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Memories of Gene Herbek, MD

To the Editor.—The snow was falling outside the Omni Hotel in Chicago, Illinois, when I first met him. It was December 2007, and I was a second-year pathology resident attending the College of American Pathologists (CAP) Spokesperson Training event (a precursor to the Engaged Leadership Academy). A tall, sharply dressed man, with a perfectly groomed silver beard, extended his hand to shake mine and introduced himself as Gene Herbek. “Hi Gene, I’m Jerad Gardner” I replied. I remember the shock I felt later when he took the stage to speak and I realized that I, a junior resident, had called the secretary-treasurer of the CAP by his first name. I laugh now thinking back on that story, because although Dr Eugene Herbek has been many things to many people, to me he has always been “just Gene.” That is not to minimize the numerous things he accomplished in his career: the decades of patient care he provided as a practicing pathologist in Omaha, Nebraska; the numerous service and leadership positions he held in the CAP over the years, culminating in his term as CAP president; his volunteer work focused on women’s health that led to the creation of the CAP Foundation’s See, Test & Treat program (and the Gene and Jean Herbek Humanitarian Award established to memorialize that amazing service and to honor others who volunteer to advance that important work). We could dedicate many pages to his life story and his curriculum vitae, but those works of his are already well known and widely revered. I respected Dr Herbek because of his position and accomplishments, but I loved Gene because he was always humble, kind, warm, friendly, and real. No matter how lofty his stature, he was never too high and mighty to spend time with medical students and residents, to give of his time and experience to speak to the CAP Residents Forum, to open doors and make networking connections to help junior pathologists get onto a committee or get a job or start volunteering in the CAP. When the CAP Residents Forum Executive Committee members crashed one of his presidential parties, he didn’t scold us or send us away. He just laughed and welcomed us. I remember when he took me and a fairly large group of residents out for a fun dinner at a Mexican restaurant in San Antonio—at the end he would allow none of us to pay for the meal. He surely thought nothing of this, but acts of generosity matter. Small details like that stood out to me and influenced me greatly as a junior pathologist. I learned leadership by watching how leaders like Gene Herbek did things, not just when they were speaking at the CAP House of Delegates, but when they were out at dinner or having cocktails. I saw the warmth and love that Gene had for his wife, Jean. I enjoyed hearing them both tell stories of how they met and fell in love. Dr Herbek was an important early career mentor for me, but Gene was my friend. It is still hard to put into words how great his loss is, how unfair and painful that someone in their prime, so full of life and energy, would be taken away from us so suddenly and so young. His loss reminds us of the shortness and fragility of life. Yet as I recollect who he was and what he left behind in this world, how his life’s work has a ripple effect of positive impact on others that will outlast and extend far beyond the mere memory of his name, my heart is comforted. I feel fierce pride for what Dr Herbek did for others in this life and that I had the honor and privilege of knowing him, calling him a friend, and being influenced by him in so many positive ways. Please raise your glass with me wherever you are and honor the memory of Dr Eugene N. “Gene” Herbek (1949–2020). He was a prince among men. May you rest in peace, my friend.

Jerad M. Gardner, MD

The year 2020 had already amply secured its status as annus horribilis when we received the tragic, inconceivable news that one of the true heroes of our profession, Dr Gene Herbek, had passed away following a brief, severe illness. Many of his colleagues, friends, fellow College of American Pathologists (CAP) officers, residents, and students he inspired have paid tribute to his many accomplishments and selfless acts of kindness and volunteerism. I too am one of the proud beneficiaries of his largesse and role modeling over the course of several decades of activity both within and outside of CAP. But there is one aspect that resonated the most with me personally and will remain foremost in my memory: I will always be indebted to Gene for his passionate and articulate championing of the promise of the then-nascent subspecialty of molecular pathology in its earliest and most tenuous days.

It may seem strange to imagine now, but there was a time, in the early 1990’s, when molecular pathology, now considered a flagship of our specialty in the era of personalized/precision medicine, was an orphan field struggling for recognition and support. There were some in the leadership of major pathology organizations at that time who considered molecular pathology to be a technique rather than a discipline, one that would soon be absorbed into other sections of routine practice, similar to immunohistochemistry or electron microscopy. As such, they were reluctant to devote the necessary resources, both financial and cognitive, to its nurturing and protection when it was most vulnerable to dissolution or appropriation by other specialties.

Being a cutting-edge field at the interface of clinical practice and basic research, the incipient undertakings of molecular pathology at that time were all housed in academic institutions (medical schools and teaching hospitals). How ironic, then—if not outright paradoxical—that our most enthusiastic advocate was someone working in the community pathology setting for his entire career. Indeed, our partnership in this advocacy was in a sense a “marriage of opposites,” in that I have never spent a single day outside of an academic setting in my entire career, not since the day I arrived on the Johns Hopkins campus in 1970 as a freshman undergraduate. Yet this is just one more testament to the sort of visionary that Gene was: despite having no particular training or experience in molecular biology or genomics, he could immediately grasp its critical importance for the future of medicine and of pathology specifically, especially if the latter were to take its rightful place in a leadership role in the advancing field.
It is no exaggeration to state that the early history of molecular diagnostics would likely have been quite different, and arguably would not have involved organized pathology to such a significant extent, if we did not have Gene’s fearless and dogged support. I consider it one of those inexplicable convergences of fate that just when the CAP’s new Molecular Pathology Resource Committee, which I served on and later chaired, was struggling with a number of technical and political challenges, Gene was hitting his stride within organized pathology and his various leadership roles in the CAP. He visited our committee meetings and met with members informally every chance he had, in order to learn as much as he could about the promise and impediments of molecular pathology. He did this not out of any sense of obligation but because he truly loved the science and could visualize its future. He went to bat for us countless times, and because he was so beloved and highly respected by allies and opponents alike, his word carried tremendous influence.

The rest, as they say, is history: molecular genetic pathology went on to become a fully recognized subspecialty and assumed pride of place in all pathology organizations, and its scope and power of testing across oncology, genetics, and infectious disease have grown exponentially—as the primacy of molecular testing in the current COVID pandemic amply demonstrates. In the face of this unspeakable loss, I find solace at least in knowing that Gene lived to see the fruits of his advocacy, now encompassing applications we could not have dreamed of back then, such as next-generation DNA sequencing and genomic medicine.

What impelled a lifelong leader in general community pathology to become such a devoted spokesperson for molecular pathology and molecular genetics, which are not typically housed in that setting? Maybe because of his Mendelian first name? Far more likely because he was possessed of a child’s sense of wonder, boundless curiosity, endless compassion for patients and peers, and leadership skills that would make one want to follow him anywhere. His unwavering support and friendship are irreplaceable and will never be forgotten.

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