

Developments and Innovations at UC San Diego Health Sciences

By John M. Carethers, MD
Vice Chancellor for Health Sciences

I was honored to be selected by Chancellor **Pradeep Khosla** as the ninth Vice Chancellor for Health Sciences at UC San Diego in January 2023. The Vice Chancellor of Health Sciences (VCHS) Office encompasses UC San Diego Health, the School of Medicine, the **Skaggs** School of Pharmacy and Pharmaceutical Sciences, and the **Herbert Wertheim** School of Public Health and Human Longevity (**Table 1**), and oversees several large institutes important to UC San Diego, including the **Moore's** Cancer Center, the **Stein** Institute for Research on Aging, the **Sanford** Institute for Empathy and Compassion, the Sanford Stem Cell Institute, the **Altman** Clinical and Translational Research Institute, and the **Sulpizio** Cardiovascular Institute (**Table 2**). Additionally, the VCHS Office is the liaison to health and research affiliates, including **Rady** Children's Hospital, the Veterans Administration Hospital, the La Jolla Institute for Immunology, the **Sanford Burnham Prebys** Institute, the **Scripps** Research Institute, and the Sanford Consortium, among others. All in all, Health Sciences is over a \$6.6 billion enterprise poised to grow tremendously over the next ten years in research and education to become the preferred destination for patients, students, faculty, and staff for our



John M. Carethers, MD

San Diego region and beyond.

The mission of Health Sciences and UC San Diego Health is to deliver outstanding patient care through our commitment to the community, groundbreaking research, and inspired teaching. That has certainly been my observation as I came on board in 2023, but we have much to do to further elevate this mission for our region and to showcase our excellence on the national stage. We aspire to be a leading health innovator, setting the tone nationally and demonstrating creativity for our mission. We want to be the place others come to for examination of excellence in health and health research. As a relatively young university that has had outstanding leadership, UC San Diego is arguably one of the most successful universities in America over the past sixty years. The University's ranking as the sixth public university in the

land (*USNWR* 2024) is a testament to this and is aided by the accolades of the Health Sciences schools and UC San Diego Health. The School of Medicine is ranked as a Tier-1 research school (*USNWR* 2024) and the Skaggs School of Pharmacy and Pharmaceutical Sciences is ranked twelfth nationally (*USNWR* 2024). UC San Diego Health is ranked in the top twenty hospitals Honor Roll in the nation and number one in San Diego (*USNWR* 2024). These national recognitions are a testament to the faculty and staff who work in Health Sciences to create the best environment possible to further our mission, particularly in light of the relatively young age of our schools and health system. The world is constantly changing and the bar for excellence keeps moving, and we in Health Sciences have to continue to respond to be the best that we aspire to be.

cont. on page 2 →

◆ ◆ ◆ Inside ◆ ◆ ◆

Health Sciences	1
A View from the Wings	5
How My Stars Aligned	7
EA Book Club	8
Mark your calendar	8

Carethers, cont. from page one.

New Health Sciences Leadership Appointments. In my short tenure, I have appointed several leaders in Health Sciences (see **Tables 1** and **2**) who can create and execute a vision to further Health Sciences for our region and beyond. These include **Diane Simeone**, MD, a national expert in pancreatic cancer, appointed as the Director of the Moores Cancer Center in April 2024. She will guide the Moores Cancer Center for years to come, shepherding its Cancer Center Support Grant renewal in 2025 and expanding our reach to cancer patients who can experience the outstanding care provided by our cancer specialists. **Bill Mobley**, MD was appointed in February 2024 as the permanent Director of the

Sanford Institute for Empathy & Compassion, an entity that studies these essential human attributes through neurological research and in medical education. He will maintain and grow UC San Diego’s leadership and expertise in this area and export findings to the nation. **Alison Moore**, MD, one of the nation’s leading geriatricians, was appointed in April 2024 as the permanent Director of the Stein Institute for Research on Aging. She will leverage the Stein Institute with other institutes to diversify its reach on the importance of understanding aging and its broad effects medically and socially. **Davy Smith**, MD was appointed Director of the Altman Clinical and Translational Research Institute in July 2024, which houses UC San Diego’s NIH Clinical and Translational Science Award (CTSA) grant.

Dr. Smith submitted the CTSA renewal in Spring 2024 and already has received an excellent score on one component of the grant in September 2024 and is awaiting the rest of the NIH review as of October 2024. Renewal of this award is important for Health Sciences and UC San Diego. Commencing in January 2025, **Barbara Jung**, MD will join UC San Diego as the ninth Dean of the School of Medicine. She is currently Chair of Medicine at the University of Washington and previously completed her training in internal medicine and in gastroenterology at UC San Diego. Drs. Simeone, Moore, and Jung are the first women ever in their respective roles at UC San Diego.

Expansion and Innovations in Health Sciences Research.

cont. on page 3 →

Table 1: Deans of Health Sciences schools and CEO of UC San Diego Health

School/Unit	Dean/CEO	Year Appointed by VCHS	Year School/Hospital Commenced
School of Medicine	Steve Garfin, MD Barbara Jung, MD	2018-2024 2025-	1968
Skaggs School of Pharmacy and Pharmaceutical Sciences	Brookie Best, PharmD, MAS	2022	2002
Herbert Wertheim School of Public Health and Human Longevity	Cheryl Anderson, PhD	2020	2020
UC San Diego Health	Patricia Maysent, MPH, MBA	2016	1966 (1981 ownership)

Table 2: Major Institutes of Health Sciences

Institute	Director(s)	Year Appointed by VCHS	Location	Building Opening Year
Moores Cancer Center	Diane Simeone, MD	2024	MCC Building, La Jolla East Campus	2005
Stein Institute for Research on Aging	Alison Moore, MD, MS	2024	Stein Clinical Research Building, Health Sciences Campus	1991
Sanford Institute for Empathy and Compassion	William Mobley, MD, PhD	2024	Pepper Canyon Hall, Main Campus	2011
Sanford Stem Cell Institute	Catriona Jamieson, MD, PhD	2022	Sanford Consortium Building, Torrey Pines Mesa	2011; Building is a separate 501c3 partnership
Altman Clinical and Translational Research Institute (ACTRI)	David Smith, MD	2024	ACTRI Building, La Jolla East Campus	2016
Sulpizio Cardiovascular Institute (CVI)	Ehtisham Mahmud, MD and Michael	2011	Sulpizio CVI Building, La Jolla East Campus	2011

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Health Sciences research alone is > \$900 million enterprise and is a major portion of the seventh rank nationally of \$1.73 billion in UC San Diego's research expenditures in 2024. Faculty in the School of Medicine are among the highest funded per capita, and the American Association of Colleges of Pharmacy ranks the Skaggs School of Pharmacy and Pharmaceutical Sciences as the seventh most funded pharmacy school in 2024. The **Herbert Wertheim** School of Public Health and Human Longevity, similarly, has tripled its research portfolio since its inception nearly five years ago. To help further grow our research portfolio, the Chancellor has invested up to twenty-five FTEs (full time equivalents) in Health Sciences over the next ten years. These FTEs will be utilized for recruitments for our Faculty Institutional Recruitment for Sustainable Transformation (FIRST) program, Wertheim School of Public Health and Human Longevity, Skaggs School of Pharmacy and Pharmaceutical Sciences new Department of Pharmaceutical Sciences Chair, and School of Medicine department chair packages.

Health Sciences broke ground in April 2023 on the **Viterbi** Family Vision Research Center, located on the La Jolla East campus, which brings 100,000 sq ft of wet lab research to UC San Diego researchers who work in fields related to basic ophthalmology research, and

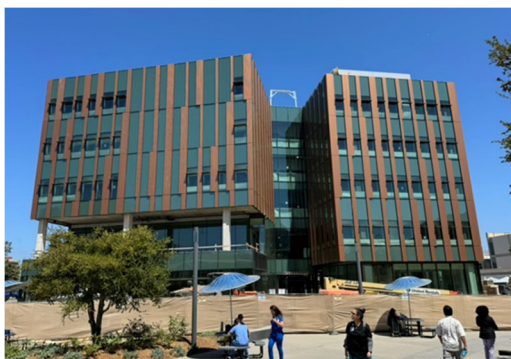


Figure 2. Viterbi Family Vision Research Center Under construction, August 2024
Photo by John M. Carethers, MD

also provides space for cancer researchers. The Viterbi Building (**Figure 2**) will open in June 2025. In August 2024, the UC Regents approved a 202,000 sq ft wet lab research building, the Multidisciplinary Life Sciences Building (**Figure 3**), which will be shared between Health Sciences and Biological Sciences and will be located between the Skaggs School of Pharmacy and Pharmaceutical Sciences building and the South Parking Structure on the Health Sciences campus. This building will have its groundbreaking in the fall or winter this fiscal year and is anticipated to be completed by the fall of 2027. It will house researchers focused on neurobiology, inflammation, and immunology. For clinical and translational research, the ACTRI is expanding its clinic space within the ACTRI building to accommodate growing clinical trials on the La Jolla east campus and is expected to be completed by 2026. A new concept of ACTRI satellites is now operational. A pediatric ACTRI satellite will open in December 2024 in leased office space on the Rady Children's Hospital campus to accommodate our pediatric specialist clinical research at the site of their practice. A new ACTRI satellite will open in Hillcrest where a phased approach to rebuilding the campus is occurring over several years; this Hillcrest ACTRI satellite will consolidate current Hillcrest clinical research and trials into one Multipurpose Clinical Research Building and allow for growth as that campus is reimagined and reconfigured. In July 2024, Health Sciences and UC San Diego Extension opened 8980 Villa La Jolla, a six-floor dry research and classroom building housing behavior research as well as Extension classes.

Expansion and Innovations in Education. Within Health Sciences, UC San Diego has grown a



Figure 3. Multidisciplinary Life Sciences Building
Drawing courtesy of UC San Diego

School of Medicine, added a School of Pharmacy, and recently commenced a School of Public Health (see **Table 1**). Schools take time to develop into nation-leading units, and UC San Diego Health Sciences has done that more quickly than most schools, based on rankings by *USNWR*. The Herbert Wertheim School of Public Health and Human Longevity, now in its fifth year, is nearing accreditation with its commencement of a second home-grown PhD program. The Skaggs School of Pharmacy and Pharmaceutical Sciences has matured and is creating departmental units for the first time to focus further on both research and pharmacy education. The School of Medicine instituted a new medical school curriculum, implemented over a few years, with >\$10 million investment annually in high-intensity teaching for students. Health Sciences does not have schools of nursing, dentistry, or allied health professions. However, due to a shortage of physicians, in June 2024 the School of Medicine opened the Atkinson Physician Assistant Education Program to train physician assistants (PAs) for our San Diego region. The demand for this masters-level program is astounding. The inaugural 2024 class of thirty students was diverse and chosen from a pool of over three thousand applicants. The application pool for the in-

cont. on page 4

Carethers, cont. from page three.

coming class of 2025 is over six thousand for the next thirty spots. The program aims to meet the accreditation standards for physician assistant programs and move from its initial accreditation-provisional status over the next few years. The program is grateful to **Rita and Dick Atkinson** who donated nearly \$7 million to commence the program.

Expansion and Innovations in Patient Care. Patient care at UC San Diego Health was recognized by *USNWR* on its top twenty in-the-nation Honor Roll in 2023 and 2024, ranked nine out of 115 academic hospitals in 2024 by the **Bernard A. Birnbaum**, MD Quality Leadership ranking by Vizient, and earned top marks by The Leapfrog Group in 2024 for keeping patients safe from preventable harm and medical errors. UC San Diego Health's **Jacobs** Center for Health Innovation is discovering and implementing novel approaches to care through digital intervention, including ways to reduce time for caregivers on the electronic health record and create AI approaches that help orchestrate and optimize facets of patient care through a new Mission Control Center. A Physician Wellness Committee examines ways to reduce non-face-to-face time with patients, improve the daily routines of physicians, and develop approaches that prevent burn-out in caregivers. Today, nearly every aspect of health care is studied to improve both patient care and the learning environment in which we train future caregivers.

UC San Diego Health, which provides not only patient care but is a theatre for learning for students, residents, and fellows, and a venue for clinical research, has grown to a \$4.6 billion revenue system in 2024. The inpatient market share in San Diego has grown

from 8 percent about a decade ago to 17 percent in 2024, and outpatient clinic volume has grown 12 percent per year for the past several years, reaching over 1.5 million patient visits in 2024. As an integral part of the only academic health center in San Diego and a key hospital and outpatient care system available to 3.6 million people in San Diego County, the primary to quaternary care UC San Diego provides is the best-in-class by several measures. Transplant organ survival is among the best in the nation, as is patient care in a wide range of specialties: cardiovascular, cancer, gastroenterology, behavior health, obstetrics and gynecology, pediatrics, neurology and neurosurgery, pulmonary, ear, nose and throat, urology, and orthopedics, among others.

Inpatient and outpatient demand for UC San Diego Health services has oversaturated our inpatient bed capacity and stretched our outpatient capacity. Expansion is a needed to meet demand for patients and to provide learning opportunities for our students and trainees. UC San Diego Health expanded externally for the first time in its history, purchasing the former Alvarado Hospital, a 302-bed facility, in December 2023. Re-programming a purchased hospital will take two to three years to arrive at a new steady state, but by September 2024 over eleven hundred patients have been transferred to its community inpatient beds from both our La Jolla and Hillcrest academic hospital sites. The former Alvarado Hospital (now called UC San Diego Health East Campus Medical Center) will become the academic inpatient and training site for the Department of Psychiatry, and recently an agreement was reached with San Diego County on renovating a floor and covering inpatient care for county

patients. Plans are in process for inpatient expansion at our La Jolla location and a replacement hospital at our Hillcrest location, with options open for further purchase expansion. In the outpatient arena, the **McGrath** Outpatient Pavilion in Hillcrest, a 252,000 sq ft multidisciplinary clinical outpatient building, is a welcome expansion that adds new clinical capabilities in Hillcrest and allows local care for some cancer patients for the first time. A new 150,000 sq ft outpatient pavilion has been approved for the Rancho Bernardo community, and an estimated 200,000 sq ft outpatient pavilion is in final planning stages for the La Jolla east campus, adding to **Perlman, Koman**, Moores Cancer Center, and **Shiley** outpatient clinics at that location. Longer-range plans include multidisciplinary outpatient expansion in other areas of San Diego County. Overall, the goal is to bring healthcare to our communities so local care can be local. UC San Diego is developing a regional hub-and-spoke model, allowing local care but access to tertiary and quaternary care if required at its academic and community inpatient sites.

Your Role as Emeriti. Emeriti faculty of UC San Diego are wonderful assets to our community and to our university. I trust that all of you are willing to contribute to the success of our institution at this stage of your life. This includes the avenues of volunteer teaching our students and trainees and contributing resources, including philanthropy, to help facilitate the institution and people in the institution to be the best they can be to carry on the legacy that you helped cement during your active faculty years.



A View From the Wings

By **Steven Adler**

Professor Emeritus, Theatre

I have been asked many times by friends and family who are unfamiliar with the inner workings of theatre: What does a stage manager do? While it is the producer in commercial theatre and the artistic and managing directors in not-for-profit theatre who raise the money and make the big decisions (Who will direct and design? How much money will it cost?), and it is the director who brings the show to life, it is the stage manager who knits it all together. The stage management team, led by the production stage manager (PSM), is responsible for pretty much everything involved in putting up a show. A big Broadway musical may have four or more stage managers, and a partial laundry list of their tasks includes running auditions; scheduling rehearsals and costume fittings; maintaining spreadsheets for props, scenery, costumes, lighting, sound, and music; recording the “blocking”—the minutiae of every move onstage—and the flow of all onstage and backstage elements of the production; communicating every decision made in rehearsals to everyone outside the rehearsal room, and vice versa; and enforcing the often byzantine rehearsal and performance rules dictated by Actors’ Equity Association (stage managers, like actors, are members of Equity) and the other unions (stagehands, musicians, etc.). And all this happens before the show opens.

After opening night, the director typically departs, and it is the PSM’s responsibility to “maintain the artistic integrity of the show,” which is a polite way of saying “keep the actors and stagehands in line.” The responsibilities are again varied: rehearsing understudies and replacement actors; maintaining the technical and design elements (Does that scenery piece need to be touched up? Does that bank of lights need to be refocused? Is that cos-

tume fraying?); communicating with house management; overseeing the stagehands (a big Broadway musical may have twenty or thirty stagehands); giving performance notes to actors (this is often the most challenging aspect of being the PSM); relaying all the details of every performance to the producers; and last, but certainly not least, “calling the show,” which involves overseeing every moment of the performance.

On Broadway, the SM team rotates during the week, with two or three SMs taking turns calling the show (the others rotate through backstage supervisory positions and watching the show from the audience to take notes). The “calling” SM, wearing a headset, is usually stationed in one wing at the SM desk, which is equipped with audio monitors, video monitors displaying the performance from the front and sides of the stage as well as the conductor in the pit and the action backstage, and rows of cue lights. The SM’s prompt script has every cue placed precisely within the printed script, and the SM is responsible for cueing every move and shift in the show by a combination of verbal cues (for lighting and sound cues) and cue lights (for scene shifts). Most large scenic moves are now controlled by computers, but the stagehands must wait for the SM’s “go” cue before they press the button that sets it all in motion. On complex musicals, the SM often never stops talking into the headset, often with over a thousand lighting, sound, projection, and scenic cues waiting to be executed.

It’s all orchestrated and timed to the second. And it all meshes and works beautifully; after all, this is what weeks of painstaking technical and dress rehearsals and previews were spent to achieve...except when it doesn’t. Most audience members are happily unaware that, except in the most obvious and egregious cases of onstage or backstage debacles,

most performances never go completely smoothly. Whether it’s an actor (rarely) forgetting a line or a stagehand late on a cue or a follow-spot operator missing a “pickup” of an actor entering the stage, mistakes happen. The SM calling the show is also alert to any problem that might arise, but the ability to solve a crisis on the fly when talking nonstop and throwing cue lights is what defines the true worth of a stage manager. It’s three-dimensional chess. It’s air traffic control. And that X factor is what makes live theatre so rewarding. Usually, it all works out. Sometimes, it doesn’t.

I have stage managed several thousand performances of many plays and musicals, on Broadway, on tour, and elsewhere. I have been lucky; some legendary shows have encountered technical problems of such magnitude that performances ground to a halt with regularity (*Spider-Man: Turn Off the Dark* was one particularly egregious example). I have had to stop a performance only twice. The first time came when I was PSM at a highly-lauded Off-Broadway theatre, CSC Repertory. We were performing seven plays in a season of rotating repertory. One night, we were showing **William Butler Yeats’s** five-play cycle, *Cuchulain, the Warrior King* (about the legendary pre-Christian Irish leader). Before one performance, one of the actors was horsing around backstage and committed the theatrical faux-pas of quoting from Shakespeare’s “the Scottish play,” i.e., *Mac-you-know-who*. Yes, it’s a huge transgression to quote from, or even mention by name, this exceedingly unlucky tragedy when backstage. Whoever does so invokes the wrath of the theatre gods. The only remedy involves a complex ritual of the offending party leaving the theatre, turning around three times, spitting, curs-

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ing, and requesting permission to re-enter. Our actor refused to do it, laughing heartily at the silliness of the superstition. That night, a critical scene shift was missed for the first and only time, and I had to stop the show, turn on the house-lights, and get a crew out to redo the scene shift in front of the audience. Later in the show, the actor in question, exiting in the dark, tripped and hit his head on a piece of scenery, requiring stitches. I'm not superstitious, but I know better than to quote from the Scottish play.

My second instance of show-stopping occurred a few years later, while stage managing the national tour of the twentieth anniversary revival of *Camelot*, with **Richard Harris**. We were playing the four-thousand seat Masonic Temple Theatre in Detroit for a month, the last leg of our sold-out tour before returning to play the Winter Garden Theatre on Broadway (and later, shoot it for HBO, which you can still view on Acorn TV). The performance in question was a Saturday night early in the run. The theatre was packed. I was calling the show that night, and it was humming along nicely. We had just begun Act II, which is one of the few scenes when **King Arthur** is not onstage. Lancelot was singing "If Ever I Would Leave You" to Guinevere. In the middle of the song, the PSM, **Alan Hall**, came running up to me at the SM desk in the stage right wing to ask how long before Harris made his entrance. I said, "Three minutes." Alan gave me a look of panic mixed with resignation. "He's not going to make it." Harris was passed out on the floor of his dressing room due to a hypoglycemic attack. We didn't know that he was hypoglycemic. I don't think that he knew that he was hypoglycemic. But the clock was ticking, both for the show and for Harris. I instructed **Barrie Ingham**, who as King Pellinore was due to enter with King Arthur after the Lancelot-Guinevere scene, to go onstage and announce that Richard had been taken ill and that his un-

derstudy was preparing to go on. A wide-eyed Barrie did so, and the sound of four thousand audience members gasping in unison swept into the wings. I brought the curtain down. I turned on the "god mic," which allowed me to make an announcement in the auditorium, and said that we would resume shortly.

PSM Alan Hall came running back to me. They had called 911, but an ambulance in Detroit on a Saturday night...? Harris was still lying on the floor. I flipped on the god mic again and made my first (and only) "Is there a doctor in the house?" announcement. It was no surprise that a half dozen doctors headed to the dressing room. Eventually, the ambulance came, Bill Parry was ready for Act II, and as it always must, the show went on. Bill Parry played the role of King Arthur for the next few weeks while Harris flew to the **Pritikin** Clinic in Miami to recuperate. We finished our run in Detroit and moved back to Broadway, where a revitalized Harris took back the crown.

Those were examples of performances gone awry. Rehearsals, too, can provide unexpected adrenaline jolts. I was in rehearsal for the Broadway production of *Big River*, the musical adaptation of *The Adventures of Huckleberry Finn*. Broadway shows rarely rehearse in the theatre; it's too expensive, and musicals need discreet spaces for rehearsing the scenes, music, and choreography. We were rehearsing downtown in the Flatiron District in a handsomely-appointed suite of rehearsal studios owned by the director and choreographer **Michael (A Chorus Line) Bennett**. One day, I was "floating" between rehearsal rooms when I was approached in the hallway by a very scruffy middle-aged guy: "hobo" was the word that came to mind at the time. He was wearing ripped jeans (long before they became fashionable), sandals (it was winter), a torn serape, and a battered fedora. He had a threadbare army-issue knapsack slung over his shoulder. He hadn't shaved in days. How had he gotten past the guy at the front desk? He approached me and said, in a raspy voice, without any introduction or pleasantries, "Umm...

I'm...umm...looking for **Carol**... where is she?"

Yes, we had an actress in the cast named Carol. But Carol hadn't told me that she was expecting a "guest" that day, and without prior approval, visitors—and I had a hard time believing that this guy was Carol's friend—are usually forbidden in rehearsals. I told him that she was rehearsing, and I would check with her when we had a break. I asked his name. He said, "Uh, tell her it's...Bob." I told "Bob" to wait in the front corridor. I entered the rehearsal room where Carol and the other chorus members were working on a big scene with the director, **Des McAnuff**. I wasn't going to interrupt, and we were not yet on break. I sat down at my desk to do a little work and then had to return to the other rehearsal room. "Bob" was hovering in the hallway—not in the front waiting room, as I had directed—trying to peek in through the little window in the door. This time, he was a little more aggressive. "Um... where's Carol? Is she in there?"

As politely as I could, I told him again that once we had a break, I'd talk to her. I went back into the room. Five minutes later, I had to go out again, and there was "Bob" ... again, hovering at the door. At this point, I began to worry that he would disturb rehearsals. I told "Bob" to stop peering in the window, but at that moment, he moved past me in the hallway and brazenly burst into the rehearsal room. I spun around and followed him, calling out "Wait! You can't go in!" But it was too late. Des McAnuff, the director, stopped in mid-sentence and turned to the commotion, a look of alarm on his face. A beat later, Des's eyes opened wide. "Oh, my God!" he blurted out. Carol then saw her "guest" and ran up to hug him. I stood there, completely confused. Rehearsals stopped and the cast rushed forward. What the...???

"Bob" was **Bob Dylan**.



How My Stars Aligned

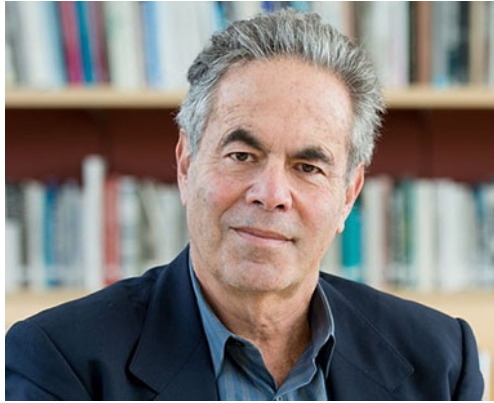
“It All Fits Together”

By Peter Gourevitch, PhD.
Founding Dean and Distinguished
Professor Emeritus

It all fits together. I see it now at age 81, but it wasn't obvious when I selected my major at Oberlin College (1959-63), where it was called “government,” or when picking my political science Ph.D. dissertation topic at Harvard (1963-69) on contemporary French politics. I was very aware of my family's refugee history, but I did not consciously engage in it for my professional interests.

The family, from the region originally located in what was called the Russian Empire, now Ukraine, experienced a series of dramatic escapes. As Mensheviks (the socialist opposition to the Bolsheviks), they were allowed to leave the USSR in 1923 for Berlin, as Germany was then a democracy. **Hitler** took power in January 1933, and a few months later they fled to France. In mid-June 1940, a few days before the Germans occupied Paris, the family miraculously got visas to America and arrived in October 1940 while my mother was pregnant with my older brother. I was born in New York City three years later, in 1943. We lived with my grandparents, who never learned English, so I spoke Russian before English. When I saw the movie *Casablanca* for the first time in 1964, it seemed to resonate with my family story.

While I was fascinated by the details of my family's escapes—and was doubtless drawn to political science and history by them—I nonetheless focused my professional interests on macro questions involving countries and their interaction. Why had the United States and the major European countries



Peter Gourevitch

diverged so sharply in their patterns of growth and politics? Some grew faster, some slower; some grew in the framework of democratic political systems, some in authoritarian ones; some were imperialistic, some peaceful and neighborly. My first book on these themes, *Politics in Hard Times*, compared the UK, the US, France, Germany, and Sweden during three historical periods when each made decisive choices on economic policy and political systems. The book and some related articles became well known in several subfields of political science and international relations for their challenge to a key distinction in political science between international relations and domestic politics. In another book, *Political Power and Corporate Control*, which I co-authored with **Jim Shinn**, I compared capitalist systems in the development of their banking and stock market systems.

At the same time, I did some institution building. At Harvard, while an untenured assistant and associate professor, I helped develop the Center for European Studies and formed the study group model for how it organized its activities. Not long after arriving at UCSD in 1979, I became chair of the Department of Political Science, and then the founding dean of its School of International Relations and Pacific Studies, re-

named as the School of Global Policy and Strategy.

On retirement in 2015, I switched gears. I turned my interest back to the personal story, the individual family history that ran through the macro story. How did my family's case interact with the global one? How did the macro decisions influence the family ones?

I had accumulated many documents, so I decided to plunge in and see if I could unravel the family story. What could be verified, and what couldn't? What explanations could I give? I gave talks on the subject at UCSD and elsewhere. I visited archives in Paris. In Moscow I was able to examine KGB files about my grandparents. I continued to construct a narrative and interpretation. I eventually wrote and published *Who Lived? Who Died?* (DIO Press, 2024), which explored the power of networks and the interconnections among people: shared experience, political party, ideology, and religion. The Gourevitchs and **Bronsteins** (my mother's side, who became known as **Garvy** through Grandpa Bronstein's political party name) were Jewish, as were many who shared the socialist ideology. Throughout the story, there were elements of chance: this or that person managing a file, being helpful or not, friendly or hostile border guards, etc.

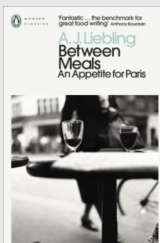
Writing this book allowed me to do something new. In some ways, I covered the same material as in my professional work, but with very different questions and different sorts of reasoning applied to similar materials. It has been personally very moving.



UCSD Emeriti Association Book Club

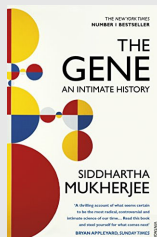
All EA Book Club Meetings
are held as hybrid meetings
In-person: University Extension, Building A
And via Zoom, 11:45 AM-1:30 PM

Please register at
<https://hrweb.ucsd.edu/ea/>



Monday, November 18th

*Between Meals
An Appetite for Paris*
By AJ Liebling



Monday, December 16th

The Gene: An Intimate History
by Siddhartha Mukherjee

Chronicles

Newsletter of the UCSD Emeriti Association



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Barbara Parker President

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Peter Gourevitch Past President

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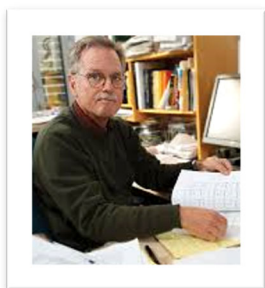
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*Forward queries, changes in mailing/email address to:
Vania Bailon, Director, UCSD Retirement Resource Center,
UCSD, 9500 Gilman Drive, #0020, La Jolla, CA 92093-0020*

Mark your calendar for Winter 2024 events!

Emeriti Association Meetings & Lectures

Please RSVP [here](#) to receive the Zoom event link



Wednesday, November 13, 2024
3:45 PM—5:00 PM
via Zoom

Talk: Analysis of the Election Results
presented by **Distinguished Emeritus Professor Gary Jacobson,**
Political Science



***UCSD Emeriti & Retirement Associations'
Festive Holiday Party (\$15 per member
\$50 per non-member guest).***

Saturday, December 14, 12:00 - 3:00 PM
Ida & Cecil Green Faculty Club



***Please bring your unwrapped toy with you to the
Retirement & Emeriti Association Holiday Party
RA Board members will deliver them to
The Marine Corps Depot after the party***