and benefits	\$7,007	(\$10,552)	\$3,668	\$10,110	\$2,619
Third-party payor settlements	\$4,495	(\$14,751)	(\$24,324)	(\$11,192)	(\$3,757)
Other liabilities	\$875	(\$1,852)	\$210	(\$340)	\$1,535
Net cash provided by operating activities	\$145,244	\$129,964	\$85,808	\$145,913	\$218,530
Supplemental noncash activities information:					
Capitalized Interest	\$0	\$0	\$0	\$3,052	\$4,655
Capital assets acquired through capital lease obligations	\$59,034	\$6,687	\$3,258	\$1,162	\$0
Change in fair value of interest rate swap agreements	\$0	\$0	\$0	(\$4,858)	(\$3,245)
Amortization of deferred financing costs	\$0	\$49	\$116	\$114	\$113
Amortization of deferred bond premium	\$0	\$8	\$19	\$19	\$20
Amortization of deferred costs of issuance	\$0	\$155	\$155	\$153	\$153
Payables for property and equipment	\$0	\$0	\$13,902	\$16,906	\$13,648

UCSF Medical Center Capital Assets (Dollars in Thousands)

	2008	Additions	Disposals	2009	Additions	Disposals	2010
Land Buildings and improvements Equipment Contruction in progress	\$100,278 \$681,864 \$325,533 \$142,382	\$80 \$102,461 \$28,304 \$9,443	\$0 \$0 (\$16,253) (\$18,305)	\$100,358 \$784,325 \$337,584 \$133,520	\$2,219 \$56,005 \$44,435 \$66,039	(\$46,694)	\$102,577 \$840,330 \$335,325 \$197,569
Capital assets, at cost	\$1,250,057	\$140,288	(\$34,558)	\$1,355,787	\$168,698	(\$48,684)	\$1,475,801
Accumulated Depreciation	<u>2008</u>	Depreciation	Disposals	<u>2009</u>	Depreciation	Disposals	2009
and Amortization Buildings and improvements Equipment	\$376,068 \$191,133	\$33,892 \$33,815	\$0 (\$15,488)	\$409,960 \$209,460	\$38,416 \$39,374	(\$45,880)	\$448,376 \$202,954
Accumulated depreciation and amortization	\$567,201	\$67,707	(\$15,488)	\$619,420	\$77,790	(\$45,880)	\$651,330
Capital assets, net	\$682,857			\$736,367			\$824,471

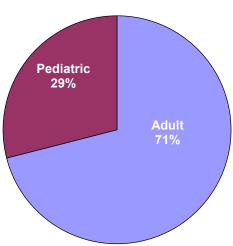
## UCSF Medical Center Operating Leases (Dollars in Thousands)

Year-Ending June 30	Minimum Annual Lease Payments
2011	\$16,587
2012	\$12,437
2013	\$10,558
2014	\$6,979
2015	\$3,794
2016 - 2020	\$19,046
2021 - 2022	\$4,671
Total	\$74,072

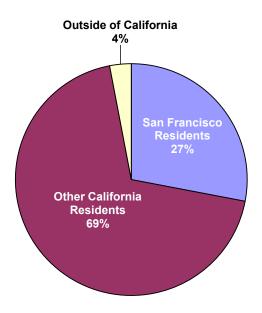
# UCSF Medical Center Transactions with Other University Entities (Dollars in Thousands)

	<u>2010</u>	<u>2009</u>
Salaries and employee benefits Medical supplies	\$4,530 (\$4,570)	(\$4,844) (\$4,432)
Other supplies and purchased services Interest income (net) Insurance	\$333,790 (\$8,576) \$7,288	\$304,149 (\$5,566) \$7,083
Total	\$332,462	\$296,390

Patient Mix\* FY 2009-10



Patient Origin\* FY 2009-10



\*Based on patient days

Source: UCSF Medical Center, 12/10/2010

## CALIFORNIA INSTITUTE FOR QUANTITATIVE BIOSCIENCES (QB3)

- Director: Regis Kelly, Ph.D.
- Campus Director, UCSF: Andrej Sali, Ph.D.
- Campus Director, UC Berkeley: Susan Marqusee, Ph.D.
- Campus Director, UC Santa Cruz: David Haussler, Ph.D.
- Associate Director: Douglas Crawford, Ph.D.
- Alliance Management Director: Tracy Saxton, Ph.D.
- Website: http:// qb3.org
- Twitter: http://www.twitter.com/qb3

#### QB3's Mission

QB3's mandate is to fulfill its social contract to accelerate discovery and innovation, improving the quality of life in California and beyond.

QB3 harnesses the quantitative sciences of physics and engineering to unify our understanding of biological systems at all levels of complexity, from atoms and molecules to cells, tissues, and entire living organisms. QB3 scientists make discoveries that drive the development of technologies, products, and wholly new industries, ensuring that California remains competitive in the 21st century.

QB3's goals are to fuel the California bioeconomy; to support research and training in quantitative biosciences; and to translate academic research into products and services that benefit society.

#### The Innovation Toolkit

The Innovation Toolkit is the package of services and funding that QB3 provides to aid entrepreneurial scientists. The foundation of the Toolkit is the use of Knowledge Brokers: scientists helping scientists, serving as matchmakers with industry. Knowledge Brokers help to find promising discoveries by providing business-savvy mentors and early-stage funding; to nurture the project through the proof-of-concept stage guided by the needs of potential customers; and to start new companies by assembling management teams, identifying funding sources, and providing research space at the QB3 Garage.

The Innovation Toolkit enables entrepreneurs to cross the "valley of death" that confronts scientists as they try to translate a discovery into a good or service. Federal funding declines as a concept moves away from the discovery phase; and outside investors are leery of supporting an

Source: QB3, 9/16/2010

enterprise before it has proven its worth in pilot trials. QB3 bridges this gap by connecting researchers with funding and by providing mentoring and analysis. The California economy begins to reap benefits in the form of jobs as soon as a company forms.

The Innovation Toolkit includes:

- Help with identifying societal needs and linking them with creative solutions
- Education for researchers unfamiliar with commercial development
- Best-practice management and business skills
- Help with writing and presenting a business plan to investors
- Introduction to potential sources of funding
- Start-up space

#### Partnerships

QB3 is a cooperative effort between the state of California, the University of California campuses at Berkeley, San Francisco, and Santa Cruz, and industry and venture capital partners.

QB3 fosters industry and venture capital partnerships by identifying potential opportunities for research collaborations and support, and by assisting faculty with intellectual property and technology transfer issues. QB3's Industrial Advisory Board, which includes industry and venture capital leaders, provides private sector perspective on QB3's role in the California economy and identifies emerging opportunities for new QB3 activities.

#### Research

QB3 researchers make fundamental scientific discoveries that lead to applications in areas such as medical diagnostics, pharmacological therapy, and biofuels. Research conducted by QB3 faculty falls into one or more of eight themes:

- Biological imaging: Visualizing biological systems at all scales: atoms, cells, organs.
- Synthetic biology: Design, redesign, and construction of new biological parts, devices, and systems.
- Biomolecular structure and mechanism: Structure, function, and dynamics of macromolecules.
- Chemical biology: Applying the tools of chemistry to biology, aiding in drug discovery and interrogation of biology.
- Precision measurement and control of biological systems: Developing the ability to mechanically, optically, or chemically alter and monitor biology for interrogation and diagnostics.
- Genotype to phenotype: Harvesting the information in genomes and the effect of varia-

Source: QB3, 9/16/2010

tion

- Theoretical modeling of biological systems: Theoretical and computational analysis of macromolecules, biological systems, and interpretation of experimental data.
- Cellular dynamics: Biochemical and biophysical analysis of cellular processes.

#### Bay Area research centers affiliated with QB3:

- The Synthetic Biology Engineering Research Center
- The Cell Propulsion Lab
- The Berkeley Center for Computational Biology
- The Energy Biosciences Institute
- The Resource for Biocomputing, Visualization, and Informatics
- The Bay Area Physical Sciences-Oncology Center
- The HARC Research Center
- The Membrane Protein Expression Center
- The Small Molecule Discovery Center
- The UCSF Nikon Imaging Center

Source: QB3, 9/16/2010

# FY 2009-10 Headcount as of 4/1/10 CALIFORNIA INSTITUTE FOR QUANTITATIVE BIOSCIENCES (QB3)

Staff		Acad	Grand		
Full Time	Part Time	Full Time	Part Time	Total	
11		1		12	

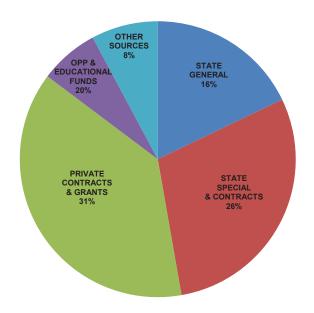
Source: UCSF Human Resources

# Total Expenditures by Fund Source CALIFORNIA INSTITUTE FOR QUANTITATIVE BIOSCIENCES (QB3)

Fund Source	FY 2005-06 Year 1	FY 2006-07 Year 2	FY 2007-08 Year 3	FY 2008-09 Year 4	FY 2009-10 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$37	\$2,438	\$0	\$359,090	\$433,302	1160946.3%
STATE SPECIAL & CONTRACTS	\$464,622	\$708,887	\$661,847	\$588,770	\$711,331	53.1%
PRIVATE GIFTS	\$110,030	\$0	\$24,564	\$0	\$0	-100.0%
PRIVATE CONTRACTS & GRANTS	\$0	\$35,513	\$371,808	\$686,531	\$921,039	0.0%
OPP & EDUCATIONAL FUNDS	\$25,000	\$5,000	\$334,496	\$456,463	\$167,976	571.9%
S&S -EDUCTATIONAL ACTIVITY	\$0	(\$14,394)	\$8,915	(\$3,509)	\$3,376	0.0%
OTHER SOURCES	\$385,805	\$201,705	\$151,416	\$161,538	\$189,339	-50.9%
Total:	\$985,494	\$939,148	\$1,553,045	\$2,248,884	\$2,426,364	146.2%

Source: UCSF Budget & Resource Management

# Expenditures by Fund Source California Institute for Quantitative Biosciences (QB3) FY 2009-10



Source: UCSF Budget & Resource Management

# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 CALIFORNIA INSTITUTE FOR QUANTITATIVE BIOSCIENCES (QB3)

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$0	\$0	\$0	0.00%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$921,039	\$786,709	(\$43,733)	-5.56%
Total:	\$921,039	\$786,709	(\$43,733)	-5.56%

Source: UCSF Budget & Resource Management

# Financial Schedule 8C - FY 2009-10 Current Funds Expenditures CALIFORNIA INSTITUTE FOR QUANTITATIVE BIOSCIENCES (QB3) (Dollars in Thousands)

		Current Funds			Distribution			
-	Total	Unrestricted General Designated		Restricted	Salaries and Wages	Other Expenditures	Less: Transfers	
Instruction	0	0	0	0	0	0	0	
Research	2,286	433	350	1,503	1,464	822	0	
Total	2,286	433	350	1,503	1,464	822	0	

Source: UCSF Controller's Office - 9/30/2010

## **School/Department Profiles - Global Health Sciences**

#### **GLOBAL HEALTH SCIENCES**

- Director Debas, Haile T., M.D.
- Director Administration, Finance & Operations Smukler, Chuck
- Website http://globalhealthsciences.ucsf.edu/

#### **MISSION**

UCSF Global Health Sciences (GHS) is dedicated to improving health and reducing the burden of disease in the world's most vulnerable populations. It integrates UCSF expertise in all of the health, social and biological sciences, and focuses that expertise on solving the most pressing problems in global health. GHS works with partners in countries throughout the world to achieve these aims

#### **HISTORY**

Global Health Sciences at UCSF (GHS) was established as an umbrella program in September 2003 in response to the need to connect new discoveries in basic science with traditional public health disciplines, to more effectively address issues of global health. It was charged to coordinate current research, training and clinical activities in global health and to generate new initiatives in this field. Recognizing that bringing together multiple relevant disciplines to solve problems would be a key characteristic of any global health program, UCSF made the decision to place GHS outside of the traditional school structure, reporting directly to the chancellor, but with a governance structure through which all of the schools and organized research programs could participate and contribute.

#### **PROGRAMS**

#### Education

Educating and training current and future generations of researchers, health care providers, and professionals with the knowledge and skills required to be effective both on the ground and as leaders in global health is fundamental to GHS. The current education and training menu is divided between degree-granting and non-degree programs.

- Masters of Science Degree in Global Health Sciences is a self-supporting degree program that achieved all required University approvals in April 2008 and was formally approved by the Western Association of Schools and Colleges in September 2008. The first class of seven students graduated in July 2009; 18 students graduated in 2010; and 30 are expected to enroll in fall 2010 for the 2011 graduating class.
- UCSF offers several groundbreaking learning opportunities for students and trainees from multiple disciplines. The Clinical Scholars, Pathways and Framework programs

Source: Global Health Sciences, 9/29/2010

## **School/Department Profiles - Global Health Sciences**

- include courses, seminars and fieldwork experiences with underserved populations, both national and international.
- The Sandwich Certificate Training program helps partner institutions in developing countries to build their science and technology capacity. The "sandwich" name refers to its structure: Masters and PhD students complete their initial training at their home university, attend UCSF for advanced training, and return home to complete a thesis and their degree.

### Prevention and Public Health Group (PPHG)\*

PPHG is an organized research unit that focuses on applied public health research, education and program improvement through six initiatives. Working with academic, government and community partners in over 18 countries on four continents and the Caribbean, its members use evidence-based methods to build capacity in surveillance, monitoring and evaluation, epidemiology, clinical care and scientific best practices.

\*Formal name and organizational affiliation is the Institute for Global Health in the UCSF School of Medicine.

### Global Health Group (GHG)

The GHG is an "action tank," dedicated to translating major new paradigms in global health into large-scale action. The GHG works across the spectrum from analysis, to policy formulation and consensus building, and works closely with a wide range of public and private partners to catalyze implementation of programs in collaborating low- and middle-income countries. The GHG's three initiatives focus on: providing intellectual and practical leadership and support for the elimination of malaria; identifying and promoting innovative models to enhance the role of the private sector in health systems strengthening; and narrowing the gap between rigorous evidence and practical policymaking in global health.

#### Capacity Building

GHS leads a UCSF-wide partnership with the Muhimbili University of Health and Allied Sciences (MUHAS) to develop infrastructure and programs to enhance and expand health sciences education in Tanzania. The project also aims to create a viable, replicable partnership model for institutional capacity building.

#### **IMPACT**

GHS was created to engage with and influence global health around the world. Key achievements include:

- "Branding" UCSF nationally and internationally as a global health center
- Establishing the first US master's degree specifically in global health sciences

Source: Global Health Sciences, 9/29/2010

## **School/Department Profiles - Global Health Sciences**

- Establishing a clinical training program in global health sciences
- Creating infrastructure across schools and programs to connect students and faculty who have a serious interest in global health
- Leading the effort to create administrative infrastructure for international training and research to enhance the training and research experiences and protect individuals and the university from harm
- Being a founding member of, and serving as the Secretariat for, the Consortium of Universities for Global Health, an organization of US and Canadian universities to develop national training standards and to advocate for global health.
- Overseeing the planning of, and serving as the administrative home for, the University of California Global Health Institute, which involves the intellectual resources of all UC 10 campuses.

Source: Global Health Sciences, 9/29/2010

# University of California, San Francisco Institutional Profile - FY 2009-10 School/Department Profiles - Global Health Sciences

# FY 2009-10 Headcount as of 4/1/10 UCSF GLOBAL HEALTH SCIENCES

St	aff	Acad	Grand		
Full Time	Part Time	Full Time Part Time		Total	
19	3		1	23	

Source: UCSF Human Resources

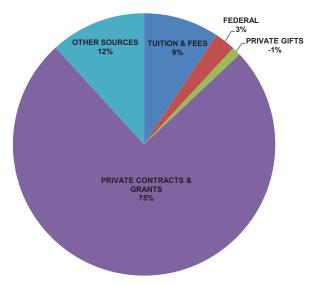
# University of California, San Francisco Institutional Profile - FY 2009-10 School/Department Profiles - Global Health Sciences

# Total Expenditures by Fund Source GLOBAL HEALTH SCIENCES

Fund Source	FY 2006-07 Year 1	FY 2007-08 Year 2	FY 2008-09 Year 3	FY 2009-10 Year 4	% Change Year 1 to Year 3
STATE GENERAL	\$18,126	\$290,475	\$210,674	\$2,200	-87.9%
TUITION & FEES	\$18,162	(\$1,768)	\$540,468	\$780,333	4196.5%
FEDERAL	\$69,693	\$19,044	\$100,879	\$212,832	205.4%
STATE SPECIAL & CONTRACTS	\$0	\$0	\$0	\$0	0.0%
LOCAL GOVERNMENT	\$0	\$0	\$0	\$0	0.0%
PRIVATE GIFTS	\$76,394	\$122,359	\$62,498	(\$91,276)	-219.5%
PRIVATE CONTRACTS & GRANTS	\$197,154	\$1,308,133	\$5,052,065	\$6,292,549	3091.7%
ENDOWMENT FUNDS	\$7,803	\$24,757	\$0	\$0	-100.0%
OPP & EDUCATIONAL FUNDS	\$7,333	\$42,190	\$10,976	\$22,024	200.3%
S&S -EDUCTATIONAL ACTIVITY	\$209,242	\$220,152	\$428,416	\$35,027	-83.3%
OTHER SOURCES	\$1,431,605	\$1,100,793	\$770,878	\$986,082	-31.1%
RESERVES	\$0	\$0	\$1,955	\$0	0.0%
Total:	\$2,035,512	\$3,126,134	\$7,178,809	\$8,239,769	304.8%

Source: UCSF Budget & Resource Management

### Expenditures by Fund Source Global Health Sciences FY 2009-10



Source: UCSF Budget & Resource Management

# University of California, San Francisco Institutional Profile - FY 2009-10 School/Department Profiles - Global Health Sciences

# Sponsored Project Expenditures & Indirect Cost Recovery FY 2009-10 GLOBAL HEALTH SCIENCES

	Total Direct Cost (TDC)	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$212,832	\$196,228	\$17,978	9.16%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$6,292,549	\$4,223,449	\$507,342	12.01%
Total:	\$6,505,381	\$4,419,677	\$525,320	11.89%

Source: UCSF Budget & Resource Management

#### Financial Schedule 8C - FY 2009-10 Current Funds Expenditures GLOBAL HEALTH SCIENCES (Dollars in Thousands)

		Current Funds			Distribution			
	Total	Unre General	stricted Designated	Restricted	Salaries and Wages	Other Expenditures	Less: Transfers	
Instruction	2,414	0	1,182	1,232	1,209	1,205	0	
Research	12,670	18	(55)	12,707	6,379	6,290	0	
Public Service	330	0	0	330	89	241	0	
Academic Support	604	2	732	(130)	501	1,361	1,258	
Total	16,018	20	1,859	14,139	8,178	9,097	1,258	

Source: UCSF Controller's Office - 9/30/2010

# **AFFILIATED INSTITUTIONS**

### SAN FRANCISCO GENERAL HOSPITAL (SFGH)

Since 1864, the UCSF School of Medicine and San Francisco General Hospital (SFGH) have worked in close collaboration to provide health care services for the people of San Francisco. UCSF physicians and residents provide patient care at the SFGH Medical Center, which is part of the San Francisco Department of Public Health. Some of UCSF's most ground-breaking research also takes place at SFGH. The UCSF School of Medicine is proud to be a partner with the City to ensure and advance the health of our local community.

The SFGH Associate Dean's Office provides administrative oversight for UCSF activities on the SFGH campus and represents faculty, staff, students, and the University in matters involving administration and operation of the hospital and clinics. In part, the Dean's Office:

- 1. provides faculty and other personnel to the hospital;
- 2. facilitates UCSF medical research that takes place at the hospital;
- 3. provides central administration for a variety of functions, including personnel, finance, information technology, and credential compliance;
- 4. represents UCSF on the SFGH Executive Team.

#### SAN FRANCISCO VETERAN AFFAIRS MEDICAL CENTER (SFVAMC)

The UCSF School of Medicine has been affiliated with SFVAMC for over 30 years. This affiliation is integral to the success of SFVAMC. All physicians are jointly recruited by UCSF School of Medicine and SFVAMC. SFVAMC has 128 residency positions covering all specialties except obstetrics, pediatrics, and family practice. SFVAMC is a major UCSF teaching hospital; providing about one third of all medical student clinical training.

In 1988, the Northern California Institute for Research and Education (NCIRE)—a self-funded, private nonprofit research institute, was established to administer research at the SFVAMC. NCIRE is the largest of approximately 90 nonprofit research corporations associated with the Department of Veterans Affairs, and ranks 16th among independent research institutes in receiving support form the National Institutes of Health. NCIRE has a cooperative agreement worth over \$10 million with the U.S. Department of Defense, and has been designated as a DOD Center of Excellence in Neuroscience and Neuroimaging. In fiscal year 2005, NCIRE's budget for scientific medical research at SFVAMC was over \$40 million.

**NCIRE's Mission:** To improve the health and well-being of veterans and the general public by supporting a world-class biomedical research program conducted by the UCSF faculty at the San Francisco VA Medical Center.

#### What We Are

NCIRE--the Northern California Institute for Research and Education--is a self-funded, private nonprofit research institute, established in 1988 to administer research at the San Francisco VA Medical Center (SFVAMC). NCIRE is affiliated with the University of California San Francisco School of Medicine.

#### Who We Are

Approximately 90 MD and PhD principal investigators work at NCIRE to improve health and health care for our veterans--and our nation. They include biologists, biochemists, biostatisticians, developmental epidemiologists, immunologists, molecular biologists, and neuroscientists. Most are directly involved with patient care as well.

#### What We Do

NCIRE researchers work on the frontiers of many fields, including, aging, Alzheimer's disease, AIDS and other infectious diseases, cancer, heart disease, post-traumatic stress disorder, and other areas vital to the health of our veterans and our nation. We strive to encourage collaboration across disciplines in the quest for new insights and innovative solutions.

Recent NCIRE research initiatives have included investigating strategies for reducing brain injury after stroke; exploring the advantages of telephone psychotherapy; refining techniques for virtual colonoscopy; reducing the risks of cardiac surgery; discovering the genetic mechanism of acute leukemias; and improving hospital care.

#### How We Do It

NCIRE is the largest of approximately 90 nonprofit research corporations associated with the Department of Veterans Affairs, and ranks 16th among independent research institutes in receiving support from the National Institutes of Health. NCIRE has a cooperative research agreement worth over \$10 million with the U.S. Department of Defense, and has been designated as a DOD Center of Excellence in Neuroscience and Neuroimaging. In fiscal year 2005, NCIRE's budget for scientific and medical research at SFVAMC was over \$40,000,000.

#### ERNEST GALLO CLINIC & RESEARCH CENTER

- Director De Luca, John, PhD
- Website http://www.galloresearch.org/site/gallo/

The Ernest Gallo Clinic & Research Center (EGCRC) at the University of California, San Francisco (UCSF) was established in 1980 to study basic neuroscience and the effects of alcohol and drugs of abuse on the brain. It is the only center studying alcoholism in the United States that is based in a department of neurology. In the 20 years since its inception, the EGCRC has grown to a staff of over 150 and occupies nearly 77,000 square feet of newly constructed space in Emeryville, CA. The EGCRC has major neuroscience laboratories in cell biology, molecular biology, biochemistry, pharmacology, neurophysiology, behavioral pharmacology and physiology, and invertebrate, mouse and human genetics.

The Gallo Center hosts weekly teaching conferences, seminars, and research discussion groups. It is an excellent training resource for alcohol and addiction -related research for medical students, postdoctoral fellows, and visiting scientists. All Gallo Center faculty hold appointments in departments and interdisciplinary graduate programs at UCSF and all receive grant support from the National Institutes of Health.

#### The goals of the EGCRC are:

- To understand the cellular, molecular, and behavioral basis of alcoholism, alcohol abuse, and drug abuse.
- To develop cellular, molecular, and behavioral technologies to identify alcoholics and individuals at risk for developing alcoholism or drug abuse because of genetic vulnerability.
- To use advances in cellular, molecular, and behavioral neuroscience and genetics to develop new therapies for the prevention and management of alcoholism, drug abuse and related neurologic disorders.

## **School/Department Profiles - Affiliated Institutions**

### THE J. DAVID GLADSTONE INSTITUTES

- President Mahley, Robert W., M.D., Ph.D.
- Website http://www.gladstone.ucsf.edu/gladstone/site/gweb1/

#### **Key administrators**

- Robert W. Mahley, MD, PhD, President, The J. David Gladstone Institutes; Senior Investigator, Gladstone Institute of Cardiovascular Disease; Senior Investigator, Gladstone Institute of Neurological Disease; Professor of pathology and medicine, UCSF
- Deepak Srivastava, MD, Director, Gladstone Institute of Cardiovascular Disease;
   Wilma and Adeline Pirag Distinguished Professor in Pediatric Developmental Cardiology;
   Professor of pediatrics, UCSF
- Warner C. Greene, MD, PhD, Director, Gladstone Institute of Virology and Immunology; Professor of medicine, microbiology and immunology, UCSF
- Lennart Mucke, MD, Director, Gladstone Institute of Neurological Disease; Joseph B. Martin Distinguished Professor in Neuroscience, UCSF
- Karl Weisgraber, PhD, Deputy Director and Senior Investigator, Gladstone Institute of Cardiovascular Disease; Senior Investigator, Gladstone Institute of Neurological Disease; Adjunct Professor of pathology, UCSF
- Eric Verdin, MD, Associate Director and Senior Investigator, Gladstone Institute of Virology and Immunology; Professor of medicine, UCSF
- Dan Oshiro, MS, Vice President for Administrative Affairs

#### **About Us**

 The J. David Gladstone Institutes is an independent, not-for-profit biomedical research institution affiliated with the University of California, San Francisco (UCSF), devoted to research into cardiovascular disease, HIV/AIDS, and Alzheimer's disease and other neurological disorders

#### **Mission and Focus**

- Our mission: to contribute to the health and welfare of humankind through research into the causes and prevention of cardiovascular disease, HIV and AIDS, and Alzheimer's disease and other neurodegenerative disorders
- Our focus: to conduct basic research for a better understanding of the fundamental biological processes underlying these maladies

 Our vision: to reduce the number of people afflicted with these debilitating illnesses, resulting in a substantial reduction in the social, emotional and financial costs of these disorders

## **Scientific Objectives and Accomplishments**

• Research is organized into three key areas:

The Gladstone Institute of Cardiovascular Disease is dedicated to reducing the death toll caused by cardiovascular disease. Institute researchers focus on the role of embryonic processes that might be leveraged for cardiac stem cell biology, as well as congenital and acquired heart diseases; genetic modification to gain control of key molecules involved in stem cell development; genetics of heart disease in humans; the role of lipids and lipoproteins in heart disease, including macrophage biology and obesity research; the potential role of the enzyme DGAT1 in resisting diet-induced obesity; and inflammatory processes in atherosclerosis.

The Gladstone Institute of Virology and Immunology is dedicated to conquering major problems involving deadly viruses and the human immune system, with an emphasis on HIV and AIDS. Investigators conduct a broad range of investigations, including fundamental studies of how HIV grows, evolves, and induces disease; the interplay of HIV with various components of the immune system, including cytotoxic T lymphocytes, NKT cells and T-regulatory lymphocytes; the evaluation of new anti-viral drugs; and the use of cytokines and hormones to help rebuild the immune system

The <u>Gladstone Institute of Neurological Disease</u> is dedicated to the study of the healthy and diseased nervous system. Its researchers are investigating such topics as the mechanisms by which abnormally folded proteins cause neurodegenerative disorders, including Alzheimer's, Parkinson's, and Huntington's disease; the development and preclinical evaluation of novel treatments for these conditions; the functions and pathogenic roles of amyloid proteins and apolipoprotein E; brain inflammation; and mechanisms of neural repair

#### **Financial**

Annual budget of \$52 million (2006)

Number of employees, January, 2006: 358

Projected 2006 Sources of funding: NIH 59% \$31 million

Gladstone Trust and fundraising 32% \$16 million Other\* 9% \$5 million

\*Other sources include the American Heart Association, Alzheimer's Association, and various organizations supporting AIDS research.

## **HOWARD HUGHES MEDICAL INSTITUTE (HHMI)**

• President - Cech, Thomas R., PhD.

• Website: http://www.hhmi.org/

A revolution is taking place in biology, one that promises to transform our understanding of the living world and produce major advances in medical care. Among its leaders is the Howard Hughes Medical Institute (HHMI).

The Institute is a nonprofit medical research organization that employs hundreds of leading biomedical scientists working at the forefront of their fields. In addition, through its grants program and other activities, HHMI is helping to enhance science education at all levels and maintain the vigor of biomedical science worldwide.

The Institute is one of the world's largest philanthropies, with laboratories across the United States and grants programs throughout the world. Its headquarters and conference center are located in Chevy Chase, Maryland, near Washington, D.C. HHMI's endowment in fiscal year 2005 was approximately \$14.8 billion.

#### Research

The Institute carries out research with its own scientific staff in HHMI laboratories across the United States. Using the powerful new tools of molecular biology, these research teams seek to explain how the human body functions and why disease occurs. HHMI investigators have been involved in many recent advances, from the discovery of genes related to cancer, heart disease, obesity, cystic fibrosis, muscular dystrophy, and other diseases to new insights about how organisms develop, cells communicate or learning occurs.

In 2003, the Institute broke ground in Ashburn, Virgina to begin construction on the Janelia Farm Research Campus. The complex will consist of laboratory space, a conference facility, temporary housing for visiting scientists, and many amenities. The collaborative nature of the research will bring biologists, physicists, chemists, computer scientists, and engineers together to tackle the most difficult problems confronting science. It is a unique approach modeled after the successful collaborative science centers in Europe.

The Institute is an operating medical research organization—not a foundation. This means that it carries out research with its own scientific teams. Currently, it employs about 300 HHMI investigators, all of whom work in Institute laboratories while also serving as faculty members at the host institutions with which HHMI has entered into long-term collaborations. The scientists are

supported by approximately 2,500 research associates, technicians, and other personnel employed by the Institute, as well as by a headquarters staff.

HHMI selects its investigators from among the faculties of universities and academic health centers around the country. It solicits nominations from these institutions, with a view to identifying researchers with the potential to make significant contributions to science. Those selected as investigators are appointed for five- or seven-year terms, which may be renewed after a rigorous review process. They meet regularly at HHMI's headquarters in Maryland to discuss their work.

By appointing scientists as Hughes investigators—rather than awarding research grants—HHMI is guided by the principle of "people, not projects." It believes that science is facilitated best by providing outstanding researchers with the resources and flexibility to follow their scientific instincts and to pursue new opportunities as soon as they arise.

The Institute's grants program, the largest privately funded education initiative in U.S. history, is helping to enhance science education for students at all levels, from the earliest grades through advanced training.

The Institute has awarded more than \$1 billion in grants since 1988. The grants are helping to strengthen science education and encourage talented young people to pursue research and teaching careers. The grants program also supports research resources in medical schools and other institutions within the United States, and the research of outstanding biomedical scientists in selected countries elsewhere.

HHMI's grants are administered through four programs:

- Graduate Science Education Program has as its goal to expand the nation's pool of medically trained researchers; promote interdisciplinary, graduate-level research training; and integrate medicine into biomedical research training.
- International Program supports biomedical scientists outside the United States and provides funding for selected courses and workshops.
- Undergraduate Biological Sciences Education Program provides grants to selected undergraduate institutions and to individuals through the HHMI Professors.
- Precollege Science Education Program supports a variety of precollege grants to biomedical research institutions to engage in community outreach to pre-K through 12thgrade students and teachers.

## **School/Department Profiles - Affiliated Institutions**

The Institute makes grant awards through these programs; it will consider unsolicited proposals but rarely funds them. HHMI does not make grant awards for investigator-initiated research in the United States. Rather, through its own scientific program, it employs independent investigators at HHMI laboratories.

## Howard Hughes Medical Institute (HHMI) Investigators\*

- 1. Agard, David A.
- 2. Cyster, Jason G.
- 3. DeRisi, Joseph
- 4. Ganem, Donald E.
- 5. Jan, Lily Y.
- 6. Jan, Yuh Nung
- 7. Lim, Wendell A.
- 8. Lisberger, Stephen G.
- 9. Locksley, Richard M.
- 10. Ptacek, Louis
- 11. Rowitch, David H.
- 12. Shokat, Kevan
- 13. Sil, Anita
- 14. Taunton, Jack
- 15. Vale, Ronald D.
- 16. Walter, Peter
- 17. Weiss, Arthur
- 18. Weissman, Jonathan

\*Source: HHMI - 9/21/09

This section contains the Chancellor's annual letters or videos for 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, and 2010 describing the state of the university including:

- major milestones,
- accolades,
- personnel changes, and
- challenges for the future.

"Happy Holidays: UCSF at the Turn of the Year 2002"

#### Dear Colleagues:

The squalls blowing through the Bay Area in recent days seem a suitable metaphor for the state of the university as 2002 runs its course. The storm clouds of deficit now glower over us, dampening spirits and casting shadows on the academic landscape. The future has become less predictable than any of us would like. In the face of this uncertainty, however, UCSF remains on target to achieve its major goals for the coming decade, and to sustain its distinguished position in higher education and health care -- a remarkable testimony to the resilience and resourcefulness of our campus community. I offer a few reflections to justify that optimism and dramatize where we stand at year's end.

The State of California anticipates a budget deficit that could reach \$35 billion over the next 18 months. Given this grave circumstance, Governor Gray Davis has asked the University of California to share in the retrenchments that will be required to restore the state to fiscal health. He began by proposing cuts in the UC budget for the current fiscal year -- the details were provided to you in my email message of December 9 and will not be onerous for UCSF unless the legislature were to make drastic changes.

The only substantive development since my previous message has been action by the Board of Regents to raise student fees, effective this coming quarter. The university and Regents took this action with great reluctance and recognize that it will pose hardships for many. But it remains true that a UC education in any field is one of the premium bargains in higher education.

We can expect far more stringent measures in the coming fiscal year, but it would be foolhardy to predict their nature or impact. Much will depend upon whether the state takes steps to increase revenues or chooses to rely entirely upon cost cutting. The first indication of what might be in store for UC will come in January, when the Governor will make his budget proposal for fiscal 2003-04. But it will be May or beyond before some version of that proposal is enacted.

Meanwhile, our major initiatives will proceed undeterred because they are already suitably financed. Mission Bay is the cardinal example. Genentech Hall will open in January and be fully occupied by close to 1000 scientists and staff within a few months. It is a massive yet elegant building, completed on time and under budget, well received by the adjoining neighborhoods, worth a visit at your first opportunity. Three additional research buildings, a campus community center, and a major housing complex are in advanced design or under construction. The latest addition to this inventory is a building to house portions of the research programs affiliated with our Comprehensive Cancer Center.

At Parnassus Heights, construction has begun for a six-story building that will house vital support facilities for our research. Vigorous efforts are underway to build several new interdisciplinary academic programs. In particular, searches have been mounted to identify leaders for the programs in stem cell biology and human genetics, both of which have been jump-started by major philanthropic contributions.

The UCSF Medical Center continues its remarkable performance of the past two years. It has again been ranked among the top ten academic health centers in the United States. With 80-90% occupancy, it continues to operate in the black and, as important, patient ratings of the Medical Center services continue to rise. The past year saw the official opening of the UCSF National Center for Excellence in Women's Health, a vital addition to our burgeoning activities at Mount Zion.

Planning for a new hospital proceeds apace, although the hoped-for decisions as to location and configuration did not materialize during 2002. The magnitude of this undertaking beggars the imagination, yet it is an imperative for the campus, because seismic standards dictate that clinical operations in Moffitt Hospital must cease by the year 2030, and because even the more recently constructed Long Hospital does not meet the needs of hospital practice in the 21st century. Our patients, and our splendid staff and faculty deserve much better than they presently have. The improvements will come at a stiff price: current estimates place the cost of constructing an academic hospital at \$2 million per bed!

The Institute for Quantitative Biomedical Research (or QB3, for short) is taking shape under its new director, Dr. Marv Cassman, previously Director of the National Institute for General Medical Science at the NIH in Bethesda, MD. Cassman will oversee an elaborate collaboration among UCSF, UC Berkeley, and UC Santa Cruz to make QB3 a reality. Construction of the building at Mission Bay to house the UCSF component of QB3 is scheduled for completion in 2004.

Our faculty continues to excel. During the past year, Professor Gail Martin was elected to the National Academy of Sciences, 8 faculty were elected to the Institute of Medicine, 6 to the American Academy of Arts and Sciences, and 2 as Honorary Fellows of the American Association for the Advancement of Science.

Our research enterprise is thriving. We continue to rank among the top five recipients of grants from the NIH. Federal support of research at UCSF has grown at a remarkable rate, averaging approximately 13% for each of the past three years.

Last year, UCSF announced a campaign to raise \$1.4 billion in private gifts by June 30, 2005. It was a risky undertaking, given the grim economic climate. We have defied the odds. The campaign has just passed the \$1 billion mark, the first time an academic institution without an undergraduate program has ever reached that level in a fund-raising campaign. Furthermore, we are on a trajectory to raise more gift funds this year than last, despite the still wounded economy. Perhaps the most remarkable metric, however, has been the growth in number of individuals making gifts to UCSF, from 12,654 in fiscal year 1998 to 20,946 during the past fiscal year (the increase over last year alone has been 61% to date). The public has learned our worth and is responding admirably.

Many members of the campus community suspect that our efforts to raise money for construction at Mission Bay have distracted from the other meritorious causes in our gift portfolio. The data show otherwise. It is true that we are steadily accumulating the funds needed for the development of the Mission Bay campus. But the overwhelming majority of gifts to UCSF are still for programmatic purposes and those gifts account for most of the growth in our fund raising.

This past spring, Professor Haile Debas announced that he intends to step down as Dean of the School of Medicine next summer. Dean Debas ranks among the most visionary and effective leaders in the history of UCSF. We all owe him a deep debt of gratitude for his distinguished service. A committee to identify his successor was formed last July and is now well along in its work.

Efforts continue to enhance the campus ambience and improve the working lives of our employees, based in part on data obtained through a campus-wide survey performed during the past year. We have commissioned and/or installed 19 major works of art at our several sites (with more in the offing), launched a greatly expanded orientation for new employees, and plan a three-fold expansion of capacity for child care over the next three years.

UCSF has built up a multipronged effort to increase the diversity of our campus community. Dividends are beginning to accrue. For example, the private Greenlining Institute recently completed a study of diversity throughout the UC work force. They praised the efforts and results at UCSF as exemplary. We have no intention of resting on our laurels, but it is gratifying to have such endorsement of our progress.

These are challenging times for UCSF. We created some of the challenges ourselves, by embarking on a formidable expansion of our facilities and programs. Other challenges have been imposed by external circumstances, particularly the current crisis in the state economy. The record of the past year should sustain our confidence that we are up to the challenges. UCSF remains a robust and vibrant place, with great prospects. We will weather the squalls and prosper.

I wish you all a pleasant holiday and fulfilling New Year.

Sincerely,

J. Michael Bishop, M.D. Chancellor

"Happy Holidays: UCSF at the Turn of the Year 2003"

December 22, 2003

Dear Colleagues:

We are about to leave one tumultuous year and enter what I expect will be another. The continuing budget crisis in California, the recall of Governor Gray Davis and election of Arnold Schwarzenegger as his successor, the U.S. military action and its aftermath in Iraq, and the renewed controversy over admission policies at the University of California (UC) all reverberated through the corridors of the university with unnerving impact. But UCSF will still emerge from this year with every reason for optimism in the face of clear adversity.

- -- The shortfall for the California state budget remains a sobering challenge -- an estimated deficit of at least \$14 billion in the coming fiscal year. As is often the case with the state budget at this time of year, there has been much news that constitutes no news. Governor Schwarzenegger and the legislature remain at loggerheads over how to deal with the deficit, so it is impossible to predict how the UC budget will fare in the coming year. The Governor's original budget proposal displays some measure of leniency towards higher education, as does his recent effort to implement midyear cuts unilaterally. But we are not likely to know the shape of next year's budget until May or later. A statement from the UC Office of the President regarding the governor's action may be found at: http://www.ucop.edu/news/archives/2003/dec18art1.htm.
- -- A wave of change has swept through the leadership of UCSF. A few months ago, we welcomed David Kessler from Yale University as the new Dean of the School of Medicine. As announced recently, three other campus leaders will leave their posts in the coming weeks and months:

Regis Kelly will step down as Executive Vice Chancellor, Dee Bainton as Vice Chancellor for Academic Affairs, and Marvin Cassman as Director of the Institute for Quantitative Biomedical Research (QB3). Professor Eugene Washington, presently Chair of the Department of Obstetrics, Gynecology and Reproductive Sciences, will assume the position of Executive Vice Chancellor, which has been reconfigured to include responsibilities for Academic Affairs. Professor Graham Fleming of UC Berkeley will serve as Interim Director of QB3 until a successor to Dr. Cassman is named

-- We formally dedicated UCSF Mission Bay on October 28, with festivities and ceremonies attended by close to 1000 individuals. The symbolic centerpiece of the day was the opening of Koret Quad, the spacious heart of the new campus. The coming year will see another landmark

at Mission Bay: the transfer of the remaining land gift from the Catellus Corporation, which will roughly double the footprint of the new campus. This acquisition will represent a glimpse of the future, a blank slate the inscription of which will occupy UCSF for decades to come.

- -- We continued the dramatic expansion of our physical facilities. At Mission Bay, Genentech Hall is now occupied; a second research building will open soon after the turn of the year; the QB3 laboratory building and the campus community center will open in early 2005; a housing complex to open in the summer of 2005 is now under construction; a laboratory building for the Cancer Research Institute is in final design; and two more research buildings are contemplated for completion by 2009. At Parnassus Heights, a six story building to provide vital support facilities for research is nearing completion; and planning is underway for the construction of a building to replace University Hall and the Radiobiology Laboratory, which are due for demolition. No one would have dared predict expansion of this magnitude just five years ago.
- -- With the successful launching of the Mission Bay campus, attention will turn to the revitalization of Parnassus Heights. During the course of the next six years, relocations of research groups will make available ca. 150,000 assignable square feet of laboratory space at Parnassus Heights. This represents a stirring opportunity: the prospect of recruiting as many as 110 new faculty to UCSF, a chance to further diversify our research and make it even more relevant to the relief of human suffering another step towards realization of the dream that caused us to launch the development at Mission Bay in the first place. The campus leadership fully appreciates the magnitude of what must be done at Parnassus Heights and the urgency that it be accomplished expeditiously.
- -- The past year brought further evidence of UCSF's scholarly distinction. Five of our faculty were elected to the National Academy of Sciences -- a truly bumper crop; six to the Institute of Medicine; four to the American Academy of Arts and Sciences; and one as Honorary Fellow of the American Association for the Advancement of Science.

Federal funding of research at UCSF continued its previous steady growth, placing UCSF once again among the best funded health science centers in the U.S. The excellence that these honors exemplify has not gone unnoticed. The press coverage of achievements at UCSF during the past year has been remarkable. Perhaps most notable was an extensive and highly laudatory feature article about UCSF in the September 8, 2003 issue of Business Week if you are in need of reasons to feel good about the team on which you work, read that article. The New York Times reported on our activities 57 times; the Los Angeles Times, 51 times; the Wall Street Journal, 25 times; the San Francisco Chronicle, 293 times; Time Magazine, three months in succession. The coverage ranged from fundamental discoveries on the genetics of aging and cancer to identification of the SARS virus. So although we do blow our own horn from time to time, others do it for

us far more frequently.

- -- The UCSF Medical Center went from strength to strength during the past year. It again ranked among the top ten U.S. academic medical centers, with the Children's Hospital separately named among the top ten pediatric programs in the country. The number of patients coming to UCSF for care continues to increase year after year, and patient satisfaction scores also continue to rise. Again this year, the Medical Center operated solidly in the black and accumulated cash reserves so vital to its long term future, even while making major upgrades of facilities and equipment. Great credit is due to the leadership, faculty, nurses, and staff of the Medical Center who have collaborated to produce this remarkable record. A large team of faculty and managers continues the preparation of a strategic plan for replacement of hospital facilities at both Parnassus Heights and Mount Zion that must eventually be decommissioned in order to comply with statutes on seismic risk.
- -- Fiscal 2002/2003 was another banner year for fund raising at UCSF. Private contributions to the campus remained at a near-record level in the face of a still wobbly national economy, and the number of individual gifts once again increased, this year by 35%. The Campaign for UCSF reached a total of \$1.2 billion, on target for the goal of \$1.4 billion by June 30 of 2005. The most dramatic news, however, came this past fall, with the announcement of a \$35 million gift to the Cancer Research Institute from the family of Helen Diller. This is the largest single gift in the history of UCSF, a remarkable expression of faith in our mission and potential. We are deeply grateful to the Diller family for their trust and support. Kudos are also in order for the leadership and staff of the UCSF Development Office and the volunteers from the community who assist us in our fund raising with their advice, energy, and time.
- -- We have tried not to neglect the more personal side of our lives together. Efforts to improve the quality of work-life for our staff continue on many fronts. We recently completed a second survey of staff opinions, designed to assess the progress made since the initial survey two years ago and to identify the most urgent further challenges. Both the level of participation and the results were gratifying: over 8000 staff participated in the survey, for a response rate of 62%, and performance scores were higher than two years ago for the vast majority of items. The details will be made available in the near future, and we will use these data to guide our efforts at further improvement. The campus is in the midst of initiatives designed to triple available childcare by the end of 2006: the facility at Laurel Heights has already been expanded; a facility for 80-100 children will open at Mission Bay in 2005; and expansion of the capacity at Parnassus Heights by 80-100 slots is targeted for 2006. One-hundred new beds of housing for students and medical center house staff at Parnassus Heights should also come on line in 2006. And the valiant "brown-baggers" at the Mission Center Building now have the option of a recently opened dining facility.

- -- UCSF also took steps on behalf of faculty welfare by creating a central source of funds to support child-bearing leave, by investing in initiatives from the Academic Senate designed to improve mentoring and to strengthen the diversity of our faculty, and by establishing a Chancellor's Council on Faculty Life to initiate and oversee these and other substantive efforts to improve the professional lives of our faculty. The details can be found at http://chancellor.ucsf.edu/responsetotaskforce/chancellor.htm.
- -- Nor have we neglected the benefits beyond our core missions that we can offer to the community at large. Two examples can serve to dramatize those benefits. First, UCSF has recently launched the UCSF Osher Lifelong Learning Institute, with the assistance of generous support from the Bernard Osher Foundation and the Mount Zion Health Fund. The program utilizes UCSF faculty to provide instruction for adults who want to continue learning and exploring new interests.

Second, UCSF has developed a Community Partnership Program that collaborates with community organizations in order to facilitate hiring of local residents, provide job training, and help local vendors do business with the campus. This program became an advance guard for UCSF at Mission Bay, setting up shop there well before any of our research laboratories and demonstrating how the campus can be a constructive presence for the nearby neighborhoods.

UCSF has repeatedly demonstrated the ability to turn tumult into triumph. We are now at it again! The record of the past year once again shows UCSF to be a place of immense creativity and prodigious ambition. We have every reason for pride and hope.

I wish you a pleasant holiday and fulfilling New Year.

Sincerely,

J. Michael Bishop, M.D. Chancellor

December 21, 2004

#### Dear Colleagues:

It has been a year of the improbable. California installed a new governor in January, following an unprecedented recall of the sitting governor last year. The Boston Red Sox rallied to defeat the New York Yankees for the American League Championship, then brushed aside the St. Louis Cardinals in the World Series to finally dispense with the "Curse of the Bambino." Ken Jennings set a record for the ages by surviving 74 sequential episodes of the quiz show "Jeopardy," but was finally undone by his failure to think of H & R Block. And the Supreme Court decided to rule on interstate commerce in boutique wines. (I took all of these examples from the front pages of The New York Times, so at least one editor found them as notable, and perhaps even as improbable, as I did.) But I suspect that few of you will find any of the advances at UCSF over the past year to be "improbable," because we have all come to expect the exceptional of our community. I am pleased to report that 2004 did not disappoint, and I will make that clear in due course. But I begin with a noxious topic.

### The Budget

The California fiscal travail continues, with unfortunate consequences for UC. Over the past four years, the UC budget has been cut by a total of 33%. In this fiscal year alone, the University has sustained a \$600 million net reduction in its base budget, and UCSF has taken its share of that reduction. The events at UC mirror a nationwide trend: a steady decline of the per-capita public investment in higher education over the past two decades. That trend is particularly threatening to California, where the vast majority of the work force for the "knowledge economy" is educated at public colleges and universities.

In the face of budget cuts, UCSF has managed to avoid major layoffs, but our staff are being asked to do more than their share in keeping UCSF on track; faculty and staff salaries have stagnated and now seriously lag the market; and vital improvements to our infrastructure have been deferred once again. The overall impact of the cuts has been felt most strongly in the academic and central administrative units that support virtually every facet of our activities. There has also been a limitation on state funds for research and for the operation of university buildings, and our ability to provide financial aid to students has been compromised.

But hope springs eternal, even in budget offices. Earlier this year, UC negotiated a "compact" with Governor Schwarzenegger that calls for an increase in the University's 05/06 budget of no less than 3% (and further annual increases of roughly the same magnitude through the end of the governor's present term of office). That minimum increase next year alone would permit modest

salary raises for faculty and staff, as well as other improvements in the funding of the University. But also in the offing are further increases in student fees, as already proposed by The Regents. Student aid would be increased in an effort to cushion the blow for the more needy among UC students, but it remains to be seen whether aid will keep pace with increases in fees.

Although the compact is a welcome indication of the Governor's support for UC, it is not a guarantee. The State Legislature will have much to say about the UC budget, and it is far too early to know their collective will on the matter. The next shoe to drop in this annual exercise will be the Governor's formal budget proposal, due this coming January. But be advised that this particular creature – the budgetary process – wears far more than two shoes.

#### Leadership

The campus continues to reconfigure its leadership. Professor Eugene Washington took office as Executive Vice Chancellor early this year, and is now close to appointing an Associate Vice Chancellor for Academic Affairs and an Academic Information Technology Coordinator. Professor Regis Kelly returned from a brief respite on the high seas to become Director of the California Institute for Quantitative Biomedical Research (QB3). Bruce Komiske was recruited by the UCSF Medical Center as Project Executive-Clinical Facilities Development, to oversee the immense task of constructing hospital facilities at Mission Bay. Professor Ernie Ring became Chief Medical Officer, replacing Ted Schrock upon his retirement this past year. And Vice Chancellor for University Advancement and Planning Bruce Spaulding is presently conducting searches for new Associate Vice Chancellors for Development & Alumni Relations and for University Relations.

#### **Academic Prowess**

During the past year, numerous members of our faculty received national or international recognition for distinguished achievements. I will name just a few to dramatize the bounty, with apologies to the many who have been omitted.

The Shaw Prize in Life Science and Medicine was awarded to Professor Yuet W. Kan and Professor Emeritus Herbert Boyer (along with Professor Stanley Cohen of The Cardinal); the Christiane Reimann Prize from the International Council of Nurses, to Dean Emeritus Greta Styles; the Pharmaceutical Sciences Research Achievement Award, to Professor Leslie Benet; and the Dr. A.H. Heineken Prize in Medicine from the Netherlands Academy of Arts and Sciences, to Professor Elizabeth Blackburn.

The American Association of Medical Colleges conferred exceptional recognition on four UCSF

faculty: the Award for Distinguished Research in the Biomedical Sciences, to Professor Cynthia Kenyon (who was also named an American Cancer Society Research Professor and received the Discover Prize for Basic Research from Discover Magazine); the Abraham Flexner Award for Distinguished Service to Medical Education, to Professor Haile Debas; the Herbert W. Nickens Prize for the promotion of justice in medical education and health care, to Professor Michael Drake; and the Humanism in Medicine Award, to Professor Sharad Jain. The remarkable range of achievement represented by these four awards is a tribute to the breadth of excellence and commitment at UCSF.

Professor Joe DeRisi was named a MacArthur Fellow (popularly known as the "Genius Grant"); Professor Jeffrey Cox, a W. M. Keck Foundation Distinguished Young Scholar in Medical Research; and Professor Matthew Jacobson, a Sloan Fellow. Professor Mike McCune was among only nine scientists to receive the first set of "Pioneer Awards" from the National Institutes of Health, designed to recognize and advance path-breaking ideas. And a second year dental student, Stanley Liu, received first prize for his research from the American Dental Association in the "Basic Science and Research" category of its annual, nationwide student-clinician competition.

Four more of our faculty were elected to the National Academy of Sciences, six to the Institute of Medicine, four to the Academy of Arts and Sciences, and one to the venerable Royal Society of London.

A recent and widely publicized ranking of universities by the Times Literary Supplement of London placed UCSF twentieth in the world. No other health sciences institution appeared in the top fifty, and only one UC campus ranked above us (Berkeley, in second place). The much maligned but rarely ignored rankings by U.S. News and World Report placed the School of Nursing second among its peer institutions, the School of Pharmacy first, and the School of Medicine sixth; schools of dentistry were not ranked. And virtually all of our diverse graduate programs are regarded as among the top ten in the nation. The School of Pharmacy was especially pleased to learn that Chemical and Engineering News had ranked it first in the nation among academic institutions receiving federal support for research and development in chemistry – to give you an idea of the competition, MIT and UC Berkeley ranked second and third.

Extramural funding of research increased over last year by a healthy 7%. The Schools of Dentistry, Nursing, and Pharmacy ranked first among their peer institutions in the receipt of NIH grant funds; the School of Medicine, fourth; and UCSF as a whole, fourth among all U.S. academic institutions. These are not dry numbers: they are a reflection of how well our scholarship fares when inspected by rigorous and often skeptical peers.

#### **New Programs**

The academic reconfiguration at Parnassus Heights continues apace. Professor Arnold Kriegstein has arrived from Columbia University to direct the new Developmental and Stem Cell Biology Program, and Professor Neil Risch will join UCSF from Stanford University on January 1 as Director of the new Human Genetics Center. Both programs will be based at Parnassus Heights, both have faculty derived from multiple schools and departments, and both have been nucleated by generous private gifts. The passage of Proposition 71 in the recent election will provide the opportunity to procure state funds, as well, for stem cell research.

The School of Nursing has allied with the Gordon and Betty Moore Foundation to develop means that could improve both the working lives of nurses and the safety of hospitalized patients. The first component of the program will support doctoral study in nursing by 32 students over the next six years, in an effort to address the urgent need for additional nursing faculty in the Bay Area and throughout the U.S. The award from the Moore Foundation also calls for UCSF to coordinate efforts to develop more nursing leadership for Bay Area hospitals, and to develop a program in patient safety that could be implemented at both UCSF and community hospitals.

#### New (and Old) Buildings

The coming year will see the opening of six new buildings: the research building for QB3, the Campus Community Center, two parking structures, and a housing complex – all at Mission Bay; and the Parnassus Heights Service Building – a state of the art facility for the care of animals used in research. Construction will begin on the Helen Diller Family Cancer Research Building and a child care facility at Mission Bay, and on a housing project and a child care facility at Parnassus Heights. In addition, UCSF has just acquired a new neighbor at Mission Bay, with the opening of the J. David Gladstone Institutes research building immediately across Owens Street from Genentech Hall. The faculty at the Gladstone Institutes are part of the extended family of UCSF, so they are most welcome neighbors.

But what goes up eventually comes down. The campus has a long-standing obligation to demolish University Hall because of seismic standards, with a deadline of 2008. The campus and affected schools have found quarters for some – but far from all – of the individuals and programs that will be displaced by the demolition. So there is no end in sight for the "space olympics" at UCSF. Does anyone think there ever will be?

#### The Medical Center

The UCSF Medical Center is completing a stellar year. Its ranking improved from 7th to 6th in

the nation, and the UCSF Children's Hospital was designated as the best in California. In May, the Medical Center completed its triennial accreditation survey with a perfect score. Patient satisfaction scores continue to rise, with patients ranking UCSF Medical Center the best among all San Francisco hospitals in a standardized survey last summer. The financial performance of the Medical Center remained strong, with an operating surplus of \$55 million in fiscal year 03/04 and accumulated reserves now exceeding \$120 million. The reserves are vital to the future of the Medical Center: they represent protection against rainy days; they are required to replace and acquire medical equipment; they will be essential for financing the expansion of bed capacity and the construction of new facilities; and they are an important indicator for The Regents and external agencies in evaluating the health of the Medical Center.

Because of seismic standards, Mount Zion Hospital must be decommissioned as an inpatient facility by 2013, and the same must happen for the Moffitt Hospital no later than 2030. After several years in a monumental planning exercise, the Medical Center has elected to begin its efforts to create replacement facilities by constructing a children's hospital, a women's hospital and a hospital for cancer patients at Mission Bay. The favored site for this construction is across 16th Street from Genentech Hall. UCSF is negotiating actively to acquire the necessary land at that site.

The strategic plan for the UCSF Medical Center also envisions a facility for ambulatory care and clinical/translational research at Mission Bay, expansion of outpatient activities at Mount Zion, and, in a second phase of the restructuring, a new inpatient pavilion at Parnassus Heights. These undertakings represent an immense challenge. But they are essential to provide UCSF with the capability for cutting-edge patient care and clinical research throughout the 21st century.

Seismic standards also require that the San Francisco General Hospital (SFGH) be rebuilt or replaced by 2013. The UCSF faculty at SFGH, along with the San Francisco Department of Public Health, believe that it would be ideal to build a new hospital at Mission Bay, in close proximity to the UCSF campus and our eventual clinical facilities there. There is presently no plan to merge SFGH facilities with those of UCSF, but the campus/medical center and the city remain in consultation over how separate facilities might best be configured. The city would have to obtain voter approval for a bond issue to finance both the purchase of land at Mission Bay and the construction of a new hospital.

#### **Private Support of UCSF**

Fiscal 03/04 was another banner year for private support at UCSF. Total receipts were \$253,703,000, the second best yield in our history. And in the spirit of the improbable, the Campaign for UCSF passed its goal of \$1.4 billion this past July, a full year ahead of schedule. We

owe our thanks and congratulations to the leadership and staff of the UCSF Development Office, and to the UCSF Foundation and other volunteers from the community who play a vital role in securing private gifts for UCSF.

Another building at Mission Bay has acquired a distinguished name. The genetics and developmental biology building has been named for Arthur and Toni Rembe Rock, in recognition of a gift of \$25 million to UCSF. The gift also endowed a distinguished professorship to be held by whoever is chancellor. We are deeply grateful for the thoughtful generosity of Mr. and Mrs. Rock and proud to have their name become part of campus parlance.

Despite the large investment of private funds in new buildings over the past five years, programmatic support remains the most common purpose of gifts received by UCSF. Our supporters value what we do even more than what we build.

### **Community Life**

The campus leadership has sought to enhance the quality of life at UCSF in diverse ways – some modest, some grand, all designed to benefit the entire UCSF community. Examples include continuation of a highly regarded noontime recital program, strengthening of the orientation for new employees, providing resources for conflict resolution and the deterrence of sexual harassment, a larger and more prominent program to formally recognize valuable service to the campus, expansion of capacity for child care, and ongoing procurement of public art for all of our major facilities that has led to more than twenty temporary or permanent installations over the past six years – the most recent example is the engagement of artist Juana Alicia to create a mural for Parnassus Heights, through the auspices of the Chancellor's Advisory Committee on Diversity.

The Chancellor's Council on Faculty Life initiated three new pilot programs: the Leadership Development Program, which will be particularly useful to faculty assuming new leadership positions, as well as to those with aspirations for such roles; the Welcoming Program, which will provide easy access to a wide array of campus resources through a central web portal and a social welcoming component to enhance the ease with which new faculty become familiar with the campus and their colleagues; and the Mentoring Program, which will facilitate faculty development. In addition, the Ambassador Faculty Search Program initiated by the Academic Senate and funded by the chancellor is off and running. Work has begun on developing the network of relationships, resource materials and data that will support our search efforts and foster a diverse faculty.

#### Conclusion

This is the 7th edition of my annual message to the UCSF community (and the fifth sent to the entire campus and medical center by email). The messages have been growing longer with each year, partly because many of you have told me that you would like to hear even more about what is happening throughout the institution. But I promise restraint come December of 2005, because I know that prolixity is an enemy of clarity.

Each of my messages has acknowledged the difficulties we face, but each has also been decidedly upbeat. Am I a Pollyanna? Anything but: my close associates will tell you that I am a relentless worrier. But I let the record speak for itself, and the message is undeniable. UCSF is in the midst of an astonishing transition that can be unnerving in any moment, but is both essential and exhilarating when considered in the long view. Every one of you is entitled to worry, as I do. But every one of you is also entitled to take pride in the unfailing aspiration and achievement of this great public institution that we all serve, and to be confident about its future.

I wish you all a pleasant holiday season and a satisfying New Year.

Sincerely,

J. Michael Bishop, M.D. Chancellor

December 21, 2005

#### Dear Colleagues:

I write to provide my eighth annual report to the UCSF community on the state of our affairs. My intent is to portray the general health of the campus, not to provide a comprehensive account of all its achievements and challenges during the past year. There have been more than enough of both.

#### The Budget

The economy of California is on the rise, and with it, hope for further improvement in the budget for the University of California (UC). The Governor and the Legislature honored the "Compact" this past year with a 5% increase in general funds for the UC. Most of the increase has been used to provide modest raises for faculty and staff, and to sustain continued growth in undergraduate enrollment.

The Compact calls for a further minimum increase of approximately 5% in fiscal year 06/07. All signs presently indicate that this "promise" will hold, but the state budgetary process is capricious, so there will be no certainty until the Legislature and Governor have taken final action in May or later.

In the face of this generally good news, the UC faces a crippling shortage of monies for construction. The capital funds provided to the UC by the state inevitably fall far short of what is actually required. So the University regularly borrows money to meet its needs for construction. It does so as a single entity rather than as individual campuses, and its debt capacity is now approaching saturation. As a result, the ability of individual campuses to undertake new construction faces severe constraints.

The limit on UC debt creates a considerable impediment to initiating further construction at UCSF. The campus is determined to meet all existing commitments. But anything beyond that will have to await an improvement in the finances of the UC and the preparation of a strategic plan for the next phase of development at UCSF (see below). The progress at Mission Bay in recent years has created ever-expanding expectations throughout our academic community. We must manage these expectations in an equitable and productive manner.

#### Leadership

UCSF welcomed a number of new recruits to its leadership over the past year. James Asp joined

us from the Memorial Sloan Kettering Cancer Center as our new Associate Vice Chancellor for University Development and Alumni Relations; Barbara French was recruited from the private sector to be Associate Vice Chancellor for University Relations; Linda Giudice abandoned the Cardinal (aka Stanford) to become Chair of Obstetrics and Gynecology in our School of Medicine; Deborah Greenspan became Chair of the UCSF Academic Senate; Jay Harris joined the Medical Center as Chief Strategy and Business Development Officer; Sally Marshall from the UCSF School of Dentistry assumed the office of Associate Vice Chancellor for Academic Affairs; and Jonathan Showstack was named Academic Information Technology Coordinator for the campus.

#### Laurels

The campus and its schools once again fared well in national rankings. My preferred metric is receipt of research funds from the National Institutes of Health, because it reflects peer review. The campus ranked fourth among all academic institutions in the United States. The Schools of Dentistry, Nursing and Pharmacy all ranked first, the School of Medicine ranked third. Four departments in the School of Medicine ranked first in their disciplines: Anesthesiology, Internal Medicine, Neurosurgery, and Obstetrics and Gynecology, with the Department of Internal Medicine first among all departments of any sort in the nation. Research in the social sciences, distributed among several departments, also ranked first.

The much maligned but rarely ignored rankings by U.S. News and World Report placed our School of Pharmacy first in the nation for its research training, and our School of Medicine fifth – the highest ranking for any public medical school. Notably, the School of Medicine also ranked among the top ten in primary care, testimony that the School is advancing its mission across a very broad front. The magazine did not publish rankings for Schools of Nursing or Dentistry.

The School of Pharmacy also gained note in two other ways: it was ranked first in federal support for chemical research and development by the Chemical and Engineering News report (MIT and Harvard were second and third, respectively); and one of its students, Dan Zlott, was elected as the next national president of the Academy of Student Pharmacists. The School of Dentistry was reaccredited without a single recommendation for improvement from the visiting committee, a singular achievement in a highly rigorous process.

The UCSF Human Research Protection Program just received full accreditation from the Association of Human Research Protection Programs (AAHRPP). Based on rigorous peer review, this accreditation serves as a "gold seal" signifying adherence to the highest standards in research on human subjects. UCSF is the first UC campus and only one of two institutions in California

to have received full accreditation by AAHRPP.

Many of our faculty received national or international recognition for their achievements. Four were inducted into the National Academy of Sciences, six were elected to the Institute of Medicine, four to the American Academy of Arts and Sciences. Individuals were lauded across a broad range of disciplines and contributions. Here are some examples, chosen to dramatize the diverse ways in which our faculty excel: Professor Emeritus Abraham Rudolph, the Pollin Prize in Pediatric Research; Professors Wade Smith and Robert Miller, the Royer Award for excellence in neurology; Professor Marylin Dodd, the Episteme Award from the Baxter International Foundation for her research in physiological nursing; Professor Emeritus Robert Langridge, named one of "Thirty Five Innovators of Our Time" by the Smithsonian Magazine; and Professor Ruth Greenblatt, the Women in Medicine Leadership Development Award from the American Association of Medical Colleges.

Our efforts in the San Francisco community have not gone unnoticed. Mayor Gavin Newsom wrote me in March to commend the efforts of the UCSF Community Partnerships Program for its "incredible job of reaching out to residents and businesses" in the "neglected and disenfranchised" southeast sector of San Francisco. And the United States Environmental Protection Agency named UCSF as one of the "2005 Bay Area Best Workplaces for Commuters" – given the daily trials of commuting life in the Bay Area, that may sound like damning with faint praise, but in reality, it represents the laudable result of devoted effort by our transportation department and the cooperation of countless members of the UCSF community.

#### **Openings**

UCSF opened three new buildings at our Mission Bay Campus during 2005: the Campus Community Center, a research building for the Institute for Quantitative Biomedical Research (QB3), and a housing complex that will accommodate approximately 730 individuals in apartments of varied configuration. Regrettably, clients for the housing complex were considerably inconvenienced by construction delays; I thank them for their patience. The entire complex is now open and represents a formidable milestone in our housing program.

The Community Center has been received as "one of the finest public spaces in San Francisco," a splendid facility for recreation and conferences. The QB3 building is filling rapidly with cutting edge research in advanced biomedical imaging, computation, drug discovery, and other crosscutting applications of the physical, chemical and mathematical sciences to medical problems.

The opening of the Community Center was celebrated with a gala dinner in the banquet space of the building that also recognized successful completion of the fund-raising "Campaign for

UCSF" (more on this later). In addition, the campus held a breakfast to salute the approximately two-hundred employees who have worked on the more than forty committees involved in the design and construction of buildings at Mission Bay. I suppose that only a university would use forty or more committees in this way. But the outcome in our case is superb.

The QB3 building was formally inaugurated with a symposium that featured UC President Robert Dynes and corporate leaders, including the CEOs of General Electric and Genentech, speaking to an overflow audience. The occasion also featured the announcement that the QB3 building would bear the name of Brook Byers, in recognition of his generosity and many years of service to UCSF. So Byers Hall has taken its proud place next to the southern entrance to UCSF Mission Bay.

### **Private Support**

The State of California provides only 9% of our current operating budget, only 12% of all our salaries, and we receive only 3% of our support from tuition and fees. So private support is vital to the continuing success of UCSF. The campus concluded the seven-year "Campaign for UCSF" in July, having raised a total of almost \$1.7 billion in private funds, substantially over the original target of \$1.4 billion. Of that total, \$500 million were for capital projects, the remainder principally for research and education.

Private support during the last year of the Campaign, fiscal year 04/05, reached \$293 million, the highest in the UC system and an all-time record for UCSF. Over the past six years, the number of individual contributions to UCSF has grown from 15,000 annually to 33,000. These numbers are a great credit to the leadership and staff of our Development Office, and to the UCSF Foundation and other volunteers from the Bay Area community who play a vital role in securing private gifts for UCSF.

#### **The Medical Center**

The UCSF Medical Center completed a banner year, ranked again among the top ten in the nation, with an operating surplus of \$73 million and accumulated reserves of \$150 million. But these successes have come at a considerable cost, because an unprecedented demand for service has placed great strain on physicians and staff alike. The Medical Center has responded by creating additional capacity at Mount Zion and has been working to add capacity at Parnassus Heights. But relief will come only gradually. I extend my admiration and gratitude to all the personnel of the Medical Center for their valiant performance.

I reported last year on plans to build inpatient facilities for children, women, and adult cancer pa-

tients at Mission Bay. The campus is well along in procurement of land south of 16th Street that would accommodate this construction. But the precipitous rise in building costs over the past year has forced the Medical Center to reconfigure its plans so that they remain fiscally realistic. A final plan has yet to emerge, but UCSF remains committed to the vision of an integrated clinical and research campus at Mission Bay.

### The San Francisco General Hospital (SFGH)

The SFGH plays a vital role in teaching and research at UCSF. It faces an uncertain future. Seismic standards require that the hospital be replaced by 2013. During the past year, a Blue Ribbon Committee appointed by Mayor Newsom determined that the SFGH should remain at its current location on Potrero Avenue, rather than being relocated to Mission Bay. But there is as yet no clear plan for either the design or financing of a replacement structure. UCSF is doing whatever it can to assist the City in this undertaking. Our participation is essential, because we need to assure that our faculty at SFGH will have adequate research space, both in the near and long term.

#### **UCSF** in the Community

UCSF reaches out to the San Francisco community in myriad ways. Some of these originated "from the top," but many more arose from the grass roots of the campus. To take stock of these activities and recommend how they might be improved, the campus commissioned a Taskforce on Community Partnerships, chaired by Professor Kevin Grumbach.

The Taskforce identified dozens of collaborations between UCSF and the community, ranging from our pathbreaking Science and Education Partnership (SEP), which works in virtually all of the public schools of San Francisco, to a primary care clinic at Glide Memorial Church, staffed by students and faculty of the School of Nursing.

In its final report, submitted earlier this year, the Taskforce recommended the creation of a University-Community Partnership Program, which would coordinate, inform, and advocate for engagement with the community. I accepted that recommendation, charged Associate Vice Chancellor Barbara French with oversight of the Program, allocated start-up funds, and appointed representatives to a governing council (see membership at http://chancellor.ucsf.edu/committees/standing/commpartnerships/contents.htm). UCSF seeks to become an even greater force for good in the community, to cultivate suitable credit for faculty and staff who serve this mission, and to maintain the idealism and social contract that are central to our purposes.

#### **Campus Diversity**

Nurturing diversity in every part of the UCSF community has been a long-standing goal of the campus, and one that I have wholeheartedly endorsed. Over the years, a host of working groups and campus events have been created to foster diversity. But the outcomes have fallen short of our aspirations. So it seems time to refresh and strengthen the commitment to diversity at UCSF. To this end, Executive Vice Chancellor Eugene Washington has drawn up and is now implementing an action plan that will create a comprehensive UCSF Web Site on diversity; develop a communications strategy on behalf of diversity; establish a program of best practices for recruitment and retention of staff and faculty; assemble a data base that will systematically examine the diversity profile of our faculty and staff, and allow us to monitor crucial variables; convene a diversity leadership retreat; strengthen accountability in meeting campus goals; and devise incentives for better performance.

### **Campus Life**

The past year brought a number of developments that should enhance campus life and improve the welfare of our faculty and staff. Here are some examples:

- We should complete our initiative to triple the capacity for childcare within the next year or so, principally through construction of new facilities at both Parnassus Heights and Mission Bay, which is now underway.
- Associate Vice Chancellor Sally Marshall, working with the Chancellor's Council on Faculty Life (CCFL), is leading an ambitious initiative to cultivate leadership skills among our faculty.
- Professor Mitchell Feldman has assumed the position of Mentoring Director, established by the CCFL and reporting to Associate Vice Chancellor Sally Marshall. He is spearheading a comprehensive mentoring program for the campus, with an initial focus on assistant professors and new faculty.
- Sixty five faculty have utilized salary supplementation for childbearing leave since it was initiated by the campus in January of 2003.
- Three new major works of art now grace our campus: a tile mural by Juana Alicia at Parnassus Heights (commissioned by the Chancellor's Advisory Committee on Diversity), and sculptures by Richard Serra and Stephan Balkenhol at Mission Bay.
- The campus has negotiated an option to purchase land at Mission Bay from the City, upon which it may build as many as 160 units of affordable housing for staff. Construction of the housing would be coordinated with that of a new hospital at Mission Bay.

Last, but far from least, in recent days the UC has ratified or reached tentative labor
agreements with three of the major bargaining units at the University: the California
Nurses Association (CNA), the University Professional and Technical Employees
(UPTE), and the Coalition of University Employees (CUE). This is welcome news for
the holidays.

### **Strategic Planning**

Since I assumed the chancellorship in 1998, the campus has been preoccupied with realizing the first phase of its vision at Mission Bay and the potential benefits of that vision throughout our academic community. Now that UCSF Mission Bay has become a thriving enterprise, it is time to pause and consider how UCSF should look twenty years hence. The scale of the opportunity is dramatized by the fact that half of the footprint at the Mission Bay campus remains available for future use.

In order to address the future, I have commissioned a campus-wide exercise in strategic planning. I have appointed a Planning Board, co-chaired by Professor Elizabeth Blackburn and Executive Vice Chancellor Eugene Washington, and including faculty, staff, postdoctoral fellows, students and house staff (see http://chancellor.ucsf.edu/committees/adhoc/strategic/contents.htm)

The Board has been charged to consult every substantial constituency among the campus community. It will be assisted by a professional consulting firm (AMC Strategies, LLC), and by an external advisory board appointed by the UCSF Foundation. This is a profoundly important undertaking, which will tax our collective wisdom to the maximum.

#### Conclusion

Change remains the order of the day at UCSF. There is a venerable axiom that "change is good," which certainly applies to UCSF of late. Change has brought us further prominence in scholarship and education, revitalization of our Medical Center, gorgeous new facilities, and international recognition for our daring – the first question I was asked during a recent visit to the National Cancer Institute of Spain was "how are things going at Mission Bay?" Undeniably, we have problems to solve, some arising from our successes – the geographical fractionation of our academic community is certainly one of these, the overburdening of our Medical Center, another. But the 18,000 employees of UCSF compose a social organism whose resilience and creativity make it possible for change to be good. Earlier this year, Mayor Gavin Newsom commented on the impact of our new campus at Mission Bay by calling UCSF a "big deal for San Francisco." I

would take issue with the Mayor only for limiting our reach. We are a "big deal" – period!

I wish you all a pleasant holiday season and a gratifying New Year.

Sincerely,

J. Michael Bishop, M.D. Chancellor

December 21, 2006

"UCSF at the Turn of the Year 2006"

#### Dear Colleagues:

It is time once again to take stock. Here is my ninth annual survey of the past year at UCSF. It has been a year of great achievement and persisting problems. I have tried to give a representative sample of both.

#### **Stature**

UCSF continues to be recognized as one of the premier life sciences institutions in the world, holding its own even in rankings against general universities, which have larger and more academically diverse faculties, deeper pockets, and – in some instances – successful football teams.

- Newsweek International ranked UCSF ninth among all the research universities of the world for its scholarly excellence and global impact. No other life sciences institution made the top 100.
- UCSF ranked fourth in the nation in receipt of research support from the National Institutes of Health (NIH). The Schools of Dentistry, Nursing, and Pharmacy all ranked first among their peer institutions, the School of Medicine ranked third.
- U.S. News and World Report ranked the UCSF School of Medicine fourth in the nation for research, the School's highest finish in the history of this ranking. The School was only one of three to be ranked in the top ten for both fundamental research and training in primary care, a testimony to the School's breadth of excellence.
- The San Francisco Veterans Administration Medical Center (VAMC) continues to receive the most research funding of all VAMCs in the nation, reflecting the outstanding performance of the UCSF faculty who staff the San Francisco VAMC.

### **Faculty Laurels**

- UCSF is proud of its distinguished faculty, whose achievements regularly earn international recognition. Here is an arbitrary sampling from the past year, designed to illustrate the many ways in which our faculty excel.
- Elizabeth Blackburn: the Wiley Prize in Biomedical Science, the Peter Gruber Prize in Genetics, and the Albert Lasker Award in Basic Biomedical Research the last of these is generally regarded as the premier U.S. award for fundamental medical research.

Professor Blackburn was lauded for both her path-breaking research on the molecular machinery that preserves the integrity of our genomes and her political courage in defending the integrity of science.

- Roger Nicoll: the Peter Gruber Prize in Neuroscience, for advancing our fundamental understanding of learning and memory.
- Shaun Coughlin: the Stanley Korsmeyer Award of the American Society for Clinical Research, in recognition of his research on blood clotting.
- Y. W. Kan: the Lifetime Achievement Award from the Society of Chinese Bioscientists in the United States, for his pioneering work on the genetics of human disease.
- Richard Coughlin: the Humanitarian Award from the American Academy of Orthopaedic Surgery, for his volunteer work on medical education and patient care in developing nations.
- Paul Ortiz de Montellano: the Volwiler Research Achievement Award from the American Association of Colleges of Pharmacy, for sustained excellence in research on drug metabolism.
- Christopher Voigt: named a 2006 Young Innovator by Technology Review.
- Kathleen Puntillo: the 2006 Society of Critical Care Medicine's Grenvik Family Award for Ethics.
- Ruth Malone: honored by the American Legacy Foundation for her work in educating underserved populations about the hazards of tobacco.
- John Featherstone: the Scientific Research Award from the World Congress of Minimally Invasive Dentistry for his research on the assessment and management of dental caries.
- Genna Dowling and Janice Humphreys: named Fellows of the American Academy of Nursing, among the most distinguished recognitions in the nursing profession.
- Kathleen Giacomini, James Marks, Arnold Milstein and John Rubenstein: elected to the Institute of Medicine.

### **New Leadership**

The Campus and its Schools were enriched during the past year by a bumper crop of new leadership. Renewal of this sort contributes greatly to the maintenance of our vigor and excellence. I congratulate all of the following individuals and thank them for taking on their new challenges.

- Joseph I. Castro has joined the Campus from UC Santa Barbara as Associate Vice Chancellor for Student Academic Affairs.
- New chairs were appointed to the Departments of Clinical Pharmacy (B. Joseph Guglielmo, Jr.), Epidemiology (Robert Hiatt and Neil Risch as co-chairs), Laboratory Medicine (Clifford Lowell), Ophthalmology (Stephen McLeod), Orthopaedics (Thomas Vail), Physiology (David Julius), and Social and Behavioral Sciences (Howard Pinderhughes).
- Kevin Shannon is the new Director of the Medical Scientist Training Program, which oversees students studying for both the M.D. and Ph.D.
- Joseph "Mike" McCune will lead the newly established Clinical and Translational Science Institute (see below).
- Jonathan Showstack was appointed as Co-Chief Information Officer for Academic and Administrative Information Systems, a responsibility that he shares with Associate Vice Chancellor Randy Lopez.

#### **Special Initiatives**

Innovation and new departures are a way of life at UCSF. Here are examples from the past year.

- UCSF was one of seven U.S. universities to receive an award of over \$100 million from the NIH to establish a Clinical and Translational Science Institute (CTSI). The Institute represents an unprecedented collaboration among our four Schools and the Graduate Division, designed to advance the application of fundamental research to the conquest of human disease. I commend the Deans and their faculties for this landmark undertaking.
- The Program for Global Health Sciences has developed a research partnership with the Muhimbili University College of Health Sciences of the University of Dar-es-Salaam, Tanzania, and an alliance with Kenya for the training of Kenyan Ph.D. students in UCSF laboratories. The Director of Global Health Sciences, Haile Debas, is chairing a UC committee to explore the possibility of creating a system-wide program in global health, and has been asked to oversee the planning of a new "African Institute of Science" in Tanzania that will focus on interdisciplinary education in biomedicine, agriculture, water sciences, and veterinarian medicine.
- Our School of Nursing has mounted an initiative to address a national shortage in nursing faculty, and is collaborating with the UCSF Schools of Pharmacy and Medicine, and the Medical Center in programs to improve patient safety. Both efforts have

generous support from the Gordon and Betty Moore Foundation. The Robert Wood Johnson Foundation is also supporting a separate study on the role of nurses in patient safety.

- The Campus has created separate administrative units for the Graduate Division and Student Academic Affairs. Joseph Castro has just arrived to lead the latter (see above), and a national search is underway for a Dean of the Graduate Division.
- Last year, UCSF launched a new initiative on diversity, acknowledging that the Campus has fallen short of its aspirations to become a truly representative community. The initiative continues, under the leadership of Executive Vice Chancellor and Provost Gene Washington. Meanwhile, there are signs of progress and earnest effort. For example, 42% of tenured faculty at UCSF and 40% of full professors are now women the highest such percentages among major research universities in the U.S.; and 28% of the students in the School of Medicine's incoming Class of 2010 are from groups presently underrepresented in medicine, compared to 19% in the Class of 2009. The School has a year-long Post Baccalaureate Program that helps underrepresented students prepare for application to Medical School. Now in its eighth year, the program has seen 91% of its 89 participants apply to medical school and be accepted.
- The movement of faculty to our Mission Bay campus created the opportunity to recruit new talent to the research community at Parnassus Heights. In the basic sciences alone, at least 25 new faculty have been appointed to positions at Parnassus Heights since the opening of UCSF Mission Bay.
- The School of Pharmacy and the Institute for Quantitative Biomedical Research (QB3) have jointly created a partnership in Systems Biology with Peking University, designed to train Chinese students in this rapidly emerging new discipline. The Institute has also entered into an agreement to train Malaysian students and senior scientists, with an emphasis on neglected and emerging diseases. Costs will be covered by the Malaysian government.
- QB3 has created a small facility in Byers Hall at Mission Bay that is available for rental by start-up companies in biotechnology. Known informally as "The Garage" (inspired by the origins of the Hewlett-Packard company, and with a size suiting the name), the unit represents one of the devices by which QB3 is attempting to enliven the local and state economy, and to facilitate "bench to bedside" transfer of new knowledge both core missions of QB3.
- Planning has begun for construction of new patient-care facilities for the San Francisco General Hospital (SFGH) on the current Potrero site, under the auspices of the City and County. Construction of the facilities will depend upon funding by a bond issue, presently slated for the ballot some time in 2008. The admirable work being done at

the SFGH, the extraordinary commitment of the staff, nurses, and UCSF faculty who work there, and the challenging circumstances under which they work were all captured movingly by a recent series of front-page articles in the San Francisco Chronicle, December 10-13, 2006. If you have not read those articles, I recommend that you do so.

• UCSF has been inclined to let its record speak for itself – perhaps too much so: no full page ads in the New York Times, no radio "spots" during talk shows. In a symbolic departure from this time-honored practice, and after lengthy consultation with friends in the community, the Campus has adopted a motto that captures our ambition and achievement: "Advancing Health Worldwide." It would be difficult to improve on that as a succinct reminder to ourselves and to the public of who we are and what we do. Use it with pride!

#### **Celebrations**

No year at UCSF is without celebrations of achievement, small and large. Four are especially deserving of note this year.

- The School of Nursing is in the midst of a year-long program that celebrates the one-hundredth anniversary of its founding. (For details, see http://nurseweb.ucsf.edu/cent-calendar.html.)
- The School of Dentistry is celebrating its 125th anniversary.
- Forty years ago, a collaboration between the School of Pharmacy and the Medical Center made the clinical pharmacist for the first time a part of the team caring for hospitalized patients. It was a landmark innovation. Now, few major hospitals are without clinical pharmacy services, and clinical pharmacy is a standard part of the curricula at U.S. schools of pharmacy.
- At a festive Founders Day Banquet at the Ritz Carlton Hotel, the UCSF medal was
  presented to Jane Brody, health columnist at the New York Times; Andy Grove, cofounder of INTEL, patient advocate, and National Chair of the Campaign for UCSF
  (1998-2005); Rudi Schmid, Dean Emeritus of the UCSF School of Medicine; and
  Maxine Singer, President Emerita of the Carnegie Institution and renowned advocate
  for women in science.

#### **Campus Life**

Surveys of our staff and faculty inevitably report satisfaction with their work and responsibilities, but dissatisfaction with their work environment, with complaints ranging from poor infrastruc-

ture to inadequate mentoring. The Campus is attempting to deal with a multiplicity of shortcomings of this sort, within the limits of its resources. Here are a few of the positive steps from the past year.

- Professor Mitchell Feldman assumed the position of Director of Faculty Mentoring, the first time that UCSF has had an officer who attends to faculty mentoring across the entire Campus.
- We opened new housing facilities at both Mission Bay (750 beds) and Parnassus Heights (43 beds), augmenting our inventory of below-market housing by almost three-fold. Tenants at the Mission Bay housing presently include students, postdoctoral fellows, Medical Center residents, faculty and staff. The new Parnassus Heights facility includes units for students and faculty.
- A new facility for child care was opened at Mission Bay, and one is under construction at Parnassus Heights. The result will be a tripling of our capacity.
- The Campus has begun the roll-out of a new research administration system and joined in a UC-wide initiative for strategic sourcing that could save the Schools and Departments considerable sums.
- New attention is being addressed to information technology, with the formation of the Office of Academic and Administrative Information Systems (OAAIS), directed by Randy Lopez and Jonathan Showstack.
- Our free shuttle service has been substantially expanded and redesigned to meet new and shifting needs. The service now carries in excess of 2 million passengers every year.
- The grand plaza at the Third Street entrance to UCSF Mission Bay was completed, along with "Ballast," a towering sculpture by Richard Serra. San Francisco Magazine commented that the sculpture "promises to be an international attraction [that] stands out not only for its scale, but also for its quality: such achievement is rare in public art."
- Muni Light Rail service to Mission Bay is scheduled to begin after the turn of the year: weekends-only service in January (free!), full service in April (not free!). The service will be accessible at any Muni station between Castro and the Embarcadero.

#### **Planning for the Future**

Our current exercise in strategic planning has proceeded rapidly, with a flurry of consultations through surveys, Town Hall meetings, interviews, and focus groups. Details are online at http://strategy.ucsf.edu.

- Professor Elizabeth Blackburn and Executive Vice Chancellor and Provost Eugene Washington co-chair a Strategic Planning Board that is overseeing the effort.
- The exercise has reached the stage of the "nitty gritty," in the hands of six Strategy Design Teams, addressing: Recruitment and Retention, Research Directions, Education and Training, Clinical Care, Infrastructure and Resources, and Leadership and Governance. All told, the teams involve more than 150 participants, including representatives from every segment of the Campus community.
- The final report is expected in the spring of 2007.
- Having now worked with UCSF for more than a year, the planning consultants remarked recently that they had never encountered a more self-critical institution. That characteristic is one of the secrets of our success, and we would do well to sustain it.

#### **Bricks and Mortar**

Construction of new facilities continues to be high on the UCSF agenda. It began at Mission Bay, but is of necessity spreading to other sites.

- Construction of The Helen Diller Family Cancer Research Building is well under way at Mission Bay, just north of the new housing complex, whose residents have been graciously enduring the racket of pile driving and other unpleasantries of nearby construction.
- The UC Regents recently approved the planning for six new buildings: at Mission Bay, buildings for cardiovascular research, and hospitals for children, mothers and cancer patients (see below); at Parnassus Heights, a building for the Institute for Regeneration Medicine; and at Mount Zion, a building to house both the Osher Center for Integrative Medicine and units of the Medical Center. The Regents also approved planning to retrofit portions of Mount Zion Hospital into compliance with seismic statutes.

### **Private Support**

The UCSF Development Office entered its second year under the able leadership of Associate Vice Chancellor James Asp. Private support from foundations, corporations and individuals presently represents 21% of Campus revenues, and grows ever-more important to UCSF, as support from the state budget and the NIH fails to keep pace with needs.

- FY 2005/06 marked the seventh consecutive year in which UCSF received in excess of \$200 million of private support.
- The number of individual gifts exceeded 32,000, among the highest in our history.

- A gift of \$16 million from Ray and Dagmar Dolby will jump-start planning and construction of the Institute for Regeneration Medicine at Parnassus Heights.
- The Sandler Family Supporting Foundation continued its remarkable and longstanding support of UCSF, with \$10 million in gifts for research in the basic sciences, parasitic diseases, asthma, and the Osher Center for Integrative Medicine.
- A \$6.2 million bequest from the McEvoy family will help complete construction of The Helen Diller Family Cancer Research Building at Mission Bay.
- The School of Nursing received the largest outright gift in its history, to establish the Lillian and Dudley Aldous Endowed Chair in Nursing.
- More than 20% of our alumni provide gifts to UCSF each year, the highest fraction at any campus within the UC system, and among the better numbers in all of higher education. I salute the loyalty and generosity of our alumni, and encourage them to do even better in the coming year.

#### **Campus Finances**

The State of California provides only 8% of the operating budget for UCSF and its Medical Center, but these funds are vital, because they include the core of our payroll for staff and faculty. So we enter each new budget year with anxious anticipation of how the University will fare in Sacramento.

- The Regents have yet to approve a budget proposal to the State, and it would be premature to comment on what the UC budget might look like come May. The first hope is that Governor Schwarzenegger will continue the "compact" to assure the UC of a steady, albeit modest increase in funds annually, allowing for staff and faculty raises.
- UCSF continues to spread its capital investments across the entire institution. Here are the numbers between 1997 and 2005: Mission Bay, \$801 million; Parnassus Heights, \$604 million; Mount Zion, \$66 million; and other sites, \$86 million.
- The passage of Proposition 1D (the "Education Bond Issue") in the recent election was welcome news for the UC. But it will bring only limited benefit to UCSF, mainly for deferred maintenance and renewal of infrastructure. We remain a "tub on its own bottom" for major construction costs.
- UCSF remains financially sound. But our discretionary funds have been severely challenged by punishing escalations in the costs of utilities, and the operation and maintenance of facilities. In the current fiscal year alone, UCSF will have to cover nearly \$19 million of such costs that will not be reimbursed by the State. This circumstance constrains the ability of the Campus to support new initiatives and respond to unanticipated calls on its funds.

#### The Medical Center

The UCSF Medical Center continued its strong performance, and was once again ranked among the top ten in the nation. But success remained a double-edged sword, generating healthy finances on the one hand, but overtaxed facilities and personnel on the other.

- The Medical Center completed FY 2005/06 with an income of \$95 million and reserves of \$150 million. But the appetite for capital investment has been voracious and will only rise as the Medical Center moves ahead with plans to build new facilities at Mission Bay.
- In September, the UC Regents approved planning for new hospitals for children, mothers and cancer patients, and ambulatory care facilities at Mission Bay. The cost of this project is currently estimated to be \$1.0-1.3 billion.
- The Campus completed acquisition of 14.5 acres immediately south of 16th Street and Genentech Hall, as a site for the new clinical facilities.

#### **UCSF** as an Economic Generator

Universities regularly point to their beneficial impact on the local and national economies. UCSF is no exception, and we make such claims on sound grounds. Here are some examples.

- In a recent study from the Milken Institute, UCSF ranked second among all universities in the number of U.S. biotech patents, fourth in the number of biotech research papers and citations, nineteenth in an overall assessment of innovation and technology transfer. UCSF is presently responsible for 31% of all patent income to the UC, and has spawned more than 60 biotech companies, including two pioneers, Genentech and Chiron
- More than 1000 new residential units have been constructed in the neighborhood (including the Mission Creek Senior Community 140 units for low-income senior citizens). The first new branch of the San Francisco Public Library in over forty years opened at Mission Bay this past July. The Gladstone Research Institute is thriving in its new quarters immediately across Owens Street from Genentech Hall and the Community Center. At least three biotechnology firms have set up shop in the neighborhood. One commercial life sciences laboratory building is nearing completion at the corner of Owens and 16th Streets, and another is slated for a site on Illinois Street, southeast of the UCSF campus. Contrary to popular perception, UCSF was not responsible for the seemingly premature (and much lamented) demise of the Mission

Bay Golf Center at the northwest corner of our property: the facility fell prey to the installation of infrastructure for a private development in the vicinity.

#### **UCSF** in the Community

UCSF is deeply imbedded in both local and global communities. We take particular pride in the public service that our employees render of their own volition, going far beyond our core missions or their official duties. The variety and volume of UCSF's outreach is not easily captured in a few sentences. But here are some representative examples from the past year.

- Our University-Community Partnership Program, announced last year, is now in full
  swing, led by Director Elba Sanchez, and with a governing Council, cochaired by Kevin Grumbach and Gwen Henry. The Program will maintain a data base of our myriad
  activities in the community, coordinate these activities to achieve greater effect and
  efficiency, cultivate credit for our faculty and staff who dedicate themselves to public
  service, and symbolize the idealism that is central to our institutional missions.
- With support from the Robert Wood Johnson Foundation, the School of Dentistry has provided community externships for its students. Over the past four years, the students have seen more than 44,000 patients, the equivalent of more than \$4 million of dental care.
- UCSF is justly renowned for its pioneering program to assist the teaching of science in the public schools of San Francisco, embodied by our Science and Health Education Partnership (SEP) with the schools. But SEP has other dimensions. This year, for example, the program received a grant of \$2.1 million from the Howard Hughes Medical Institute to fund an initiative for improving the teaching of science to undergraduate students.
- Since the mid-1980s, our Graduate Division has conducted a summer program that provides undergraduate students with research experience. This program has just been enhanced by a grant of \$1 million over four years from the Amgen Foundation, to provide 25 undergraduate students each year with a fully funded opportunity for research in the biological, biomedical, or behavioral sciences.
- The School of Pharmacy has received a grant of \$3.7 million from the Amgen Foundation for a program to assist elderly Californians in utilizing the Medicare prescription drug plan (by all accounts, no mean undertaking). Our School will collaborate with six other schools of pharmacy in California to implement the program.
- The UCSF Program at Fresno is a major and very welcome presence in the community.
   Among its special activities are a six-month program that immerses UCSF medical students in either urban or rural settings that provide medical care to the underserved; and

the Doctors Academy, a collaboration with the Fresno School District and the Fresno County Office of Education that encourages disadvantaged students to pursue careers in health and medicine. The program graduated its first students this past year. All 32 graduates are pursuing higher education, 14 at UC campuses, and 5 with UCSF Merit Scholar Awards that provide consideration for early admission to the UCSF School of Medicine. I have visited this program in the past and admire what it is doing.

#### Worries

No institution with the size and complexity of UCSF is without its worries. Here are a few that presently give special cause for concern.

- The recent increases in student fees, which may be repeated once again this coming year, have not been matched by adequate funds for student aid.
- The funding of the NIH by Congress has flattened over the past several years, whereas the number of grant requests has doubled. The predictable outcome is that the procurement of research grants has become far more competitive than in the recent past. Highly accomplished biomedical scientists suddenly face the possibility of attenuation or even discontinuation of their long-standing support from NIH. These circumstances could have a particularly adverse impact at UCSF, where an exceptional fraction of research support comes from NIH.
- Our need for capital funds beyond those already in hand is huge: combining the needs of the Campus and the Medical Center, current estimates for the next ten years approach \$3 billion, merely for projects already in view. This need can be satisfied only by a substantial increase in private gifts and augmented debt. This may be the largest challenge that UCSF faces over the next decade.
- The large and unfunded increases in costs for utilities, and for the operation and maintenance of facilities, have greatly taxed the discretionary funds of the Campus. There is no obvious remedy, other than an increase in state funding for these prosaic, yet vital functions.
- The Regents remain committed to reinstatement of individual and institutional contributions to the UC Retirement Plan, but the details have not been resolved. Although prudent according to financial analysts, this action has unwelcome implications for the institution and all of its employees.

#### **Conclusion**

Having read this far, you cannot help but have noticed that many of our unmet challenges are

rooted in money. This is hardly surprising. The UC's share of State general funds has declined by more than two-fold since the early 1970s; the UC as a whole and UCSF in particular are increasingly "tubs on their own bottoms." Our continuing success is a great tribute to the energy, creativity, and commitment of the UCSF community. As part of that success, we are serving a distinctive public good educating the coming generation of health care providers and medical scientists in a setting where they can be inspired by outstanding scholars, experience the excitement of discovery, come to understand the origins and limitations of what we know and use, and develop critical habits of mind. All the while, we continue our path-breaking research and the delivery of world-class health care. We are indeed "Advancing Health Worldwide."

I wish you all a pleasant holiday season and a gratifying New Year.

Sincerely,

J. Michael Bishop, M.D. Chancellor Arthur and Toni Rembe Rock Distinguished Professor

January 4, 2008

Dear Colleagues:

I write to welcome in the New Year with a report on the past year at UCSF. True to form for UCSF, it was an eventful year. The campus, schools and medical center sustained or even enhanced their admirable national and international rankings; completed and began the implementation of a strategic plan for the entire campus; launched a path-breaking effort in clinical and translational research; continued the momentum in the development of our new campus at Mission Bay; obtained Regental approval to develop new clinical facilities at Mission Bay; and secured the largest gift from a private individual in the history of UCSF. All these and much more were achieved in the face of declining support from the State – a tribute to the energy, ingenuity, entrepreneurial spirit and commitment of the UCSF community.

### **Health of the Campus**

- By all the usual metrics, the campus, its schools and medical center maintained or even enhanced their premier status. Every unit of the campus that was evaluated by U.S. News and World Report ranked among the best in the country.
- The campus as a whole was fourth in receipt of NIH funding; the School of Medicine, third; and the Schools of Dentistry, Nursing and Pharmacy, all first. Both the campus and the School of Medicine ranked first among public institutions.
- The University Health System Consortium ranked the UCSF Medical Center among the top ten in the country for "quality and accountability," calling it one of seven "rising stars" for its dramatic improvement over recent years. The Medical Center was ranked seventh in the nation by U.S. News and World Report.
- A report in the Chronicle of Higher Education ranked the "faculty scholarly productivity" of UCSF as third among all universities and research institutes in the world, just behind Harvard and Cal Tech.
- The campus remained second in the world for number of biotechnology patents.
- Inevitably, it seems, many of our faculty receive distinguished recognition during the course of the year. Here are a few examples from 2007: David Agard was elected to the National Academy of Sciences: Michael Callaham and Louis Ptácek were elected to the Institute of Medicine; Douglas Hanahan, Lily Jan,

Yuh Nung Jan, Alexander Johnson, Steven Schroeder and Robert Stroud were elected to the American Academy of Arts and Sciences; Dean Mary Anne Koda-Kimble of the School of Pharmacy received the 2007 Paul F. Parker Medal for Distinguished Service to the Profession of Pharmacy; and David Julius received two major awards for his work in neuroscience.

### Leadership

- The UCSF School of Medicine began the New Year under the leadership of Interim Dean Sam Hawgood, W.H. and Marie Wattis Distinguished Professor of Pediatrics, Chair of the Department of Pediatrics, and Physician in Chief of the UCSF Children's Hospital. An international search for a new dean will be initiated shortly.
- John Featherstone continues his service as Interim Dean of the School of Dentistry. An international search for a new dean is well underway.
- Patricia Calarco was appointed as Dean of the Graduate Division, following a competitive national search. Professor Calarco is the first full-time Dean of the Graduate Division in the history of UCSF, a revision that symbolizes the importance of graduate education to the UCSF mission.
- Renee Navarro was appointed as the campus Director of Academic Diversity, a newly
  created position with responsibility for coordinating programs developed to foster
  diversity among faculty, students, house staff and postdoctoral scholars.
- The position of Vice Chancellor for Research has been established and a search initiated.
- New chairs were appointed to the Departments of Medicine (Talmadge King), Orofacial Sciences (Deborah Greenspan), and Radiation Oncology (Mack Roach). In addition, Kimberly Topp was appointed Interim Chair of Physical Therapy and Rehabilitation Sciences, and Michael Callaham was named the first chair of the nascent Department of Emergency Medicine.

### Planning for the Future

- After a highly inclusive, two-year process, we have completed and published the firstever campus-wide strategic plan, "advancing health worldwide: A Strategic Plan for UCSF."
- More than 200 individuals participated in various analytical and planning groups, overseen by a Strategic Planning Board. In his report to the Regents on strategic planning, UC Provost and Executive Vice President Rory Hume described the UCSF process as the most structured and comprehensive in the UC system.

• This new Strategic Plan for UCSF underpins what we aspire to accomplish in the years to come. It articulates the investments we must make – in people, infrastructure, partnerships and working environment – to achieve our goals. Implementation of many of the strategic priorities identified in this plan is well underway. Details can be found at the UCSF Web Site.

### **Money Matters**

- The State budget is in dire straits yet again, so a lean year lies ahead for higher education in California. The first signal of how far the belt might be tightened will come when the Governor delivers his budget proposal in January. The news is not likely to be good: as of last year, the UC's share of the state budget had slipped to 4%, half of what it was four decades ago. Put another way, the State contributed only \$3 billion of the UC's \$16 billion in revenues. One telling comparison from the State Department of Finance: between 1984 and 2004, the State's spending on prisons increased by 205% in constant dollars, whereas spending on higher education increased by 18%.
- UCSF itself is increasingly a "tub on its own bottom." The portion of our revenues provided by state funds has dropped to 9%. Those funds are vital, however, because they provide core support for salaries and infrastructure.
- Campus discretionary funds have been severely taxed by large short-falls in state funds for utility costs and operations, and by sorely needed investments in information technology and security.
- Construction costs continue to soar, nearly doubling over the past decade.
- As student fees continue to rise, the need for financial aid grows proportionately. The
  UC as a whole and each of its campuses, UCSF included, are seeking ways to mitigate
  that need. It is essential that this be achieved if the UC is to remain accessible to all
  qualified students.

#### **Facilities**

- Construction of the Helen Diller Family Cancer Research Building is nearing completion and is now scheduled to open in late 2008. This will be the fourth research building to be completed on the Mission Bay campus since we began development at the site in the year 2000.
- The Community Center at Mission Bay has been named for William J. Rutter, former Chair of the Department of Biochemistry and Biophysics at UCSF, major architect of the ascendance of UCSF, cofounder of the biotechnology company Chiron, and both facilitator and generous benefactor for the Mission Bay campus.
- The Regents provided final approval to begin construction of a building at Mount Zion

to house the Osher Center for Integrative Medicine and several facilities of the UCSF Medical Center. Construction is scheduled to start in the autumn of 2008.

- The Regents have also approved construction of a building at Mission Bay for the UCSF Cardiovascular Research Institute and allied programs. Construction is expected to begin in early 2008.
- The campus is advancing its plans to build a central utilities plant at Mission Bay, which will improve both efficiencies of cost and operational reliability of our utilities infrastructure.
- Plans have been completed for a laboratory building at Parnassus Heights to serve as headquarters for the UCSF Institute for Regeneration Medicine. The Regents have approved planning monies for the building, but the campus cannot initiate construction until successful completion of a fund-raising effort now under way.
- Close to a dozen floors of research laboratories are presently under renovation at Parnassus Heights in preparation for new recruitments and reorganization of existing faculty.
- This past fall, the campus reopened a beautifully renovated Cole Hall, restoring use of a vital facility to the Parnassus Heights community.
- An additional childcare facility is scheduled to open in mid-2008 on Kirkham Street at Parnassus Heights. Following this opening, the Marilyn Reed Lucia Center on Parnassus Avenue will be converted to an infant care center the first facility for this age group at the Parnassus site.
- Under the leadership of Associate Vice Chancellor Steve Wiesenthal and the UCSF Sustainability Committee, the campus has mounted a multi-pronged effort on behalf of "environmental sustainability," including conservation of energy and water, creation of "green" facilities, and other measures to reduce our "carbon footprint." As an example, this past year the campus saved enough energy to power over 500 homes for one year. That was a good start, but there is much more that can be done, with every member of the campus community playing their part. As a further symbol of commitment to sustainability, UCSF joined the other campuses of the UC in subscribing to the American College and University Presidents Climate Commitment, a pact among more than 280 colleges and universities nationwide to address global warming.
- The transportation program at UCSF, including its far-flung shuttle system and various commuter benefits, has once again earned UCSF recognition as one of the Bay Area's "best workplaces for commuters" by the US Environmental Protection Agency and the Bay Area Quality Management District.
- The public art program at UCSF Mission Bay is flourishing and has been well re-

ceived. In her book art–SITES SAN FRANCISCO, the critic Sidra Stich has described the program as having fostered "the best public art in the Bay area, by far."

#### **UCSF Medical Center**

- The UCSF Medical Center continues to operate at or near capacity, despite the recent addition of several dozen beds, utilizing both Parnassus Heights and Mount Zion. The demand for our services is gratifying, but it is also challenging, putting inordinate stress on our physicians and staff.
- In accord with occupancy, the financial performance of the Medical Center continues to be outstanding.
- Hospital safety has become a nation-wide issue. Our Medical Center continues its vigorous initiatives to address major vulnerabilities in patient care.
- Architectural design continues for new clinical facilities at Mission Bay, including
  hospitals for children, women and oncology patients. The Regents have approved the
  initiative and authorized a campaign to raise \$500 million in private gifts to assist in
  construction. The campaign is being led by a cabinet of volunteers from the private
  community, chaired by Diane B. Wilsey, civic leader and philanthropist.

### **Sundry Initiatives**

- The UCSF Clinical and Translational Science Institute, created last year with the assistance of a more than \$100 million grant from the National Institutes of Health, has been thriving, fueled by the commitment and energy of its Director, Professor Mike McCune and hundreds of participating faculty.
- The UCSF Program in Global Health Sciences continues to mature, under the leadership of Dr. Haile Debas. And it has taken on a new dimension. The UC Office of the President has implemented a study to ascertain whether the program might eventually become the first system-wide school in the history of the UC.
- The multicampus California Institute for Quantitative Biosciences (QB3), headquartered at UCSF under its Executive Director Regis Kelly, received high marks during a recent five year review by a distinguished external panel, assembled by UC Provost Rory Hume.
- The Schools of Medicine and Pharmacy are poised to create the first joint department between two schools in the history of UCSF: the Department of Bioengineering and Therapeutic Sciences.
- The UCSF stem cell program is flourishing with newly recruited faculty and strong extramural support. In particular, UCSF ranks among the largest recipients of grants awarded by the California Institute for Regenerative Medicine (established by the pas-

sage of Proposition 71).

- In the face of a stagnated budget for the National Institutes of Health, the campus has entered into collaborative efforts with individual schools to provide bridge grants to faculty whose grant support has been at least temporarily interrupted. The grants are awarded on the basis of peer review and rigorous assessment of need.
- The campus has used discretionary funds to substantially augment the funding of student mental health services.
- The lack of opportunity for career development ranks among the most common laments from the staff of UCSF. The campus has responded with a new initiative to provide leadership training and other tools for career advancement. The campus initiative will be supplemented by a UC-wide "learning management system" that UCSF is helping to support. For more information, contact Human Resources and Training Development Manager Don Diettinger.

### **Campus Diversity**

- The campus has implemented a ten-point initiative to promote and nurture academic diversity at UCSF. Details can be found at the UCSF Web Site.
- The campus leadership participated in an unprecedented, campus-wide town hall, devoted to a presentation of the objectives of the diversity initiative and status reports from both the academic and staff arenas. The leadership pulled no punches, about either heartening progress to date or the substantial deficiencies that must be rectified.
- We created and filled the position of Academic Diversity Coordinator (see above).
- Planning for increased focus on staff diversity is also well along. An early step will be to create an oversight position analogous to the Academic Diversity Coordinator.
- There is concrete evidence that we can achieve our goals. Here are three examples. In the School of Medicine, 35% of the incoming Class of 2011 is from groups presently underrepresented in medicine, compared with 19% in the Class of 2009. The School of Nursing has increased the fraction of under-represented minorities in its Masters Entry in Nursing Program from 15 % two years ago to 45% in the class that entered this past fall. And the Graduate Division hosts between 55 and 75 undergraduate students from minorities for summer internships each year, ca. 30% of whom later matriculate as graduate students at UCSF.

#### **UCSF** and the Community

• The UCSF School of Medicine has admitted its first students to the Program in Medical Education for the Urban Underserved ("PRIME") – a special five-year track for medical students interested in working with urban underserved populations.

- In an allied effort, UCSF is participating in a UC-wide initiative to exploit telemedicine on behalf of underserved populations. The UCSF portion of the initiative is aimed at the urban underserved. A substantial grant from the State will finance the creation of suitable infrastructure.
- UCSF has worked closely with its various neighbors at Mission Bay from well before we initiated construction of our new campus. As our presence there has grown, however, a more formal alliance has proven necessary. So we have created the UCSF Mission Bay Community Task Force to strengthen communication among three constituencies: UCSF, communities in the vicinity of our Mission Bay campus, and the City and County of San Francisco. The principal objectives are to coordinate the planning of land-use in the area and to assure that UCSF continues to be a responsive partner with its neighbors and the community at large.
- A recent review estimated that the UCSF development at Mission Bay has produced close to 1,000 new apprenticeships and 2,000 new jobs for individuals from economically distressed neighborhoods.

### **Private Support**

- Fiscal year 2006-2007 was a banner year for UCSF in the receipt of private support. The numbers that follow are impressive, but the public approval and confidence that they represent are even more gratifying.
- UCSF received \$252 million in private support during fiscal year 2006-2007 the second largest sum in the history of the campus, a 25% increase over last year, and the eighth consecutive year in which UCSF received more than \$200 million in private support.
- The past year also featured individual gifts of unprecedented magnitude, including an anonymous gift of \$150 million to support the UCSF Helen Diller Family Comprehensive Cancer Center, and a \$50 million gift from Atlantic Philanthropies for cardiovascular research at Mission Bay. The anonymous gift for the Cancer Center is the largest from a single individual in the history of UCSF, among the largest in the history of the UC as a whole, and the largest anonymous gift to higher education in the United States during fiscal year 2006-2007.

#### **Conclusion**

The San Francisco Chronicle paid UCSF a rare and welcome compliment in April of last year by calling our Mission Bay campus "a great California success story." In reality, we all know that the entire institution is a success story of the first order. Forty years ago, when I informed friends on the East Coast that I would be taking a faculty position

at UCSF, they purported not to know that there was a medical school, let alone an entire health science campus, in San Francisco. Oh, how times, people and institutions have changed! It is now not even remotely possible that an aspiring young academician would encounter the response I heard to the name of UCSF. We are among the premier institutions of higher education on the planet, a stature that should evoke great responsibility more than it should evoke pride. Can we sustain our excellence and momentum in the face of declining state and federal support? Can we compete with private universities and their billion-fold endowments? I believe so, and I have nearly 20,000 reasons to sustain that belief – the individuals of the UCSF workforce. Each of us has a role to play, as we pursue the UCSF mission of advancing health worldwide. Keep up the good work, and Happy New Year!

Sincerely,

J. Michael Bishop, M.D. Chancellor Arthur and Toni Rembe Rock Distinguished Professor

January 13, 2009

#### Dear Colleagues:

Four years into my tenure as chancellor, I abandoned the traditional "state of the campus" address. Attendance at my addresses had been poor, as it had been for previous chancellors. Moreover, the occasions lent themselves to distractions: my first year on the podium, the audience included vociferous demonstrators against animal research; another year, the event was waylaid by labor issues. It seemed to me that the addresses were not serving the purpose for which they were intended. So I began the practice of sending annual reports to the entire campus community by email at the turn of each calendar year. It was my ambition to reach everyone at UCSF, although I probably have not achieved that to this day.

Now I file my last annual report as chancellor. My message will contain much to be pleased about, but hanging over us is a financial crisis that will color everything we do for some time to come. I have addressed that crisis and UCSF's response to it in a message to the campus sent just before the holidays (see http://pub.ucsf.edu/today/cache/feature/200812232.html), and there will be more communications about our budget in the near future. So I will greet the New Year by featuring some of the less onerous news from the past twelve months at UCSF.

### **Campus Stature**

- UCSF fared well once again in the annual rankings of research institutions by U.S. News and World Report. Our School of Pharmacy placed first in the nation, our School of Nursing second, our School of Medicine fifth (albeit second in "peer esteem," and first among public schools), and our Medical Center seventh. In a manifestation of its breadth of excellence, the School of Medicine ranked in the top ten in 23 of 25 categories, ranging from primary care to structural biology. Rankings were not reported for Schools of Dentistry, but rest assured, ours would have been number-one.
- Our Schools of Dentistry, Nursing and Pharmacy were all first in the nation in receipt
  of NIH funding; the campus as a whole and the School of Medicine both ranked third,
  and first among all public institutions. This was the School of Pharmacy's 29th consecutive year in first place, the School of Dentistry's 18th consecutive year.
- Further evidence that we are a formidable research engine came from the National Science Foundation, which reported that total expenditure on research and development by UCSF was second in the nation among all universities and research institutes, up from fifth the year before. Our expenditures increased by \$47 million, in the face

of constraints on the NIH budget and a weakening economy – a manifestation of the entrepreneurial spirit at UCSF.

- With the School of Nursing in the lead, UCSF received its second large grant (\$6.5 million) from the Gordon and Betty Moore Foundation in support of the Integrated Nurse Leadership Program.
- The School of Dentistry received a grant of \$24.4 million from the NIH to address socio-economic and cultural disparities in dental health among children.
- UCSF faculty at the San Francisco Veteran's Administration Hospital continue to comprise the largest research enterprise in the national VA program.

#### Laurels

Our faculty once again distinguished itself with outstanding achievements. The following is only a representative sampling of this year's many laurels.

- Ken Dill of the School of Pharmacy was elected to the U.S. National Academy of Sciences. UCSF now has 32 faculty who are members of the Academy.
- Thomas Bodenheimer, Douglas Hanahan, Arnold Kriegstein and Michael Merzenich were elected to the Institute of Medicine, bringing the number of UCSF faculty who are members of the Institute to 79.
- Fred Cohen, Allison Doupe, Steve Lisberger and Louis Ptáček were elected to the American Academy of Arts and Sciences. Fifty-one UCSF faculty are now members of the Academy. Also elected was Brook Byers, long-standing member of the UCSF Foundation and its Board, and stalwart supporter of UCSF – the QB3 research building at UCSF Mission Bay bears his name.
- Elizabeth Blackburn received several distinguished awards, including the Albany Medical Center Prize in Medicine and Biomedical Research (shared with Joan Steitz of Yale University) – America's largest medical prize; the L'Oreal-UNESCO Award for Women in Science, given to one woman from each of five continents; and the Paul Ehrlich and Ludwig Darmstaedter Prize (shared with her former student, Carol Greider, now at Johns Hopkins University) – Germany's largest scientific prize.
- Joe DeRisi received the Heinz Award in recognition of his pioneering work in the new science of genomics and its application to health care.
- The Protein Society honored two UCSF faculty with distinguished awards for their pathbreaking work on proteins and their functions: Peter Walter received the Stein and Moore Award; and Robert Stroud, the Hans Neurath Award.

- Shinya Yamanaka received the prestigious Shaw Prize for his remarkable work in stem cell biology. Dr. Yamanaka divides his time between the J. David Gladstone Institute, where he is a member of the UCSF faculty, and Kyoto University.
- Psychologist Tonie Heineman received a national Purpose Prize for creating A Home Within, a nonprofit that matches volunteer therapists with foster youth.
- Having recently completed twelve years as President of the National Academy of Sciences, Professor Bruce Alberts was named Editor of Science magazine, the influential and most widely read journal of science in the world.
- The California Institute for Quantitative Biosciences (QB3) and the J. David Gladstone Institute jointly received the 2008 "Economic Development Award" from the San Francisco Chamber of Commerce. The award recognizes outstanding contributions to economic development in San Francisco. QB3 is a collaboration among UCSF, UC Berkeley and UC Santa Cruz, headquartered at UCSF Mission Bay. The Gladstone Institute is a private research enterprise, formally affiliated with UCSF and located adjacent to our campus at Mission Bay.
- The Scientist magazine ranked UCSF 12th in its national survey of "Best Places to Work" for scientists. The J. David Gladstone Institute ranked first. The only other UC campus in the top forty was UCLA.
- With the guidance of UCSF faculty members Wendell Lim and Hana El-Samad, and a
  number of postdoctoral fellows and graduate students, a team of students from Abraham Lincoln High School in San Francisco won top awards for the second consecutive
  year in the International Genetically Engineered Machine competition, held at the Massachusetts Institute of Technology. The UCSF team was competing with older students
  from colleges or universities, which makes its success all the more remarkable.

#### Leadership

• The UCSF campus leadership is in transition. I will step down as Chancellor as of June 30, 2009. Senior Vice Chancellor Steve Barclay retired this past July and is now back on part-time recall as Senior Vice Chancellor for Resource Management and Capital Programs. Randy Lopez is serving as Interim Vice Chancellor for Financial and Administrative Services. Jim Asp resigned as Associate Vice Chancellor for University Development and Alumni Relations to take a position at the Brigham and Women's Hospital in Boston. Mike Irwin, Executive Director of Financial Services and Administration in our Development Office, has stepped in to serve as Interim Associate Vice Chancellor. Steve Wiesenthal resigned as Associate Vice Chancellor for Capital Programs and Facilities Management and moved to the University of Chicago. His duties have been divided between Stella Hsu, Associate Vice Chancellor, Campus

Life Services and Facilities Management; and Michael Bade, Interim Assistant Vice Chancellor for Capital Programs and Campus Architect. I am grateful to all those individuals who have taken on extra duty, assuring stable and capable leadership during the transition to my successor as chancellor.

- John Featherstone was appointed Dean of the School of Dentistry, after serving ably as Interim Dean for more than one year.
- The School of Medicine continues to thrive under the leadership of Interim Dean Sam Hawgood. I have deferred appointment of a new Dean until my successor has been named and can participate in the selection process. I am grateful to the search committee for its hard work over the past ten months and look forward to its continuing counsel until the selection process has been concluded.
- UCSF has reestablished the position of Vice Chancellor for Research, but has yet to recruit an individual suitable for the position. Jeff Bluestone is generously serving as Interim Vice Chancellor while the search continues.

#### **Celebrations**

- The Annual Founders Day Banquet attracted a record attendance of nearly 600. UCSF Medals were awarded to Willie Brown, former Speaker of the California Assembly and former Mayor of San Francisco; Warren Hellman, distinguished financier and philanthropist; Janet Rowley, a pioneering cancer researcher; and Eugenie Scott, a renowned advocate for science education, and in particular, the teaching of evolution.
- At a ceremony held in Saunders Court, UCSF announced a gift of \$25 million from the Eli and Edythe Broad Foundation to help fund the construction of a building to house stem cell research at Parnassus Heights. The ceremony featured the first official visit to UCSF by Governor Arnold Schwarzenegger. He was joined by Mr. and Mrs. Broad; Robert Klein, Chair of the California Institute for Regenerative Medicine, which had previously awarded UCSF \$34 million towards construction of the building; Ray and Dagmar Dolby, whose gift of \$16 million several years ago initiated fundraising for the building; Chairman of the UC Regents Richard Blum; and UC President Mark Yudof. In recognition of the Broad gift, the UCSF Institute for Regeneration Medicine will be renamed the Eli and Edythe Broad Center of Regeneration Medicine and Stem Cell Research. The Center will comprise 125 research groups, 25 of which will be housed in the new building.
- The legendary Ward 86 at the San Francisco General Hospital celebrated its 25th anniversary and was featured in media coverage of World AIDS Day. Ward 86 is the oldest AIDS outpatient clinic in the world, and is renowned for its pioneering care of individuals with AIDS.

#### **Academic Initiatives**

Innovation is a constant in the academic life of UCSF. Here are a few examples from the past year.

- The School of Medicine launched a major curricular initiative known as "Pathways to Discovery," to provide students with the opportunity for in-depth training in any of five focus areas. The School's new Department of Emergency Medicine, chaired by Michael Callaham, admitted its first class of postgraduate trainees this past autumn.
- The Schools of Medicine and Pharmacy are awaiting final approval of their joint Department of Bioengineering and Therapeutic Sciences, which will be the first interschool department in the history of UCSF co-chaired by Kathleen Giacomini and Sarah Nelson.
- The School of Pharmacy established two new Centers, one for Translational and Policy Research for Personalized Medicine, the other for Medication Outcomes.
- The first students for the new masters degree in Global Health Sciences matriculated in the autumn of 2008.
- Professor Haile Debas, former Dean of the School of Medicine and Chancellor, and now Executive Director of Global Health Sciences at UCSF, is spearheading an initiative to create a multicampus School of Global Health within UC. The initiative recently received a \$4 million planning grant from the Bill and Melinda Gates Foundation.

### **Faculty Life**

- Two more rounds of leadership training in collaboration with the Coro Center for Civic Leadership were completed, bringing the number of faculty who have participated in the program to 94. (Two leadership programs directed towards staff also have been established: the Leadership Academy and the Leadership Institute.)
- Our faculty development program held several well-attended sessions on leadership, negotiating, financial management, and academic advancement.
- The campus-sponsored mentoring program is now well established, with career mentors assigned to virtually all new and junior faculty.
- Welcoming Week for new faculty was expanded and strengthened, to good effect.
- Biographies of new faculty are now routinely posted on the UCSF website at monthly intervals.

#### **Student Academic Affairs**

- The campus implemented several improvements in student services, including: a new online course schedule; wireless access in Parnassus Heights classrooms; online payment of student fees; electronic transfer for all financial aid; a new lecture-capturing system; and approval of a common academic calendar, to be implemented for the academic year 2009-10.
- Beginning this past fall, students were given the opportunity for the first time to waive university-provided health insurance if they possess comparable health insurance through a job, parent, spouse or partner.
- The School of Pharmacy's Doctor of Pharmacy Program was reaccredited, with high praise.

#### **Facilities**

- The Helen Diller Family Comprehensive Cancer Center Research Building at Mission Bay is due to open in the coming spring. The building will make possible a doubling of scientists studying cancer at UCSF.
- Construction of the cardiovascular research building at Mission Bay is proceeding well and on schedule for completion in late 2010.
- The site for the new stem cell research building behind the Health Science research towers at Parnassus Heights has been cleared and the first stirrings of construction are evident. The building is scheduled for completion by 2010.
- Ground was broken for construction of a building at Mount Zion to house the Osher Center for Integrative Medicine and facilities for the Division of General Internal Medicine.
- Construction has begun to transform the second floor of the Kalmanowitz Library into a learning center that will focus on delivery of health care to underserved populations.
- A new childcare center is under construction on Kirkham Street behind the School of Dentistry, with opening scheduled for the Fall of 2009. The Lucia Childcare Center on Parnassus Avenue will then be converted to an infant care center, an urgent need at UCSF.
- Our Development Office has moved from its previous quarters to newly renovated (and less expensive) space at 220 Montgomery Street.
- The campus established a Chancellor's Advisory Committee on Sustainability to augment UCSF's efforts at reducing its environmental footprint.

Passage of two important ballot initiatives in the recent November elections will benefit health care provided by UCSF faculty and staff: California Proposition 3, which will provide capital funds for children's hospitals throughout California (UCSF's share will be \$39 million); and San Francisco Proposition A will provide nearly \$900 million towards construction of a new San Francisco General Hospital.

#### **UCSF Medical Center**

- Demand for services continued to grow, setting a new record for inpatient census and keeping operations near or at capacity throughout the year a taxing circumstance for staff, nurses and physicians alike. The Medical Center enjoyed another year of strong financial performance.
- The UC Regents have approved the environmental impact report, architectural design and construction budget for clinical facilities at UCSF Mission Bay, which will include hospitals for children, women and cancer patients.
- Development began for a new UCSF Orthopaedic Institute in a facility adjacent to the Mission Bay campus.
- Improvements in information technology within the Medical Center were recognized by the GE Customer Innovation of the Year Award, and selection as a partner by GE to develop the next generation of clinical information systems.

#### **UCSF** and the Corporate World

- UCSF continued its efforts to improve interactions with the corporate world. These efforts have been rewarded with a 135% increase in corporate funding of research at UCSF over the past three years, to a yield this past year of \$110 million. But augmented revenue is only part of our purpose. We also wish to facilitate the translation of fundamental discoveries into benefits for health care, a translation that can be greatly enhanced by cooperative interactions between academia and the corporate sector.
- In a further manifestation of our progress, the San Francisco Business Times praised our "culture of cooperation" and featured a recently approved master agreement that facilitates collaborations between scientists at UCSF and Genentech. A senior officer at Genentech told the Business Times that he would like to see "other universities adopt a similarly enlightened approach.
- UCSF and the Pfizer pharmaceutical company entered into a three-year agreement that
  will provide up to \$9.5 million in funding for early stage research that might eventually
  lead to new therapeutics or other biomedical tools.
- The American Medical Student Association recently graded 150 U.S. medical schools

on their conflict of interest policies. UCSF was one of only seven schools that received an A (UCLA and UC Davis were among the others), and only 15% of the schools received a B or better. Forty percent got an F.

## **Planning**

- UCSF unveiled a new Strategic Plan last year. A progress report on implementation of recommendations in the plan was published last month and can be found at http://strategy.ucsf.edu/.
- The steady expansion of UCSF in the Mission Bay neighborhood has led us to cooperate with the local community in developing a set of Planning Principles, designed to mitigate concerns about the impact of our expansion. The scope and specificity of the principles are exceptional among UC practices. The Principles were approved by the UC Regents as an amendment to our Long Range Development Plan.
- The School of Pharmacy completed and released a five-year strategic plan entitled "Pressing Ahead in New Directions."

## **Information Technology**

- There is hardly any aspect of information technology (IT) that has not needed improvement at UCSF. The campus leadership is acutely aware of the deficiencies and how important it is to remedy them. We have made substantial investments in IT over the past decade, but are still far from achieving state-of-the-art. The principal limitation has been financial resources.
- A select advisory committee composed of faculty and staff recently reported on the need to invest further in IT. Among its major recommendations: a recharge system that would generate sufficient funds to rectify the deficiencies. A newly formed Data Services Recharge Committee is developing plans to act on that recommendation. Recharges for IT support are commonplace among UCSF's peer institutions, both within UC and at other universities.
- Meanwhile, scrutiny and actions addressed to IT security were augmented during the
  past year; a new campuswide online procurement system was implemented; installation of wireless capability was completed at Parnassus Heights and the Mission Center
  Building, and is underway at Mission Bay and Laurel Heights; and construction was
  initiated for both a new voice and data network across the multiple UCSF sites, and a
  new campus data center.

## **Diversity**

- The UCSF ten-point diversity initiative is entering its third year. Objectives of the initiative are available at http://pub.ucsf.edu/today/news.php?news\_id=200702281 and progress on diversity issues is addressed in the strategic plan progress report at http://strategy.ucsf.edu/.
- UCSF is making slow but steady progress in diversifying its senior leadership, which
  now includes six females and five minorities among the group represented by the
  Chancellor, Executive Vice Chancellor and Provost, Vice Provosts, Senior Vice Chancellors, Vice Chancellors, Associate Vice Chancellors and Deans. White males now
  comprise less than half of this group, although they remain a slight majority among the
  most senior positions.
- UCSF is now among the top tier of U.S. universities in the representation of women on its faculty.
- UCSF was cited as a "model institution" for diversity practices by the Minority Access 9th National Role Model Conference.
- The campus launched an online system that has greatly improved assessment of the pool in faculty searches.
- The Academic Outreach Program completed an inventory of all UCSF outreach programs and made recommendations for how the programs might be strengthened and better coordinated.
- The School of Medicine was cited by an independent study as the most improved among all UC medical schools for diversity among its student body.
- The campus unveiled a large mural that celebrates the many forms of diversity. Designed and executed by the San Francisco artist Juana Alicia, the project was initiated by the Chancellor's Advisory Committee on Diversity and supported by chancellor's funds.

## **Private Support**

- Fiscal year 2008 was a banner year for philanthropy at UCSF, with a yield of \$366 million in cash from private sources by far the largest amount ever raised by UCSF in a single year and an 82% increase since 2006. UCSF received nearly 35,000 gifts. Private support for UCSF now exceeds the funds received from the state budget.
- Highlights for the year included two contributions for construction of our stem cell research building \$34 million from the California Institute for Regenerative Medicine, and \$25 million from the Eli and Edythe Broad Foundation, as described above; an \$18

million bequest from Kenneth Rainin to support research on inflammatory bowel disease; and a \$10 million gift from the Charles and Helen Schwab Foundation to establish a new Center for the Prevention of Heart and Vascular Disease.

- Receipts during the first quarter of the current fiscal year were even higher than last year's record pace, but realism dictates that we anticipate a decline as the year proceeds and the economic slump continues.
- UCSF leads the UC system in dollars raised per FTE in the Development Office the figure is roughly twice that achieved by any other UC campus. Accordingly, our cost of seven cents per dollar raised is well below the systemwide or national mean.

#### Conclusion

I had been on the UCSF faculty for thirty years when I assumed the chancellorship in 1998. I had known and worked closely with the last three of my predecessors. Yet I took office less than certain about what to expect of the job. The truth of the matter is that no reasonable expectation could have prepared me for the ensuing metaphorical "surprise a minute." Some of the surprises have been exhilarating, others unwelcome.

How could it be otherwise? UCSF has more than 18,000 employees and ranks among the top ten of all U.S. public universities in its operating budget. The expectations and values that animate the place are extraordinary, but so are the possibilities for mishap and mischief. The saving grace is that we succeed much more often than we fail, and in doing so, we set an example that is admired around the globe.

I may not have known what to expect of the chancellorship, but I thought I knew UCSF well after thirty years on the faculty. I was wrong about that. The last ten years have revealed many facets of UCSF that I had not previously encountered, each of which contributes to our prowess as a place of discovery, learning and healing. And I have met numerous individuals whose commitment to UCSF and pride in working here are remarkable. There are many more like them whom I have not met and – to my great regret -- will now probably never meet.

I am occasionally asked what I have liked most about the job of chancellor. My inevitable answer is "the people," both those with whom I have worked directly and those countless others whom I could only admire from a distance or in passing. I thank you all for your service to UCSF, and for helping to make my experience as chancellor both stimulating and gratifying. Happy New Year!

Sincerely, J. Michael Bishop, M.D. Chancellor Arthur and Toni Rembe Rock Distinguished Professor

January 19, 2010

Dear Colleagues: We had many successes to celebrate in 2009 and have much to look forward to in 2010. I am proud of our efforts to be the best and take this opportunity to share some of our achievements. I also would like to thank each one of you for all that you have done to make UCSF the outstanding institution that it is today.

## Excellence

U.S. News & World Report's 2009 rankings once again affirmed UCSF's excellence in patient care and education:

- UCSF Medical Center ranked among the nation's top hospitals, retaining its place as seventh best hospital in the country and the best in Northern California. We have been in the top ten for nine consecutive years.
- UCSF Children's Hospital ranked among the best children's hospitals in nine of the ten pediatric specialties that were rated.
- UCSF School of Medicine ranked fifth among all medical schools in the nation. It also placed among the top ten in all of its clinical specialty programs that were ranked in the new survey.
- U.S. News surveys nursing and pharmacy school programs, but not on an annual basis, and does not conduct a survey of dental schools. In the most recent surveys, the UCSF School of Nursing ranked second and our School of Pharmacy ranked first. I echo former Chancellor Bishop's assessment of the School of Dentistry—ours would be number one if it were ranked.

According to figures released by the National Institutes of Health (NIH) in 2009, UCSF was the second largest recipient of research support in 2008, up from third in 2007. We ranked first among public institutions. UCSF Schools of Dentistry, Nursing and Pharmacy all received the greatest total NIH dollars in their fields, as they have consistently in recent years. Our School of Medicine ranked second in nation and first in California. This marks the 29th year that the School of Pharmacy has ranked first and the 17th year that the School of Dentistry has held the top position. This is the sixth year that the School of Nursing has ranked first.

According to National Science Foundation data, UCSF ranked second among all U.S. universities—and first among public universities—in total research and development expenditures.

UCSF and the UCSF-affiliated J. David Gladstone Institutes were named among the top ten "Best Places to Work" in U.S. academia, according to The Scientist magazine's 2009 ratings.

Our exceptional faculty members continue to receive national and international acknowledgement for their impact on the health sciences. With far too many accomplishments to list, here are a few:

- Elizabeth Blackburn won the Nobel Prize in Physiology or Medicine.
- Shinya Yamanaka won the Lasker Award for stem cell research. Dr. Yamanaka divides his time between the J. David Gladstone Institute, where he is a member of the UCSF faculty, and Kyoto University.
- Douglas Hanahan, John Sedat, Kevan Shokat, Michael Stryker and Jonathan Weissman were elected to the National Academy of Sciences.
- Deborah Grady, Lawrence Green, Michael Harrison, Sam Hawgood and Roger Nicoll were elected to the Institute of Medicine.
- Abul Abbas, Nancy Adler, David Agard, and Patrick O'Farrell were elected to the American Academy of Arts & Sciences.
- Peter Walter was one of only five recipients of the prestigious Gairdner International Award for 2009, which recognizes researchers who have made significant achievements in medical sciences.
- Kathy Dracup received the Marguerite Rodgers Kinney Award for a Distinguished Career, one of the highest honors conferred by the American Association of Critical-Care Nurses, for her four decades of outstanding contributions to critical care.

#### Patients/Health

Progress continued at full speed during 2009 toward creating a world class, integrated clinical and research campus at Mission Bay to complement our existing facilities and patient care sites.

- UCSF received a \$125 million gift for our campaign to build a children's, women's specialty and cancer hospital complex at the Mission Bay campus.
- The San Francisco Board of Supervisors approved a resolution that allows for the operation of a helipad at the new medical center.
- The UCSF Orthopaedic Institute, our first clinical service at Mission Bay, opened in October.

In addition to the exemplary U.S. News & World Report rankings that I have already mentioned, recognition of the quality of our patient-centric care continues to come in many forms. Here are just a few examples:

• UCSF Medical Center was named the winner of the 2009-10 "Consumer Choice Award" for hospitals in San Francisco by the National Research Corporation, a major

health care performance research firm. For the fifth time, local consumers rated us as the number one choice for quality health care among all hospitals.

- UCSF Medical Center received a perfect score in the 2009 Healthcare Equality Index, which rates health care facilities and practices related to the LGBT community.
- Decision Services, a program at UCSF's Carol Franc Buck Breast Care Center at Mount Zion that helps patients navigate through difficult treatment decisions, was selected as a national model of care by the Mayo Clinic Center for Innovation.

## Discovery

Major building projects completed in 2009, and those continuing into 2010, will provide the necessary space and resources to enable increased collaboration between our world-class researchers and clinicians.

- UCSF officially opened the Helen Diller Family Cancer Research Building on the Mission Bay campus in June.
- Construction of the cardiovascular research building at Mission Bay is on schedule for completion in late 2010.
- The building behind the Health Sciences towers that will be the headquarters for The Eli and Edythe Broad Center of Regeneration Medicine and Stem Cell Research at UCSF is on schedule for completion in 2010.
- At the January Regents meeting, the campus will seek approval of the funding and financial plans for the Neurosciences Laboratory and Clinical Research Building. It will be the sixth research building at Mission Bay and will accommodate wet lab space and a clinical research facility.

#### Education

UCSF's reputation for academic excellence is linked to our ability to attract and retain quality students, trainees and faculty. Rising student fees remain a serious concern. To address this issue, we:

- Increased student financial support by 20 percent from \$96 million in 2007-08 to \$115 million in 2008-09. Grant/fellowship funds increased from \$46 million to \$53 million.
- Assisted professional students with the mid-year fee increase by providing additional financial support for the 1,408 students who currently receive financial aid. The Schools of Medicine and Nursing paid for the entire \$579 fee increase and the Schools of Dentistry and Pharmacy provided \$200. Those dentistry and pharmacy students who have difficulty paying the \$379 balance have access to loans.
- Continued systemwide collaboration to institute a UC-wide student health insurance

program to enhance benefits and stabilize rates.

In addition, I am working with Vice Chancellor Carol Moss and Vice Provost Joe Castro on a fundraising initiative for student aid.

## <u>People</u>

We have made significant progress on building the senior leadership team. I look forward to completing the remaining open recruitments necessary to fill key leadership positions in 2010. Appointments made to the leadership in 2009 included: Vice Chancellor of Development and Alumni Relations Carol Moss, Dean of the School of Medicine and Vice Chancellor for Medical Affairs Sam Hawgood and Senior Vice Chancellor of Finance and Administration John Plotts. In addition, Vice Provost of Academic Affairs Sally Marshall agreed to serve as interim executive vice chancellor and provost (EVCP) while I search for a permanent successor to EVCP Washington.

The search committee for the EVCP, which I will chair, will begin reviewing applications and nominations this month. The search committee for the dean of the School of Nursing, which Dean Sam Hawgood is leading, will select a search firm by the end of this month and then begin the recruitment process in February. Links to the membership of the respective committees are available at http://chancellor.ucsf.edu/committees/adhoc/contents.htm. Questions about either recruitment may be directed to Assistant Chancellor Deborah Brennan.

I also am pleased to report that Vice Provost of Student Academic Affairs Joe Castro has agreed to assume additional responsibilities effective this month. He will lead a number of initiatives that support campus priorities related to education (including infrastructure, student financial support and inter-professional education), outreach and diversity, and community engagement. For these initiatives, he will report directly to me.

Finally, the Chancellor's Advisory Committee on Academic Diversity has established an important new subcommittee, co-chaired by Vice Provost Joe Castro and Director of Academic Diversity Renee Navarro, to analyze the many recent reports that call for the establishment of various offices to enhance outreach and diversity. The subcommittee will develop a single, consolidated proposal by this spring.

#### Business

The Chancellor's Administrative and Operating Efficiencies Work Group, co-chaired by Interim Vice Chancellor Randy Lopez and School of Medicine Vice Dean Michael Hindery, has set a target of the end of March to present its recommendations on how to realize cost reductions in the range of \$28 to \$40 million beginning in fiscal year 2010-11. The membership of the work

group is available at http://chancellor.ucsf.edu/committees/adhoc/AdminOpEfficiencies/contents. htm.

I will seek input on the work group's recommendations from the Executive Budget Committee and a small steering committee of external business advisors, led by David Ebersman, Facebook CFO and former Genentech CFO. We are fortunate to be able to tap into such external talent.

#### Recent events

I feel compelled to comment on the recent events in Haiti. The disaster there has many of us asking how we can help, so please be sure to see the information available at http://today.ucsf. edu/stories/ucsf-provides-information-on-how-to-help-haiti/. I am grateful for the efforts of the UCSF community to assist in the international response to this crisis.

#### Conclusion

During my brief tenure as Chancellor, it has been suggested to me that I assumed this position during a time of unprecedented challenges. While there undoubtedly will be many demands for all of us to face this year, this also is a time of tremendous opportunity. I find many reasons for optimism given the passion and the talent on our campus. I remain inspired about our collective ability to innovate and contribute to delivering on our mission of advancing health worldwide.

It is a privilege to serve as your Chancellor, and I am confident that working together we will achieve amazing things in the coming year. Best wishes to all of you for a happy and healthy 2010.

Sincerely,

Susan Desmond-Hellmann, M.D., M.P.H. Chancellor Arthur and Toni Rembe Rock Distinguished Professor

UCSF Chancellor Sue Desmond-Hellmann released a video message citing this year's accomplishments in advancing the University's top three priorities – patient care, discovery and education:

 $http://www.youtube.com/watch?v=ZQkE\_2PNtk4$ 

#### A

Abbas, Abul K. 19, 21, 669, 970

Abby, Susan 838

Abel, Daniel 340

Abelson, John N. 21

Abraham Lincoln High School 961

Abrams, Donald I. 209

Academic Senate 121, 155, 168, 177, 178, 179, 182, 923, 929, 932

Adams, Dale W. 838, 840

Adams, Michael B. 12, 324, 376

Adler, Josh 880, 881

Adler, Nancy E. 19, 22, 734, 970

Adler, Shelley 745

Administrative Services 427

Affiliated Colleges 125, 126, 127, 129, 131, 133, 134, 136, 138, 141, 142, 150, 152, 182

Agabian, Nina 729

Agard, David A. 18, 21, 914, 951, 970

Aguayo, Leslie 387

AHEC 201

AIDS. See under Diseases

AIDS Research Institute. See under Institutes

Albert Lasker Award for Basic Medical Research. See under Awards

Alberts, Bruce 18, 21, 961

Alden, Heather 327

Alicia, Juana 929, 936, 967

Alldredge, Brian K. 838, 840

Altschule, Mike 456

Alzheimer's Disease. See under Diseases

Ambulatory Care Center 188, 190

AMC Strategies, LLC 25, 467, 937

American Academy of Arts & Sciences. See under Associations

American Academy of Nursing. See under Associations

American Association for the Advancement of Science. See under Associations

American Association of Colleges of Pharmacy. See under Associations

American Association of Dental Schools. See under Associations

American Cancer Society. See under Societies

American Dental Association. See under Associations

American Legacy Foundation. See under Foundations

American Medical Student Association. See under Associations

Amgen Foundation. See under Foundations

Ammann, Arthur 208

Anderson, Courtney 300

Anfinson, Adele 367

Anicetti, Irene 324

Antrum, Sheila 794, 880, 881

Area Health Education Center (AHEC) 190

Arenson, Ronald L. 708

Arthritis Foundation. See under Foundations

Artiga-Diaz, Nelson 472

Artiga, Nelson 470

Arts & Events 399

Ascher, Nancy L. 19, 714

Asp, James 931, 945, 961

Assemi, Mitra 838

Associate Vice Chancellor - Student Academic Affiars 367

Association of American Medical Colleges (AAMC). See under Associations

Association of American Physicians. See under Associations

Association of Collegiate Schools of Nursing. See under Associations

Associations

American Academy of Arts & Sciences 21, 512, 917, 921, 925, 926, 933, 952, 960, 970

American Academy of Nursing 940

American Anthropological Association 530

American Association for the Advancement of Science 917, 921

American Association of Colleges of Pharmacy 159, 940

American Dental Association 157, 926

American Medical Student Association 965

Association of American Medical Colleges (AAMC) 925

Association of Collegiate Schools of Nursing 155

California Nurses Association 138

Atlantic Philanthropies. See under Foundations

Attkisson, C. Clifford 213, 217

Autry, Susan 333, 736

Awards

Albany Medical Center Prize in Medicine and Biomedical Research 960

Albert Lasker Award for Basic Medical Research 207

Christiane Reimann Prize 925

Economic Development Award 961

Episteme Award 933

Flexner Award 926

Gairdner International Award 970

GE Customer Innovation of the Year Award 965

Hans Neurath Award 960

Heinz Award 960

Herbert W. Nickens Prize 926

Lasker Award 23, 939, 970

L'Oreal-UNESCO Award 960

Marguerite Rodgers Kinney Award 970

Nobel Prize 16, 145, 205, 207, 212, 304, 970

Paul Ehrlich and Ludwig Darmstaedter Prize 960

Peter Gruber Prize in Genetics 939

Peter Gruber Prize in Neuroscience 940

Pollin Prize in Pediatric Research 933

Purpose Prize 961

Royer Award 933

Shaw Prize 961
Stanley Korsmeyer Award of the American Society for Clinical Research 940
Stein and Moore Award 960
Volwiler Research Achievement Award 940
Warren Triennial Prize 304
Wiley Prize in Biomedical Science 939
Aweeka, Francesca 729

#### B

Bade, Michael 12, 394, 414, 962 Bagot-Lopez, Barbara 456 Bailey, June 179 Bain, Catherine 794, 796 Bainton, Dorothy (Dee) 19, 920

Balestreri, Kathleen (Kathy) 218, 880

Balkenhol, Stephan 936 Barber, Diane 470

Barbour, Jason D. 729

Barclay, Steve 11, 395, 961

Baron, Bobby 506

Barondes, Samuel H. 19

Barrows, David P. 152, 153, 160, 183

Barrows, Kevin 745

Basbaum, Allan I. 19, 21, 23, 524

Baxter, John D. 18, 19

Beckett, F. A. 125

Behr, Herman H. 110, 120

Belding Schribner Award. See Under Awards

Bellevue. See under Medical Centers

Bell, H. Glenn 164

Benet, Leslie 19, 925

Bennett, Leslie 175, 182, 184

Berger, Mitchel S. 626

Berg, Sharon 557

Berkeley 301

Bernard Osher Foundation. See under Foundations

Bertolami, Charles N. 213, 217

Betbeze, James 470

Biddle, H. C. 159

Bill and Melinda Gates Foundation. See under Foundations

Binder, Renee 12, 324, 379, 506, 689

Biomechanics Laboratory 204

Biomedical Sciences Program (BMS) 557, 926

Bird, William F. 470, 475, 498

Bishop, J. Michael. See under Chancellors

Black Bulletin 189

Blackburn, Elizabeth 16, 17, 18, 19, 21, 23, 215, 925, 937, 939, 940, 945, 960, 970

Black Caucus 189 Black, Dennis 564

Bluestone, Jeffrey A. 10, 11, 12, 21, 324, 325, 962

Blum, Richard 962

Bodenheimer, Thomas 19, 960

Bole, Kristen 456

Boone, Mark 12

Booth, Howard S. 781

Bourne, Henry R. 18, 19, 21

Boyer, Herbert 18, 21, 23, 204, 206, 925

Brain Tumor Research Center 204

Braveman, Paula A. 19

Brear, Sheila 470

Brennan 10

Brennan, Deborah 11, 12, 300, 972

Brigg, LeRoy 164

Brigham and Women's Hospital. See under Medical Centers

Brindis, Claire D. 786

Broad, Edythe 962

Brodskey, Francis M. 771

Brown, Adelaide 118, 145

Brown, Charlotte Amanda Blake 118

Brown, Willie 962

Brunn, Harold 164

Bryan, Edith 154, 168, 178, 179

Buchbinder, Susan 729

Budd, James H. 124

Budget and Resource Management 1, 417

**Buildings** 

Arthur and Toni Rembe Rock Hall 215

Byers Hall 215, 934, 942

Cancer Research Building, Helen Diller Family 216, 927, 945, 946, 953, 964, 971

Cardiovascular Research Institute Building (17 A/B) 3, 266

Clinics Building 193

Community Center at Mission Bay 916, 921, 927, 933, 947, 953

Donohoe Building 122, 126, 132, 134

Genentech Hall 215, 916, 921, 927, 928, 947

Health Science East and West 193

Medical School building 138, 140

Medical Sciences Building 177, 180, 181, 185, 190, 193, 195

Millberry Union 185, 188

Neurosciences Research Building (19A) 3, 266

School of Dentistry building 193

School of Nursing building 193

Toland Medical Building 119, 122, 123

University Hall 921, 927

University House 193

Bunker, Mary F. 669 Busch, Michael 729 Business Contracts (BC) 424 Business Week. *See under* Publications Butter, Karen 12, 219, 324, 363 Byers, Brook 934, 960 Byers Hall. *See under* Buildings

#### $\mathbf{C}$

Caffey, Marie 379, 689

Calarco, Patricia 10, 12, 213, 217, 324, 358, 952

California Academy of Sciences 120, 301

California Institute for Quantitative Biomedical Research (QB3). See under Institutes

California Institute for Quantitative Biosciences (QB3). See under Institutes

California Institute for Regenerative Medicine. See under Institutes

California Institute of Science and Innovation (Cal ISI). See under Institutes

California Medical Association (CMA). See under Associations

California Nurses Association. See under Associations

California Pacific Medical Center. See under Medical Centers

California Pharmaceutical Society. See under Societies

California Poison Control System 212

California School of the Deaf 191

California State Journal of Medicine. See under Publications

Callaham, Michael A. 19, 593, 951, 952, 963

Cameron, Kathleen 219

Campbell, William W. 153, 160, 161, 162, 183

Campus Events Calendar 297

Campus Life Services 282, 399

Campus Procurements (CP) 424

Campus Sites

China Basin 708, 709

Laurel Heights 6, 195, 265, 966

Mission Bay 3, 105, 210, 212, 215, 216, 264, 270, 274, 289, 452, 709, 843, 916, 918, 920, 921, 922, 923, 925, 927, 928, 929, 931, 933, 934, 935, 936, 937, 942, 944, 945, 946, 947, 951, 953, 954, 955, 957, 960, 961, 964, 965, 966, 970, 971

Mission Center 265, 922, 966

Mt. Zion 3, 4, 264, 291, 488, 669, 917, 945, 946, 953, 964

Parnassus Heights 2, 3, 4, 104, 127, 134, 140, 141, 142, 143, 144, 145, 146, 152, 154, 155, 156, 157, 162, 164, 166, 167, 168, 169, 170, 172, 175, 176, 177, 178, 179, 180, 182, 184, 185, 189, 190, 193, 194, 195, 198, 204, 216, 264, 267, 669, 917, 921, 922, 927, 928, 929, 934, 936, 942, 944, 945, 946, 954, 955, 962, 964, 966

Cancer Center. See Comprehensive Cancer Center, Helen Diller Family

Cancer Research Building, Helen Diller Family. See under Buildings

Cancer Research Institute (CRI). See under Institutes

Canning, Marcia 10, 11, 12

Capra, Richard Eugene 654

CAPS. See Center for AIDS Prevention Studies (CAPS)

Cardiovascular Research Building (17 A/B). See under Buildings

Cardiovascular Research Institute (CVRI). See under Institutes

Carey, Henry Benjamin 144

Carlisle, Sue 506

Carman, Sharon 300

Carnegie Foundation. See under Foundations

Carroll, Peter R. 506, 721

Cassman, Marvin 917, 920

Castillo, Eloisa 300

Castro, Joseph I. (Joe) 12, 324, 367, 941, 942, 972

Catellus Corporation 212, 921

Cech, Thomas R. 912

Cell and Tissue Biology (CTB) 472

Cellular and Molecular Pharmacology (CMP) 557

Center for AIDS Prevention Studies (CAPS) 209, 266, 294

Center for Gender Equity - 284

Center for Health and Community 265, 735, 832

Center for the Prevention of Heart and Vascular Disease 968

Centore, Linda 470

Chancellors

Bishop, J. Michael 4, 6, 12, 16, 17, 18, 19, 21, 23, 205, 207, 209, 213, 214, 215, 304, 771, 800, 919, 923, 930, 938, 950, 958, 968

Debas, Haile T. 10, 11, 19, 21, 213, 217, 305, 324, 729, 776, 899, 918, 926, 941, 955, 963

Desmond-Hellmann, Susan 4, 10, 11, 12, 213, 217, 300, 301, 394, 973

Fleming, Willard C. 182, 184, 198

Krevans, Julius R. 19, 203, 210, 213

Lee, Philip R. 19, 202, 203, 204

Martin, Joseph B. 213, 910

Saunders, John B. 164, 182, 198

Sooy, Francis A. 192, 193, 194

Chancellor's Advisory Committee on Diversity 967

Chapman, John 880

Charles and Helen Schwab Foundation. See under Foundations

Chater, Shirley S. 19

Chemical and Engineering News. See under Publications

Chesney, Margaret 19, 745

Child & Elder Care 285

Children's Hospital-Oakland. See under Medical Centers

Chiron Corporation 207, 289, 947, 953

Chlamydia Research Laboratories 205

Chrisman, Maye 609

Christiane Reimann Prize. See under Awards

Chronicle of Higher Education. See under Publications

Cisneros, Lisa 456

City and County of San Francisco 208, 212, 264, 957

Cleaver, James 18

Clements, John 18, 21, 23

Clinical and Translational Science Institute (CTSI). See under Institutes

Clinical Sciences 195

Cochlear Implant 15

Cohen, Fred E. 19, 21, 960

Cohen, Jeff 456

Cohen, Neal 506

Cohen, Stanley 206, 925

Cole Hall 198

Cole Hall Cinema 296

Cole, R. Beverly 111, 113, 114, 115, 124, 125

College of Dentistry 107, 121, 146, 157, 158, 171, 184

College of Medicine 144

College of Pharmacy 119, 120, 121, 123, 125, 129, 131, 142, 144, 149, 159, 160, 164, 165

Community and Governmental Relations (CGR) 459

Community Center at Mission Bay. See under Buildings

Community & Governmental Relations 282

Community Partnership Program 285, 286, 923, 935, 948

Comprehensive Cancer Center, Helen Diller Family 294, 662, 669, 715, 916, 957

Comroe, Julius 174, 183, 184

Conant, Marcus 207, 208

Conference Services 399

Conti, Marco 757

Controller's Office 427

Cooper, Elias Samuel 112

Coughlin, Richard 940

Coughlin, Shaun R. 18, 19, 21, 752, 940

Cox, Jeffrey 926

Crawford, Margaret A. 138, 139

Crayne, Richard 201

Credé, Robert H. 199

Creutzfeldt-Jakob Disease. See under Diseases

Crockett, Wanda Ellison 325

Cullen, Stuart C. 581

Cummings, Steven R. 19

Cushing, Harvey 130, 164

Cyster, Jason G. 914

Czech, Jane 632

#### D

D'Ancona, Arnold 124, 127, 129, 136, 137, 139, 140, 141, 143, 144

Daniels, Troy C. 165, 182, 199

Daniels, Troy E. 218

Dare, Donna C. 838, 840

Darney, Philip D. 19

Davis, Grae 537

Davis, Gray 916, 920

Davis, Grey 215

Day, Robert L. 218, 838, 840

Debas, Haile T.. See under Chancellors

Deike, Derek 456

De Luca, John 909

Den Besten, Pamela 470

Dennis, S.W. 116, 117

Dental Department 122, 128, 131, 134, 144

Dental Scientist Award Program. See under Awards

DePeralta, Brenda Gee 300

DeRisi, Joseph 23, 537, 914, 926, 960

Des Jarlais, Christine 358

Desmond-Hellmann, Susan. See under Chancellors

Diabetes. See under Diseases

Diettinger, Don 956

Diller, Helen 922

Diller, Helen Family Comprehensive Cancer Center. See Comprehensive Cancer Center, Helen Diller Family

Dilley, James W. 729

Dill, Ken 18

Dill, Ken A. 838, 840, 960

Discover Magazine. See under Publications

Diseases

AIDS 15, 205, 207, 208, 266, 291, 292, 294, 301, 564, 729, 907, 910, 911

Alzheimer's Disease 207, 907, 910, 911

Creutzfeldt-Jakob Disease 207

Diabetes 15, 758, 839

Hepatitis B 15, 186, 207

HIV 15, 208, 209, 291, 292, 294, 301, 587, 588, 599, 729, 845, 910, 911

HIV/AIDS 206

Huntington's Disease 911

Kaposi's Sarcoma 207, 208, 209

Parkinson's Disease 207, 626, 627, 911

**SARS 921** 

Distribution & Storage 399

DNA 15, 186

Documents, Media & Mail 282, 399

Dodd, Marylin 933

Dolan, Brian 218

Dolby, Ray and Dagmar 946, 962

Donaldson, Nancy 794, 796

Donohoe Building. See under Buildings

Dougherty, Valerie 733

Doupe, Allison 21, 960

Dowdall, Major F. 149

Dowling, Glenna A. 794, 824, 940

Downs, Steve 12

Dracup, Kathleen A. (Kathy) 10, 11, 19, 213, 217, 324, 794, 795, 970

Drake, Michael 926

Dronsky, Marina 493

Duca, Rob 840 Durie, Stanley 178 Dynes, Robert 934

#### $\mathbf{E}$

Eakle, Warren 470 Ebersman, David 973

Economic Development Award. See under Awards

Eisele, David W. 660

Eisele, Janice 12

Eli and Edythe Broad Center of Regeneration Medicine and Stem Cell Research 962

Eli and Edythe Broad Foundation. See under Foundations

Ellis, Jeff 313

Ellison-Crockett, Wanda 12, 324

El-Samad, Hana 961

Englebert-Dunphy, J. 199

Episteme Award. See under Awards

Epstein, Charles J. 19, 21

Ernest Gallo Clinic & Research Center (EGCRC) 909

Estes, Carroll L. 19

Estrada, Clarice 752

Evans, Herbert McLean 130, 177

Executive Vice Chancellor & Provost 920, 925

#### F

Family Services 399

Fawley, Reece 880

FDA 206, 582

Featherstone, John D. B. 11, 213, 324, 470, 471, 940, 952, 962

Feldman, Mitchell 936, 944

Fellouris, Mara 12, 394, 450

Fergus, Cory 780

Fernandes, Roxanne 880

Fernandez, Elizabeth 456

Ferriero, Donna 19, 506, 676

Ferris, Tom 470

Fetal Treatment Center 294

Fetto, Phyllis K. 786

Fields, Howard L. 749

Finance 416

Finzen, Frederick 470

Fishman, Robert 632

Fitness & Recreation 399

Flagg, Dr J. Foster 110

Fleming, Graham 920

Fleming, Willard C.. See under Chancellors

Flexner, Abraham 141, 142, 151, 153, 158, 183, 926

Flexner Award. See under Awards

Flint, Joseph Marshall 128

Flood, Marilyn 218

Flynn, Bruce 432

Fortes, Michale 456

**Foundations** 

American Legacy Foundation 940

Amgen Foundation 948

Atlantic Philanthropies 957

Bernard Osher Foundation 923

Bill and Melinda Gates Foundation 963

Carnegie Foundation 142, 157

Charles and Helen Schwab Foundation 968

Eli and Edythe Broad Foundation 962, 967

Gladstone Foundation 205, 208

Gordon and Betty Moore Foundation 927, 942, 960

Hooper Foundation 144, 152, 209, 304, 771

Mt. Zion / UCSF Foundation 192

National Science Foundation 959, 969

Polio Foundation 176

Robert Wood Johnson Foundation 204, 942

Sandler Family Supporting Foundation 946

W.M. Keck Foundation Center for Integrative Neuroscience 207, 211

W.M. Keck Foundation for Integrative Neurosciences 661

Fox, Patrick 794, 819

Franck, Linda 794

Franklin, Kirk 456

Franklin Mall 162

French, Barbara 10, 11, 12, 456, 457, 932, 935

Fresno Medical Education Program 514, 948

Friciello, Maria 548, 855

Fuentes-Afflick, Elena 12, 324

Fu, Karen 702

Fulford, Millie-Hughes 211

Full-Time Equivalents

Academic and Non Academic 44

#### G

Gabriel, Kathryn 470

Gairdner International Award. See under Awards

Gallo Clinic and Research Center 205

Ganem, Donald E. 19, 21, 771, 914

Ganong, Francis 182

Gardner, David 327

Garrett, Chrisanne 796

Garrity, Elizabeth J. 626

Garzio, Catherine 708

Genentech Corporation 206, 289, 934, 965, 973

Genentech Hall. See under Buildings

General Clinical Research Center 205

Gesell, Robert 162

Giacomini, Kathleen M. (Kathy) 19, 548, 838, 840, 855, 940, 963

Gibbons, Henry 113

Gies, William 157, 158, 166

Gilman, Daniel Coit 107, 116, 118, 119, 183

Giudice, Linda C. 19, 638, 932

Gladstone Foundation. See under Foundations

Gladstone Institutes. See under Institutes

Glantz, Stanton A. 19

Glaser, Barney 205

Glide Memorial Clinic 212

Global Health Sciences 10, 216, 941, 955, 963

Goldberg, Andrew 661

Goldberg, Henry 710

Goldman, Andrea 470

Goldman, Lee 19

Gold Rush 106, 108, 109

Gordon and Betty Moore Foundation. See under Foundations

Goyan, Jere E. 199, 200, 213

Graduate Division 186, 188, 190, 195, 197, 198, 210, 211, 214, 215, 216, 685, 941, 942, 948, 952, 956

Grady, Deborah 19, 333, 736, 794, 796, 970

Grazer, Frederick A 120

Green, Adrienne 881

Greenberg, David 163, 182

Greenblatt, Ruth 729, 933

Greene, John C. 19, 213

Greene, Warner C. 19, 729, 910

Green, Franklin T. 144

Green, Lawrence 19, 970

Greenling Institute. See under Institutes

Greenspan, Deborah 12, 19, 209, 470, 474, 493, 494, 932, 952

Greenspan, John S. 19, 209, 729

Greider, Carol 16, 960

Gross, Carol A. 18, 21

Grove, Andy 943

Grubbs, John 838, 840

Grumbach, Kevin 19, 598, 935, 948

Grumbach, Melvin 18, 19, 21

Gudelunas, Regina C. 819, 830

Guerra, Mark 470

Guglielmo, B. Joseph Jr. 838, 840, 864, 941

Guthrie, Christine 18, 21

#### Η

```
Haas, Walter 192
Hall, Zach 325
Halsted, William S. 164
Hamilton, Cecilia 427
Hamilton, William K. 581
Hammit, Lauren 456
Hanahan, Douglas 18, 19, 21, 951, 960, 970
Hand, David 470
Hang, Tony Huoi 605
Hans Neurath Award. See under Awards
Hardesty, Irving 128
Hare, C. Bradley 729
Harel, Elazar 10, 440
Harper, Harold 196
Harrington, Charlene A. 19
Harris, Debra E. 870
Harris, Jay 880, 881, 932
Harrison, Michael 19, 970
Harvard University. See under Universities
Hausen, Harold zur 209
Hauser, Stephen L. 19, 21, 632
Havel, Richard 18, 19, 21
Havlir, Diane V. 729
Hawgood, Samuel (Sam) 10, 11, 19, 213, 217, 324, 506, 507, 952, 962, 970, 972
Hawkins, Angela 417
Hayes, Daniel J. 529
Headcount
 Academic and Non Academic 43
 Faculty
   School of Dentistry 35
   School of Medicine - Basic Science Departments 38
   School of Medicine - Clinical Departments 36
   School of Medicine - Other Departments 39
   School of Nursing 40
   School of Pharmacy 41
   Total UCSF
Health Science East and West. See under Buildings
Heard, Stuart E. 838, 840
Hearst, Phoebe 128
Hebrok, Matthias 758
Hecht, Frederick (Rick) 729, 745
Heineman, Tonie 961
Heinz Award. See under Awards
Helen Diller Family Cancer Research Building. See under Buildings
Helen Diller Family Comprehensive Cancer Center. See Comprehensive Cancer Center, Helen Diller Family
Hellman, Warren 962
```

Hendrick, Larry 300

Henry, Gwen 948

Hepatitis B. See under Diseases

Herbert, Denly 470

Herbert W. Nickens Prize. See under Awards

Herzstein, Max 129

Hiatt, Robert 563, 941

Hindery, Michael 506, 972

Hine, Jim 424

HIV. See under Diseases

Hobart, Louis Parsons 141

Hodges, Shirley 470

Hoener, Betty-ann 838, 840

Hollenbach, Cathy 300

Holzemer, William L. 19

Honey, Sadie 219

Hooper Foundation. See under Foundations

Hooper, George W. 144

Hooper Institute. See under Institutes

Hormone Research Laboratory 204

Horning, Dixie D. 638, 757

Hospitals. See Medical Centers

Housing 399

Howard Hughes Medical Institute (HHMI). See under Institutes

Hsu, Stella 12, 394, 399, 403, 961

Hughes-Fulford, Millie 205

Human Research Protection Program 932

Human Resources 282, 283, 467, 956

Humboldt, Alexander von 110

Hume, Rory 952, 955

Humphreys, Janice 940

Huntington's Diseases. See under Diseases

Hurtado, Josue 218

#### I

Immune Tolerance Network 294

Industry Contracts Division 349

Infectious Disease Laboratories 205

Institute for Aging Health Policy. See under Institutes

Institute for Global Health. See under Institutes

Institute for Health & Aging (IHA). See under Institutes

Institute for Health Policy Studies (IHPS). See under Institutes

Institute for Human Genetics. See under Institutes

Institute for Regeneration Medicine. See under Institutes

Institute of Medicine. See under Institutes

Institutes

California Institute for Quantitative Biomedical Research (QB3) 917, 920, 925, 933, 942

California Institute for Quantitative Biosciences (QB3) 10, 215, 917, 920, 921, 925, 927, 933, 934, 942, 955, 960,

California Institute for Regenerative Medicine 955, 962, 967

California Institutes for Science and Innovation 215

Cancer Research Institute (CRI) 173, 508, 921, 922

Cardiovascular Research Institute (CVRI) 174, 183, 184, 192, 204, 294, 954

Clinical and Translational Science Institute (CTSI) 941

Gladstone Institutes 208, 211, 910, 911, 927, 947, 961, 969

Greenlining Institute 918

Howard Hughes Medical Institute (HHMI) 295, 912, 914, 948

Institute for Aging Health Policy 205

Institute for Health & Aging (IHA) 206, 292, 832

Institute for Regeneration Medicine 4, 216, 267, 945, 954

Institute of Medicine 19, 20, 960, 970

Langley Porter Neuropsychiatric Institute 189

Langley Porter Psychiatric Institute (LPPI) 2, 514, 689

Milken Institute 947

National Cancer Institute (NCI) 937

National Heart Institute 174

National Institute of Arthritis and Metabolic Diseases (NIAMD) 175

National Institutes of Health (NIH) 172, 183, 194, 202, 211, 212, 216, 221, 304, 512, 582, 627, 708, 800, 842, 843, 907, 911, 917, 926, 932, 939, 941, 945, 949, 951, 955, 956, 959, 960, 969

Northern California Institute for Research and Education (NCIRE) 907

Osher Lifelong Learning Institute 923

Rockefeller Institute 144

UCSF Orthopaedic Institute 965, 970

Insurance Services 432

Integrated Nurse Leadership Program 960

International Center for HIV/AIDS Research and Clinical Training in Nursing 206

Irby, David 506

Irwin, Michael 961

#### J

Jacobsen, Lynda J. 764

Jacobson, Matthew P. 926 Jaffe, Robert B. 19

Jain, Sharad 926

James, Thomas L. 840

Jamison, Dean T. 19

Janian, Jeffrey 470

Jan, Lily Y. 18, 21, 914, 951

Jan, Yuh Nung 18, 21, 914, 952

Jeng, Bennie 646

Jew, Jacqueline 676

Johns Hopkins University. See under Universities

Johnson, Alexander 21, 952

Johnson, Mallory 729

Johnson, Margaret 300 Johnston, S. Claiborne 12, 324, 333, 736 Jones, Ken 880, 881 Jonsen, Albert 203 Jordan, Richard 470, 471 Jordon, M. Evangeline 146 Jorgensen, Eugene 202 Journal for Dental Research. See under Publications Journal of Oral and Maxillofacial Surgery. See under Publications Julius, David J. 18, 21, 574, 941, 952

## K

Kaarlela, Corinna 456 Kalmanowitz Library 964 Kan, Yuet Wai 18, 21, 23, 925, 940 Kaposi's Sarcoma. See under Diseases Katsus, Rose 498 Kayser, Steven R. 838 Kellogg, Ralph 182 Kelly, K. H. 173 Kelly, Regis 10, 11, 324, 325, 920, 925, 955 Kenaani, Mounira 587, 758 Kenyon, Cynthia 18, 19, 21, 926 Kenyon, George L. 213 Kerr, Clark 181, 198 Kerr, William B. 19, 191, 217 Kerr, William J. 150, 164, 174

Kessler, David A. 19, 213, 217, 920 Kevan Shokat 970 Kilby, David 456 Kilmer, Jeffrey 794

King, Martin Luther, Jr. 189

King, Talmadge E. 19, 609, 952 Kipfer, E. B 160

Kirkland, Mark 470, 471

Kirschbaum, Joel 12, 324, 340

Kishi, Donald T. 838 Kleinberg, Leslie 218 Klein, Robert 962

Knechti, Catherine 456

Kniery, Penny 537

Kochi, Julia 218

Koda-Kimble, Mary Anne 10, 11, 19, 213, 217, 324, 838, 839, 952

Koo, Peter 201

Koret Center for Human Nutrition 205

Koret Vision Research Laboratory 646

Kornberg, Thomas 21

Kotabe, Sharon E. 838, 840 Kough, Robert 304 Kountz, Sam 204 Kozloff, Lloyd 196, 213 Krevans, Julius R.. See under Chancellors Kriegstein, Arnold 19, 743, 927, 960 Kure, Larisa D. 569

Lima, Cindy 880 Lim, Wendell 961

Lister, Sir Joseph 122 Lium, Erik 12, 324, 349 Liu, Stanley 926 Lo, Bernard 19

Lisberger, Stephen G. 207, 914, 960

L LaDou, Joseph 218 Laguna Honda Hospital. See under Medical Centers Lambert, Mary 684 Lance, Anna 173 Lane, Drs. Levi Cooper 113 Langley Porter Psychiatric Institute (LPPI). See under Institutes Langridge, Robert 19, 933 Lanier, Lewis 569 Laret, Mark R. 10, 11, 213, 217, 880, 881 Lasker Award. See under Awards Laurel Heights 689. See under Campus Sites Laurence Livermore National Laboratory 2 Lawrence Berkeley National Laboratory 2 Lawrence, Ernest 163 Lawrence, John 163 Leake, Chauncey 161, 164, 165, 202, 581 Leake, Patricia A. 661 Lee, Gail 12, 394 Lee, Kathryn 794 Lee, Philip R.. See under Chancellors Lennette, Evelyne 209 Letterman Hospital. See under Medical Centers Levine, Aimee 12 Levine, Amy 456 Levings, Susan M. 838, 840 Levy, Jay A. 22, 208, 729 Lew, Damon 456 Lewis, Vickie Lynn 700 Library 363 Li, Choh Hao 175, 204

Locksley, Richard M. 22, 748, 914

Loeb, Jacques 128, 129, 130, 162

Loeser, Helen 506

Long Hospital. See under Medical Centers

Long Range Development Plan 194, 966

Lopez, Georgina Y. 775

Lopez, Randy 12, 394, 941, 944, 961, 972

Los Alamos National Laboratory 2

Los Angeles Times. See under Publications

Lotenero, Larry 880, 881

Lowell, Clifford A. 605, 941

Lowenstein, Daniel H. 840

Lucas, William Palmer 143, 144

Lucile Salter Packard Children's Hospital. See under Medical Centers

Lucille P. Markey Charitable Trust 209

Luft, Harold S. 19

Lynch, Cynthia 354

#### $\mathbf{M}$

Magnetic Resonance Imaging (MRI) 15, 192

Mahaney, Tim 880

Mah-Hing, Karen 794

Mahley, Robert W. 22, 910

Malone, Ruth 940

Manly-Lampkin, Shirley 794, 796

Margolis, Todd P. 12, 324, 387

Marguerite Rodgers Kinney Award. See under Awards

Margulis, Alexander R. 19

Marks, James 19, 940

Marshall, Grayson 470

Marshall, Sally 12, 324, 354, 932, 936, 972

Martin, Gail 18, 21, 917

Martin, Giselle 488

Martin-Holland, Judith 794, 796

Martin, Joseph B.. See under Chancellors

Martinson, Ida M. 19

Massachusetts General Hospital. See under Medical Centers

Massachusetts Institute of Technology (MIT). See under Universities

Massey, Carol E. 593

Max, Wendy 794, 819

Mayo Clinic. See under Medical Centers

Maze, Mervyn 581

McCartney, Robin 300

McClean, Robert 124

McCormick, Frank 20, 506, 764

McCulloch, Chuck 563

McCune, Joseph M. (Mike) 730, 840, 926, 941, 955

McEvoy Family 946

McLean, Robert 123

McLeod, Stephen D. 646, 941

Mead, Sally A. 563

Medical Centers

Bellevue 118

Brigham and Women's Hospital 961

City and County Hospital of San Francisco 112, 114, 119, 131, 132, 136, 146

Laguna Honda Hospital 173, 190

Long Hospital 105, 192, 194, 917

Massachusetts General Hospital 118, 304

Massachusetts Hospital 155

Mayo Clinic 971

Memorial Sloan Kettering Cancer Center 932

Moffitt Hospital 105, 169, 174, 180, 181, 182, 185, 189, 194, 195, 199, 488, 841, 917, 928

Moffitt-Long Hospitals 488, 514, 594, 660, 669, 708

Mt. Zion Hospital 164, 192, 514, 660, 708, 922, 928, 934, 945, 955

New England Hospital For Women And Children 118

New Haven Hospital 118

Pasadena Hospital 154

Peter Bent Brigham Hospital 175

San Francisco City and County Hospital 113

San Francisco General Hospital (SFGH) 3, 4, 183, 190, 204, 205, 207, 208, 264, 291, 488, 514, 581, 582, 587, 588, 594, 598, 599, 660, 669, 708, 714, 906, 928, 935, 942, 962, 965

San Francisco VA Medical Center (SFVAMC) 3, 190, 205, 208, 488, 514, 581, 587, 588, 660, 669, 708, 709, 907, 960

State Marine Hospital 111, 112

St. Luke's Hospital 138

St. Mary's Hospital 112

UC Hospital 140, 141, 142, 152, 153, 155, 166, 168, 177, 193

UC Medical Center 180, 189

UCSF Children's Hospital 2, 3, 922, 928, 969

UCSF Medical Center 2, 4, 105, 186, 190, 191, 212, 291, 294, 298, 514, 917, 922, 925, 927, 928, 934, 935, 937, 941, 943, 945, 946, 947, 951, 954, 955, 959, 965, 969, 970, 971

UCSF Stanford Health Care (USHC) 212

University Hospital 138, 160

University of California Medical Center 135, 185

U.S. Marine Hospital 112

Valley Medical Center 190

Women's and Children's Hospital 118

Women's Hospital 3

Medical Department 121, 125, 127, 130, 132, 141, 143, 144

Medical School 140, 160, 171, 175

Medical Sciences Building. See under Campus Sites

Medicine, Department of

Division of Clinical Pharmacology & Experimental Therapeutics 610

Division of Experimental Medicine 612

Division of Gastroenterology 612

Division of General Internal Medicine 613

Division of Geriatrics 613

Division of Infectious Diseases 616

Division of Medical Genetics 617

Division of Nephrology 618

Division of Occupational and Environmental Medicine 618

Division of Preventions Science 619

Divisions of Hematology and Oncology 614

Divisions of Hospital Medicine 615

Divisions of Pulmonary and Critical Care Medicine 619

Lung Biology Center 205, 616

Positive Health 619

Memorial Sloan Kettering Cancer Center. See under Medical Centers

Merrell, Susan 456

Merzenich, Michael M. 18, 20, 661, 960

Meyer, K. F. 172

Meyers, Howard 197

Miaskowski, Christine 794, 796

Milberry, Guy S. 146

Milken Institute. See Institutes

Millberry Fitness & Recreation 296

Millberry, Guy S. 147, 157, 158, 167, 184, 188

Millberry Union. See under Buildings

Miller, Robert 933

Miller, Ronald D. 20

Millett, Margaret 524

Milliken, Nancy 506, 529

Milstein, Arnold 20, 940

Mirsky, Zina 794, 796

Mission Bay 689. See under Campus Sites

Mission Bay Hospital. See under Medical Centers

Mission Center. See under Campus Sites

MIT. See under Universities

Mix, Lisa 218

Moffitt, Herbert C. 140, 141, 150, 160, 180

Moffitt Hospital. See under Medical Centers

Moffitt, James K. 140

Moffitt-Long Hospitals. See under Medical Centers

Molecular Design Institute. See under Institutes

Monie, Ian 182

Mooney, Beth 456

Moore, Susan 880, 881

Morales, Esther E. 12, 394, 452

Moreno, Mario 729

Morgan, David 880

Morikawa-Wan, Stacy 743

Morin, Stephen F. 730

Morris, James 201

Morrow, Louise 154

Morse, John F. 113

Moss, Carol 11, 12, 972

Mott, Stephanie 484

Mount Zion 971

Mozesson, Judith 598

Mraz, Roger 470

Mt. Zion. See under Campus Sites

Mt. Zion Hospital. See under Medical Centers

Mt. Zion Research Building. See under Buildings

Mt. Zion / UCSF Foundation. See under Foundations

Mucke, Lennart 910

Munson, James 363

Murphy, Suzanne 330, 343, 349

Musgrave, William E. 154

#### N

Naffziger, Howard C. 129, 130, 150, 164

Nahm, Helen 179, 201, 205

Najarian, John 204

Nakashige, Jocelyn 12, 394, 434

Naseri, Ayman 646

National Academy of Sciences 18, 512, 917, 921, 926, 933, 951, 961, 970

National Cancer Institute (NCI). See under Institutes

National Center of Excellence in Women's Health 293

National Heart Institute. See under Institutes

National Institute of Arthritis and Metabolic Diseases (NIAMD). See under Institutes

National Institutes of Health (NIH). See under Institutes

National Science Foundation. See under Foundations

Navarro, Renee 506, 952, 972

Nelson, Karen 218

Nelson, Sarah 548, 838, 855, 963

Nelson, Zoanne 450

Neuhaus, John 564

Neurosciences Research Building (19A). See under Buildings

Newman, Thomas 563

Newsom, Gavin 933, 935, 937

Newsweek International. See under Publications

Newton, Mildred 179

Newton, Molly 470

New York Times. See under Publications

Nicoll, Diana 506

Nicoll, Roger 18, 20, 21, 940, 970

NIH. See under Institutes (National Institutes of Health)

Nobel Prize. See under Awards

Norbeck, Jane S. 20, 206, 213 Nordberg, Michael S. 838 Norris, Jeff 456 Northern California Institute for Research and Education (NCIRE). *See under* Institutes Nussbaum, Robert L. 20

#### O

O'Brien, Jennifer 456
Odato, David 880, 881
O'Farrell, Patrick 21, 970
O'Halloran, Marge 581
Oncogenes 17, 304
Oneto, John 165
Oral and Maxillofacial Surgery (OMFS) 473, 488
Orofacial Sciences (OFS) 474
Ortiz de Montellano, Paul R. 940
Osher Center for Integrative Medicine 4, 267, 945, 946, 954, 964
Oshiro, Dan 910
Osler, William 131
Outdoor Programs 296

#### P

Padian, Nancy S. 20 Panion, Mike Charles 714 Papadakis, Maxine 506 Parker, Paul F. 952 Parking & Transportation 282, 283 Parkinson's Disease. See under Diseases Parnassus 689 Parnassus Heights. See under Campus Sites Pasteur, Louis 122 Patterson, James N. 149 Paul Goldhaber Award. See under Awards Paulsen, Lynn 838, 840 Pearl, Jeffrey 506 Perez-Stable, Eliseo J. 20 Performing Arts Clubs 297 Perry, Dorothy A. 470, 471

Perry, Patricia 721
Peter Bent Brigham Hospital. *See under* Medical Centers
Peter Gruber Prize in Genetics. *See under* Awards
Peter Gruber Prize in Neuroscience. *See under* Awards
Petrie, Deborah J. 864
Phillips, Theodore L. 20
Pickering, Mary May 155, 156, 168
Pinderhughes, Howard 794, 830, 941

Plotts, John 10, 11, 12, 394, 395, 972

Pogrel, M. Anthony (Tony) 470, 472, 473, 488

Police Department 282, 284

Polio Foundation. See under Foundations

Pollin Prize in Pediatric Research. See under Awards

Porter, Dorothy E. 218

Porter, R. Langley 160, 161, 164, 169, 179

Portillo, Carmen 794, 806

Powe, Neil 20

Preventive and Restorative Dental Sciences (PRDS 475

Prions 16, 17

Proctor Foundation. See under Foundations

Proctor, Francis I. 176

Program in Biological Sciences (PIBS) 557, 558

Program in Quantitative Biology (PQB) 558

Protein Society 960

Prusiner, Stanley B. 16, 17, 18, 20, 22, 23, 207, 212, 781

Ptáček, Louis J. 20, 22, 914, 951, 960

Public Affairs 298

**Publications** 

Business Week 921

California State Journal of Medicine 137

Chemical and Engineering News 926, 932

Chronicle of Higher Education 951

Discover Magazine 926

Journal for Dental Research 157

Los Angeles Times 921

Newsweek International 100, 939

New York Times 921, 924, 943

Pacific Coast Journal of Nursing 155

San Francisco Business Times 965

San Francisco Chronicle 138, 921, 943, 957

Science Magazine 961

Synapse 298

The Scientist 961, 969

Times Literary Supplement of London 926

U.S. News & World Report 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 926, 932, 939, 951, 959, 969, 970

Wall Street Journal 921

Puntillo, Kathleen 940

Purcell, Alexis 12

Putman, Kathryn Ione 304

## Q

QB3. See under California Institute for Quantitative Biosciences (QB3) Quint, Jeanne 205

#### R

```
Rago, Karen 880
Rainin, Kenneth 968
Rankings
 Global Universities 100
 Hospitals
   Specialties
    Cancer 88
    Diabetes & Endocrine Disorders 89
    Digestive Disorders 89
    Ear, Nose, & Throat 90
    Geriatric Care 90
    Gynecology 91
    Heart & Heart Surgery 91
    Kidney Disease 92
    Neurology and Neurosurgery 92
    Ophthalmology 93
    Orthopedics 93
    Psychiatry 94
    Respiratory Disorders 94
    Rheumatology 95
    Urology 95
   Top Ten 88
 Medical Schools
   Primary Care
   Research 82
   Specialties
    AIDS 83
    Drug and Alcohol Abuse 83
    Family Medicine 84
    Geriatrics 84
    Internal Medicine 85
    Pediatrics 85
    Women's Health 86
 Pharmacy Graduate Programs 87
 Top Fund-Raising Institutions
 Transplant Hospitals
   Heart 96
   Kidney 97
   Liver 98
   Lung 99
 UCSF Graduate Division Program Rankings 86
 UCSF Nursing Discipline Rankings 87
Rankin, Sally Heller 794
Rec Sports 297
Red Cross 149
Regents. See UC Regents
Reichardt, Louis F. 21
```

Reingold, Arthur 730

Reinhardt, William 182, 198, 199

Research Center for Symptom Management 206

Retail 399

Reyes, E. Michael 730

Reynolds, Fleur E. 748

Rice, Dorothy P. 20

Rice, Lorie G. 838, 840

Riegelman, Sidney 199

Riley, Daniel 313

Ring, Ernie 925

Risch, Neil 563, 564, 780, 927, 941

Risk Management Services 432

Rivera, Diego 167

Roach, Mack 700, 701, 952

Roberts, Clifford 324, 343

Robert Wood Johnson Foundation. See under Foundations

Rockafellar, Nancy 218

Rock, Arthur and Toni Rembe 929

Rockefeller 151, 152, 153, 162

Rockefeller Foundation. See under Foundations

Rockefeller Institute. See under Institutes

Rock Hall. See under Buildings

Roe, Benson 204

Rosalind Russell Arthritis Research Laboratories 205

Roskowski, Pamela 394, 444

Rowitch, David H. 914

Rowley, Janet 962

Royal Society of London. See under Societies

Royer Award. See under Awards

Rubenstein, John 20, 940

Rudolph, Abraham M. 20, 933

Ruetz, Chris 470

Runyon, Edward W. 120

Rush Medical College. See under Universities

Rush-Monroe, Karin 456

Rutherford, George W. 564, 730, 775, 776

Rutter, William J. 206, 207, 953

Ryder, Mark 470

#### S

Salam, Nada 456

Sall, Susan Kay 574, 646

Sanchez, Elba 948

Sanchez, Mijiza 456

Sande, Merle 208

Sandler Family Supporting Foundation. See under Foundations

San Francisco Business Times. See under Publications

San Francisco Chamber of Commerce 961

San Francisco Chronicle. See under Publications

San Francisco City and County Hospital. See under Medical Centers

San Francisco County Hospital. See under Medical Centers

San Francisco General Hospital 689

San Francisco General Hospital (SFGH). See under Medical Centers

San Francisco Medical Center. See under Medical Centers

San Francisco State University. See under Universities

San Francisco VA Medical Center (SFVAMC). See under Medical Centers

San Francisco Veterans Affairs Medical Center 689

Santa Monica Community Hospital. See under Medical Centers

Santi, Daniel 838

Santos, David 470

Sargent, Peter 470, 471, 472, 484

SARS. See under Diseases

Sauer, Barbara 838, 840

Saunders, John B.. See under Chancellors

Schachter, Julius 204

Schechter, Gail 324, 330

Scherzer, Teresa 794

Schmid, Rudi 22, 943

Schmidt, Carl L. A. 162, 165

Schmitt, Lionel 160

Schmitt, L. S. 145

School of Dentistry 182, 184, 191, 195, 197, 198, 211, 212, 215, 216, 265, 932, 939, 943, 948, 951, 952, 959, 960, 962, 964

School of Global Health 963

School of Medicine 148, 157, 174, 180, 182, 184, 190, 197, 198, 199, 214, 216, 513, 918, 926, 939, 942, 949, 951, 952, 955, 956, 959, 962, 963, 967

School of Nursing 104, 168, 178, 179, 181, 196, 201, 205, 206, 211, 215, 216, 795, 926, 927, 939, 941, 943, 946, 951, 956, 959, 960

School of Pharmacy 104, 182, 190, 195, 199, 200, 202, 211, 212, 214, 216, 841, 926, 932, 939, 942, 943, 948, 951, 952, 955, 959, 963, 964, 966

Schreiner, Christoph E. 661

Schrock, Ted 925

Schroeder, Steven A. 20, 952

Schultz, Susan 470, 471

Schwarzenegger, Arnold 920, 924, 946, 962

Science Magazine. See under Publications

Scott, Eugenie 962

Seaman, William 733

Searby, William 134

Sedat, John 18, 970

Segal, Mark 564

Serra, Richard 936, 944

Shane, Rita 838, 840

Shannon, Kevin 941

Shaw Prize. See under Awards

Sherman, Harry 138

Shields, Gerrie 764

Shokat, Kevan 18, 557, 914

Showstack, Jonathan 932, 941, 944

Silva, Avelino 470

Simms, Chelsea 456

Simpson, Miriam 182

Sjögren's Syndrome. See under Diseases

Slaughter, Robert 794, 797

Smith, Lloyd H. ("Holly") 20, 22

Smith, Wade 933

Smith, William E. 200

Smukler, Chuck 899

Smyth, Francis 173, 174, 182

Snowdon, Shane 456

Snyder, Diane 470

Societies

American Cancer Society 627, 926

California Pharmaceutical Society 115, 116, 147, 841

Royal Society of London 23, 926

Society for Medical Anthropology 530

Society for Medical Anthropology. See under Societies

Sooy, Adrian 434

Sooy, Francis A.. See under Chancellors

Sorby, Donald 199

Souza, Kevin 506

Spaulding, Bruce 925

Spreckels, Rudolph 129

Sproul, Robert G. 159, 162, 164, 168, 173, 178, 183

Srivastava, Deepak 910

Stanford University. See under Universities

Stanley Korsmeyer Award of the American Society for Clinical Research. See under Awards

Stark, Marvin 191

Stauffer, Grace A. 771

Stebbins, Lucy Ward 168

Stein and Moore Award. See under Awards

Steitz, Joan 960

Stem cell research 962, 964

Stevens, C. L. 160

St. Luke's Hospital. See under Medical Centers

St. Mary's Hospital. See under Medical Centers

Stoeckenius, Walther 18

Stone, Robert 172, 173

Strategic Plan 5

Strategic Sourcing (SS) 424

Strauss, Anselm 205 Stroud, Robert 18, 21, 952, 960 Stryker, Michael 18, 21, 970 Styles, Greta 925 Styles, Margretta 205, 206 Summersgill, H.T. 154 Sutro, Adolph 104, 115, 124, 152 Sutter, John 108 Sutton, Albert 125 Szostack, John W. 16

#### T

Takayama, Paul 456 Taliaferro, Tony 456 Tarver, Harold 182 Taylor, Alonzo E. 128, 129 Taylor, Peter 358 The Scientist. See under Publications Thorn, George 175 Times Literary Supplement of London. See under Publications Toland, Hugh H. 110, 111, 112, 113, 114 Toland Medical College. See under Universities Toni Rembe Rock Hall. See under Buildings Topp, Kimberly 684, 952 Tracy, Margaret 168, 178, 179 Transportation Services 399 Tsujihara, Phyllis 824 Tu, Amanda 376 Tyburski, Mike 394, 436

## U

UC Dental Department 117, 146
UC Hospital. *See under* Medical Centers
UC Irvine Medical Center. *See under* Medical Centers
UCLA Medical Department 130, 132
UC Medical Department 130, 132
UC Medical School 145, 151, 175
UC Regents 1, 104, 105, 107, 116, 117, 124, 127, 136, 140, 141, 152, 153, 154, 157, 159, 160, 162, 165, 168, 169, 176, 178, 184, 185, 186, 194, 195, 198, 212, 452, 531, 797, 916, 925, 928, 945, 946, 947, 949, 951, 952, 953, 954, 955, 962, 965, 966
UC School of Medicine 153
UCSF AIDS Clinical Research Center 208
UCSF Children's Hospital. *See under* Medical Centers
UCSF Community Partnerships Program 284, 288, 933
UCSF Global Health Sciences 716
UCSF library 195

UCSF Medical Center. See under Medical Centers

UCSF News Office 298

UCSF Orthopaedic Institute. See under Institutes

UCSF Osher Lifelong Learning Institute. See under Institutes

UCSF Sinus Center 662

UCSF Stanford Health Care (USHC). See under Medical Centers

UCSF Today 298

UCSF Voice Center 662

United States Cochrane Center 211

Universities

California College of Pharmacy 104, 110, 116, 120, 125, 126, 133, 134, 159, 841

California State University 196

Cal Tech 951

Columbia University 100, 157, 927

Cooper Medical College 113, 121

Dental College 117

Gettysburg College 304

Harvard University 100, 131, 151, 163, 164, 175, 202, 304, 932, 951

Indiana Dental College 117

Johns Hopkins University 123, 128, 129, 130, 131, 151, 154, 162, 164, 532, 960

King's College 202

Kyoto University 961, 970

Massachusetts Institute of Technology (MIT) 202, 926, 932, 961

Mills College 154

Rush Medical College 151

San Francisco State University (SFSU) 197, 214, 685

Stanford University 15, 100, 151, 183, 204, 206, 796, 927, 932

St. Xavier's University 795

Toland Medical College 104, 113, 114, 115, 117, 119

UC Berkeley 100, 107, 114, 121, 130, 136, 137, 142, 144, 145, 151, 152, 153, 154, 155, 156, 157, 163, 165, 168, 172, 173, 177, 179, 181, 183, 190, 195, 196, 201, 204, 215, 301, 529, 531, 598, 710, 917, 920, 926, 961

UC Davis 181, 966

UCLA 173, 179, 181, 795, 961, 966

UC Riverside 181

UC Santa Barbara 181, 196, 941

UC Santa Cruz 215, 917, 961

University of California (UC) 1, 104, 107, 114, 115, 117, 131, 137, 183, 203, 264, 289, 841, 916, 920, 931

University of Cambridge 15, 100

University of Chicago 128, 202

University of Dar-es-Salaam, Tanzania 941

University of Nevada, Reno 301

Yale University 100, 202, 920, 960

University-Community Partnership Program 935, 948

University Hall. See under Buildings

University of California Medical School 144

University of California (UC). See under Universities

U.S. National Academy of Sciences 960

U.S. News & World Report. See under Publications

#### $\mathbf{V}$

Vail, Thomas P. 654, 941 Valencia Health Services 211 Vale, Ronald D. 18, 21, 914 Vargervik, Karin 213, 470 Varmus, Harold 16, 17, 23, 205, 207, 304 Vassallo, Giovanni 427 Veitch, Patricia 749 Verdin, Eric 910 Vermillion, Eric 394, 416 Vice Chancellor for Academic Affairs 920, 925, 932 Vice Chancellor for Research 962 Vice Chancellor of Univ. Advancement & Planning 925 Vidinsky, Kate 456 Vision Care and Research Unit (VCRU) 646 Voigt, Christopher 940 Volberding, Paul A. 20, 207, 208, 209, 730 Volwiler Research Achievement Award. See under Awards Voris, Joan 470, 506

## W

Waldura, Renaud 219

Wall Street Journal. See under Publications Walter, Peter 18, 21, 23, 914, 960, 970 Wanzer, Lucy 115 Wara, Diane W. 20, 730 Wara, William 701 Warren, Earl 170 Warren Triennial Prize. See under Awards Washington, A. Eugene 20, 218, 325, 920, 936, 937, 942, 945, 972 Watchmaker, Cynthia B. 838, 840 Webb, Shaun 219 Weintraub, Jane 470 Weisgraber, Karl 910 Weiss, Arthur 18, 20, 22, 914 Weissman, Jonathan 18, 914, 970 Wells, James 18, 838, 870 Wenzell, William T. 120 Werb, Zena 20, 22 Westbrook, Bill 300

Western Association of Schools and Colleges. *See under* Associations Western Association of College and University Business Officers (WACUBO). *See under* Associations Wheeler, Benjamin Ide 127, 128, 129, 131, 135, 141, 143, 153, 183 Whipple, George 145, 160

White, Melissa 456 White, Raymond 18, 20, 22 Wiener-Kronish, Jeanine P. 20 Wiesenthal, Steve 954, 961 Wiley Prize in Biomedical Science. See Awards Williams, Linda E. 313 Wilsey, Diane B. "Dede" 955 Wintroub, Bruce U. 506, 587 Witte, John 563, 564 W.M. Keck Foundation Center for Integrative Neuroscience. See under Foundations W.M. Keck Foundation for Integrative Neurosciences. See under Foundations Wofsy, Constance 208 Wofsy, David 506 Women's Hospital. See under Medical Centers Wong, Holly J. 660 World Congress of Minimally Invasive Dentistry 940

#### $\mathbf{Y}$

Yale University. *See under* Universities Yamamoto, Keith 18, 20, 21, 506 Yamanaka, Shinya 23, 961, 970 Yamauchi, Lori 394, 412 Youmans, Sharon L. 838, 840 Yudof, Mark 11, 962

#### $\mathbf{Z}$

Zakheim, Bernard 167 Ziegler, John 208 Ziehm, Scott 794, 797 Zlott, Dan 932 Zubov, Abby 397