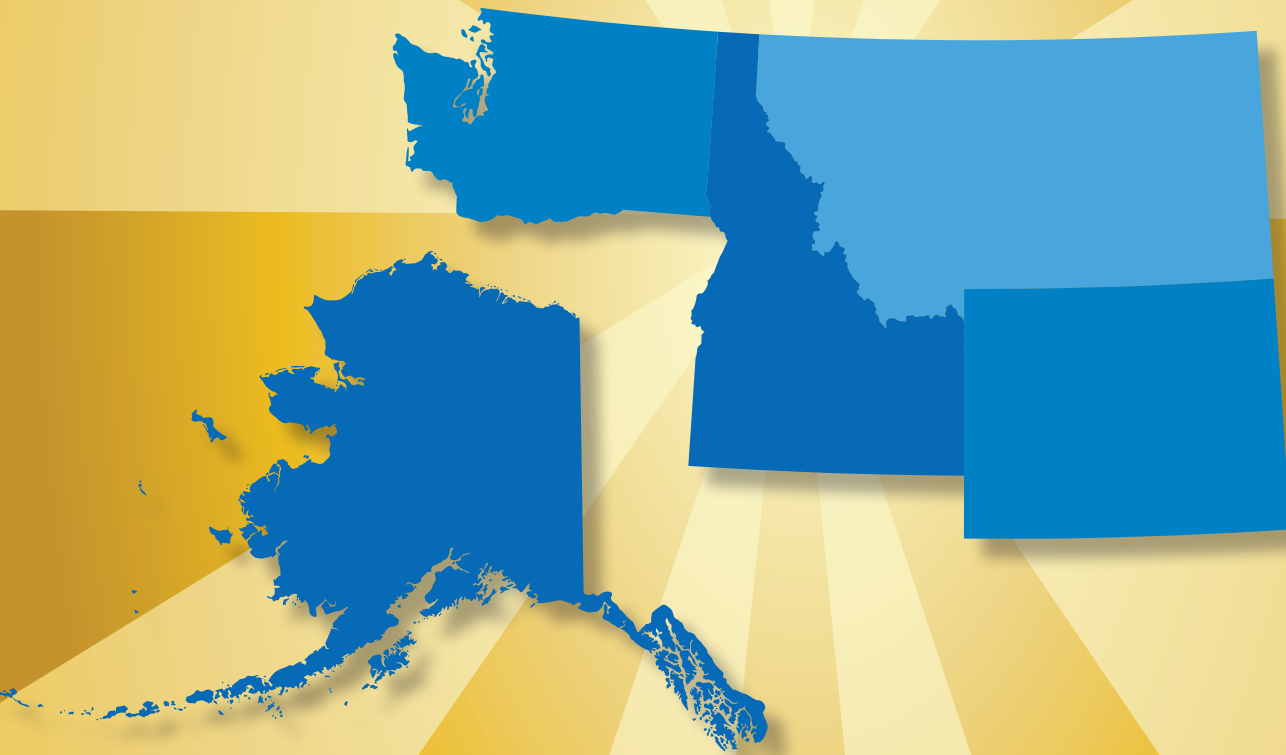


UW Medicine

WWAMI: THE BIG PICTURE



ALSO IN THIS ISSUE

The Heart of the Matter

Occupying Wall Street

YOUR BELIEFS. YOUR VALUES. YOUR GIFT.



A few years ago, John Olerud, M.D. '71, Res. '76, '78, and his wife, Lynda, created a professorship to support dermatology training. And they recently decided to use part of their retirement account to augment it.

“We both believe very deeply in higher education and training,” says Olerud, the head of UW Medicine’s Division of Dermatology. “When we’re not here anymore, we want a portion of what we’ve accumulated in our lifetimes to go to something we really value.”

Learn more about creating *your* legacy in education, patient care or research by contacting Mary Susan Wilson at 206.221.6172 or visiting www.supportuwmedicine.org.

UW Medicine

Letters to the editor.

UW Medicine welcomes your letters. Please email medalum@uw.edu or send mail to:

UW Medicine Magazine
UW Medicine Alumni Relations
Box 358045
Seattle, WA 98195-8045

Letters may be edited for length or style.

Going green.

Rather read *UW Medicine* on the web? Want to save resources? Send your full name and email (and your spouse's or partner's name and email) to medalum@uw.edu. Mention the magazine. Next time, you'll get an email notification rather than a print publication. Thank you!



The paper used to print *UW Medicine* magazine is FSC-certified, free of acid and elemental chlorine. By choosing a paper with 50-percent recycled content and 30-percent post-consumer waste, we are making a difference.

UW Medicine

A magazine for alumni and friends of the University of Washington School of Medicine

Contents

VOL. 35, NO. 1 | SPRING 2012



FEATURES

WWAMI: The Big Picture. What our five-state medical education program is doing for your town, your region and your world. 7

The Heart of the Matter. Patients are pioneers in this stem cell medicine/transplant venture 20

MEDEX Northwest: Coming Home to Wenatchee 23

DEPARTMENTS

Message From the Dean 3

Message From the President of the UW Medicine Alumni Association 4

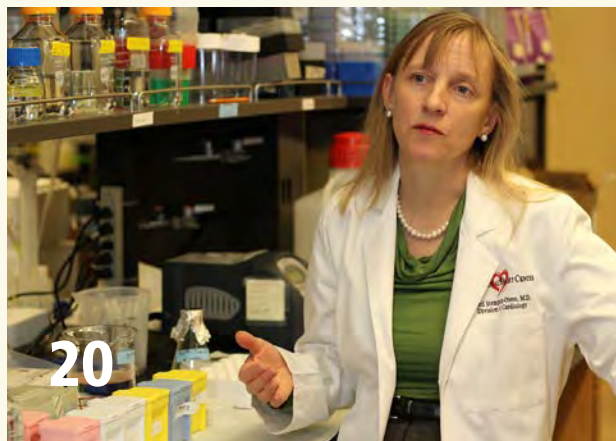
News From UW Medicine. 5

Alumni and Student News 24

ClassNotes 27

Student Voices: Occupying Wall Street 34

Passages 35



Visit *UW Medicine* magazine on the web for »

- UW Medicine Salutes Harborview: slideshow and videos
- Original Instructions
- Researching Better Care in Yakima
- The Road to Browning, Montana, and other WWAMI stories
- Bridging the Gap Between Science and Patients
- And more at uwmedmagazine.org.



HARBORVIEW MEDICAL CENTER

NORTHWEST HOSPITAL &
MEDICAL CENTER

VALLEY MEDICAL CENTER

UW MEDICAL CENTER

UW NEIGHBORHOOD CLINICS

UW PHYSICIANS

UW SCHOOL OF MEDICINE

AIRLIFT NORTHWEST

ONE SYSTEM.
EIGHT ENTITIES.
A SINGLE MISSION.

AT UW MEDICINE health system, we are eight entities united by a common mission to improve health. Here you'll find the most comprehensive resources in the region, an integrated health system that is consistently recognized as one of the best in the nation, and people who are uncommonly committed to making a difference – starting with the patients we see every day. At UW Medicine we don't just practice medicine, we continue to change it.

UW Medicine

From here, we change the world.

HARBORVIEW MEDICAL CENTER | NORTHWEST HOSPITAL & MEDICAL CENTER | VALLEY MEDICAL CENTER | UW MEDICAL CENTER
UW NEIGHBORHOOD CLINICS | UW PHYSICIANS | UW SCHOOL OF MEDICINE | AIRLIFT NORTHWEST

UWMEDICINE.ORG/STORIES

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

Lynn K. Hogan, Ph.D.

Chief Advancement Officer, UW Medicine, and

Associate Vice President for Medical Affairs,

University of Washington

lhogan@uw.edu

UW Medicine Alumni Association

EXECUTIVE COMMITTEE

President Trish A. Raymer, M.D. '89, Res. '92

Past President Raymond E. Vath, M.D. '65, Res. '69

Ex Officio Werner E. Samson, M.D. '53, Res. '58,
Faculty Liaison

Ramoncita R. (Raye) Maestas, M.D. '83,
Res. '86, Dean's Liaison

UW Medicine Alumni Relations

Director Annie Pontrelli
pontrell@uw.edu

Coordinator Lee Hill
leejhill@uw.edu

MEDEX Northwest Alumni Association

medexalu@uw.edu

Division Chief Ruth Ballweg, PA-C, MPA
rballweg@uw.edu

Program Director Terry Scott, PA-C
tscott@uw.edu

UW Medicine Magazine

uwmedmagazine.org

Editor Delia Ward
deliamw@uw.edu

Feature Writers Brian Donohue, Elisa Murray,
Deirdre Schwiesow

Graphic Designer Ann Wolken

Web Designer Michael Dommer

Photographers Clare McLean, Deirdre Schwiesow

Production Manager Anne Totoraitis

Contributors Caroline Anderson, Steven
Campbell, Carole Fisher, Jennifer
Hazelbrook, Lee Hill, Lilit Lysistrata,
Sally Mantz, Annie Pontrelli, Marsha
Rule, 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: www.uwmedalumni.org
www.supportuwmedicine.org

Address: UW Medicine Advancement
Box 358045
Seattle, WA 98195-8045

MESSAGE FROM THE DEAN

In this second special *UW Medicine* issue celebrating the 40th anniversary of WWAMI, some of the many ways in which WWAMI positively affects the UW School of Medicine, the region and the world are explored.

When WWAMI began, research was not part of the program's activities. Today, faculty at the UW School of Medicine and WWAMI faculty region-wide are engaged in remarkable collaborations, as described in "Taking Research to the Community." Also, when WWAMI started, there were no indications that the program would become a model for training healthcare professionals in the developing world. "A New Vision for Kenya" describes how that is occurring in one African nation.

The founders had a major goal for WWAMI: ensuring an adequate healthcare workforce for the region. Maintaining medical students and residents to practice in the region was pivotal to meeting this goal. The presence of second-generation WWAMI students and graduates, as described in "Sons and Daughters of WWAMI" speaks to the success of the program in achieving this original objective and marks a wonderful family "tradition."

Ten years from now, when we celebrate its 50th anniversary, WWAMI will have changed and evolved in countless additional ways to meet the needs of the region — and the world. WWAMI is truly a wonderful program with far-reaching impact. Please join us in celebrating 40 years of partnership and service to the region.



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



Photo: Clare McLean

Photo: Team Photogenic



THE UW MEDICINE ALUMNI ASSOCIATION'S MISSION STATEMENT

1 Support the University of Washington School of Medicine in the fulfillment of its mission, serving as diplomats and advocates in the communities where medical alumni live and work.

2 Provide support for students, residents and fellows at the UW School of Medicine through programs, scholarships, fellowships and financial contributions.

3 Establish and maintain a sense of unity among alumni.

MESSAGE FROM THE PRESIDENT OF THE UW MEDICINE ALUMNI ASSOCIATION

The Space Needle. Urban Enoteca. Woodland Park Zoo. And, of course, your terrific classmates. This is no ordinary reunion — this is an extraordinary reunion! And I expect and hope to see you here the weekend of June 1–3.

The fun begins on Friday with lunch for the members of the 50-Year Association at the Shilshole Bay Beach Club — or, if you haven't yet celebrated your 50th reunion, meet us at Urban Enoteca for some wonderful wines and a chat on heart health. The next day, Saturday, is full of great events: a lunch lecture about genetics and personalized medicine, a trip to the zoo with the kids for our more recent classes, and some fabulous tours.

The absolutely can't-miss event? A reception at the Space Needle on Saturday night. And then a last hurrah at brunch on Sunday.

Be part of the best reunion ever. To register or to learn more, visit www.uwmedalumni.org/reunion, or contact the alumni relations office at 206.685.1875, 1.866.633.2586 or medalum@uw.edu. See you in June!

Regards,

A handwritten signature in blue ink that reads "Trish Raymer". The signature is fluid and cursive.

Trish A. Raymer, M.D. '89, Res. '92 (family medicine)
PRESIDENT, UW MEDICINE ALUMNI ASSOCIATION

P.S. Want to be more involved in your alumni association? Visit www.uwmedalumni.org to check out Trish's video message (and opportunities to volunteer), or contact our alumni relations staff at 206.685.1875, toll free 1.866.633.2586 or medalum@uw.edu.



For more news from UW Medicine, please visit uwmedicine.org. Our website also provides a wealth of information regarding health services and other resources — and, while you're there, sign up for the Twitter feed.

Research

UW study reports evidence of structural brain changes in diet-induced obesity

The tendency to regain weight lost through dieting and exercise is the single largest obstacle to successful obesity treatment. Body weight is controlled by complex interactions between hormones and neurons in the hypothalamus. Michael W. Schwartz, M.D., Res. '86, UW professor of medicine, director of the UW Medicine Diabetes and Obesity Center of Excellence and the Robert H. Williams Endowed Chair in Medicine, and his colleagues studied the results of a high-fat diet in the brains of mice and rats. They found evidence of very early and lasting injury to a specific part of the hypothalamus in these animals. Using brain imaging, they also found signs of similar damage in the same area of the brain in obese humans. Their paper, "Obesity Is Associated with Hypothalamic Injury in Rodents and Humans," was published in the Jan. 3, 2012 issue of the *Journal of Clinical Investigation*.



given the retroviral protease problem, it took them only a few days to develop a solution of sufficient quality to support scientific work. David Baker, Ph.D., UW professor of biochemistry and adjunct professor of bioengineering, was among the authors of the study. Results were recently published in *Nature Structural & Molecular Biology*. Read more at nature.com/nsmb/ (search for "foldit"). Or play Foldit at fold.it.

Insulin spray and Alzheimer's disease

In a small study conducted by UW researchers, insulin supplied through a nasal spray was found to help slow the progression of Alzheimer's disease. The study was undertaken by Suzanne Craft, Ph.D., UW professor in the Department of Psychiatry & Behavioral Sciences, and her colleagues at the Veterans Affairs Puget Sound Health Care System. The researchers tested people with Alzheimer's before and after the trial for memory, cognition and functional ability. Of those receiving insulin rather than a placebo, two-thirds to three-quarters showed improvement. A larger study is scheduled to begin in summer 2012.



ties. The Level 1 designation was created by the new Washington State Emergency Cardiac and Stroke System, which also establishes Level 2 Primary Stroke Centers and Level 3 Acute Stroke Capable designations. These facilities include UW Medicine's Valley Medical Center (Level 2) and UW Medical Center (Level 3).

Robotic surgery helps defeat liver cancer

Generally speaking, the less invasive a surgery, the faster a patient's recovery time. At UW Medical Center, James Park, M.D., became the first surgeon in the Pacific Northwest to use the da Vinci surgical robot — a high-precision instrument that drastically reduces the area of incision — to remove part of a liver in a patient with cancer. Learn about one of Dr. Park's recent cancer cases; visit king5.com, and search for "Colehour."

American Academy of Sleep Medicine honors UW Medicine Sleep Center

The American Academy of Sleep Medicine (AASM) has named the UW Medicine Sleep Center at Harborview Medical Center an Academic Program of Distinction — one of six in the country to be so designated. The center has the only Accreditation Council for Graduate Medical Education-accredited sleep fellowship program in a four-state region, and it educates medical students, residents and fellows about sleep medicine diagnosis and treatment. Diagnostic and treatment services also are offered at UW Medical Center and several UW Neighborhood Clinics.



Gamers help unlock the structure of an HIV protein

Retroviral protease is a protein that is key to the reproduction of HIV. Scientists have spent years trying to decipher its crystal structure, a first step in developing therapies that might stop the protein's growth. Now they have taken a giant step forward through the development of Foldit. This video game, designed by UW faculty, challenges spatially savvy players to design and predict protein structure. When gamers were



Patient Care

Harborview and Northwest: Level 1 Stroke Centers

The Department of Health and the state of Washington have designated Harborview Medical Center and Northwest Hospital & Medical Center as Level 1 Stroke Centers. The hospitals are two of only four facilities in King County to qualify as Level 1 Stroke Centers: comprehensive centers that excel in treatment and in providing treatment-related and educational resources for other regional facili-



Top Doctors

Many UW School of Medicine faculty members were selected for *Seattle Magazine's* "Top Doctors 2011."

Visit seattlemag.com to browse under the "Seattle's Best" section.

Ravenna clinic photo: Clare McLean



New UW Medicine clinics open in Ravenna and Northgate

UW Medicine recently opened its eighth and ninth community clinics: one in Ravenna, one in Northgate. The UW Neighborhood Clinics provide primary-care services in several locations around the greater Seattle area: Belltown, Factoria, Federal Way, Issaquah, Kent-Des Moines, Shoreline and Woodinville. The clinic system receives high marks; it has earned four consecutive perfect accreditation scores for meeting nationally recognized standards of healthcare from the Accreditation Association of Ambulatory Health Care.

Education

An invitation to the arts

The School's student affairs office invites you to experience Arts in Medicine, a collaboration among medical students, faculty and staff interested in promoting the arts within our community, including visual arts, writing, music and other art forms. Visit the site at depts.washington.edu/artsmed.

Students have research and community impact through investigative projects

Before they graduate, all M.D. students must complete an independent investigative inquiry (III), a research or service requirement that provides them with the opportunity to ask — and answer — questions related to practicing medicine. Family, friends and faculty saw the fruits of the III at a poster session held Nov. 17. Many students' posters came out of longitudinal learning experiences undertaken over the summer, either through the Rural/Underserved Opportunities Program or the Global Health Immersion Program. These programs give students hands-on training in service projects in rural, urban underserved or global communities. The posters reflected many timely issues in healthcare: from educating communities about diabetes, to preventing falls in the elderly, to malaria, to contraception and unintended pregnancies, to head injury/head safety in teen sports.

WWAMI

Celebrating 40 years

WWAMI's 40th anniversary: we celebrated it in the last issue, and in this issue, too, with stories about the students, faculty and community members who make it innovative and successful. See our coverage, beginning on page 7.

Notable

Local doctors, local legends

A number of Washington physicians (alumni, faculty or both) were nominated by members of Congress and honored as local legends by the National Library of Medicine as part of a larger celebration of female physicians. Our congratulations to Margaret D. Allen, M.D. (cardiothoracic surgery/tissue engineering), Wylie G. Burke, M.D. '78, Res. '81, Fel. '82 (internal medicine and medical genetics), Ann C. Collier, M.D., Res. '81 (internal medicine), Carla J. Greenbaum, M.D., Res. '84 (family medicine), Gail P. Jarvik, M.D., Fel. '91 (medical genetics), Ramoncita R. (Raye) Maestas, M.D. '83, Res. '86 (family medicine), Bonnie W. Ramsey, M.D., Res. '79 (pediatrics), and Christina M. Surawicz, M.D., Res. '76, Fel. '80 (internal medicine).

Saluting Harborview

With the Western Washington Toyota Dealers Association as our presenting partner, the 20th anniversary of UW Medicine Salutes Harborview was celebrated in style on February 25, 2012. The sold-out room — including co-chairs Jeffrey and Susan Brotman, Steve and Connie Ballmer, Bill and Mimi Gates, and Erik and Julie Nordstrom — helped UW Medicine raise more than \$1.6 million for Harborview's mission of caring, the commitment shared by all UW Medicine physicians and staff to provide the best care to everyone, regardless of their ability to pay. See photos and videos from this inspirational event at uwmedmagazine.org.



Correction from the fall 2011 edition

The infographic accompanying the WWAMI story on page 17 in the last issue, titled "do residents return to their state of origin to practice?," was titled incorrectly. It should have read: "do residents return to the state *where they completed their residency* to practice?" The answer to the latter, correct question is "yes" — and usually at a rate higher than the national average!



WWAMI: THE BIG PICTURE



In the fall issue, we set out to celebrate the WWAMI program, which turned 40 in 2011. WWAMI is an innovative, responsive program, one whose core objective has held steady: to train primary-care physicians and other healthcare personnel from and for a five-state region — Washington, Wyoming, Alaska, Montana and Idaho. Especially in areas with too few physicians.

On the following pages, we continue to celebrate the program's 40th anniversary by looking at the big picture: what WWAMI is doing for our communities and our world. Activities such as training and encouraging medical students. Fostering community-based research. And changing health-care here — and in Africa! We also interviewed several community leaders in WWAMI to get their take on the program. Enjoy!

Continuity, Community & TRUST

by Elisa Murray

Before Vanessa Maycumber started her first year at the UW School of Medicine, she spent two weeks shadowing a family physician at Blackfeet Community Hospital in Browning, Mont.

While her soon-to-be peers were packing and spending time with friends, Maycumber was acquiring clinical experience, meeting the family physician who would be her preceptor, and learning about a community she would repeatedly return to over the course of her medical-school career.

The TRUST program

Maycumber is one of a select group of UW School of Medicine students who are part of a four-year-old program called TRUST (the Targeted Rural Underserved Track). TRUST offers a comprehensive curriculum, a support network and clinical experience for students interested in practicing rural medicine.

Started in Montana in 2008, the track is now also available for rural-focused students in Western and Eastern Washington, with plans to expand the

program to Idaho and Alaska. Suzanne Allen, M.D., MPH, co-director of TRUST and vice dean for regional affairs, explains that TRUST's aim is to increase the number of primary-care physicians working in rural or underserved areas.

“The notion was to create a special track... that would really encourage students to go into rural medicine,” says Allen.

Strength in continuity

The program seeks interested students, especially those from rural and underserved communities. Once accepted, students spend up to two weeks prior to entering medical school, as Maycumber did, in

their “continuity community,” a rural health site to which they are assigned for the duration of medical school.

A TRUST student’s continuity community — along with receiving



Photo courtesy of Vanessa Maycumber

As a second-year TRUST student, Vanessa Maycumber spends a great deal of time learning about medicine in her home state, Montana, where she will return to practice. In the background of this photo: St. Mary Lake, Glacier National Park, Mont.



WENDY P. CURRAN

Senior Director, Planning and Program Development, Blue Cross Blue Shield of Wyoming

Cheyenne, Wyoming

NOTABLE

She’s the former executive director of the Wyoming Medical Society.

QUOTABLE

“Being a doctor and having to go it on your own in a rural community is difficult. Rural physicians put in a lot of time. And being on call and being so remote causes even more stress and strain. When practicing physicians in rural areas become involved in WWAMI’s educational process, they get inspired again. Training someone reinvigorates them. It reminds them of why they chose to practice in a rural area.”

FINAL WORDS

“The WWAMI success story and success model sells itself.”

consistent mentoring at the site — are cornerstones of the TRUST experience. “For students to be able to go back to that same community for all four years of medical school is extremely important,” says Allen.

It gives them a taste of the kinds of relationships doctors can form with patients, given time. “The students see patients when they are having a new child and they see that same family when someone is diagnosed with cancer,” Allen says.

Students visit their community at least two other times during their first year and for their four-week R/UOP experience. (R/UOP is the Rural/Underserved Opportunities Program, which takes place during the summer between the first and second year.) During third year, students return for their most in-depth experience: a 20-week WRITE rotation (WWAMI Rural Integrated Training Experience), which includes clinical experiences in most elements of primary care, from family medicine, to psychiatry, to pediatrics.

Other components of TRUST include required rural health electives, participation in the School’s Underserved Pathway program, career counseling and residency assistance.

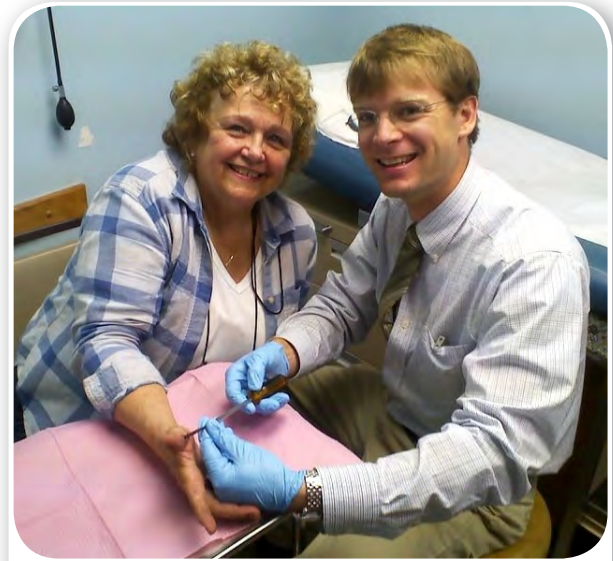
In the community

Maycumber says that working alongside family medicine physicians in Browning is helping her understand the daily decisions and challenges of rural medicine. “One of many things I’ve learned is the importance of networking with other physicians in neighboring towns,” she says. “Even if you don’t have all the resources, you have colleagues in other towns that you can call.”

Part of the student experience is learning about a community. During Maycumber’s R/UOP experience, for instance, she attended a Blackfeet sweat lodge, a traditional cleansing ceremony. “It helped me experience some aspects of their tradition,” she says.

KayCee Gardner, a fourth-year student and one of the first TRUST students to graduate, will start a family medicine residency in Billings next year. She says that the decision to apply to TRUST was one of the best choices she’s ever made.

“I’ve learned so much,” she says. “I’ve been able to have this continual



Medical student and TRUST program participant Hans Hurt helped treat patient Sharon Mills after she slipped and fell while holding a screw.

Photo courtesy of Hans Hurt and the Department of Family Medicine

experience with one community, have established relationships with patients, gotten more hands-on rural training than the average student, and had extra classes in rural medicine.”

It’s clear the students value TRUST — and the program’s administrators will be evaluating its progress.

“We don’t have a lot of data points yet,” says Allen. “But we’re very hopeful that it will accomplish what we plan — the production of a larger rural healthcare workforce across our five-state region.” ■



ALAN KAHN

*Trustee,
DII Asbestos
PI Trust

Bozeman,
Montana*

NOTABLE

He’s a Montana businessman who believes in the power of community.

QUOTABLE

“The education and return of Montana students — that’s an obvious benefit of WWAMI. What’s often overlooked is the specialty care available to Montana residents. For instance, a friend had a terrible accident; his feet were badly cut by a pasture mower, and he was airlifted to Harborview. We didn’t know if he’d walk again, but they were able to provide expert care in multiple disciplines. He couldn’t have gotten that variety in expertise here. After several surgeries in Seattle, he’s fully recovered.”

FINAL WORDS

“I’m grateful that we have WWAMI. I’m grateful Montana’s a part of it.”

TEACHING FOR KEEPS

by Delia Ward

"Be prepared." It should be a motto for teachers as well as Boy Scouts. Especially if the teacher thinks the student may faint during instruction.

Kenneth Robertson, M.D., FACP, an internal medicine specialist/hospitalist, remembers showing a medical student how to insert a central line in the intensive care unit at Ivinson Memorial Hospital in Laramie, Wyo.

"You take this big, huge long needle and go deep into the upper chest, under the clavicle, and put a catheter into the subclavian vein. Then you float a catheter close to the heart. And I looked around at the student and said, 'You're OK with this, right?'"

She said she was fine, but Robertson wasn't surprised when she passed out moments later. Trainees don't get enough sleep, or they forget to eat — or the medical procedure is a little grisly. It happens. "We were kind of ready for it," he says.

Robertson is an instructor for the WWAMI program at the University of Wyoming. Having spent several years as a preceptor, he now teaches an introductory clinical medicine course to first-year medical students. Robertson relishes his association with teaching and with the WWAMI program.

"I've been involved since day one, minute one," he says.

Day one, minute one

Wyoming was the fifth state to become part of the WWAMI program, joining the multi-state medical education program in 1996. Robertson is one of a number of teachers who've been involved in the program from the start, teaching first-year medical students what they need to know before they head off to the University of Washington's Seattle campus for their second year.

Other people are equally invested in the WWAMI program, says Matthew D. McEchron, Ph.D., assistant dean of WWAMI medical education at the University of Wyoming. Namely, doctors, politicians, the Wyoming Medical Society and community members. "People were committed to the idea from the beginning, and a lot of people were involved in getting things started," he says.

The state is betting that students educated in Wyoming will return there to practice, and the stakes are high. Wyoming has few big cities, and population centers are scattered, so it's hard to draw in medical specialists — the population has to be large enough to support a practice. And, as in other rural communities in WWAMI, it can be hard to recruit and retain general practitioners. It's difficult being the only doctor for miles around.

The bet, says McEchron, seems to be paying off; approximately 66 percent of Wyoming's students return to Wyoming to practice. (The national mean for medical-student returns is 39 percent.)

The pull of Wyoming

Wyoming attracts people like Robertson. He loves the state for its small communities, its open spaces; he's a rancher and a hunter, as well as a doctor and teacher.

Pamela J. Langer, Ph.D., an associate professor of molecular biology at the University of Wyoming, also felt the pull of the outdoors. "I've always wanted to live somewhere close to mountains, so I didn't have to drive six hours to get there," says the Philadelphia native. And, like Robertson, she likes the close-knit, supportive community of Laramie, evident even to casual visitors.

Langer, who researches the properties of spider silk for potential medical applications, is an adventurous teacher. More than once, she's used theatre as a teaching aid. For instance, she recently had undergraduate students act as enzymes and receptors in order to come to a fuller understanding of a biochemical process implicated in cancer. "If you treat information in a different media, I think you understand it in a different way," she says.

Photos (including previous page) courtesy of Kenneth Robertson, M.D., FACP



Ken Robertson, M.D., FACP, wears many hats: rancher, doctor and teacher among them. He was one of the first people to sign up to teach first-year medical students at the WWAMI-Wyoming program.

If Langer is motivated to teach, it is, in part, because her students — including the first-year medical students taking her biochemistry class — are motivated to learn. “I especially enjoy the WWAMI classes, because they’re small, and we have discussions about a lot of things...they can be interested in everything,” says Langer.

From campus to campus

One of the foundations of the WWAMI program is that all first-year students receive basically the same education — whether they’re in Laramie, Pullman, Spokane, Anchorage, Bozeman, Moscow or Seattle. Courses have common objectives, and students at all first-year sites take common final exams to ensure the objectives have been met.

“We are very aware of what’s going on at different sites,” says Langer. She and her colleagues determined last summer that there’s a 75- to 80-percent overlap in course topics among the sites. That said, teachers bring their own strengths to the classroom. Not everyone has Langer’s creative approach, and not every teacher gives first-year students the exposure to clinical care espoused by Robertson.

And, of course, each class brings something to the learning environment. Last year, says Robertson, his class was very lively. “I couldn’t go five minutes without getting 10 questions about something,” he says. This year, he says, the students were quieter, more laid-back.

Regardless of class temperament, there’s a real benefit to having a class of just 20 first-year students at each first-year WWAMI university. The small, integrated setting is what Wyoming students are used to, Robertson says; it’s a reassuring start to medical school, one that teachers hope will help cement the students’ relationship with the community and pull them back to Wyoming when they’ve completed their training. A payback plan provides another incentive to return. The state underwrites the lion’s share of their tuition, and students repay the loan by practicing in the state for three years — or by paying back the money.

Coming full circle

The WWAMI program in Wyoming is relatively young, but it’s effective, says McEchron. So are the doctors trained by the program, says Robertson.

“The [WWAMI-trained doctors] that I’ve run across over the years have been just excellent, all the way around,” he says.

Wendy Curran, a senior director at Blue Cross Blue Shield of Wyoming

and the former executive director of the Wyoming Medical Society, is delighted by the program’s progress. An early advocate for the development of the WWAMI-Wyoming program, she remembers the moment when she heard a student say he’d been inspired to pursue medicine by a WWAMI graduate in his hometown. “I’ve come full circle,” she said to herself, “where the people who started the program are recruiting students.”

On a different note, she says that she sees a decided shift in what WWAMI doctors want. Students educated in earlier years were rugged individualists who wanted to run their own businesses. Today’s doctors, says Curran, are less likely to want to run a business and more likely to want to focus on medicine. Robertson, who became a hospitalist in 2007 after spending years in private practice, embodies something of both generations.

Shifting demographics, lifestyle expectations, the cost of medical education. Educating medical students so that they’ll return to WWAMI is a challenging proposition, one administrators continue to finesse. McEchron, like Curran, is sanguine. Because the tradition of teaching is now crossing generations.

“Many of our graduates who have returned to the state to practice are now also teaching within the program,” he says. “It’s exciting to see the circle becoming complete.” ■



Pamela J. Langer, Ph.D., is always pleased when her undergraduate students — like Lauren Johnson and Mark Wefel, left — are accepted to the UW School of Medicine. Johnson and Wefel, now first-year medical students, were teaching assistants in Langer’s clinical biochemistry class at the University of Wyoming in 2011.

Photo courtesy of Pamela J. Langer, Ph.D.

Sons and Daughters of WWAMI

by Elisa Murray



Photo courtesy of the Chisholm family

There's a huge need for qualified, dedicated doctors in the WWAMI region — and the Chisholm family is helping meet it. Siblings Tyler Chisholm, M.D. '09, Hillary Chisholm, fourth-year medical student, Alison Chisholm Granier, M.D. '06, and Sarah Chisholm, M.D. '11, were all members of WWAMI-Idaho classes. Their father, Donald Chisholm, M.D. '79, also graduated from the UW School of Medicine.

When they were young, Donald R. Chisholm's four children had a movie they liked to watch together. It wasn't Disney, or a holiday special. It was a video of the C-section birth of the two youngest siblings, twins Hillary and Sarah.

"It was our favorite movie — the gory, bloody delivery of my sisters," says Alison, the oldest, with a laugh. "It was definitely a different kind of family experience."

At the time, the four children — the three girls, plus one son, Tyler — didn't think much about it. It was simply part of their family's culture. Their father, a 1979 graduate of the UW School of Medicine, is a respected family medicine physician in Coeur d'Alene, Idaho. Their mother, Robin, a former pre-med student herself, grew up with a physician as a father, and taught high-school biology and chemistry. The kids occasionally

accompanied their dad on rounds and frequently ate dinner in the hospital cafeteria.

People often stopped them on the street to praise their dad. "We grew up believing that medicine would be a great thing to go into," says Hillary. "Our father was clearly making a difference in the lives of the people around us."

And one by one, they all decided to become doctors. With their father and grandfather as models and a shared interest in working with underserved populations, the choice of attending the UW School of Medicine — through the WWAMI program in Idaho — wasn't difficult.

"I knew I wanted to return to Idaho and work in a rural area, so WWAMI was ideal," says Alison. She recently started practicing ophthalmology in Coeur d'Alene. "WWAMI gives you grounding in real-life medicine rather than an ivory-tower experience."

Although Don wasn't part of the WWAMI-Idaho contingent, he's pleased that his children have had that experience. "Clinical rotations [through WWAMI] give you critical exposure in the clinic, the operating room and other areas of training," he says.

All in the family

It's likely that most, maybe all, of the four Chisholm siblings will return to the WWAMI region to practice. Tyler is in his third year of family medicine residency in San Francisco. He plans to return to the region with his wife, Megan Mendoza, M.D. '09, another WWAMI graduate. They'd like to practice in a locale with a Spanish-speaking population, such as Yakima.

Sarah is completing an ob/gyn residency in Denver and plans to return to the Northwest to practice. Hillary, in her fourth year of medical

school, wants to focus at least part of her practice on underserved communities. Alison, in addition to working in Coeur d'Alene, has done medical mission trips to Central America.

Don says, "Our hope is that all our kids will be in places where we can see them on a more regular basis. And we'd like to see excellent medical care in our community."

Returning to Alaska

Much further north in the WWAMI region, another family is starting a medical legacy of its own. Jean Tsigonis, M.D. '78, is a family physician in Fairbanks, Alaska, and a mother of five. Abe Tsigonis, M.D. '11, her oldest, is in his first year of general surgery residency in Wisconsin. Another child, Elizabeth, is going to medical school in California.

Like the Chisholm kids, Abe understood early on the special role his mother held in the community. "I saw my mom as a do-everything kind of person. Everyone knew her," he says.

The kids also experienced Jean's clinical work firsthand by traveling with their parents on medical missions to the Philippines, Costa Rica and Nicaragua, among other places. They often helped with simple tasks, such as bandaging and wound care.

Like his mother before him, Abe spent his first year at the Alaska WWAMI site. Attending classes in Anchorage in his first year, he says, "it was small enough that they let me bring my dog to the classroom."

He also enjoyed the close relationships he developed with his teachers at clinical rotations in Alaska, where there were no residents and few other medical students. "On my surgery rotation it was just the doctor and me," Abe says. "On my Fairbanks ob/gyn rotation, I actually got to work with my mom for a few deliveries."

Abe has since married a WWAMI-Alaska classmate, Katrin Tsigonis, M.D. '11, also a first-year resident. The couple fully intends to return to their home state to practice. "It's a place where you really get to influence the medical culture and can make a difference," Abe says. "And there is a huge need for doctors."

"I'm excited about Abe's choice," says Jean. "He'll come back to Alaska, which is exactly what we need. It is critical for us to bring doctors back here." ■



Photo courtesy of the Tsigonis family

Abe M. Tsigonis, M.D. '11, and his mother, Jean M. Tsigonis, M.D. '78, work together on a delivery during one of his rotations in Alaska.



MARC LANGLAND

President, CEO and Chairman of the Board, Northrim Bancorp, Inc. Anchorage, Alaska

NOTABLE

He's been a part of the banking community in Alaska since 1965.

QUOTABLE

"My physician was one of the first WWAMI graduates; he grew up here, and he's a good example of how it works. Most of our doctors used to be ex-military, or they'd worked for the Bureau of Indian Affairs and moved into private practice. Now we have more people from Alaska — and the other WWAMI states — who decide to practice here. If it weren't for WWAMI, we'd be struggling to recruit doctors."

FINAL WORDS

"We couldn't afford a medical school in Alaska by any stretch of the imagination."

TAKING RESEARCH TO THE COMMUNITY

by Delia Ward

Photo (Olympic Peninsula): Abigail Echo-Hawk

Research takes place throughout the WWAMI region: at universities, in community-based clinics, and on reservations. It's all part of a practical, multi-state initiative for providing better medical care in our communities.

Take this real-life example from Pocatello Family Medicine at Idaho State University, where a woman of child-bearing age had been prescribed a medication for high blood pressure.

Although she wasn't pregnant, the clinic could see a potential conflict: the drug, lisinopril, might be harmful to a fetus. Staff wondered: how many of our other patients are in a similar position?

The trial balloon

Enter the Institute of Translational Health Sciences (ITHS) — specifically, Laura-Mae Baldwin, M.D.,

Res. '84, MPH, the director of the ITHS's WWAMI Region Practice and Research Network.

Baldwin and colleagues in the Department of Family Medicine, Al Berg, M.D., MPH, Res. '79, and Gina Keppel, MPH, had begun to collaborate with the 18 resident training programs in UW Medicine's WWAMI-based Family Medicine Residency Network. These sites were interested in community-based research, and the question about lisinopril (and other medications with similar potential effects) provided the trial balloon they needed.

In all, seven clinic sites signed on to the project, and staff, residents and fellows gathered information from more than 300 female patients. The data showed that other women were affected by prescription choices, and the clinics worked together to improve treatment.

"We identified the question," said Rex Force, Pharm.D., a researcher at Pocatello Family Medicine in Idaho. "Then the collaborative process kicked in. The team at ITHS supported our idea and scaled it up to involve the network. It was a great experience."

"[The project] wouldn't have been possible if we had only done it at a single site," says Baldwin. "We designed the project together, collected and analyzed the data together, reviewed the results together, and then presented the data to the [other] sites together," she says.

Community data

The WWAMI Region Practice and Research Network, led by Baldwin, is one arm in the ITHS's Community Outreach & Research Translation Core (CORT). CORT utilizes the power of community research to "translate" medical discoveries into therapies that

help patients. Dedra Buchwald, M.D., leads the second arm of CORT, the American Indian/Alaska Native Community Outreach & Research Translation Core. A third arm is located at Group Health in Seattle.

“Without this kind of research, you can’t effect change in the health of communities,” says Leo S. Morales, M.D., Ph.D., MPH. Morales is co-director of CORT, an associate investigator at the Group Health Research Institute, and an associate professor of health services at the UW.

Although the three arms of CORT collaborate with different clinics and populations, they meet regularly to talk about pilot programs and learn from one another. And they’re working with Kari Stephens, Ph.D., and Ching-Ping Lin, Ph.D. ’10, from the ITHS Biomedical Informatics Core to bring a program called LC Data QUEST to clinics in the region.

LC Data QUEST pulls standardized data from electronic medical records, allowing the collection of HIPAA-compliant research data within and among clinics for approved studies. In addition to serving as a powerful data collection tool, the program can help doctors manage health screening and chronic disease — it issues automated care reminders and instructions for patients who meet certain medical criteria.

Eliminating the gap

One of the next subjects that Baldwin and her colleagues plan to tackle — with Beverly Green, M.D., MPH, of the Group Health Research Institute — is blood pressure. Using a web-based model developed at Group Health, they’ve written a grant to test whether community pharmacists can help patients with hard-to-control blood pressure. The protocol worked well at Group Health. With modifications, says Baldwin, it should work in the WWAMI region.

Research topics like this one, which address urgent problems in primary care, are of great interest to practitioners like Jeff Kaplan, M.D., medical director of Memorial Physicians Group in Yakima, Wash. He and his colleagues anticipate partnering in the blood pressure study. “We’re looking for ways to change the ways we provide care,” he says, to make medicine more efficient and less costly. (Read more about Kaplan’s search for accountable care at uwmedmagazine.org.)

With the work of partners like Kaplan, Green and Morales, and with support from the ITHS, research funding is helping ensure that medical discoveries reach everyone — eliminating the gap between laboratory and clinic.

“The gap occurs when there isn’t a good mechanism for disseminating research in communities,” Morales says.



Photo courtesy of Laura-Mae Baldwin, M.D.

Laura-Mae Baldwin, M.D., and her collaborators conduct community-based research to improve care for patients in the five-state region of WWAMI.

Baldwin agrees. “If we used the strategies we already know work, and implemented them in communities to their full extent, we would have a much greater impact on health,” she says.

Health disparities

Dedra Buchwald, M.D., UW professor of medicine in the Division of General Internal Medicine, remembers an early meeting of the ITHS, where members discussed potential partners for community-based research. There were many choices, she says, given the enormous breadth of WWAMI — roughly one-quarter of the American landmass.



ROBERT LUNDEEN

Retired Chairman of the Board, Dow Chemical Company

Deer Harbor, Washington

NOTABLE

He’s a member of UW Medicine’s Scholarship and Student Support Committee.

QUOTABLE

“Without WWAMI, medical education in the Northwest would be, I think, in very tough shape. I’ve always been impressed with the high quality of the students at the UW School of Medicine. They’re a bright and talented group of young people.”

FINAL WORDS

“WWAMI is a very good program.”

Buchwald, who has worked with American Indian and Alaskan Native communities for more than 20 years, suggested that the ITHS focus on those groups. Given a broad range of challenges and special circumstances, including poverty, poor health literacy, limited educational opportunities, widely dispersed populations, and the need to respect tribal sovereignty, American Indian and Alaskan Native communities suffer from major health disparities.

“If we can make a difference with this population,” argued Buchwald, “we can make a change for the better in almost any population.” Her colleagues agreed, and the American Indian/Alaska Native Community Outreach & Research Translation Core was launched.

Buchwald mentions the success of one ITHS-funded project that focuses on the use of graphic materials to increase health literacy in Native populations. She is developing other projects as well; some are funded by the ITHS, while others are funded by major grantors concerned with issues such as cardiovascular disease, cancer and hepatitis C in Native populations.

Buchwald notes, however, that there’s a challenge in conducting

research with tribal communities or other small populations prevalent in WWAMI: numbers. How do you maintain the anonymity of a 90-year-old study participant if, for instance, there are only a handful of 90-year-olds in a tribe?

One answer may be partnering with other tribes to increase the numbers of study participants. Another is conducting qualitative research instead of quantitative. Buchwald hopes the year ahead — with the help of grants from the ITHS and the National Cancer Institute — will provide some answers.

Broken promises, broken hopes

If numbers provide a challenge in working with Native populations, so do other circumstances. Ron Whitenner, J.D., a UW senior lecturer in law, executive director of the UW Native American Law Center, a graduate of Buchwald’s two-year fellowship for



Dedra Buchwald, M.D. (left), and Karina Walters, Ph.D., discuss future research collaborations with Native communities.

Photo: Deirdre Schwiesow

Native health researchers, and a member of the Squaxin Island Tribe, explains.

In conducting “bench-to-bedside” research — shorthand for taking information gained at the lab bench and translating it into medicine or therapies that help patients — a scientist recruits patients and follows protocols. Working with tribes, he says, adds another layer for the researcher. “You have an overlay of a sovereign government,” he says, referring to the U.S. government’s recognition of American Indian tribes as sovereign nations. This extra layer can lead to misunderstandings.

First, researchers and tribes may not agree on the importance of the researcher’s topic — or the tribe’s need to invest in it. Second, some researchers may not want the tribes to have a say in the research or the manner of its publication, though such requests are well within tribal rights. Then there’s the problem of history.



Doing research-related outreach with American Indian and Alaskan Native communities takes members of the American Indian/Alaska Native Community Outreach & Research Translation Core far and wide — including the small Alaska Native village of Mentasta Lake, Alaska, where the Mentasta Tribal Council Health Clinic, left, is located.

Photo: Abigail Echo-Hawk

“Tribes have been researched to death in the U.S.,” says Whitener, often with poor outcomes. For instance, some researchers have overpromised the benefits of their studies, haven’t followed up with a tribe, or have broken contracts. Even so, says Whitener, tribes remain interested in research.

“They want to be involved,” he says. “But it has to be done in a respectful manner.”

The people and the research

Karina Walters, Ph.D., agrees that a respectful approach is key to working with Native populations. She’s the director of the UW Indigenous Wellness Research Institute (IWRI), a professor in the UW School of Social Work, and a member of the Choctaw Nation of Oklahoma. And she may soon be the newest collaborator in the ITHS’s American Indian/Alaska Native Community Outreach & Research Translation Core.

She and Buchwald have collaborated on projects and have shared resources and information — “Indian country is small, and we all do a lot of work together” — but another level of integration could raise the work in WWAMI to a new level.

Instead of the bench-to-bedside approach, says Walters, “what we would bring is the community-to-

bench approach,” where research is informed by tribal participants.

Walters makes her point by recalling one of her own cases. Elders from a tribe in Washington, concerned about their children — some of whom were contracting type 2 or adult-onset diabetes — contacted her for help. At the same time, the elders made sure Walters knew that they viewed being overweight as part of their culture.

First, Walters — an expert in the social and historical determinants of health — did some research. She found old tribal photos that showed a lean, fit people. Then she met the elders to talk about their “original instructions,” or the rules set out by their ancestors. Each person in the room said the same thing: that the instructions had changed when the tribe was moved to a reservation. No longer allowed to hunt, fish or travel, they were struck by famine. To keep their babies alive, the tribe overfed them when they could feed them at all.

It was an “aha” moment for the elders, says Walters, where they realized that a historical survival strategy — made in response to major, negative shifts in their way of life — was no longer useful. (Learn more about Walters’ novel approach to the obesity epidemic in her tribe at uwmedmagazine.org.)

A new twist on a good model

Walters and her colleagues could bring a wealth of knowledge, ideas and approaches to work with the ITHS. And like Baldwin and Buchwald and their colleagues, Walters believes strongly in research collaboration in the WWAMI region.

Collaboration is key to community-based research. If researchers have something to bring to the table, so do the communities with whom they work. It’s a new twist on a good model: making sure new and workable ideas in medicine are translated out in the field.

“What we’re saying is, we’ve got some knowledge,” says Walters. “But our communities also have some knowledge — how do we have these things work together?” ■

Extra content at uwmedmagazine.org »

- Original Instructions
- Researching Better Care in Yakima
- The Road to Browning, Montana, and Other WWAMI Stories



ARTHUR F. (SKIP) OPPENHEIMER

Chairman and CEO, Oppenheimer Companies, Inc. Boise, Idaho

NOTABLE

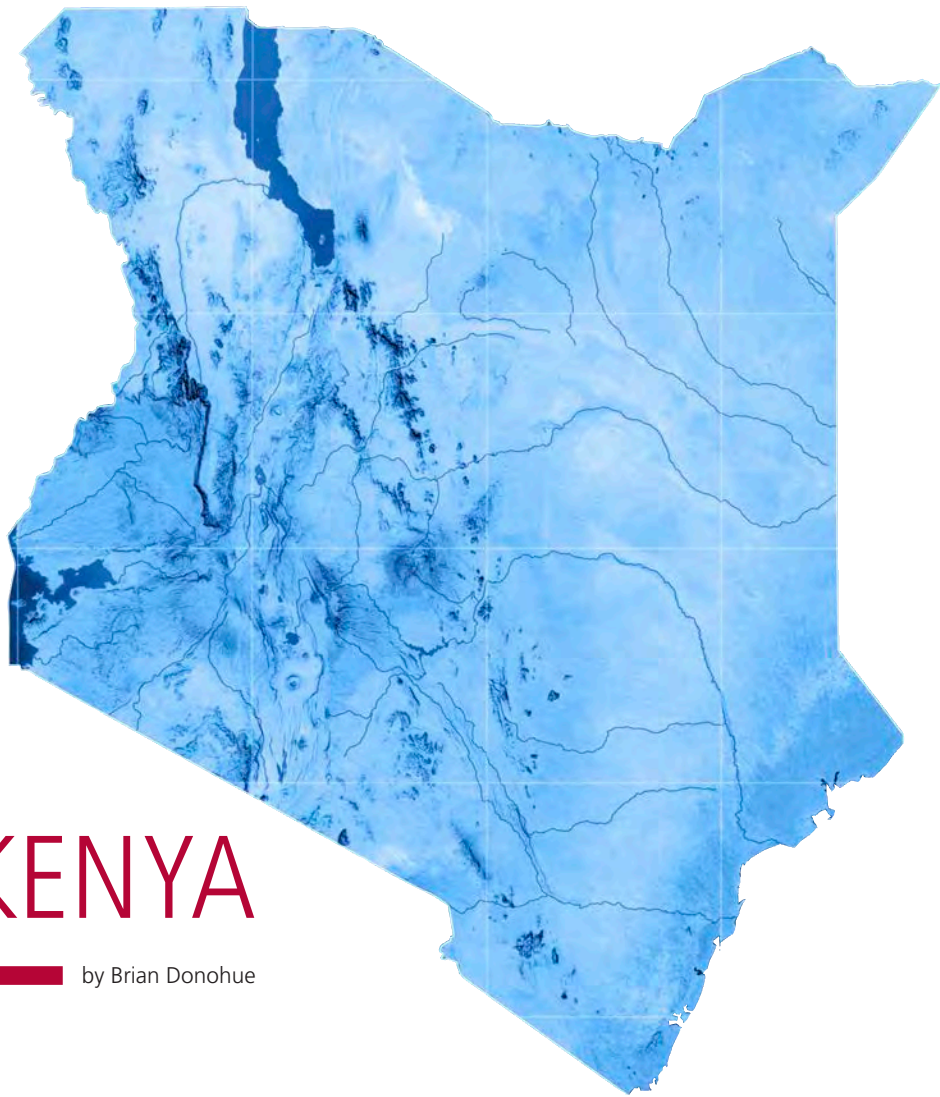
He was the first chair of the board at St. Luke’s Health System in Boise and was named the Idaho Hospital Association Trustee of the Year in 2009.

QUOTABLE

“For Idaho, having a relationship with one of the finest medical schools in the country is a really big plus. It creates opportunities for our students. We’re getting some very well-trained physicians who practice in the region, thanks to the quality of education they get through the UW School of Medicine.”

FINAL WORDS

“Getting the best quality of care possible for our employees is important.”



A NEW VISION IN KENYA

by Brian Donohue

Thirty Kenyan medical students left the University of Nairobi in October 2011. Though traveling by land, their purpose held all the consequence of a maiden voyage.

The 30 students represented the school's first investment in enriching medical education through clinical experiences in less-populated areas. If this sounds familiar, it is because Nairobi is tacking to a course begun 40 years ago at the University of Washington: the WWAMI program, a five-state partnership in medical education.

Almost immediately, the Kenyan students' feedback was validating.

"It's fantastic. They say this is giving them real, hands-on experiences

that they're not able to get at Kenyatta National Hospital, the main tertiary-care hospital," says Carey Farquhar, M.D., Res. '97, MPH, Fel. '03. Farquhar is a UW associate professor in the departments of medicine, epidemiology and global health.

"I just found out they're having weekly, case-based discussions through distance learning. They connect the four sites — in Garissa, Naivasha, Mbagathi and Mombasa — on a video conference, and one of the sites presents a case, which is then discussed by the students and a faculty member at the University of Nairobi," she says.

Farquhar has been integral to the university's vision: expanding clinical training beyond the capitol. She and

the University of Nairobi's Dr. James Kiarie (a UW affiliate associate professor in global health and epidemiology) are principal investigators of a \$9.5 million grant that supports that goal.

Over two weeks in May 2011, Farquhar was on point when a delegation of Nairobi medical-school leaders visited for an immersion in the WWAMI program, the immensely fruitful partnership of UW Medicine and the states of Washington, Wyoming, Alaska, Montana and Idaho. A core WWAMI tenet is that medical students need to learn medicine where it is practiced — in the community, not just in academic hospital settings.

The Kenyan contingent learned how WWAMI nurtures stakeholder

Photo: Lindsey Kay Photography



The visiting delegation from Nairobi saw facilities in Boise, Idaho, and Spokane, Wash. During the Spokane tour, simulation lab director Kevin Stevens (left) explains the use of simulators in training health professionals. From the University of Nairobi are (left to right) Drs. Grace Thoithi, Charles Omwandho, Dalton Wamalwa and Erastus Amayo.

relationships, how faculty receive training at rural clinics, and which nuts-and-bolts issues require routine attention. Along with attending myriad presentations in Seattle, the visitors met with residents and students in Spokane, Wash., and Boise, Idaho, and visited rural clinic sites, simulation labs and classrooms.

“Students come to study in Nairobi and then they don’t want to go back to the rural areas. If we give them opportunities to do rotations as interns in those rural areas, they may actually feel like working there. That’s the major takeaway for me,” says Dr. Isaac O. Kibwage, principal of the College of Health Sciences at the University of Nairobi, after the visit.

The group — which included deans of medicine, nursing, dentistry, pharmacy and public health, among others from Nairobi — was impressed. Equally important, they were empowered to set desired changes in motion back home.

For instance, a telemedicine presentation they saw in Seattle informed the weekly videoconference in which remote students and Nairobi faculty discuss patient cases.

“Distance learning with webinars is a great way to keep students feeling anchored and connected when they’re in rural sites by themselves. It gives them a chance to check in, ask ‘What’s going on at your site?’ and exchange lessons about patient cases,” says Suzanne Allen, M.D., MPH.

As the UW School of Medicine’s vice dean for regional affairs, Allen oversees the WWAMI program. She wasn’t surprised to hear Farquhar’s account of Kenyan students’ initial feedback. It resembles the feedback she hears from students in WWAMI.

“The amount of experience they get, whether it’s helping with a surgery or delivering a baby or being with a family through a difficult time — it’s more hands-on than they might get here in Seattle,” says Allen.

“Students really feel the impact they can have on patients’ lives out in these smaller communities.” ■



KEITH RUPERT

*Architect,
CTA Architects
Engineers
Billings, Montana*

NOTABLE

He’s had a 40-plus-year career as an architect, and he’s been in Billings since 1974.

QUOTABLE

“Billings is a medical hub, but as you travel to outlying areas, you see communities struggling to maintain regular care. Specialties are out of the question. At the same time, doctors are getting older. In some towns in Montana, their retirement might mean that practices disappear completely. Maintaining a reasonable level of primary care is imperative. WWAMI addresses this issue head-on.”

FINAL WORDS

“I’d like to see more seats for students in the Montana first-year medical class.”



Right now, someone in Seattle is awaiting a heart transplant, and they may help to dramatically change the way heart failure is treated.

By serving as an incubator for his or her own stem cells, this person is taking part in an experiment designed to figure out some of the mysteries of re-growing heart cells: heart muscle regeneration. It's a process that may lead to a new era in congestive heart failure therapy.

“What started out as a wild idea a long time ago — that you could use stem cells to repair the heart — has turned into a much bigger thing,” says Charles E. (Chuck) Murry, M.D., Ph.D., Res. '92, UW professor of pathology, director of the Center for Cardiovascular Biology, co-director of the Institute for Stem Cell and Regenerative Medicine (ISCRM), and the Arra and Eva Woods Endowed Professor.

This is where heart failure/transplant cardiologist April Stempien-Otero, M.D., Fel. '97, FACC (and the patients) enters the picture.

Stempien-Otero directs injection of stem cells — harvested from each patient's own bone marrow — into the hearts

of patients who are critically ill with coronary artery disease. These volunteers are awaiting heart transplants, and, like former Vice President Dick Cheney, are using left ventricular assist devices (LVADs) to survive.

Because the implanted LVADs pump blood to the body, stem cells can be injected into the heart without risk to the patient's health. After the patient receives a new heart, the damaged organ is examined to determine if the injected cells helped to regenerate heart muscle tissue.

State of the heart

The need for new therapies for damaged hearts is acute.

“There are about one million heart attacks in the U.S. a year,” says W. Robb MacLellan, M.D., UW professor of medicine, head of the Division of Cardiology, and the Robert A. Bruce Endowed Chair in Cardiovascular Research. “A real concern — if you make it through a heart attack — is that you develop a syndrome called heart failure.”

Heart failure, also known as congestive heart failure (CHF), means that the heart loses its ability to pump blood forward through the body. Major causes include coronary

The Heart of the Matter

by Deirdre Schwiesow

Photo: Deirdre Schwiesow

artery disease and cardiomyopathy (weakening of the heart muscle) due to high blood pressure, toxins such as alcohol and chemotherapy, viral infections or genetic factors.

“Unlike the liver,” says MacLellan, “the adult heart, once it is injured, has very little capacity to regenerate itself.” Due to the scarcity of healthy donor hearts, fewer than 2,500 heart transplants are performed each year in the U.S. Thus, many patients who need heart transplants can’t get them. At the same time, no new CHF therapies that dramatically improve mortality have been developed in the last 10 years (although the survival rate after transplant has improved).

“The major advancements have been in mechanical devices, but they’re extremely expensive. That’s why there’s so much interest in regenerative solutions,” explains MacLellan. Experimenting with stem cells to regenerate heart cells has been going on for the past decade, but so far, he says, “the results have been quite variable — we don’t know how the stem cells work.”

“What April is doing is really trying to study this in a systematic way — what’s happening to these cells? Are they grafting to the heart? Because if we knew how they worked, we would be better able to pick patients who might benefit from the therapy,” MacLellan says.

The mystery of success

Stem cells do help people with heart disease. Studies in Europe have shown increased blood flow in the hearts of patients with coronary artery disease-induced heart failure after the injection of bone marrow-derived stem cells. The mechanisms of improvement, however, are unknown.

Stempien-Otero’s experiment, which builds on those already undertaken, has two primary goals. The first is to determine how certain bone marrow and other stem cells can improve blood vessel formation and decrease scar tissue formation in ischemic hearts — hearts receiving insufficient blood. The second is to have her study serve as a proof-of-principle for the process of injecting cells into damaged heart tissue and then examining the cells after the heart is retrieved.

The study offers “a way that we can very directly test different strategies for improving heart muscle structure,” Stempien-Otero explains.

Her project is part of a suite of studies at UW Medicine — funded by a grant from the National Heart, Lung and Blood Institute (part of the National Institutes of Health) — ultimately aimed at developing cell-based therapies to regenerate the human heart.

No ordinary clinical trial

Stempien-Otero, a UW associate professor of medicine and the Craig Tall Family Endowed Professor in Heart Failure Research, is conducting her study under the auspices of the Center for Cardiovascular Biology and the Institute for Stem Cell and Regenerative Medicine. “[UW Medicine] is one of the few places in the country where I could have done this,” she says.

UW Medicine is a leader in cardiac regeneration research. From bioengineering myocardium (heart tissue),

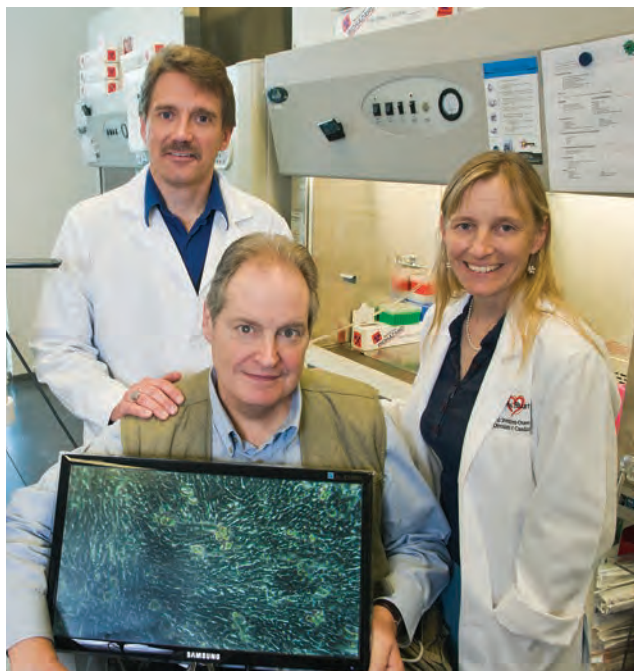


Photo: Clare McLean

Patient Tony Arena (center), with Chuck Murry, M.D., Ph.D., and April Stempien-Otero, M.D., is taking part in an exciting study designed to advance stem cell therapies for heart failure.

In addition to addressing this major public health issue, Stempien-Otero’s program is significant because it represents “first-in-human” work that’s being done here in Seattle.

“April’s work is not just like a standard clinical trial; it’s a scientifically driven study to understand [the effect of the cells on the surrounding tissue],”

Thus far, Stempien-Otero has studied five patients out of the 12 needed to complete this initial study. In the hearts of the first two patients, she was able to track the area where the cells were injected.

“Our ultimate goal is to be the first institution in the world to actually do pluripotent stem cell therapy,” says MacLellan.

“This next century is about curing disease through regenerative medicine,” he adds. “We’ll never be able to prevent heart attacks entirely, but for those patients who do have a heart attack, we hope to regenerate the heart back to the way it was.” ■

“This next century is about curing disease through regenerative medicine.” — Robb MacLellan

to using pluripotent stem cells (pluripotent cells can differentiate into different types of cells in the body) to regenerate heart muscle, to converting fibroblast stem cells (located throughout the body and easy to obtain) into heart cells, “there’s a very multidisciplinary, multi-investigator approach at UW Medicine to solve what is a huge public health issue,” MacLellan says.

says Murry. “Once you start understanding how something works, then you can rationally try to improve it.”

“This study is actually faster than a normal clinical trial,” says Stempien-Otero. “Each patient can test several different types of cells at the same time, and you can address these questions much more quickly.”

Extra content at uwmedmagazine.org »

- Bridging the Gap Between Science and Patients

Coming Home to Wenatchee



Derek Whitehall grew up near Wenatchee, Wash.; now he's practicing medicine there. Here, he and his wife, Julie, pose with their children: Nathaniel (5) and Rachel (4). Behind the Whitehalls, you can see the Columbia River and East Wenatchee.

Photo courtesy of Derek Whitehall, PA-C

The staff is so dedicated at Columbia Valley Community Health (CVCH) in Wenatchee, Wash., that you need to get up early simply to volunteer for an outreach day — one spent providing migrant workers with diabetes treatment, prenatal care and other vital services.

“The sign-up sheets fill up right away,” says Derek Whitehall, PA-C (Spokane Class 6). That’s because everyone, including the CEO, the medical director and the staff, are so committed to the mission.

Caring for the underserved is a mission that Whitehall enjoys, too, and it’s an ethic that MEDEX helps instill in its students. “I bought into Ruth’s vision,” says Whitehall of Ruth Ballweg, PA-C (Seattle Class 11), MPA, chief of the MEDEX section, Department of Family Medicine. He also — like many people trained in the WWAMI region — decided to remain there to practice.

Whitehall is a dyed-in-the-wool Eastern Washington resident. He grew up in the small farming community of Waterville, about 25 miles northeast of Wenatchee, and he was working in pre-hospital care when he first heard about the MEDEX Northwest program. Whitehall studied in Spokane; after graduation, he worked for a few years as the only healthcare provider in the Springdale Community Health Center before relocating to Wenatchee. Now at Columbia Valley Community Health, Whitehall has no plans to move — he and his wife want their children to grow up near their grandparents. And CVCH is a great place to work.

“The MEDEX model of ‘health-care for everyone’ is exemplified by CVCH,” says Whitehall. A non-profit, CVCH was founded as the Migrant Farm Workers Clinic, and it served the migrant workers drawn by the region’s many orchards and

wheat fields. These days, “La Clinica Chiquita” serves the Wenatchee area with primary-care services. The “big clinic,” Wenatchee Valley Medical Center, Whitehall adds, is phenomenal in assisting with specialty care.

The sense of community at CVCH is strong — among the providers, and between providers and patients. Whitehall, who’s close to fluent in Spanish, had to bring in a colleague to translate part of a conversation with a patient. It turns out that the patient had seen Whitehall out mowing his lawn in the neighborhood — the kind of story you only hear in a tight-knit place like Wenatchee.

“Wenatchee is the best place in the state of Washington,” says Whitehall. A great place to enjoy the outdoors, to raise a family, and, not least, to find meaningful work. “MEDEX prepared me well,” he says. ■

— 2012 —
**Reunion
Weekend**

Your friends. Your class. Your university.

WELCOME BACK, ALUMNI!

JUNE 1–3, 2012
Seattle, Wash.

Featuring brand-new programming for all of our alumni. Whether you graduated five years ago or 50, you'll have a great time at the reunion weekend!

Don't miss:

- Special reunions for the classes of 1952, 1957, 1962, 1967, 1972, 1977, 1982, 1987, 1992, 1997, 2002, 2007
- An evening in the city at Urban Enoteca
- A trip to the zoo for young alumni families
- A celebration for members of the 50-Year Association
- The underground mysteries of the University of Washington (+ other tours), and
- A night to remember at the Space Needle

Register!

Learn more and register today at

www.uwmedalumni.org/reunion! Or contact UW Medicine Alumni Relations at 206.685.1875, toll free 1.866.633.2586 or medalum@uw.edu.

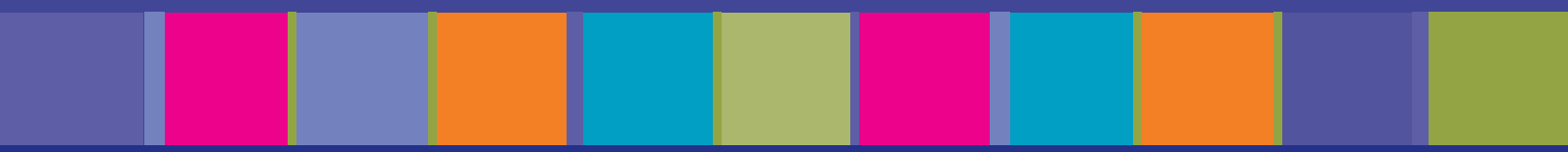


Photo courtesy of the Office of Multicultural Affairs, UW Medicine

Pride in PreMat

PreMat — a prematriculation program for first-year medical students — is sponsored by the UW School of Medicine's Office of Multicultural Affairs. The program gives students the academic and social support they need to facilitate a smooth transition into medical school. David Acosta, M.D., Res. '91, the dean of multicultural affairs, instructors Andy Farr, Ph.D., and Charles H. (Chip) Muller, M.D., Ph.D., Res. '82, and program coordinator Mary Walls, MPH, congratulate the students on completing their histology course.

Our WWAMI Students

Medical students at the University of Alaska in Anchorage pose, at right, in the Alaska Native Medical Center. Every year, 20 students begin their first year of medical school in Alaska — part of the WWAMI program’s work in creating educational opportunities in a five-state region.



The WWAMI students at left — all from Montana, either in their third or fourth year of medical school — take a break from work and study to relax at a gathering in Missoula. Missoula is one of more than 100 sites in WWAMI where medical students undertake training. Pictured in the green shirt: Douglas S. Paauw, M.D., Res. '98, '99, internal medicine faculty.

Dinner With a Doctor

Jane A. Lester, M.D. '86, Res. '90, (second from left), hosts students Jaqui Foss, Kelly Fong and Lacey Irwin at a Student-Alumni Informational Dinner (SAID) in February. Interested in participating in SAID? Or in other programs where alumni help students with advice or a place to stay (and more)? Contact us at medalum@uw.edu, 206.685.1875 or toll free 1.866.633.2586.



Photos courtesy of the WWAMI-Montana program and Jane Lester, M.D.



Lifetime Achievement

Franklin Newman, M.A., Ph.D., above, a founder and former director of the Montana WWAMI program, was awarded the UW School of Medicine's Lifetime Achievement Award for his work on behalf of the program. The award was presented on Oct. 7, 2011; Newman passed away shortly thereafter, on Nov. 11. Pictured above, from left to right: Dr. Newman, Jay Erickson, M.D., Res. '90, assistant clinical dean for Montana, Martin Teintze, Ph.D., interim director and assistant dean of Montana WWAMI's first-year program, and Kris Juliar, director of the Montana Area Health Education Center.

The Road to Browning

Last fall, first-year students from the Montana WWAMI site visited with schoolchildren in Browning, Mont., (part of the Blackfeet Reservation). Raima Amin and Justin Shinn, at right, used a circulatory-system chart to interest the kids in anatomy. Read about their trip at uwmedmagazine.org.



Photos courtesy of the Office of Regional Affairs, UW Medicine (top), Martin Teintze, Ph.D. (bottom)

New job, award, move or family addition? Send us a quick note; simply visit uwmedmagazine.org, click on the "ClassNotes" button, and let us know how and what you're doing. And take a minute to improve our residency records — use the "ClassNotes" function to confirm your specialty, location and year.

The ClassNotes below were received through January 2012; any received afterward will appear in the next issue.

Prefer mail to the web? We'd love to hear from you: UW Medicine Alumni Relations, Box 358045, Seattle, WA 98195-8045.

1952

The Class of 1952 celebrates its 60th reunion at the **2012 Reunion Weekend, June 1–3, 2012**. Please mark your calendar. If you'd like to join the reunion committee, please contact UW Medicine Alumni Relations at medalum@uw.edu.

1957

The Class of 1957 celebrates its 55th reunion at the **2012 Reunion Weekend, June 1–3, 2012**. Please mark your calendar. If you'd like to join the reunion committee, please contact UW Medicine Alumni Relations at medalum@uw.edu.

1962

The Class of 1962 celebrates its 50th reunion at the **2012 Reunion Weekend, June 1–3, 2012**. Please mark your calendar. If you'd like to join the reunion committee, please contact UW Medicine Alumni Relations at medalum@uw.edu.

George Lavenson, Jr., M.D., is still on call all over the world. Today's Army is short of vascular surgeons, and the Society for Vascular Surgery organizes volunteers to help. A veteran of the Vietnam War and the first Gulf War, Lavenson recently volunteered at the U.S. Army's Landstuhl Regional Medical Center in Germany. He and his wife, Judy, a medical technician, have volunteered in northern Guatemala, and Lavenson spent three weeks working in American Samoa in summer 2011. He has done three tours to treat wounded GIs from Iraq and Afghanistan and is gratified to see that some of the methods he and his colleagues developed in Vietnam are still in use.

1966

Donald H. Mott, M.D., was awarded the Greater Tacoma Peace Prize in 2011 for his work with the medically underserved in China. On a different note, he and his wife attended the Nobel Peace Prize ceremony in Oslo, Norway, on Dec. 10, 2011 — "a once-in-a-lifetime experience," writes Mott.

1967

The Class of 1967 celebrates its 45th reunion at the **2012 Reunion Weekend, June 1–3, 2012**. Please mark your calendar. If you'd like to join the reunion committee, please contact UW Medicine Alumni Relations at medalum@uw.edu.

1968

Joel A. DeLisa, M.D., Res. '75 (rehabilitation medicine), has been elected to the Institute of Medicine of the National Academies, one of the highest honors in the fields of health and medicine. DeLisa served as professor and chairman of the Department of Physical Medicine and Rehabilitation at New Jersey Medical School for the past 25 years. His textbook, *Physical Medicine and Rehabilitation: Principles and Practice*, is now in its 5th edition and has been translated into multiple languages.

Roger M. Oakes, M.D., Res. '74 (family medicine), turned in his scrubs in September 2011 after 37 years of service in Port Angeles, Wash. Oakes said he is most proud of his service as an infantry battalion surgeon in Vietnam and for raising, with his wife, Martha, two sons who became family physicians.

1970

Kaj Johansen, M.D. '70, Ph.D., a clinical professor at the UW School of Medicine, has been elected to a two-year term as chief of vascular surgery at Swedish Medical Center. A nationally known vascular specialist and surgical educator, Johansen is widely recognized throughout the Pacific Northwest not only for his technical skills, but also for the consultative assistance he provides surgical colleagues in remote and rural areas. After graduating from the UW, he completed his surgery training and a Ph.D. in physiology/pharmacology at the University of California San Diego in 1978. Johansen joined The Polyclinic in 2008.

**A Bill of Rights for COPD:
Lawrence D. (Larry)
Grouse, M.D. '72, Res. '73, Ph.D.**

“Now that I’m spending more time as a patient than as a physician,” says Lawrence D. (Larry) Grouse, M.D. '72, Res. '73, Ph.D., “I realized that more attention needs to be paid to patient preferences and outcomes.”

Grouse is the executive director of the International COPD Coalition (ICC), a global organization that supports access to care for people suffering from COPD. Although chronic obstructive pulmonary disease is most often caused by smoking, it also can be caused by pollution and biomass fuel use.

In 2009, the ICC developed a bill of rights for COPD patients. Grouse and his colleagues are using the bill — which includes the right to safe air and a safe environment — as a tool. For instance, the ICC is working with Prof. Nanshan Zhong and the Chinese Health Ministry in a global initiative to diagnose the disease early, when there may be a better chance of stopping or reversing its course. The ministry is motivated, in part, by the rise of COPD cases and related deaths in China, one of the side effects of the country’s rapid industrialization.

“We obtained the strong support of the Chinese Health Minister, Dr. Zhu Chen, for our program,” says Grouse. And on Nov. 6, 2011, the ICC presented an achievement award to Dr. Chen and the Chinese Health Ministry for their work in combating COPD.

Read about the ICC’s recent conference at internationalcopd.org/conference.



Photo courtesy of Larry Grouse, M.D.

1977

The Class of 1977 celebrates its 35th reunion at the **2012 Reunion Weekend, June 1–3, 2012**. Please mark your calendar. If you’d like to join the reunion committee, please contact UW Medicine Alumni Relations at medalum@uw.edu.

Glen A. Halvorson, M.D., Res. '80 (rehabilitation medicine), an active supporter of orphan and widow ministries, has adopted five children. This year, Halvorson and his 15-year-old daughter will travel to an orphanage in Addis Adaba, Ethiopia, to bring home Samuel, a 5-year-old who lost his parents to malaria last year. As a rehabilitation resident at UW Medicine, Halvorson diagnosed a patient with malaria and another with *borrelia recurrentis* within one week of each other while rotating through emergency services. The chief of medicine was surprised that a rehab intern made those diagnoses. Says Halvorson, “Guess he forgot I was a UW student . . . I still marvel at how incredibly great an education I received in Seattle.” See photo at right.

1982

The Class of 1982 celebrates its 30th reunion at the **2012 Reunion Weekend, June 1–3, 2012**. Please mark your calendar. If you’d like to join the reunion committee, please contact UW Medicine Alumni Relations at medalum@uw.edu.



William R. Phillips, M.D., Res. '78

1972

The Class of 1972 celebrates its 40th reunion at the **2012 Reunion Weekend, June 1–3, 2012**. Please mark your calendar. If you’d like to join the reunion committee, please contact UW Medicine Alumni Relations at medalum@uw.edu.

1975

William R. Phillips, M.D., Res. '78 (family medicine), MPH, has been named the 2011 American Academy of Family Physicians Foundation Philanthropist of the Year. Phillips (no relation) holds the Theodore J. Phillips Endowed Professorship in Family Medicine at the UW School of Medicine.



Glen A. Halvorson, M.D., Res. '80, and his family.

1984

John S. Jarstad, M.D., a former faculty member in the Department of Ophthalmology, was selected to serve as the team leader of a humanitarian mission for the U.S. Naval Mercy Pacific Partnership in 2012 by Latter-day Saints (LDS) Charities. In May, Jarstad and his wife, Patricia, will deploy to Indonesia, the Philippines, Vietnam and Cambodia to oversee 120 LDS volunteer physicians, nurses and paramedical personnel on ship and in clinics on shore.

LeeAnna Muzquiz, M.D., a member of the Confederated Salish and Kootenai Tribes of the Flathead Nation, has returned home. A family physician, her practice is based in the new, three-story Tribal Health Clinic in Polson, Mont.

1987

The Class of 1987 celebrates its 25th reunion at the **2012 Reunion Weekend, June 1–3, 2012**. Please mark your calendar. If you'd like to join the reunion committee, please contact UW Medicine Alumni Relations at medalum@uw.edu.

W. Conrad Liles, M.D., returned to the Department of Medicine as associate chair for research in January 2012.

1990

Marshall S. Horwitz, Ph.D. '88, M.D. '90, Res. '92 (internal medicine), conducted the U.S. portion of a study that discovered a new genetic defect, one that predisposes people to acute myeloid leukemia and myelodysplasia. The findings — the result of an international collaboration in Australia, Canada and the U.S.— were reported in the advanced online publication of *Nature Genetics*.

Emily Y. Wong, M.D., has joined the Li Ka Shing faculty of medicine at the University of Hong Kong. She will teach, practice and participate in research within the university's Department of Family Medicine and Primary Care.



Marshall S. Horwitz, Ph.D., M.D.

1992

The Class of 1992 celebrates its 20th reunion at the **2012 Reunion Weekend, June 1–3, 2012**. Please mark your calendar. If you'd like to join the reunion committee, please contact UW Medicine Alumni Relations at medalum@uw.edu.

1996

Frederica C. Overstreet, M.D., was accepted into the Department of Medical Education and Biomedical Informatics Teaching Scholars Program, which fosters academic leadership.

1997

The Class of 1997 celebrates its 15th reunion at the **2012 Reunion Weekend, June 1–3, 2012**. Please mark your calendar. If you'd like to join the reunion committee, please contact UW Medicine Alumni Relations at medalum@uw.edu.

2002

The Class of 2002 celebrates its 10th reunion at the **2012 Reunion Weekend, June 1–3, 2012**. Please mark your calendar. If you'd like to join the reunion committee, please contact UW Medicine Alumni Relations at medalum@uw.edu.

2003

Research by **Jared M. Baeten, M.D., Ph.D.**, is included in *TIME* magazine's new book, *100 New Scientific Discoveries: Fascinating, Unbelievable and Mind-Expanding Stories*. Baeten is medical director of the UW International Clinical Research Center, which coordinates multi-center infectious disease prevention trials.

The Thrillionaire:

Nassim P. Assefi, M.D. '97

What's a thrillionaire? Someone who enjoys giving simply for the thrill of it. The word was coined by philanthropist Ruth Ann Harnisch, but School of Medicine alumna Nassim P. Assefi, M.D. '97, has embraced it as her own.

"I came to realize early in adulthood that I had won the lottery of birth — in North America, to educated and supportive parents...and this perspective has fueled my deep desire to give back," says Assefi, a second-generation Iranian-

American. One of the ways she gives back is her medical practice; Assefi works at Country Doctor Community Health Centers in Seattle, which serves people whether or not they can pay for care. She also volunteers for human rights clinics through Health Rights International and Physicians for Human Rights, networks of volunteer physicians that evaluate and advocate for torture victims.

Assefi is a novelist, too — *Say I Am You*, her second book, explores privilege, the promises and perils of humanitarianism, and what two young Muslim women in post-Taliban Afghanistan do with their lucky lot in life. And soon, she'll be adding another accomplishment to a long list of accomplishments: the birth of her first child.

"The practice of medicine is more of a hobby for me these days than my professional livelihood, and I've never been happier," says Assefi. Read more about Assefi at www.nassimassefi.com or follow her on Twitter at [@nassefi](https://twitter.com/nassefi).



Photo: Niku Kashaf

2007

The Class of 2007 celebrates its 5th reunion at the **2012 Reunion Weekend, June 1–3, 2012**. Please mark your calendar. If you'd like to join the reunion committee, please contact UW Medicine Alumni Relations at medalum@uw.edu.

Mark Uranga, M.D., and **Becky Gannon Uranga, M.D.**, are back in Boise, Idaho. Mark works at St. Luke's Boise and Becky works for OB/GYN Associates in Meridian, Idaho. They hope to attend the 2012 reunion depending on their call schedules and their new baby boy, Joseba Gannon Uranga.

2011

Blaise Bellows, M.D., is a member of the inaugural class of a new, four-year residency in UW Medicine's Division of Emergency Medicine. Residents will train at UW Medical Center, Harborview Medical Center, Seattle Children's and Providence Regional Medical Center in Everett.

New job, award, move or family addition? Send us a quick note; simply visit uwmedmagazine.org, click on the "ClassNotes" button, and let us know how and what you're doing. And take a minute to improve our residency records — use the "ClassNotes" function to confirm your specialty, location and year.

The ClassNotes below were received through January 2012; any received afterward will appear in the next issue.

Prefer mail to the web? We'd love to hear from you: UW Medicine Alumni Relations, Box 358045, Seattle, WA 98195-8045.

Department of Family Medicine

Tom E. Norris, M.D., Fel. '89, has been named chair of UW Medicine's Department of Family Medicine. Norris also was recognized by the American Academy of Family Physicians for outstanding patient care, philanthropy, education and leadership at its annual scientific assembly.

Glen R. Stream, M.D. '82, Res. '85, was recognized by the American Academy of Family Physicians for outstanding patient care, philanthropy, education and leadership at its annual scientific assembly.

Division of Gerontology and Geriatric Medicine

James E. Branahl, M.D., Fel. '85, received the 2011 Marsha Goodwin-Beck Interdisciplinary Award for Excellence in Geriatric Clinical Care Delivery. The award, given by the U.S. Department of Veterans Affairs, recognizes outstanding geriatric healthcare providers and leaders in the interdisciplinary care of older veterans.

Division of Hematology

John M. Harlan, M.D., Res. '77, Fel. '78, was recently appointed the first Eloise Giblett Endowed Professor in Hematology in UW Medicine's Division of Hematology. The professorship pays tribute to the memory of scientific giant **Eloise Giblett, M.D. '51, Fel. '55**, a UW research professor and the former executive director of Puget Sound Blood Center. Harlan investigates endothelial cell and leukocyte biology.

Division of Metabolism, Endocrinology and Nutrition

Kristina M. Utzschneider, M.D., Res. '96, Fel. '05, received a Presidential Early Career Award for Scientists and Engineers, the nation's highest honor for scientists at the beginning of their independent research careers.

Division of Nephrology

Rahgu Durvasula, M.D., Res. '02, has been appointed dialysis director for UW Medical Center (UWMC). He also serves as associate medical director for inpatient care at UWMC.

Department of Pathology

Kimberly H. Allison, M.D., Res. '07, wrote *Red Sunshine*, a memoir about her journey from physician to patient after a diagnosis of stage III breast cancer. She continues to initiate women on the same journey in her capacity as director of breast pathology at UW Medical Center.

Department of Rehabilitation Medicine

Kevin N. Hakimi, M.D., Res. '00, has been named director of rehabilitation care services (RCS) at Puget Sound Health Care System. RCS provides medical and therapeutic services throughout the hospital, nursing homes and within the VA's accredited programs.

As medical director of the Amica Seattle Marathon in 2011, **Mark A. Harrast, M.D., Res. '00**, was responsible for organizing and coordinating care for participants.

UW Medicine rehabilitation medicine faculty **Stanley A. Herring, M.D., Res. '82**, in conjunction with Richard G. Ellenbogen, M.D., the chair of the Department of Neurological Surgery, has helped launch a new online course for healthcare professionals. *Heads Up to Clinicians: Addressing Concussion in Sports Among Kids and Teens* was supported by the Centers for Disease Control (CDC) and Prevention and the National Football League, and the course appears on their websites.

Mark Jensen, M.D., Res. '90, has published *Hypnosis for Chronic Pain Management: Therapist Guide (Treatments That Work)*. The guide is written for clinicians who treat patients with chronic pain or clinicians who want to acquire the skills needed to apply hypnosis to pain management.

Botulism Toxin Injection Guide, by **Ib R. Odderson, M.D., Res. '89**, is now available in four languages: Chinese, Korean, Russian and English. Published in 2008, Odderson's book covers the use of botulinum injections for neurologic conditions.

Janet M. Powell, Ph.D. '01, OTR/L, was recently appointed head of the UW Division of Occupational Therapy. Powell joined the faculty in 2001 after 20 years of clinical practice in pediatrics and adult physical disabilities.

Jelena N. Svircev, Fel. '06, was appointed the director of the Spinal Cord Injury (SCI) Fellowship Program at the VA Puget Sound Health Care System.

New job, award, move or family addition? Your classmates want to hear from you! Send us a quick note; simply go to uwmedmagazine.org, click on the "ClassNotes" button, and let us know how you're doing. The ClassNotes below were received through January 2012; any received afterward will appear in the next issue.

Prefer mail to the web? We'd love to hear from you: MEDEX Northwest, 4311 11th Ave. NE, Seattle, WA 98105.

Seattle

Ruth Ballweg, MPA, PA-C (Seattle Class 11), is the section chief for MEDEX Northwest, which became a part of the Department of Family Medicine in 2011. She was awarded a certificate of recognition by the department for exemplifying UW School of Medicine standards for service excellence.

Claudio Lima, PA-C (Seattle Class 15), retired in November 2009 after 25 years at Kaiser Permanente. He re-married 11 months ago, and he returned to work at Kaiser Permanente last October. Lima is also involved in his community — after a three-year hiatus, he was nominated again as a commissioner for the planning board in Woodburn, Ore. Lima reports that his son graduated *summa cum laude* in psychology from Western Oregon University; later, he was accepted for the nursing program at the University of Portland. Lima's son is now working full time as an R.N. in the oncology department at a hospital in Portland.

Ed Lopez, PA-C (Seattle Class 15), worked at the Walla Walla Community Health Clinic for two years to pay back a federal loan. Then he left for New York City to do a surgical residency at Montefiore. He was recruited to start the first trauma surgery program in Flint, Mich., and he stayed there two years. Lopez was then recruited by a cardiac surgery group in Tacoma, Wash., where he stayed for nearly seven years. In 1995, he started his own cardiac surgery physi-

cian assistant business, which covered cardiac surgery programs from Everett to Tacoma. After that, Lopez studied business, spent seven years on the board of directors for the National Commission on Certification of Physician Assistants, and served as president of the Association of Physician Assistants in Cardiovascular Surgery. Since January 2009, he has worked as the facility medical director for an inpatient hospital medicine service in the Franciscan Health System in King County.

Debby Floyd, PA-C (Seattle Class 18), is living in the Seattle area. She has retired from Group Health and is exploring many new creative outlets.

Mindy Opper, PA-C (Seattle Class 21), opened her own practice in 2011 in order to offer more integrative care. Believing that traditional medicine complements allopathic medicine, Opper became an ayurvedic wellness counselor. In addition, many people in Missoula, Mont., are interested in alternative care options, and she wanted to meet their needs. Opper is one of two allopathically trained providers working in a comprehensive healing center. She's enjoying her work, which focuses on family medicine and women's care. Visit her site at pranafamilypractice.org.

Marilyn Wyse Snyder, PA-C (Seattle Class 24), writes, "In 2004, I



Marilyn Wyse Snyder, PA-C (Seattle Class 24)

married Elliott Snyder, M.D., whom I had met on a trip to Israel. They we moved to Texas. We are living in Poetry, a rural area east of Dallas. I must say, tending to chickens and goats is a pretty good 'job,' and life is good."

Ian Jones, MPAS, PA-C (Seattle Class 30), CCPA, and his family are settled in Winnipeg, Canada. He's the program director at Canada's only graduate-level PA program, located at the University of Manitoba. Jones served three years as the president of the Canadian Association of Physician Assistants, and he was selected for the Academic Health Leadership Program sponsored by the University of Manitoba and Manitoba Health. He was given a Lifetime Achievement Award by MEDEX Northwest and the Washington Association of Physician Assistants (WAPA) for his roles as leader, role model, clinician and mentor at the MEDEX/WAPA reception in Seattle in January 2012.

Martha Kjos, PA-C (Seattle Class 30), has worked in primary care in Redmond, Wash., for the last 13 years. She finds as much time for sailing as she can.

Christopher Carson, PA-C (Seattle Class 31), has practiced in primary care, orthopaedic neurosurgery and emergency medicine. After retiring from the Army after 22 years, he uses his new found-freedom to work with Boy Scout troops on their rock-climbing and snow-camping programs. Carson and his family also enjoy cruises and road trips across the U.S. and Canada.

Marlina Robinson, PA-C (Seattle Class 31), is practicing in Henderson, Nev., with a growing group called HealthCare Partners. She also works with Volunteers in Medicine of Southern Nevada, a privately funded volunteer clinic.

Kelly Adsero, PA-C (Seattle Class 39), is working at Auburn Regional Medical Center and at the emergency department in Swedish. She and her husband recently had a baby girl, and Adsero is participating in running events and triathlons.

Brian Knutson, PA-C (Seattle Class 39), has been working with U.S. HealthWorks for three years. He is practicing at the Federal Way clinic, which

gives him exposure to family medicine, occupational medicine and urgent care. Knutson feels that it is a privilege to care for patients of all ages.

Stacy Lasater, PA-C (Seattle Class 39), writes, "Wow, it has been a long time, but I think of you all at MEDEX quite often. I am still in Northern California, working for a large hematology/oncology practice, Valley Medical Oncology Consultants. Working as a PA is amazing, and I love what I do, and although working in oncology is a very demanding and mentally exhausting field, I definitely find it very rewarding. I am constantly promoting the PA profession, and have pushed a few people into the field who were considering other medical professions. I definitely advocate for MEDEX as a demanding but fantastic program. I worked in orthopaedics for a couple of years, but I wanted more medical experience — to fine-tune the skills and knowledge obtained from MEDEX."

Preston Lehr, PA-C (Seattle Class 39), has been in family medicine for five years at the Columbia Basin Health Association in Othello, Wash., and loves it!

Andrew Cahn, PA-C (Seattle Class 40), as part of Medical Teams International's disaster response group, traveled to the Nakivale Refugee Camp in southwest Uganda to provide medical care last October. He was joined by a veteran ER nurse from Oregon. Cahn writes, "The refugees in Nakivale are a mix of Congolese (DRC), Rwandan, Sudanese, Ethiopian, Burundian, Eritrean



Photo courtesy of Andrew Cahn, PA-C (Seattle Class 40), who traveled to work in a refugee camp in Uganda.

and Somali. The clinic is well-staffed and quite well-equipped — a small pharmacy, nurses, a midwife, several support staff, and two providers called clinical health officers, who represent a Ugandan version of a mid-level and do very good clinical work. They're well-trained. Much of the treatment is based on Ugandan Ministry of Health and World Health Organization guidelines. It's a walk-in clinic, where the complaints run the full range of issues and ages. Many infectious diseases are prevalent, including HIV, TB, brucellosis and malaria. The rainy season had just begun, so malaria was on the rise. They have falciparum malaria, and it's not hard to see why it kills so many people. Interestingly, the standard and very effective treatment is derived from a Chinese herb called Artemesia. My previous career was in Chinese medicine, so it was interesting to use a medicine in Uganda that I had used for years in the past as part of an herbal pharmacy."

Hope Salvador, PA-C (Seattle Class 40), MPH, continues to work at the Anchorage Neighborhood Health Center in Anchorage, Alaska, and she earned an MPH from the University of Washington. Her clinical interests tend toward adult medicine, and she is trying to start a hepatitis C program at the center. When not working, Salvador enjoys the great outdoors and travel, including recent trips to London and Nepal.

Mingying-Monique Ying (Bonner), PA-C (Seattle Class 40), is currently working in inpatient cardiology at Oregon Health & Science University in Portland, Ore.

Matthew James, PA-C (Seattle Class 42), has completed two *locum tenens* contracts with Pine Ridge Lakota Hospital in Wounded Knee, S.D. While there, he worked in emergency care and in outpatient internal medicine. He then took a two-year contract with Chief Andrew Isaac Health Center in Fairbanks, Alaska, where he directs the weekend clinic and is the only provider available on the weekends. James also works with two other PAs and a family medicine doctor from Seattle Indian Health to serve a portion of the villages within the Tanana Chiefs Conference, a consortium of 42 tribal villages in the Alaskan interior. The majority of the villages are

located above the Arctic Circle. James writes that he was in short sleeves in Chicago for a CME program after enduring five straight days of 40-below weather at home. "Alaska is the highest quality of living I have found to date," says James. "I am doing exactly what I set out to do, where I wanted to do it, and serving the people and culture I chose to serve. My gratitude to MEDEX remains."

Spokane

Letitia McCully, PA-C (Spokane Class 5), is working at the Community Health Association of Spokane, in Spokane, Wash., which she joined after graduation. She became part of their HIV team approximately two years ago and finds it to be challenging and rewarding; in fact, she recently passed the specialty exam given by the American Academy of HIV Medicine. McCully continues to enjoy camping, hunting, and other outdoor activities. She was granted a moose-hunting permit this year and managed to fill her tag with a good-sized bull moose.

Carrie Conley, PA-C (Spokane Class 12), is still in the North Pole "loving life." She has been there for several months and continues to practice at Midnight Family Medicine in Fairbanks, Alaska, with Dr. Kaihoi. Conley was promoted from an enlisted member of the Air Force Reserves to a second lieutenant.

Yakima

Cora Cummins, PA-C (Yakima Class 4), practiced as a gastroenterology-focused hospitalist in Tacoma, Wash., for 12 years, then as an internal medicine hospitalist. She is now a nocturnist for Catholic Health Initiatives.

Danielle Grate PA-C (Yakima Class 10), has been working in an urgent care facility in Reno, Nev., for the last year. Previously, she spent two-plus years repaying a service loan by working at Health Access Washoe County in Reno. She has two little boys, Tyce (who turned 5 in November) and Talen (who turned 2 on Christmas Eve).

OCCUPYING WALL STREET

In early December 2011, about 200 students in the health professions — many in their lab coats or scrubs — rallied in downtown New York City and marched in support of the Occupy Wall Street movement, access to healthcare for all, and the elimination of the social disparities that affect health. Participants “shared some fascinating and powerful stories,” says Colin McCluney, who helped organize the event. “It was really fun and empowering.”

McCluney, who is taking a year off from his course work at the UW School of Medicine to serve as the 2011–2012 Education and Advocacy Fellow of the American Medical Student Association (AMSA), is a natural fit for this kind of activism, having long followed the road less travelled.

Born in Scotland, McCluney has lived in the U.S. since 1987 and in Seattle for the last 10 years. He was taking pre-med classes at Reed College in Portland, Ore., until a music theory course changed his direction. “I came back around to medicine eventually,” he says. “It’s one of those things that you should be sure about before you commit the time and expense.” A non-traditional student by virtue of his relative age and experience, McCluney also has been more active in advocacy than many of his peers.

An internship at AMSA’s national office the summer before he started medical school confirmed McCluney’s interest in the student-governed organization, which represents physicians-in-training. “Since then I’ve been involved in various aspects of the organization, including the ‘Healthcare for All’ campaign — students working toward everyone having access to medically necessary health care,” he says.

McCluney’s dedication to access also informed his choice of medical school. “The emphasis on primary care at UW and the clinical opportunities provided by the WWAMI program were really appealing to me,” says McCluney.



The Rev. Jesse Jackson spoke with UW School of Medicine student Colin McCluney and AMSA National President Danielle Salovich at a December 2011 rally — held in New York City — of students in the health professions. Photo: Sonia Lazreg

After the “grand tour” — i.e., his third-year WWAMI rotations — McCluney started his AMSA fellowship in July 2011, based at the organization’s national headquarters outside Washington, D.C. “A big part of [the draw] was the opportunity to combine the education and the advocacy pieces,” he explains.

In his role as fellow, he helps to coordinate national conferences and symposia for AMSA members, develops his mentoring skills through an intern program, directs AMSA’s legislative efforts — such as contributing to a brief for the Supreme Court — and supports members’ efforts through training programs and other projects.

“The fellowship is expanding my personal belief that physicians should be involved in advocacy,” McCluney says. “That can be writing a letter, or talking to people in your community; it doesn’t have to mean writing a policy paper.”

Which brings us back to the December rally and the support of the Occupy Wall Street movement. Noting that AMSA has long pushed for access to healthcare, McCluney says, “There are all different kinds of advocacy, and one of them is direct action expression.”



Read more about AMSA at amsa.org.

PASSAGES: MEDICAL ALUMNI AND FACULTY REMEMBERED

Below we pay tribute to recently deceased alumni and faculty members. Because we are not always aware of deaths in the larger UW Medicine community, especially those that take place outside of Seattle, we rely on other alumni, faculty and friends to notify us and send us obituaries. Our sincere condolences to those who have lost loved ones.

ALUMNI

Charles E. Simons, Jr., M.D. '51
Sept. 10, 2011

Dr. Simons, a urologist and surgeon, served in both World War II and the Korean War.

Gilbert K. Schaller, M.D. '52
Dec. 23, 2011

Dr. Schaller practiced internal medicine in the Seattle area for 42 years.

Haruto Sekijima, M.D. '53
Sept. 12, 2011

Dr. Sekijima was a military intelligence officer and one of the founding anesthesiologists at Overlake Hospital Medical Center in Bellevue, Wash.

Joseph W. Voegtlin, M.D. '54
Nov. 5, 2011

Dr. Voegtlin was instrumental in the opening of Skagit Valley Hospital in Mt. Vernon, Wash.; he was also a pilot.

Howard R. Bowman, M.D. '56
Nov. 2, 2011

Dr. Bowman loved wildflowers and the outdoors, and he practiced in Naches, Wash., for 42 years.

James W. Tupper M.D., Res. '59
Dec. 27, 2011

Dr. Tupper was a Navy physician during the Korean War; he also was an orthopaedist and an avid skier.

Joseph C. McCarthy, Jr., M.D. '68, Ret., USNR
Aug. 20, 2011

Dr. McCarthy was an expert in family and emergency medicine who spent 20 years in the military.

Ronald Dale Graves, PA-C
(Seattle Class 1, 1970)
Dec. 22, 2011

Mr. Graves was a physician assistant with the Texas Department of Corrections and a decorated military corpsman.

FACULTY

Franklin S. Newman, M.A., Ph.D.
Nov. 11, 2011

Dr. Newman was a founder of the WWAMI-Montana program.

William O. Robertson, M.D.
Nov. 30, 2011

Please see Dr. Robertson's obituary, below.

Cyrus E. Rubin, M.D.
Dec. 19, 2011

Please see Dr. Rubin's obituary on page 36.

COMMUNITY

Ethel Victoria Hackett Scribner
Feb. 9, 2012

Mrs. Scribner was a longtime advocate for students at the UW School of Medicine.

Full obituaries at uwmedmagazine.org »

WILLIAM O. ROBERTSON, M.D.

Died Nov. 30, 2011, in Seattle, Wash.

William O. Robertson, M.D., known as "Dr. R.," was one of Seattle's most influential physicians. An expert in pediatrics, toxicology, teaching and poison prevention, Robertson was born in Brooklyn, raised in New York, and graduated from the University of Rochester School of Medicine in Rochester, N.Y. He taught pediatrics at Yale University before heading to Ohio State University to chair its Department of Pediatrics.

Moving to the Northwest in 1963 to work for UW Medicine and Seattle Children's, Robertson started the

Washington Poison Center. Over the next five decades, he served as director of medical education at Children's, chair of pediatrics at UW Medicine, and medical director for Washington Poison Center. Robertson was a strong advocate of medical marijuana and supported an initiative to legalize marijuana for terminally ill and chronically debilitated patients; he also supported an initiative that advocated for patients having the right to die with dignity. He is survived by several children: Andy, Doug, Kerry Kuenzi, Kathy and Lynn.

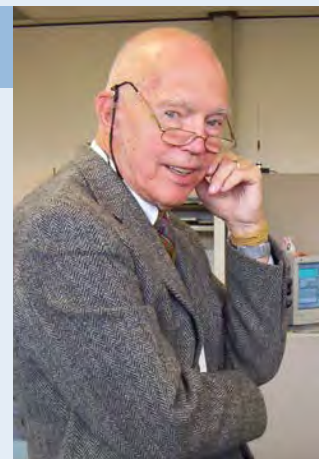


Photo courtesy of the Washington Poison Center

If you would like to read more about Robertson, please visit *The Seattle Times* at seattletimes.com. The paper paid tribute to his life and accomplishments — while capturing his interests and his inimitable style — on Dec. 6, 2011.

CYRUS E. RUBIN, M.D.

*Born July 20, 1921, in Philadelphia, Penn.
Died Dec. 19, 2011, on Mercer Island, Wash.*

A member of the UW School of Medicine faculty for 57 years, Cyrus E. Rubin, M.D., was a pioneer in gastroenterology. Officially retired since 1992, he remained an active teacher, investigator and clinician. He received an M.D. at Harvard Medical School, and, after an internship at Beth Israel in Boston, he served as an officer in the U.S. Army Medical Corps. He then completed further training: a residency in medicine at the VA in Framingham, Mass., a residency in radiology at Beth Israel, and gastroenterology training at the University of Chicago. Rubin came to the Department of Medicine at the University of Washington in 1954; at the time, he and Wade Volwiler, M.D., made up the entire gastroenterology faculty.

In the late 1950s and 1960s, Rubin made engineering advances in gastric and intestinal biopsies that led to the accurate diagnosis of celiac disease. Use of the Rubin Tube demonstrated that celiac sprue in children and in adults were identical disorders, and his classic 1960 paper established the diagnostic criteria for the disease. Over the years, he continued to refine endoscopic technology and its application

to diagnosis, treatment and research on gastrointestinal disorders, becoming an authority on celiac disease and receiving international recognition for his many accomplishments.

Always mindful of patients' needs, Rubin encouraged the food industry to produce gluten-free foods to help patients adjust to their condition. More recently, he produced an online lecture series for physicians on celiac sprue and many of gastroenterology's classic texts. He was a sympathetic teacher and mentor who trained scores of gastroenterologists, including many leaders in the field.

Rubin received international recognition for his accomplishments, including the major awards given by all three American gastroenterological organizations: the Distinguished Achievement Award and the Friedenwald Medal from the American Gastroenterology Association, the Rudolph Schindler Award from the American Society of Gastrointestinal Endoscopy, and the Clinical Research Award from the American College of Gastroenterology. The Cyrus E. Rubin Endowed Chair in Medicine at the University of Washington was created in his honor in 1997.



Photo: David Wentworth Photography

Rubin was a generous philanthropist, a dedicated oenophile who grew his own grapes, an enthusiastic supporter of the arts, education, culture, and good causes of all kinds, a bonsai artist, an amateur archaeologist, a singer in the Old GI Geezers Quartet (with Dave Saunders, M.D., Don Ostrow, M.D., and Charles E. (Chuck) Pope II, M.D., Res. '61), and an all-around humanist. He is survived by his wife of 64 years, Grace S. Rubin, his son and daughter, William D. Rubin and Betsy Deutsch, and five grandchildren: Aaron Akiva, Anna and Yoni Rubin, and Rachel and Sarah Deutsch.

(With thanks to Roberta Wilkes and William J. Bremner, M.D., Ph.D., chair, Department of Medicine)

What does it take to deliver world-class health care? *It takes you.*



When you think about medicine, do you picture a doctor's office? We do, too. But we also picture laboratories and classrooms — places where we conduct ground-breaking research and teach medical professionals. All while taking care of you and your neighbors. Join us. Make a gift by contacting us at 206.543.5686 or writemed@uw.edu, or by visiting us at www.supportuwmedicine.org.



Give today!

UW Medicine

HARBORVIEW MEDICAL CENTER | NORTHWEST HOSPITAL & MEDICAL CENTER | VALLEY MEDICAL CENTER | UW MEDICAL CENTER
UW NEIGHBORHOOD CLINICS | UW PHYSICIANS | UW SCHOOL OF MEDICINE | AIRLIFT NORTHWEST

CONTACT US

UW Medicine Advancement and UW Medicine Alumni Relations

Alumni Relations: 206.685.1875 or toll free 1.866.633.2586

Advancement: 206.543.5686

medalum@uw.edu

www.uwmedalumni.org

www.supportuwmedicine.org

MEDEX Northwest Physician Assistant Program Office

206.616.4001

medex@uw.edu

medex.washington.edu

Continuing Medical Education Office

206.543.1050

cme@uw.edu

uwcme.org

To learn more about our programs and events, visit *UW Medicine* magazine on the web at uwmedmagazine.org.



UNIVERSITY of WASHINGTON

UW Medicine

UW SCHOOL
OF MEDICINE

Non-profit Org.
U.S. Postage
PAID
Seattle, WA
Permit No. 62

UW Medicine Advancement

Box 358045 Seattle, WA 98195-8045

65-2899



— 2012 —
**Reunion
Weekend**

Your friends. Your class. Your university.

REGISTER TODAY!

**JUNE 1–3, 2012
Seattle, Wash.**

Featuring brand-new programming for all of our alumni, plus not-to-be-missed events at the Space Needle, Urban Enoteca and the Woodland Park Zoo. Whether you graduated five years ago or 50, you'll have a great time at the reunion weekend!

See page 24 for more details, including this year's featured reunions. And register today at [www.uwmedalumni.org/reunion!](http://www.uwmedalumni.org/reunion)

