

LET the ARTS CONNECT YOU to UC SAN DIEGO

Chancellor Pradeep K. Khosla

Since its inception, UC San Diego has pushed boundaries, challenged expectations, and firmly established itself as a premier destination for academic rigor, groundbreaking research, nationally recognized health care, leading edge innovation, and a vibrant, dynamic arts ecosystem. The university has been shaped by exceptional scholars and our faculty emeriti, who paved the way for those who followed. Through it all, our commitment to excellence, to service of others, to community, served as a guiding principle.

Last year, UC San Diego completed a comprehensive effort to refresh its long-term strategic plan to refine our goals, strategies, and research themes. This refinement was necessary to ensure we remain agile, prepared to sustain our remarkable momentum of transformation, growth, and impact, while adapting to the rapidly changing needs of today's society. Central to the refreshed plan is our vision, revised to articulate our work "to be a destination public university that is student centered, research driven, patient dedicated, and service oriented." To deliver on this vision, we are actively working to enrich the campus experience for all members of our community by embracing the arts as a foundational component of our identity.



ERC Mural: "Never Turn Your Back On The Ocean", a temporary mural by artist Jim Isermann created as part of the public art collection of Murals of La Jolla, graces a wall at Eleanor Roosevelt College. Photo credit: Erik Jepsen

It should come as no surprise that our campus is home to a wealth of opportunities to engage with, contribute to, and immerse oneself in world-class arts experiences. In the coming months, you will begin to hear more about an exciting new initiative called ArtsConnect. This important initiative connects academic and non-academic arts programming, performance spaces, cultural centers, and more, in support of our long-term strategic plan. Co-led by Vice Chancellor for Student Affairs and Campus Life Alysson Satterlund, and Dean of Arts and Humanities Cristina Della Coletta, ArtsConnect will amplify and advance our reputation as a vibrant, nationally acclaimed hub for arts and innovation that embraces the convergence of science, culture and technology, while fostering creativity, speculative thinking, and a sense of belonging.

We've been busy. In the past five years, we have opened a world-class, brand new performance venue called the Epstein Family Amphitheater. The amphitheater is managed by the Campus Performance and Events Office, which also oversees ArtPower's artistic programming across campus.

We recently completed renovation of the Mandeville Art Gallery and opened the new Suraj Israni Center for Cinematic Arts.

We also established the office of the Chief Campus Curator, which oversees the permanent, site-specific, and globally recognized Stuart Collection, and is leading the development of The Strauss, which will open in 2027 in the soon-to-be-completed Triton Center in the heart of campus.

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LET the ARTS CONNECT YOU to UC SAN DIEGO

The Strauss will feature four galleries and a sculpture terrace that provide immersive and interactive art experiences. This office also will oversee the curation of visual arts at The Depot, which is being developed as a unique resource for the arts community and arts incubator in the heart of downtown San Diego.



Moon/Fallen Star: A full moon illuminates The Stuart Collection’s Fallen Star, by artist Do Ho Suh, at dusk. Photo credit: Erik Jepsen

And we are just getting started. Our campus and regional communities have access to custom, hands-on experiences through the Craft Center, which opened in 2021 to provide a multidisciplinary arts facility for classes, workshops, and studio work. In early 2026, we will open a state-of-the-art Glass Center, which will be home to cutting edge equipment and studio space for a wide range of glass art techniques on par with well-established glass art museums. The Glass Center will be helmed by internationally acclaimed artist and featured artist on the Netflix glassblowing competition series *Blown Away*, Alexander Rosenberg.

Our faculty across the arts and humanities bring together some of the most talented and innovative minds in their fields, fostering an environment where groundbreaking work can flourish. This is evident in the many creative endeavors of our students – among them, the new Arcades music event that launched last year. The Arcades is 100 percent student conceived, curated, managed, and staged by students, adding to the prestige and distinction of UC San Diego as a leader in the arts.

Our university continues to evolve and transform to deliver on our important mission, and the arts are helping to lead the way. I invite you to come back to campus for a visit soon. Take in a performance at the acclaimed La Jolla Playhouse or see a future Tony winner when students and faculty showcase their original work in the impressive variety of performance spaces at UC San Diego’s own Joan and Irwin Jacobs Theatre District. Dance the night away at a concert at the Epstein Family Amphitheater or immerse yourself in the sounds of a current or future Grammy Award-winning faculty member or student at the Conrad Prebys Music Center. Enjoy a guided, meditative tour of the Stuart Collection or explore campus to admire the expansive murals that can be found in and around our eight vibrant undergraduate colleges. Try your hand at pottery, printmaking, or surfboard shaping at the Craft Center.

And, most of all, let the arts keep you connected to UC San Diego.



New Directions: Students perform at the Department of Theatre and Dance’s annual New Directions event. Photo credit: Erik Jepsen



Children’s Opera: Rehearsal for the children’s opera. Photo credit: Erik Jepsen



Honeytones: The Honeytones perform as part of the 2025 Arcades student-produced musical event. Photo credit: Erik Jepsen

Building an Age-Friendly Health System: UC San Diego’s Commitment to Older Adult-Centered Care

Alison Moore, MD, MPH, Lindsey Yourman, MD and Khai Nguyen, MD

Introduction

The demographic shift toward an aging population has catalyzed a transformation in healthcare delivery, with a growing consensus that older adults require tailored, evidence-based approaches to optimize outcomes and experience. The Age-Friendly Health System (AFHS) initiative, led by the Institute for Healthcare Improvement (IHI), the John A. Hartford Foundation, the Catholic Health Association, and the American Hospital Association, has emerged as a leading model for redesigning care for adults aged 65 and older. (<https://www.johnahartford.org/grants-strategy/current-strategies/age-friendly/age-friendly-health-systems-initiative>).

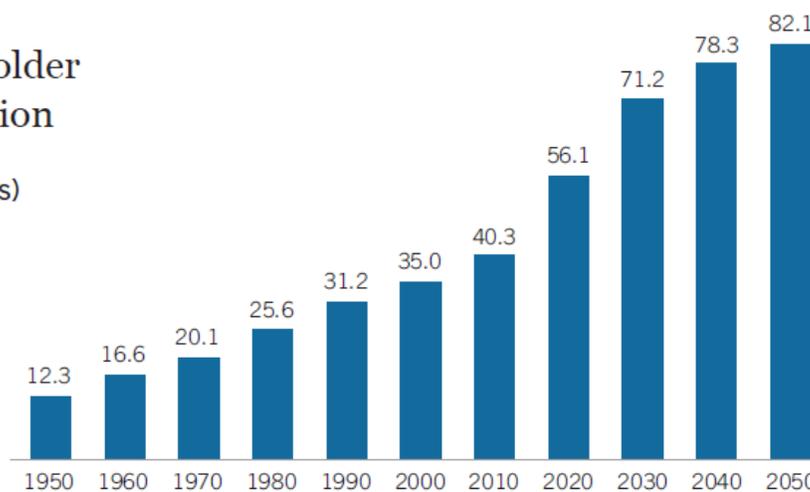
The Challenge: Older adults want and need care that is Age-Friendly

The US is aging rapidly with those 65+ the fastest growing segment of the population. Within this demographic, those age 85+ are the fastest growing group, their number is projected to more than double between 2025 to 2050 from 7 million to 17 million.

Figure 1: ■ ■ ■

The fast-growing older American population

65+ population (in millions)



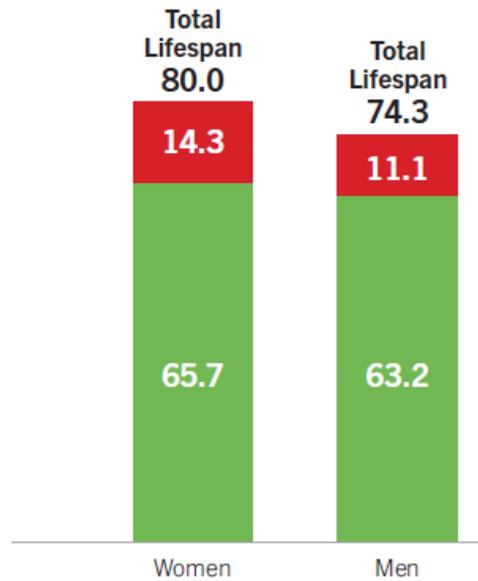
Source: U.S Census Bureau, 2020; U.S. Census Bureau Population Projections, 2023]

We have succeeded in increasing longevity in the US but there is a gap between lifespan, the total number of years a person lives, and healthspan, the number of years a person lives free from disability. The US ranks 50th in the world for lifespan and 68th in the world for healthspan. On average, an older adult in the US spends the last dozen years of their lives coping with poor health.

Figure 2: ■■■

Our healthspans do not match our lifespans

■ Expected years in poor health
 ■ Healthy life expectancy



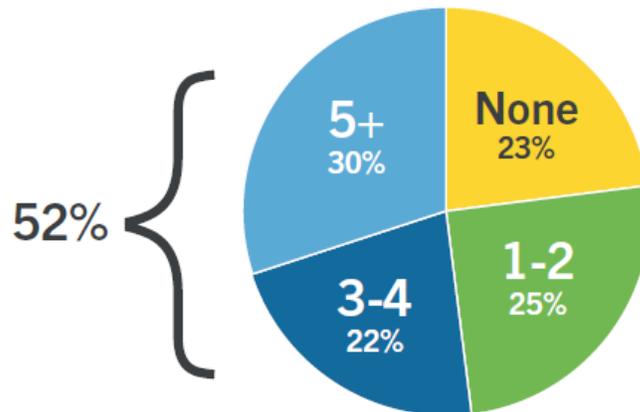
Sources: Institute for Health Metrics and Evaluation, Global Burden of Disease 2021 Diseases and Injuries Collaborators

Part of the reason for this gap in lifespan and healthspan is costly and fragmented services and coverage.

Figure 3: ■■■

For many older adults, care is fragmented and often uncoordinated

Number of physicians seen annually



Source: Barnett, M. L., et al., "Trends in Outpatient Care for Medicare Beneficiaries and Implications for Primary Care, 2000 to 2019," *Annals of Internal Medicine*, 2021

Not only do we need to increase clinical advances to prevent, diagnose, and treat major conditions associated with aging, we also need to disseminate that knowledge throughout the workforce who cares for older adults, improve accessibility, coordination, and delivery of care to people in their homes and communities; and increase the capacity of health systems to measure and improve upon the healthcare experiences and outcomes that matter most to us as we age. The Age-Friendly Health Systems movement, launched in 2017, is designed to help address these needs.

The John A Hartford Foundation partnered with Age Wave and The Harris Poll to conduct a survey of more than 5,000 US adults, half of whom were aged 65+, to explore challenges that older adults experience in health care today. (https://www.johnahartford.org/images/uploads/resources/The_Growing_Demand_for_Age-Friendly_Care_Report_FINAL.pdf). In this poll, 82% felt that the U.S. health care system is not prepared for the growing and evolving needs of our aging population.

Only 11% gave the US health care system an overall “A” grade and most found the health care system to be difficult and stressful to navigate, particularly those with multiple health challenges and low financial resources. The respondents define their health in terms of being able to do the things they want and desire health care providers to treat them as individuals based on what matters to them in health and life.

- Mobility: Promoting physical activity and mobility to enhance overall health and independence.

This framework is grounded in evidence that older adults experience better outcomes when care is person-centered, minimizes high-risk medications, proactively addresses cognitive and mood disorders, and supports safe mobility.

Implementation of Age-Friendly best practice at UCSD started with specialized geriatrics training for interprofessional team members who care for older patients through UCSD’s Geriatric Medicine clinic, Inpatient Medicine Consultation service, Geriatrics Emergency Department, and Home-Based Community care programs. Beyond individual clinician expertise, we’ve also implemented a variety of evidence-based models of care for older adults.

What is an Age-Friendly Health System (AFHS)?

The goals of an AFHS are to provide evidence-based care, cause no harm and align care with what matters to each older adult. Central to AFHS is the 4Ms framework: What Matters, Medication, Mentation, and Mobility.

The 4Ms Framework: Foundation and Rationale

The 4Ms framework was developed to address the unique needs of older adults by focusing on four essential domains of successful geriatrics models of care:

- What Matters: Understanding and aligning care with each older adult’s health goals and preferences.
- Medication: Ensuring safe and effective medication management tailored to the individual’s needs.
- Mentation (Mind): Preventing, identifying, treating, and managing dementia, depression, and delirium



UC San Diego Health’s AFHS Implementation

Since its inception in 2017, more than 5,000 healthcare organizations around the country have joined the Age-Friendly Health Systems initiative, including UC San Diego Health and our Veterans Affairs Medical Center. We, at UC San Diego, were the first in California to be accredited as a Geriatrics Emergency Department in 2018, and the first in San Diego to be recognized as an Age-Friendly Health System in 2019.

In the inpatient setting, for example, Jacobs Medical Center launched an evidence-based Hospital Elder Life Program (HELP) to integrate a 4Ms checklist into interprofessional rounds to ensure that each day we align the care plan with the patient’s priorities (what matters); the pharmacist reviews and adjusts high-risk medications to account for age-based pharmacokinetics; the physical therapist informs a mobility plan to prevent hospital deconditioning; and the nurse implements measures to optimize mentation and prevent delirium (e.g., by reducing unnecessary vital checks at night so patients can sleep and having volunteers ensure cognitive stimulation through card games, crossword puzzles or meaningful conversation).

In just one year after the implementation of HELP, older adults were 20% less likely to develop delirium and 75% less likely to experience a fall with injury.

In the outpatient setting, our Geriatrics Medicine Clinic launched virtual Group Medical Visits for Advance Care Planning covering topics ranging from what matters most to us as we age, and how to navigate the medical system and community resources towards that end. At 6-month follow-up, documentation of patients' goals and preferences in the electronic health record increased from 31% to 93%, and 100% of anonymously surveyed participants would recommend Group Medical Visits to a friend.

In the emergency care setting, our Senior Emergency Care Unit is partnering with UCSD's Population Health Services Organization in a UCCSD At Home initiative that allows selected patients to receive hospital care at home through a combination of home visits, telemedicine, and remote monitoring (e.g., digital blood pressure monitors and bed sensors to track respiration). Since 2020, the UCSD At Home initiative has served more than 4000 participants and decreased their hospitalization rates by 30-40%.

Next up: UC San Diego Health is Implementing the Age-Friendly Hospital Measure

Recognizing the critical need for an Age-Friendly approach to healthcare, the Centers for Medicare & Medicaid Services (CMS) released a new Age Friendly Hospital Measure designed to improve care for older adult patients. As of January 1, 2025, all hospitals participating in the Hospital Inpatient Quality Reporting (IQR) Program must report on their compliance with the measure or face financial penalties. The measure has five domains that closely correlate with the 4Ms framework:

1. **Eliciting Patient Healthcare Goals** - Ensuring patient health-related goals and treatment preferences are obtained to inform shared decision-making.
2. **Responsible Medication Management** - Optimizing medication management by monitoring pharmacological records to avoid inappropriate drugs for older adults.
3. **Frailty Screening and Intervention** - Screening for cognitive impairment (including delirium), mobility, and malnutrition, allowing for early detection and intervention.
4. **Social Vulnerability** - Recognizing and addressing social issues impacting older adults as part of the care plan such as social isolation, economic insecurity, ageism, caregiver stress, limited access to healthcare, and elder abuse.
5. **Age-Friendly Care Leadership** - Identifying an age friendly champion or committee in the hospital to ensure compliance with all components of the measure.

3. Screening for delirium, fall risk, and malnutrition of older adults in both the Emergency Department and the Intensive Care Units and implementing tailored measures to maintain cognitive health, promote safe mobility, and optimize nutrition accordingly, https://cdn-links.lww.com/permalink/jncq/a/jncq_2019_05_29_arnold_18_00211_sdc5.pdf
4. Screening by case managers for social vulnerability in areas such as financial health, housing, transportation, and food security.
5. Two geriatricians and a geriatrics-trained nurse are leading these efforts and a team is being assembled across the health system to ensure compliance with the Age-Friendly Hospital Measure.

Conclusions:

UC San Diego Health recognizes that older adults are the fastest-growing part of our community, with unique health needs and wants that extend beyond traditional medical care.

Meeting this challenge not only requires cutting edge treatment and technology, but also for doing what we already know works (the 4Ms) better; and providing care that is coordinated, compassionate, minimally burdensome, and tailored to what matters most to each person.

At UCSD we are addressing these domains through:

1. Projects focusing on advance care planning (e.g., a process in which individuals discuss and document their future health care preferences, priorities, and goals).
2. Employing the Beers criteria best practice advisory <https://www.americangeriatrics.org/media-center/news/ags-releases-new-beers-criteriar-alternatives-list-support-safer-prescribing>.

[Visit our website](#) to learn about the UCSD Division of Geriatrics, Gerontology and Palliative Care and how you can be involved in UC San Diego Health's commitment to Age-Friendly Health Systems.



Dr. Anjoulie Pujji, a geriatrician and Tom Crisman, a geriatrics trained registered nurse, in the Gary and Mary West Senior Emergency Care Unit

How My Stars Aligned

Tim Dresselhaus

Professor Emeritus of Medicine

UCSD has played a central role in my career as an academic physician, a journey now spanning forty-five years. This is captured in a three-word alliteration: preparation, profession, and passion.



My preparation for a career in medicine commenced in 1980 as a freshman at Revelle College. I had planned to follow in the footsteps of my father, an outstanding pastor and preacher, but was considering medicine as an alternate way to fulfill God's plan for my life in service to others. At the outset, I was open to either path and chose history as my major, either as a pre-seminary degree or my last chance to focus on non-STEM studies. Revelle's requirements satisfied the prerequisites for medical school, and my major allowed me to ultimately focus on modern European intellectual history, including work on an honors thesis under David Luft (my subject was the notorious philosopher Arthur Schopenhauer). I learned so much—from classical Greek language and art history to the basics of biology, chemistry, and physics. This was all made possible by visionaries like Roger Revelle, whom I still remember with the door open to his small office in the basement of the Humanities Library. In the end, I did well enough to win the Armand Rappaport Prize for my thesis as well as acceptance to UC San Francisco's medical school.

Preparation continued when I returned to UCSD for my internal medicine residency in 1988. These were the good old days, before electronic health records or work-hour restrictions. I still remember a hot Sunday in September while on call at UCSD Medical Center when the power went off for several hours. Patients suffered the most; for me, it was great exercise, running up and down stairwells (no elevators) in the heavy air (no air conditioning). The demanding work did not diminish my sense of calling in line with my father's example, which led me to choose the more pastoral (as opposed to procedural) option of general internal medicine.

After an additional year as a chief medical resident, I embarked upon my profession at the VA San Diego Healthcare System. I was hired for my first and only career position (I would occupy the same office space until my retirement) by Roger Spragg, who gave me the opportunity of a lifetime. He served as an outstanding example of clinical and administrative excellence.

This first job set the course for my career, combining clinical practice with healthcare administration, medical education, and health services research. All that I did was grounded in seeing patients every week. This paved the way to training medical students (I served as the third-year internal medicine clerkship director) and residents. Time was also given to oversight of the VA Medicine Service as the Associate Chief and later to the newly created and rapidly growing VA Primary Care Service as its inaugural chief. Regional and national leadership roles within VHA, along with collaborative research, gave breadth and variety to a richly satisfying career.

My retirement was pre-planned, with a target age (sixty years old) and a target outcome: pursuing my passions, things that have always mattered to me but now from an avocational direction. I was able to give more time to study and teach the Bible, including the development of a ten-week curriculum for recovering addicts at a local Christian ministry. I have also become involved in the American Jewish Medical Association, formed after October 7 to combat anti-Semitism in health sciences at UCSD and across the country, forging new relationships with Jewish faculty, residents, and students as a non-Jewish friend.

Passion is why I was eager to join the Emeriti Association and to sustain my involvement in the life of the campus. I have found it immensely rewarding to mentor undergraduates in the Chancellor’s Scholars Program, a demographic with whom I did not interact during my career. I have enjoyed participating in the governance of the Association as a member of the Executive Committee and this year as vice president. My indebtedness to UCSD, to an institution that prepared me for medical school and provided an unsurpassed career opportunity, is undiminished.

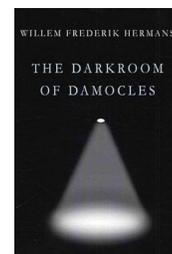
Emeriti Association Book Club

Emeriti Association Winter Book Club meetings will be held as hybrid meetings offering both in-person meetings at the Retirement Resource Center as well as Zoom access. Please [RSVP](#) at least 24 hours prior to the event to receive the Zoom link via emails. The event dates are listed below. The Book Club meets from 11:45 AM to 1:15PM.

January 26, 2026

The Darkroom of Damocles
by Willem Frederik Hermans

During the German occupation of Holland, tobacconist Henri Osewoudt is visited by a mysterious man named Dorbeck—a man who bears a strangely striking resemblance to Osewoudt himself. Dorbeck recruits him to perform simple, but top-secret missions on orders from London. But as the assignments keep coming, they get increasingly dangerous. Soon Osewoudt is being asked to commit murder in the name of Gestapo resistance. After the war, Osewoudt is taken for a traitor and captured. To prove his sacrifices for the Resistance, he must find the untraceable doppelgänger in an existential thriller "crackling with tension . . . bringing to mind Camus and the Sartre of *Les Chemins de la Liberté*" (The Telegraph).



February 23, 2026

Attention, Shoppers!: American Retail Capitalism and the Origins of the Amazon Economy
by Kathleen Thelen

The United States is widely recognized as the quintessential consumer society, one where huge companies like Walmart and Amazon are famous for enticing customers with cheap goods and speedy delivery. *Attention, Shoppers!* traces the origins and evolution of American retail capitalism from the late nineteenth century to today, uncovering the roots of a bitter equilibrium where large low-cost retailers dominate and vast numbers of low-income families now rely on them to make ends meet.

Offering a comparative perspective on the history of American political economy, Kathleen Thelen shows how large-scale retailers in the United Kingdom, Germany, Denmark, and Sweden faced a far less hospitable regulatory environment than companies in the United States, which enjoyed judicial forbearance and often active government support. Placing the rise of the Amazon economy in a broader comparative-historical context, *Attention, Shoppers!* reveals how large discount retailers have successfully exploited a uniquely permissive regulatory landscape to create a shopper’s paradise built on cheap labor and mass consumption.



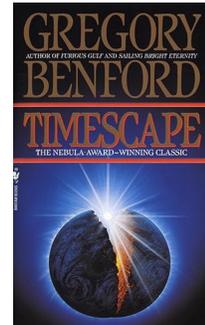
March 23, 2026*Timescape*

by Gregory Benford

Winner of the 1980 Nebula Award, *Timescape* has since become a classic of the science fiction genre, combining hard science, bold speculation, and human drama—a challenging and triumphant tale told by a master storyteller.

1998: Earth is falling apart, on the brink of ecological disaster. But in England a tachyon scientist is attempting to contact the past, to somehow warn them of the misery and death their actions and experiments have visited upon a ravaged planet.

1962: JFK is still president, rock 'n' roll is king, and the Vietnam War hardly merits front-page news. A young assistant researcher at a California university, Gordon Bernstein, notices strange patterns of interference in a lab experiment. Against all odds, facing ridicule and opposition, Bernstein begins to uncover the incredible truth . . . a truth that will change his life and alter history . . . the truth behind time itself.



Emeriti Association Faculty Lecture Series

Please RSVP [here](#) to attend events

**Wednesday, February 11, 2026**

3:45 PM - 5:00 PM

via Zoom

“The Deep Sea Science – Policy Interface: Biodiversity, Climate, and People” Presented by **Lisa Levin**, Distinguished Professor of Biological Oceanography, SIO

Wednesday, March 11, 2026

3:45 PM

via Zoom

“Whatever Happened to Esperanto?” Presented by **David Jordan**, Professor Emeritus of Anthropology.



UCSD Emeriti Association
Executive Committee
2025 – 2026

Richard Madsen	President
Timothy Dresselhaus	Vice President
David Guss	Secretary/Treasurer
Barbara Parker	Past President

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Mandy Butler, Christine Hunefeldt, Henry Powell, David Rapaport, Deborah Spector, Carlos Waisman; Ex-Officio members - **Wayne Kennedy**, Chair, Emeriti Mentor Program; **Larissa Foggiano**, Director, UCSD RRC; **Steven Adler**, Editor, *Chronicles*; **Jen Homrich**, Coordinator, CSP; **Mel Green**, Historian; **Nancy Groves**, Liaison, OCEANIDS; **Nancy Wilson**, Liaison, UCSD Retirement Association

Nominations of interested Emeriti Assn. members for the Executive Committee are encouraged and should be communicated by email to emeriti@ucsd.edu for future consideration. Nominations received by **JANUARY 28** of each year will be considered for the next Executive Committee installed in May of each year at the Annual Luncheon.