WHEN DIABETIC RETINOPATHY began to take a toll on Gordon Bergy's sight, the UW faculty member's role switched abruptly; the physician — a School of Medicine alumnus — became the patient.

Though Dr. Bergy passed away a few years ago, his wife, Joan Bergy, retains a strong interest in the Department of Ophthalmology and the UW Medicine Eye Institute. In fact, she has made a gift through her will to support ophthalmology.

“What we do for ourselves dies with us, but what we give to others lives on,” she says. “And what could be more important than the gift of vision?”

If you'd like to learn more about leaving a gift in your will to benefit research, education or patient care, contact Mary Susan Wilson at 206.221.6172 or visit supportuwmedicine.org/planned-giving.

(See the feature on the eye institute on page 8.)
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“I’m still alive thanks to UW Medicine.”  - David Watkins

UW MEDICINE

Dean’s Office
UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE
Paul G. Ramsey, M.D.
CEO, UW Medicine
Executive Vice President for Medical Affairs and
Dean of the School of Medicine, University of Washington
Don Theophilus
Chief Advancement Officer, UW Medicine, and
Vice President for Medical Affairs, University of Washington
theo3@uw.edu

UW Medicine Alumni Association
EXECUTIVE COMMITTEE
President Angela J. Chien, M.D. ’95
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Faculty Liaison Carol C. Teitz, M.D., Res. ’80,
Dean’s Liaison Caroline M. Anderson, Dean’s Liaison

UW School of Medicine Alumni Relations
Director Lynne Salkin Morris
lynnnesm@uw.edu
Coordinator Allie M. Rock
rocka2@uw.edu

MEDEX Northwest
medexalu@uw.edu
Interim Section Chief Linda Vorvick, M.D., ’82, Res. ’85
lvorvick@uw.edu
Program Director Terry Scott, PA-C
(t Seattle Class 25), MPA
tscott@uw.edu

UW Medicine Magazine
uwmedmagazine.org
Editor Delia Ward
deliamw@uw.edu
Writers Sandy Marvinney, McKenna
Princing, Dennis Raymond and
Allie Rock
Graphic Designer Ann Wolken
Web Designer Stefanie Starkovich
Photographers Clare McLean, Karen Orders and
David Wentworth
Production Manager Anne Totoraitis
Contributors Caroline Anderson, Steven
Campbell, Jennifer Hazelbrook,
Samantha Levine, Lynne Salkin
Morris, Bobbi Nodell, Anne
Totoraitis, Marjorie Wenrich
and UW Medicine Strategic
Marketing & Communications
Printing Coordinated by University
of Washington Creative +
Communications
Phone: 206.685.1875
Toll free: 1.866.MED.ALUM (1.866.633.2586)
Fax: 206.685.9889
Email: medalum@uw.edu
Web: uwmedalumni.org
supportuwmedicine.org
Address: UW Medicine Advancement
Box 358045
Seattle, WA 98195-8045

UW Medicine
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BRINGING IMAGINATION TO LIFE

In the recent past, the topic of the feature story in this issue of UW Medicine would have been unthinkable: reversing blindness. Today, the reversal of age-related macular degeneration and retinitis pigmentosa are within reach. These and stories about the Institute for Protein Design (page 26), three-dimensional printed organs (page 13), and other previously unimaginable advances speak to the talent, vision and dedication of UW Medicine faculty, as well as the profound influence of the donors who make this work possible.

Other stories in this issue are tied to our regional landscape and heritage. The WWAMI program began nearly 45 years ago at the University of Washington School of Medicine to serve the people of the Pacific Northwest. WWAMI’s goal is to increase the number of physicians, especially for underserved areas and populations, by providing publicly supported, community-based medical education, emphasizing the importance of primary care and expanding graduate medical education. And WWAMI is committed to achieving this goal in a high-quality, cost-effective manner.

Several examples of what WWAMI brings to the region illustrate the program’s impact. As a result of partnership, collaboration, vision and talent, Kadlec Regional Medical Center in the Tri-Cities is starting a family medicine residency as part of the UW’s Family Medicine Residency Network — affiliated family medicine residency programs that collaborate throughout WWAMI (page 14). Kadlec’s new family medicine program will help to populate the Tri-Cities and central Washington with much-needed physicians.

The WWAMI Practice & Research Network, supported by the UW’s Institute for Translational Health Sciences and the Department of Family Medicine, brings together nearly 50 primary-care clinics WWAMI-wide to partner on practice-based research that helps elucidate the health needs and concerns of patients and health professionals. See the story on page 16.

Donors are a major part of all these successes. Thank you to the individuals and organizations highlighted in this issue — and many others — who contribute to groundbreaking research, the landmark WWAMI program, scholarships and patient-care programs in supporting UW Medicine.

Sincerely,

Paul G. Ramsey, M.D.
CEO, UW MEDICINE
EXECUTIVE VICE PRESIDENT FOR MEDICAL AFFAIRS AND
DEAN OF THE SCHOOL OF MEDICINE, UNIVERSITY OF WASHINGTON
THE SPIRIT OF GENEROSITY

Generosity. It’s one of the alumni association’s values. Without it, the association would be unable to fulfill its mission, and UW Medicine would not be what it is today. We express our generosity in several ways. Philanthropic giving is one way, of course, and I thank the 2,255 alumni who supported UW Medicine this year. I encourage you to read the Report to Donors section on page 19, which shows the collective impact of our gifts.

Time is another form of generosity. It is a gift that can be enormously helpful to students — opening their eyes to a new specialty or an unexpected career path, welcoming them to a new city, or showing through your actions that a relationship with the UW School of Medicine lasts a lifetime. Alumni in nearly 30 specialties volunteer their time to share a meal with students and discuss life after medical school. Other alumni participate in career panels, help students prepare for residency interviews, serve as preceptors or support service-learning projects. Those living far away contribute, too. Last year, alumni in 23 states and 31 cities offered to host fourth-year students who were traveling for residency interviews, saving students thousands of dollars.

By embracing a spirit of generosity, we strengthen our school and our alumni community — today and for years to come.

I encourage you to think about how you might contribute. Then visit the alumni association’s website, volunteer for one of our programs, and send me your suggestions and ideas about how we can do more. Or, even better, join us at an upcoming meeting of the Alumni Leadership Council where we can discuss how we, as alumni, can support each other, our students and our trainees in professional and educational endeavors.

Angela J. Chien, M.D. ’95
PRESIDENT, UW SCHOOL OF MEDICINE ALUMNI ASSOCIATION, DOCANG1@COMCAST.NET

P.S. For more information, visit uwmedalumni.org or contact our alumni relations staff at 206.685.1875, toll free at 1.866.633.2586, or medalum@uw.edu.
Research

Human heart regeneration: a major step forward
In a paper released in Nature in late April, UW Medicine researchers Charles E. Murry, M.D., Res. ’92, Ph.D., and Michael Laflamme, M.D., Ph.D., and their colleagues reported that they restored damaged heart muscle in monkeys — using heart cells created from human embryonic stem cells. This study is unprecedented. First, researchers proved that it is possible to produce enough stem cells to attempt to re-muscularize a damaged heart. Second, the study proved that the process of re-muscularization works. On average, transplanted stem cells regenerated 40 percent of the monkeys’ damaged tissue. Since the size and physiology of a monkey heart is similar to that of the human heart, these findings suggest the approach should work in people. Murry thinks the approach will be ready to test in humans within four years.

Maternal deaths on the rise in the United States
The May 2, 2014, issue of The Lancet published reports of two studies by the Institute for Health Metrics and Evaluation (IHME). One focuses on the global, regional and national causes of maternal mortality, and the other addresses mortality from the neonatal period through age 4, both for the period 1990 to 2013. This first installment in IHME’s updates to the Global Burden of Disease (GBD) study showed that the United States is among just eight countries in the world to experience an increase in maternal mortality since 2003 — joining Afghanistan and countries in Africa and Central America.

A research first: linking a gene mutation to a form of autism
UW researchers and collaborators at 13 institutions worldwide are the first to show that a gene mutation can cause a specific type of autism. The finding is a game-changer in studying this disorder, which takes numerous forms and has numerous causative factors. In a study of 6,176 children with autism spectrum disorder, researchers found that 15 had a CHD8 mutation. All had digestive problems, a larger than normal head and wide-set eyes. Raphael Bernier, Ph.D. ’07, UW associate professor of psychiatry and behavioral sciences and clinical director of the Autism Center at Seattle Children’s, is a lead author on the paper, published in Cell.

New ways to restore memory
UW researchers will play a key role in developing next-generation technologies to restore memory in patients with neurological disorders. That is the goal of a four-year initiative funded by a $22.5 million federal grant. Researchers at seven medical centers, including UW Medical Center, will study patient volunteers with epilepsy and Parkinson’s disease who receive safe levels of brain stimulation as part of their treatment. New insights on the neural activity related to memory will lead to the development of systems to electrically stimulate discrete regions of the brain. Elizabeth Buffalo, Ph.D., UW associate professor of physiology and biophysics, leads the multidisciplinary team.

Washington Research Foundation takes on major initiatives
Washington Research Foundation made a $31.2 million, six-year commitment to promising interdisciplinary initiatives at the University, including the Institute for Protein Design, a field with the potential to revolutionize medicine, energy and technology. The WRF also is supporting the creation of the Institute for Neuroengineering, which aims to help people affected by neural disorders. Other beneficiaries include an initiative in big data, which has implications for fields ranging from medicine to the humanities, and a clean energy institute.

New center to examine genital microbiome
The University of Washington, in collaboration with Fred Hutchinson Cancer Research Center, has been awarded a five-year, $14.5 million grant from the National Institutes of Health for a Sexually Transmitted Infections Cooperative Research Center. A team of scientists will use sophisticated laboratory methods to study the genital microbiome and local immune response; scientists hope to devise new strategies to prevent and manage common clinical problems of major health relevance, including bacterial vaginosis, genital herpes and urethritis. Jeanne Marrazzo, M.D., Fel.’95, MPH, UW professor of medicine, is the principal investigator; Anna Wald, M.D., MPH, UW professor of medicine, co-directs the eight-member faculty team.
Patient Care

UW Medical Center, UW Medicine take home high honors

The University of Washington Medical Center (UWMC) ranks No. 11 among more than 4,800 hospitals in the nation in U.S. News & World Report’s 2014–15 honor roll of the best hospitals. In addition to this high national ranking, UWMC was named the No. 1 hospital in the Seattle metro area and in the state of Washington. U.S. News & World Report rated 4,806 medical centers in 16 specialties, and UWMC stands among the top 10 in three specialties, including rehabilitation medicine (No. 4; this specialty is also located at Harborview Medical Center), cancer (No. 6), and diabetes and endocrinology (No. 10). It also was nationally ranked in another 10 specialties. Other UW Medicine hospitals ranked highly as well: Harborview is ranked No. 3 in the Seattle metropolitan region and No. 4 in Washington state; Northwest Hospital & Medical Center is ranked No. 5 in Seattle and No. 7 in the state.

Boeing enters into UW Medicine’s Accountable Care Network

Boeing has joined UW Medicine’s newly formed Accountable Care Network. The company is offering the network’s healthcare services to some employees beginning in January 2015 through a preferred partnership option. UW Medicine has been preparing for many years to serve as an accountable care organization and is committed to improving the patient experience, achieving better health for patients and reducing costs to improve the value of care. The accountable care network, which includes other regional partners, will focus on keeping people healthy — and out of the hospital — by employing evidence-based preventive measures to identify and treat underlying health problems before they become chronic conditions.

Education

UW Medicine ranked No. 3 in the world

UW Medicine is again among the top medicine programs in this year’s Academic Ranking of World Universities, issued by the Center for World-Class Universities at Shanghai Jiao Tong University. UW Medicine was ranked No. 3 in clinical medicine in 2014, behind Harvard and the University of California, San Francisco, and ahead of Johns Hopkins University. In addition, the University of Washington was ranked No. 3 in pharmacy and No. 6 in life sciences. Overall, the UW was ranked No. 15 in the world, up from No. 16 in 2013.

The UW School of Medicine: No. 1 in the nation

In its 2015 rankings of graduate programs, U.S. News & World Report rated the UW School of Medicine the nation’s No. 1 medical school for primary care. UW Medicine has held the top primary-care ranking for 19 of the last 20 years. In addition, the school received top-10 marks in seven of the eight other program rankings: family medicine and rural medicine (No. 1 in each category, for the 23rd consecutive year), AIDS (No. 4), pediatrics (No. 5), geriatrics (No. 7), internal medicine (No. 7), and drug and alcohol abuse (tied for No. 9). Among graduate research training programs, the UW School of Medicine was third in the nation in genetics/genomics/bioinformatics and seventh in bioengineering (a joint program of the School of Medicine and the College of Engineering). In addition, the School’s faculty were again second in the nation for receipt of funding from the National Institutes of Health (NIH) and first among all public medical schools.

On Match Day, students turn to primary care

Match Day: it’s the day where graduating medical students learn where they’ll be completing their residency training. On March 21, 222 medical students graduating this year from the UW School of Medicine matched to residencies in 32 states. Thirty-two percent of students matched into residencies in the WWAMI program, and 56 percent of students are entering primary-care specialties — far above the national average. The WWAMI program has been very successful in preparing primary-care physicians for our region.

New graduate Lisa Sanders, M.D. ’14, learns where she’ll be completing her residency training.
UW School of Medicine in top 10 for training family physicians

For the fourth year in a row, the UW School of Medicine is on the American Academy of Family Physicians’ list of the top 10 medical schools contributing to the pipeline of family physicians. The top 10 (out of nearly 150 allopathic medical schools) graduated the highest percentage of students who chose first-year family medicine residency positions during a consecutive three-year period.

The UW School of Medicine and its WWAMI (Washington, Wyoming, Alaska, Montana, Idaho) program have worked for more than 40 years to develop a robust primary-care workforce — including family medicine physicians — to meet the need for care, especially in rural and underserved areas.

Preceptor named Idaho Family Physician of the Year

A family medicine physician who works with the Idaho WWAMI program was named Idaho Family Physician of the Year by the Idaho Academy of Family Physicians. Frank Batcha, Jr., M.D., Res. ’93, who practices in Hailey, was honored for contributions to his profession and to medical education and for his dedication to his community and country. Batcha, a UW clinical assistant professor, teaches UW students and residents to care for patients in rural and underserved areas.

Notable

Geneticist receives prestigious Lasker Award

For decades, geneticist Mary-Claire King, Ph.D., has been on the front lines in the war against cancer as well as in the effort to remedy human rights violations. In September 2014, King received the 2014 Lasker-Koshland Special Achievement Award in Medical Science for “bold, imaginative and diverse contributions to medical science and human rights.” Often a predictor of future recipients of the Nobel Prize, the Lasker Award is one of the most prestigious awards given to scientists. Dr. King is the sixth UW Medicine-affiliated scientist to be honored by the Albert and Mary Lasker Foundation. Other honorees include Robert Roeder, Ph.D. (2003), Belding H. Scribner, M.D. (2002), Bertil Hille, Ph.D. (1999), Lee H. Hartwell, Ph.D. (1998), Edwin G. Krebs, M.D. (1989), and Leroy Hood, M.D., Ph.D. (1987).

Recognizing our advocates

Toyota was honored on Sept. 18, 2014, as the recipient of UW Medicine’s Lifetime Achievement Award — a recognition bestowed for a multi-year commitment to Harborview Medical Center and its mission of caring. The award was presented at an annual event called Tomorrow Today, which celebrates the generosity of members of UW Medicine’s Turner Society. In June, we honored another esteemed advocate, Steve Fleischmann, at the Dean’s Circle Celebration. Mr. Fleischmann received the Ragen Volunteer Service Award for his commitment to the Survivors Celebration Breakfast, a fundraiser for prostate cancer research. See photos from both events on pages 32–33.

King Holmes named to the NIH Council of Councils

Global Health faculty, King Holmes, M.D., Res. ’68, Chief Res. ’69, Ph.D., has been named to the U.S. National Institutes of Health’s (NIH’s) Council of Councils. Holmes was one of nine new members joining the 27-member council, which advises the NIH director.

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Allowing the blind to see again: it sounds improbable, maybe even miraculous. “If looked at through the lens of 100 years ago, this would be pure science fiction,” says Russell Van Gelder, M.D., Ph.D., director of the UW Medicine Eye Institute and holder of the Boyd K. Bucey Memorial Endowed Chair in Ophthalmology.

In 2014, thanks to a collaboration spanning UW Medicine, UC Berkeley and the University of Munich, science fiction has turned into a distinct possibility.

The mystery, the revelation

The retina — the light-sensitive tissue at the back of the inner eye that translates images to the brain — is something of a mystery.

“No one fully understands the code that the retina uses to communicate with the brain,” Van Gelder says. What is known is that the millions of cells in the retina are grouped into families that sense and encode different types of information: motion, direction, contrast and radiance, for example.

And for two of the diseases that cause retina damage and lead to blindness — age-related macular degeneration and retinitis pigmentosa — there is no cure. At least, not yet. Enter AAQ, a compound that blocks potassium channels, the connectors between cells that, as potassium flows back and forth, allow neurons to communicate.

A few years ago, organic chemist Dirk Trauner, Ph.D., modified AAQ to become light-sensitive. He and his colleagues at UC Berkeley — Richard Kramer, Ph.D., John Flannery, Ph.D., and Ehud Isacoff, Ph.D. — then conducted an experiment. They put brain tissue in a petri dish, added AAQ and inserted an electrode. The result? They found that AAQ rendered the tissue light-sensitive. They then began experimenting with retinas from blind mice, thinking that AAQ might be able to restore vision.

In the meantime, Van Gelder and his colleagues had developed an efficient tool to study and record the activity of many photo receptors at once: multi-array electrodes. When Van Gelder saw Kramer present AAQ findings at a conference, he had a revelation.
“The little light bulb that went off in my head,” he says, “was that our technique would be a very rapid way to demonstrate if AAQ had the potential to restore vision.”

Blind mice begin to see

“I was excited about this project because it was something so new and novel,” says Jack Sychev, M.D. Now in his fourth year of residency, Sychev had taken off a year from medical school at Washington University in St. Louis to do research in Van Gelder’s lab.

The UC Berkeley group had already proven that — in the dish, at least — a retina from a blind mouse would become light-sensitive if exposed to AAQ. Sychev would be part of the next step: ascertaining if a blind mouse dosed with AAQ would react to light.

It worked. Sychev watched and recorded as mouse pupils constricted in response to certain wavelengths of light, an indication that the retina was back online, at least partially.

“The science behind it was sound,” says Sychev. Still, experimentation can be hit and miss; a plan can look good on paper, but then fail in the lab. Not this time.

“The first time it works, that’s kind of marvelous,” he says. (Learn about Sychev’s residency experiences on page 31.)

The light switch and the five-year plan

What’s the science behind the work? “It’s as though Dirk put an on/off switch on AAQ,” says Van Gelder. Unless it’s bathed in the right light, AAQ is inactive; the switch is off.

In its first stage of development, green wavelengths put AAQ in the off position; it had no effect on the potassium channels it would normally affect. “But when we put blue light on it, the drug is active. It will find the channel and block it,” Van Gelder says. And once the channel is blocked, the retina starts “seeing” light.

As promising as AAQ was, however, it had drawbacks. “It didn’t turn off by itself,” says Van Gelder, and it needed two types of light to act as triggers. Blue: on; green: off. “That’s not going to be very useful in people.”

So the collaboration continues, now expanding to the University of Munich, where Dirk Trauner works. With the support of a Nanotechnology Roadmap Grant from the National Institutes of Health, Trauner developed second-generation versions of AAQ: DENAQ and PhENAQ.

UW Medicine and Berkeley began testing the drugs, and the results are positive. DENAQ is an improvement over AAQ in several ways: it activates
at lower light levels and with both blue and green light; it also responds well to white light. Kramer, Van Gelder, Trauner and collaborators published their results with AAQ and DENAQ in two major papers in the journal *Neuron* last year.

**The Paralympian’s perspective**

Mark Bathum is a 55-year-old businessman, a University of Washington alumnus and an award-winning Paralympic skier. He is also one of Van Gelder’s patients. Bathum has retinitis pigmentosa.

In classic disease progression, Bathum had trouble seeing in the dark as a child; he remembers trick-or-treating forays that left him tripping and stumbling. In later years, vision problems likely cost him a place on the U.S. Ski Team. He can now see only straight in front of him.

Bathum has noticed a major shift — fueled by research — in how his physicians approached his prospects. In the 1980s and 90s, their diagnoses offered little hope beyond disease progression. Things, happily, have changed. “Since five or 10 years ago,” Bathum says, “all the doctors are more optimistic about retina treatments.”

He shares that optimism, and he hopes that Van Gelder’s work could arrest or cure his condition. “It’s not that I expect a solution in five years,” Bathum says. “But maybe 15.”

**The possibilities**

Using the small-molecule approach — developing AAQ and its successors — is only one of a number of promising projects at the UW Medicine Eye Institute.

In the effort to defeat blindness, researchers also are pursuing stem cell solutions: growing new, working eye cells, then transplanting them into the eye to replace non-working tissue. Another group is developing minimally invasive techniques to introduce gene therapy vectors into the eye, with the aim to fix faulty photoreceptors.

That said, Van Gelder and his colleagues are invested in DENAQ and the compounds that are likely to follow. A chemical solution has decided benefits over, say, a prosthetic eye implant (even with current technology, the resolution is low) or a genetic modification (which offers only one opportunity to fix the problem). In contrast, drugs can be modified and improved, so that patients can start a treatment, then upgrade as the medication is upgraded.

Even now, DENAQ and PhENAQ are being refined. The compounds need to be made more soluble, so that they are easier to deliver to the eye, and they need to be tested for toxicity. The end goal, of course, is to help the millions of people affected by macular degeneration and retinitis pigmentosa worldwide.

Van Gelder cautions that this work may not come to fruition. But he’s still optimistic, and he even gives an estimate for how long it will take until a compound is ready to test in humans.

“As a scientist, I’m naturally skeptical,” says Van Gelder. “But barring the unforeseen… I’d say that a five-year time window is reasonable.”

**More online »**

Read more about Mark Bathum’s Olympic and Paralympic aspirations at uwmedmagazine.org.
You could say that John Betz, PA-C (Seattle Class 1), heralded the beginning of a grand experiment for the UW School of Medicine. And for patients in Othello, Wash. And, not least, for two Othello physicians: Richard Bunch, M.D., and Kenneth Pershall, M.D.

In the 1960s, Bunch and Pershall were stretched thin from caring for the growing population of Othello — nearly 200 miles away from Seattle and 100 miles from Spokane. “We found ourselves up day and night trying to care for people, and we could not get help to do it,” says Bunch.

The brand-new MEDEX Northwest program offered a potential solution to the dire lack of medical professionals: John Betz and fellow classmate Paul Snyder. The two men were part of MEDEX’s first class, the brainchild of MEDEX founder Richard Smith, M.D., and they were slated to spend a clinical year in Othello. Bunch and Pershall were to act as mentors.

Initially, the two physicians thought they’d just ask the fledgling PAs to help handle patient overflow. What happened, instead, was that both Betz and Snyder secured panels of patients. “I developed a group of patients that I loved, and they put up with me,” says Betz. “Everybody had a full schedule.”

Learning by doing, that was the rule for the two students. The grand experiment proved so successful that Betz came back to work at the 14th Avenue Clinic, spending 44 years in medical service and becoming a part of many families’ lives.

Betz also became an influential part of the life of Annie Coronado, PA-C (Yakima Class 18). Coronado met Betz while she was an R.N. at the clinic. “I was immediately impressed with Annie’s depth of understanding and the fact that she identifies well with patients,” Betz says.

One day, Betz popped the question: would Coronado take over his practice when he retired? “I had to think, ‘I’m not going to live forever,’” he says. “And our patients had such confidence in her.”

The decision to go back to school to become a PA wasn’t easy for Coronado. She sat down with Betz a few times to discuss it. “Do you think I can do this?” Coronado recalls asking. “And, of course, he said, ‘Oh, yeah, you can do it. You’re smart. You can do anything.’ He’s always held me up on this pedestal.”

After graduation, Coronado returned to Othello, now working at the 14th Street Clinic’s sister site, the Columbia Basin Health Association Clinic. On day one, she started with a full schedule, no openings. “It was just a shock. I just couldn’t believe that patients were waiting for me to come back to work,” she says.

Today, Betz is retired, having passed the torch to Coronado. He leaves behind a legacy: hundreds of lives touched, 70-some PA students mentored and, not least, the sure knowledge that physician assistants make a tremendous difference in bringing healthcare to rural areas.

These accomplishments are not lost on Coronado, who’s making her own way as Betz’s successor. To this day, she tells patients that Betz left some huge shoes to fill. They reply, “Honey, he’s had 40-some years on you. You’ll get there.”

See more about John Betz’s story as a rural PA at depts.washington.edu/medex.
Epidemiologist. Academic. Mayor of Cali, Colombia (twice). And, most recently, the inaugural winner of the Roux Prize. This is the highly accomplished and inventive Rodrigo Guerrero, M.D., Ph.D.

Created by David and Barbara Roux, the annual Roux Prize rewards people like Guerrero: innovative thinkers and doers who are using data on global health trends — from malaria, to maternal health, to heart attacks, to automobile accidents — to change lives in their communities.

“I am a strong believer that education in the hands of the community is a powerful thing,” says Guerrero. And that’s exactly what the Global Burden of Disease (GBD) study is intended to do: make health evidence available to all. A mammoth and constantly refreshed record of worldwide health trends, and a global collaboration effort led by the Institute for Health Metrics and Evaluation (IHME) at the University of Washington, the GBD provides the findings that allow policymakers to use scarce health resources wisely.

It’s not surprising that the inaugural Roux Prize was given to Guerrero: he and IHME share a strong belief in data’s ability to solve nearly intractable problems.

When Guerrero first became mayor of Cali, Colombia, in 1992, the epidemiologist immediately began to quantify Cali’s high murder rate. He and his colleagues realized early on that drug-related violence, assumed to be the cause of the murder rate, was not the sole reason for the deaths. Rather, it was a volatile cultural mixture. His team tracked who was committing the murders (young men), their timing (certain holidays and payroll Fridays), and the place (often in parks and other public spaces).

“People have money in their pockets, they go out and drink, and there is an epidemic of death,” Guerrero says. Once they understood the cause of the murder rate, he and his administration engaged the community in understanding the connection between drinking and violence, and they instituted laws that reduced it. But subsequent mayors did not enforce these laws or study the data as rigorously as Guerrero did. Several administrations later, in 2011, Guerrero was re-elected as mayor of Cali and is now re-addressing the city’s problem with violence. In doing so, the epidemiologist has another tool at his disposal: information from the GBD.

“I’m benefiting from the data that the global forum has made available to preach the need for the prevention of violence,” Guerrero says.

The mayor isn’t just crunching numbers — he and his staff are creating infrastructure that will improve population health. To make parks safer and more welcoming, encouraging physical activity by families and neighborhood residents, Guerrero’s administration is planting trees, improving playing fields and installing lights in parks.

Now that the homicide rate is once again dropping in Cali, Guerrero is turning his attention to other public health problems. “Complications of chronic diseases, hypertension, diabetes — hospitals are flooded with these,” he says. “These are diseases that can be prevented by education, opportunities, changing eating habits. I see the future of public health in Cali moving in this direction.”

Watch IHME’s video on Guerrero: visit YouTube; search for “Roux Prize.”
There has to be a better way. Loaded with frustration and determination, that realization has inspired countless technological advances from Bronze Age tools to cell phones. At UW Medicine, the desire for a better way has inspired the use of 3D hearts — hearts that are exact replicas of those found beating in patients’ chests.

Stephen Seslar, M.D., Ph.D., and Kristen Patton, M.D., both associate professors of medicine in the Division of Cardiology, are electrophysiologists or EPs, specialists in diagnosing and treating electrical problems in the heart.

“EPs must complete two years of advanced fellowship training following their cardiology fellowship,” Patton says. In that time, fellows learn to guide catheters through the chambers of the heart, using 3D fluoroscopy imaging and mapping software. But you can’t cover every situation in training. “It took me another five years as an attending to be truly comfortable doing complex procedures,” Seslar adds. “And you still can’t practice for one-of-kind cases in which patients have unusual abnormalities.”

There must be a better way to be prepared for heart procedures, they thought. And after they crossed paths with Tom Burke, a local engineer who could print 3D organs, they found their answer. Now in the prototype stage, their HeartMAP™ Simulator allows EPs to practice guiding catheter probes through a heart model made of a hydrogel. Burke and his team tested five materials before finding one that wouldn’t tear and that felt just like probing a real heart. The material is a proprietary secret.

Seslar used the device to practice on a replicated heart, that of a young woman with a congenital abnormality. Then he performed the procedure. “The real procedure had a good outcome, in part because we understood the anatomy,” Seslar says. “I felt like I had been there before.”

“We see huge opportunities for improving training.”

— Kristen Patton, M.D.

UW Medicine’s Institute for Simulation and Interprofessional Studies, directed by Brian Ross, Ph.D., M.D. ’83, Res. ’87, UW professor in anesthesiology, provided guidance for building the simulator and preparing training curricula, and he created an informational video. The team also will work with the UW Center for Commercialization on licensing the equipment and training programs.

“Our next step is to conduct a validation study to compare different procedural training methods and then secure a grant to conduct a multi-center trial,” Patton says. “We see huge opportunities for improving EP training. It’s great timing because medicine is looking for better ways to assess risks and physician competency to improve patient safety and quality of care.”

“...If you’re not in the continual planning phase, if you’re not creating your own doctors, you won’t be prepared,” says Amy Carrasco, the director of graduate medical education at Kadlec Regional Medical Center. “We’re hoping to feed the southeast corner of Washington state.”

With the help of the UW School of Medicine’s Family Medicine Residency Network, Kadlec, located in Richland, Wash., just developed a family medicine residency: they’re accepting their first applications this fall. The impetus behind the new program? Carrasco is well aware that many baby boom physicians in Washington — and all over the country — are going to retire fairly soon. Which means even fewer physicians for rural areas, like the ones around Richland.

Suzanne Allen, M.D., vice dean for regional affairs, says UW Medicine has been making “a very concerted effort to increase the number of residency programs.” Her reasoning is the same as Carrasco’s: a looming shortage of physicians. Increasing the number of seats in medical schools isn’t enough; the number of residency slots — training spaces around the country where newly minted physicians learn their chosen specialties — are the other half of the equation. By 2017, Allen says, we’ll have more graduating medical students than first-year residency positions.

This is why Allen and her colleagues are looking for partners like Kadlec to train residents; since 2010, the UW School of Medicine has had two GME summits to encourage hospitals and clinics to become residency sites. The results are good: a family medicine residency at Kadlec, a psychiatry residency in Spokane and new programs in Puyallup and Tacoma. There also are new programs in Montana, Idaho and Alaska.

What’s the benefit to the community? It’s likely that residents will stick around. “If you look at national data, you’re much more likely to stay within a 100-mile radius of your residency,” says Allen.

This is what Richland-area physicians are counting on. It also explains some of their enthusiasm to join the program and teach. “Physicians from all specialties were calling me and saying ‘I want to be involved,’” says Carrasco.

One of these physicians, Erick Isaacson, M.D. ’78, FAAFP, shares in all the excitement; in fact, he’s the residency’s new director. What’s more, he’s not only an alumnus of the UW School of Medicine, but also of Kadlec: he was born at the medical center some 60 years ago. (Isaacson is profiled on the next page.)

“The need in our region for primary care — WWAMI in general, southeast Washington in particular — exceeds our current GME resources,” says Isaacson, a family medicine physician. “I’ve been a physician for more than 33 years, and developing this residency and teaching seems to be the perfect thing to do next.”
Residencies for WWAMI

Residencies — the years of intensive training in which M.D.s focus on a specialty such as surgery, pediatrics or family medicine — are part of the process of becoming a physician. Today, there aren’t enough residency slots in hospitals and other patient-care sites to keep up with the national demand for physicians. And creating residency slots is no simple matter.

The challenge. Healthcare institutions are paid to support residencies, and the money comes through Medicare and Medicaid. Unfortunately, the funding level was capped in 1997, and residency programs are expensive: $1 or $2 million a year. Communities that want residents can’t always afford the program.

The urban-rural divide. Institutions only get paid if a resident works in the institution, usually located in a town or city. So while the U.S. needs more physicians in rural areas, it’s hard to get funding for rural residencies.

What UW Medicine is advocating for in Washington, D.C. A new funding model, with Washington, Wyoming, Alaska, Montana and Idaho (WWAMI) serving as the pilot program. The money would follow the resident; funding would be distributed to potential residency sites based on the workforce needs of the community.

WWAMI Alumnus Trains His Successors

Erick Isaacson, M.D. ’78, FAAFP, was born at Kadlec Regional Medical Center in Richland, Wash. Now, as Kadlec’s new family medicine residency director, he’s going to teach there, too. Below is his story.

After arriving at Whitman College for my freshman year, I experienced a crisis of self-confidence. It was clear the pre-med students were a confident and competitive group. At the end of my sophomore year, though, I realized that I was as capable as they were, so I took pre-med prerequisites. Then I entered medical school at the UW School of Medicine; WWAMI had been up and running for about two years. It was such a standout concept.

WWAMI made me realize I wanted to pursue family medicine, but I have to credit my family physician, another UW School of Medicine alumnus, for pulling me back to the Richland area. Norman Erie, M.D. ’58, was a great encouragement to me in my pre-med studies, and we had kept in contact throughout my medical training. As I was looking for a place to practice, he was looking for a full-time partner. I was thrilled at the chance to work with him, and my wife and I were committed to returning to the Pacific Northwest to be near family and friends.

I have been in practice for more than 33 years, and with some families, I take care of four generations. I’ve also cared for friends I have known since childhood, classmates, former teachers and mentors. Family medicine is all about continuity of care for patients. And now, with the new residency at Kadlec, I’m training physicians to take my place in this community.

Photo courtesy of Kadlec Regional Medical Center
REAL-WORLD RESEARCH: CELL PHONES AND PATIENT CARE

"We know that a lot of clinical research occurs in academic health centers," says Allison Cole, M.D., MPH, assistant professor in the Department of Family Medicine, “but most patient care occurs in community-based settings.”

A fruitful partnership that brings academia and the community together: that’s the rationale behind the WWAMI Region Practice & Research Network (WPRN). “Doing more research in real-world settings helps ensure the research is applicable to real-world patients,” says Cole.

The WPRN, supported by the Institute of Translational Health Sciences and the Department of Family Medicine, consists of nearly 50 primary-care clinics in Washington, Wyoming, Alaska, Montana and Idaho, and its goals are twofold: to make sure the best healthcare is available in communities across the region and nation and to understand what’s important to patients and healthcare providers.

A real-world study of cell phone use

Amy Bauer, M.D., M.S., UW assistant professor in the Department of Psychiatry and Behavioral Sciences, recently conducted a study with the WPRN. She wanted to determine how and if patients used cell phones to access health information, and she surveyed 918 patients from WPRN clinics in four states. Here are her answers to our questions.

Why partner with the WPRN? The WPRN serves a large region, including many rural and underserved areas. It was important to work with clinics outside Seattle to better understand broad patterns of use. Also, most treatment for mental disorders, here and abroad, takes place in primary-care clinics.

What were the study’s big takeaways? Fifty-five percent of the patients we surveyed owned smart phones, and 70 percent of those patients use mobile health tools like WebMD. Despite concerns about a digital divide, we found that smartphone ownership and mobile health tools use were comparable regardless of race/ethnicity, health literacy, chronic diseases or depression.

Did anything surprise you? Few patients felt it was important that their primary-care provider know that they used mobile health tools. Less than 10 percent reported that their provider had recommended one. We also found that disease-specific tools (e.g., for managing diabetes or depression) were rarely cited by patients as their favorite.

How are you distributing your findings? We presented initial findings at the WPRN annual meeting in March 2014, and my next step is to discuss data and impressions with each clinic involved in the study. We also presented findings at two medical conferences, and we have a manuscript being published soon in the Journal of the American Board of Family Medicine.

What did the findings suggest? That people are willing to use mobile apps to find health information, but that we need to maximize the technology’s potential to help manage chronic diseases, including depression and anxiety. I hope this research encourages providers, patients, researchers and technology developers to collaborate.

AN ELDER, A LEADER, AN ALUMNUS: WALT HOLLOW, M.D. ’75

A calming presence, a great teacher, always willing to help students. That’s how Hailey Wilson, M.D. ’14, now a family medicine resident, describes Walter Hollow, M.D. ’75, the first Native American to graduate from the UW School of Medicine.

“I first heard about Dr. Hollow when he was medical director at the Nez Perce Nimiipuu Health Center in northern Idaho,” Wilson recalls. “After I graduated from Boise State, he hired me as a patient educator, then urged me to apply to medical school. He’s been a wonderful mentor.”

To honor Hollow’s efforts to improve healthcare for Native Americans and to mentor students locally and nationally, the Washington Academy of Family Physicians (WAFP) honored Hollow with a 2014 Family Medicine Educator of the Year Award. The award also celebrates Hollow’s efforts to establish innovative education programs.
A FORCE FOR GOOD
JAMIE L. GARCIA, M.D. ’99

A high-school dropout, a professional musician, a UW School of Medicine graduate and an advocate for the poor. That was Jamie Lynn Garcia, M.D. ’99, the founder of the Pomona Community Health Center in Pomona, Calif. Her patients knew her as Dr. Jamie.

Garcia left a musical career in her late twenties to attend UCLA, where she earned a degree in philosophy and ethics. After pursuing a medical degree at the UW School of Medicine, she decided to practice family medicine and began a residency at Pomona Valley Hospital Medical Center (PVHMC) in 2000. Low-income patients, she saw, were using the emergency room to get care for chronic conditions. Garcia was moved to do something about it.

First, Garcia partnered with PVHMC and the Los Angeles County Department of Public Health to create a small free clinic for homeless people, the uninsured and the under-insured. Then she set her sights on another goal: transforming that clinic into a larger, better equipped center that could help more people. Seed funding was awarded in April 2010. Unfortunately, Garcia was diagnosed with aggressive ovarian cancer five months later.

Garcia died in July 2012, the same month the new Pomona Community Health Center opened, but her spirit lives on in the bricks and mortar. “It’s a beautiful facility and a little light in an impoverished community,” says interim CEO Carmen Angulo. “We treat everyone the same way, with dignity.”

Today, Pomona has two sites and a staff of about 23 people, and the patient population has doubled over the past year. Angulo estimates that the center will serve about 3,000 people, predominantly Latino, in 2014. Other advances: Pomona can now treat children, in addition to adults.

“Dr. Jamie was a force,” says Angulo. “The mission that she founded in her heart — her legacy — will continue because our staff have that same passion and commitment to this community.”
RAISING THE BAR: Medical Student Juan Magaña

Fourth-year medical student Juan Magaña, MHA, has seen a great deal during rotations throughout the five-state WWAMI region. Still, a stint in August at the Alaska Native Medical Center in Anchorage left him stunned.

“It was astonishing to see just how far Native Alaskans had to travel to receive specialty and intensive care,” says Magaña. “Considering that Alaska is twice the size of Texas, patients who are flown in from remote villages by plane are instantly separated from their family, community and support system.”

Even more amazing were the streams of people who traveled long distances to visit patients. “It wasn’t just close family members...extended family ties and unconditional love are extremely strong. Patients in the intensive care unit rarely spend a night alone,” Magaña explains. “If you just get caught up in the pathology, you may miss seeing the culture and its strengths; you’ll miss out on the whole community.”

Culture and family are central to Magaña’s life, too. Lack of access to health services when he was growing up and helping care for his severely ill grandfather sparked his interest in medicine. Still, Magaña thought he wouldn’t be able to go to college, much less medical school; children from his community — Boronda, near Salinas, Calif. — are lucky to graduate from high school.

Then he learned that his grades qualified him for tuition assistance in the California system. Magaña attended UC Berkeley, where he was given exceptional support by diversity programs. After earning a degree in public health, he dedicated three years to mentoring underrepresented students in the biological sciences as a student counselor for the Biology Scholars Program at UC Berkeley.

Then came a momentous decision: where to attend medical school? Magaña wanted to go where he could continue mentoring younger students, especially minority students interested in the health sciences. Although he had been accepted at several schools, Carol Teitz, M.D., Res. ’80, associate dean for admissions, convinced him the UW School of Medicine was the place to come and “shake things up.”

Teitz was convincing, he recalls, and the UW was attractive for another reason. “I could learn about underserved communities from different regions and see how care is coordinated over a vast geographic area,” says Magaña. His medical-school experience has turned him into an unabashed advocate for the “awesome” region served by the WWAMI program, as well as for Harborview Medical Center.

Magaña’s eventual goal is to practice internal medicine in an underserved area, perhaps as a hospitalist; he notes that scholarship awards reduced his student loan burden, allowing him to pursue primary care.

For now, he’s keeping busy. Magaña is a student representative on the School’s admissions committee and a leader in numerous campus and community diversity programs. He also mentors a handful of UW undergrads. He’s won five service awards and election to the UW chapter of the Gold Humanism Honor Society. Most meaningful to Magaña — “super huge” — was receiving the UW School of Medicine’s 2012 Martin Luther King, Jr. Community Service Award.

“I’m just a kid who was given an opportunity,” Magaña says. “The School gave me a chance, and I want to help level the playing field and give more students who come from similar backgrounds an opportunity to fulfill their own dreams and passions.”
recently took on the role of chief advancement officer at UW Medicine. As you might expect, I have been busy meeting UW Medicine’s faculty and friends, learning more about this world-class institution and simply getting the lay of a complex and integrated landscape.

One thing has become abundantly clear in my first two months: UW Medicine is a phenomenal place. And it is phenomenal, in part, because of the gifts of generous and visionary alumni, organizations and friends — some of which are explored on the following pages.

Take, for instance, the partnership between the Life Sciences Discovery Fund and contributors to the Institute for Protein Design on page 26. It’s a textbook example of the effectiveness of public-private partnership. Other stories will remind you of the power of community, the loyalty of our alumni and the dedication of our students and faculty.

In thinking about dedication, I would like to take this opportunity to thank my predecessor, Lynn Hogan, the epitome of dedication and excellence. For nearly two decades, Lynn led advancement efforts at UW Medicine, building a great team and countless strong relationships, and I welcome the opportunity — as she did — to work with you in advancing our work in research, education and patient care.

Thank you for your generosity.

Don Theophilus
CHIEF ADVANCEMENT OFFICER, UW MEDICINE
VICE PRESIDENT FOR MEDICAL AFFAIRS,
UNIVERSITY OF WASHINGTON
2013–2014

YEAR AT A GLANCE

Who are our donors?

16,260 individuals and organizations

- UW alumni: 4,618 (28.4%)
- Friends: 10,578 (65%)
- Corporations: 578 (3.6%)
- Foundations: 174 (1.1%)
- Other organizations: 250 (1.5%)
- Family foundations: 62 (<1%)

Generous alumni: 2,255 UW Medicine alumni gave more than $2.4 million in gifts and grants over the past fiscal year.

What did they contribute?

Total: $161,690,171

- Foundations: $44,318,071 (27.4%)
- UW alumni: $8,357,760 (5.2%)
- Friends: $14,978,613 (9.2%)
- Corporations: $12,088,818 (7.5%)
- Other organizations: $74,511,470 (46.1%)
- Family foundations: $7,435,439 (4.6%)

The power of planned giving: UW Medicine received more than $9.3 million from donors who gave through their estates.

What did they support?

- Program support: $141,385,555 (87.4%)
- Faculty support: $7,102,504 (4.4%)
- Other/excellence funds: $4,189,359 (2.6%)
- Student support: $8,501,610 (5.2%)
- Capital funds: $511,143 (<1%)

Strengthening the endowment

Many contributors created or augmented endowments, invested funds that support UW Medicine’s work in perpetuity. More than $11.6 million in gifts and grants were directed to the endowment in the last fiscal year.

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UW Medicine YOUR CONTRIBUTIONS TO OUR MISSION 21
Justin Fallstrom is a Harborview insider. Not a patient. Not quite a staff member. But an integral part of the medical center, nonetheless.

In 2005, Fallstrom began a three-year project with Turner Construction, supervising remodeling of Harborview Medical Center’s Emergency Department and a seismic upgrade to the east wing. “That first day was eye-opening,” he says. “I saw people coming in with severe problems and no place else to go.”

Fallstrom, whose father was deputy chief in a King County fire district, was familiar with emergency response work. He’d heard stories and seen emergency vehicles. “Now I learned what happened after the patients reach Harborview,” Fallstrom says. One day, he remembers, after a shooting in downtown Seattle, the injured were transported to Harborview. News helicopters hovered overhead, and police rushed in to secure the building. “The Emergency Department response was extremely systematic and impressive,” he recalls.

Fallstrom saw an opportunity to make a difference. Some years ago, he received a trust fund from a great uncle, and he decided to support causes he cares about. Last December, he made a gift to the medical center’s Mission of Caring Fund, which helps the UW Physicians and staff who work at Harborview provide exceptional care to everyone, regardless of their financial circumstances.

It’s what Harborview believes in. And it’s what Fallstrom, a Harborview insider, believes in, too. “I didn’t want to work anywhere else,” he says, “and I hope to be here for a long, long time.”

When the remodeling project finished, Fallstrom went to work for McKinstry, a construction company; he’s in the division responsible for mechanical and electrical system improvements related to energy efficiency and redundancy. His assignment: Harborview. Fallstrom ensures that Harborview’s ventilation fans and other critical infrastructure equipment work as well and efficiently as possible, all in the effort to reduce the risk of failures that could impact care.

Over time, the care given to people from all walks of life, many poor and in dire need, has made a deep impression on Fallstrom.

“Staff members approach every patient without preconceived notions,” he says. “I’ve seen families come every day over many weeks because they don’t want to leave a loved one’s bedside. It’s so difficult for those who don’t have a place to stay or money to pay for that.”
The place where medical student Sierra McCreery grew up, Twin Falls, Idaho, is surrounded by miles of farm country. As a phlebotomist at the local hospital, McCreery noticed that rural patients would delay getting care — and the accompanying 30- or 40-mile drive — until their condition required emergency treatment.

“If there were just one doctor willing to work in that rural area,” says McCreery, “that kind of thing could have been avoided.”

It’s a familiar scenario to alumnus Lawrence L. Knight, M.D. ‘58. A rancher’s son, he grew up in a small town in Idaho. He remembers physicians being overworked and spread too thin. “Appropriate access to medical care was hard to come by,” he says.

Knight, a pathologist, has spent a good part of his career trying to encourage physicians to practice in Idaho. For years, he was a preceptor for medical students and residents as part of the UW School of Medicine’s five-state WWAMI program — an educational system that trains students from the region for the region.

Not long ago, Knight and his wife, Kaye, made another commitment to students: they’ve decided to contribute part of their estate — their IRA account — to the University of Washington. Eventually, the IRA will create an endowed scholarship for medical students from Idaho.

“WWAMI has opened a remarkable opportunity to very committed, well-qualified Idaho students,” he says. “It’s been a huge benefit to our state and our region, because it’s been shown that a significant number of them return here to practice.”

McCreery certainly intends to, perhaps as a pediatrician. Now in her second year, she remembers working through college — and afterwards — to finance her education. As the recipient of a scholarship, she understands the value of the Knights’ contribution. “I come from a working-class family, and they can’t help me out,” she says. “The scholarship I’m given is such a gift.”

As for Knight, he feels a great deal of pleasure in leaving a legacy for students like McCreery. “A lot of people leave decision-making to their heirs,” he says. “I’d like to know a little ahead of time that what Kaye and I have worked for is going to something we care about.”
What Richard Ferry is after is nothing short of a culture change,” says Thomas Grabowski, Jr., M.D. A culture change around how to understand and approach adults with dementia.

The path of Alzheimer’s and other forms of dementia is all too familiar: forgetfulness, medical diagnosis and evaluation, then disease progression. “In the past, the person might be institutionalized, and they’d drop off the map medically,” says Grabowski. They can be, in a word, forgotten.

Richard Ferry objects to this willful disregard. “We can’t forget or ignore them,” he says. “We have to find a way to give them a life. They need our help now.”

Ferry’s stake in the issue is personal; his wife, Maude, now 76, began experiencing memory loss five years ago — after the couple retired and moved north to Seattle. “In the early stages, we did everything we planned to do,” he says. Now that the early stages have passed, he and his family have questions. “How do we engage her? How do we give her peace and calm? And how do we bring her joy and happiness?” Ferry asks.

The answer may lie in a changing understanding of Alzheimer’s and other dementias, says Grabowski. First, dementia takes root early, before symptoms appear. “It’s abundantly clear that what people are doing in mid-life affects their susceptibility,” he says. (His suggestions: stimulate your brain, stay fit and be socially active.) Second, dementia spares some brain areas and capacities — such as the areas that allow people to develop skills and habits — allowing physicians and others to think differently about how patients can be reached and treated.

Grabowski also quotes one of the field’s mantras: “engagement is therapy.” And that’s at the core of what he and Richard Ferry are trying to achieve. More activities and therapies to engage people with dementia in an informed way. And more engagement between UW Medicine’s Memory and Brain Wellness Center and community organizations that help older people.

The center’s team of specialists is ready to provide activities that help train the memory, focus on acquiring skills and habits, encourage fitness (for brain and body), and promote social engagement. In turn, Ferry has committed to funding an outreach coordinator for the center. This staff member will contact families affected by dementia as well as senior living centers, allowing UW Medicine’s expertise in dementia care to make its way into the community.

It’s a matching gift, because Ferry isn’t content with just making a contribution. He wants people to join him in something he finds tremendously important. “UW Medicine has the potential to be an international leader in diagnosing, treating and caring for neurodegenerative disorders,” Ferry says. Potential — and the conviction that it’s the right thing to do.

“We have to recognize that individuals with dementia are real, living people,” says Ferry.
We look at a pretty cool class of ion channels that regulates the rhythmic firing of neurons in the heart and the brain,” says Sackler Scholar Hannah DeBerg, Ph.D. She’s measuring the distances between segments in an ion channel — a type of protein structure — in order to understand its function.

The regular way scientists determine protein structure — crystallization — often doesn’t work with ion channels. What’s more, crystallization may not accurately capture the structure an ion channel adopts in the cell membrane. So DeBerg and University of Washington mentors William Zagotta, Ph.D. (physiology and biophysics), and Stefan Stoll, Ph.D. (chemistry), are taking a different tack. Their electron tags act as tiny magnets, and by measuring the pull between the magnets, they can assess the shape of the ion channel and how it works.

“If you know what something really looks like,” says DeBerg, “you can then design small molecules that can bind to it and change its function.” Small molecules that, for instance, could modify the beat of a malfunctioning heart.

This cross-pollination of ideas between the sciences is what the Raymond and Beverly Sackler Foundation intended when they created the Raymond and Beverly Sackler Scholars Program in Integrative Biophysics at the University of Washington. Sackler projects bring together mentors from two disciplines to work with a junior scientist.

“Our foundation is focusing on convergence science to explore the integration of physics, mathematics, chemistry and biology,” says Raymond Sackler, M.D., founder. “The 12 programs we fund, all at leading universities, have the freedom to structure programs that best achieve their goals. The twin-mentor idea at the University of Washington has been a wonderful success.”

Like DeBerg, Sackler Scholar Braden Brinkman, Ph.D., has two mentors. With his mentors, Fred Rieke, Ph.D. (physiology and biophysics) and Eric Shea-Brown, Ph.D. (applied mathematics), and graduate student Alison Weber, Brinkman is constructing models of computational circuits based on the retina: how signals come in, what channels the signals activate, how “noise” in the system affects the process. More broadly, they’re trying to figure out how a neural system receives information and encodes it for the brain, research that someday may have implications for conditions like epilepsy.

“It’s been great having Eric’s and Fred’s perspectives,” says Brinkman. He also enjoys the Sackler Scholars’ lunches, where the fellows talk shop and socialize. “You never know where a great idea is going to come from…I think that’s really important to help foster these ideas,” he says.

“Being able to work on something new — that’s pushing the boundaries and combining techniques and biological systems in new ways — has been a lot of fun,” says DeBerg. “And the Sackler fellowship is really designed to support this type of research.”
When you meet a brilliant visionary like David Baker, you can’t stand by and just say, ‘Oh, cool,’” says Lyn Grinstein. “We knew that it would be an incredible privilege to get involved and help make it happen.”

What Lyn and Jerry Grinstein and other contributors became involved in was this: a challenge to help raise $4 million for Baker and his colleagues at the Institute for Protein Design (IPD). Secure that, and Washington state’s Life Sciences Discovery Fund (LSDF) would provide an additional $1.4 million. Within six months, they met the challenge, and together, these resources have established a translational research program at the IPD.

In supporting this program, donors are helping underwrite the work that must take place before a discovery moves into the second stage of preparing a marketable medication, one available to patients. And in supporting the IPD, donors are joining one of the newest, most exciting fields in medicine.

Proteins mediate nearly every process in the human body, including disease progression. The ability to design new proteins with specific functions could transform disease diagnosis and vastly improve treatments. For diseases medicine cannot currently treat — such as celiac disease — designed proteins could offer patients significant hope.

This debilitating digestive disorder, an intolerance to the gluten in some grains, afflicts 2.3 million people in the U.S. and accounts for $15–35 billion in health care costs annually. One IPD investigator, Ingrid Swanson Pultz, Ph.D., has developed a set of proteins (variants on an enzyme named KumaMax) that have the capacity to digest gluten. The funding provided by the LSDF challenge was just what she needed to complete some basic research and conduct proof-of-concept studies.

"With additional gap funding, we expect to complete testing and other preparatory work in about a year," Pultz says. "Then we will spin out Proteus PVP Biologics, the company forming around the KumaMax technology. If we secure venture funding, the most promising enzyme should be ready for initial clinical trials in 2017."

Baker, the director of the Institute for Protein Design and a UW professor of biochemistry, is tremendously pleased at the success of the LSDF challenge — and what it may bring about.

"Scientists like Ingrid are developing protein designs that have the potential to change medicine in fundamental ways," says Baker. "And our contributors are fundamental to their work."

TAKING THE CHALLENGE

Our thanks to the following contributors and to the Life Sciences Discovery Fund for their generosity to the Institute for Protein Design.

Claire T. Angel, O.D., and Lance Odermat
Jeffrey H. and Susan Brotman
Jerry and Lyn H. Grinstein
Nicolas J. and Leslie G. Hanauer
John A. Huckabay
John W. and Virginia L. Meisenbach
Nathaniel R. and Leslie H. Miles
Bruce A. and Jeannie O. Nordstrom
Laura J. Peterson
James D. and Janet Sinegal
Washington Research Foundation
Two Anonymous Contributors

"Research that will solve health problems and improve the quality of life is important to us," says Lyn Grinstein. Ingrid Swanson Pultz, Ph.D., the translational investigator at the Institute for Protein Design pictured at right, is benefiting from the generosity of the Grinsteins and other contributors.

"Research that will solve health problems and improve the quality of life is important to us," says Lyn Grinstein. Ingrid Swanson Pultz, Ph.D., the translational investigator at the Institute for Protein Design pictured at right, is benefiting from the generosity of the Grinsteins and other contributors.

Photo: David Wentworth Photography

"Research that will solve health problems and improve the quality of life is important to us," says Lyn Grinstein. Ingrid Swanson Pultz, Ph.D., the translational investigator at the Institute for Protein Design pictured at right, is benefiting from the generosity of the Grinsteins and other contributors.

"Research that will solve health problems and improve the quality of life is important to us," says Lyn Grinstein. Ingrid Swanson Pultz, Ph.D., the translational investigator at the Institute for Protein Design pictured at right, is benefiting from the generosity of the Grinsteins and other contributors.
Gritman Medical Center in Moscow, Idaho, has adopted a creative approach to a growing problem: physician shortages. It can be hard to attract practitioners to rural communities because medical students graduating with heavy loan debt tend to seek higher-paying positions in metropolitan areas.

In response, the Gritman Foundation and the medical center’s auxiliary, dedicated to the health of people in their communities, created two endowed scholarships to support medical students from Idaho. This effort was matched by a gift from the Huckabay family, long-time, generous supporters of UW medical students.

“We want to reduce the burden of student loans facing future physicians, especially the ones who want to practice medicine in rural areas like Latah County,” explains Kara Besst, CEO of Gritman Medical Center. “With the Gritman scholarships and the Huckabay match, our community can take an active role in reducing the physician shortage in Idaho.”

Creating such scholarships is a solution rooted in the strong relationships fostered by UW Medicine’s WWAMI program. For more than 40 years, WWAMI has based medical educational programs and student rotations in Washington, Wyoming, Alaska, Montana and Idaho. Students get to know the areas and the people in the communities — and they consider returning to their communities to practice.

Michelle Spain, past president of the Gritman Medical Center Foundation board, and husband Francis Spain, M.D. ’76, a family practitioner and graduate of the first Idaho WWAMI class, were leaders in the effort to create the scholarships.

“The new endowment is a forward-thinking way to attract physicians to the community by building relationships with medical students early on,” says Michelle. She notes that “everything fell into place” after Francis developed ties with John Huckabay, a resident of Coeur d’Alene, who enthusiastically supported the scholarship program.

Francis himself, of course, is an example of staying in the region to practice medicine, and he enjoys the close-knit relationships in his rural community. Francis also serves as a preceptor for medical students, and he was honored for his service with the 2012 Idaho WWAMI Alumni Award for Excellence in Mentoring, Teaching, Leadership and Patient Care.

To Francis, all of these achievements — his education, his career, his work to create the scholarship, his decades-long involvement in the WWAMI program — is an expression of the program’s success.

“WWAMI has been phenomenal in training physicians from the region and encouraging them to practice in underserved areas,” he says.
In the listing below, we recognize UW Medicine’s Corporate Partners, leaders in enterprise, innovation and social progress who work with us to enable world-class breakthroughs in clinical care, medical research and medical education. Thank you very much for your partnership.

Strategic Partner ($100,000 and more)
- Alcon Research, Ltd.
- Athena Water
- Cambia Health Foundation
- Costco Wholesale Corporation
- Nihon Medi-Physics Company Ltd.
- The Safeway Foundation
- Sangamo Biosciences Inc.
- Sonosite Inc.
- Washington Trust Bank
- Western Washington Toyota Dealers Association

Major Partner ($50,000 to $99,999)
- AEG Live
- Agilent Technologies
- Beat Biotherapeutics Corporation
- Bracco Diagnostics, Inc.
- Bruker Daltonik GmbH

Supporting Partner ($25,000 to $49,999)
- Dual Therapeutics LLC
- Imaging BioMarker Solutions, Inc.
- Microsoft Corporation
- Medtronic, Inc.
- NYCO S.A.
- PAI Life Sciences, Inc.
- Pacific Medical, Inc.
- Prosetta Antiviral Inc.
- TEVA Pharmaceutical Industries Ltd.
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- American Seafoods Group LLC
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- National Frozen Foods Corporation
- Nintendo of America, Inc.
- Novo Nordisk, Inc.
- Perkins Coie LLP
- Point B Inc.
- Skechers Foundation
- South Anchorage Surgery Center
- Sterling Realty Organization
- SUMIT Insurance
- W.L. Gore & Associates Inc.
- Wholesum Family Farms Inc.

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- American River Nutrition Inc.
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- Banfield Pet Hospital
- James E. Clary Land Co.
- Columbia Athletic Clubs
- The Commerce Bank of Washington
- Holland America Line Inc.
- Hornall Anderson Design Works
- Illumina, Inc.
- inome, Inc.
- LifeCell Corporation
- MIE Service, Inc.
- NBBJ
- NeurOptics
- Performance Staffing
- SFI, LLC
- Sophysa USA, Inc.: Neurosurgery
- Trimed, Inc.

True Believers: The Turner Society

Real commitment. In a society marked by rapid change and evolving values, people who show this quality can be a rarity. But not at UW Medicine, where Turner Society members — individuals who give $1,000 or more annually — make major commitments to our work.

In fiscal year 2014, more than 1,600 individuals and families belonged to the society, and they provided essential funds to scholarships, to research and — like Justin Fallstrom — to our hospitals and patient-related programs.

Inspired by working on a remodeling project at Harborview Medical Center, Fallstrom made a gift to the center’s mission of caring. “I saw people coming in with severe problems and no place else to go,” he says. (Read his story on page 22.)

Fallstrom just became a member of the Turner Society in late 2013; in contrast, some Turner Society members have belonged to the society for some time: 70 individuals and families for 20 years or more; four for more than 30 years. Whether new donors or continuing donors, Turner Society members make the contributions — millions of dollars each year — that sustain our work.

“In 2014, more than 16,000 people and organizations gave to UW Medicine, a record-setting year,” says Paul G. Ramsey, M.D., the CEO of UW Medicine. “And many of those people are members of the Turner Society. I am very grateful for their partnership.”

The Turner Society

Named after Edward L. Turner, M.D., the dedicated and visionary dean who founded the UW School of Medicine, the Turner Society is a group of contributors whose generous annual gifts to UW Medicine are essential to our work in research, education and patient care.
WELCOME TO YOUR CALLING: THE STETHOSCOPE CEREMONIES

In touching ceremonies across the WWAMI region, the 240 students in this year’s entering class received their first stethoscopes, a gift from the UW School of Medicine Alumni Association. Alumni volunteers from 20 classes ranging from 1954 to 2013 were on hand at each site to make the presentation.

In Seattle, Estell Williams, M.D. ’13, spoke about her journey to medical school, the strength of the alumni community and the important role physicians play in their communities. “The stethoscope is a symbol to everyone of who you are and what you do. Being a physician is a privilege and should be a source of joy and profound satisfaction,” said Williams. “If you lose sight of that, it becomes merely a job. If you don’t lose sight, it’s a calling. Welcome to your calling.”

For one student, receiving a stethoscope was a family affair. Scott Kirkpatrick received his stethoscope from his father, Richard Kirkpatrick, M.D. ’72; his uncle John Kirkpatrick, M.D. ’73, also participated in the ceremony. “Having my dad present me with a stethoscope is a moment I will remember forever,” said Scott.

The younger Kirkpatrick is enjoying school and is impressed by his classmates. “Students are constantly going above and beyond to help others succeed. This has allowed me to learn more than I could have imagined in such a short time,” says Kirkpatrick. He’s also making sure to follow the advice — “study hard, have fun, and go to Husky football games” — given him by his dad and uncle.

ALUMNI AND FACULTY ARE TOP DOCS IN SEATTLE

Again this year, an impressive number of UW School of Medicine alumni and faculty were recognized as “Top Doctors” by both Seattle Magazine and Seattle Met. In addition to those who were honored for their expertise in every area of medicine, Seattle Magazine selected several alumni for a Community Service Award, including Ben Danielson, M.D. ’92, Res. ’95 (pediatrics), Polly Fabian, M.D. ’82, Res. ’85 (family medicine), Res. ’91 (family medicine), Patrick Gemperline, M.D., Res. ’89 (family medicine), Christopher Jones, M.D. ’99, Philip A. Reilly, M.D. (faculty) and Maria Yang, M.D., Fel. ’09 (psychiatry and behavioral sciences). Our congratulations to all those honored.

For more»

See lists of honored alumni and faculty at uwmedmagazine.org.
Alumni and Student Updates >

THE 2014 ALUMNI AWARDS

Revered by their peers as innovators, leaders, researchers, teachers and compassionate physicians, four distinguished alumni received awards from the UW School of Medicine Alumni Association during Reunion Weekend, June 2014.

2014 Distinguished Alumni Award: George Ojemann, M.D., Res. '84

Ojemann, a UW emeritus faculty member, is a leader in the fields of neurological surgery and the neurosciences and was recognized for his career-long commitment to research and teaching. In the 1960s, Ojemann resurrected an electric simulation mapping technique for cortical localization that had been developed in the 1940s but had fallen out of use. It’s now the gold standard for planning cortical resections for epilepsy and brain tumors. Through his research, teaching and care, he has improved the lives of countless patients.

Alumni Humanitarian Award: Matthew Oliva, M.D. ’99, Res. ’03

Oliva, who maintains a private practice in southern Oregon, was recognized for his commitment to eradicating blindness worldwide. As a lead collaborator with the Himalayan Cataract Project, Oliva has completed thousands of sight-restoring cataract surgeries. He credits WWAMI for his interest in treating people in rural and underserved communities.

Alumni Early Achievement Award: Erik Van Eaton, M.D. ’01, Res. ’08, Fel. ’09, and Matt Oliva, M.D. ’99, Res. ’03

Van Eaton, a UW faculty member and a trauma surgeon at Harborview Medical Center and UW Medical Center, is also an entrepreneur and inventor. He is committed to improving patient care through efficiency, better communication and stronger resources for physicians. Van Eaton has developed two software programs: UWCores, which helps improve the patient hand-off process in team care, and OCCAM (Online Clinical Care Algorithms and Messages), a system that can house all pharmaceutical information for a hospital or healthcare system.

Alumni Service Award: Ted Epperly, M.D. ’80

Epperly, president and chief executive officer for the Family Medicine Residency of Idaho, was recognized for his leadership within the WWAMI program and for his advocacy for increasing access to high-quality care in Idaho. On the national stage, Epperly has been instrumental in the development of the Affordable Care Act and has met with President Obama and Congress numerous times.

We also congratulate Ed Lopez, PA-C (Seattle Class 15), honored by MEDEX Northwest with their Lifetime Achievement Award. Lopez founded a physician assistant cardiac surgery business, helping numerous individuals in Washington launch careers in cardiology.

DO YOU KNOW AN EXCEPTIONAL ALUMNA/US?

We are now accepting nominations for the UW School of Medicine’s 2015 alumni awards. If you know someone exceptional, please nominate them at uwmedalumni.org/awards by Jan. 5, 2015. Thank you for participating!

UW NIGHT AT THE MARINERS

Under bright, sunny skies on July 12, 2014, 130 UW School of Medicine alumni, family and friends gathered at “Patio at the Pen” inside Safeco Field. Alumni and their families reconnected, watched batting practice and enjoyed a dinner of baseball-field favorites with the alumni association. Afterwards, attendees joined the more than 1,700 University of Washington alumni and community members also at the game to watch the Mariners defeat the Oakland A’s, 6-2.

Learn more about recipients’ lives and achievements at uwmedmagazine.org.
REUNION WEEKEND: 2014 and 2015

“It was great to get reacquainted after so much has happened in all of our lives since graduation. Life does go on, but my classmates are still the greatest group of people I have ever been associated with.”

—Glen Ruark, M.D. ’69

In June, UW School of Medicine alumni from 24 classes recon- nected and celebrated at the 2014 Reunion Weekend. Alumni reunited at class celebrations across the city, honored alumni who graduated 50 or more years ago, heard from a panel of UW faculty members who shared research and advances in care, recognized this year’s four alumni award recipients, and toured the new UW Medicine Sports Medicine Center at Husky Stadium.

And now for 2015 — save the date!

If you graduated in a year ending in a 0 or a 5, save the date for next year’s reunion — Friday, June 5, and Saturday, June 6. More details to come! If you would like to help make your reunion a success, join your class reunion committee by contacting the alumni office at medalum@uw.edu, 206.685.1875 or toll free 1.866.633.2586.

Want to see more 2014 reunion photos? Visit uwmedmagazine.org. And learn more about this year’s reunion at uwmedalumni.org/reunion.

WHERE HIS PATH TAKES HIM
Q & A With Resident Jack Sychev, M.D.

When did you decide to pursue ophthalmology?
Pretty early in medical school. It’s hard to explain, but everyone folds into a certain niche where they feel comfortable. Also, you can see your diagnosis: you can take a look at the eye and often see what the problem is. The instruments we use are interesting, too. Very precise.

Why are you focusing on the retina?
The retina is probably the most interesting part of the eye. Once you have some appreciation for it, you start looking at it in a different light.

Tell me about your year away from medical school.
I wanted to take a year off medical school to do research; at the time, I was at Washington University in St. Louis. When I emailed Dr. Van Gelder [the director of the UW Medicine Eye Institute], he told me about a few projects. I chose one that I thought was unique and very novel — I was helping test a chemical on the retina of blind mice. We hoped that they would react to light after being treated, and it worked! I think it’s a very elegant solution, too.

What is your residency like?
I’m at the VA hospital, and I’m enjoying working with the veterans. It’s my fourth year, so I’m doing more surgeries. It’s exciting.

What is your residency like?
I’m at the VA hospital, and I’m enjoying working with the veterans. It’s my fourth year, so I’m doing more surgeries. It’s exciting.

Why are you enjoying working with the veterans?
I’m working with a lot of vets from the Vietnam era, and they have a certain approach to life. They have a lot of resolve. You tell them about surgery, and they say, “ok, well, let’s just do it.”

What’s next?
I want to do retinal surgery. I’d also like to do a fellowship, and I have to find a research project and a mentor. I’d love to stay here, but you have to go where your path takes you.

Read about Sychev’s research on page 8.
Seen & Heard

In this segment, we document some special moments at UW Medicine with photos of students, faculty, staff and friends.

TOMORROW TODAY

Tomorrow Today celebrates members of the Turner Society — and, this year, Toyota, which won the UW Medicine Lifetime Achievement Award. In September, attendees learned about the powerful partnership in cancer research and care at UW Medicine, Fred Hutchinson Cancer Research Center and Seattle Cancer Care Alliance (SCCA).

1. Tyler Steinman of Toyota and Paul G. Ramsey, M.D., CEO of UW Medicine
2. Fred R. Appelbaum, M.D., SCCA and Fred Hutch
4. Bill and Nan Hahn
5. Nora Disis, M.D., Tumor Vaccine Group
6. Heather and Warren McNeel

FAMILY DAY
Estell Williams, M.D. ’13, spoke to new students and their loved ones about the privilege of being a physician at Family Day.

DEAN’S CIRCLE
Benaroya Hall held the 2014 Dean’s Circle Celebration, an annual event recognizing leadership donors. Steve Fleischmann received the Ragen Volunteer Service Award, and the event’s program focused on virtuosos in medicine: in protein design, global health metrics and stem cell research.

John A. Huckabay and stem cell researcher Charles E. Murry, M.D., Ph.D., Res. ’92
Marian E. Smith and Dr. Sissy W. Bouchard
Brooks G. Ragen, Steve A. Fleischmann and Jeffrey H. Brotman

WWAMI RECEPTION
Students and friends enjoy a reception for the WWAMI Montana program. From left to right: Thomas Clark, Dallas Williams (student), Brianne Rowan (student), Carla Cartagena de Jesus (student) and John Huffstetler. Also pictured, back row (l to r): Mike Sousa, M.D., Res. ’80 (orthopaedics), Jan Sousa and Jay Erickson, M.D., Res. ’90 (family medicine), assistant dean for regional affairs, WWAMI Montana.

MATCH DAY
On Match Day, members of the Class of 2014 — Alex Petrosian, M.D., Alex Bonnecaze, M.D., Hong Zhao, M.D., Shannon Lee, M.D., and Dylan Mart, M.D. — learned where they were matched for their residency training.
RESIDENTS RIDE THE DUCKS
① Courtesy of the Office of Graduate Medical Education, medical residents and friends take a few hours off to ride the “ducks,” Seattle’s amphibious tour vehicles.

WHITE COAT CEREMONY
② Medical students Jessica Brice, Kathleen Bongiovanni and Eric Basler were among those who received their white coats, a symbol of the transition to bedside-based learning after the second year of school.

WELCOME TO THE EASTSIDE
Renee and Carl Behnke helped us celebrate the opening of the UW Medicine Eastside Specialty Center in Bellevue, Wash.
③ Eugene Yang, M.D., the center’s director, and Tom Douglas, restaurant impresario
④ The Behnkess, Dr. Yang, and UW Medicine faculty Paul Lange, M.D.

SCHOLARSHIP CELEBRATION
Donors and scholarship students come together once a year to meet and share stories.
⑤ Paul G. Ramsey, M.D., and Bonnie W. Ramsey, Res. ’79, with student Alexandra R. Zaballa
⑥ Fernne S. and Roger A. Rosenblatt, M.D., Res. ’72, Res. ’74, with student Nick Loomis

M.D.

1954

Robert Kramer, M.D., writes, “My wife passed in September 2013. I have moved from my home and now live at the Manor at Canyon Lakes in retirement, only a half-block from my previous home.”

1955

Nelly Auersperg (Gutmann), M.D., writes, “I closed my cancer research lab and retired when I turned 80, but still wrote papers, mainly on the origin of ovarian cancer, until this year. Our six grandchildren are a great pleasure; the oldest got married last year and just got a job at the World Bank in Washington; another one is a doctor, as is my son — it seems to be a hereditary affliction!”

Eldon E. Lee, M.D., pictured above, writes, “Keeping the faith, still on North 54 at 92nd year. I teach ancient Greek for fun AND ride my ATV. I have a warm place in my heart for the UW and the great men who taught me.”

1958

Norman A. Erie, M.D., was honored as the Alumni of the Year at the University of Great Falls in Montana on May 10, 2014. He spoke to more than 200 graduates, sharing stories about meeting his wife and his first encounter with his UW School of Medicine classmates.

1958

Helen Rockas, B.S. ‘55 (medical technology), M.D., pictured above, writes, “I retired in 2004 so I could volunteer at the Olympics in Athens, Greece. Central Valley Regional Center for the Developmentally Disabled, where I was employed for 29 years, called me back, and I am reviewing records eight hours every week and adding the medical diagnoses. I am taking private vocal lessons and singing with the Fresno State Chorale. Activity in the St. George Greek Orthodox Church, where I attend every Sunday, keeps me busy; I am president of our choir and chairwoman of the greeting committee. The Daughters of Penelope is an organization of women with Greek heritage, and I attend district and national conventions with my loving husband, Chris, as well as our local monthly meetings (I’m past president and on the board of governors). My front door has a WELCOME sign on it — please come and visit!”

1960

Melvin I. Freeman, M.D., FACS, writes, “I was inducted into the Garfield High School Golden Grads Hall of Fame on June 14, 2014, at their 27th annual reunion. The school’s alumni association annually selects four individuals who graduated 50 or more years ago to recognize and honor outstanding achievements of Garfield alumni since graduation.” Graduates are ‘selected for their remarkable work in community service, education, music, medicine, law.’ I retired from my ophthalmology practice at Virginia Mason Medical Center and am an emeritus clinical professor of ophthalmology at the UW.”

1962

Frank I. Backus, M.D., Res. ‘68 (psychiatry/behavioral sciences), pictured below, writes, “Mary Lee and I moved to Aljoya Thornton Place three years ago and have enjoyed it very much. We like hiking and birding and are actively involved with stream rehabilitation in the Thornton Creek Watershed. Last year, we took trips to Cuba and to Costa Rica. We continue to spend some time in Bend, Ore., to be with our children and grandchildren. We are feeling healthy and happy and lucky to be where we are.”

ClassNotes

ORGANIZED BY DEGREE.

Search for friends by degree, then by the year they completed their program.

HOW ABOUT YOU?

Your classmates would love to hear from you! Send a quick note to medalum@uw.edu or use the online form at uwmedmagazine.org. Photos are very welcome.

< ClassNotes
1964

1966
H. Chris Halvorson, M.D., pictured above, writes, “I retired from a urology practice and am now enjoying our seven grandchildren (ages 3 to 24), winters in Hawaii and Arizona and summers in Wyoming, and cruising, in-between various personal medical issues. Have been involved with Global Education Plus and Heart to Heart International, as well as other voluntary church projects in Africa, China, Central and South America. Looking forward to our 50th in 2016.”

1968
Dan A. Andrews, M.D., writes, “I retired from the University of Michigan five years ago, and I am now living in central Texas. My book, 44 Years on the Frontline of Medicine, has just been published. I would love to hear from my old classmates.”

Lorin L. Lee, M.D., writes, “I am fully retired from OB-GYN practice as of September 2011. I have five grandchildren with one on the way in December. Barbara and I have been married for 43 years, and we are looking forward to the 50th class reunion [in 2018].”

1969
Thomas R. Boyce, M.D., writes, “After leaving UW in ’69, I interned with Paul Duncan and Darryl Halverson in Oakland, Calif. I then went on to GMO on ortho service at USPHS Alaska Native Medical Center, followed by an orthopaedic residency in Iowa and a hand fellowship in Louisville. I had a private hand-surgery practice in Seattle for 25 years, and then became the founding director of the Everett Clinic Hand Center, from which I retired in 2007. Since retirement, I have continued instructing at the UW School of Medicine as a clinical associate professor emeritus in orthopaedics and sports medicine. I do some clinical research, and I author webpages for a national hand society (ASSH), providing some special exams. I also am a consultant to the state of Washington’s Department of Labor & Industries. Teri and I frequently attend the ballet in Seattle and sometimes abroad in London, Paris and other cities around the world. I usually spend some time in France every year, and I have visited and photographed more than 450 French villages. We enjoy time with two daughters, one in Seattle, the other in Bellingham.”

1975
David Bare, M.D., pictured above, writes, “I’m still working for the Community Health Association of Spokane. I was their medical director for 10 years, but two years ago, I stepped down from that position. I work in their urgent care full-time right now. This year, I’m also serving as the president of the Spokane County Medical Society, an organization that is about 900 members strong. In this position, I have lots of opportunities to do advocacy work in both in Olympia and Washington, D.C. I’ve been married for 44 years to my beautiful wife, Ruth, and we have two daughters and seven grandchildren. Just got back from a three-week tour of Italy, including staying at a local messaria! We both took some cooking classes. We joke that it was really a trip to Eataly.”

Walt Hollow, M.D. ’75, was recognized by the Washington Academy of Family Physicians (WAFP) with a 2014 Family Medicine Educator of the Year Award. Read more on page 16.

1979
Brad Henley, M.D., writes, “1979 classmates, Ann and I are sorry that we were unable to attend this year’s festivities due to a schedule conflict. We wish you a wonderful 35th reunion celebration.”

Douglas F. Phillip, M.D., writes, “I have written and published a new novel, Spirit Made Smaller, that takes place mostly in Alaska. For more information about my book and related blogs, please see my book’s website, spiritmadesmaller.com.”
1981

Carl R. Olden, M.D., was honored as the Washington Academy of Family Physician's Family Physician of the Year for 2014. Born, raised and now practicing in Yakima Valley, Olden practiced 11 years with the Indian Health Service, served on the faculty of the Central Washington Family Medicine Residency program and started a hospital-affiliated family medicine group practice, where he continues to care for the full spectrum of family medicine. Olden has travelled with Heart to Heart International to Moldova and Tajikistan and has served as a U.S. representative to the Hiroshima International Council for Healthcare of the Radiation Exposed.

1982

Barbara J. Doty, M.D., pictured below, writes, “I’ve been practicing full-scope family medicine, including obstetrics, in Wasilla, Alaska, for 28 years. I am an associate clinical professor for the UW School of Medicine and a 15-year veteran WRITE site coordinator, where I have the joy of hosting a third-year medical student in our community for five months each year. What a terrific experience! Lately I have a new interest, the impact of climate change on health. I had an amazing opportunity to sail with the MV Explorer and its on-board Semester at Sea staff this June, collaborating with Western Kentucky University to explore climate change issues in the North Sea. We visited Reykjavik, Iceland’s geothermal energy system, the wind turbines of the Shetland Islands and Copenhagen’s bicycle-friendly commuter system in our quest to learn more about climate-change solutions. I hope to develop more expertise on how climate change will impact rural communities, and I have an opportunity to give a keynote talk on this topic in Dubrovnik, Croatia, for the WONCA Rural Health Conference in 2015. (WONCA is a global family physicians group). Anyone out there have thoughts about climate change, health and well-being? I welcome your input!”

1984

Andrew L. Bennett, M.D., pictured above, writes, “My wife and I have been living in the highlands of Papua New Guinea since 2003. We both work at Nazarene Hospital in Kudjip, Jiwaka Province. I’m one of eight doctors at a 130-bed rural general hospital. My practice is extremely varied, and I’ve developed a special interest in treating clubfoot. My wife manages the medical storeroom, receiving and distributing donated medical supplies, and she also helps with hospitality for volunteer doctors, residents and students.”

Paula Carvalho, M.D., Res. ’87 (internal medicine), received the Idaho Track Preceptor Appreciation Award.

Randall S. Fowler, M.D., Res. ‘88 (family medicine), writes, “For three weeks this spring, I was fortunate enough to have been asked to staff the emergency department at Tenwek Hospital, a busy teaching hospital in Kenya. I served with Samaritan’s Purse and was able to experience the love and warmth of the Kenyan people and witness the power of sharing God’s love through medicine.”

John S. Jarstad, M.D., writes, “I recently returned from my 28th medical mission trip as a visiting professor teaching eye surgery at the Instituto de Ophthalmologie Nacional (national eye institute) in Angola, Africa. I am the teaching head, and the low-cost cataract surgery simulator has been a big hit in the developing world. I also serve on the vision committee at LDS church headquarters in Salt Lake City. I am in private practice in Federal Way, Wash., and I am an adjunct associate professor with Pacific Northwest University of Health Sciences in Yakima, Wash.”

Bruce Smith, M.D., writes, “After completing my internal medicine residency at Virginia Mason, I practiced general internal medicine and geriatrics at Virginia Mason in Issaquah for 12 years. In 1999, I joined Rick Kaner and Hank Williams to practice geriatrics in Bellevue, half-time in clinic and half-time in nursing homes. I joined Group Health in late 2006 to help run their nursing-home program and later their hospice and palliative care programs as well. In 2012, I transferred to the administrative leadership team at Group Health, and I am now the medical director for Group Health Medicare Advantage and the network medical director for Western Washington. I’ve been active in medical ethics and end-of-life issues, and I co-chair the state POLST Task Force. I’ve served on the leadership of the state’s American College of Physicians chapter and was named a ‘Laureate of Washington’ in 2012. Denise and I live in Issaquah and have two wonderful children, both out on their own and living in Seattle.”
1988

Albert D. Olszewski, M.D., writes, “I won the Montana GOP primary for state representative, House District 11, and I am advancing to the general election to be held Nov. 4. I am an orthopaedic surgeon and partner at Flathead Orthopedics in Kalispell, Mont.”

1990

Marshall S. Horwitz, Ph.D. ’88 (pathology), M.D., Res. ’92, (internal medicine), UW adjunct professor in the Department of Genome Sciences, was recognized by the Paul G. Allen Family Foundation for his work on cell lineage with an Allen Distinguished Investigators grant. He and his colleagues are pursuing a new approach for mapping cell fate — how a cell becomes one type or another. Rather than trying to decode the history of each cell among the trillions in the human body, they are relying on mutations in the genome that occur during cell division and using this inverse information to enable a 4D visualization of the entire cell map of an individual human being.

John C. McCarthy, M.D., Res. ’92 (family medicine), assistant dean for regional affairs, was named Spokane Physician/Citizen of the Year for 2013 by the Spokane County Medical Society.

David Bare, M.D. ’75, presented McCarthy with his award for outstanding contributions to the medical profession and community.

1991

Christopher J. Covert-Bowlds, M.D., writes, “Debi and I celebrated our 25th wedding anniversary by going on a Rick Steves, 21-day, “best of Europe” trip from May to June this year. It was great fun visiting a Parisian friend who stayed with my family in high school, hiking Cinque Terre and having an intimate meeting with Pope Francis with 50,000 friends! I’m enjoying being a family doctor at Group Health Northshore Medical Center in Bothell, Wash., where we are piloting new ways to be a primary-care medical home and to be more affordable. As medical center chief, I think of myself as encourager-in-chief. I’m going to the American Academy of Family Physicians’ annual meeting in D.C. and joining Charles Mayer, M.D. Res. ’94, for that. Cheers!”

2002

Nora Nagaruk, M.D., and Melissa Shein, M.D. ’07, were the keynote speakers at the 9th Annual Alaska WWAMI Pre-med Summit. The two alumni spoke about their personal journeys in medicine and what their career choices have meant to them.

2003

Margaret Isaac, M.D., received the Clinical Teaching Award from the graduating class of 2014. Isaac is a UW assistant professor of medicine in the Division of General Internal Medicine. The awards were presented at the class graduation ceremony in May.

2009

Paul Forward, M.D., writes, “After graduating in 2009 and residency at the Alaska Family Medicine Residency (WWAMI residency), I am now two years into working as a full-spectrum rural family doctor in Kodiak, Alaska. It’s a wonderful practice, with a nice mix of outpatient care, obstetrics and inpatient medicine and pediatrics. Erin Lester, M.D. ’10, is a partner in the practice, and we travel and adventure in the mountains and on the rivers during our free time. During the past two winters, I have been working as a full-time heli-ski guide at Chugach Powder Guides out of Girdwood, Alaska. It’s a great balance and makes for a fun year.” (See his photo of the slopes, next page.)
2010
Isiah Sandlin, M.D., and Hollie Sexton Sandlin, M.D., write, “We welcomed baby girl Harper Sandlin into the world on July 24. Isiah is completing his last year of orthopaedic residency and then will go on to complete a foot and ankle fellowship here in L.A. I completed an emergency medicine residency this summer, and I am working both in Los Angeles and in Puyallup, Wash. We are both living in L.A., but we are eager to move back to the Northwest as soon as Isiah has finished his training.”

2014
Class of 2014, welcome to the alumni community! We look forward to hearing from you in future issues.

Your Baby —
In Their Very Own Bib!
On the pages that follow, you’ll see beautiful babies wearing the best accessory that mealtime has to offer: the official bib of the UW School of Medicine. If you’d like a bib for your baby, just email us at medalum@uw.edu. Then send us a photo!

Streamlining Care With RubiconMD
Julien Pham, M.D. ’04
Julien Pham, M.D. ’04, is a nephrologist, but some of his most influential work includes the development of technology platforms. His latest venture is called RubiconMD. “What started as traditional telemedicine — linking patients to medical experts — evolved into a user-friendly platform,” says Pham. “RubiconMD allows primary-care physicians to ask specialists around the country simple questions about symptoms and medications, and they receive answers within a few hours.”

The data show that RubiconMD, operating in eight states, is working. “Thirty percent of the time, physicians don’t need to make a referral to another doctor,” Pham says. “For an additional 40 percent of cases, we optimize the referral, ensuring the patient sees the right specialist with the right set of studies and labs.”

Another mark of success: the nearly 100 primary-care physicians who use RubiconMD are reporting better physician-patient experiences, and 70 specialists are requesting more consulting opportunities.

Read more about Pham, including his humanitarian work in Vietnam, at uwmedmagazine.org.
Family Medicine

Stephen L. Tarnoff, M.D., Res. ’81 (family medicine), writes, “In July, I was selected to be the Group Health Physicians president and chief medical executive. I am humbled and honored by the opportunity to serve our patients, our members and my colleagues, and I look forward to helping Group Health fulfill its mission and potential.”

Jay S. Erickson, M.D., Res. ’90 (family medicine), with his granddaughter, Astri. Erickson is the assistant dean for regional affairs, WWAMI Montana.

Frank Batcha, M.D., Res. ’93 (family medicine), was named the Idaho Family Physician of the Year for contributions to his profession and to medical education, and service to his community and country. Batcha served as a brigade surgeon in the Idaho Army National Guard from 2001 to 2009; he was deployed to Iraq for 14 months in October 2004.

Jonathan A. Drezner, M.D., Fel. ’00 (family medicine and sports medicine), and Ashwin Rao, M.D., Res. ’06 (family medicine), both UW Medicine faculty, traveled as team physicians with the Seattle Seahawks to New Jersey for the Super Bowl.

Genome Sciences

Joanna Kelley, Ph.D. ’08, just finished her first year as a faculty member in the school of biological sciences at Washington State University. She is happy to be back in Washington! Her lab studies the genomic basis of adaptation, with a focus on extreme environments.

Geriatrics

James Branahl, M.D., Fel. ’85, received the Idaho Track Teacher of the Year award.

Internal Medicine

Carl H. Kjobech, M.D., Res. ’66, writes, “Helen and I revel in the outdoors, particularly Lake Chelan. Health is our greatest asset. Wellness Place Wenatchee provides for cancer patients (wigs, room, gas cards, support groups) and relevance for me. Go, Dawgs!”

Joyce Wipf, M.D., Res. ’87, has been elected governor of the Washington Chapter of the American College of Physicians.

In February, J. Carey Jackson, M.D., Res. ’92, was honored by the Washington chapter of the American College of Physicians with the Internist of the Year award.

Microbiology

Alex Berezow, Ph.D. ’10 (microbiology), writes, “After earning a Ph.D. in microbiology studying in the laboratory of Richard Darveau, I became a science journalist and author. I am the founding editor of RealClearScience and a member of the USA Today board of contributors. I also co-authored a book called Science Left Behind. My articles have appeared in CNN, USA Today, The Wall Street Journal and The Economist, among other publications.”

Anna Wald, M.D. Res. ’89 (internal medicine), Fel. ’94 (virology-laboratory medicine), is the recipient of the 2014 Award for Scientific Advancement from the Seattle Association for Women in Science.

Bradley Anawalt, M.D., Res. ’92, Chief Res. ’93, is the 2014 recipient of the Turck Award, which recognizes outstanding career contributions that have enhanced the traditions of teaching and patient care.

Gwen M. Bernack, M.D., Res. ’10, writes, “We welcomed our twin boys, Leo and Max [below], in December 2013. I just completed training in cardiology at Duke and now live in Kirkland with my husband, Mashiur, who works at Microsoft.”

Janice Boughton, M.D., Res. ’89, pictured above, writes, “I have spent the last few years learning to use bedside ultrasound in my internal medicine practice. I also have been able to teach these techniques to medical students from University of California, Irvine and the WWAMMI program — and in Tanzania and South Sudan. Practicing medicine is an ongoing adventure!”
Neurological Surgery

Richard Wohns, M.D., Res. ’82, Chief Res. ’83, J.D., MBA, was named one of the “40 Smartest People in Healthcare” by Becker’s Hospital Review. Wohns is a neurosurgeon in Puyallup, Wash., and was one of the first qualified neurosurgeons in the country to perform a revolutionary technique for minimally invasive lumbar fusions. To date, he has performed more than 3,000 successful outpatient spine surgeries.

Orthopaedics and Sports Medicine

In March, Ted Wagner, M.D., Res. ’73, saw his dream of telemedicine come to life. Wagner was part of a live spine case discussion — complete with encrypted, hi-def video — between Cipto Mangunkusumo Hospital in Jakarta, Indonesia, and UW Medicine.

Michael A. Sousa, M.D., Res. ’80, retired in July from the Montana Veteran’s Administration. He and his wife, Jan, recently hosted a reception for Missoula-area alumni, friends, faculty and students.

The Art of Bicycle Biomechanics

Erik Moen, P.T. ’92

Mechanical harmony for bike and body: that’s the goal for Erik Moen, P.T. ’92, owner of Corpore Sano Physical Therapy and founder of BikePT.

A physical therapist specializing in injury recovery and performance, Moen founded BikePT to help physical therapists and bicyclists make smart equipment choices, better understand musculoskeletal tolerances and learn the rules of bicycle positioning. “There are more than 44 million bicyclists in the U.S. who ride their bikes at least six times per year. It’s critical for the bike and the body to be working well together,” says Moen.

As a nationally known leader in bicycle biomechanics and bicycle fitting, Moen works with all bicyclists: those new to the sport, professionals, Paralympic athletes. “Working with bicyclists, my job is to be the sleuth, to determine why an athlete has become injured and provide effective plans for care and return to sport,” he says.

One of his most rewarding experiences was helping a man whose hamstrings and common peroneal nerve had been lacerated in a bicycle crash while in the French Alps. “After a long and arduous rehabilitation process, we got him back biking and running,” says Moen. “Just two years after this major accident, we entered a race together.”

Psychiatry and Behavioral Sciences

Forrest M. Darrough, Jr., M.D., Res. ’69, writes, “I well recall summertime when we psychiatry residents took our lunches across the fairway behind UW Medical Center and dined by the cut. Ah, yes — halcyon days, eh?”

Rehabilitation Medicine

Stanley Herring, M.D., Res. ’82 (physical and rehabilitation medicine), was named the inaugural holder of the Zackery Lystedt Sports Concussion Endowed Professorship. The Lystedt Professorship will help Herring and his colleagues at the Seattle Sports Concussion Program continue to educate coaches, school administrators, parents, student athletes and healthcare providers in order to help understand and recognize traumatic brain injuries (including concussions and other serious sports-related head injuries).
Anchorage

Keith Kehoe, PA-C (Anchorage Class 1), pictured above, writes, “I started working as a PA at Fisher Medical, a GP practice in Skipton, North Yorkshire, United Kingdom, in February 2014. I work alongside two UK physician assistant graduates from St George’s, University of London, and we’re supporting the growth of the PA profession in the U.K.”

Seattle

Mark Patterson, PA-C (Seattle Class 1), writes, “Being in the first MEDEX class, I have practiced for almost 44 years. For the first 26 years, I was in Tonasket, Wash. My first preceptor was R.V. Kenzie, M.D., a wonderful, caring old-time country doc. The highlight of my career was receiving the first MEDEX Humanitarian Award in 1997, presented to me by my second preceptor, John Coombs, M.D., at that time a dean at the University of Washington. I have enjoyed a wide variety of medicine, including orthopaedics, occupational medicine, infectious disease, urgent care and correctional medicine. I have had a wonderful career, and I feel like my life mission of helping people has been accomplished.”

Paul T. Snyder, PA-C (Seattle Class 1), writes, “I feel blessed to have been chosen for the first class of the MEDEX program by Richard Smith, M.D., and staff. Also, I feel fortunate to have partnered with fellow classmate, John Betz, PA-C (Seattle Class 1; read their story on page 11), and two of the finest preceptors, Drs. Bunch and Pershall in Othello, Wash., for 33 years. Being a surgical technician and working at civilian hospitals at night for 12 years while in the Air Force prepared me well.

I enjoyed all my patients. There were many rewards, too. The greatest was being selected, with John, as co-recipient of the Washington Health Association’s Outstanding Rural Practitioner award in 1999. I’m now enjoying retirement.”

Bob Woodruff, PA-C (Seattle Class 1), writes, “I returned home in spring 1968 after serving time in Vietnam as a Special Forces combat medic. Although I thought about entering a pre-med program, l’d heard of a program being started at the UW School of Medicine by Richard Smith, M.D. He was offering training to returning combat medics. I applied and was accepted into MEDEX Northwest, and I graduated in 1970 along with 11 others. I am truly grateful for the training and guidance received from the MEDEX staff and for a wonderful preceptor, Wilfred (Willy) Gamon, M.D. I retired in 2011 after 40-plus years working as a physician assistant at Cheney Medical Center in Cheney, Wash., and with Kaiser Permanente of Vancouver, Wash. I volunteer at the Free Clinic of Southwest Washington here in Vancouver.”

Raylene Lawrence, PA-C (Seattle Class 6), writes, “I am working in Colfax, Wash., at Whitman Medical Group and Whitman Hospital, where I had always hoped to be. I spend two days a week at the main clinic and hospital and two days at the rural Garfield clinic. I still love rural medicine. I was truly blessed with my first clinical work experience at Columbia Basin Health Association, and I learned so much there in Othello. I miss that practice and those hard-working, underserved patients very much.”

Living the Dream

Alice Burden, PA-C (Seattle Class 41)

What compels a research scientist to enter the world of healthcare? Experience and inspiration. “I grew up on San Juan Island and witnessed the difficulties of a community that had more medical needs than resources,” says Alice Burden, PA-C (Seattle Class 41).

Burden, who studied fragile X syndrome, was also a former emergency medical technician and a volunteer at Harborview Medical Center. She knew she liked healthcare. “Becoming a PA seemed like the perfect way to return to my passion for providing quality care to underserved communities,” she says.

Today, Burden is a primary-care provider at Community Health Center of Snohomish County. “Small victories, like helping a diabetic patient keep their blood glucose under control, or watching a patient with depression get back to work,” says Burden, “these things make my job rewarding.”

Burden’s busy: taking care of patients, serving as a preceptor and putting in many grueling hours as an elite athlete. She finished her second IRONMAN triathlon in Whistler, B.C., this summer. “I like to say I’m living the MEDEX dream,” says Burden.
Sarah Leet, PA-C (Seattle Class 31), MPH, writes, “I have just transitioned into working in Seattle school-based clinics at Interagency Academy. I work with students who have had a hard time getting a degree from a typical high school. It is an inspiring position, and I am enjoying making a difference in these students’ lives every day. Adolescent medicine is never dull. Since completing my master’s at the UW with an emphasis in global health, I have been fortunate enough to take two medical volunteer trips to Guatemala. After the Queensland physician assistant pilot program in Australia (2008–2009), I do hope to go overseas again to promote the PA profession.”

Brad Morris PA-C (Seattle Class 33), was recently named the Intermountain Healthcare Physician Assistant of the Year. Intermountain Medical Center (IMC) is a system of 18 hospitals that covers all of Utah and southern Idaho. He works on the trauma team with IMC and just retired from 10 years of flying with their air medical transport service. Besides his leadership and research efforts at work, Morris was recognized for his volunteer efforts with his church and with the Muscular Dystrophy Association. He lives in Syracuse, Utah, with his wife, Denise, and their four children.

William Buchanan, PA-C (Seattle Class 34), pictured above, writes, “I continue to enjoy working as a paramedic and PA-C, and I enjoy my role and adventures in occupational medicine. My practice has carried me to the remote Aleutians for Trident Seafood, to Japan, Korea, China, and Hong Kong aboard a 900-foot container ship, and to the depths of the earth in the Brightwater tunneling machines under Kenmore, Bothell and Woodinville, Wash. I still have years ahead of me to serve people in this adventurous career.”

Greg Porter, PA-C (Seattle Class 43), writes, “Nearly three years ago, my wife, Rose, and I moved our three (now four) small children to the remote island of Tutuila, American Samoa. I had accepted a position as a PA at the LBJ Tropical Medical Center, the territory’s sole hospital. Living and practicing in a geographically isolated, economically depressed, international setting has been both challenging and rewarding. We’ve grown together as a family while learning to appreciate the flavor of Polynesia.”

Katrina Flowers-Piercy, PA-C (Seattle Class 44), writes, “I returned to the greater Tacoma area and continue to serve my community at the general hospital’s emergency department. Pierce County has been shown to have a shortage of family practice providers, and the emergency departments are flooded with everything from non-emergent concerns, to life-threatening conditions, to mental health crises. Being a physician assistant has given me the opportunity for a rewarding career in medicine and the ability to give back to my community, travel the world and have a wonderful family life.”

Leah Yoke, PA-C (Seattle Class 45), writes, “I spent my first year after graduation from MEDEX working in primary care with an emphasis in HIV medicine at Group Health Cooperative, Capitol Hill campus. I then transitioned to a joint position at Fred Hutchinson Cancer Research Center, Division of Infectious Disease, with a faculty appointment at the UW School of Medicine in the Department of Allergy and Infectious Disease (the consultative infectious disease service). I continue to live in Seattle with my husband while skiing the Cascades, camping along the California coast and perfecting my French cooking techniques.”

Seattle Part-time

Vicki Dihle, PA-C (Seattle Part-time Class 5), writes, “I have been a medical editor and contributor to a couple of books, and I have had many of my original pieces published. My career has taken me on journeys I never could have foreseen. I am confident MEDEX trained and prepared me very well for my career. I love being a PA, and I love being a researcher, writer and educator. I am exploring options in all those areas.”

Spokane

Derek Whitehall, PA-C (Spokane Class 6), writes, “I am back in Waterville, Wash. — the community I grew up in — practicing family medicine and internal medicine. Since taking over the Confluence Health Waterville Clinic here 18 months ago, we have gone from an average of seeing five patients a day to seeing 22. We were able to negotiate with Confluence to get pharmacy services back in Waterville, which has been hugely helpful in re-establishing a practice. I see family medicine and internal medicine patients in the clinic and at two nursing homes in Waterville; there are 22 residents with various levels of disability. I still do home visits and hospice.”

Yakima

Jon Said, PA-C (Yakima Class 10), writes with an update on PA life in Wyoming. “I am still working for the same Rock Springs group I went to work for following graduation, and I have been a partner for the last six years. We continue to operate an urgent care and family practice in Rock Springs, which is doing very well. My wife, Mary, and I continue to live in Big Piney, Wyo., and we commute the 100 miles for three 12-hour-plus shifts per week. Mary is an R.N., and we are able to work the same shifts. We continue to have fun at what we do.”
Passages: Our Friends, Remembered

Below we pay tribute to recently deceased alumni, faculty, students and friends. Because we are not always aware of deaths in the larger UW Medicine community, we gratefully accept your notifications. Our sincere condolences to those who have lost loved ones. Please see uwmedmagazine.org for full obituaries.

Alumni

Wesley M. Brock, B.S. ’43, M.D.
Born Nov. 27, 1921, in Bremerton, Wash.
Died Sept. 25, 2013, on Camano Island, Wash.
Dr. Brock practiced anesthesiology in the south Seattle/Burien area; he also served in the U.S. Navy.

Martin George Burkland, M.D. ’50
Born April 12, 1923, in Astoria, Ore.
Dr. Burkland was a member of the School's first class; his career was devoted to improving healthcare in Seattle. Please see his obituary on page 46.

Normadell Doubt, M.D. ’51, Res. ’52
Dr. Doubt was the only female physician in Whatcom County when she started her practice.

Robert C. Colburn, M.D. ’52, Res. ’61 (orthopaedics)
Born Dec. 12, 1925, in Spokane, Wash.
Dr. Colburn practiced orthopaedics in Lewiston, Idaho, from 1961 to 2010.

Gerald F. Love, M.D. ’53, Res. ’63
Born 1927, in Seattle, Wash.
Died Feb. 2014, in Mill Creek, Wash.
Dr. Love was an anesthesiologist at Northwest Hospital & Medical Center in Seattle for 27 years.

Leslie Mackoff, M.D. ’53
Dr. Mackoff, a pediatrician, practiced at Sand Point Pediatrics and served for two years as an instructor at UW Medicine. Please see his obituary on page 46.

Gordon E. Pyne, M.D. ’53
Dr. Pyne, chief of pediatrics at Seattle Children’s from 1967 to 1974, was known for putting his patients and family first.

A. Duane Bloomstrom, M.D. ’55
Born Dec. 11, 1928, in Seattle, Wash.
Died April 21, 2014, in Seattle, Wash.
Dr. Bloomstrom was an anesthesiologist, and he practiced in Helena, Mont., for 35 years.

C. Richard Elander, M.D. ’55
Born Jan. 6, 1931, in Seattle, Wash.
Died May 21, 2014, in Santa Monica, Calif.
Dr. Elander was a prominent ophthalmologist in Southern California. Please see his obituary on page 46.

A. Kenneth Anderson, M.D. ’57, Res. ’59 (internal medicine)
Born March 5, 1931, in Wenatchee, Wash.
Died April 5, 2014, in Enumclaw, Wash.
Dr. Anderson practiced medicine in Enumclaw, Wash., for nearly 40 years.

John Charles “Jack” Hart, M.D. ’58
Born May 22, 1932, in Gowanda, N.Y.
Died Feb. 27, 2014, in Mullanro, La.
Dr. Hart, an ear, nose and throat specialist, practiced in Mullanro, La., from 1966 to 2000.

Arthur S. Gorai, M.D. ’59
Born Oct. 24, 1922, in Los Angeles, Calif.
Dr. Gorai received a Congressional Gold Medal for his service in World War II; he worked at Group Health for 32 years.

David Matheson, M.D. ’60
Born Sept. 1, 1934, in Rochester, Minn.
Dr. Matheson, a radiologist, practiced for 35 years in Caldwell, Idaho.

Arvid I. Ronning, M.D. ’63
Born Jan. 6, 1938
Dr. Ronning was a family medicine physician at Group Health Cooperative for 25 years.

David E. Karges, M.D., Res. ’64 (orthopaedics)
Born Dec. 8, 1929, in Evansville, Ind.
Died March 25, 2014, in St. Louis, Mo.
Dr. David Karges, an orthopaedic surgeon, worked with the Seattle Supersonics for several years.

John W. “Jack” Hilleboe, M.D. ’65
Born May 26, 1939, in Sioux City, Iowa
Died April 10, 2013, in Lakeside, Mont.
Dr. Hilleboe practiced orthopaedics for 28 years at Flathead Valley Orthopedic Clinic in Kalispell, Mont.

Joseph C. Maheras, M.D. ’67
Born June 14, 1937, in Idaho Falls, Idaho
Dr. Maheras practiced internal medicine in Billings, Mont., for 36 years.

Peter Jacobs, M.D., Fel. ’69
Born March 21, 1934
Died Nov. 18, 2013, Cape Town, South Africa
Dr. Jacobs had an instrumental role in developing bone-marrow transplantation in South Africa.

James T. Ogilvie, M.D., Res. ’69 (internal medicine)
Born July 5, 1937, in Greeley, Colo.
Died July 11, 2014, on Mercer Island, Wash.
Dr. Ogilvie helped launch the Pioneer Square Medical Clinic, taught medical students in Bolivia and enjoyed many hobbies, from singing to the Seahawks.

James H. Shore, M.D., Res. ’69 (psychiatry and behavioral sciences)
Born April 6, 1940
Died Sept. 29, 2013, in Wyoming
Dr. Shore, a psychiatrist, was instrumental in supporting the passage of the federal Indian Child Welfare Act in 1978. Please see his obituary on page 47.
John “Jack” Ciliberti, M.D., Res. ’72 (internal medicine)
Born Nov. 10, 1943, in Cooperstown, N.Y.
Died July 8, 2014, in Snoqualmie, Wash.
Dr. Ciliberti helped bring emergency care to outlying areas of King County and pioneered electronic medical records systems and modernized stroke detection and emergency care in East King County.

Glen K. Kiyonaga, M.D. ’76, Res. ’79 (family medicine)
Born June 1950
Dr. Kiyonaga was recognized in 2014 by the National Commission for outstanding quality of care in diabetes management and in heart/stroke care.

Marcia A. Durfee, M.D. ’79, Res. ’83 (obstetrics and gynecology)
Born Nov. 29, 1952, in Seattle, Wash.
Died March 31, 2014, in Austin, Texas.
Dr. Durfee, a former faculty member, fought for social justice, protecting women’s rights here and around the world, and she served PATH as a community ambassador.

Jodean Elliott-Blakeslee, M.D. ’79
Born April 18, 1950, in Twin Falls, Idaho
Died Sept. 2013, in Idaho
Dr. Elliott-Blakeslee was a family physician; she had served in the Naval Reserves and on a medical mission in Cameroon.

Stephen Hans Petersdorf, M.D., Res. ’86 (internal medicine),
Chief Res. ’87 (internal medicine),
Fel. ’90 (hematology)
Born Oct. 22, 1958, in Baltimore, Md.
Dr. Petersdorf, a UW associate professor of medicine and the holder of the Endowed Chair in Cancer Care, excelled in the care of cancer patients. Please see his obituary on page 47.

Marguerite J. McNeely,
M.D. ’88, MPH
Born Nov. 21, 1959, in New York
Dr. McNeely worked for many years in the UW General Internal Medicine Clinic and at Hall Health Center on campus. Please see her obituary on page 48.

Jennifer L. Northrop, M.D. ’97, Ph.D. ’95
Born 1963, in Ripon, Wisc.
Died March 21, 2014, in Houston, Texas
Dr. Northrop was an assistant professor in the department of molecular and human genetics at Baylor College of Medicine in Houston.

Steven A. Revier, PA-C (Yakima Class 18)
Born Nov. 13, 1972, in Forest Grove, Ore.
Steven Anthony Revier was a firefighter and paramedic before training to become a physician assistant at MEDEX Northwest.

FACULTY AND FORMER FACULTY
Sambasiva Lakshminarayan, MBBS
Born New Delhi, India
Died June 9, 2014
Dr. Lakshminarayan was the chief of the pulmonary service at the Seattle Veterans Administration Hospital from 1975 to 2007. Please see his obituary on page 48.

Christen M. Adams, M.D.
Died April 17, 2014, in Seattle, Wash.
Dr. Adams passed away during his anesthesiology residency at UW Medicine.

FRIENDS
Barbara A. Beall
Born May 21, 1928, in Cudahy, Wisc.
Died April 20, 2014, in Palos Verdes Estates, Calif.
Mrs. Beall was a teacher, docent and artist, accepted to the UW School of Medicine’s fifth class.

Additional Passages
We only recently learned of the deaths below, and we welcome any tributes or memories you would like to share at medalum@uw.edu.

Frank F. Busteed, M.D. ’52
Born Dec. 30, 1917
Died April 30, 2013

Robert Forsgren, M.D. ’65
Paul Schroder, M.D. ’65
Died in 1991

Paul Robert Manske, M.D., Res. ’66
Born April 29, 1938
Died April 20, 2011

Richard G. Titus, B.S. ’75 (microbiology), Ph.D. ’77 (microbiology)
Died Dec. 30, 2013

John C. Cates, M.D., Res. ’90 (internal medicine), ’91 (family medicine)

Gary D. Cieslak, M.D., Res. ’91 (anesthesiology)
Born Feb. 10, 1958, in Binghamton, N.Y.
Died Jan. 30, 2009, in Boise, Idaho
and left a legacy of leading by example, living an honorable life and giving unconditionally to others. Dr. Burkland is survived by Cal, his children: Sue, Martin, Kris and Nancy (Brent), as well as Cal’s children: Rhonda (Jim), Lynda, Jay (Charmaine) and Merridith (Eric). He’s also survived by seven grandchildren, seven great grandchildren and many nieces and nephews.

Dr. Mackoff loved being a pediatrician, and he particularly enjoyed running into former patients and meeting their families. He was known for his compassion and supported many charities. Favorite pastimes included Husky football and basketball games, attending opera, symphony and theatre performances, and an annual trip to the Oregon Shakespeare Festival in Ashland. He also was an avid skier, fisherman, sailor and bridge player. Dr. Mackoff is survived by his children, Julie Mackoff (John Bennett), Polly Amkraut (Robert), Joshua (Cindy McCollum), and eight grandchildren.

After graduating from Queen Anne High School, he entered the University of Washington in 1941, joined Phi Kappa Psi fraternity, and earned a B.S. in chemistry in 1944. During the last year of World War II, he joined the U.S. Navy, serving as a communications officer on a destroyer. After the war, he used the G.I. Bill to support his medical education, and he remained an active member of the Naval War College until 2007.

In 1974, Dr. Burkland married Cal, his companion, combining his four children and her four children into one large family. He touched many lives and left a legacy of leading by example, living an honorable life and giving unconditionally to others. Dr. Burkland is survived by Cal, his children: Sue, Martin, Kris and Nancy (Brent), as well as Cal’s children: Rhonda (Jim), Lynda, Jay (Charmaine) and Merridith (Eric). He’s also survived by seven grandchildren, seven great grandchildren and many nieces and nephews.

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In 1974, Dr. Burkland married Cal, his companion, combining his four children and her four children into one large family. He touched many lives and left a legacy of leading by example, living an honorable life and giving unconditionally to others. Dr. Burkland is survived by Cal, his children: Sue, Martin, Kris and Nancy (Brent), as well as Cal’s children: Rhonda (Jim), Lynda, Jay (Charmaine) and Merridith (Eric). He’s also survived by seven grandchildren, seven great grandchildren and many nieces and nephews.

Dr. Mackoff loved being a pediatrician, and he particularly enjoyed running into former patients and meeting their families. He was known for his compassion and supported many charities. Favorite pastimes included Husky football and basketball games, attending opera, symphony and theatre performances, and an annual trip to the Oregon Shakespeare Festival in Ashland. He also was an avid skier, fisherman, sailor and bridge player. Dr. Mackoff is survived by his children, Julie Mackoff (John Bennett), Polly Amkraut (Robert), Joshua (Cindy McCollum), and eight grandchildren.
Dr. Elander was an examiner for the American Board of Ophthalmology and served as president of the Los Angeles Society of Ophthalmology. He also volunteered his services overseas, treating patients and teaching local physicians in Afghanistan and Nigeria. He was editor of the textbook *Principles and Practice of Refractive Surgery*, served on the editorial board for the International Society of Refractive Keratoplasty and as the lead editor for the journal *Operative Techniques in Cataract and Refractive Surgery*. He received an honorary award from the American Academy of Ophthalmology and the JSEJ Rodman Irvine Prize in 2002.

Dr. Elander grew up in Seattle, earned his undergraduate degree ('51) from the University of Washington and then enrolled at the UW School of Medicine. After marrying his college sweetheart, Lois Gunderson, he continued his medical training in the U.S. Army. He completed his residency at Letterman Army Hospital in San Francisco, then served for three years as chief of ophthalmology at the West Point Military Academy. He moved to Pacific Palisades to begin private practice in 1963. In 1990, Dr. Elander's son, Troy, joined him in practice and they shared 19 years working together.

Dr. Richard, as he was affectionately known, loved challenging himself, caring for his patients, trying new adventures, reading and collecting books, traveling and spending time with his family. He was a mentor to many, a great friend to many more, and a source of comfort to those who were closest to him. In addition to his son Troy (Diane), Dr. Elander also is survived by his son Tom (Nancy), his daughter, Jill Young, his brother, Zac (Sharene), and seven grandchildren.

Dr. Shore was a professor and chair of the psychiatry department at the Oregon Health & Science University’s School of Medicine from 1975 to 1985, when he moved to the University of Colorado School of Medicine to chair their psychiatry department. He served a term as president of the American College of Psychiatrists and held leadership positions with the American Psychiatric Association, the American Board of Psychiatry and Neurology, and the American Association of Chairmen of Departments of Psychiatry.

Dr. Shore even had a brush with Hollywood. In *One Flew Over the Cuckoo’s Nest*, the 1975 Oscar winner for best picture, he played a psychiatrist who evaluated the character played by Jack Nicholson. Dr. Shore is survived by his wife, Chris; his daughter, Lenya, and her family; his son, Jay (also on the psychiatric faculty at the University of Colorado); and other family members.

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**James H. Shore, M.D., Res. ’69 (psychiatry and behavioral sciences)**
*Born April 6, 1940*  
*Died Sept. 29, 2013, in Wyoming*

Dr. James H. Shore, a psychiatrist, was chancellor of the University of Colorado Health Sciences Center from 1999 to 2006, and he was instrumental in the move of the campus from Denver to Aurora. He also took on the role of chancellor of CU Denver when the two campuses were consolidated in 2004. In addition, Dr. Shore chaired the board of University of Colorado Hospital and served on the board of Children’s Hospital Colorado.

Beyond his administrative leadership, Dr. Shore devoted his career as a physician and researcher to improving mental health services for American Indians and Alaska Natives. His interest in Native American culture was ignited by a childhood visit to Cherokee, N.C., the ancestral home of the Cherokee tribe. He was instrumental in supporting the passage of the federal Indian Child Welfare Act (ICWA) in 1978, and he received the Distinguished Service Award from the federal Indian Health Service in 1996.

A graduate of Duke University, Dr. Shore did an internship at the University of Utah and a residency at the University of Washington from 1966 to 1969. He then became chief of the Mental Health Office for the Portland Area Indian Health Service and chaired the Mental Health Research Committee of the Indian Health Service.

**Stephen Hans Petersdorf, M.D., Res. ’86 (internal medicine), Chief Res. ’87 (internal medicine), Fel. ’90 (hematology)**  
*Born Oct. 22, 1958, in Baltimore, Md.*  

Dr. Stephen H. Petersdorf, a UW associate professor of medicine and the holder of the Endowed Chair in Cancer Care, excelled in the care of cancer patients. After leaving the UW faculty in 2012, Dr. Petersdorf joined Seattle Genetics as senior director of medical affairs, with a focus on developing new cancer therapies; he also
was a member of the National Comprehensive Cancer Network. Respected by colleagues and his patients, Dr. Petersdorf was named among Seattle's top docs by Seattle Magazine from 2002 to 2012.

Dr. Petersdorf was the son of the late Robert G. Petersdorf, M.D., a long-time UW faculty member and an internationally known infectious disease expert. When Stephen was 6 years old, the elder Petersdorf moved the family to Seattle after he was recruited to chair the Department of Medicine in 1964. Stephen Petersdorf graduated from Lakeside School, then returned to the East Coast to earn a bachelor's, a medical degree and a doctoral degree from Brown University. He returned to Seattle to complete his post-graduate training in internal medicine and hematology-oncology at the UW School of Medicine.

Dr. Petersdorf took his role as husband and father as seriously as he did his professional career. He balanced a two-career marriage with respect, love and humor. A proud baseball, football and lacrosse dad, he was ever-present for his boys both in the classroom and on sidelines. Dr. Petersdorf was a passionate supporter of the Northwest Boychoir and Vocalpoint! Seattle, serving as president of the board of directors. He is survived by his wife, Effie, sons Nick, Andrew and Colin, and his brother, John.

Marguerite J. McNeely, M.D. '88, MPH
Born Nov. 21, 1959, in New York

Marguerite J. McNeely, M.D., was an associate professor at the UW School of Medicine. She worked for many years in the UW General Internal Medicine Clinic and at Hall Health Center on campus. In addition to clinical work, she also conducted epidemiologic research related to diabetes and published more than 50 scientific papers. An outstanding teacher of medical students and resident physicians, she was honored with an award for excellence in teaching.

The daughter of an airline pilot and nurse who was one of the first Pan Am flight attendants, Dr. McNeely was raised in New York, Germany, South Carolina, California and Washington. She graduated from Bellevue High School, earned a bachelor's degree at Bowdoin College in Maine and a master's degree in biologic science at the University of Texas Houston; she excelled at the UW School of Medicine, graduating with high honors. During her training she met her husband, Dominic, a fellow student. They married after graduation and did their residencies in internal medicine at the University of California, San Francisco.

After residency, they returned to Seattle, where Dr. McNeely completed a research fellowship in general medicine at the Veterans Administration Hospital. She then earned a master's degree in public health and joined the faculty of the UW School of Medicine.

An avid plant collector, Dr. McNeely loved spending time in her garden. She also enjoyed travel, film, photography, music and spending time with her family and friends. Dr. McNeely passed away peacefully in her home of complications related to brain cancer. She is survived by her husband, Dom Reilly, her sisters, Nancy, Ann Marie and Elizabeth, her brothers, Richard and Thomas, and many nieces and nephews.

Faculty and Former Faculty

Sambasiva Lakshminarayan, MBBS
Born New Delhi, India
Died June 9, 2014

Dr. Sambasiva Lakshminarayan had a remarkable career in medicine, starting at the All-India Institute of Medical Sciences in New Delhi at the age of 17, where he graduated top in his medical-school class. After internship, residency and fellowship in India and England, he completed his final year of pulmonary fellowship and joined the faculty at the University of Colorado Medical Center in Denver. In 1975, he became the chief of the pulmonary service at the Seattle Veterans Administration Hospital, a position he held until 2007. He shepherded the unit’s growth from a single faculty member to an internationally recognized clinical and research program.

Dr. Lakshminarayan was an outstanding scientist, leader, educator, physician and citizen. One of his greatest attributes as a leader was his warm and open style. He was extremely supportive of his faculty and had a sincere commitment to fostering their careers. As a section chief, Dr. Lakshminarayan also provided support and guidance for leadership within the division. In recognition of his generous support of the division’s fellows and fellowship program, the Lakshmi Fellows Fund was established in 2006 to support young scientists.
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