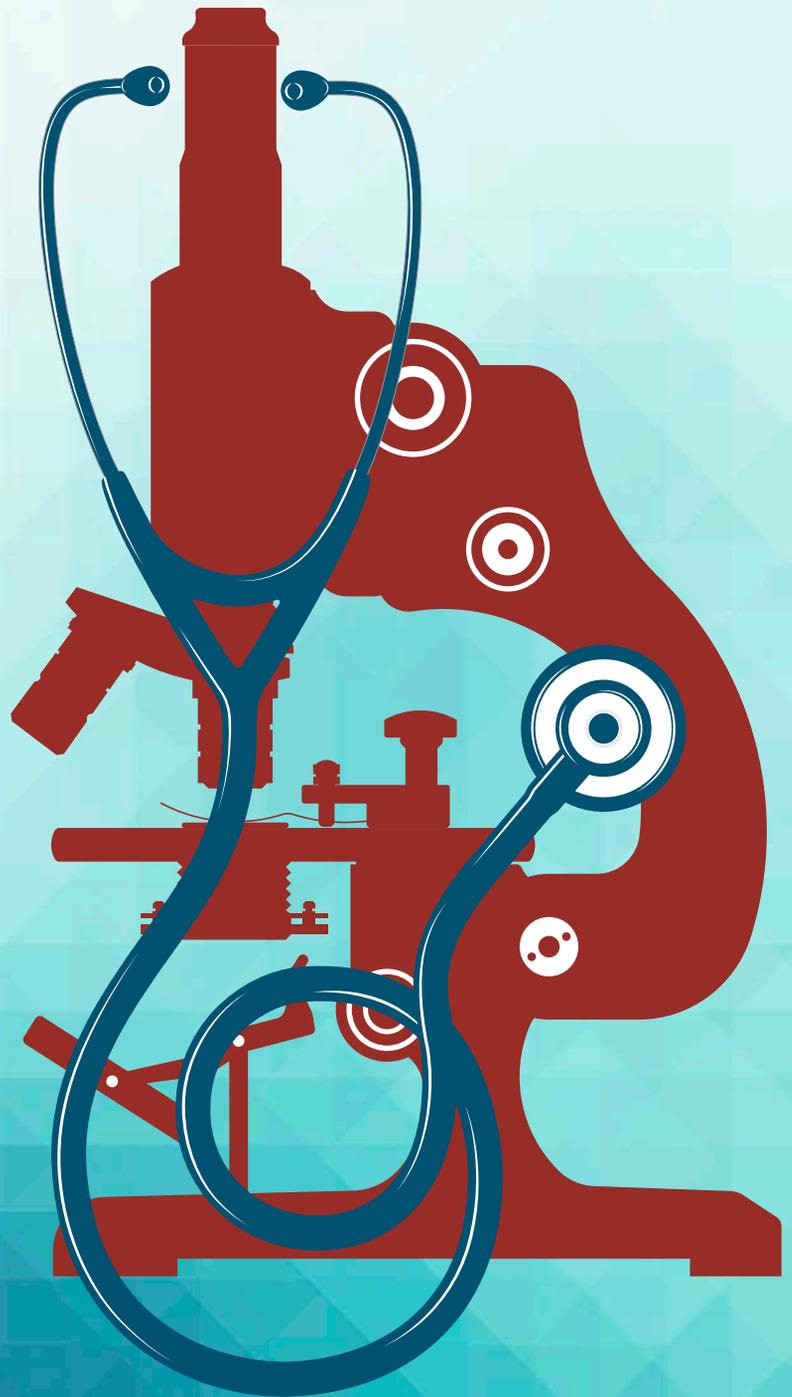


UW Medicine

VOL. 36, NO. 1
SPRING 2015

THE BEST OF BOTH WORLDS



ALSO IN THIS ISSUE

Neurocircuitry
and Diabetes

Two Approaches
to Ebola

The Universal
Stem Cell

BELIEFS INTO ACTION



WHEN SHE WAS GROWING UP, Brenda Nissley, B.S. '96, remembers her family's commitment to the community: they volunteered, they tithed. "They put beliefs into action," says Brenda. With gifts to Harborview Medical Center, including a gift made through her will, Brenda — a program manager in environmental services at Harborview — has done the same.

Brenda knows precisely what she wants her planned gift to do: to support Harborview's mission of caring. "I want everyone — uninsured immigrants, people who are homeless or with little income — to have the same level of healthcare services that the rest of us do," Brenda says.

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

UW Medicine

Going green.

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UW Medicine

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

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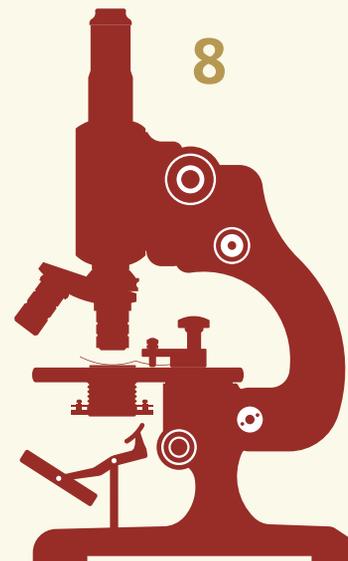
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COMMITTED TO RESEARCH

The lead articles in this issue of *UW Medicine* highlight the remarkable talent of our graduate students in the basic and clinical sciences. Some pursue Ph.D.s and advanced work in a basic science field. Others pair advanced basic science training with completion of medical school. Some go on to a lifetime of bench research; still others combine patient care with conducting laboratory and clinical studies.

These articles demonstrate the dual roles of students who pursue advanced training in diabetes, virology, immunology, pathology and other fields. Their training period itself is frequently a very productive time for making research advances. Trainees and their faculty mentors create powerful teams in which the mentor's expertise and guidance combine with the talent and curiosity of the trainee to advance today's research and define tomorrow's health solutions. Together, these mentor-mentee teams often make the groundbreaking discoveries that change medicine. In the process of working together, wonderful relationships are built and cemented for future collaboration.

The UW School of Medicine Medical Scientists Training Program (MSTP), in existence since 1964, has graduated more than 200 physician-scientists who go on to productive careers within and outside of medicine. It is a pleasure to observe the ways in which these bright young people and their peer colleagues, who pursue a purely scientific career, improve our environment through their curiosity, talent and commitment.

I would like to thank UW Medicine's many graduate students for their dedication to and successes in improving health. Thank you as well to the faculty who guide and mentor these talented individuals and who also pursue outstanding, groundbreaking research. Each of you is a vital and valued member of our vast UW Medicine community.

Sincerely,



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

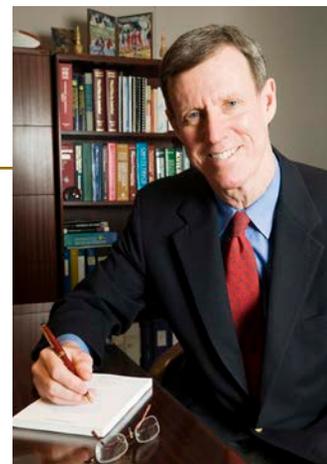


Photo: Clare McLean



Photo: Sarah Rothschild

Mission Statement

The UW School of Medicine Alumni Association advances UW Medicine’s mission to improve the health of the public by:

- » Creating a global community of alumni, faculty and students that fosters lifelong engagement with one another and the UW School of Medicine;
- » Providing meaningful opportunities for advocacy and volunteerism; and
- » Fostering a culture of philanthropy.

Vision

To be a vital partner in UW Medicine’s success by having an informed, engaged and active alumni community.

Values

- Advocacy
- Collaboration
- Communication
- Diversity
- Excellence
- Generosity
- Inclusivity
- Innovation
- Mentorship
- Service

A TIME OF CHANGE

For the past three years, I have had the privilege of serving as president of the UW School of Medicine Alumni Association — and for a decade more, I served as a member of the Alumni Leadership Council. As I approach the end of my term in June, I have been reflecting on these experiences.

I have cherished the opportunity to get to know students and to be a representative of the School’s 28,000 living alumni. I have welcomed incoming students and presented them with their first stethoscopes, a gift from the alumni association. I have participated in the annual White Coat Ceremony, the milestone event that marks the transition from classroom learning to clinical work. I have attended inspirational events, such as the scholarship dinner and the Dean’s Circle, celebrations of the generosity of UW Medicine’s alumni and friends. And perhaps my favorite perk was getting to watch a few Huskies games from the UW Medicine suite with other supporters.

Through all of this, I have gained a better understanding of UW Medicine — the challenges and opportunities it faces; its goals for the future, including its plans for WWAMI; how it carries out its mission; and the critical importance of philanthropic support, particularly the need for scholarships for our students.

I have served as president during a time of change for the alumni association. I am proud that we updated our mission statement and our bylaws to become a more inclusive organization, representing all alumni of the UW School of Medicine — from physicians, to occupational and physical therapists, to physician assistants, to researchers. And I’m glad we’ve increased the involvement of students in the organization, raising their awareness of the alumni association and helping us learn about their needs and interests. We have made great strides, but there is still more to do.

If these reflections pique your interest, join us! I assure you that the time commitment is modest and the rewards of being involved far exceed the time you will spend. Whether you live in Seattle, elsewhere in the WWAMI region, or on the other side of the country, there are important contributions you can make! Call the alumni office, send me an email, come to our spring board meeting on June 5, attend Reunion Weekend or another alumni event, and volunteer for one of our signature alumni-student programs.

Thank you for the opportunity to serve as your president. It’s been a wonderful and memorable three years.

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

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

Also see the *Top of Mind* section on page 17 for more stories.

Research

Dementia risk linked to over-the-counter drugs



A multi-year study links an increased risk for developing dementia to taking commonly used medications with anticholinergic effects at higher doses or for a longer time. Anticholinergic drugs block acetylcholine, which stimulates muscle contractions and also is involved in learning and memory. Commonly used anticholinergic-type drugs include some antihistamines, tricyclic antidepressants, drugs to relieve the symptoms of Parkinson's and drugs to treat urinary incontinence. Shelly Gray, M.S., MPH, a UW professor of pharmacy, and colleagues from the University of Washington followed the health of 3,434 seniors who had no signs of dementia at the start of their study. They tracked how many seniors were taking anticholinergic-type drugs, at what dose, and for how long, comparing this information with subsequent dementia diagnoses. The seniors are participating in a long-running joint Group Health-UW study funded by the National Institute on Aging.

mouse model suggests that genetic factors are behind this mild-to-deadly range of reactions. Systems biologists and virologists Angela Rasmussen, Ph.D., and Michael Katze, Ph.D., from the Katze Laboratory in the Department of Microbiology, led a multi-center team that bred laboratory mice to test the role of genetic makeup in Ebola disease. The National Institutes of Health's Rocky Mountain Laboratories conducted the research in a highly secure biocontainment laboratory in Montana. Scientists at the University of North Carolina at Chapel Hill also participated. See page 19 for more on Ebola research.

Counties in U.S. lack access to opioid-abuse treatment



As of 2012, only 2.2 percent of U.S. physicians held a federal waiver to prescribe a drug, buprenorphine, that can help people stop the abuse of prescription opioid painkillers or heroin addiction. A study led by the late Roger Rosenblatt, M.D., Res. '72, '74, MPH, MFR, distinguished UW professor of family medicine, found that 90 percent of these physicians practice in urban counties. Most rural counties lack a physician licensed to dispense buprenorphine. The study also noted multiple barriers to the office-based treatment of patients with opioid-use disorder, including lack of adequate resources and institutional support. See page 41 for Dr. Rosenblatt's obituary.



Study closes many gaps in human genetic mapping

Scientists have identified the genetic causes of only about half of inherited conditions, in part because standard genome sequencing cannot map many parts of the genome precisely. Now, Pacific Biosciences has developed a new technique: single-molecule, real-time DNA sequencing (SMRT) to sequence and read DNA segments longer than 5,000 bases. Evan Eichler, Ph.D., UW professor in the Department of Genome Sciences, led a team from UW Medicine, Pacific Biosciences and two other universities in developing a high-resolution structural variation map of the human genome. They identified 26,079 segments that differed from a standard-reference human genome, and most were never before reported. Eichler predicts that, within five years, clinical laboratories may be able to use the technique to sequence a patient's entire genome.

Some rejected hearts may be transplant-viable



One in four hearts from people who have experienced brain death are turned down by transplant teams because they appear to pump poorly. But according to new research from the UW Medicine Injury Prevention and Research Center based at Harborview Medical Center, up to half of these hearts may still be suitable for transplant if given sufficient time to recover from the flood of neurotransmitters, inflammatory chemicals and hormones released by a damaged brain. "This is a small study," says study co-author Vijay Krishnamoorthy, M.D.,

Mouse model suggests genetic disposition to Ebola varies



Some people completely resist the Ebola virus; others become ill but recover; and the most susceptible succumb to bleeding, organ failure and shock. A newly developed

senior fellow and UW acting assistant professor of anesthesiology. “But it suggests that we shouldn’t decide whether to use a heart on the basis of just one early evaluation, particularly in young people who are unlikely to have heart disease.”

Patient Care

Announcing the new Cambia Palliative Care Center of Excellence

The Cambia Health Foundation made a \$10 million commitment to the UW Medicine Palliative Care Center of Excellence this winter. This interprofessional center was launched in 2012 under the direction of Randy Curtis, M.D., the A. Bruce Montgomery, M.D.-American Lung Association Endowed Chair in Pulmonary and Critical Care Medicine. With this major gift from Cambia, Curtis and his colleagues in medicine, public health, nursing and social work will be able to further their efforts in ensuring that patients with serious illness and their families receive individualized, respectful and compassionate care. This gift — the largest made by the Cambia Health Foundation to date — will support palliative care research, education and training, clinical leadership and other center priorities.



UW Medicine: more services

Earlier this year, UW Medicine made two major expansions to its medical services. The first is the opening of the new **UW Medicine location in Ballard**. The Ballard location offers comprehensive, coordinated primary care at the latest UW Medicine Neighborhood Clinic, as well as sports medicine and physical therapy services, courtesy of Northwest Hospital & Medical Center’s experts in The Sports Medicine Clinic and Advanced Manual Therapy. Urgent-care services are slated to open in June.

The second expansion is the creation of the **UW Medicine Virtual Clinic**, available to almost everyone in Washington state.* People may now consult with a physician or nurse practitioner about minor illnesses via phone or online video for a flat fee of \$40, any time of the day or night, seven days a week. They will receive a medical diagnosis and information on how to treat the issue at home, plus direct referrals for additional care and prescriptions, if appropriate. Contact 855.520.5250 or uwmedicine.org/virtualclinic.

**Note: Due to federal regulations, people covered by Medicare, Medicaid or other government-sponsored health plans are not eligible to receive urgent care services via telehealth. These callers will be referred to a clinic in their area.*

Education

Top school, top honors

In March, *U.S. News & World Report* released its 2016 rankings of American medical schools. The University of Washington School of Medicine is again ranked the nation’s best in primary care, an honor held for 20 of the last 21 years, as well as No. 1 in both family medicine and rural medicine training for the 24th consecutive year. In addition, it was first among public medical schools and second in the nation only to Harvard for receipt of research funding from the National Institutes of Health.

Of eight medical disciplines reviewed, the UW School of Medicine ranked in the top 10 in seven. In addition to family medicine and rural medicine, these are: AIDS (No. 4); geriatrics (No. 8); internal medicine (No. 8); pediatrics (No. 8); and drug and alcohol abuse (No. 10). The School’s MEDEX Northwest program for training physician assistants ranked No. 11 in the country, and bioengineering, a specialty that crosses two disciplines — medicine and engineering — received a No. 9 ranking.



WWAMI

Idaho WWAMI graduate recognized

Recent graduate Norkamari Shakira Bandolin, M.D. '14, was selected by the American College of Emergency Physicians (ACEP) as a 2014 National Outstanding Medical Student. Bandolin was one of five recipients nationally to receive the award. The ACEP acknowledged Bandolin's demonstrated humanism and professionalism, scholarly achievements and leadership and service.

Notable

Epic Measures

Well-known in global health circles, Christopher J. L. Murray, M.D., D. Phil., is a health economist and the head of the UW Institute for Health Metrics and Evaluation. With the release of *Epic Measures* by Jeremy Smith, his name may reach a significantly wider audience. In the book, released this spring, Smith chronicles Murray's path — from the hospital his family ran in Niger when he was a child, to Harvard, to Oxford University, to the World Health Organization — and eventually to the University of Washington. Conversational in tone, Smith's book focuses both on Murray's inspirations as well as the magnitude of his work: changing healthcare for everyone, through better health evidence.



Nora Disis, M.D., Fel. '93, named inaugural editor-in-chief of JAMA Oncology

The JAMA

(*Journal of the American Medical Association*) Network is launching its first new journal in many years: *JAMA Oncology*. The journal's first editor is UW Medicine faculty member and oncologist Nora Disis, M.D., Fel. '93, the Athena Distinguished Professor of Breast Cancer Research. The magazine will publish important cancer-related research through original investigations, opinion and clinical reviews. "We could not be more fortunate than to have Nora Disis as our inaugural editor-in-chief," said Howard Bauchner, M.D., editor-in-chief of *JAMA* and the *JAMA* Network. "She is an internationally renowned investigator and a superb clinician."

Fellows named to American Association for the Advancement of Science

Two faculty — Jeffrey Chamberlain, Ph.D. '85, and Rainer Storb, M.D., Fel. '68 — have been elected fellows of the American Association for the Advancement of Science, which selects members whose "efforts on behalf of the advancement of science or its applications are scientifically or socially distinguished." Chamberlain, the McCaw Endowed Chair in Muscular Dystrophy, was recognized for his contributions to understanding and developing therapies for Duchenne muscular dystrophy. Storb, a founding member of Fred Hutchinson Cancer Research Center, was elected for contributions to the field of bone marrow transplantation.



Prostate cancer researchers honored

The Prostate Cancer Foundation has honored emeritus urology faculty Paul Lange, M.D., director of the Institute for Prostate Cancer Research and Pritt Family Endowed Chair in Prostate Cancer Research (right), and Robert Vessella, Jr., Ph.D. (left), with the Lifetime Achievement Award. They were recognized for meritorious, career-long achievements in prostate cancer research, including pioneering work on the PSA test.

Correction

In the last issue, King Holmes, M.D., Res. '68, Chief Res. '69, Ph.D., was listed as the chair of the Department of Global Health. Holmes had held that position; the current chair, however, is Judith Wasserheit, M.D., MPH, William H. Foege Endowed Chair in Global Health.

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THE BEST OF BOTH WORLDS



By Delia Ward



Olga Afanasiev, Ph.D. '13, is multi-tasking: talking on the phone while waiting for her toddler to wake up. More generally — like a lot of fourth-year medical students at this time of year — she's between residency site visits. Afanasiev is also part of UW Medicine's Medical Scientist Training Program (MSTP), an eight-year educational program in which students earn both an M.D. and a Ph.D.

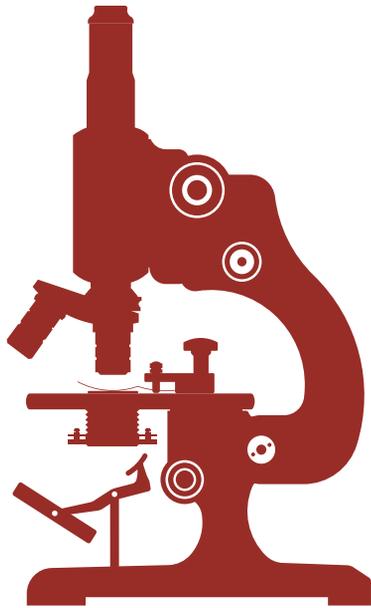
"I was trying to decide: should I go to medical school, because I really liked medicine and interacting with patients?" Afanasiev says. "Or should I go to graduate school and do science?" When a mentor told her she could do it all — that there were programs designed to accommodate both interests — she applied to the MSTP at UW Medicine.

Think about the now

Entering into an eight-year program is a major commitment. The first two years of medical school are followed by four years spent working on a Ph.D. Then come the final two years of medical school — and, probably, several more years spent in residency.

"The program is for people who find it really exciting to function at the interface of what we know and what we don't know," says Paul Nghiem, M.D., Ph.D., an MSTP mentor in the Department of Medicine's Division of Dermatology. "That dual preparation is incredibly empowering and fun and exciting."

Preparation for a future career in translational medicine is an admirable goal, and 86 percent of UW Medicine's MSTP graduates have remained engaged in research throughout their careers. The director of the MSTP, Marshall S. Horwitz, Ph.D. '88, M.D. '90, Res. '92, points out, however, that these young



people are in school during their most productive years. They have a lot to give while they're learning.

"I try to tell our students: don't just think about the future. Think about the present. You can do great things right now," says Horwitz.

**Doing great things:
the HIV transmission project**

"Everyone that I interviewed said, 'You should really meet Julie,'" says Caitlin Milligan, an MSTP student finishing up her Ph.D. That's Julie Overbaugh, Ph.D., a virologist and immunologist who studies HIV at Fred Hutchinson Cancer Research Center.

Overbaugh has a reputation as a great mentor, and her lab was doing work in infectious diseases, a topic in which Milligan was keenly interested. And the lab combined "really great science" with population-based studies, a real selling

Caitlin Milligan

Fourth-year Ph.D. candidate, MSTP

Time for research. "During the Ph.D., you have time to think about where that information [gleaned during the medical-school years] comes from."



Julie M. Overbaugh, Ph.D.

Member, Fred Hutchinson Cancer Research Center
Associate Director, MSTP
Virologist, immunologist

What students want. "They don't want to work in silos, in one person's lab, just competing to get to the top. They want to be able to get the breadth of training and exposure — to go to different labs and ask questions."



Olga Afanasiev, Ph.D. '13 (pathology)

Fourth-year medical student, MSTP

The best of both worlds. "I felt like I was very integrated with my medical-school class and also very close to other M.D.-Ph.D. students — I had the best of both worlds."



Paul Nghiem, M.D., Ph.D.

UW Professor of Medicine,
Division of Dermatology
Michael Piepkorn Endowed Chair in Dermatology Research

The value of the program. "The program sets you up for serendipity. Understanding the clinical problems as well as the basic biology behind diseases — and how you can sometimes modulate it — puts you in a position to make a difference."



Photography: Milligan and Overbaugh (Robert Hood); Afanasiev and Nghiem (Clare McLean)

point. Milligan decided to work on the topic of mother-to-infant HIV transmission: why do some babies contract HIV from their mothers, but others not?

“I try to tell our students:
don’t just think about the future.
You can do great things right now.”
— Marshall S. Horwitz, Ph.D., M.D.

She focused on antibodies, one of the immune system’s basic tools. When women are pregnant, their antibodies pass into the womb, where the infants receive them. Milligan set out to find if these antibodies helped protect children born to HIV-positive mothers, and, if so, which characteristics of the antibodies were protective.

Overbaugh praises Milligan’s work, now being evaluated for publication. “This is an important question related to HIV vaccines and HIV prevention,”

Overbaugh says. “Caitlin designed a very elegant study that took advantage of the samples we had banked, clinical information, and her laboratory training, which allowed her to tackle this problem from a broad perspective.”

The results of the study are promising. Infants with higher levels of ADCC (antibody-dependent cell-mediated cytotoxicity, a mechanism of the immune system) had slower disease

progression or increased survival rates. “This suggests that eliciting ADCC antibodies might be an important component of a vaccine,” says Milligan.

Making connections

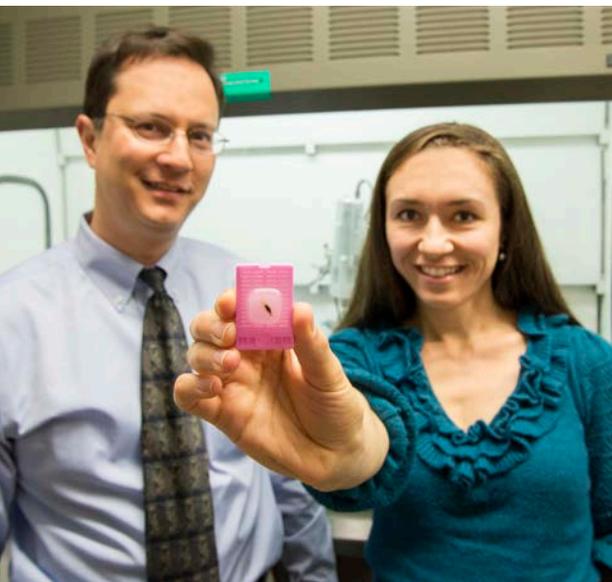
Approximately one-third of MSTP students are like Milligan — they choose a mentor at Fred Hutchinson Cancer Research Center, UW Medicine’s primary MSTP partner. And students also are encouraged to seek additional mentors for further guidance. Milligan, for instance, collaborated with other researchers to learn more about epidemiology, statistics and infant immunology.

Afanasiev had similar opportunities. Her primary mentor was Nghiem, who studies Merkel cell carcinoma (MCC), a rare and deadly form of skin cancer often caused by a virus. However, she spent roughly half her time in the first two years of her Ph.D. working with David Koelle, M.D. ’85, Fel. ’92, a viral immunologist at UW Medicine.

“I was learning the immunology techniques that would allow me to answer pressing questions in the field of Merkel cell tumor biology,” says Afanasiev. And the work paid off. Several major cancer- and immune-related journals published her and her colleagues’ findings on MCC, and her work helped pave the way for a larger clinical trial. (Read about it at uwmedmagazine.org.)

Afanasiev says her timing was lucky; she came on the scene just when Nghiem’s lab was beginning to pursue an interesting direction. Nghiem also would point to Afanasiev’s ability to relate to scientists and physicians — and to patients.

After she returned to clerkships and started her rotations, Afanasiev met a 40-something woman suddenly and unexpectedly struck down by end-stage liver disease. Unfortunately, there was nothing to be done to change her



Olga Afanasiev, Ph.D. ’13, displays a sample of a T cell-treated tumor while visiting the lab of her mentor, Paul Nghiem, M.D., Ph.D.

Photo: Clare McLean

condition. But Afanasiev spent time with the patient, and with changes in medical staff, she became the family's most familiar and comforting point of contact. The patient felt so close to the MSTP student that she asked Afanasiev to help plan her daughter's wedding. Everyone in the hospital room started to cry.

"Even at the end of life, even with no therapy options available, we can still make a difference in patients' lives and in their families' lives," says Afanasiev. "That connection can be healing."

Benefiting humanity

What inspires an already busy person to be a mentor in the MSTP? They enjoy it immensely.

"The students are just a blast," says Overbaugh. "It's fun to train people who are brighter than you." Overbaugh, who also serves as an associate director for the MSTP, notes that her lab benefits from her students' work — and that helped convince her to become an administrator for the program. "As faculty, it's our responsibility to contribute to the programs that benefit our research," she says.

It's clear that students like Milligan and Afanasiev have made major contributions to UW Medicine's and the Hutch's research enterprise. What's less clear is exactly what MSTP students will go on to do with the tools they've been given. Medicine changes enormously over time, and breakthroughs are unpredictable. When Nghiem was in medical school, for instance, Merkel cell carcinoma had not yet been identified as a distinct disease.

"It's hard to know where people will have an impact," Nghiem says.



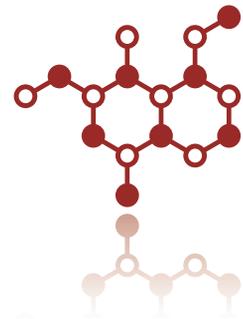
Caitlin Milligan discusses her project, which investigates antibodies and mother-to-child HIV transmission, with her mentor, Julie Overbaugh, Ph.D. Photo: Robert Hood, Fred Hutch

But have an impact they will. Horwitz reflects on the program's 215 alumni — developmental biologists, biotech entrepreneurs, genomic scientists — people who, in some way, are benefiting humanity. Like all good teachers, he feels a sense of pride.

"Every time they publish something, or make a scientific breakthrough, or do something great, you feel like you've had a role in it," says Horwitz.

Read more »

MSTP graduate Glenna Burmer balances biotech management with music production. See page 20.



"The program sets you up for serendipity."

— Paul Nghiem, M.D., Ph.D.



ADDRESSING

Diabetes & OBESITY

VIA THE

Brain

By Sandy Marvinney



About 2.1 billion people worldwide — approximately one-third the population — are overweight or obese. Without interventions, almost half the world's adults could be overweight or obese by 2030.

It's not only an unhealthy trend; it's a deadly and costly one. Each year, approximately 2.8 million people die from causes attributable to a high body mass index. In economic impact, medical costs related to weight total approximately \$2 trillion annually, only slightly trailing cigarette smoking and armed violence. Diabetes, closely linked to obesity, is also on the rise — killing about 1.5 million adults annually.

The causes of these complex metabolic disorders are not fully understood. Management is challenging, and cures are elusive. To deepen our understanding, UW Medicine researchers have been looking beyond the digestive tract and traditional knowledge of glucose metabolism. They're moving up: from the gut to critical neuron centers in the brain. And they've made discoveries that may, eventually, change how diabetes is treated and weight gain controlled.

Defending your body weight

Normal animals, including humans, “defend” a particular body weight. Decades ago, studies revealed that animals deprived of food will eat more than normal to catch up, a process called hyperphagia. Once body weight returns to normal, food intake normalizes, too.

“In obesity, the control circuitry is defective, and the defended body weight is elevated,” says UW Professor Michael Schwartz, M.D., Res. ’86, Fel. ’90, director of the Diabetes and Obesity Center of Excellence and holder of the Robert H. Williams Endowed Chair in Medicine. “That’s why only a small percentage of overweight people trying to lose weight are able to keep it off long term.”

Schwartz and his team are pioneers in investigating how brain mechanisms govern food intake, energy balance and glucose metabolism, and how impairments in these systems can lead to obesity and diabetes. Twenty years of research to arrange the puzzle pieces is now paying off in findings that could lead to development of paradigm-shifting treatments.

Brain neurons and feeding behavior

First, a little research history. During the 1990s, Schwartz and his team posed a new question about the food-intake process: when an animal is in a fasting state, how does the body signal the brain to begin hyperphagia, or “catch-up” eating? They thought a drop in insulin, which stimulates hunger and eating to raise eating levels, might be that signal. Studies elsewhere indicated that fasting activated a set of neuropeptide Y (NPY) neurons in the hypothalamus, and that treating rats with NPY stimulated feeding.

In an early experiment, Schwartz found that infusing the brains of fasting rats with insulin blocked the activation of NPY neurons. As a result, the hungry rats showed markedly less interest in eating. “It was the first link in the chain between

the action of a peripheral hormone and a change in the neural circuit that was related to feeding behavior,” Schwartz says.

In the 93 years since insulin was first used to treat diabetes, thousands of papers have been published on its role in glucose metabolism. “All tissues need glucose, and it was assumed that when blood sugar rises, insulin-sensitive tissues clear some of that sugar from the body, and other tissues passively take it up,” Schwartz says. “It’s been known for decades that insulin explains only about 50 percent of glucose metabolism. The other 50 percent has been below the radar screen.”

Exploring below the radar became the mission of Schwartz’s 20-member research team.

Approximately one-third of the world’s people are overweight or obese.

A discovery

Another piece of the diabetes puzzle fell into place with the discovery of leptin in the 1990s. Leptin is a hormone made of fat cells, and insulin — in addition to regulating sugar — regulates fat storage. In uncontrolled diabetes, the body loses the ability to produce insulin. As a result, insulin stops regulating fat storage, fat starts to dissolve, and leptin levels plummet. In this condition, no matter how much is eaten, insulin and leptin levels will not rise.

One of Schwartz’s former post-doctoral fellows, Greg Morton, Ph.D., now on the faculty at UW Medicine, dove into leptin research. In 2010, he found that infusing very low doses of leptin directly into the brain of diabetic animals normalizes their blood sugar.

Schwartz tested a model of obese mice (ob/ob mice) that does not produce leptin and found that administering leptin shuts off the NPY neuron and reduces food



intake. It became clear that the brain uses both insulin and leptin to adjust a mouse's behavior to the metabolic needs of the animal. Schwartz and Morton then made a startling finding.

"We discovered that if you treat the brain of an uncontrolled diabetic rat that has low leptin and insulin with a small amount of leptin, you normalize not just the food intake, but also blood sugar, even though you are not giving them insulin," Schwartz says.

The idea — that the brain could take on the role normally fulfilled by insulin — seemed completely off the wall.

When Schwartz and Morton first tried to publish this work, prestigious journals simply weren't interested. The idea — that the brain could take on the role normally fulfilled by insulin — seemed completely off the wall. The findings were reproducible, however, and now researchers around the world consider them trailblazers in this line of research.

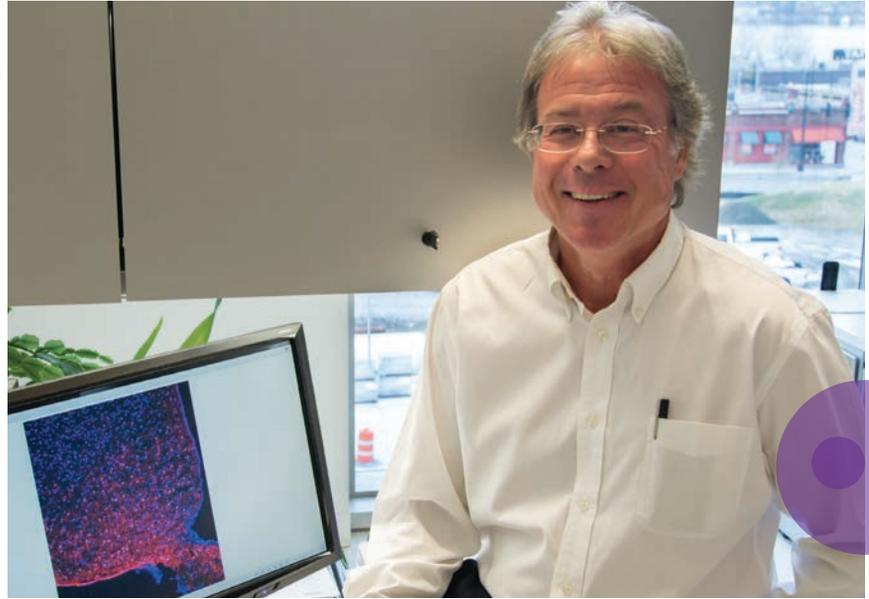
"It's exciting because we were the first to demonstrate you can normalize blood sugar in the absence of insulin," Schwartz says. "It opened a whole new window for us and a new research focus."

From the gut to the brain

The new research focus also involved direct brain stimulation. And it involved another hormone, called FGF19.

When an animal eats, the intestine makes FGF19, and about a decade ago, researchers at Eli Lilly found that injecting FGF19 either systemically or into the brains of *ob/ob* mice markedly improved their glucose tolerance. Morton took the research a step further. He found that injecting FGF19 into the brains of *ob/ob* mice dramatically improved glucose tolerance within 90 minutes by stimulating insulin-independent glucose disposal. The *Journal of Clinical Investigation* published the findings in 2013.

That next step, though — finding the neurons — is challenging. Neurons are tightly packed together, and it's difficult to do research in a living animal and parse out which neurons are affected by what kinds of stimuli. Schwartz's team, led by postdoctoral fellow Thomas Meek, Ph.D., may have found an answer: optogenetics. It's a relatively new



and highly specific tool, one in which light acts to turn neurons on or off.

The researcher injects a harmless virus — engineered to express the gene encoding a light-sensitive channel — into a mouse. The mouse, in its turn, has been bred to express a specific enzyme in a defined subset of neurons in the hypothalamus. After injection, the virus (which also contains a fluorescent marker) infects all neurons equally. However, only those neurons that express the enzyme will express the light-sensitive channel. When a researcher shines a light-emitting probe on those targeted neurons, the channel, reacting to the light, will either activate the neurons or inhibit them from firing. The glow of fluorescence marks the spot.

In this case, Meek's target is a subset of neurons packed into an area known as the ventromedial hypothalamic nucleus. He has shown that activating this subset of neurons provoked rapid blood-sugar elevation (a hallmark of diabetes). He also has made progress in neuronal mapping and has found a potential pathway for blood sugar control. Meek and Schwartz hope to publish their results sometime this year.

Beyond insulin

Optogenetics will help the Schwartz Lab understand the neurocircuitry activated in diabetes; once it's more thoroughly understood, there will be new opportunities to treat or prevent the disease — and perhaps to remedy other metabolic conditions, including weight gain.

Schwartz is sanguine about the promise of the research — especially for the millions of people worldwide affected by diabetes.

“It may be possible to target the neurocircuit with a designer protein to permanently change its function,” says Schwartz. “We might be able to treat patients by activating insulin-independent pathways that complement the action of insulin.”

Obesity and diabetes stats sourced from the World Health Organization and McKinsey Global Institute's Overcoming Obesity report from Nov. 2014.

Understanding blood sugar control through optogenetics: that's what UW Medicine fellow Tom Meek, Ph.D., is pursuing. In the photos, he and his mentor, Michael Schwartz, M.D., Res. '86, Fel. '90, take a look at his work and discuss a talk Meek is slated to give that week. In the middle photo, Meek displays the light-emitting probe used to stimulate or inhibit neuronal activity.

Photos: Clare McLean



A Not-so-crazy Path

Laura Katers, M.S., PA-C

Some people learn kindness; others seem to be born with it. Laura Katers, M.S., PA-C (Seattle Class 45), is in the latter camp. When she was 4, Katers was out with her mother in downtown Green Bay, Wis., when she noticed her mother looking at a homeless person on the sidewalk. Katers began tugging on her mom's arm, asking her not to stare. "We don't know what his life has been like," she said. With that, the child gave the homeless man everything she had in her pockets: one penny.

That inherent kindness and desire to help saw Katers through college and the early years of her career — and, of course, it helps in her current position as a physician assistant.

Katers' path began with a B.S. in biochemistry at the University of Wisconsin, then led to graduate work at Colorado State University in health and exercise physiology. "I didn't have clear career goals, but I knew I wanted to live in the mountains, and Colorado has some of the best," she says.

After earning her graduate degree, she had a number of jobs that kept her outdoors: wilderness therapy with troubled youth, conservation project leader, recreation coordinator. Every job and every opportunity taught her how to lead — to be disciplined, creative, compassionate, funny and firm. "Like a mom," says Katers.

Katers' interests in the sciences came to the fore once again in 2008; she became an exercise physiologist at the University of Colorado Hospital while continuing freelance creative pursuits — writing, photography, graphic design and editing. During this time, she also developed a significant illness that left her hospitalized for the better part of a year. "I was always healthy and active," Katers says, "and it was hard to watch myself become so sick." As she recovered, she set a goal. "I knew I could help others who found themselves in a similar situation of darkness and fear," she says.

Katers set out to pursue something that would really challenge her, and she became an addiction counselor and supervisor at the largest detox facility in Denver. "This job changed my life," she says. "The needs of these clients often go unmet, and I learned to become a patient advocate." While there, she worked with a PA who encouraged her to apply to MEDEX Northwest.

During her training at MEDEX, Katers found creative ways to connect with patients and do "the little extra things," like a poetry hour organized for patients at Harborview's inpatient psychiatric unit. In 2013, she was honored with the MEDEX Spirit of Service Award. And while Katers is no longer a student, she hasn't left MEDEX Northwest; she teaches classes to future PA students. She also chairs the diversity committee of the Washington Academy of Physician Assistants.



Becoming a PA has allowed Laura Katers, M.S., PA-C (Seattle Class 45), to become an advocate for disadvantaged populations.

Photo courtesy of Laura Katers

"As a physician assistant, I knew I could help provide a voice to the disadvantaged," says Katers. Today, she's doing just that, by practicing primary care at Neighborcare Health in Seattle's Rainier Valley, which serves the homeless, refugees from East Africa and Southeast Asia and other vulnerable populations.

"The path that got me to where I am today didn't always make sense," says Katers. "Sometimes my parents thought I was crazy for doing so many things. But I always followed my heart. It's what I tell my patients to do every day. That way, you can't go wrong."

GORILLA SURGERY

When does a physician treat a gorilla? When the gorilla needs life-saving sinus surgery. At least, that's what happened on Aug. 25, 2014.

Alumnus Greg E. Davis, M.D. '00, MPH, Res. '03, director of rhinology and endoscopic skull-base surgery at UW Medicine, performed a three-hour surgery on Vip, a 425-pound, silverback gorilla at Woodland Park Zoo in Seattle.



Photo courtesy of Ryan Hawk, Woodland Park Zoo

UW Medicine: How did you hear about this case?

Greg Davis: It was Al Hillel [UW professor of otolaryngology] who first called me. He said, “Greg, I have an interesting consult for you. But we’re going to have to go off-site.” When he told me we were going to Woodland Park Zoo, I was thrilled. My undergraduate degree is in zoology, and my wife and I regularly took our kids to the zoo.

Do physicians often operate on animals as well as humans?

GD: It’s not uncommon. For example, sometimes the zoo calls on our Department of Obstetrics and Gynecology to help with complex deliveries. Zoo veterinarians have extensive training with large animals, but they don’t have the sub-specialty training that we do. There are not any endoscopic sinus surgeons for gorillas as far as we know. Vip’s infection was serious and had started to erode his skull; he wasn’t going to improve without this surgery.

How similar is sinus surgery across species?

GD: As far as we knew, this kind of sinus surgery had never been done on a gorilla. We looked at Vip’s CT scan to better understand the dimensions of gorilla sinuses. We used image navigation, a high-tech process that allows us to track the tip of our instrument inside a patient’s head during surgery. Medtronic transported the necessary equipment to the zoo and helped set it up. KARL STORZ Endoscopy-America provided other equipment and sinus surgery instruments.

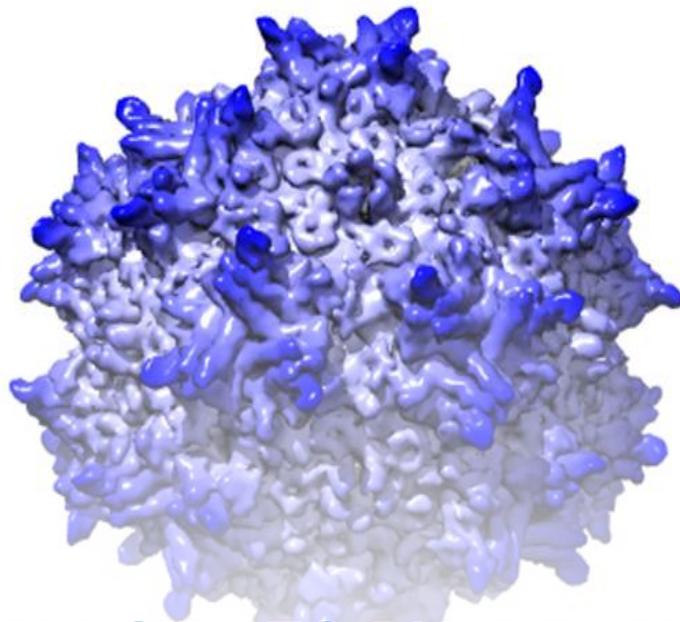
What was it like operating on a gorilla?

GD: He’s 425 pounds — he’s a line-backer of a specimen! I had to hunch over to reach his nose throughout the surgery. His smell was impressive; it permeated the mask, my clothes. It was interesting, too, that Vip is such an important figure to his family and to so many people. Clearly he is important

to not just the female gorillas that he lives with, but also the gorilla keepers and the zoo veterinarians. It was incredible to see their concern. They truly treat gorillas as family members.

How is Vip doing?

GD: After surgery, Vip initially did well, but then the infection spread to his face. Dr. Darin Collins, Woodland Park Zoo’s director of animal health, reassured me that gorillas have strong immune systems. Sure enough, it healed with time. His recovery has been outstanding. Working with veterinarians was fantastic; they’re incredibly caring and attentive health-care providers. It was a privilege to be part of such a stellar team.



An AAV (adeno-associated virus) gene-editing vector for stem cells.
Image: Michael Chapman, Oregon Health & Science University.

ONE STEM CELL TO RULE THEM ALL: Inventor Makes Breakthrough in Regeneration

Imagine altering gene sequences to prevent or cure a disease. Then imagine the difficulty of pinpointing a gene target in a strand of human DNA, which contains many millions of nucleotide building blocks. If unraveled, the molecules of DNA in just one cell would produce a strand two meters long. If all of a person's DNA were unraveled, it would create a strand that stretched to the sun and back — 50 times.

UW Medicine bestowed its 2014 Innovator of the Year award on an alumnus attempting to meet the challenge of precision gene manipulation: David Russell, M.D., Ph.D., Fel. '94, UW professor of medicine in the Division of Hematology.

"Most researchers alter genetic sequences by using enzymes to cut the DNA," says Russell. "But we don't think that's a good idea because it might cause gene mutations or other problems."

Russell was the first researcher to use a harmless virus vector to deliver a gene to a human cell in a pinpointed location without cutting, a genome-editing technology he patented. He and his team are now using the method to modify human pluripotent stem cells, which can mature into any type of cell tissue in the body. For example, the ability to turn stem cells into heart, liver or brain cells could — in principle — make it possible to treat heart disease, hepatitis or dementia.

Many scientists are using stem cells to create specific tissue types, but moving this work from the lab to the physician's office is problematic: the body will reject cells

it does not recognize as its own. That challenge inspired Russell to change stem cell genes that cause rejection by inactivating them or changing their DNA sequence. The result is a universal stem cell precisely engineered to avoid detection by the immune system.

"This approach will allow us to make one cell line for everyone, which will facilitate getting therapies into the clinic," Russell says. "If you had to make a new cell line from each patient's own stem cells, the labor, time, regulatory issues and cost would be totally unreasonable."

Using a stem cell line developed at UW Medicine, his team can grow an infinite number of universal donor cells that maintain all the instructions needed to mature into any kind of tissue. With a small business grant from the National Institutes of Health, Russell spun out a startup company, Universal Cells, to collaborate with companies and institutions working on clinical stem cell applications. He has been collaborating with UW Medicine teams focusing on heart disease and with the Institute for Stem Cell and Regenerative Medicine, and he hopes to tap into UW Medicine's strengths in diabetes and blindness.

"We think we have solved a major problem in the stem cell field and created a solution with a powerful future," Russell says. "It could become a full-circle UW effort — from the creation of the stem cell line through clinical trials — and I would be happy to see it cure even one intractable disease."

TWO APPROACHES TO EBOLA



In combatting Ebola, David La, Ph.D. (left) is employing protein design; Michael J. Gale, Jr., Ph.D., is strengthening immune response.

The Ebola outbreak in West Africa continues to take a major, deadly toll: according to the World Health Organization, deaths now exceed 10,000, and more than 24,000 people are infected.

“Part of the reason people get so sick is that Ebola shuts down innate immune response, so people have no defense of their own against the virus,” says Michael J. Gale, Jr., Ph.D. Gale, who leads UW Medicine’s Center on Innate Immunity and Immune Disease, is part of a consortium — including Kineta Pharmaceuticals and the University of Texas Medical Branch at Galveston — that thinks the immune system will hold a key to fighting Ebola.

The key to immune response, in this case, is RIG-I. It’s a protein that can recognize viral nucleic acid and spur a cell to fight off viruses. Unfortunately, it doesn’t always work. “The Ebola virus does a really good job of inhibiting RIG-I,” says Gale.

In response, Gale and his collaborators are working on strengthening RIG-I so that it can respond to Ebola. As Ebola curtails RIG-I’s activity, the researchers work around it, using small

molecules to activate the protein. “We come in on the other side of the blockade, and we turn everything on,” Gale says. “The cell goes to work and starts expressing genes with antiviral action to shut down the virus.”

David La, Ph.D., is a senior research fellow with the Institute for Protein Design (IPD) at the University of Washington, and he and his colleagues are also researching Ebola. La started to work on the project about three years ago, when very little was known about the condition.

“I wanted to work on a problem that was going to be useful to many people if it were solved,” he says.

At the IPD, researchers create proteins to interfere in the process of disease. “We computationally design new protein molecules to be used as highly effective therapeutics for blocking the fusion and entry of the Ebola virus into human cells,” says La.

Collaborating with the Scripps Research Institute, Vanderbilt University, the Albert Einstein College of Medicine and the U.S. Army, La and his colleagues are looking for both a medication and a diagnostic. Current

diagnosis of Ebola involves RNA sequencing, a process that can take a day or two — a long time for uncertainty when dealing with a deadly disease and a public health risk.

“We would like to diagnose whether you have the virus or not within a half-hour or so,” La says.

Both La and Gale are pleased with their progress. La’s collaborators are testing several designed proteins to see if they neutralize the virus; he hopes they’ll move to the next, crucial phase of testing this year. Gale is in a similar place in the pathway to drug development.

“We can get a 99.9 percent drop in the virus [in a culture dish],” Gale says. If the next step goes well, he and his colleagues may get permission to test the drug in humans on an accelerated schedule.

Two labs, two approaches, one motivation: saving lives. “An outbreak happens almost every year,” says La. “So we’re trying to prepare.”

[Read more at uwmedmagazine.org »](http://uwmedmagazine.org)

Learn more about Gale’s work and the potential of RIG-I.

INFINITELY CURIOUS: Alumna Glenna Burmer, M.D., Ph.D.

It was March 11, 2011. Glenna Burmer, M.D. '83, Ph.D. '83, Res. '84, '86, and her son were vacationing on the Japanese island of Miyajima when a massive earthquake and tsunami struck the mainland. Sirens blew, the news of destruction started to filter in, and Burmer wondered what she could do to help. An answer came the next day: she decided to produce a benefit concert for the Sendai Symphony Orchestra, located a bit north of the epicenter of the disaster.

On the face of it, this was an unlikely solution for Burmer, the co-founder of the biotech LifeSpan BioSciences, to come to. She'd been trained as a scientist and a physician, not a producer. Burmer had never learned an instrument — “I was not musical as a child,” she says — and she did not know how to write music. Even so, Burmer hears original music in her head. And not just simple tunes, but full orchestral pieces. With her son's encouragement, Burmer set about learning a whole new field: musical composition.

Pursuing her interests full-throttle is par for the course for Burmer, who graduated from the Medical Scientist Training Program (MSTP) at the UW School of Medicine. “I was extremely interested in aging research,” she says, and she came to UW Medicine to learn from some of the masters, including George Martin, M.D., and Larry Loeb, M.D., Ph.D. She found the program, which combines four years of medical training and four years of research, highly useful.

“In science, you learn how to phrase a question,” Burmer says. And in medical school, you learn a highly technical profession. The marriage of these two disciplines, of theory and application, is very productive. “My job [as a translational scientist] is to figure out what's *really* going on,” says Burmer. To devise the right question, to figure out the answer, then to make it work for physicians and patients.

“The people who succeed at the MSTP are those who are infinitely curious: questioning all the time,” Burmer says.



Photo courtesy of Dr. Burmer

This intellectual restlessness may explain why, when Burmer leaves her day job at LifeSpan, she starts work on her second job: as managing director of Burmer Music LLC. First, she put together the concert for Sendai Symphony Orchestra. Then Burmer produced a celebration of world music, followed by a benefit for the Bellevue Ballet, in which she created a score for Dante's *Inferno*. Now she's putting on a benefit for the astrobiology program in the Department of Astronomy at the University of Washington, complete with orchestra and video.

“At some point in the future, it would be tons of fun to do a concert on a voyage through the human body or a futuristic look at medicine in the year 2500,” says Burmer. “Break the boundaries.”

See the feature story on the MSTP on page 8.

THE STORIES BEHIND SUPER-UTILIZERS

Social and economic hardships explain why some patients return to the hospital time and again, a team of University of Washington students found in a six-month project.

“Healthcare providers need to be aware of the chaos in some patients’ lives,” said Eliza Hutchinson, a fourth-year medical student who organized the team – one of 10 across the country participating in the Student Hot Spotter Minigrant Project.

The terms “hot spotter” and “super-utilizer” relate to the disproportionately high use of medical services by a small percentage of the general population. UW students got to know four super-utilizers, talking with them in the hospital and at their homes after they were discharged, and focusing on patients’ stories.

Sheridan Reiger, MPH, is a fourth-year medical student, and his group followed a man in his sixties with chronic pain and severe respiratory disease. “He lived in [Seattle’s] Central District, where he had grown up, but he wasn’t really in touch with his family. He didn’t have a partner. Through his life he had managed to push quite a few people away. He was pretty isolated,” Reiger says.

Another patient, a young woman in her thirties with lupus, “was a near-perfect patient,” Hutchinson says. She had a good relationship with her physician, took her medication and came to follow-up appointments. But her medical bills had bankrupted her family. It also became clear that she didn’t understand English as well as her team originally thought. To remedy the language barrier, they engaged a cultural navigator to interpret during



Eliza Hutchinson, a fourth-year medical student (right), and Kelsey Rasmussen, a doctoral candidate in pharmacy, discuss a patient at Harborview Medical Center. They’re both part of the Student Hot Spotter Minigrant Project, sponsored by the Association of American Medical Colleges, Primary Care Progress and the Camden Coalition.

clinic visits and to culturally tailor nutritional instructions.

Home visits were crucial to understanding patients’ day-to-day challenges. “You saw how they lived, the physical challenges they faced,” says Hutchinson. “And the patients were often more comfortable talking to us in their homes than they were in hospital rooms.”

Alexandra Molnar, M.D. ’01, an attending physician at Harborview Medical Center’s International Medicine Clinic, was the project’s faculty sponsor and noted that it helped students think broadly about issues — like transportation and nutrition — facing patients.

Sheridan Reiger agrees. “If we have a patient in the hospital and ready for discharge, we need to constantly ask ourselves: what is it that will bring them back?” he asks. Then it’s a matter of using the system — community health workers, follow-up nursing calls and other methods — to keep them healthy and at home.

Adapted from a story in *NewsBeat-UW Health Sciences* by Michael McCarthy

Hot Spotters and Super-utilizers

The term “hot spotter” comes from Jeffrey Brenner, M.D., a family physician in Camden, N.J., who used statistics from hospitals and ambulance services to identify the city’s “hot spots” — areas from which a disproportionate number of residents were hospitalized repeatedly. His research showed that about 1 percent of the 100,000 people who made use of city medical facilities accounted for 30 percent of system costs. Although super-utilizers compose only about 5 percent of patients nationwide, their care accounts for almost 50 percent of U.S. healthcare spending, according to the U.S. Agency for Healthcare Research and Quality.

IMPROVING THE ODDS FOR HIGH-RISK ATHLETES

An update from UW Medicine faculty Kimberly Harmon, M.D.

When we think of athletes, we think of good health — so it's surprising and tragic when an athlete dies on the field from sudden cardiac arrest (SCA). On New Year's Eve in 2002, the issue really hit home for me: Kayla Burt, a UW basketball athlete, had an SCA at home. She survived — she was resuscitated by her teammates, and Medic One responded promptly — but it galvanized me to better understand SCA. It turns out that SCA occurs in 1 of every 50,000 athletes, and the risk for basketball players is a lot higher: as high as 1 in 3,000.

The key to stopping SCA is figuring out which athletes have potentially dangerous cardiovascular disease before it strikes. Unfortunately, standard sports physicals don't work: according to one study, there's a 99-percent chance that problems will NOT be detected.

In response, many countries try to improve the odds by using an electrocardiogram (ECG, EKG) in addition to a history and physical. ECGs can detect electrical or structural heart disease that might lead to SCA, but interpreting them can be complicated. It's not so surprising that different countries have developed different ECG-reading methods. And that ECGs, if misread, can lead to too many false positives, requiring additional and expensive testing.



Recently, we took a monumental step forward in protecting youth athletes. The American Medical Society for Sports Medicine, FIFA and the NCAA sponsored the Summit on ECG Interpretation in Athletes, chaired by Jon Drezner, M.D., Fel. '00, director of the UW Medicine Center for Sports Cardiology. Experts in sports cardiology, hailing from the U.S. (several from UW Medicine), the United Kingdom, Qatar, Brazil, Sweden, Austria, Australia, Belgium and Switzerland gathered in Seattle this February to create an international consensus statement on ECG interpretation in athletes.

We had to agree on how serious certain ECG abnormalities were, and we had to come to a consensus on how to evaluate and follow up on these findings. There were disagreements, but Jon but kept everyone focused. Ultimately, we produced visuals and guidelines that will be published in journals around the world, and training materials that teach physicians how to read ECGs will be updated with the new, improved criteria. These criteria are based, in part, on the ECG screenings we do for youth athletes at the UW Medicine Sports Medicine Center located at Husky Stadium.

Not long ago, Brian Hainline, M.D., the NCAA's chief medical officer, recommended ECG screenings for high-risk athletes. There's a definitive move toward more screening, and we need to know how to do it well. This summit, led by UW Medicine physicians to create new standards, was a big step forward.

Dr. Harmon is a professor in the departments of family medicine and orthopaedics and sports medicine, section head of the UW Medicine Sports Medicine Center, and a team physician for the University of Washington.

Colleagues, sports medicine physicians and sports cardiology experts Kim Harmon, M.D., and Jon Drezner, M.D., Fel. '00, are team physicians for the University of Washington and leaders in standardizing ECG screenings for athletes. If you are interested in youth athlete screening, contact 206.520.5000.

Photo: Clare McLean

CIVIL WARS, NATURAL DISASTERS, DISEASE OUTBREAKS AND DROUGHT — IN CLASS

"Any time there's a natural disaster, there is a concern about disease outbreak," says David Townes, M.D., MPH, DTM&H. In order to detect and respond to an outbreak, the World Health Organization (WHO), with assistance from the Centers for Disease Control (CDC), has developed an early warning and response network: EWARN.

Townes, a UW associate professor of medicine in the Division of Emergency Medicine and an adjunct associate professor in the Department of Global Health, was involved in the groundwork for EWARN in two countries: in Syria, where it detected the 2013 polio outbreak, and in Haiti in 2010, after the earthquake, where it was used for malaria surveillance. In each location, he worked closely with local partners to collect data so trends could be monitored.

"If you're doing disease surveillance, where do you go to get your information? You have to go to where the patients are," says Townes. "I've responded to everything from the Haiti earthquake, to the civil war in Syria, to the Ebola outbreak, to the famine in the Horn of Africa — sort of the full gamut, from civil war, to natural disaster, to disease outbreak, to drought."

Townes wears many hats related to humanitarian emergencies. He helps coordinate public response for the CDC, and he spends the majority of his time in a technical advisory role for the Office of Foreign Disaster Assistance (OFDA) at the United States Agency for International Development

(USAID), advising the U.S. government and others how best to respond to international disasters.

But as much as Townes wants to be on the ground responding to emergencies, he also enjoys the classroom — and he's part of a growing trend in the professionalization of humanitarian response. "It's inspiring to talk to young people who want to look at this as a career and as a real academic and professional discipline rather than simply as a way to volunteer for a little while," he says.

At the University of Washington, Townes helps teach *Health and Complex Humanitarian Emergencies* in conjunction with the CDC. It's important for students to grasp the interplay among USAID/OFDA, the CDC, non-governmental organizations or NGOs, the U.S. Department of State, the U.S. Department of Defense and United Nations organizations. "To really be effective in humanitarian work," says Townes, "you can't work in isolation."

The other thing that students and the public should know, says Townes, is that humanitarian emergencies are complex. The right answer or decision isn't always clear. The Ebola crisis provides an example, in that it can be difficult to distinguish those suffering from Ebola from those suffering from malaria. In response, the WHO changed its recommendation on malaria treatment, and now many more people in West Africa are being treated for malaria.



In 2009, faculty member David Townes, M.D., MPH, DTM&H, was investigating an outbreak along the Malawi-Mozambique border.

Photo courtesy of Dr. Townes

The reasoning behind this change was complex and controversial, and it raises some important questions, Townes says. "How much do we let something like Ebola drive the overall public health response? And what potential role does this play in the development of resistance to malaria?" he asks. "Like most complex issues, I think the single right answer probably doesn't exist, and the best answer is somewhere in the middle."

Today, Townes is working to develop more programming around humanitarian emergencies for the University of Washington's Department of Global Health and Division of Emergency Medicine.

"Given the strength of the institution, I think we're in a nice position to do that," Townes says. "There are a lot of people interested in developing our expertise in conjunction with CDC. I think we have real potential here to make an impact."

Excellence, Rewarded

Our alumni are hard-working, inspiring, committed, engaging — and we'd like to take this opportunity to recognize three alumni whose stories caught our eye over the past few months. For more stories and inspiration, please see the ClassNotes section on page 31.



Photo: Tara Brown

Honoring a Veteran

Veteran Richard Layton, M.D. '54, received the University of Washington's 2014 Distinguished Alumni Veterans Award in November 2014. A petty officer, second class, in World War II, Dr. Layton traveled to Bikini Atoll in the Marshall Islands on a top-secret mission, charting the

effects of atomic bomb blasts on naval ships at sea. Following his service, Dr. Layton practiced family medicine and served as director of the family medicine residency program at Providence Hospital. An advocate for rural medicine, he also helped pioneer the WWAMI and MEDEX Northwest programs.



Photo: Clare McLean

A Local Humanitarian

Acknowledged by her peers and patients as a vital part of the Native American healthcare community throughout the state of Montana, LeeAnna Muzquiz, M.D. '00, was given the Dr. George Saari Humanitarianism Award by Montana State University in 2014. Dr. Muzquiz is the medical director and a full-time

physician for the Confederated Salish and Kootenai Tribes (of which she is a member). In addition to serving as a specialist in adolescent medicine, women's health and diabetes for the Tribal Health Department, she is active in health policy and advocacy issues. Dr. Muzquiz also serves on the WWAMI Montana Program admissions committee.



An Award for Advocacy

In October, the Multicultural Alumni Partnership honored alumnus Benjamin Vazquez, M.D. '07, with the 2014 Distinguished Alumnus Award. Dr. Vazquez was recognized for his commitment to underserved communities in southwest Washington and for his advocacy in promoting healthcare careers for minority, LGBTQ and rural students.

UW Night at the Mariners



Last year, more than 100 UW School of Medicine alumni and their families came together for a night at the Mariners. Join us again this year at Safeco Field's Lookout Landing for 300-level seats and a private

barbeque dinner with baseball favorites. Mark your calendar, and stay tuned for more details!

Seattle Mariners vs. Los Angeles Angels
Friday, July 10 • 7:10 p.m.

To learn more, contact the UW School of Medicine Alumni Relations office at medalum@uw.edu, 206.685.1875 or toll free at 1.866.633.2586.



Photos: Lynne Salkin Morris

Small Investment, Big Impact: HOST

Every fall and winter, thousands of fourth-year medical students traverse the U.S. Collectively, they spend a great deal of money to interview for residency positions. But our alumni are making a dent in the bill by participating in HOST (Help Our Students Travel). Each year, alumni open their homes to our students, providing a comfortable place to stay and perspectives that only experience can offer. On behalf of our students, we thank the 70 hosts who participated in the 2014–15 school year.

By the Numbers

- Number of volunteers: **70**
- Number of classes represented: **48** (1966–2014)
- Number of cities represented: **47**
- Most frequently visited cities: **Albuquerque, Ann Arbor, Boston, Chicago, Denver, Portland, San Diego**
- Number of students participating: **157**
- Number of requests made: **320**
- Number of nights students were hosted: **285**
- Approximate savings for students: **more than \$40,000** (assumes lodging costs of \$150/night)

You Can Help!

To HOST, all you need is a spare bed or couch. The more volunteers we have, the more students we can serve — and it's never too early to sign up. Visit uwmedalumni.org/ volunteer to register, or contact the UW School of Medicine Alumni Relations office at medalum@uw.edu, 206.685.1875, or toll free 1.866.633.2586.



A Taste of “Real” Life With the SAID Program



Vijaya Galic, M.D. '04, Res. '10, spoke with students interested in her work as an OB/GYN at a regional cancer center.

Remember what it was like in medical school? Were you enthusiastic and full of questions about life as a physician? Today's students are, too, and through Student-Alumni Informational Discussions (SAID), they have an opportunity to hear directly from the alumni who were once in their shoes.

SAID is a long-standing program that provides students with an opportunity to speak with alumni — over a meal or coffee — in an informal setting. The program takes place twice a year, once in the fall and once in the spring. In November, 30 physicians representing more than 20 specialties met with 82 students to share their perspectives.

“The students are always engaged and grateful for the candid conversation and the connection we make,” says host Jane Lester, M.D. '86, Res. '90. “We talk about autonomy, night call, hospital rounds, income, burnout, student loan debt, specialty practice, residency, fellowships, role models and more. I learn as much from them — about medical education today — as they learn from me.”

If you'd like to host a group of students, visit uwmedalumni.org/volunteer for more information. You may also contact the UW School of Medicine Alumni Relations office at medalum@uw.edu, 206.685.1875 or toll free at 1.866.633.2586, and they will be glad to let you know when it's time to sign up for the fall session.

Thanks, Alumni!

When alumni get involved in their education, students really appreciate it! First-year students from the WWAMI Montana Program sent this card to thank the UW School of Medicine Alumni Association for gifts of white coats and stethoscopes.

A Good Time for Graduates

Last fall, graduates gathered in Boston and Salt Lake City to meet, mingle and reminisce. The East Coast contingent was joined by Fernanda Delgado, a fourth-year student completing a research year in Boston. “As the only medical student there, it was a wonderful opportunity to meet alumni from a variety of specialties and WWAMI sites, and many shared useful career advice,” she says.

Are you interested in hosting a regional alumni happy hour in your city? Contact us at medalum@uw.edu, 206.685.1875 or toll free at 1.866.633.2586. The UW School of Medicine Alumni Relations office will take care of the planning; all you need to do is suggest a venue and attend the event.



Readiness for Real-life Doctoring: Curriculum Renewal

What’s the bottom-line goal for curriculum renewal in 2015? “We’re making sure we’re preparing students for how they’ll be practicing medicine,” says Michael J. Ryan, M.D., Res. ’89, Chief Res. ’90, associate dean for curriculum for the School of Medicine.



Marcella Pascualy, M.D., Res. ’88, and R. Lane Brown, Ph.D., participate at a planning meeting for the new curriculum. The meeting, held in January 2015, brought together faculty from throughout the five-state region of Washington, Wyoming, Alaska, Montana and Idaho. “It was great to meet in person, rather than simply over the phone,” says Ryan.

Photo: Robert Steiner, Ph.D., Res. (obstetrics and gynecology)

At the UW School of Medicine and throughout the WWAMI states, medical educators have been putting their heads together, considering how best to anticipate the knowledge and skills M.D. students will need after seven-plus years of medical school and residency. Their answers run the gamut from developing skills at evidence-based medicine, to learning to work on teams with other medical professionals, to assessing and managing the needs of groups of patients with specific conditions.

The courses in the new curriculum are being built by teams of scientists and physicians from throughout WWAMI, and they will present science that is important to the practice of medicine. There will be a significant reduction in the number of traditional lectures; most sessions will be interactive, based on clinical cases. And exposure to patients and clinical care during the early classroom phase of the curriculum will increase — and will start as soon as the students arrive.

“The input and feedback we’ve received has been incredibly valuable,” says Ryan.

The curriculum rollout is slated for fall 2015; look for an update in a future issue of UW Medicine.

— UW School of Medicine 2015 —

REUNION WEEKEND

It's your weekend! Join us for a memorable reunion reconnecting with classmates and friends. Events are open to all alumni, regardless of class year.

THE SCHEDULE

FRIDAY, June 5, 2015

- 10 a.m.–12 p.m. **50-Year Association Brunch: On the Shoulders of Giants**
Classes of 1950–1965
The Washington Athletic Club
Cost: \$35 per person
- 5:30 p.m. **UW School of Medicine Alumni Association Board Meeting**
Museum of History & Industry (MOHAI)
- 7 p.m. **A Toast to the UW School of Medicine**
Museum of History & Industry (MOHAI)
Cost: \$80 per person

SATURDAY, June 6, 2015

- 9:30–10:30 a.m. **UW Medicine Today: State of the School**
UW Medicine at South Lake Union
Cost: complimentary
- 10:45 a.m.–12 p.m. **UW Medicine Today: DocTalks**
UW Medicine at South Lake Union
Cost: complimentary
- 12–1 p.m. **Reunion Weekend Family Lunch**
UW Medicine at South Lake Union
Cost: \$20 per adult; \$10 per child (age 5 to 12); complimentary for young children (under the age of 5)
- 1–3:30 p.m. **Harborview Discovery Tour**
Departing from and returning to UW Medicine at South Lake Union
Cost: \$10 per person
- From 6:30 p.m. **Class Celebrations** (for classes ending in 0 and 5)
Prices and locations vary.

WEEKEND HIGHLIGHT: A TOAST TO THE UW SCHOOL OF MEDICINE

We extend a special invitation to a new event: *A Toast to the UW School of Medicine*. There we will honor the recipients of this year's Distinguished Alumni Awards, below, and celebrate with food and wine that represent the best the WWAMI region has to offer.

2015 Distinguished Alumni Award Recipients



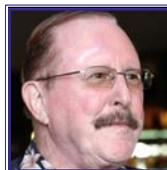
Distinguished Alumnus Award:
**John Olerud, M.D. '71,
Res. '76, Res. '78**



Alumni Humanitarian Award:
Jamie Garcia, M.D. '99
(awarded posthumously)



Alumni Early Achievement Award:
**Jared Baeten, M.D. '03,
Ph.D. '01, Fel. '08**



Medical Alumni Service Award:
John Betz, PA-C (Seattle Class 1)

For more information and to register for the 2015 Reunion Weekend: uwmedalumni.org/reunion

Attending only *A Toast to the UW School of Medicine*:
uwmedalumni.org/toast



Seen & Heard

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

- ① Participants in the Department of Neurological Surgery's First Annual Community Conversation in February, from left to right: Manuel Ferreira, Jr., M.D., Ph.D., Samuel Browd, M.D., Ph.D., Christine MacDonald, Ph.D., department chair Richard Ellenbogen, M.D., FACS, and Louis Kim, M.D.
- ② UW Medicine surgeon Ben Starnes, M.D., tours Greta Sedlock and Gordon and Kathleen McKinzie through a hybrid OR.
- ③ United Luv sets aside part of its proceeds to give iPads — a welcome distraction for cancer patients — to medical centers. Dallas and Anna Eaton of United Luv presented iPads to UW Medical Center at a ceremony in January.
- ④ Last fall, UW Medicine celebrated the creation of the Rosenblatt Family Endowed Professorship in Rural Health. Pictured: Suzanne El-Attar, M.D., David V. Evans, M.D. (the first Rosenblatt Professor), Fernne Rosenblatt and the late Roger Rosenblatt, M.D., Res. '72, '74, MPH, MFR, and family medicine chair Tom Norris, M.D., Fel. '89.
- ⑤⑥ Aspiring medical students and parents attended a talk with Carol Teitz, M.D., Res. '80, in November. The associate dean for admissions dispensed advice and inspiration.
- ⑦ David and Barbara Roux are pictured with the inaugural recipient of the Roux Prize, Rodrigo Guerrero, M.D., Ph.D., an innovator in using data to improve health.
- ⑧ Aoife, daughter of medical student Tara Kenny, sports a School of Medicine bib.
- ⑨ Alpha Phi sorority sisters Gabriela Flores and Claire Daddino present a check — for research into women's heart health, proceeds from their Red Dress Gala — to W. Robb MacLellan, M.D., cardiology division head, and David Dichek, M.D.
- ⑩ Guests Susan Bevan, director on the executive board of Alpha Phi International, and Dua Abudiab at Alpha Phi's 10th Annual Red Dress Gala, March 7, 2015.

Photos: Rebecca Skoog (1, 5, 6). Anne Aumell (2, 10). Christine Chan Anderson (3). Bruce Gilbert Photography (7). Tara Kenny (8). Stefanie Starkovich (9).



SAVE THE DATE FOR THE

**SURVIVORS
CELEBRATION
BREAKFAST**

12.02.15

Sheraton Seattle Hotel • 7:30–9 a.m.

A benefit for the
Institute for Prostate Cancer Research Center,
a collaboration of UW Medicine and
Fred Hutchinson Cancer Research Center.

The best celebration is yet to come.

Tickets. Table Captains. Partners.
celebrationbreakfast.org 206.543.7873 medevent@uw.edu

UW Medicine



FRED HUTCH

Institute for
Prostate Cancer
Research



ClassNotes

ORGANIZED BY DEGREE.

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

HOW ABOUT YOU?

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

M.D.

1955

Alan Gunsul, M.D., writes, "I'm excited that my eldest granddaughter entered Washington State University's honors program this fall."

1956

Orval Dean, M.D., writes, "I am still able (at 88 years old) to be active in church ministries and visitation: hospitals, nursing homes and homes."

1957

Richard Woods M.D., writes, "I have been retired since 2001."

1958

Norm Erie, M.D., writes, "In November 2013, I had total knee orthoplasty for arthritis. Things are progressing well, and I hope to be back playing golf by early spring."

1959

Raymond Leidig, M.D., writes, "Finally retired — with six adult children and 17 grandchildren. Jill and I stay busy singing in a chorale and visiting family. Jill is busy with oil painting (won first and third prizes at a fair in Boulder, Colo.) and design. Hi to all classmates!"

1968

Dan Andrews, M.D., writes, "Just published my book, *44 Years on the Frontline of Medicine*. You can learn more at 44yearsonthefrontlineofmedicine.com or at Goodreads."

1969

Elizabeth Phillips, M.D., writes, "I continue to practice hematology and oncology with a concentration in breast cancer. My practice is now part of Montefiore Medical Center in the Bronx."

Allen Wyler, M.D., Res. '75 (neurological surgery), medical director of Northstar Neuroscience, recently published a thriller about a computer genius called *Deadly Odds*.

1971

David Notter, M.D., writes, "I retired from active practice in 2010 after 32 years at Wenatchee Valley Medical Center (medical oncology). I'm now enjoying hiking, my grandchildren, some travel, music (fiddle), and occasional oncology coverage for oncologist friends in Anchorage."

1973

Thomas Griffith, M.D., writes, "I have retired from practice as an orthopaedic surgeon specializing in hand and plastic surgery."

1974

James V. Felicetta, M.D. '74, writes, "I was originally planning to retire, but instead I find myself seeing endocrine patients on a nearly full-time basis at the VA contract clinic run by Humana in Oxnard, Calif. We have had a longtime vacation home in Oxnard, and now we have moved here full-time to be near the ocean."

1977

Sarah Weinberg, M.D., writes, "I've been retired from practice for more than 10 years, and I'm enjoying lots of travel all over the world. I'm very active in political advocacy for a single-payer healthcare financing system in the United States. Let's catch up to the rest of the developed world!"

1983

David Spiro, M.D., writes, "Still loving family practice with obstetrics in Edmonds, Wash."

1988

Frances L. Johnson, M.D., writes, "I'm now the director of advanced heart failure research and education at the University of Iowa."

1994

Andrew C. Castrodale, M.D., UW clinical assistant professor in the Department of Family Medicine, was awarded the 2014 Dr. John Anderson Memorial Award for Outstanding Rural Health Practitioner by the Washington Rural Health Association.

1998

Eric Parsons, M.D., serves as the regional director of medical education for the Renton-based campus of the School of Osteopathic Medicine in Arizona. He writes, "I encourage you all to mentor students regularly — it is a tremendous joy."

Real-time Impact on Global Health

Celine Gounder, M.D. '04

“Maybe I’m impatient,” says Celine Gounder, M.D. '04. “Maybe I just want to have an impact on public health sooner.” The desire to make a real-time difference is reflected in her career trajectory; after college, she worked under Ralph Nader on tuberculosis awareness and earned a master’s in epidemiology at Johns Hopkins — all before entering the UW School of Medicine.



At medical school, Gounder co-founded the International Health Group and helped establish international health electives. Trips to Soweto, South Africa, to work with HIV- and TB-affected populations punctuated her time as a student and her residency at Massachusetts General Hospital in Boston. Gounder then spent several years researching TB and HIV in sub-Saharan Africa while at Johns Hopkins, but she eventually found it frustrating. “It is hard in academia to have an impact on public health,” says Gounder, “at least not until much later in your career.” After working for the New York City’s health department, she decided to make a shift. She stepped back and took a look at her husband’s career: the media.

“I saw medical journalism as another way of having a public-health impact,” says Gounder. So she started writing and speaking about issues ranging from Ebola, to measles, to prescription pain medications. Her work has been web-published by *The New Yorker*, *The Atlantic* and Reuters, and she appears frequently on CNN and Al Jazeera America. “I try to be the voice of reason in these discussions,” she says. “I think there’s really a need for thoughtful medical reporting.”

Gounder, who practices medicine part-time for the Mount Sinai Health System in New York, is now volunteering in Guinea with the International Medical Corps, focusing on training and capacity-building to address the Ebola outbreak. “Career satisfaction is not just about the long-term impact, it’s also about feeling fulfilled day-to-day,” she explains. “I think I am finally arriving at a place where I have both.”

2006

Carmen R. Mikacenic, M.D., UW assistant professor of medicine in the Division of Pulmonary and Critical Care Medicine, was awarded the Chair of Medicine Scholars Award. Her research focuses on the pathogenesis of human sepsis and acute respiratory distress syndrome (ARDS) and interstitial lung disease (ILD).



Jasmine Zia, M.D., Res. '09, Chief Res. '10, UW acting instructor in the Division of Gastroenterology, and a team of faculty from the Department of Computer Science and Engineering, the Department of Human Centered Design and Engineering, and the Department of Psychiatry and Behavioral Sciences, received a UW Innovation Research Award in Biomedical Sciences for a project called “A Connected Approach to Personalized Mobile Health.” They are building mobile-enabled tools that let patients enter data about habits and behaviors related to a particular health problem. Zia also recently married alumnus **Edmond Marzbani, M.D., Res. '10.**

2007

Deepti Gupta, M.D., writes, “I completed a pediatric residency at UCSF in 2010, followed by a dermatology residency in 2013. In 2014, I completed a dermatology fellowship and am now an assistant professor at Seattle Children’s.”

Benjamin A. Pinsky, M.D., Ph.D. '05, received the 2014 Siemens Healthcare Diagnostics Young Investigator Award.



Detective Work Claudia Crowell, M.D. '06

When Claudia Crowell, M.D. '06, was only 13, her parents were stationed in the Foreign Service in Bamako, Mali. She came to know a physician at the U.S. embassy who was a close family friend. "He helped me see the disparities in human health across the globe," says Crowell.

Moved by the poor living conditions and health of many local children, Crowell knew she wanted to improve the health of children in resource-limited countries, but not precisely how. At medical school, she conducted research in pediatric HIV, and her College head, Sherilyn Smith, M.D. '97, Fel. '97, created a clinical observership in the pediatrics infectious diseases clinic for her.

"ID is really a lot of detective work, like solving a complicated puzzle," says Crowell. She liked how infectious diseases combined patient-specific and population-based research, geared to improve the health of entire populations.

Crowell is now conducting a pilot with HIV-infected children receiving antiretroviral therapy in Kenya. Her hope is to identify a treatment to optimize neurocognition. "As HIV has become more of a chronic disease, and these children are now surviving into adulthood, it is important to find ways to help them achieve their full potential," Crowell says.

Ph.D.s, Residents, Fellows

Thomas F. Hornbein, M.D., Intern '57, was the subject of a column in *The New York Times* on Jan. 1, 2015. Writer Timothy Egan muses on aging while talking to Hornbein, who survived a night on Everest at 28,000 feet without tent or sleeping bag in 1963. Hornbein wrote a book about the experience, *Everest: The West Ridge*. Now in his eighties — and described by Egan as "elfin and energetic" — Hornbein still climbs in the Rocky Mountains.

Allergy and Infectious Diseases

Alison Roxby, M.D., M.Sc., Fel. '09, UW assistant professor of medicine in the Division of Allergy and Infectious Diseases, was awarded the Chair of Medicine Scholars Award. Her research goals include improving maternal health, promoting family planning and reducing perinatal transmission of HIV.

Family Medicine

Thomas Greer, M.D., Res., UW professor in the Department of Family Medicine, was honored by the Washington Academy of Family Physicians as a 2014 Washington Family Medicine Educator of the Year.

Jay S. Erickson, M.D., Res. '90, assistant dean for regional affairs in the WWAMI Montana Program, was named the 2014 Family Physician of the Year by the Montana Academy of Family Physicians.

Hematology

Terry B. Gernsheimer, M.D., Fel. '87, was elected to the governing board of the American Society of Hematology. She will serve a four-year term.

Internal Medicine

Jennifer Best, M.D., Res. '03, Chief Res. '04, UW associate professor of medicine in the Division of General Internal Medicine, was appointed associate dean for graduate medical education. She has received several teaching awards and is a fellow of the American College of Physicians and a fellow of the Society of Hospital Medicine.

Molly B. Jackson, M.D., Res. '07, UW assistant professor of medicine in the Division of General Internal Medicine, has become the director of the Medical Consultation Service at UW Medical Center. She also was appointed chair of the Continuous Professionalism Improvement Committee.

James Floyd, M.D., Res. '09, M.S. '11, UW assistant professor of medicine in the Division of General Internal Medicine, was awarded the Chair of Medicine Scholars Award. Dr. Floyd's research focuses on cardiovascular drug safety, pharmacogenomics, epidemiologic methods and regulatory science.

Medical Genetics



Gail Pairitz Jarvik, M.D., Ph.D., Fel. '91, UW professor and head of the Division of Medical Genetics, was elected to the board of directors of the American Society of Human Genetics.

Rehabilitation Medicine

Sara Hamilton (Reid), DPT '09, writes, "We welcomed our son Wyatt in June 2014 and have another two-year old son. I'm now the director of rehab at Bellingham Rehab."

Your Baby — In Their Very Own Bib!

This issue contains some beautiful babies wearing the best accessory that mealtime has to offer: the official bib of the UW School of Medicine. If you'd like a bib for your baby, just email us at medalum@uw.edu. Then send us a photo!

MEDEX

Alaska



Katie Copps-Wilson, PA-C (Anchorage Class 1), writes, "I became the sole permanent provider in my job at Camai Community Health Center in the bush community of Naknek, Alaska. The honor of taking care of my community and learning the art of bush medicine has been enriching beyond words. It's the practice of medicine without diagnostic modalities and resources that would be available in larger towns. In many ways, we are carpenters without tools. We have to rely on our history, the physical exam and intuition to come up with a differential diagnosis and a plan to best serve the patient locally. In August, our family adopted our third daughter. My husband and three daughters participate in the traditional lifestyle related to their Alaska Native roots, and we practice a subsistence life and participate in commercial fishing."

Even Evanson, PA-C (Anchorage Class 1), writes, "I live in Anchorage, Alaska, with my wife, Julie, and our children Anna (4) and Isaac (1). After graduation, I spent a year in neurosurgery before entering a hospitalist role at Alaska Heart and Vascular Institute. I love the challenging, medically complex patients and interdisciplinary teamwork of inpatient medicine. I've enjoyed precepting MEDEX students and passing along knowledge I've gained from my supervising cardiologists as well as other physicians and mid-levels in the specialties I'm fortunate to work with. I've become interested in medical missions and collect overstock medical supplies for overseas populations."

Kris Abel, PA-C (Anchorage Class 4), writes, "We welcomed a baby, Amelia, in January 2014, right in the middle of my clinical year. Haven't slept since!"

Seattle



Sherry Lipsky, PA-C (Seattle Class 9), MPH, Ph.D., writes, "When I moved to Seattle in 1971, I was looking for a way to continue my community work around women's healthcare and to train in medicine. I found the Country Doctor Community Clinic, which — with a few staff physicians — was beginning to train community health workers in family medicine. We had our own unofficial PA program. In 1975, I was the first community clinic trainee to be accepted into the MEDEX program. The



Even Evanson, PA-C (Anchorage Class 1)

program was just a year long at that time, with only outpatient training. I returned to the clinic to work a few more years before moving on to consult with MEDEX on their prison project — training prison health workers to become PAs and editing a mental health manual. I subsequently worked as a PA at the STD clinic at Harborview Medical Center before entering the MPH program at the University of Washington in Health Services, International Health Program. After graduating, I worked as the health training coordinator on the Thai-Cambodian border in a United Nations refugee camp and then came back to Seattle to work at the Seattle-King County Department of Public Health as an epidemiologist in the communicable disease section and HIV program. After several years at the health department, I went back for my Ph.D. in epidemiology at the UW. I moved to Dallas and worked as a researcher and then as a faculty member at the University of Texas School of Public Health; then I returned to Harborview as a faculty member in the Department of Psychiatry and Behavioral Sciences. My research has focused on intimate partner violence, mental health and alcohol use, funded by National Institute on Alcohol Abuse and Alcoholism as well as other organizations. I retired in 2013 to travel, to enjoy my grandchildren and to do some consulting and/or international health work."

Kim Emery, PA-C (Seattle Class 30), writes, "It seems like a lifetime since 1998 and MEDEX Northwest Class 30. After graduation, I worked for 14 years in the UW Neighborhood Clinic system. I did some double duty for several years, wearing a clinic manager's as well as a provider's hat. I am always humbled by the trust and faith our patients put in us. After 14 years in Auburn, my husband and I retired to Dayton, a little town in Eastern Washington. I don't spend too much time driving my antique tractor around our "pretend" farm, as I am now practicing family medicine at Columbia Family Clinic. I have some nursing home patients as well. Of course, I love this new chapter in my life. Retirement will have to wait."



Kim Emery, PA-C (Seattle Class 30)

Robin Moore, M.S., PA-C (Seattle Class 35), writes, "Since graduation, I have been working in emergency medicine in Seattle. I have recently started doing locums work in Bethel, Alaska, and I am really enjoying practicing rural emergency medicine. It is definitely challenging and stimulating at the same time. In my spare time, I volunteer overseas every year, providing medical care to the underserved. I have had great experiences traveling to several cities and

Norma Nuñez, PA-C (Seattle Class 41), writes, "My first job after MEDEX was at Neighborcare Health, a community clinic that serves the underserved population similar to the one I grew up with. This experience was the most humbling, fulfilling and rewarding for me because I felt that I was giving back to my small village at home in Honduras. At Neighborcare, I became a primary-care provider and helped patients with their glucose control, hypertension, hypercholesterolemia, thyroid dysfunction, depression and many other medical conditions. Today I work at Franciscan Medical Group in an urgent/prompt care specialty. I find enjoyment and rewards in the services I provide each day.

Christopher Carson, PA-C (Seattle Class 31), writes, "After MEDEX, I worked in primary care for Sea Mar Community Health Center, then transitioned through orthopaedic, neurosurgical and emergency medicine specialties in Vancouver, Wash. Concurrently, I continued working as a Special Forces medic and retired from the U.S. Army National Guard after having gone through aviation and diving medicine specialties as a PA. I have found a way to combine my love of service to my country, my community and my love for travel with the U.S. State Department. In the last three years I have worked, lived and visited more than 15 countries on four continents. I'm still working on the last three continents and couldn't have done it without MEDEX."



villages in Cambodia, Vietnam and Haiti. It has been a great 13 years! Looking forward to more adventures in 2015."

Sandrine Ducos, PA-C (Seattle Class 37), writes, "I feel extremely lucky to have found my ideal job at the 45th St. Clinic/Neighborcare. It's as rewarding and challenging as I had imagined. I love that I am able to use my Spanish and French to provide care for entire families, from prenatal care to elder care. I work in a community of colleagues with shared values and a mission to care for the underserved. It is also great to be at a community health clinic during the implementation of the Affordable Care Act. Every day, we see people who now have access to care for the first time in years."



Constance Daruthayan, PA-C (Seattle Class 42), MPH, writes, "Never satisfied to approach life at anything besides breakneck speed, in 2010 — soon after completing the MEDEX program — I packed my bags for Nicaragua, Kenya and Sudan for medical missions with Medical Team Worldwide. When not globetrotting, I work as a PA at Group Health in Kent as their medical center chief. I serve on the board of the Washington Academy of Physician Assistants as their treasurer. I've benefited enormously from the MEDEX program, and I hope to continue giving back by practicing their mission, vision and values: being a lifelong learner, an active participant in community improvement and the personification of respect, integrity and philanthropy."





Randall Kelly, PA-C (Seattle Class 42), writes, “After graduating from the MEDEX program, my journey began in cardiothoracic and vascular surgery at Kadlec Clinic in Richland, Wash. It was an intense and rewarding experience, and I will treasure it always. After about two years, I made my way back to the Seattle area. I accepted a position in interventional radiology, and I’ve been enjoying it ever since. I’ve become more involved in mentoring, volunteering with MEDEX and working to promote the growth of the Washington Academy of Physician Assistants. I feel that I’ve been so incredibly blessed in this journey. I recently retired from the military and feel that my life has come full circle, but at the same time, I’m excited for the future.”



Bob Puett, PA-C (Seattle Class 42), writes, “My early experience working as a medical assistant at a Tacoma Community Health organization changed my perception of the homeless and of homelessness forever. I applied to PA school and wanted to continue in homeless medicine after I graduated. Homeless patients offer a huge challenge to the clinical practitioner for many reasons. Among them are the many co-morbid-

ities, like poor nutrition, smoking, and drug and alcohol abuse, that life on the streets can cause or exacerbate. But my practice with this patient population has taught me a great deal. I’m grateful to the University of Washington and MEDEX Northwest for preparing me so well.”



Andrew McIntyre, PA-C (Seattle Class 44), writes, “After graduation, I spent my first year-and-a-half at Harborview Medical Center in the emergency department. I’m now working in orthopaedic surgery. However, I would say that the most rewarding part of my path has been my work with the U.S. Army Washington National Guard as a medical specialist officer, an Army PA. I have the pleasure of serving my community and my country and treating soldiers and training medics. The training has been the most unique and rewarding aspect of being an Army PA. It’s been great passing on my knowledge, counseling others to become the confident medics that serve as highly respected members of the combat team.”

James Noonan, PA-C (Seattle Class 45), writes, “After graduating in August 2013, I returned to the Boston Health Care for the Homeless Program where I worked for five years prior to MEDEX. I see primary- and urgent-care patients at clinics embedded at an academic teaching hospital and at a veterans’ shelter. I also co-manage a team at our unique medical respite facility, which provides short-term medical services for those too sick for shelters but not sick enough to be hospitalized. While I miss the Pacific Northwest, I am fortunate to be part of an organization that is the model for healthcare delivery to homeless patients.”

Seattle Part-time

Kat Redmon, PA-C (Seattle Part-time Class 2), writes, “I returned to my first love — surgery — after 10 years in family medicine and internal medicine. I have been working for the past 11 years in bariatric and plastic surgery, and I transitioned to inpatient plastic and reconstructive surgery at the Polyclinic. I’m doing primarily microsurgical free-flap breast reconstruction, but also the full range of plastic and reconstructive surgery, including migraine headache surgery. This work encompasses the full range of patient care, including patient education and psychological support. I have published news articles and given formal professional talks on both bariatric and plastic surgery. I feel very honored to be able to help patients rebuild their lives and to work with some of the best surgeons around.”



James Noonan, PA-C (Seattle Class 45)

Spokane

Theresa Schimmels, PA-C (Spokane Class 1), writes, "I work in a medical dermatology practice at Rockwood Clinic in Spokane. I teach for MEDEX and take students at least once a year, and I was appointed to the Washington State Department of Health Medical Quality Assurance Commission in 2013. It is an honor to be appointed. I have a full life that includes family (I became a grandmother in February), kayaking, crocheting, traveling and working on a women's health and hygiene project with Mahila Partnership. I'm so glad I'm a PA!"



Kali Arthurs, PA-C (Spokane Class 14) and **Ben Arthurs, M.D. '12**, with their new baby.

Yakima

Larry Applebee, PA-C (Yakima Class 8), writes, "As a National Health Scholar, I started my career at a federally qualified health center in Eastpoint, Fla., serving primarily oystermen and shrimpers. It was a perfect first job. From there, I worked in cardiology, internal medicine and emergency medicine and as a hospitalist. I'm drawn to volunteering, as disaster medicine allows me to use all my skills. I've volunteered with earthquake relief in Haiti, NYC MEDEX, and Sean Penn's group (J/P HRO). I've worked with International Medical Assistance and Clarion Global Response to provide aid after Typhoon Haiyan in the Philippines. During these trying assignments, I learned tropical medicine, infectious disease, surgery (including amputations), and obstetrics, having delivered more than 40 babies in these disasters. I learned what true medicine is, and MEDEX provided a sound foundation."



Photos from Larry Applebee, PA-C (Yakima Class 8), who serves at the sites of natural disasters.



Arash Mirzaie, PA-C (Yakima Class 16), writes, "I was blessed to be part of MEDEX Northwest and reach my dream of becoming a physician assistant. Since

graduation, I've been working for an urgent-care group in Bellevue. I love what I do — seeing a variety of challenging and exciting cases on a daily basis. I have my supervising physician on the side for consultation, and I love this team model. Emigrating from Iran in 2003, I arrived with zero English. My life in the U.S. has been an exciting journey. I utilize my ability to speak two languages by providing care to diverse populations with language barriers in an ambulatory setting. It's hard to believe how fast it goes, but loving what you do is a big reason."

Help With History

Ruth Ballweg, PA-C (Seattle Class 11), MPA, MEDEX's former section chief, is compiling a history of the program. If you have photos you can share (or source documents or other historical tidbits), she would love to hear from you. Contact rballweg@uw.edu.

PASSAGES: OUR FRIENDS, REMEMBERED

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

ALUMNI

Louis F. Michalek, M.D. '50

Born Oct. 25, 1922, in Ipswich, S.D.
Died Oct. 13, 2014

Dr. Michalek was a licensed pharmacist for 15 years and a licensed physician for 55 years, and he served on the Oregon State Industrial Accident Commission and the Douglas County Welfare Commission.

Jonathan B. Torrance, M.D. '50

Born Oct. 11, 1923
Died April 2, 2013

Edmund Gray, M.D. '53

Born Nov. 9, 1928, in Colville, Wash.
Died Dec. 19, 2014

Dr. Gray served as president of the Washington State Medical Association as well as the city health officer in Colville, Wash. Please see his obituary on page 40.

Carrol W. "Wannie" Neller-moe, M.D. '53

Born Nov. 2, 1926, in Fargo, N.D.
Died June 6, 2014, in Gig Harbor, Wash.

Dr. Neller-moe served in the U.S. Navy and practiced anesthesiology in Spokane, Wash., for 28 years.

Arthur R. Griffin, M.D. '55, Res. '62 (radiology)

Born Jan. 28, 1929, in Seattle, Wash.
Died Jan. 18, 2015

Dr. Griffin practiced radiology at Providence Hospital and had a downtown Seattle practice, and he enjoyed gardening, fishing and woodworking. Please see his obituary on page 40.

Walter Daryl "Bill" Kelsch, M.D. '55

Born Aug. 7, 1925, in Glendive, Mont.
Died June 5, 2014

Peter P. Cervoni, Ph.D. '57 (pharmacology)

Born March 4, 1931
Died May 11, 2014, in New Rochelle, N.Y.

Wilbur Robert Peterson, M.D. '59, Res. '62

James A. Reid, M.D., Res. '60 (internal medicine)

Born July 12, 1926, in Newton, Mass.
Died Aug. 6, 2014, in Yarrow Point, Wash.
Dr. Reid was known for his diagnostic acumen and his bowties.

Lloyd W. Rudy, Jr., M.D. '60

Born June 21, 1934, in Spokane, Wash.
Died April 22, 2012, in Spokane, Wash.

Dr. Rudy was a pioneer in quantifying surgical procedures that drastically increased the survival rate of heart patients.

George J. Kenney, M.D. '61, Res. '66 (radiology)

July 9, 1935
Dec. 14, 2014, in Gig Harbor, Wash.

Roger J. Bulger, M.D., Res. '62, Chief Res. '65 (internal medicine), Fel. '66 (laboratory microbiology)

R. Guilford Fitz, Jr., M.D. '62

Born June 7, 1931, in China
Died Sept. 29, 2014, in Redding, Calif.

Dr. Fitz practiced in South Africa and in California, and he enjoyed singing to his patients.

John W. Combs, M.D. '64, Res. '65 (pathology), Ph.D.

Born April 11, 1933, in LaGrande, Ore.
Died Sept. 11, 2014, in Portland, Ore.
Dr. Combs' career highlights included developing an automated color-sensitive microscope and his study of tracheal and esophageal epithelia.

Alan Konker, M.D. '67

Robert T. Schaller, Jr., M.D., Res. '69 (general surgery)

Born Oct. 15, 1934, in Hamburg, N.Y.
Died Dec. 7, 2014, in Kirkland, Wash.
Dr. Schaller was a gifted pediatrician and a world-class mountain climber who once worked for the CIA. Please see his obituary on page 40.

Donald Eugene Simmons, M.D. '71

Margery L. Dickinson, O.T. '72, MPA

Born 1938, in Great Falls, Mont.
Died Sept. 15, 2013
Ms. Dickinson was a member of the League of Women Voters, ran for public office and served as an advocate for prisoners.

Terrence Hughes Gleason, M.D., Res. '72 (pathology)

Born Nov. 18, 1936, in Endicott, N.Y.
Died Oct. 22, 2014, in Seattle, Wash.
Dr. Gleason practiced at Cabrini Hospital and Providence Hospital in Seattle, served in the Naval Reserves (as captain) and was a founding member of the West Highland Poetry Society.

James T. Kilduff, M.D., Res. '72 (urology)

Born Nov. 12, 1936, in Detroit, Mich.
Died Aug. 28, 2014, in Seattle, Wash.
Dr. Kilduff served as president of the Washington State Medical Association, was a UW clinical instructor and was fond of practical jokes.

Charles E. Phillips, PA-C (Seattle Class 2)

Born Aug. 22, 1931, in Wilmington, Del.
Died May 4, 2014
Mr. Phillips served in the U.S. Air Force, and he was the first Black student to enter the MEDEX program.

Roger A. Rosenblatt, M.D., Res. '72, '74 (family medicine), MPH, MFR
 Born Aug. 8, 1945, in Denver, Colo.
 Died Dec. 12, 2014

Dr. Rosenblatt was a UW Medicine faculty member who was devoted to promoting healthcare in rural and underserved parts of the WWAMI region. Please see his obituary on page 41.

Stuart Julian Farber, M.D. '74

Born: Nov. 13, 1947
 Died: Feb. 27, 2015

Dr. Farber was a UW professor who founded and directed the Palliative Care Service at UW Medical Center, and he loved skiing, Shakespeare and poetry. Please see his obituary on page 41.

Richard B. Wesley, M.D., Res. '78

Born Dec. 2, 1944, in Beaumont, Texas
 Died Nov. 20, 2014, in Seattle, Wash.

Dr. Wesley had a 28-year career in pulmonary medicine and critical care in Bremerton, Wash.

Robert P. Levine, M.D. '80

Born March 23, 1950, in Boston, Mass.
 Died Dec. 26, 2014

Dr. Levine was a founding partner of Northwest Women's Healthcare, and he loved reading and the outdoors.

Els Vanden Ende, P.T. '81

Born July 23, 1959, in Vlaardingen, The Netherlands
 Died April 5, 2011

Ms. Vanden Ende enjoyed travel and the outdoors, and she created art made of fused glass.

Paul V. Ryan, M.D., Res. '89 (family medicine)

Born Nov. 4, 1955, in Whittier, Calif.
 Died Nov. 18, 2014

Dr. Ryan co-founded Initial Point Family Medicine in Meridian, Idaho, and he enjoyed baseball, cycling, skiing and traveling.

Hilary E. Younkin, M.D. '02

Born June 23, 1972, in Aurora, Colo.
 Died June 2, 2014, in New York City

Dr. Younkin was a pediatric psychiatrist in private practice and at the New York Foundling; she enjoyed singing, writing and travel.

Alvin Secrest, M.D., Res. (internal medicine)

STUDENTS

Xavier A. Engle, Third-year

Born July 27, 1987, in Santa Fe, N.M.
 Died Nov. 30, 2014, in Seattle, Wash.

Mr. Engle was a world-class whitewater kayaker as well as a medical student, and he had been accepted into the MPH program in global health.

FACULTY AND FORMER FACULTY

Paul Bornstein, M.D.

Dr. Bornstein was an emeritus professor of biochemistry at UW Medicine.

William P. Gerberding, Ph.D.

Born Sept. 9, 1929, in Fargo, N.D.
 Died Dec. 27, 2014, in Seattle, Wash.

Dr. Gerberding, emeritus faculty, was the 27th and longest-serving president of the University of Washington. Please see his obituary on page 42.

Thomas O. Murphy, M.D., Ph.D.

Born June 14, 1925, in Tacoma, Wash.
 Died Nov. 16, 2013, in Tacoma, Wash.

Dr. Murphy, an emeritus professor of surgery at UW Medicine, served in the U.S. Navy and the U.S. Army and practiced cardiovascular surgery.

Wayne E. Quinton

Born Jan. 4, 1921, in Idaho
 Died Jan. 22, 2015, in Seattle, Wash.

Prof. Quinton invented medical instruments, founded Quinton Instrument Company and was given the *Alumnus Summa Laude Dignatus* award, the highest honor the University of Washington confers upon its graduates. Please see his obituary on page 42.

FRIENDS

Jean Winifred Blagg

Born July 14, 1929 in Cleckheaton, Yorkshire, England
 Died Oct. 26, 2014

Mrs. Blagg, spouse of emeritus faculty Christopher R. Blagg, M.D., belonged to a number of civic and other organizations, and she served as the president of the Friends of the UW School of Medicine. Please see her obituary on page 43.

Josephine W. Coe

Born: March 12, 1920, in Denver, Colo.
 Died: Feb. 22, 2015

Mrs. Coe, spouse of emeritus faculty Robert C. Coe, M.D., served as a docent at the Seattle Art Museum for 35 years, in addition to pursuing interests in art. Please see her obituary on page 43.

Emily Rose Timmins Moe

Born Feb. 20, 1927, in Butte, Mont.
 Died Nov. 16, 2014, in Seattle, Wash.

Emily Rose Timmins Moe, spouse of late emeritus faculty member Roger Moe, M.D. '59, Res. '68 (general surgery), had a master's degree in foreign relations and worked at the University of Washington.

Herman Sarkowsky

Born June 9, 1925, in Gera, Germany
 Died Nov. 2, 2014, in Seattle, Wash.

Mr. Sarkowsky was a businessman, thoroughbred horse breeder, sports executive and philanthropist, and UW Medicine and many other organizations benefited from his support. Please see his obituary on page 43.

Mary Ann M. Sauvage

Born March 24, 1934
 Died Feb. 3, 2015

Mrs. Sauvage, spouse of emeritus faculty Lester Sauvage, M.D., Res. '56 (general surgery), served as a regent at Seattle University and on the boards of Holy Names Academy and Seattle Preparatory School.

ALUMNI



Edmund Gray, M.D. '53

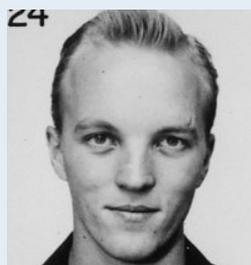
Born Nov. 9, 1928, in Colville, Wash.

Died Dec. 19, 2014

Dr. Edmund Wesley Gray, a long-time Colville primary-care physician, conducted a medical internship at Indianapolis General Hospital in Indianapolis, Ind., and concurrently served time in the Air Force Medical Corps, earning the rank of captain. He finished military service in 1956 and returned to Colville to pick up his father's medical practice. Through the 1960s and 1970s, he was very active in civic affairs, including serving on the Colville City Council and participating in the Elks, the chamber of commerce and the Mount Carmel Hospital Foundation.

In 1960, Colville Mayor Phil Sax hired Dr. Gray to serve as the city's health officer. Thus began his role in public health, especially rural public health, and he played a significant role in local healthcare.

Dr. Gray advanced through Washington State Medical Association leadership to become president in the days of tort reform. He was integral to the creation of Washington's first basic health insurance program and was recognized by Gonzaga University, the University of Washington, Providence Health Systems and the Nathan Davis Foundation for his vision, leadership and dedication to others. He is survived by his wife, Jane (married for 61 years) and his children: Tim (Roween), Sally (Bill Juzeler), Terry (Sue), and five grandchildren.



Arthur R. Griffin, M.D. '55, Res. '62 (radiology)

Born Jan. 28, 1929, in Seattle, Wash.

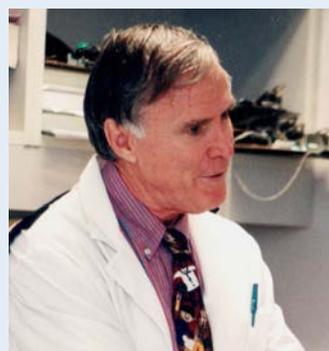
Died Jan. 18, 2015

Dr. Arthur R. Griffin completed an undergraduate degree at the University of Washington, where he was a member of Phi Delta Theta and a junior varsity coxswain

in 1950–51. After completing medical school, he did an internship and residency at Minneapolis General Hospital; then, after two years in the U.S. Navy as a lieutenant commander, he returned to Seattle to complete a three-year

residency in radiology. Dr. Griffin practiced radiology at Providence Hospital and had a downtown Seattle practice.

Dr. Griffin loved spending time on San Juan Island. He also enjoyed taking history classes, orcharding, gardening, fishing, woodworking and woodcarving. He died of heart disease, and he is survived by his wife of 63 years, Mary Louise Mulhern Griffin, and eight children: Art, Charlie, Christopher (Kirsti), Monica (Mark Howard), Mary (Greg Bennett), Anne (Peter Eckmann), Catherine (John Rogers), and Margaret. He is also survived by his twin brother, Tren Griffin, M.D. '55, Res. '58, '67, '69, and 14 grandchildren.



Robert T. Schaller, Jr., M.D., Res. '69 (general surgery)

Born Oct. 15, 1934, in Hamburg, N.Y.

Died Dec. 7, 2014, in Kirkland, Wash.

Dr. Robert T. Schaller, Jr., attended Yale University, was captain of the track team and nearly broke the four-minute-mile barrier.

After medical school at Harvard, he moved to Seattle for his residency. Dr. Schaller was a gifted pediatric surgeon, conducting thousands of surgical procedures at Seattle Children's, where he pioneered new surgical techniques and saved many lives. Dr. Schaller's energy and enthusiasm for his work was infectious, and he inspired many residents to pursue a career in pediatric surgery.

He was an avid photographer, taking countless photos of his operative cases, used in his lectures. Dr. Schaller also was an accomplished mountain climber who made numerous ascents of Mount Rainier and many other mountains in the Cascades, Olympics and in Alaska. During his residency in the 1960s, in fact, he was involved in an effort by the CIA which took him to the Himalayas, and he made a solo ascent of Nanda Devi (25,643 feet) in 1966, a major achievement. His climbing career culminated in being one of the founding climbers and the team physician for successful American expeditions to K2 in 1975 and 1978. Dr. Schaller is survived by seven children, three grandchildren, his wife, Theresa, and his younger brother, Chris.



**Roger A. Rosenblatt,
M.D., Res. '72, '74
(family medicine),
MPH, MFR**

*Born Aug. 8, 1945, in
Denver, Colo.*

Died Dec. 12, 2014

After graduation from Harvard Medical School, Dr. Roger Rosenblatt moved to Seattle, where he became the first family

medicine resident at the University of Washington. In 1974, Dr. Rosenblatt joined the U.S. Public Health Service to help launch the National Health Service Corps, sparking his lifelong commitment to care for rural and underserved areas.

His life's goal was to leave the world a better place, and he devoted his 43 years at UW to that pursuit. He was professor and vice chair in the Department of Family Medicine and an adjunct professor in the Department of Health Services, the Department of Global Health and the College of Forest Resources.

Dr. Rosenblatt parlayed his passion for helping vulnerable populations through the development of the Washington, Wyoming, Alaska, Montana and Idaho (WWAMI) Rural Health Research Center and the Rural/Underserved Opportunities Program for medical students.

In 1987, Dr. Rosenblatt was one of the first family physicians to be elected as a member of the Institute of Medicine, National Academy of Sciences. He received many awards, including the Hames Research Award, the Primary Care Achievement Award, the Educator of the Year Award (from the Washington Academy of Family Physicians) and the Mary Selecky Distinguished Service Award. He published more than 150 peer-reviewed articles and publications.

Remembered as a smart, passionate, enthusiastic and generous man and a lifelong learner, Dr. Rosenblatt is survived by his wife, Fernne; his sons, Jon, Garth, Eli and Ben; their wives, Linda, Jenny, Kelly and Olivia; and grandchildren Taylor, Ezra and Lucy. Donations in his honor can be made to the Rosenblatt Family Endowed Professorship in Rural Family Medicine, UW Medicine Advancement, Box 358045, Seattle, WA 98195-8045.



**Stuart Julian Farber,
M.D. '74**

Born: Nov. 13, 1947

Died: Feb. 27, 2015

Dr. Stuart Farber had two lifelong passions: his family and improving care for patients and families at the end of their lives. This was reflected in his work as a family doctor in Tacoma for 17 years, and for the

past couple of decades as a professor at UW Medicine, where he founded and directed the Palliative Care Service at UW Medical Center and helped develop a palliative care training center.

Dr. Farber trained his students to go beyond reading charts and writing prescriptions. He called his brand of doctoring “narrative medicine,” which focused on learning what was important to a patient — to balance treatment with the wishes, values and spirituality of people and their families, especially when it came to end-of-life care.

He was a devoted husband, a caring father, a lover of Shakespeare and poetry, a singer, a guitarist and an avid skier. He reveled in the outdoors, often hiking in the Cascade and Olympic Mountains. Dr. Farber is survived by his wife, Annalu, his brother, Steven (Fran), his sister, Gail (Bill Lehman), his sons Saul (Michelle) and Bryan (Melinda Baggenstos), and his grandchildren: Maxwell and June Farber, Tyler and Katelen Baggenstos. Donations in his honor can be made to the Stuart and Annalu Farber Endowed Professorship in Palliative Care Education, UW Medicine Advancement, Box 358045, Seattle, WA 98195-8045.

FACULTY AND FORMER FACULTY



William P. Gerberding, Ph.D.

Born Sept. 9, 1929, in Fargo, N.D.
Died Dec. 27, 2014, in Seattle, Wash.

Dr. William Passavant Gerberding, emeritus faculty, was the 27th and longest-serving president of the University of Washington.

At Macalester College, Dr. Gerberding majored in philosophy, falling in love with ideas and also with Ruth Alice Albrecht, whom he married in 1952. Dr. Gerberding enlisted as an officer in the Navy during the Korean War, serving for three-and-a-half years, then enrolled in graduate school in political science at the University of Chicago. He became a congressional fellow of the American Political Science Association in Washington, D.C.; the next stop was Colgate University, then back to the capitol, where he worked for a year on a House committee.

Then Dr. Gerberding took a position in the political science department at UCLA, where he was awarded the Distinguished Teaching Award and eventually served as the chair. Other prestigious positions followed at Occidental College, UCLA, the University of Illinois at Urbana-Champaign, and the University of Washington, where he served with distinction for 16 years as the institution's president. He regarded his tenure at UW as the crowning achievement of his academic career.

Dr. Gerberding served on many boards — corporate, arts and city — including serving as trustee of the Gates Cambridge Trust for 11 years, as well as with the Public Facilities District, which built Safeco Field, and on the Seattle Opera Board. He is survived by his wife, Ruth; his children: David, Steven, Liza and John; his daughters-in-law: Evan, Cathy and Bronwyn; and grandchildren Averi, Ryan, Quinn and Grant.



Wayne E. Quinton

Born Jan. 4, 1921, in Idaho
Died Jan. 22, 2015, in Seattle, Wash.

Prof. Wayne Everett Quinton was raised on an Idaho farm in the midst of the Great Depression, and he was hired to work for the Boeing Airplane Company in Seattle one week after Pearl Harbor, on

Dec. 15, 1941. And, during the early days of the UW School of Medicine, Prof. Quinton was appointed head of the medical instrument shop, responsible for servicing equipment. He also was challenged to create anything the physicians needed or could not buy.

To learn, he spent time with the doctors. And while Prof. Quinton felt fortunate to be associated with some of the finest minds in medicine, they, in turn, benefited immensely from his creative intellect. Prof. Quinton pioneered many medical instruments for the University of Washington School of Medicine, among them the life-saving shunt which enabled long-term dialysis (with the late Belding Scribner, M.D.), as well as the lightweight treadmill for cardiovascular stress testing.

In 1958, Prof. Quinton graduated from the UW with honors and a degree in mechanical engineering. In 1961, he founded Quinton Instrument Company. And in 2009, the University of Washington awarded Prof. Quinton with the highest honor the University can confer upon a graduate, *Alumnus Summa Laude Dignatus* (alumnus worthy of the greatest praise).

Prof. Quinton is predeceased by a grandson, Oliver Quinton, and his first wife, Julia Quinton. He is survived by his second wife, Jeanne Quinton, his son, Randall (Barbara), his daughter, Sherrie, and his stepchildren: Lisa (Matt) Richardson, Dana (Mike) Roberts, Joe (Payslie) Jackson, 18 grandchildren and six great grandchildren. Gifts may be made in memory of Prof. Quinton to UW Medical Center at UW Medicine Advancement, Box 358045, Seattle, WA 98195-8045.

FRIENDS



Jean Winifred Blagg

*Born July 14, 1929, in Cleckheaton, Yorkshire, England
Died Oct. 26, 2014*

Jean W. Blagg was a senior nurse in Leeds when she met her husband, Christopher R. Blagg, M.D., UW emeritus faculty. They married in December 1953 and lived in Leeds and London before moving to Seattle in 1966. Mrs. Blagg worked as an obstetric nurse at Overlake Hospital in Bellevue.

Mrs. Blagg was involved in a number of civic and other organizations, including the Emmanuel Episcopal Church, the Women's University Club, the Mercer Island Shore Club (during her tennis-playing days) and the Arboretum Foundation. She served as the president of the North Mercer Junior High School PTA as well as the president of the Friends of the UW School of Medicine. She is survived by her husband of almost 62 years, Christopher; her children: Alison (Daniel), Elizabeth (Gary), Christopher James (Janet), Simon (Maggie); and eight grandchildren, one great grandchild and her older brother, Alexander.



Josephine W. Coe

*Born: March 12, 1920, in Denver, Colo.
Died: Feb. 22, 2015*

Mrs. Josephine (Bobby) Coe attended the University of Washington, but when her parents were relocated to Los Angeles, she entered the University of Southern California. There, she majored in fine arts and was the homecoming queen as well as captain of the archery team. Her college career was cut short by World War II, when she left school to work at a gas mask factory. On March 24, 1942, she married her long-time friend Robert (Bob) Coe, whom she had met in elementary school. Dr. Coe's career in the U.S. Navy eventually took them to live in Key West and then to New York City. While in New York, Mrs. Coe worked at the information desk at the Metropolitan Art Museum, a job she remembered with fondness and pride. She continued her interest in fine arts throughout her life, expressing herself through watercolors and sketching.

After attending Harvard Medical School, Dr. Coe and Mrs. Coe moved to Mercer Island, where they would remain for 55 years. While Dr. Coe built his medical practice, Mrs. Coe raised their children and served as a docent at the Seattle Art Museum. The two enjoyed sailing, skiing and

mountain-climbing, among other pursuits, and were generous supporters of UW Medicine. Mrs. Coe is survived by Dr. Coe, a clinical associate professor emeritus at the University of Washington; their children: Bruce (Kim), Virginia (Michael Garland), and Matthew (Pam); and by seven grandchildren, one great-grandchild and several nieces and nephews.



Herman Sarkowsky

*Born June 9, 1925, in Gera, Germany
Died Nov. 2, 2014, in Seattle, Wash.*

Herman Sarkowsky was a businessman, philanthropist, thoroughbred horse breeder and sports executive. He and his family escaped Nazi Germany in 1934, then moved to Seattle in 1937. After serving in the U.S. Army Signal Corps, Mr. Sarkowsky earned a business degree from the University of Washington in 1949.

Mr. Sarkowsky founded United Homes Corporation, which became the largest homebuilding company in the Northwest, developed the Key Tower (now Seattle Municipal Tower), and was a partner in the Frederick & Nelson department store chain. In his later years, Mr. Sarkowsky operated a private investment firm and invested in many local and national businesses, and served on a number of corporate boards, including WebMD.

He also contributed to and served on the boards of numerous philanthropic causes and cultural institutions, among them the UW School of Medicine, the Seattle Foundation, United Way, Seattle Repertory Theatre, the Seattle Symphony, Seattle Art Museum, the Jewish Federation and PONCHO. In addition, Mr. Sarkowsky had a lively interest in sports, having co-founded the Portland Trail Blazers and the Seattle Seahawks and having served as the managing general partner of the Seahawks from 1975 to 1982.

Mr. Sarkowsky is survived by his wife, Faye, and his children: Cathy (and her son Max) and Steve (and his wife, Stacy Lawson, and their sons, Noah and Shiah). Donations may be sent in his memory to the University of Washington School of Medicine at UW Medicine Advancement, Box 358045, Seattle, WA 98195-8045.

THE GOOD SPORT

OT Student Julie Grant



Occupational therapy student Julie Grant stays active hand cycling, sailing and kayaking, among other hobbies; she recently took her board examination and hopes to pursue a job in a school. At 35, she is fulfilling a dream that began at age 13: helping others.

At age 13, Julie Grant already knew what she wanted to do — she'd torn some ligaments in her ankle and needed to work with a physical therapist. "I thought, this is the coolest job ever! You get to help people and you get to do sporty things," says Grant.

Unfortunately, her first quarter at the University of Oregon was interrupted by a serious car accident that left her with a spinal cord injury. Grant returned to school after a year of rehabilitation and had to learn how to navigate life with a wheelchair. She was struggling. Her advisors didn't think she'd be admitted to a physical therapy program, so Grant switched her major to psychology.

After graduation, Grant's physical therapist asked why she hadn't considered occupational therapy. "I didn't even know what that was," she says. "I started researching it, and as I found out more about it, I thought, wow, this is a great fit for me!"

It quickly became clear that occupational therapists were professional problem-solvers. "They figure out how a client can do the most with what they have," Grant says. She realized she had been problem-solving since her accident — whether figuring out how to access out-of-reach washing machine controls or trying out new ways to pursue outdoor activities. "The opportunity to do that as a career was something I couldn't pass up," she says.

Grant applied to the master's program in occupational therapy at the UW School of Medicine because of its excellent reputation for research. While the academics have been rigorous, some of Grant's biggest challenges were physical — no surprise to anyone who has visited the UW's sprawling medical school.

"It's such a big place," says Grant. "On some days I'd have class on one end of the building, then 10 minutes later, another class on the other end, and it would take three elevators to get there," she says.

However, Grant has no doubt that she chose the right school. She particularly enjoyed taking classes with physical therapy and prosthetics and orthotics students. "In the real world, especially if you work at a hospital, you're working with those professionals," Grant says. "Having us in classes and doing a few projects together is a really neat aspect."

But it was the six months of field work placements following her classes that pushed Grant in a new and unexpected direction: to considering a career in pediatrics. Working with adults, Grant often felt she had to explain or prove herself. But for her second placement, she worked in the Lake Washington School District with children who had all types of disabilities.

"They didn't care that much that I was a wheelchair user," she says. "It didn't bother them at all, and I really liked that and appreciated it."

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