

advancing health worldwide™



INSTITUTIONAL PROFILE

FY 2013-14

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This is the eighth annual Institutional Profile of the University of California, San Francisco and covers the period of July 1, 2013 to June 30, 2014. 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 everyday 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

CSF has renovated 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.

FY 2013-14 marked the continued development of UCSF's Mission Bay campus with the following projects under construction or in the planning stages:

- **Mission Bay Faculty Office Building (25A)** This proposed 250,000 gsf office building will support office needs of UCSF Faculty at the Mission Bay campus. The building will be developed concurrent with the construction of the new Medical Center at Mission Bay. The anticipated occupancy is Fall 2014.
- Mission Bay Block 38/39 Medical Center Parking Garage This project will construct a new parking structure to provide 500 spaces for visitors and staff at the future hospital at Mission Bay. This facility supports the implementation of the long range business plan of the UCSF Transportation Services and will be completed concurrently with the opening of the new hospital complex.

Development of the campus will continue in phases over the next 15 years, and will contain approximately 20 buildings at full buildout. As of 2013 the Mission Bay campus had a population of 4,300 staff, students, faculty and visitors which is expected to rise to around 14,400 persons at full buildout.

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 biomedical campus at Mission Bay. Upon completion of the first phase in February 2015, 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.
- An energy center, helipad, parking and support services.

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.

Investing in Systems

On March 10th, Finance3 went live which converted twenty-nine central systems to the new Chart of Accounts and launched MyReports and UPlan --two new financial tools that will benefit our campus by providing better and more robust data that will inform our decisions moving forward.

- 1. New Chart of Accounts A comprehensive redesign of UCSF's system of accounting records
 - Provides a **solid structural framework** for managing costs and maximizing revenues
 - Supports financial, management, project, and grant accounting information requirements
 - Facilitates decision making through improved trending and analysis
- 2. MyReports Improved financial and operational reporting campus-wide to support decision making
 - Improves transparency and accuracy in reporting as data originates from a single repository
 - Informs decision making through easy access to accurate, consistent and relevant

financial information

- **3. UPlan (Hyperion) Planning** Web-based budgeting and planning tool with Exceltype interface
 - Standardizes and streamlines campus budget process and automates consolidation; shortens budget cycle
 - Increases accuracy, improves transparency and provides speedier access to critical financial data
 - Enhances modeling, forecasting and reporting capabilities

Advancing Health Worldwide: A Strategic Plan Through 2014-2015

VISION:

To be the world's preeminent health sciences innovator.

MISSION

UCSF advances health worldwide through innovative health sciences education, discovery and patient care.

GOAL 1: Provide unparalleled care to our patients

- D. Hire and retain the top health care providers
 - 1. Improve patient satisfaction by building accountability systems, developing leadership and enhancing employee and physician satisfaction by June 2013. Implement clinical enterprise-wide initiative to improve operations efficiency and clinical outcomes by June 2015.
 - 2. Develop proposal for a centralized candidate sourcing function for UCSF by June 30, 2014.
- B. Accelerate the translation of ground-breaking science into therapies for patients worldwide.
 - 1. Improve existing clinical trials infrastructure.
 - By June 30, 2012, begin implementation of key plan tactics for T1 Research across UCSF.
 - By June 30, 2012, put in place one-stop portals for clinical trials information (OnCore and Clinical HUB)
 - 2. Identify and support industry partnerships that aid clinical and translational research.
 - Finalize one or two new partnerships with the goal of increasing private funding of UCSF translational science by June 30, 2013.
- C. Provide a world-class patient experience
 - 1. Open UCSF Medical Center at Mission Bay and finalize plans for Parnassus and

Mount Zion backfill project by June 30, 2015.

- 2. Improve access to UCSF Medical Group specialty groups as measured by third available appointment.
- 3. Implement Electronic Medical Record (APeX) by June 2012.
- 4. Achieve top quartile in Quality, Safety and Patient Satisfaction metrics by June 30, 2015.

GOAL 2: Improve health worldwide through innovative science

- A. Promote collaboration and cross disciplinary efforts within UCSF
 - 1. Develop an infrastructure to establish UCSF leadership in bioinformatics
 - By Dec. 31, 2012, develop a plan for leveraging computational sciences to promote translational research.
 - By Dec. 31, 2012, establish a new partnership with another UC campus to share best practices and ideas.
 - By June 30, 2014, build a bioinformatics initiative across all schools, including setting targets for hiring and training.
- B. Invest in infrastructure that enables UCSF to excel at basic clinical and populational research
 - 1. Improve infrastructure to support basic clinical and population research.
 - Expand and staff Research Development office by June 30, 2012 to build a community to share best practices in grant pursuit and writing.
 - Continue ongoing efforts to invest in Enabling Technology Centers.
 - Enhance existing data repositories and mining tools and improve existing views of data by June 30, 2012.
- C. Lead and influence biomedical research policy at the national and international levels.
 - 1. Identify impactful, innovative initiatives in biomedical research that can proactively influence policy.
 - Establish at least two agency partnerships in which UCSF plays a senior advisor role by Dec. 31. 2012.
 - Develop a minimum of one pilot program by Dec. 31, 2012, involving collaboration between UCSF and a government entity with a high-impact objective.
 - By June 30, 2012, initiate work on project to explore innovative research models with potential policy implications.

GOAL 3: Attract and support the most talented and diverse trainees in the health sciences

- A. Increase professional and graduate student financial support
 - 2. Launch Chancellor's Education Fundraising initiative by April 21, 2012, and secure between \$100M and \$140M for education (including \$75M to \$100M for student aid) by June 30, 2015.

- 3. Complete a comprehensive review of PhD curricula, identify ways to accelerate student progression, and reduce median time-to-degree by 10 percent by June 30, 2014.
- 4. Develop an integrated graduate education, faculty support and research fundraising initiative by Sept. 1, 2012.
- B. Develop infrastructure to support new experiential, team-based, interdisciplinary learning models.
 - 1. Establish interprofessional health Education infrastructure by Dec. 31, 2012.
 - 2. Develop a business plan for Parnassus and Mission Bay Learning Commons by May 29, 2012.
 - 3. Develop a business plan to integrate and maintain a robust campuswide digital learning environment by March 31, 2012.
- C. Create a learning environment in which our students thrive
 - 1. Open the Multicultural Resource Center by June 30, 2012.
 - 2. Institute comprehensive program to train faculty in the use of technology and develop new technology tools that enhance learning for students by June 1, 2013.
 - 3. Initiate at least two self-supporting online Masters degree programs and/or certificates by Fall 2014.
 - 4. Create international opportunities for students across three continents by Fall 2013.

Goal 4: Be the workplace of choice for diverse, top-tier talent

- A. Establish and communicate clear goals and direction at all levels
 - 1. Develop process to cascade UCSF strategic goals through organization to ensure accountability, goal management and tracking/reporting process by June 30, 2013.
 - 2. Develop a reward and recognition program aligned to achieving strategic goals by June 30, 2012.
- B. Enhance development opportunities for faculty and staff
 - 1. Complete succession management and development plans for top two levels of organization by June 30, 2013.
 - 2. Develop three-year plan and initiatives for faculty development programs based on analysis of faculty climate survey by June 30, 20112.
- C. Compensate faculty and staff based on performance and at market levels.
 - 1. Develop job families, including market pricing positions, for all non-represented staff by June 30, 2015.
 - 2. Develop fundraising strategies for endowed chairs and other faculty support, both as part of other ongoing campaigns and by identifying potential foundations for a transformational gift by June 30, 2014.
- D. Create an environment in which faculty and staff can thrive.

- 1. Create action plans for all UCSF units and resurvey toward improving employee engagement by June 30, 2013.
- 2. Increase efficiency via IT systems and develop three-year plan initiatives to improve faculty climate based on analysis of faculty climate survey by June 30, 2013.
- 3. Complete climate survey in Fall 2012, develop action plan based on results by June 30, 2013.

GOAL 5: Create a financially sustainable enterprise-wide business model

- A. Collaborate with our local community on educational and economic opportunities and health enhancement.
 - 1. By Dec. 31, 2014, implement the San Francisco Health Improvement Partnerships' plan to collaborate on four high-impact community programs with the San Francisco Department of Public Health, San Francisco Unified School District, and other civic and community stakeholders.
 - 2. As part of UCSF's local hiring initiative, increase the percentage of total construction hours performed by qualified local resident workers on UCSF building projects, greater than \$5 million, to 25 percent in 2012 and to 35 percent by Dec. 31, 2014.
 - 3. Complete the Long Range Development Plan with community involvement and obtain approval from the UC Regents by Dec. 31, 2014.
- B. Design and implement transparent and effective enterprisewide budgeting and planning processes.
 - 1. Develop a long range enterprisewide financial forecast by Dec. 31, 2011 and school-specific strategic plans and forecasts by Oct. 31, 2012.
 - 2. In partnership with the UC Office of the President and UC Regents, create a working group to examine alternative, mutually beneficial governance and financial relationships. Present recommendations to the UC Regents by July 31, 2012.
 - 3. By Dec. 31, 2012, form a Space Committee with an enterprisewide scope and authority, develop a Space Policy and Principles Document and, in alignment with those principles, develop a space plan for the Laurel Heights campus.
- C. Maximize existing revenue streams, develop new ones and continue Operational Excellence efforts to manage costs.
 - 1. Evaluate and develop business cases for at least five revenue opportunities. Make go or no-go decisions on each by Oct. 31, 2012.
 - 2. Achieve target of \$50M in ongoing savings from Operational Excellence initiatives by June 30, 2014.

UCSF AT A GLANCE

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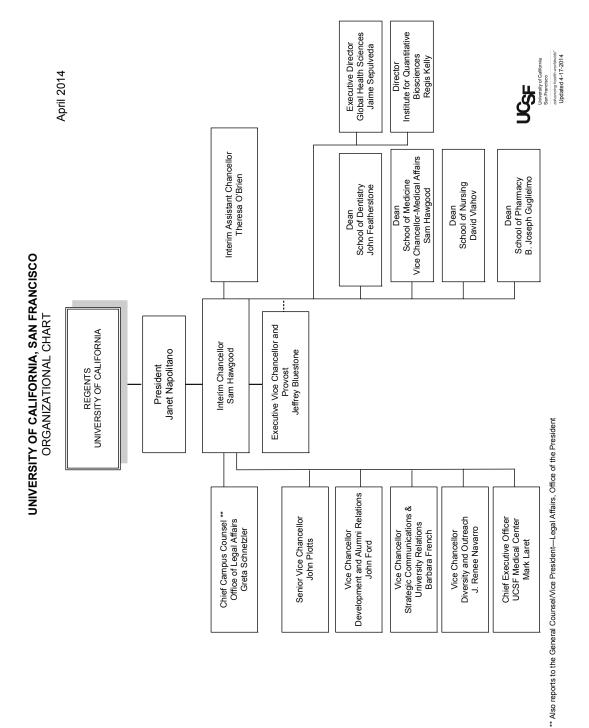
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Royal Society of London	25
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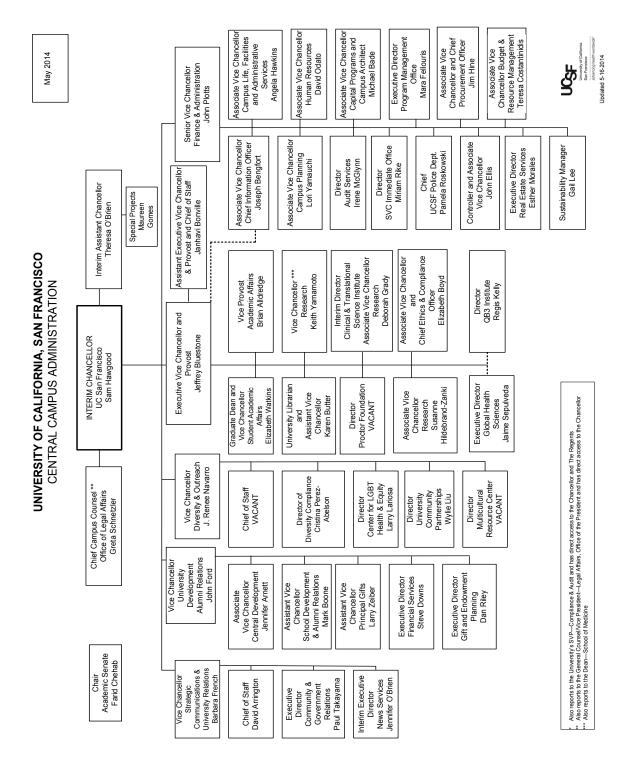
Campus Senior Leadership

Sam Hawgood, Interim Chancellor Theresa O'Brien, Interim Assistant Chancellor Greta Schnetzler, Chief Campus Counsel Jeffrey Bluestone, Executive Vice Chancellor and Provost John Plotts, Senior Vice Chancellor John Ford, Vice Chancellor Development and Alumni Relations Barbara French, Vice Chancellor Strategic Communications & University Relations J. Renee Navarro, Vice Chancellor Diversity and Outreach Mark Laret, Chief Executive Officer, UCSF Medical Center John Featherstone, Dean School of Medicine Sam Hawgood, Dean School of Medicine, Vice Chancellor-Medical Affairs David Vlahov, Dean School of Nursing B. Joseph Guglielmo, Dean School of Pharmacy Jaime Sepulveda, Executive Director Global Health Sciences Regis Kelly, Director Institute for Quantitative Biosciences

Campus Organizational Chart



Campus Organizational Chart - Continued



Key Statistics

UCSF Employee and Student Counts

	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
Faculty ¹ (Headcount)					
Full-Time	1,882	1,872	1,919	1,981	2,011
Part-Time	478	475	508	508	524
Other Academic ¹ (Headcount)					
Full-Time	2,409	2,867	2,930	2,990	3,030
Part-Time	929	934	722	636	592
Residents ² (Headcount)	999	1,157	1,191	1,200	1,146
Staff ¹ (Headcount)					
Full-Time	10,030	9,866	9,947	9,841	9,766
Part-Time	6,175	6,362	6,529	6,561	6,375
Students ³ (Fall Enrollment)					
DDS	376	384	386	388	394
MS (Nursing)	621	539	589	502	475
PharmD	489	490	480	491	490
MD	631	618	635	648	632
Ph.D	799	791	822	839	833
Other	143	68	228	255	297
Total:	3,059	2,890	3,140	3,123	3,121

Tuition and Fees

	Professional School and Camp	,		A 10 700	
Dentistry DDS	\$30,612	\$35,826	\$40,050	\$42,792	\$43,364
Medicine MD	\$27,129	\$30,481	\$33,622	\$35,134	\$35,696
Nursing MS	\$14,695	\$17,330	\$20,637	\$22,881	\$24,071
Pharmacy PharmD	\$26,060	\$30,050	\$33,285	\$34,803	\$35,375
Graduate Academic	\$11,640	\$12,946	\$14,892	\$15,126	\$15,698
Physical Therapy DPT		\$23,946	\$26,664	\$27,723	\$28,295
Dental Hygiene MS			\$27,018	\$28,404	\$28,976
Translational Medicine MS					\$46,028

Nonresidents⁴ (Includes Education, Registration, Professional School and Campus-based fees)

Dentistry DDS	\$42,857	\$48,071	\$52,295	\$55,037	\$55,609
Medicine MD	\$39,374	\$42,726	\$45,867	\$47,379	\$47,941
Nursing MS	\$26,940	\$29,575	\$32,882	\$35,126	\$36,316
Pharmacy PharmD	\$38,305	\$42,295	\$45,530	\$47,048	\$47,620
Graduate Academic	\$26,676	\$28,048	\$29,994	\$30,228	\$30,800
Physical Therapy DPT		\$36,599	\$39,245	\$40,325	\$40,897
Dental Hygiene MS			\$39,263	\$40,649	\$41,221
Translational Medicine MS					\$58,273

¹Source: UCOP-Statistical Summary of Students & Staff - October, 2013

²Source: Human Resources database

³Source: Student Academic Affairs database

⁴Source: Budget & Resource Management

Key Statistics - Continued

UCSF Financial Facts in Brief

UCSF Financial Facts					
(Dollars in Thousands)	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
			-		
Operating Expenses by Function ¹					
Instruction	\$180,117	\$239,542	\$247,798	\$274,470	\$474,297
Research	\$665,367	\$698,020	\$744,900	\$732,602	\$601,768
Public service	\$84,462	\$104,568	\$127,770	\$124,669	\$110,295
Academic support	\$271,208	\$295,213	\$319,170	\$326,562	\$242,805
Student Services	\$17,241	\$19,475	\$21,560	\$20,304	\$21,774
Institutional support	\$107,621	\$107,217	\$173,826	\$151,626	\$170,070
Operation and maintenance of plant Student financial aid	\$72,411	\$62,501 \$16,002	\$66,599	\$69,983 \$22,706	\$78,382
	\$33,665	\$16,903	\$17,863	\$23,706	\$9,421
Medical centers	\$1,583,444 \$31,214	\$1,631,346 \$31,112	\$1,802,655 \$28,694	\$1,941,832	\$2,237,276 \$25,795
Auxiliary enterprises Depreciation and amortization	\$167,668	\$190,130	\$28,094 \$194,007	\$27,893 \$224,408	\$25,795 \$317,351
Impairment of capital assets	\$22,803	\$190,130 \$0	\$194,007 \$0	\$224,400 \$0	\$317,351 \$0
Other	\$11,181	\$8,563	\$412	\$13,736	پو \$5,019
Outci	\$3,248,402	\$3.404.590	\$3,745,254	\$3,931,791	\$4,294,253
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Grants and Contracts Revenue ¹					
Federal Governement	\$595.684	\$636,733	\$641,612	\$652,409	\$648,682
State Government	\$81,380	\$74,161	\$65,967	\$66,603	\$64,745
Local Governement	\$100,876	\$131,756	\$149,644	\$148,287	\$156,087
Private	\$237,068	\$263,359	\$239,620	\$235,559	\$256,153
1 11/4/0	\$1,015,008	\$1,106,009	\$1,096,843	\$1,102,858	\$1,125,667
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Library Collection					
Volumes	662,807	637,503	642.639	1,066,253	1,096,541
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Campus Land Area ¹					
Acres	255	255	255	198	198
University Endowments ¹					
Endowment, at fair value	\$743,411	\$906,148	\$871,210	\$948,798	\$1,097,774
Annual Income Distribution	\$34,729	\$34,054	\$34,772	\$34,015	\$37,088
Campus Foundations' Endowments ¹					
Endowment, at fair value	\$492,755	\$492,755	\$655,924	\$766,144	\$912,957
Plant ¹					
Capital Assets	\$2,856,384	\$3,131,499	\$3,541,671	\$3,832,373	\$4,017,561
Capital Expenditures	\$421,309	\$470,275	\$609,343	\$522,315	\$515,493
Debt ²					
Outstanding Debt	\$2,026,163	\$3,701,084	\$3,719,018	\$3,960,189	. , ,
Debt Service	\$48,469	\$68,258	\$70,770	\$72,333	\$95,499

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.
- Cofounded 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.
- Shinya Yamanaka, 2012, for the discovery of how to transform ordinary adult skin cells into cells that, lke embryonic stems, are capable of developing into any cell in the human boday.

Accolades - Continued

National Academy of Science members

Biochemistry

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

Biophysics and Computational Biology

- 1. Agard, David 2007
- 2. DeGrado, William 1999
- 3. Dill, Ken 2008
- 4. Fletterick, Robert 2010
- 5. Sedat, John 2009
- 6. Stoeckenius, Walther 1978
- 7. Stroud, Robert 2003

Cellular and Developmental Biology

- 1. Martin, Gail 2002
- 2. Vale, Ronald 2001
- 3. 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. Heberlein, Ulrike 2010
- 4. Johnson, Alexander 2011
- 5. 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, 3/02/2015

Immunology

- 1. Cyster, Jason 2014
- 2. Lanier, Lewis 2010
- 3. Weiss, Arthur 2003

Medical Genetics, Hematology, and Oncology

- 1. Bishop, J. Michael 1980
- 2. Bourne, Henry 1994
- 3. Cleaver, James 1999
- 4. Hanahan, Doug 2009
- 5. Kan, Yuet Wai 1986
- 6. McCormick, Frank 2014
- 7. Prusiner, Stanley 1992
- 8. 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
- 6. Ptacek, Louis J. 2012
- 7. Werb, Zena 2010

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. Alberts, Bruce
- 4. Aminoff, Michael J.
- 5. Arean, Patricia A.
- 6. Ascher, Nancy L.
- 7. Auerbach, Andrew D.
- 8. Bainton, Dorothy F.
- 9. Balmes, John R.
- 10. Barondes, Samuel H.
- 11. Basbaum, Allan I.
- 12. Baxter, John D.
- 13. Benet, Leslie Z.
- 14. Benewitz, Neal L.
- 15. Bero, Lisa
- 16. Bibbins-Domingo, Kirsten
- 17. Bishop, J. Michael
- 18. Blackburn, Elizabeth
- 19. Blanc, Paul D.
- 20. Bluestone, Jeffrey A.
- 21. Bodenheimer, Thomas
- 22. Bourne, Henry R.
- 23. Boyce, W. Thomas
- 24. Boyer, Herbert W.
- 25. Braveman, Paula A.
- 26. Brindis, Claire D.
- 27. Brock, Tina
- 28. Burgel, Barbara
- 29. Callaham, Michael L.
- 30. Chaffee, Tonya
- 31. Chapman, Susan A.
- 32. Chater, Shirley S.
- 33. Chesney, Margaret

Notes:

- 1. List includes faculty inducted while at UCSF.
- 2. Source: Institute of Medicine 3/03/2015

- 34. Cohen, Fred E.
- 35. Cooke, Molly
- 36. Coughlin, Shaun R.
- 37. Cummings, Steven R.
- 38. Dallman, Peter R.
- 39. Darney, Phillip D.
- 40. Debas, Haile T.
- 41. Desmond-Hellmann, Susan
- 42. Dracup, Kathleen A.
- 43. Dunn, Frederick L.
- 44. Dunn, Laura
- 45. Edwards, Robert H.
- 46. Eisner, Mark D.
- 47. Elliot, Glen R.
- 48. Epstein, Charles J.
- 49. Ernster, Virgina
- 50. Estes, Carroll L.
- 51. Feachem, Richard G
- 52. Ferriero, Donna M.
- 53. Fields, Howard L.
- 54. Fillmore, Kaye
- 55. Finley, Patrick R.
- 56. Folkman, Susan
- 57. Froelicher, Erika
- 58. Fuentes-Afflick, Elena
- 59. Ganem, Donald E.
- 60. Gazzaley, Adam
- 61. Gershon, Robyn R.
- 62. Giacomini, Kathleen
- 63. Giudice, Linda C.
- 64. Glantz, Stanton A.
- 65. Goldman, Lee
- 66. Goosby, Eric P.

Accolades - Continued

Institute of Medicine members-continued

67. Grady, Deborah 68. Grandis, Jennifer R. 69. Green, Lawrence 70. Greene, John C. 71. Greene, Warner C. 72. Greenspan, Deborah 73. Greenspan, John S. 74. Grumbach, Kevin 75. Grumbach, Melvin M. 76. Haan, Mary N. 77. Hall, Sharon 78. Hall, Zach W. 79. Halpern-Felsher, Bonnie L. 80. Hanahan, Doug 81. Harrington, Charlene A. 82. Harrison, Michael R. 83. Harrison, Robert 84. Hauser, Stephen L. 85. Havel, Richard 86. Hawgood, Samuel 87. Henderson, Craig 88. Hiatt, Robert A. 89. Holzemer, William L. 90. Hong, Oisaeng 91. Horowitz, Mardi 92. Huang, Eric J. 93. Irby, David 94. Irwin, Charles E. 95. Jaffe, Robert B. 96. Jamison, Dean T. 97. Johnston, S. Claiborne 98. Josephson, S. Andrew 99. Julius, David

Notes:

- 1. List includes faculty inducted while at UCSF.
- 2. Source: Institute of Medicine 3/03/2015

100.Kahn, James G. 101.Kan, Yuet Wai 102. Kenyon, Cynthia J. 103.Kerr, William B. 104. Kessler, David A. 105.King, Talmadge E. 106. Kirsch, Janice L. 107.Koda-Kimble, Mary Anne 108. Kramer, Joel 109. Krevans, Julius R. 110.Kriegstein, Arnold 111.Langridge, Robert 112. LaPlante, Mitchell P. 113.Lee, Janice S. 114.Lee, Philip R. 115. Lieberman, Alicia 116.Lo, Bernard 117.Lomen-Hoerth, Catherine 118. Lotz, Jeffrey C. 119. Luft, Harold S. 120. Marco, Elvsa 121. Margulis, Alexander R. 122. Marks, James 123. Martinson, Ida M. 124. McCormick, Frank 125. Mertz, Beth 126. Merzenich, Michael 127. Miaskowski, Christine A. 128. Miller, Ronald D. 129. Millstein, Susan G. 130. Milstein, Arnold 131. Morris, R. Curtis

132. Mucke, Lennart

Accolades - Continued

Institute of Medicine members-continued

133. Munoz, Ricardo F. 134. Newacheck, Paul W. 135. Nicoll, Roger 136. Noble-Haeussiein, Linda J. 137. Norbeck, Jane S. 138. Nussbaum, Robert L. 139. Oda, Dorothy S. 140. Olesen, Virginia L. 141. O'Neil, Edward 142. Padian, Nancy S. 143. Parer, Julian T 144. Peabody, John W. 145. Perez-Stable, Eliseo J. 146. Phillips, Theodore L. 147. Phoenix, Bethany J. 148. Porter, Carol 149. Portillo, Carmen J. 150. Powe, Neil 151. Prusiner, Stanley B. 152. Ptácek, Louis J. 153. Puck, Jennifer M. 154. Quinian, Patricia 155. Redberg, Rita 156. Reeves, Scott 157. Rempel, David 158. Rice, Dorothy P. 159. Risch, Neil J. 160. Roach, Mack 161. Rubenstein, John 162. Rudolph, Abraham M. 163. Rutherford, George W.

164. Sanchez, David J. 165. Sarkar, Urmimala 166. Schillinger, Dean 167. Schroeder, Steven A 168. Sepulveda Amor, Jaime 169. Shokat, Kevan M. 170. Sim, Ida 171.Smith, Lloyd H. 172. Sorensen, James L. 173. Spetz, Joanne 174. Srivastava, Deepak 175. State, Matthew W. 176. Taylor, Diana 177. Thaler, M. Michael 178. Vale, Ronald D. 179. Vlahov, David 180. Volberding, Paul A. 181.von Zastrow, Mark E. 182. Wara, Diane W. 183. Washington, A. Eugene 184. Weiss, Arthur 185. Werb, Zena 186. White, Raymond L. 187. Wiener-Kronish, Jeanine P. 188. Wright, Teresa L. 189. Yaffe, Kristine 190. Yamamoto, Keith R. 191. Yelin, Edward H..

Notes:

- 1. List includes faculty inducted while at UCSF.
- 2. Source: Institute of Medicine 3/03/2015

Accolades - Continued

American Academy of Arts & Sciences members

Biochemistry and Molecular Biology

- 1. Abelson, John Normal 1985
- 2. Agard, David 2009
- 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. DeGrado, William F. 1998
- 9. Gross, Carol A. 1992
- 10. Guthrie, Christine 1991
- 11. Hanahan, Douglas 2007
- 12. Shokat, Kevan M. 2011
- 13. 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, Cynthia 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

Notes:

- 1. List includes faculty inducted while at UCSF.
- 2. Year is year inducted to academy.
- 3. Source: American Academy of Arts & Sciences 3/03/2015

Educational, Scientific, Cultural, and Philanthropic Administration (Nonprofit sector)

1. Sepulveda, Jaime - 2014

Interclass

1. Hochschild, Adam

Neurosciences, Cognitive Sciences, and Behavioral Biology

- 1. Barondes, Samuel H. 2010
- 2. Basbaum, Allan 2003
- 3. Doupe, Allison Jane 2008
- 4. Fields, Howard Lincoln 2010
- 5. Jan, Lily 2007
- 6. Jan, Yuh Nung 2007
- 7. Julius, David 2005
- 8. Lisberger, Stephen G. 2008
- 9. Nicoll, Roger Andrew 1999
- 10. Reichardt, Louis French 2005
- 11. Stryker, Michael P. 2002

Accolades - Continued

American Academy of Arts & Sciences members-continued

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

1. Abbas, Abul K. - 2009

- 2. Alvarez-Buylla, Arturo 2013
- 3. Bainton, Dorothy Ford 1996
- 4. Bluestone, Jeffrey Allen 2006
- 5. Clements, John Allen 2002
- 6. Coughlin, Shaun Robert 2002
- 7. Debas, Haile Tesfaye 1992
- 8. Desmond-Hellmann 2010
- 9. Ferriero, Donna M. 2013
- 10. Greene, Warner Craig 2014
- 11. Grumbach, Melvin Malcom 1995
- 12. Hauser, Stephen L. 1997
- 13. Havel, Richard J. 1992
- 14. Kan, Yuet Wai 1993
- 15. King, Jr., Talmadge Everett 2011
- 16. Lanier, Lewis Lee 2011
- 17. Levy, Jay A. 2004
- 18. Locksley, Richard Michael 2005
- 19. Mahley, Robert W. 2006
- 20. Prusiner, Stanley Ben 1993
- 21. Ptácek, Louis J. 2008
- 22. Schroeder, Steven A. 2007
- 23. Smith Jr., Lloyd Hollingsworth 1970
- 24. Srivastava, Deepak 2010
- 25. Weiss, Arthur 2003
- 26. Werb, Zena 2003
- 27. White, Raymond L. 2005

Notes:

- 1. List includes faculty inducted while at UCSF.
- 2. Year is year inducted to academy.
- 3. Source: American Academy of Arts & Sciences 3/03/2015

Social and Developmental Psychology and Education

- 1. Adler, Nancy 2009
- 2. Cicourel, Aaron V. 1992

Accolades - Continued

Albany Medical Center Prize in Medicine and Biomedical Research

1. Blackburn, Elizabeth

California Scientists of the Year

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

Gardner Award Winners

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

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. Vale, Ron
- 8. Yamanaka, Shinya

MacArthur Award Recipient

1. Derisi, Joseph

National Medal of Science

1. Prusiner, Stanley B.

National Medal of Technology

1. Boyer, Herbert

Remington Honor Medal

1. Koda-Kimble, Mary-Anne

Royal Society of London

1. Basbaum, Allan

Shaw Prize in Life Sciences & Medicine

- 1. Julius, David J.
- 2. Walter, Peter

Note:

1. List includes faculty inducted while at UCSF.

University of California, San Francisco Institutional Profile - FY 2013-14 Summary Statistics

SUMMARY STATISTICS

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

- UCSF Strategic Planning (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
- Organ Procurement and Transportation Network (OPTN)
- USNews.com
- Newsweek International
- Shanghai Jaio Tong Universiy

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University of California, San Francisco Institutional Profile - FY 2013-14 Summary Statistics

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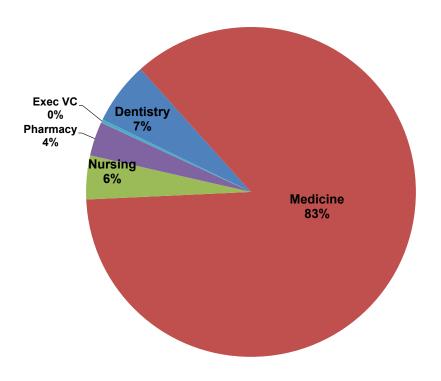
FACULTY STATISTICS SECTION

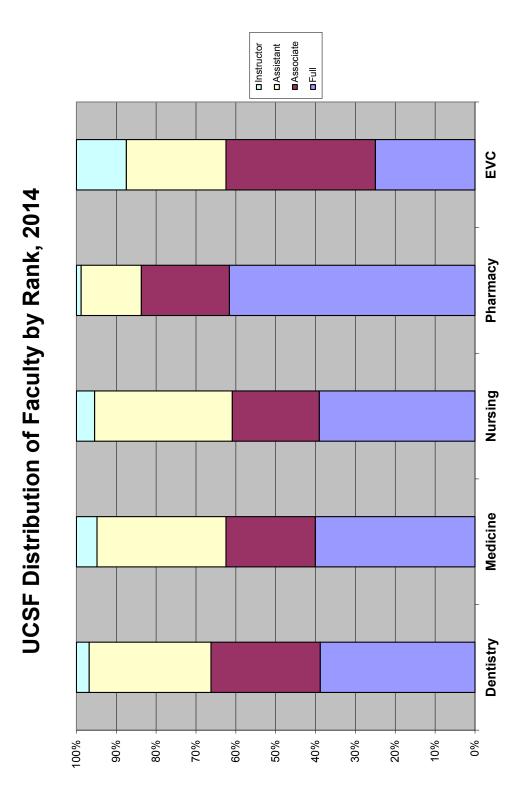
UCSF Faculty Headcount by School/Unit

School/Unit	2009	2014	CAGR
Dentistry	170	157	-1.6%
Medicine	1,837	2,204	3.7%
Nursing	127	110	-2.8%
Pharmacy	90	86	-0.9%
Exec VC	54	8	-31.7%
Total	2,278	2,565	2.4%

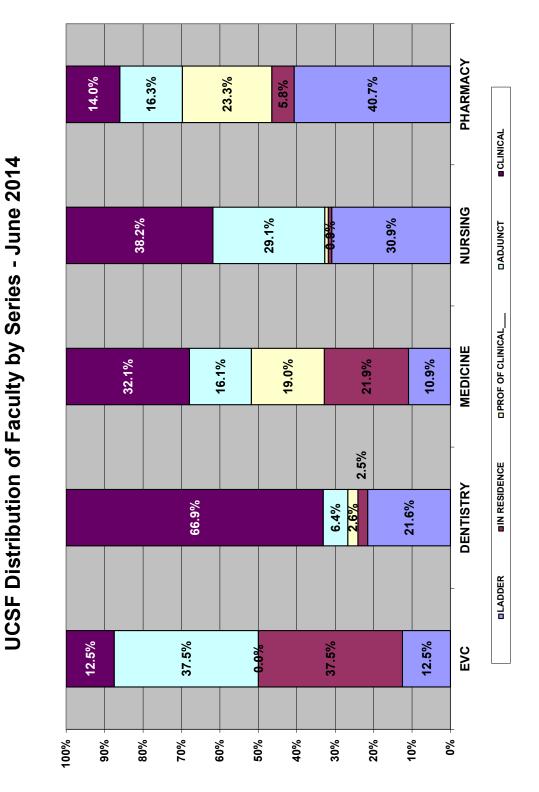
2009 vs. 2014



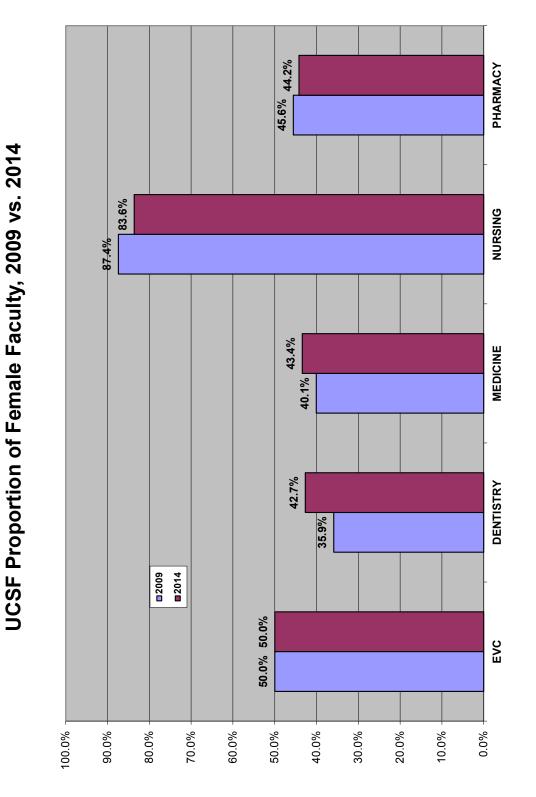




Source: UCSF Budget and Resource Management - Strategic Planning Chart IV-12



Source: UCSF Budget and Resource Management - Strategic Planning Chart IV-13



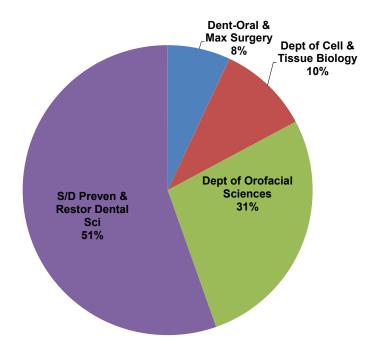
Source: UCSF Budget and Resource Management - Strategic Planning Chart IV-14

School of Dentistry Faculty Headcount

School/Unit	2009	2014	CAGR
Dent-Oral & Max Surgery	15	11	<mark>-6.0%</mark>
Dept of Cell & Tissue Biology	14	16	2.7%
Dept of Orofacial Sciences	58	43	-5.8%
S/D Preven & Restor Dental Sci	83	87	0.9%
Total	170	157	-1.6%

2009 vs. 2014

2014 Distribution

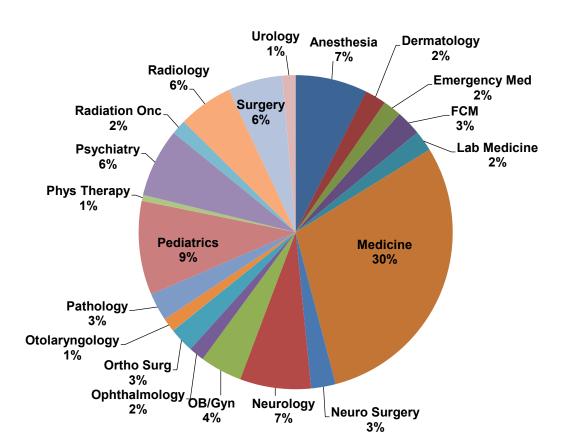


UCSF School of Medicine Clinical Departments Faculty Headcount

2009 vs. 2014

School/Unit	2009	2014	CAGR
Anesthesia	112	146	5.4%
Dermatology	27	43	<mark>9.</mark> 8%
Emergency Med	27	37	0.0%
FCM	53	52	-0.4%
Lab Medicine	34	42	4.3%
Medicine	486	586	3.8%
Neuro Surgery	37	50	6.2%
Neurology	121	144	3.5%
OB/Gyn	78	86	2.0%
Ophthalmology	28	31	2.1%
Ortho Surg	44	51	3.0%
Otolaryngology	19	28	8.1%
Pathology	55	57	0.7%
Pediatrics	159	191	3.7%
Phys Therapy	10	12	3.7%
Psychiatry	95	139	7.9%
Radiation Onc	24	30	4.6%
Radiology	106	111	0.9%
Surgery	100	111	2.1%
Urology	21	27	5.2%
Total	1,636	1,974	3.8%

UCSF School of Medicine Clinical Departments Faculty Headcount

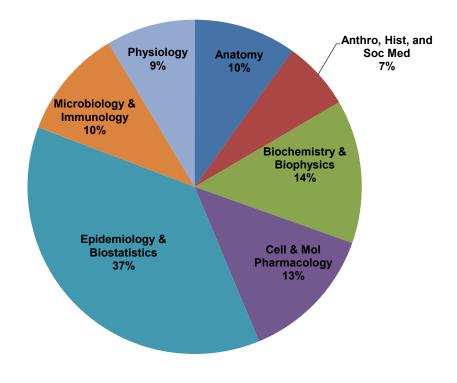


2014 Distribution

UCSF School of Medicine Basic Science Departments Faculty Headcount

School/Unit	2009	2014	CAGR
Anatomy	19	15	-4.6%
Anthro, Hist, and Soc Med	7	10	7.4%
Biochemistry & Biophysics	28	21	-5.6%
Cell & Mol Pharmacology	16	20	4.6%
Epidemiology & Biostatistics	39	56	7.5%
Microbiology & Immunology	16	16	0.0%
Physiology	17	13	-5.2%
Total	142	151	1.2%

2009 vs. 2014

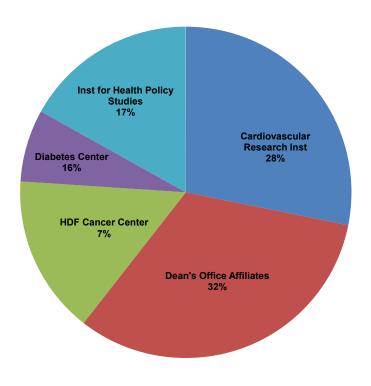


2014 Distribution

UCSF School of Medicine All Other Departments Faculty Headcount

School/Unit	2009	2014	CAGR
Cardiovascular Research Inst	7	20	23.4%
Dean's Office Affiliates	19	23	0.0%
Diabetes Center	13	11	-3.3%
HDF Cancer Center	11	5	-14.6%
Inst for Health Policy Studies	9	12	5.9%
Total	59	71	3.8%

2009 vs. 2014



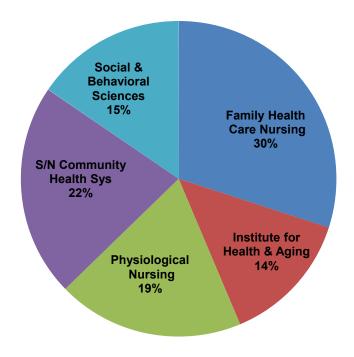
2014 Distribution

UCSF School of Nursing Faculty Headcount

School/Unit	2009	2014	CAGR
Family Health Care Nursing	35	33	-1.2%
Institute for Health & Aging	12	15	4.6%
Physiological Nursing	35	21	<mark>-9.7%</mark>
S/N Community Health Sys	31	24	-5.0%
Social & Behavioral Sciences	14	17	4.0%
Total	127	110	-2.8%

2009 vs. 2014

2014 Distribution

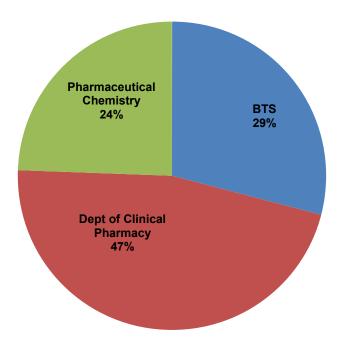


UCSF School of Pharmacy Faculty Headcount

School/Unit	2009	2014	CAGR
BTS	21	25	0.0%
Dept of Clinical Pharmacy	46	40	-2.8%
Pharmaceutical Chemistry	23	21	-1.8%
Total	90	86	-0.9%

2009 vs. 2014

2014 Distribution



Source: UCSF Budget and Resource Management - Strategic Planning Chart IV-21

STAFF STATISTICS SECTION

UNIVERSITY OF CALIFORNIA FULL-TIME AND PART-TIME HEADCOUNT SMG MSP, ACADEMIC AND PSS PERSONNEL OCTOBER 2013

	CTO* OSC	SAN FRANCISCO FULL-TIME	SAN FRANCISCO PART-TIME
SMG & MSP		1,437	293
ACADEMIC STAFF			
ACADEMIC ADMINISTRATORS	S	63	20
REGULAR TEACHING FACULTY - LADDER RANKS	0	341	88
REGULAR TEACHING FACULTY - ACTING RANKS	1	2	1
LECTURERS	2	0	1
OTHER TEACHING FACULTY	3	1,660	433
STUDENT ASSISTANTS	4	1,590	373
RESEARCH	5	1,377	146
LIBRARIAN	6	8	2
COOPERATIVE EXTENSION	7	0	0
UNIVERSITY EXTENSION	8	0	0
OTHER ACADEMIC PERSONNEL	9	1	52
OTHER - UNKNOWN		0	0
SUBTOTAL ACADEMIC STAFF	:	5,042	1,116
NON-ACADEMIC STAFF			
CLERICAL & ALLIED SERVICES	В	1,443	649
COMMUNICATIONS - ARTS & GRAPHICS	D	59	16
ARCHITECTURE, ENGINEERING & APPLIED SVC	Е	60	9
FISCAL, MANAGEMENT & STAFF SVC	F	2,795	638
FOOD & LINEN SERVICES	С	157	151
HEALTH CARE & ALLIED SERVICES	Н	2,419	3,912
MAINTENANCE, FABRICATION, & OPERATIONS	G	440	87
PROTECTIVE SERVICES	J	142	21
SCIENCES, LABORATORY & ALLIED SERVICES	I .	763	359
STUDENT SERVICES	А	51	184
OTHER	Z	0	56
OTHER - UNKNOWN	М	0	0
SUBTOTAL	:	8,329	6,082
NONE			
NOT ASSIGNED		0	0
TOTAL	:	14,808	7,491

SOURCE: OCTOBER 2013 CORPORATE PERSONNEL SYSTEM

* 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 2013

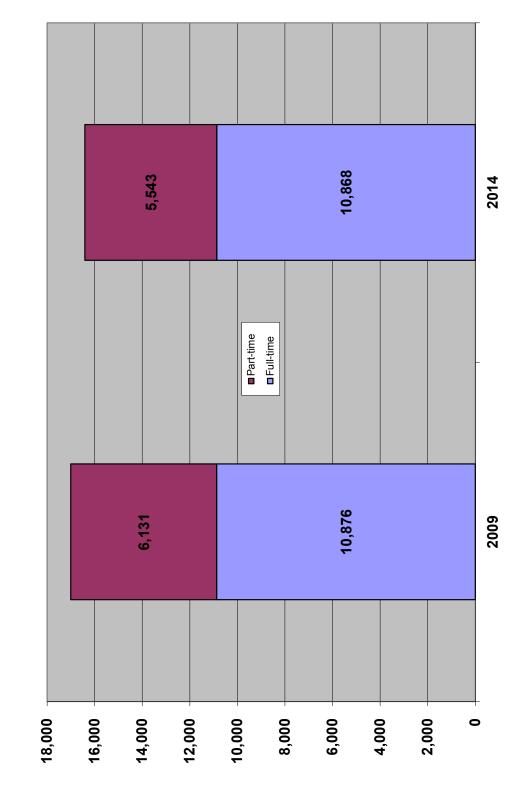
	CTO* OSC	SAN FRANCISCO
SMG & MSP		1,569.46
ACADEMIC STAFF		
ACADEMIC ADMINISTRATORS	S	75.55
REGULAR TEACHING FACULTY - LADDER RANKS	0	365.32
REGULAR TEACHING FACULTY - ACTING RANKS	1	2.78
LECTURERS	2	0.45
OTHER TEACHING FACULTY	3	1,884.24
STUDENT ASSISTANTS	4	1,714.75
RESEARCH	5	1,461.68
LIBRARIAN	6	8.17
COOPERATIVE EXTENSION	7	0.00
UNIVERSITY EXTENSION	8	0.00
OTHER ACADEMIC PERSONNEL	9	18.00
OTHER - UNKNOWN		0.00
SUBTOTAL ACADEMIC STAFF	-	5,530.94
NON-ACADEMIC STAFF CLERICAL & ALLIED SERVICES COMMUNICATIONS - ARTS & GRAPHICS ARCHITECTURE, ENGINEERING & APPLIED SVC FISCAL, MANAGEMENT & STAFF SVC FOOD & LINEN SERVICES HEALTH CARE & ALLIED SERVICES MAINTENANCE, FABRICATION, & OPERATIONS PROTECTIVE SERVICES	B D F C H G J	1,831.03 68.64 64.12 3,164.85 261.52 5,236.63 501.81 157.52
SCIENCES, LABORATORY & ALLIED SERVICES	1	936.25
STUDENT SERVICES	A	91.65
OTHER	Z	9.48
OTHER - UNKNOWN	М	
SUBTOTAL	_:	12,323.50
NONE NOT ASSIGNED		0.00
ΤΟΤΑΙ	<u>.</u> :	19,423.90

SOURCE: OCTOBER 2013 CORPORATE PERSONNEL SYSTEM

* 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.

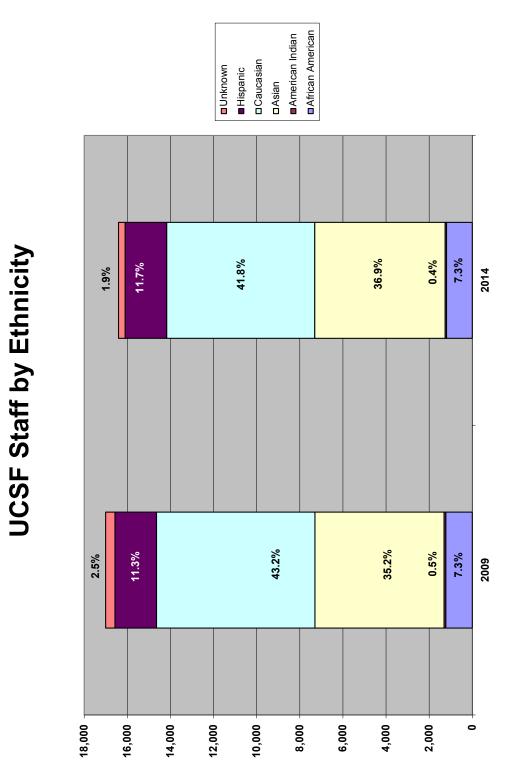
		Oct 2012			Oct 2013		Percent
	Female	Male	Total	Female	Male	Total	Change
American Indian	49	30	79	46	32	78	-1%
Unclassified	0	0	0	0	0	0	0%
Academic	7	8	15	6	9	15	0%
Non-Academic	42	22	64	40	23	63	-2%
SMG & MSP	4	4	8	4	3	7	-139
PSS	38	18	56	36	20	56	0%
Asian	4,908	2,894	7,802	4,903	2,904	7,807	0%
Unclassified	5	4	9	7	1	8	-11%
Academic	963	854	1,817	958	889	1,847	29
Non-Academic	3,940	2,036	5,976	3,938	2,014	5,952	0%
SMG & MSP	219	180	399	230	186	416	49
PSS	3,721	1,856	5,577	3,708	1,828	5,536	-1%
African American	905	453	1,358	918	423	1,341	-1%
Unclassified	2	1	3	0	1	1	-67%
Academic	89	74	163	89	65	154	-6%
Non-Academic	814	378	1,192	829	357	1,186	-19
SMG & MSP	49	27	76	52	26	78	3%
PSS	765	351	1,116	777	331	1,108	-19
Hispanic	1,426	838	2,264	1,449	800	2,249	-1%
Unclassified	1	1	2	2	1	3	50%
Academic	163	174	337	166	171	337	0%
Non-Academic	1,262	663	1,925	1,281	628	1,909	-19
SMG & MSP	45	46	91	47	45	92	19
PSS	1,217	617	1,834	1,234	583	1,817	-19
White	6,471	4,012	10,483	6,375	3,958	10,333	-1%
Unclassified	7	10	17	9	10	19	12%
Academic	1,659	1,930	3,589	1,699	1,920	3,619	19
Non-Academic	4,805	2,072	6,877	4,667	2,028	6,695	-3%
SMG & MSP	594	460	1,054	627	456	1,083	3%
PSS	4,211	1,612	5,823	4,040	1,572	5,612	-4%
Unknown/Not Stated	324	207	531	301	190	491	-8%
Unclassified	1	1	2	2	1	3	50%
Academic	97	97	194	91	95	186	-4%
Non-Academic	226	109	335	208	94	302	-10%
SMG & MSP	14	11	25	14	13	27	8%
PSS	212	98	310	194	81	275	-119
Total Campus	14,083	8,434	22,517	13,992	8,307	22,299	-1%
Unclassified	16	17	33	20	14	34	3%
Academic	2,978	3,137	6,115	3,009	3,149	6,158	19
Non-Academic	11,089	5,280	16,369	10,963	5,144	16,107	-2%
SMG & MSP	925	728	1,653	974	729	1,703	39
PSS	10,164	4,552	14,716	9,989	4,415	14,404	-2%

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

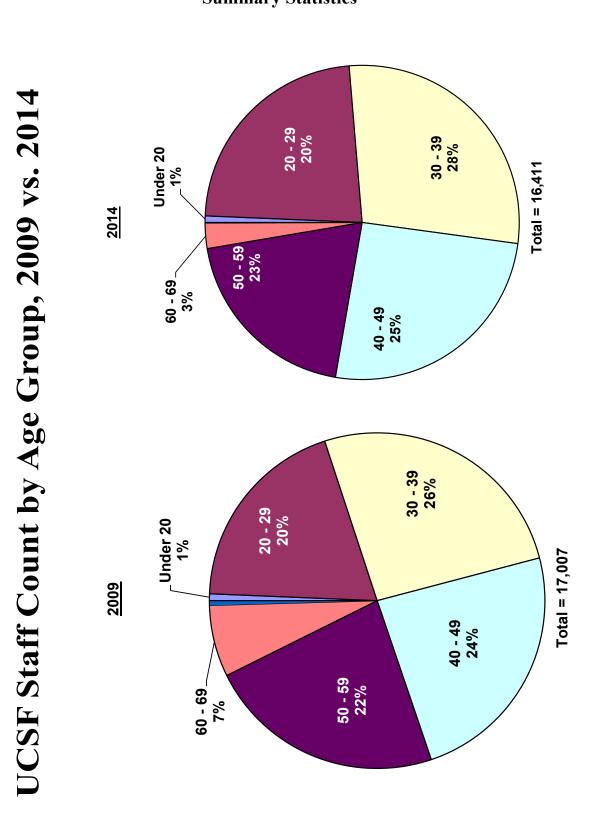


Source: UCSF Human Resources - Strategic Planning Chart IV-23

UCSF Total Staff Count



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



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

UCSF Staff Count by Control Point/Department

			% 2014	
Control Point	2009	2014	Total	CAGR*
CHANCELLOR'S IMMEDIATE OFFICE	19	14	0.1%	-5.9%
DEVELOPMENT	0	130	0.8%	0.0%
EXECUTIVE VICE CHANCELLOR	904	1,121	6.8%	4.4%
FINANCIAL & ADMISTRATIVE SVCS	2,198	1,866	11.4%	-3.2%
MC2-MEDICAL CENTER(CONTROL PT)	7,676	7,983	48.6%	0.8%
SCHOOL OF DENTISTRY	392	311	1.9%	-4.5%
SCHOOL OF MEDICINE	5,024	4,574	27.9%	-1.9%
SCHOOL OF NURSING	297	137	0.8%	-14.3%
SCHOOL OF PHARMACY	263	237	1.4%	-2.1%
UNIVERSITY RELATIONS	0	28	0.2%	0.0%
VC-UNIV ADVANCEMENT & PLANNING	234	0	0.0%	-100.0%
VC DIVERSITY & OUTREACH	0	10	0.1%	0.0%
Grand Total	17,007	16,411	100.0%	

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

STUDENT STATISTICS SECTION

Tuition & Fees (Includes Tuition, Student Services Fee, Professional Degree Supplemental Tuition, and Campus-based Fees)

School or Program	2	2009-10	2	2010-11	2	2011-12	2	2012-13	2	2013-14
Tuition and Fees for Residents										
Dentistry DDS	\$	30,612	\$	35,826	\$	40,050	\$	42,792	\$	43,364
Medicine MD	\$	27,129	\$	30,481	\$	33,622	\$	35,134	\$	35,696
Nursing MS	\$	14,695	\$	17,330	\$	20,637	\$	22,881	\$	24,071
Pharmacy PharmD	\$	26,060	\$	30,050	\$	33,285	\$	34,803	\$	35,375
Graduate Academic	\$	11,640	\$	12,946	\$	14,892	\$	15,126	\$	15,698
Physical Therapy DPT			\$	23,946	\$	26,664	\$	27,723	\$	28,295
Dental Hygiene MS					\$	27,018	\$	28,404	\$	28,976
Translational Medicine MS									\$	46,028
Tuition and Fees for Nonresidents										
Dentistry DDS	\$	42,857	\$	48,071	\$	52,295	\$	55,037	\$	55,609
Medicine MD	\$	39,374	\$	42,726	\$	45,867	\$	47,379	\$	47,941
Nursing MS	\$	26,940	\$	29,575	\$	32,882	\$	35,126	\$	36,316
Pharmacy PharmD	\$	38,305	\$	42,295	\$	45,530	\$	47,048	\$	47,620
Graduate Academic	\$	26,676	\$	28,048	\$	29,994	\$	30,228	\$	30,800
Physical Therapy DPT			\$	36,599	\$	39,245	\$	40,325	\$	40,897
Dental Hygiene MS					\$	39,263	\$	40,649	\$	41,221
Translational Medicine MS									\$	58,273

Enrollment by Degree - All Schools

Degree	2009-10	2010-11	2011-12	2012-13	2012-14
DDS	376	384	386	388	394
MS (Nursing)	621	539	589	502	475
PharmD	489	490	480	491	490
MD	631	618	635	648	632
PhD	799	791	822	839	833
Other	143	68	228	255	288

Year	Female	Male	All
2004-05	361	321	682
2005-06	379	307	686
2006-07	378	320	698
2007-08	381	320	701
2008-09	394	322	716
2009-10	398	336	734
2010-11	401	338	739
2011-12	414	346	760
2012-13	400	357	757
2013-14	391	360	751

Medical School Enrollment by Sex

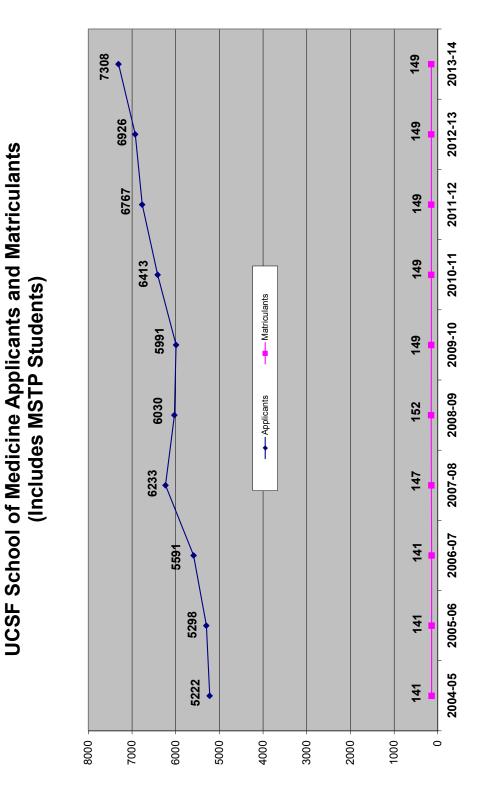
Medical School Graduates by Sex

Year	Female	Male	All
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
Class of 2010	81	76	157
Class of 2011	85	58	143
Class of 2012	101	69	170
Class of 2013	100	66	166
Class of 2014	86	74	160

Source: www.AAMC.Org

		Fall 2012			Fall 2013		0	ne-year chan	ge
	Ug	Gr	Total	Ug	Gr	Total	Ug	Gr	Total
International	0	156	156	0	140	140	n/a	-10%	-10%
Female	0	85	85	0	77	77	n/a	-9%	-9%
Male	0	69	69	0	62	62	n/a	-10%	-10%
Unknown	0	2	2	0	1	1			
American Indian	0	30	30	0	33	33	n/a	10%	10%
Female	0	19	19	0	21	21	n/a	11%	11%
Male	0	11	11	0 0	12	12	n/a	9%	9%
Unknown	0	0	0	0	0	0			- / -
African American	0	206	206	0	214	214	n/a	4%	4%
Female	0	128	128	0	132	132	n/a	3%	3%
Male	0	78	78	0	82	82	n/a	5%	5%
Unknown	0	0	0	0	0	0	n/a	0,0	0,0
Chicano/Chicana	0	226	226	0	232	232	n/ 0	29/	3%
Female	0	220 118	118	0	232 128	232 128	n/a n/a	3% 8%	3% 8%
	0	108	108	0	128	120		-5%	-5%
Male Unknown	0	0	0	0	103	103	n/a	-5%	-5%
Latino/Latina	0	160	160	0	184	184	n/a	15%	15%
Female	0	78	78	0	91	91	n/a	17%	17%
Male	0	82	82	0	93	93	n/a	13%	13%
Unknown	0	0	0	0	0	0			
Filipino/Pilipino	0	125	125	0	122	122	n/a	-2%	-2%
Female	0	79	79	0	70	70	n/a	-11%	-11%
Male	0	45	45	0	52	52	n/a	16%	16%
Unknown	0	1	1	0	0	0			
Chinese	0	528	528	0	557	557	n/a	5%	5%
Female	0	348	348	0	373	373	n/a	7%	7%
Male	0	178	178	0	184	184	n/a	3%	3%
Unknown	0	2	2	0	0	0			
Japanese	0	69	69	0	67	67	n/a	-3%	-3%
Female	0	44	44	0	39	39	n/a	-11%	-11%
Male	0	25	25	0	28	28	n/a	12%	12%
Unknown	0	0	0	0	0	0			
Korean	0	98	98	0	106	106	n/a	8%	8%
Female	0	56	56	0	62	62	n/a	11%	11%
Male	0	42	42	0	44	44	n/a	5%	5%
Unknown	0	0	0	0 0	0	0		0,0	0,0
Other Asian	0	397	397	0	401	401	n/ 0	1%	1%
Female	0	233	233	0	40 1 242	40 1 242	n/a n/a	4%	4%
Male	0	163	163	0	159	159	n/a	-2%	-2%
Unknown	0	105	105	0	0	0	n/a	-2 /0	-2 /0
						-			
Pakistani/East Indian	0	220	220	0	236	236	n/a	7%	7%
Female	0	121	121	0	131	131	n/a	8%	8%
Male	0	99	99	0 0	105	105	n/a	6%	6%
Unknown	0	0	0		0	0			
White	0	1,938	1,938	0	1,120	1,120	n/a	-42%	-42%
Female	0	1,097	1,097	0	699	699	n/a	-36%	-36%
Male	0	837	837	0	420	420	n/a	-50%	-50%
Unknown	0	4	4	0	1	1			
Not Stated/Unknown	0	654	654	0	1,347	1,347	n/a	106%	106%
Female	0	389	389	0	747	747	n/a	92%	92%
Male	0	263	263	0	598	598	n/a	127%	127%
Unknown	0	2	2	0	2	2			
Campus Total	0	4,807	4,807	0	4,759	4,759	n/a	-1%	-1%
Female	0	2,795	2,795	0	2,812	2,812	n/a	1%	1%
Male	0	2,000	2,000	0	1,942	1,942	n/a	-3%	-3%
Unknown	0	12	12	0	5	5		070	070

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

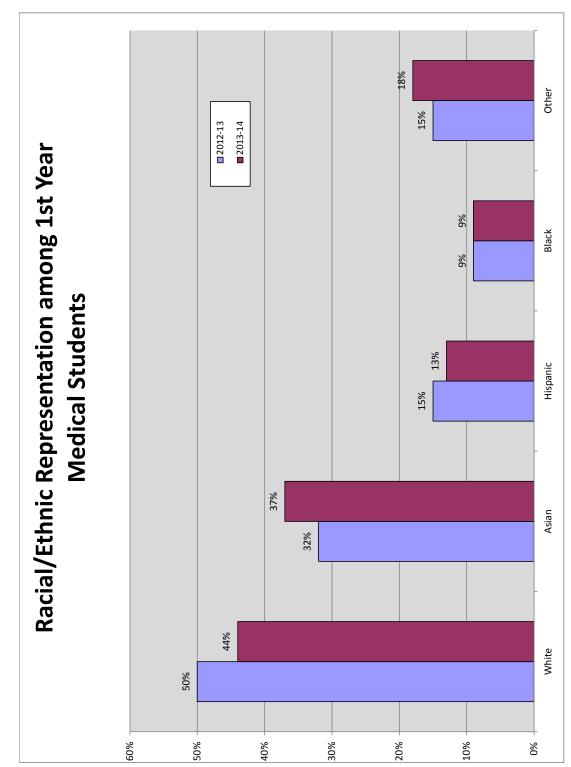


Source: School of Medicine - Strategic Planning Chart II-5

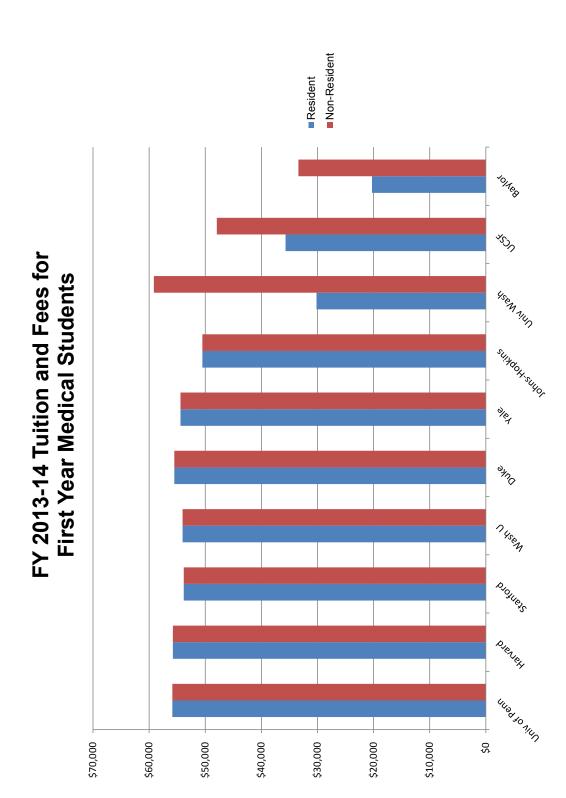
GPAs and Testing Scores of Incoming UCSF Medical Students

	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
2010-11	3.71	3.73	12
2011-12	3.79	3.77	11
2012-13	3.77	3.76	11.5
2013-14	3.78	3.79	11.5

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



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



Source: AAMC.org

UCSF Residency Programs Offers and Acceptances by Department, 2013-14

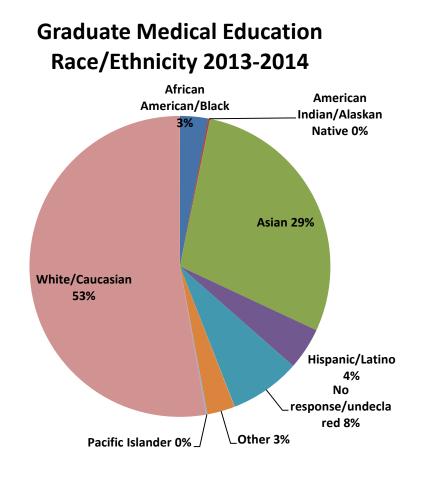
Program	Offers	Acceptances	% Filled
Internal Medicine	62	62	100.0%
Pediatrics	27	27	100.0%
Anesthesiology	23	23	100.0%
Surgery	33	17	51.5%
Psychiatry	16	16	100.0%
Family & Community Medicine	15	15	100.0%
Emergency Medicine	12	12	100.0%
Pathology (Anatomic & Clinical)	13	13	100.0%
Radiology	14	14	100.0%
Obstetrics - Gynecology	9	9	100.0%
Neurology	10	10	100.0%
Child Neurology	3	2	66.7%
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	272	255	93 8%

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

Fellowships/Subspecialty Training, 2013-14

Program	Offers	Acceptances	% Filled
Internal Medicine	62	62	100.00%
Pediatrics	26	26	100.00%
Anesthesiology	23	23	100.00%
Surgery	25	16	64.00%
Psychiatry	16	16	100.00%
Family & Community Medicine	15	15	100.00%
Emergency Medicine	14	14	100.00%
Pathology (Anatomic & Clinical)	9	9	100.00%
Radiology	14	14	100.00%
Obstetrics - Gynecology	9	9	100.00%
Neurology	10	10	100.00%
Child Neurology	4	3	75.00%
Orthopaedic Surgery	7	7	100.00%
Dermatology	7	7	100.00%
Ophthalmology	5	5	100.00%
Neurological Surgery	3	3	100.00%
Otolaryngology	4	4	100.00%
Radiation Oncology	3	3	100.00%
Urology	3	3	100.00%
Nuclear Medicine	1	1	100.00%
Plastic Surgery	3	3	100.00%
Total	263	253	97.10%

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



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

	Gr	ade Point A	Grade Point Average (GPA)	(Ac	De	Dental Aptitude Test (DAT	le Test (D∕	\T)
	Overa	Overall GPA	Scienc	Science GPA	Academic	Academic Average	PAT*	T*
Year	UCSF	SN	NCSF	SN	UCSF	SN	UCSF	SN
2013	3.54	3.54	3.49	3.46	20.7	19.9	20.7	20.0
2012	3.47	3.55	3.40	3.47	21.0	19.9	20.0	20.1
2011	3.40	3.45	3.31	3.53	21.0	19.0	20.0	20.0
2010	3.56	3.53	3.50	3.47	20.0	19.0	20.0	20.0
2009	3.67	3.54	3.65	3.46	20.0	19.0	20.0	19.0
2008	3.52	3.30	3.48	3.20	20.0	17.0	20.1	18.0
2007	3.70	3.30	3.67	3.20	21.7	19.5	19.8	18.7
2006	3.65	3.28	3.61	3.16	21.1	19.3	19.5	18.3
2005	3.50	N/A	3.40	N/A	20.0	N/A	18.0	N/A
2004	3.40	3.40	3.40	3.40	20.8	18.7	18.3	17.3

Caliber of UCSF Incoming DDS Students Compared to National Average

* Tests hand-eye coordination

Source: UCSF School of Dentistry - Strategic Planning Chart II-31

Dental Postgraduate Female Program Entrollees Class Entering 2013

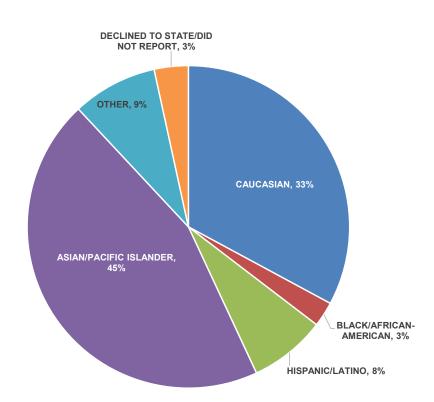
	#	#	Acceptance
Program	Applications	Admitted	Rate
Dental Public Health	1	0	0.0%
Endodontics	5	0	0.0%
General Practice	22	3	13.6%
Oral and Maxillofacial Surgery	8	0	0.0%
Oral Medicine	1	0	0.0%
Orthodontics	56	1	1.8%
Pediatric Dentistry	46	3	6.5%
Periodontology	8	1	12.5%
Prosthodontics	21	1	4.8%
Total	: 168	9	5.4%

The admissions reflect a representative distribution in gender.

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

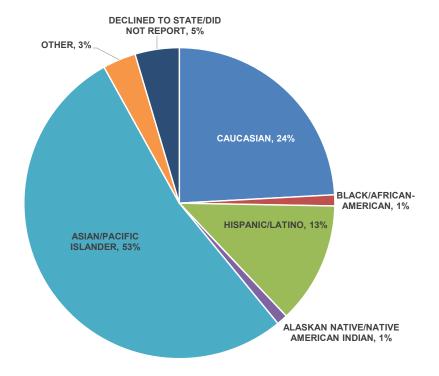
The DPH program requires an additional degree, the MPH, so the applicant pool is smaller than it is for our other programs.

Source: UCSF School of Dentistry - Strategic Planning Chart II-32



Racial/Ethnic Distribution of UCSF Dental Postgraduate Applicants - 2013-14

Racial/Ethnic Distribution of UCSF Dental Postgraduate Entrollees - 2013-14



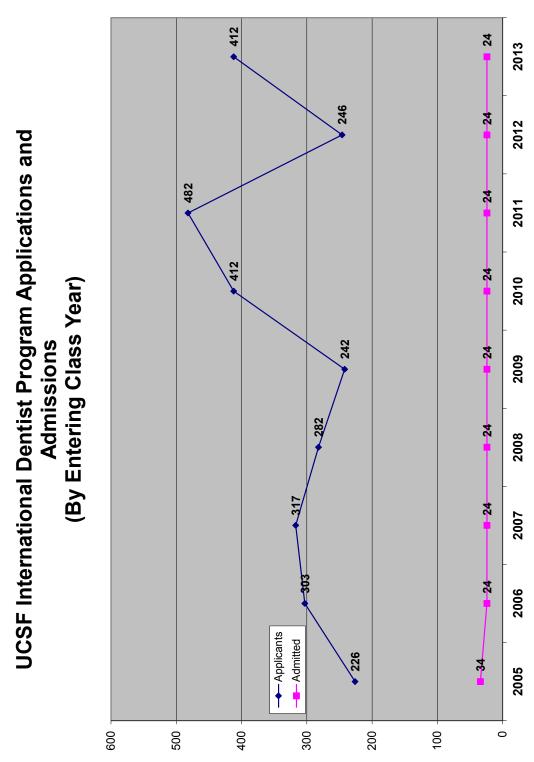
UCSF Dental Postgraduate Program Applications and Admissions Class Entering 2013

Program	# Applications	# Admitted	Acceptance <i>Rate</i>
Dental Public Health	2	1	50.0%
Endodontics	23	2	8.7%
General Practice	36	3	8.3%
Oral and Maxillofacial Surgery	49	4	8.2%
Oral Medicine	2	0	0.0%
Orthodontics	123	5	4.1%
Pediatric Dentistry	60	5	8.3%
Periodontology	22	3	13.6%
Prosthodontics	40	3	7.5%
Total	: 357	26	7.3%

The admissions reflect a representative distribution in gender.

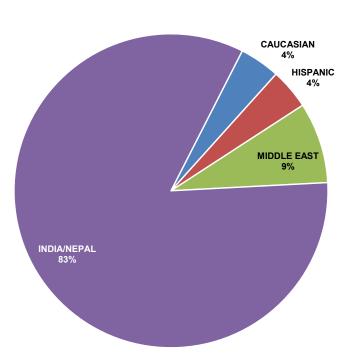
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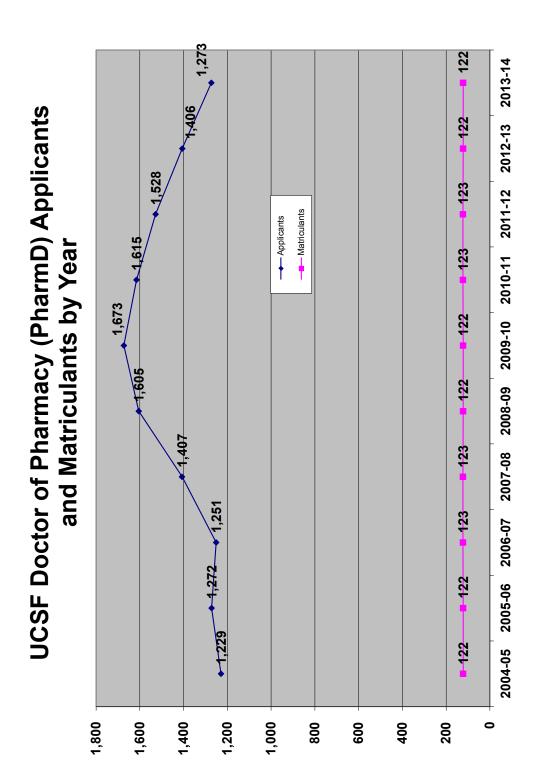
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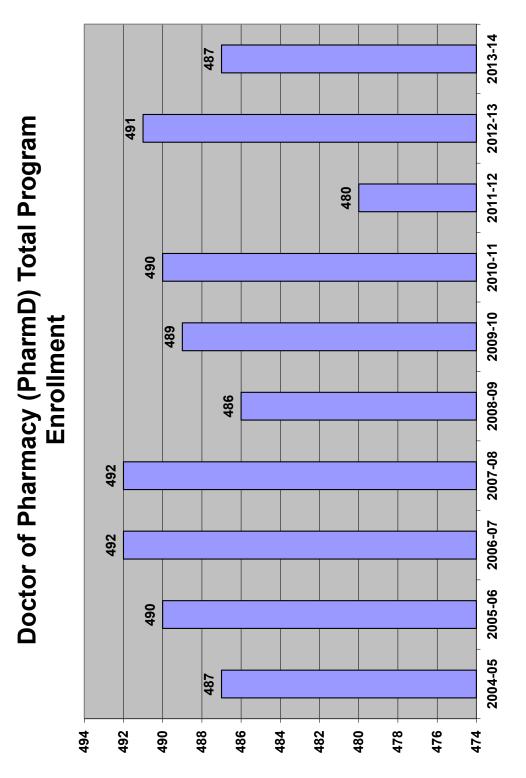
Source: UCSF School of Dentistry - Strategic Planning Chart II-38

UCSF International Students Racial/Ethnic Distribution 2013-14 School of Dentistry

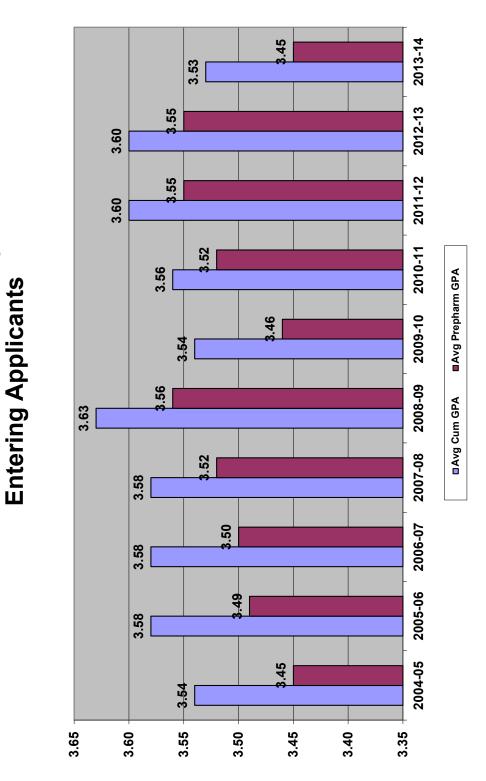




Source: UCSF School of Pharmacy - Strategic Planning Chart II-42

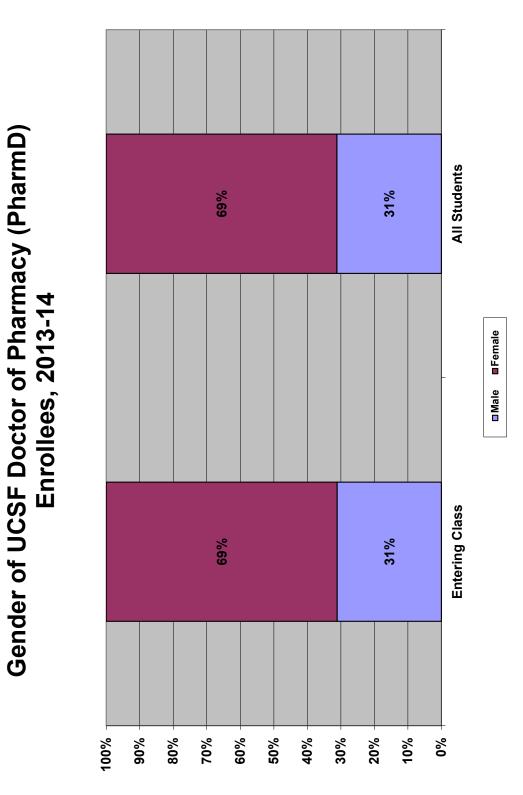


Source: UCSF School of Pharmacy - Strategic Planning chart II-43



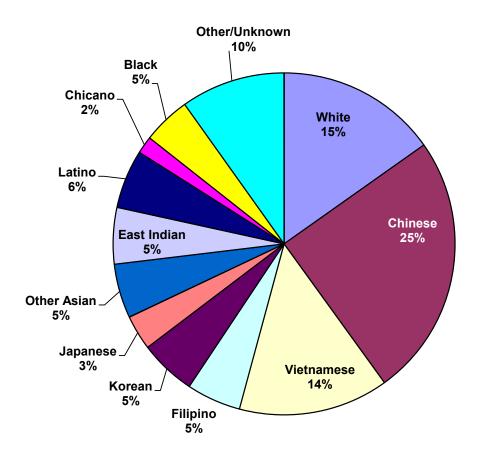
Source: UCSF School of Pharmacy - Strategic Planning Chart II-44

GPA's of UCSF Doctor of Pharmacy (PharmD)



Source: UCSF School of Pharmacy - Strategic Planning Chart II-45

Ethnicity of UCSF Doctor of Pharmacy (PharmD) Enrollees, FY 2013-14



Source: UCSF School of Pharmacy - Strategic Planning Chart II-45

	Fall 2013		Fall 2009			Fall 2013	
	Size of Program	Appl.	Enrid	Acceptance Rate	Appl.	Enrid	Acceptance Rate
MEPN	57	560	82	15%	332	57	%21
SM	334	370	163	44%	351	121	34%
QHQ-N	96	36	29	81%	27	10	37%
S-PhD	32	36	5	14%	25	5	20%
Total	519	1002	279	28%	735	193	26%

UCSF School of Nursing Program Applications and Enrollment by Program

Source: UCSF School of Nursing - Strategic Planning Chart II-50

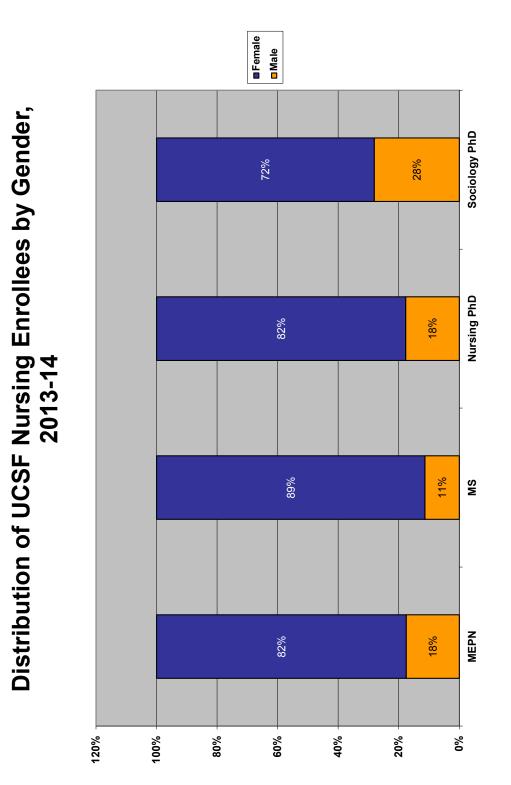
UCSF Entering Nursing Students Undergraduate GPA and Mean GRE Scores

	20	09	20	13
	GPA	GRE	GPA	GRE
MEPN	3.44	V=576 Q=620 A=671	3.39	V=158 Q=153 A=5.0
MS	3.46	n/a	3.52	n/a
N-PhD	3.5	V=506 Q=552 A=4.0	3.387	V=152 Q=148 A=4.3
S-PhD	3.72	V=158 Q=161 A=5.0	3.76	V=160 Q=154 A=5.0

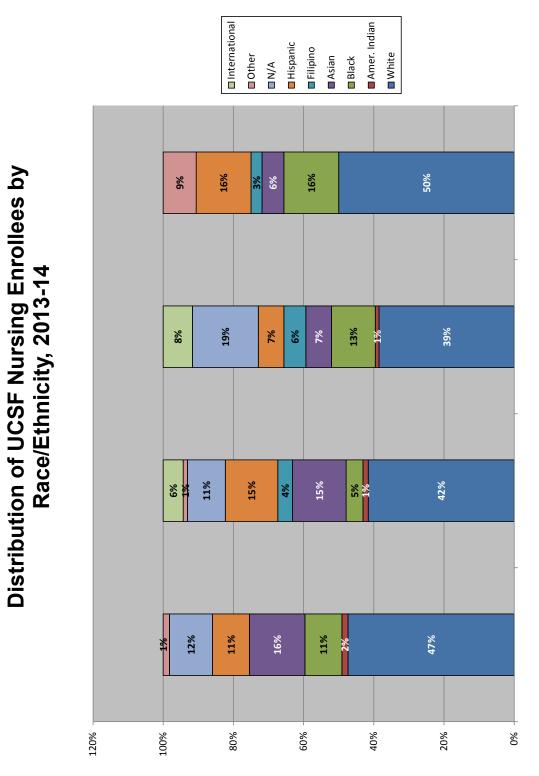
Note: Analytical Writing (aw) scores, after 2003, are scaled 0 to 6 instead of 200 - 800. Scores are re-coded here, for compatibility, using this formula: $A = (aw + 2) \times 100$

After 2008, MS GPAs are screened for over 3.0 requirements but not computed or recorded; and GRE scores are no longer required of MS applicants.

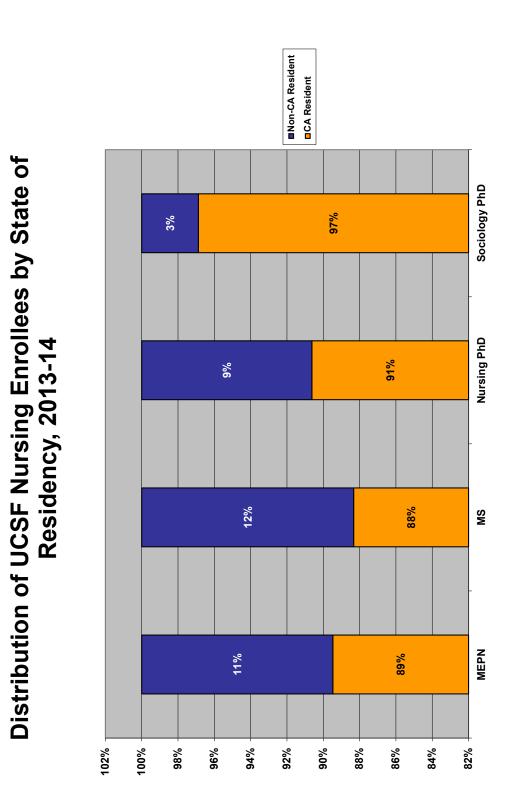
Source: UCSF School of Nursing - Strategic Planning Chart II-51



Source: UCSF School of Nursing - Strategic Planning Chart II-52



Source: UCSF School of Nursing - Strategic Planning Chart II-53



Source: UCSF School of Nursing - Strategic Planning Chart II-54

	2009-10	Univer	University of California, San Francisco - Graduate Division 2009-10 / 2010-11 / 2011-12 / 2012-13 / 2013-14 Applications and Acceptances	alifornia, 12 / 2012	San Fran -13 / 201:	icisco 3-14 Aı	- Gradu oplicati	ate Di ons ar	vision Id Acce	ptanc	S				
			Applications						S	tudents	Students Accepted	Ð			
Graduate Program						Fall 2	Fall 2009	Fall 2010	010	Fall 2011	011	Fall 2	Fall 2012	Fall	Fall 2013
	2009-10	2010-11	2011-12	2012-13	2013-14	Number /	Number / % of Apps	Number /	Number / % of Apps	Number / % of Apps		Number /	Number / % of Apps	Number	Number / % of Apps
Biochemistry and Molecular Biology*	307	480	535	433	432	52	16.9%	45	9.4%	58	10.8%	68	15.7%	58	13.4%
Bioengineering	486	522	256	357	579	68	14.0%	55	10.5%	33	12.9%	40	11.2%	37	6.4%
Biol & Medical Informatics #	85	69	76	93	223	19	0.0%	18	26.1%	27	0.0%	18	19.4%	Q	2.2%
Biomedical Sciences	285	536	487	536	520	59	20.7%	69	12.9%	68	14.0%	68	12.7%	67	12.9%
Biophysics #	85	69	76	93	223	20	0.0%	19	27.5%	27	35.5%	18	19.4%	31	13.9%
Chemistry & Chemical Biology	111	98	98	95	95	25	22.5%	16	16.3%	25	25.5%	22	23.2%	21	22.1%
Development & Stem Cell Biollogy	0	0	81	127	81	0	0.0%	0	%0.0	10	12.3%	1	8.7%	12	14.8%
Neuroscience	330	317	306	268	338	41	12.4%	31	9.8%	37	12.1%	43	16.0%	36	10.7%
Oral & Craniofacial Sciences	13	6	8	15	28	с	23.1%	7	22.2%	0	0.0%	Q	33.3%	e	10.7%
PSPG	76	93	82	74	115	15	19.7%	15	16.1%	10	12.2%	14	18.9%	6	7.8%
Campus Total	1,778	2,193	2,005	2,091	2,634	282	15.9%	270	12.3%	295	14.7%	307	14.7%	279	10.6%
* All applications are received by, and admissions are to, Biochemistry and Molecular Biology	admissions aı	re to, Bioch	emistry and I	Nolecular Bi	ology.										
# BMI and Biophysics have joint admissions beginning in 2009.	sions beginn	ing in 2009.													
@ @Admissions Are Through UCB - these counts are 1/2 of the total (Joint Program)	ese counts ai	e 1/2 of the	total (Joint H	rogram)											
@ @Admissions Began in 2011 to Developmental and Stem Cell Biology	elopmental ar	id Stem Cel	Biology												

Source: Graduate Division - Strategic Planning Chart II-59

					'n	iversity c	of Calif	University of California, San Francisco - Graduate Division	n Franci	sco - t	Graduate	Divisio	_							
				2009-	10 / 2010	-11/201	1-12/	2009-10 / 2010-11 / 2011-12 / 2012-13 / 2013-14 Matriculants and Total Enrollment	2013-14	Matri	culants a	Ind Total	Enrol	Iment						
							Matri	Matriculated Students	dents								Total Ph	Total Ph.D. Enrollment	lment	
Graduate Program		Fall 2009			Fall 2010			Fall 2011			Fall 2012			Fall 2013						
	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 2009	Fall 2010	Fall 2011	Fall 2012	Fall 2013
Biochemistry and Molecular Biology*	22	42.3%	7.2%	14	31.1%	2.9%	17	29.3%	3.2%	20	29.4%	4.6%	22	37.9%	5.1%	119	104	95	96	94
Bioengineering	37	54.4%	7.6%	20	36.4%	3.8%	18	54.5%	7.0%	18	45.0%	5.0%	16	43.2%	2.8%	73	64	71	74	73
Biol & Medical Informatics #	5	26.3%	0.0%	4	22.2%	5.8%	17	63.0%	22.4%	7	38.9%	7.5%	5	100.0%	2.2%	31	31	42	38	31
Biomedical Sciences	13	3 22.0%	4.6%	28	40.6%	5.2%	26	38.2%	5.3%	24	35.3%	4.5%	34	50.7%	6.5%	156	169	166	160	161
Biophysics #	7	35.0%	0.0%	4	21.1%	5.8%	1	40.7%	14.5%	7	38.9%	7.5%	80	25.8%	3.6%	55	46	56	58	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%	23	23	23	17	19
Chemistry & Chemical Biology	6	36.0%	8.1%	9	37.5%	6.1%	14	56.0%	14.3%	7	31.8%	7.4%	9	28.6%	6.3%	48	46	52	57	49
Developmental 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%	10	12	1	6	9
Developmental & Stem Cell Biology @	0	0.0%	0.0%	0	0.0%	0.0%	5	50.0%	6.2%	9	54.5%	4.7%	9	50.0%	7.4%	0	0	9	12	18
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%	12	10	12	8	12
Neuroscience	12	29.3%	3.6%	14	45.2%	4.4%	12	32.4%	3.9%	18	41.9%	6.7%	19	52.8%	5.6%	84	84	75	82	06
Oral & Craniofacial Sciences	e	100.0%	23.1%	٢	50.0%	11.1%	0	0.0%	0.0%	4	80.0%	26.7%	ę	100.0%	10.7%	23	20	15	17	16
PSPG	8	53.3%	10.5%	8	53.3%	8.6%	5	50.0%	6.1%	10	71.4%	13.5%	6	66.7%	5.2%	48	49	46	46	42
Campus Total	116	41.1%	6.5%	66	36.7%	4.5%	125	42.4%	6.2%	121	39.4%	38.9%	125	44.8%	40.7%	682	658	670	674	999
* All applications are received by, and	ad by, and		s are to, Bic	chemistry	admissions are to, Biochemistry and Molecular Biology	ular Biology	~													
# BMI and Biophysics have joint admissions beginning in 2009.	ioint adm	issions beg	inning in 20	.60																
@@ddmissions Are Through UCB - these counts are 1/2 of the total (Jo @@ddmissions Benan in 2011 to Developmental and Stem Cell Biology	th UCB -	these count	s are 1/2 of	the total (these counts are 1/2 of the total (Joint Program) velopmental and Stem Cell Biology	(mt														
					27															

Source: Graduate Division - Strategic Planning Chart II-59

RANKINGS SECTION

Best Medical Schools - Research U.S. News & World Report 2014

Rank	Hospital
1	Harvard University
2	Stanford University
3	Johns Hopkins University
	University of California, San Francisco
	University of Pennsylvania (Perelman)
	Washington University in St. Louis
	Yale University
8	Columbia University
8	Duke University
	University of Chicago (Pritzker)
8	University of Michigan - Ann Arbor

Best Medical Schools - Primary Care U.S. News & World Report 2014

Rank	Hospital
1	University of North Carolina, Chapel Hill
2	University of Washington
3	Oregon Health and Science University
4	University of California, San Francisco
5	University of Colorado, Denver
6	University of Nebraska Medical Center
7	University of Minnesota
	University of Michigan - Ann Arbor
9	University of Massachusetts - Worcester
10	University of Alabama, Birmingham

Best Medical Schools - AIDS U.S. News & World Report 2014

Rank	Hospital
1	University of California, San Francisco
2	Johns Hopkins University
3	Harvard University
4	Columbia University
5	University of Washington
	Duke University
7	University of Pennsylvania (Perelman)
8	University of Alabama - Birmingham
9	University of California, Los Angeles (Geffen)
11	University of California, San Diego

Best Medical Schools - Drug and Alcohol Abuse U.S. News & World Report 2014

Rank	Hospital
1	Yale Univeristy
2	Columbia University
2	Harvard University
2	University of California, San Francisco
5	University of Pennsylvania (Perelman)
6	Johns Hopkins University
7	University of California, Los Angeles (Geffen)
8	University of Washington
9	University of California, San Diego
10	University of Pittsburgh

Best Medical Schools - Family Medicine U.S. News & World Report 2014

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

Best Medical Schools - Geriatrics U.S. News & World Report 2014

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

Best Medical Schools - Internal Medicine U.S. News & World Report 2014

Rank	Hospital
	Johns Hopkins University
2	University of California, San Francisco
3	Harvard University
4	University of Pennsylvania (Perelman)
5	Duke University
6	University of Michigan, Ann Arbor
6	Washington University in St. Louis
8	University of Washington
9	Columbia University
10	Stanford University

Best Medical Schools - Pediatrics U.S. News & World Report 2014

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

Best Medical Schools - Women's Health U.S. News & World Report 2014

Rank	Hospital
1	Harvard University
2	University of California, San Francisco
3	University of Pennsylvania (Perelman)
4	Johns Hopkins University
4	University of Pittsburgh
6	Columbia University
7	University of Michigan - Ann Arbor
8	Duke University
9	Yale University
10	University of California, Los Angeles (Geffen)

Top Biology Graduate Programs U.S. News & World Report 2014

Rank	University
1	Harvard University
1	Massachusetts Institute of Technology
1	Stanford University
4	University of California, Berkeley
5	California Institute of Technology
5	Johns Hopkins University
7	University of California, San Francisco
7	Yale University
9	Princeton University
9	Scripps Research Institute

Top Pharmacy Graduate Programs U.S. News & World Report 2014

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	University of Kentucky
5	University of Wisconsin, Madison
7	Ohio State University
7	Purdue University
7	University of Michigan, Ann Arbor
10	University of Arizona
10	University of Southern California
10	University of Utah
10	University of Washington

Top Nursing Graduate Programs U.S. News & World Report 2014

Rank	University
1	Johns Hopkins University
1	University of Pennsylvania
1	University of Washington
4	University of California, San Francisco
4	University of North Carolina - Chapel Hill
6	University of Michigan, Ann Arbor
7	Duke University
7	Oregon Health and Science University
7	University of Pittsburgh
7	Yale University

Top Ten Hospitals U.S. News & World Report 2014-15

Rank	Hospital
1	Mayo Clinic, Rochester, Minn.
2	Massachusetts General Hospital, Boston
3	Johns Hopkins Hospital, Baltimore
4	Cleveland Clinic
5	UCLA Medical Center, Los Angeles
6	New York-Presbyterian Univ. Hosp.
7	Penn Presbyterian, Philadelphia
8	UCSF Medical Center, San Francisco
9	Brigham and Women's Hospital, Boston
10	Northwestern Memorial Hospital, Chicago

Best Hospitals - Cancer U.S. News & World Report 2014-15

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

Best Hospitals - Diabetes & Endocrine Disorders U.S. News & World Report 2014-15

Rank	Hospital
1	Mayo Clinic, Rochester, Minn.
2	Cleveland Clinic
3	Massachusetts General Hospital, Boston
4	Johns Hopkins Hospital, Baltimore
5	University of California, San Francisco Medical Center
6	New York-Presbyterian Univ. Hosp. of Columbia and Cornell
7	Yale-New Haven Hospital, New Haven, Conn.
8	Northwestern Memorial Hospital
9	UCLA Medical Center
10	University of Washington Medical Center

Best Hospitals - Ear, Nose, & Throat U.S. News & World Report 2014-15

Rank	Hospital
1	Mayo Clinic, Rochester, Minn.
2	Johns Hopkins Hospital, Baltimore
3	Hospitals of the University of Pennyslyvania - Penn Presbyterian
4	Massachusetts Eye and Ear Infirmary, Boston
5	University of Texas M.D. Anderson Cancer Center, Houston
6	Cleveland Clinic
7	UPMC-University of Pittsburgh Medical Center
8	University of California, San Francisco Medical Center
9	University of Iowa Hospitals and Clinics, Iowa City
10	Mount Sinai Hospital, New York

Best Hospitals - Geriatric Care U.S. News & World Report 2014-15

Rank	Hospital
1	Mayo Clinic, Rochester, Minn.
2	Mount Sinai Medical Center, New York
3	Ronald Reagan UCLA Medical Center, Los Angeles
4	Johns Hopkins Hospital, Baltimore
	Massachusetts General Hospital, Boston
	New York-Presbyterian University Hospital of Columbia and Cornell
7	Hospital for Special Surgery, New York, NY
	NYU Langone Medical Center
9	Cleveland Clinic
10	Hospitals of the University of Pennsylvania-Penn Presbyterian
12	University of California, San Francisco Medical Center

Best Hospitals - Gynecology U.S. News & World Report 2014-15

Rank	Hospital
1	Mayo Clinic, Rochester, Minn.
2	Brigham and Women's Hospital, Boston
3	Cleveland Clinic
4	Memorial Sloan-Kettering Cancer Center
5	Massachusetts General Hospital, Boston
6	University of California, San Francisco Medical Center
7	Magee-Womens Hospital of UPMC, Pittsburgh
8	University of Texas M.D. Anderson Cancer Center
9	Florida Hospital Orlando
10	Hospitals of the University of Pennsylvania-Penn Presbyterian

Best Hospitals - Neurology and Neurosurgery U.S. News & World Report 2014-15

Rank	
1	Mayo Clinic, Rochester, Minn.
2	New York-Presbyterian Univ. Hosp. of Columbia and Cornell
3	Johns Hopkins Hospital, Baltimore
4	Massachusetts General Hospital, Boston
5	University of California, San Francisco Medical Center
6	Cleveland Clinic
7	UCLA Medical Center
8	NYU Langone Medical Center
9	Hospitals of the University of Pennsylvania-Penn Presbyterian
10	Northwestern Memorial Hospital

Best Hospitals - Ophthalmology U.S. News & World Report 2014-15

Rank	
1	Bascom Palmer Eye Institute at the University of Miami
2	Wills Eye Hospital, Philadelphia
3	Wilmer Eye Institute, Johns Hopkins
	Massachusetts Eye and Ear Infirmary
	Stein and Doheny Eye Institutes, UCLA Medical Center
6	Duke University Hospital, Durham N.C.
7	Cleveland Clinic
	University of Iowa Hospitals and Clinics
9	USC Eye Institute - Keck Medical Center of USC
	New York Eye and Ear Infirmary, N.Y.
*	University of California, San Francisco Medical Center

* Not Rated

Best Hospitals - Orthopedics U.S. News & World Report 2014-15

Rank	Hospital
1	Hospital for Special Surgery, New York
2	Mayo Clinic, Rochester, Minn.
3	Cleveland Clinic
4	Hospital for Joint Diseases, NYU Langone Medical Center
5	Massachusetts General Hospital, Boston
6	Rush University Medical Center, Chicago
7	Cedars-Sinai Medical Center, Los Angeles
8	Thomas Jefferson University Hospital, Philadelphia
9	Beaumont Hospital, Royal Oak, MI
10	Duke University Hospital, Durham, NC
14	University of California, San Francisco Medical Center

Best Hospitals - Rheumatology U.S. News & World Report 2014-15

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

Best Hospitals - Urology U.S. News & World Report 2014-15

Rank	Hospital
1	Cleveland Clinic
2	Mayo Clinic, Rochester, Minn.
3	Johns Hopkins Hospital, Baltimore
4	UCLA Medical Center, Los Angeles
5	New York-Presbytherian Univ. Hosp. of Columbia and Cornell
6	University of California, San Francisco Medical Center
7	Duke University Medical Center, New York
8	Hospitals of the University of Pennsylvania-Penn Presbyterian
9	Memorial Sloan-Kettering Cancer Center, New York
9	Northwestern Memorial Hospital, Chicago

Rank	Rank Hospital	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
4	Cedars-Sinai Med Center	28	20	25	43	34	26	75	87	95	117
2	New York-Presbyterian/Columbia	86	118	106	97	78	93	84	22	85	62
e	UCLA Med Center	17	98	83	88	97	76	50	52	37	70
4	Baylor University Medical Center	13	12	12	15	27	20	24	30	43	68
5	Duke University Med Center	48	35	40	48	48	50	59	60	63	63
9	Newark Beth Israel Medical Center	42	39	37	38	38	35	52	63	68	62
7	The Hosp of the Univ of PA	47	49	54	54	49	47	60	58	42	56
7	Vanderbilt Univ Med Ctr	24	22	18	16	25	36	25	36	40	56
6	Saint Lukes Hospital of Kansas City	12	30	37	27	42	37	43	36	47	47
10	Cleveland Clinic Foundation	58	72	74	61	60	57	47	55	43	44
52	UCSF Medical Center	10	21	20	18	20	16	14	0	13	18

Top 10 Heart Transplant Hospitals (by 2013 Volume): Volume Trends

= hospital with the highest volume for the year Source: Organ Procurement and Transplantation Network (OPTN)

	Hospital	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
-	UCSF Medical Center	370	251	295	366	347	305	348	329	347	345
2	UC Davis Medical Center	82	82	94	138	112	142	195	268	272	339
က	Jackson Memorial Hospital	186	202	197	253	208	245	272	263	273	290
4	NCLA	311	279	289	316	300	277	304	315	287	288
5	Methodist Spec. & Trans. Hopsital	149	161	153	140	157	203	267	196	235	282
9	Univ of Maryland Med System	215	202	229	244	222	254	211	248	297	262
2	Univ of Wisconsin Hosp and Clinics	305	304	310	289	288	253	224	281	240	260
ω	Mayo Clinic Hospital	108	122	131	159	146	185	176	230	204	257
ი	Univ of Alabama Hospital	249	298	303	294	260	265	246	249	206	234
10	Johns Hopkins Hospital	168	184	203	181	166	251	207	214	206	233
10	St. Barnabas Medical Center	192	175	178	207	208	222	201	207	221	233

Top 10 Kidney Transplant Hospitals (by 2013 Volume): Volume Trends

= hospital with the highest volume for the year Source: Organ Procurement and Transplantation Network (OPTN)

1 Ochsne 1 UCLA 3 Mayo C		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
_ <u> </u>	Ochsner Foundation Hospital	96	94	78	100	91	120	124	131	174	175
2_	A	182	203	234	230	228	192	196	196	169	175
-	Mayo Clinic Florida	245	246	218	165	170	166	166	164	165	146
<u>כ</u>	ICSF Medical Center	124	160	149	127	147	153	139	151	139	146
5 Emory	ry University Hospital	104	86	27	67	64	101	96	93	111	137
5 Univ	Jniv. of Pennsylvania Hospital	133	135	115	105	136	125	115	133	125	137
7 Clev	Cleveland Clinic Foundation	93	122	125	148	147	141	133	122	143	128
8 Vanc	Vanderbilt Univ Medical Center	67	82	91	81	86	102	93	108	98	119
9 Meth	Methodist Univ Hospital	11	34	68	106	117	126	120	134	117	115
10 India	ndiana University Health	161	176	154	155	134	126	124	121	133	114
10 Unive	University of Kansas Hospital	31	48	58	64	74	85	81	91	77	114

Top 10 Liver Transplant Hospitals (by 2013 Volume): Volume Trends

= hospital with the highest volume for the year Source: Organ Procurement and Transplantation Network (OPTN)

Rank	Hospital	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
t-	Duke University	59	67	60	55	71	93	120	145	108	135
2	Univ of Pittsburgh Med Ct	58	87	93	123	118	122	131	108	100	100
с С	The Methodist Hosptial	11	22	36	40	51	29	105	108	143	98
3	Cleveland Clinic Fndtn	63	64	62	69	57	154	117	105	100	98
2	NCLA	37	54	60	59	54	52	50	22	72	79
9	St. Josephs Hospital & Medical Center	22	20	34	27	26	12	32	42	56	20
2	William P. Clements Jr. Univ. Hospital	11	21	14	18	21	13	24	50	65	99
ω	New York-Presbyterian/Columbia	35	43	51	55	46	57	51	59	67	62
6	Bames-Jewish	58	54	58	53	58	57	53	74	67	58
10	Univ of Washington Med Ctr	43	42	52	52	46	46	52	46	41	56
15	UCSF Medical Center	31	32	29	35	41	33	47	41	36	41

= hospital with the highest volume for the year Source: Organ Procurement and Transplantation Network (OPTN)

Top 10 Lung Transplant Hospitals (by 2013 Volume): Volume Trends

Top 10 Global Universities

Rank	Institution
	1 Harvard University
	2 Stanford University
	3 Yale University
	4 California Institute of Technology
	5 University of California, Berkeley
	6 University of Cambridge
	7 Massachusetts Institute of Technology
	8 Oxford University
	9 University of California, San Francisco
1	0 Columbia University

Source: Newsweek International

Academic Ranking of World Universities 2014

Rank	Institution
1	Harvard University
2	Stanford University
3	Massachusetts Institute of Technology (MIT)
4	University of California, Berkeley
5	University of Cambridge
6	Princeton University
7	California Institute of Technology
8	Columbia University
9	University of Chicago
9	University of Oxford
11	Yale University
12	University of California, Los Angeles
13	Cornell University
14	Univeristy of California, San Diego
15	Univeristy of Washington
16	University of Pennsylvania
17	Johns Hopkins University
18	University of California, San Francisco
19	Swiss Federal Institute of Technology Zurich
20	University College London

Source: Shanghai Jaio Tong University

University of California, San Francisco Institutional Profile - FY 2013-14 Summary Statistics

Academic Ranking of World Universities in Clinical Medicine and Pharmacy 2014

Rank	Institution
1	Harvard University
2	University of California, San Francisco
3	University of Washington
4	Johns Hopkins University
5	Stanford University
6	University of Cambridge
7	Columbia University
8	The University of Texas Southwestern Medical Center at Dallas
9	University of California, Los Angeles
10	Yale University
11	University of Pittsburgh-Pittsburgh Campus
12	Karolinska Institute
13	University of North Carolina at Chapal Hill
14	University of Oxford
15	Mayo Medical Center
16	University of Michigan-Ann Arbor
17	University College London
18	The University of Texas M. D. Anderson Cancer Center
19	Vanderbilt University
20	University of Pennsylvania

Source: Shanghai Jaio Tong University

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 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 officially 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 inhabit-ants. 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 full time 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.

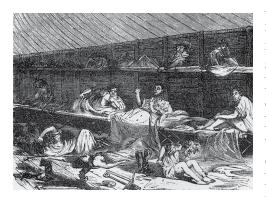
On January 24, 1848, a worker found gold nuggets in the millrace at John Sutter's encampment on the American River, setting off a decade-long nationwide wave of "Gold Fever." On February 2, 1848, President Polk signed the Treaty of Guadalupe Hidalgo with the Mexican government, transferring the Mexican 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 statehood. 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.

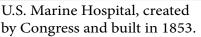


This portable medical kit belonged to Dr. F. L. Miner. It contains such 19thcentury remedies as chloral hydrate, chloroform, and potassium bromide.

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.





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 southeast of



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

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 profes-

sional 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

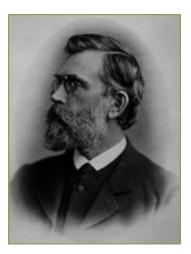
"We need a college of dentistry on this coast and if we have not a necessary talent among ourselves, we can import it. We owe those who take our places, greater facilities for study and professional breadth than the times have afforded us. The future will demand men educated in all that constitutes the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

Dr. CC Knowles, June 26, 1870

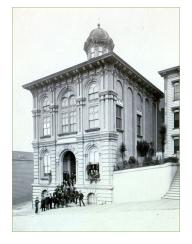
The same impulse that prompted physicians and pharmacists to organize, standardize, and regulate their professions motivated a group of the city's leading dentists to call for creation of a professional dental school. S.W. Dennis, M.D., D.D.S., was typical of this group of early organizers. He had graduated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



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. ated 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 fivemember faculty: William T. Wenzell, M.D., Ph.G, 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



The California College of Pharmacy at 113 Fulton St.

[College 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 De-



Dental Clinics.

partment. 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 labora-

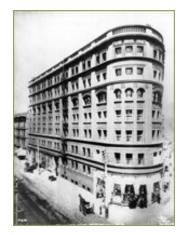
tory work, microscopic technology and physiological and pathological histology, physics with laboratory work and free hand drawing." The 1885 prospectus for the College of Dentistry praised: "this wise and liberal action of the Academic Senate," which provided, "the opportunity...for those students of 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



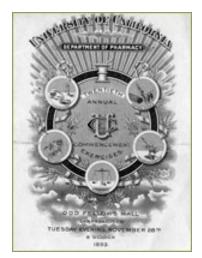
Dentistry students studying bacti, 1894

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 curriculum,

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 Phar-

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

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.

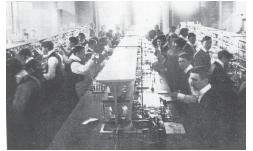
their College work." The Dental Department also published its aspirations for endowment of special chairs by "public spirited citizens so that ...men of ripe scholarship and experience untrammeled by the cares of active practice...may have the opportunity for independent investigation to the glory of 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.



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

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.



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 stu-

dents 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 fulltime 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

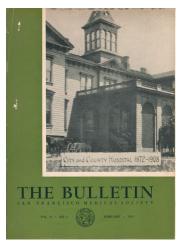


Campus with streetcar.

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 University 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 Sher-

man 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.

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 intention of short-changing the new students, he emphasized that, "the faculty considers that in the



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

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

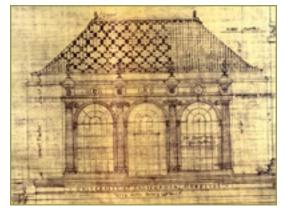
law mandating an eight-hour day for student nurses prompted Dean Moffitt to budget money for hiring more graduate staff nurses and to plan for an increased number of students, in an effort to maintain an adequate ratio of nurses to patients.

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 muchbeloved 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 future development of a reconsolidated Medical School at Parnassus.



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



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.



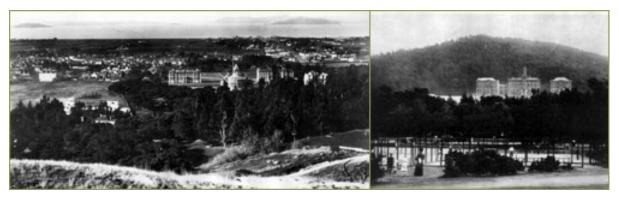
"Modern" operating room in the new UC Hospital, 1924.

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 staff,



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

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 chemistry to pharmacy



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.

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., M.D., 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 earthquake 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 Millberry 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 welleducated 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 5,600 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 3,500 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 twentyfive top university-affiliated institutions, five (Rush Medical College, California, Nebraska, Kansas, and Stanford) had similarly separated instructional programs. Flexnerian reforms mandated the implemen-



David P. Barrows

tation 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 bringing 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

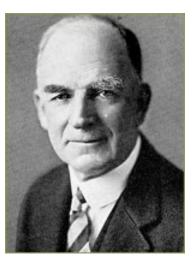
General Education Board, or conversely, that the General Education Board might be flexible on the issue of the school's actual location.

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 arguing that "the



William W. Campbell

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 certificate program became



Aerial view showing the nurses' dormitory

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, a graduate of the Massachusetts Hospital training program, was



Mary May Pickering

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 University 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 3,800 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

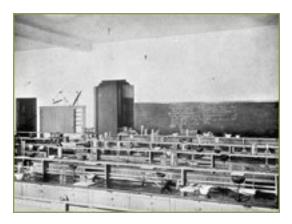
A versatile and able Dean, Guy Millberry pursued reform in the area of admissions requirements and by 1929 college work was established as a fixed pre-dental requirement at the UC College of Dentistry.

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.

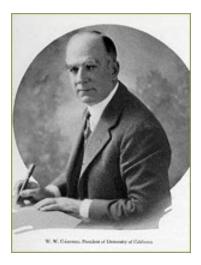
On December 13, 1927, President Campbell presented a plan to the Regents asking that the popular San Francisco physician Dr. R. Langley Porter be brought out of retirement to lead the medical school in a program of reform. The Regents quickly approved Porter's appointment and



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



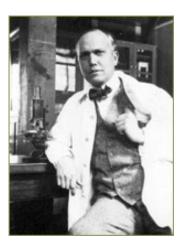
The pathology lab in old medical school building

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 Ed-inburgh 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 chem-

istry. 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

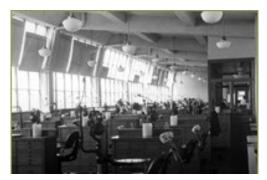


Aerial view: UCSF campus before Moffitt Hospital was built. Note the Clinics building adjacent to UC Hospital.

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.

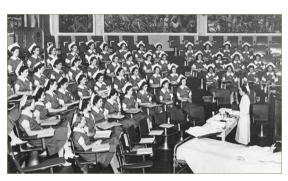
Dentistry occupied the sixth and seventh floors and new space provided not only opportunity for improved facilities but created unprecedented cooperation with other schools housed in the building. Upon the opening of the Clinics Building in 1934, officials observed, "consultation with members of the 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 diag-





nosis." 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

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 psychiatric hospital was necessary.

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 for supervision of the



Robert Stone

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

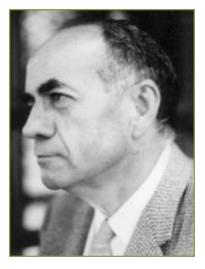
He persuaded the legislature to provide an additional \$50,000 to strengthen the foundations of the hospital to accommodate an additional thirteenth floor, hoping to clear the way for an entire floor devoted to heart research. In the late 1940s, Dean of the School of Medicine, Francis Smyth, organized 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, re-modeling two houses on Parnassus Avenue to serve as a site for his new Metabolic Re-

search 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.



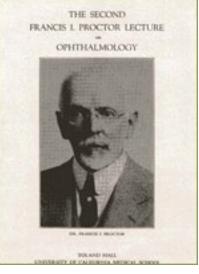
Dr. Leslie Bennett



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 ophthalmologist 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.

Herbert 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 fortyfour 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 depart-

ments 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 fourteenstory 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.

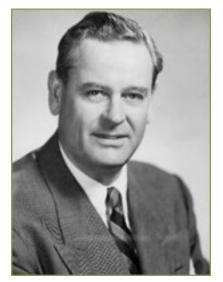


Physiology Lab, Anatomy Lab, Research-teaching Lab

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.

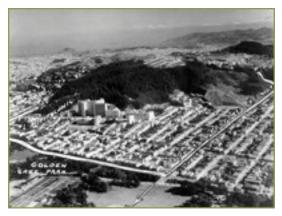


John Saunders, Provost

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

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

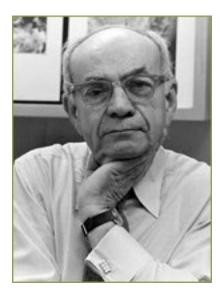
The San Francisco campus at mid-century was undergoing its most visible changes since the Affiliated Colleges had been built at Parnassus a half-century earlier. Moreover, the transformation of the campus could be measured in ways far more important than mere bricks and mortar. As the Moffitt Hospital 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 con-

struction 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 every-thing 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 dental

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.

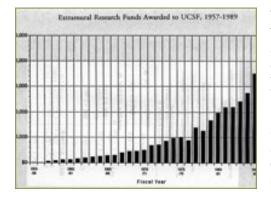


Mobile Dental Clinic 1966

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.

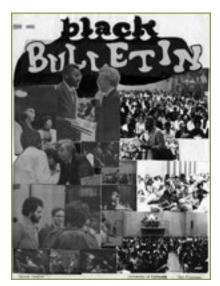


Photo montage from the June 1971 issue of the Black Bulletin.

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. Moffitt 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 of Dentistry in the decade fol-



UCSF dentists in the Mobile Dental Clinic, 1974

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



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.

porting 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 MediCal 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 (1980),



Francis A. Sooy

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 Build-ing.



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 University 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



A UCSF pharmacist advising a patient.

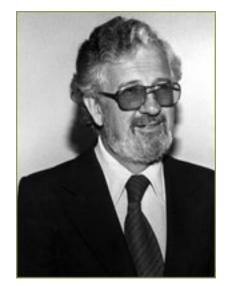
of School of Pharmacy Dean Troy C. Daniels and the approval of J. Englebert-Dunphy, acting Chancellor and Chair of the Department of Surgery, a "test site" was established in the surgical service on the ninth floor of Moffitt Hospital.

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 the period



Helen Nahm

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.

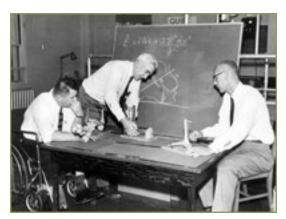
Lee remained chancellor until 1972, when he started UCSF's Health Policy Program – the first of its kind in the U.S., now emulated by many institutions across the country as a legitimate discipline in which to study health sciences issues. Under his leadership, the program became an Organized Research 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 lifepreserving 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 Cardiovascular 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 techni- cal 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 Cardiovas- cular 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 dia- betes; Gallo Clinic and Research Center; Rosalind Russell Arthritis Research Laboratories; the Rice Liver Center; the General Clinical Re- search Center; the Lung Biology Center; the Chlamydia Research Labo- ratories; 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 selected 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 Physiology or Medicine for their work with oncogenes.

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 professional

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 fur-



Margretta Styles

ther 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

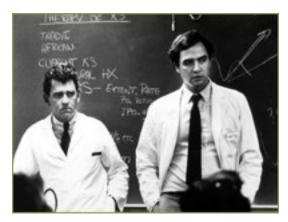
hepatitis B vaccine, and the mass-production of substances produced naturally in only minute amounts, such as human growth hormone and human insulin. It also created a whole new approach to research in the biological sciences. In 1986, William Rutter cloned the gene for hepatitis B and Chiron Corporation, 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 Manage- ment.
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 discov-
	ery 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 gen- eration 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 Cath- olic Healthcare West, begins operation.
1998	School of Dentistry creates The Postbaccalaureate Program, aimed at prepar- ing 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, Pharmaceuti- cal 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.

<u>Leadership</u>

UCSF Chancellors:

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

Deans (Dentistry):

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

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)

Deans (Medicine):

- Joseph Martin (1989-1993)
- Haile Debas (1993-2003)

Deans (Nursing):

- Jane S. Norbeck: (1989-1999)
- Kathleen Dracup (2000-2010)

Deans (Pharmacy):

- Jere E. Goyan (1967-1992)
- George L. Kenyon (1993-1998)
- Mary Anne Koda-Kimble (1998-2012).

Directors (Medical Center):

• William B. Kerr (1977-2000)

<u>2000-2010</u>



UCSF Mission Bay campus, 2003

2000	School of Medicine radically redesigns the core curriculum to promote inte- gration 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 Grad- uate 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 stu- dents
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 estab- lished in the Graduate Division.
2002	Graduate Division establishes joint UCSF/San Francisco State University Doc- torate 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 Doc- torate 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 Pre- ventive 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 Cali- fornia Institutes for Science and Innovation, developed at the initiative of Gov- ernor 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 Grad- uate 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 recipi- ent of NIH Clinical and Translational Science Awards.
2006	Helen Diller Family Cancer Research Building breaks ground on the Mission Bay campus. It will contain research and development programs in neurologi- cal surgery, urology and cancer research.

r	
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- 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 Re- generation 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: Bio- engineering and Therapeutic Sciences.
2009	Elizabeth Blackburn wins Nobel Prize in Medine or Physiology for the predic- tion and discovery of the telomerase enzyme which plays a key role in cell aging and human cancer
2009	The Helen Diller Family Cancer Research Building opened on the Mission Bay cam- pus
2010	The Smith Cardiovascular Research Building opened on the Mission Bay Campus which is the new headquarters of the UCSF Cardiovascular Research Institute.

Leadership

UCSF Chancellors:

- J. Michael Bishop (1998-2009)
- Susan Desmond-Hellmann (2009 to 2014
- Samuel Hawgood, Interim (2014-present)

Deans (Dentistry):

- Charles N. Bertolami (1995-2007)
- John Featherstone (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 (2007-2011)
- Elizabeth Watkins, Ph.D, (2012-present)

Deans (Medicine):

- Haile Debas (1993-2003)
- David Kessler (2003-2007)
- Samuel Hawgood, Interim (2007-2009); Dean (2009-present)

Deans (Nursing):

- Kathleen Dracup (2000-2010)
- David Vlahov (2010-present)

Deans (Pharmacy):

• B. Joseph Guglielmo (2012-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.

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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:

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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

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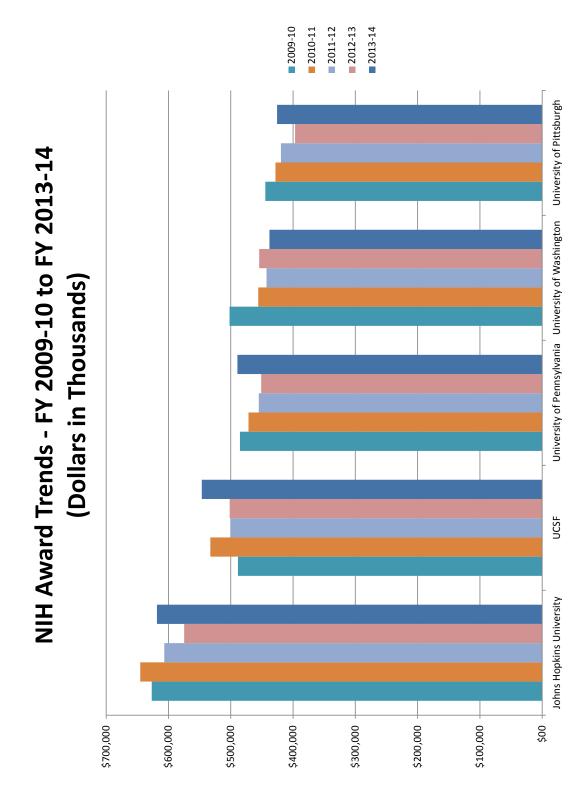
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NIH Awards Ranked by 2013-14 Dollars FY 2009-10 to FY 2013-14* (Dollars in Thousands)

Rank	Institution**	2009-10	2010-11	2011-12	2012-13	2013-14
1	Johns Hopkins University	\$626,870	\$645,342	\$606,763	\$574,845	\$618,612
2	UCSF	\$488,374	\$532,763	\$500,437	\$501,657	\$546,593
3	University of Pennsylvania	\$485,210	\$471,545	\$454,976	\$451,195	\$489,365
4	University of Washington	\$501,943	\$455,853	\$442,510	\$454,274	\$437,949
5	University of Pittsburgh	\$444,412	\$428,161	\$419,498	\$396,729	\$425,761
6	University of Michigan	\$476,279	\$467,398	\$456,305	\$412,017	\$417,992
7	UCSD	\$393,281	\$398,014	\$394,983	\$362,005	\$398,740
8	Univ.of North Carolina, Chapel Hill	\$362,781	\$349,608	\$367,799	\$383,752	\$395,776
9	Washington University	\$408,739	\$372,458	\$381,462	\$319,941	\$391,438
10	Stanford University	\$347,434	\$339,750	\$334,540	\$357,813	\$385,562

* Does not include R & D Contracts

**Domestic higher education institutions only



Source: NIH.gov - 2/17/11

ALL CAMPUS UNITS					
FEDERAL SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds	жТ ж
NIH Grants	530,018,628.74	396,140,541.35	133,878,087.39	1,031	1,433
Other DHHS Grants	50,034,234.00	45,610,239.72	4,423,994.28	74	144
NSF Grants	6,234,782.00	5,330,971.00	903,811.00	14	15
Other Federal Grants	23,969,905.00	17,039,284.00	6,930,621.00	35	42
NIH Contracts	46,630,433.00	33,861,099.58	12,769,333.42	20	33
Other DHHS Contracts	3,678,102.40	2,692,055.88	986,046.52	ω	11
Other Federal Contracts	10,380,559.00	9,750,572.00	629,987.00	62	8
Subcontracts (excluding SBIR/STTR)	82,303,802.79	59,910,648.39	22,393,154.40	579	200
Subcontracts(SBIR/STTR)	1,809,967.02	1,248,162.98	561,804.04	20	24
Fellowships(All Federal Sources)	5,453,771.00	5,453,771.00	0.00	113	152
Subtotal, Federal Sources	760,514,184.95	577,037,345.90	183,476,839.05	1,956	2,737
OTHER PUBLIC SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds	жТ ж
City/County of San Francisco	15,753,026.05	14,118,669.05	1,634,357.00	27	61
Other Bay Area Public Agencies	605,222.00	533,394.00	71,828.00	n	4
California Dept Healthcare Services (DHS) ¹	48,268,546.00	42,168,846.00	6,099,700.00	33	51
Other State of California HHS Agencies ¹	15,920,197.99	15,161,796.12	758,401.87	28	37
Other State of California Public Agencies	11,844,479.59	8,816,125.67	3,028,353.92	35	39
Other Public Agencies	1,155,098.00	955,556.00	199,542.00	18	19
UC Programs ²	9,160,315.49	8,691,326.49	468,989.00	77	103
Subcontracts(all above prime sources)	4,257,303.08	3,397,783.37	859,519.71	50	63
Fellowships(all above sources)	621,801.92	611,275.14	10,526.78	16	27
Subtotal, Other Public Sources	107,585,990.12	94,454,771.84	13,131,218.28	287	404
Subtotal, Public Sources	868,100,175.07	671,492,117.74	196,608,057.33	2,243	3,141

Source: UCSF Office of Sponsored Research - 1/25/2015

Note: Awards are selected for inclusion based on the budget period start date. Results include modifications, corrections, and after-the-fact actions processed through 2:00 pm 12/4/2014.

Source: UCSF Office of Sponsored Research Date: 1/29/2015 – FINAL RESULTS

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

07/01/2013	ls)				
PRIVATE NON-PROFIT SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds	жТ #
Grants ³	142,884,098.99	132,595,122.71	10,288,976.28	644	763
Contracts	27,097,349.31	22,732,965.66	4,364,383.65	172	241
Subcontracts	7,932,303.54	7,112,692.14	819,611.40	101	119
Fellowships	8,891,457.67	8,878,516.67	12,941.00	181	213
Subtotal, Private, Non-Profit Sources	186,805,209.51	171,319,297.18	15,485,912.33	1,098	1,336
PRIVATE FOR-PROFIT SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds	#Tx
Grants	1,033,392.00	863,660.00	169,732.00	7	80
Contracts ⁴	157,342,687.04	112,279,975.71	45,062,711.33	366	423
Subcontracts	3,638,343.27	2,747,980.77	890,362.50	19	19
Fellowships	1,087,193.00	1,087,193.00	00.0	27	29
Subtotal, Private, For-Profit Sources	163,101,615.31	116,978,809.48	46,122,805.83	419	479
Subtotal, Private Sources	349,906,824.82	288,298,106.66	61,608,718.16	1,517	1,815
Miscellaneous Agreement Types	Total Dollars	Direct Costs	F&A Costs	#Awds	#Tx
Award Advances ⁵	0.00	0.00	0.00	220	228
Extensions	104,528.29	67,655.93	36,872.36	613	640
URCs	0.00	0.00	0.00	28	29
OTHER agreements ^{6,7}	144,332,773.00	144,295,413.00	37,360.00	9	9
Subtotal, Misc Agreement Types	144,437,301.29	144,363,068.93	74,232.36	867	903
CUMULATIVE TOTAL	1,362,444,301.18	1,104,153,293.33	258,291,007.85	4,627	5,859

Source: UCSF Office of Sponsored Research - 1/29/2015

Source: UCSF Office of Sponsored Research

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

Note: Awards are selected for inclusion based on the budget period start date. Results include modifications, corrections, and after-the-fact actions processed through 2:00 pm 12/4/2014.

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO (All Awards) EXTRAMURAL AWARDS BY TYPE - 06/30/2014 07/01/2013

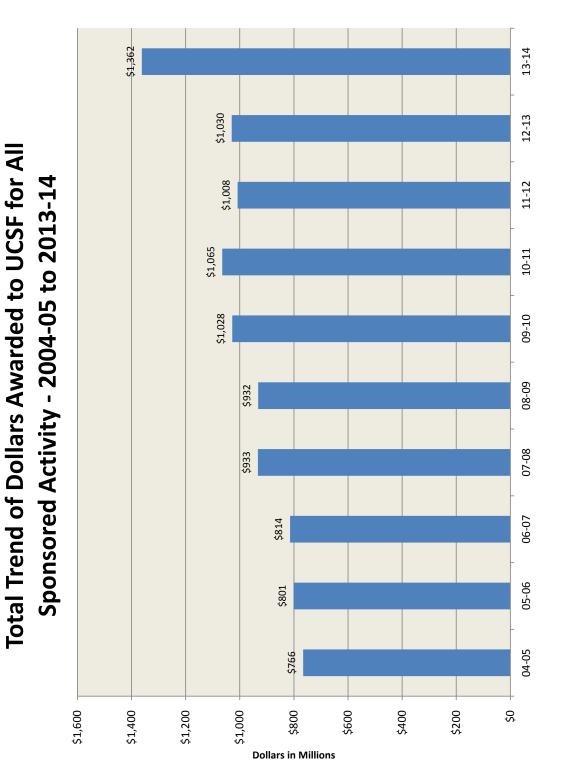
Date: 1/29/2015 – FINAL RESULTS

Source: UCSF Office of Sponsored Research

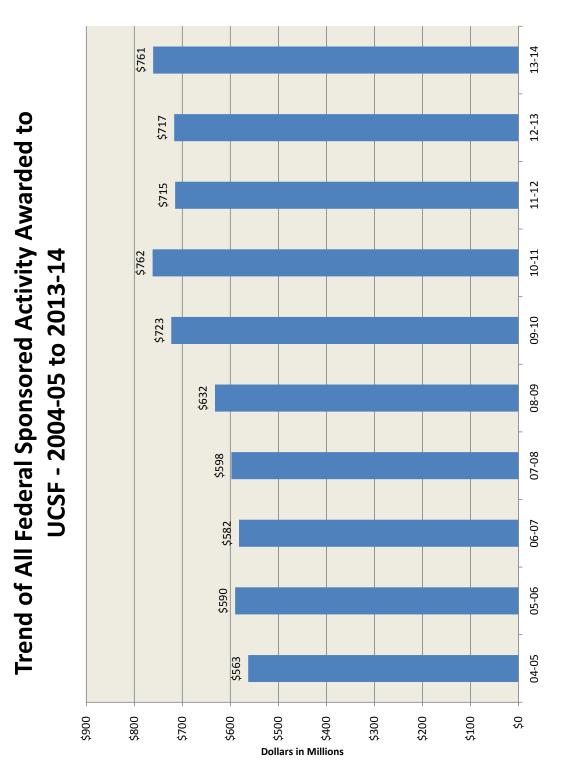
ALL CAMPUS UNITS

- State of California data has been expanded from 2 subcategories to 3 subcategories starting FY2014 to provide improved detail regarding UCSF's business with the State of California. UC programs includes "special State Appropriation Programs" (CBCRP, CHRP, and TRDRP) and any other UC Systemwide Programs (e.g. CRCC, CHQI). Includes 5-year \$25M award from Bill & Melinda Gates Foundation for the Preterm Birth Initiative. Includes 5-year \$40M award from Dalichi Sankyo Co., Ltd.
- Includes Award Advance Requests for a New of Renewal Award and for an Award Activity Period. OTHER agreements includes any agreements entered in RAS which are not considered extramural support and not reported into the corporate Sponsored Projects System (SPX). SFGH affiliation agreement included beginning FY2014. 1004007

Note: Awards are selected for inclusion based on the budget period start date. Results include modifications, corrections, and after-the-fact actions processed through 2:00 pm 12/4/2014.



Source: UCSF Office of Sponsored Research - 1/29/2015



Source: UCSF Office of Sponsored Research - 1/29/2015

UCSF Awards from All Sources 1998-99 to 2013-14 with % change since prior year (dollars in millions)

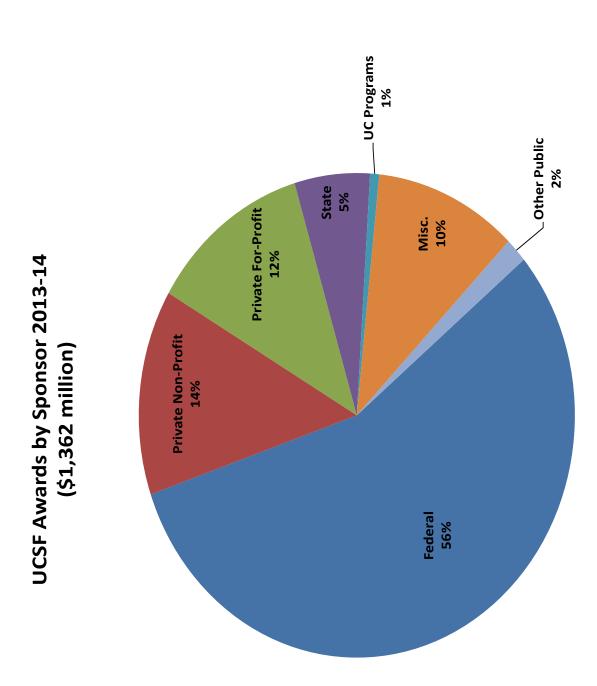
	F&A	%	Direct	%	Total	%		%
FY	Costs	Change	Costs	Change	Awarded	Change	Count*	Change
1998-99	\$74		\$313		\$387		2,247	
1999-00	\$82	11%	\$364	16%	\$446	15%	2,622	17%
2000-01	\$95	16%	\$419	15%	\$514	15%	2,754	5%
2001-02	\$119	25%	\$515	23%	\$634	23%	3,036	10%
2002-03	\$131	10%	\$530	3%	\$661	4%	3,131	3%
2003-04	\$143	9%	\$580	9%	\$723	9%	3,274	5%
2004-05	\$148	3%	\$618	7%	\$766	6%	3,385	3%
2005-06*	\$156	5%	\$645	4%	\$801	5%	2,934	-13%
2006-07	\$155	-1%	\$659	2%	\$814	2%	2,943	0%
2007-08	\$176	14%	\$757	15%	\$933	15%	3,129	6%
2008-09	\$183	4%	\$750	-1%	\$933	0%	4,825	54%
2009-10	\$208	14%	\$820	9%	\$1,028	10%	5,359	11%
2010-11	\$220	6%	\$844	3%	\$1,064	4%	5,451	2%
2011-12	\$206	-6%	\$803	-5%	\$1,009	-5%	4,873	-11%
2012-13	\$210	2%	\$821	2%	\$1,031	2%	4,401	-10%
2013-14	\$258	23%	\$1,104	34%	\$1,362	32%	4,627	5%

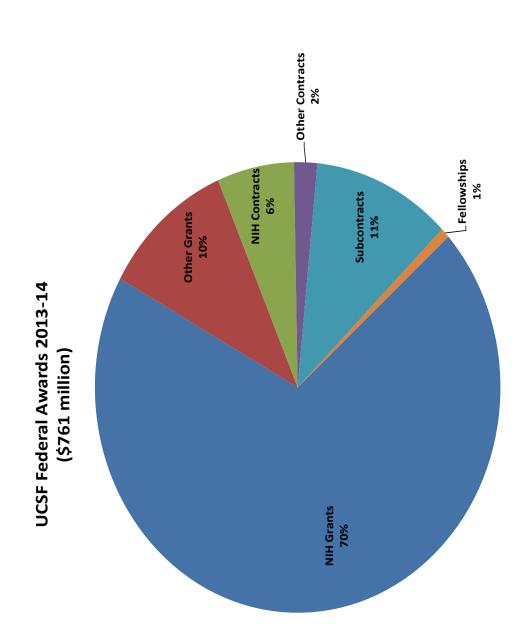
*Change in accumulation method at FY 05-06 from a count of award modifications to a count of unique awards

	F&A	%	Direct	%	Total	%		%
FY	Costs	Change	Costs	Change	Proposed	Change	Count*	Change
1998-99	\$104		\$446		\$550		3,141	
1999-00	\$112	8%	\$476	7%	\$588	7%	3,273	4%
2000-01	\$125	12%	\$526	11%	\$651	11%	3,132	-4%
2001-02	\$151	21%	\$649	23%	\$800	23%	3,469	11%
2002-03	\$154	2%	\$594	-8%	\$748	-7%	3,624	4%
2003-04	\$179	16%	\$688	16%	\$867	16%	3,927	8%
2004-05	\$209	17%	\$801	16%	\$1,010	16%	4,230	8%
2005-06	\$236	13%	\$899	12%	\$1,135	12%	4,460	5%
2006-07	\$239	1%	\$889	-1%	\$1,128	-1%	4,866	9%
2007-08	\$240	0%	\$928	4%	\$1,168	4%	4,829	-1%
2008-09	\$346	44%	\$1,276	38%	\$1,622	39%	5,901	22%
2009-10	\$320	-8%	\$1,168	-8%	\$1,488	-8%	5,495	-7%
2010-11	\$308	-4%	\$1,109	-5%	\$1,417	-5%	5,146	-6%
2011-12	\$329	7%	\$1,170	6%	\$1,499	6%	5,618	9%

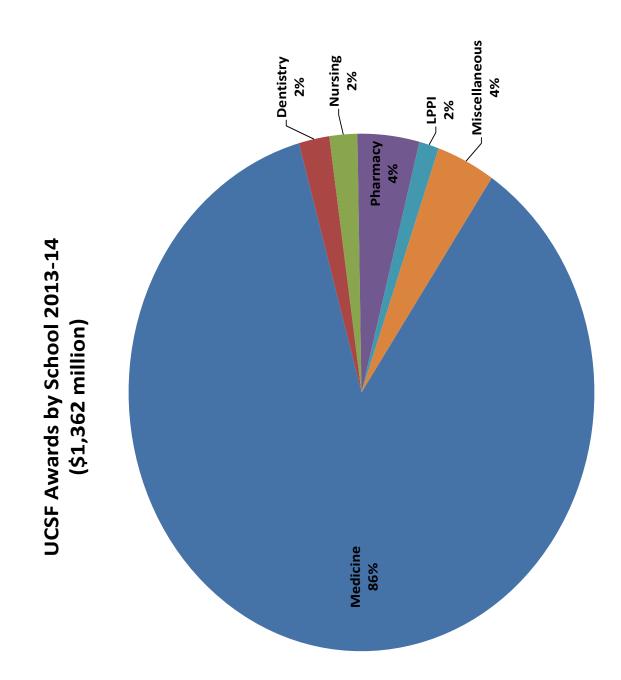
UCSF Proposals from All Sources 1998-99 to 2013-14 with % change since prior year (dollars in millions)

Source: UCSF Office of Sponsored Research - 1/29/2015



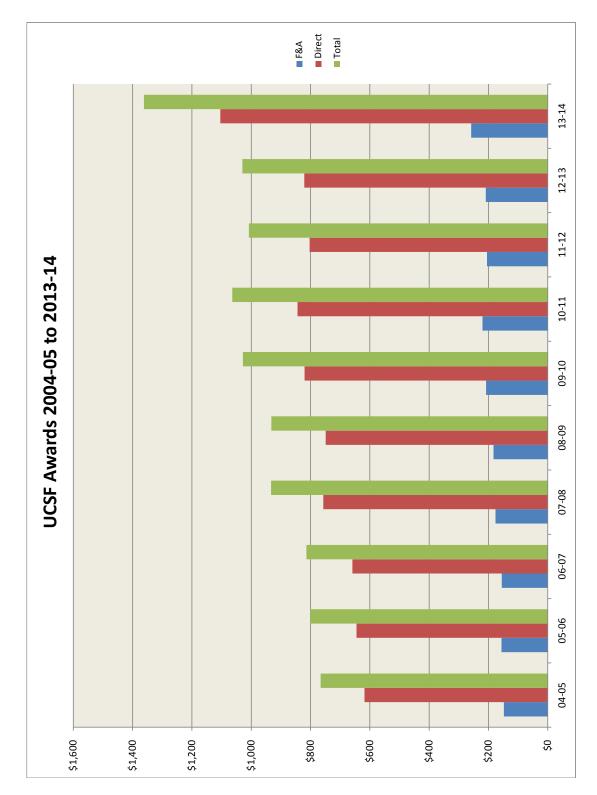


Source: UCSF Office of Sponsored Research - 1/29/2015



University of California, San Francisco Institutional Profile - FY 2013-14 Sponsored Activity

Source: UCSF Office of Sponsored Research - 1/29/2015

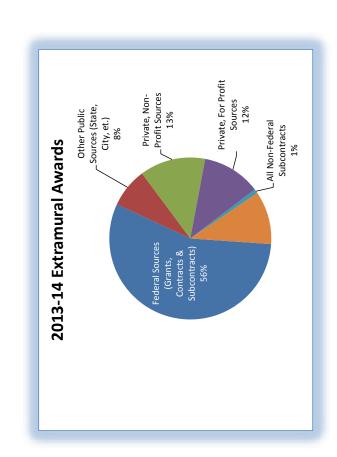


Source: UCSF Office of Sponsored Research - 1/29/2015

University of California, San Francisco Extramural Award Trends (Dollars in Millions)



Source of Award	Irds	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
⁻ ederal Sources (Grants, Contracts &	s & Subcontracts)	\$563.2	\$584.5			\$632.4	\$723.2	\$761.7		\$717.2	
Other Public Sources (State, City, et.)	et.)	\$59.3	\$67.6			\$97.3	\$107.4	\$102.7			\$107.6
Private, Non-Profit Sources		\$91.6	\$97.5	\$101.5	\$133.8	\$129.1	\$119.5	\$94.8	\$97.5		
Private, For Profit Sources		\$46.8	\$36.2			\$62.9	\$70.4	\$94.7			
All Non-Federal Subcontracts		\$5.3	\$5.4			\$10.1	\$7.9	\$10.7			
Aiscellaneous Agreement Types		\$0.0	\$0.0			\$0.5	\$0.1	\$0.0			
	Total by Fiscal Year.	\$766.2	\$791.1			\$932.2	\$1028.4	\$1064.6	မာ	~	, o,



Source: UCSF Office of Sponsored Research

CAMPUS SITES

This section contains material from the following sources:

- Campus Planning
- Public Affairs
- CPFM

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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. Parnassus Heights is the largest campus site with 3.95 million gross square feet (gsf) of program space. 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 - 16th Street. The 60.2-acre Mission Bay campus will contain 5.14 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 30 buildings at full buildout. Approximately one-third of the program space will be for research uses, one-third of the program space will be for clinical 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 4,500 parking spaces with implementation of the parking structures to be phased with campus development according to parking demand. As of 2014, the campus had a population of 8,00 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 500 events and 55,000 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 777,000 gross square feet (gsf) of program space and 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 1,5000 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. One-third of all UCSF medical students complete a clinical rotation at SFGH.

The Schools of Dentistry, Medicine, Nursing and Pharmacy use the hospital for teaching and for clinical and basic research. SFGH is a major research site for UCSF. The hospital receives about \$150 million in research grants each year, which accounts for a quarter of all National Institutes of Health grants awarded to UCSF

Veterans Administration Medical Center, 4150 Clement Street. Since 1960 UCSF has had an affiliation agreement with the VA Medical Center. The VA employs approximately 270 UCSF faculty and staff members at the Fort Miley San Francisco to carry out patient care and academic research. A major site for providing instruction - the VA pays 189 UCSF Resident salaries and one-third of all UCSF medical students complete a clinical rotation at the VA. 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 1,200 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. A UCSF 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). Since its inception, UCSF Fresno has graduated approximately 60 physicians every year, totaling more than 3,000 to date. The program has ~230 core faculty members — and 640 total faculty. UCSF Fresno educates about 250 medical residents each year in eight different specialties such as emergency medicine, family and community medicine, internal medicine and pediatrics. Also, fifty fellows are training, are in 17 subspecialties. UCSF Fresno faculty and medical residents care for the overwhelming majority of the area's underserved populations. UCSF Fresno provides academic preparation programs for middle- and high-school students interested in the health professions. Clinical research is also part of UCSF Fresno's mission. Since 1998, it has attracted more than \$85 million in research, public service and training grants and contracts.

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 500 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 22-story building in the Financial District, in approximately 40,000 sf of leased space.

1500 Owens Street. This building, adjacent to the Mission Bay Campus site, houses a large Orthopaedics clinic and a new automated pharmacy facility, in approximately 90,000 sf of leased space.

499 Illinois Street. This building, adjacent to the Mission Bay Campus site, will house a large Reproductive Endocrinology & Infertility services clinic, in approximately 50,000 sf of leased space. Other Leased Space*. Two satellite clinics should be noted: the Center for Geriatric Care at 3575 Geary Boulevard, and the family practice and pediatrics center at 1569 Sloat Boulevard in the Lakeshore Plaza.

^{*}See complete list of leased facilities on page 271.

Upcoming/Ongoing Projects.

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 February 2015.

San Francisco General Hospital Research Building

UCSF's research programs at SFGH are currently housed in several buildings at SFGH, including the historic brick buildings that line Potrero Avenue. These buildings no longer meet UC's seismic safety standards and UCSF's research operations must be relocated by October 2019. UCSF is proposing a new research building on the parking lot adjacent to 23rd Street. Approximately 800 UCSF employees would work in the new building, including 200 UCSF physician-scientists and clinicians.

Clinical Sciences Building Seismic Retrofit and Renovation Project

Complete renovation is proposed this 109,000 gsf building constructed in 1933. The estimated project cost is \$95 million with a projected completion in March 2018.

UCSF Leased Facilities

Property Address	Sq Ft	Property Address	Sq Ft
185 Berry Street	163,348	5180 N. Primitivo Way	2,950
1330 Broadway Street	9,743	6137 N. Thesta	3,273
100 Brookwood Avenue	2,890	1500 Owens Street	99,114
1550 Bryant Street	13,509	350 Parnassus	50,474
3450 California Street	4,592	369 Pine Street	630
3490 California Street	5,504	2205 Post Street	1,070
6425 Christie Avenue	51,117	2211 Post Street	3,455
1635 Divisadero Street	7,804	2233 Post Street	12,906
250 Executive Park Blvd.	42,438	625 Potrero Avenue	3,600
1444 Florida Avenue	3,733	2000 Powell Street	15,580
300 Frank H. Ogawa Plaza	8,365	1515 Scott Street	1,800
3330 Geary Blvd.	6,456	975 Sixteenth Street	30,100
3360 Geary Blvd.	19,270	1569 Sloat Boulevard	9,376
3575 Geary Blvd.	2,658	1300 So. Eliseo	3,849
333 Gellert	3,681	101 S. San Mateo Avenue	2,635
499 Illinois	41,792	515 Spruce Street	4,403
405 Irving Street	1,800	2320 Sutter Street	1,297
2727 Mariposa St	8,000	2380 Sutter Street	10,321
964 Market Street	5,558	1100 Trancas Street	2,041
1930 Market Street	14,800	3130 Twentieth Street	9,627
270 Masonic Avenue	832	2062 Twenty First Avenue	0
982 Mission Street	24,765	5565 W. Las Positas Blvd	3,081
1725 Montgomery Street	7,889	CPMC Davies Campus (Castro & Duboce Sts)	8,700
220 Montgomery Street	38,678	Riverview Garden Apartments	9,099
260 Newhall Street	4,800	SFGH	85,361
Subtotal	494,022	Subtota	l: <u>374,742</u>

Grand Total: 868,764

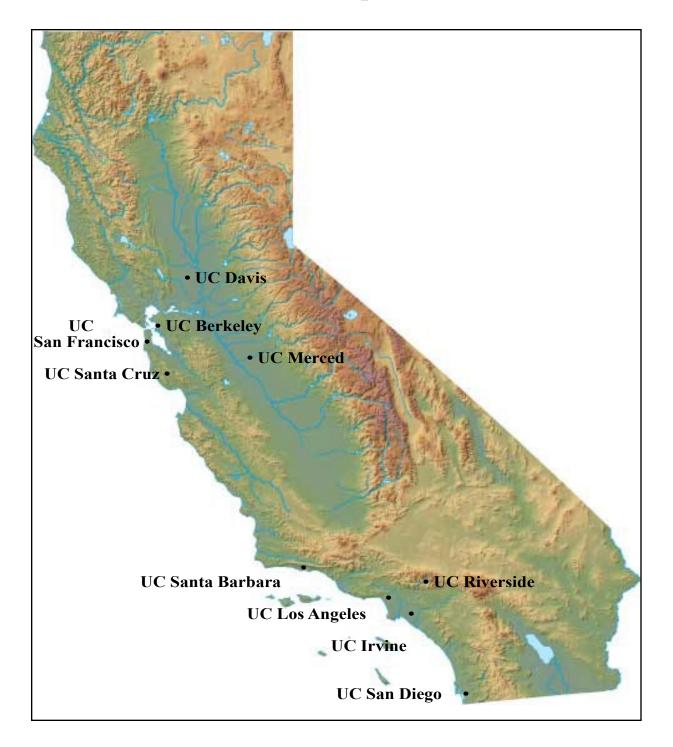
Source: UCSF Real Estate Services - 6/24/2015

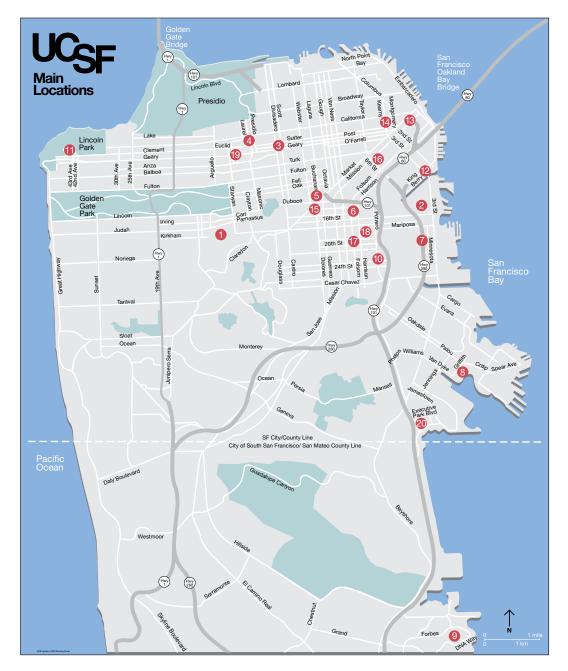
UCSF Total Acreage

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

* Excludes 61 acres in Mt. Sutro Open Space Reserve

UC Campuses

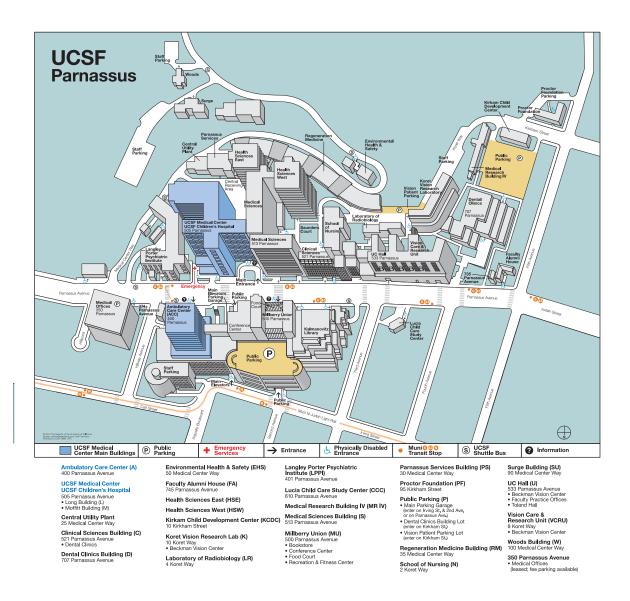


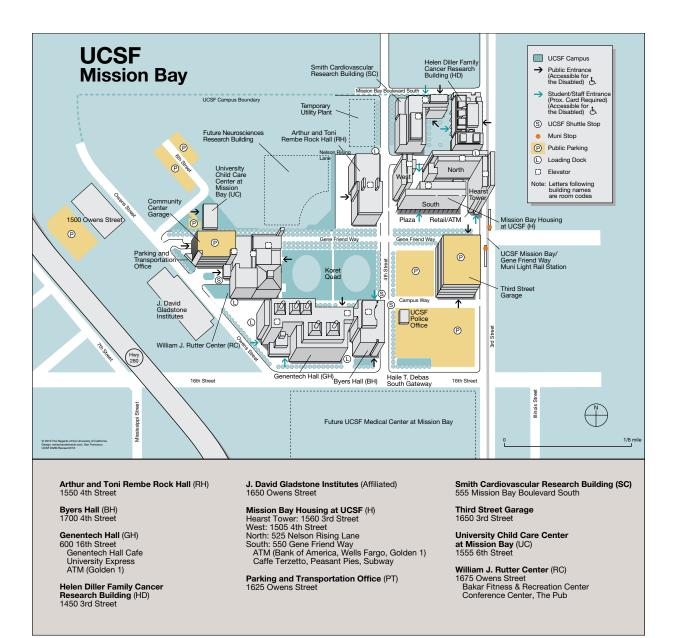


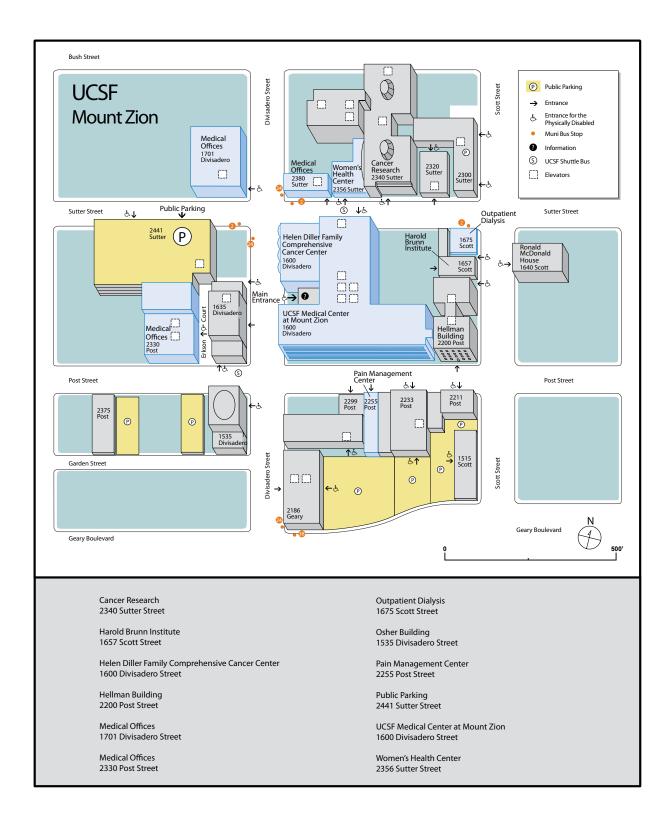
- Parnassus Heights 1
- 2 Mission Bay
- 3 Mount Zion
- 4 Laurel Heights
- 5 Buchanan Dental Clinic
- 6 Mission Center Building
- 654 Minnesota Street 7

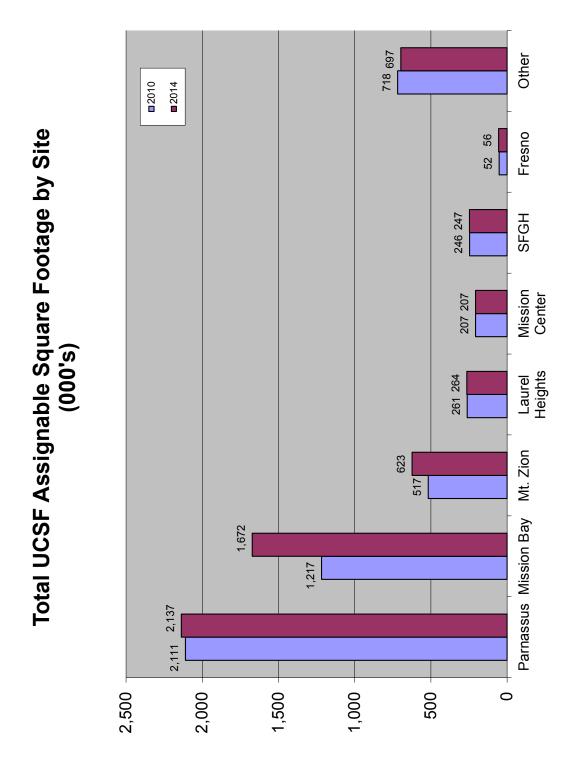
- 8 Hunters Point
- 9 Oyster Point
- San Francisco General Hospital 10 (Affiliation)
- 11 Veterans Affairs Medical Center (Affiliation)
- 12 185 Berry Street
- 13 50 Beale Street

- 14 220 Montgomery Street
- 15 1930 Market Street
- 16 982 Mission Street 17
- 2300 Harrison Street 18 2727 Mariposa Street
- 3360 Geary Boulevard
- 19
- 250 Executive Park Boulevard 20

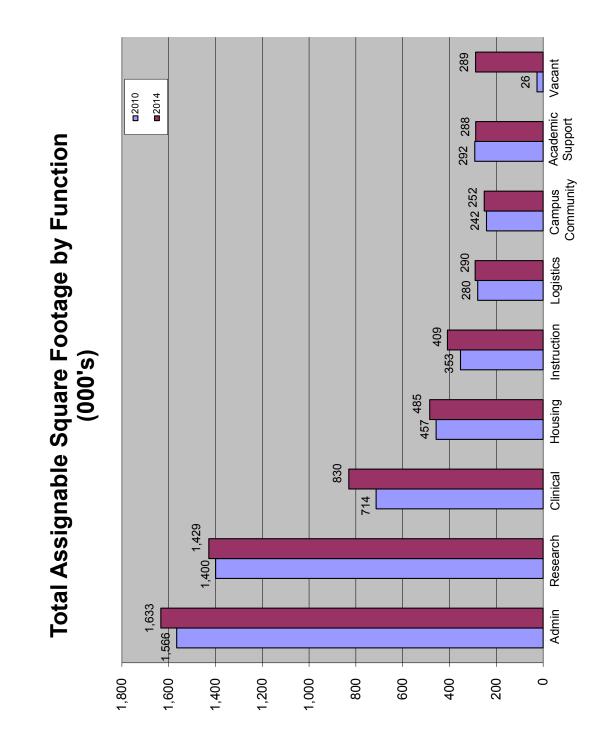








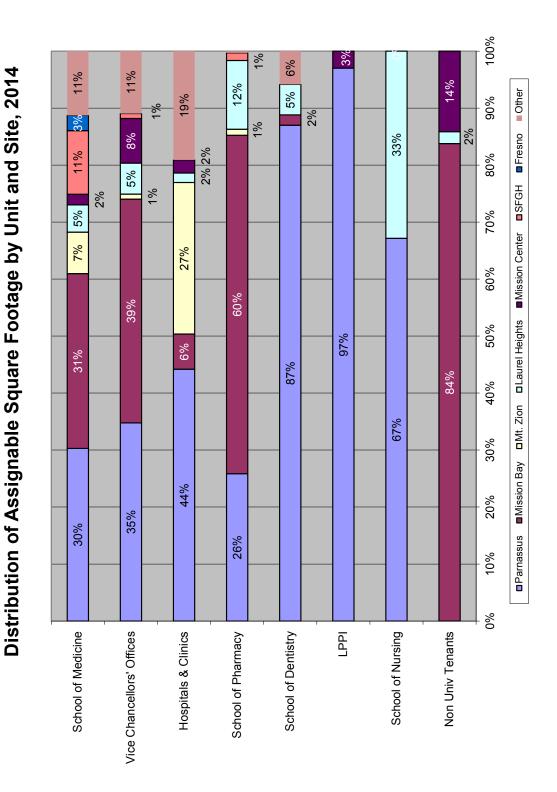
Source: UCSF CPFM Department - 1/15/2015 - Strategic Planning Chart IV-34



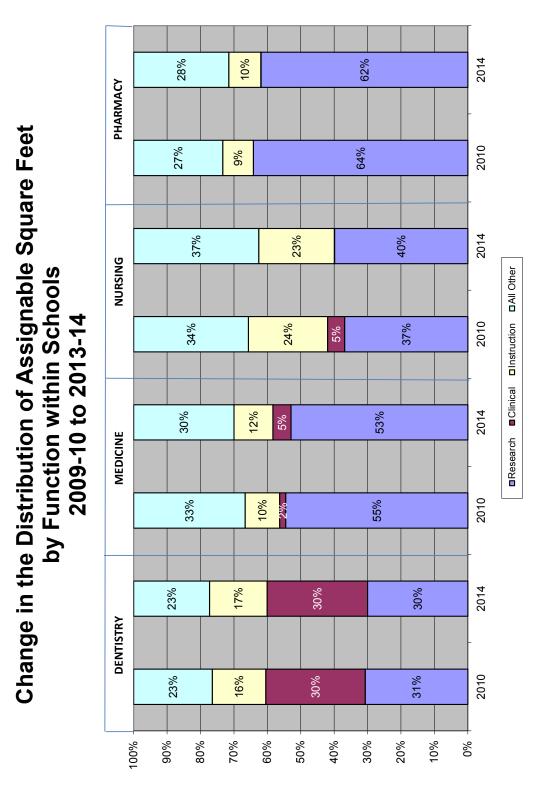
Source: UCSF CPFM Department - 1/15/2015 - Strategic Planning Chart IV-35

Unknown 259 0 **2**010 **a**2014 Non-Univ Tenants ~ ო **Total Assignable Square Footage by Campus Unit** School of Nursing 69 61 75 LPPI 75 School of Dentistry 165 164 (s,000) School of Pharmacy 180 170 1,404 Hospital & Clinics 1,231 1,697 Vice Chancellors 1,573 2,066 School of Medicine 2,033 0 2,500 1,000 500 2,000 1,500

Source: UCSF CPFM Department - 1/15/2015 - Strategic Planning Chart IV-36



Source: UCSF CPFM Department - 1/15/2015 - Strategic Planning Chart IV-37



Source: UCSF CPFM Department -1/15/2015- Strategic Planning Chart IV-38

CHANCELLOR'S OFFICE

CHANCELLOR'S OFFICE

Sam Hawgood, MBBS Chancellor

Sam Hawgood, MBBS, is currently the Chancellor and holds the Arthur and Toni Rembe Rock Distinguished Professor appointment at UCSF.

Hawgood graduated with First Class Honors from the University of Queensland in Australia in 1975. After graduation, he trained in Australia in pediatrics with a sub-specialty interest in neonatology. Hawgood moved to UCSF in 1982 to work with William Tooley, MD, and John Clements, MD, pioneers in the discovery and therapeutic uses of pulmonary surfactant in premature babies.

Pulmonary surfactant keeps the lungs inflated and a developmental deficiency of surfactant is the major cause of the respiratory distress syndrome of the newborn (RDS). Hawgood's interest in the biology of surfactant grew from clinical experience in neonatology where RDS is a major cause of neonatal death. He moved to UCSF in 1982 as a research fellow with Clements, the scientist that discovered surfactant in the late 1950's. Hawgood started his own laboratory, focused on the proteins associated with surfactant, in 1984. A multi-disciplinary Program Project Grant from the National Heart, Lung and Blood Institute has supported his work since 1984. His scientific contributions over the last 25 years have been recognized by numerous invitations to present in national and international forums and continuous funding from the National Institutes of Health.

Hawgood has maintained an active presence in clinical medicine, serving as Division Chief of Neonatology at UCSF from 1994 to 2006. He has been an Associate Director of the CVRI since 1997, and was Chair of Pediatrics and Physician-in-Chief of the UCSF Children's Hospital from 2003 to 2009. He is also currently President of the UCSF Medical Group, the faculty plan representing more than 1,000 physicians at UCSF.

In service to professional organizations Hawgood served on the Council of the Society for Pediatric Research for seven years between 1992 and 2000 and was President of the Society in 1999. He chaired the Program Committee for the Pediatric Academic Societies from 1998-2000 and in 2005 received the Distinguished Service Award from the Society for Pediatric Research. He was a Trustee and Secretary-Treasurer of the International Pediatric Research Society from 2003 to 2009. Hawgood has served on study sections for the NIH and is currently a member of the Program Project Parent Committee of the National Heart, Lung, and Blood Institute. In addition, Hawgood was recently elected to the Institute of Medicine (IOM), part of the National Academy of Sciences.

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

Susan Desmond-Hellmann, M.D., M.P.H. Chancellor 2009-2014

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

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 Im-

munology 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

Willard 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.

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

UCSF Private Support Report	267
Final Fund-Raising Report	268
Regents' Endowment Funds Income Trends	269
UCSF Foundation Fund Growth Trends	270

VICE CHANCELLOR DEVELOPMENT AND ALUMNI RELATIONS

• Interim Vice Chancellor Janice Eisele

Senior Management Staff

- Medical Development Janice Eisele, Assistant Vice Chancellor
- School Development and Alumni Relations Mark Boone, Assistant Vice Chancellor
- Central Development Jennifer Arnett, Interim Assistant Vice Chancellor
- Principal Gifts Larry Zeiber, Assistant Vice Chancellor
- Financial Services and Administration Steve Downs, Executive Director
- Gift and Endowment Planning Dan Riley, Executive 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 160 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.

Source: Vice Chancellor Development & Alumni Relations - 12/15/2011

The UCSF Foundation, established in 1982, is the giving, receiving and investing arm of the University of California, San Francisco. As the University receives a diminishing portion of its operating budget—approximately 7% in 2011—from state appropriations, UCSF relies increasingly on private philanthropy to provide the margin of excellence that distinguishes its schools and hospitals. Through the leadership, guidance and generosity of the Foundation Board of Directors, Chancellor's Associates and other volunteer leadership groups, the Foundation supports the university's mission of Advancing Health Worldwide and helps to ensure that UCSF remains among the finest academic, research and clinical care institutions.

The UCSF Foundation is governed by a volunteer Board of Directors. As the fiduciary trustees of the UCSF Foundation, the Board oversees Foundation operations, business affairs and assets, sets and implements Foundation goals, and advises university leadership on strategies to advance the Chancellor's vision for UCSF's on-going success. Elected to renewable three-year terms, UCSF Foundation Directors and Chancellor's Associates not only make personal financial commitments to UCSF, but also lend their considerable expertise and valuable time to the university. Their work is accomplished and assisted through several committees—Audit, Investment, Marketing, Government Relations, Nominating and Real Estate—as well as fundraising campaign cabinets and dedicated leadership councils.

The Foundation's daily operations are administered by UCSF's Office of Development and Alumni Relations, which is responsible for garnering private support and fostering communication and campus outreach efforts to UCSF donors and other constituents.

The UCSF Foundation's Board of Directors, Chancellor's Associates and other volunteer leadership groups play a critical role in supporting the University's mission of advancing health worldwide. Volunteer leaders are UCSF's core council of philanthropic leaders and community advisors. They not only make personal financial commitments to UCSF, but also lend their considerable expertise, extensive personal and professional networks and valuable time to help shape UCSF's future and ensure the ongoing success of the medical centers and schools. Under the direction of the UCSF Foundation Board of Directors, volunteer leaders serve as advocates and ambassadors for UCSF, helping to promote awareness of and support for UCSF within San Francisco, throughout the Bay Area and beyond.

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.

Source: Vice Chancellor Development & Alumni Relations - 12/15/2011

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.

FY 2013-14 Headcount as of 4/1/14 DEVELOPMENT

St	aff	Acad	lemic	Grand
Full Time	Part Time	Full Time	Part Time	Total
125			1	126

Source: UCSF Human Resources

UCSF Private Support Report -- FY2013-2014

Monday, July 14, 2014

All totals are for cash or equivalent, except for pledges where indicated. Deferred gifts are reported at present value.

Source of Gifts	Regents	UCSF			
Source of Gifts		Foundation	Total	FY2013	Difference
Alumni	2,064,138	4,157,512	6,221,650	3,701,334	2,520,317
Campus Organizations	4,708,467	1,207,526	5,915,993	1,313,024	4,602,969
Corporations	11,291,727	17,456,306	28,748,033	34,307,835	(5,559,801)
Foundation Dir./Associates	299,500	5,112,931	5,412,431	1,082,400	4,330,031
Foundations	144,889,735	92,582,856	237,472,591	210,492,374	26,980,218
Other Individuals	9,079,459	132,217,251	141,296,710	98,785,676	42,511,034
Other Sources	18,932,211	938,603	19,870,814	36,062,733	(16,191,918)
Total	191,265,237	253,672,986	444,938,223	385,745,375	59,192,848
Purpose of Gifts					
Student Support	16,911,111	39,099,183	56,010,294	15,777,403	40,232,891
Instruction	1,115,975	6,622,626	7,738,601	6,154,132	1,584,469
Campus Improvement	5,364,767	70,691,147	76,055,914	95,808,762	(19,752,848)
Patient Care	2,749,048	2,713,699	5,462,747		
Chairs/Profs	793,200	18,991,081	19,784,282	16,891,239	2,893,043
Department Support	93,021,521	66,263,951	159,285,472	110,099,498	49,185,975
Unrestricted	5,708	1,150,014	1,155,722	603,682	552,041
Other	4,593,245	10,960,625	15,553,870	40,224,958	(24,671,088)
Research	66,710,662	37,180,658	103,891,321	100,185,701	3,705,620
Total	191,265,237	253,672,986	444,938,223	385,745,375	53,730,102
Breakdown by School					
Chancellor	22,522,659	43,917,435	66,440,094	60,891,141	5,548,953
Dentistry	521,572	958,389	1,479,960	3,729,937	(2,249,977)
Graduate Division	974,348	30,623,733	31,598,081	945,157	30,652,925
Medicine	154,360,678	126,695,505	281,056,183	229,359,111	51,697,072
Nursing	1,706,518	1,477,042	3,183,560	2,187,689	995,871
Pharmacy	4,172,549	1,904,334	6,076,883	5,111,707	965,176
UCSF Medical Center	7,006,913	48,096,548	55,103,462	83,520,633	(28,417,171)
– Total	191,265,237	253,672,986	444,938,223	385,745,375	59,192,848
Breakdown by Gift Type					
Securities	77,722	38,088,080	38,165,802	49,736,205	(11,570,402)
Real Property	0	1,703,481	1,703,481	40,700,200	1,703,481
Non-Monetary	767,504	0	767,504	152,002	615,502
Cash	190,420,012	213,881,425	404,301,436	335,857,168	68,444,268
	191,265,237	253,672,986	444,938,223	385,745,375	59,192,848

Page 1 of 4

UCer					30-Jur		-	
University of California San Francisco advancing health worldwide*				F	(Dollars in t		I	
		FY 2013-2014	4			FY 2012-2013	3	
Month	Count	Number Of Donors		Amount	Count	Number Of Donors		Amount
GOAL	31,000	22,000	\$	350,000	29,000	22,000	\$	340,000
ACTUAL								
July	1,458	1,241	\$	24,847	1,485	1,309	\$	37,923
August	1,161	848	\$	35,694	1,293	1,035	\$	27,494
September	1,658	1,239	\$	49,557	1,320	997	\$	19,154
October	3,095	2,438	\$	38,413	3,075	2,430	\$	33,696
November	3,052	2,258	\$	44,002	3,050	2,406	\$	31,140
December	7,681	4,753	\$	79,017	7,760	4,657	\$	88,036
January	2,078	2,284	\$	28,892	2,187	2,576	\$	40,413
February	1,955	1,128	\$	23,587	2,021	1,165	\$	30,143
March	2,384	1,204	\$	16,996	2,353	1,326	\$	14,354
April	2,187	971	\$	43,873	2,694	1,373	\$	20,383
Мау	2,303	1,020	\$	19,228	2,477	1,276	\$	24,791
June	2,117	905	\$	40,833	1,653	790	\$	18,220
YEAR ACTUAL	31,129	20,289	\$	444,938	31,368	21,340		385,745
% OF GOAL	100.4%	92.2%		127.1%	108.2%	97.0%		113.5%
Г		AL -JUNE, 201	2 /5	Pacad on wool	kly totala)	21,340	\$	385,745
-		AL -JUNE, 201 % 0	•		kiy lolais)	97.0%	φ	113.5%
L		78 0				97.078		115.570
Gifts - Alumni	9,638		\$	6.222	9.605		\$	3,701
Gifts - Other	20,839		\$	283,303	21,132		\$	262,960
Total Oiff-	20 477		۴	200 525	20 707		۴	000.000
Total Gifts	30,477		\$	289,525	30,737		\$	266,662
Private Grants	652		\$	155,413	631		\$	119,084
YEAR ACTUAL	31,129	20,289	\$	444,938	31,368	21,340		385,745

1

Т

	FY 2004-05	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2004-05 FY 2005-06 FY 2006-07 FY 2007-08 FY 2008-09 FY 2009-10 FY 2010-11 FY 2011-12 FY 2012-13 FY 2013-14
Principal Amount										
@ Market Value ⁽¹⁾	\$ 709.20	\$ 769.59	\$ 890.74	\$ 845.99	\$ 667.64	\$ 738.54	\$ 899.72	\$ 865.40	\$ 946.90	\$ 709.20 \$ 769.59 \$ 890.74 \$ 845.99 \$ 667.64 \$ 738.54 \$ 899.72 \$ 865.40 \$ 946.90 \$ 1,082.50
Endowment Payout ⁽²⁾	\$ 29.73	9.73 \$ 30.53 \$ 32.22 \$ 33.91 \$ 34.19 \$ 34.70 \$ 34.05 \$ 34.77 \$ 34.80 \$	\$ 32.22	\$ 33.91	\$ 34.19	\$ 34.70	\$ 34.05	\$ 34.77	\$ 34.80	\$ 36.70
Percent Change in	1.19%	2.69%	5.52%	5.26%	0.83%	1.49%	-1.87%	2.11%	0.09%	5.46%
Payout										

UNIVERSITY OF CALIFORNIA SAN FRANCISCO REGENTS' ENDOWMENT FUNDS INCOME TRENDS

(Dollars in Millions)

⁽¹⁾ Net of payout (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. Represents amounts credited to endowment income funds, excluding regents cost recovery transferred to UCSF. Source: University of California Financial Reports & Endowment Funds Annual Report

Beginning FY2012-13 - Source: UCSF Annual Financial Report

	FY 2004-05	FY 2005-06	FY 2006-07 FY 2007-08 FY 2008-09 FY 2009-10 FY 2010-11 FY 2011-12	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	F	FY 2013-14
Endowment Payout									\$ 27,480	÷	31,723
Endowment Funds	\$ 338,475	\$ 380,902	\$ 465,591	\$ 456,057	\$ 408,804 \$ 476,539	\$ 476,539	\$ 605,184	\$ 637,466	\$ 752,280	ъ	895,696
@ Market Value											
Current Funds	\$ 236,961	\$ 202,163	\$ 231,663	\$ 212,025	\$ 229,811 \$ 203,811		\$ 267,026	\$ 338,403	\$ 406,793	÷	308,194
@ Market Value											
Total Funds	\$ 575,436	\$ 583,065	\$ 697,254	\$ 668,082	\$ 638,615	\$ 680,350	\$ 872,210	\$ 975,869	\$ 1,159,073		\$ 1,203,890
@ Market Value											
Percent Change in	6.67%	1.33%	19.58%	-4.18%	-4.41%	6.54%	28.20%	11.88%	18.77%		3.87%
Fund Balances											

UCSF FOUNDATION FUND GROWTH TRENDS (Dollars in Thousands)

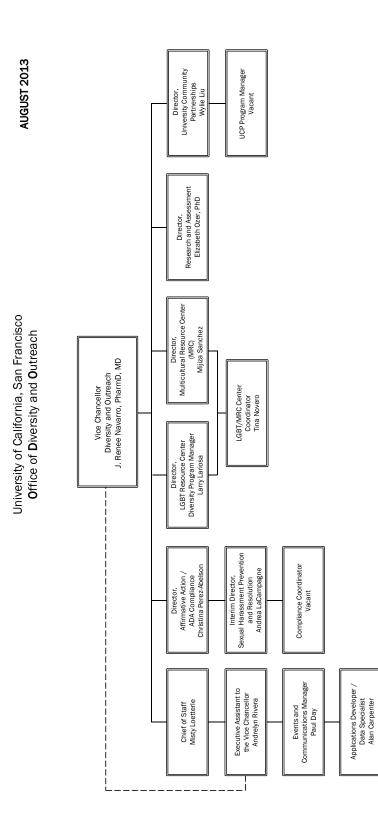
> ⁽¹⁾ Net of payout included in current funds balance. Source: UCSF Foundation Financial Statements

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VICE CHANCELLOR DIVERSITY AND OUTREACH

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VICE CHANCELLOR DIVERSITY AND OUTREACH

- Vice Chancellor, Navarro, J. Renee
- Business Officer Murphy, Suzzane M.
- website www.diversity.ucsf.edu

FY 2013-14 Headcount as of 4/1/14 DIVERSITY AND OUTREACH

St	aff	Acac	lemic	Grand
Full Time	Part Time	Full Time	Part Time	Total
7	1			8

Source: UCSF Human Resources

AFFIRMATIVE ACTION/ADA COMPLIANCE

- Director Perez-Abelson, Christina
- Business Officer Murphy, Suzanne M.
- Website http://www.aaeo.ucsf.edu/

LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) RESOURCE CENTER

- Director Lariosa, Larry
- Business Officer Murphy, Suzanne M.
- Website http://lgbt.usf.edu

MULTICULTURAL RESOURCE CENTER (MRC)

- Director, Sanchez, Mijiza M.
- Business Officer Murphy, Suzanne M.
- Website http://diversity.ucsf.edu

RESEARCH AND ASSESSMENT

- Director Ozer, Elizabeth, Phd.
- Business Officer Murphy, Suzanne M.
- Website http://shpr.ucsf.edu

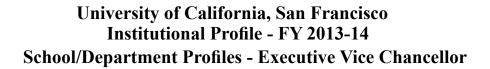
UNIVERSITY COMMUNITY PARTNERSHIP PROGRAM

- Director Liu, Wylie
- Business Officer Murphy, Suzanne M.
- Website http://.partnerships.ucsf.edui

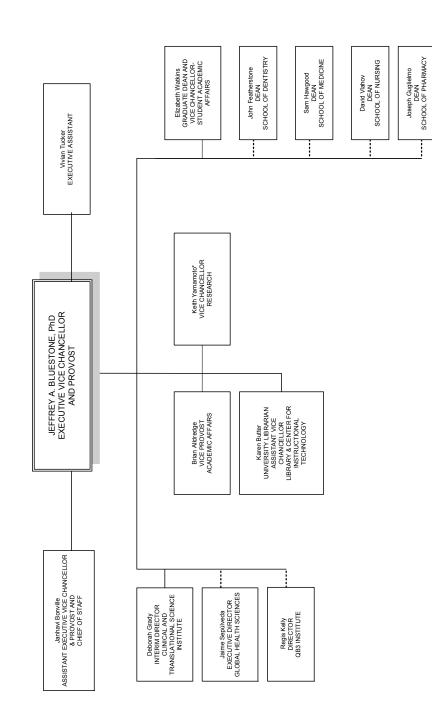
EXECUTIVE VICE CHANCELLOR AND PROVOST

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OFFICE OF THE EXECUTIVE VICE CHANCELLOR & PROVOST July 2014





* Also reports to Dean—School of Medicine

EXECUTIVE VICE CHANCELLOR AND PROVOST

- Executive Vice Chancellor and Provost, Jeffrey Bluestone, PhD
- Assistant Executive Vice Chancellor and Provost: Janhavi Bonville
- Website -http://evcprovost.ucsf.edu/index1.html

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 EXECUTIVE VICE CHANCELLOR

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$23,724,646	\$13,487,305	\$3,778,860	28.02%
CIRM	\$6,500	\$6,508	\$0	0.00%
Other State Contracts	\$11,742,263	\$11,735,416	\$1,883,074	16.05%
State Special Grants	\$27,042	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$31,047	\$29,970	\$10,190	34.00%
Private Contracts & Grants	\$12,432,059	\$8,106,026	\$1,338,395	16.51%
Total:	\$47,963,557	\$33,365,225	\$7,010,519	21.01%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

FY 2013-14 Headcount as of 4/1/14 EXECUTIVE VICE CHANCELLOR

Staff		Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
5	1			6

ACADEMIC SENATE

- Chair Chehab, Farid, PhD (term: September 1 2013 August 31, 2015)
- Business Officer Giedt, Todd (Executive Director)
- Website http://officeofresearch.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 ACADEMIC SENATE

Staff		Academic		Grand
Full Time	Part Time	Full Time	Part Time	Total
5				5

RESEARCH

CLINICAL AND TRANSLATIONAL SCIENCE INSTITUTE (CTSI) AT UCSF

- Interim Director, CTSI Grady, Deborah, M.D., MPH
- Website http://ctsi.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 CTSI

Staff		Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
68	14			82

Source: UCSF Human Resources

Source: CTSI - 8/25/2011

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 CLINICAL AND TRANSLATIONAL SCIENCE INSTITUTE (CTSI) AT UCSF

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$20,348,174	\$16,304,142	\$2,769,750	16.99%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$10	\$10	\$1	8.04%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$476,726	\$391,494	\$51,915	13.26%
Total:	\$20,824,909	\$16,695,646	\$2,821,666	16.90%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

CTSI

[Number	Amount
RPGs - Non SBIR/STTR	0	\$0
Research Centers	0	\$0
Other Research-Related	1	\$2,858,500
Training - Individual	0	\$0
Training - Institutional	0	\$0
Total:	1	\$2,858,500

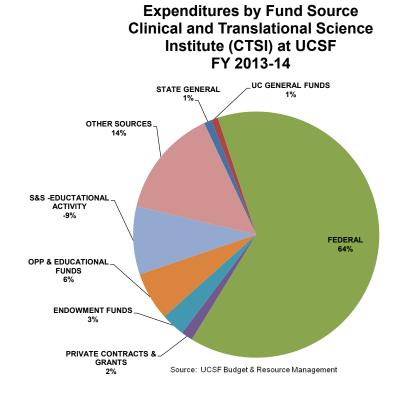
Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$390,524	\$1,363,450	\$743,362	\$161,688	\$316,547	-18.9%
UC GENERAL FUNDS	\$0	\$0	\$0	\$0	\$285,145	0.0%
TUITION & FEES	\$0	\$0	\$0	\$0	\$1	0.0%
FEDERAL	\$16,547,243	\$16,254,729	\$19,963,662	\$21,381,418	\$20,348,174 ²	23.0%
STATE SPECIAL & CONTRACTS	\$0	\$0	\$0	\$0	\$10 ²	0.0%
PRIVATE GIFTS	\$13,612	\$222,453	\$2,404	\$126,006	\$126,773	831.3%
PRIVATE CONTRACTS & GRANTS	\$10,039	\$0	\$213,823	\$158,021	\$476,726 ²	4648.6%
ENDOWMENT FUNDS	\$275,623	\$302,279	\$1,451,802	\$1,336,830	\$999,729	262.7%
OPP & EDUCATIONAL FUNDS	\$74,253	\$987,768	\$573,756	\$943,374	\$2,025,418	2627.7%
S&S -EDUCTATIONAL ACTIVITY	(\$1,446,867)	\$1,207,882	\$1,666,331	\$3,049,888	(\$2,854,317)	97.3%
S&S -TEACHING HOSPITAL	\$0	\$0	\$0	\$0	\$127	0.0%
OTHER SOURCES	\$46,588	\$1,050,798	\$1,756,084	\$2,667,302	\$4,572,986	9715.8%
Total:	\$15,911,016	\$21,389,360	\$26,371,225	\$29,824,527	\$26,297,318	65.3%

Total Expenditures by Fund Source CLINICAL AND TRANSLATIONAL SCIENCE INSTITUTE (CTSI) AT UCSF

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX



RESEARCH SERVICES, VICE CHANCELLOR RESEARCH

- Vice Chancellor, Research Yamamoto, Keith
- Business Officer Murphy, Suzanne
- Website http://officeofresearch.ucsf.edu/

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 VICE CHANCELLOR - RESEARCH

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$521,092	\$457,017	\$89,635	19.61%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$664,351	\$664,351	\$332,422	50.04%
Total:	\$1,185,443	\$1,121,368	\$422,056	37.64%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

FY 2013-14 Headcount as of 4/1/14 VICE CHANCELLOR - RESEARCH

Staff		Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
379	5	2	1	387

ACADEMIC PROGRAMS

ACADEMIC AFFAIRS, VICE PROVOST

- Vice Provost Alldredge, Brian
- Business Officer Leathers, Cynthia Lynch
- Website http://academicaffairs.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 VICE PROVOST - ACADEMIC AFFAIRS

St	aff	Academic		Grand	
Full Time	Part Time	Full Time	Part Time	Total	
7		1		1	8

GRADUATE DIVISION

- Dean Watkins, Elizabeth, PhD
- Assistant Dean, Graduate Programs and Outreach de Coteau, Michele, PhD.
- Assistant Dean, Postdoctoral Scholars and Career Devel. Des Jarlais, Christine, EdD
- Website http://graduate.ucsf.edu/

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 GRADUATE DIVISION

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$5,365,986	\$1,081,867	\$147,036	13.59%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$27,042	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$310,380	\$310,380	\$0	0.00%
Total:	\$5,703,407	\$1,392,247	\$147,036	10.56%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

FY 2013-14 Headcount as of 4/1/14 GRADUATE DIVISION

St	Staff		Academic		
Full Time	Part Time	Full Time	Part Time	Total	
6		1	9	16	

LIBRARY & CENTER FOR KNOWLEDGE MANAGEMENT

- University Librarian and Assistant Vice Chancellor Butter, Karen
- Business Officer Munson, James
- Website http://library.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 LIBRARY & CENTER FOR KNOWLEDGE MANAGEMENT

St	taff	Academic		Grand
Full Time	Part Time	Full Time	Part Time	Total
20	10	0		01
38	13	9	1	

Source: UCSF Human Resources

Source: Library, 10/8/2012

STUDENT ACADEMIC AFFAIRS, VICE PROVOST

- Vice Chancellor Student Academic Affairs Watkins, Elizabeth
- Business Officer Raskulinec, Lisa
- Website -http://saa.ucsf.edu/

Source: Executive Vice Chancellor, 10/8/2012

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 VICE PROVOST - STUDENT ACADEMIC AFFAIRS

	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	\$250,991	\$250,991	\$0	0.00%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$0	\$0	\$0	0.00%
Total:	\$250,991	\$250,991	\$0	0.00%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

FY 2013-14 Headcount as of 4/1/14 VICE PROVOST - STUDENT ACADEMIC AFFAIRS

Staff Acad		lemic	Grand	
Full Time	Part Time	Full Time	Part Time	Total
75	17		2	94

SPECIAL PROGRAMS

LANGLEY PORTER PSYCHIATRIC INSTITUTE

- Director– Tong, Lowell
- Business Officer Caffey, Marie
- Website -http://psych.ucsf.edu/

NIH Awards - FY 2013-14 LANGLEY PORTER PSYCHIATRIC INSTITUTE (LPPI)

]	Number	Amount
RPGs - Non SBIR/STTR	1	\$437,631
Research Centers	1	\$453,245
Other Research-Related	0	\$0
Training - Individual	0	\$0
Training - Institutional	0	\$0
Total:	2	\$890,876

FY 2013-14 Headcount as of 4/1/14 LPPI

St	aff	Academic		Grand
Full Time	Part Time	Full Time	Part Time	Total
60	27			87

Source: UCSF Human Resources

Source: LPPI, 12/23/2011

PROCTOR FOUNDATION

- Director Margolis, Todd
- Business Officer Aguayo, Leslie
- Website http://www.ucsf.edu/proctor/

Source: Proctor Foundation, 9/14/2012

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 PROCTOR FOUNDATION

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$2,670,410	\$2,186,984	\$940,665	43.01%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$31,047	\$29,970	\$10,190	34.00%
Private Contracts & Grants	\$1,706,047	\$791,381	\$169,659	21.44%
Total:	\$4,407,504	\$3,008,335	\$1,120,514	37.25%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

FY 2013-14 Headcount as of 4/1/14 PROCTOR FOUNDATION

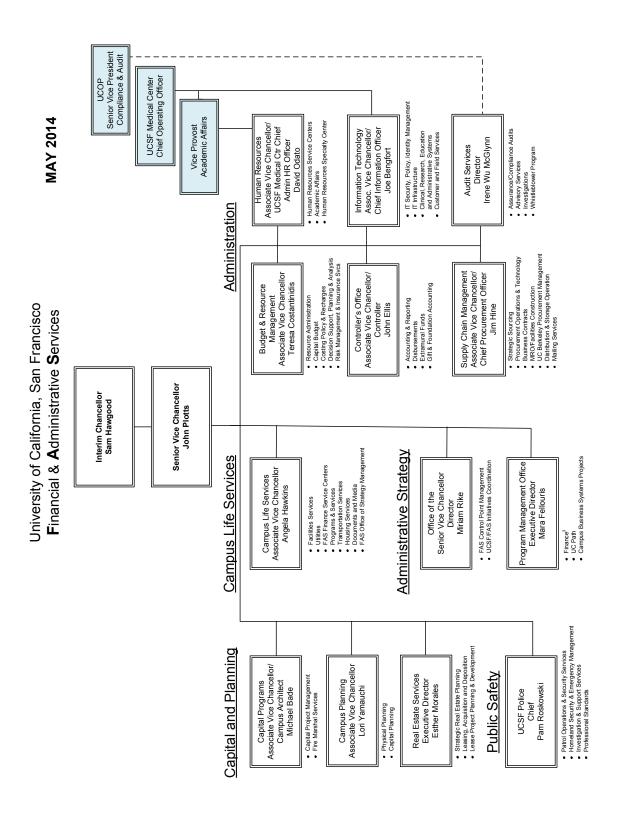
Staff		Academic		Grand
Full Time	Part Time	Full Time	Part Time	Total
19	7	16	4	46

SENIOR VICE CHANCELLOR FINANCE & ADMINISTRATION

Chapter Contents

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SENIOR VICE CHANCELLOR FINANCE AND ADMINISTRATION

- Senior Vice Chancellor Plotts, John
- Website http://www.ucsf.edu/fas/

CAPITAL AND PLANNING

CAPITAL PROGRAMS

- Interim Assistant Vice Chancellor & Campus Architect Bade, Michael
- Website http://www.fm.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 CAPITAL PROGRAMS

Staff		Academic		Grand
Full Time	Part Time	Full Time	Part Time	Total
27				27

CAMPUS PLANNING

- Assistant Vice Chancellor Yamauchi, Lori
- Website http://campusplanning.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 CAMPUS PLANNING

Staff		Academic		Grand
Full Time	Part Time	Full Time	Part Time	Total
12				12

REAL ESTATE SERVICES

- Executive Director Morales, Esther E.
- Website http://realestate.ucsf.edu/whatwedo.html

FY 2013-14 Headcount as of 4/1/14 REAL ESTATE SERVICES

Staff		Academic		Grand
Full Time	Part Time	Full Time	Part Time	Total
9				9

PUBLIC SAFETY

UCSF POLICE DEPARTMENT

- Chief of Police Roskowski, Pamela
- Website http://police.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 POLICE

Staff		Academic		Grand
Full Time	Part Time	Full Time	Part Time	Total
118				118

CAMPUS LIFE SERVICES

CAMPUS LIFE SERVICES

- Associate Vice Chancellor Hawkins, Angela
- Website http://www.cas.ucsf.edu/cls/

FY 2013-14 Headcount as of 4/1/14 CAMPUS LIFE SERVICES & FACILITIES MANAGEMENT

Staff		Academic		Grand
Full Time	Part Time	Full Time	Part Time	Total
571	34			605

ADMINISTRATIVE STRATEGY

FINANCE & ADMINISTRATION

- Director Rike, Miriam
- Project Coordinator Fuller, Judy
- Website http://www.ucsf.edu/fas/

FY 2013-14 Headcount as of 4/1/14 FINANCE & ADMINISTRATION

Staff		Academic		Grand
Full Time	Part Time	Full Time	Part Time	Total
5				5

PROGRAM MANAGEMENT OFFICE (PMO)

• Executive Director - Fellouris, Mara

FY 2013-14 Headcount as of 4/1/14 PROGRAM MANAGEMENT OFFICE (PMO)

Staff		Academic		Grand
Full Time	Part Time	Full Time	Part Time	Total
8	4			12

ADMINISTRATION

AUDIT MANAGEMENT SERVICES

- Director Wu McGlynn, Irene
- Website -http://oaais.ucsf.edu/audit/home.html/

FY 2013-14 Headcount as of 4/1/14 AUDIT MANAGEMENT SERVICES

Staff		Academic		Grand
Full Time	Part Time	Full Time	Part Time	Total
8	1			9

BUDGET AND RESOURCE MANAGEMENT

- Associate Vice Chancellor Costantinidis, Teresa
- Website http://www.finance2.ucsf.edu/budres/budres.html

FY 2013-14 Headcount as of 4/1/14 BUDGET & RESOURCE MANAGEMENT & RISK MANAGEMENT

St	aff	Acad	lemic	Grand
Full Time	Part Time	Full Time	Part Time	Total
32	3			35

CONTROLLER'S OFFICE

- Assistant Vice Chancellor, Campus Controller Ellis, John
- Website http://controller.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 CONTROLLER'S OFFICE

St	aff			Grand
Full Time	Part Time	Full Time	Part Time	Total
129	1			130

HUMAN RESOURCES

Associate Vice Chancellor/UCSF Medical Center Chief Adinistrative Human Resourc-

es Officer - Odato, David

• Website - http://ucsfhr.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 HUMAN RESOURCES

St	aff	Acad	lemic	Grand
Full Time	Part Time	Full Time	Part Time	Total
164	2			166

INFORMATION TECHNOLOGY SERVICES (ITS)

- Associate Vice Chancellor /Chief Information Officer (CIO) Bengfort, Joe
- Website http://it.ucsf.edu

FY 2013-14 Headcount as of 4/1/14 INFORMATION TECHNOLOGY SERVICES (ITS)

St	aff	Academic Gran		Grand
Full Time	Part Time	Full Time	Part Time	Total
204	1			205

SUPPLY CHAIN MANAGEMENT

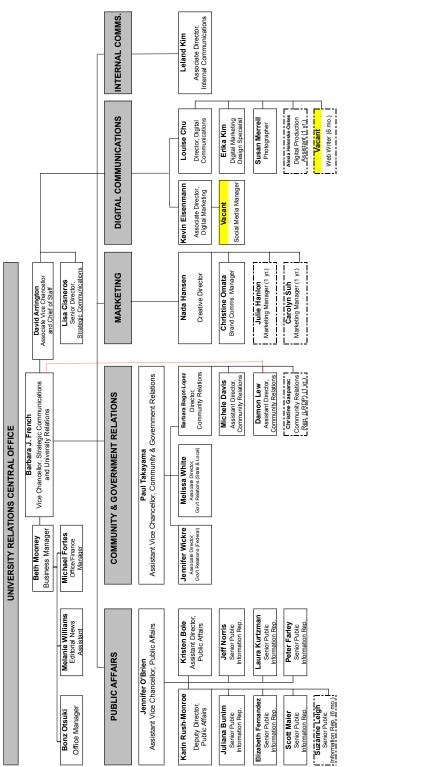
- Associate Vice Chancellor/Chief Procurement Officer Hine, Jim
- website http://cpbc.ucsf.edu//

FY 2013-14 Headcount as of 4/1/14 SUPPLY CHAIN MANAGEMENT

St	aff			Grand
Full Time	Part Time	Full Time	Part Time	Total
75				75

University of California, San Francisco Institutional Profile - FY 2013-14 School/Department Profiles - Vice Chancellor Strategic Communications and University Relations

VICE CHANCELLOR STRATEGIC COMMUNICATIONS & UNIVERSITY RELATIONS



University of California, San Francisco Institutional Profile - FY 2013-14 School/Department Profiles - Vice Chancellor Strategic Communications and University Relations

UCSF UNIVERSITY RELATIONS -- ORGANIZATIONAL CHART (FY 13-14)

6/10/14

Page 1

UCSF

University of California, San Francisco Institutional Profile - FY 2013-14 School/Department Profiles - Vice Chancellor Strategic Communications and University Relations

STRATEGIC COMMUNICATIONS & UNIVERSITY RELATIONS

• Vice Chancellor - French, Barbara J.

FY 2013-14 Headcount as of 4/1/14 STRATEGIC COMMUNICATIONS AND UNIVERSITY RELATIONS

St	aff	Acad	lemic	Grand
Full Time	Part Time	Full Time	Part Time	Total
28				28

SCHOOL/DEPARTMENT PROFILES

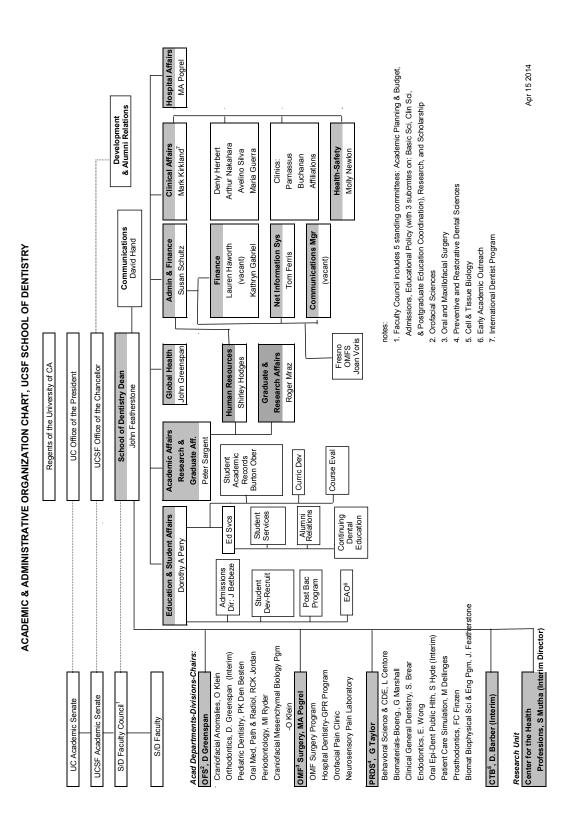
This section contains profiles for each School, Department, and ORU based on information obtained from the following sources:

- 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 1, 2013 based on the following criteria:
 - Employee Status = Active
 - Current Appointment and Distribution
 - Appt Type = Career or Academic
 - Academics With Salary

SCHOOL OF DENTISTRY

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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 MSc. 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

Peter Sargent, PhD Associate Dean for Academic Affairs, Research, & Graduate Affairs

John Greenspan, BDS, PhD Associate Dean for Global Oral Health

Dorothy A. Perry, RDH, PhD, MS Associate Dean for Education and Admissions

Mark Kirkland, DDS

Associate Dean for Clinical Affairs Director, International Dentist Program

Source: School of Dentistry website, 5/10/2010

M. Anthony Pogrel, DDS, MD Associate Dean for Hospital Affairs

Nelson Artiga-Diaz, DDS, MPH Assistant Dean for Community Clinics

Source: School of Dentistry website, 5/10/2010

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO	S BY TYPE	14 (All Awards)	,Y
UNIVERSITY OF CALIFO	EXTRAMURAL AWARDS BY TYPE	07/01/2013 - 06/30/2014	SCHOOL OF DENTISTRY

Date: 1/29/2015 – FINAL RESULTS

Source: UCSF Office of Sponsored Research

FEDERAL SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds	жТ ж
NIH Grants	17,229,571.00	11,786,913.00	5,442,658.00	42	59
Other DHHS Grants	66,064.00	66,064.00	0.00	2	4
NSF Grants	200,000.00	126,850.00	73,150.00	-	-
Other Federal Grants	785,233.00	511,585.00	273,648.00	۲	-
NIH Contracts	470,721.00	299,987.00	170,734.00	۲	-
Other DHHS Contracts	12,000.00	8,955.00	3,045.00	۲	-
Other Federal Contracts	0.00	0.00	0.00	0	0
Subcontracts (excluding SBIR/STTR)	665,731.00	451,661.00	214,070.00	5	5
Subcontracts(SBIR/STTR)	257,603.00	163,471.00	94,132.00	-	-
Fellowships(All Federal Sources)	489,331.00	489,331.00	0.00	11	14
Subtotal, Federal Sources	20,176,254.00	13,904,817.00	6,271,437.00	65	87
OTHER PUBLIC SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds	XT#
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 Healthcare Services (DHS) ¹	58,693.00	54,002.00	4,691.00	-	-
Other State of California HHS Agencies ¹	164,999.99	149,012.12	15,987.87	2	2
Other State of California Public Agencies	1,696,200.00	1,100,000.00	596,200.00	3	4
Other Public Agencies	0.00	0.00	0.00	0	0
UC Programs ²	70,078.00	70,078.00	0.00	2	2
Subcontracts(all above prime sources)	65,670.00	57,340.00	8,330.00	2	С
Fellowships(all above sources)	0.00	0.00	0.00	0	0
Subtotal, Other Public Sources	2,055,640.99	1,430,432.12	625,208.87	10	12
Subtotal, Public Sources	22,231,894.99	15,335,249.12	6,896,645.87	75	66

University of California, San Francisco Institutional Profile - FY 2013-14 School/Department Profiles - School of Dentistry

Note: Awards are selected for inclusion based on the budget period start date. Results include modifications, corrections, and after-the-fact actions processed through 3:00 pm 2/20/2014.

A, SAN FRANCISCO	TYPE	(All Awards)	
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO	EXTRAMURAL AWARDS BY TYPE	07/01/2013 - 06/30/2014	SCHOOL OF DENTISTRY

Date: 1/29/2015 – FINAL RESULTS

Source: UCSF Office of Sponsored Research

SCHOOL OF DENTISTIC					
PRIVATE NON-PROFIT SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds	жТ х
Grants	6,070,610.00	5,359,835.00	710,775.00	19	24
Contracts	0.00	0.00	0.00	0	0
Subcontracts	150,000.00	133,333.00	16,667.00	-	-
Fellowships	144,592.00	144,592.00	0.00	с	8
Subtotal, Private, Non-Profit Sources	6,365,202.00	5,637,760.00	727,442.00	23	33
PRIVATE FOR-PROFIT SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds	жТ ж
Grants	0.00	0.00	0.00	0	0
Contracts	237,693.14	162,292.29	75,400.85	ę	ę
Subcontracts	0.00	0.00	0.00	0	0
Fellowships	20,000.00	20,000.00	00.0	-	2
Subtotal, Private, For-Profit Sources	257,693.14	182,292.29	75,400.85	4	Ω
Subtotal, Private Sources	6,622,895.14	5,820,052.29	802,842.85	27	38
Miscellaneous Agreement Types	Total Dollars	Direct Costs	F&A Costs	#Awds	#Tx
Award Advances ⁵	0.00	0.00	0.00	0	0
Extensions	0.00	0.00	0.00	19	20
URCs	0.00	0.00	0.00	-	-
OTHER agreements ⁶	0.00	0.00	0.00	0	0
Subtotal, Misc Agreement Types	00.0	0.00	0.00	20	21
CUMULATIVE TOTAL	28,854,790.13	21,155,301.41	7,699,488.72	122	158

University of California, San Francisco Institutional Profile - FY 2013-14 School/Department Profiles - School of Dentistry

Note: Awards are selected for inclusion based on the budget period start date. Results include modifications, corrections, and after-the-fact actions processed through 3:00 pm 2/20/2014.

FY 2013-14 Headcount as of 4/1/14 SCHOOL OF DENTISTRY

	Staff		Acade	mic	Grand Total
Department	FT	PT	FT	PT	
D_Cell and Tissue Biology	11	1	43	9	64
D_Ctr for the HIth Professions	16	3			19
D_Dean's Office	72	8		19	99
D_OFS	35	12	34	37	118
D_OMFS	22	4	24	10	60
D_Preventive & Restor Dent Sci	39	12	45	68	164
Total	195	40	146	143	524

Source: UCSF Human Resources

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 SCHOOL OF DENTISTRY

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$13,639,744	\$11,315,619	\$5,798,398	51.24%
CIRM	\$1,027,181	\$997,103	\$580,246	58.19%
Other State Contracts	\$195,617	\$195,617	\$19,762	10.10%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$546,411	\$546,411	\$0	0.00%
Private Clinical Trials	\$224,169	\$187,149	\$88,137	47.09%
Private Contracts & Grants	\$5,618,895	\$5,559,028	\$1,006,357	18.10%
Total:	\$21,252,018	\$18,800,927	\$7,492,900	39.85%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

DEPARTMENT OF CELL AND TISSUE BIOLOGY

- Chair Barber, Diane, PhD.
- Business Officer Mott, Stephanie
- Website http://ctb.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 CELL & TISSUE BIOLOGY

Staff		Acad	Grand	
Full Time	Part Time	Full Time Part Time		Total
11	1	43	9	64

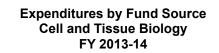
Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$998,192	\$1,078,245	\$1,475,317	\$1,802,247	\$1,932,546	93.6%
TUITION & FEES	\$105,136	\$119,395	\$136,720	\$120,096	\$157,307	49.6%
FEDERAL	\$2,146,225	\$2,741,575	\$2,637,696	\$3,575,591	\$4,505,771 ²	109.9%
STATE SPECIAL & CONTRACTS	(\$162)	\$0	\$0	\$60,233	\$0	-100.0%
PRIVATE GIFTS	\$247,672	\$242,526	\$269,857	\$667,277	\$319,439	29.0%
PRIVATE CONTRACTS & GRANTS	\$587,565	\$577,346	\$637,532	\$702,173	\$912,839 ²	55.4%
ENDOWMENT FUNDS	\$39,081	\$65,776	\$75,957	\$93,237	\$176,776	352.3%
OPP & EDUCATIONAL FUNDS	\$324,965	\$327,223	\$4,682	\$271,099	\$281,982	-13.2%
S&S -EDUCTATIONAL ACTIVITY	\$491,850	\$550,087	\$679,589	\$213,611	\$153,470	-68.8%
OTHER SOURCES	\$239,695	\$237,471	(\$4,311)	\$5,276	\$8,926	-96.3%
RESERVES	\$0	\$0	\$0	\$103,955	\$0	0.0%
Total:	\$5,180,220	\$5,939,642	\$5,913,038	\$7,614,795	\$8,449,057	63.1%

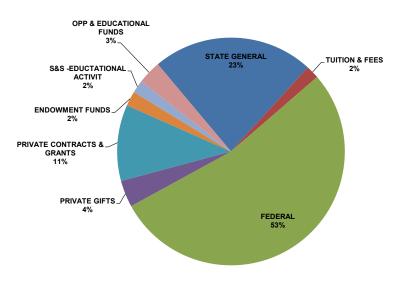
Total Expenditures by Fund Source CELL AND TISSUE BIOLOGY

Source: Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX





Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 CELL AND TISSUE BIOLOGY

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$4,505,771	\$4,207,668	\$2,193,578	52.13%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$912,839	\$899,220	\$176,882	19.67%
Total:	\$5,418,610	\$5,106,887	\$2,370,460	46.42%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

CELL AND TISSUE BIOLOGY

	Number	Amount
RPGs - Non SBIR/STTR	15	\$5,086,619
Research Centers	0	\$0
Other Research-Related	1	\$122,186
Training - Individual	4	\$186,053
Training - Institutional	0	\$0
Total:	20	\$5,394,858

DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

- Interim Chair Bast, Brian, DMD, MD
- Business Officer Blackshear, Jake, MBA
- Website http://www.omfs.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 ORAL & MAXILLOFACIAL SURGERY

Staff		Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
22	4	24	10	60

Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$957,285	\$980,238	\$933,707	\$1,038,648	\$911,472	-4.8%
TUITION & FEES	\$197,026	\$63,614	\$247,420	\$455,128	\$433,094	119.8%
FEDERAL	\$1,961,006	\$1,838,943	\$1,493,977	\$924,720	\$1,088,303 ²	-44.5%
STATE SPECIAL & CONTRACTS	\$27,090	\$2,910	\$0	\$0	\$0	-100.0%
LOCAL GOVERNMENT	\$131,821	\$472,208	\$454,292	\$417,914	\$546,411 ²	314.5%
PRIVATE GIFTS	\$966,143	\$243,368	\$147,714	\$173,009	\$323,882	-66.5%
PRIVATE CONTRACTS & GRANTS	\$51,366	\$105,487	\$37,978	\$2,000	\$3,127 ²	-93.9%
ENDOWMENT FUNDS	\$47,589	\$70,431	\$89,921	\$85,640	\$38,323	-19.5%
OPP & EDUCATIONAL FUNDS	\$62,251	\$105,338	\$54,387	\$16,712	\$211,534	239.8%
S&S -EDUCTATIONAL ACTIVITY	\$3,530,862	\$3,572,357	\$3,648,137	\$3,853,605	\$3,923,054	11.1%
OTHER SOURCES	\$68,882	\$69,703	\$72,532	\$41,008	\$14,524	-78.9%
RESERVES	\$0	\$0	\$0	\$0	(\$25,000)	0.0%
Total:	\$8,001,319	\$7,524,597	\$7,180,065	\$7,008,384	\$7,468,725	-6.7%

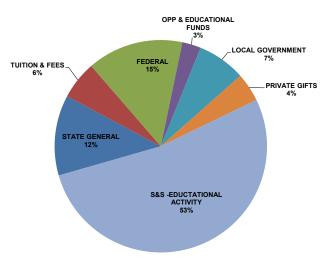
Total Expenditures by Fund Source ORAL AND MAXILLOFACIAL SURGERY

Source: Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX





Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 ORAL AND MAXILLOFACIAL SURGERY

[Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$1,088,303	\$1,087,288	\$606,596	55.79%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$546,411	\$546,411	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$3,127	\$3,127	\$0	0.00%
Total:	\$1,637,841	\$1,636,826	\$606,596	37.06%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

ORAL AND MAXILLOFACIAL SURGERY

1	Number	Amount
RPGs - Non SBIR/STTR	4	\$1,826,957
Research Centers	0	\$0
Other Research-Related	0	\$0
Training - Individual	0	\$0
Training - Institutional	0	\$0
Total:	4	\$1,826,957

DEPARTMENT OF OROFACIAL SCIENCES

- Chair Shiboski, Caroline H., DDS, MPH, PhD
- Business Officer Dronsky, Marina

FY 2013-14 Headcount as of 4/1/14 OROFACIAL SCIENCES

Staff		Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
35	12	34	37	118

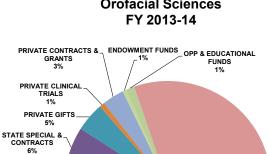
Fund Source	FY 2009-10 Year 2	FY 2010-11 Year 3	FY 2011-12 Year 4	FY 2012-13 Year 5	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$2,961,850	\$3,034,694	\$2,952,236	\$3,298,451	\$3,259,593	10.1%
TUITION & FEES	\$483,686	\$540,875	\$609,005	\$640,821	\$772,223	59.7%
FEDERAL	\$3,556,396	\$4,347,880	\$4,653,763	\$3,632,410	\$2,373,956 ²	-33.2%
STATE SPECIAL & CONTRACTS	\$484,664	\$224,246	\$475,264	\$556,852	\$1,027,181 ²	111.9%
PRIVATE GIFTS	\$1,235,543	\$1,419,860	\$1,261,354	\$890,301	\$723,384	-41.5%
PRIVATE CLINICAL TRIALS	(\$4,630)	(\$1,585)	\$5,650	\$79,968	\$129,035 ²	-2886.9%
PRIVATE CONTRACTS & GRANTS	\$453,460	\$388,873	\$479,356	\$382,854	\$539,908 ²	19.1%
ENDOWMENT FUNDS	\$38,020	\$89,857	\$39,992	\$51,548	\$88,298	132.2%
OPP & EDUCATIONAL FUNDS	\$158,970	\$184,711	\$168,733	\$148,847	\$213,958	34.6%
S&S -EDUCTATIONAL ACTIVITY	\$5,480,492	\$6,102,689	\$7,039,700	\$7,738,836	\$6,746,750	23.1%
OTHER SOURCES	\$66,294	\$105,971	(\$15,849)	\$120,223	\$32,906	-50.4%
RESERVES	\$0	\$0	\$0	\$0	\$16,152	0.0%
Total:	\$14,914,747	\$16,438,071	\$17,669,204	\$17,541,111	\$15,923,344	6.8%

Total Expenditures by Fund Source OROFACIAL SCIENCES

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXX



FEDERAL 15%

TUITION & FEES 5%





STATE GENERAL 21%

S&S -EDUCTATIONAL ACTIVITY 42%

Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 OROFACIAL SCIENCES

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$2,373,956	\$2,099,056	\$1,023,789	48.77%
CIRM	\$1,027,181	\$997,103	\$580,246	58.19%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$129,035	\$92,015	\$80,504	87.49%
Private Contracts & Grants	\$539,908	\$532,865	\$152,075	28.54%
Total:	\$4,070,080	\$3,721,038	\$1,836,613	49.36%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

OROFACIAL SCIENCES

]	Number	Amount
RPGs - Non SBIR/STTR	4	\$1,504,574
Research Centers	0	\$0
Other Research-Related	1	\$101,168
Training - Individual	4	\$188,150
Training - Institutional	1	\$394,253
Total:	10	\$2,188,145

DEPARTMENT OF PREVENTIVE AND RESTORATIVE DENTAL SCIENCES

- Chair Taylor, George, DMD, MPH, DrPH
- Business Officer Katsus, Rose

FY 2013-14 Headcount as of 4/1/14 PREVENTIVE & RESTORATIVE DENTAL SCIENCES

St	aff	Acad	Academic Gra	
Full Time	Part Time	Full Time	Part Time	Total
39	12	45	68	164

Source: UCSF Human Resources

Source: Department of Preventive and Restorative Dental Sciences - 10/10/12

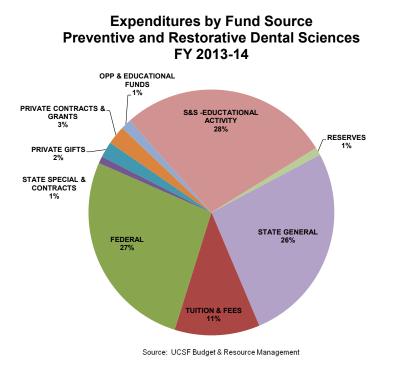
Fund Source	FY 2009-10 Year 2	FY 2010-11 Year 3	FY 2011-12 Year 4	FY 2012-13 Year 5	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$5,471,812	\$5,488,194	\$4,883,926	\$4,967,689	\$5,060,108	-7.5%
TUITION & FEES	\$765,959	\$1,085,112	\$2,315,785	\$2,355,469	\$2,147,339	180.3%
FEDERAL	\$4,974,130	\$5,416,690	\$4,016,275	\$4,146,649	\$5,125,123 ²	3.0%
STATE SPECIAL & CONTRACTS	\$192,482	\$188,844	\$141,267	\$165,545	\$175,408 ²	-8.9%
PRIVATE GIFTS	\$161,578	\$138,063	\$42,408	\$445,520	\$401,666	148.6%
PRIVATE CLINICAL TRIALS	\$303,353	\$13,299	\$47,425	\$10,104	\$95,134 ²	-68.6%
PRIVATE CONTRACTS & GRANTS	\$317,259	\$634,095	\$357,234	\$442,934	\$470,561 ²	48.3%
ENDOWMENT FUNDS	\$8,470	\$12,007	\$54,255	\$40,957	\$34,509	307.4%
OPP & EDUCATIONAL FUNDS	\$175,720	\$202,220	\$146,063	\$92,091	\$265,406	51.0%
S&S -EDUCTATIONAL ACTIVITY	\$3,946,121	\$4,358,061	\$6,045,299	\$5,798,438	\$5,320,848	34.8%
OTHER SOURCES	\$107,805	(\$23,739)	\$232,754	(\$9,569)	(\$63,136)	-158.6%
RESERVES	\$0	\$1,248	\$0	\$0	\$194,536	0.0%
Total:	\$16,424,688	\$17,514,096	\$18,282,691	\$18,455,828	\$19,227,502	17.1%

Total Expenditures by Fund Source PREVENTIVE AND RESTORATIVE DENTAL SCIENCES

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXX



Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 PREVENTIVE AND RESTORATIVE DENTAL SCIENCES

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$5,125,123	\$3,727,026	\$1,950,638	52.34%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$175,408	\$175,408	\$16,731	9.54%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$95,134	\$95,134	\$7,633	8.02%
Private Contracts & Grants	\$470,561	\$468,884	\$190,151	40.55%
Total:	\$5,866,226	\$4,466,452	\$2,165,153	48.48%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

PREVENTIVE & RESTORATIVE DENTAL SCIENCES

]	Number	Amount
RPGs - Non SBIR/STTR	6	\$2,292,097
Research Centers	1	\$3,237,368
Other Research-Related	0	\$0
Training - Individual	1	\$42,456
Training - Institutional	0	\$0
Total:	8	\$5,571,921

SCHOOL OF MEDICINE

Chapter Contents

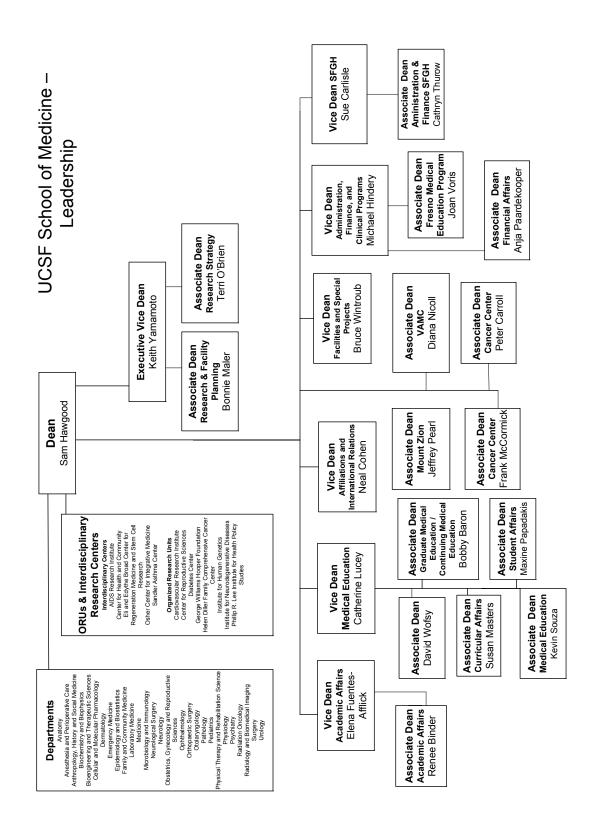
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SCHOOL OF MEDICINE

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

Departments:

×

- * 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

*Source: US News & World Report Best Graduate Schools 2014

Source: School of Medicine website, 6/4/2013

Source: UCSF Office of Sponsored Research

Date: 1/29/2015 – FINAL RESULTS

×L#	1,243	116	10	32	28	10	79	683	18	120	2,339	жТ ж	55	-	36	24	27	10	82	49	26	310	
#Awds	895	57	6	27	16	7	59	505	16	86	1,677	#Awds	24	-	23	18	26	6	64	39	15	219	
F&A Costs	115,052,492.96	3,648,720.28	668,201.00	6,029,508.00	12,484,544.42	983,001.52	183,047.00	19,039,921.77	449,700.70	0.00	158,539,137.65	F&A Costs	1,616,842.00	33,843.00	5,788,379.00	568,301.00	2,365,553.92	96,442.00	406,384.00	602,682.71	10,526.78	11,488,954.41	
Direct Costs	348,487,256.26	39,136,926.72	1,448,175.00	14,486,894.00	33,353,638.58	2,683,100.88	7,888,384.00	51,989,256.95	1,053,163.32	4,298,808.00	504,825,603.71	Direct Costs	13,883,582.00	280,157.00	38,936,574.00	4,901,768.00	7,349,024.67	466,909.00	7,868,108.21	2,420,344.37	595,091.14	76,701,558.39	
Total Dollars	463,539,749.22	42,785,647.00	2,116,376.00	20,516,402.00	45,838,183.00	3,666,102.40	8,071,431.00	71,029,178.72	1,502,864.02	4,298,808.00	663,364,741.36	Total Dollars	15,500,424.00	314,000.00	44,724,953.00	5,470,069.00	9,714,578.59	563,351.00	8,274,492.21	3,023,027.08	605,617.92	88,190,512.80	
FEDERAL SOURCES	NIH Grants	Other DHHS Grants	NSF Grants	Other Federal Grants	NIH Contracts	Other DHHS Contracts	Other Federal Contracts	Subcontracts (excluding SBIR/STTR)	Subcontracts(SBIR/STTR)	Fellowships(All Federal Sources)	Subtotal, Federal Sources	OTHER PUBLIC SOURCES	City/County of San Francisco	Other Bay Area Public Agencies	California Dept Healthcare Services (DHS) ¹	Other State of California HHS Agencies ¹	Other State of California Public Agencies	Other Public Agencies	UC Programs ²	Subcontracts(all above prime sources)	Fellowships(all above sources)	Subtotal, Other Public Sources	

University of California, San Francisco Institutional Profile - FY 2013-14 **School/Department Profiles - School of Medicine**

355

Note: Awards are selected for inclusion based on the budget period start date. Results include modifications, corrections, and after-the-fact actions processed through 3:00 pm 2/20/2014.

0			
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO	TYPE	(All Awards)	
OF CALIFORNIA	EXTRAMURAL AWARDS BY TYPE	- 06/30/2014	MEDICINE
UNIVERSITY	EXTRAMURA	07/01/2013	SCHOOL OF MEDICINE

Source: UCSF Office of Sponsored Research

Date: 1/29/2015 – FINAL RESULTS

PRIVATE NON-PROFIT SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds	хТ #
Grants	90,733,080.09	85,053,272.63	5,679,807.46	581	686
Contracts	22,631,860.30	18,433,902.29	4,197,958.01	161	224
Subcontracts	5,787,840.54	5,165,536.14	622,304.40	87	103
Fellowships	8,236,115.67	8,227,174.67	8,941.00	169	196
Subtotal, Private, Non-Profit Sources	127,388,896.60	116,879,885.73	10,509,010.87	866	1,209
PRIVATE FOR-PROFIT SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds	XT#
Grants	1,033,392.00	863,660.00	169,732.00	7	80
Contracts ⁴	145,984,589.67	104,237,431.26	41,747,158.41	332	374
Subcontracts	3,532,128.87	2,663,683.65	868,445.22	18	18
Fellowships	847,193.00	847,193.00	0.00	52	23
Subtotal, Private, For-Profit Sources	151,397,303.54	108,611,967.91	42,785,335.63	379	423
Subtotal, Private Sources	278,786,200.14	225,491,853.64	53,294,346.50	1,377	1,632
Miscellaneous Agreement Types	Total Dollars	Direct Costs	F&A Costs	#Awds	жТ х
Award Advances ⁵	0.00	0.00	0.00	197	205
Extensions	104,528.29	67,655.93	36,872.36	517	535
URCs	00.0	0.00	0.00	21	22
OTHER agreements ^{6,7}	144,332,773.00	144,295,413.00	37,360.00	9	9

University of California, San Francisco Institutional Profile - FY 2013-14 School/Department Profiles - School of Medicine

5,049

768

741 4,014

74,232.36 223,396,670.92

144,363,068.93 951,382,084.67

144,437,301.29 1,174,778,755.59

Subtotal, Misc Agreement Types CUMULATIVE TOTAL Note: Awards are selected for inclusion based on the budget period start date. Results include modifications, corrections, and after-the-fact actions processed through 3:00 pm 2/20/2014.

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 SCHOOL OF MEDICINE

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$440,866,512	\$293,655,656	\$122,388,610	41.68%
CIRM	\$8,885,186	\$7,993,091	\$3,535,445	44.23%
Other State Contracts	\$18,675,408	\$14,159,716	\$1,955,467	13.81%
State Special Grants	\$3,413,313	\$2,640,068	\$77,219	2.92%
Local Government	\$153,101,242	\$151,462,582	\$1,949,181	1.29%
Private Clinical Trials	\$20,244,984	\$17,218,562	\$5,507,409	31.99%
Private Contracts & Grants	\$158,005,208	\$142,088,465	\$29,807,731	20.98%
Total:	\$803,191,854	\$629,218,139	\$165,221,062	26.26%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

	Staf	f	Acader	nic	Grand Total
Department	FT	PT	FT	PT	Granu Total
M_AIDS Research Institute	8	3	ГІ	FI	11
M Anatomy	17	6	71	21	115
M Anesthesia	84	34	132	25	275
M_Anthro, History, Social Med	1	1	8	4	14
M Biochemistry and Biophysics	43	8	121	35	207
M Cardiovascular Research Inst	78	8	89	21	196
M_CMP (Cellular Molecular Pha)	19	5	88	22	130
M Ctr for Health & Community	6	6	6	22	18
M CTSI	68	14	0		82
M_Dean's Office	516	34	297	6	853
M Dermatology	17	2	83	5	107
M Diabetes Center	78	3	40	10	107
M Emergency Medicine	15	16	85	10	116
M_Epidemiology & Biostatistics	42	12	58	21	133
M Family Community Medicine	60	12	84	18	180
M Graduate Education Unit	4	10	04	10	4
M HDF Comprehensive Cancer Ctr	149	6	24	9	188
M Hooper Foundation	6	2	24 7	9	100
M Howard Hughes Medical Instit	0	2	1	1	13
M Human Genetics	18	1	3	1	22
M IHPS (Health Policy Studies)	31	27	18	3	79
M_IND (Neurodegenerative Dis)	30	27	10	3	79 46
M_IND (Neurodegenerative Dis) M_Laboratory Medicine	23	2	82	10	40 117
M MEDICINE	510	2 147	₀∠ 776	215	1,648
M Microbiology and Immunology	25	147	56	215	1,040
M_Miscellaneous Programs	20	4	50	24	2
M Neurological Surgery	61	11	113	29	214
M Neurology	151	24	215	29 36	426
M ObGyn, Reproductive Sciences	176	24 46	151	28	420
M Ophthalmology	36	40	63	20 14	115
	55	2	103	14	115
M_Orthopaedic Surgery M Osher Center	13	6	103	12	23
	13	4	4 49	10	23 77
M_Otolaryngology M Pathology	14	4	49 138	6	263
M PEDIATRICS	115	33	316	55	203 531
M_Physical Therapy	8	1	13	3	25
M_Physiology	12 307	4	38	17	71
M_Psychiatry		65 1	230	55	657
M_Radiation Oncology	21		57	4	83
M_Radiology	153	22	265	49	489
M_Regeneration Medicine	9	1	32	6	48
M_Surgery	148	27	211	28	414
M_Urology	23	6	61	14	104
Total	3,279	624	4,202	816	8,921

FY 2013-14 Headcount as of 4/1/14 SCHOOL OF MEDICINE

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

FY 2013-14 Headcount as of 4/1/14 ANATOMY

St	aff	Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
17	6	71	21	115

Source: UCSF Human Resources

Fund Source	2009-10 Year 1	2010-11 Year 2	2011-12 Year 3	2012-13 Year 4	2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$2,881,204	\$2,543,974	\$2,637,170	\$2,235,583	\$2,078,198	-27.9%
UC GENERAL FUNDS	\$0	\$0	\$0	\$0	\$8,983	0.0%
TUITION & FEES	(\$38)	\$5,443	\$1,084	\$0	\$0	-100.0%
FEDERAL	\$9,810,844	\$9,232,320	\$9,403,491	\$8,683,596	\$7,874,169 ²	-19.7%
STATE SPECIAL & CONTRACTS	\$157,770	\$140,912	\$322,617	\$298,365	\$309,584 ²	96.2%
PRIVATE GIFTS	\$1,211,369	\$1,401,191	\$1,511,586	\$910,404	\$848,969	-29.9%
PRIVATE CONTRACTS & GRANTS	\$1,921,913	\$2,068,752	\$2,089,004	\$1,808,857	\$2,098,259 ²	9.2%
ENDOWMENT FUNDS	\$33,518	\$137,403	\$267,843	\$249,607	\$224,665	570.3%
OPP & EDUCATIONAL FUNDS	\$323,242	\$365,573	\$420,494	\$403,462	\$938,491	190.3%
S&S -EDUCTATIONAL ACTIVITY	\$1,617,525	\$2,036,631	\$1,650,144	\$1,593,988	\$1,407,386	-13.0%
OTHER SOURCES	\$8,251	\$9,534	\$24,787	\$12,065	\$636,634	7616.3%
RESERVES	\$40,404	\$76,659	\$44,770	\$20,360	(\$13,573)	-133.6%
Tota	al: \$18,006,000	\$18,018,391	\$18,372,990	\$16,216,287	\$16,411,764	-8.9%

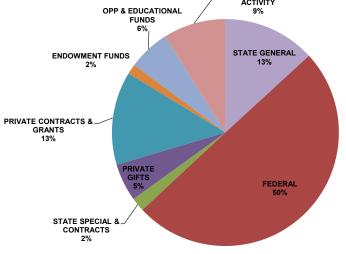
Total Expenditures by Fund Source ANATOMY

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX





Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 ANATOMY

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$7,874,169	\$6,693,022	\$3,283,262	49.05%
CIRM	\$3,500	\$3,500	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$306,084	\$306,084	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$2,098,259	\$1,909,430	\$573,050	30.01%
Total:	\$10,282,011	\$8,912,036	\$3,856,311	43.27%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

ANATOMY

[Number	Amount
RPGs - Non SBIR/STTR	25	\$8,574,299
Research Centers	1	\$786,954
Other Research-Related	3	\$1,049,190
Training - Individual	2	\$91,370
Training - Institutional	1	\$466,384
Total:	32	\$10,968,197

DEPARTMENT OF ANTHROPOLOGY, HISTORY AND SOCIAL MEDICINE

- Chair Kaufman, Sharon R., PhD
- Business Officer Horning, Dixie
- Website http://dahsm.medschool.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 ANTHROPOLOGY, HISTORY & SOCIAL MEDICINE

St	aff	Acad	lemic	Grand
Full Time	Part Time	Full Time	Part Time	Total
1	1	8	4	14

Source: UCSF Human Resources

Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$678,270	\$728,028	\$630,775	\$519,601	\$512,878	-24.4%
FEDERAL	\$104,030	\$178,595	\$169,809	\$141,345	\$268,329 ²	157.9%
STATE SPECIAL & CONTRACTS	\$0	\$0	\$28,371	\$46,504	\$0 ²	0.0%
PRIVATE GIFTS	\$2,572	\$4,047	\$8,111	\$519	\$2,905	12.9%
PRIVATE CONTRACTS & GRANTS	\$14,638	\$3,190	\$4,916	\$126,423	\$221,542 ²	1413.5%
ENDOWMENT FUNDS	\$83,173	\$65,533	\$70,825	\$83,828	\$168,172	102.2%
OPP & EDUCATIONAL FUNDS	\$13,794	\$9,057	\$3,534	\$6,745	\$10,670	-22.6%
S&S -EDUCTATIONAL ACTIVITY	\$268,874	\$257,217	\$398,045	\$396,170	\$497,991	85.2%
OTHER SOURCES	\$0	\$1,554	\$51,893	\$63,706	\$143,947	0.0%
Total:	\$1,165,351	\$1,247,221	\$1,366,278	\$1,384,841	\$1,826,433	56.7%

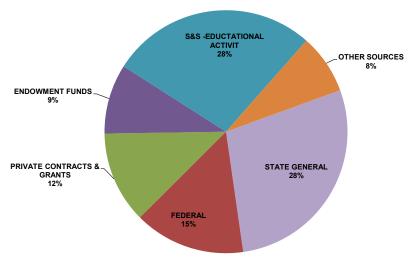
Total Expenditures by Fund Source ANTHROPOLOGY, HISTORY AND SOCIAL MEDICINE

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXX





Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 ANTHROPOLOGY, HISTORY AND SOCIAL MEDICINE

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$268,329	\$223,201	\$52,478	23.51%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Gtrants	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$221,542	\$221,542	\$46,222	20.86%
Total:	\$489,871	\$444,743	\$98,700	22.19%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

ANTHROPOLOGY, HISTORY AND SOCIAL MEDICINE

[Number	Amount
RPGs - Non SBIR/STTR	3	\$1,064,015
Research Centers	0	\$0
Other Research-Related	1	\$661,124
Training - Individual	0	\$0
Training - Institutional	0	\$0
Total:	4	\$1,725,139

DEPARTMENT OF BIOCHEMISTRY AND BIOPHYSICS

Departmental Executive Committee

- Chair DeRisi, Joseph, PhD
- Department Director Kniery, Penny
- Website http://biochemistry.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 BIOCHEMISTRY AND BIOPHYSICS

Staff		Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
43	8	121	35	207

Source: UCSF Human Resources

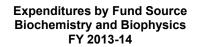
Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$3,652,623	\$3,595,887	\$3,340,291	\$2,977,781	\$2,892,057	-29.8%
UC GENERAL FUNDS	\$0	\$0	\$0	\$0	\$17,997	0.0%
FEDERAL	\$13,063,448	\$15,505,274	\$16,362,019	\$16,514,267	\$16,725,395 ²	32.6%
STATE SPECIAL & CONTRACTS	\$526,780	\$370,970	\$474,134	\$433,433	\$909,426 ²	285.9%
LOCAL GOVERNMENT	\$0	\$0	\$0	\$0	\$27,484 ²	2056.9%
PRIVATE GIFTS	\$1,557,899	\$1,294,235	\$2,089,338	\$1,303,750	\$1,987,565	-30.0%
PRIVATE CONTRACTS & GRANTS	\$5,330,457	\$4,441,630	\$3,521,500	\$3,276,533	\$2,743,031 ²	-49.9%
ENDOWMENT FUNDS	\$1,465,061	\$1,304,187	\$1,201,772	\$1,217,527	\$1,734,014	10.1%
OPP & EDUCATIONAL FUNDS	\$745,401	\$531,281	\$545,231	\$1,049,470	\$2,056,325	195.9%
S&S -EDUCTATIONAL ACTIVITY	\$855,609	\$618,492	\$1,796,416	\$932,908	\$2,391,120	21.1%
OTHER SOURCES	\$257,407	\$324,894	\$280,745	\$1,266,286	\$1,831,047	433.1%
RESERVES	\$0	\$0	\$0	\$0	\$3,746	0.0%
UNIVERSITY FUNDS	\$0	\$0	\$0	\$0	\$901	0.0%
AGENCY FUNDS	\$0	\$0	\$0	\$0	\$577	0.0%
Total:	\$27,454,686	\$27,986,849	\$29,611,446	\$28,971,956	\$33,320,687	11.6%

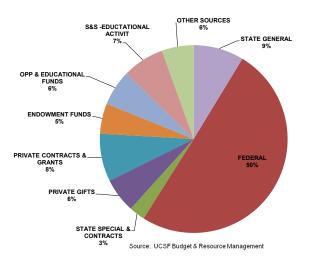
Total Expenditures by Fund Source BIOCHEMISTRY AND BIOPHYSICS

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX





Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 BIOCHEMISTRY AND BIOPHYSICS

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$16,725,395	\$11,855,098	\$6,151,720	51.9%
CIRM	\$909,426	\$847,354	\$467,338	55.2%
Other State Contracts	\$0	\$0	\$0	0.0%
State Special Grants	\$0	\$0	\$0	0.0%
Local Government	\$27,484	\$27,484	\$7,146	26.0%
Private Clinical Trials	\$0	\$0	\$0	0.0%
Private Contracts & Grants	\$2,743,031	\$2,720,043	\$522,212	19.2%
Total:	\$20,405,336	\$15,449,979	\$7,148,415	46.3%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

BIOCHEMISTRY AND BIOPHYSICS

	Number	Amount
RPGs - Non SBIR/STTR	37	\$15,706,886
Research Centers	2	\$5,548,218
Other Research-Related	1	\$88,603
Training - Individual	8	\$411,128
Training - Institutional	2	\$588,058
Total:	50	\$22,342,893

DEPARTMENT OF BIOENGINEERING AND THERAPEUTIC SCIENCES (BTS)

- Chair Giacomini, Kathy, PhD.
- Department Manager Friciello, Maria
- Website http://bts.ucsf.edu/

Fund Source	FY 2008-09 Year 1	FY 2009-10 Year 2	FY 2010-11 Year 3	FY 2011-12 Year 4	FY 2012-13 Year 5	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$370,073	\$252,220	\$346,529	\$505,366	\$301,818	\$260,737	-29.5%
TUITION & FEES	\$0	\$0	\$0	\$0	\$0	\$131,245	0.0%
FEDERAL	\$543,790	\$554,890	\$667,529	\$878,127	\$924,149	\$1,835,527 ²	237.5%
PRIVATE GIFTS	\$22,954	\$126,071	\$50,687	\$205,053	\$227,932	\$1,149,527	4907.9%
PRIVATE CONTRACTS & GRANTS	\$24,078	\$38,509	\$365,693	\$676,491	\$1,050,591	\$804,397 ²	3240.8%
ENDOWMENT FUNDS	\$0	\$7,756	\$0	\$0	\$0	\$167,384	0.0%
OPP & EDUCATIONAL FUNDS	\$26,965	\$22,504	\$18,765	\$9,869	\$48,324	\$146,356	442.8%
S&S -EDUCTATIONAL ACTIVITY	\$449,405	\$451,767	\$479,999	\$568,521	\$6,883	\$631,041	40.4%
OTHER SOURCES	\$4,251	\$23,548	(\$19,571)	\$20,773	\$4,147	\$157,685	3609.2%
RESERVES	\$0	\$0	\$0	\$0	\$0	\$3,403	0.0%
AGENCY FUNDS	\$0	\$0	\$0	\$0	\$0	\$2,924	0.0%
Total:	\$1,441,517	\$1,477,264	\$1,909,631	\$2,864,199	\$2,563,845	\$5,290,225	267.0%

Total Expenditures by Fund Source BIOENGINEERING AND THERAPEUTIC SCIENCES (BTS)

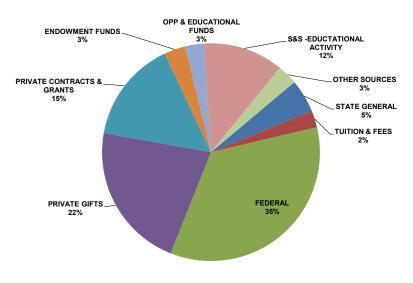
*New department in FY 2008-09

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX

Expenditures by Fund Source Bioengineering and Therapeutic Sciences (BTS) FY 2013-14



Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 BIOENGINEERING AND THERAPEUTIC SCIENCES (BTS)

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$1,835,527	\$882,883	\$454,465	51.48%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$804,397	\$680,520	\$392,060	57.61%
Total:	\$2,639,924	\$1,563,403	\$846,525	54.15%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 111111 and 2XXXXXX.

NIH Awards - FY 2013-14 BIOENGINEERING & THERAPEUTIC SCIENCES (BTS)*

	Number	Amount
RPGs - Non SBIR/STTR	27	\$13,363,251
Research Centers	0	\$0
Other Research-Related	1	\$158,490
Training - Individual	4	\$185,359
Training - Institutional	4	\$1,493,905
Total:	36	\$15,201,005

*Includes awards for both the School of Medicine and the School of Pharmacy

DEPARTMENT OF CELLULAR AND MOLECULAR PHARMACOLOGY

- Chair Shokat, Kevan, Ph.D.
- Business Officer Millett, Margaret
- Website http://cmp.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 CELLULAR AND MOLECULAR PHARMACOLOGY

Staff		Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
19	5	88	22	134

Source: UCSF Human Resources

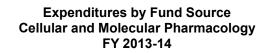
Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$1,766,498	\$1,681,799	\$1,845,691	\$1,897,010	\$1,738,122	-1.6%
UC GENERAL FUNDS	\$0	\$0	\$0	\$0	\$12,204	-34.3%
FEDERAL	\$9,570,898	\$7,402,955	\$8,098,807	\$8,814,578	\$10,310,169 ²	7.7%
STATE SPECIAL & CONTRACTS	\$0	\$126,445	\$184,893	\$141,662	\$0	0.0%
PRIVATE GIFTS	\$2,252,834	\$1,011,039	\$579,790	\$352,173	\$527,360	-76.6%
PRIVATE CONTRACTS & GRANTS	\$2,101,831	\$2,786,450	\$2,536,306	\$3,078,668	\$2,978,193 ²	41.7%
ENDOWMENT FUNDS	\$123,276	\$181,527	\$265,336	\$134,192	\$124,974	1.4%
OPP & EDUCATIONAL FUNDS	\$238,270	\$297,573	\$314,685	\$411,467	\$1,066,926	347.8%
S&S -EDUCTATIONAL ACTIVITY	\$451,009	\$405,787	\$1,313,393	\$1,203,155	\$1,048,333	132.4%
OTHER SOURCES	\$35,007	\$167,646	\$67,197	\$109,167	\$178,241	409.2%
RESERVES	\$2,287	\$0	\$0	\$0	\$22,325	876.1%
UNIVERSITY FUNDS	\$0	\$0	\$0	\$0	\$901	0.0%
AGENCY FUNDS	\$0	\$0	\$0	\$0	\$2,571	0.0%
Total:	\$16,541,909	\$14,061,221	\$15,206,098	\$16,142,073	\$18,010,321	8.9%

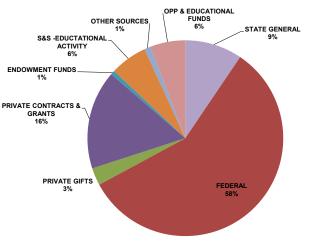
Total Expenditures by Fund Source CELLULAR AND MOLECULAR PHARMACOLOGY

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXX





Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 CELLULAR AND MOLECULAR PHARMACOLOGY

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$10,310,169	\$8,965,069	\$4,635,403	51.71%
CIRM	\$0	\$0	\$0	0.00%
State Special & Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$2,978,193	\$2,872,577	\$572,028	19.91%
Total:	\$13,288,363	\$11,837,646	\$5,207,431	43.99%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

CELLULAR AND MOLECULAR PHARMACOLOGY

	Number	Amount
RPGs - Non SBIR/STTR	25	\$10,193,818
Research Centers	1	\$2,715,301
Other Research-Related	9	\$1,076,989
Training - Individual	4	\$197,566
Training - Institutional	0	\$0
Total:	39	\$14,183,674

DEPARTMENT OF EPIDEMIOLOGY AND BIOSTATISTICS

- Chair Hiatt, Robert, MD, PhD
- Business Officer Lopez, Georgina
- Website http://www.epibiostat.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 EPIDEMIOLOGY AND BIOSTATISTICS

St	aff	Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
42	12	58	21	133

Source: UCSF Human Resources

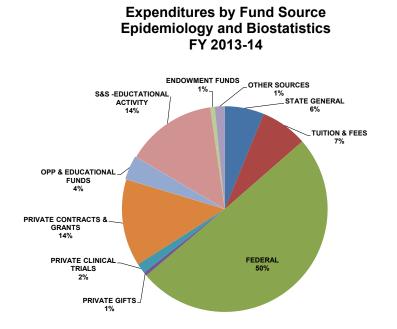
Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$1,355,910	\$1,196,653	\$1,479,903	\$1,246,334	\$1,316,093	-2.9%
TUITION & FEES	\$789,393	\$630,654	\$1,234,717	\$1,119,071	\$1,570,898	99.0%
FEDERAL	\$16,331,464	\$17,168,132	\$9,881,212	\$9,700,950	\$10,679,181 ²	-34.6%
STATE SPECIAL & CONTRACTS	\$758,181	\$144,983	\$204,910	\$19,354	\$21,462 ²	-97.2%
PRIVATE GIFTS	\$242,502	\$125,151	\$193,500	\$385,739	\$124,664	-48.6%
PRIVATE CLINICAL TRIALS	\$108,592	(\$163,213)	\$358,160	\$343,311	\$334,323 ²	207.9%
PRIVATE CONTRACTS & GRANTS	\$2,913,955	\$3,597,025	\$5,516,802	\$3,821,823	\$2,906,453 ²	-0.3%
ENDOWMENT FUNDS	\$1,024,911	\$454,026	\$180,769	\$225,995	\$152,977	-85.1%
OPP & EDUCATIONAL FUNDS	\$522,232	\$599,571	\$349,032	\$636,130	\$809,072	54.9%
S&S -EDUCTATIONAL ACTIVITY	\$1,008,312	\$633,013	\$1,019,555	\$2,165,729	\$3,034,068	200.9%
OTHER SOURCES	\$503,593	\$415,505	(\$1,123,703)	(\$51,023)	\$330,056	-34.5%
RESERVES	\$0	\$0	\$0	\$0	\$35,647	0.0%
Total	\$25,559,045	\$24,801,500	\$19,294,858	\$19,613,414	\$21,314,894	-16.6%

Total Expenditures by Fund Source EPIDEMIOLOGY AND BIOSTATISTICS

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX



Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 EPIDEMIOLOGY AND BIOSTATISTICS

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$10,679,181	\$6,973,480	\$2,028,441	29.09%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$6,000	\$6,000	\$0	0.00%
State Special Grants	\$15,462	\$15,462	\$3,865	25.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$334,323	\$309,102	\$68,003	22.00%
Private Contracts & Grants	\$2,906,453	\$2,785,901	\$753,187	27.04%
Total:	\$13,941,419	\$10,089,945	\$2,853,496	28.28%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

EPIDEMIIOLOGY AND BIOSTATISTICS

]	Number	Amount
RPGs - Non SBIR/STTR	18	\$7,383,977
Research Centers	1	\$750,186
Other Research-Related	4	\$1,117,958
Training - Individual	2	\$72,304
Training - Institutional	0	\$0
Total:	25	\$9,324,425

DEPARTMENT OF MICROBIOLOGY AND IMMUNOLOGY

- Interim Chair Lanier, Lewis, Ph.D.
- Business Officer Kure, Larisa D.
- Website http://www.ucsf.edu/micro/

FY 2013-14 Headcount as of 4/1/14 MICROBIOLOGY AND IMMUNOLOGY

Staff		Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
25	4	56	24	109

Source: UCSF Human Resources

FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 Year 5	% Change Year 1 to Year 5
\$1,544,881	\$1,522,871	\$1,339,295	\$1,400,100	\$1,385,110	-10.3%
\$6,626,498	\$8,101,371	\$10,745,110	\$11,948,512	\$10,743,229 ²	62.1%
(\$2)	\$0	\$0	\$0	\$0	-100.0%
\$881,309	\$599,585	\$1,500,497	\$1,231,231	\$476,856	-45.9%
\$2,554,704	\$2,113,707	\$2,064,203	\$2,191,751	\$1,459,593 ²	-42.9%
\$87,550	\$74,048	\$106,800	\$135,127	\$239,093	173.1%
\$312,053	\$273,594	\$300,713	\$421,015	\$919,639	194.7%
\$593,294	\$770,896	\$721,291	\$840,721	\$1,343,993	126.5%
\$415,779	\$310,836	\$178,293	\$55,832	\$103,402	-75.1%
\$0	\$667	\$0	\$0	\$0	0.0%
\$13,016,064	\$13,767,576	\$16,956,203	\$18,224,290	\$16,670,914	28.1%
	\$1,544,881 \$6,626,498 (\$2) \$881,309 \$2,554,704 \$87,550 \$312,053 \$593,294 \$415,779 \$0	\$1,544,881 \$1,522,871 \$6,626,498 \$8,101,371 (\$2) \$0 \$881,309 \$599,585 \$2,554,704 \$2,113,707 \$87,550 \$74,048 \$312,053 \$273,594 \$593,294 \$770,896 \$415,779 \$310,836 \$0 \$667	\$1,544,881 \$1,522,871 \$1,339,295 \$6,626,498 \$8,101,371 \$10,745,110 (\$2) \$0 \$0 \$881,309 \$599,585 \$1,500,497 \$2,554,704 \$2,113,707 \$2,064,203 \$87,550 \$74,048 \$106,800 \$312,053 \$273,594 \$300,713 \$593,294 \$770,896 \$721,291 \$415,779 \$310,836 \$178,293 \$0 \$667 \$0	\$1,544,881 \$1,522,871 \$1,339,295 \$1,400,100 \$6,626,498 \$8,101,371 \$10,745,110 \$11,948,512 (\$2) \$0 \$0 \$0 \$881,309 \$599,585 \$1,500,497 \$1,231,231 \$2,554,704 \$2,113,707 \$2,064,203 \$2,191,751 \$87,550 \$74,048 \$106,800 \$135,127 \$312,053 \$273,594 \$300,713 \$421,015 \$593,294 \$770,896 \$721,291 \$840,721 \$415,779 \$310,836 \$178,293 \$55,832 \$0 \$667 \$0 \$0	\$1,544,881 \$1,522,871 \$1,339,295 \$1,400,100 \$1,385,110 \$6,626,498 \$8,101,371 \$10,745,110 \$11,948,512 \$10,743,229 2 (\$2) \$0 \$0 \$0 \$0 \$0 \$0 \$881,309 \$599,585 \$1,500,497 \$1,231,231 \$476,856 \$2,554,704 \$2,113,707 \$2,064,203 \$2,191,751 \$1,459,593 2 \$87,550 \$74,048 \$106,800 \$135,127 \$239,093 \$312,053 \$273,594 \$300,713 \$421,015 \$919,639 \$593,294 \$770,896 \$721,291 \$840,721 \$1,343,993 \$415,779 \$310,836 \$178,293 \$55,832 \$103,402 \$0 \$667 \$0 \$0 \$0 \$0 \$0

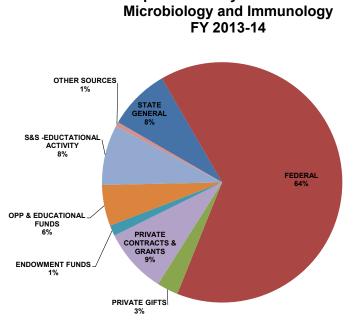
Expenditures by Fund Source

Total Expenditures by Fund Source MICROBIOLOGY AND IMMUNOLOGY

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX



Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 MICROBIOLOGY AND IMMUNOLOGY

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$10,743,229	\$8,044,626	\$4,195,190	52.15%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$1,459,593	\$1,453,749	\$145,253	9.99%
Total:	\$12,202,822	\$9,498,375	\$4,340,443	45.70%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

MICROBIOLOGY AND IMMUNOLOGY

Γ	Number	Amount
RPGs - Non SBIR/STTR	28	\$11,199,514
Research Centers	0	\$0
Other Research-Related	2	\$726,630
Training - Individual	1	\$53,282
Training - Institutional	3	\$1,594,275
Total:	34	\$13,573,701

DEPARTMENT OF PHYSIOLOGY

- Chair Julius, David J.
- Business Officer Woods, Alesia
- Website http://keck.ucsf.edu/physio/

FY 2013-14 Headcount as of 4/1/14 PHYSIOLOGY

Staff		Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
12	4	38	17	71

Source: UCSF Human Resources

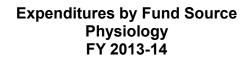
Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$1,760,587	\$1,974,791	\$2,072,661	\$2,078,369	\$1,931,030	9.7%
FEDERAL	\$7,224,950	\$7,557,713	\$5,443,789	\$5,366,713	\$4,829,312 ²	-33.2%
PRIVATE GIFTS	\$909,912	\$426,385	\$246,385	\$375,330	\$314,326	-65.5%
PRIVATE CONTRACTS & GRANTS	\$2,190,839	\$2,694,926	\$2,972,866	\$1,678,359	\$1,739,612 ²	-20.6%
ENDOWMENT FUNDS	\$403,303	\$393,528	\$531,875	\$445,171	\$287,046	-28.8%
OPP & EDUCATIONAL FUNDS	\$318,818	\$291,231	\$292,441	\$280,011	\$568,220	78.2%
S&S -EDUCTATIONAL ACTIVITY	\$886,214	\$1,041,462	\$1,338,701	\$828,384	\$1,382,101	56.0%
OTHER SOURCES	\$4,854	\$1,418	\$869	\$190,675	\$235,788	4757.8%
UNIVERSITY FUNDS	\$0	\$0	\$0	\$0	\$565	0.0%
AGENCY FUNDS	\$0	\$0	\$0	\$0	(\$15,688)	0.0%
Total:	\$13,699,476	\$14,381,454	\$12,899,586	\$11,243,013	\$11,272,311	-17.7%

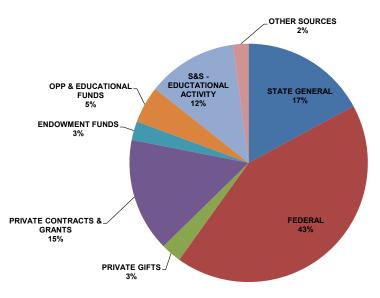
Total Expenditures by Fund Source PHYSIOLOGY

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX





Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 PHYSIOLOGY

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$4,829,312	\$3,963,181	\$1,935,285	48.83%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$1,739,612	\$1,667,283	\$260,589	15.63%
Total:	\$6,568,924	\$5,630,464	\$2,195,874	39.00%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

PHYSIOLOGY

	Number	Amount
RPGs - Non SBIR/STTR	22	\$8,364,473
Research Centers	0	\$0
Other Research-Related	5	\$407,637
Training - Individual	5	\$238,340
Training - Institutional	2	\$714,092
Total:	34	\$9,724,542

CLINICAL DEPARTMENTS

DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE CARE

- Acting Chair Gropper, Michael, MD, PhD
- Business Officer Hajek, Chuck
- Website http://www.anesthesia.ucsf.edu/external/index.html

FY 2013-14 Headcount as of 4/1/14 ANESTHESIA AND PERIOPERATIVE CARE

Caree	r Staff	Academic		Grand	
Full Time	Part Time	Full Time Part Time		Total	
84	34	132	25	275	

Source: UCSF Human Resources

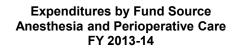
Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$1,561,648	\$1,894,054	\$1,396,110	\$1,129,166	\$1,287,270	-18.3%
TUITION & FEES	\$114,601	\$116,038	\$29,775	\$0	\$0	-100.0%
FEDERAL	\$6,392,972	\$6,842,312	\$6,511,749	\$6,759,770	\$6,724,996 ²	-9.0%
STATE SPECIAL & CONTRACTS	\$55,525	\$10,017	\$130	\$0	\$0	-100.0%
LOCAL GOVERNMENT	\$9,613,169	\$11,102,393	\$12,660,335	\$12,809,825	\$13,245,316 ²	41.2%
PRIVATE GIFTS	\$416,805	\$632,778	\$1,036,589	\$1,129,436	\$893,585	153.4%
PRIVATE CLINICAL TRIALS	\$716,515	\$407,839	\$554,853	\$624,975	\$511,115 ²	-26.7%
PRIVATE CONTRACTS & GRANTS	\$1,544,419	\$1,484,368	\$1,593,582	\$1,502,287	\$1,927,418 ²	-25.9%
ENDOWMENT FUNDS	\$131,000	\$343,716	\$94,718	\$103,957	\$115,588	49.0%
OPP & EDUCATIONAL FUNDS	\$265,758	\$331,537	\$315,554	\$261,823	\$619,242	147.1%
S&S -EDUCTATIONAL ACTIVITY	\$4,903,673	\$6,606,763	\$7,935,697	\$5,565,702	(\$1,131,446)	-125.0%
OTHER SOURCES	\$1,066,489	\$651,985	\$555,750	\$26,395	(\$273,280)	-135.0%
UNIVERSITY FUNDS	\$0	\$0	\$0	\$0	(\$17,406)	0.0%
AGENCY FUNDS	\$0	\$0	\$0	\$0	(\$21,137)	0.0%
Total:	\$26,782,575	\$30,423,800	\$32,684,842	\$29,913,336	\$23,881,261	-13.7%

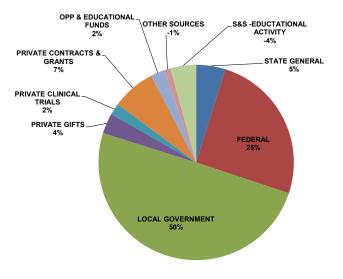
Total Expenditures by Fund Source ANESTHESIA AND PERIOPERATIVE CARE

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXX





Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 ANESTHESIA AND PERIOPERATIVE CARE

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$6,724,996	\$5,463,339	\$2,311,384	42.31%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$13,245,316	\$13,245,316	\$0	0.00%
Private Clinical Trials	\$511,115	\$511,115	\$186,419	36.47%
Private Contracts & Grants	\$1,927,418	\$1,897,499	\$479,550	25.27%
Total:	\$22,408,846	\$21,117,269	\$2,977,353	14.10%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

ANESTHESIA AND PERIOPERATIVE CARE

	Number	Amount
RPGs - Non SBIR/STTR	11	\$4,637,805
Research Centers	2	\$2,799,512
Other Research-Related	1	\$189,432
Training - Individual	0	\$0
Training - Institutional	1	\$196,104
Total:	15	\$7,822,853

DEPARTMENT OF DERMATOLOGY

- Chair Wintroub, Bruce U. M.D.
- Business Officer Kenaani, Mounira
- Website http://www.dermatology.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 DERMATOLOGY

St	aff	Academic		Grand
Full Time	Part Time	Full Time	Part Time	Total
17	2	83	5	107

Source: UCSF Human Resources

Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$1,413,478	\$1,563,324	\$955,816	\$808,958	\$891,599	-36.9%
FEDERAL	\$1,492,207	\$834,332	\$1,348,303	\$1,900,146	\$1,509,626 ²	1.2%
LOCAL GOVERNMENT	\$827,074	\$1,018,885	\$1,759,485	\$1,796,375	\$1,771,242 ²	114.2%
PRIVATE GIFTS	\$1,210,335	\$1,004,615	\$1,679,516	\$1,093,888	\$1,341,110	10.8%
PRIVATE CLINICAL TRIALS	\$772,432	\$932,685	\$765,559	\$713,261	\$345,290 ²	-55.3%
PRIVATE CONTRACTS & GRANTS	\$1,841,594	\$1,542,950	\$1,635,589	\$2,407,602	\$2,487,398 ²	35.1%
ENDOWMENT FUNDS	\$459,027	\$681,609	\$463,924	\$499,661	\$404,975	-11.8%
OPP & EDUCATIONAL FUNDS	\$109,656	\$108,961	\$98,700	\$79,681	\$174,199	58.9%
S&S -EDUCTATIONAL ACTIVITY	\$500,160	(\$171,850)	\$95,134	(\$256,096)	(\$801,494)	-260.2%
OTHER SOURCES	\$245,379	\$253,563	\$260,720	\$280	\$66,419	-72.9%
UNIVERSITY FUNDS	\$0	\$0	\$0	\$0	(\$10,981)	0.0%
AGENCY FUNDS	\$0	\$0	\$0	\$0	(\$4,752)	0.0%
Total:	\$8,871,341	\$7,769,074	\$9,062,746	\$9,043,756	\$8,174,630	-7.9%

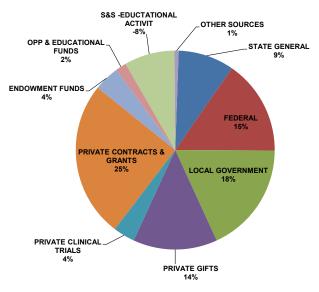
Total Expenditures by Fund Source DERMATOLOGY

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX





Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 DERMATOLOGY

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$1,509,626	\$1,504,857	\$412,324	27.40%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$1,771,242	\$1,771,242	\$0	0.00%
Private Clinical Trials	\$345,290	\$345,099	\$152,649	44.23%
Private Contracts & Grants	\$2,487,398	\$2,486,788	\$555,060	22.32%
Total:	\$6,113,557	\$6,107,986	\$1,120,033	18.34%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14 DERMATOLOGY

[Number	Amount
RPGs - Non SBIR/STTR	6	\$3,805,137
Research Centers	0	\$0
Other Research-Related	6	\$700,949
Training - Individual	0	\$0
Training - Institutional	0	\$0
Total:	12	\$4,506,086

DEPARTMENT OF EMERGENCY MEDICINE

- Chair Sokolove, Peter E., MD
- Business Officer Garcia, Linda
- Website http://emergency.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 EMERGENCY MEDICINE

Staff		Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
15	16	85		116

Source: UCSF Human Resources

Fund Source		FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 2
STATE GENERAL		\$5,399	\$26,020	\$0	\$0	\$0	-100.0%
TUITION & FEES		\$3,525	\$2,400	\$9,282	\$0	\$229,050	6397.9%
FEDERAL		\$253,388	\$325,018	\$312,240	\$250,135	\$252,584 ²	-0.3%
STATE SPECIAL & CONTRACTS		(\$30)	\$0	\$0	\$0	\$0	-100.0%
LOCAL GOVERNMENT		\$3,207,384	\$4,466,264	\$5,536,200	\$5,306,040	\$6,235,409 ²	94.4%
PRIVATE GIFTS		\$39,479	\$28,263	\$41,393	\$112,665	\$132,434	235.5%
PRIVATE CONTRACTS & GRANTS		\$22,285	\$68,420	\$604,470	\$941,967	\$704,634 ²	3061.9%
ENDOWMENT FUNDS		\$4,937	\$2,348	\$30,259	\$21,554	\$91,178	1746.8%
OPP & EDUCATIONAL FUNDS		\$1,958	\$7,661	\$3,108	\$24,171	\$50,332	2470.9%
S&S -EDUCTATIONAL ACTIVITY		\$2,613,177	\$4,257,750	\$5,039,976	\$3,001,878	\$10,549,605	303.7%
OTHER SOURCES		\$119,169	\$243,871	\$268,566	\$186,513	\$571,734	379.8%
I	Fotal:	\$6,270,671	\$9,428,014	\$11,845,493	\$9,844,924	\$18,816,960	200.1%

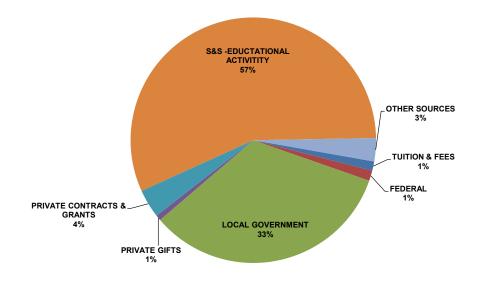
Total Expenditures by Fund Source EMERGENCY MEDICINE

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX





Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 EMERGENCY MEDICINE

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$252,584	\$224,595	\$30,788	13.71%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$6,235,409	\$6,235,409	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$704,634	\$704,633	\$129,154	18.33%
Total:	\$7,192,627	\$7,164,638	\$159,942	2.23%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE

- Chair Grumbach, Kevin, M.D.
- Business Officer Mozesson, Judi
- Website http://www.familymedicine.medschool.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 FAMILY AND COMMUNITY MEDICINE

Staff		Acad	Grand	
Full Time	Part Time	Full Time Part Time		Total
60	18	84	18	180

Source: UCSF Human Resources

Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$1,404,051	\$1,424,222	\$1,298,505	\$1,191,830	\$1,479,714	5.4%
TUITION & FEES	\$139,658	\$198,034	\$220,271	\$0	\$17,124	-87.7%
FEDERAL	\$7,517,037	\$7,430,699	\$7,108,477	\$7,134,162	\$9,411,635 ²	25.2%
STATE SPECIAL & CONTRACTS	\$2,610,204	\$2,308,030	\$1,772,251	\$1,878,842	\$2,375,061 ²	-9.0%
LOCAL GOVERNMENT	\$3,297,111	\$6,306,046	\$7,173,691	\$7,479,672	\$8,402,839 ²	154.9%
PRIVATE GIFTS	\$360,034	\$285,949	\$161,838	\$368,800	\$242,698	-32.6%
PRIVATE CONTRACTS & GRANTS	\$3,679,084	\$3,901,476	\$3,355,658	\$3,357,929	\$3,658,372 ²	-0.6%
ENDOWMENT FUNDS	\$99,071	\$105,419	\$96,408	\$65,363	\$67,404	-32.0%
OPP & EDUCATIONAL FUNDS	\$189,132	\$222,415	\$212,205	\$236,815	\$384,391	103.2%
S&S -EDUCTATIONAL ACTIVITY	\$3,938,991	\$859,748	\$1,277,533	\$1,946,600	\$7,019,053	78.2%
OTHER SOURCES	\$281,471	\$82,562	\$125,379	\$0	\$220,285	-21.7%
Total:	\$23,515,844	\$23,124,599	\$22,802,215	\$23,660,014	\$33,278,575	41.5%

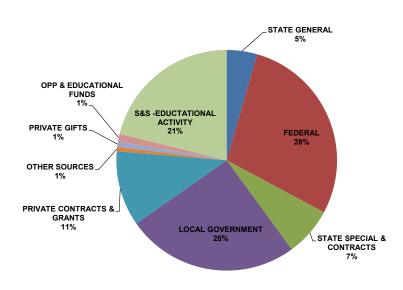
Total Expenditures by Fund Source FAMILY AND COMMUNITY MEDICINE

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX





Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 FAMILY AND COMMUNITY MEDICINE

[Total Direct Cost (TDC)*	Modified Total Direct Cost	Overhead Recovery	OH % MTDC
Federal	\$9,411,635	\$4,821,939	\$658,540	13.66%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$2,375,061	\$1,769,681	\$149,338	8.44%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$8,402,839	\$8,394,065	\$30,457	0.36%
Private Contracts & Grants	\$3,658,372	\$3,451,376	\$652,800	18.91%
Total:	\$23,847,907	\$18,437,061	\$1,491,135	8.09%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 111111 and 2XXXXXX.

NIH Awards - FY 2013-14

FAMILY AND COMMUNITY MEDICINE

]	Number	Amount
RPGs - Non SBIR/STTR	2	\$1,019,005
Research Centers	0	\$0
Other Research-Related	1	\$136,460
Training - Individual	0	\$0
Training - Institutional	0	\$0
Total:	3	\$1,155,465

DEPARTMENT OF LABORATORY MEDICINE

- Chair Lowell, Clifford A., M.D., Ph.D.
- Business Officer Hang, Tony Huoi
- Website http://labmed.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 LABORATORY MEDICINE

Staff		Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
23	2	82	10	117

Source: UCSF Human Resources

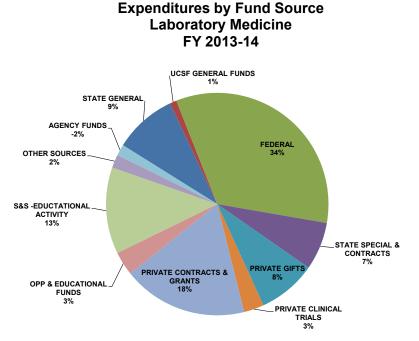
Fund Source	FY 2009-10 Year 2	FY 2010-11 Year 3	FY 2011-12 Year 4	FY 2012-13 Year 5	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$1,072,636	\$1,286,844	\$1,349,949	\$1,147,745	\$1,182,832	10.3%
UCSF GENERAL FUNDS	\$0	\$0	\$0	\$0	\$125,759	0.0%
FEDERAL	\$5,931,561	\$4,089,495	\$4,001,277	\$4,280,347	\$4,366,585 ²	-26.4%
STATE SPECIAL & CONTRACTS	\$447,459	\$363,783	\$40,787	\$0	\$898,738 ²	100.9%
LOCAL GOVERNMENT	\$19,788,507	\$0	\$0	\$0	\$2,976 ²	-100.0%
PRIVATE GIFTS	\$754,893	\$1,535,877	\$1,434,964	\$1,481,128	\$1,102,793	46.1%
PRIVATE CLINICAL TRIALS	\$224,284	\$158,986	\$313,886	\$229,506	\$377,887 ²	68.5%
PRIVATE CONTRACTS & GRANTS	\$2,537,384	\$2,227,870	\$2,259,955	\$2,452,256	\$2,353,632 ²	-7.2%
ENDOWMENT FUNDS	\$126,250	\$136,274	\$114,832	\$106,308	\$46,979	-62.8%
OPP & EDUCATIONAL FUNDS	\$218,762	\$243,727	\$232,121	\$176,042	\$448,641	105.1%
S&S -EDUCTATIONAL ACTIVITY	\$822,982	(\$239,453)	\$1,029,049	(\$1,616,274)	\$1,630,672	98.1%
OTHER SOURCES	\$120,096	\$123,676	\$125,913	\$18,984	\$248,951	107.3%
AGENCY FUNDS	\$0	\$0	\$0	\$0	(\$210,003)	0.0%
Tot	al: <u>\$32,044,815</u>	\$9,927,079	\$10,902,732	\$8,276,041	\$12,576,443	-60.8%

Total Expenditures by Fund Source LABORATORY MEDICINE

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX



Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 LABORATORY MEDICINE

[Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$4,366,585	\$3,114,274	\$1,337,357	42.94%
CIRM	\$858,243	\$858,243	\$492,717	57.41%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$40,495	\$27,138	\$8,118	29.91%
Local Government	\$2,976	\$2,976	\$0	0.00%
Private Clinical Trials	\$377,887	\$377,763	\$51,112	13.53%
Private Contracts & Grants	\$2,353,632	\$2,206,210	\$489,286	22.18%
Total:	\$7,999,818	\$6,586,604	\$2,378,590	36.11%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

LABORATORY MEDICINE

	Number	Amount
RPGs - Non SBIR/STTR	7	\$2,658,330
Research Centers	0	\$0
Other Research-Related	2	\$308,658
Training - Individual	0	\$0
Training - Institutional	0	\$0
Total:	9	\$2,966,988

DEPARTMENT OF MEDICINE

- Chair King, Talmadge E., Jr., M.D.
- Business Officer Chrisman, Maye
- Website http://medicine.ucsf.edu/

The Department of Medicine is divided into 18 specialties:

- Cardiology
- Clinical Pharmacology
- Endocrinology/Metabolism
- Experimental Medicine
- Gastroenterology
- General Internal Medicine
- Geriatrics
- Hematology/Oncology
- HIV/AIDS
- Hospital Medicine
- Infectious Diseases
- Lung Biology Center
- Genomic Medicine
- Nephrology
- Occupational and Environmental Health
- Prevention Science
- Pulmonary, Critical Care, Allergy and Sleep Medicine
- Rheumatology

Division of Cardiology

Website: http://cardiology.ucsf.edu/

Clinical Pharmacology & Experimental Therapeutics

Website: http://clinpharm.ucsf.edu/

Division of Endocrinology/Metabolism

Website: http://endocrine.medicine.ucsf.edu

Division of Experimental Medicine

Website: http://experimental.medicine.ucsf.edu/

Division of Gastroenterology

Website: http://gidiv.ucsf.edu

Division of General Internal Medicine

Website: http://medicine.ucsf.edu/divisions/gim/ Division of Genomic Medicine

Website: http://medicine.ucsf.edu/genetics/

Division of Geriatrics

Website: http://geriatrics.medicine.ucsf.edu/

Divisions of Hematology/Oncology

Website: http://hemonc.ucsf.edu Institute. Our faculty are investigators on four Spore grants, prestigious national awards.

HIV/AIDS Division

Website: http://hiv.ucsf.edu/

Divisions of Hospital Medicine

Website: http://medicine.ucsf.edu/divisions/hospmed/

Division of Infectious Diseases

Website: http://id.medicine.ucsf.edu/

Source: Department of Medicine, 9/5/2012

Lung Biology Center

Website: http://lungbiology.ucsf.edu

Division of Nephrology

Website: http://nephrology.ucsf.edu

Division of Occupational and Environmental Medicine

Website: http://oem.ucsf.edu/ service to patients and the community.

Division of Preventions Science

Website: http://caps.ucsf.edu

Divisions of Pulmonary and Critical Care Medicine

Website: http://pulmonary.ucsf.edu/

Divisions of Rheumatology

http://rheumatology.medicine.ucsf.edu

FY 2013-14 Headcount as of 4/1/14 MEDICINE

Staff		Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
510	147	776	215	1,648

Source: UCSF Human Resources

Source: Department of Medicine, 9/5/2012

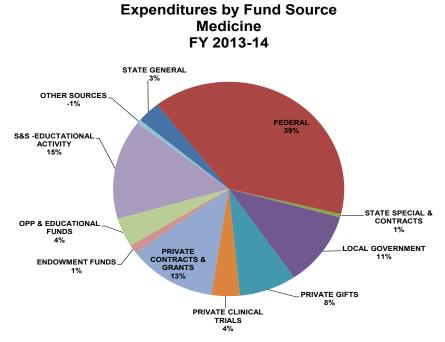
Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$10,665,168	\$10,990,630	\$9,261,867	\$7,695,243	\$8,981,266	-15.8%
UC GENERAL FUNDS	\$0	\$0	\$0	\$0	\$546,983	0.0%
TUITION & FEES	\$318,732	\$307,789	\$655,886	\$0	\$230,601	-27.7%
FEDERAL	\$79,959,611	\$86,977,832	\$84,883,760	\$94,920,262	\$108,037,252 2	35.1%
STATE SPECIAL & CONTRACTS	\$2,158,624	\$2,815,613	\$3,137,442	\$2,907,139	\$1,436,893 ²	-33.4%
LOCAL GOVERNMENT	\$19,958,768	\$23,659,714	\$29,497,663	\$30,328,746	\$30,578,983 2	53.2%
PRIVATE GIFTS	\$14,978,140	\$14,215,400	\$18,539,233	\$19,184,245	\$21,968,277	46.7%
PRIVATE CLINICAL TRIALS	\$6,862,677	\$9,580,971	\$8,082,110	\$9,809,518	\$10,821,857 2	57.7%
PRIVATE CONTRACTS & GRANTS	\$28,332,213	\$28,047,798	\$29,338,387	\$27,138,656	\$34,167,244 2	20.6%
ENDOWMENT FUNDS	\$3,982,567	\$3,760,165	\$3,889,009	\$4,063,664	\$3,585,436	-10.0%
OPP & EDUCATIONAL FUNDS	\$4,960,590	\$5,477,458	\$5,840,457	\$6,115,520	\$12,007,992	142.1%
S&S -EDUCTATIONAL ACTIVITY	\$19,136,620	\$23,664,662	\$22,140,260	\$26,180,746	\$41,218,504	115.4%
OTHER SOURCES	\$7,125,178	\$7,210,717	\$9,243,067	\$2,403,919	(\$1,559,511)	-121.9%
RESERVES	\$104,564	\$155,458	\$187,629	\$117,576	\$25,696	-75.4%
UNIVERSITY FUNDS	\$0	\$0	\$0	\$0	(\$45,096)	0.0%
AGENCY FUNDS	\$0	\$0	\$0	\$0	(\$131,412)	0.0%
Total:	\$198,543,452	\$216,864,208	\$224,696,767	\$230,865,234	\$271,870,965	36.9%

Total Expenditures by Fund Source MEDICINE

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX



Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 MEDICINE

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$108,037,252	\$67,716,414	\$26,040,005	38.45%
CIRM	\$82,976	\$82,976	\$46,882	56.50%
Other State Contracts	\$437,670	\$437,670	\$43,748	10.00%
State Special Grants	\$916,247	\$613,646	\$31,850	5.19%
Local Government	\$30,578,983	\$29,921,396	\$277,736	0.93%
Private Clinical Trials	\$10,821,857	\$9,006,306	\$3,199,191	35.52%
Private Contracts & Grants	\$34,167,244	\$29,984,714	\$7,170,375	23.91%
Total:	\$185,042,228	\$137,763,120	\$36,809,788	26.72%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

MEDICINE

-		
	Number	Amount
RPGs - Non SBIR/STTR	150	\$108,905,619
Research Centers	10	\$18,681,744
Other Research-Related	85	\$14,872,211
Training - Individual	9	\$581,214
Training - Institutional	11	\$3,977,609
Total:	265	\$147,018,397

DEPARTMENT OF NEUROLOGICAL SURGERY

- Chair Berger, Mitchel S., M.D.
- Business Officer Garrity, Elizabeth J.
- Website http://neurosurgery.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 NEUROLOGICAL SURGERY

Staff		Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
61	11	113	29	214

Source: UCSF Human Resources

Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$878,610	\$733,693	\$840,863	\$596,055	\$608,745	-30.7%
UC GENERAL FUNDS	\$0	\$0	\$0	\$0	\$41	0.0%
TUITION & FEES	\$59,404	(\$6,293)	\$11,978	\$0	\$0	-100.0%
FEDERAL	\$12,758,936	\$15,905,584	\$15,045,073	\$11,757,028	\$13,249,878 ²	3.8%
STATE SPECIAL & CONTRACTS	\$504,367	\$2,668,245	\$2,293,074	\$490,620	\$442,069 ²	-12.4%
LOCAL GOVERNMENT	\$1,145,483	\$1,583,280	\$1,723,424	\$1,542,016	\$1,766,545 ²	54.2%
PRIVATE GIFTS	\$1,952,260	\$2,033,605	\$2,755,264	\$3,314,232	\$3,346,515	71.4%
PRIVATE CLINICAL TRIALS	\$685,015	\$480,112	\$709,879	\$1,286,124	\$1,202,072 ²	75.5%
PRIVATE CONTRACTS & GRANTS	\$2,939,007	\$4,476,472	\$4,535,856	\$4,155,700	\$4,683,981 ²	59.4%
ENDOWMENT FUNDS	\$777,809	\$777,597	\$405,657	\$1,000,806	\$812,975	4.5%
OPP & EDUCATIONAL FUNDS	\$557,825	\$534,759	\$846,346	\$306,889	\$1,222,122	119.1%
S&S -EDUCTATIONAL ACTIVITY	\$368,643	\$2,333,111	\$3,752,838	\$3,888,849	\$4,439,393	1104.3%
OTHER SOURCES	\$85,273	\$70,057	\$74,350	\$7,434	\$432,582	407.3%
RESERVES	\$0	\$0	\$0	\$785,412	\$0	0.0%
UNIVERSITY FUNDS	\$0	\$0	\$0	\$0	\$2,300	0.0%
BALANCING FUNDS	\$0	\$0	\$0	\$0	\$24	0.0%
Total:	\$22,712,633	\$31,590,222	\$32,994,602	\$29,131,165	\$32,209,240	41.8%

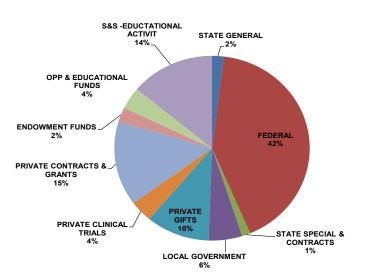
Total Expenditures by Fund Source NEUROLOGICAL SURGERY

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX





Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 NEUROLOGICAL SURGERY

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$13,249,878	\$11,008,834	\$5,462,922	49.62%
CIRM	\$442,069	\$440,069	\$166,267	37.78%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$1,766,545	\$1,766,545	\$0	0.00%
Private Clinical Trials	\$1,202,072	\$1,014,825	\$150,232	14.80%
Private Contracts & Grants	\$4,683,981	\$3,753,793	\$809,897	21.58%
Total:	\$21,344,545	\$17,984,065	\$6,589,318	36.64%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

NEUROLOGICAL SURGERY

[Number	Amount
RPGs - Non SBIR/STTR	26	\$16,980,915
Research Centers	2	\$3,016,009
Other Research-Related	2	\$113,020
Training - Individual	5	\$274,150
Training - Institutional	1	\$212,402
Total:	36	\$20,596,496

DEPARTMENT OF NEUROLOGY

- Chair Hauser, Stephen L. M.D.
- Acting Chair Josephson, Andy Andrew, M.D.
- Business Officer Czech, Jane
- Website http://neurology.ucsf.edu

FY 2013-14 Headcount as of 4/1/14 NEUROLOGY

Staff		Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
151	24	215	36	426

Source: UCSF Human Resources

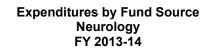
Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$15,788,473	\$14,603,379	\$3,227,096	\$2,714,861	\$2,085,638	-86.8%
FEDERAL	\$22,314,230	\$28,102,779	\$27,708,266	\$29,652,096	\$31,219,597 ²	39.9%
STATE SPECIAL & CONTRACTS	\$378,496	\$539,419	\$538,696	\$528,636	\$278,039 ²	-26.5%
LOCAL GOVERNMENT	\$440,976	\$745,172	\$971,882	\$1,155,819	\$1,301,390 ²	195.1%
PRIVATE GIFTS	\$6,101,247	\$7,368,755	\$8,015,392	\$12,317,999	\$9,275,465	52.0%
PRIVATE CLINICAL TRIALS	\$1,748,845	\$1,672,264	\$1,957,604	\$2,352,989	\$3,054,955 ²	74.7%
PRIVATE CONTRACTS & GRANTS	\$11,250,334	\$10,848,507	\$12,501,510	\$12,536,111	\$13,787,527 ²	22.6%
ENDOWMENT FUNDS	\$1,060,172	\$1,123,356	\$1,102,568	\$3,783,988	\$8,189,473	672.5%
OPP & EDUCATIONAL FUNDS	\$796,486	\$1,022,446	\$11,660,556	\$7,333,766	\$2,306,928	189.6%
S&S -EDUCTATIONAL ACTIVITY	\$4,603,605	\$4,229,878	\$5,543,002	\$387,428	(\$1,837,025)	-139.9%
OTHER SOURCES	(\$141,497)	\$1,222,461	\$1,022,191	\$621,872	\$2,936,811	-2175.5%
RESERVES	\$0	\$0	\$0	\$916	(\$39,042)	0.0%
UNIVERSITY FUNDS	\$0	\$0	\$0	\$0	(\$333,516)	0.0%
AGENCY FUNDS	\$0	\$0	\$0	\$0	(\$21,803)	0.0%
Total:	\$64,341,367	\$71,478,414	\$74,248,763	\$73,386,481	\$72,204,436	12.2%

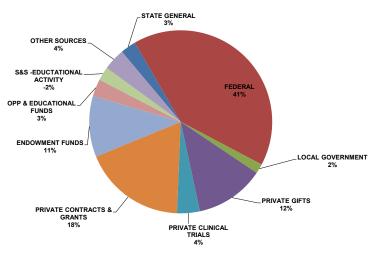
Total Expenditures by Fund Source NEUROLOGY

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX





Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 NEUROLOGY

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$31,219,597	\$17,905,030	\$8,155,234	45.55%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$278,039	\$257,039	\$22,232	8.65%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$1,301,390	\$1,301,390	\$0	0.00%
Private Clinical Trials	\$3,054,955	\$2,493,717	\$659,052	26.43%
Private Contracts & Grants	\$13,787,527	\$11,557,322	\$2,101,748	18.19%
Total:	\$49,641,507	\$33,514,497	\$10,938,267	32.64%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

NEUROLOGY

Г	Number	Amount
RPGs - Non SBIR/STTR	59	\$26,081,343
Research Centers	5	\$24,127,099
Other Research-Related	19	\$3,115,549
Training - Individual	8	\$362,472
Training - Institutional	3	\$315,416
Total:	94	\$54,001,879

DEPARTMENT OF OBSTETRICS, GYNECOLOGY AND REPRODUCTIVE SCIENCES

- Chair Giudice, Linda C, MD, PhD, MSc
- Business Officer Horning, Dixie D..
- Website https://obgyn.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 OBSTETRICS, GYNECOLOGY AND REPRODUCTIVE SCIENCES

Staff		Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
176	46	151	28	401

Source: UCSF Human Resources

Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$2,496,894	\$2,437,346	\$2,369,430	\$1,964,497	\$2,070,541	-17.1%
TUITION & FEES	\$7,853	\$37,370	\$322,680	(\$5,354)	\$170,273	2068.2%
FEDERAL	\$28,856,784	\$30,060,101	\$28,930,563	\$31,395,571	\$30,988,307 ²	7.4%
STATE SPECIAL & CONTRACTS	\$7,391,076	\$6,864,940	\$6,465,417	\$5,839,982	\$6,040,724 ²	-18.3%
LOCAL GOVERNMENT	\$1,537,736	\$2,251,111	\$2,911,136	\$3,351,250	\$3,664,673 ²	138.3%
PRIVATE GIFTS	\$2,298,129	\$1,623,595	\$1,890,545	\$1,612,130	\$1,897,236	-17.4%
PRIVATE CLINICAL TRIALS	\$348,474	\$337,241	\$395,005	\$512,115	\$578,668 ²	66.1%
PRIVATE CONTRACTS & GRANTS	\$18,032,608	\$18,123,424	\$19,424,660	\$20,109,350	\$19,907,488 ²	10.4%
ENDOWMENT FUNDS	\$42,199	\$422,811	\$371,264	\$245,270	\$321,223	661.2%
OPP & EDUCATIONAL FUNDS	\$842,205	\$795,989	\$756,525	\$935,922	\$1,591,666	89.0%
S&S -EDUCTATIONAL ACTIVITY	\$8,555,041	\$11,633,215	\$7,581,024	\$5,863,495	\$12,343,978	44.3%
OTHER SOURCES	\$790,129	\$1,052,854	\$814,177	\$860,568	\$2,044,582	158.8%
RESERVES	\$0	\$0	\$0	\$0	\$134	0.0%
AGENCY FUNDS	\$0	\$0	\$0	\$0	(\$11,876)	0.0%
Total:	\$71,199,128	\$75,639,995	\$72,232,425	\$72,684,795	\$81,607,619	14.6%

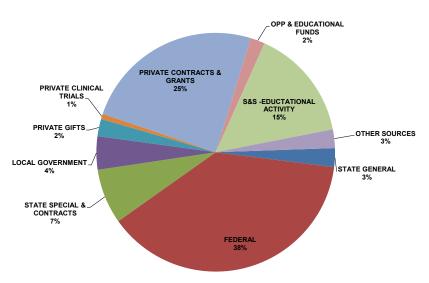
Total Expenditures by Fund Source OBSTETRICS, GYNECOLOGY AND REPRODUCTIVE SCIENCES

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXX

Expenditures by Fund Source Obstetrics, Gynecology and Reproductive Sciences FY 2013-14



Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 OBSTETRICS, GYNECOLOGY AND REPRODUCTIVE SCIENCES

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$30,988,307	\$7,497,088	\$2,624,888	35.01%
CIRM	\$602,056	\$544,338	\$255,288	46.90%
Other State Contracts	\$4,912,620	\$4,905,243	\$807,651	16.47%
State Special Grants	\$526,048	\$121,725	\$0	0.00%
Local Government	\$3,664,673	\$3,664,673	\$0	0.00%
Private Clinical Trials	\$578,668	\$318,274	\$110,589	34.75%
Private Contracts & Grants	\$19,907,488	\$18,692,250	\$1,257,721	6.73%
Total:	\$61,179,861	\$35,743,591	\$5,056,137	14.15%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

OBSTETRICS, GYNECOLOGY AND REPRODUCTIVE SCIENCES

[Number	Amount
RPGs - Non SBIR/STTR	19	\$13,292,269
Research Centers	1	\$2,226,566
Other Research-Related	7	\$972,415
Training - Individual	1	\$53,282
Training - Institutional	1	\$179,861
Total:	29	\$16,724,393

DEPARTMENT OF OPHTHALMOLOGY

- Chair McLeod, Stephen D., M.D.
- Business Officer Panion, Michael
- Website http://ucsfeye.net/

FY 2013-14 Headcount as of 4/1/14 OPHTHALMOLOGY

Staff		Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
36	2	63	14	115

Source: UCSF Human Resources

Fund Source	FY 2009-10 Year 2	FY 2010-11 Year 3	FY 2011-12 Year 4	FY 2012-13 Year 5	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$1,355,654	\$1,269,955	\$1,045,512	\$825,020	\$905,708	-33.6%
TUITION & FEES	\$206,964	\$183,933	\$90,627	\$0	\$0	-100.0%
FEDERAL	\$2,689,751	\$2,618,769	\$2,424,684	\$2,585,706	\$2,858,185 ²	41.2%
LOCAL GOVERNMENT	\$1,039,745	\$1,216,067	\$1,626,320	\$1,758,649	\$1,761,083 ²	166.4%
PRIVATE GIFTS	\$1,971,046	\$2,245,510	\$2,357,013	\$1,692,673	\$1,677,536	-26.9%
PRIVATE CLINICAL TRIALS	\$208,570	\$105,835	\$62,976	\$149,231	\$22,243 ²	-95.0%
PRIVATE CONTRACTS & GRANTS	\$1,638,286	\$2,002,111	\$1,279,756	\$1,226,143	\$1,471,477 ²	-34.5%
ENDOWMENT FUNDS	\$619,174	\$937,487	\$933,577	\$926,271	\$1,198,301	32.8%
OPP & EDUCATIONAL FUNDS	\$120,498	\$124,700	\$118,002	\$136,699	\$195,167	73.1%
S&S -EDUCTATIONAL ACTIVITY	\$690,287	\$580,098	\$853,690	\$1,863,538	\$167,886	-76.1%
OTHER SOURCES	\$171,534	\$178,572	\$168,857	\$38	\$8,548	-94.6%
RESERVES	\$0	\$30,704	\$0	\$0	\$0	0.0%
AGENCY FUNDS	\$0	\$0	\$0	\$0	(\$4,837)	0.0%
Total:	\$10,711,510	\$11,493,741	\$10,961,013	\$11,163,968	\$10,261,295	-7.8%

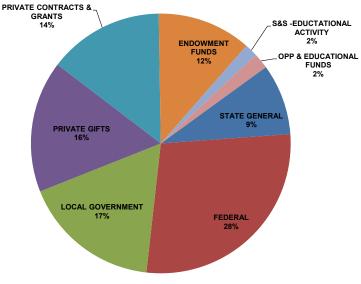
Total Expenditures by Fund Source OPHTHALMOLOGY

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX





Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 OPTHALMOLOGY

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$2,858,185	\$2,755,339	\$1,413,224	51.29%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$1,761,083	\$1,684,261	\$0	0.00%
Private Clinical Trials	\$22,243	\$7,266	\$5,388	74.15%
Private Contracts & Grants	\$1,471,477	\$1,093,580	\$145,726	13.33%
Total:	\$6,112,987	\$5,540,447	\$1,564,337	28.23%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

OPHTHALMOLOGY

	Number	Amount
RPGs - Non SBIR/STTR	10	\$3,783,408
Research Centers	1	\$587,716
Other Research-Related	8	\$3,604,566
Training - Individual	0	\$0
Training - Institutional	0	\$0
Total:	19	\$7,975,690

DEPARTMENT OF ORTHOPAEDIC SURGERY

- Chair Vail, Thomas P., M.D.
- Chief Administrative Officer Capra, Richard Eugene
- Website http://orthosurg.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 ORTHOPAEDIC SURGERY

Staff		Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
55	7	103	12	177

Source: UCSF Human Resources

Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$1,182,188	\$1,146,130	\$1,134,673	\$928,433	\$1,046,822	-11.5%
TUITION & FEES	\$11,116	\$396,449	\$447,840	\$0	\$3,093	-72.2%
FEDERAL	\$1,034,909	\$1,617,419	\$1,488,319	\$1,714,155	\$1,508,357 ²	45.7%
STATE SPECIAL & CONTRACTS	\$3,655	\$0	\$0	\$0	\$0	-100.0%
LOCAL GOVERNMENT	\$3,512,491	\$4,312,693	\$5,064,126	\$5,258,739	\$6,024,824 ²	71.5%
PRIVATE GIFTS	\$1,649,633	\$1,149,357	\$1,213,606	\$1,243,780	\$1,166,040	-29.3%
PRIVATE CLINICAL TRIALS	\$122,235	\$170,168	\$277,036	\$134,144	\$185,488 ²	51.7%
PRIVATE CONTRACTS & GRANTS	\$540,819	\$553,842	\$767,308	\$1,118,406	\$1,156,594 ²	113.9%
ENDOWMENT FUNDS	\$220,965	\$286,580	\$144,640	\$93,895	\$295,701	33.8%
OPP & EDUCATIONAL FUNDS	\$84,902	\$83,765	\$79,291	\$83,978	\$194,320	128.9%
S&S -EDUCTATIONAL ACTIVITY	\$7,822,162	\$8,305,813	\$7,459,828	\$10,449,650	\$20,844,437	166.5%
OTHER SOURCES	\$2,671,376	\$3,226,334	\$3,219,581	\$375,071	\$774,602	-71.0%
RESERVES	\$0	\$0	\$0	\$0	(\$13,244)	0.0%
UNIVERSITY FUNDS	\$0	\$0	\$0	\$0	\$2,196	0.0%
Total:	\$18,856,453	\$21,248,551	\$21,296,249	\$21,400,250	\$33,189,230	76.0%

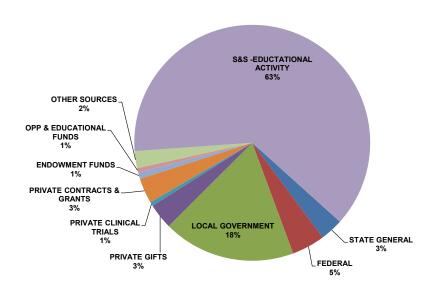
Total Expenditures by Fund Source ORTHOPAEDIC SURGERY

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX





Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 ORTHOPAEDIC SURGERY

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$1,508,357	\$1,196,948	\$596,920	49.87%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$6,024,824	\$6,024,824	\$0	0.00%
Private Clinical Trials	\$185,488	\$161,550	\$54,876	33.97%
Private Contracts & Grants	\$1,156,594	\$1,126,362	\$195,698	17.37%
Total:	\$8,875,263	\$8,509,683	\$847,494	9.96%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

ORTHOPAEDIC SURGERY

Г	Number	Amount
RPGs - Non SBIR/STTR	10	\$3,313,491
Research Centers	1	\$603,709
Other Research-Related	0	\$0
Training - Individual	3	\$147,217
Training - Institutional	0	\$0
Total:	14	\$4,064,417

DEPARTMENT OF OTOLARYNGOLOGY

- Acting Chair Murr, Andrew, MD
- Business Officer Garzio, Catherine
- Website http://otolaryngology.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 OTOLARYNGOLOGY

Staff		Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
14	4	49	10	77

Source: UCSF Human Resources

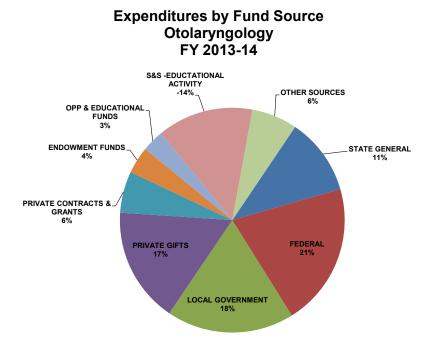
Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$914,280	\$964,902	\$730,363	\$700,243	\$768,384	-16.0%
FEDERAL	\$1,126,754	\$1,348,185	\$1,677,578	\$1,833,531	\$1,423,586 ²	26.3%
LOCAL GOVERNMENT	\$799,687	\$996,218	\$1,293,443	\$1,336,044	\$1,269,870 ²	58.8%
PRIVATE GIFTS	\$1,065,122	\$1,409,899	\$1,401,884	\$835,242	\$1,148,490	7.8%
PRIVATE CLINICAL TRIALS	\$79,676	\$101,254	\$45,783	\$42,645	\$10,450 ²	-86.9%
PRIVATE CONTRACTS & GRANTS	\$261,383	\$325,168	\$257,583	\$456,403	\$412,595 ²	57.9%
ENDOWMENT FUNDS	\$466,877	\$774,832	\$257,294	\$330,431	\$267,911	-42.6%
OPP & EDUCATIONAL FUNDS	\$145,001	\$65,588	\$37,301	\$137,667	\$217,983	50.3%
S&S -EDUCTATIONAL ACTIVITY	(\$97,126)	\$1,089,664	\$1,639,677	\$24,710	(\$957,669)	886.0%
OTHER SOURCES	\$155,782	\$158,076	\$173,189	(\$37,466)	\$454,135	191.5%
Total:	\$4,917,436	\$7,233,786	\$7,514,097	\$5,659,451	\$5,015,736	2.0%

Total Expenditures by Fund Source OTOLARYNGOLOGY

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX



Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 OTOLARYNGOLOGY

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$1,423,586	\$1,385,755	\$732,157	52.83%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$1,269,870	\$1,269,870	\$0	0.00%
Private Clinical Trials	\$10,450	\$255	\$3,090	1211.34%
Private Contracts & Grants	\$412,595	\$336,654	\$104,282	30.98%
Total:	\$3,116,502	\$2,992,535	\$839,529	28.05%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

OTOLARYNGOLOGY

Г	Number	Amount
RPGs - Non SBIR/STTR	9	\$2,895,535
Research Centers	0	\$0
Other Research-Related	0	\$0
Training - Individual	0	\$0
Training - Institutional	0	\$0
Total:	9	\$2,895,535

DEPARTMENT OF PATHOLOGY

- Chair Abbas, Abul K.
- Business Officer Wang, Kai
- Website http://pathology.ucsf.edu

FY 2013-14 Headcount as of 4/1/14 PATHOLOGY

Staff		Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
115	4	138	6	263

Source: UCSF Human Resources

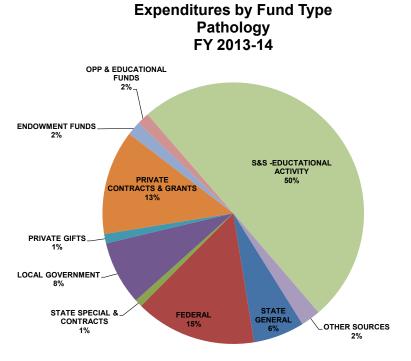
Fund Source	FY 2009-10 Year 1	FY 20010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$2,678,223	\$2,977,789	\$2,492,113	\$2,220,249	\$2,333,816	-12.9%
FEDERAL	\$6,810,030	\$7,404,092	\$6,946,600	\$5,864,719	\$5,525,597 ²	-18.9%
STATE SPECIAL & CONTRACTS	\$412,907	\$505,807	\$96,899	\$296,909	\$339,135 ²	-17.9%
LOCAL GOVERNMENT	\$1,951,823	\$2,228,294	\$2,509,361	\$2,705,762	\$2,912,706	49.2%
PRIVATE GIFTS	\$1,799,965	\$831,040	\$621,722	\$624,758	\$424,568 ²	-76.4%
PRIVATE CLINICAL TRIALS	\$0	\$0	\$0	(\$40)	\$1,475 ²	0.0%
PRIVATE CONTRACTS & GRANTS	\$2,691,749	\$3,441,006	\$4,403,139	\$5,160,438	\$4,759,878 ²	76.8%
ENDOWMENT FUNDS	\$72,271	\$46,554	\$89,928	\$659,222	\$641,040	787.0%
OPP & EDUCATIONAL FUNDS	\$234,017	\$265,351	\$317,668	\$339,448	\$558,008	138.4%
S&S -EDUCTATIONAL ACTIVITY	(\$5,381,706)	\$15,799,262	\$17,713,738	\$16,847,262	\$18,438,184	-442.6%
OTHER SOURCES	\$198,829	\$218,168	\$417,764	\$210,079	\$887,082	346.2%
RESERVES	\$25,370	\$0	\$0	\$0	\$0	-100.0%
UNIVERSITY FUNDS	\$0	\$0	\$0	\$0	\$9	0.0%
Total:	\$11,493,478	\$33,717,363	\$35,608,931	\$34,928,807	\$36,821,499	220.4%

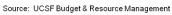
Total Expenditures by Fund Source PATHOLOGY

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX





Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 PATHOLOGY

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$5,525,597	\$4,021,253	\$1,744,274	43.38%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$339,135	\$338,626	\$0	0.00%
Local Government	\$2,912,706	\$2,881,469	\$0	0.00%
Private Clinical Trials	\$1,475	\$1,475	\$0	0.00%
Private Contracts & Grants	\$4,759,878	\$4,120,945	\$1,247,910	30.28%
Total:	\$13,538,790	\$11,363,767	\$2,992,184	26.33%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

PATHOLOGY

Γ	Number	Amount
RPGs - Non SBIR/STTR	6	\$2,040,451
Research Centers	0	\$0
Other Research-Related	5	\$759,174
Training - Individual	2	\$93,780
Training - Institutional	1	\$242,404
Total:	14	\$3,135,809

DEPARTMENT OF PEDIATRICS

- Interim Chair Ferriero, Donna, M.D.
- Business Officer Jew, Jacqueline
- Website http://www.pediatrics.medschool.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 PEDIATRICS

Staff		Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
127	33	316	55	531

Source: UCSF Human Resources

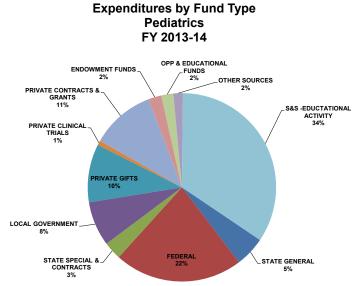
Source: School of Medicine, 7/7/2014.

Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$3,187,684	\$3,367,362	\$3,226,394	\$2,811,099	\$3,334,196	4.6%
TUITION & FEES	\$8,065	\$2,891	(\$2,015)	\$0	\$120,613	1395.4%
FEDERAL	\$14,022,270	\$16,399,470	\$15,917,612	\$14,365,872	\$14,169,576 ²	1.1%
STATE SPECIAL & CONTRACTS	\$864,384	\$974,585	\$813,346	\$2,109,204	\$1,985,626 ²	129.7%
LOCAL GOVERNMENT	\$2,392,236	\$3,477,381	\$4,088,950	\$4,605,183	\$4,918,985	105.6%
PRIVATE GIFTS	\$2,789,786	\$2,499,723	\$3,538,233	\$4,112,907	\$6,427,702	130.4%
PRIVATE CLINICAL TRIALS	\$829,142	\$868,117	\$748,534	\$453,116	\$489,244 ²	-41.0%
PRIVATE CONTRACTS & GRANTS	\$6,004,570	\$6,553,288	\$7,689,868	\$8,100,394	\$7,075,112 ²	17.8%
ENDOWMENT FUNDS	\$2,440,341	\$2,017,186	\$1,866,738	\$1,129,358	\$1,438,865	-41.0%
OPP & EDUCATIONAL FUNDS	\$570,284	\$552,359	\$586,855	\$651,900	\$1,333,285	133.8%
S&S -EDUCTATIONAL ACTIVITY	\$11,251,052	\$17,716,132	\$13,233,323	\$15,870,341	\$22,004,351	95.6%
S&S -AUXILIARIES	\$0	\$0	\$0	\$0	\$0	0.0%
OTHER SOURCES	\$904,959	\$1,426,839	\$1,329,827	\$658,018	\$1,046,869	15.7%
RESERVES	\$3,105	\$2,798	\$0	\$0	\$0	-100.0%
UNIVERSITY FUNDS	\$0	\$0	\$0	\$0	\$7,186	0.0%
AGENCY FUNDS	\$0	\$0	\$0	\$0	\$380	0.0%
Total:	\$45,267,878	\$55,858,129	\$53,037,667	\$54,867,392	\$64,351,990	42.2%

Total Expenditures by Fund Source PEDIATRICS

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".



Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 PEDIATRICS

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$14,169,576	\$10,674,669	\$3,953,508	37.04%
CIRM	\$919,133	\$895,793	\$514,999	57.49%
Other State Contracts	\$960,316	\$886,896	\$67,565	7.62%
State Special Grants	\$106,177	\$106,177	\$0	0.00%
Local Government	\$4,918,985	\$4,919,051	\$39,627	0.81%
Private Clinical Trials	\$489,244	\$428,616	\$172,754	40.31%
Private Contracts & Grants	\$7,075,112	\$6,570,245	\$1,314,546	20.01%
Total:	\$28,638,544	\$24,481,448	\$6,062,999	24.77%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

PEDIATRICS

Γ	Number	Amount
RPGs - Non SBIR/STTR	25	\$12,140,614
Research Centers	1	\$1,249,464
Other Research-Related	18	\$2,838,158
Training - Individual	8	\$374,288
Training - Institutional	7	\$2,602,594
Total:	59	\$19,205,118

DEPARTMENT OF PHYSICAL THERAPY AND REHABILITATION SCIENCE

- Chair Topp, Kimberly.
- Business Officer Lambert, Mary
- Website http://ptrehab.medschool.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 PHYSICAL THERAPY AND REHABILITATION SCIENCE

Staff Acad		lemic	Grand	
Full Time	Part Time	Full Time	Part Time	Total
8	1	13	3	25

Source: UCSF Human Resources

Source: School of Medicine, 7/7/2014.

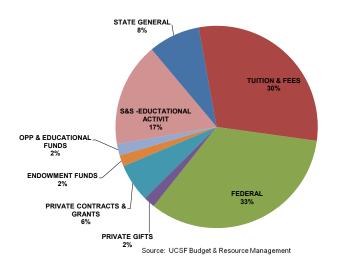
\$377,450 \$487,529 \$180,878	\$341,844 \$659,807	\$268,818 \$1,010,342	\$247,575	\$253,106	-32.9%
	\$659,807	\$1,010,342			
\$180,878			\$930,507	\$921,078	88.9%
	\$430,737	\$385,607	\$553,515	\$1,026,807 ²	467.7%
\$74,537	\$84,748	\$52,654	\$1,099	\$56,031	-24.8%
\$7,844	\$873	\$0	\$0	\$0	-100.0%
\$65,270	\$55,333	\$42,547	\$123,577	\$187,593 ²	187.4%
\$1,359	\$12,352	\$1	\$999	\$55,000	3946.9%
\$0	\$22,077	\$21,306	\$9,932	\$56,079	0.0%
\$247,669	\$643,834	\$211,466	\$238,400	\$509,168	105.6%
\$0	\$0	\$0	\$0	\$3,606	0.0%
\$0	\$0	\$0	\$0	(\$2,116)	0.0%
\$1,442,537	\$2,251,602	\$1,992,741	\$2,105,604	\$3,066,353	112.6%
	\$7,844 \$65,270 \$1,359 \$0 \$247,669 \$0 \$0	\$7,844 \$873 \$65,270 \$55,333 \$1,359 \$12,352 \$0 \$22,077 \$247,669 \$643,834 \$0 \$0 \$0 \$0	\$7,844 \$873 \$0 \$65,270 \$55,333 \$42,547 \$1,359 \$12,352 \$1 \$0 \$22,077 \$21,306 \$247,669 \$643,834 \$211,466 \$0 \$0 \$0 \$0 \$0 \$0	\$7,844 \$873 \$0 \$0 \$65,270 \$55,333 \$42,547 \$123,577 \$1,359 \$12,352 \$1 \$999 \$0 \$22,077 \$21,306 \$9,932 \$247,669 \$643,834 \$211,466 \$238,400 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$7,844 \$873 \$0 \$0 \$0 \$65,270 \$55,333 \$42,547 \$123,577 \$187,593 ² \$1,359 \$12,352 \$1 \$999 \$55,000 \$0 \$22,077 \$21,306 \$9,932 \$56,079 \$247,669 \$643,834 \$211,466 \$238,400 \$509,168 \$0 \$0 \$0 \$0 \$3,606 \$0 \$0 \$0 \$0 \$13,606

Total Expenditures by Fund Source PHYSICAL THERAPY AND REHABILITATION SCIENCE

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".





Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 PHYSICAL THERAPY AND REHABILITATION SCIENCE

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$1,026,807	\$861,835	\$485,491	56.33%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$187,593	\$187,593	\$64,489	34.38%
Total:	\$1,214,399	\$1,049,428	\$549,980	52.41%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

PHYSICAL THERAPY & REHABILITATION SCIENCE

[Number	Amount
RPGs - Non SBIR/STTR	3	\$945,224
Research Centers	0	\$0
Other Research-Related	0	\$0
Training - Individual	1	\$55,982
Training - Institutional	0	\$0
Total:	4	\$1,001,206

DEPARTMENT OF PSYCHIATRY

- Chair State, Matthew W., MD, PhD
- Business Officer Caffey, Marie
- Website http://psych.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 PSYCHIATRY

Staff		Acac	Grand	
Full Time	Part Time	Full Time	Part Time	Total
307	65	230	55	657

Source: UCSF Human Resources

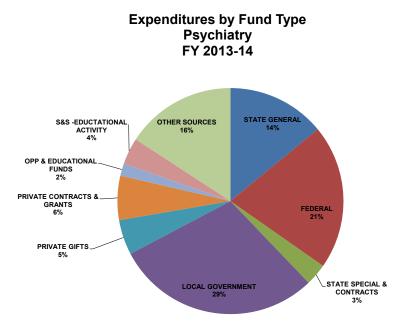
Source: School of Medicine, 7/7/2014.

Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$2,347,992	\$2,353,717	\$2,371,649	\$10,926,371	\$13,500,630	475.0%
TUITION & FEES	\$308	\$11,281	\$1,819	\$0	\$183,664	59509.8%
FEDERAL	\$2,312,050	\$2,794,029	\$3,831,641	\$18,900,972	\$19,861,976 ²	759.1%
STATE SPECIAL & CONTRACTS	\$1,310,957	\$1,733,584	\$1,951,092	\$2,210,756	\$3,008,083 ²	129.5%
LOCAL GOVERNMENT	\$26,867,124	\$28,848,873	\$31,420,422	\$27,571,025	\$28,266,636	5.2%
PRIVATE GIFTS	\$2,401,308	\$2,219,595	\$2,352,646	\$4,666,155	\$4,823,156	100.9%
PRIVATE CLINICAL TRIALS	\$0	\$0	\$0	\$330,500	\$208,166 ²	0.0%
PRIVATE CONTRACTS & GRANTS	\$1,188,527	\$1,268,103	\$1,844,811	\$5,274,466	\$6,075,719 ²	411.2%
ENDOWMENT FUNDS	\$832,681	\$666,575	\$693,475	\$1,046,032	\$447,256	-46.3%
OPP & EDUCATIONAL FUNDS	\$376,836	\$462,222	\$485,345	\$1,269,504	\$1,711,882	354.3%
S&S -EDUCTATIONAL ACTIVITY	(\$1,369,499)	(\$1,471,664)	(\$754,467)	(\$614,074)	\$3,646,518	-366.3%
S&S -TEACHING HOSPITAL	\$0	\$0	\$88	\$0	\$0	0.0%
OTHER SOURCES	\$3,730,297	\$4,296,513	\$4,652,732	\$7,510,185	\$15,190,304	307.2%
RESERVES	\$0	\$3,375	\$0	\$0	\$0	0.0%
AGENCY FUNDS	\$0	\$0	\$0	\$0	(\$35,856)	0.0%
Total:	\$39,998,581	\$43,186,203	\$48,851,252	\$79,091,891	\$96,888,133	142.2%

Total Expenditures by Fund Source PSYCHIATRY

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".



Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 PSYCHIATRY

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$19,861,976	\$14,250,600	\$5,569,138	39.08%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$2,938,726	\$2,938,726	\$414,474	14.10%
State Special Grants	\$69,357	\$69,357	\$17,340	25.00%
Local Government	\$28,266,636	\$27,672,596	\$1,525,806	5.51%
Private Clinical Trials	\$208,166	\$207,992	\$62,227	29.92%
Private Contracts & Grants	\$6,075,719	\$5,414,470	\$778,466	14.38%
Total:	\$57,420,580	\$50,553,740	\$8,367,451	16.55%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

PSYCHIATRY

]	Number	Amount
RPGs - Non SBIR/STTR	38	\$15,003,797
Research Centers	3	\$3,318,350
Other Research-Related	20	\$6,171,862
Training - Individual	2	\$89,848
Training - Institutional	4	\$945,771
Total:	67	\$25,529,628

DEPARTMENT OF RADIATION ONCOLOGY

- Chair Roach, Mack III, M.D.
- Business Officer Lewis, Vickie
- Website http://www.ucsf.edu/radonc/

FY 2013-14 Headcount as of 4/1/14 RADIATION ONCOLOGY

Staff		Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
21	1	57	4	83

Source: UCSF Human Resources

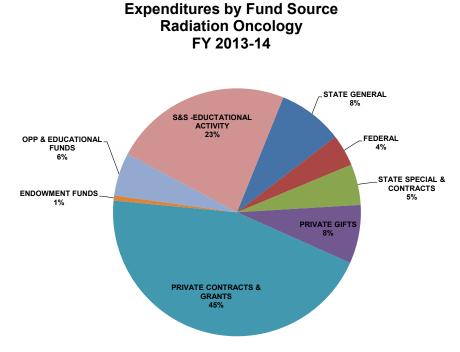
Source: School of Medicine, 7/7/2014.

\$371,448 \$5,115 \$247,441 \$215,889	\$350,792 \$0 \$284,763 \$215,371	\$377,862 \$0 \$183,408 ²	-7.9% -100.0%
\$247,441	\$284,763		
	,	\$183,408 ²	74.00/
\$215,889	¢015 071		-71.8%
	φ210,371	\$237,132 ²	0.0%
\$383,258	\$350,676	\$340,022	-12.5%
(\$22,291)	\$10,286	\$13,882 ²	-67.2%
51,518,576	\$1,988,755	\$1,994,984 ²	108.1%
\$544	\$41,839	\$29,616	0.0%
\$61,958	\$85,254	\$250,273	349.2%
\$267,136	\$168,431	\$1,037,725	-200.2%
	\$46,000	\$14,134	116.4%
\$0	\$3 542 166	\$4,479,037	193.6%
	\$0		\$0 \$46,000 \$14,134

Total Expenditures by Fund Source RADIATION ONCOLOGY

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".



Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 RADIATION ONCOLOGY

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$183,408	\$183,408	\$100,418	54.75%
CIRM	\$237,132	\$237,132	\$135,488	57.14%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$13,882	\$13,882	\$4,020	28.96%
Private Contracts & Grants	\$1,994,984	\$1,827,390	\$756,713	41.41%
Total:	\$2,429,405	\$2,261,812	\$996,639	44.06%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

RADIATION ONCOLOGY

Г	Number	Amount
RPGs - Non SBIR/STTR	3	\$975,324
Research Centers	0	\$0
Other Research-Related	0	\$0
Training - Individual	0	\$0
Training - Institutional	0	\$0
Total:	3	\$975,324

DEPARTMENT OF RADIOLOGY AND BIOMEDICAL IMAGING

- Chair Arenson, Ronald L., M.D.
- Business Officer Garzio, Catherine
- Website http://www.radiology.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 RADIOLOGY AND BIOMEDICAL IMAGING

Staff		Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
153	22	265	49	489

Source: UCSF Human Resources

Source: School of Medicine, 7/7/2014.

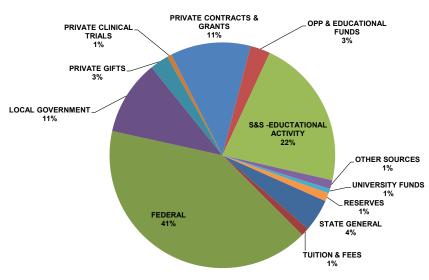
Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$2,679,337	\$3,020,446	\$2,683,386	\$1,813,044	\$2,038,057	-23.9%
UC GENERAL FUNDS	\$0	\$0	\$0	\$0	\$255,549	0.0%
TUITION & FEES	\$1,647,467	\$1,630,060	\$1,903,299	\$502,969	\$522,105	-68.3%
FEDERAL	\$14,800,934	\$18,962,362	\$18,908,859	\$17,857,347	\$18,014,918 ²	21.7%
STATE SPECIAL & CONTRACTS	\$38,935	(\$1,029)	\$20,500	\$79,596	\$103,481 ²	165.8%
LOCAL GOVERNMENT	\$3,831,687	\$4,751,013	\$4,943,384	\$5,051,703	\$4,730,755 ²	23.5%
PRIVATE GIFTS	\$526,051	\$771,296	\$955,634	\$797,382	\$1,182,065	124.7%
PRIVATE CLINICAL TRIALS	\$1,486,993	\$873,941	\$1,135,934	\$126,300	\$282,475 ²	-81.0%
PRIVATE CONTRACTS & GRANTS	\$5,147,457	\$5,645,727	\$5,437,825	\$5,005,785	\$5,061,885 ²	-1.7%
ENDOWMENT FUNDS	\$134,207	\$155,237	\$326,559	\$500,382	\$8,337	-93.8%
OPP & EDUCATIONAL FUNDS	\$557,143	\$580,622	\$667,020	\$608,619	\$1,257,303	125.7%
S&S -EDUCTATIONAL ACTIVITY	(\$76,194)	\$1,630,967	\$3,767,620	\$3,870,499	\$9,531,628	-12609.6%
OTHER SOURCES	\$716,756	(\$164,537)	\$765,602	\$1,730,986	\$553,981	-22.7%
RESERVES	\$367	\$0	\$0	\$0	\$288,196	78395.4%
UNIVERSITY FUNDS	\$0	\$0	\$0	\$0	\$520,093	0.0%
Total:	\$31,491,140	\$37,856,105	\$41,515,623	\$37,944,612	\$44,350,828	40.8%

Total Expenditures by Fund Source RADIOLOGY AND BIOMEDICAL IMAGING

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".







Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 RADIOLOGY AND BIOMEDICAL IMAGING

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$18,014,918	\$13,321,443	\$5,049,584	37.91%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$8,181	\$8,181	\$655	8.00%
State Special Grants	\$95,300	\$95,300	\$0	0.00%
Local Government	\$4,730,755	\$4,730,755	\$0	0.00%
Private Clinical Trials	\$282,475	\$237,863	\$129,750	54.55%
Private Contracts & Grants	\$5,061,885	\$4,790,530	\$1,495,749	31.22%
Total:	\$28,193,515	\$23,184,071	\$6,675,738	28.79%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

RADIOLOGY AND BIOMEDICAL IMAGING

	Number	Amount
RPGs - Non SBIR/STTR	29	\$12,891,798
Research Centers	2	\$2,191,080
Other Research-Related	4	\$547,720
Training - Individual	0	\$0
Training - Institutional	1	\$253,694
Total:	36	\$15,884,292

DEPARTMENT OF SURGERY

- Chair Ascher, Nancy L., M.D., Ph.D.
- Business Officer Panion, Mike Charles
- Website http://www.surgery.ucsf.edu/index.html

FY 2013-14 Headcount as of 4/1/14 SURGERY

St	aff	Acad	lemic	Grand	
Full Time	Part Time	Full Time	Part Time	Total	
148	27	211	28	414	

Source: UCSF Human Resources

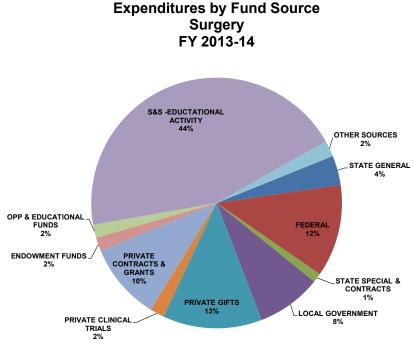
Source: School of Medicine, 7/7/2014.

Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2014-15 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$2,797,966	\$2,760,276	\$2,236,106	\$2,345,465	\$2,816,795	0.7%
TUITION & FEES	\$242,705	\$243,298	\$117,625	\$0	\$132,651	-45.3%
FEDERAL	\$9,891,597	\$11,195,754	\$10,122,527	\$8,843,362	\$8,774,091 ²	-11.3%
STATE SPECIAL & CONTRACTS	\$121,330	\$220,646	\$380,565	\$566,271	\$879,456 ²	624.8%
LOCAL GOVERNMENT	\$2,818,996	\$4,214,222	\$5,465,481	\$5,101,958	\$6,154,201 ²	118.3%
PRIVATE GIFTS	\$7,113,815	\$7,909,639	\$7,417,370	\$8,884,586	\$9,445,468	32.8%
PRIVATE CLINICAL TRIALS	\$1,479,710	\$1,138,501	\$1,457,013	\$586,607	\$1,364,680 ²	-7.8%
PRIVATE CONTRACTS & GRANTS	\$3,741,893	\$4,473,887	\$6,427,873	\$6,852,961	\$7,339,239 ²	96.1%
ENDOWMENT FUNDS	\$1,289,935	\$1,270,792	\$1,355,248	\$1,569,996	\$1,304,808	1.2%
OPP & EDUCATIONAL FUNDS	\$494,949	\$402,563	\$418,616	\$541,000	\$1,244,342	151.4%
S&S -EDUCTATIONAL ACTIVITY	\$15,632,082	\$15,605,172	\$16,953,979	\$19,524,682	\$32,905,370	110.5%
OTHER SOURCES	\$1,627,285	\$1,465,745	\$1,411,891	\$714,131	\$1,519,775	-6.6%
RESERVES	\$0	\$891	\$89	\$1,085	\$0	0.0%
AGENCY FUNDS	\$0	\$0	\$0	\$0	\$10,490	0.0%
Total:	\$47,252,262	\$50,901,386	\$53,764,385	\$55,532,104	\$73,891,365	56.4%

Total Expenditures by Fund Source SURGERY

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".



Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 SURGERY

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$8,774,091	\$6,640,323	\$3,238,372	48.77%
CIRM	\$598,419	\$584,008	\$209,914	35.94%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$281,037	\$257,081	\$0	0.00%
Local Government	\$6,154,201	\$6,154,201	\$21,989	0.36%
Private Clinical Trials	\$1,364,680	\$1,343,815	\$334,935	24.92%
Private Contracts & Grants	\$7,339,239	\$6,406,639	\$1,870,179	29.19%
Total:	\$24,511,665	\$21,386,066	\$5,675,388	26.54%

NIH Awards - FY 2013-14

SURGERY

]	Number	Amount
RPGs - Non SBIR/STTR	20	\$10,147,625
Research Centers	0	\$0
Other Research-Related	4	\$556,257
Training - Individual	3	\$147,951
Training - Institutional	0	\$0
Total:	27	\$10,851,833

DEPARTMENT OF UROLOGY

- Chair Carroll, Peter R., M.D., MPH
- Business Officer Ghanem, Nabil
- Website http://urology.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 UROLOGY

Staff		Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
23	6	61	14	104

Source: UCSF Human Resources

Source: School of Medicine, 7/7/2014.

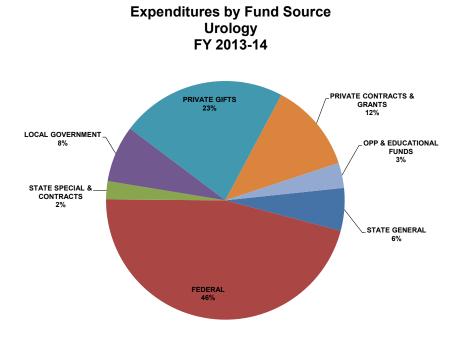
Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$826,431	\$840,735	\$773,620	\$657,171	\$654,165	-20.8%
TUITION & FEES	(\$76,386)	(\$3,792)	\$6,744	\$0	\$0	-100.0%
FEDERAL	\$2,952,637	\$3,235,695	\$3,639,796	\$4,360,687	\$5,186,592 ²	75.7%
STATE SPECIAL & CONTRACTS	\$1,075,256	\$678,153	\$510,250	\$347,884	\$279,334 ²	-74.0%
LOCAL GOVERNMENT	\$374,151	\$526,252	\$770,991	\$720,931	\$865,438 ²	131.3%
PRIVATE GIFTS	\$1,547,128	\$1,627,778	\$1,633,291	\$1,928,252	\$2,538,267	64.1%
PRIVATE CLINICAL TRIALS	\$64,157	\$28,666	\$0	\$0	\$0	-100.0%
PRIVATE CONTRACTS & GRANTS	\$791,376	\$1,433,754	\$1,596,639	\$1,797,654	\$1,370,556 ²	73.2%
ENDOWMENT FUNDS	\$186,717	\$101,184	\$208,860	\$83,152	\$119,857	-35.8%
OPP & EDUCATIONAL FUNDS	\$138,066	\$127,123	\$129,169	\$156,270	\$385,067	178.9%
S&S -EDUCTATIONAL ACTIVITY	(\$591,049)	(\$430,495)	(\$122,549)	(\$1,416,893)	\$26,964	-104.6%
OTHER SOURCES	\$192,713	\$198,573	\$202,022	\$0	\$4,065	-97.9%
Total:	\$7,481,196	\$8,363,625	\$9,348,834	\$8,635,109	\$11,430,306	52.8%

Total Expenditures by Fund Source UROLOGY

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX



Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 UROLOGY

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$5,186,592	\$5,009,270	\$2,265,184	45.22%
CIRM	\$279,334	\$265,231	\$100,718	37.97%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$865,438	\$865,438	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$1,370,556	\$1,368,723	\$306,156	22.37%
Total:	\$7,701,919	\$7,508,661	\$2,672,058	35.59%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

UROLOGY

Г	Number	Amount
RPGs - Non SBIR/STTR	10	\$4,147,917
Research Centers	3	\$532,344
Other Research-Related	1	\$379,136
Training - Individual	3	\$165,570
Training - Institutional	0	\$0
Total:	17	\$5,224,967

INTERDISCIPLINARY CENTERS AND PROGRAMS

AIDS RESEARCH INSTITUTE

- Director Greenspan, John , BDS, PhD
- Business Officer Beach, Alan
- Website http://ari.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 AIDS RESEARCH INSTITUTE

Staff		Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
8	3			11

Source: UCSF Human Resources

Source: AIDS Research Institute 12/15/2011

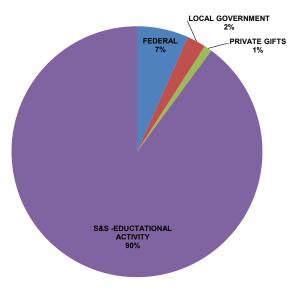
Fund Source	2009-10 Year 1	2010-11 Year 2	2011-12 Year 3	2012-13 Year 4	2013-14 ¹ Year 5	% Change Year 1 to Year 5
FEDERAL	\$132,454	\$123,224	\$132,481	\$120,770	\$159,938 ²	20.7%
STATE SPECIAL & CONTRACTS	(\$706)	\$0	\$0	\$0	\$0 ²	-100.0%
LOCAL GOVERNMENT	\$104,735	\$51,727	\$54,870	\$54,569	\$59,158 ²	-43.5%
PRIVATE GIFTS	\$245,734	\$57,558	\$39,311	\$4,251	\$24,330	-90.1%
PRIVATE CONTRACTS & GRANTS	\$1,877	\$1,462	\$0	\$0	\$0 ²	-100.0%
ENDOWMENT FUNDS	\$176,416	\$178,219	\$114,683	\$11,858	\$0	-100.0%
OPP & EDUCATIONAL FUNDS	\$7,028	\$5,155	\$4,155	\$3,808	\$9,195	30.8%
S&S -EDUCTATIONAL ACTIVITY	\$733,042	\$880,157	\$1,181,105	\$1,553,599	\$2,166,669	195.6%
OTHER SOURCES	\$0	\$0	\$0	\$0	\$3,848	0.0%
Total:	\$1,400,580	\$1,297,502	\$1,526,605	\$1,748,856	\$2,423,137	73.0%

Total Expenditures by Fund Source AIDS Research Institute

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".





Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 AIDS Research Institute

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)		OH % MTDC
Federal	\$159,938	\$150,939	\$43,423	28.77%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$59,158	\$59,158	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$0	\$0	\$0	0.00%
Total:	\$219,097	\$210,097	\$43,423	20.67%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

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/

CENTER FOR HEALTH AND COMMUNITY

- Director Adler, Nancy
- Website http://chc.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 CENTER FOR HEALTH AND COMMUNITY

Staff		Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
6	6	6		18

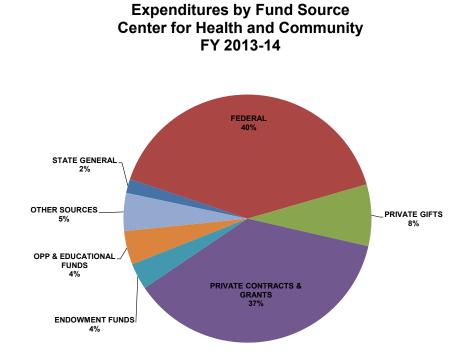
Source: Center for Health and Community website, 8/16/2011

Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$105,521	\$173,034	\$128,563	\$68,903	\$69,858	-33.8%
FEDERAL	\$452,495	\$1,165,986	\$1,202,061	\$1,132,816	\$1,526,059 ²	237.3%
STATE SPECIAL & CONTRACTS	(\$32)	\$0	\$0	\$0	\$0	-100.0%
PRIVATE GIFTS	\$59,140	\$167,492	\$287,754	\$294,255	\$304,480	414.8%
PRIVATE CONTRACTS & GRANTS	\$1,280,694	\$1,281,561	\$1,266,028	\$1,020,715	\$1,397,923 ²	9.2%
ENDOWMENT FUNDS	\$32,079	\$43,010	\$87,077	\$87,206	\$130,254	306.0%
OPP & EDUCATIONAL FUNDS	\$34,422	\$32,687	\$47,747	\$78,854	\$166,346	383.3%
S&S -EDUCTATIONAL ACTIVITY	\$103,853	\$13,824	(\$111,402)	(\$1,868)	(\$39,146)	-137.7%
OTHER SOURCES	\$0	\$2,623	\$6,475	\$93,276	\$186,975	0.0%
Total:	\$2,068,173	\$2,880,217	\$2,914,303	\$2,774,157	\$3,742,750	81.0%

Total Expenditures by Fund Source CENTER FOR HEALTH AND COMMUNITY

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".



Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 CENTER FOR HEALTH AND COMMUNITY

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$1,526,059	\$1,154,217	\$638,791	55.34%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$1,397,923	\$1,056,109	\$159,295	15.08%
Total:	\$2,923,982	\$2,210,325	\$798,086	36.11%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

CENTER FOR HEALTH AND COMMUNITY

]	Number	Amount
RPGs - Non SBIR/STTR	1	\$630,512
Research Centers	0	\$0
Other Research-Related	0	\$0
Training - Individual	0	\$0
Training - Institutional	0	\$0
Total:	1	\$630,512

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
- Deputy Director and CIO, CTSI Maninder Kahlon, PhD
- Website http://ctsi.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 CTSI

St	aff	Academic		Grand
Full Time	Part Time	Full Time	Part Time	Total
68	14			82

Source: UCSF Human Resources

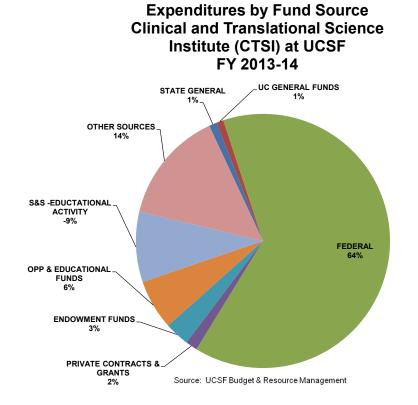
Source: CTSI - 8/25/2011.

Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
\$390,524	\$1,363,450	\$743,362	\$161,688	\$316,547	-18.9%
\$0	\$0	\$0	\$0	\$285,145	0.0%
\$0	\$0	\$0	\$0	\$1	0.0%
\$16,547,243	\$16,254,729	\$19,963,662	\$21,381,418	\$20,348,174 ²	23.0%
\$0	\$0	\$0	\$0	\$10 ²	0.0%
\$13,612	\$222,453	\$2,404	\$126,006	\$126,773	831.3%
\$10,039	\$0	\$213,823	\$158,021	\$476,726 ²	4648.6%
\$275,623	\$302,279	\$1,451,802	\$1,336,830	\$999,729	262.7%
\$74,253	\$987,768	\$573,756	\$943,374	\$2,025,418	2627.7%
(\$1,446,867)	\$1,207,882	\$1,666,331	\$3,049,888	(\$2,854,317)	97.3%
\$0	\$0	\$0	\$0	\$127	0.0%
\$46,588	\$1,050,798	\$1,756,084	\$2,667,302	\$4,572,986	9715.8%
\$15,911,016	\$21,389,360	\$26,371,225	\$29,824,527	\$26,297,318	65.3%
	\$0 \$0 \$16,547,243 \$0 \$13,612 \$10,039 \$275,623 \$74,253 (\$1,446,867) \$0 \$46,588	\$0 \$0 \$0 \$0 \$16,547,243 \$16,254,729 \$0 \$0 \$13,612 \$222,453 \$10,039 \$0 \$275,623 \$302,279 \$74,253 \$987,768 (\$1,446,867) \$1,207,882 \$0 \$0 \$46,588 \$1,050,798	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$16,547,243 \$16,254,729 \$19,963,662 \$0 \$0 \$0 \$0 \$0 \$13,612 \$222,453 \$2,404 \$10,039 \$0 \$213,823 \$275,623 \$302,279 \$1,451,802 \$74,253 \$987,768 \$573,756 (\$1,446,867) \$1,207,882 \$1,666,331 \$0 \$0 \$0 \$46,588 \$1,050,798 \$1,756,084	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$16,547,243 \$16,254,729 \$19,963,662 \$21,381,418 \$0 \$0 \$0 \$13,612 \$222,453 \$2,404 \$126,006 \$110,039 \$0 \$213,823 \$158,021 \$275,623 \$302,279 \$1,451,802 \$1,336,830 \$74,253 \$987,768 \$573,756 \$943,374 \$1,466,867) \$1,207,882 \$1,666,331 \$3,049,888 \$0 \$0 \$0 \$46,588 \$1,050,798 \$1,756,084 \$2,667,302 \$146,584 \$2,667,302	\$0 \$0 \$0 \$0 \$0 \$285,145 \$0 \$0 \$0 \$0 \$0 \$1 \$16,547,243 \$16,254,729 \$19,963,662 \$21,381,418 \$20,348,174 2 \$0 \$0 \$0 \$0 \$0 \$10 2 \$13,612 \$222,453 \$2,404 \$126,006 \$126,773 \$10,039 \$0 \$213,823 \$158,021 \$476,726 2 \$275,623 \$302,279 \$1,451,802 \$1,336,830 \$999,729 \$74,253 \$987,768 \$573,756 \$943,374 \$2,025,418 \$1,446,867) \$1,207,882 \$1,666,331 \$3,049,888 \$2,854,317) \$0 \$0 \$127 \$46,588 \$1,050,798 \$1,756,084 \$2,667,302 \$4,572,986 \$4,572,986

Total Expenditures by Fund Source CLINICAL AND TRANSLATIONAL SCIENCE INSTITUTE (CTSI) AT UCSF

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".



Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 CLINICAL AND TRANSLATIONAL SCIENCE INSTITUTE (CTSI) AT UCSF

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$20,348,174	\$16,304,142	\$2,769,750	16.99%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$10	\$10	\$1	8.04%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$476,726	\$391,494	\$51,915	13.26%
Total:	\$20,824,909	\$16,695,646	\$2,821,666	16.90%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

CTSI

]	Number	Amount
RPGs - Non SBIR/STTR	0	\$0
Research Centers	0	\$0
Other Research-Related	1	\$2,858,500
Training - Individual	0	\$0
Training - Institutional	0	\$0
Total:	1	\$2,858,500

ELI AND EDYTHE BROAD CENTER FOR REGENERATION MEDICINE AND STEM CELL RESEARCH

- Director- Kriegstein, Arnold
- Business Officer Louie, Stephanie
- Website http://stemcell.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 ELI AND EDYTHE BROAD CENTER FOR REGENERATION MEDICINE AND STEM CELL RESEARCH

St	aff	Academic		Grand
Full Time	Part Time	Full Time	Part Time	Total
9	1	32	6	48

Source: UCSF Human Resources

Source: Eli and Edythe Broad Center for Regeneration Medicine and Stem Cell Research, 9/20/2012

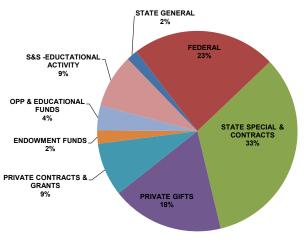
Total Expenditures by Fund Source ELI AND EDYTHE BROAD CENTER FOR REGENERATION MEDICINE AND STEM CELL RESEARCH

Fund Source	FY 2010-11 Year 1	FY 2011-12 Year 2	FY 2012-13 Year 3	FY 2013-14 Year 4	% Change Year 1 to Year 2
STATE GENERAL	\$356,351	\$315,548	\$210,387	\$184,996	-48.1%
FEDERAL	\$2,479,913	\$2,974,129	\$2,999,327	\$2,356,478 ²	-5.0%
STATE SPECIAL & CONTRACTS	\$3,865,244	\$2,716,230	\$3,127,483	\$3,378,669 ²	-12.6%
PRIVATE GIFTS	\$1,474,103	\$1,359,414	\$1,591,891	\$1,833,482	24.4%
PRIVATE CONTRACTS & GRANTS	\$1,704,685	\$1,041,102	\$821,418	\$872,426 ²	-48.8%
ENDOWMENT FUNDS	\$0	\$67,046	\$9,776	\$216,509	0.0%
OPP & EDUCATIONAL FUNDS	\$156,496	\$182,694	\$164,551	\$404,317	158.4%
S&S -EDUCTATIONAL ACTIVITY	\$303,474	\$395,451	\$503,241	\$878,075	189.3%
OTHER SOURCES	\$0	\$0	\$0	\$3,587	0.0%
Total:	\$10,340,266	\$9,051,614	\$9,428,073	\$10,128,539	-2.0%

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".





Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 ELI AND EDYTHE BROAD CENTER FOR REGENERATION MEDICINE AND STEM CELL RESEARCH

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$2,356,478	\$2,149,263	\$1,205,690	56.10%
CIRM	\$3,378,669	\$2,669,646	\$874,489	32.76%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$872,426	\$837,137	\$188,296	22.49%
Total:	\$6,607,573	\$5,656,045	\$2,268,476	40.11%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

ELI AND EDYTHE BROAD CENTER FOR REGENERATION MEDICINE AND STEM CELL RESEARCH

	Number	Amount
RPGs - Non SBIR/STTR	1	\$378,525
Research Centers	0	\$0
Other Research-Related	0	\$0
Training - Individual	0	\$0
Training - Institutional	0	\$0
Total:	1	\$378,525

OSHER CENTER FOR INTEGRATIVE MEDICINE

Leadership

- Margaret A. Chesney, PhD, Director of UCSF Osher Center
- Frederick (Rick) Hecht, MD, Director of Research Programs
- Shelley Adler, PhD, Director of Education Program
- Kevin Barrows MD, Director of Clinical Program

FY 2013-14 Headcount as of 4/1/14 OSHER CENTER FOR INTEGRATIVE MEDICINE

St	Staff		Academic		
Full Time	Part Time	Full Time	Part Time	Total	
13	6	4		23	

Source: UCSF Human Resources

Source: Osher Center for Integrative Medicine, 10/8/2012

Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$0	\$0	\$5,000	\$0	\$0	-100.0%
FEDERAL	\$2,166,849	\$2,247,844	\$2,598,446	\$2,311,384	\$2,586,050 ²	43.0%
PRIVATE GIFTS	\$1,808,581	\$1,855,821	\$1,627,110	\$1,210,170	\$1,006,406	211.9%
PRIVATE CONTRACTS & GRANTS	\$322,667	\$379,433	\$467,170	\$548,946	\$487,951 ²	605.6%
ENDOWMENT FUNDS	\$7,311	\$4,125	\$0	\$715,559	\$421,890	-20.5%
OPP & EDUCATIONAL FUNDS	\$69,151	\$69,287	\$70,656	\$96,326	\$107,482	0.0%
S&S -EDUCTATIONAL ACTIVITY	\$530,415	\$617,513	\$439,143	\$3,301	\$227,931	80.2%
OTHER SOURCES	\$126,469	\$153,772	\$150,678	\$186,996	\$245,211	-95.1%
RESERVES	\$0	\$0	\$0	\$256	\$0	0.0%
Total:	\$5,031,441	\$5,327,795	\$5,358,203	\$5,072,937	\$5,082,921	0.0%

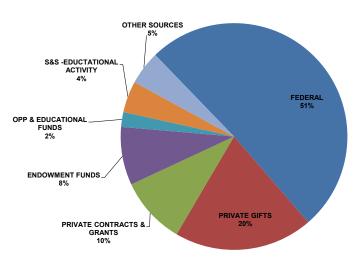
Total Expenditures by Fund Source OSHER CENTER FOR INTEGRATIVE MEDICINE

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX





Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 OSHER CENTER FOR INTEGRATIVE MEDICINE

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$2,121,861	\$1,831,886	\$456,121	24.90%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$479,917	\$479,918	\$19,002	3.96%
Total:	\$2,601,779	\$2,311,803	\$475,123	20.55%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

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

WHEELER CENTER FOR THE NEUROBIOLOGY OF ADDICTION

- Director Fields, Howard, MD, PhD
- Administrator Veitch, Patricia
- Website http://physio.ucsf.edu/wheeler//

Source: Wheeler Center 8/24/2011

ORGANIZED RESEARCH UNITS

University of California, San Francisco Institutional Profile - FY 2013-14 School/Department Profiles - School of Medicine Cardiovascular Research Institute

CARDIOVASCULAR RESEARCH INSTITUTE

- Chair Coughlin, Shaun R, M.D., Ph.D.
- Business Officer Estrada, Clarice, M.P.A.
- Website http://www.cvri.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 CARDIOVASCULAR RESEARCH INSTITUTE (CVRI)

Caree	r Staff	Academic		Grand
Full Time	Part Time	Full Time	Part Time	Total
78	8	89	21	196

Source: UCSF Human Resources

Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$785,436	\$759,751	\$828,312	\$597,733	\$651,937	-17.0%
UC GENERAL FUNDS	\$0	\$0	\$0	\$0	\$62,373	0.0%
TUITION & FEES	\$0	\$964	\$2,785	\$0	\$0	0.0%
FEDERAL	\$12,935,539	\$15,079,781	\$18,397,892	\$16,833,830	\$16,417,281 ²	26.9%
STATE SPECIAL & CONTRACTS	\$1,035,974	\$959,940	\$166,140	\$265,425	\$482,929 ²	-53.4%
PRIVATE GIFTS	\$2,767,787	\$2,609,040	\$2,636,377	\$3,124,737	\$3,869,112	39.8%
PRIVATE CLINICAL TRIALS	\$184,064	\$112,638	\$112,768	\$224,150	\$52,675 ²	-71.4%
PRIVATE CONTRACTS & GRANTS	\$6,450,502	\$5,603,916	\$5,933,871	\$5,606,575	\$5,179,651 ²	-19.7%
ENDOWMENT FUNDS	\$2,916,714	\$3,409,159	\$4,905,358	\$4,022,112	\$6,380,757	118.8%
OPP & EDUCATIONAL FUNDS	\$625,507	\$685,075	\$695,160	\$778,043	\$1,875,325	199.8%
S&S -EDUCTATIONAL ACTIVITY	\$3,702,888	\$4,264,489	\$3,464,876	\$3,284,418	\$6,019,001	62.5%
OTHER SOURCES	\$14,497	\$2,260	\$42,141	(\$2)	(\$39)	-100.3%
RESERVES	\$0	\$0	\$4,021	\$0	\$0	0.0%
Total	\$31,418,909	\$33,487,013	\$37,189,701	\$34,737,020	\$40,991,002	30.5%

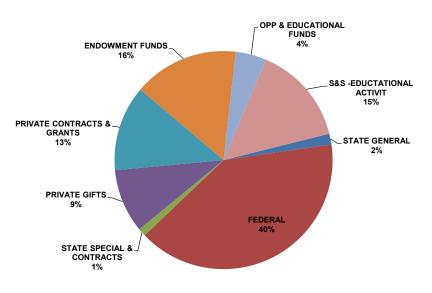
Total Expenditures by Fund Source CARDIOVASCULAR RESEARCH INSTITUTE

Source: Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX





Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 CARDIOVASCULAR RESEARCH INSTITUTE

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$16,417,281	\$13,878,353	\$6,981,835	50.31%
CIRM	\$310,638	\$310,638	\$168,366	54.20%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$172,291	\$172,291	\$3,087	1.79%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$52,675	\$51,608	\$47,613	92.26%
Private Contracts & Grants	\$5,179,651	\$5,026,951	\$1,450,126	28.85%
Total:	\$22,132,536	\$19,439,841	\$8,651,027	44.50%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

CARDIOVASCULAR RESEARCH INSTITUTE

]	Number	Amount
RPGs - Non SBIR/STTR	17	\$7,935,139
Research Centers	0	\$0
Other Research-Related	2	\$234,576
Training - Individual	3	\$181,338
Training - Institutional	2	\$795,429
Total:	24	\$9,146,482

CENTER FOR REPRODUCTIVE SCIENCES

- Director Conti, Marco, M.D.
- Business Officer Horning, Dixie D.
- Website https://obgyn.ucsf.edu/crs/

DIABETES CENTER

- Chair Hebrok, Matthias, Ph.D.
- Business Officer Kenaani, Mounira
- Website http://diabetes.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 DIABETES CENTER

Staff		Academic		Grand
Full Time	Part Time	Full Time	Part Time	Total
78	3	40	10	131

Source: UCSF Human Resources

Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$525,783	\$582,125	\$518,193	\$426,866	\$552,473	5.1%
UC GENERAL FUNDS	\$0	\$0	\$0	\$0	\$106,481	0.0%
FEDERAL	\$30,632,149	\$30,665,813	\$35,352,489	\$33,225,298	\$30,548,118 ²	-0.3%
STATE SPECIAL & CONTRACTS	\$187,125	\$244,328	\$566,893	\$585,233	\$255,436 ²	36.5%
PRIVATE GIFTS	\$1,056,492	\$1,550,892	\$2,015,085	\$1,890,544	\$2,680,688	153.7%
PRIVATE CLINICAL TRIALS	\$336,140	\$319,305	\$117,545	\$223,704	\$382,540 ²	13.8%
PRIVATE CONTRACTS & GRANTS	\$13,187,424	\$8,537,023	\$6,980,936	\$6,289,934	\$6,565,696 ²	-50.2%
ENDOWMENT FUNDS	\$27,367	\$0	\$14,610	\$14,648	\$32,123	17.4%
OPP & EDUCATIONAL FUNDS	\$2,481,994	\$2,434,001	\$1,845,510	\$1,379,940	\$2,137,716	-13.9%
S&S -EDUCTATIONAL ACTIVITY	\$202,342	(\$565,106)	(\$27,951)	\$489,990	(\$49,472)	-124.4%
OTHER SOURCES	(\$50,739)	\$153,882	\$17,838	\$313,422	\$130,773	-357.7%
RESERVES	\$0	\$0	\$0	\$0	(\$10,287)	0.0%
UNIVERSITY FUNDS	\$0	\$0	\$0	\$0	(\$1,209)	0.0%
Total:	\$48,586,077	\$43,922,263	\$47,401,148	\$44,839,579	\$43,331,077	-10.8%

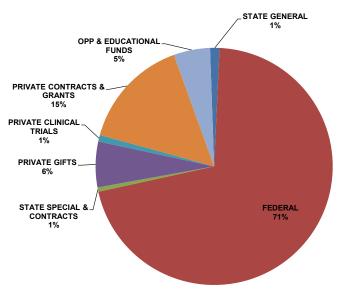
Total Expenditures by Fund Source DIABETES CENTER

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX





Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 DIABETES CENTER

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$30,548,118	\$15,870,925	\$7,678,605	48.38%
CIRM	\$255,436	\$250,013	\$102,573	41.03%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$382,540	\$382,540	\$115,509	30.20%
Private Contracts & Grants	\$6,565,696	\$5,420,739	\$1,135,868	20.95%
Total:	\$37,751,790	\$21,924,217	\$9,032,554	41.20%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

DIABETES CENTER

[Number	Amount
RPGs - Non SBIR/STTR	20	\$7,772,675
Research Centers	1	\$1,313,250
Other Research-Related	0	\$0
Training - Individual	2	\$112,228
Training - Institutional	1	\$507,617
Total:	24	\$9,705,770

HELEN DILLER FAMILY COMPREHENSIVE CANCER CENTER

- Chair Carroll, Peter R., MD
- Business Officer Cunningham, Thomas (campus), Shields, Gerrie (Medical Center)
- Website http://cancer.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 HELEN DILLER FAMILY COMPREHENSIVE CANCER CENTER

St	Staff Academic		Academic	
Full Time	Part Time	Full Time	Part Time	Total
149	6	24	9	188

Source: UCSF Human Resources

Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$463,875	\$286,668	\$271,879	\$207,024	\$144,852	-68.8%
TUITION & FEES	\$0	\$0	(\$281)	\$3	\$0	0.0%
FEDERAL	\$9,134,016	\$10,143,705	\$7,928,317	\$7,333,918	\$6,849,820 ²	-25.0%
STATE SPECIAL & CONTRACTS	(\$19,707)	\$0	\$0	\$0	\$0	-100.0%
PRIVATE GIFTS	\$6,677,834	\$6,478,566	\$9,086,189	\$7,581,480	\$7,764,639	16.3%
PRIVATE CLINICAL TRIALS	\$71,998	\$512,843	\$93,628	\$0	\$0	-100.0%
PRIVATE CONTRACTS & GRANTS	\$1,656,656	\$1,839,423	\$1,781,943	\$1,763,599	\$1,644,719 ²	-0.7%
ENDOWMENT FUNDS	\$1,603,145	\$1,479,023	\$1,315,736	\$1,590,229	\$1,143,605	-28.7%
OPP & EDUCATIONAL FUNDS	\$550,827	\$423,130	\$490,391	\$440,552	\$680,596	23.6%
S&S -EDUCTATIONAL ACTIVITY	\$31,340	\$921,205	\$658,121	\$958,784	\$3,337,983	10550.9%
S&S -AUXILIARIES	\$0	\$0	\$0	\$0	\$57	0.0%
OTHER SOURCES	(\$304,117)	\$227,696	(\$217,286)	\$72,004	\$8,728	-102.9%
RESERVES	\$51,260	\$63,003	\$5,531	\$2,732	\$64,402	25.6%
AGENCY FUNDS	\$0	\$0	\$0	\$0	\$107	0.0%
Total:	\$19,917,127	\$22,375,260	\$21,414,170	\$19,950,326	\$21,639,508	8.6%

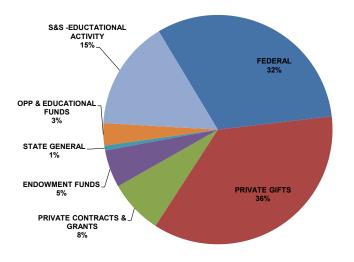
Total Expenditures by Fund Source HELEN DILLER FAMILY COMPREHENSIVE CANCER CENTER

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX





UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 HELEN DILLER FAMILY COMPREHENSIVE CANCER CENTER

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$6,849,820	\$6,451,848	\$3,720,539	57.67%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$1,644,719	\$1,622,558	\$568,887	35.06%
Total:	\$8,494,540	\$8,074,405	\$4,289,426	53.12%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

HELEN DILLER FAMILY COMPREHENSIVE CANCER CENTER

	Number	Amount
RPGs - Non SBIR/STTR	7	\$1,970,880
Research Centers	5	\$7,720,207
Other Research-Related	0	\$0
Training - Individual	2	\$72,182
Training - Institutional	0	\$0
Total:	14	\$9,763,269

HOOPER FOUNDATION

- Director Bishop, J. Michael, M.D.
- Business Officer Stauffer, Grace A
- Website http://hooper.ucsf.edu/hooper/home.html

FY 2013-14 Headcount as of 4/1/14 HOOPER FOUNDATION

Staff		Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
6	2	7		15

Source: UCSF Human Resources

FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
\$342,880	\$615,806	\$609,518	\$478,493	\$482,138	40.6%
\$866,211	\$621,747	\$1,376	(\$264)	\$0 ²	-100.0%
(\$11)	\$0	\$0	\$0	\$0 ²	-100.0%
\$155,364	\$48,533	\$585,558	\$541,889	\$480,934	209.6%
\$314,198	\$203,999	(\$1,176)	\$0	\$0 ²	-100.0%
\$1,320,576	\$1,117,076	\$1,143,907	\$1,102,108	\$1,275,465	-3.4%
\$34,955	\$16,958	\$44,056	\$257	\$0	-100.0%
\$2,165	\$121,841	\$45,089	\$4,892	\$5,234	141.8%
\$0	\$0	\$0	\$0	\$318	0.0%
\$3,036,339	\$2,745,960	\$2,428,329	\$2,127,375	\$2,244,088	-26.1%
	Year 1 \$342,880 \$866,211 (\$11) \$155,364 \$314,198 \$1,320,576 \$34,955 \$2,165 \$0	Year 1 Year 2 \$342,880 \$615,806 \$866,211 \$621,747 (\$11) \$0 \$155,364 \$48,533 \$314,198 \$203,999 \$1,320,576 \$1,117,076 \$34,955 \$16,958 \$2,165 \$121,841 \$0 \$0	Year 1 Year 2 Year 3 \$342,880 \$615,806 \$609,518 \$866,211 \$621,747 \$1,376 (\$11) \$0 \$0 \$155,364 \$48,533 \$585,558 \$314,198 \$203,999 (\$1,176) \$1,320,576 \$1,117,076 \$1,143,907 \$34,955 \$16,958 \$44,056 \$2,165 \$121,841 \$45,089 \$0 \$0 \$0	Year 1 Year 2 Year 3 Year 4 \$342,880 \$615,806 \$609,518 \$478,493 \$866,211 \$621,747 \$1,376 (\$264) (\$11) \$0 \$0 \$0 \$155,364 \$48,533 \$585,558 \$541,889 \$314,198 \$203,999 (\$1,176) \$0 \$1,320,576 \$1,117,076 \$1,143,907 \$1,102,108 \$34,955 \$16,958 \$44,056 \$257 \$2,165 \$121,841 \$45,089 \$4,892 \$0 \$0 \$0 \$0	Year 1 Year 2 Year 3 Year 4 Year 5 \$342,880 \$615,806 \$609,518 \$478,493 \$482,138 \$866,211 \$621,747 \$1,376 (\$264) \$0 ² (\$11) \$0 \$0 \$0 \$0 ² \$155,364 \$48,533 \$585,558 \$541,889 \$480,934 \$314,198 \$203,999 (\$1,176) \$0 \$0 ² \$1,320,576 \$1,117,076 \$1,143,907 \$1,102,108 \$1,275,465 \$34,955 \$16,958 \$44,056 \$257 \$0 \$2,165 \$121,841 \$45,089 \$4,892 \$5,234 \$0 \$0 \$0 \$0 \$318

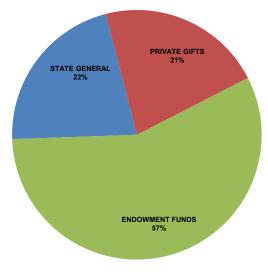
Total Expenditures by Fund Source HOOPER FOUNDATION

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX





Source: UCSF Budget & Resource Management

INSTITUTE FOR HUMAN GENETICS

- Director Risch, Neil, Ph.D
- Assistant Director Woldin, Lisa M.
- Website http://www.humgen.medschool.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 INSTITUTE FOR HUMAN GENETICS

St	aff	Acac	Grand	
Full Time	Part Time	Full Time	Part Time	Total
18	1	3		22

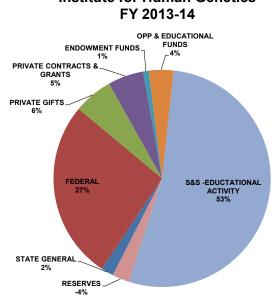
Source: UCSF Human Resources

Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$165,809	\$184,426	\$167,708	\$144,199	\$139,834	-15.7%
FEDERAL	\$866,813	\$921,773	\$1,422,087	\$2,045,872	\$2,015,180 ²	132.5%
PRIVATE GIFTS	\$36,159	\$30,850	\$111,042	\$1,021,818	\$439,978	1116.8%
PRIVATE CONTRACTS & GRANTS	\$3,572,472	\$4,783,597	\$2,184,136	\$1,296,147	\$400,276 ²	-88.8%
ENDOWMENT FUNDS	\$210,981	\$335,294	\$284,828	(\$9,719)	\$64,303	-69.5%
OPP & EDUCATIONAL FUNDS	\$58,333	\$91,662	\$143,245	\$143,454	\$277,256	375.3%
S&S -EDUCTATIONAL ACTIVITY	\$636,185	\$516,847	\$602,881	\$722,504	\$4,019,131	531.8%
OTHER SOURCES	(\$156,288)	\$155,806	\$10,532	\$1,310,566	\$9,700	-106.2%
RESERVES	\$0	\$0	\$0	\$0	(\$192,095)	0.0%
Total:	\$5,390,464	\$7,020,256	\$4,926,459	\$6,674,843	\$7,173,563	33.1%

Total Expenditures by Fund Source INSTITUTE FOR HUMAN GENETICS

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".



Expenditures by Fund Source Institute for Human Genetics FY 2013-14

Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 INSTITUTE FOR HUMAN GENETICS

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$2,015,180	\$1,617,514	\$742,078	45.88%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$400,276	\$353,578	\$157,043	44.42%
Total:	\$2,415,456	\$1,971,093	\$899,121	45.62%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

INSTITUTE FOR HUMAN GENETICS

]	Number	Amount
RPGs - Non SBIR/STTR	5	\$2,896,974
Research Centers	0	\$0
Other Research-Related	2	\$1,062,156
Training - Individual	0	\$0
Training - Institutional	1	\$53,282
Total:	8	\$4,012,412

INSTITUTE FOR NEURODEGENERATIVE DISEASES

- Director Prusiner, Stanley B., M.D.
- Business Officer Welsh, Jessica, M.P.H.
- Website http://ind.universityofcalifornia.edu/

FY 2013-14 Headcount as of 4/1/14 INSTITUTE FOR NEURODEGENERATIVE DISEASES

Staff		Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
30	1	15		46

Source: UCSF Human Resources

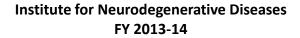
FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
\$1	\$500	\$0	\$0	\$0	-100.0%
\$4,111,846	\$3,241,268	\$3,441,434	\$3,467,633	\$4,678,934 ²	13.8%
\$2,896,528	\$2,589,216	\$4,366,446	\$2,506,183	\$1,886,981	-34.9%
\$1,695,006	\$3,176,935	\$1,919,131	\$1,825,858	\$2,070,839 ²	22.2%
\$0	\$0	\$41,268	\$11,250	\$3,934	0.0%
\$320,544	\$221,126	\$213,431	\$177,701	\$406,105	26.7%
\$243,987	\$90,500	\$380,414	\$90,951	\$590,089	141.9%
\$0	\$0	\$0	\$0	\$1,817,699	0.0%
\$0	\$9,313	\$2,272	\$5,000	(\$98,824)	0.0%
\$0	\$0	\$0	\$0	(\$205,016)	0.0%
\$9,267,912	\$9,328,858	\$10,364,396	\$8,084,577	\$11,150,741	20.3%
	Year 1 \$1 \$4,111,846 \$2,896,528 \$1,695,006 \$0 \$320,544 \$243,987 \$0 \$0 \$0 \$0 \$0 \$0	Year 1 Year 2 \$1 \$500 \$4,111,846 \$3,241,268 \$2,896,528 \$2,589,216 \$1,695,006 \$3,176,935 \$0 \$0 \$320,544 \$221,126 \$243,987 \$90,500 \$0 \$0 \$0 \$0 \$0 \$0 \$243,987 \$90,500 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Year 1 Year 2 Year 3 \$1 \$500 \$0 \$4,111,846 \$3,241,268 \$3,441,434 \$2,896,528 \$2,589,216 \$4,366,446 \$1,695,006 \$3,176,935 \$1,919,131 \$0 \$0 \$41,268 \$320,544 \$221,126 \$213,431 \$243,987 \$90,500 \$380,414 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$243,987 \$90,500 \$380,414 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Year 1 Year 2 Year 3 Year 4 \$1 \$500 \$0 \$0 \$4,111,846 \$3,241,268 \$3,441,434 \$3,467,633 \$2,896,528 \$2,589,216 \$4,366,446 \$2,506,183 \$1,695,006 \$3,176,935 \$1,919,131 \$1,825,858 \$0 \$0 \$41,268 \$11,250 \$320,544 \$221,126 \$213,431 \$177,701 \$243,987 \$90,500 \$380,414 \$90,951 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Year 1 Year 2 Year 3 Year 4 Year 5 \$1 \$500 \$0 \$0 \$0 \$0 \$4,111,846 \$3,241,268 \$3,441,434 \$3,467,633 \$4,678,934 ² \$2,896,528 \$2,589,216 \$4,366,446 \$2,506,183 \$1,886,981 \$1,695,006 \$3,176,935 \$1,919,131 \$1,825,858 \$2,070,839 ² \$0 \$0 \$41,268 \$11,250 \$3,934 \$320,544 \$221,126 \$213,431 \$177,701 \$406,105 \$243,987 \$90,500 \$380,414 \$90,951 \$590,089 \$0 \$0 \$0 \$0 \$1,817,699 \$0 \$0 \$0 \$0 \$1,817,699 \$0 \$0 \$0 \$0 \$1,817,699 \$0 \$0 \$0 \$0 \$0 \$20,016)

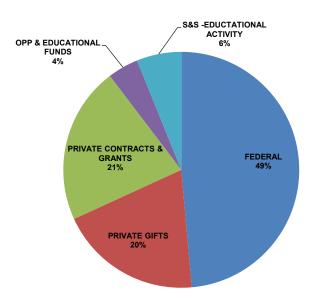
Total Expenditures by Fund Source INSTITUTE FOR NEURODEGENERATIVE DISEASES

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX





Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 INSTITUTE FOR NEURODEGENERATIVE DISEASES

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$4,678,934	\$3,603,915	\$1,949,396	54.09%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$2,070,839	\$2,052,417	\$530,860	25.87%
Total:	\$6,749,773	\$5,656,332	\$2,480,256	43.85%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

INSTITUTE FOR NEURODEGENERATIVE DISEASES

]	Number	Amount
RPGs - Non SBIR/STTR	5	\$3,173,757
Research Centers	0	\$0
Other Research-Related	0	\$0
Training - Individual	1	\$53,282
Training - Institutional	0	\$0
Total:	6	\$3,227,039

PHILIP R. LEE INSTITUTE FOR HEALTH POLICY STUDIES

- Chair Brindis, Claire D.
- Business Officer Fetto, Phyllis K.
- Website http://www.ihps.medschool.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 INSTITUTE FOR HEALTH POLICY STUDIES

St	aff	Acad	Academic	
Full Time	Part Time	Full Time	Part Time	Total
31	27	18	3	79

Source: UCSF Human Resources

Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$205,358	\$1,437,875	\$670,279	\$186,411	\$213,113	3.8%
FEDERAL	\$1,537,362	\$2,009,693	\$2,589,217	\$3,260,223	\$3,112,871 ²	102.5%
STATE SPECIAL & CONTRACTS	\$719,722	\$1,222,375	\$2,319,050	\$3,214,058	\$6,926,794 ²	862.4%
LOCAL GOVERNMENT	\$424,791	\$379,297	\$333,757	\$251,066	\$279,885 ²	-34.1%
PRIVATE GIFTS	\$118,778	\$22,742	\$54,794	\$112,457	\$127,440	7.3%
PRIVATE CONTRACTS & GRANTS	\$2,443,028	\$2,100,769	\$3,256,329	\$2,196,000	\$2,518,234 ²	3.1%
ENDOWMENT FUNDS	\$45,818	\$62,214	\$121,986	\$90,630	\$32,659	-28.7%
OPP & EDUCATIONAL FUNDS	\$115,765	\$113,619	\$138,889	\$246,820	\$450,405	289.1%
S&S -EDUCTATIONAL ACTIVITY	\$1,711,445	\$1,063,411	\$912,522	\$1,085,179	\$1,375,372	-19.6%
OTHER SOURCES	\$225,016	\$760,848	\$2,636,432	\$1,742,505	\$3,421,201	1420.4%
Total:	\$7,547,085	\$9,172,842	\$13,033,257	\$12,385,349	\$18,457,975	144.6%

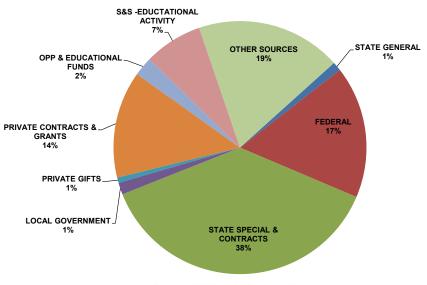
Total Expenditures by Fund Source INSTITUTE FOR HEALTH POLICY STUDIES

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX





Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 INSTITUTE FOR HEALTH POLICY STUDIES

[Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$3,112,871	\$2,887,716	\$1,155,958	40.03%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$6,381,113	\$2,634,616	\$424,315	16.11%
State Special Grants	\$545,681	\$517,181	\$12,959	2.51%
Local Government	\$279,885	\$279,885	\$33,810	12.08%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$2,518,234	\$2,140,295	\$264,995	12.38%
Total:	\$12,837,784	\$8,459,693	\$1,892,036	22.37%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

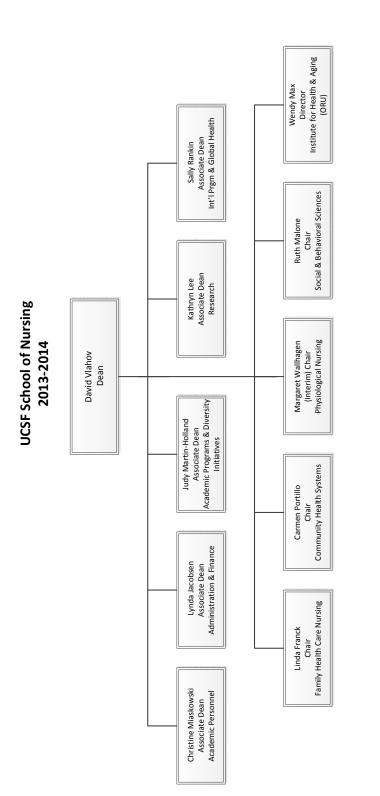
INSTITUTE FOR HEALTH POLICY STUDIES

Г	Number	Amount
RPGs - Non SBIR/STT	7	\$2,268,385
Research Centers	0	\$0
Other Research-Relate	0	\$0
Training - Individual	0	\$0
Training - Institutional	0	\$0
Total:	7	\$2,268,385

SCHOOL OF NURSING

Chapter Contents

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Family Health Care Nursing	500
Institute for Health and Aging	503
Physiological Nursing	506
Social and Behavioral Sciences	509



SCHOOL OF NURSING

Leadership

Dean

David Vlahov, PhD, RN, FAAN is Dean and Endowed Professor of Nursing Education, University of California, San Francisco, School of Nursing.

Dr. Vlahov earned a PhD in Epidemiology from The Johns Hopkins University, School of Hygiene and Public health, Baltimore, Maryland, a Master of Science degree as well as a Bachelor of Science in Nursing degree from the University of Maryland, School of Nursing, Baltimore, Maryland, and a Bachelor of Arts degree in History from Earlham College, Richmond, Indiana.

Dr. Vlahov has extensive experience in inter-professional and interdisciplinary education and research, having served on the faculty as Professor of Epidemiology at the Johns Hopkins and Columbia Universities, with adjuncts in Medical Schools at Cornell, Mount Sinai and New York University and the College of Nursing at New York University. He has also served as co-director of the Robert Wood Johnson Foundation Health and Society Scholars program.

Dr. Vlahov has research expertise in epidemiology, infectious diseases, substance abuse and mental health. Dr. Vlahov conducted studies of urban populations in Baltimore for over 20 years including several longitudinal cohort studies for which he received the NIH MERIT Award. More recently, Dr. Vlahov led epidemiologic studies in Harlem and the Bronx, which have served as a platform for subsequent individual- and community-level intervention studies and community based participatory research (involving partnerships with residents, community based organizations, academic/ public health departments) to address social determinants of health. This work has contributed information on racial/ethnic disparities in health and approaches to address such disparities.

Uniting these interests, Dr. Vlahov initiated the International Society for Urban Health (www. isuh.org), serving as its first President. He is a Visiting Professor at the Medical School in Belo Horizonte, Brazil to develop their programs in urban health, and is an expert consultant to the WHO's Urban Health Center in Kobe, Japan. He served on the New York City Board of Health. Dr. Vlahov is the editor-in-chief of the Journal of Urban Health, has edited three books on urban health and published over 610 scholarly papers.

In 2011 Dr. Vlahov was both elected to the Institute of Medicine and inducted as a Fellow of the American Academy of Nursing.

Source: School of Nursing, 12/16/2011

Christine Miaskowski Associate Dean, Academic Personnel

Lynda Jacobsen Associate Dean Administration & Finance

Judith Martin-Holland Associate Dean Academic Programs and Diversity Initiatives

Kathryn Lee Associate Dean Research

Sally Rankin Associate Dean International Program & Global Health

Linda Franck Chair Family Health Care Nursing

Carmen Portillo Chair Community Health Systems

Margaret Wallhagen (Interim) Chair Physiological Nursing

Ruth Malone Chair Social & Behavioral Sciences

Source: School of Nursing, 12/16/2011

Wendy Max

Director Institute for Health & Aging (ORU)

Source: School of Nursing 9/8/2010

VIA, SAN FRANCISCO	Y TYPE	(All Awards)	
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO	EXTRAMURAL AWARDS BY TYPE	07/01/2013 - 06/30/2014	SCHOOL OF NURSING

Date: 1/29/2015 – FINAL RESULTS

Source: UCSF Office of Sponsored Research

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FEDERAL SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds	жТ #
NIH Grants	10,122,313.00	7,322,503.00	2,799,810.00	19	29
Other DHHS Grants	4,115,642.00	3,869,335.00	246,307.00	13	20
NSF Grants	0.00	0.00	00.0	0	0
Other Federal Grants	875,000.00	807,169.00	67,831.00	-	2
NIH Contracts	0.00	0.00	00.0	0	0
Other DHHS Contracts	0.00	0.00	00.0	0	0
Other Federal Contracts	23,189.00	23,189.00	00.0	-	~
Subcontracts (excluding SBIR/STTR)	1,693,971.67	1,313,105.08	380,866.59	14	19
Subcontracts(SBIR/STTR)	0.00	0.00	00.0	0	0
Fellowships(All Federal Sources)	145,970.00	145,970.00	0.00	Ω	сı
Subtotal, Federal Sources	16,976,085.67	13,481,271.08	3,494,814.59	53	76
OTHER PUBLIC SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds	жТ #
City/County of San Francisco	0.00	0.00	00.0	0	0
Other Bay Area Public Agencies	191,305.00	166,353.00	24,952.00	-	-
California Dept Healthcare Services (DHS) ¹	3,484,900.00	3,178,270.00	306,630.00	6	14
Other State of California HHS Agencies ¹	1,256,558.00	1,082,445.00	174,113.00	9	6
Other State of California Public Agencies	0.00	0.00	00.0	-	-
Other Public Agencies	0.00	0.00	00.0	0	0
UC Programs ²	728,345.28	668,140.28	60,205.00	6	17
Subcontracts(all above prime sources)	152,133.00	103,777.00	48,356.00	5	9
Fellowships(all above sources)	0.0	0.00	0.00	0	0
Subtotal, Other Public Sources	5,813,241.28	5,198,985.28	614,256.00	31	48
Subtotal, Public Sources	22,789,326.95	18,680,256.36	4,109,070.59	84	124

University of California, San Francisco Institutional Profile - FY 2013-14 **School/Department Profiles - School of Nursing**

Note: Awards are selected for inclusion based on the budget period start date. Results include modifications, corrections, and after-the-fact actions processed through 3:00 pm 2/20/2014.

ΥT			Date: 1/29/	Date: 1/29/2015 – FINA
07/01/2013				
PRIVATE NON-PROFIT SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds
Grants	3,125,754.00	2,895,516.59	230,237.41	4
Contracts	209,415.00	198,576.00	10,839.00	С
Subcontracts	35,762.00	31,247.00	4,515.00	2
Fellowships	0.00	0.00	0.00	0
Subtotal, Private, Non-Profit Sources	3,370,931.00	3,125,339.59	245,591.41	19
PRIVATE FOR-PROFIT SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds
Grants	00.0	0.00	0.00	0
Contracts	183,727.00	118,917.00	64,810.00	-
Subcontracts	00.0	0.00	0.00	0
Fellowships	0.00	00.00	0.00	0
Subtotal, Private, For-Profit Sources	183,727.00	118,917.00	64,810.00	-
Subtotal, Private Sources	3,554,658.00	3,244,256.59	310,401.41	20

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Date: 1/29/2015 – FINAL RESULTS

Source: UCSF Office of Sponsored Research

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

University of California, San Francisco Institutional Profile - FY 2013-14 **School/Department Profiles - School of Nursing**

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URCs

OTHER agreements⁶

Award Advances⁵

Miscellaneous Agreement Types

Extensions

0.00

Total Dollars

0.00

Direct Costs

167

122

4,419,472.00

21,924,512.95

0.00

26,343,984.95

CUMULATIVE TOTAL Subtotal, Misc Agreement Types

0.00

0.00

0.00

×T#

#Awds

F&A Costs

Note: Awards are selected for inclusion based on the budget period start date. Results include modifications, corrections, and after-the-fact actions processed through 3:00 pm 2/20/2014.

FY 2013-14 Headcount as of 4/1/14 SCHOOL OF NURSING

	Staff		Acade	mic	Grand Total
Department	FT	PT	FT	PT	
N_Community Health Systems	9	10	20	16	55
N_Dean's Office	26	1	3	23	53
N_Family Health Care Nursing	7	6	19	23	55
N_Institute for Health Aging	11	8	11	10	40
N_Physiological Nursing	10	6	20	10	46
N_Social Behavioral Sciences	5	2	16	12	35
Total	68	33	89	94	284

Source: UCSF Human Resources

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 SCHOOL OF NURSING

[Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$14,222,156	\$9,363,470	\$3,259,178	34.81%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$3,515,178	\$3,040,557	\$440,105	14.47%
State Special Grants	\$579,894	\$457,548	\$39,627	8.66%
Local Government	\$49,754	\$49,754	\$7,463	15.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$3,957,744	\$3,657,991	\$754,664	20.63%
Total:	\$22,324,725	\$16,569,319	\$4,501,038	27.16%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

COMMUNITY HEALTH SYSTEMS

- Interim Chair Portillo, Carmen.
- Director, Operations and Finance Pinster, W. Kent
- Website http://nurseweb.ucsf.edu/chs/

FY 2013-14 Headcount as of 4/1/14 COMMUNITY HEALTH SYSTEMS

St	aff	Academic		Grand
Full Time	Part Time	Full Time	Part Time	Total
9	10	20	16	55

Source: UCSF Human Resources

Source: Community Health Systems - 8/19/2010

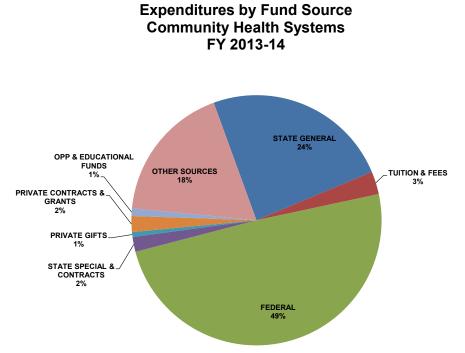
FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
\$2,221,654	\$2,282,395	\$2,356,216	\$2,081,435	\$2,331,766	5.0%
\$105,224	\$66,938	\$42,749	\$85,886	\$284,117	170.0%
\$2,612,621	\$3,485,331	\$3,625,013	\$4,605,568	\$4,743,426 ²	81.6%
\$298,781	\$474,665	\$170,997	\$183,981	\$185,048 ²	-38.1%
\$112,110	\$137,784	\$57,643	\$112,302	\$60,392	-46.1%
\$1,431,418	\$816,923	\$506,950	\$399,097	\$197,834 ²	-86.2%
\$45,644	\$17,781	\$0	\$16,588	\$15,302	-66.5%
\$93,154	\$96,782	\$50,911	\$84,712	\$93,837	0.7%
(\$1,326)	\$54,563	(\$52,891)	\$255,745	\$46,423	-3601.6%
\$902,747	\$913,040	\$519,493	\$990,999	\$1,723,871	91.0%
\$7,822,027	\$8,346,202	\$7,277,082	\$8,816,313	\$9,682,017	23.8%
	Year 1 \$2,221,654 \$105,224 \$2,612,621 \$298,781 \$112,110 \$1,431,418 \$45,644 \$93,154 (\$1,326) \$902,747	Year 1 Year 2 \$2,221,654 \$2,282,395 \$105,224 \$66,938 \$2,612,621 \$3,485,331 \$298,781 \$474,665 \$112,110 \$137,784 \$1,431,418 \$816,923 \$45,644 \$17,781 \$93,154 \$96,782 (\$1,326) \$54,563 \$902,747 \$913,040	Year 1 Year 2 Year 3 \$\$2,221,654 \$2,282,395 \$2,356,216 \$105,224 \$66,938 \$42,749 \$2,612,621 \$3,485,331 \$3,625,013 \$298,781 \$474,665 \$170,997 \$112,110 \$137,784 \$57,643 \$1,431,418 \$816,923 \$506,950 \$45,644 \$17,781 \$0 \$93,154 \$96,782 \$50,911 (\$1,326) \$54,563 (\$52,891) \$902,747 \$913,040 \$519,493	Year 1Year 2Year 3Year 4\$2,221,654\$2,282,395\$2,356,216\$2,081,435\$105,224\$66,938\$42,749\$85,886\$2,612,621\$3,485,331\$3,625,013\$4,605,568\$298,781\$474,665\$170,997\$183,981\$112,110\$137,784\$57,643\$112,302\$1,431,418\$816,923\$506,950\$399,097\$45,644\$17,781\$0\$16,588\$93,154\$96,782\$50,911\$84,712(\$1,326)\$54,563(\$52,891)\$255,745\$902,747\$913,040\$519,493\$990,999	Year 1 Year 2 Year 3 Year 4 Year 5 \$\$2,221,654 \$\$2,282,395 \$\$2,356,216 \$\$2,081,435 \$\$2,331,766 \$\$105,224 \$\$66,938 \$\$42,749 \$\$85,886 \$\$284,117 \$\$2,612,621 \$\$3,485,331 \$\$3,625,013 \$\$4,605,568 \$\$4,743,426 2 \$\$298,781 \$\$474,665 \$\$170,997 \$\$183,981 \$\$185,048 2 \$\$112,110 \$\$137,784 \$\$57,643 \$\$112,302 \$\$60,392 \$\$1,431,418 \$\$816,923 \$\$506,950 \$\$399,097 \$\$197,834 2 \$\$45,644 \$\$17,781 \$\$0 \$\$16,588 \$\$15,302 \$\$93,154 \$96,782 \$\$50,911 \$\$84,712 \$\$93,837 \$\$902,747 \$\$913,040 \$\$519,493 \$\$990,999 \$\$1,723,871

Total Expenditures by Fund Source COMMUNITY HEALTH SYSTEMS

Source: Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX



Source: Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 COMMUNITY HEALTH SYSTEMS

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$4,743,426	\$2,953,750	\$418,886	14.18%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$185,048	\$79,583	\$15,727	19.76%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$197,834	\$196,912	\$9,595	4.87%
Total:	\$5,126,308	\$3,230,246	\$444,209	13.75%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

COMMUNITY HEALTH SYSTEMS

ſ	Number	Amount
RPGs - Non SBIR/STTR	2	\$564,175
Research Centers	0	\$0
Other Research-Related	0	\$0
Training - Individual	2	\$69,721
Training - Institutional	1	\$295,175
Total:	5	\$929,071

FAMILY HEALTH CARE NURSING

- Chair Franck, Linda
- Business Officer Pinster, William K.
- Website -http://nurseweb.ucsf.edu/fhcn

FY 2013-14 Headcount as of 4/1/14 FAMILY HEALTH CARE NURSING

St	aff	Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
7	6	19	23	55

Source: UCSF Human Resources

Source: Family Health Care Nursing, 9/2/2010

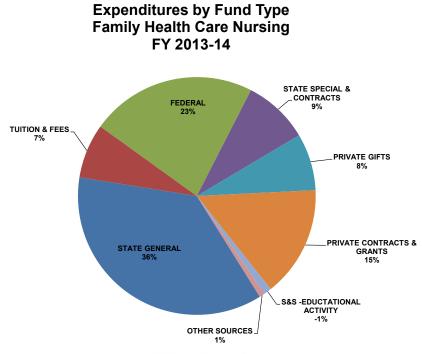
Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$1,993,337	\$2,137,846	\$2,378,999	\$1,949,873	\$2,090,328	4.9%
UC GENERAL FUNDS	\$0	\$0	\$0	\$0	\$148	0.0%
TUITION & FEES	(\$100)	\$0	\$14	\$63,040	\$425,557	-425657.0%
FEDERAL	\$2,201,376	\$2,020,850	\$1,612,587	\$1,652,207	\$1,297,883 ²	-41.0%
STATE SPECIAL & CONTRACTS	\$1,213,570	\$928,204	\$569,963	\$375,589	\$513,134 ²	-57.7%
LOCAL GOVERNMENT	(\$1,560)	\$0	\$0	\$0	\$49,754 ²	-3289.2%
PRIVATE GIFTS	\$55,083	\$68,507	\$133,962	\$320,072	\$445,260	708.3%
PRIVATE CONTRACTS & GRANTS	\$104,108	\$234,444	\$790,547	\$747,301	\$866,869 ²	732.7%
ENDOWMENT FUNDS	\$19,607	\$25,493	\$54,133	\$31,466	\$43,686	122.8%
OPP & EDUCATIONAL FUNDS	\$129,039	\$89,840	\$43,446	\$82,311	\$76,715	-40.5%
S&S -EDUCTATIONAL ACTIVITY	\$58,755	\$9,820	(\$32,751)	\$22,942	(\$60,564)	-203.1%
OTHER SOURCES	\$504,625	\$204,384	(\$31,823)	\$139,260	\$42,397	-91.6%
Total:	\$6,277,839	\$5,719,387	\$5,519,075	\$5,384,061	\$5,791,166	-7.8%

Total Expenditures by Fund Source FAMILY HEALTH CARE NURSING

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX



Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 FAMILY HEALTH CARE NURSING

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$1,297,883	\$798,827	\$79,620	9.97%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$513,134	\$505,529	\$53,646	10.61%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$49,754	\$49,754	\$7,463	15.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$866,869	\$776,173	\$88,140	11.36%
Total:	\$2,727,639	\$2,130,283	\$228,869	10.74%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

FAMILY HEALTH CARE NURSING

	Number	Amount
RPGs - Non SBIR/STTR	1	\$237,063
Research Centers	0	\$0
Other Research-Related	0	\$0
Training - Individual	1	\$31,723
Training - Institutional	1	\$557,741
Total:	3	\$826,527

INSTITUTE FOR HEALTH AND AGING

- Co-Directors Max, Wendy, Fox, Patrick
- Business Officer Gudelunas, Regina
- Website http://nurseweb.ucsf.edu/iha/

FY 2013-14 Headcount as of 4/1/14 INSTITUTE FOR HEALTH AND AGING

St	aff	Academic		Grand
Full Time	Part Time	Full Time	Part Time	Total
11	8	11	10	40

Source: UCSF Human Resources

Source: Institute for Health and Aging, 12/15/2011

Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$407,584	\$499,297	\$567,313	\$563,151	\$349,033	-14.4%
TUITION & FEES	\$0	\$0	\$54,038	\$0	\$3,587	0.0%
FEDERAL	\$1,201,971	\$1,702,586	\$1,307,147	\$1,406,914	\$1,982,536 ²	64.9%
STATE SPECIAL & CONTRACTS	\$12,438,525	\$11,985,181	\$11,375,468	\$7,062,282	\$2,923,376 ²	-76.5%
PRIVATE GIFTS	\$5,757	\$12,561	\$70,589	\$219,541	\$28,421	393.7%
PRIVATE CONTRACTS & GRANTS	\$624,169	\$855,813	\$522,504	\$658,044	\$749,400 ²	20.1%
ENDOWMENT FUNDS	\$2,855	\$9,136	\$0	\$7,654	\$107,700	3672.4%
OPP & EDUCATIONAL FUNDS	\$158,861	\$280,909	\$214,511	\$212,659	\$376,512	137.0%
S&S -EDUCTATIONAL ACTIVITY	\$19,503	\$76,067	\$48,952	\$262,808	\$152,629	682.6%
OTHER SOURCES	\$15,217	\$17,590	\$3,607	(\$38,323)	\$12,634	-17.0%
Total:	\$14,874,441	\$15,439,140	\$14,164,129	\$10,354,730	\$6,685,828	-55.1%

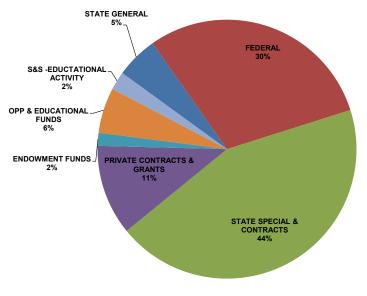
Total Expenditures by Fund Source INSTITUTE FOR HEALTH AND AGING

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX





Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 INSTITUTE FOR HEALTH AND AGING

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$1,982,536	\$1,847,606	\$918,109	49.69%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$2,659,545	\$2,297,994	\$343,939	14.97%
State Special Grants	\$263,831	\$263,831	\$39,627	15.02%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$749,400	\$746,946	\$227,648	30.48%
Total:	\$5,655,312	\$5,156,377	\$1,529,323	29.66%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

INSTITUTE FOR HEALTH AND AGING

]	Number	Amount
RPGs - Non SBIR/STTR	5	\$1,821,544
Research Centers	0	\$0
Other Research-Related	0	\$0
Training - Individual	0	\$0
Training - Institutional	0	\$0
Total:	5	\$1,821,544

PHYSIOLOGICAL NURSING

- Chair Dowling, Glenna A.
- Business Officer Tsujihara, Phyllis D.
- Website none

FY 2013-14 Headcount as of 4/1/14 PHYSIOLOGICAL NURSING

St	aff	Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
10	6	20	10	46

Source: UCSF Human Resources

Source: Department of Physiological Nursing - 10/3/2012

Fund Source	FY 2009-10 Year 2	FY 2010-11 Year 3	FY 2011-12 Year 4	FY 2012-13 Year 5	FY 2013-14 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$2,349,192	\$2,340,017	\$2,045,017	\$1,910,992	\$2,052,654	-12.6%
TUITION & FEES	(\$36,394)	(\$147,619)	\$54,876	(\$98,896)	\$76,472	-310.1%
FEDERAL	\$3,343,518	\$3,806,932	\$3,729,780	\$2,971,329	\$4,460,830 ²	33.4%
STATE SPECIAL & CONTRACTS	\$0	\$0	\$0	\$101,665	\$159,596 ²	0.0%
PRIVATE GIFTS	\$124,258	\$62,752	\$131,922	\$116,777	\$167,454	34.8%
PRIVATE CONTRACTS & GRANTS	\$1,603,207	\$1,161,833	\$835,776	\$1,273,812	\$595,494 ²	-62.9%
ENDOWMENT FUNDS	(\$45,782)	\$45,743	\$237,251	\$138,699	\$78,844	-272.2%
OPP & EDUCATIONAL FUNDS	\$205,394	\$186,155	\$238,048	\$220,752	\$375,087	82.6%
S&S -EDUCTATIONAL ACTIVITY	\$137,347	\$12,535	(\$20,157)	\$27,549	\$233,964	70.3%
OTHER SOURCES	\$314,645	\$333,697	\$168,196	\$526,351	\$276,025	-12.3%
RESERVES	\$0	\$0	\$0	\$0	(\$2,534)	0.0%
Total:	\$7,995,384	\$7,802,046	\$7,420,709	\$7,189,029	\$8,473,887	6.0%

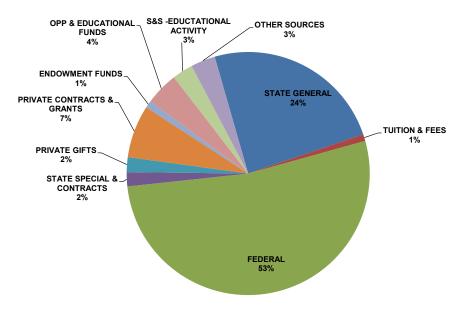
Total Expenditures by Fund Source PHYSIOLOGICAL NURSING

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX





Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 PHYSIOLOGICAL NURSING

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$4,460,830	\$2,656,624	\$1,350,697	50.84%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$56,139	\$56,139	\$5,614	10.00%
State Special Grants	\$103,457	\$98,218	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$595,494	\$582,263	\$155,036	26.63%
Total:	\$5,215,920	\$3,393,244	\$1,511,347	44.54%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

PHYSIOLOGICAL NURSING

	Number	Amount
RPGs - Non SBIR/STTR	7	\$4,951,201
Research Centers	0	\$0
Other Research-Related	2	\$248,157
Training - Individual	0	\$0
Training - Institutional	1	\$34,559
Total:	10	\$5,233,917

SOCIAL AND BEHAVIORAL SCIENCES

- Chair Malone, Ruth
- Vice Chair Dworkin, Shari L.
- Business Officer Gudelunas, Regina C.
- Website http://www.ucsf.edu/medsoc/

FY 2013-14 Headcount as of 4/1/14 SOCIAL AND BEHAVIORAL SCIENCES

St	aff	Acad	Grand		
Full Time	Part Time	Full Time	Part Time	Total	
5	2	16	12	35	

Source: UCSF Human Resources

Source: Department of Social and Behavioral Sciences, 9/29/2011

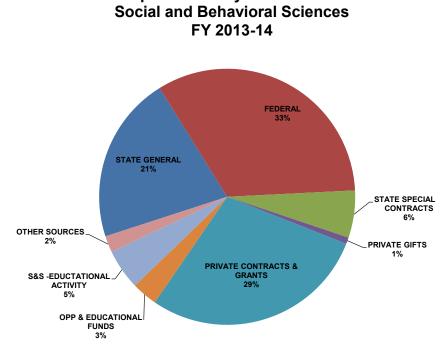
Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$780,167	\$829,340	\$984,219	\$832,840	\$1,112,331	42.6%
TUITION & FEES	(\$117)	(\$26)	\$335	\$0	\$24,662	-21178.4%
FEDERAL	\$1,439,071	\$1,531,246	\$1,852,681	\$2,038,201	\$1,737,481 ²	20.7%
STATE SPECIAL & CONTRACTS	\$239,294	\$215,300	\$274,288	\$222,147	\$313,917 ²	31.2%
PRIVATE GIFTS	\$1,209	\$3,930	\$7,834	\$27,871	\$42,066	3380.6%
PRIVATE CONTRACTS & GRANTS	\$813,305	\$679,641	\$724,626	\$894,739	\$1,503,148 ²	84.8%
ENDOWMENT FUNDS	\$32,083	\$8,971	\$0	\$21,000	\$4,405	-86.3%
OPP & EDUCATIONAL FUNDS	\$63,582	\$53,200	\$61,402	\$93,301	\$170,141	167.6%
S&S -EDUCTATIONAL ACTIVITY	(\$97,245)	(\$1,587)	\$66,397	\$65,278	\$268,996	-376.6%
OTHER SOURCES	\$7,305	(\$13,043)	\$17,115	\$201,040	\$109,747	1402.3%
Total:	\$3,278,654	\$3,306,973	\$3,988,897	\$4,396,416	\$5,286,892	61.3%

Total Expenditures by Fund Source SOCIAL AND BEHAVIORAL SCIENCES

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX



Expenditures by Fund Source



Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 SOCIAL AND BEHAVIORAL SCIENCES

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$1,737,481	\$1,106,663	\$491,866	44.45%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$101,311	\$101,311	\$21,178	20.90%
State Special Grants	\$212,606	\$95,499	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$1,503,148	\$1,355,697	\$274,246	20.23%
Total:	\$3,554,546	\$2,659,170	\$787,290	29.61%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

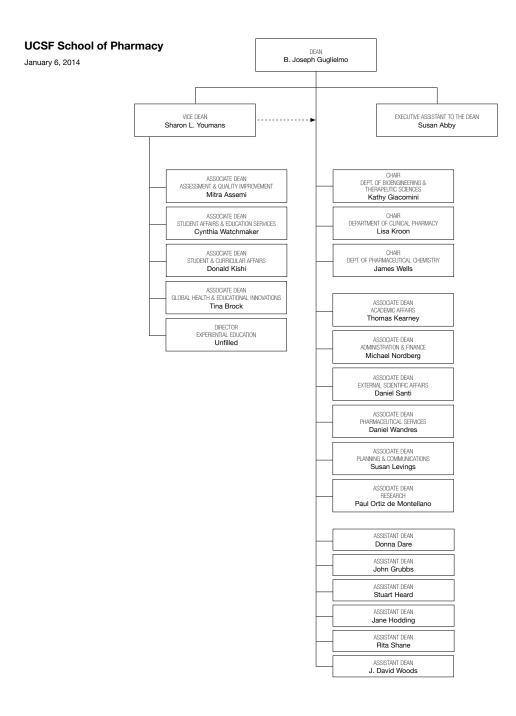
SOCIAL AND BEHAVIORAL SCIENCES

[Number	Amount
RPGs - Non SBIR/STTR	3	\$1,337,972
Research Centers	0	\$0
Other Research-Related	0	\$0
Training - Individual	0	\$0
Training - Institutional	0	\$0
Total:	3	\$1,337,972

SCHOOL OF PHARMACY

Chapter Contents

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Clinical Pharmacy	524
Pharmaceutical Chemistry	527



SCHOOL OF PHARMACY

School Leadership

Dean

B. Joseph Guglielmo, PharmD

B. Joseph Guglielmo, PharmD, is a pharmacist, clinical scientist, teacher, and international expert in the evidence-based use of antimicrobials to treat infections. He holds the Troy C. Daniels Distinguished Professorship in Pharmaceutical Sciences.

Guglielmo is also a professor in the Department of Clinical Pharmacy, which he chaired from 2006 until he was named dean, and serves as the associate director of pharmaceutical services in the UCSF Medical Center. Under his direction, the department committed to being the best in bridging gaps in health care, especially for the underserved.

He is widely known as an advocate for therapeutics-related research, from basic science to health policy research. As chair, Guglielmo oversaw a 40 percent increase in the Department of Clinical Pharmacy's faculty research funding from 2006 to 2012, including grants from the National

Institutes of Health. During that period an increasing number of the department's clinical faculty members received National Institutes of Health "K" awards, designed to develop clinical research scientists as independent investigators, as well as "R" awards that fund specific research projects.

He created the Department of Clinical Pharmacy-run Medication Outcomes Center in 2007 to research and improve medication use in the UCSF Medical Center and beyond. In the 1980s he developed the UCSF Medical Center Antimicrobial Stewardship Program to study and improve antimicrobial use in the UCSF Medical Center, with the goal of decreasing antimicrobial resistance. This evidence-based program was one of the earliest programs of its kind in the United States.

As patients seek new and cost-effective health care with increasingly complicated disease states and medications, Guglielmo advocates for research on new ways for pharmacists to care for patients, especially in the community. He also supports strong relationships among clinical scientists and their upstream basic and translational scientist colleagues, as demonstrated through

Source: School of Pharmacy, 9/19/2008

his own collaborations. Guglielmo has been actively involved in the UCSF Clinical and Translational Science Institute (CTSI) from its inception and during its renewal; he has also served as the long-term associate director of the CTSI Mentor Development Program.

His personal research agenda involves the safe, effective, and appropriate use of antimicrobials, as well as the pharmacoepidemiology and pharmacokinetics of anti-infective agents. He is the author of more than 110 peer-reviewed papers, the majority related to anti-infective agents.

He believes that the most important clinical research is shaped through the researcher's own clinical experiences. Together with his administrative, research, and teaching responsibilities, he practices in the UCSF Medical Center, where he is an infectious diseases pharmacist supporting the UCSF Medical Center Antimicrobial Stewardship Program and serving on the Infectious Diseases Consult Service team. These experiences continue to provide the background for important hypothesis-centered research on the safe, effective use of antimicrobials. Beyond the hospital, Guglielmo developed clinical pharmacy services for UCSF's HIV/AIDS program, specifically for the HIV Women's Program and the Men of Color Program.

Guglielmo has taught doctor of pharmacy students, pharmacy residents and fellows, medical students and residents, and infectious diseases fellows for decades, and has mentored infectious diseases specialty pharmacist residents and fellows continuously since 1986. He has also mentored a number of international scholars, including Fogarty fellows. He is the recipient of many teaching awards, including the UCSF Lifetime Achievement in Mentoring Award, Resident Preceptor of the Year Awards, UCSF School of Pharmacy Long Teaching Awards, and the Academic Senate Distinction in Teaching Award.

Guglielmo is the long-term editor of Applied Therapeutics: The Clinical Use of Drugs and the Handbook of Applied Therapeutics. He lectures worldwide on the safe, effective use of antimicrobials and other medications. Guglielmo earned a PharmD degree from the University of Southern California in 1978 and completed a pharmacy practice residency at UCSF in 1979, before joining the UCSF School of Pharmacy faculty.

Vice Dean

• Youmans, Sharon L.

Department Chairs

- Giacomini, Kathleen M.
- Kroon, Lisa

Source: School of Pharmacy, 9/19/2008

• Wells, James

Associate Deans

- Assemi, Mitra
- Brock, Tina
- Kearney, Thomas
- Kishi, Donald
- Levings, Susan
- Nordberg, Michael
- Ortiz de Montellano, Paul
- Santi, Daniel
- Wandres, Daniel
- Watchmaker, Cynthia

Assistant Deans

- Dare, Donna
- Grubbs, John
- Heard, Stuart
- Hodding, Jane
- Shane, Rita
- Woods, J. David

Executive Assistant to the Dean

• Abby, Susan

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO	EXTRAMURAL AWARDS BY TYPE	1/2013 06/30/2014 (All Awards)	SCHOOL OF PHARMACY
UNIVERS	EXTRAM	07/01/2013	SCHOOL

Source: UCSF Office of Sponsored Research

Date: 1/29/2015 – FINAL RESULTS

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#Awds	53	2	2	9	e	0	0	47	e	11	127	#Awds	0	0	0	0	ю	-	-	7	0	6	136
F&A Costs	8,135,923.43	528,967.00	156,412.00	559,634.00	114,055.00	0.00	0.00	2,568,150.04	17,971.34	0.00	12,081,112.81	F&A Costs	0.00	0.00	0.00	0.00	66,600.00	782.00	0.00	169,939.00	0.00	237,321.00	12,318,433.81
Direct Costs	20,173,780.09	2,537,914.00	357,172.00	1,233,636.00	207,474.00	0.00	0.00	5,518,498.36	31,528.66	519,662.00	30,579,665.11	Direct Costs	0.00	0.00	0.00	9,028,571.00	285,601.00	5,218.00	55,000.00	620,757.00	0.00	9,995,147.00	40,574,812.11
Total Dollars	28,309,703.52	3,066,881.00	513,584.00	1,793,270.00	321,529.00	0.00	0.00	8,086,648.40	49,500.00	519,662.00	42,660,777.92	Total Dollars	0.00	0.00	0.00	9,028,571.00	352,201.00	6,000.00	55,000.00	790,696.00	0.00	10,232,468.00	52,893,245.92
FEDERAL SOURCES	NIH Grants	Other DHHS Grants	NSF Grants	Other Federal Grants	NIH Contracts	Other DHHS Contracts	Other Federal Contracts	Subcontracts (excluding SBIR/STTR)	Subcontracts(SBIR/STTR)	Fellowships(All Federal Sources)	Subtotal, Federal Sources	OTHER PUBLIC SOURCES	City/County of San Francisco	Other Bay Area Public Agencies	California Dept Healthcare Services (DHS) ¹	Other State of California HHS Agencies ¹	Other State of California Public Agencies	Other Public Agencies	UC Programs ²	Subcontracts(all above prime sources)	Fellowships(all above sources)	Subtotal, Other Public Sources	Subtotal, Public Sources

University of California, San Francisco Institutional Profile - FY 2013-14 **School/Department Profiles - School of Pharmacy**

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Note: Awards are selected for inclusion based on the budget period start date. Results include modifications, corrections, and after-the-fact actions processed through 3:00 pm 2/20/2014.

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UNIVERSITY OF CALIFORNIA, SAN FRANCISCO	EXTRAMURAL AWARDS BY TYPE	/2013	SCHOOL OF PHARMACY
UNIVERSIT	EXTRAMUI	07/01/2013	SCHOOL C

Date: 1/29/2015 – FINAL RESULTS

Source: UCSF Office of Sponsored Research

SCHOOL OF PHARMACT					
PRIVATE NON-PROFIT SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds	#Tx
Grants	2,244,174.50	2,185,393.00	58,781.50	12	12
Contracts	105,633.80	94,002.00	11,631.80	0	3
Subcontracts	705,979.00	643,302.00	62,677.00	3	4
Fellowships	464,750.00	460,750.00	4,000.00	8	ω
Subtotal, Private, Non-Profit Sources	3,520,537.30	3,383,447.00	137,090.30	25	27
PRIVATE FOR-PROFIT SOURCES	Total Dollars	Direct Costs	F&A Costs	#Awds	жТ ж
Grants	0.00	0.00	0.00	0	0
Contracts	1,659,477.23	1,055,645.42	603,831.81	15	21
Subcontracts	106,214.40	84,297.12	21,917.28	-	-
Fellowships	190,000.00	190,000.00	0.00	с	£
Subtotal, Private, For-Profit Sources	1,955,691.63	1,329,942.54	625,749.09	19	25
Subtotal, Private Sources	5,476,228.93	4,713,389.54	762,839.39	44	52
Miscellaneous Agreement Types	Total Dollars	Direct Costs	F&A Costs	#Awds	жТ ж
Award Advances ⁵	0.00	0.00	0.00	6	6
Extensions	0.00	0.00	0.00	37	44
URCs	0.00	0.00	0.00	5	5
OTHER agreements ⁶	0.00	0.00	0.00	0	0
Subtotal, Misc Agreement Types	0.00	0.00	0.00	51	58

University of California, San Francisco Institutional Profile - FY 2013-14 School/Department Profiles - School of Pharmacy

302

231

13,081,273.20

45,288,201.65

58,369,474.85

CUMULATIVE TOTAL

Note: Awards are selected for inclusion based on the budget period start date. Results include modifications, corrections, and after-the-fact actions processed through 3:00 pm 2/20/2014.

FY 2013-14 Headcount as of 4/1/14 SCHOOL OF PHARMACY

	Staff		Acade	mic	Grand Total
Department	FT	PT	FT	PT	
P_Bioengineering	31	6	99	36	172
P_Clinical Pharmacy	83	18	59	8	168
P_Dean's Office	29	1	1	26	57
P_Pharmaceutical Chemistry	34	2	104	27	167
Total	177	27	263	97	564

Source: UCSF Human Resources

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 SCHOOL OF PHARMACY

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$25,924,743	\$19,979,077	\$8,647,693	43.28%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$9,966,325	\$9,149,996	\$201,621	2.20%
State Special Grants	\$34,895	\$34,895	\$0	0.00%
Local Government	\$4,389	\$4,389	\$527	12.00%
Private Clinical Trials	\$72,407	\$72,407	\$23,801	32.87%
Private Contracts & Grants	\$10,080,702	\$9,347,790	\$3,506,984	37.52%
Total:	\$46,083,461	\$38,588,554	\$12,380,626	32.08%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

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/

FY 2013-14 Headcount as of 4/1/14 BIOENGINEERING AND THERAPEUTIC SCIENCES (BTS)

St	aff	Acad	Grand	
Full Time	Part Time	Full Time	Part Time	Total
31	6	99	36	172

Source: UCSF Human Resources

Source: Department of Bioengineering and Therapeutic Sciences (BTS) 8-5-09

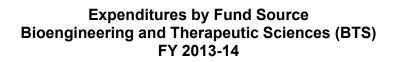
FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
\$1,702,693	\$2,197,175	\$2,701,227	\$2,207,959	\$2,244,777	31.8%
\$826,405	\$988,019	\$752,917	\$1,478,925	\$910,764	10.2%
\$8,613,020	\$7,963,599	\$7,893,970	\$9,036,434	\$7,833,335 ²	-9.1%
\$170,523	\$234,262	\$16,643	\$26,971	\$34,895 ²	-79.5%
\$611,004	\$711,232	\$583,886	\$567,607	\$457,148	-25.2%
\$224,662	(\$901)	\$53,319	\$1,183	\$72,486 ²	-67.7%
\$2,020,345	\$2,765,559	\$2,946,582	\$3,069,990	\$3,187,482 ²	57.8%
(\$448)	\$1,794	\$14,048	\$8,772	\$12,725	-2941.9%
\$420,132	\$389,677	\$394,997	\$531,435	\$579,375	37.9%
\$903,389	\$1,297,985	\$1,599,584	\$979,357	\$3,569,253	295.1%
\$1,044,372	\$428,607	\$219,391	\$867,000	\$1,354,796	29.7%
\$16,536,097	\$16,977,007	\$17,176,564	\$18,775,633	\$20,257,035	22.5%
	Year 1 \$1,702,693 \$826,405 \$8,613,020 \$170,523 \$611,004 \$224,662 \$2,020,345 (\$448) \$420,132 \$903,389 \$1,044,372	Year 1 Year 2 \$1,702,693 \$2,197,175 \$826,405 \$988,019 \$8,613,020 \$7,963,599 \$170,523 \$234,262 \$611,004 \$711,232 \$224,662 (\$901) \$2,020,345 \$2,765,559 (\$448) \$1,794 \$420,132 \$389,677 \$903,389 \$1,297,985 \$1,044,372 \$428,607	Year 1 Year 2 Year 3 \$1,702,693 \$2,197,175 \$2,701,227 \$826,405 \$988,019 \$752,917 \$8,613,020 \$7,963,599 \$7,893,970 \$170,523 \$234,262 \$16,643 \$611,004 \$711,232 \$583,886 \$224,662 (\$901) \$53,319 \$2,020,345 \$2,765,559 \$2,946,582 (\$448) \$1,794 \$14,048 \$420,132 \$389,677 \$394,997 \$903,389 \$1,297,985 \$1,599,584 \$1,044,372 \$428,607 \$219,391	Year 1 Year 2 Year 3 Year 4 \$1,702,693 \$2,197,175 \$2,701,227 \$2,207,959 \$826,405 \$988,019 \$752,917 \$1,478,925 \$8,613,020 \$7,963,599 \$7,893,970 \$9,036,434 \$170,523 \$234,262 \$16,643 \$26,971 \$611,004 \$711,232 \$583,886 \$567,607 \$224,662 (\$901) \$53,319 \$1,183 \$2,020,345 \$2,765,559 \$2,946,582 \$3,069,990 (\$448) \$1,794 \$14,048 \$8,772 \$420,132 \$389,677 \$394,997 \$531,435 \$903,389 \$1,297,985 \$1,599,584 \$979,357 \$1,044,372 \$428,607 \$219,391 \$867,000	Year 1 Year 2 Year 3 Year 4 Year 5 \$1,702,693 \$2,197,175 \$2,701,227 \$2,207,959 \$2,244,777 \$826,405 \$988,019 \$752,917 \$1,478,925 \$910,764 \$8,613,020 \$7,963,599 \$7,893,970 \$9,036,434 \$7,833,335 2 \$170,523 \$234,262 \$16,643 \$26,971 \$34,895 2 \$611,004 \$711,232 \$583,886 \$567,607 \$457,148 \$224,662 (\$901) \$53,319 \$1,183 \$72,486 2 \$2,020,345 \$2,765,559 \$2,946,582 \$3,069,990 \$3,187,482 2 \$420,132 \$389,677 \$394,997 \$531,435 \$579,375 \$903,389 \$1,297,985 \$1,599,584 \$979,357 \$3,569,253 \$1,044,372 \$428,607 \$219,391 \$867,000 \$1,354,796

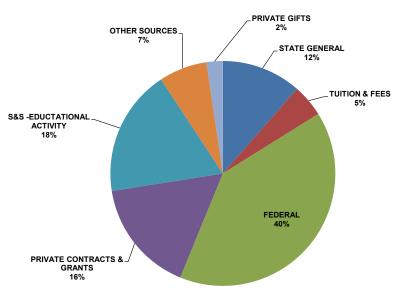
Total Expenditures by Fund Source BIOENGINEERING AND THERAPEUTIC SCIENCES (BTS)

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX





Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 BIOENGINEERING AND THERAPEUTIC SCIENCES (BTS)

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$7,833,335	\$6,008,496	\$3,072,635	51.14%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$34,895	\$34,895	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$72,486	\$72,486	\$23,801	32.84%
Private Contracts & Grants	\$3,187,482	\$2,833,059	\$1,308,620	46.19%
Total:	\$11,128,197	\$8,948,936	\$4,405,056	49.22%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14 BIOENGINEERING & THERAPEUTIC SCIENCES (BTS)*

	Number	Amount
RPGs - Non SBIR/STTR	27	\$13,363,251
Research Centers	0	\$0
Other Research-Related	1	\$158,490
Training - Individual	4	\$185,359
Training - Institutional	4	\$1,493,905
Total:	36	\$15,201,005

*Includes awards for both the School of Medicine and the School of Pharmacy

DEPARTMENT OF CLINICAL PHARMACY

- Interim Chair Kroon, Lisa
- Business Officer Olinger, Lynn
- Website http://clinicalpharmacy.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 CLINICAL PHARMACY

St	aff	Academic		Grand
Full Time	Part Time	Full Time	Part Time	Total
83	18	59	8	168

Source: UCSF Human Resources

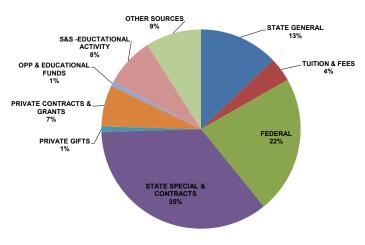
Source: Department of Clinical Pharmacy - 9/20/2012

Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$3,257,274	\$3,515,932	\$3,789,904	\$3,590,422	\$3,617,915	11.1%
TUITION & FEES	\$889,153	\$1,426,821	\$1,394,938	\$1,120,086	\$1,103,289	24.1%
EDERAL	\$6,418,889	\$8,536,901	\$8,357,026	\$7,114,885	\$6,298,544 ²	-1.9%
STATE SPECIAL & CONTRACTS	\$8,250,703	\$8,721,892	\$9,241,616	\$9,774,576	\$9,960,028 ²	20.7%
OCAL GOVERNMENT	\$119,181	\$0	\$0	\$10,324	\$4,389	-96.3%
PRIVATE GIFTS	\$391,218	\$228,638	\$310,594	\$253,635	\$247,965	-36.6%
PRIVATE CLINICAL TRIALS	\$37,519	\$36,697	\$55,735	\$238,766	(\$79) ²	-100.2%
PRIVATE CONTRACTS & GRANTS	\$2,314,752	\$2,045,933	\$1,734,972	\$2,567,616	\$1,897,956 ²	-18.0%
ENDOWMENT FUNDS	\$6,060	\$530	\$3,176	\$707	\$50,300	730.0%
OPP & EDUCATIONAL FUNDS	\$156,152	\$173,884	\$262,768	\$292,244	\$215,326	37.9%
S&S -EDUCTATIONAL ACTIVITY	\$2,165,208	\$2,634,145	\$2,366,555	\$2,067,668	\$2,259,261	4.3%
OTHER SOURCES	\$1,782,574	\$1,453,373	\$1,132,126	\$1,547,452	\$2,545,744	42.8%
RESERVES	\$2,084	\$16,366	\$17,770	\$624	\$10	-99.5%
JNIVERSITY FUNDS	\$0	\$0	\$0	\$0	(\$50,781)	0.0%
Total:	\$25,790,766	\$28,791,113	\$28,667,182	\$28,579,004	\$28,149,868	9.1%

Total Expenditures by Fund Source CLINICAL PHARMACY

Source: Budget & Resource Management





Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 CLINICAL PHARMACY

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$6,298,544	\$5,396,119	\$1,157,859	21.46%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$9,960,028	\$9,143,699	\$200,676	2.19%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$4,389	\$4,389	\$527	12.00%
Private Clinical Trials	(\$79)	(\$79)	\$0	0.00%
Private Contracts & Grants	\$1,897,956	\$1,697,096	\$523,175	30.83%
Total:	\$18,160,838	\$16,241,225	\$1,882,237	11.59%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

NIH Awards - FY 2013-14

CLINICAL PHARMACY

[Number	Amount
RPGs - Non SBIR/STTR	6	\$4,976,426
Research Centers	0	\$0
Other Research-Related	2	\$569,560
Training - Individual	0	\$0
Training - Institutional	0	\$0
Total:	8	\$5,545,986

DEPARTMENT OF PHARMACEUTICAL CHEMISTRY

- Chair Wells, James
- Business Officer Pasquini, Millo Mau
- Website http://pharmchem.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 PHARMACEUTICAL CHEMISTRY

St	Staff		Academic	
Full Time	Part Time	Full Time	Part Time	Total
34	2	104	27	167

Source: UCSF Human Resources

Source: Department of Pharmaceutical Chemistry, 10/15/2012

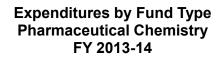
Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 5
STATE GENERAL	\$2,351,009	\$2,808,615	\$3,091,707	\$2,999,573	\$2,589,278	10.1%
UC GENERAL FUNDS	\$0	\$0	\$0	\$0	\$27,833	0.0%
TUITION & FEES	\$1,088,246	\$464,543	\$574,908	\$947,930	\$834,979	-23.3%
FEDERAL	\$9,212,434	\$11,717,240	\$11,311,378	\$12,663,058	\$11,784,290 ²	27.9%
STATE SPECIAL & CONTRACTS	\$62,227	\$90,798	\$49,294	\$0	\$0	-100.0%
PRIVATE GIFTS	\$1,515,653	\$1,406,474	\$2,411,255	\$1,603,598	\$564,111	-62.8%
PRIVATE CONTRACTS & GRANTS	\$3,032,568	\$4,036,942	\$4,558,258	\$4,940,591	\$4,995,265 ²	64.7%
ENDOWMENT FUNDS	\$23,175	\$31,984	\$50,333	\$190,248	\$148,772	542.0%
OPP & EDUCATIONAL FUNDS	\$605,982	\$456,332	\$471,529	\$854,758	\$867,738	43.2%
S&S -EDUCTATIONAL ACTIVITY	(\$67,530)	\$339,880	\$1,099,097	\$147,413	(\$613,904)	809.1%
OTHER SOURCES	\$1,779,149	(\$435,896)	\$1,136,202	\$270,766	\$1,637,747	-7.9%
AGENCY FUNDS	\$0	\$0	\$0	\$0	(\$33,102)	0.0%
Total:	\$19,602,913	\$20,916,913	\$24,753,962	\$24,617,934	\$22,803,008	16.3%

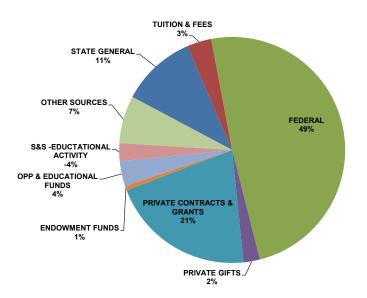
Total Expenditures by Fund Source PHARMACEUTICAL CHEMISTRY

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX





Source: UCSF Budget & Resource Management

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 PHARMACEUTICAL CHEMISTRY

[Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$11,784,290	\$8,573,388	\$4,416,919	51.52%
CIRM	\$0	\$0	\$0	0.00%
State Special & Contracts	\$0	\$0	\$0	0.00%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$4,995,265	\$4,817,635	\$1,675,190	34.77%
Total:	\$16,779,555	\$13,391,023	\$6,092,109	45.49%

NIH Awards - FY 2013-14

PHARMACEUTICAL CHEMISTRY

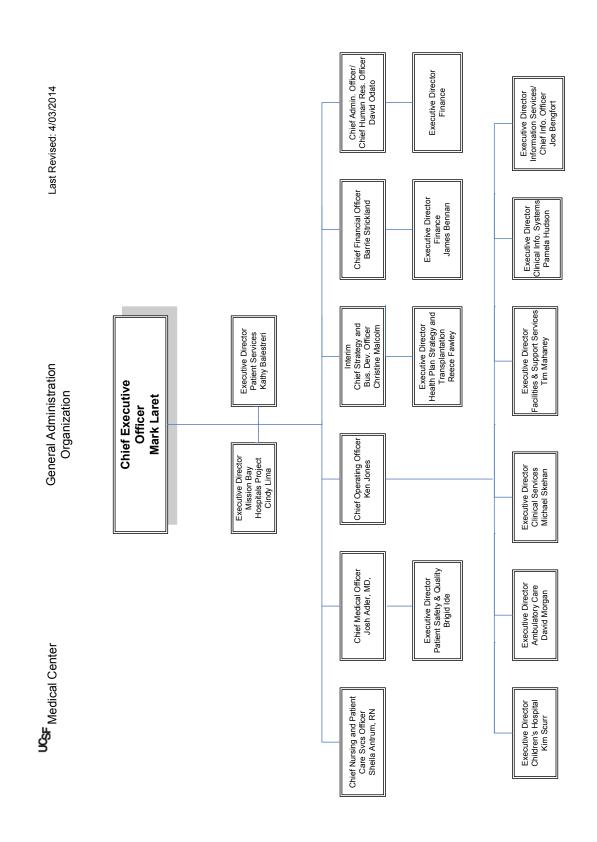
1	Number	Amount	
RPGs - Non SBIR/STTR	21	\$6,770,506	
Research Centers	2	\$3,071,017	
Other Research-Related	0	\$0	
Training - Individual	6	\$289,373	
Training - Institutional	2	\$928,052	
Total:	31	\$11,058,948	

University of California, San Francisco Institutional Profile - FY 2013-14 School/Department Profiles - UCSF Medical Center

UCSF MEDICAL CENTER

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University of California, San Francisco Institutional Profile - FY 2013-14 School/Department Profiles - UCSF Medical Center

UCSF MEDICAL CENTER

Leadership

Mark R. Laret Chief Executive Officer

Mark R. Laret is chief executive officer of UCSF Medical Center and UCSF Benioff Children's Hospital. Laret, who joined UCSF in 2000, is a 31-year veteran of health care management and a national leader in health care reform. His career began at UCLA Medical Center, where he served from 1980-1995 in several leadership positions, before being named CEO of UC Irvine Medical Center, which he led from 1995 to 2000.

As CEO of UCSF Medical Center and UCSF Benioff Children's Hospital, Laret heads one of the most distinguished medical institutions in the world, one that is consistently ranked by U.S. News & World Report as one of the top hospitals in the United States and as the best in Northern California. At UCSF, he has led initiatives to improve quality of care and patient safety and to modernize facilities and equipment. Currently, he is spearheading an effort to build a \$1.5 billion UCSF hospital complex at the Mission Bay campus – including hospitals for children, women's services and cancer -- and to raise \$600 million in private donations for the new facility.

He is past chair of the board of directors of the Association of American Medical Colleges and a past chair of the national Council of Teaching Hospitals. In addition, he is an officer of the California Hospital Association. Laret has also been a member of the board of directors of UHC and Accreditation Council for Graduate Medical Education.

Laret's volunteer service includes membership on the board of the international charity Mercy Ships, which delivers medical care on hospital ships to indigent communities in Africa. He chaired corporate fundraising drives in San Francisco for the Juvenile Diabetes Research Foundation and American Heart Association.

Laret earned a bachelor's degree at UCLA and a master's degree at the University of Southern California (USC), both in political science.

Other Senior Administrators as of April 2014:

- Chief Admin. Officer/Chief Human Resources Officer David Odato
- Chief Financial Officer Barrie Strickland

Source: UCSF Medical Center - 4/03/2014

- Executive Director Information Services/Chief Information Officer Joe Bengfort
- Chief Medical Officer 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 Christine Malcolm

<u>Statistics</u>	<u>2010</u>	2011	2012	<u>2013</u>	2014	CAGR
Admissions	29,087	28,268	27,788	28,530	29,230	0.1%
Average daily census	500	500	491	487	495	-0.3%
Average length of stay	6.3	6.5	6.5	6.2	6.2	-0.3%
Patient days	182,641	182,397	179,611	177,646	180,520	
Case mix index	1.92	1.94	1.97	2.03	2.04	
Outpatient visits: Hospital clinic visits	752,635	778,525	775,337	844,839	902,651	4.6%
Home health visits	18,468	16,704	17,850	16,474	18,746	0.4%
Emergency visits	36,426	36,051	37,560	37,905	42,295	3.8%
Total visits:	807,529	831,280	830,747	899,218	963,692	4.5%

Source: University of California Medical Center Report, 13-14

UCSF Medical Center Utilization Statistics - Trended

University of California, San Francisco Medical Center Statement of Net Assets - Trended (Dollars in Thousands)

Assets		<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
Current assets: Cash		\$217,192	\$349,008	\$256,924	\$413,486	\$495,361
Net patient accounts receivable		\$302,481	\$322,786	\$329,744	\$324,577	\$325,730
Other receivables Third-party payor settlements and loss	contingencies net	\$154 \$18,454	\$1,424 \$28,357	\$277 \$33,142	\$311 \$41,321	\$8,737 \$2,407
Inventory	contingencies, net	\$24,557	\$28,028	\$28,774	\$30,352	\$29,964
Prepaid expenses and other assets		\$28,023	\$27,321	\$28,663	\$35,227	\$31,851
Total curr	ent assets	\$590,861	\$756,924	\$677,524	\$845,274	\$894,050
Restricted assets						
Cash restricted for hospital constructio Donor funds	n	\$12,759	\$628,185 \$13,491	\$377,307 \$16,970	\$8,351 \$21,862	\$6,744 \$9,959
Capital assets, net		\$824,471	\$957,406	\$1,297,071	\$1,630,307	\$1,913,427
Deferred costs of issuance and other Other Assets		\$16,174	\$7,640 \$727	\$7,371 \$715	\$7,103	
Total ass	ets	\$1,444,265	\$2,364,373	\$2,376,958	\$2,512,897	\$2,824,180
Deferred outflows from interest rate swap agr	eements		\$9,133	\$16,743	\$11,135	\$256,587
Liabilities						
Current liabilities:						
Accounts payable and accrued expense	ses	\$101,686	\$115,475	\$154,204	\$156,797	\$157,413
Accrued salaries and benefits Third-party payor settlements, net		\$61,590 \$0	\$66,754 \$19,825	\$73,386 \$3,261	\$72,847 \$2,025	\$83,158 \$23,490
Current portion of long-term debt and o	capital leases	\$30,570	\$33,025	\$25,343	\$46,450	\$6,935
Other liabilities		\$4,948	\$8,858	\$7,778	\$10,682	\$12,374
Total curr	ent liabilities	\$198,794	\$243,937	\$263,972	\$288,801	\$283,370
Long-term debt and capital leases, net of curr Pension obligations	ent portion	\$262,810	\$946,642	\$889,407	\$842,957	\$837,536 \$523,452
Pension payable to University						\$147,512
Interest rate swap agreements Third-party payor settlements, net		\$39,314	\$50,290	\$54,419	\$58,547	\$10,862
Other Liabilities		\$11,418	\$9,133	\$16,743	\$11,135	
Total liab	lities	\$512,336	\$1,250,002	\$1,224,541	\$1,201,440	\$1,802,732
Deferred inflows of resources						\$495,366
Net Assets						
Invested in capital asssets, net of related deb Restricted	t	\$531,091	\$605,924	\$759,131	\$748,754	\$1,075,700
Expendable Capital projects		\$7,787	\$7,850	\$10,840	\$15,362	\$9,959
Other		\$4,972	\$5,641	\$6,130	\$6,500	. ,
Unrestricted		\$388,079	\$504,089	\$393,059	\$551,976	(\$302,990)
Total net	assets	\$931,929	\$1,123,504	\$1,169,160	\$1,322,592	\$782,669

University of California, San Francisco Medical Center Statements of Revenues, Expenses and Changes in Net Assets - Trended (Dollars in Thousands)

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
Net patient service revenue, net of provision for doubtful accounts of \$72,724 and \$47,285, respectively	\$1,766,688	\$1,864,052	\$1,945,325	\$2,098,463	\$2,308,685
Other operating revenue					
Clinical teaching support Other	\$3,796 \$17,273	\$4,292 \$20,860	\$4,287 \$27,522	\$65,846	\$81,588
Total other operating revenue	\$21,069	\$25,152	\$31,809	\$65,846	\$81,588
Total operating revenue	\$1,787,757	\$1,889,204	\$1,977,134	\$2,164,309	\$2,390,273
Operating expenses					
Salaries and employee benefits	\$652,506	\$672,756	\$740,809	\$772,994	\$819,158
UCRP, retiree health and other employee health benefits	\$141,248	\$168,754	\$202,215	\$224,465	\$176,489
Pension benefits					\$98,636
Professional services	\$24,665	\$19,836	\$25,041	\$34,919	\$41,955
Medical supplies	\$245,015	\$257,472	\$271,048	\$307,126	\$336,272
Other supplies and purchased services	\$424,973	\$442,846	\$480,831	\$521,982	\$573,660
Depreciation and amortization	\$77,790	\$81,474	\$90,259	\$100,801	\$98,523
Insurance	\$7,288	\$6,820	\$6,482	\$6,367	\$6,638
Other	\$63,693	\$64,838	\$64,864	\$72,672	\$79,538
Total operating expenses	\$1,637,178	\$1,714,796	\$1,881,549	\$2,041,326	\$2,230,869
Income from operations Non-operating revenues (expenses):	\$150,579	\$174,408	\$95,585	\$122,983	\$159,404
Hospital fee program grants		\$36,594	\$1,973	\$551	
Interest income	\$8,576	\$30,394 \$21,230	\$24,461	\$16,082	\$12,572
Build America bonds federal interest subsidies	\$241	\$10,131	\$24,401 \$16,149	\$15,274	\$15,273
Interest expense	(\$7,720)	. ,	. ,		(\$4,685)
Loss on disposal of capital assets	(\$2,571)		(\$132)	(\$3,679)	(\$760)
Total non-operating expenses	(\$1,474)	\$32,559	\$5,161	\$11,878	\$22,400
Income before other changes in net assets	\$149,105	\$206,967	\$100,746	\$134,861	\$181,804
Other changes in net assets:					
Donated assets	\$59,132	\$27,003	\$4,394	\$7,993	\$254,529
Contributions for building program	ψ 0 9, 1 0 2	ψ27,000	ψ+,00+	\$68,802	\$0 \$0
Changes in allocation for pension payable to University				\$00,00 L	\$8,973
Health system support	(\$37,066)	(\$42,395)	(\$59,484)	(\$58,224)	. ,
Total other changes in net assets	\$22,066	(\$15,392)	(\$55,090)	\$18,571	\$202,223
Increase in net assets	\$171,171	\$191,575	\$45,656	\$153,432	\$384,027
Net position - beginning of year					
Beginning of year, as previously reported	\$760,758	\$931,929	\$1.123.504	\$1,169,160	\$1,322,592
Cumulative effect of accounting and reporting entity changes	÷•••,•••	.	. , , . • .	. ,,	(\$923,950)
Beginning of year, as restated	\$760,758	\$931,929	\$1,123,504	\$1,169,160	\$398,642
		. ,		. , ,	<u> </u>
Net assets - end of year	\$931,929	\$1,123,504	\$1,169,160	\$1,322,592	\$782,669

University of California, San Francisco Medical Center Statements of Cash Flows - Trended (Dollars in Thousands)

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
Cash flows from operating activities					
Receipts from patients and third-party payors	\$1,734,564	\$1,836,205	\$1,921,147	\$2,098,343	\$2,309,363
Payments to employees	(\$650,956)			(\$773,803)	(\$814,287)
Payments to suppliers	(\$764,994)	() / /			(\$1,017,738)
Payments for benefits	(\$139,435)				(\$269,685)
Other receipts, net	\$39,351	\$54,477	\$26,486	\$60,160	\$80,250
Net cash provided by operating activities	\$218,530	\$252,739	\$203,221	\$228,948	\$287,903
Cash flows from noncapital financing activities:					
Health system support	(\$37,066)	(\$42,395)	(\$59,484)	(\$58,224)	(\$61,279)
Grants from the hospital fee program	\$0	\$36,594	\$1,973	\$551	\$0
Net cash used by noncapital financing activities	(\$37,066)	(\$5,801)	(\$57,511)	(\$57,673)	(\$61,279)
Cash flows from capital and related financing activities:					
Proceeds from debt issuance	\$49,889	\$700,000	\$0	\$68,802	\$0
Proceeds from financing obligations	\$0	\$18,656	\$0	\$0	\$525
Bond issuance cost	(\$97)	(\$4,022)	\$0	\$0	
Build America bonds federal interst subsidies	\$241	\$10,131	\$16,149	\$15,274	\$15,273
Proceeds from sale of capital assets	\$67	\$746	\$550	\$84	\$63
Purchases of capital assets	(\$163,877)	(\$190,221)	(\$408,869)	(\$407,929)	(\$343,473)
Defeasance of 1998 hospital revenue bonds	\$0	\$0	\$0	\$0	\$0
Principal paid on long-term debt and capital leases	(\$30,131)	(\$32,616)	(\$65,001)	(\$25,424)	(\$47,030)
Interest paid on long-term debt and capital leases	(\$12,375)	(\$37,112)	(\$56,877)	(\$53,659)	(\$50,718)
Gifts and donated funds	\$59,132	\$27,003	\$4,394	\$7,993	\$254,529
Net cash used by capital and related financial activities	(\$97,151)	\$492,565	(\$509,654)	(\$394,859)	(\$170,831)
Cash flows from investing activities:					
Interest income received	\$8,576	\$21,230	\$24,461	\$16,082	\$12,572
Change in restricted cash	(\$3,223)	(\$628,917)	\$247,399	\$364,064	\$13,510
Net cash provided by investing activities	\$5,353	(\$607,687)	\$271,860	\$380,146	\$26,082
Net (decrease) increase in cash	\$89,666	\$131,816	(\$92,084)	\$156,562	\$81,875
Cash - beginning of year	\$127,526	\$217,192	\$349,008	\$256,924	\$413,486
Cash - end of year	\$217,192	\$349,008	\$256,924	\$413,486	\$495,361

University of California, San Francisco Medical Center Statements of Cash Flows - Trended (Continued) (Dollars in Thousands)

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
Reconciliation of income from operations to net cash					
provided by operating activities:					
Income from operations	\$150,579	\$174,408	\$95,585	\$122,983	\$159,404
Adjustments to reconcile income from operations to					
net cash provided by operating activities:					
Depreciation and amortization expense	\$77,790	\$81,474	\$90,259	\$100,801	\$98,523
Provision for doubtful accounts	\$37,415	\$47,285	\$72,724	\$78,549	\$62,546
Changes in operating assets and liabilities:	(* 40 700)	(007 500)	(\$70.000)	(#70.000)	
Patient accounts receivable	(\$48,786)	(, , ,	(\$79,682)	(, , ,	(\$63,699)
Other receivables	\$1,773	(\$1,270)	\$1,147	(\$34)	(\$8,426)
Inventory	(\$2,473)	(\$3,471) \$1,360	(\$746)	(\$1,578)	\$388 \$3,377
Prepaid expenses and other assets Accounts payable and accrued expenses	(\$1,277) \$3,112		(\$1,330)	(\$5,849) \$10,523	\$3,377 \$9,581
Accounts payable and accrued expenses	\$3,112 \$2,619	(\$5,728) \$5,164	\$36,846 \$6,632	\$10,523 (\$539)	. ,
Third-party payor settlements	(\$3,757)	. ,	(\$17,220)	· · · /	\$1,831
Other liabilities	\$1,535	\$20,090 \$209	(\$994)	\$2,761	\$342
Pension benefits	¢1,000 \$0	¢200 \$0	(¢354) \$0	φ <u>2</u> ,701 \$0	\$13,725
	ψυ	ψυ	ψυ	ψυ	ψ10,720
Net cash provided by operating activities	\$218,530	\$252,739	\$203,221	\$228,948	\$287,903
Supplemental noncash activities information:					
Payables for property and equipment	\$13,648	\$33,165	\$35,048	\$27,118	\$18,153
Bond retirements	\$0	\$634	\$0	\$0	(\$497)
Amortization of deferred financing costs	\$113	\$108	\$105	\$102	\$0
Amortization of deferred costs of issuance	\$153	\$153	\$269	\$268	\$0
Amortization of deferred bond premium	\$20	\$20	\$21	\$21	\$21
Capitalized Interest	\$4,655	\$0	\$0	\$0	\$0
Capital assets acquired through capital lease obligations	\$0	\$0	\$0	\$0	\$0
Change in fair value of interest rate swap agreements	(\$3,245)	(\$2,285)	\$7,610	\$5,608	\$273

UCSF Medical Center Capital Assets (Dollars in Thousands)

	<u>2013</u>	Additions	<u>Disposals</u>	<u>2014</u>
Original Cost				
Land	\$118,836	\$29	\$0	\$118,865
Buildings and improvements	\$997,684	\$30,155	\$0	\$1,027,839
Equipment	\$545,687	\$16,423	(\$35,774)	\$526,336
Contruction in progress	\$836,337	\$335,859	(\$179)	\$1,172,017
Capital assets, at cost	\$2,498,544	\$382,466	(\$35,953)	\$2,845,057
	<u>2013</u>	Depreciation	<u>Disposals</u>	<u>2014</u>
Accumulated Depreciation				
and Amortization				
Buildings and improvements	\$576,701	\$42,853		\$619,554
Equipment	\$291,536	\$55,670	(\$35,130)	\$312,076
Accumulated depreciation and				
amortization	\$868,237	\$98,523	(\$35,130)	\$931,630
Capital assets, net	\$1,630,307			\$1,913,427
	φ1,000,007			φ1,913, 4 27

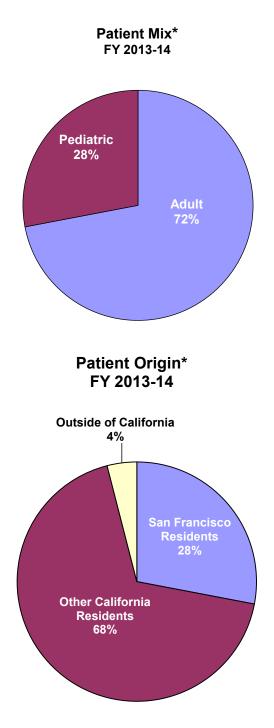
	<u>2012</u>	Additions	<u>Disposals</u>	<u>2013</u>
Original Cost				
Land	\$118,522	\$314	\$0	\$118,836
Buildings and improvements	\$939,405	\$58,279	\$0	\$997,684
Equipment	\$507,145	\$63,866	(\$25,324)	\$545,687
Contruction in progress	\$521,208	\$315,341	(\$212)	\$836,337
Capital assets, at cost	\$2,086,280	\$437,800	(\$25,536)	\$2,498,544
	<u>2012</u>	Depreciation	<u>Disposals</u>	<u>2013</u>
Accumulated Depreciation				
and Amortization				
Buildings and improvements	\$531,905	\$44,796	\$0	\$576,701
Equipment	\$257,304	\$56,005	(\$21,773)	\$291,536
Accumulated depreciation and				
amortization	\$789,209	\$100,801	(\$21,773)	\$868,237
Capital assets, net	\$1,297,071			\$1,630,307

UCSF Medical Center Operating Leases (Dollars in Thousands)

Year-Ending June 30	Minimum Annual Lease Payments
2015	\$18,775
2016	\$16,738
2017	\$14,322
2018	\$11,037
2019	\$12,930
2020 - 2043	\$6
Total	\$73,808

UCSF Medical Center Transactions with Other University Entities (Dollars in Thousands)

	<u>2014</u>	<u>2013</u>	<u>2012</u>
Salaries and employee benefits	\$2,489	\$5,466	\$5,349
Medical supplies	(\$3,211)	(\$4,989)	(\$5,550)
Other supplies and purchased services	\$449,390	\$407,894	\$367,038
Interest income (net)	(\$12,572)	(\$16,082)	(\$24,461)
Insurance	\$6,638	\$6,367	\$6,482
Total	\$442,734	\$398,656	\$348,858



*Based on patient days

Source: UCSF Medical Center, 3/31/2015

CALIFORNIA INSTITUTE FOR QUANTITATIVE BIOSCIENCES (QB3)

- Director: Regis Kelly, Ph.D.
- Campus Director, UC Santa Cruz: David Haussler, Ph.D.
- Campus Director, UCSF: Nevan Krogan, Ph.D.
- Campus Director, UC Berkeley: Susan Marqusee, Ph.D.
- Associate Director: Douglas Crawford, Ph.D.
- Industry Alliance Director: Neena Kadaba, Ph.D.
- Communications Director: Kaspar Mossman, Ph.D.
- Program Coordinator: Herminio Neto, PhD.
- Entrepreneurship Program Manager: Adriana Tajonar
- Assistant Director: Christine Winoto
- Scientific Director: Richard Yu
- Website: http:// qb3.org
- Twitter: http://www.twitter.com/qb3
- Facebook: http://www.facebook.com/pages/QB3/152644428088823
- YouTube: http/www.youtube.com/QB3TV

FY 2013-14 Headcount as of 4/1/14 CALIFORNIA INSTITUTE FOR QUANTITATIVE BIOSCIENCES (QB3)

St	aff	Acad	lemic	Grand
Full Time	Part Time	Full Time	Part Time	Total
6	1		1	8

Source: UCSF Human Resources

Source: QB3, 3/18/2015

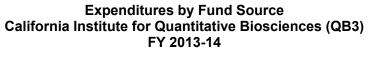
FY 2009-10 Year 2	FY 2010-11 Year 3	FY 2011-12 Year 4	FY 2012-13 Year 5	FY 2013-14 Year 5	% Change Year 1 to Year 5
\$433,302	\$927,978	\$511,564	\$187,065	\$996,897	130.1%
\$711,331	\$659,201	\$440,054	\$217,613	\$6,500 ²	-99.1%
\$0	\$0	\$31,514	(\$264)	\$0	0.0%
\$0	(\$7,397)	\$0	\$13,231	\$429,556	0.0%
\$921,039	\$799,247	\$806,017	\$568,803	\$1,613,127 ²	75.1%
\$167,976	\$146,477	\$302,707	\$102,768	\$66,699	-60.3%
\$3,376	(\$23,175)	(\$23,056)	(\$126,964)	\$50,749	1403.3%
\$189,339	\$179,762	\$386,822	\$451,493	(\$132,349)	-169.9%
\$2,426,364	\$2,682,093	\$2,455,623	\$1,413,745	\$3,031,178	24.9%
	Year 2 \$433,302 \$711,331 \$0 \$0 \$921,039 \$167,976 \$3,376 \$189,339	Year 2 Year 3 \$433,302 \$927,978 \$711,331 \$659,201 \$0 \$0 \$0 \$0 \$10 \$0 \$107,976 \$146,477 \$3,376 (\$23,175) \$189,339 \$179,762	Year 2 Year 3 Year 4 \$433,302 \$927,978 \$511,564 \$711,331 \$659,201 \$440,054 \$0 \$0 \$31,514 \$0 \$0 \$31,514 \$10 \$7,397) \$0 \$921,039 \$799,247 \$806,017 \$167,976 \$146,477 \$302,707 \$3,376 (\$23,175) (\$23,056) \$189,339 \$179,762 \$386,822	Year 2 Year 3 Year 4 Year 5 \$433,302 \$927,978 \$511,564 \$187,065 \$711,331 \$659,201 \$440,054 \$217,613 \$0 \$0 \$31,514 (\$264) \$0 \$0 \$31,514 \$1827,065 \$10 \$0 \$0 \$31,514 (\$264) \$0 \$0 \$31,514 \$13,231 \$921,039 \$799,247 \$806,017 \$568,803 \$167,976 \$146,477 \$302,707 \$102,768 \$3,376 (\$23,175) (\$23,056) (\$126,964) \$189,339 \$179,762 \$386,822 \$451,493	Year 2 Year 3 Year 4 Year 5 Year 5 \$433,302 \$927,978 \$511,564 \$187,065 \$996,897 \$711,331 \$659,201 \$440,054 \$217,613 \$66,500 2 \$0 \$0 \$31,514 (\$264) \$0 \$0 \$799,247 \$806,017 \$568,803 \$1,613,127 2 \$167,976 \$146,477 \$302,707 \$102,768 \$66,699 \$3,376 (\$23,175) (\$23,056) (\$126,964) \$50,749 \$189,339 \$179,762 \$386,822 \$451,493 (\$132,349)

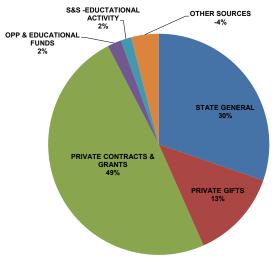
Total Expenditures by Fund Source CALIFORNIA INSTITUTE FOR QUANTITATIVE BIOSCIENCES (QB3)

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX





Source: UCSF Budget & Resource Management

University of California, San Francisco Institutional Profile - FY 2013-14 School/Department Profiles - Global Health Sciences

GLOBAL HEALTH SCIENCES

- Executive Director Sepulveda, Jaime, M.D.
- Founding Executive Director Debas, Haile T., M.D.
- Deputy Director Boyle, Colin
- Website http://globalhealthsciences.ucsf.edu/

FY 2013-14 Headcount as of 4/1/14 UCSF GLOBAL HEALTH SCIENCES

St	aff	Acad	lemic	Grand
Full Time	Part Time	Full Time	Part Time	Total
143	24	15	6	188

Source: UCSF Human Resources

Source: Global Health Sciences, 11/12/2012

University of California, San Francisco Institutional Profile - FY 2013-14 School/Department Profiles - Global Health Sciences

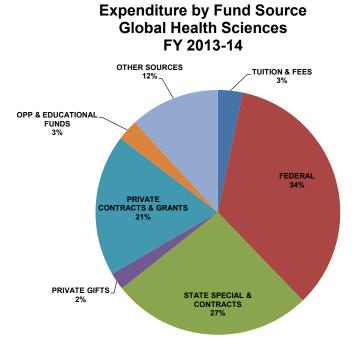
Fund Source	FY 2009-10 Year 1	FY 2010-11 Year 2	FY 2011-12 Year 3	FY 2012-13 Year 4	FY 2013-14 ¹ Year 5	% Change Year 1 to Year 3
STATE GENERAL	\$2,200	\$0	\$10,000	\$0	\$0	-100.0%
TUITION & FEES	\$780,333	\$876,921	\$1,067,912	\$1,248,506	\$1,413,161	81.1%
FEDERAL	\$212,832	\$204,334	\$95,293	\$111,003	\$14,949,322 ²	6924.0%
STATE SPECIAL & CONTRACTS	\$0	\$0	\$0	\$0	\$11,491,271 ²	0.0%
PRIVATE GIFTS	(\$91,276)	\$210,186	\$551,180	\$515,228	\$982,791	-1176.7%
PRIVATE CONTRACTS & GRANTS	\$6,292,549	\$7,246,170	\$6,974,605	\$4,699,586	\$8,115,792 ²	29.0%
ENDOWMENT FUNDS	\$0	\$126	\$29,899	\$34	\$0	0.0%
OPP & EDUCATIONAL FUNDS	\$22,024	\$116,266	\$67,725	\$67,567	\$1,203,039	5362.5%
S&S -EDUCTATIONAL ACTIVITY	\$35,027	\$40,370	\$24,817	\$63,439	\$157,931	350.9%
OTHER SOURCES	\$986,082	\$843,079	\$396,635	\$1,844,291	\$5,133,544	420.6%
Total:	\$8,239,769	\$9,537,451	\$9,218,067	\$8,549,654	\$43,446,851	427.3%

Total Expenditures by Fund Source GLOBAL HEALTH SCIENCES

Source: UCSF Budget & Resource Management

¹Reflects new chart of accounts. Account type = "E".

²Excludes projects 1111111 and 2XXXXXX



Source: UCSF Budget & Resource Management

University of California, San Francisco Institutional Profile - FY 2013-14 School/Department Profiles - Global Health Sciences

Sponsored Project Expenditures & Indirect Cost Recovery FY 2013-14 GLOBAL HEALTH SCIENCES

	Total Direct Cost (TDC)*	Modified Total Direct Cost (MTDC)	Overhead Recovery	OH % MTDC
Federal	\$14,949,322	\$9,543,601	\$2,483,172	26.02%
CIRM	\$0	\$0	\$0	0.00%
Other State Contracts	\$11,491,271	\$11,484,425	\$1,883,074	16.40%
State Special Grants	\$0	\$0	\$0	0.00%
Local Government	\$0	\$0	\$0	0.00%
Private Clinical Trials	\$0	\$0	\$0	0.00%
Private Contracts & Grants	\$8,115,792	\$6,148,622	\$774,393	12.59%
Total:	\$34,556,385	\$27,176,647	\$5,140,639	18.92%

Source: UCSF Budget & Resource Management

*Reflects account type "E" in the new chart of accounts. Excludes projects 1111111 and 2XXXXXX.

AFFILIATED INSTITUTIONS

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Howard Hughes Medical Institute (HHMI)	554

SAN FRANCISCO GENERAL HOSPITAL (SFGH)

• https://sfgh.ucsf.edu

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)

- Medical Center Director Graham, Bonnie S
- Associate Director Samara, Wafa, PharmD
- Chief of Staff Nicoll, C. Diana, M.D., Ph.D., MBA
- website: www.sanfrancisco.va.gov

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.

NCIRE

- Executive Director, CEO Obana, Robert
- www.ncire.org

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.

ERNEST GALLO CLINIC & RESEARCH CENTER

- Director De Luca, John, PhD
- Website http://www.galloresearch.org/site/gallo/

THE J. DAVID GLADSTONE INSTITUTES

- President Williams, R. Sanders, MD
- Website http://www.gladstone.ucsf.edu/gladstone/site/gweb1/

HOWARD HUGHES MEDICAL INSTITUTE (HHMI)

- President Cech, Thomas R., PhD.
- Website: http://www.hhmi.org/

This section contains the Chancellor's annual letters or videos for 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, and 2011 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 Grey 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 threefold 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/response-totaskforce/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 relent-less 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 Pediat-ric 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 disen-franchised" 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 cross-cutting 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 patients 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 appoint-ed representatives to a governing council (see membership at http://chancellor.ucsf.edu/commit-tees/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 onehundredth anniversary of its founding. (For details, see http://nurseweb.ucsf.edu/centcalendar.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, co-founder 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 Max-ine 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 infrastructure 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 De-

sign 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 long-standing

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.
- The anticipated impact of our new campus at Mission Bay is becoming apparent. 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, creativ-

ity, 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 pathbreaking 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 received.

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 cardiovas-cular 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 Facilities Vice Chancellor, Campus Life Services and Facilities Chancellor Steve Vice Chancellor, Campus Life Services and Facilities Chancellor Steve Vice Chancellor, Campus Life Services and Facilities Management Vice Chancellor, Campus Life Services and Facilities Chancellor Steve Vice Chancellor, Campus Life Services and Facilities Chancellor Steve Vice Chancellor, Campus Life Services and Facilities Chancellor Steve Vice Chancellor, Campus Life Services and Facilities Chancellor Steve Vice Chancellor, Campus Life Services and Facilities Chancellor Steve Vice Chancellor, Campus Life Services and Facilities Chancellor Steve Vice Stella Hsu, Associate Vice Chancellor, Campus Life Services and Facilities Chancellor Steve Vice Chancel

cilities 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 philan-thropist; 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 re-

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ceived 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.

People

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

Dear Colleagues:

As we approach the holidays, I have been reflecting upon this past year and all that we have accomplished together at UCSF. There are far too many achievements to list but I would like to take this opportunity to highlight a few:

Under our clinical care mission, in March we launched our automated pharmacy in the UCSF Medical Center, using robotic technology to prepare and track medications to improve patient safety. We also achieved a major milestone with the launch of APEX, our new electronic medical records system that will significantly enhance our efficiency and ability to serve our patients. And, we celebrated an important milestone in the construction of our new hospital at Mission Bay: the "topping off" of the building this fall.

In our research efforts, our outstanding faculty were recognized in numerous ways in 2011 for their ground-breaking work. UCSF's Clinical & Translational Science Institute, a key group that supports our research mission, received a \$112 million grant from the National Institutes of Health to expand its efforts over the next five years. We also opened the stunning Ray and Dagmar Dolby Center for Regeneration Medicine and Stem Cell Research in February.

Turning to our education mission, our new high-tech Teaching and Learning Center opened to our students and trainees in January. Shortly thereafter, we received our reaccreditation from the Western Association of Schools and Colleges (WASC) for a full ten years. Finally, this fall, UCSF led the successful Bay Area Science Festival, a series of events that showcased the Bay Area's critical role in advancing scientific knowledge. Our rankings continue to confirm that we educate some of the finest professional and graduate students in dentistry, medicine, nursing and pharmacy.

This is just a small sample of our many achievements. I also realize that 2011 was a difficult year for the national and state economies and, as a result, for many of us at UCSF; however I firmly believe that we are moving in the right direction and have a bright future ahead of us. I am deeply appreciative of all of your hard work that has contributed to our many successes. Thank you for all of your efforts.

I also am pleased to share with you that we are now taking the final step in developing our 3-Year Plan. The goals and strategies—which I presented at our October 4 all-hands meeting—are available on this website: http://www.ucsf.edu/about/ucsfs-2014-2015-plan

Our leadership team has begun to develop the tactics, the final—and most important and tangible—piece of our Plan. These tactics are high-impact, enterprise-wide initiatives with specific deliverables that will bring us closer to achieving our goals and realizing our vision of becoming the world's preeminent health sciences innovator.

We need the combined effort of our entire organization to achieve our vision and goals. Therefore, my leadership team and I welcome any ideas you have for a project or initiative; these can be submitted through the website above.

Long-term planning is critical to UCSF's continued success as it provides a clear roadmap for the entire organization for where we are going and how we will get there. Together, with our accomplishments of this past year and our plans for the future, we are making a difference in the lives of our patients and our community and that is something for which we can all be very proud.

I wish you all a safe and joyful holiday season.

Best, Sue

Susan Desmond-Hellmann, MD, MPH Chancellor Arthur and Toni Rembe Rock Distinguished Professor

2012: The Year in Review at UCSF

A stem cell scientist won UCSF's fourth Nobel Prize in Physiology or Medicine. The new electronic health records system is connecting physicians while transforming patient care. And Mission Bay continues to be an epicenter of expansion as plans move forward to build a new global health center and construction proceeds on a medical venter for women, children and cancer patients.

The year 2012 has been punctuated by numerous successes, as UCSF reached significant milestones, its programs and people achieved top honors, and the institution received generous public and private funding for its mission of advancing health worldwide.

Despite continuing state budget constraints, the University has met the financial challenges headon. The year began with Chancellor Susan Desmond-Hellmann, MD, MPH, proposing a new approach to financial sustainability in her first address on the status of UCSF to the University of California Regents, then forming the "Future of UCSF" working group to explore those options.

Meanwhile, the University continues to forge industry partnerships that help accelerate research to clinical application, make key investments in technology and seek help from private donors, including the kick-off of a four-year \$100 million fundraising initiative aimed at supporting students and teaching.

As it enters its 149th year, UCSF is flourishing as a leading health sciences institution, making an impact across the world and at home in San Francisco, where it's literally and figuratively transforming the city's landscape.

UCSF is a major player in putting San Francisco on the map in biosciences innovation. Nowhere is that more evident than at Mission Bay, now home to a thriving biosciences community anchored by the University's 57-acre campus. In January, Mission Bay will celebrate the 10th anniversary of the opening of its first research building, Genentech Hall, in 2003.

An economic report issued in August showed that UCSF – the city's second-largest employer – is a major catalyst of the health sciences sector's economic strength with the combined economic impact of hospitals, biomedical research and health sciences education in San Francisco generating \$16.7 billion and more than 100,000 jobs per year.

MILESTONES

UCSF continued to expand its reach this year, whether it was inviting the public to freely access

its scientific research so they can build on discoveries here or expanding its powerful presence at Mission Bay, where the new UCSF Medical Center is set to open in February 2015.

And with ongoing construction of the new San Francisco General Hospital and Trauma Center, where UCSF faculty practice, patients will undoubtedly benefit from these key investments to ensure delivery of high-quality, patient-centered care well into the future.

QB3 Bioscience Startups Going Strong After Six Years

Since launching in 2006, the California Institute for Quantitative Biosciences (QB3) incubators for bioscience entrepreneurs have helped launch 60 new companies. Starting in spaces as small as one lab bench, those startups have gone on to create more than 280 jobs and have attracted \$226 million in follow-on funding, realizing the vision of turning cutting-edge science into commercial success during one of the worst recessions in the nation's history. UCSF alumni gather for a reception at the Palace Hotel.

First-Ever All-Alumni Weekend Unites Professional Schools, Grad Division

In April, UCSF hosted its first-ever alumni reunion that united all four professional schools — dentistry, medicine, nursing and pharmacy — and the Graduate Division. More than 1,700 alumni and friends attended the weekend celebration of UCSF's international leadership in health sciences education.

UCSF Implements Policy to Make Research Papers Accessible to Public

UCSF became one of the first public universities and the largest National Institutes of Healthfunding recipient to adopt an open-access policy for its scientific articles, when the Academic Senate voted unanimously in May to make electronic versions freely available to the public. Until then, the work was under restricted access by medical and scientific journals, posing a barrier to translating laboratory research into improved clinical care. The new policy requires UCSF faculty to make each of their articles available immediately through an open-access repository, accessible through search engines such as Google Scholar or the NIH-sponsored portal, PubMed Central.

New Electronic Health Records Make Giant Leap Toward Improved Patient Safety, Care

UCSF Medical Center completed its rollout in June of one of the most comprehensive electronic health records systems in the United States. With the first pilot launching in April 2011, the system – known as Advancing Patient-Centered Excellence, or APeX – creates a single electronic health record for every outpatient and inpatient at UCSF. It transforms how providers and staff

exchange information across all care settings and gives patients online access to their medical records.

San Francisco General Hospital Celebrates Topping Out

San Francisco General Hospital and Trauma Center marked a significant step toward completion in June when the final steel beam of the new acute care facility was hoisted atop the steel frame in a Topping Out Ceremony. The new, nine-story hospital is scheduled to open in 2015, housing more than 284 beds, 14 operating rooms and an emergency room that's three times larger than the current one. A partner since 1873, UCSF's faculty members provide patient care services, conduct research and teach at SFGH.

Multicultural Center Welcomes Diverse Campus Community

Contributing to the University's goal of attracting and supporting diverse faculty, staff and students, the Multicultural Center opened its doors to the campus community in August, as part of the Office of Diversity and Outreach, directed by Vice Chancellor Renee Navarro, MD, PharmD. Led by director Mijiza M. Sanchez, MPA, the center's mission is to help promote a culture of inclusion and offer a gathering place for discussions about diversity.

New Anatomy Learning Center Features High-Tech Teaching Tools

The new Anatomy Learning Center opened as the nation's most advanced facility in using technology to teach students about anatomy. The center features interactive iPad textbooks, giant video displays and roving cameras that have changed the way students learn the complex architecture of the human body. Opened in August after a \$7.5 million makeover, the lab now allows students to move easily from dissecting embalmed cadavers, to practicing medical and surgical procedures in fresh tissue, to interpreting ultrasound imaging and physical examination findings on standardized patient "actors" and each other.

UCSF Announces Debut of Free, Online Health Courses

UCSF has joined other top universities in offering free, online classes through the website Coursera in an effort to make health sciences education more accessible. Since the University announced the initiative in July, more than 75,000 people have enrolled in the first three courses – "Clinical Problem Solving," "Contraception: Choices, Culture and Consequences," and "Nutrition for Health Promotion and Disease Prevention" – scheduled to start in January.

HONORS AND AWARDS

2012 was a banner year for UCSF being recognized for excellence across disciplines – in dentistry, medicine, nursing and pharmacy – as well as for translating that excellence into quality care in the community at large. The seemingly endless list of honors is a testament to the strength and lead-ership of individuals here and the institution as a whole.

UCSF Ranks Among Nation's Best Medical, Pharmacy Schools in U.S. News Survey

UCSF continued to top lists in the U.S. News & World Report's survey of "America's Best Graduate Schools," published in April. UCSF's School of Pharmacy ranked first in its field for its four-year Doctor of Pharmacy program, while the School of Medicine tied for third place in the nationwide survey that assessed quality of training in both research and primary care. The new report also included last year's rankings for schools of nursing, in which UCSF ranked fourth overall. U.S. News does not rank dentistry schools.

HIV/AIDS Researcher Robert Grant Named One of TIME 100

Joining President Barack Obama and media titan Oprah Winfrey, Robert Grant, MD, MPH, was named to Time magazine's 2012 list of the world's 100 most influential people for work that's seen as a promising step toward stemming the HIV/AIDS epidemic. Grant, a Gladstone Institutes senior investigator and UCSF professor of medicine, led the groundbreaking and global study, referred to as IPrEx, which showed how existing medications could effectively be used to prevent transmission of HIV in those likely to be exposed to the virus.

Pioneering AIDS Researcher John Greenspan Receives Major Dentistry Accolade

John Greenspan, BDS, PhD, saw one of the first reported cases of AIDS lymphoma while working in San Francisco in the 1980s, observations that eventually led to major research breakthroughs in the oral aspects of AIDS and the role of viruses in oral lesions. For his work, Greenspan – a distinguished professor of oral pathology with the UCSF Department of Orofacial Sciences and associate dean for Global Oral Health with the UCSF School of Dentistry – was given the 2012 American Dental Association's Gold Medal Award for Excellence in Dental Research, one of the top honors in the field of American dentistry.

Ronald Vale Wins 2012 Albert Lasker Award

Ronald Vale, PhD, is the ninth UCSF-affiliated scientist to win an Albert Lasker Award for basic or clinical research. Vale – professor and vice chair of the UCSF Department of Cellular and

Molecular Pharmacology and a Howard Hughes Medical Institute investigator – was awarded the 2012 prize in September along with two other researchers for work that has helped illuminate several critical aspects of life: how the heart beats and how cells transport material around internally.

UCSF Nursing Achieves Magnet Status for Excellence in Patient Care and Innovation

UCSF Medical Center and UCSF Benioff Children's Hospital earned the prestigious Magnet designation for excellence in nursing by the American Nurses Credentialing Center. The designation is an important milestone for UCSF, marking a strong collaboration between the hospitals and the School of Nursing to demonstrate quality patient care as well as research.

Shinya Yamanaka Wins 2012 Nobel Prize in Medicine

The top prize in medicine went to Shinya Yamanaka, MD, PhD, a Gladstone Institutes senior investigator and UCSF professor of anatomy, also based at Kyoto University, who shared the Nobel Prize for his work developing a way to transform ordinary adult skin cells into cells that are capable of developing into any cell in the human body. The resulting "induced pluripotent stem cells," or iPS cells, could mean avoiding the controversial use of embryonic stem cells in regenerative medicine.

School of Medicine Receives AAMC Outstanding Community Service Award

The UCSF School of Medicine received the Association of American Medical Colleges' Spencer Foreman Award for Outstanding Community Service in November. The award, which recognizes programs that reach communities whose needs are not being met through the traditional health delivery system, highlights the success of the University Community Partnerships Office, the San Francisco Health Improvement Partnership, the Program in Medical Education for the Urban Underserved, as well as various science education programs for high schoolers.

FUNDING

As the "Future of UCSF" Working Group searches for a financially sustainable business model amidst budget cuts, the University relies even more heavily on public grants and private donations to help it stay competitive in research, education and patient care.

UCSF Tops Public Institutions in NIH Biomedical Research Funds

UCSF continues to increase its research funding from the National Institutes of Health, receiving more than any other public institution in 2011, according to new figures released in January. With

a total of \$532.8 million across more than 1,000 different grants and contracts last year, UCSF ranked second among all institutions nationwide. The federal funding plays a key role in supporting UCSF's research into the genetic, molecular and cellular basis of diseases, epidemiological and clinical-research studies, and efforts to develop innovative treatments and cures.

Sandler Foundation Gives \$20 Million Challenge Gift for Neuroscience Research and Care

Herbert and Marion Sandler and the Sandler Foundation gave UCSF a \$20 million challenge gift to support the university's groundbreaking research and clinical care efforts regarding neurological diseases. The newly named Sandler Neurosciences Center at Mission Bay which opened in May, is a five-story, 237,000-square-foot building that brings under one roof several of the world's leading clinical and basic research programs, providing an environment that encourages a crosspollination of ideas and collaboration.

Mission Bay Lands \$10 Million Federal Transportation Grant

House minority leader Nancy Pelosi and San Francisco Mayor Ed Lee joined UCSF leaders in June to celebrate a \$10 million federal grant for transportation improvements at Mission Bay. The grant will create the transportation infrastructure critical for ensuring access to the campus' cutting-edge research and patient care programs and also fund other improvements, such as completing the street additions, highway off-ramps, bike lanes, pedestrian walkways and transit additions necessary to serve this vibrant – and still growing – neighborhood.

Chuck Gives \$20 Million Gift to Launch Global Health Hub

UCSF will build a new hub for Global Health Sciences at Mission Bay, thanks to a \$20 million gift from philanthropist Chuck Feeney through his foundation, The Atlantic Philanthropies. Feeney's latest gift, announced in September, brings his total support of UCSF Mission Bay to more than \$292 million, making him the single greatest contributor to any campus in the 10-campus University of California system. It will allow UCSF to jumpstart its vision of becoming one of the world's leading centers for global health. Construction is expected to begin in March 2013.

NIH Renews Grant for Cancer Center

The National Institutes of Health awarded the UCSF Helen Diller Family Comprehensive Cancer Center a \$7.2 million support grant in September as part of a five-year \$36 million grant recommendation that would fund cutting-edge cancer research. The center, which unites top scientists with exceptional medical practitioners, not only enables key scientific discoveries, but also ensures that the knowledge gained leads to better treatments for patients.

Prostate Cancer 'Dream Team' Gets \$10 Million Grant to Tackle Advanced Disease

A "dream team" of scientists, led by UCSF, has embarked on a groundbreaking project in personalized medicine to overcome therapeutic resistance in advanced prostate cancer. A \$10 million grant over three years, funded by the Prostate Cancer Foundation and Stand Up To Cancer, enables principal investigator Eric J. Small, MD, deputy director of the UCSF Helen Diller Family Comprehensive Cancer Center, to lead researchers from UCSF and five other universities to identify the causes of resistance in some 500 prostate cancer patients and tailor therapy for them.

LEADERSHIP

UCSF's lineup of faculty and staff not only brings a wealth of expertise to campus, but they also are leaders nationally and internationally. Among the prestigious titles bestowed on University all-stars this year were Robert Wachter, MD, being named chair of the American Board of Internal Medicine's Board of Directors; Mitchel Berger, MD, becoming UCSF's first neurosurgeon to be selected president of the American Association of Neurological Surgeons; and Warner C. Greene, MD, PhD, being elected president of the Association of American Physicians. UCSF's presence in these and other important leadership roles are keeping the University at the forefront and helping steer important health policy. Paul Volberding, MD

Paul Volberding Takes Leading Roles with ARI, Global Health Sciences

Paul Volberding, MD, one of the world's leading experts on treatment for patients infected with HIV, became the new director of the AIDS Research Institute (ARI) at UCSF in February. Volberding, who also became director of research for UCSF Global Health Sciences, previously served as chief of medical service at the UCSF-affiliated San Francisco Veterans Affairs Medical Center and as vice chair in the department of medicine.

San Francisco HIV/AIDS Leader Grant Colfax Appointed to Lead Office of National AIDS Policy

Grant Colfax, MD, an assistant clinical professor of medicine at the UCSF Division of HIV/AIDS at San Francisco General Hospital and Trauma Center, was appointed by President Barack Obama to be director of the Office of National AIDS Policy in March. Colfax has been a leader in developing pioneering programs in San Francisco aimed at addressing disparities in HIV prevention, testing, treatment and care. In his new role, he leads the national office's efforts to prevent HIV through wide-ranging education initiatives and to coordinate the treatment of people living with HIV/AIDS.

Elizabeth Watkins Takes Helm at Dean of Graduate Division

Elizabeth Watkins, PhD, took the helm as dean of the Graduate Division in April, replacing Patricia Calarco, PhD, who retired after a 40-year career at UCSF. Watkins joined UCSF in 2004 as director of graduate studies for the History of Health Sciences program and a professor in the Department of Anthropology, History and Social Medicine. As dean, she leads top-ranked programs in the biological, biomedical, pharmaceutical, nursing, and social and behavioral sciences. Any good quip from her on her plans or excitement re. the program you could add? Diane Havlir, MD

Diane Havlir Co-Chairs Historic AIDS 2012 Conference in Washington DC

The International AIDS Conference returned to U.S. soil in 2012 for the first time in more than two decades, after President Barack Obama lifted the U.S. ban on foreign visitors with HIV. Diane Havlir, MD, chief of the UCSF Division of HIV/AIDS and Positive Health Program at San Francisco General Hospital and Trauma Center, was selected to co-chair AIDS 2012 in Washington, D.C., where the world's top researchers, physicians and advocates convened to discuss how to end the AIDS epidemic. To coincide with the conference, UCSF launched its first blog, AIDS 2012, with input and insight from faculty who are leaders in their fields.

John Ford Named New Vice Chancellor for University Development

John B. Ford, a longtime leader in fundraising for top universities, was named UCSF's vice chancellor of University Development and Alumni Relations in September. In his new role, Ford leads fundraising for a university that ranks as one of the top fundraising organizations in the United States, according to the Chronicle of Philanthropy. UCSF received \$329 million in private support last fiscal year, surpassing revenue from state appropriations.

Mack Roach Appointed to National Cancer Advisory Board

Mack Roach III, MD, an internationally recognized expert on using radiation to treat and manage prostate cancer, was named by President Barack Obama to the National Cancer Advisory Board in December. The 18-member voting board reviews support grant applications and cooperative agreements for the U.S. National Cancer Institute. Roach has worked as a professor of radiation oncology and urology at UCSF since 2000, and has served as the chair of the Department of Radiation Oncology since 2007.

A Look at Some of the Biggest Stories of 2013 Inside UCSF

January:

Celebrating the Epicenter of Science

A decade after opening, UCSF Mission Bay continues to be an epicenter for science, health and hope. The \$3 billion campus is considered the single most important endeavor in UCSF's near 150-year history, a product of public-private partnership among government leaders, academia, business and the community. The campus has not only helped transform the once-delapidated southeast portion of San Francisco, but has fueled the economy with construction and fostered education and research including collaboration with bioscience start-ups, venture capital firms, and top scientific institutions. Now nearly 4,000 faculty members, staff, and students work, teach, and learn at UCSF Mission Bay, including three UCSF Nobel laureates. UCSF's contribution to the thriving area that also features housing and public parks continues with the planned February 2015 opening of UCSF Medical Center at Mission Bay to serve women, children, and cancer patients.

World Rank	Institutions
1	Harvard University
2	University of California, San Francisco
3	University of Washington
4	The Johns Hopkins University
5	Columbia University
6	The University of Texas Southwestern Medical Center at Dallas
7	University of California, Los Angeles
8	University of Cambridge
9	Stanford University
10	University of Pittsburgh

Academic Ranking of World Universities in Clinical Medicine and Pharmacy, 2012 The Academic Ranking of World Universities placed UCSF second in clinical medicine and pharmacy among universities the world over. More than 1,000 universities are ranked using objective indicators including the number of faculty winning Nobel Prizes, the number of articles published in journals of Nature and Science, and per capita performance with respect to the size of an institution. UCSF has long been recognized as a world-renowned health sciences university. Five faculty members have received the Nobel Prize in Physiology or Medicine, most recently in 2012 when Shinya Yamanaka, MD, PhD, a senior investigator at the UCSF-affilited Gladstone Institutes, was recognized for his work on transforming adult skin cells into cells that can develop into any other type of cell in the human body.

February:

Achieving Magnet Status

UCSF Medical Center and UCSF Benioff Children's Hospital celebrated Magnet recognition from the American Nurses Credentialing Center. The process of achieving Magnet status was a joint effort between the hospitals and UCSF School of Nursing, which worked to compile a 3,000-page submission package and showcase UCSF's 2,500-member nursing staff during a site visit in July 2012. Magnet status signifies outstanding nursing practice, a rewarding work environment for nurses, and improvements in patient care. Less than 7 percent of the 5,724



UCSF Medical Center team, led by Chief Nursing Officer Sheila Antrum, center, prepares for a visit by Magnet appraisers.

hospitals registered with the American Hospital Association have achieved this honor. UCSF Medical Center CEO Mark Laret praised the "incredible efforts to achieve this high honor which embodies our mission of caring, healing, teaching and discovering."

Joining Forces to Spur Innovations



UC Berkeley, UCSF, and Stanford University are collaborating on an educational program aimed at commercializing university research and fostering innovation locally and nationally. The project is funded by a three-year \$3.75 million grant from the National Science Foundation (NSF). The NSF program is one of three new innovation corps designed to train the next generation of entrepreneurs and encourage partnerships between academia and industry. The program focuses on developing

business models and iterating models quickly and frequently based on customer feedback. Such a framework has not been used in a bioscience setting before, but UCSF's position as a leader of biotechnology makes it an ideal place to start with its partner institutions.

March:

Advancing the Artificial Kidney

A combination of nano-scale engineering and the most recent advances in cellular biology, the artificial kidney project aims to create an implantable device for patients with chronic kidney failure. This implantable device could impact millions of people suffering from end-stage renal disease and reduce the need for external dialysis or immune suppressant medication. The UCSF-led project has been proven to work for the sickest patients using a room-sized external model. The plan is to use silicon fabrication technology and specially engineered compartments for live kidney cells to shrink the technology to the size of a coffee cup, which can then be implanted into the body to help patients live a more normal life. The artificial kidney project was fast-tracked by the Food and Drug Administration in a new regulatory approval program and is planned for clinical trials in 2017.

Steering the Future of UCSF

UCSF Chancellor Susan Desmond-Hellmann, MD, MPH, formed a distinguished group of renowned leaders from health care, biomedical sciences, and technology to help guide the future of UCSF. This small group of voluntary strategic advisors will aid Desmond-Hellmann and her leadership team to identify and prioritize issues of importance to the University. The challenges facing UCSF spurred the chancellor to take these steps to ensure the University's financial health and continued excellence in future years.

Breaking New Ground in Global Health

March 22 marked the groundbreaking ceremony for the new Global Health & Clinical Sciences Building, or Mission Hall at UCSF Mission Bay. The seven-floor, 265,000-square-foot building will open in 2014 and bring together all the faculty, staff, and students involved in the University's global health programs. Both the Mission Bay campus and the Global Health Sciences program celebrated their 10-year anniversary in 2013, and this new building will help cement both as world leaders for research, translation, and scientific collaboration. Mission Hall is made possible by a \$20 million gift from philanthropist Chuck Feeney through his foundation Atlantic Philanthropies.

April:

Empowering Patients Via TEDMED Talk



Speaking at TEDMED, UCSF Chancellor Susan Desmond-Hellmann, MD, MPH, explained the benefit of the digital age of information for health care with thousands of people both in person and online during the April conference. Increasingly, patients will be empowered to access more health information than ever before, and physicians can leverage that empowerment to improve the care they provide, the chancellor said. Desmond-Hellmann's unique perspec-

tive brings together scientific and technological breakthroughs for better clinical care, similar to the precision medicine movement, which aims to cross-reference a patient's health data with a global network of knowledge to deliver more targeted care.

May:

Leading Advances in Precision Medicine

UCSF convened more than 170 of the world's foremost thinkers, creators, and innovators for the first-ever OME Precision Medicine Summit to identify new approaches to make medicine more predictive, preventive, and precise. The emerging field of precision medicine draws upon advances in technology, genetics, and biomedical research to better tailor health care to individuals. UCSF is putting precision medicine into practice with a number of exciting developments, including forming the Global Alliance and establishing the Center for Digital Health Innovation. With the benefit of public participation and worldwide knowledge networks, precision medicine can revolutionize health. Among the attendees of the OME Precision Medicine Summit was Francis Collins, PhD, director of the National Institutes of Health.

Recognizing Extraordinary Contributions on Campus



James Dilley, back row, third from right, celebrates his public service award with his colleagues.

The 2013 Founders Day Luncheon honored 11 members of the UCSF community for their extraordinary contributions to the University and beyond. Chancellor Susan Desmond-Hellmann, MD, MPH, presented awards for public service, university service, and university management, as well as a distinguished nursing award and a UCSF at Mount Zion Milton and Helen Pearl award for outstanding service. The awardees were honored for years of service as well as innovative proposals to benefit the community near and far. For their part, most awardees praised their colleagues who help them succeed, thanked their families for their support, and reflected on the satisfaction they feel being part of UCSF

Focusing on Digital Health Innovation

UCSF named Chief Medical Information Officer Michael Blum, MD, as director of the new Center for Digital Health Innovation. This new center will focus on transforming health care delivery and discovery from empiric, generalized, disease-based diagnostic and treatment approaches to the era of individualized precision medicine. The center will focus on developing new technologies, apps, and systems to complement social media and generate enormous new data sets. Such sets will be key to applying precision medicine to deliver more personally tailored health care.



Michael Blum, MD

June:

Saluting Supreme Court Rulings on Same-Sex Marriage



Nikolas Lemos, PhD, shows his commitment to civil rights bydressing up as "Lady Li-bear-ty" outside SF City Hall.

Members of the Lesbian, Gay, Bisexual and Transgender (LGBT) community at UCSF celebrated at San Francisco City Hall as the US Supreme Court struck down the federal Defense of Marriage Act and also declined to rule on California's Proposition 8. Both cases are key in affirming same-sex marriage and equal rights. UCSF has long been a leader in supporting the LGBT community, both in offering equitable health care to the LGBT community and throughout the University.

UCSF has joined nearly 70 other health care, research, and patient advocacy organizations in a global alliance to enable researchers and physicians to share genomic and clinical data. Chancellor Susan Desmond-Hellmann, MD, MPH, was a founding participant in organizing this partnership of unprecedented proportions. Data will be de-identified and shared at the consent of patients in order to build a global resource to be used in biomedical research, drug development, diagnostics, and medical decisions for individuals. The global alliance already has support from organizations around the world to build an international framework to share data conveniently while protecting participant confidentiality and privacy.

Joining a Global Alliance for Genomic Health



UCSF Chancellor Susan Desmond-Hellmann convened a summit on precision medicine in May.

July:

Walking to Fight AIDS in San Francisco



UCSF volunteers show their enthusiasm at the 27th annual AIDS Walk.

Winning National Institutes of Health Support

UCSF faculty, staff, and students joined thousands in Golden Gate Park's Sharon Meadow on July 21 for the 27th annual AIDS Walk San Francisco. Fifteen teams, comprising roughly 350 people, walked the 10K course along with 25,000 participants this year. UCSF has consistently had one of the best turnouts at the event, and helped raise more than \$53,000 for Bay Area AIDS prevention and treatment organizations. The University awards the UCSF AIDS Walk Trophy to the team that raises the most money each year. The total raised by all teams from around the San Francisco Bay Area was more than \$2.5 million.

UCSF ranked second among all institutions last year in biomedical research grants from the National Institutes of Health (NIH) and was top public recipient according to annual figures from NIH. Funds of nearly \$521.3 million, from both contracts and grants, enable UCSF scientists to continue their pioneering research throughout all four of UCSF's professional schools. For more than two decades UCSF has ranked among the nation's top institutions in NIH funding. The ranking reflects the breadth and scale of UCSF's excellence across education and research in multiple health-science arenas, as well as the strength of UCSF's research program to bear the impact of \$1.55 billion federal budget cuts for the NIH this year.

Ranking Among America's Top Hospitals

The 2013-2014 America's Best Hospitals survey places UCSF Medical Center among the nation's premier hospitals for the 12th consecutive year, and the best in Northern California. As the seventh best hospital in the country, UCSF Medical Center earns a spot on the survey's honor roll, a distinction awarded to only eighteen hospitals. The U.S. News & World Report publishes the survey to help guide patients who need a high level of care. UCSF's continuing excellence in innovative treatments, advanced technology, collaboration among health care professionals and scientists, and a highly compassionate patient care team distinguish UCSF Medical Center among the approximately 5,000 U.S. hospitals evaluated.

Responding to Region's Biggest Disaster

rash of Asiana Airlines Flight 214, the SFGH team reacted immediately to care for 67 patients, including 36 adults and 31 children. The trauma unit responded with rapid, coordinated care to handle the single biggest disaster that the hospital has faced. As the only Level 1 Trauma Center for San Francisco and northern San Mateo counties, the team was well trained to treat the sudden influx of patients. The center treats approximately 4,000 patients each year and has long been recognized as San Francisco's public safety net hospital. Through close collaboration with the UCSF School of Medicine, SFGH continues to train medical residents and provide exemplary patient care.



A nurse screens an incoming patient in the Emergency Department of SFGH and Trauma Center

August:

Unveiling Covered California at UCSF



Democratic Leader Nancy Pelosi visited UCSF to unveil California's plan to implement the Affordable Care Act with the creation of a health care marketplace called Covered California. The new program will allow millions of people to choose guaranteed, affordable, high-quality health insurance coverage. Though operated by the state of California, the health program is not government insurance or socialized medicine. Rather, Covered California will provide an online marketplace for individuals and families to find financial assistance to make coverage more affordable. As the only UC campus dedicated exclusively to health, Chancellor Susan Desmond-Hellmann, MD, MPH expressed UCSF's excitement for improving the quality of health care for all of California.

September:

Envisioning UCSF in Year 2025

A game of ideas for mapping the University's future spurred a competition among individuals, teams, and entire departments in UCSF2025. More than 2,000 players participated in rapid-fire online dialogue over 36 hours to discuss everything from campus life to research innovation. The surprising winner though was Ivayla Ivanova, a resident of Salt Lake City with no direct affiliation with UCSF. After taking a School of Dentistry online class, Ivanova joined UCSF2025 where her real estate background helped spark ideas about green buildings and sustainability. University leaders took notice of all of the top-scoring teams, with several ideas from the game already making the transition to reality.



After winning UCSF2025, Ivayla Ivanova, left, was invited to UCSF by the Campus Procurement team.

Going Completely Tobacco-Free

September 3 marked the beginning of a new policy that prohibits use of tobacco products on any University property or adjacent grounds for everyone who works or studies at UCSF. Cigarette smoking has long been identified as the most important source of preventable disease and illness, affecting an estimated 443,000 American lives each year. UCSF took the first step to limit smoking in 2005 with designated smoking areas, which were then removed in 2008 after scientists and staff urged campus leadership to protect the UCSF community from the dangers of smoking. Now the University intends to lead a new era of employee wellness and to commit to the health of not just patients but the entire UCSF community.

Highlighting the State of the University Address

In her fourth annual University address, Chancellor Susan Desmond-Hellmann, MD, MPH, highlighted the accomplishments and challenges facing the leading university exclusively focused on health. She began with the announcement of one of UCSF's biggest new investments, a \$60 million fellowship program for PhD students. Her speech also described the importance of precision medicine, an emerging field that seeks to revolutionize health care by leveraging the vast amount of genetic and health data available from around the world. Desmond-Hellmann also rec-

ognized the exemplary work of individuals from throughout the UCSF campus, including Hana El-Samad, PhD, Jeff Olgin, MD, and Elizabeth Watkins, PhD. Desmond-Hellmann remained optimistic for UCSF's future thanks to the dedication and hard work of all 23,000 people on campus.

Supporting Basic Science PhD Students

Sequoia Capital Chairman Sir Michael Moritz, KBE, and his wife, Harriet Heyman collaborated with UCSF to kick off a new endowment with a \$60 million contribution to PhD education programs in the basic sciences. The UCSF Discovery Fellows Program will fund programs such as cell biology, biochemistry, and neuroscience, which consistently rank among the top biomedical research doctoral programs in the United States. The endowment will help relieve the cost of tuition and living expenses for basic science PhD students at UCSF and allow grant money to be better allocated to the research and innovation UCSF is known for. Moritz and Heyman donated \$30 million to the program, which UCSF matched with \$25 million of institutional funds and a commitment to raise an additional \$5 million from donors. The fundraising challenge aims to instill a new culture of private giving to fund graduate education.

October:

Reinforcing "It Gets Better" to LGBT Community

As part of UCSF's Diversity Week and National Coming Out Day last year, UCSF created an "It Gets Better" video to increase awareness of and support the LGBTQ community. The four-minute video features more than 30 ethnically and culturally diverse UCSF faculty, staff, students, and trainees who give messages of hope to at-risk youth. Researchers found that LGBT teens and young adults have one of the highest rates of suicide attempts, and this video offers comfort and resources to persevere through the difficult times. This year the video was honored with a local Emmy award nomination in the Community/Public Service Award category. The collaborative video reflects UCSF's commitment to creating a welcoming and inclusive campus through diverse, LGBT-friendly services and groups.

November:

Getting an Inside Look at UCSF



UC President Janet Napolitano and UCSF Chancellor Susan Desmond-Hellmann laugh at a joke during a lunchtime discussion with students.

Janet Napolitano, the University of California's newly appointed president, visited UCSF as part of her "listening and learning" tour of all 10 campuses. Napolitano met with Chancellor Susan Desmond-Hellmann, MD, MPH, and heard presentations by campus leaders on UCSF's highest strategic priorities as well as financial projections for the next 10 years. Napolitano met with UCSF faculty, staff, students, and volunteers to better learn about what makes UCSF unique and how to further the University's commitment to education, patient care, and research. The new president announced a number of initiatives, including \$5 million toward

recruiting graduate students and \$5 million toward postdoctoral fellowships. These investments, as well as her focus on translational research, are a promising start to her tenure, Desmond-Hell-mann said.

Modeling Success from Welfare to Work

UCSF's Excellence through Community Engagement and Learning (EXCEL) program provides low-income San Franciscans with the training and skills needed to help turn their lives around. Both classroom and on-the-job training is used to prepare participants for careers in the health care sector. The program offers the skills needed to keep up in a rapidly evolving global economy. Over the past three years 80 percent of EXCEL graduates have found employment 6-months after graduation, many of them through UCSF facilities. The success of the program is indicative of

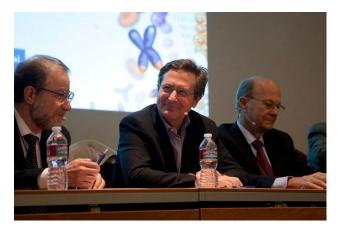


EXCEL graduate Kaya Lewis, center, smiles as she is introduced to speak at the program's latest graduation ceremony

the University's commitment to workforce development and community support. As the second largest employer in San Francisco, UCSF continues to support the city through quality health care and broad, well-trained workforce.

December:

Celebrating the "Oscars of Science"



Matthew Fall, one of the recipients of the 2014 Breakthrough Prize, speaks at a panel discussion held at UCSF Mission Bay. Top scientific minds coverged at UCSF for the two-day celebration of the 2014 Breakthrough Prize in Life Sciences on Dec. 12 and 13. Hosted by Kevin Spacey and attended by other Hollywood celebrities and magnates of Silicon Valley, the real stars of the event were the six scientists who took home prizes. The winners each receive \$3 million rewards and joined past winners for a scientific symposium at UCSF's Mission Bay campus to highlight the groundbreaking research that earned them awards. The topics of research and discission were wide-ranging, though the progress and future of cancer research

proved a touchstone of the event. Three UCSF Nobel laureates were also in attendance, and the symposium wrapped up with a panel discussion of the prize winners modereated by Chancellor Susan Desmond-Hellmann, MD, MPH. The Breakthrough Prizes includes separate awards for physics and mathematics, and aims to raise the profile of scientists whose hard work often doesn't get mainstream attention.

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