

## **Creating a Great Medical School**

Remarks of Richard Atkinson at the symposium (May 2, 2018)

The UC San Diego Medical School is remarkable by any measure that one might choose. The brilliance of the faculty, medical research that rivals the best in the world, an excellent clinical enterprise, superb students and residents, or the biotech community it spawned. These facts are well known to most of you. What I would like to focus on today are two topics: how do you build a great medical faculty and the importance of a campus hospital.

In the mid 1950s, Roger Revelle, the director of the Scripps Institution of Oceanography, made a proposal to the Regents of the University of California to create a new research center that he called the “School of Science and Engineering”. The idea was to expand Scripps into a much larger institute dedicated to advanced research in both the physical and biological sciences; its educational mission would be to train PhD level scientists. The new institute would have about 1,000 graduate students and a faculty of 250.

The proposal was perfectly timed. The Cold War was near its peak, the Soviets had mastered the technology of nuclear weapons, and Sputnik was orbiting the Earth. Americans were in a state of shock. Was the United States falling behind the Soviets? Had we lost our edge in science and technology?

Revelle’s new institute was the University of California’s response to the

Soviet threat. The Regents gave him full authority to recruit faculty and funds to build facilities. Revelle's approach was to hire from the top down: to recruit faculty who already were recognized as leaders in their field of science. Of course, faculty of that caliber had no difficulty competing for federal research funds. By the time thirty or so faculty were in place, there already was a flood of research dollars. Among the group were several Nobel laureates (indeed, one double Nobelist) and many members of the National Academy of Sciences. The biologists, chemists and biochemists in the group were very much a part of what was called the "revolution in molecular biology".

Sometime after the Regents approved Revelle's institute, they decided—based on a growing California population—to establish three new UC general campuses, one of which was to be in San Diego. Several sites in San Diego were under consideration, and Revelle became the leading proponent for the La Jolla site. His chief opponent was the chair of the Regents, one of the most powerful men in California. It was a nasty, bitter battle but in the end, Revelle won. As he said later in life, it was a pyrrhic victory. He was not named chancellor of the new university.

In 1960, UCSD was founded and two years later, there was a medical school. Revelle recruits were now faculty members of the new university and some of the biologists, chemists and biochemists became the founding faculty of the medical

school. What they wanted was a research-intensive medical school at the leading edge of modern biology. The school's research was to be every bit as important as the number of physicians it graduated. In the early years, there was political pressure from Sacramento and the other UC medical schools to have us concentrate more on educating doctors and less on research. However, the faculty would have none of it. As one said at the time, "over the dead body of this faculty".

I arrived at UCSD in 1980 and the medical school was already a distinguished institution. It had a relatively small faculty, but they were at the forefront of medical research. Federal research funding was in the top 10 of all medical schools in the nation, and NIH ranked us number one for NIH funds per faculty member. The clinical side of the school had attracted faculty that matched the eminence of the founding faculty; talent attracts talent. The eight graduating MD classes prior to my arrival had performed extremely well on the National Boards, ranking first in the nation one year.

A major problem, however, was that pre-clinical education was on the La Jolla campus and clinical training 15 miles away at Hillcrest. In the original plan for the school there was to be a major hospital on the La Jolla campus with Hillcrest serving as a temporary facility. Despite repeated attempts, we were never able to fund an on-campus hospital. By the time I arrived, the Regents had decided that an

on-campus hospital was not feasible or necessary and that future expansion of the medical school should be at Hillcrest.

It was the wrong decision and had to be reversed. Early on, we mounted UCSD's first official fundraising campaign and included funds for a new hospital. We raised about \$10 million, half from the Thornton family with the proviso that the gift was conditional on the hospital being built on the La Jolla campus. By 1988, we were ready to make our case to the Regents. The cost of the hospital was about \$74 million with roughly \$10 to \$15 million coming from gifts and campus reserves. There was no state money and the rest had to be funded through debt service.

The Regents did not respond well to the plan. Three Regents, closely associated with the UCLA medical school, were primed to argue that additional hospitals in the UC system were not needed. Also, there was strong opposition from hospitals in the San Diego area and they were actively lobbying the Regents. Of course, there was a legitimate concern that the campus would not be able to service the debt. The debate took place over the course of two Regents' meetings and was well covered by the press. A few days ago, Wayne Kennedy, who was responsible for financing and building the hospital, reminded me of a statement I made at the Regents' meeting just before the vote was called. I had long forgotten the moment; it was deeply repressed in my memory. Once retrieved, it brought

back all the anxieties and emotions of that period. Roughly, what I said was as follows: “UCSD could not be a great university without a great medical school, and we could not have a great medical school without a campus hospital. If the Regents do not vote to approve the project, I will resign as chancellor.” It was a close vote.

We did build our hospital on the east side of Highway 5 and thereby ensured that future expansion of the medical school would be on the East Campus. The hospital was opened in 1993 with the first surgery performed by John Alksne, a neurosurgeon and at the time, dean of the medical school. The patient was the chancellor.

In 1995, I left UCSD to become president of the UC System. Now, 23 years later, when I look east across Highway 5 I am amazed at what has happened:

Jacobs Medical Center that now includes Thornton Hospital  
Shiley Eye Institute  
Moore's Cancer Center  
Sulpizio Cardiovascular Center  
Altman Clinical & Translational Research Institute  
Koman Outpatient Pavilion

and more. Add to that, a new bridge joining the East and West campuses and construction of the light rail system. A spectacular development of UCSD Medicine.

We are blessed with a superb leader of the enterprise, David Brenner, and one of the most entrepreneurial chancellors I have ever known, Pradeep Khosla. A great moment in the history of UCSD.