

Profile

Steve Wesselingh: the wizard of Oz

Thinking of a title for a profile can be a tricky business, but Steve Wesselingh, who hails from Australia, brought out the worst in *The Lancet*. “Steve Wesselingh: g’day M8” was briefly considered (he is Co-President with Detlev Ganten of both the M8 Alliance of Academic Health Centres and Medical Universities and the World Health Summit 2011). “Steve Wesselingh: the Aussie rules” was also in contention (he played Australian rules football, and has recently taken up the role of Executive Director at Australia’s most ambitious medical research enterprise, the South Australian Health and Medical Research Institute). But the wizard of Oz won out because it affords a chance to quote that wisest of wizards, Albus Dumbledore. “It is a curious thing...but perhaps those who are best suited to power are those who have never sought it”: a sentiment that applies perfectly to Wesselingh.

At Monash University in Melbourne, Wesselingh was in charge of one of the biggest medical schools in Australia, and like most medical faculties it was a “fractious place, full of strong personalities, entrenched interests, many conflicting goals, and not enough money”, says Ross Coppel, its Deputy Dean and Director of Research. Wesselingh was, says Coppel, “completely unflappable, he never lost his cool, and could defuse the most fraught situation with calm good humour”. “Steve is a natural leader”, agrees Chris Power, Canada Research Chair in Neurological Infection and Immunity at the University of Alberta, Edmonton. But as natural a leader as Wesselingh might seem, his rise to the top has been much more a journey of self-discovery than the realisation of any Machiavellian ambition.

Born and raised in Adelaide, Wesselingh finished school unburdened by any plans for the future. “I’d like to think that I was a passionate 17-year-old who wanted to save the world, but I wasn’t”, he laughs. Looking for something interesting to do, he enrolled as a medical student at what was then the brand new Flinders University of South Australia. The hospital and medical school were run in such a way that “it wasn’t obvious where the university stopped and the hospital started”—an example of the kind of integration that Wesselingh advocates so strongly through the M8 Alliance. But that came much later; at medical school he “didn’t really think that much about research, more about playing sport and partying and getting through medical school really”.

Despite his unswerving commitment to playing Australian rules football (for the uninitiated, the “rules” part can seem like a nod to irony) and sampling the produce of the local vineyards, Wesselingh left Flinders in 1986 and made his way to the highlands of Papua New Guinea, where he took up a post as medical registrar at the Goroka Base Hospital. There he met John Richens. Tall, pale, always seen sporting a cravat and with a habit of belting out tunes on

his grand piano, Richens was there “essentially by himself in the highlands doing evidence based medicine”. Along with Michael Alpers, who famously spent 25 years studying kuru among the locals, Richens turned Wesselingh on to the idea of infectious disease research (although not cravats—“Steve never wears a tie for any reason”, says Coppel).

After returning to Flinders and completing his training as an infectious diseases physician and then a PhD on the response of astrocytes to viral infections, Wesselingh was awarded a fellowship to study the neuroimmunology of HIV at Johns Hopkins Hospital in Baltimore, USA. It was at Hopkins, and the blighted areas that surrounded it, that he was first struck by the “dichotomy between outstanding research, integration between the hospitals and university on the one hand, and then the lack of integration into the social system and the failure of government to take up the knowledge that was generated in terms of health and social policy”. Addressing that dichotomy is in many ways what motivates the M8 Alliance, says Wesselingh. “It’s about the fact that academic institutions have an enormous amount of expertise and knowledge, but rarely are they engaged in the process of health or social policy—that seems to be left for other people.”

Wesselingh returned to Adelaide in 1994 to set up the Neurovirology Research Unit at Flinders. By then established in HIV research, Wesselingh’s flair for leadership saw him head-hunted in 1999 to direct the Infectious Diseases Unit at Monash University School of Medicine, where he later became Dean. During this period, he also oversaw the merger of the Burnet Institute and Austin Research Institute in Melbourne, and got a real taste for “developing ideas, putting them out there and trying to convince people and bring people along on the basis of those ideas”.

His enthusiasm is infectious, says Melissa Churchill, of Monash and the Burnet. After finishing a postdoctoral fellowship, Churchill says she was “quite disillusioned with medical research”, but after taking a senior role in Wesselingh’s lab in 2002, she found “his passion for research inspiring”. One of Wesselingh’s major strengths, says Churchill, is his ability to “facilitate not dictate”, a skill that will be in evidence at this year’s World Health Summit in Berlin. The summit is the annual meeting of the M8, and brings together movers and shakers from academia, politics, industry, and civil society to drive forward the agenda on medical research, global health, and health reform. At a time when much of the world seems to be teetering on the edge of another recession, Wesselingh’s brand of natural leadership has rarely seemed so important.

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See [Comment](#) page 1447

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