The Building of a Dream
School of Medicine History

Dream Team
takes on a plague

Physician and Educator
his love of the art and science of surgery

About the Science:
working toward cures for cancer
UT Medicine San Antonio, the physicians of The UT Health Science Center, offers our community the expertise and caring of the largest multi-specialty practice in South Texas. Together, they join all the educators, researchers, residents, staff and students of the Health Science Center in their commitment to one simple, yet powerful, goal - making lives better.
Save the Date.
Saturday, September 20, 2008
Mark your calendars now to attend our Health Science Center Gala celebrating the School of Medicine’s 40th Anniversary at the newly-opened Grand Hyatt San Antonio.
Details to follow...

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Welcome to FUTURE, a new publication of the School of Medicine of The UT Health Science Center at San Antonio. It is our collective hope that you will find the presented information and updates in this magazine valuable.

I think the title of our new publication is apt, given our focus on the many new initiatives in the School and the Health Science Center. I say this fully cognizant of the tremendous accomplishments of faculty, staff, students, residents and administrators who have led the School to the lofty platform it enjoys today. To say it succinctly, we stand on the threshold of several major exciting opportunities that are very likely to be defining moments for us: a state-of-the-art, 250,000-square-foot clinical ambulatory building is rising on Floyd Curl Drive and will be completed in 2009; a 200,000-square-foot South Texas Research Facility, designed by Rafael Viñoly, will be started in 2008 and completed in 2010; a new association with the Cancer Therapy & Research Center has created an improved positive alignment for our NCI-recognized comprehensive, interdisciplinary cancer care; a new wellness facility is now being planned; and new multipurpose laboratories for all Health Science Center students are on the drawing board.

As needed, welcomed and impressive as the new facilities will be, they are not, of course, what will ultimately propel us to our goal of joining the ranks of our country’s elite schools of medicine. Rather, it will be our people, dedicated as they are to superb clinical care, to cutting-edge discovery and to innovative education programs, who will ultimately determine our success. To aid us in the journey, we have committed an investment of $130 million over the next six years to support and grow our faculty, staff and students.

It is, indeed, a privilege for me to be associated with the indefatigable efforts of our faculty, residents, students and staff — and to work with them to achieve new levels of excellence in our institution. Our School will celebrate only its 40th anniversary in 2008. Over the course of this very brief history, our institution has established a positive mark in educational, clinical and investigative domains. With the new planned investments in our faculty and facilities, the future could not be more promising.

We hope this and upcoming editions of FUTURE are successful in capturing the spirit, optimism and unwavering dedication of everyone associated with the mission and success of our School and Health Science Center.

William L. Henrich, M.D., M.A.C.P.
Dean, School of Medicine
Vice President for Medical Affairs
Professor of Medicine
John P. Howe III, M.D. Distinguished Chair in Health Policy
The University of Texas Health Science Center at San Antonio
The University of Texas Health Science Center at San Antonio is on a path toward greatness because of the research, clinical care, education, service and technological development that transpire every day within our five schools.

This year, I am particularly proud to help William L. Henrich, M.D., M.A.C.P., dean of the School of Medicine and vice president for medical affairs, launch the inaugural issue of FUTURE. This magazine is the result of Dean Henrich's pioneering vision and makes history as the first-ever official magazine of our School of Medicine. Under Dean Henrich's leadership, the School of Medicine is progressing swiftly and steadily. FUTURE is just one example of these advancements and another tool to communicate with you regarding the outstanding achievements of our faculty, staff, students and alumni.

This is an especially exciting time – not only for the School of Medicine, but for the entire Health Science Center. Here’s to our FUTURE and the success stories featured within its pages. These stories remind us of how far we’ve come and of what we can look forward to as we move closer toward our goal of becoming the finest academic health science center in the nation.

Francisco G. Cigarroa, M.D.
President
Professor, Pediatric and Transplantation Surgery
The University of Texas Health Science Center at San Antonio
This 100 ACRES
SITE OF THE
South Texas
Medical
SCHOOL
The planning, development and opening of any school of medicine takes vision, initiative, patience and much perseverance by key leaders. All of these characteristics contributed greatly to create what is known today as The UT Health Science Center at San Antonio School of Medicine. The dream of affording medical service to a large, underserved population was one held by numerous San Antonio leaders since the 1880s.
The movement to establish what would become The University of Texas Medical School at San Antonio in 1968 began to grow in earnest during the Second World War. However, according to Dr. John Smith Jr. – a native Texan who would become a leader of both the Bexar County Medical Association and the effort to gain a medical school for San Antonio in the 1950s – a desire to have such a school was held by some individuals in San Antonio almost since before the turn of the century. As it happened, though, two cities – Galveston and Dallas – would be chosen to house medical schools under The UT System prior to San Antonio.

In the late 1940s, representatives from the Bexar County Medical Society, the Board of Directors of the Bexar County Hospital District and the Chamber of Commerce met to devise a plan that eventually established the San Antonio Medical Foundation. Before its incorporation, it had managed to get House Bill 61 introduced into the 1947 Texas Legislature, which set the stage for a medical school in San Antonio. The concept was approved, but the funding never went into effect. It wasn’t until 1959 that the dream finally met with approval of the Legislature.

The years 1947 to 1959, although turbulent at times, witnessed strong and persistent support for the effort from every area within San Antonio - the Bexar County Medical Society, the Chamber of Commerce, the San Antonio Medical Foundation, the Southwest Texas Medical Hospital, military leaders of Lackland Air Force Base, Brooke Army Medical Center at Fort Sam Houston and Randolph Field, the Santa Rosa Children’s Hospital and the Bexar County Hospital District. Without the leadership of all these partners, this dream would have never been realized.

Concerns arose as to the location for the medical school, known then as the South Texas Medical School. Two locations were considered: downtown, near the Robert B. Green Hospital, and the present location within the medical center complex in Oak Hills. By 1960, the decision was made to give the new school 100 acres in Oak Hills, land that was formerly the Joe J. Nix dairy farm, “a wide expanse of grazing land, cattle...
pens and milking barns with two towering silos to store cattle feed.” Acreage for the new teaching hospital was also designated.

Even if a former dairy farm was an inauspicious location to create a world-class medical center, it was a choice that would provide room for growth for the school and for the medical center in general. It would take seven years before the school and the affiliated hospital would be completed, years known to be very chaotic as far as political, financial and community issues were concerned. However, this was a time during which important affiliations were created with federal, state, community and medical entities, creating a strong and lasting foundation for the future.

In 1968, nearly 90 years after San Antonio’s first attempt to gain a medical school, The University of Texas Medical School at San Antonio (as it was known then) finally opened. Because student enrollment had actually begun in 1966, 56 entering students began classes at the new facility along with the second- and third-year students who returned from either Galveston or Dallas. In all, 105 students began in September of 1968. The affiliated teaching hospital, Bexar County Hospital (later renamed Medical Center Hospital and then University Hospital) opened just a few months later. The excitement and the uniqueness of planning a new medical school, along with its affiliated teaching hospital, was truly a dream come true to fulfill excellence in medical education. But, of course, it was just the beginning.

The decade of the 1970s was a time of great progress. Creating a more dynamic medical center were the addition of the Dental School, the School of Nursing, the Graduate School of Biomedical Sciences, and the School of Allied Health Sciences to create The University of Texas Health Science Center at San Antonio; the Veterans Administration Hospital opening; renovations and expansions of existing facilities; and the addition of an exceptional medical library. All the while, the continuous review and updating of medical student education curriculum and the beginnings of a multimillion-dollar research enterprise were being laid.

Our history and our future began to be intertwined with such significant partners as the University Health System, CHRISTUS Santa Rosa Health System, Audie L. Murphy Veterans Administration System, Bexar County Medical Association, Brooke Army Medical Center, Wilford Hall US Air Force Hospital, and Greater San Antonio Chamber of Commerce. These associations added to the growing belief that the long-held dream of a world-class medical center was, at last, becoming a reality.

The economic pressures brought on by the emergence of managed care in the 1980s and 1990s led medical schools across the nation to reorganize the structure of faculty clinical practices. The UT System responded to these pressures by forming corporate entities and a 501(a) on the San Antonio campus came to be known as the University Physicians Group (UPG). Early business functions were focused upon collectively executing managed care contracts on behalf of the faculty physician group, allowing for greater contracting coordination with our teaching partners. UPG, now known as UT Medicine San Antonio, later
assumed responsibility for billing and collection activities, as well as the responsibility to operate other hospital-based clinics that were transferred to the School of Medicine. UT Medicine San Antonio continues to develop cost-efficient ways to best provide excellence in patient care.

In 1998, the 75th Texas Legislature authorized The University of Texas System to establish and operate a Regional Academic Health Center (RAHC) to serve the four counties of the Lower Rio Grande Valley (Cameron, Hidalgo, Starr and Willacy) comprised of three major divisions. The first was the Medical Education Division, designated for Harlingen. The second was the Medical Research Division, designated for Edinburg. Both of these divisions were to be operated as geographically separated campuses by the School of Medicine. The regional dean oversees both divisions and reports to the dean of the School of Medicine. The third division was the Public Health Division, and it was designated as a branch of The University of Texas Health Science Center at Houston.

In 2002, the undergraduate and graduate medical education facility was opened in Harlingen to house the educational programs and to support up to 24 third-year and 24 fourth-year medical students, as well as the School’s residency programs under the sponsorship of Valley Baptist Medical Center (VBMC), the primary inpatient-training hospital. The principal outpatient-training clinic is Su Clinica Familiaar, which was completed in 2002. Other important training sites include Harlingen OB/GYN Associates, Harlingen Pediatrics Associates, Valley Diagnostic Clinic, and various medical offices and clinics. The training of medical students and residents is greatly augmented by the opportunity to treat some unique health problems that are widely encountered in the Valley and along the U.S./Mexico border region. Also valuable are opportunities for development of binational education and training programs, as well as opportunities for collaboration between the Medical Education and Medical Research Divisions and the Public Health Division of the RAHC.

A second building in Harlingen, opened in the fall of 2007, houses a Veterans Administration clinic and clinical research programs supported by the School of Medicine. The Hidalgo County Medical Research Division building was opened in Edinburg in 2006 adjacent to The University of Texas-Pan American; it serves the four counties of the Lower Rio Grande Valley. UT-Pan Am has computing and engineering capabilities that can complement the biomedical research focus of the RAHC Medical Research Division.

A burst of activity has surrounded this school from its very roots. With more involvement in South Texas, new leadership and direction, and strategic planning for continued excellence in education, superb patient care and meritorious translational research, all involved with the School of Medicine are excited about its future.

By Jan Wilson, Ed.D., M.B.A.
The Medical Arts and Research Center (MARC):
UT Medicine San Antonio’s Ambulatory Center

**Location:** Corner of Charles Katz and Floyd Curl drives

**Expected completion:** Spring 2009

**Size:** 250,000 square feet (includes 11 clinic areas, a 13,000-square-foot diagnostic imaging center and a 30,000-square-foot ambulatory surgery center consisting of four endoscopic suites, six operating rooms, and supporting spaces such as presurgical preparation and recovery areas)

**Cost:** $95 million

**Ingredients for success:** The MARC will be the practice site of UT Medicine San Antonio, which consists of Health Science Center physicians, and is the largest multi-specialty practice group in South Texas. Plans are to consolidate clinic operations from several locations currently leased throughout the Medical Center area, including the Diagnostic Pavilion on Medical Drive. Incorporating many specialties under one roof promises to benefit patients and increase efficiency of care and education. This ambulatory clinic, which will train future clinicians, is vital because ambulatory care is the care of the future. The goal is “first-class medicine in every aspect.” Expanded proposed services will include: primary care, orthopaedics, cardiopulmonary care, digestive disease care and surgery, allergy, dermatology, endocrinology, infectious diseases, nephrology, neurology, urology, obstetrics and gynecology, ophthalmology, otolaryngology, and diagnostic services such as radiology and a heart station.
Herbert W. Nickens Medical Student Scholarship Award Winner

The Association of American Medical Colleges (AAMC) chose Christian Corbitt, MS III, as one of five students nationwide to receive the 2007 Herbert W. Nickens Medical Student Scholarship. The Nickens Scholarships are given to five outstanding students entering their third year of medical school who have shown leadership efforts to eliminate inequities in medical education and health care and demonstrated leadership in addressing the educational, societal and health care needs of minorities.

Upon his arrival here, Corbitt became very involved with the student-run free clinic, Alpha Home / SAMM Shelter and Frontera de Salud. Frontera de Salud is a volunteer organization run by students committed to bringing health care to the underserved in the Rio Grande Valley and colonias outside of Corpus Christi. Corbitt had worked tirelessly for this organization and is now the president of Frontera. Under his leadership, the number of students involved, variety of programs, and number of trips to provide services have significantly increased. He initiated a lecture series on health care disparities and serving the underserved, that keeps this very important cause in both student and faculty awareness. Corbitt has also participated in both teaching and research activities.

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The London School of Economics and The London School of Hygiene and Tropical Medicine, Pollock was in a unique position to assess the needs of the disaster relief effort and offer ways to fill those needs.

In fact, Pollock was packing her bags for New Orleans when she received a telephone call from her father telling her to stay in the Alamo City because evacuees were headed her way. The next morning, she went directly to Associate Dean for Student Affairs Lee Jones, M.D., to ask what she could do and where she was needed. Her enthusiasm to contribute to the relief effort was infectious, and soon 700 medical students were volunteering in the effort that won them a 2006 United Way Volunteer Award.

In addition, she designed a form that medical student volunteers passed out to each Katrina evacuee within the shelter. The information from this form was then used to create a grid of all the evacuees, so that they could be easily located. This simple form and map were instrumental in medically treating evacuees and helping families find each other, Jones says.

“She was level headed,” he continues, “assessing the needs, designing and putting systems in place and finding people to help—all as a second-year med student.”

While the Katrina relief effort rekindled Pollock’s interest in public health and highlighted her natural abilities to analyze a situation, see the big picture, articulate a game plan and execute it with enthusiasm and poise, she knew it needed to be carried a step further. In order to ensure that others would learn from the experience, she began a research study on the disaster relief system, questioning medical student volunteers to see what their role should be in the future during such disasters. Currently, she is hoping to obtain funding for this study, which could be published as a free handbook for health departments in communities all over the nation.

Among the 12 students who worked on the study with her was recent UTSA graduate Wanda Casillas. “What draws me to her,” Casillas says, “is that she’s a medical student who is truly concerned about the health care system. She’s not the typical medical student in that she sees how her role fits into the rest of society – and she takes that very seriously.”

ROAD LESS TRAVELED

With all her success, Pollock’s road to medical school has not been a straight or well-paved one. While she was labeled “science girl” at 14 after becoming a finalist in an international science competition, she really didn’t think that science or medicine was for her. Instead, she auditioned for every musical and play her school offered, campaigned every year for student government and was never once cast or elected.

She did, however, receive two summer fellowships including a Howard Hughes Fellowship, interning at the National Institutes of Health in Bethesda, and was nominated by her school for a Jefferson Scholarship, that she received to attend the University of Virginia.

“Because of these wonderful opportunities, my opinion counted at a young age,” Pollock says, “and it gave me a lot of confidence.”

She’s still not afraid to give her opinion, question ideas and look for solutions. Yet, she never truly believed that medical school was the right road for her, although everyone who knew her just assumed she’d be a doctor one day.

While in college, Pollock changed majors every year until she registered for a class titled, “Bodies and Parts,” with professor Jim Childress, a biomedical ethicist, who became the catalyst for her to attend medical school.

However, Pollock didn’t have the grades or all the science classes she needed for medical school. She graduated with a bachelor’s degree in economics with a concentration in health care and public sector economics from the University of Virginia and then began taking night classes to meet the requirements for medical school.

SITES ALONG THE WAY

While taking night classes, Pollock created a nonprofit organization for organ donation. She knew that college students were
the prime age for donors and so established the College Campaign for Organ Donation, serving as its executive director, promoting organ donation education and mounting a successful promotional campaign on 22 college campuses.

Still in pursuit of medical school, Pollock moved to Austin in order to take the Medical College Admission Test (MCAT) near the institution she planned to attend, The UT Health Science Center at San Antonio School of Medicine. Meanwhile, she took a job with the Texas Department of Health and studied public health in London. This coursework opened her eyes to the importance of educating medical professionals in more than science.

“I'm a big believer that every doctor has to have some course work in public health and economics,” Pollock says. “You need to understand public health policy.”

Finally on track and in her first four months of medical school in San Antonio, two members of Pollock’s family began to face serious medical issues. Unable to concentrate on her studies, which she found daunting, Pollock decided to leave school to be with her family.

When she made it back to Texas, she taught MCAT classes in Edinburg and Brownsville, the very area where she is serving as a medical student today. These classes were packed with students who were anxious to make something better of themselves and who respected her because of her status as a medical student.

“Those students inspired me to come back to medical school,” she says. “I realized it was a privilege to get into medical school in the first place, that being a medical doctor places you in a position of power and privilege – and that you have to use that for good.”

Back in school and following her Katrina success, Pollock had one more side trip to make, but it was worth it. She served as legislative affairs director of the American Medical Student Association this past year, where she was instrumental in planning the 2007 AMSA Paul Ambrose Leadership Institute, featuring Sen. Barack Obama, Acting Surgeon General Admiral Kenneth P. Moritsugu, Secretary of Veterans Affairs R. James Nicholson and many more leaders in health policy.

FINAl DESTINATION - REFORM

While Pollock’s goals may change in the next few years, currently she is interested in geriatric medicine, obstetrics and gynecology, hospital administration and the business of the doctor/patient relationship. She also feels she will continue to question the way medicine is practiced and look for ways to improve it. “I think she will always be a leader,” Jones says. “She’ll always look at the local impact, one-on-one, and step back and see the global issues as well.”

No matter what path she may choose, her patients and the health care system will be the better for her choice to remain in the medical profession.

By Salwa Choucair
Physician and educator shares his love of the art and science of surgery.
AT PRECISELY 7:30 A.M. ON A RECENT SATURDAY MORNING, DR. ROBERT ESTERL, DIRECTOR OF MEDICAL STUDENT EDUCATION IN THE SCHOOL OF MEDICINE’S DEPARTMENT OF SURGERY, WALKS INTO UNIVERSITY HOSPITAL’S J. KENT TRINKLE TRANSPLANT UNIT. A GROUP OF RESIDENTS AND ONE MEDICAL STUDENT AWAIT HIM IN THE HALLWAY, AND, WITH FEW INTRODUCTIONS, THEY BEGIN TO ROUND.

Over the next two-and-a-half hours, the veteran transplant surgeon will listen attentively as the residents present their patients—roughly a half dozen gravely ill men and women who have recently undergone kidney and liver transplant procedures. His manner is interested and low key—even light, as they review stats and formulate treatment plans.

It is the third-year medical student’s first day rounding with Esterl, the attending physician with whom she will spend the next two of her six-week transplant rotation. After attending to two of the patients, he turns his gaze to her and a round of Socratic questioning—one of Esterl’s favorite teaching methods—begins.

“What is Beck’s triad?” Silence. Then, the student nails two out of three of the characteristics. The residents jump in with the third. The surgeon lobs another question.

“What’s the difference between an acute and chronic tamponade situation?” She gives part of an answer, and Esterl fills in the rest.

“What’s the treatment for a stab wound? What’s the first step in the ER?” The student answers, “You stabilize the airway.” “Yes. Absolutely,” replies Esterl. The questioning persists for up to 10 minutes after each patient.

“At this stage of training, it’s first observing at the bedside, then doing some procedures at the bedside; then gaining experience; then a capable intern and resident; then a competent physician; then an expert, after about 20 years, because you’ve seen so much at the bedside.

“You don’t have to remember all those little rules and regulations, you don’t have to remember every single fact! It’s more experience talking,” Esterl says.

For students, rounding with Esterl reveals a string of teachable moments—questioning, correcting, encouraging.

“His questions revealed that I had a lot to learn, but his kind manner made me feel at ease to learn,” said the third-year student. “I gained a lot of medical and surgical knowledge from that time.”

Since 1994, Esterl has been sharing his experience and skill as a transplant surgeon and keen interest in medical education at The UT Health Science Center at San Antonio School of Medicine. The recipient of numerous teaching honors, Esterl is a tireless and disciplined advocate for medical students; he makes himself available as a role model through long days spent in the classroom, lab, office and operating room.

His weekly schedule, which he can tick off for a visitor with ease, is a labyrinth of complexity comprising both clinical work for the transplant center (he specializes in kidney and pancreas transplants) and education.

Though Esterl supervises the School of Medicine’s education for all surgery students, he is directly in charge of the third-year surgical clerkship, one of the longest and toughest clerkships of the medical school experience. Esterl goes out of his way to make the experience a humane one for the perennially stressed-out third-years. When rounding, especially on weekends when organ procurements or operations are less likely, he particularly enjoys this give-and-take with students.

“I don’t intimidate the students, but I want them to be able to answer harder and harder questions, because it’s important to challenge them. Those are the opportunities they’ll remember,” he says.

“He’s one of the most approachable physicians that I’ve ever met in medical school,” says Jason Jundt, a fourth-year student who plans to pursue general surgery. “He makes you feel like it’s OK to talk to him. He’s never condescending.”

Getting the maximum learning out of the 12-week surgical clerkship is foremost in the minds of all the surgery faculty, as students who do not pursue the surgical route will have little exposure to the topic during the remainder of their education.

“There’s a push in medical schools to pursue primary care. So it’s my duty to provide students with well-rounded, basic fundamentals of general surgery and surgical subspecialties, so they know the classic presentation of the surgical illness and the diagnosis and treatment of common surgical problems,” Esterl says.

It’s a duty Esterl takes very seriously. But it’s also one he revels in—and lets students know just how much he enjoys what he does.

“He thinks it’s fun,” says Patrick Nguyen, a fourth-year who recently completed a five-week elective general surgery rotation in Austin. “Lots of times, students going through surgery don’t expect to like it, and then they fall in love with it and say, ‘This is awesome!’” Nguyen says.
Getting exposure to surgery in the OR is one way Esterl stokes students’ enthusiasm and, as with rounds, he expects students to interact.

“I want them to participate in the OR. It can be an intimidating setting, but I try to make it as safe for medical students and residents as possible. I love it when I can supervise a young medical student to be able to close a wound correctly, and you see the joy on their face,” Esterl says.

Allison Daum, a fourth-year who observed Esterl in the OR during her clerkship, remembers a specific experience when he moved the intestines medially. “He told us ‘this is called the Kocher Maneuver, so you can see other organs better,’” said Daum, who plans to pursue a career in reconstructive surgery.

During the Surgery Boot Camp, Esterl invented a “top ten” list of how to survive as a surgery resident, recalls Nguyen. One of the items that Nguyen takes to heart is “Spend time with significant others.” Although students appreciate Esterl’s calm and focused demeanor, he’s not all that shy about displaying a more relaxed side to students. Especially in one of the places he’s most at home—the operating room. “I like background music in the operating room after the patients are under anesthesia,” says Esterl, who prefers music with “a catchy melody and beat.”

“The really fun part about being in the operating room with him,” says intern Joy Phannstiel, “is he can tell you how old he was or what grade he was in with every song. You haven’t lived until you’ve heard Dr. Esterl sing Queen’s “We are the Champions” while dissecting a kidney!”

A by-product of Esterl’s easy-going relationship with students and his enthusiasm for the field itself is that he’s able to motivate students to pursue surgery as a career. This is quite a feat, since surgery requires extensive postgraduate training, beginning with a five- to seven-year residency and followed by grueling fellowships.

Candace Dubose, a fourth-year student, is one example of a convert. “I decided while on rotation with Dr. Esterl to go into a surgical subspecialty. I made an appointment to talk to him a little bit about myself, and he was real encouraging and positive about a future in surgery for me.”

In 2005, Esterl helped found The University of Texas Academy of Health Science Education, an organization that recognizes and rewards outstanding faculty in all the health sciences, encouraging the promotion of faculty who possess the gift of teaching. Esterl is one of six UT Health Science Center at San Antonio members of the academy, the only one of its kind in the country that is statewide.

Esterl considers the combination of being a practicing surgeon and an educator a “dream occupation” and one that came about because he had “incredible role models in surgery” during his education at St Louis University.

“The best mentors inspire others to be like them,” says Anthony.

By Lynn Gosnell
IT'S A PROFOUND RITE OF PASSAGE INTO THE MEDICAL PROFESSION. EVERY JULY, MORE THAN 220 NEW MEDICAL STUDENTS WALK THROUGH THE DOORS OF THE UNIVERSITY’S GROSS ANATOMY LABORATORIES TO MEET THEIR VERY FIRST PATIENTS.

Not one of these patients will have a chart or a diagnosis. Even their identities will be unknown. Yet, over the course of the Medical Gross Anatomy and Embryology class, each will give up the deepest secrets of their bodies so that others may one day be healed.

Guiding students through this challenging eight-month curriculum in human anatomy is Linda Johnson, Ph.D., an award-winning professor of cellular and structural biology in the Graduate School of Biomedical Sciences, who has taught at The UT Health Science Center at San Antonio since 1978. Johnson’s warm and dynamic personality, coupled with her consummate knowledge...
of anatomy and dissection, places students at ease and sets them up for success.

“The student’s whole life has been about academic book learning. When they come to the gross lab, it’s the first time that they really have to come to terms with the humanitarian aspects of medicine. It’s science, and yet it’s somebody who had a life, who has loved ones,” she says.

For some students, the course is grueling; for others, it’s love at first dissection. Johnson sets herself the goal of remembering what it was like to be that new student, full of apprehension and excitement, but lacking in skills and knowledge.

“There’s a learning curve, and I really enjoy working with them that first year,” Johnson says. “To me, if they’re here, they can do it.”

Located on the first floor of the dental school, the anatomy labs are actually a collection of rooms where both beginning and advanced students study.

“So much of medicine is bringing together skills of people and getting along with diverse personalities and working together for the common good of the patient,” she notes.

Johnson also teaches the neuroscience module and presides over an advanced anatomy class for fourth-year medical students. These students are the senior teaching assistants in the freshman-level course.

The combination of seniors and freshmen in the classroom is a win-win situation, according to Johnson. “Our seniors learn to teach and learn in-depth the anatomy that’s going to underlie their specialty; but on the other side is the freshman who gets exposed to senior medical students. It’s a mentoring deal.”

Johnson is an expert on the subject of mentoring. Former and current students alike routinely describe her as someone whose guidance extends well past the classroom — and well past that watershed year.

Deaver and others note that Johnson’s teaching style is “very conceptual” and even visual. “She’s always three steps ahead of where you’ll ever be,” Deaver adds.

With Johnson’s help, Melanie Sulistio, M.D. (Class of 2002), a cardiology fellow in the Department of Medicine, explored several specialties before deciding to pursue one that combined both, her interest in critical care and in patient care.

While still a medical student, Sulistio founded a candlelight vigil to honor the people who donated their bodies, as well as to help students cope with the emotional impact of human dissection. Since 1999, the vigil has been organized by second-year medical students for the benefit of first years.

Johnson was instrumental in the students’ efforts to get the ceremony started.

“She made complicated things seem simple,” says Robert Reinauer, a third-year student who plans to pursue a career in ophthalmology. “She also does extra lessons in gross anatomy, just reviewing whatever she’s talked about the week before.”

These “Desperation Review” sessions, held during the lunch hour as a supplement to the scheduled lecture and lab times, are examples of Johnson’s steadfast commitment to the students, says Deborah Stedman, M.D. (Class of 2007), a radiology resident.

“During these sessions, she reinforces difficult concepts and gives different approaches to learning the material, allowing students to achieve a higher level of understanding and critical thinking.”

Johnson is nonplused by her students’ different learning styles. “There’s going to be something in medical school that’s going to bamboozle everybody,” she

“The main classroom contains 57 dissection tanks, where groups of four students will work on one cadaver throughout the course.

Johnson considers getting along with your three “tankmates” to be an essential classroom component.

“It’s really great that someone who’s your mentor knows you better than you know yourself,” says Sulistio.

“I’m very glad I went to medical school here,” says Pamela Deaver, a third-year student. “She’s been such a great mentor to me .... I’m leaning toward radiology as a subspecialty because of my love of anatomy.”
says, noting, for example, that understanding the complex nervous system will take place at different times for different students. “Some of them get it the first week I teach it, some get it a month into the course, and some people don’t get it until after Christmas.”

Johnson likens herself to a bus driver and her students, to passengers. “I’m driving along and I’m just picking up people along the way, and eventually, everybody’s on board at the end!”

Graduating classes have honored her with the “Outstanding Faculty Award” no less than 20 times, and she was one of two faculty members selected to be graduation ceremony marshals every year since 2002 (and several years before that). She’s the three-time recipient of the UT Health Science Center at San Antonio Presidential Award in Teaching. Last year, both she and Robert Esterl, M.D. were selected as founding members of The University of Texas Academy of Health Science Education.

“You can tell she’s dedicated to what she’s doing, because she loves it,” says Casey Cates, M.D. (Class of 2002), a Trauma Fellow at Carolinas Medical Center in Charlotte, N.C. Cates, who played football in high school with Johnson’s son, was surprised to be recognized by Johnson on his first day in the gross anatomy lab.

In his work with residents and medical students, Cates tries to emulate what he learned as both a freshman and a senior anatomy student. “I try, but I’m not as good as she is,” he says.

Johnson’s work ethic has earned the respect and love of her colleagues. “She treats everyone with the utmost respect and consideration and is always willing to resolve issues with as much compromise as possible. Yet she will never, never sacrifice at the expense of her students. Their learning and their well being are absolutely first and foremost to her,” says Patricia Brewer, Ph.D., assistant dean for student affairs in The UT Health Science Center at San Antonio School of Allied Health Sciences.

“I love school,” says Johnson. “And the best way to stay in school is to be a teacher.”

The 2011 Class of the School of Medicine marks Johnson’s 30th year to teach beginning anatomy. “I feel like I have 220 kids,” Johnson says. Make that times thirty.

By Lynn Gosnell
It was in the early spring of 2006 that William Henrich, M.D., M.A.C.P., slid into the driver’s seat as Dean of The UT Health Science Center School of Medicine and the university’s Vice President for Medical Affairs. Growing up in Texas, Dean Henrich earned his medical degree from Baylor College of Medicine, served in faculty positions at The University of Texas Southwestern Medical School and lent his leadership to the VA Medical Center in Dallas. Later, during the years he was a professor and chair of the department of medicine at the University of Maryland School of Medicine, Dr. Henrich was twice a visiting professor at San Antonio’s UT Health Science Center.

He was impressed by what he found here—and, when given the opportunity, he decided to make this School of Medicine his new home.

“I sensed the commitment by the school’s leadership—and by the chairs, the deans, the faculty and the staff—that they wanted to see the institution continue to rise in reputation and excellence,” Dr. Henrich says to explain why he sought the deanship. “We have such excellent leadership in the institution, both in San Antonio and in Austin, with the UT System, I knew our chances of the school reaching to new heights would be in the majority.”

Dr. Henrich is determined that the UT Health Science Center School of Medicine be recognized as a preeminent institution in all of its missions: education, clinical care, research and community service. “We want to be in the vanguard of innovative educational programs and reform, to be the care provider of choice
in many clinical areas, and to be recognized as a research-intensive institution where the promise of new discovery animates education and clinical care—and creates an atmosphere of excitement and anticipation,” he confirms.

“I believe one major attribute of the most elite institutions is that there is an expectation that effort to achieve excellence will be maximal by all members of the organization. Students will have a fundamental curiosity and be active and self-driven. Faculty will be tireless in driving discovery, always with a laser-like focus on understanding why things are the way they are. Staff will own problems until they solve them.”

“Also, I had very good mentors. In fact, some of my very best teachers were kidney specialists,” he says, thoughtfully. “When you encounter a person who inspires you, you tend to gravitate toward what they do.”

Over the years, there have been many people who have inspired Dr. Henrich, including his former boss and dear friend, Robert Schrier, M.D., professor of medicine and former department of medicine chairman of the University of Colorado School of Medicine.

“Bill’s a true academic leader and scholar with the highest of standards,” says Dr. Schrier, an Institute of Medicine member of the National Academy of Sciences. “And he brings people together to do their best work. Whether it’s teaching, administrative leadership, patient care or both basic and clinical research, he’s brilliant. He’s what I’d call a quadruple threat,” emphasizes Dr. Schrier.

Another source of continuing inspiration for Dr. Henrich has been Mary, his childhood sweetheart, Sadie-Hawkins-dance first date and wife of 38 years. “Mary and I had several classes together in high school. I distinctly remember that she sat in front of me in math class—and she always used to turn around and talk to me, much to the grave disapproval of our teacher. It was just that Mary couldn’t stop being friendly to people!

“Come to think of it, the only B I ever made in conduct was for that class.”

Today, Dr. Henrich describes Mary, an attorney with a specialty in family law, as the brains and motivation speaking ability that works to naturally connect him to people. Undoubtedly, however, the most impressive of his personal traits is his command of pure energy.

With a 5:15 am start of his day, Dr. Henrich swims laps for a little more than an hour before reaching his office by 7:30 am to dive into at least a 12-hour work day. He claims that the exercise he does to train for triathlons actually relaxes him. But what is it that has motivated him to climb Mt. St. Helens, Mt. Rainier, Mt. Adams, Oregon’s Mt. Hood and The Three Sisters—in fact, all the major nature peaks in the Cascades?

“I thought it was a good way to test myself in a completely new activity,” Dr. Henrich offers. “Finding yourself on the side of a mountain, in 60 mile-an-hour winds, at 3 o’clock in the morning is a unique experience.”

“We need to commit, personally and collectively, to bring the best to what we do—and that is the course we are pledged to follow here.”
Back on level ground, Bill Henrich’s quest for recognition for The UT Health Science Center School of Medicine is high-test fuel. The dean envisions the School of Medicine to be a place where superb education is available and the environment for the faculty, students and staff is diverse, supportive and positive.

He is also committed to having his school be recognized nationally and locally as a provider of clinical care of choice in many domains, including trauma, transplantation, urology, infectious diseases and diabetes. He also plans to continue to build upon the strength of other programs including women’s health care, cancer, heart disease, the neurosciences and primary care.

This dean aims that the school be research intensive, too. “We have tremendous faculty in our school, and their interests address many of the conditions that are of most relevance to our South Texas population,” says Dr. Henrich.

In April of 2007, a report from the Association of American Medical Colleges (AAMC) highlighted research productivity in the School of Medicine. The department of urology ranked ninth among U.S. urology departments in research grant/contract funding per faculty member; the department of medicine was No. 10 among U.S. internal medicine departments, based on the same measurement; and the department of psychiatry was No. 14 among psychiatry departments. The three rankings were the highest for any Texas institution in those categories.* Overall, total research awards in the school rose a robust 20 percent in 2006 - 2007.

But Dr. Henrich is not alone in those purposes. Day in and day out, these dreams of his are buoyed up by a commitment to service and passion for excellence that emanate from hundreds of persons, hard at work, throughout the school.

We are completely committed to improvement, understanding that, if that is going to happen, it will be because other people will be inspired by the positive direction we provided and by the help that will result from our collaboration.

“I give all the credit to our faculty and students—because it is their industry that will ultimately shine. They will be the ones who will be writing the grants, seeing the patients and teaching our students to always be attentive to the many ways in which you can help somebody.”

With the Dean’s current to-do list brimming over, what ambitions of his might await him a bit farther down the road? He takes a long moment and then replies with a disarming smile. “I have got this idea in my head for a novel. And I have always thought I would be a pretty good major league baseball play-by-play radio announcer.

“Truthfully, though, doing what I am doing and being in medicine—I don’t think beyond that. I do not have any yearning to do anything else. We have got a lot of work to do here—and we have made a good start.”

Dr. Henrich has a favorite story through which he communicates his absolute belief in the destiny of preeminence for The UT Health Science Center School of Medicine. It is a story about Charles L. Kasper, a New York City Deputy Fire Chief and Special Operations Commander killed on September 11, 2001 in the line of duty at the World Trade Center.

Commander Kasper instructed firefighters on how to drive very large and complicated fire trucks in New York City traffic. In this training, the new driving recruits are taught how they will be responsible for millions of dollars of equipment, how much all the insurances cost, how great the potential is for injury, how extremely careful they must be—and on and on. By the end of this orientation, the trainees are usually stone-cold petrified to even turn the truck on, much less drive it.

Commander Kasper, however, was an excellent driving instructor—and all the drivers he schooled eventually overcame their trepidation and were successful. When he was asked the secret behind his results, he smiled and simply said, “I tell the recruits to slide behind the wheel, put on a pair of great-looking sunglasses—and drive it like it’s stolen.”

It is such courage and optimism that resonate in the force and vision who is Bill Henrich.

We really cannot afford to approach our challenges timidly or with trepidation,” Dr. Henrich emphasizes. “We cannot afford cynicism or complacency. Challenges abound -- and we have to be ready for every opportunity.

“I propose we re-devote ourselves to the noble missions upon which medicine is founded -- healing, discovering, comforting, teaching and, above all, providing hope for a better tomorrow.

“We can learn from Charles Kasper’s approach. All of us—faculty, students, residents and staff should slide behind the wheel -- and drive it like it’s stolen.”

By Nancy Arispe

*The report, generated from 2005 data, ranked departments of the 126 U.S. medical schools by dividing grant and contract total funding by number of faculty.
A QUARTER-CENTURY AFTER THE FIRST REPORTS OF HUMAN IMMUNODEFICIENCY VIRUS-1 (HIV-1) AND ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS), INFECTION WITH HIV-1 HAS EMERGED AS A GLOBAL KILLER. INITIALLY AN INFECTION THAT STRUCK GAY MEN AND INTRAVENOUS DRUG USERS, IT NOW AFFECTS MILLIONS OF HETEROSEXUAL INDIVIDUALS AND ESPECIALLY MINORITIES. THE INFECTION HAS KILLED 25 MILLION PEOPLE SINCE 1981, ACCORDING TO THE JOINT UNITED NATIONS PROGRAM ON HIV/AIDS AND THE WORLD HEALTH ORGANIZATION. EVERY DAY 8,000 MORE DIE. A CHILD DIES EVERY MINUTE.
This knowledge provides urgency to the dozens of scientists working to unravel the mysteries of HIV-AIDS in labs at The University of Texas Health Science Center at San Antonio and the South Texas Veterans Health Care System (STVHCS).

While some HIV-infected people show rapid progression to AIDS and die quickly, others — such as former basketball great Magic Johnson — live full, productive lives many years after contracting the virus. More than a decade ago, Dr. Sunil Ahuja asked himself if this happens because one strain of HIV is stronger or because something in a person’s genetic code provides protection. Dr. Ahuja is professor of medicine, microbiology and immunology in the School of Medicine and director of the VA Center for Research on AIDS and HIV Infection within the STVHCS.

While human beings have the same genetic makeup in general, they each have variations — individual “genetic bar codes.” Dr. Ahuja’s research team has been working with Dr. Matthew Dolan and his colleagues at Wilford Hall Medical Center in San Antonio since 1997, and these collaborative efforts have resulted in several important research reports about genetic variations that affect HIV/AIDS infection and progression. In a landmark paper in the prestigious journal, Science, in 2005, they showed that an immune-response gene called CCL3L1 might be a key determinant of HIV/AIDS susceptibility, as individuals with lower numbers of CCL3L1 copies are much more likely to acquire HIV and are more likely to progress faster to full-blown AIDS.

A year after the publication in Science, the findings were cited in more than 100 other scientific publications — evidence of the importance of the work. Dr. Ahuja and his team now want to find ways
Sunil Ahuja: Scientist & Mentor

Since joining the Health Science Center faculty in 1996, Dr. Sunil Ahuja, professor of medicine, microbiology and immunology, has brought more than $14 million in research funding for HIV/AIDS to the institution, along with numerous honors.

Dr. Ahuja, in 2005, was named to the Health Science Center’s President’s Council/Dielmann Chair for Excellence in Medical Research. Other honors include the rare and prestigious MERIT Award from the National Institutes of Health (NIH), the 2006 Health Science Center Presidential Distinguished Scholar Award, the Elizabeth Glaser Scientist Award and the 2001 Burroughs Wellcome Clinical Scientist in Translation Research Award. He has also received several awards from the VA and was selected by Texas Monthly magazine to be among 35 Texans that will influence the future.

Dr. Ahuja is a charter member of NIH study sections, and he was elected to membership in the Association of American Physicians in 2006 and the American Society for Clinical Investigation in 2002.

At the presentation of the 2006 Presidential Distinguished Scholar Award, Dr. Francisco G. Cigarroa, president of the Health Science Center, said Dr. Ahuja is one of the greatest mentors he has seen at the institution. Recalling a visit he made to Dr. Ahuja’s lab, Dr. Cigarroa said: “You could feel a sense of excellence and empowerment. There was a sense of being on a very important mission and of making a difference. Many of the faces in the lab were those of young college and high school students.”

For his part, Dr. Ahuja wants to pass on what he knows. “I really enjoy seeing young people come into the lab and get excited about science. Training the next generation is so important. Physician-scientists and well trained Ph.D. scientists are a dying breed,” he explains. He is passionate about the work of his team, which he refers to as his “dream team,” and would rather focus on that than any personal accomplishments.

“It’s an amazing group,” he says. “They’re all stars. I stand on their shoulders, and I am indebted for their hard work. I am blessed, and I am so proud of each of them.

“I am also very appreciative of the outstanding collaboration we have with Dr. Dolan and his colleagues at Wilford Hall Medical Center.”

to utilize this genetic information in the assessment and clinical care of patients. The scientists’ follow-up work centering on developing a deeper understanding of how host factors influence HIV/AIDS was recently accepted for publication in another high-impact journal, *Nature Immunology,* and they are pursuing ways to translate this information from the bench to bedside.

“He makes you believe in your potential and yourself, which is wonderful.”

In 1995, prior to coming to the Health Science Center, Dr. Ahuja was among the team at the National Institutes of Health (NIH) that discovered CCR5, a white blood cell receptor that also plays a critical role in the initial entry of HIV-1 into the body. Upon arriving here at San Antonio, he and his collaborators have been deciphering genetic variants in CCR5 that predict whether an HIV-exposed person will be infected with the virus and how the disease might play out in his or her body.

Interestingly, people who lack the CCR5 receptor or who, because of other genetic variations, express a smaller amount of CCR5 on immune cells are much less likely to be infected with HIV. Highlighting the importance of such genetic studies, even as the Health Science Center team continues to work on these genetic variations of CCR5, a drug has already been developed to block CCR5 receptors and was recently approved by the U.S. Food and Drug Administration for treatment of HIV-infected subjects.

Taking on a plague like HIV is not for the faint-hearted. It requires certain qualities and skills, not the least of which is willingness to work long hours, even years, without immediate gratification. The 2005 study reported in *Science* represented an analysis of DNA from more than 5,000 HIV-infected and uninfected people. It also represented five to six years of work by at least half of the Health Science Center team, says Dr. Weijing He, a medical doctor from China who is a senior member of the team’s genetics research section.

The team’s database includes nearly 34,000 people across the world, encompassing healthy “control” individuals, those with HIV infection, those with full-blown AIDS, and subjects with other diseases. The primary HIV patient data banks include 1,300 HIV-positive patients at Wilford Hall -- where Dr. Dolan served for several years as chief of infectious diseases -- and 800 children born to HIV-positive mothers in Argentina. In that country, the team collaborates with Drs. Luisa Sen and Andrea Mangano, who work at a premier national hospital in Buenos Aires. The team also works closely with other groups, including a cohort in Africa with 2,800 people, half of whom are infected with HIV/AIDS.

Recruited and motivated by Dr. Ahuja, the Health Science Center team is as global as HIV itself. “Sunil” – as he is known to just about everyone on the team – has drawn scientists from across the world. Age, sex, race, ethnicity and education are varied. High school students, college students, doctoral candidates, researchers and medical doctors work alongside each other. Most of their work focuses on HIV/AIDS, although India native Dr. Manju Mamtani, for example, conducts genetic work on autoimmune diseases such as lupus and rheumatoid arthritis.

“Everyone is mentoring and everyone is being mentored. It’s very, very interactive,” explains Dr. Srinivas
Mummidi, assistant professor of medicine, who joined the School of Medicine team in 1996 and whose work is focused on chemokines and chemokine receptors. “Each one of us has different strengths.”

They relish their differences. “It’s always fun to have an outsider’s view,” says team statistician Dr. Hemant Kulkarni, who is from India. This thought is echoed again and again by team members. Soledad Valera, an Argentinean and third-year doctoral student at the Health Science Center, was recruited by Dr. Ahuja from her biochemist position in Buenos Aires and moved to San Antonio hardly knowing anyone. “I didn’t know how things were done, but everyone was so helpful, so open,” she says.

German Gornalusse, another transplanted biochemist from Argentina, says Dr. Ahuja only brings in people who value teamwork. Dedication is highly valued, too. Jennifer Sharron, a medical student, began working summers and winter breaks in the lab in 2003 when she was an undergraduate student at The University of Texas at Austin. She still comes back to work on a project that is geared toward understanding how multiple copies of different genes affect susceptibility to different diseases, and this work will count toward her M.D. Degree with Distinction in Research.

Jill King, who received a communications degree from The University of Texas at San Antonio in December of 2006, began working at the lab when she was a student at San Antonio’s Health Careers High School. Hooked on the research, she stayed at the lab and now works with bioinformatics, which she defines as the prep work before the bench work begins.

The varied backgrounds and the teamwork help this group to stay open-minded and allow members to think outside the box.

Considering the magnitude of the HIV plague, it is natural that Dr. Ahuja has high expectations of himself and team members. “He is a presence in himself,” Sharron says. “He motivates me. I try to get straight A’s because he asks me about my grades.”

“He has helped me a lot, professionally and personally,” says Gornalusse, now a fourth-year doctoral student. “I love the way he works. His thinking about a problem is very critical. He does have very high expectations. You feel it. He makes you believe in your potential and yourself, which is wonderful. The flip side is you feel self-motivated to give 100 percent all of the time.”

Dr. Ahuja has called the team’s work to unravel the mysteries of HIV/AIDS the “quest for the holy grail.” He says the fact that the work will eventually benefit patients is never far from Dr. Ahuja’s mind. Even when young people are touring the lab, he tells them that while they are talking, people are dying from AIDS.

“This work has magnitude and quality,” Dr. Kulkarni concludes. “It’s going to be useful to everyone, not just researchers building their own careers, but to people everywhere.”

By Vickie Davidson King

Dr. Sunil Ahuja and Dr. Matthew Dolan

“It’s an amazing group. They’re all stars. I stand on their shoulders and I’m indebted for their hard work.”
Growing up in one of the most impoverished and medically underserved areas of San Antonio, Dora L. González never imagined she would one day be a medical doctor. She came from a close-knit family and, while still in high school, her father passed away. Her family was left devastated and grieving— and her mother, alone, to raise five children. With very little education, money or assistance—and an incredible amount of strength—her mother managed to not only raise them, but instill in them the value of an education. Four out of the five children obtained a college degree. González finished high school with high honors and was the salutatorian of her class at South San Antonio High School.

She was then off to Austin and The University of Texas, armed with good grades, self-confidence and a dream. Her desire was always to return to her community and help the people there. She felt a need to help the underserved, being familiar with the experience firsthand. She decided to major in sociology and ethnic studies. While at UT, she made the Dean’s List and graduated with a bachelor’s degree. From early on, she was very interested and involved in social issues. Her older sister likewise shared the calling to work to improve the lot of others living similar stories to those known by their family.

González decided that she wanted a true, hands-on way to help the needy, a way through which she could see the difference she so desperately wanted to make. She realized that a person without good health cannot compete and survive economically and socially. Medicine, it seemed, was to be the best answer. There was one small obstacle, though. González needed to take pre-med courses to apply to medical school. She did not see this as a big problem—until she encountered what could have been a disastrous experience that might have shattered her dream.

Returning to her alma mater with an excitement to start the next step toward her newly found goal, she sought the guidance of a counselor for her pre-med courses. González’s counselor advised her to change her mind about medical school because her background in sociology was too weak for her to pass the pre-med courses, let alone be accepted to any medical school. He also mentioned that, as a woman, it would be difficult for her to complete her studies—and that she would be even further challenged by her background and ethnicity.

Reaching to the very core of her existence, González mustered up the strength she had inherited from her mother and enrolled in the pre-med courses. She completed them with good grades, was accepted into medical school and graduated in the top third of her class.
class. Proving her counselor’s prediction wrong, González graduated in 1981 from the School of Medicine, followed by a residency here in family practice. Her desire to make a difference in her impoverished, medically underserved community was becoming a reality.

Soon after completing her residency in 1985, she started as a family practice board-certified practitioner for an organization that offers medical care to the uninsured and underinsured. Twenty-two years later, González continues to make a difference at CommuniCare Health Center, formerly known as Barrio Comprehensive Family Health Care Center (BCFHC). “Being part of this center has provided me a much greater opportunity than I would have known as a solo practitioner,” she says. She totally believes in the organization’s mission: To provide comprehensive, affordable quality health care while responding to the changing needs of the community and respecting the dignity, values and culture of the individual in health community centers.

With clinics located primarily in poorer areas of town, her family health care center is a private, nonprofit organization that serves mostly low-income patients, 78 percent of whom have no health insurance. Here, patients are treated for everything from coughs and colds to serious mental health disorders, receive education regarding chronic illnesses such as diabetes and heart disease, are immunized and can get referrals to specialists.

Dr. Dora L. González has proven that she was a perfect match for her chosen career. Since 1997, her leadership skills and the quality of her patient care led to her promotions at the center to associate medical director and then medical director. She leads a team of 13 physicians and mid-level providers. By example, she paves the way for efficient, quality health care for those most in need, healing them both physically and emotionally. She finds that her training in sociology and ethnic studies has contributed greatly to her ability to understand the patient’s perspective.

González still finds time in her busy schedule to continue her involvement in social issues. She gives talks to students, encouraging them to stay in school, find their inner strength and persevere. She believes one of the primary issues that needs much attention and work is the drop-out rate among young students. “They are limiting their options,” she says, “they don’t see school as a stepping stone and, of course, dropping out only keeps them in poverty.”

González has won numerous awards, including the National Association of Community Health Centers Award for Service. She was appointed to serve, from 1992 to 1998, on the Texas Migrant Council and the Texas Association of Community Health Centers board. She is asked frequently to give talks to high school and college students, volunteers with health fairs and serves as a community preceptor for the School of Medicine.

And her plans for the future? “I see myself providing care to my patients for many years to come, being involved in the community – and, of course, with the CommuniCare Family Health Care Center!”

By Imelda Trevino, M.B.A.
Developing and testing new anti-cancer agents has been far more difficult than developing antibiotics. Cancer cells can be difficult to grow and study in the laboratory, and successful tests in animals have not always predicted efficacy in human clinical trials. Recent years have seen an explosion in technologies that allow better understanding of cancer pathophysiology. Recent genomic developments are now allowing preliminary steps toward personalizing anti-cancer therapies to individual patients. These advances allow more specific and targeting anti-cancer drugs, although there is considerable room for improvement.

Dr. Tyler Curiel, executive director of the Cancer Center at The UT Health Science Center at San Antonio, based within the School of Medicine, and his research associates study immunotherapy as a rational, potent and selective means to attack cancer. Because the aim is to harness host immunity, such strategies are theoretically applicable to a wide variety of cancers – as opposed to past efforts that have generally aimed to develop drugs for specific cancers, such as breast or colon cancer.

Immune therapies are potentially specific against just the cancer and not normal tissue and are personalized as they augment each individual patient’s immune response against his or her own cancer. Tumors express antigens (abnormal proteins) that should provoke rejection, but spontaneous rejection of established tumors rarely occurs.

Recent work from the Curiel laboratory and others demonstrates that lack of tumor rejection stems, at least in some measure, from mechanisms used by tumors to defeat host immunity. Failure of immunity to eradicate established tumors is a fundamental hallmark of cancer, yet the majority of immune strategies to treat cancer do not take this hallmark into account. Although tumors use many diverse strategies to suppress host immunity, this diversity converges on a few final common pathways that can be targeted in novel anti-cancer therapies as discussed below.

The current paradigm influencing cancer immunotherapy derives from studies in infections. This paradigm predicts that effective anti-tumor immunity can be generated by giving more antigens, boosting T cell activation, or increasing immune cell numbers. Thus, current anticancer immunotherapy strategies employ giving additional immune cells, augmenting cytokines (molecules that boost immunity) and finding additional tumor-associated antigens.

The Curiel lab studied individuals with ovarian cancer to find out why their immune systems did not reject their cancers. The group established that lack of sufficient numbers of immune cells or antigens was not the primary problem. Rather, they showed that the tumor employed several distinct mechanisms to evade host immunity. Although the cancer affected many immune cell types and induced production of many abnormal immune factors, all pathways appeared eventually to generate regulatory T cells (Tregs).

Tregs appeared to work for the cancer and not the host by blocking an effective immune response. Others had shown that Tregs were increased in numbers in most cancers studied and that Treg depletion in mice with cancer improved immune-mediated tumor clearance. The Curiel lab further showed that Tregs defeated host immunity in humans and that the more Tregs a patient had, the faster she died. Together, these results, pushed Curiel to hypothesize that Treg depletion in human cancer would be clinically beneficial.

Denileukin diftitox is a drug approved to treat certain leukemias whose malignant cells resemble Tregs. Based on similarities between these leukemic cells and Tregs, Dr. Curiel tested the hypothesis that denileukin diftitox could deplete Tregs in humans.

His first clinical trial suggested that denileukin diftitox did decrease Tregs in patients with ovarian, lung, breast or pancreatic cancer and improved immunity. Side effects were few and minimal. Partial regression of ovarian carcinoma metastases occurred in one patient. Additional reports from other groups confirmed...
these findings. His group is now undertaking a phase II trial of denileukin difftox lead by Dr. Shawna Wall to test clinical efficacy in patients with late stage ovarian carcinoma failing standard treatment. This trial is sponsored by the National Cancer Institute (NCI)/FDA and the Fanny Rippel Foundation. Study details can be obtained by contacting 210-562-5284. Michael Brumlik, Ph.D., and Benjamin Daniel, Ph.D., are faculty in the current group who are evaluating additional and better means to deplete Tregs in human cancers.

Whereas most of Dr. Curiel’s work to date has focused on ovarian cancer, and whereas most strategies target immune cells, the group is expanding its research scope. With the arrival of Dr. Frank Giles to head both, the newly combined section of hematology and medical oncology as well as the experimental therapeutics program in the CTRC, his group is now also testing concepts in hematologic malignancies, which are cancers of immune system cells.

In all these investigations, they continue to capitalize on technology allowing personalized drugs. Using funds from the B. Coleman Renick Jr. Family for the purpose of lymphoma research, the Curiel group is developing agents that target leukemias and lymphomas. Several candidates already show potential in mouse studies and are undergoing further testing.

Dr. Giles will help develop appropriate clinical trials and recruit patients into them to test these agents, along with his team of Phase I clinical investigators. Hematologic malignancies are among the most important types of cancers affecting pediatric patients. The group thus hopes to test suitable candidate agents in pediatric patients as well. These studies will be done in conjunction with The UT Health Science Center at San Antonio Division of Pediatric Hematology and Medical Oncology under the direction of Dr. Gail Tomlinson, in addition to Dr. Giles’ Phase I program.

To further these clinical trials, new technologies are being developed to monitor the immune status of patients as they go into trials to help determine why some patients respond to treatments and others do not. These data could eventually be used to help develop tests that may be able to predict clinical responses, potentially after a single drug dose.

The CTRC Institute for Drug Development will be instrumental in performing pre-clinical tests on new agents and in helping monitor patients on these novel clinical trials. Dr. Bruce Nicholson, chairman of the Department of Biochemistry within the Graduate School of Biomedical Sciences, is developing a program for medicinal chemists to help further these drug discovery efforts.

CANCER THERAPY & RESEARCH CENTER ANNOUNCES MERGER WITH THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO

The Cancer Therapy & Research Center (CTRC) formally merged with The University of Texas Health Science Center at San Antonio and now operates under the School of Medicine.

The CTRC Chairman of the Board, Mark E. Watson Jr., noted that the merger will forge a lasting alliance for the betterment of cancer care and research in Texas. “The vibrancy of the Health Science Center’s academic environment will be the foundation of everything that happens at the cancer center. The CTRC has long been a strong partner in the collective efforts to both prevent and eradicate cancer. Our two institutions have collaborated through the San Antonio Cancer Institute, a National Cancer Institute-designated cancer center - one of three in Texas. We believe this merger will help us more quickly realize our goal of becoming among the world’s premier comprehensive cancer centers. Together, we move forward with a common goal to eradicate cancer,” Watson said.

“The complete alignment between the efforts of the Health Science Center and the CTRC in the fight against cancer will greatly enhance the clinical and research environment that will benefit the citizens of Texas and the world,” said Francisco G. Cigarroa, M.D., president of the Health Science Center. “Our mission is to eliminate cancer in children and adults, and wherever possible to prevent it from occurring in the first place. The best cancer centers in the world benefit from the efficiencies of collaborations,” Dr. Cigarroa said, adding “We will focus on what is best for cancer care and cancer research.”

“This merger will bring great benefit to the Health Science Center, the research and clinical environment we share with the CTRC and other partners, and the thousands of patients and families we serve across our community, Texas and the world.”

Mark E. Watson Jr. and President Cigarroa celebrate the joining of the CTRC and the UT Health Science Center at San Antonio
Now a part of The UT Health Science Center School of Medicine, the Cancer Therapy & Research Center (CTRC) is proud to continue in our strong commitment to making lives better. We do this through the most talented specialists, the latest treatments and the largest oncology Phase I clinical research program in the world. We’ve developed and tested many of the cancer drugs most recently approved by the U.S. Food and Drug Administration. We work, with passion and compassion, to offer a full spectrum of services that help cancer patients become cancer survivors. We’re right here and we’re ready to help right now.
TOTAL GRANT FUNDING FOR THE SCHOOL OF MEDICINE INCREASES 20 PERCENT!

The research enterprise of the UT Health Science Center School of Medicine has had a very successful year! Total grant funding awarded in fiscal year 2007 totaled $104,788,722, an increase of 20 percent from fiscal year 2006. These awards have provided funds to support clinical, basic science and community research strategies for diseases like cancer, cardiovascular disease and diabetes. They also provide funds for research training programs that ensure that the next generation of researchers is well prepared to meet the biomedical research challenges of the future. This funding increase was due to the success of our established faculty in competing for funding and also in our ability to recruit outstanding, well-funded investigators to our school.

The increase in research is even more remarkable when one considers that the NIH budget is flat again this year and, when inflation is calculated in the budget, funding has actually declined. Given the highly competitive arena for obtaining the kind of funding described above, any faculty member who can actually procure such funding automatically ascends into a distinguished group. The competition is fierce, to say the least.

In the Health Science Center, overall funding in 2007 tops $170 million and has increased by 11 percent over the past year. The Health Science Center has as one of its core missions the promotion and facilitation of research that stands at the center of the $15.3 billion health care industry in San Antonio.

UT SYSTEM AWARDS

The Board of Regents of The University of Texas System has initiated the STARS Award to supplement institutional resources for the purpose of recruiting the very best faculty. Requests for funding are reviewed by members of a scientific advisory board. This prestigious award is given to future faculty who are obvious candidates for the National Academies, or similar stature, from outside Texas. The STARS Award was given to Dr. Tyler Curiel, executive director of The Cancer Center at The UT Health Science Center, who received $1.25 million for equipment and renovations.

Another prestigious UT System award initiated by the Regents of The University of Texas System is the Regent Research Scholars. These awards match gifts up to $500,000 per faculty recruitment for equipment and renovation, and the School of Medicine has received $1.8 million for recruitments to include Drs. Tahiro Shin, hematology and medical oncology and Sunil Sudarshan, urology, as well as two future members of cardiology.
NATIONAL CHILDREN’S STUDY

The UT Health Science Center has been selected as one of 22 new centers nationwide for the National Children’s Study, the largest analysis of child and human health ever conducted in the United States. Co-investigators Dr. Daniel E. Hale, professor of pediatrics and principal investigator, and Dr. Donald J. Dudley, professor of obstetrics and gynecology, received more than $34 million — the second largest grant ever for the Health Science Center — to manage participant recruitment and data collection at sites in Bexar, Hidalgo and Travis counties. The National Children’s Study will assess the effects of environmental and genetic factors on children’s health. This is a collaborative effort among the Departments of Pediatrics, OB-GYN, Medicine, Psychiatry, Epidemiology and Biostatistics, and Family and Community Medicine. The Health Science Center is the only center in Texas participating in the study.

“Our participation in the National Children’s Study will assure that our unique population is represented in this landmark investigation of children from conception to adulthood and will provide invaluable information regarding physical, environmental, and social factors that influence the development and overall health of children. The data obtained will not only answer today’s questions but will allow us to generate more questions and new knowledge. The study also offers the foundation for development of collaborative efforts that spill over into other initiatives in which the UT Health Science Center participates,” said Dr. Thomas C. Mayes, chair, Department of Pediatrics.

The National Children’s Study eventually will follow a representative sample of 100,000 children from before birth to age 21, seeking information to prevent and treat some of the nation’s most pressing health problems, including autism, birth defects, diabetes, heart disease and obesity. The study is expected to help children across the U.S. and shape child health guidance, interventions and policy for generations to come.

The study is a collaborative effort between the U.S. Department of Health and Human Services (HHS) and the U.S. Environmental Protection Agency. The National Institute of Child Health and Human Development and the National Institute of Environmental Health Sciences -- both of the National Institutes of Health -- and the U.S. Centers for Disease Control and Prevention are the participating HHS agencies. Collaborators on the National Children’s Study in Bexar County include the San Antonio Metropolitan Health District, CHRISTUS Santa Rosa Health Care, the University Health System, the Baptist Health System and the Methodist Healthcare System.

DEPARTMENT OF DEFENSE CONTRACT

The U.S. Army Medical Research and Materiel Command with the Department of Defense is sponsoring a five-year, $11.3 million contract to support trauma research. Dr. Ronald M. Stewart, department of surgery at the Health Science Center and trauma medical director at University Hospital, said the contract will support studies of resuscitation, monitoring and metabolic control of injured soldiers and civilians.

“This funding makes it possible for us to mobilize more researchers to pursue projects aimed at reducing deaths and complications associated with traumatic injuries, whether they occur on the battlefield or here at home,” he said.

Dr. Stephen M. Cohn, chair of the Department of Surgery and the Witten B. Russ Chair in Surgery, said the contract will enhance our ability to care for both military and civilian trauma and burn patients and is another step forward in the ongoing collaborative relationship the Department of Surgery enjoys with its partners in the Department of Defense.

Trauma costs the nation $406 billion annually and is the leading cause of death in persons 1 to 44 years of age. Such injuries result in 37 million emergency room visits, 2.6 million hospital stays and more than 160,000 deaths in the U.S. annually, including 16,000 in Texas. Yet, for every $3.51 of federal funds spent on HIV research and $1.65 on cancer, only a dime is spent on injury research.

The UT Health Science Center is a partner in research and emergency care along with other preeminent San Antonio institutions. Collaborating institutions are Brooke Army Medical Center, Wilford Hall Medical Center, the U.S. Army Institute of Surgical Research and the University Health System. Brooke Army Medical Center, Wilford Hall Medical Center and University Hospital are the sites of Level I trauma centers.

George B. Hernandez Jr., president/chief executive officer of the University Health System, said: “We can do more together than separately. That is why this integrated relationship among partners is so vitally important.”
FACULTY HIGHLIGHTS

World-renowned diabetes researcher Dr. Ralph A. DeFronzo, Department of Medicine, received the university’s highest honor, the 2008 Presidential Distinguished Scholar Award. His work has produced novel ideas about how diabetes develops and progresses, including the concept of insulin resistance.

Drs. Wayne Schwesinger, Department of Surgery and Ian Thompson Jr., endowed chair in the Department of Urology and director of the CTRC genitourinary clinic, received 2008 Clinical Excellence Awards for their clinical excellence, representing the very best in patient care, collaborative teamwork, independent leadership and compassionate care. Dr. Thompson has also been selected to serve in a distinguished leadership position as one of three co-chairs for the National Cancer Institute (NCI) Genitourinary Steering Committee.

Drs. Sandra Adams, Department of Medicine, Glen A. Medellin, Department of Pediatrics, and Jean Petershack, Department of Pediatrics, were selected to receive 2008 Teaching Excellence Awards because of their extensive knowledge of the subjects they teach and awareness of current developments in their fields, as well as their significant contributions to the education and development of future health care professionals.

Dr. Kaye E. Wilkins, Department of Orthopaedics, was the first-place winner of the American Airlines American Way Road Warrior contest. He won millions of air travel miles and points for hotel stays and has donated it all to the Pediatric Orthopaedic Society of North America which will use the airline travel and hotel stays to help physicians visit the U.S. for training seminars.

Dr. Thomas F. Patterson, Department of Medicine, has been elected to a two-year term as a member of the Subspecialty Board on Infectious Disease of the American Board of Internal Medicine.

Dr. Kaparaboyna Ashok Kumar, Department of Family and Community Medicine, was presented with the Texas Academy of Family Physicians (TAFP) Exemplary Teaching Award during its 57th Annual Session.

Dr. Julio Palmaz, Department of Radiology, Ashbel Smith Professor and inventor of the world’s first stent to treat coronary and peripheral artery disease, was one of the three recipients of the inaugural UT System Chancellor’s Entrepreneurship and Innovation Award which recognizes outstanding accomplishment in research and innovation. Dr. Palmaz also received the 2007 Gold Medal Award from the Society of Interventional Radiology and was nominated for the Austin College Leadership Award by the Office of the Chancellor, The University of Texas System.

Dr. Francisco G. Cigarroa, President of the UT Health Science Center and Professor of Surgery, received the National Kidney Foundation’s 2007 Kathryn Dial Murray Gift of Life Award.

Dr. Darlene Metter, Department of Radiology, received a gubernatorial appointment to serve as a member of the Texas Radiation Advisory Board to the Governor of Texas.

Dr. Kenneth Cusi, Department of Medicine - Diabetes, was awarded a $750,000 grant from the Burroughs Wellcome Fund.

Drs. Craig A. Witz, Department of Obstetrics and Gynecology, and Darlene F. Metter, Department of Radiology, were inducted into The University of Texas Academy of Health Science Education.

Dr. Robert Esterl, Department of Surgery - Transplant Center - was chosen as a Distinguished Professor.

Dr. Rajam Ramamurthy, Department of Pediatrics, was appointed to the Educational Council for Foreign Medical Graduates (ECFMG) Board.

Dr. John C. King, Department of Rehabilitation Medicine and Director of the Reeves Rehabilitation Center at the University Hospital, was recently selected to receive the prestigious 2007 Distinguished Clinician Award from the American Academy of Physical Medicine and Rehabilitation.

TWO FACULTY NAMED TO THE INSTITUTE OF MEDICINE

The National Academies, independent advisers to the nation on science, engineering and medicine, announced the election of Drs. Amelie G. Ramirez and Cynthia D. Mulrow to the Institute of Medicine (IOM) of the National Academies. We were only one of three universities who had two faculty elected this year. Dr. Ramirez, a nationally recognized leader in research of cancer disparities affecting Hispanics and
other populations, and Dr. Mulrow, a clinical professor of medicine and widely respected leader in evidence synthesis, systematic reviews and practice guidelines in medicine, join Drs. Francisco G. Cigarroa, president and professor of pediatric and transplantation surgery, Bettie Sue Siler Masters, the Robert A. Welch Foundation Distinguished Professor in Chemistry, and Fernando Guerra, San Antonio Metropolitan Health District Director, as the five Institute of Medicine members from The UT Health Science Center at San Antonio. Election recognizes those who have made major contributions to the advancement of the medical sciences, health care and public health.

SURGICAL EDUCATION AND SKILLS CENTER

The new Stewart M. Johnson and Hugh M. Johnson Center for Surgical Innovation was unveiled June 21, 2007, within the Department of Surgery and honors the memory of Dr. Stewart M. “Skeet” Johnson (1939-2004), and his son, Hugh M. Johnson (1979-2004). Dr. Johnson was one of the first Health Science Center surgical residents (1970), and was personally committed to providing clinical training for students, residents and fellows throughout his medical career. He and his son died in November 2004 in the crash of a small plane near San Antonio International Airport. They were returning with three others from a hunting trip in Kansas.

The center has a fully functional mock operating room and trauma area, as well as simulation equipment including human patient manikins and high-fidelity virtual reality simulators.

OTHER ACHIEVEMENTS

At its August meeting, The University of Texas System Board of Regents approved the naming of a new library at the Regional Academic Health Center in Harlingen for Dr. Mario E. Ramirez.

The 8,595 square-foot Mario E. Ramirez, M.D., Library will recognize the former UT regent and adjunct faculty member of the Department of Family and Community Medicine who also was vice president of South Texas programs at the Health Science Center from 1995 through March 2007.

Dr. Martha A. Medrano, Associate Dean for Continuing Medical Education and a leader in the academic movement to increase retention and matriculation of Hispanics through medical school, is one of the 100 Most Influential Hispanics® in the country as listed in the October issue of Hispanic Business magazine. The periodical, based in California, cited Dr. Medrano’s leadership of the Medical Hispanic Center of Excellence in the Health Science Center School of Medicine, her work on the effects of childhood trauma on women drug addicts, and her participation with the National Cancer Institute-funded Redes En Acción program that targeted cancer awareness among Hispanics. Dr. Medrano recently was featured as a woman of excellence in San Antonio Woman magazine. In addition, the national health benefits company Aetna appointed her to its Racial and Ethnic Equality Advisory Committee. That panel is collecting data and strategizing approaches to improve quality of care for Aetna members of diverse races and ethnicities.

Dr. William “Bill” Hinchey, a 1978 graduate, has become the first alumnus elected to the Texas Medical Association’s (TMA) Board of Trustees and now serves as president.

Dr. Hinchey said his experiences at the Health Science Center gave him insight into the art and science of medicine. “I think there is some responsibility to give back in some way,” he said. “Becoming active in the association was the way to do it.”

Currently, Dr. Hinchey spends his time promoting TMA 2010, a project that has identified issues such as declining access to care and changing demographics, and has created goals for physicians to address these concerns. He anticipates serving the association in other leadership capacities in the future.

The Association of American Medical Colleges announced that Dr. Steven L. Kanter, a 1981 alumnus, was selected as the new editor-in-chief of Academic Medicine, the AAMC’s monthly peer-reviewed journal, and took the journal’s helm on January 1, 2008.

The School of Medicine is ranked second — behind only Stanford — in the medical schools category of the Top 10 Graduate Schools for Hispanics survey. The list was in the September issue of Hispanic Business magazine. During the 2005-2006 academic year, 153 Hispanic students were enrolled in the School of Medicine; the retention rate was 95 percent among these students, and 95 percent received financial aid. The School of Medicine awarded M.D. degrees to 32 Hispanic students in May 2006. Nearly 20 percent of students in the School of Medicine are Hispanic, compared to the U.S. medical school average of 7.5 percent, reported by the Association of American Medical Colleges. “This ranking is a reflection of the talented individuals who are in South Texas and of the exemplary recruitment and retention programs that are in place to successfully enroll and graduate Hispanic students from the School of Medicine,” said Dr. William L. Henrich, Dean.
Philanthropy is vital to the overall success of the School of Medicine at the UT Health Science Center. Today, the School receives less than 14 percent of its annual budget from state funding and approximately 13 percent from federal funding through the National Institutes of Health, an increasingly competitive and declining source of support. Philanthropy allows the School of Medicine to enhance its effectiveness in the recruitment and retention of talented students and faculty and to help sustain the strong programs and research offered. We are proud to report the School of Medicine’s philanthropy has grown from $7.7 million in FY02 to $31 million in FY07. Gifts have benefited several of our School’s signature programs including cancer, diabetes, aging and cardiology. Below are a few examples of the leaders who are contributing to our future.

THE JOE R. AND TERESA LOZANO LONG SCHOLARSHIP, RESEARCH AND TEACHING FUND

“Through the Joe R. and Teresa Lozano Long Presidential Scholarship Program established in 2000 at the Health Science Center, they have already assisted dozens of medical students from South Texas and the Border Region. This latest major gift expands that legacy and will forever transform the education of health professionals in our state and nation.” – President Francisco G. Cigarroa, MD

Joe R. and Teresa Lozano Long, an Austin couple who share a deep love for Texas and its citizens, donated $25 million to the Health Science Center to establish permanent endowments for student scholarships, faculty recruitment and retention, and specific disease research affecting South Texas citizens and patients across the country.

The gift matches the largest single gift in our University’s history and is one of the largest single gifts to The University of Texas System. The $25 million gift establishes the Joe R. and Teresa Lozano Long Scholarship, Research and Teaching Fund.

The Longs’ prior donations of $945,000 have provided full scholarships to medical students who intend to return home to practice in the South Texas/Border Region. In honor of the Long’s wide-reaching philanthropy, the UT System Board of Regents authorized the naming of the Health Science Center’s north campus the Greehey Academic and Research Campus, and added the Greehey family name to the Greehey Children’s Cancer Research Institute.

WILLIAM E. GREEHEY

“We believe that this gift will help draw more world-renowned researchers in the future and will put the Health Science Center on the path to becoming one of the very best research facilities in the world. We have no doubt that the important work going on here will lead to breakthrough discoveries that will help save the lives of children—not just in San Antonio, but around the world.” – Bill Greehey

A transformative $25 million dollar cash gift from The Greehey Family Foundation will have a profound impact on children’s health, with a special emphasis on cancer research. To recognize this leadership investment, the UT System Board of Regents authorized the naming of the Health Science Center’s north campus the Greehey Academic and Research Campus, and added the Greehey family name to the Greehey Children’s Cancer Research Institute.

The Foundation’s gift supports four major initiatives: $12 million to build state-of-the-art cancer research laboratories and a $13 million endowment, of which $5 million is to
recruit and retain world-renowned clinicians and scientists who can apply the latest discoveries in pediatric cancer care. $4 million is for scholarships to support future clinicians and scientists focusing on children’s health and $4 million is for community outreach programs to support children and their families, including palliative care and survivorship.

**ROBERT TUCKER HAYES FOUNDATION**

“The University is a valuable asset to the future of health for this community, and we wanted to make an investment that would help enhance its impact.” - Bob Hayes

Through their $1 million gift, Bob and Patty Hayes established the Robert Tucker Hayes Distinguished Chair in Oncology which is held by Dr. Tyler Curiel, assistant dean for oncology and executive director of The Cancer Center at the Health Science Center.

**THE ROBERT J. KLEBERG, JR. AND HELEN C. KLEBERG FOUNDATION**

“The Robert J. Kleberg, Jr. and Helen C. Kleberg Foundation is proud to support The UT Health Science Center at San Antonio in its focus to conduct research that is very much needed for South Texas. This is certainly a very worthy cause” - Helen Kleberg Groves, President

The Robert J. Kleberg, Jr. and Helen C. Kleberg Foundation pledged $1.4 million to support the education and research of our medical residents in South Texas. During the last year, 12 Kleberg Medical Scholars have focused on biomedical research for diseases of great impact to the citizens of the Lower Rio Grande Valley. Their outstanding work has garnered national recognition. Since the project began, the Kleberg Foundation has supported 47 medical scholars in South Texas.

The Kleberg Foundation has also invested $1.4 million in innovative basic research focused on bacteriophages found in South Texas’s soil and pledged an additional $3.2 million for leading-edge biosciences research in Chronic Obstructive Pulmonary Disease (COPD).

**H-E-B**

“H-E-B’s $1 million gift impacts each of our missions — education, research, clinical care and community service. We are proud to honor this important gift from H-E-B and its thousands of employees by naming the H-E-B Clinical Skills Center which has a significant impact on educating the next generation of health professionals.” - Francisco G. Cigarroa, M.D.

Last year, over 1,000 future physicians, nurses and physician assistants trained in the state-of-the-art H-E-B Clinical Skills Center, which opened in spring 2005. Using simulated patient encounters, our students learn patient communication and physical examination skills that prepare them to be competent and compassionate medical professionals.

**Mrs. Betty and Col. Robert E. Kelso**

We are very thankful to be the recipients of this historic gift, which is the largest endowment to our Department of Surgery in the University’s history.” - Francisco G. Cigarroa, M.D.

The Kelsos’ generous $1 million dollar gift to establish the Betty and Bob Kelso Distinguished Chair in Burn and Trauma Surgery will ensure that San Antonio remains the leader in burn and trauma surgery in the nation. Dr. Steven E. Wolf, Professor in the Department of Surgery, holds this important Distinguished Chair.

**BROWN FOUNDATION**

“We predict this investment by the Brown Foundation will yield groundbreaking discoveries that begin in the laboratory and translate into therapies that directly benefit elderly patients.” - Arlan Richardson, Ph.D., Director of the Barshop Institute

The Brown Foundation’s unwavering support and vision for the Health Science Center’s world renowned aging and longevity research program was solidified with its recent $4 million dollar gift to support construction of the planned South Texas Research Facility and establish the Center for Healthy Aging.

**CANCER THERAPY & RESEARCH CENTER**

On December 17, 2007, the UT System Board of Regents authorized the acquisition of the Cancer Therapy & Research Center (CTRC) by the University. This merger blends assets and gifts that the UT System has characterized as the largest-ever contribution to the Health Science Center. Please see story and photo on page 34.

If you would like to learn more about giving to the School of Medicine, please call 210.567.0242 or visit our Web site at http://www.uthscsa.edu/univrel/philanthropy.
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Ours is a story of discovery. Compassion and joy. Commitment, vision and inspiration. We engage our minds and talents, and give from our hearts, to help and heal. We touch the lives of thousands, to serve those in need, here and around the world. And, through it all, we work to make lives better. Thank you for all you do to make our story so remarkable. It's your support that will help us write the next chapter.

The UT Health Science Center is you.