

# UW Medicine

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**DISCOVER.  
TRANSLATE.  
CURE.**



**UW Medicine's  
Institute of  
Translational  
Health Sciences**

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ALSO IN THIS ISSUE

**WWAMI Turns 40**

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Inspiring Stories From Our  
Report to Donors

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UW Medicine

## About the cover.

Read more about scientist Nora Disis — and how UW Medicine is speeding translational medicine — on page 7. Photo: Clare McLean

## Letters to the editor.

UW Medicine welcomes your letters. Please email [medalum@uw.edu](mailto:medalum@uw.edu) or send mail to:

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# UW Medicine

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

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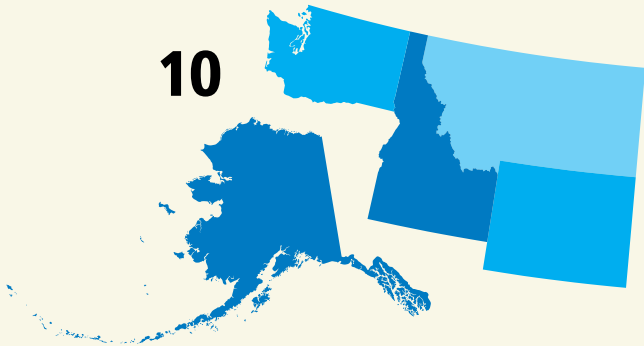
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- Your WWAMI stories — on nuns, small planes and more
- Tomorrow. Today — a special event, in pictures
- And more at [www.uwmedmagazine.org](http://www.uwmedmagazine.org).

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# How will *you* leave a legacy?



**Education is a family tradition for Ruth Fischer-Wright, M.D. '87, Res. '90, and Craig L. Wright, M.D. '88, Res. '91;** all four of their parents were teachers. That goes a long way toward explaining why they believe so strongly in educating doctors — and why they included the UW School of Medicine in their wills.

“We’re at a point where we’ve been blessed with a lot of things,” says Wright. “We wanted to make a legacy gift that’s going to make a difference in the community.”

Do you believe in medical education? Patient care? Research?  
**Learn more about creating *your* legacy by contacting Mary Susan Wilson at 206.221.6172 or visiting [www.supportuwmedicine.org](http://www.supportuwmedicine.org).**

Read more about this family’s generosity on page iv, center section.

**UW Medicine**

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## MESSAGE FROM THE DEAN

In this issue, we celebrate 40 years of WWAMI, our five-state regional medical education program. WWAMI is unique; it is the only public medical school that crosses state lines and, in fact, crosses five state lines. The WWAMI program is characterized by sustained collaboration, partnership and the selfless dedication of countless individuals.

The idea for WWAMI began at a meeting of the Washington State Medical Association, with UW faculty and community physicians problem-solving how to increase the number of generalists for the region. In some of the nation's most rural states and at a time of severe physician shortage, the task was daunting. Pres Bratrude, M.D., an Omak physician, made history with his offer to work with trainees, "Send them to me; I'll train them." This individual commitment expanded into an ambitious multi-state vision and led to an enduring collaboration between academic and community clinicians and researchers, legislators, governors, businesses and communities.

Today there are seven first-year university sites, four MEDEX Northwest physician assistant training sites, hundreds of clinical training sites, special programs like WRITE and R/UOP, and return rates substantially above the national average. Importantly, WWAMI remains a top-quality, cost-effective model of collaboration, partnership and dedication.

WWAMI is a program we can all be proud of — thousands of you have played important roles. Please join me in celebrating this remarkable program. Anniversary events will be held throughout the year and in many locations.

Thank you for your role in making WWAMI and medical education for the region a wonderful success.



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: Team Photogenic

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### THE UW MEDICINE ALUMNI ASSOCIATION'S MISSION STATEMENT

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**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.

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## MESSAGE FROM THE PRESIDENT OF THE UW MEDICINE ALUMNI ASSOCIATION

### It's never too early to plan!

If our tireless Alumni Relations team had a motto, that would be it. Only a few weeks after the conclusion of our last reunion, they took up the task of planning the next one: the 2012 Reunion Weekend (June 1–3, 2012).

It's early in the process, so things may change. Still, I want to share some of the new ideas we're considering: an elegant wine-tasting on Friday evening, discovery tours to various venues on Saturday afternoon, and dinner at an iconic Seattle landmark: the Space Needle. And then a casual brunch on Sunday, to get in a last bit of socializing.

Sound good? Put the 2012 Reunion Weekend on your calendar — it will be delightful to see you. Want to do more? Consider volunteering for your reunion committee and encouraging your classmates to attend. And enjoy this issue of the magazine.

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](http://www.uwmedalumni.org) to check out Trish's video message (and the opportunities to volunteer), or contact our alumni relations staff at 206.685.1875, toll free 1.866.633.2586 or [medalum@uw.edu](mailto:medalum@uw.edu).



For more news from UW Medicine, please visit [www.uwmedicine.org](http://www.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.



Lifting a shovel for new research facilities at South Lake Union were, from left to right: Michael K. Young, UW president, John Finke, vice president, National Development Council, Ada Healey, vice president, Vulcan Real Estate, Mike McGinn, Seattle mayor, and Paul G. Ramsey, M.D., CEO of UW Medicine. Photo: Josh Lackey

## UW Medicine breaks new ground on research site at South Lake Union

On July 6, 2011, UW Medicine broke ground on the third phase of construction at its South Lake Union research complex. Where pedestrians today see an enormous hole in the ground, in a few years, the site will feature three new state-of-the-art buildings. This expansion heralds future research breakthroughs in medical science. The tenants of the first building being constructed — researchers in infectious diseases, immunology, rheumatology and vision science — will collaborate to solve pressing challenges in medicine when the building opens in 2013. Joining UW Medicine for the event were Michael K. Young, the University of Washington's new president, and Seattle Mayor Mike McGinn. See the view from the construction camera at [www.uwmedicine.washington.edu/Research/Pages/default.aspx](http://www.uwmedicine.washington.edu/Research/Pages/default.aspx).

## RESEARCH

### Blood pressure: in your genes?

More than one billion people have high blood pressure, which increases the risk of stroke and heart attack — and now researchers at the University of Washington are among the scientists who've found genetic variants associated with blood pressure in 28 regions of the human genome. The study included more than 200,000 people of European descent, and 346 scientists from more than 200 centers in 24 countries were involved in the



project. Their results — which provide new insight into the biology of blood pressure regulation as well as hope for better treatments in the future — were published in *Nature* in September.

### AIDS drug helps prevent spread of the virus in heterosexual couples

The Department of Global Health and the Bill & Melinda Gates Foundation collaborated on an HIV prevention study in Kenya and Uganda that has resulted in new findings. Participants included more than 4,700 heterosexual couples in which one partner had HIV and the other did not. The trial tested the efficacy of two drugs — Viread, an antiretroviral drug, and Truvada, a drug previously found to help prevent the



spread of HIV to uninfected gay men — in preventing the spread of HIV from one partner to another. Researchers found that the medications reduced the risk of HIV infection by between 62–73 percent. A similar study by the Centers for Disease Control and Prevention also showed positive results.

### High-fat diet may injure brain cells

Joshua Thaler, M.D., Ph.D., an acting instructor in UW Medicine's Diabetes and Obesity Center of Excellence, and his colleagues used mice to study the short- and long-term effects of eating a high-fat diet (similar to a typical U.S. diet) on the brain. They found that the diet caused injury to (and eventual loss of) neurons in the brain that control weight regulation in mice. Thaler and his colleagues suggest that this finding may help explain why it is difficult for obese people to achieve sustained weight loss.



### Manipulating mosquito populations to reduce the incidence of malaria

Scientists from Imperial College London and UW Medicine have shown that it is possible to genetically manipulate populations of mosquitoes; in their experiment, genetically altered mosquitoes bred with regular mosquitoes, and, in a few generations, the alteration took root in the population. David Baker, Ph.D., UW professor of biochemistry and adjunct professor of bioengineering, Raymond J. Monnat, Jr., Res. '80, '84, UW professor of pathology and genome sciences, and their trainees were among the researchers credited for the study, published in April in the online version of *Nature*. The researchers hope they can use genetic manipulation on malaria-bearing mosquitoes to reduce the threat of the disease. According to the World Health Organization, malaria killed nearly one million people in 2008, many of them African children. Read more at *Nature* online: [www.nature.com/nature/index](http://www.nature.com/nature/index).



## PATIENT CARE

### Our new partner: Valley Medical Center

After a period of careful exploration and analysis, the UW Medicine Board, the UW Board of Regents and the Valley Public Hospital District Board approved the alliance of UW Medicine and Valley Medical Center (VMC). Effective July 1, 2011, Valley Medical Center became the eighth entity of UW Medicine — joining Harborview Medical Center, UW Medical Center, Northwest Hospital & Medical Center, UW Neighborhood Clinics, UW Physicians, the UW School of Medicine and Airlift Northwest. VMC is an outstanding full-service, acute-care community hospital offering comprehensive medical, surgical and therapeutic services. It is strongly focused on the mission of improving health for the community. With 303 beds, more than 2,600 employees, and more than 450 health-care professionals on its medical staff, Valley provides some of the most innovative and high-quality care available to South King County's 600,000 residents. The strategic alliance with UW Medicine melds Valley's community focus, personalized patient care and history of innovation with the strength of UW Medicine's clinical excellence, unique five-state teaching program and world-leading research programs.



### UW Medicine's hospitals: top rankings

*U.S. News & World Report's* 2011 edition of "America's Best Hospitals" ranks UW Medical Center 13th in the nation among more than 4,800 hospitals. UW Medical Center (UWMC) has been named among the nation's best since the rankings began in 1990. Together, UWMC and Harborview Medical Center programs were ranked among the best hospitals nationally in the following specialties: rehabilitation medicine

(ranked No. 3 in the nation), cancer (No. 6), diabetes and endocrinology (No. 10), nephrology (No. 11), orthopaedics (Harborview No. 11 and UWMC No. 17), ear, nose and throat (No. 12), neurology and neurosurgery (No. 15), pulmonology (UWMC No. 17 and Harborview No. 47), geriatrics (No. 20), gynecology (No. 28), and urology (No. 29).

Several months ago, *U.S. News & World Report* ranked all four UW Medicine hospitals among the best in the greater Seattle metropolitan area. UWMC and Harborview were ranked No. 1 and No. 2, respectively, and Northwest Hospital & Medical Center and Valley Medical Center were tied at No. 6 with a hospital in Tacoma.

## EDUCATION

### Graduation and other transitions

On June 4, 2011, UW Medicine celebrated the graduation of the senior medical school class. UW Associate Professor of Family Medicine Raye Maestas, M.D. '83, Res. '86, was asked by the graduating class to give the commencement address. Her talk was filled with stories about the graduates, many from the students' own reflections. Recalling her time as a student who grew up in rural New Mexico, she noted, "The goal at the School of Medicine then was to produce the best doctors possible, no matter where you came from. And that is still true today." A few days earlier, on May 27, second-year medical students celebrated a milestone with the annual Clinical Transition Ceremony — an event that marks their transition from classroom learning to the clinical phase of their training. "Take everything you've learned," said keynote Steve McGee, Res. '83, Res. '84, UW professor of medicine, "and turn it into something of value for your patients."

## WWAMI

### Educating PAs to serve Alaska

MEDEX Northwest and the University of Alaska Anchorage reached an important milestone in August: the graduation of the first UW Medicine physician assistant (PA) class in Alaska. The training program was created so that Alaska — a large region, medically underserved, with many remote, rural areas — would be able to retain and deploy more medical personnel. The idea is already bearing fruit; 12 of the 15 students in the first class are Alaskans, and all but one intend to stay in Alaska to practice.



Read more about MEDEX in Alaska on page 19; read more about WWAMI's 40th anniversary on page 10.



Clinical Transition 2011

Photo: Jennifer Richard, Team Photogenic

UWMed

# Team Science, Translated

by Deirdre Schwiesow



**W**hat takes a nutritional supplement into the realm of medical research? The short answer: a study at the Institute of Translational Health Sciences (ITHS), based at the University of Washington.

This study, on an herbal product called resveratrol, is only one among many supported by the ITHS. The institute gives researchers access to mentoring, training, equipment, pilot funding and clinical study resources — all in the service of speeding translational medicine.

Traditionally, translational medicine was thought of as “bench-to-bedside” research, taking a scientific discovery from the investigator’s lab, through a clinical trial in human subjects, and then to a patient’s hospital room or a doctor’s office.

“We want to move those ‘aha’ moments from the laboratory into clinical care,” says Mary L. (Nora) Disis, M.D., director of the Institute of Translational Health Sciences (ITHS). The ITHS is housed at UW Medicine’s research site at South Lake Union.

While this picture is not inaccurate, there has been a paradigm shift to a more complex and far-reaching concept of translational medicine. According to UW Medicine's Mary L. (Nora) Disis, M.D., FACP, and John T. Slattery, Ph.D., vice dean for research and graduate education, it now encompasses a broad range of innovations that improve human health, from drug development to healthcare policy.

And, rather than being conducted by a single, "lone wolf" investigator, innovative translational research depends on collaboration among diverse, multi-disciplinary teams.

"Translational science is team science," says Disis. "Training people to work as teams throughout the entire translational process is what we have to do to get new [therapeutic] agents into the clinic faster."

Now scientists can go to the ITHS to find collaborators who will help them move scientific discoveries to the clinic as rapidly as possible. A partnership between UW Medicine, Fred Hutchinson Cancer Research Center, Seattle Children's and other groups, the ITHS was formed in 2007 and is one of 60 Clinical and Translational Science Award (CTSA) sites nationwide — a consortium funded by the National Institutes of Health (NIH).

Disis is proud of the ITHS's impact. "We've developed a membership of almost 2,000 individuals across the region, and have been able to launch resources that weren't available at the UW before," she says. Those resources, which include a center for biomedical statistics, a regional research directory, a bio-specimen research repository, access to research networks, eligibility to

use of the Microsoft Amalga Unified Intelligence System (UIS), a software platform that aggregates research and clinical trial data from across UW Medicine and makes it available to researchers (read more about Amalga at [www.uwmedmagazine.org](http://www.uwmedmagazine.org)).

### **Supplements: help or hindrance?**

The team science approach that the ITHS fosters is exemplified by its KL2 Multidisciplinary Clinical Research Career Development Program. This NIH-funded program provides up to five years of intensively mentored translational research experience to early-career scientists from all health professions affiliated with the ITHS.

In a recent example, current and past KL2 scholars from a range of disciplines partnered to study resveratrol, a natural substance found in foods such as blueberries and peanuts, which is

**"Translational science is team science."** -Nora Disis

### **Building the team**

Promoting such teamwork is central to ITHS's mission.

"At each point in the translational pathway, you need a completely different set of expertise," says Disis, the director of the ITHS. "If a researcher sees a clinical application for her idea, sometimes she won't know what to do next. Similarly, if someone is running very advanced clinical trials and notices side effects or an outcome that's very unusual and needs to find a lab partner, he often doesn't know where to go."

apply for ITHS pilot funding and other benefits, are available to members at reduced or no cost. Membership is open to anyone interested in translational medicine.

In addition to giving scientific teams the resources they need, the ITHS is working to simplify the Institutional Review Board (IRB) process — a complex series of steps designed to protect the rights of human subjects in clinical trials — in order to facilitate testing novel agents and diagnostics. The ITHS also has piloted the

also promoted as a nutritional supplement. Resveratrol is thought to benefit cardiovascular health, but researchers wanted to see if it interacted — in ways beneficial or otherwise — with other medications a patient might be taking.

Based on experiments performed by Kelsey Hanson, Ph.D., a recent graduate of the Department of Medicinal Chemistry in the UW School of Pharmacy, three KL2 scholars designed and conducted a pilot study to look at the effect of high daily doses of resveratrol

on the metabolism of midazolam (a commonly used pre-surgery sedative) in healthy volunteers.

“Our goal was to see if resveratrol actually affects how much midazolam gets into circulation,” explains co-principal investigator Yvonne Lin, Ph.D., a UW assistant professor of pharmaceuticals in the School of Pharmacy. Preliminary results suggest that resveratrol has an effect on drug

and pilot funds through a competitive review process. What’s more, the project provided valuable experience for team members as well as data.

“It has been a really fantastic training opportunity for me to have access to UW’s research resources,” says Bradley. “The KL2 program is a significant asset to the School of Medicine, and is helping to create some real experts in multi-disciplinary clinical research.”

With this new study, another researcher has been added to the group of collaborators: Pathmaja (Bobbie) Paramsothy, M.D., Fel. ’05, UW assistant professor of medicine in the Division of Cardiology.

“I think that all supplements should undergo the kind of rigor that medications do in terms of clinical studies,” says Paramsothy. “Cardiac patients take so many medications, and it’s

**“It has been a really fantastic training opportunity to have access to UW’s research resources.”** *-Ryan Bradley*

metabolism; these results can help the investigators predict whether resveratrol might interact with other prescription drugs. The study also looked at the accumulation of resveratrol in LDL cholesterol, also known as “bad” cholesterol (when elevated, LDL is a risk factor for cardiovascular disease).

“It’s important that we learn how resveratrol may interact with prescription drugs, as well as its potential therapeutic value in conjunction with other drugs,” says co-principal investigator Ryan Bradley, N.D., MPH, a clinical research assistant professor at Bastyr University, where he directs the newly developed Center for Diabetes & Cardiovascular Wellness.

### **The power of collaboration**

In addition to providing mentoring, the ITHS also provided the team with access to the clinical research center, the assistance of a study coordinator,

“ITHS fosters a wonderful collaborative research atmosphere,” says Karen E. Foster-Schubert, M.D., M.S., UW assistant professor of medicine in the Division of Metabolism, Endocrinology and Nutrition, and the physician of record on the study. “ITHS gave me formal training in clinical research methodology and helped me take my career to the next step.”

### **Harnessing science in the region**

Currently, Lin and Bradley are conducting a second pilot study — this time collecting data on the interaction of resveratrol and simvastatin (a cholesterol-lowering medication) — in order to support a grant proposal to the NIH. “The ITHS is invaluable in terms of priming investigators to apply for government grants,” Lin says. Ultimately, these studies should shed light on the potential dangers — and benefits — of the interaction between resveratrol and statin drugs.

critically important for us to study supplements, because they take supplements, too.”

Paramsothy praises ITHS’s bioethics committee, clinical research nurses and the opportunities it affords for mentoring. She also appreciates being exposed to colleagues from multiple disciplines. “It’s really broadened my perspective,” she says.

That’s a synopsis that pleases Disis; it shows the ITHS is successful bringing people together to speed the pace of medical breakthroughs.

“Our whole goal is to try to harness science in our region and have an impact on health in a very short period of time,” says Disis.

**Extra content at [www.uwmedmagazine.org](http://www.uwmedmagazine.org) »**

- Data, fast and furious

# THE WWAMI PUZZLE

by Delia Ward

Here's the puzzle. You have a land mass that takes up about 27 percent of the United States and contains about eight percent of its people. The terrain varies hugely, often dramatically; it is covered in glaciers, plains, forests, mountains — even urban sprawl. Some members of its population live in cities, but many live in small, remote communities. How can you possibly deliver adequate medical care to all these people, in all these places?

This land mass is the five-state area of Washington, Wyoming, Alaska, Montana and Idaho (called WWAMI, for short). And the answer to the puzzle is the WWAMI program — a partnership of those five states, the UW School of Medicine, Washington State University (Pullman and Spokane), the University of Wyoming, the University of Alaska, Montana State University and the University of Idaho. In 2011, WWAMI commemorates its 40th year.

The WWAMI program was founded in 1971, a response to a physician shortage and the brainchild of a number of visionary UW Medicine faculty members — including Jack N. Lein, M.D. '55, M. Roy Schwarz, M.D. '62, Robert Van Citters, M.D. — and of equally visionary community physicians. Its objective was, and still is, to train primary-care physicians and other healthcare personnel *from* the region and *for* the region, especially in areas with too few physicians.

One of the program's novel components was providing medical education for more than one state; there are no other medical schools that cross state lines. A second was training medical students at their home WWAMI university during their first year. A third novel approach was the WWAMI program's use of community-based educational settings to offer clinical training: sending medical students out, after their classroom sessions, to learn

from doctors working in WWAMI communities large and small, rural and urban.

“The WWAMI medical education program is designed to have people go out and train in rural and remote communities so they understand all the benefits — but also the challenges — of providing care,” says Suzanne M. Allen, M.D., MPH, vice dean for regional affairs.

What are the challenges in rural or underserved communities? Balancing work and family, for one. “I want to be available to my patients and I want to take care of them all the time,” says Tobe H. Harberd, M.D. '06, a family medicine doctor in Chelan, Wash., and the father of two young children. While it can be difficult to set boundaries in a small town, he counts satisfying relationships with his patients and the medical students he teaches among

1969

MEDEX Northwest physician assistant training program established.



1970



A \$1 million grant from the Commonwealth Fund of New York City secures WAMI program pilot.



Although this photo was taken decades ago in 1976, some things about the WWAMI program haven't changed; it still benefits some very rural and remote areas. WWAMI — which trains people from the Pacific Northwest to provide healthcare in the five-state region of Washington, Wyoming, Alaska, Montana and Idaho — is going strong, 40 years after its inception. Pictured are Gerry Bell, M.D., and Roger A. Rosenblatt, M.D., the first resident in the WWAMI program.

the benefits of living in Chelan. Read more about Harberd on page 14.

In 1972, Roger A. Rosenblatt, M.D., Res. '72, '74, UW professor in the Department of Family Medicine and director of the Rural/Underserved Opportunities Program (R/UOP), was the first resident sent to a WWAMI site outside of Seattle. In the years that followed, he has seen the WWAMI program grow — from a handful of training sites in 1974 to more than 165 in 2011. He pinpoints WWAMI's es-

sential sources of strength and growth: the campuses, towns, community doctors, UW faculty members, legislatures, trainees and staff who partner together to deliver health care in the places that need it most, whether in Barrow, a town on Alaska's northern tip, or an underserved neighborhood in a city like Seattle, Spokane, Cheyenne or Missoula.

Rosenblatt is amazed at the WWAMI program's progress. "The variety and richness of the program defy

whatever we might have imagined in the early days," he says. "There are so many facets to it....I don't think any of us would have dared dream that that was a possibility."

**In the following pages, we celebrate WWAMI's 40th anniversary — and explore some of the program's many facets.**

**1971-72** University of Alaska-Fairbanks, Montana State University, University of Idaho, and Washington State University-Pullman join WAMI.

**1972** Family Medicine Residency Network established.



**1975** MEDCON, a toll-free phone network, starts; community physicians consult faculty at the UW School of Medicine.

# GOING HOME

You can drive for a long time in Wyoming and see hardly anyone, says Jarod McAteer, M.D. '09. Juneau, Alaska, says Cassie Iutzi, is accessible only by boat or plane. And KayCee Gardner, who spent some of her early years in a one-room schoolhouse in Montana, went from “having a backyard that stretched for miles” to having a few square feet of grass when she moved to Seattle.

McAteer, Iutzi, Gardner: all are from rural or remote areas, all are transplants to Seattle (albeit temporarily), and all share a special kind of WWAMI experience.

A central characteristic of the WWAMI program is the relationship between the UW School of Medicine and other academic institutions in the five-state region. While some students spend their first two years of medical school at the University of Washington in Seattle, others spend their first year at their WWAMI state university and their second year in Seattle. In their third and fourth years, all students travel to sites throughout the WWAMI region — in Seattle and outside it — to complete medical clerkships: hands-on training with patients, supervised by doctors.

The logic behind this educational plan is simple. WWAMI educators want students from those first-year WWAMI sites to return to their home states to practice medicine. The need



Photo courtesy of KayCee Gardner

Medical student KayCee Gardner comes from ranch country in Montana. She's on the far left, one of a group of people gathering cattle for branding. See more scenic photos depicting Gardner's life at [www.uwmedmagazine.org](http://www.uwmedmagazine.org).

for doctors in WWAMI — a largely rural area underserved by medical practitioners — is high. (In fact, according to the Association of American Medical Colleges, four out of five WWAMI states have fewer physicians than the national average: 254 doctors for every 100,000 people.)

Students find the first year in their home state helpful, even wonderful. One huge advantage, says McAteer, is getting to know the 20-some students in the local class. Even after you move to Seattle, he says, “you always have something in common with students from your first year.”

That kind of camaraderie is reassuring when finding your way in a new place. Iutzi remembers half of her Alaska class gathering at the Port of Seattle to unload the shipping container they'd rented to move their belongings. “It was like a small community in

the late 1800s, packing up everything into their covered wagons and moving to a new town,” she says.

Still, the transition from the home state's site to the Seattle site can be a challenge. The student-teacher ratio is vastly different (each second-year class has 220 students), and you have to learn the ropes all over again. But the School of Medicine steps in to help students from regional sites adjust.

“The best thing [the School] did was build the College Program,” says Gardner. In the Colleges, students are assigned to small groups under the guidance of a mentor; they get to know that mentor from day one of medical school, no matter what their location. During the second year, they work closely with their mentor, learning clinical skills at the bedside and in small-group settings. And during medical students' third and fourth

1978

WWAMI is self-sustaining; each participating state provides support.



1985

Area Health Education Centers (AHECs) funded to train, recruit and retain health personnel for medically underserved areas.

1989

Rural/Underserved Opportunities Program (R/UOP) launched.





Photo: David Wentworth Photography

After 82-year-old Margaret Engelhardt underwent surgery to mend a broken leg, Cassie Iutzi, a third-year medical student from Alaska, listens to her breathing and talks to her about osteoporosis medication and fluid buildup. Such interactions are par for the course in a medical student's rotations; this one was conducted at Northwest Hospital & Medical Center.

Jarod McAteer, M.D. '09, found it helpful that faculty and staff visited Laramie during his first year of medical school, dispensing advice on classes and life in Seattle. Now in residency, he's shown here with a trout caught in Yellowstone Lake, Wyo.



Photo courtesy of Jarod McAteer, M.D.

years, they stay in touch with their mentor — by email, telephone and, when geography works in their favor, in person.

Although Gardner, McAteer and Iutzi have a shared WWAMI experience, their backgrounds are quite varied. Gardner grew up on a Montana ranch and spent part of the summer helping her family harvest hay. McAteer completed his undergraduate degree at Yale but found that he preferred living out west. Iutzi, who is

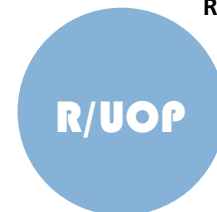
working on a master's degree in public health as well as an M.D. degree, volunteers in community-based clinics in Ecuador and Nicaragua.

Even so, the WWAMI program is attractive to them for similar reasons. It keeps them connected to their home state. "I really liked the idea of coming back to Montana to do clerkships," says Gardner. She, McAteer, and Iutzi all hope to return home — or someplace very much like it — to practice.

## WWAMI AND ITS ACRONYMS

A few of the acronyms and programs that are part of the WWAMI program.

**WWAMI.** A University of Washington School of Medicine network of partnerships in medical education that links community doctors, medical trainees and academic institutions in the five-state region of **W**ashington, **W**yoming, **A**laska, **M**ontana and **I**daho. These academic institutions include the University of Washington, Washington State University (Pullman and Spokane), the University of Wyoming (Laramie), the University of Alaska (Anchorage), Montana State University (Bozeman) and the University of Idaho (Moscow).



**R/UOP.** Rural/Urban Underserved Opportunities Program. Students spend four weeks between their first and second year with a doctor-mentor in an underserved area.

**WRITE.** WWAMI Rural Integrated Training Experience. A 20-week clinical program in which third-year students fulfill a number of medical rotations at one rural site.



1993

A first: percentage of UW medical-school grads matching into primary-care residencies exceeds 50 percent.



1994

Student Providers Aspiring to Rural and Underserved Experiences (SPARX) begins: provides interdisciplinary experiences to encourage practice in rural or urban underserved communities.

Photos courtesy of Bob L. Urata, M.D.



Alaska native Bob L. Urata, M.D. '77, Res. '80, always knew he wanted to go home to practice medicine. Urata, now a preceptor, is shown at left in front of Mendenhall Glacier in Juneau and with medical student Shannon Son, visiting for her R/UOP experience.

# WHEN STUDENTS BECOME TEACHERS

Kayaking is a great teaching tool. At least, that's what Tobe H. Harberd, M.D. '06, found.

When Harberd was fulfilling his Rural/Underserved Opportunity Program (R/UOP) experience with Mike Luce, M.D., Luce took him into the small-town clinic where he worked in Dayton, Wash. After all, that's the point of R/UOP — to introduce students to clinical care between the first and second years of medical school. But Luce did more than that. Harberd stayed with Luce's family, and they shared meals. They even went kayaking together.

"It wasn't just medicine, it was the whole rural experience," says Harberd, a native of a small town in Idaho who now practices family medicine in Chelan, Wash. "Because of my experience with Dr. Luce, I've tried to set up my R/UOP experiences with my students in a similar fashion."

### Old guard, new guard

Known as clinical preceptors, the community-based doctors who teach medical students and residents are a tremendously influential part of the WWAMI program. Medicine is only part of what they teach. Like Luce and Harberd, they provide students with

the opportunity to think about what it will be like to live and practice in a specific community.

Another UW School of Medicine graduate-turned-preceptor, Bob L. Urata, M.D. '77, Res. '80, conducts a WWAMI Rural Integrated Training Experience (WRITE) program site in Juneau, Alaska. In the five consecutive months that selected third-year students can spend with him, they are exposed to outpatient services in family medicine, internal medicine, pediatrics and psychiatry. As an Alaskan who returned to Alaska to practice, Urata has high hopes that the experi-

1996 Wyoming joins WAMI (and makes the acronym WWAMI).

1997 WWAMI Rural Telemedicine Network is funded by the federal government; explores video-based consultations for rural communities.



1998 First class participates in WWAMI Rural Health Integrated Training Experience (WRITE) program.

ence will sway his first WRITE student to return, too.

Those hopes are motivated as much by necessity as by regard. Alaska — like other WWAMI states and, more generally, states across the nation — is facing a doctor shortage. Especially in primary care, and especially as doctors like Urata, now 60, approach retirement. “We’ve got to replace old guys like me,” says Urata.

**Hooked on WWAMI**

Paula Carvalho, M.D. ’84, Res. ’87, FCCP, pulmonary section head and head of the ICU at the Boise VA Medical Center in Idaho and UW professor of medicine in the Division of Pulmonary and Critical Care, agrees that WWAMI is crucial to retaining doctors in the region. But at one point, this self-described “Seattle-centric” medical student was reluctant to leave the Seattle campus. Would she learn as much about medicine outside of the city as she had in it?

Then came her obstetrics-gynecology rotation in Anchorage, Alaska. “I absolutely loved it,” says Carvalho. Ob-gyn was followed by other rotations — including pulmonary medicine — in Boise, Idaho. “Then I *really* got hooked,” she says.

Today, Carvalho designs innovative learning experiences for first- and second-year residents, third- and fourth-year medical students and trainees completing advanced pulmonary fellowships, among others. For example, she started a critical-care medicine curriculum a few years ago for medical students, one that prepares them for starting an internship.

Carvalho also works directly with UW Medicine faculty like Brian Ross, M.D. ’83, Res. ’87, UW professor in the Department of Anesthesiology & Pain Medicine, to teach trainees. Boise is a satellite site for the UW Medicine-based Institute for Simulation and Interprofessional Studies (ISIS), which

uses sophisticated mannequins and computer models to offer medical training. Using such simulation exercises allows trainees to hone specific skills, like placing a central line for long-term intravenous drug therapy, doing a lumbar puncture, or caring for patients receiving mechanical ventilation.

The trainees appreciate these programs, Carvalho says. Last year, the fourth-year students (who are a little anxious when they arrive), wrote her a thank-you card. “We’re no longer afraid to be interns,” it said.

**Big investment, big reward**

If medical students benefit from the WWAMI program, says Urata, so do the states that participate in the partnership. With WWAMI, Alaska can help its citizens become doctors, and, he says, “we get to take advantage of one of the best primary-care medical schools in the U.S.”

*Continued on next page*

Photo courtesy of Paula G. Carvalho, M.D.



“We really want to teach our trainees how to teach, because we think that’s going to be the name of the game,” says Paula G. Carvalho, M.D. ’84, Res. ’87. More teachers in the region mean more opportunities for students to learn. In this photo, Carvalho (the woman near the center of the frame) is about to teach fourth-year medical students and internal medicine residents how to insert a central line in a mannequin — part of a simulation exercise.

**2000** UW residents have completed 2,766 clinical rotations at WWAMI sites since 1970.

**2002** WWAMI program receives Outstanding Community Service Award from Association of American Medical Colleges.

**2005** UW Medicine initiates Institute for Simulation and Interprofessional Studies (ISIS) to enhance training, medical teamwork and patient safety — vast potential to bring simulation training to region.



What's in it for the preceptors themselves, besides a significant addition to their workload? They love working with young people who are so enthused about medicine. And it reinforces a commitment to lifelong learning. "Working with trainees definitely keeps me on my toes," says Harberd. Community doctors have to be prepared to answer trainees' many questions — and they have to be prepared to teach.

"It's fun to continue to learn, and I think that's the key when you're teaching students," says Urata. And, like all good teachers, he knows that learning is a balance between watching and doing. Take this summer's R/UOP student, for instance, whose clinical experience included delivering babies.

"We had her do a couple of deliveries," says Urata. "And we were right there helping her."



Photo courtesy of Tobe H. Harberd, M.D.

Tobe H. Harberd, M.D. '06, experienced one of the benefits of rural practice — enjoying the great outdoors — during his time in the R/UOP program.

Extra content at [www.uwmedmagazine.org](http://www.uwmedmagazine.org) »

- Your WWAMI stories
- Maps: Watch WWAMI grow
- Slideshow: Ranch life, Montana (& more)

## URBAN *and* RURAL

Many medical schools focus on urban medicine — a function of location. With WWAMI, medical students at the UW School of Medicine can experience medicine at locations that vary from large urban hospitals like UW Medical Center in Seattle, to community-based clinics in small towns.

"It gives you a much broader perspective... about what and where you can practice," says Jarod McAteer, M.D. '09.

Here's what McAteer and students Cassie Iutzi and KayCee Gardner found during their WWAMI training:

**Pride.** "They [doctors] are very proud of their patients in the rural facilities," says Gardner. In urban hospitals, she says, patients are often seen by residents. In small towns, doctors know their patients and patients' families.

**Travel.** In Juneau, Alaska, "You can't just turn around and call a cardiology consult and have a doctor come by, because the nearest cardiologist is in a different town," says Iutzi. The same holds true for many locales in the five-state region; often patients need to travel for specialized care.

**Role-stretching.** In cities, surgeons focus more on specific skills, says McAteer. In rural or semi-rural locations, the scope is typically broader — surgeons take on more types of cases.

**Knowledge transfer.** Gardner learned about an alcohol detox protocol at the Seattle VA. When she participated in the WRITE program in Montana, she found that the local hospital would benefit from using it. She subsequently had the process approved for use by the medical board in Lewistown, Mont.

**Poverty.** "Often, you don't see [poor] patients until their problems are really large," says Iutzi. She found this to be true both at Harborview Medical Center, which provides the most charity care in Washington state, and at clinics in Nicaragua, where she volunteers.

2008

Washington State University-Spokane joins WWAMI.



2008



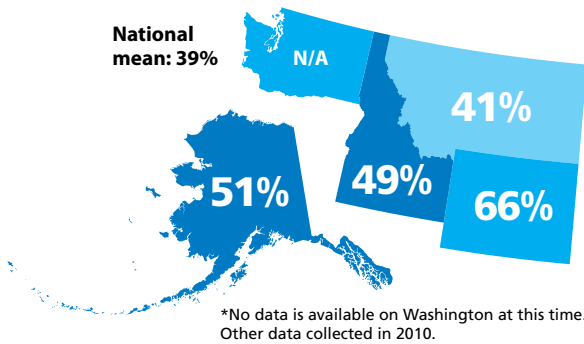
ISIS presentation via telemedicine between Seattle, Wash., and Boise, Idaho, using the Xbox as a tele-simulation tool.

# SUCCESS RATES

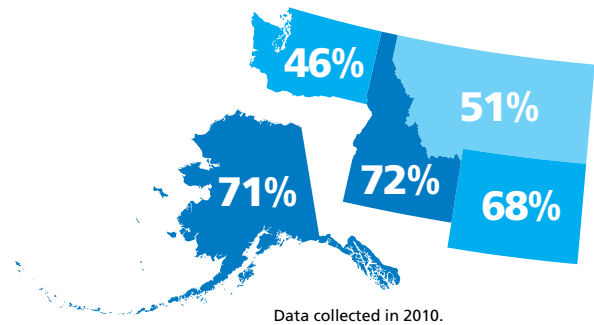
If WWAMI is engineered to educate people *from* the region to practice medicine *in* the region, how's it doing? The answer is: remarkably well. "WWAMI continues to be the model that people look to when they talk about regional medical education," says Suzanne M. Allen, M.D., MPH, UW School of Medicine vice dean for regional affairs. Here are the statistics.

**Do WWAMI students return to their home state to practice? Yes** — and the four WWAMI states for which figures are available are above the national mean.

**National mean: 39%**



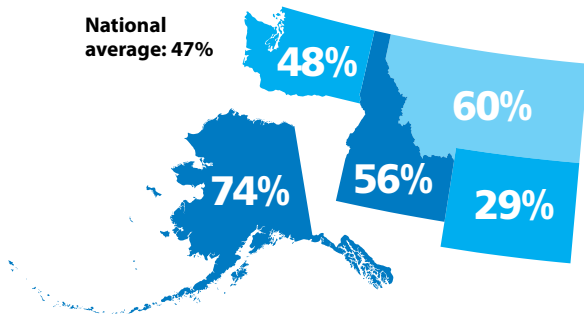
**Do WWAMI students (regardless of their home state) return to WWAMI states to practice? Yes.**



**Do residents return to their state of origin to practice?**

**Yes** — and four WWAMI states are above the national average in their return rates. Read more about residents on the next page.

**National average: 47%**



**NATIONAL RANKINGS**



from the 2009 State Physician Workforce Data Book, American Association of Medical Colleges

**2008** Targeted Rural/Underserved Track (TRUST) starts. The concept: to focus and maintain student interest in primary care.

**2010** First WWAMI Graduate Medical Education (residency) Summit held in Spokane, Wash.



**2011** The total number of medical students in the first-year class (all states) reaches 220.

## MOE & MINER: RETURNING RESIDENTS

After medical-school graduation, doctors move on to residency training — additional, advanced years of training in which they learn a chosen specialty such as surgery or radiology. Residency provides another opportunity for WWAMI to encourage doctors to practice in the Northwest. There are 18 family medicine residency programs in WWAMI that educate more than 400 residents; in addition, there are residency positions for internal medicine, obstetrics-gynecology and pediatrics, as well as training opportunities for psychiatry in Spokane and Boise. These graduate medical education programs are vital to the future of healthcare in WWAMI; statistics show that doctors like Lanae Miner and Moe Hagman, featured below, are most likely to settle in or near their residency training location. See the stats on page 17.

Left photo: David Wentworth Photography.  
Right photo courtesy of Moe Hagman, M.D.



Lanae Miner checks in on Jude, referred to Children’s from Alaska for diagnosis and treatment — WWAMI in action.



Moe Hagman is seen here in scenic Winthrop, Wash. Hagman recently moved back to Boise, Idaho, where she received training.

**Lanae K. Miner, M.D. '09**  
Pediatrics resident at Seattle Children’s

**Melissa “Moe” Hagman, M.D. '99, Res. '02**  
Associate Program Director, UW Boise Internal Medicine Residency Program, Boise VA

<b>Where did you grow up?</b>	<b>Snohomish, Wash.</b> “There was one high school and three stoplights.”	<b>Boise, Idaho.</b> “Boise got its first mall around the same time I got my driver’s license. We thought the world had truly arrived.”
<b>What was it like working in WWAMI communities as a student?</b>	<b>Eye-opening.</b> “I worked with a family medicine preceptor in White Salmon, Wash., as part of the R/UOP program in medical school. We’d be in clinic during the day, then we’d go to a nursing home to do rounds at lunch. In the morning or the evening, we’d go to the hospital to see newborns and patients referred by the clinic. It was my first exposure to what practicing medicine would be like if I were more than 30 minutes away from a big city.”	<b>Friendly.</b> “I did my third- and fourth-year student rotations in Pocatello, Idaho, and the Boise VA. The people were really welcoming. Basically, they said, ‘You’re important. We have a role for you.’”
<b>Talk about your residency experience.</b>	<b>Diversity.</b> “I spend a lot of time at Seattle Children’s, but I rotate through Harborview Medical Center and UW Medical Center. Residents are also required to spend two months at a site outside Seattle. I went to Yakima. When I was working at the community hospital, I learned that the resources were more limited than they are at Children’s. You have to anticipate in those situations — to take stock of the interventions you can provide, and figure out whether you can provide them, or if you should transfer the patient.”	<b>Relationships.</b> “My co-residents at the Boise VA during the second year of residency are the greatest group of folks I could ever have hoped to work with. We are now scattered throughout Montana, Alaska, Washington and Idaho, but I know that I can call them anytime for advice on topics ranging from patient care to the best places to vacation.”
<b>Where do you want to practice medicine?</b>	<b>Washington.</b> “Washington is my home, and I love it here! I’m hoping to stay in the Pacific Northwest.”	<b>Idaho.</b> “I just moved back to Boise and the Boise VA, because I got hooked on it — like a lot of internal medicine residents who went through the WWAMI program. I’m a teacher at heart, and many trainees come to the Boise VA. Plus, I have nieces and nephews in Boise. They’re fast becoming teenagers, and I wanted to come back to Idaho to go to their birthday parties and go boating with them before they think I’m uncool.”
<b>Final words on WWAMI?</b>	<b>Gratitude.</b> “I could not be where I am today were it not for the physicians throughout WWAMI who opened their offices and shared their patients with me. They have provided me with immeasurable knowledge and experience!”	<b>Fantastic.</b> “WWAMI is fantastic. I’d probably give a good chunk of my paycheck and my left arm for it to continue.”

REPORT TO DONORS 2010-2011

# YOUR CONTRIBUTIONS TO OUR MISSION



UW Medicine

Photo: David Wentworth Photography



## YOUR CONTRIBUTIONS TO OUR MISSION

“Science looks for answers, but they’re not always found,” says Eileen Tietze.

You might think this matter-of-fact assessment of the research process came from a scientist — one who’s learned that some experiments yield results, while others yield more questions. Not so. Eileen Tietze and her husband, Larry, are longtime contributors to UW Medicine.

The Tietzes are both realistic and optimistic, a quality they share with the other friends we profile in our annual *Report to Donors*. These friends include two attorneys who helped create a rehabilitation program for patients with spinal-cord injuries, as well as several families who are creating scholarships for medical students.

With all of our friends — nearly 16,000 individuals and organizations in all — UW Medicine raised more than \$127 million in gifts and grants this past fiscal year. It’s a wonderful investment in our work in research, education and patient care.

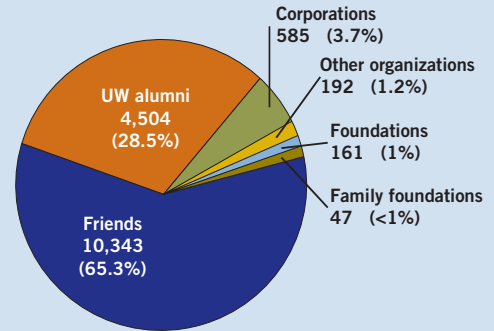
It’s also a wonderful show of optimism, one for which my colleagues and I are grateful. Thank you very much for your generosity.

Lynn K. Hogan  
ASSOCIATE VICE PRESIDENT AND  
CHIEF ADVANCEMENT OFFICER  
UW MEDICINE ADVANCEMENT

## 2010–11: THE YEAR AT A GLANCE

### Who are our donors?

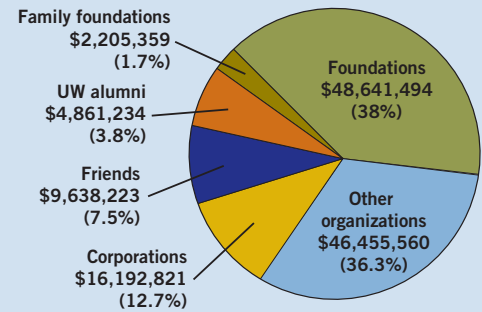
15,832 individuals and organizations



*Of interest: 2,203 UW Medicine alumni gave \$1.8 million in gifts and grants over the past fiscal year.*

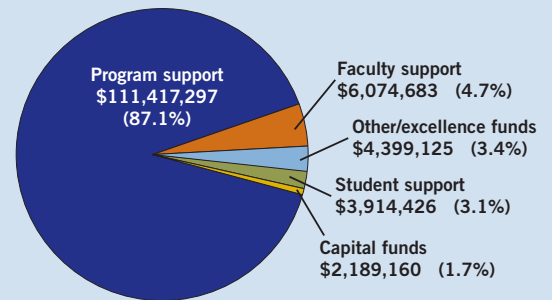
### What did they contribute?

Total: \$127,994,691



*Of interest: UW Medicine received \$4.2 million from donors who supported our work through their estates.*

### What did they support?



### Strengthening the endowment

Many contributors created or augmented endowments, invested funds that support UW Medicine’s work in perpetuity. More than \$8 million in gifts and grants were directed to the endowment in the last fiscal year.

Endowment type	New in 2010–2011	Total
Chairs (for faculty)	5	91
Professorships (for faculty)	5	59
Student support	49	310
Research funds	5	205
Lectureships	0	37
Other	5	36

Left photo: J. Craig Sweat Photography  
Right photo courtesy of WSU-Spokane



In making a gift to support the future of medical care in Eastern Washington, Spokane residents Mari and David Clack (far left) are also paying tribute to Mari's father, Clyde Jensen, M.D., a pathologist at Harborview who cared deeply about medical education.

## The Great Collaboration

**I**f anything comes along that will help move Spokane forward in a big way, the Clacks will be right in the middle of it," says Ken Roberts, Ph.D., director of Spokane's first-year WWAMI medical education program.

With a recent gift to UW Medicine and with other advocacy efforts, Spokane community members Mari and David Clack are proving Roberts right. The Clacks are key members of an educational movement involving partnership and innovation at the personal level and between the University of Washington (UW) and Washington State University (WSU).

The story — and the Clacks' gift — begins with medical students from the state of Washington who are enrolled in the WWAMI Spokane program.

In the 1970s, the UW School of Medicine began work with other Northwest educational institutions, politicians and community members to educate students who would stay in the Pacific Northwest to practice medicine. The program — which would eventually involve Washington, Wyoming, Alaska, Montana and Idaho — became known as WWAMI. Although Spokane had been part of WWAMI for many years through training third- and fourth-year students during their clinical phase, it wasn't until

2008 that a cohort of first-year medical students began to train on the WSU-Spokane (Riverpoint) campus. These students joined similar WWAMI cohorts already established in other states and on the WSU-Pullman campus.

Given the Clacks' extensive experience in business and community advocacy, they began to explore the vast potential in this UW-WSU collaboration. The Clacks have one major goal in mind: training doctors to practice in Eastern Washington, where doctors are very much needed.

In training doctors, explains Roberts, there's a certain domino effect. It begins in the first year of medical school.

"We want students to see that Spokane is a great community, so we want to expose them to local doctors and to community-oriented social events in that first year," Roberts says. "If they have a good experience, they're more likely to return for clinical training during their third and fourth years. If they do that, they're much more likely to consider completing their residency training here. And doctors tend to settle and practice near their residency site."

Social events help first-year students feel at home in Spokane, and that's where the Clacks have focused their giving. "It's a very modest beginning, but you have to start somewhere," says David Clack. Encouraging community engagement in the WWAMI program itself is the Clacks' next step. "We've found that when we get people out to the campus and they walk around, and we show them what's happening, they get really excited," says Mari Clack, a former University of Washington regent.

The excitement will likely build as the UW and WSU work together on a new piece of the WWAMI program: a pilot project that would test the feasibility of teaching second-year students at the Spokane site. To date, student training has only been offered in the first year and during the clinical training phase in the third and fourth years — and all medical students spend their second year in Seattle. But a pilot could place all four years of the WWAMI program in Spokane.

"I'm a believer in collaboration," Mari says. When it comes to medical care for the WWAMI region, she adds, "we're all in this together."

See page 10 for more stories on the WWAMI program.

Photos: David Wentworth Photography



Scholarship recipient Anthony Guynes, a former pastor, says that medical school is a family affair — and he and the kids are having fun learning about medicine together. Pictured (at far left) are Guynes' wife, Beth, a public health nurse, Quinnson (8 weeks), Shaylah (5), Josiah (7), and Guynes.

## Sharing the Medical-school Challenge

Hard work, long hours, years of expensive training — that's the life of a medical student. On top of that, imagine raising several children. Susan S. Huckabay and her late husband, Durward A. ("Huck") Huckabay, Jr., didn't have to use much imagination to picture that scenario. It is part of their family history.

Huck's father, Durward A. Huckabay, was in medical school in the early 1900s when his parents died, leaving him responsible for his orphaned siblings. He and his wife took them in. "That was truly a fiscal hardship," says Susan S. Huckabay.

It's a story that Anthony Guynes, a 36-year-old, second-year medical student and father of three — and a recipient of the Durward A. Huckabay, M.D. Endowed Scholarship Fund — can relate to. For Guynes, going to medical school is an all-family commitment, and a costly one. Without the scholarship the Huckabays created a number of years ago, Guynes says, he'd graduate with more than \$300,000 in debt. "It really makes a difference to have other people helping us," he says.

In 2011, the Huckabays made another gift to scholarship: a \$1 million challenge gift, established to encourage others to contribute through matching contribu-

tions. Over the past few months, a number of people have stepped forward.

Ann Ramsay-Jenkins, chair of UW Medicine's Scholarship and Student Support Committee, vice chair of the College Success Foundation's board of directors, and past chair of the UW Medicine Board, was among the first to meet the challenge. With her late husband, William (Bill) Jenkins, she has been a longtime supporter of medical-student scholarships at the UW School of Medicine.

"Bill and I have always believed in giving a hand up, particularly to bright young people with big dreams," Jenkins says. She is also interested in freeing students from crushing loan debt. Such debt may steer students away from practicing primary care, especially in rural and underserved areas where doctors are very much needed.

Ruth Fischer-Wright, M.D. '87, Res. '90, has similar thoughts about medical practice. "You can make more money in other specialties, but primary care is invaluable to our communities," she says.

When Fischer-Wright and her husband, Craig L. Wright, M.D. '88, Res. '91, made a commitment to the Huckabay challenge, they opted to support third-

year students interested in primary care. Their gift is motivated partially by empathy. As medical students, the couple lived from loan check to loan check, and they vividly recall how quickly money dwindled after paying for books and rent. "That was one of the things that attracted us — providing medical students with a little money during their training, rather than living on loans," says Craig Wright.

Wright and Fischer-Wright look forward to learning more about the students who will receive their scholarship — just the sort of contact that Susan Huckabay has enjoyed. Every year, she and her family see many inspiring letters from students who benefit from the Huckabay Scholarship.

"I have every single letter that I have ever received," Huckabay says. A thank-you letter from a grateful Anthony Guynes is certainly in the file.

"Having people like the Huckabays, who are willing to share the burden with us — and just knowing that there are people invested in my education and my family's well-being — it's really a motivation and an encouragement," says Guynes.

Photo: David Wentworth Photography



World-renowned liver pathologist Nelson Fausto, M.D., and his wife, psychologist Ann DeLancey, Ph.D., believe in helping people achieve their dreams. This belief inspires their generosity to medical research, faculty, and Native American and Alaska Native youth.

## Learning to Fly

The birds — caught and neatly framed by the camera lens — line the wall outside Nelson Fausto's office. There's an eagle, a great blue heron, and baby swallows crowded into a nest, their beaks open for food.

Fausto, an accomplished amateur photographer, was also the chair of the University of Washington School of Medicine's Department of Pathology for 17 years. He is one of a handful of people at the top of his field: liver pathology. "It's hard to know what superlative to use," says Thomas J. Montine, M.D., UW professor in the Department of Pathology, the department's interim chair, and the Nancy and Buster Alvord Endowed Chair in Neuropathology. "He's a world-class liver researcher."

Fausto has spent his entire career studying the liver's ability to regenerate — remarkably, a property it retains even after two-thirds of the liver's tissue is removed. "Nelson thought, quite correctly, that this unusual property of the liver to regenerate itself — and then stop — would hold important clues to cell cycle regulation and what goes wrong in some forms of cancer," says Montine.

This important research is an area of deep commitment for Fausto and his wife, Ann L. DeLancey, Ph.D. That's why they

established the Pathology Liver Research Fund earlier this year. "The creation of a fund will allow this kind of work to continue," Fausto says.

Faculty mentoring is another area of immense importance to Fausto and DeLancey. To move faculty mentorship forward, they created a recruitment and retention fund to foster the development of junior faculty. "We toss around the word 'mentor' a lot now, to the point that it's almost trivial," says Montine. But Nelson, he says, is the real thing: a genuine mentor.

Barb Prentiss, the Department of Pathology's director and administrator, agrees. She worked with Fausto for 16 years, watching him build the department to prominence, bringing in international scholars, and, most importantly, changing people's lives — including her own, Montine's and those of many colleagues. "He has been truly instrumental in supporting me and many others in building our careers," she says.

Fausto and DeLancey are also changing the lives of Native American and Alaskan Native youth — an interest spurred, in part, by their devotion to collecting Native art. While the art gives them a great deal of pleasure, says Fausto, it also has inspired them to action.

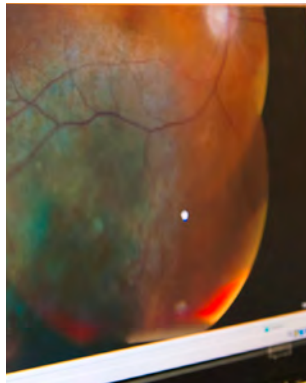
"We thought of the difficult conditions that people endure in living on reservations, in Alaskan villages, and other places," Fausto says. Wanting to help, he and DeLancey chose to contribute to an endowed scholarship for medical students from federally recognized tribes. They also contributed to a project that brings middle-school children from Washington tribes to visit the Department of Pathology.

"We want to help these young people see that there are broad horizons they can explore if they remain in school," says Fausto. The kids stay overnight to see the labs, talk to researchers, look under microscopes and learn about diseases. "They get very, very excited," says Prentiss.

Middle-school students, researchers, administrators, medical students, colleagues — Fausto has a gift for providing help when and where people need it most.

"He's the kind of leader who lets you spread your own wings and learn to fly," says Prentiss. "And he's there supporting you as you do it."

Professor Emeritus Robert E. Kalina, M.D., and chief ophthalmology resident Sharel Ongchin, M.D., study images of a patient's choroidal melanoma. Recognizing his many contributions to education at UW Medicine, a number of Kalina's peers and trainees have created a professorship in his name.



Photos: David Wentworth Photography

## Taking Up the Mantle

"From the beginning, I knew my fellowship was going to be very different from my residency," says Robert J. Champer, M.D., Ph.D., Fel. '95. Champer completed his ophthalmology fellowship at UW Medicine; he worked with Robert E. Kalina, M.D., former chair of the Department of Ophthalmology.

"It was an absolutely wonderful experience," says Champer. "He would be one-on-one with you in the clinic and in the operating room. Technically, he taught me how to be a first-rate clinician and surgeon. But more than that, he taught me how to be a doctor — how to listen to patients, how to comfort them."

Champer, a retina specialist who practices in Eugene, Ore., is not the only physician impressed by Kalina's mentorship style. At an alumni event in 2009, Champer and others Kalina trained began talking about "what a role model he was, and how we needed to acknowledge that." From those conversations, which included Elaine Chuang, M.D., Res. '83, Samuel G. Farmer, M.D. '79, Res. '84, and Debra Graham, M.D., Res. '96, among others, the idea for an endowed professorship honoring Kalina was born.

The Robert E. Kalina, M.D., Endowed Professorship for Ophthalmology Education is one of the few professorships at

UW Medicine specifically designed to promote teaching. Kalina, who still teaches, is grateful for this focus. He believes that, when it comes to funding for the "three-legged stool" of research, education and patient care, the teaching component can get short shrift.

"At the same time, there have been increased responsibilities placed on people who run training programs," Kalina says. "There's competition between teaching, which doesn't generate revenue, and earning your own way with patient care." Kalina hopes that the professorship — which will serve as one stable, reliable source of funding — will help rectify that imbalance by supporting a faculty member focused on teaching and training.

Russell N. Van Gelder, M.D., Ph.D., chair of the Department of Ophthalmology and the Boyd K. Bucey Memorial Endowed Chair in Ophthalmology, concurs. "The stresses on education funding have made this kind of philanthropy essential to continuing our mission," he says.

Van Gelder observes that the professorship is more than an asset to the department. It is also a wonderful tribute to Kalina, a member of the department for 44 years: 27 as chair, 26 as director of

the residency program, and 15 as director of the vitreoretinal fellowship program. "He set outstanding educational standards for our training, particularly our residency training, which persist to this day," says Van Gelder.

Kalina demurs, saying that "the most important ingredient in teaching is the student." But it is clear from the outpouring of support for the professorship that Kalina has had an extraordinary impact on his trainees and peers. The many donors who have pledged to fund the professorship include a number of Kalina's colleagues, 60 former trainees and a generous anonymous donor.

"The No. 1 thing is to acknowledge the effect that this man has had on tens of thousands of patients," says Champer. "But I'm also hoping that this funding will attract another person like Dr. Kalina, who can take up that mantle and go forward with it."



Maria R. Reyes, M.D., Res. '94, and volunteer Kyle Samek assist Joseph Preti in building upper-body strength. "I've definitely gotten stronger," Preti says. For people like Preti, says Reyes, UW Medicine's new post-spinal cord injury rehabilitation program, Transitions, helps ease the shift back into family and community life.

## A Valuable Life

Every year, more than 12,000 people in the United States suffer a spinal cord injury (SCI). And in one instant, their lives are forever changed.

Severe SCI can cause temporary or permanent paralysis, and appropriate rehabilitative care is often part of the treatment for injured patients. After that, however, making the transition from hospital-based care to daily life at home, at work and in the community can be a very hard road.

UW Medicine's SCI Rehabilitation Core Group had ambitious, innovative ideas for a post-rehabilitative care program for people with SCI, says Maria R. (Rina) Reyes, M.D., Res. '94, UW assistant professor in the Department of Rehabilitation Medicine and medical director of the UW Medicine SCI Rehabilitation Program, "but we didn't have any funding to make it happen."

Enter several generous supporters. The Craig H. Neilsen Foundation awarded a competitive grant in support of the proposed program. And, after winning a personal injury settlement for Kenneth (Kenny) Salvini — a young man rendered quadriplegic after a terrible accident at a ski resort — attorneys John R. Connelly, Jr., and James W. Beck committed to a matching gift in Salvini's honor. The gifts were made through their firms, Connelly Law Offices and Gordon Thomas Honeywell, LLP, respectively.

"Kenny is an extraordinary young man, and we wanted to do something on his behalf that would help other people in the same circumstances realize that they could go on and lead a valuable life," says Connelly.

"He has such an unusually supportive network of family," Beck adds. "It made a lot of sense for us to do something that would acknowledge all the people out there that don't have the same support network that Kenny has."

These gifts allowed the launch of UW Medicine's Transitions Health Maintenance and Wellness Program ("Transitions") in February 2011. Transitions gives patients access to post-rehabilitative services during their first two years after injury — a critical time for maintaining and building on the level of activity set during in-hospital rehabilitation. Without post-rehabilitation services, activity typically drops precipitously after a patient is discharged.

"Transitions promotes lifelong wellness, independence and participation by introducing and encouraging healthful practices," explains Reyes, who directs the program and witnesses firsthand the progress made by its participants.

The individualized program — with activities taking place at UW Medical Center and Harborview Medical Center — includes an educational series on health and pain-management strate-

gies as well as counseling services. It also provides opportunities for patients to participate in supervised, adapted exercise, join community recreation programs, master adapted driving skills, and use computers to explore work options. These resources are invaluable for patients struggling to create a new "normal" after SCI.

Ray Neilsen, chair of the Craig H. Neilsen Foundation, says that Transitions' goals align strongly with the foundation's mission.

"The Craig H. Neilsen Foundation supports research to find a cure for spinal cord injuries and programs to improve the quality of life for those living with SCI," says Neilsen. "We're pleased to partner with the University of Washington in launching its innovative rehabilitation program, Transitions. We believe this program will offer wonderful opportunities for those living with SCI."

One patient who appreciates these opportunities is Joseph Preti, paralyzed from the chest down after an accident in October 2010. Thanks to Transitions, Preti has learned to drive with hand controls, and he now drives himself from Port Angeles to Seattle twice a week for his sessions. Although his wife still needs to help with the wheelchair restraints, being able to drive gives him a feeling of independence, he says. "It's a real benefit to me."

Photos: David Wentworth Photography



Michael T. Chin, M.D., Ph.D., FACC, FAHA, pictured here in his lab, studies ways in which non-embryonic stem cells might be used to repair the heart. Chin's work is supported by Larry and Eileen Tietze; similar work at UW Medicine — innovative, early-stage research — is also supported by Perkins Coie.

## Looking for Answers

Some people are drawn to innovation. When those people are donors to scientific research, they can advance significant medical breakthroughs that might otherwise take many more years to achieve.

John L. (Larry) and Eileen Tietze are such donors. Through the John H. Tietze Foundation Trust, they have made a series of awards to UW Medicine scientists for breakthrough and early-career research on the leading edge of translational medicine. These awards may ultimately lead to grants from the National Institutes of Health (NIH).

“Working with early-career scientists has proved to be the most rewarding investment we have ever made,” Eileen Tietze says. “Our gifts help move science forward.”

While the Tietzes give grants in several research areas, including brain tumors and vision, many current recipients of their awards are conducting stem cell research. Eileen Tietze, who serves as a public member on the UW Embryonic Stem Cell Research Oversight (ESCRO) Committee, sees stem cell research as the next big frontier in medicine.

“The idea is to get scientists with great ideas to the next step, where they can go to the NIH for funding,” she says.

Perkins Coie is another significant donor drawn to early-stage research at UW Medicine; the prestigious law firm supports scientists working on promising therapies.

“Perkins Coie has a longstanding interest in the life sciences. We are proud that our Award for Discovery, now in its fifth year, provides support for cutting-edge research at UW Medicine’s South Lake Union campus,” says Jim Lisbakken, a partner in the firm’s Licensing and Technology Practice and co-chair of the firm’s Life Sciences Practice. “The need to fund early-stage translational research is ongoing, and we congratulate and thank Larry and Eileen Tietze for supporting breakthrough research at UW Medicine through the Tietze Foundation.”

The contributions from Perkins Coie and the Tietzes are making a significant difference. Michael T. Chin, M.D., Ph.D., FACC, FAHA, UW associate professor of medicine in the Division of Cardiology and the Harold T. Dodge/John L. Locke Endowed Chair of Cardiovascular Medicine, is the first recipient of the Tietze Family Award for Research in Stem Cells.

“Gifts like the Tietze Award are invaluable. They allow us to fund innovative but high-risk projects that wouldn’t be funded by the NIH,” Chin says. The funds he received from the Tietzes support the development of a protein-based cell therapy to convert fibroblast stem cells into heart cells in order to repair injured hearts.

In contrast to embryonic stem cells, fibroblast cells are located throughout the body and are easy to obtain. Chin is testing four proteins with the potential to convert fibroblasts into cardiac cells at the site of injury. What would success mean? “It could revolutionize treatment for people who have had heart attacks and ischemic heart disease,” he says.

But even if this particular project doesn’t achieve the hoped-for results, the Tietzes will still be satisfied.

“We have never been disappointed,” Tietze says of their giving. “Science looks for answers, but they’re not always found. Our grants help the search.”

# Training for Rural Alaska

It was a proud moment for Pat Hensch, PA-C (Seattle Class 19). On Aug. 18, 2011, Hensch — a MEDEX Northwest faculty member, lecturer and clinical coordinator, witnessed the graduation of the 15 members of MEDEX Alaska's first class of physician assistants (PAs).

Hensch knows Alaska, especially the challenges of remote medicine. After she moved to Bethel in 1983, she enrolled in the MEDEX program, returning to the town for clinical training. She then worked in Bethel — considered “bush” Alaska — for 17 years. Even at her Anchorage office today, says Hensch, “I might see a moose as I look out the window.”

Knowing how PAs fit in to the world of rural and remote medicine is useful to Hensch, who sets up rotations for students in sites like Kodiak, Tok, Denali and Juneau. The students spend their first year studying in Anchorage at the University of Alaska — where the new health sciences building brings together PA students, WWAMI medical students and nursing students. They spend their second year traveling from rotation to rotation, learning from community practitioners who teach them hands-on work in family medicine, behavioral health, general surgery and emergency medicine.

Making connections with medical providers takes a lot of travel. There are very few roads in this last, vast frontier, but Hensch recently completed a “1,000-mile journey” to inspect sites; in winter, she flies. During inspections, Hensch verifies that a clinic has the resources to take on a student as well as a patient population that will show the student a variety of needs. All the sites



Pat Hensch, PA-C (Seattle Class 19), once used milk jugs to pull a patient's dislocated shoulder back into place. Inventive medicine is the norm in rural areas, where medical personnel often have to make do with available resources.

offer something different. “In Nome, for instance, students have to hit the ground running,” says Hensch. “They're delivering babies within weeks...it's a great site.”

Hensch is looking forward to the expansion of the MEDEX class, slated to rise to 22 students by its third year. It means more travel to create more training slots. And it means more PAs who can practice remote medicine in places where medical personnel are very much needed.



# ALL-SCHOOL REUNION WEEKEND

June 3-4, 2011

**Our award recipients.** Every year, the UW Medicine Alumni Association recognizes several exceptional alumni on reunion weekend. The 2011 Alumni Award recipients, from left to right, are: Marshall S. Horwitz, Ph.D. '88, M.D. '90, Res. '92 (Alumni Early Achievement Award), Lawrence K. Altman, M.D., Res. '68, Fel. '69 (Distinguished Alumnus Award), Anna H. Chavelle, M.D. '57 (Medical Alumni Service Award), and Frank W. Ogden, M.D. '61 (Humanitarian Award). Far right: Paul G. Ramsey, M.D., Dean of the UW School of Medicine.



**Meet Them on Video!** Meet our esteemed 2011 Alumni Award recipients on video at [www.uwmedmagazine.org/awards](http://www.uwmedmagazine.org/awards). And, while you're there, nominate someone for the 2012 awards!

Douglas O. Corpron, M.D. '56, Res. '58, left, and Robert E. Carney, M.D. '56, Res. '71, enjoy a moment in the lobby at UW Medicine's South Lake Union site.



Several classes celebrated major reunions over the weekend. Among them were the Class of 1961 (50th), the Class of 1971 (40th), and the Class of 1986 (25th).

Gilbert G. Eade, M.D. '51, left, and Fred G. Hazeltine, M.D. '51, reminisce at a reception.



It's a family affair!  
The members of the Class of 2001 celebrate their 10th reunion — with their kids.



# CLINICAL TRANSITION CEREMONY

May 27, 2011

Clinical Transition — second-year students don white coats that symbolize the transition from classwork to clinic, above, and pose for the camera after the ceremony, below.



Left to right: student Mike Strum, Denali College faculty member Diane Timberlake, M.D. '85, Res. '88, M.A. '99, and students Ricky Martin, Abby Kelly, and Megan Woodward. College faculty serve as mentors, and they're an important part of students' lives.

## You can connect with students!

"The students are great. And it's fun to remember the 'good old days' of being a medical student and to share a bit of life as a practicing physician," says Nathaniel Schlicher, M.D. '06.

Fun, information and food form the foundation of the Student-Alumni Informational Dinners (SAID), a program that takes place primarily at the homes of Puget Sound-area alumni.

And it doesn't even need to be dinner, exactly, says veteran host Angela Chien, M.D. '95. "Dinner can also mean brunch, lunch, or midday drinks and appetizers," she says. "The key is to find time to spend with first- and second-year students and help them explore what it's like to be a doctor today."

HOST, Help Our Students Travel, offers another opportunity to get to know students. Alumni all over the country offer students a place to stay for a few days while they do residency interviews.

Interested in connecting with a student or two? Contact UW Medicine Alumni Relations at [medalum@uw.edu](mailto:medalum@uw.edu), 206.685.1875 or toll free 1.866.633.2586 for more information on SAID and HOST. Thanks!



This year the UW Medicine Alumni Association partnered with Student Affairs to host Family Day as part of the first-year students' orientation week. Presenters gave an overview of the school, and they shared insights and advice with students and family members. The event culminated with alumni presenting stethoscopes to students — a gift from the UW Medicine Alumni Association.

# FAMILY DAY

*September 2, 2011*



Top: Alumnus Henry Kuharic, M.D. '54, Res. '60, chats with first-year medical-school students.

Left: Angela Gibbs receives her stethoscope from Samuel H. Tarica, M.D. '52, Res. '53, '54, '55.

Photos: Amanda Butler, Team Photogenic

# 20

A wonderful evening awaits.

Jeffrey and Susan Brotman, together with Steve and Connie Ballmer, Bill and Mimi Gates, and Erik and Julie Nordstrom invite you to

**SAVE THE DATE**

and join us for

UW Medicine Salutes Harborview

6:00 p.m.

Saturday, **February 25, 2012**

The Sheraton Seattle Hotel

For information, please contact us at 206.543.7873 or [meddev@uw.edu](mailto:meddev@uw.edu).

Proudly presented by the Western Washington Toyota Dealers Association

The ClassNotes below were received through August 2011; any received afterward will appear in the next issue.

**New job, award, move or family addition?** Send us a quick note; simply visit [www.uwmedmagazine.org](http://www.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.

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

### 1951

**Aubrey C. Tanner, M.D.**, writes, "I still live on a golf course and attempt to play the game (with limited success but much appreciation of the real golfers). I spent Christmas in the Yukon with two daughters, their spouses and five grandchildren — the next stop is Newfoundland with daughter No. 3, her husband and three grandchildren. My son, Mark, lives nearby and visits often with his wife, Susan, and two more grandchildren. Life is good! I'm looking forward to news of my classmates."

### 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](mailto:medalum@uw.edu).

**Glen R. Stream, M.D. '82, Res. '85 (family medicine), MBI, FAFAP**, a physician in Spokane, Wash., became president of the American Academy of Family Physicians (AAFP) on Sept. 14, 2011. The AAFP represents more than 100,000 physicians and medical students; as president, Stream will advocate on behalf of family physicians and

patients nationwide to inspire positive change in the U.S. healthcare system.

### 1953

**Lowell E. (Bud) White, M.D.**, is the author of *Toward a Healthy Tomorrow*, published in January 2011 by Trafford Press and dedicated to his UW School of Pharmacy and UW School of Medicine classmates.

### 1954

**Henry A. Kuharic, M.D., Res. '60** (internal medicine), now lives in downtown Seattle. He's thankful to have easy access to events downtown and at the University of Washington, noting they've both grown into major communities during his lifetime. This spring, on the way to the American College of Physicians meeting in San Diego, Calif., he had a wonderful visit with classmate **James C. Caillouette, M.D.**, and his wife, Joan, in Pasadena. Kuharic still makes volunteer rounds on former patients when they're in nearby hospitals and says, "Once a physician, always a physician."

### 1955

In early July 2011, **Jack E. Games, M.D., Res. '61** (psychiatry and behavioral sciences), received the 50-Year Life Medal from the 55th Convocation of Distinguished Life Fellows and Life Members of the American Psychiatric Association. He was especially pleased to find some of his colleagues in the same listing.

**Alan W. Gunsul, M.D.**, will be attending his 11th Summer Olympic Games next year in London and is signed up for Rio de Janeiro in 2016. His primary interest is track and field. He also plans to visit Rome in 2011, followed by a cruise of the Eastern Mediterranean, visiting historical cities such as Naples, Messina, Athens and Ephesus.

### 1956

**Douglas O. Corpron, M.D., Res. '58** (general surgery), continues to be active with the UW Medicine Alumni Association and enjoyed celebrating with classmates at their 55th anniversary last June. Corpron is board chair of Commu-

nity Health of Central Washington, and he traveled to Thailand in January with a Whitworth College student group led by his daughter, Pamela Corpron-Parker. While there, he celebrated the 50th anniversary of the Kwai River Christian Hospital, which he helped establish.

This last year has been a difficult one for **Orval Dean, M.D.** He spent more than three weeks in the hospital with a MRSA infection, which left him with permanent kidney damage and chronic anemia. After nursing him back to a reasonable level of health, his wife, Josephine, passed away on April 11. They had been married nearly 53 years. Dean was able to resume pastoral ministry to the seniors in his church, which has been his primary pastime for the past 13 years.

**Donald E. Engstrom, M.D.**, and his wife, Arliss, celebrated their 50th wedding anniversary on March 18, 2011. The celebration was hosted by their three children and their spouses at the Davenport Hotel in Spokane, Wash.

### 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](mailto:medalum@uw.edu).

### 1958

**Eleni (Helen) Rotous Rockas, M.D.**, recently celebrated her 50th wedding anniversary with her husband, Chris. Rockas retired in 2004 and worked as a



Helen Rotous Rockas, M.D.

volunteer at the Olympic and Paralympic Games in Athens, Greece, where her ability to speak her native language was an asset. Retirement also has increased her interest in geriatrics. Through the Fresno County Medical Society, Rockas has developed a presentation on "The Causes, Prevention and Treatment of Stroke," which she presents at senior centers. She's also busy having coffee with girlfriends, attending Greek Orthodox Church choir conferences, singing with the Fresno Community Chorale, giving concerts in Italy, China, France and Israel, and meeting with her book club and the Daughters of Penelope; additionally, she has three grandchildren. Rockas welcomes classmates to stop by for a visit.

**1961**

In March 2011, **Kenneth L. Casey, M.D.**, received the Mitchell B. Max Award for Neuropathic Pain, sponsored by the American Academy of Neurology and endowed by the United States Cancer Pain Relief Committee, the Mayday Fund and friends of Dr. Mitchell Max.

**James E. Dalen, M.D.**, writes, "I keep busy as the executive director of the Weill Foundation, as associate editor of the *American Journal of Medicine* and with teaching in the University of Arizona Colleges of Medicine and Public Health."

**The Stresses of War: Richard Rahe**

After 20 years of service in the U.S. Navy, with many academic appointments, a fellowship in Sweden and numerous awards, Richard H. Rahe, M.D. '61, Res. '65, is now a staff psychiatrist for the Veterans Administration in Salem, Ore. He counsels servicemen and women returning from Afghanistan and Iraq, specializing in those suffering from post-traumatic stress disorder (PTSD).

During his time in the military, Rahe helped to set up evaluation and treatment programs for POWs returning from Vietnam and Americans held hostage in Iran in the late 1970s. He later served as a consultant for the U.N.'s War Crimes Tribunal — on how best to handle witnesses — and he worked with the World Health Organization in Zagreb, Croatia.

"It has been extremely rewarding to have a career in stress research and therapy for more than 55 years — and still counting!" says Rahe.



**Frank W. Ogden, M.D.**, recipient of the 2011 UW Medicine Alumni Association Humanitarian Award, is planning to return to Kibuye Hospital in Burundi in early 2012 to teach medical students at

the school named after him: the Frank Ogden School of Medicine of Hope Africa University.

**Michael K. Reedy, M.D.**, writes, "Here is an image of me in spring 1972, in a group portrait of the Duke anatomy department that only turned up in local archives two weeks ago. I'm afraid the corduroy jacket is not up to the standard of my former tweed. I'm puzzled that we are not all wearing bell-bottom trousers. I am pretty sure I wore some one-and-a-half years later, when Mary and I were wed. I'm still hoping for five more NIH-funded years, but it is much tougher now, even though we (we think) have solved the mechanism of stretch-activation in the asynchronous fibrillar type of insect flight muscle. (See the *Proceedings of the National Academy of Sciences*, published Jan. 4, 2011.) Mary knew we were on this trail and starting to make progress just a few days before she died of metastatic breast cancer in California in 2008. I'm only 77 — how can I quit until we prove ourselves right or wrong, one way or another? It might offer a key to a mechanism and therapy for congestive heart failure."



Michael K. Reedy, M.D., corduroy jacket, circa 1972.

**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](mailto:medalum@uw.edu).



Shay Bintliff, M.D.

**Shay Bintliff, M.D.**, writes, "I was the only female in a class of 75. Wow, have times changed!! Aloha, classmates! I know this is a really

crazy photo, but so much fun. This is my shark hat — I wear it when I am racing Hawaiian canoes in the open ocean."

**Frank I. Backus, M.D., Res. '68** (psychiatry/behavioral sciences), and his wife, Mary Lee, have recently downsized. They enjoy visiting their children and grandchildren in Bend, Ore., and travel in other parts of the world. They continue to be involved in creek and riparian habitat restoration, environmental advocacy, playing bridge, hiking, birding and reading.

Since leaving an active nephrology practice and moving to Bainbridge Island, **Robert W. Fortner, M.D.**, and his wife, Nancy, owned and operated a bookstore, and graduated a daughter with a master's degree in women's studies. They now run Sweetlife Farm, and they welcome visitors.

**1965**

**Raymond E. Vath, M.D., Res. '69** (psychiatry/behavioral sciences), former president of the UW Medicine Alumni Association, retired from his psychiatric practice on July 1, 2011.

**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](mailto:medalum@uw.edu).

Retired in December 2009 after a 42-year career in emergency medicine, **David W. Eckert, M.D.**, worked the last 12 years for Northern California Kaiser in Roseville and Sacramento. Now living in Arizona in the West Phoenix Valley, he enjoys access to NASCAR races at Phoenix International Raceway as well as NFL football at University of Phoenix Stadium, home of the Arizona Cardinals. Golf is a major pastime, and the weather allows for several rounds per week.

**1968**

**Andras G. Lacko, M.D., Ph.D.**, professor of molecular biology and immunology at the University of North Texas Health Science Center, jointly developed nanoparticles loaded with small interfering RNA to silence cancer-promoting genes which selectively shrank or destroyed ovarian cancer tumors in mice.

As of January 2011, **G. Thomas Ruebel, M.D.**, is retired from full-time practice. He still does some breast cancer diagnosis work in Everett. He and his wife, Diane, have lived on Camano Island, Wash., since 2002, and they recently returned from a trip to Italy involving a choral music festival and cooking school.

**Hugh L. Straley, M.D., Res. '68**, and his wife, Linda, live in Seattle. Straley retired from Group Health in 2008 after almost 30 years of practice in oncology and administrative medicine. They spent a year traveling the world and returned to Seattle, where he took a job as the chief medical officer for a small Medicare health plan, Soundpath Health. The Straleys have family in Seattle, and they spend as much time as they can with the kids. Straley plans to retire permanently in 2011, and the couple has plans for more travel in the next year.

**1969**

**Ronald A. Miller, M.D.**, a physician with Glacier Medical Associates, is retiring after approximately 40 years of practicing medicine. During much of his career, Miller served as a preceptor for students from the UW School of Medicine. He was named the Montana Family Physician of the Year in 2008.

**1970**

**Peter J. Adasek, M.D.**, celebrated his engagement to Sun Hui Creecy of Colorado Springs, Colo., in November 2010 in South Korea.



Peter J. Adasek, M.D., and Sun Hui Creecy

**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](mailto:medalum@uw.edu).

**1974**

**Susan M. Ott, M.D., Res. '82** (internal medicine), UW adjunct faculty in the Department of Orthopaedics and Sports Medicine, was featured with her husband, David Ralph, in *The Seattle Times* on Feb. 25, 2011. The couple spent a year climbing every public-use outdoor stairway in Seattle, covering at least 100 miles.

**1975**

The American Academy of Family Physicians has named **William R. Phillips, M.D., Res. '78, MPH**, UW professor in the Department of Family Medicine, and the holder of the Theodore J. Phillips Endowed Professorship in Family Medicine, the Philanthropist of the Year.

**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](mailto:medalum@uw.edu).

## 1979

**Michael B. Henley, M.D.**, was appointed a leadership fellow program mentor by the American Academy of Orthopaedic Surgeons (AAOS) for 2011–2012, and he was invited to help organize the initial meeting of the AAOS Orthopaedic Quality Institute. He also has been appointed chair of the AAOS Coding Classification and Reimbursement Committee. Additionally, Henley was recently awarded membership in the 20th Century Orthopaedic Association.

## 1980

**Richard (Rick) Angelo, M.D.**, began serving his one-year term as president of the Arthroscopy Association of North America in April 2011. His practice at Evergreen Orthopedics in Kirkland, Wash., focuses on knee and shoulder repair and reconstruction.

**Michael J. Lippman, M.D.**, was featured in *The Seattle Times*, March 12, 2011, by columnist Danny Westneat. Twenty-four years after Lippman had delivered a baby and nursed him through intensive care — at no cost, since the child's parents had no health

insurance — the “baby,” now a 24-year-old-man, paid Lippman back. After going to college and landing his first job in biomedical engineering, the patient wrote a \$1,000 check to North Public Health Center, where Lippman works.

## 1982

The Class of 1982 celebrates its 30th reunion at the **2012 Reunion Week-end, 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](mailto:medalum@uw.edu).

## 1983

UW Associate Professor of Family Medicine **Raye Mestas, M.D., Res. '86** (family medicine), gave the commencement address when the Class of 2011 graduated on June 4.

## 1984

**Randall S. Fowler, M.D., Res. '88** (family medicine), completed a residency at Spokane Family Medicine and became board-certified in emergency medicine. He is now the senior partner at Rocky Mountain Emergency Physicians in

Pocatello, Idaho. Fowler loves emergency medicine, and an interest in global medicine has led him to Honduras, Ecuador and Uganda on medical-mission trips. He has been watching UW Medicine's partnership with Kenya — the development of a medical training program based on the WWAMI program — with interest.

As he enters the next stage of his career, he'd like to become more involved in medical education in East Africa.

**John S. Jarstad, M.D.**, was invited to teach eye surgery at a site in North Korea, where he introduced microincision cataract surgery. Jarstad is currently an adjunct associate professor for surgery at Pacific University College of Optometry, where he is a member of the board of regents.

## 1987

The Class of 1987 celebrates its 25th reunion at the **2012 Reunion Week-end, 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](mailto:medalum@uw.edu).

## 1988

**Russell G. Maier, M.D. '88, Res. '93** (family medicine), has been selected as the Family Medicine Educator of the Year by the Washington Academy of Family Physicians. Russell is an important figure in public health in his community (Yakima, Wash.), spearheading the drive for water fluoridation. He is nationally recognized for his contributions to dental education and training in family medicine residencies.

**Brent S. E. Rich, M.D.**, is entering his seventh year as the director of Utah Valley Sports Medicine and team physician for Brigham Young University in Provo, Utah.

## 1991

**Chris J. Covert-Bowlds, M.D.**, is now living in the Greenwood neighborhood of Seattle, with a great 15-mile bicycle or bus commute to Group Health in Bothell, where he's a family physician. His son, Steven, is a junior at Digipen in Redmond, learning to be a video game programmer. It's his dream job. His daughter, Sarah, who loves the saxophone and bicycling, entered Western

### Back in the Northwest: Jeanette Mladenovic

Jeanette Mladenovic, M.D. '74, Res. '78, Fel. '81, MBA, MACP, was named the new provost at Oregon Health & Science University (OHSU) in Portland, Ore. Mladenovic, who completed a chief residency and fellowship in hematology and oncology at UW Medicine, is joining OHSU this fall.

Before taking her current post, Mladenovic held administrative positions at the State University of New York, the University of Colorado, the State University of New York at Stony Brook, the University of Minnesota and, most recently, the University of Miami, where she was the senior associate dean at the Miller School of Medicine.

“What I've enjoyed most about my career is the privilege of working with such talented faculty and students,” says Mladenovic. “In Oregon, I am joining a wonderful institution with a bold vision in a great part of the world — the Northwest.”



Washington University this fall. Covert-Bowlds' wife, Debi, is getting ready to move from Ferndale to join him in their Seattle home, hoping to find interesting, inspiring work. The family recently held a weeklong family reunion for Covert-Bowlds' parents' 50th wedding anniversary. They also led a family team in the Ski to Sea race in May in Bellingham, Wash.

**Anne M. Larson, M.D., Res. '94** (internal medicine), has been named the director of the Liver Transplant Program at Swedish Medical Center.

## 1992

The Class of 1992 celebrates its 20th reunion at the **2012 Reunion Week-end, 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](mailto:medalum@uw.edu).

**Justin Osborn, M.D.**, UW assistant professor in the Department of Family Medicine, became the associate program director for UW Medicine's Family Medicine Residency Program in July 2011.

**Mark A. Sutton, M.D.**, is an assistant clinical professor of urology with Baylor College of Medicine, and he practices at Texas Medical Center in Houston. Twice recognized with a Clinical Faculty of the Year award, he's also the urology chief at St. Luke's Episcopal Hospital in Houston. He and his wife, Tiffini, have been married for 24 years, and they have two children.

## 1993

**Pamela A. Sheffield, M.D., Res. '96** (family medicine), was very excited to return to UW Medicine in July 2011. She's the chief for a new UW Neighborhood Clinic, one designed to promote team medicine, in Seattle's Ravenna neighborhood. She says, "I love being a family doctor and thrive on new challenges, so this has been a great opportunity for me. Please come and visit me in my new location!"

## 1995

**Mary E. Barinaga, M.D.**, became president of the Idaho Academy of Family Physicians in May 2011. Barinaga is part-time faculty at the Family Medicine Residency of Idaho in Boise, and she serves as assistant dean for the Idaho WWAMI program.

**Donald J. Green, M.D.**, was deployed in Iraq and Afghanistan several times, and spent six years at the Navy Trauma Training Center at the Los Angeles County Medical Center. Green is now back home in Tucson, Ariz., with his wife and young son. He will work with his mentor, **Peter Rhee, M.D., MPH, Fel. '95, '96**, at University Medical Center, a Level I trauma center; he also will serve as the medical director of trauma services at the University Physicians Hospital on the University of Arizona's Kino campus. Read more about this service-man-surgeon at [www.explorernews.com](http://www.explorernews.com); search for "battlefield."

## 1997

The Class of 1997 celebrates its 15th reunion at the **2012 Reunion Week-end, 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](mailto:medalum@uw.edu).

**Anne M. Eacker, M.D.**, UW associate professor in the Department of Medicine, joined the faculty of UW Medicine's College Program in July 2011.

## 2002

The Class of 2002 celebrates its 10th reunion at the **2012 Reunion Week-end, 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](mailto:medalum@uw.edu).

## 2003

**Margaret L. Jackson, M.D.**, joined the faculty of UW Medicine's College Program in July 2011.

**Elizabeth M. Topsy, M.D.**, started a new job as a family physician for the Pueblo of Jemez Health and Human Services in April 2011. She lives with her husband and three children in Rio Rancho, N.M.

## 2007

The Class of 2007 celebrates its 5th reunion at the **2012 Reunion Week-end, 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](mailto:medalum@uw.edu).

**Erik S. Brand, M.D.**, completed a residency in physical medicine and rehabilitation at Johns Hopkins, where he served as chief resident and president of the house staff. Brand began a sports medicine fellowship at Harvard Medical School in August 2011.



Alison D. Madsen, M.D.

**Alison D. Madsen, M.D.**, is back in the city of her birth, fulfilling a dream that took miles into the journey to discover. Like Dorothy in *The Wizard of Oz*, Madsen discovered there really is

"no place like home." And, perhaps, no place like Walla Walla's Family Medical Center.

**Ashok Reddy, M.D.**, has been selected to be a 2012 Robert Wood Johnson Foundation (RWJF) Clinical Scholar. Through this program, he will learn to conduct innovative research and work with communities, organizations, practitioners and policy-makers in order to take a leadership role in improving health and health care in the U.S. Reddy will begin his fellowship in fall 2012 at the University of Pennsylvania.

**Elise (Lisi) Jensen Simons M.D.**, and **Reed W. Simons M.D.**, recently finished their residencies in Rochester, N.Y., and have moved to Palo Alto, Calif., where Elise is starting a fellowship in gynecologic oncology at Stanford and the University of California, San Francisco. Reed will be working as an emergency physician at Santa Clara Valley Medical Center. In the midst of all these changes, the one they are most excited about is the arrival of their new baby!

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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

**Alfred O. Berg, M.D., Res. '79**, UW professor in the Department of Family Medicine, has been appointed to the 15-member methodology committee of the federal Patient-Centered Outcome Research Institute. The committee will help the institute develop and update methodological standards and guidelines for comparative clinical effectiveness research.

## Division of Hematology

**David W. Russell, M.D., Fel. '94**, UW professor of medicine in the Division of Hematology, became vice president of the American Society of Gene Therapy during the society's annual meeting in Seattle. He will be president-elect in 2012–13 and president in 2013–14.

## Department of Medicine

**Thomas R. Martin, M.D., Res. '76, '80**, vice chair of the Department of Medicine at UW Medicine, has received the Paul B. Beeson Award for 2011. He was chosen by medical residents for outstanding clinical teaching and for exemplifying scholarliness, humility, compassion and integrity.

## Division of Metabolism, Endocrinology and Nutrition

**Michael Schwartz, M.D., Res. '86** (internal medicine), UW professor of medicine in the Division of Metabolism, Endocrinology and Nutrition, director of UW Medicine's Diabetes and Obesity Center of Excellence, and the holder of the Robert H. Williams Chair in Medicine, has received a \$4 million award from the Life Sciences Discovery Fund. The grant will support the Diabetes-Stem Cell Program, an interdisciplinary effort to develop innovative technologies to overcome existing barriers to successful cell-based treatments for type 1 diabetes.

## Department of Orthopaedics and Sports Medicine

**Richard J. Bransford, M.D., Res. '00, '01**, a spine and trauma specialist and director of spine education, was promoted to associate professor at UW Medicine.

**Frederick A. Matsen III, M.D., Res. '75**, former chair of UW Medicine's Department of Orthopaedics and Sports Medicine and holder of the Douglas T. Harryman II/DePuy Endowed Chair in Shoulder Research, has a new blog on shoulder arthritis at [www.shoulderarthritis.blogspot.com](http://www.shoulderarthritis.blogspot.com). He writes, "My major target is the sophisticated patient, but I will also add commentary on the current literature that will be useful to medical professionals." Matsen received the 35th Anniversary Faculty Award from his department in February 2011.

## Division of Nephrology

UW Assistant Professor of Medicine **Ian H. de Boer, M.D., Fel. '06**, is the lead author of a study on the rise of diabetic kidney disease, published on June 22, 2011, in the *Journal of the American Medical Association*. De Boer also was named a Philip and Helen Fialkow Scholar for 2011, an award given to junior faculty for outstanding achievements in research, training, clinical work and academic citizenship.

## Department of Psychiatry and Behavioral Sciences

**John A. Liebert, M.D., Res. '69**, has written *Suicidal Mass Murderers: A Criminological Study of Why They Kill*. Although the book concentrates on the massacre at Virginia Tech, Liebert also has become concerned by the shootings in Tucson, Ariz.

## Department of Rehabilitation Medicine

After an eye-opening volunteer experience, **Eric Alexander, M.D., Res. '09**, established a program to provide wheelchairs and other rehabilitation equipment to people in western Kenya. Alexander worked with non-profit organizations to create a comprehensive, sustainable rehabilitation program, including manufacturing affordable rehabilitative equipment with subsidies from the Kenyan government.

**Margaret C. Hammond, M.D., Res. '82, MRM '84**, has been appointed the acting chief of patient-care services for the National Department of Veterans' Affairs in Washington, D.C. Hammond will serve as the principal advisor to the deputy undersecretary for health policy and services on policy matters and issues that relate to patient care and clinical services.

**James Robinson, M.D., Ph.D., Res. '84**, has been promoted to clinical professor in the Department of Rehabilitation Medicine at UW Medicine. Robinson's clinical interests include the evaluation and conservative treatment of spine disorders and fibromyalgia; his research interests include the treatment of fibromyalgia and patients' decision-making related to chronic opioid therapy.

**Jelena N. Svircev, M.D., Fel. '06**, has become a UW assistant professor in the Department of Rehabilitation Medicine at UW Medicine and a provider at the VA Puget Sound Health Care System. Svircev's clinical interests include spinal cord injury medicine; her research interests are related to osteoporosis and fracture management in people with chronic spinal cord injury and adaptive sports injuries.

Residents, Fellows and Ph.D. Alumni

**Jennifer M. Zumsteg, M.D., Res. '09**, UW acting instructor/senior fellow in the Department of Rehabilitation Medicine at UW Medicine, accepted two of Practice Greenhealth's Environmental Excellence Awards on behalf of Harborview Medical Center at the 2011 CleanMed Conference.

**Department of Surgery**

**Peter M. Rhee, M.D., MPH, Fel. '95, '96**, drew upon a 24-year career as a military surgeon — with experience treating hundreds of battlefield injuries — as he treated Rep. Gabrielle Giffords and 10 other victims of the shootings in Tucson, Ariz., last January. Rhee is chief of trauma at University Medical Center in Tucson.

MEDEX Northwest Alumni

**New job, award, move or family addition?** Your classmates want to hear from you! Send us a quick note; simply go to [www.uwmedmagazine.org](http://www.uwmedmagazine.org), click on the "ClassNotes" button, and let us know how you're doing. The ClassNotes below were received through August 2011; any received afterward will appear in the next issue.

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**Seattle**

**Cathy McCurdy, PA-C (Seattle Class 11)**, has practiced in rural medicine for 28 years in the U.S. She's now in another rural community: Ahuas, Honduras, a town of 1,500 indigenous people in remote northeast Honduras, an area called La Moskitia. This 150-square-kilometer area encompasses a rainforest, a savannah, mountains, and many rivers and lagoons. McCurdy works at Clinica Morava, which serves as a referral hospital for La Moskitia. The facility has its roots in a Moravian church mission in Nicaragua, founded around 1930.

**Helena Fraser, PA-C (Seattle Class 16)**, writes, "I am in Yucca Valley, Calif., doing dermatology for a while longer. I'm going back to Ecuador this month, and I'm hoping to obtain a 'fellow' standing with the Wilderness Medical Society. Maybe I'll work with tour groups abroad next summer."

**Stewart Brooks, PA-C (Seattle Class 32)**, writes, "I am currently working at the Texas Brain and Spine Institute in Bryan, Texas. I'm also working with three other PAs in the Central Texas Education Group, training PAs in the field of neurosurgery. Four neurosurgeons work with our group to train the candidates, who work with each neurosurgeon/PA-C team for three-month rotations. Our first candidate graduated this September, and we are currently looking at new candidates. Visit our training site at [www.ctxeg.org](http://www.ctxeg.org)."

**Kelsey Kuehn, PA-C (Seattle Class 32)**, is working in Minneapolis in occupational health.

**Abraham Abu, PA-C (Seattle Class 33)**, writes, "I work for International Pain Management/Physical Medicine Group in Longview, Wash. I have practiced in this field for over eight years."

**Keith Erickson, PA-C (Seattle Class 33)**, writes, "I live in Camano Island, Wash. I work at Skagit Regional Clinic in Stanwood doing family practice. I have been there three years. I am also the medical director for Safe Harbor Free Clinic in Stanwood. If anybody wants to volunteer, check out [www.safeharbor-freeclinic.org](http://www.safeharbor-freeclinic.org)."

**Kevin Hall, MHS., AA-C, PA-C (Seattle Class 33)**, writes, "I am amazed at how quickly the time has passed. My wife and I live in Atlanta, Ga., with our two sons. I work at Emory University Hospital Midtown, where I provide anesthesia in the operating room on a daily basis. I would like to hear from classmates ([myjesticus@msn.com](mailto:myjesticus@msn.com))."

**Lyudmila Myers, PA-C (Seattle Class 33)**, writes, "I have privileges at four hospitals in Reno, Nev., and work as a consultant in rehabilitation medicine with one of the leading psychiatrists. I'm also working at a skilled nursing facility with an internal medicine physician, where we act as the attendings for geriatric patients requiring rehabilitation."

**Cheryl Parker, PA-C (Seattle Class 33)**, writes, "I am still working for Seattle Children's and still helping USA Track & Field. I'll be in Korea for the World Games."

**Hector Camacho Perez-Arce, PA-C (Seattle Class 33)**, writes, "I am practicing in a rural setting and in an urban clinic, attending almost 95 percent uninsured, underserved Latino families in a primary-care setting in Southern California. I am hoping to return to the Pacific Northwest soon and continue my mission of practicing medicine with these communities. I am open to student rotations — my clinic is large and has two other PAs willing to take trainees."

**Jody Leisholm, PA-C (Seattle Class 37)**, writes, "I have been practicing family medicine in Metlakatla in southeast Alaska, and I have been the diabetes coordinator for the last two years. I track the diabetes patients, ensure all native diabetes patients are registered with the Indian Health Service Diabetes Registry, complete an audit once a year, and help with our diabetes grant. It's typically a four-provider practice (two physicians and two PAs). However, there is a very high turnover of providers. The population here is around 1,400, and the clinic is the only facility on the island."

**Devi Dawady, PA-C (Seattle Class 39)**, writes, "I am currently working as a primary-care practitioner at the American Lake Veterans Clinic in Lakewood, Wash."

**Lance Keck, PA-C (Seattle Class 39)**, writes, "I am currently working in cardiothoracic surgery at Harrison Medical Center in Bremerton, Wash., with fellow MEDEX graduate **Michael Chernekov, PA-C (Part-time Class 6)**. Michael and I precepted MEDEX student **Erica Bottai, PA-C (Seattle Class 43)**, for her specialty surgery and inpatient medicine rotations. We also precepted a Pharm.D. candidate from the UW School of Pharmacy earlier this year. Michael and I work with William Reed, M.D., and Chris King, M.D."

**Aaron McCloud, PA-C (Seattle Class 39)**, writes, "I am working for the Optimus Medical Group in San Francisco, Calif. I specialize in internal medicine, with an emphasis on HIV care. I am also completing the process of becoming certified as an HIV specialist with the American Academy of HIV Medicine."

**Kimberly Farnsworth, PA-C (Seattle Class 39)**, writes: "I work at Tripler Army Medical Center in Oahu, Hawaii — in orthopaedics in a large facility attached to the VA. I see a variety of patients, including active duty, reserve and dependents. Interestingly, there are other MEDEX Northwest alumni working on the island; **Matt Ota, PA-C (Seattle Class 39)**, and **Catherine Harris, PA-C (Seattle Class 34)**. Matt is working in research and ER medicine, and Catherine works with me at Tripler in nephrology. Matt, Catherine and I met up with **Gino Gianola, PA-C (Seattle Class 8)**, MEDEX Northwest didactic faculty member,

and his wife while they were vacationing here. I've had an interesting experience in Hawaii. Access to care and healthcare coverage is at a premium. Many people here on the island do not have a job, or have limited income, or no health coverage."

## Spokane

**Anthony Walker, PA-C (Spokane Class 1)**, writes, "I am back in federal service — as a civilian — with the Department of the Army. I work in the emergency room at Fort Riley in Kansas."

**Christopher Gunderson, PA-C (Spokane Class 4)**, writes, "I have been working at the family medicine residency in Boise, Idaho. My wife and I stay busy raising our four children. I'm contemplating going back to school, but I'm having too much fun playing drums in a rock-and-roll band."

**Laura Triphahn, PA-C (Spokane Class 6)**, writes, "I am still working full time in nephrology in beautiful North Idaho. I bought a road bike last year and have enjoyed riding my bike when the weather is nice. I've also been playing tennis and captained a USTA team. We finished in the top four in our division, and we traveled to the Tri-Cities to play in a regional event."

**Joseph Joslyn, PA-C (Spokane Class 7)**, writes, "I work in Portage, Wis., in the emergency room and in urgent care. I just moved here from Montana, where I was working in family practice. I serve in the Air National Guard as a PA (Capt.) in Madison, Wis. In January 2011, I returned from a six-month deployment in Afghanistan, where I worked in an air evacuation squadron based out of Camp Bastion, Helmand Province."

**Aura Tinsley, PA-C (Spokane Class 7)**, writes, "I moved home to Lake Chelan, Wash., and found a position at Columbia Valley Community Health. Our main clinic is located in Wenatchee, Wash., with a satellite clinic in Chelan. I worked in family medicine for two years and then transitioned to our urgent-care department in Wenatchee to fill an organizational need. I am so grateful to work for an innovative and forward-thinking organization that works very hard to fulfill an important mission. I look forward to returning to family medicine when the

opportunity presents itself within our organization. My very-soon-to-be husband, Eric, and I look forward to travel and mission work abroad."

**W. Aaron Agan, PA-C (Spokane Class 9)**, writes, "I am working in family practice in Covington, Wash. PA life is excellent!"

**Kim Deprati, PA-C (Spokane Class 9)**, writes, "I have been working in an internal medicine clinic in Sequim, Wash. I am also volunteering at the local free clinic twice a month."

**Tammy Scott, PA-C (Spokane Class 9)**, writes, "I am happily working in family practice at Mountain View Family Medicine and Obstetrics in Missoula, Mont. In October, it will be three years. I am also currently precepting a soon-to-graduate MEDEX student! My husband, Rod, and I celebrated our 30th anniversary in Hawaii in February, and we hope to travel to Colombia in 2012 to visit our exchange student, who lived with us for the 2009–2010 school year."

**Patty O'Keefe, PA-C (Spokane Class 10)**, writes, "This is an exciting time for me as a PA! I am getting ready to go on a medical mission to Bolivia as part of a team with Project Helping Hands ([www.project-helping-hands.org](http://www.project-helping-hands.org)). We will spend two weeks in the remote areas of the Pando District, holding medical clinics, teaching and otherwise helping in any way we can. We will travel up Rio Othon, which I understand is a tributary of the Amazon, and stop at villages along the river. After I return from Bolivia, I am going to Midway Atoll in the Pacific to work as the health-care provider on the island. It's a wildlife refuge, so I will provide routine and emergency care to U.S. Fish & Wildlife Service workers and anyone else who's in the middle of the Pacific and happens to stop by needing medical care. This assignment is my first as an employee of Remote Medical International, a company based in Seattle."

**Jennifer Eickstadt, PA-C (Spokane Class 12)**, writes, "I am working in Bonners Ferry, Idaho, at Bonners Ferry Family Medicine with Dr. Troy Geyman. It is a small rural health clinic and very busy."

**Ben Hogan, PA-C (Spokane Class 12)**, writes, "I am now employed as an orthopaedic PA with the Steadman Clinic in the Vail-Frisco area of Colorado. I work for Drs. Tom Hackett and Randall Viola. My focus has been in ski trauma and sports medicine."

**Carrie Conley, PA-C (Spokane Class 12)**, writes, "Since graduating, I have been working with a vascular surgeon and a general surgeon on the Olympic Peninsula in Aberdeen, Wash. As I write this, however, I am preparing to move to the North Pole, Alaska, to start at Midnight Sun Family Medicine. I am very excited by the move and new job."

**D. Rochelle Linscott, PA-C (Spokane Class 16)**, retired on July 4, 2011, after working for Group Health since 1984. She is planning lots of travel, including short-term mission trips.

## Yakima

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**John R. White, Jr., PA-C (Yakima Class 3)**, Pharm.D., writes, "I was appointed interim chair of the Department of Pharmacotherapy in the College of Pharmacy at Washington State University in February 2011."

## M.S. and B.S. Alumni

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**Debbie Kartin, M.S. '88, P.T., Ph.D.**, was promoted to UW professor in the Department of Rehabilitation Medicine. Her research interests include the effects of prenatal exposure to alcohol and other drugs, the development of postural control and balance, and cerebral palsy. Kartin is the director of the Ph.D. program in rehabilitation science at UW Medicine.

# HAPPY TRAILS

## *These are Annie K. McCabe's top three backpacking tips:*

- Bring good shoes.*
- Remember your water filter.*
- Pack extra underwear.*

McCabe, M.D. '11, had plenty of time to consider these tips. As an undergraduate at the University of Washington (UW), she applied for a Bonderman Travel Fellowship to observe the practice of medicine in Vietnam, Malaysia, Cambodia, Laos and Thailand.

By the time she set out on her trip, McCabe already knew that she wanted to become a doctor. The Spokane, Wash., native had come west to Seattle Pacific University (SPU) on an athletic scholarship, but she found herself more interested in her studies than in cross-country — in fact, she helped her teammates with their science classes.

Then, she says, she had an epiphany. Although she loved SPU, McCabe decided to transfer to the UW. “I want to learn science big-time,” she thought, “and I want to get into medicine, and I want to be a part of research.”

It was during her undergraduate studies in neurobiology at the UW that she heard about the Bonderman Fellowship. Her first reaction to the program — which underwrites a year's worth of travel and exploration — was one of incredulity. But she set out, armed with curiosity, goodwill and, of course, her backpack.

“The fellowship is really supposed to make you stop and experience the world and re-think

your position on things,” she says. And her travels in Asia, she says, were eye-opening. McCabe observed hospitals. She hiked.

She volunteered in Thailand after the 2004 tsunami-

mi, providing water and first aid to soldiers whose job it was to identify the dead. And McCabe found herself grateful for the opportunities her own culture afforded, especially for women. “[The trip] made me really motivated to be aware of women's rights...and to foster independence and self-worth in kids,” she says.

McCabe continued her travels abroad when she attended the UW School of Medicine, applying for the International Health Opportunities Program between her first and second year, and working at a hospital in Uganda. In addition to fostering her interest in global health, the School also impressed upon her the importance of having a good mentor. George Novan, M.D., an internal medicine doctor in Spokane, was her third-year preceptor. “He really inspired me to want to be involved in teaching,” says McCabe.

Now a first-year pediatric resident, McCabe says that she has “hit the ground running.” And she's noticed that her perspective on learning medicine has changed. As a medical student, she studied for mastery. As a resident, she studies to improve the care she provides to children and their families.

“All of a sudden,” says McCabe, “I have this strong sense of ownership. It's not about knowing medicine to pass a test. It's about knowing it to understand and treat my patients.”



## 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

**Col. Gerald H. Mahaffey, M.D. '53, (Ret., USAF)**  
**April 5, 2011**

Dr. Mahaffey had a distinguished career in the military and as a urologist.

**Sefton Robert Wellings, M.D. '53**  
**March 8, 2011**

Dr. Wellings was a pathologist, and he was credited with discovering the earliest form of pre-cancerous breast cells.

**David Louis Barclay, M.D. '55**  
**June 11, 2011**

Dr. Barclay was an obstetrician-gynecologist who specialized in oncology.

**Cyrus Edward (Ed) Prince, Jr., M.D. '55**  
**Aug. 26, 2011**

Dr. Prince was an obstetrician-gynecologist who worked at Harborview Medical Center, creating the Prince Library.

**Charles Henry Stewart, M.D. '56**  
**Jan. 22, 2011**

Dr. Stewart, a Civil War buff, was an obstetrician-gynecologist who delivered more than 10,000 babies.

**Robert H. Mosebar, M.D. '57**  
**Aug. 25, 2011**

Dr. Mosebar was known as the "father of the combat lifesaver," soldiers who receive instruction on life-saving battlefield care.

**C. Benjamin Graham, Jr., M.D. '58, Res. '62, Fel. '66**  
**March 19, 2011**

Dr. Graham, expert in pediatrics and radiology, was the first student in a wheelchair to graduate from the UW School of Medicine.

**John William Boswell, M.D. '60**  
**April 18, 2011**

Dr. Boswell was an accomplished pianist as well as a psychiatrist.

**Robert D. Conn, M.D. '63, Fel. '65**  
**Aug. 6, 2011**

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

**Stephen R. Yarnall, M.D., Res. '63**  
**May 2, 2011**

Dr. Yarnall was a cardiologist, and he founded Stevens Health Center in Edmonds, Wash.

**Joseph B. Mackey, M.D. '70**  
**April 3, 2011**

Dr. Mackey served in the U.S. Army as a physician, then practiced anesthesiology at a local hospital.

**Olof Erick Sohlberg, M.D. '86, Res. '92**  
**April 25, 2011**

Dr. Sohlberg was a urologist and an advocate for access to medical care.

**William J. Mills III, M.D., Res. '95**  
**March 15, 2011**

Please see Dr. Mills' obituary on page 36.

### FACULTY

**Robert Hardy Barnes, Jr., M.D.**  
**March 29, 2011**

Dr. Barnes was a psychiatrist; he helped found Providence Hospice of Seattle.

**K. Alvin Merendino, M.D., Ph.D., LL.D.**  
**Sept. 10, 2011**

Please see Dr. Merendino's obituary on page 35.

**Nathan J. Smith, M.D.**  
**Feb. 2, 2011**

Dr. Smith was a pediatrician, one who nurtured partnerships with medical schools in Japan and Chile.

### OUR COMMUNITY

**Gov. Albert D. Rosellini, Sr.**  
**Oct. 10, 2011**

Please see Gov. Rosellini's obituary, below.

Extra content at [www.uwmedmagazine.org](http://www.uwmedmagazine.org) »

- Full obituaries
- Video featuring Gov. Rosellini

## GOV. ALBERT D. ROSELLINI, SR.

*Born: Jan. 21, 1910*

*Died: Oct. 10, 2011*

Former Washington state Governor Albert D. Rosellini, Sr., died at the age of 101 on Oct. 10, 2011. Gov. Rosellini introduced legislation that established the UW School of Medicine and the UW School of Dentistry.

Gov. Rosellini completed both his B. A. in political science and his law degree at the University of Washington. He first entered the political arena in 1934, challenging a powerful Washington state senator and losing by

only 80 votes. Warren Magnuson, who won the 1934 race for King County prosecutor, offered him a position as deputy prosecutor, which he accepted. After the Senate incumbent died, Gov. Rosellini again ran for the office and this time won with ease at the age of 29. He quickly became a highly respected state senate leader and served for 18 years.

In 1956, he was elected to the first of two terms as governor. He is widely remembered for many progressive accomplishments, including improvements in state prisons, mental facilities

and juvenile homes; founding the Department of Commerce and Economic Development; and construction of roads and the SR 520 floating bridge across Lake Washington, now named in his honor.

He served on the board of trustees for Harborview Hospital (now Harborview Medical Center) in the 1940s. As chair, he met many physicians and became acutely aware of the lack of medical schools for training physicians in the five-state region of Washington, Wyoming, Alaska, Montana and Idaho.

## K. ALVIN MERENDINO, M.D., PH.D., LL.D.

*Died: Sept. 10, 2011, in Shoreline, Wash.*

Emeritus faculty member K. Alvin Merendino, M.D., Ph.D., LL.D., the second chair of the UW School of Medicine's Department of Surgery and an accomplished surgeon and teacher, died on Sept. 10, 2011.

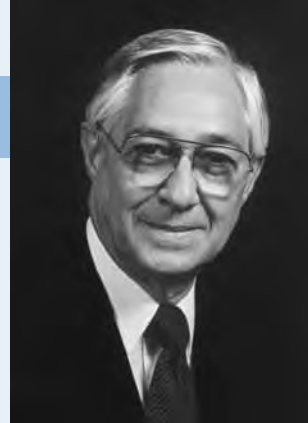
Born in West Virginia, Dr. Merendino received his undergraduate degree (summa cum laude) from Ohio University, his M.D. from Yale University, and his Ph.D. from the University of Minnesota. He came to UW Medicine in 1949.

In 1956, Dr. Merendino performed the first open-heart surgery on the West Coast, and during his 30-some years in the Department of Surgery, many other accomplishments followed. Among them, Dr. Merendino listed his recruitment of Thomas L. Marchioro, M.D., to establish the renal transplantation program. Dr. Merendino also listed serving as the director of UW Medicine's Experimental Surgical Laboratory for 22 years, from 1950–1972, as well as his interest in mentoring surgical trainees.

Dr. Merendino was also proud that he and his wife, Shirley, helped establish the K. Alvin and Shirley E. Merendino Endowed Professorship, a permanent legacy for the Department of Surgery.

The Merendinos enjoyed traveling, and they visited many parts of the globe in the service of medicine, including Vietnam and Malaysia. Near the end of his career, Dr. Merendino was invited to Saudi Arabia to become the head of the department of surgery at King Faisal Specialist Hospital and Research Centre in Riyadh. After a year, he became the director of medical affairs.

After his sabbatical in Saudi Arabia, he returned to the University of Washington for two years. Then Dr. Merendino was invited back to King Faisal to serve as a special consultant to the executive director, associate director of medical affairs, and director of the Cancer Therapy Institute. His job was to recruit research personnel, but within a year, he was appointed director of operations of King Faisal Medical City, an independent city within the



city of Riyadh. "In Saudi Arabia, I had the opportunity to help thousands of patients," he said.

Carlos A. Pellegrini, M.D., chair of UW Medicine's Department of Surgery and the Henry N. Harkins Endowed Chair in Surgery, reflects on his colleague's legacy. "Dr. Merendino's most important contributions live today in the minds and hands of those he trained in the science and art of cardiac surgery and in the hearts — literally — of the patients he touched. Furthermore, his and his wife Shirley's name will be permanently attached to the cardiac surgery service through their endowed professorship."

Dr. Merendino is survived by his wife, Shirley, their daughters Cira, Nancy, Susan, Nina and Maria, six grandchildren, five great-grandchildren, and his sister, Princine Tighe.

Rosellini introduced a bill in 1945 to create a medical school and dental school at the UW. Although the bill was tabled, he re-introduced it at the next legislative session, and, after moving through both houses, it was signed by Gov. Monrad Wallgren. Rosellini went on to champion the School as a legislator and later as governor, approving funds for support and expansion. He also was responsible for the bill in 1951 that authorized the bonding of the Metropolitan Tract for hospital construction purposes, which made possible the construction of

University Hospital, now UW Medical Center. In addition, the governor created a scholarship at UW Medicine.

For his many contributions to public service, Gov. Rosellini — and the other living governors — was honored at the 2011 UW Medicine Salute Harborview Gala with the Mission of Caring Award.

Gov. Rosellini is survived by his children, Jane Campbell, Al Rosellini, Jr., John Rosellini, Lynn Rosellini and Sue Stiller, 15 grandchildren and numerous great-grandchildren.



## WILLIAM J. MILLS III, M.D., RES. '95

*Born: July 21, 1957, in Anchorage, Alaska.*

*Died: March 15, 2011, in Anchorage, Alaska, after a skiing accident.*

William J. Mills III, M.D., Res. '95, was a competitive swimmer during his undergraduate years at the University of Michigan. He earned a master's degree from the University of Minnesota in Duluth. After joining the Navy, Mills attended the University of Colorado School of Medicine, then completed a residency in general and orthopaedic surgery at UW Medicine. After practicing medicine in Seattle for six years, he moved back to Anchorage, Alaska, and joined Orthopaedic Physicians Anchorage.

In a medical career that spanned 21 years, Mills served as a lieutenant

commander at the Naval Hospital in San Diego, Calif., an attending surgeon at the VA Puget Sound Health Care System, UW Medical Center and Harborview Medical Center, as an assistant professor in the Department of Orthopaedics and Sports Medicine at UW Medicine, and as the owner and a board member of Orthopaedic Physicians Anchorage in Alaska. He specialized in complex knee reconstruction, orthopaedic trauma and sports-related injuries and conditions.

The author of 60 books, manuscripts, abstracts and other publications, Mills received the 2003 Aca-



Photo courtesy of Orthopaedic Physicians Anchorage

demie Faculty Teaching Award from the orthopaedic residency program at UW Medicine. Recently, Mills was instrumental in providing training and ongoing support to the Alyeska Ski Patrol, including those who helped him at the time of his fatal injury. He is survived by his wife, Carey, five children, his parents and six siblings.

## ROBERT (BOB) DEAN CONN, M.D., RES. '63, FEL. '65

*Born: May 9, 1934, in Great Bend, Kan.*

*Died: Aug. 6, 2011, in Leawood, Kan., after a long battle with amyotrophic lateral sclerosis (ALS).*

Robert (Bob) Dean Conn, M.D., Res. '63, Fel. '65, was a Wichita High School Athlete of the Year — an All-American football and All-State basketball and baseball player. He attended the University of Kansas on a football scholarship, focusing on pathology and microbiology.

Conn was a member of the Alpha Omega Alpha Honor Medical Society when he graduated from the University of Kansas School of Medicine in 1960. Pursuing internal medicine, he completed an internship at the New York Hospital and a residency and cardiology fellowship at the UW School of Medicine, where he served as chief resident.

While at UW Medicine, Conn was selected as an outstanding clinical teacher four times, and he was designated the first Teacher Superior in Perpetuity.

Conn was an associate professor at UW Medicine and physician-in-chief at Harborview Medical Center. He was also the first professor and chair at the Southern Illinois University School of Medicine, and professor, chairman and head docent at the University of Missouri-Kansas City. Conn contributed to or authored more than 50 medical publications.

In 1974, he joined Cardiovascular Consultants, P.C., in Kansas City, where he served many years as vice president and president. He also served as president-elect and president of Truman Medical Center, vice chairman of the Department of Medicine at St. Luke's Hospital in Kansas City, Mo., co-director of the Cardiovascular Fellowship Program, and the co-director of both the Heart Annual Cardiovascular Symposium and the Primary Care Annual Postgraduate Symposium sponsored by St. Luke's Hospital.



Conn was selected by his peers as an outstanding doctor in Kansas City, and he received the Kansas City Super Doc award from *Kansas City Magazine*. In a lifetime of service, Conn felt his most significant contribution to medicine was made at Harborview Medical Center. While there, he participated in the development of Medic One, the first mobile coronary care unit and the prototype for emergency-care systems in the U.S.

Conn's hobbies included flying, golfing, poetry, coaching, travelling and reading. He is survived by his wife, Rogene, three children, 10 grandchildren and one great-grandchild.

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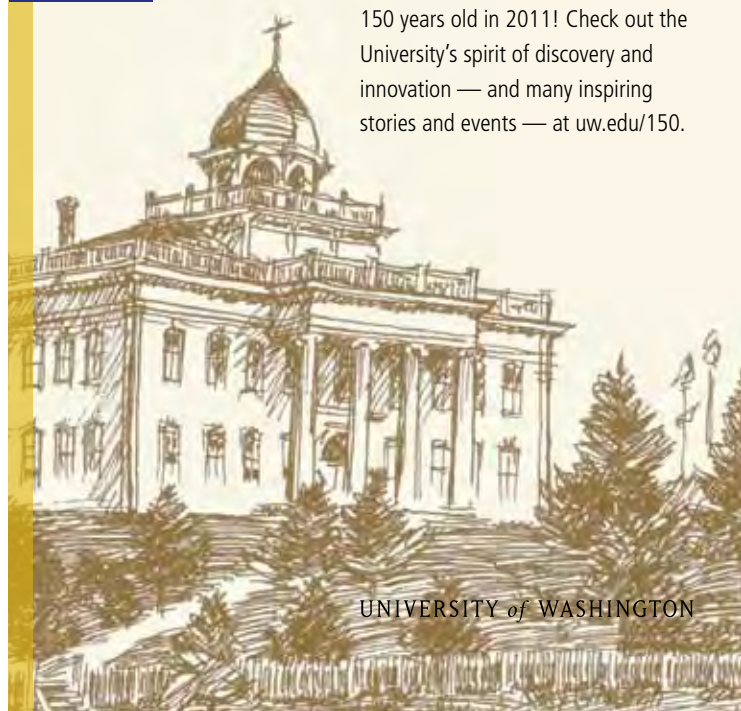
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