
Good afternoon.

My name is David Naylor and I am a defunct academic bureaucrat who had the privilege and joy of working with Jack early in his career.

Today, the flag of the University of Toronto is flying at half-mast over Simcoe Hall, saluting the life of Jack Ven Tu, and acknowledging the huge loss to the academic community that his passing represents.

President Meric Gertler, Dean Trevor Young, and the Sir John and Lady Eaton Chair of Medicine, Dr Gillian Hawker have each asked me to convey their sympathies to Jack’s friends, colleagues, and all those who worked closely with him -- and they extend especially their heartfelt condolences to Jack’s extended and immediate family. Needless to say, as President Emeritus, past Dean, and a Professor of Medicine, I join them in doing so.

This is not a localized loss. Over the last week, tributes to Jack have been arriving from colleagues in the cardiovascular and health services research communities across the country and around the world. Those tributes underscore the fact that Jack was both a national icon and a shining international star in his field, a physician-scientist both greatly respected and very widely admired.

As the program indicates I’ve been asked to provide reflections of a mentor. Well, I wasn’t really Jack’s mentor, for reasons that will become clear in a minute. But I will address three topics.

The first is young Jack – Jack as a graduate student and early career researcher. It’s a snapshot, because I left the Institute for Clinical Evaluative Sciences in 1999, and headed off to the ignominious life of a full-time academic bureaucrat.

Jack never left. He was very loyal to Sunnybrook and the University of Toronto, but the Institute was very much his home away from the family home he shared with Jane and Eric. Thus, the second part of these remarks is a compilation of impressions of Jack -- gathered from all those who subsequently held the office of ICES chief executive.

Third and finally, I want to reflect very briefly on why Jack’s loss has been felt so keenly by so many people.

First, young Jack…

I met Jack in 1992 on the fourth floor of A-wing at Sunnybrook. The funding for the new Institute for Clinical Evaluative Sciences had been secured. But it was to be some time before
renovations to G block were completed, so a large number of us were in pretty tight quarters on A4 and spilling over to other parts of the hospital.

Jack was a resident in internal medicine based primarily at St. Michael’s Hospital, and was enrolled in the U of T Master’s program in clinical epidemiology. He was working with Dr David Mazer and other colleagues there to model length of ICU stay after major cardiac procedures. Dave Mazer suggested that Jack come see me about supervising his Master’s thesis given my interests in cardiovascular clinical and health services research.

Jack’s CV arrived in advance and was impressive. When he arrived in person, I liked a couple of things instantly: His eyes radiated intelligence, and he had a great smile – a gap-toothed grin that lit up his whole face.

On the other hand, his tie was badly knotted and he had a really unflattering haircut, with two tufts – or cowlicks – that stuck out at odd angles!

Jack was visibly nervous, and it was hard to get him to say much… until I asked him about his thesis and his research ideas.

It was as if I’d pulled open a big sluice gate. His speech was so fast as to seem almost pressured, but he spoke in paragraphs, outlining the full plan for his thesis, and indicating only one element of uncertainty – whether or not to include his ongoing analyses using artificial intelligence algorithms as an alternative to conventional regression models.

Remember this was 1992. Neural networks were still in their infancy. And somehow Jack as a full-time internal medicine resident was already up to speed on their possible applications and tinkering with them.

Jack then outlined all the papers that he thought might arise from the thesis, and proposed a meticulously fair plan for giving authorship credits to the senior colleagues at St Mike’s who had helped him get started on the project.

It was all there in that first meeting. Jack’s passion for using advanced analytics to understand and improve cardiovascular care. Quantitative brilliance… A natural instinct for asking and answering excellent research questions… And a precocious understanding of the world of academic publications, including the importance of engendering trust by treating collaborators generously and fairly…

I hope my disclaimer about not being Jack’s mentor is now starting to make sense. I was not his thesis supervisor so much as his thesis spectator!

An academic footnote here: Three of Jack’s first eight indexed publications concerned the use of neural networks in healthcare research. Number 8, in 1996, was sole-authored in the Journal of Clinical Epidemiology, and presented a beautiful comparison of the advantages and
disadvantages of neural nets and logistic regression in building models from healthcare data. That paper languished in relative obscurity for about a dozen years. Jack was simply too far ahead of his time. But since Geoff Hinton’s reinvention of neural nets under the rubric of Deep Learning, citation traffic to that paper has taken off very rapidly indeed.

In 1994 Jack went off to Harvard for a PhD with Barbara McNeil’s group, but remained a presence on G-wing at Sunnybrook, collaborating actively with faculty and staff at ICES. His thesis, comparing quality of cardiac care in the US and Canada, was completed about 2 years later in what must have been near-record time. It drew on various US datasets and on the growing data resources housed at the Institute in Toronto. Harvard wanted Jack to stay, but his family and friends were in Ontario, he already had many projects underway at the Institute, and he was enormously excited by what he might do from a base in Toronto.

In fact, we are all pretty excited back then. It was a magical period. The Institute had teething pains like any start-up. But health services research was blossoming, and the Institute was rapidly becoming not just nationally pre-eminent but internationally renowned. It felt every week as though we were breaking new ground, and in the process, laying down a foundation of evidence and ideas for better healthcare – and Jack was integral to much of that work.

Jack and I continued to collaborate closely for some years on cardiovascular health services research projects. It was a productive partnership and an enormous amount of fun. Jack was the brains of the operation, generating one idea after another, and doing or overseeing the analyses. I did the brainless stuff: working out funding and space, ensuring access to data, managing disputes, and running political interference as needed. Looking at that job description, I wonder in hindsight if Jack was actually mentoring me for my future work as an academic administrator!

In truth, though, I had a clear sense that it was time for succession and renewal, and complete confidence that Jack, with other young wizards like Dennis Ko and David Alter, would do truly great things with the cardiovascular portfolio. That sense of continuity made it a lot less wrenching to leave a place and people I had grown to love, and head downtown to a full-time administrative role.

Speaking of love, a couple of years later, I was visiting ICES and Jack took me aside for a private chat. He seemed very nervous, and I was concerned -- but it turned out that Jack wanted to tell me about Jane. It was wonderfully apparent that this was a big romance. And, as he walked away, I saw clearly how serious the relationship was. Jack finally had a great haircut with a nice part on the side, and the two unruly cowlicks were gone!

Let me turn the floor over now to the succession of Institute chief executives who worked with Jack. They have all expressed their deep sadness at his sudden passing, and have asked that I express their condolences to Jack’s entire family and all his close colleagues and co-workers.
The incomparable Jack Williams was interim CEO between mid-1998 and the arrival of Andreas Laupacis in 2000. He has had recent health challenges and both Jack and his spouse, Dot Williams, past dean of nursing, regret that they could not be here. From his hospital room, Jack wrote:

I worked with Jack sporadically when he was early in his career, completing his PhD and dividing his time between Boston and Toronto. In the years I was interim CEO, Jack stood out for his graciousness as a colleague, his generosity toward coworkers, and his quiet competence. He was driven to excel as a researcher; but he simply went about his business and got things done, no fuss, no demands.

Andreas Laupacis is a giant in clinical epidemiology and health services research. Andreas was CEO between 2000 and 2006, and got to know Jack very well. Earlier this week, Andreas wrote:

I talked with Jack on the phone only four days before he died. We had a great chat – we talked about how happy he was, how well ICES is doing, how he has spent his whole career there and about a research project we might work on together. He kindly asked about my plans over the next few years.

And now Jack is no longer with us.

When I think of Jack, I always think of CCORT – the Canadian Cardiovascular Outcomes Research Team. That Canadian cardiovascular atlas was so influential, and it showed Jack at his best – leading an incredibly ambitious project early in his career and doing it with phenomenal rigour and generosity. He involved colleagues from across the country and gave them leadership roles. Many of those people became Jack’s life-long friends.

This weekend, my mind kept going back to Jack. I remembered that I still have a CCORT t-shirt from about 15 years ago. It has a map from the atlas and the words “Geography is Destiny” on the back. I love that slogan. So, I dug it out of the drawer and wore it to work today in honour of Jack. I’ll be sure to bring it out every few months to remind myself what a privilege it has been to have Jack touch my life.

After Andreas stepped down in 2006, it took some time not only to find a successor but to get him here. Very fortunately, Jan Hux stood in as interim CEO. Jan is now chief executive of the Canadian Diabetes Association and her note to me offered further insights about CCORT and Jack’s growth as a collaborator and mentor:

One uncertainty was how Jack would shift from driving a small hand-picked team to managing a research circus under a really big tent. As CCORT proceeded, however, it was nothing short of remarkable to watch how Jack transitioned his ambition from personal goals to team goals, to observe the delight he took in seeing a cross-country network develop and flourish, and particularly to see his investment and pride in his ever expanding group of trainees.

David Henry is a renowned Australian pharmaco-epidemiologist who was the target of many Canadian recruitment efforts over the years. The ICES CEO job finally brought him to Canada in late 2007. He saw Jack recently in Melbourne, and wrote about meeting Jack at ICES:
Jack was already a legend to me because of his research. What I did not anticipate was his humility and generosity and the support that he gave me when I was trying to settle in to this renowned Canadian institution. His work embodied the spirit of ICES – great science affecting entire populations, be they patients with heart disease or those at risk of developing it. Jack had a singular all-consuming focus on his work. Sometimes in the evening his office light was on in an otherwise dark corridor at ICES, and I would interrupt him to get advice or just have a chat. Even at this distance I have difficulty accepting he has gone and I wish so much that I could be with you all today.

Michael Schull succeeded David as CEO of ICES in 2013, and I am sure he needs no introduction to this audience. These are Michael’s words:

Jack was an outstanding doctor and scientist, whose work had an immense impact on our understanding of cardiac disease, stroke and health services. There is no doubt that the changes in care flowing from research by Jack and his team saved lives in Ontario, across Canada and beyond.

His impact at ICES went far beyond his own research. Jack was a gifted teacher and mentor to a generation of young scientists, students and staff members, many of whom have themselves gone on to tremendous success. Those who worked with Jack at ICES got to see up close the qualities that helped him be so effective as a mentor and teacher. In addition to his incredible intelligence, diligence and work-ethic, Jack was kind, humble, soft-spoken, and gentle.

At ICES, Jack was almost always in his office in G wing with his door open. He would walk the halls to go and visit his staff and other scientists in their offices, and spend hours discussing projects, peering over their shoulders at output on their computer monitors, solving problems or offering advice, or just socializing. Jack’s accessibility and generosity engendered remarkable loyalty, and has deepened everyone’s sense of loss. That loyalty explains why, although all the members of Jack’s team were grief-stricken by the news of his death, within a day they rallied and were making plans to continue his work and ensure his legacy.

On a personal level, I also want to add that I had the utmost respect for Jack, admired him deeply, and will sorely miss him. I feel very fortunate to have had Jack as a colleague, and all of us at ICES are better for having known him.

Michael’s thoughts are a very good segue to my final and very brief theme: Why Jack’s death has been so keenly felt by so many.

Obviously, a sudden death affords the living no chance to prepare, to accept, or to grieve in advance. That in this case, we face the sudden passing of a 53 year old in the prime of an absolutely remarkable career, adds greatly to our sense of professional loss. But I think there’s more to it… We are a community of researchers, locally, nationally, and globally, and we have lost a very special member of our community. We grieve, too, in empathy with Jane and Eric and all the members of Jack’s family, who have been hit hardest by this unfathomable event.

Above all, I believe there is a deeply personal loss for many of us because of how Jack Ven Tu went about his business.
Jack was destined for international stardom from the outset, but he chose to return to and remain in Canada, and was deeply loyal to the institutions and people who had helped him in his remarkable career.

He was widely recognized as an extraordinary scientist, but remained humble and accessible, and treated everyone – from the most senior academic colleagues to the most junior ICES staff member – with the same unaffected friendliness. He also left no one in doubt that his family meant more to him than any big-ticket publication or research prize.

Above all, while Jack Tu was not an emotionally expressive man, his actions as a colleague, collaborator, friend, mentor, and teacher bespoke a remarkable generosity of spirit. And so our grief is deepened not just because Jack had so much more to give, but because of the cruelty of fate in suddenly taking from us someone who had given and was still giving so much to others.

Therein, however, lies some consolation. Jack’s legacy is not to be found in his hundreds of publications or his audacious and innovative projects, but rather in the people he touched. And that legacy will live on, in the patients he cared for, among the peers whose careers he enabled or reinvigorated, in the work of countless junior colleagues he mentored so effectively, in all the future endeavors of the more than 60 students and trainees that Jack taught and empowered, and in the hearts and minds of his beloved family and his many friends.