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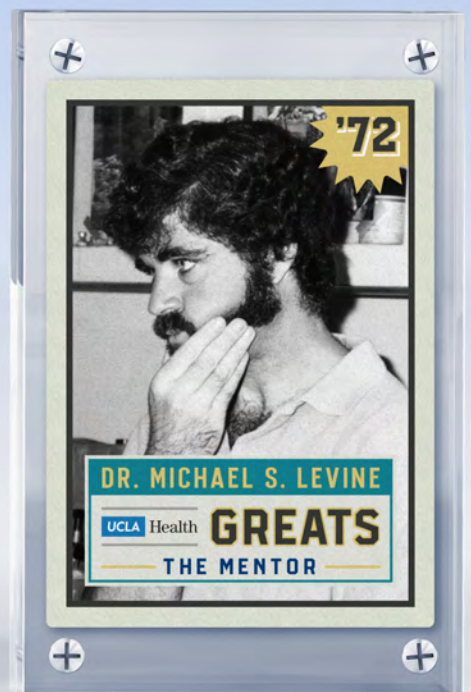
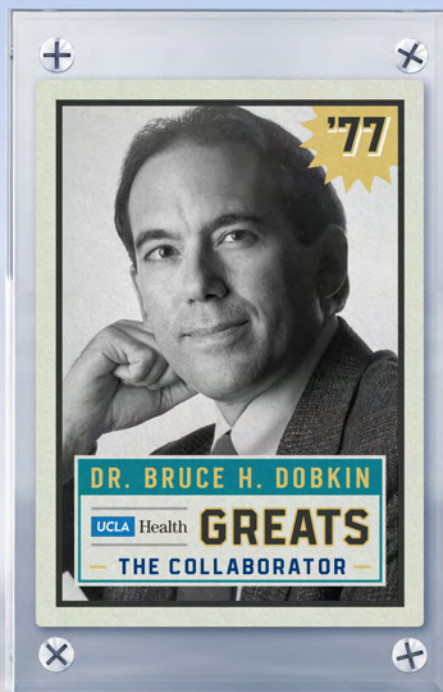
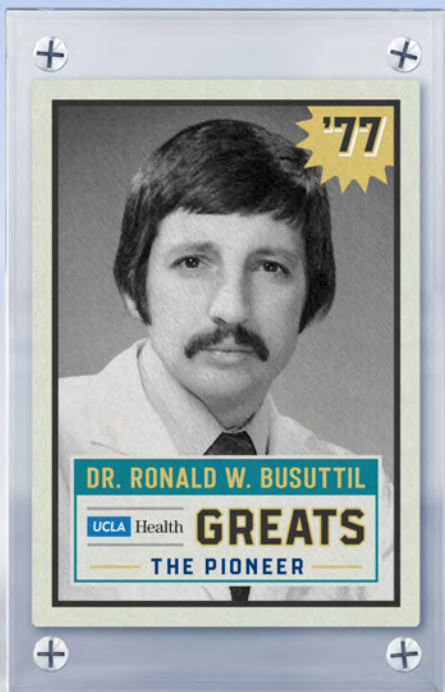
BY NANCY SOKOLER STEINER

PHOTO-ILLUSTRATIONS BY JEFF MANGIAT & WAYNE WATFORD



Longevity is a cornerstone of the careers for many faculty of the David Geffen School of Medicine at UCLA who have found a lifetime of fulfillment here in pursuit of research, teaching and clinical excellence.

GG GAME



In 1964, Lyndon B. Johnson was president of the United States, a gallon of gas cost 30 cents, the Beatles made their American debut on the *Ed Sullivan Show*, Bob Gibson pitched the St. Louis Cardinals to victory over the New York Yankees in Game 7 of the World Series and the UCLA School of Medicine had graduated its first class of doctors just nine years earlier. Also in 1964, three future members of the UCLA medical faculty were pursuing their training here. Alan M. Fogelman, MD '66 (RES '68, '71, FEL '73), was among the school's roughly 270 medical students, and Barbara M. Kadell, MD (RES '68), and Ulrich Batzdorf, MD (RES '65), were residents.

Fifty-six years later, Drs. Fogelman, Kadell and Batzdorf continue to serve as full-time professors or emeriti on the

faculty of what today is the David Geffen School of Medicine at UCLA. Three other faculty members who started their careers at UCLA during the following decade — Ronald W. Busuttill, MD (RES '77), PhD; Bruce H. Dobkin, MD (RES '77), and Michael S. Levine, PhD (FEL '72) — also continue to share their knowledge and clinical expertise.

These six veterans are among more than 60 medical school faculty who still are serving UCLA Health and the school of medicine after more than 40 years on campus. *U Magazine* shares their stories to recognize and honor all of those faculty who have dedicated their careers to teaching and healing at UCLA.



Dr. Barbara M. Kadell: “I was the first woman in the department, and some of the faculty members were not welcoming.”

Photo: David Geffen School of Medicine at UCLA

There were just five women in her class of about 100 students. While the women did not face discrimination, the program was intense and left little room for any activity beyond study.

THE TRAILBLAZER

Dr. Barbara M. Kadell
Professor of Diagnostic Radiology

When Dr. Kadell entered medical school, in 1959, it was during an era when women who wanted a career more often than not found themselves steered toward jobs as secretaries or teachers. So when she was accepted to George Washington University School of Medicine, in Washington, D.C., Dr. Kadell didn't pack much in her suitcase “because I didn't think I was going to last very long,” she says.

By Thanksgiving, however, she realized she was there to stay.

There were just five women in her class of about 100 students. While the women did not face discrimination, Dr. Kadell recalls, the program was intense and left little room for any activity beyond study. “It was just assumed that you would give 120 percent, and that nothing else was going on in your life,” she says.

That is a dramatic difference from today. “Students today have interests [outside of school]. Many of them are married. Some of them have children, which would have been unheard of for us at that time,” she says.

But Dr. Kadell knew that she might someday wish to have a family, and, even though there were few women in the field, she decided to pursue radiology. She and her husband — she married during her internship in Utah — came to UCLA to begin their residencies in 1964. While George Washington University had been relatively accepting of women, UCLA's young medical school was, she found, a more difficult environment.

And, Dr. Kadell was breaking new ground. “I was the first woman in the department, and some of the faculty members were not welcoming,” she

recalls. “They were very upset that I had gotten married between the time I had interviewed and the time I arrived. They were not at all happy about working with me.”

In the face of that resistance, Dr. Kadell found herself taken under the wing of the department’s director of radiology residency programs, Leo G. Rigler, MD. Dr. Rigler was an immense figure in the field who, after 20 years as chair of the radiology department at the University of Minnesota School of Medicine, was known as the “Father of Modern Radiology.” Dr. Kadell and the other four radiology residents in her class were an atypical group. In addition to Dr. Kadell’s groundbreaking presence, there was the department’s first African American and Asian American residents, as well as two older men who had served in the military. (Women are 36.5 percent of UCLA’s current radiology residents.)

Even with Dr. Rigler’s support, “when our residency was over, three of the guys found jobs easily,” but Dr. Kadell and her African American colleague, James Collins, MD, received no offers. “So,” Dr. Kadell says, “Dr. Rigler made sure we were hired at UCLA.” (Like Dr. Kadell, Dr. Collins stayed at UCLA for the duration of his career; he died in 2019.)

But it still was difficult to break through the barriers. Members of the faculty seeking assistance

to review a case “would go straight to a male colleague. It’s like I was invisible,” Dr. Kadell says.

Dr. Kadell worked to make herself invaluable, and her colleagues eventually came around. “They realized I wasn’t going to cry, and I wasn’t going to quit,” she says. “We all got used to each other, and then we all became pals.”

Dr. Kadell has seen vast change to the profession over the course of her career, which included 30 years as chief of abdominal imaging, a position from which she recently stepped down. “I started before ultrasound, CT, MRI and PET. If a patient was sick or had abdominal pain, you didn’t have a CT scan to see that they had appendicitis or diverticulitis. They would need exploratory laparotomies,” she recalls. “Interventional radiology today is just amazing. Abscesses can be drained, tumors can be ablated, all without having to put the patient through surgery.”

There are many factors to which Dr. Kadell attributes her longevity at UCLA: her colleagues, the interactions she enjoys with the many other departments in the medical school, the gratification of teaching the next generations of health care professionals and the enormous resources of an institution as comprehensive as UCLA. But at its core, Dr. Kadell’s greatest enjoyment emanates from the practice of medicine itself. “Every day, I’m blown away by something,” she says.

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THE SPECIALIST

Dr. Ulrich Batzdorf

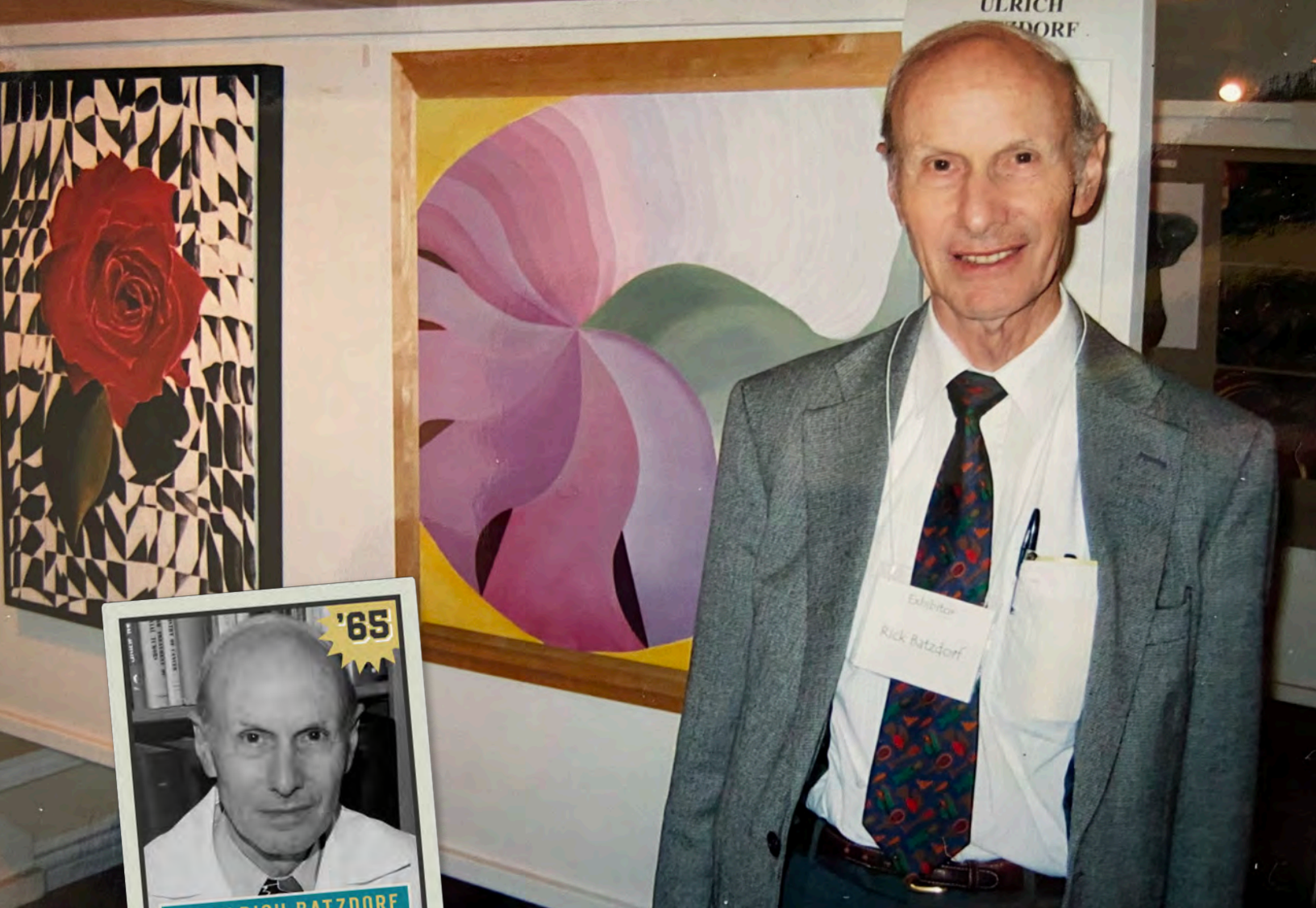
Professor Emeritus of Neurosurgery

Dr. Batzdorf’s early affinity for science came naturally; his father was a urologist and surgeon, and his uncle was a mathematician and physicist. As a medical student at New York Medical College, he leaned toward neurosurgery — “In those days, neurologists had little to do beyond prescribing medicine. I enjoy doing things with my hands,” he says — a choice that crystalized under the tutelage of the renowned surgeon and researcher Isadore Tarlov, MD.

Following medical school, Dr. Batzdorf completed a fellowship in neuropathology at UC San Francisco and then came south to

UCLA for his residency in neurosurgery, training under Eugene Stern, MD, a co-founder of the Department of Neurosurgery. At UCLA, another co-founder of the department, Paul H. Crandall, MD, asked him to participate in a study of cervical spondylosis — age-related changes to the bones, discs and joints of the neck. “That started my focus on the spine,” Dr. Batzdorf says, adding that he particularly enjoyed learning “avant-garde” spinal surgery techniques by another of the department’s co-founders, Robert W. Rand, MD.

Early in his career, Dr. Batzdorf encountered a patient with a condition called syringomyelia. The condition involves formation of a cyst in the spinal cord, which can cause loss of feeling, stiffness, weakness and paralysis. Little at that time was known about the disorder. In a time decades



Dr. Ulrich Batzdorf: "In those days, neurologists had little to do beyond prescribing medicine. I enjoy doing things with my hands."

Photo: Courtesy of Dr. Ulrich Batzdorf

"When I started, there was no CT or MRI, let alone image-guided surgery. The first magnification loupes were available just as I finished residency training. I was the first person in the department to order a surgical headlight."

before the internet, Google or hi-tech imaging technology, Dr. Batzdorf spent hours on the phone, making calls to other medical institutions in the U.S. and around the world to learn more about how to treat the condition. Eventually, Dr. Batzdorf would become one of the nation's top experts in the treatment of syringomyelia and an often-related condition, Chiari malformation.

Dr. Batzdorf, too, has seen major changes in medical practice over the course of his career. Like Dr. Kadell, Dr. Batzdorf says that "when I started, there was no CT or MRI, let alone image-guided surgery. The first magnification loupes were available just as I finished residency training. I was the first person in the department to order a surgical headlight."

Surgical techniques also have dramatically changed since Dr. Batzdorf first began. Rather than employing large, open incisions, more surgeries are being done with minimally invasive techniques that utilize internal cameras and tiny instruments inserted through small cuts.

"One of the biggest changes I've seen in terms of spinal surgery is the development of implants," he adds. "The plates, rods, screws and hooks that we use routinely today didn't exist when I started in the field," he says.

Dr. Batzdorf currently is an emeritus professor on recall. He loves his work, and he says that he plans to continue for as long as he remains in good health. "I find it stimulating. I enjoy my colleagues. I like teaching, working with patients and sorting out problems," he says.

THE BUILDER

Dr. Alan M. Fogelman

*Professor of Medicine and Cardiology and
Chair of the Department of Medicine*

Dr. Fogelman is a lifelong Bruin. He arrived on campus as a freshman in 1958 and stayed to earn his MD and complete his internships, residency and fellowship training. He even met his wife at UCLA, in the Biomedical Library; they will celebrate 56 years of marriage in June.

When he was chief resident in the Department of Medicine, Dr. Fogelman worked in the lab of George Popják, MD, a pioneer in the study of the biosynthesis of cholesterol. It is a subject that Dr. Fogelman continues to investigate today, as he looks at the main protein in HDL — so-called good cholesterol — and its role in preventing inflammation.

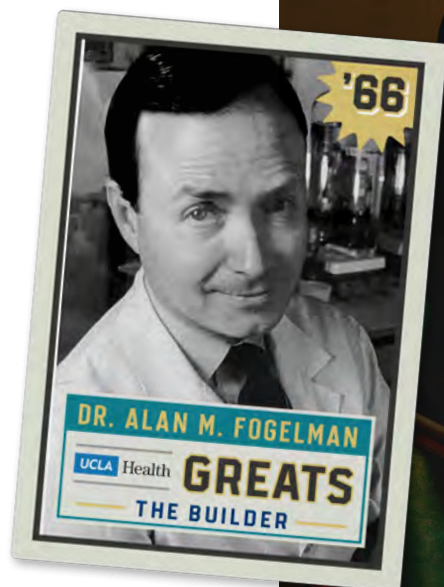
In 1992, Dr. Fogelman was named chair of the Department of Medicine, and he immediately set out to sharpen the school's focus to advance in primary care. At that time, only two of the department's 200 faculty members practiced in that field. Spurred by a dearth of primary care physicians statewide, Dr. Fogelman worked with his colleagues to transform UCLA into a premier training center for primary care physicians. He recruited primary care physicians who worked in Westwood and mentored them in taking on the teaching, research and leadership roles required of faculty physicians.

"I really believe that the best care for an individual is care that is coordinated, and that if you have a good general internist or family physician who is well-trained and provides most of your care, you are better off," Dr. Fogelman says. It was a Herculean effort, for which hospital and school of medicine leadership called Dr. Fogelman "a medical visionary" and

compared him to a great athlete who "knows before everyone else what changes are going to occur."

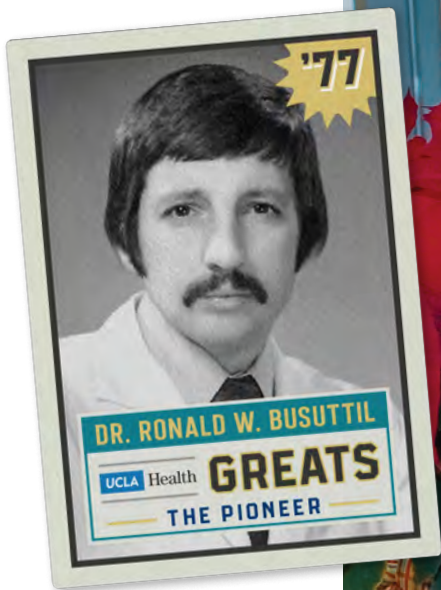
In addition to building a robust primary care faculty, Dr. Fogelman recruited specialty care physicians to work with primary care doctors in the community. Today, the Department of Medicine has about 100 primary care internists on its faculty, and UCLA Health has more than 180 primary and specialty care community clinics throughout Southern California. "Trying to figure out how to deliver health care today is challenging, and it is satisfying when we make progress and can bring high-quality, high-value health care into the communities around us," he says.

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Photo: Jessica Pons



Dr. Ronald W. Busuttill (with transplant patient Lily Mandel Allen): “We have grown tremendously since that first patient in 1984. But our fundamental mission — saving lives — has not changed.”

Photo: Moses Sparks

The reach of the program that Dr. Busuttill has built at UCLA extends far beyond Westwood. Two years after that first transplant, Dr. Busuttill trained his first fellow. Thus far, 80 liver-transplant fellows have been trained at UCLA.

THE PIONEER

Dr. Ronald W. Busuttill
*William P. Longmire, Jr. Chair in Surgery and
Executive Chair of the UCLA Department of Surgery*

It was 1982, and Dr. Busuttill was just five years out from having completed his residency in surgery at UCLA. He had performed a procedure called a distal splenorenal shunt on a patient who was bleeding due to liver disease. The operation was successful, but the patient later went into liver failure. Dr. Busuttill hurriedly made arrangements for the patient to be transferred to the University of Pittsburgh, where the groundbreaking surgeon Thomas E. Starzl, MD, PhD, was advancing the nascent field of liver transplantation. Unfortunately, the patient died before he could be flown to Pittsburgh.

That should never have happened, Dr. Busuttill says. “I said to my colleague, Dr. Leonard Goldstein, who was a hepatologist at that time and helped me with all these cases, ‘Lenny, it’s time to do liver transplants at UCLA.’”

Achieving that goal would be no simple matter. The science of transplantation was in its infancy, and Pittsburgh’s was the only significant liver-transplant program in the country at the time. “I had support

from [Department of Surgery Chair] Dr. William P. Longmire, Jr. and our dean, Dr. Sherman M. Mellinkoff, but there were some in the administration who were not supportive,” Dr. Busuttill recalls. “There was skepticism even in the medical community, since liver transplantation was so rare.”

Dr. Busuttill went to Pittsburgh to spend several weeks training with Dr. Starzl. Back at UCLA, he assembled a surgical team and went into the lab to refine his technique by performing transplants in pigs, as their liver anatomy closely resembles that of humans.

After performing 50 transplants in animal models, on February 1, 1984, Dr. Busuttill and his team performed the first human liver transplant at UCLA. The procedure was a success, and the program took off, establishing the first viable liver-transplant center west of the Mississippi. The team performed 22 liver transplants in the first year. Today, UCLA’s surgeons have performed nearly 7,000 procedures, with a success rate close to 90 percent. UCLA also became one of the leading U.S. centers in performing split-liver transplantation, a technique in which a single liver is divided and transplanted into two patients, as well as being among the first to do live-donor liver transplants.

The reach of the program that Dr. Busuttil has built at UCLA extends far beyond Westwood. Two years after that first transplant, Dr. Busuttil trained his first fellow. Thus far, 80 liver-transplant fellows have been trained at UCLA, many of whom have gone on to head their own programs, including at major centers like the University of Chicago, Massachusetts General Hospital, University of Pennsylvania, Baylor, the University of Wisconsin and Johns Hopkins University. In 1994, just 10 years after it started, the UCLA Liver Transplant Program surpassed Pittsburgh's to become the busiest liver-transplant center in the country.

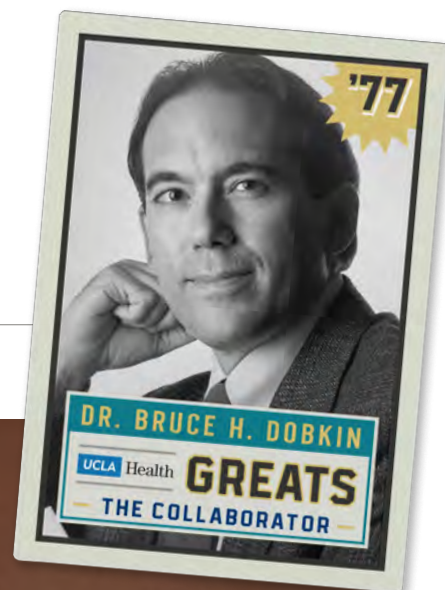
Dr. Busuttil came to UCLA in 1971 for his surgical internship, after earning his MD from Tulane University in New Orleans, Louisiana. He went back to Tulane for a PhD in pharmacology, and then returned to UCLA for his residency, becoming chief resident in 1977. He joined the faculty the following year. "I knew UCLA was rated one of the top surgery programs in the country," he says. "Dr. Longmire had a very, very important influence on me, and there's no way I wanted to leave." Dr. Busuttil has, for the past

16 years, held his mentor's position as chairman of the Department of Surgery.

Dr. Busuttil continues to stay in touch with many of his former patients. One of them was 14 months old when he operated on her, a child from Arizona whose liver was so filled with tumors that it caused her abdomen to swell to four times its natural size. Hers would be only the ninth transplant that Dr. Busuttil had performed, but "no one else would touch the case," he recalls. Now, 36 years later, she is a grown woman, and in his office, Dr. Busuttil has a photograph of her in a wedding dress, taken in 2008, and another from 2011 of her surfing. There are more photos — including one of a young couple with a baby; they met at UCLA, after receiving liver transplants, and now have two children.

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THE COLLABORATOR

Dr. Bruce H. Dobkin
Professor of Neurology

Dr. Dobkin likens UCLA to the nervous system: Both involve specialized regions and subregions, and both are characterized by myriad interconnected strands. The whole cannot work without the interconnectedness of its parts, and Dr. Dobkin considers collaboration to be essential to both the university's and his own success. By his estimate, he has worked with colleagues in almost every school on the UCLA campus.

The sharing of ideas even influenced Dr. Dobkin's choice of careers. At Hamilton College in upstate New York, where the motto is "Know Thyself," he was torn between the pursuit of writing and medicine. In a conversation with a visiting professor, Alex Haley (who would go on to write *Roots*), the author urged Dr. Dobkin to pursue the latter. Medicine, Haley said, would give him fodder



Dr. Bruce H. Dobkin: "Every generation of researchers believes that discoveries will soon apply to their patients. And, eventually, they will."

Photo: Jessica Pons

“The intricacy of the nervous-system pathways is much greater than we could have imagined. The science grows more complex as research digs deeper and wider.”

for writing. (Dr. Dobkin did, in fact, go on to write about doctoring for the *New York Times Magazine*, *Life* and other publications, as well as authoring the book *Brain Matters: Stories of a Neurologist and His Patients* [Crown Publishers, 1986].)

Dr. Dobkin earned his MD at Temple University, in Philadelphia, Pennsylvania, and came to UCLA for an internship in internal medicine. “This is paradise,” thought the Pennsylvania native, as he ate his lunch on the grass at UCLA’s Franklin D. Murphy Sculpture Garden on his first visit. He completed his residency in neurology and became interested in cerebrovascular disease and stroke. Dr. Dobkin developed UCLA’s first stroke program in the 1980s, and then helped to found, in 1994, today’s UCLA Comprehensive Stroke Center, which is one of the world’s leading centers for clinical care and research in cerebrovascular disease.

A significant focus of Dr. Dobkin’s clinical research is on spinal-cord injury. It is something with which he has personal experience; in 1995, his brother Craig, an experienced climber and experiential educator, slipped off the edge of a cliff in Wisconsin while setting up a challenge course for a client and landed on rocks 80 feet below. His spine was severely injured and his legs became paralyzed. Dr. Dobkin became a key advocate and participant in his brother’s recovery. As he explained in a *Los Angeles Times* article in 1999, the experience “allows me to empathize with families of patients with spinal-

cord injuries. I tell them about Craig, and for many I think it’s reassuring.”

Dr. Dobkin’s interest in spinal-cord injury and rehabilitation has translated into the establishment of UCLA’s Neuro-Rehabilitation Program. The program, which pursues research and therapies to treat such conditions as stroke, brain and spinal-cord injury, multiple sclerosis and Parkinson’s disease, moved its inpatient and outpatient services in 2017 from Westwood to a 138-bed facility, the California Rehabilitation Institute, in Century City.

In addition to developing advanced rehabilitation therapies to help paralyzed patients regain mobility, Dr. Dobkin is interested in pursuing neurotrophic drug and cellular treatments to regenerate spinal-cord nerve cells. To advance that pursuit, he has been instrumental in creating the UCLA Integrative Center for Neural Repair, which now is part of the UCLA Brain Research Institute.

When he and colleagues created the neuro-rehab program, in the late 1980s, Dr. Dobkin predicted that interventions to promote neural repair would occur within the following decade. It now has been 35 years, and achieving that goal remains elusive. “The intricacy of the nervous-system pathways is much greater than we could have imagined,” Dr. Dobkin says. “The science grows more complex as research digs deeper and wider. Every generation of researchers believes that discoveries will soon apply to their patients. And, eventually, they will.”

THE MENTOR

Dr. Michael S. Levine
*Distinguished Professor of Psychiatry and
Biobehavioral Sciences and Vice Chancellor
for Academic Personnel*

Dr. Levine may be the only research scientist at UCLA who can both operate a lathe and knows how to cast molten metal. These are skills that he learned as a student at Brooklyn Technical High School, where he thought about pursuing a career in industrial design.

He took a different path when he entered college and majored in psychology. Immediately after

earning his PhD in physiological psychology from the University of Rochester, Dr. Levine came to UCLA as a postdoctoral fellow to work in the lab of the internationally recognized neuroscientist Nathaniel A. Buchwald, PhD, and his longtime collaborator Chester Hull, PhD. Their research focused on the basal ganglia, an area of the brain involved in the control of movement. Dr. Levine stayed at the lab after receiving his appointment as an assistant professor and continued the work, following the retirement of Drs. Buchwald and Hull in the early 1990s.

“We still study the basal ganglia in both health and disease,” Dr. Levine says. “We concentrate now

on studying models of Huntington's disease, which is a devastating genetic disorder. We are looking at what happens to brain cells and how their communication is altered as the disease progresses."

Dr. Levine's early background in industrial arts and knowledge of mechanics and electronics came in handy when he worked in the lab, enabling him to troubleshoot myriad technical problems as they arose.

Though he is known to many who admire his research as "a scientist's scientist," at the core of Dr. Levine's career is a deep love of teaching. In an article that was published in 2019 in a special issue of the *Journal of Neuroscience Research* to celebrate Dr. Levine's 75th birthday, Carlos Cepeda, PhD (FEL '86), his longtime collaborator and co-principal investigator in the lab, wrote: "Mike's career as a teacher began in parallel to his research, and it is difficult to tell which part of his job he loves more. ... His pedagogic skills are unsurpassed." No matter how complex the science, "Mike could make it simple and understandable." During one talk, someone in the audience called out, "You chose the wrong profession. You should have been a preacher!"

Dr. Levine is particularly fond of teaching first-year undergraduate students who are interested in neuroscience. It is a rare pursuit for a member of the medical school faculty; he currently co-teaches in one quarter of a cluster course for undergraduates entitled "Mind Over Matter: The History, Science and Philosophy of the Brain." "These students are just beginning to learn about how the brain works, and it is a pleasure for me to see them become enamored with the subject," he says.

These days, Dr. Levine is spending more time on his administrative leadership role. Throughout his career, he has served in various administrative positions, including as associate director of the Intellectual and Developmental Disabilities Research Center, chair of the Undergraduate and Graduate Interdepartmental Programs in



Dr. Michael S. Levine: "In a job like this, you can build programs that help faculty advance, and we've done that."

Photo: Courtesy of Dr. Michael S. Levine

Neuroscience, associate chair of the Department of Psychiatry and Biobehavioral Sciences, special assistant to two vice chancellors for academic personnel and, now, vice chancellor for academic personnel for the UCLA campus.

Being in a role that supports faculty in their growth and progression is fulfilling for him. "In a job like this, you can build programs that help faculty advance, and we've done that. We've enhanced mentoring programs for junior faculty and have begun to develop a program to help associate professors."

When not engaged with his campus duties, Dr. Levine has found time to hike, ski and kayak. His favorite activity, however, remains taking annual expeditions to photograph wildlife and endangered species around the world. His travels have taken him from Antarctica to the Svalbard Islands in the Arctic, from Alaska to Tanzania and from Yellowstone to Borneo. The pursuit is not without risk. "One time," Dr. Levine says, "I was knocked over and stepped on by a mountain gorilla."

Nancy Sokoler Steiner is a freelance writer in Los Angeles. She frequently writes about faculty for *U Magazine*.

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