

# Farewell, but not Good-bye

*With plans underway to step down from the Upstate helm, Gregory Eastwood, MD, becomes interim president of Case Western Reserve University.*

**I**n September, Gregory L. Eastwood, MD, announced his intention to step down from the Upstate presidency, take a year sabbatical, and then return to the Upstate faculty. He's taken a detour.

As you read this magazine, Dr. Eastwood is now interim president of Case Western Reserve University in Cleveland.

As a former member of the Case Western Reserve Board of Trustees and an alumnus of Case Western's School of Medicine, Eastwood has agreed to assist his alma mater during a critical transition period.

At Upstate, where the search for Eastwood's replacement has been underway since last fall, Eastwood leaves a legacy of enormous progress. During his tenure, which began in January 1993, Upstate has more than doubled its operating budget from \$325 million to \$750 million and increased employment from 4,700 to 6,300.

Before leaving Syracuse, we asked Eastwood to reflect on his leadership at Upstate.

## What did you see as the biggest challenges to the institution when you arrived?

One of my primary concerns was the public perception of Upstate. The community seemed to regard Upstate as "that state institution" and not an integral resource of our community. Today Upstate is viewed as more of a community partner, as a place where cutting-edge research, patient care, and teaching take place. Our stature in the community has increased substantially.

There was also a need to increase our research productivity. It took a few years to do that, but we've been reasonably successful in expanding research, getting new research facilities, improving research infrastructure, and increasing our NIH grants and faculty investigators.

## In addition to serving as president of Upstate, you concurrently held the position of dean of the College of Medicine for five years. Did that experience give you any special insight?

That was in the mid-to-late 1990s during the managed-care revolution. There was broad anxiety

that academic medical centers would have a hard time accommodating the associated funding issues. As dean, I had a closer understanding of how that would affect the departments in the College of Medicine. There's such a close financial and programmatic relationship between the departments and University Hospital that whatever affects one affects the other. The financial threat was certainly a big challenge that we were able to meet successfully.

## Did you have a guiding philosophy as you led the institution?

The central phrase in our mission statement, which we changed about five years into my tenure, embodies my philosophy: To improve the health of the communities we serve. If I were to refine that again I'd change it to say "To improve the health of the *people* we serve." I've always felt that everything we do—research, education, clinical programs—is for the purpose of improving the human condition.

The other philosophy I have is that everything is related to everything else. I mentioned the intimate relationship between the departments in the College of Medicine with University Hospital. A similar interdependent relationship exists among all of our endeavors—research, education, and clinical activity. If, for example, we had no discovery of new knowledge—research—the others would stagnate. I am an integrationist; I take a holistic view of the institution.

## Upstate had some major milestones under your leadership. Of what accomplishments are you most proud?

Certainly the increase in research and our visibility in the community. The expansion of the East wing with the addition of the Children's Hospital and the visibility of the Children's Hospital in the community has been remarkable. I'm very proud of the Setnor Academic Building, both for its function—it's a jewel—and for its association with the Setnors, who are wonderful people.

And I'm very proud of the Smoke Free Upstate ini-



tiative that we planned for for a year and implemented last August. As an institution devoted to health care and preventing disease, it was not only the right thing to do, it is a model for others to follow.

## What unfinished business do you leave behind?

In the first speech I gave, about a month after I got here in early 1993, I talked about how desirable it would be to integrate Crouse Hospital with Upstate. I don't think we're much closer to combining the two institutions into a functional whole. That's a regret.

## You originally planned to step down from the Upstate presidency and take a sabbatical year. What led you to Case Western Reserve University?

I really answered the call from my alma mater. I went to medical school at Case Western Reserve, have always had a great affection for the school, and for the past three years have served on the university's board of trustees. So while the fundamental answer is loyalty, I also have to admit to the excitement of the challenge. Case Western Reserve is one of the top universities in the nation and it's going to be exciting leading it for awhile. The challenge is sobering but I'm going to have lots of help.

My plan is to give this interim presidency all my energy over the next year or so to make it the best job

possible for the permanent person. After that, I intend to take a year sabbatical to gain more experiences in bioethics and then come back to Upstate's Center for Bioethics and Humanities as a faculty member.

## As you head back to your medical school alma mater, would you reflect on the biggest change you've experienced in medicine since you were a medical student?

I think the biggest changes are the conditions imposed by the managed-care and post managed-care environment, where patients spend very little time in the hospital. That affects the teaching and clinical experiences, which used to be in a more leisurely environment. It's now fairly intense. Three or four decades ago we didn't pay a lot of attention to cost and, of course, now there is much more attention to that. It's sometimes easy to be critical of those things, but there certainly are positives to being more efficient and cost effective.

## What's the most important advice you give today's medical students?

That's easy: Hang on to the ideals that led you to become a physician in the first place. Sometimes people become hardened to the realities of medical school or the practice of medicine. But the people I see who remain the most satisfied are those who consciously maintain their "calling" as a physician. I'm 65-years-old and still am very enthusiastic about what I'm doing.

## What are your fondest memories of your Upstate leadership?

It's less about specific situations and more about the people—people like Bill Williams, Steve Brady, Steve Scheinman, Kathy Filipkowski, Eileen Pezzi, Ron Young, Ken Barker—the hundreds of people at Upstate and in this community with whom I have worked and who have been so helpful. The people are the fondest memories and the good thing about that is our relationships don't have to end. ■