ALSO IN THIS ISSUE
• Redefining Pain: UW Medicine Takes a New View of Chronic Pain
• Student Voices: The Perfect Match
• MEDEX Graduate Challenges Pain
and
• Report to Donors 2009–2010: your contributions to our mission

CONCUSSION:
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About the cover.
Concussions are brain injuries — on the fields of play and in the fields of war. Read more about UW Medicine’s work in concussion and brain injury on page 7.

The Wilsons will. Volunteers Steve and Dixie Wilson believe in medical discovery. They’ve given to Alzheimer’s disease research for years, and they recently made bequests in their wills to support investigations into neurodegenerative diseases.

Alzheimer’s runs in Dixie’s family, and making a planned gift that could help other families was truly satisfying. “There’s nothing like getting outside of yourself and looking toward others,” she says.

Learn more about creating your legacy by contacting Mary Susan Wilson at (206) 221-6172 or visiting www.supportuwmedicine.org.

The paper used to print UW Medicine magazine is FSC-certified, free of acid and elemental chlorine. By choosing a paper with 50-percent recycled content and 30-percent post-consumer waste, we are making a difference.
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• Join Richard Adler. Support the Seattle Sports Concussion Program.
• Our faculty and alumni: watch them on Patient Power.
• The Washington State Medical Association and you.
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Can you spare 90 minutes to fight prostate cancer?

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Be there for your friend... your brother... your husband... your children... yourself.
MESSAGE FROM THE DEAN

Medicine is in a constant state of change. Advances in biomedical research are changing medical knowledge on a daily basis. Over time, these advances lead to fundamental changes in our approaches to diagnosis, treatment and prevention.

The feature articles in this issue of UW Medicine portray two such paradigm shifts. Concussions in sports were once considered “part of the game” — inevitable and unavoidable in sports like football and wrestling. We now know that concussion is a traumatic brain injury that can result in long-term impairment. That shift in understanding is leading to increased research and clinical attention to treatment and prevention, as well as policies and laws to prevent and minimize the impact of concussions in sport and other settings.

Richard Ellenbogen, M.D., UW professor and chair in the Department of Neurological Surgery, and newly appointed co-chair of the National Football League’s Head, Neck and Spine Medical Committee, has been a vocal spokesperson for focusing attention on concussion. He and Stanley Herring, M.D., UW clinical professor in the Department of Rehabilitation Medicine, co-direct the Seattle Sports Concussion Program, a collaboration between UW Medicine and Seattle Children’s that is playing a key role in advancing treatment and understanding of concussion.

Likewise, for centuries, pain meant symptoms associated with disease or injury — to be controlled if possible, but often something to simply endure. UW Medicine faculty member John Bonica, M.D., introduced a new model for pain care when he started the world’s first pain clinic in 1961. Once again, UW Medicine is leading changes in care of patients with severe pain with a new Division of Pain Medicine, led by Alex Cahana, M.D., in the Department of Anesthesiology & Pain Medicine. Dr. Cahana and his colleagues are advancing the work that Bonica began nearly 50 years ago by focusing on the recognition that chronic pain is a disease rather than a set of symptoms. This deceptively small twist in meaning has profound implications for treatment and prevention. As a result, patients who suffer chronic pain can now experience hope at the UW Medicine Center for Pain Relief.

The work being done in these two areas is remarkable. While rapid change can be challenging, the results are frequently groundbreaking. It is a privilege and a pleasure to work with the scientists, educators and clinicians who make discoveries that lead to important changes in health care.

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
MESSAGE FROM THE PRESIDENT OF THE UW MEDICINE ALUMNI ASSOCIATION

Do you remember Match Day? If you’re an M.D. alumnus or alumna, it’s a difficult day to forget. During it, you find out where you’ll spend several years of residency after medical school. For me, waiting for the news was both nerve-wracking and exciting, and reading this issue’s article on recent graduate Taylor Abel, M.D. ’10, brought the day back into focus. Learn about Abel’s experience — and his bright future — in our Student Voices section on page 30.

Speaking of the future, I’m looking forward to my term of service as the new president of the UW Medicine Alumni Association; I have some ideas about our health — doctors’ health — that I’d like to promote during my time in office. I encourage you to contact me at 206-685-1875 if you would like to hear more, or if you’d like to become more closely connected with the association. Additionally, I’d like to thank past president Ray Vath, M.D. ‘65, Res. ‘69, who led us so admirably for the past two years.

As I read this magazine, I’m reminded of just how extraordinary UW Medicine alumni, faculty and staff are — and how monumentally important medicine is in changing lives. I’m proud to be part of this amazing community of healthcare providers and friends, and I hope you enjoy this issue of UW Medicine.

Regards,

Patricia A. Raymer, M.D. ’89, Res. ’92 (family medicine)
PRESIDENT, UW MEDICINE ALUMNI ASSOCIATION
The UW School of Medicine was ranked first among primary-care medical schools in the country for the 17th consecutive year, according to annual rankings of graduate and professional programs published April 15 by U.S. News & World Report. U.S. News also ranked the quality of teaching programs in specific areas and, among other honors, the School ranked first in family medicine and first in rural medicine for the 19th year in a row.

- **Michael J. Bevan, Ph.D.**, UW professor in the Department of Immunology, was awarded the Novartis Prize for Immunology in basic science in August.
- **William A. Catterall, Ph.D.**, UW professor and chair of the Department of Pharmacology, received the 2010 Canada Gairdner Award, one of the world’s top awards for medical research.
- **Nelson Fausto, M.D.**, UW professor and chair of the Department of Pathology, received the American Society for Investigative Pathology’s highest honor, the Gold-Headed Cane Award, in April.
- **David M. Heimbach, M.D.**, UW professor in the Department of Surgery, received the 2010 Tanner-Vandeput-Boswick Burn Prize, given every four years, from the International Burn Foundation.
- **Thomas E. Norris, M.D., Fel. ’89**, vice dean for academic affairs at the UW School of Medicine and UW professor in the Department of Family Medicine, was elected vice chair of the American Board of Medical Specialties (ABMS) in March.
- **Jay Shendure, M.D., Ph.D.**, UW assistant professor in the Department of Genome Sciences, was one of 21 research scientists in the United States and Canada to receive a young investigator award from the Prostate Cancer Foundation in 2010.
- **F. Bruder Stapleton, M.D., Res. ’74**, the Ford/Morgan Endowed Chair in Pediatrics and the chair of UW Medicine’s Department of Pediatrics, will become president of the American Pediatric Society in May 2011.

**HONORS**

**RESEARCH**

The UW has launched a new biomedical research enterprise, the Center for Systems and Translational Research on Infectious Disease (STRIDE). The center brings together more than 40 scientists in many areas of infectious diseases research; its researchers are applying the latest in systems analysis and computing biology to find clinically useful defenses against difficult infectious diseases. According to a new study from the UW Institute for Health Metrics and Evaluation and collaborators at the University of Queensland in Brisbane, Australia, the number of women worldwide dying from pregnancy-related causes has dropped by more than 35 percent in the past 30 years. New approaches to DNA sequencing have resulted in the discovery of 2,363 new DNA sequences that correspond to 730 regions on the human genome. Jeffrey M. Kidd, Ph.D. ’10, a former student in the lab of Evan E. Eichler, Ph.D., UW professor in the Department of Genome Sciences, was lead author of the associated article, which appeared in Nature Methods; Eichler was the senior author. Scientific evidence that links air pollution to heart attacks, strokes and cardiovascular death has substantially strengthened. Epidemiologists Joel D. Kaufman, M.D., MPH ’90, UW professor of medicine in the Division of Internal Medicine, and David Siscovick, M.D., Res. ’79, UW professor in the Department of Medicine, co-authored a statement to this effect from the American Heart Association. A group of researchers led by Charles E. Murry, M.D., Res. ’92, Ph.D., UW professor in the Department of Pathology and the Department of Bioengineering, co-director of the UW Institute for Stem Cell and Regenerative Medicine, and Arra and Eva Woods Endowed Professor, has received a $12.6 million grant to fund research in stem cells and cardiovascular repair from the National Heart, Lung and Blood Institute. A multidisciplinary team of UW researchers conducted a study of adults who have experienced traumatic brain injury and found that 53 percent of the subjects developed major depression in the year following their injury. These findings were published in the May 19 Journal of the American Medical Association (JAMA) issue on mental health.

Dedra S. Buchwald, M.D., UW professor in the Department of Medicine, was awarded a five-year, $10.9 million grant from the National Institutes of Health to establish a new Center for Native Population and Health Disparities (CNPHD), part of an effort to better understand and address inequities associated with cancer and heart disease. A research consortium has discovered new evidence that Parkinson’s disease may have an infectious or autoimmune origin; their work was published online in Nature Genetics. Cyrus P. Zabetian, Res., UW associate professor in the Department of Neurology, was one of the study’s clinical directors.

For more news from UW Medicine, please visit www.uwmedicine.org. Our website also provides a wealth of information regarding health services and other resources. We also recommend Patient Power, explained on the next page.
PATIENT CARE

In June, University of Washington Medical Center (UWMC) was ranked among the nation’s finest hospitals in U.S. News & World Report’s 2010 edition of “America’s Best Hospitals;” it ranked No. 12 overall. Several UW Medicine programs were ranked highly, including: rehabilitation, based at UWMC and Harborview Medical Center (3); cancer (5); orthopaedics, based at Harborview (12) and at UWMC (16); ear, nose and throat (13); geriatrics, based at Harborview (13), kidney disorders (14), pulmonology (15), diabetes and endocrinology (15), gynecology (19), neurology/neurosurgery, based at Harborview and UWMC (19), rheumatology (21), psychiatry (24), and urology (30). Harborview Medical Center received the 2009 ”Hospital of the Year” award from SightLife, the regional eye bank for Washington, Northern Idaho, Montana and parts of California.

The UW Medicine Neighborhood Clinics were awarded the Physician Practice Connections Patient-Centered Medical Home Recognition (PPC-PCMH™) by the National Committee for Quality Assurance. The clinics were one of only three organizations within the state of Washington to obtain the Medical Home Recognition.

EDUCATION

On Saturday, June 5, 169 students graduated with an M.D. from the UW School of Medicine — and went on to residency training in communities throughout the U.S. and the world.

The UW Initiative for Maximizing Student Diversity (IMSD) program, now in its 11th year, received a four-year, $2.2 million renewal grant from the National Institute of General Medical Sciences. The program’s goal is to increase the number of under-represented minority students graduating in target bioscience areas (such as biochemistry, biology and microbiology) and pursuing graduate, biomedical doctoral and medical/doctoral programs. In July, Neuroscience for Kids won a prestigious SPORE (Science Prize for Online Resources in Education) award from Science magazine. Eric H. Chudler, Ph.D., UW research associate professor in the Department of Bioengineering created the site in 1997.

WWAMI

Addressing the need for more pediatric residencies (and more pediatric care in remote areas), Richard Shugerman, M.D., Res. ’87, UW adjunct professor in the Department of Pediatrics, and F. Bruder Stapleton, M.D., Res. ’74, the Ford/Morgan Endowed Chair in Pediatrics and the chair of UW Medicine’s Department of Pediatrics, and their colleagues are developing a pediatric residency track in Alaska. Beginning in July 2011, the Boise, Idaho, VA Medical Center — in collaboration with St. Luke’s Regional Medical Center and Saint Alphonsus Regional Medical Center — will offer a three-year internal medicine residency. The VA has been a track within the School of Medicine’s internal medicine residency since 1977.

PATIENT POWER

Patient Power radio programs (www.patientpower.info/uw/) connect listeners with UW physician experts and inspiring patients from Harborview Medical Center, UW Medical Center and UW Medicine Neighborhood Clinics. Physicians from this month’s features appear on Patient Power, as do a number of our alumni. For more information, visit uwmedmagazine.org.
Changing the WARRIOR Culture

Concussion and UW Medicine

by Delia Ward

By the time Zackery Lystedt left the football field on Oct. 12, 2006, his life had been irrevocably changed. The 13-year-old from Maple Valley, Wash., took a blow to the head near the end of the first half, and though he sat out for several plays, he was returned to the game at the start of the third quarter.

Zack played fullback on offense and outside linebacker on defense for most of the second half. But at the end of the game, he was stumbling and having trouble seeing, says his dad, Victor Lystedt. Then Zack collapsed. "He was having convulsions, and I was trying to talk to him," says Lystedt. "I knew it was really bad."

Zack was airlifted to Harborview Medical Center. When his parents arrived, he was already in surgery to relieve the massive blood build-up in his brain.

The teenager would eventually spend 33 days in a coma at Harborview, more time in a nursing home for children with severe brain injury, then 60 days at Seattle Children’s — all the result of a concussion that became a more severe brain injury.

Concussion: traumatic brain injury

The Centers for Disease Control and Prevention define concussion as a traumatic brain injury or TBI, and as many as 3.8 million people sustain sports- or recreation-related concussions every year. Like other TBIs brought on by blows to the head, jolts to the body or shock waves, concussions can range from mild to severe.

All brain injuries are potentially serious, and concussion is definitely being taken more seriously these days, says Richard G. Ellenbogen, M.D., UW professor and chair in the Department of Neurological Surgery, Theodore S. Roberts Endowed Chair in Pediatric Neurosurgery, and newly appointed co-chair of the National Football League’s Head, Neck and Spine Medical Committee. Why? "Our imaging is better, our knowledge of medicine is better," he says.

More specifically, medicine shows that continuing to play after an initial concussion, as in Zack’s case, can be devastating. "In the brain, at least in a short interval, one plus one equal
five,” says Randall M. Chesnut, M.D. ’84, Intern ’84–’85, UW professor in the Department of Neurological Surgery, Integra Foundation Endowed Professor in Neurotrauma, and Zackery’s surgeon. “It’s a bad combination. You can’t add up brain injuries, particularly close together.”

It seems that repeated TBIs, even mild ones, may have long-term consequences for youth athletes. Researchers are now learning that there are also long-term consequences to other groups, such as professional football players and veterans returning from Iraq and Afghanistan.

At UW Medicine, physicians and researchers are investigating the effects of traumatic brain injury on athletes and veterans, as well as providing treatment and advocacy for TBI. Two recent, effective efforts include the passage of the Zackery Lystedt Law and the creation of the Seattle Sports Concussion Program.

The Lystedt Law and the Seattle Sports Concussion Program

Stanley A. Herring, M.D., UW clinical professor in the Department of Rehabilitation Medicine and one of the team physicians for the Seattle Seahawks and Seattle Mariners, remembers the first time he met Zack Lystedt. When he saw a boy in a wheelchair at a Seahawks practice — accompanied by Richard H. Adler, a prominent injury lawyer and then-president of the Brain Injury Association of Washington — he went over to have a chat.

“The Seahawks fell in love with the family,” says Herring, who has worked in sports medicine for almost 30 years. “The next thing I know, Richard, the Seahawks and I were working on a statewide education program [with school districts, athletic associations and others]. I spoke to 1,000 coaches over the course of a year; we had newspaper articles, and the Seahawks and KING 5 TV produced a public service announcement.”

At the time, there was a standard for how to treat student athletes with suspected head injuries. Unfortunately, it wasn’t applied evenly. Some school districts knew about it — “when in doubt, sit them out” — but many did not. Adler, Herring and the Lystedt family realized they had to do more than educate. They had to make the standard into a law.

“We’re providing a service that no one else in the state really provides.”

— Richard G. Ellenbogen

When Adler is asked about taking on the legislative process, he laughs. “It’s not for the meek or mild,” he says. Still, with his guidance and development of key stakeholders, such as Washington State Youth Soccer, the Washington Interscholastic Activities Association, the Washington State Athletic Trainers Association and the Washington State Insurance Risk Pool, the House and the Senate voted unanimously in favor of the Zackery Lystedt Law, and it was signed by Gov. Chris Gregoire on May 14, 2009. In addition to requiring that youth athletes be removed from play after a potential head injury or concussion, the law has two other key provisions: that healthcare providers must clear students to return to sport, and that both athletes and parents must sign an information sheet about concussion prior to the start of each season.

Then came the next step: the July 2009 opening of the Harborview-based Seattle Sports Concussion Program, a collaboration between UW Medicine and Seattle Children’s. Herring and Ellenbogen are the program’s co-medical directors.

“What the center has permitted us to do is to see patients quickly and appropriately, get them the correct therapy, get them the diagnosis,” says Ellenbogen. “A lot of times, the diagnosis is not clear.” And, with the center’s ability to make “return-to-play” decisions, he says, “we’re providing a service that no one else in the state really provides.”
No shortcut to recovery

What services does the Seattle Sports Concussion Program provide? Herring says it does a great deal of outreach and advocacy in addition to patient care. “The great majority of concussions don’t go to the hospital, but we work with coaches and athletic trainers to have a plan in place...when they see a potential concussion, their job is to take the player out,” he says. The program also provides diagnostic testing and treatment options.

Andrew Little, a certified athletic trainer for Seattle Children’s at Roosevelt High School, says the “when in doubt, sit them out” policy is working. At Roosevelt, Little makes the call about returning kids to play. “The coaches understand the importance of the policy and have embraced it,” he says. In addition, Little keeps student athletes — who sometimes think they’re invincible — honest. Little sends kids with complex concussions to the Seattle Sports Concussion Program. At the hospital, “they may deny [their symptoms],” says Little. But it’s harder to deny a symptom, he says, when the doctor and the athletic trainer are comparing notes.

All concussions, even minor ones, require physical (and often cognitive) rest, and rest is an essential part of each treatment plan put in place by the program’s physiatrists, pediatricians, sports medicine physicians, neuropsychologists, licensed athletic trainers, nurses and neuropsychologists. These plans include modified activities at school and at home: less homework, texting and video games, and a cautious and gradual return to sports. “There’s no shortcut,” according to Herring, who says recovery time may span a few days, a few weeks, even a few months. If the episode was significant — if it was a severe concussion, the last in a series of concussions, or if there were long-lasting symptoms — the Seattle Sports Concussion Program might recommend a different sport for the student.

The program focuses on student athletes, says Herring, because children and young adults need special care; they may be more vulnerable to concussions and take longer to heal than adults. “[Children’s] brains seem to be different in terms of recovery time,” Herring says, “but also they have a unique disruption of autoregulation of blood flow to the brain that makes the brain swell massively if two blows are taken together.” This is a rare occurrence, but often fatal when it happens.

Then, too, there’s a lot at stake academically. “There’s an adjective that comes before the word ‘athlete’ and it is ‘student,’” says Herring. “It’s one thing to miss three weeks of lacrosse or soccer or football, but they’re also missing algebra and driver’s ed and social development.”

Rehabilitation and the “orphan” disease

For some children, like Zack Lystedt, head trauma requires comprehensive rehabilitative therapy, sometimes years of it. That’s where UW Medicine’s Department of Rehabilitation Medicine and UW Medical Center’s Brain Injury Rehabilitation Program come into the picture. Kathleen R. Bell, M.D., Res. ’84, UW professor in the Department of Rehabilitation Medicine, is the program’s physician and the project director for UW Medicine’s Traumatic Brain Injury Model System.

“Lives often change rather drastically after TBI, and there’s a lot of learning how to deal with your new life and your new abilities.”

— Kathleen R. Bell

Bell is also Zackery’s attending physician for rehabilitation. What you often hear, she says, is that severely injured patients have a one-year window in which to make progress. After that, the patient won’t get better. “Zackery is certainly putting the lie to that,” says Bell.

It took nine months after his injury for Zack to say his first word — now he’s rhyming with his favorite rap stars. It took 20 months for him to hold up his body, a milestone also marked by the removal of his feeding tube. Now, four years after the injury, his dad reports that Zack can get out of his wheelchair and stand; he uses a walker and is learning how to use stairs. The Lystedt family has worked together on these achievements. Mercedes Lystedt, Zack’s mom, is a full-time caregiver, and she manages the 40 hours a week Zack spends in therapy at various facilities.
At UW Medical Center, says Bell, they work on walking and strength, and on cognitive and intellectual skills: reading, writing, memory. Zack also gets counseling. “One of the things that people have to deal with is that their lives often change rather drastically after TBI, and there’s a lot of learning how to deal with your new life and your new abilities,” she says.

Not everyone with TBI has the support of a loving family and comprehensive medical care. In part, says Bell, this is a feature of the medical system, geared to pay for short-term issues. “That acute attention is there, but brain injury isn’t something that gets better in 12 weeks, like a fracture does,” Bell says. And given the cohort of people who sustain TBI — young men between 15 and 24 are the largest group — that’s an unfortunate situation.

“We’re still hoping somewhere out there, somebody will recognize how much of a need there is to support research.”

— Randall M. Chesnut

“These are not people who have jobs, these often are not people who have established relationships, they’re still learning how to be adults,” says Bell. “And now they’re given an injury which makes it even harder for them to get a job, to find relationships.” There are only four daytime treatment programs in the state for people with TBI, she says. “If you can’t go to work, but you’re not developmentally delayed, you fall between the cracks,” says Bell. (For more on this topic, please visit uwmedmagazine.org.)

Other researchers echo the sentiment — that not enough attention or funding has been directed toward brain injury. “Brain injury is the greatest ‘orphan’ disease there is,” says Chesnut, even though it’s the No. 1 cause of death and disability for Americans 45 and under. “We’re still hoping somewhere out there, somebody will recognize how much of a need there is to support research.”

Brain-injury repercussions: short- and long-term

Scientists agree; brain injury research is a young field, as is treatment. “Brain injury management isn’t that old,” says Chesnut. Even in the mid-twentieth century, brain injury was mostly treated by in-hospital observation.

“A lot of the fundamental physiological derangements that occur at the time of trauma are only poorly recognized and poorly understood,” Chesnut says. Take intracranial pressure — the swelling of an injured brain against the skull. In many institutions (but far from all of them), patients are treated based on their intracranial pressure level. But, says Chesnut, there’s no randomized control data to prove that treating based on pressure improves patient outcomes, which leads to wide variations in care.

He and his colleagues, however, are collecting such data, and the results should be back in a little over two years, giving physicians the tools to improve their practice.

For her part, Elaine Peskind, M.D. ’86, Res. ’90, UW professor in the Department of Psychiatry and Behavioral Sciences and the UW Friends of Alzheimer’s Research Endowed Professor, would say that many of the long-term physiological repercussions of brain injury aren’t well-understood, either. Peskind studies veterans from Iraq and Afghanistan at the VA Puget Sound Health Care System in Seattle. They present with a whole host of chronic symptoms — forgetfulness, anxiety, slowed thinking and dizziness among them — all symptoms in evidence two to seven years after their last exposure to blast-induced shock waves.

She and her colleagues, including Donna Cross, Ph.D., UW research assistant professor in the Department of Radiology, recently made a significant breakthrough. They used sophisticated imaging techniques to show that these vets’ brains were different — both functionally and structurally — than the brains of vets without symptoms. “This is the first demonstration, with more objective evidence, that there are changes in the brain,” says Peskind. (For more on this topic, please visit uwmedmagazine.org.)

Much remains to be discovered about head injuries and long-term cognitive health for veterans and for athletes. For instance, Peskind notes that head injury is a risk factor for Alzheimer’s disease, a condition often acquired later in life. In addition, repeated head trauma, including sports-related repetitive concussion (like that experienced by boxers, football players, soccer players and hockey players) appears to be a risk factor for a type of dementia that strikes in mid-life: chronic traumatic encephalopathy (CTE).

Unfortunately, signs of CTE have been found in the brains of younger athletes — like that of late Cincinnati Bengal Chris Henry (age 26). It might be, says Peskind, that veterans and athletes have similar brain injuries, and thus similar risks for cognitive impairment. Working regarding the etiology, prevalence and diagnosis of CTE — as well as treatment options for the condition — is ongoing.

Sports and (not versus) safety

Herring, Ellenbogen and their colleagues know that the next few years will bring new research discoveries related to concussion and traumatic brain injury. Together, they hope to be able to predict who’s most susceptible to TBI, how to better identify levels of injury and how to focus treatment, especially for the young athletes in their care.

Right now, though, they’re seeing a change in the “no pain, no gain” culture of sports, one brought about, in part, by the Lystedt Law.

“[Concussion] is really a public safety issue,” says Herring. Injury should not be confused with bravery, he says; coaches, parents, players and fans shouldn’t admire the athlete “who got clocked in the head, got right back up, and continued playing.” Instead, they need to make sure he or she isn’t hurt.

According to Little and Herring, and with the help of the Lystedt Law and the advocacy of the Seattle Sports Concussion Program, this “warrior” culture is changing in Washington. Teammates are looking out for fellow players. Parents understand the risks. Coaches are relieved, because they are no longer responsible for making return-to-play decisions. Instead, those decisions are made by medical personnel.

Victor Lystedt knows that tragic accidents still happen, but he also knows that the Lystedt family — along with Richard Adler, UW Medicine and Seattle Children’s — are helping save children’s lives.

“What better gift can you give in this life?” asks Lystedt.

Extra content at uwmedmagazine.org »

• Brain injury in wartime. Elaine Peskind, M.D., proves it’s not all in vets’ heads.
• How is a concussion like a heart attack? Ask Stan Herring, M.D.
• In for the long haul. Kathleen Bell, M.D., cares for people with TBI.
• Join Richard Adler. Support the Seattle Sports Concussion Program.
• Plus: links to TBI-related resources.
In the U.S., pain is one of the most common reasons for visiting the doctor. When it manifests as a by-product of a disease, illness or injury, it is fairly simple to treat. But when the disease is gone and pain lingers, or when a patient has pain without an identifiable cause, then pain itself becomes a disease. This type of chronic pain is a medical mystery for many physicians.

To solve the mystery of chronic pain and to make a positive difference in patients’ lives, Dr. John Bonica launched the world’s first pain clinic at UW Medicine in 1961, organized around his novel, multi-disciplinary approach to treatment. However, in the 1990s, managed care made Bonica’s collaborative, multi-provider model prohibitively expensive, and the UW Pain Center became all but dormant.

Then, in 2008, Debra Schwinn, M.D., UW professor and chair of the Department of Anesthesiology & Pain Medicine, invited internationally renowned pain specialist Alex Cahana, M.D., DAAPM, FIPP, to lead the newly formed Division of Pain Medicine. Cahana accepted on the condition that he be allowed to revive Bonica’s model of treatment around a new paradigm for pain: one that treats it as a disease, not simply as a symptom.

At UW Medicine, Cahana, the Hughes M. and Katherine G. Blake Endowed Professor in Health Psychology, oversees nine pain programs in five hospitals, including the flagship Center for Pain Relief based at UW Medical Center-Roosevelt. In the past two years, Cahana and his colleagues have been moving forward with a comprehensive agenda that addresses chronic pain from the perspectives of patient care, specialist training, research and legislation — all within the framework of the division’s mission of “predicting, diagnosing and preventing pain from becoming a disabling disease.” As a result of their efforts, the Center for Pain Relief received the 2010 American Pain Society Center of Excellence Award.
Listening, giving hope

Considering chronic pain as a disease in its own right — rather than simply the result of illness or injury — represents a paradigm shift in patient care, one that focuses on addressing the patient’s experience.

David Tauben, M.D., Res. ’82, UW clinical associate professor in the Department of Anesthesiology & Pain Medicine and the Department of Medicine, and director of medical student education in pain medicine, gave up a long-term private practice to support Cahana’s vision. “I literally dropped everything and came over to help build and participate in medical student and primary-care education,” he says.

People who have chronic pain — most commonly felt in the head, neck or back — typically suffer for three to seven years before seeing a pain specialist. By the time they arrive at UW Medicine’s pain clinic, they’ve seen many providers and have spent thousands of dollars. Often they’re on several medications, some of which may be ineffective or even actively harmful.

“Generally they come in without hope, with great disappointment at the failure of the medical system to properly care for them,” says Tauben. Staff members listen, he says, then shift the conversation back to the pain — the negative effect it’s having on the patient’s job, family, sense of self and future.

“Spending the visit focusing on the impact of pain on a patient’s life is very poorly reimbursed, but it’s crucial,” Tauben says. “People will say, ‘Just talking to you, I now have some hope,’ and that constitutes a successful initial visit.”

Characterizing complex pain

“Pain, on one hand, is a very private and subjective experience,” says Cahana. “But [now] we can characterize pain on a larger population base. We combine the phenotype (how people respond to pain) with the genotype, and we can also psychotype patients and sociotype them — by combining these metrics, we can define a patient’s individual experience of pain in a very objective way.”

Understanding the patient’s experience of pain is followed by precision diagnosis — often aided by selective anesthetic blocks or continuous nerve stimulation to identify the source of pain — and then appropriate, focused treatment.

Treating pain requires a solid foundation, Cahana explains. First, care has to be coordinated and multi-disciplinary, involving specialists in anesthesiology, internal medicine, neurology, neurosurgery, psychiatry, psychology, neuroimaging and musculoskeletal radiology, rehabilitation, sports medicine and vocational counseling. It also must be collaborative, with team members working together based on a shared model of pain treatment. Finally, because “we attach a dollar sign to the outcome,” says Cahana, care also must be measurement- and value-based.

When it comes to treatment, one of the primary options is opioids — that is, prescription painkillers — which are currently the subject of legislative reform (see page 14). Often, patients with chronic pain are under-prescribed these medications because of concerns about addiction; in these cases, says Tauben, “the clinic can offer clarity, consistency and often validation on the need for those medications” to patients and their primary-care physicians.

At the same time, opioids pose risks. Not only can the drugs be addictive, but research also shows that, after 90 days on opioids, there are permanent changes to brain function. And in many cases, opioids actually have limited effectiveness.

Opioids, however, represent only one of the tools UW Medicine uses against chronic pain. “Pain is a complex problem, and it needs a complex solution,” says Cahana. Individualized treatments may range from leading-edge medical therapies such as pulsed radio frequency — a procedure pioneered...
by Cahana that sends an electric current through a nerve — to nerve blocks, occupational and vocational counseling and alternative medicine.

**Educating pain specialists**

Like Tauben, Andrea Trescot, M.D., UW professor in the Department of Anesthesiology & Pain Medicine, was drawn to UW Medicine by Cahana’s vision. Her focus is education. “We’re trying to improve the reputation of pain medicine and improve skills, both in the diagnosis as well as in the ethical, safe and effective treatment of patients,” she says.

Trescot directs the new, two-year pain fellowship program, which is supported by the ScanlDesign Foundation by Inger & Jens Bruun and by St. Jude Medical, Inc. The program is part of an overall effort to change the model of educating pain specialists. This effort also includes having pain recognized as a specialty by the American Board of Medical Specialties. (Pain medicine is currently recognized as a subspecialty of anesthesiology.)

Education is happening at multiple levels. Medical students at the UW School of Medicine now receive pain education throughout their curriculum.

“Pain education that incorporates the whole-person experience has yet to be fully integrated into medical schools,” says Tauben. “We have the opportunity to teach broad concepts to first-year students, pharmacology and technology to second-year students, direct clinical application to third-years, and more detailed specifics of technology and more complicated disease management issues to fourth-years,” he says. The result? “The next generation of doctors — both primary-care and specialty-care physicians — will be familiar and comfortable managing patients not only with acute pain, but chronic pain,” Tauben says.

The fellowship program has grown in step with the department’s new mission for pain. “We have dramatically increased the educational opportunities for the fellows by increasing the scope of techniques on which they are trained, including nerve freezings and taking cameras inside the spinal column. We’ve dramatically increased the number of patients that the fellows get to see, and arranged for a variety of outside rotations,” says Trescot. “This year, we had almost 100 applications for five positions,” she says.

Chances are good that the UW Medicine pain fellowship program will serve as a model for nationwide changes, and, Trescot says, the fellowship draws observers from Korea, France, Argentina and other countries. “By putting together a concept that is resonating nationally and internationally, Dr. Cahana has been able to bring people to the table who I never thought would sit down together,” says Trescot.

“...
Medicine, director of C-PRIME, and the John and Emma Bonica Endowed Chair in Anesthesiology and Pain Research, research is crucial in order to accurately tailor treatments to a patient’s individual characteristics.

“There are a whole range of treatments and techniques that are developed for chronic pain,” Turk says. “We tend to ask, ‘Does Treatment A work?’ But what we should really ask is, ‘Is Treatment A effective for patients with these characteristics, based on what outcomes measures, compared to what other treatments, and at what cost?’”

To that end, C-PRIME will conduct research, educate healthcare professionals and clinical investigators about pain research, and contribute to public policy discussions, all in the context of collaborating with researchers from academia, business and government. This work will start within UW Medicine. “We have a number of exceptional pain researchers at UW, but they’re in silos,” says Turk. “We hope C-PRIME will foster collaborations.”

C-PRIME’S data-driven research also should help focus treatments and costs. “We’re hoping to do outcomes research on the characteristics of patients who do well with each treatment, because we can’t keep offering hugely expensive treatments to patients whose outcomes don’t lead to functional improvements,” Turk says. Research can help determine how different pain treatments compare to each other along various axes, such as pain reduction and ability to return to work, among other criteria.

In addition to conducting a range of studies, C-PRIME will address treatment efficacy through the development and implementation of a first-of-its-kind National Pain Registry. Registry software, being piloted at UW Medicine, will chart the progress of patients with persistent pain and their response to treatment alternatives, providing pain researchers across the country with a large data repository to conduct studies.

Reducing the cost of pain

Pain treatment is a challenging field, and in pursuing it, UW Medicine’s faculty are motivated by the still greater challenges experienced by their patients. And by the toll that pain takes on society.

“Pain is so, so draining. It destroys patients and their families and is a huge healthcare burden,” says Andrea Trescot.

Under the leadership of Alex Cahana, UW Medicine is offering significant hope to pain sufferers. With a history of innovation in pain research dating back 50 years, and with recent initiatives in patient care, research, education and advocacy, UW Medicine stands ready to reduce the personal and societal burdens of pain.

Read more about pain medicine in our MEDEX Northwest feature on page 15.

Resources on the web >

Please visit the Division of Pain Medicine for more information: http://depts.washington.edu/anesth/care/pain/index.shtml.

Read more about the new opiate law at the Washington State Department of Health’s website: www.doh.wa.gov/hsqa/professions/painmanagement/FAQ.htm.
Some of the methods the clinic uses are high-tech, including intrathecal pumps, which, in administering stable quantities of medication directly to the spine, eliminate the need for oral medication. Implanted spinal cord stimulators use electrical impulses to quiet the pain and allow some patients to stop using opioids completely. And the clinic’s psychologist, says Blankenship, helps patients reduce pain with counseling and behavioral management strategies. Some pain can be treated with heat and massage.

Blankenship’s toughest challenge may be separating the pain sufferers from people who abuse pain medications. Physical exams are key, as is drug testing, both of which hold patients and staff accountable for opioid use. It’s also very challenging to help patients find other ways to deal with pain when their medication stops working for them. “Sometimes I need to be a psychologist, friend, provider, instructor and teacher,” says Blankenship.

The most rewarding facet of her job, though, is palliative care: helping cancer patients face the end of their lives with respect and dignity. A family member with cancer reinforced Blankenship’s dedication. “I realized end-of-life issues are very important to me, that controlling pain can make a positive difference for these patients who have a special place in my heart,” she says.

Blankenship enjoys her job, and the small community life suits her well. “If it weren’t for MEDEX, I wouldn’t be where I am today, loving my life,” Blankenship says. “I can’t thank them enough.”

Read more about pain medicine in our feature story, “Redefining Pain,” on page 11.
Second-year students received their white coats — a symbol of their transition from classroom-based learning into clinical training — in June. One student holds words of advice from an alumnus on managing the shift.

Photos by Vivian Hsu, Team Photogenic

JOIN US ON FACEBOOK
Want to receive regular updates about events and other alumni-related opportunities? Become a fan of the UW Medicine Alumni Association on Facebook. If you’d like to learn more, please contact Elizabeth Musick, assistant director for alumni relations, at ecmusick@uw.edu or 206-543-8595.
Capstone Celebration  June 1, 2010

Every year, UW Medicine Alumni Relations holds a celebration for fourth-year students just before they graduate: the Capstone Celebration.

Giving Stethoscopes

The UW Medicine Alumni Association presented a welcome gift — stethoscopes — to students starting medical school. The students pictured above will spend their first year of school in their home state, Wyoming, part of the programming provided by the UW School of Medicine’s WWAMI program. (For more information on WWAMI’s origins, see the piece on Jack Lein, M.D. ’55, on page 21.)

UW Medicine Alumni Relations and the UW Medicine Alumni Association hold a number of events for students and alumni every year. If you have a suggestion or comment about our events, we would love to hear from you. Please contact us at 206-685-1875, 1-866-633-2586 or medalum@uw.edu.
All-School Reunion Weekend  June 4–5, 2010

Alumni Monica Burnside, M.D. ’00, and Bridget Sipher, M.D. ’00, Res. ’03, and their families enjoy the Alumni Family Barbecue at the annual All-School Celebration.

Tony Konecny, M.D. ’70, and his wife, Kay, are pictured enjoying a meal with Anna Chavelle, M.D. ’57.

The Class of 1955’s 55th Reunion.

Martin Burkland, M.D. ’50, and Louis Michalek, M.D. ’50, celebrate their 60th reunion. See page 22 for a profile of Dr. Burkland.

The Class of 1960’s 50th Reunion.
IN THIS REPORT

- Toyota and Harborview: Making a Better World
- The Rosenblatt Family Endowed Professorship in Rural Health
- Caring About Cancer at glassybaby
- The Elo Giblett Endowed Professorship
- Alleviating Suffering: Millennium Laboratories
- The Robert G. and Patricia O. Petersdorf Endowed Scholarship

UW Medicine
REPORT TO DONORS

YOUR CONTRIBUTIONS TO OUR MISSION

Asking good questions is a crucial part of making good decisions. Take this question: why not?

"Why not?" can be a challenge, but I also hear it as a call to action: an invitation to approach the future with an open mind and a willingness to explore. And isn’t that what medical science is all about? UW Medicine’s faculty, staff and students answer this question every day, and the result is scientific discoveries, enhanced patient care and improved educational programs.

Many of these achievements are made possible by you, our donors — more than 1,000 organizations and nearly 15,000 individuals (including more than 2,400 alumni from the University of Washington School of Medicine). In the past fiscal year, you contributed more than $137 million in gifts and grants to UW Medicine. In the pages that follow, you’ll read about a few of our contributors, people who challenge the status quo and push the art and science of medicine forward.

My thanks to you all for making a good and generous decision: supporting UW Medicine’s work.

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

2009–10: THE YEAR AT A GLANCE

Who are our donors?
15,896 individuals and organizations

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<td>Family foundations</td>
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Of interest: 2,414 UW Medicine alumni gave more than $2 million in gifts and grants over the past fiscal year.

What did they contribute?
Total: $137,228,784 in gifts and grants

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<td>Other</td>
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Of interest: UW Medicine received more than $4.3 million from donors who supported our work through their estates.

What did they support?

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Strengthening the endowment

Many contributors created or augmented endowments, invested funds that support UW Medicine’s work in perpetuity. More than $9.9 million in gifts and grants were directed to the endowment in the last fiscal year.

<table>
<thead>
<tr>
<th>Endowment type</th>
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<td>Professorships (for faculty)</td>
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</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>32</td>
</tr>
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</table>
The tables are decorated, the candles lit, the sound check done. Guests arrive, slowly at first, then in great streams, well-dressed and trailing happy chatter. After the hors d’oeuvres, dinner is served, and then, says Brad Miller, comes the best and most moving part of the UW Medicine Salute Harborview Gala — when guests raise their auction paddles to donate to Harborview Medical Center.

“You can just see, from dollar one, that it’s going directly to the mission,” says Miller, a member of the Western Washington Toyota Dealers Association (WWTDA).

That mission, explains Eileen Whalen, R.N., MHA, executive director of Harborview Medical Center, is what separates Harborview from other healthcare providers. It’s a mission of providing world-class care for patients from all walks of life, including the working poor and children and adults not covered by health insurance. In fact, Harborview and UW Medicine faculty and staff based there provide more charity care — approximately $187 million in fiscal year 2010 — than any other hospital in Washington state.

Providing this care is a difficult proposition. “Every year, we work on a very slim margin,” says Whalen. That’s why the gala — and the WWTDA’s support of the gala — is so important.

The Toyota dealers’ commitment has been significant. In 2005, Miller, who’d only recently become acquainted with Harborview’s reach and services, made a pitch to his fellow dealership owners. He reminded them that Harborview, the only Level 1 adult and pediatric trauma and burn hospital in a four-state region, touched every dealer’s community. It was a convincing argument, and the WWTDA made a 10-year, $1 million pledge to Harborview, one that helps underwrite the gala.

Pam Nelson, another Toyota dealer, remembers that meeting well. But when she and her colleagues agreed to make the gift, Nelson didn’t have any direct connection to the hospital, and she thought she never would. She was wrong. “Within one year,” Nelson says, “I was in Harborview.”

Nelson’s care displays another facet of Harborview Medical Center: its expertise in diverse medical specialties. UW Medicine neurosurgeon Richard G. Ellenbogen, M.D., UW professor and chair in the Department of Neurological Surgery and the Theodore S. Roberts Endowed Chair in Pediatric Neurosurgery, removed the non-malignant tumor that had infiltrated Nelson’s spinal column and wrapped itself around other organs. Nelson was so pleased with her care at Harborview — surgery, physical therapy — that she returned for rotator cuff surgery and other services.

“When you like something, you go back to it,” says Nelson. And in addition to giving through her dealership, she also supports Harborview on a personal level. “As a patient, I saw a lot of people in need,” she says.

Johnese Spisso, R.N., MPA, chief health system officer for UW Medicine health system and vice president for medical affairs at the University of Washington, has seen those needs firsthand, too. She works with leadership teams to maintain financial viability for Harborview and other entities within the system (see below). Support like that provided by the WWTDA, she says, “really allows us to improve the health of the community in profound ways.”

Miller agrees. “Harborview is really akin to a natural resource,” he says. And in making a gift to Harborview, Miller says, “we’re making a better world for our customers and our co-workers.”

**Did you know?**

Harborview Medical Center is part of UW Medicine, which also includes UW Medical Center, Northwest Hospital & Medical Center, UW Neighborhood Clinics, UW Physicians, the UW School of Medicine and Airlift Northwest.
When he became the first resident in UW Medicine’s Department of Family Medicine in 1972, Roger A. Rosenblatt, M.D., Res. ’72, Res. ’74, MPH, MFR, could not have known that, one day, he would be establishing an endowed professorship.

The Rosenblatt Family Endowed Professorship in Rural Health is the capstone of a legacy years in the making for Rosenblatt — UW professor and vice chair of the Department of Family Medicine and adjunct professor of public health and forestry — and his wife, Fernne. The Rosenblatts share a passion for catalyzing social change and have spent their professional lives striving to improve the quality of life in rural communities.

A gift from the Rosenblatts provides the foundation for the professorship, which will enhance the department’s ability to recruit and retain distinguished faculty with experience in providing rural healthcare and foster research to improve care delivery to rural areas worldwide.

“I hope this professorship will strengthen the School’s mission to improve rural healthcare in the WWAMI region,” says Roger, who established the WWAMI Rural Health Research Center and directs the Rural/Underserved Opportunities Program for medical students. “The challenges of delivering healthcare that go with being very remote and having limited resources are common around our region, and we hope that the professorship will ultimately lead to more of our students practicing in those areas.”

Fernne Rosenblatt adds that the professorship will draw attention to the benefits of care in non-urban areas. “While rural communities struggle in this high-pressure economy, they can and do have a higher level of relationship-based healthcare. We all can learn from that,” she says.

Robert W. Lundeen, retired chairman of the board of Dow Chemical Company and a longtime friend of UW Medicine, also supports the professorship. Lundeen first met Roger Rosenblatt when he and his late wife, Betty Lundeen, became involved in assisting a local medical practice on Orcas Island in Washington.

“I learned then of Roger’s keen interest in providing medical care in rural, isolated communities, so we were kindred spirits from that moment on,” says Lundeen. “Roger and I have a lot of mutual admiration and respect, so when this opportunity came up, I was delighted to come to the party.”

The Washington Academy of Family Physicians (WAFP) is another major donor to the professorship via the WAFP Foundation, which has a long history of generosity to the Department of Family Medicine. “The academy is committed to building an improved pipeline of family medicine specialists,” explains Karla Graue Pratt, executive vice president of WAFP. “Roger’s work lays a significant foundation in that regard.”

“We are all familiar with the challenges of rural medicine,” adds Kevin F. Murray, M.D., president of the WAFP Foundation. “We thought it was important to send a strong message that the professorship is a valuable endeavor, that the work of the Rosenblatts is well worth recognition,” he says. This admiration is shared by family medicine faculty members, who also have contributed to the endowment.

“My whole family has been involved in this, and it’s one of the legacies that we hope to leave behind,” says Roger Rosenblatt. “I encourage others to do something similar in an area in which they’re passionate — it’s more fun to do it while you’re here and can be involved in it.”
We’re all about healing,” says Lee Rhodes, glassybaby’s founder. If you live in Seattle, you’ve probably seen a glassybaby on a restaurant tabletop; they’re hand-blown glass vessels, often used to hold candles. To Rhodes, they represent not only her business, but also her promise to the community. A portion of the proceeds from glassybaby sales goes to charity, UW Medical Center’s cancer programs among them.

“We saw it [the business] as a way to participate in giving,” Rhodes says.

Her generosity was motivated, in part, by personal experience. In 1995, doctors at UW Medical Center found two tumors in Rhodes’s right lung. Surgery, radiation and chemotherapy followed. Sitting in the chemo waiting room, Rhodes realized that cancer was a great equalizer. Rich, poor, in-between: no one was immune. “Inside there,” she says, “we were all the same.”

She also realized, though, that resources were crucial to recovery. Rhodes could drive to her chemo session and buy healthy food, she says; the girl sitting next to her couldn’t even afford a bus pass.

Enter the soothing glow and generous mission of glassybaby. The company, created as a cottage industry after Rhodes gave her husband glassblowing lessons, is now a multi-million-dollar-a-year enterprise, one that supports the Collegiana, a home away from home for UWMC cancer patients and their families.

The company also created the White Light Fund, which supports the Living Well With Cancer Series, a program run by the UW Medical Center Service League.

Living with cancer, says Patricia Poulin, director of Community-based Services and Volunteer Services at UWMC, is unimaginably stressful. “People are going through so much anxiety, and they have so little control,” she says. With glassybaby’s help, the league brings anxiety-relieving yoga to the patient’s bedside. The company’s generosity also supports weekly art therapy sessions, as well as a popular Knit for Life group, in which patients and families talk and stitch.

The White Light Fund was inspired, in part, by Rhodes’s six-year experience as a patient at UWMC. She’s still grateful to her oncologist, Robert Livingston, M.D., and to other UW Medicine staff. “The care was the absolute best,” she says.

The company’s generosity also was inspired by Rhodes’s friend and business colleague Debra Loft, former president of the UWMC Service League. When Loft’s husband, John Cortner, passed away in 1987, Loft created a memorial cancer library at UW Medical Center. The White Light Fund, says Rhodes, is an extension of the Cortner Library — another set of resources for patients and families.

Friends like Rhodes and Loft are vital to the hospital, says Stephen Zieniewicz, FACHE, executive director of UWMC. Not only do they support the hospital’s services, but they’re also great advocates for the hospital’s work. “We are very fortunate to be associated with glassybaby,” says Zieniewicz.

According to Rhodes, the feeling is mutual. “You guys were everything to me,” says Rhodes, now in remission. “We love contributing to the University of Washington.”
As children, Leslie Giblett and her siblings went to their Aunt Elo’s house every Sunday. Leslie’s siblings were a little afraid of their aunt — her lab coat, her experiments, her jokes (made in Latin).

Not Leslie. She and her aunt got along famously. Elo helped Leslie with her math and science homework. They visited Puget Sound Blood Center, Elo’s professional home, where Leslie played with the centrifuge. When Leslie was working on a school report on weather, Elo helped her rig a weather balloon. The resulting information on temperature, collected every two hours and presented in graph form, astonished Leslie’s elementary school teacher.

This isn’t a typical family story. Then again, most families do not number scientific giants among their members. Eloise Giblett, M.S. ’47, M.D. ’51, Fel. ’55, was a UW research professor of medicine in the Division of Hematology, a member of the National Academy of Sciences, a Nobel Prize nominee, a pioneering genetic scientist and a perfectionist. “Elo was an amazing human being, a wonderful person. She also happened to be one of our school’s first female graduates,” says Paul G. Ramsey, M.D., CEO of UW Medicine. “She set a very high standard — for all of us.”

Janis L. Abkowitz, M.D., UW professor of medicine, head of UW Medicine’s Division of Hematology, and holder of the Clement A. Finch, M.D. Endowed Professorship in Hematology, remembers the first time she met Dr. Giblett. Abkowitz was interviewing for a fellowship when then-division head Clem Finch, M.D., told her she had to meet Giblett — immediately. “He put me in a cab to the blood center,” she says. (Dr. Giblett served as the head of immunogenetics at Puget Sound Blood Center from 1955 to 1979 and as executive director from 1980 to 1987.)

Giblett was a “rigorous scientist, very creative in the way she applied methods to new science areas,” says Abkowitz, and her work has had lasting impact. Dr. Giblett discovered the first genetic immunodeficiency disorder. In addition, her study of red cell antigens led to safer transfusion of red blood cells as well as a new understanding of the cells’ variations. “She really launched the field of genetic diversity,” says Abkowitz.

With the help of her niece Leslie, Eloise Giblett is leaving another legacy in the Division of Hematology: the Elo Giblett Endowed Professorship.

Leslie remembers some of the conversations she had with her aunt 20 years ago, when Dr. Giblett first began thinking about her will. “The University of Washington had meant so much to her,” recalls Leslie. When Elo asked Leslie what she thought she should do with her estate, Leslie replied: “I think you should leave them a bunch of money.”

Dr. Giblett followed her niece’s advice, leaving a planned gift to the School of Medicine. Later, realizing that the amount wasn’t going to reach the minimum needed to create a professorship, Leslie, a former Microsoft employee, stepped in with the remainder.

“Leslie is tremendous,” says Abkowitz. “Professorships are really helpful to us — they give us flexible funds to support a person and to support divisional efforts.”

Giving to the professorship was a simple decision for Leslie Giblett. She hopes the funding will draw people of her aunt’s caliber to UW Medicine. The gift is also a measure of simple, deep affection.

“I felt that it was really important to remember Elo,” says Leslie.
C hronic pain destroys lives, burdens our healthcare system and engenders needless suffering for patients and their families. Few know this better than James Slattery, founder and CEO of the San Diego-based Millennium Laboratories, Inc., which provides urine drug-testing resources for physicians and medical staff focused on treating chronic pain.

“My wife and sister are career hospice nurses, and I was a hospice volunteer,” he explains. “Over a 40-year period of time, we witnessed serious suffering in the end-of-life scenario — suffering that really wasn’t necessary.”

Inspired by the vision and skills of Alex Cahana, M.D., DAAPM, FIPP, UW professor in the Department of Anesthesiology & Pain Medicine, chief of the Division of Pain Medicine, and holder of the Hughes M. and Katherine G. Blake Endowed Professorship in Health Psychology, Millennium has made a significant pledge to UW Medicine’s revolutionary work in understanding and treating chronic pain (see “Redefining Pain” on page 11).

“I had the opportunity to hear Alex speak at a conference, and I was just fascinated by his ability to think out of the box and take the treatment of pain into a results-oriented process,” Slattery says. “I think he is going to make a huge difference in the pain field.”

Cahana has chosen to use Millennium’s non-conditional gift primarily to launch the Center for Pain Research on Impact, Measurement and Effectiveness (C-PRIME), directed by Dennis C. Turk, Ph.D., UW professor of medicine in the Department of Anesthesiology & Pain Medicine, and the John and Emma Bonica Endowed Chair in Anesthesiology and Pain Research. C-PRIME will conduct data-driven research comparing the effectiveness of different treatments to better inform clinical-care decisions, educational approaches and social policy related to the treatment of chronic pain. A major C-PRIME initiative that will be funded by Millennium’s gift is the development and implementation of a National Pain Registry that charts the progress of patients with persistent pain and their response to treatment alternatives.

“I’m very excited about the work that C-PRIME is doing,” says Slattery. “Pain is the only discipline where doctors have no standardized procedures or tests. There’s no understanding of how to make educated decisions on the treatment of pain by actually tracking results.”

Millennium’s contribution will be crucial in tying pain care to measurable results, says Cahana. Turk agrees. “It is only through appropriately designed outcomes research that evidence-based healthcare can be realized and patient suffering alleviated,” says Turk.

In addition to helping pain care evolve, Millennium’s gift also may help reduce its cost. “Most of what helps people with chronic pain is not paid for by typical insurance plans,” says David Tauben, M.D., Res. ’82, UW clinical associate professor in the Department of Anesthesiology & Pain Medicine and the Department of Medicine, and director of medical student education in pain medicine. “Donors like Millennium are allowing us to do research that will enable us to turn the equation around and be much more cost-effective and clinically useful when providing pain care.”

“I think pain doctors are heroes,” says Slattery. “People in pain can be the hardest patients in the world. And most of the pain doctors I’ve met have real compassion for their clients, and they’re frustrated because they want to do more. All I’m trying to do is figure out some ways to alleviate suffering.”
Mention Robert G. Petersdorf, M.D., to alumni and faculty of a certain vintage, and they're likely to tell you a story — one in which he helped shape their career. Petersdorf was chair of UW Medicine’s Department of Medicine from 1964–1979, an infectious diseases researcher and — more to the point — a tough but inspiring mentor devoted to medical students, trainees and junior faculty.

“Bob was a giant in medicine, known and revered worldwide for his profound commitment to and influence on the profession of medicine,” says Paul G. Ramsey, M.D., Dean of the School of Medicine, who counted Petersdorf as a mentor and a friend.

With his wife, Pat, Dr. Petersdorf left another educational legacy: a scholarship, made through a charitable gift annuity, created to benefit Native American students in the School of Medicine.

Close to one-fourth of the Native American population of the United States lives in the five-state region of Washington, Wyoming, Alaska, Montana and Idaho, often in rural, medically underserved areas. And because this group is under-represented in the medical profession, there is a lack of physicians who understand the particular concerns of Native American communities.

The Robert G. and Patricia Q. Petersdorf Endowed Scholarship seeks to address this situation by making it easier for Native American students to afford medical school. “We are thrilled that the Petersdorfs chose to help decrease the financial barriers to Native American students, whom we greatly need in medicine,” says William J. Bremner, M.D. ’69, Res. ’72, Ph.D., UW professor and chair of the Department of Medicine and the Robert G. Petersdorf Endowed Chair in Medicine.

The couple’s son, Stephen H. Petersdorf, M.D., Res. ’86, Fel. ’90, UW professor of medicine in the Division of Oncology and the Endowed Chair in Cancer Care, explains their motivation behind the gift. “Over the years they spent a lot of time in the Canadian and American Rockies and in other places — some of their best memories were of fishing in Neah Bay with the former dean and other faculty members — and they had some contact with Native American reservations,” Petersdorf says. “They came to understand how underserved those areas were.” What his mother and father wanted, he says, was to create a scholarship that would benefit Native American students with financial need — with the hope they’d return to their communities to provide care.

“Financial support to attract and retain Native American students is critical, because their rate of return to indigenous communities is so high,” says Victoria A. Gardner, Ed.D., director of the Office of Multicultural Affairs for the School of Medicine and interim director of the Native American Center of Excellence. “About 60 percent of the Native graduates that we’ve tracked since 1993 are working in Native American communities — either on the reservation or in urban areas.”

Monty Hawkins, a third-year medical student who is of Alaskan Native heritage, has received scholarship funding for Native American students. He agrees that scholarships are important. “Some of my classmates are going to choose a specialty based on the debt they’re going to have,” he explains. “Scholarships help mitigate that and allow people to choose based on where they think they can help the most.”

The Petersdorf Scholarship, which will help students manage their medical-school costs, caps a long history of generous giving by the Petersdorfs — including a previous gift that established the Petersdorf Chair. “It’s wholly characteristic of Bob and his wonderful wife, Pat, that they always thought of what is core to medicine: serving those in need,” says Ramsey.

With the scholarship, Ramsey continues, the Petersdorfs supported a long-held interest in medical education for Native Americans. And, he adds, “their ethic of service will continue far into the future.”
Jamal K. Gwathney, M.D. ’99, MPH, remembers Catholic school — complete with ruler-wielding nuns — in Montclair, N.J. It was a far cry from inner-city Newark, he says, where he and his parents lived. Until seventh grade, Gwathney was the only African American in his class.

Years later, after graduating from the UW School of Medicine, Gwathney — a self-described extrovert — continues to thrive among different cultures. This time, it’s in the service of medical missions. He credits his wife, Cheryl Anderson, for the freedom to do humanitarian work. “A lot of people may want to do it,” Gwathney says, “but they don’t have the support at home.”

Gwathney is a lieutenant commander in the U.S. Public Health Service Commissioned Corps and a member of the elite Ready Responders Program, a group dispatched to natural and human-made disasters here and abroad. He also volunteers with Medical Wings International (MWI), which provides medical care to underdeveloped communities. Over the past few years, through the corps and MWI, he has served in Trinidad, Honduras, India and a number of other countries.

Before he travels, Gwathney investigates local customs, health concerns and gender issues — information that helps him get a sense of the people he’ll be serving. He also takes a look at the language, because learning even a few words goes a long way in establishing trust with patients and communities. “I always learn how to say ‘please’ and ‘thank you,’” Gwathney says.

When he’s home, Gwathney practices at Unity Health Care-Congress Heights Health Center, an inner-city clinic that serves low-income and homeless patients, located on Martin Luther King, Jr. Avenue Southeast in Washington, D.C. When asked what he’d like to say to his fellow alumni, this year’s humanitarian award recipient quotes Rev. King.

“Life’s most persistent and urgent question is, what are you doing for others?” says Gwathney. “I’ve been afforded a lot of assistance,” he continues. “Much is expected of me.”

The UW Medicine Alumni Association is pleased to honor the recipients of the 2010 UW Medicine Alumni Awards on the pages that follow. If you would like to nominate someone for the 2011 awards, or if you would like to learn more about the nomination process, please visit www.uwmedalumni.org.
This year’s Distinguished Alumni Award recipient, Roger E. Moe, M.D., ’59, Res. ’68, has made major contributions to breast cancer research and care, but he’s quick to emphasize that his achievements weren’t made in isolation. “My accomplishments were team accomplishments,” he says.

After Moe graduated from the University of Washington with a B.A. in psychology and a stint in the ROTC, he became an officer in the Navy — a cryptologist. After medical school, and while learning about clinical immunology as an attending surgeon in transplantation, he found his life’s work: the intricacies of breast cancer.

“Breast cancer is an array of different kinds of cancers,” says Moe. Given that it varies widely from patient to patient, he says, providing good care requires specialists from different disciplines to work together.

That’s why Moe and partner Dr. Robert Parker founded UW’s multidisciplinary Breast Cancer Program at UW Medicine in 1970. First they recruited Katharan Spike, perhaps the first patient care coordinator at UW Medical Center. Then they added physician-researchers from radiation oncology and medical oncology. “You find that talent begets talent,” says Moe.

Talent and collaboration also make patients feel more secure. The Breast Cancer Specialty Center at the Seattle Cancer Care Alliance (a collaboration among UW Medicine, Fred Hutchinson Cancer Research Center and Seattle Children’s), brings together experts from various departments together twice a week to consult on patient cases. “It basically empowers women. It gives them hope,” says Moe. “It also empowers physicians.”

Moe is proud of the colleagues he’s assembled and worked with over the years, and he has a deep affection for the group — Benjamin O. Anderson, M.D., David R. Byrd, M.D., Res. ’87, Janet R. Daling, Ph.D., Georgiana F. Ellis, M.D. ’82, Res. ’85, Julie R. Gralow, M.D., Ph.D., Mary-Claire King, Ph.D., Constance D. Lehman, M.D. ’93, Res. ’95, and Carlos A. Pellegrini, M.D. — which includes oncologists, surgeons and epidemiologists.

He’s also proud of his role in discovering an increase in lobular carcinoma — a marker for future breast cancer — that starts in women’s milk-producing glands. The increase, Moe says, was related to the use of hormone replacement therapy. Other career highlights include developing an ovarian-breast cancer clinic. And, of course, he remembers his patients, who evoke many fond memories.

Moe has been retired a few years, but he still keeps a hand in: going to seminars, visiting his colleagues. And he looks forward to what molecular genetics will reveal about breast cancer.

“The beauty of biology,” says the former cryptologist, “is increasing as it gets more complicated.”
John N. “Jack” Lein, M.D. ’55

Jack Lein credits his commanding officer in the Navy for setting him on the path to medical school. “He saw me with a rifle and decided to give me a bedpan,” Lein says.

It’s a good one-liner, and Jack Lein, M.D. ’55, was, in fact, a medical corpsman during World War II. In the years that followed, he became one of the finest advocates the UW School of Medicine has ever had.

In 1964, the Dean of the UW School of Medicine, John R. Hogness, M.D., Res. ’51, offered Lein — then in practice in obstetrics and gynecology in Spokane, Wash. — a job that involved patient care, teaching, and community and legislative involvement. Hogness’s goal was to help the School of Medicine become more of a presence in eastern Washington, an area that badly needed more doctors.

Lein took the job. At the same time, he notes, America’s medical culture was shifting. Great Society initiatives such as Medicare and Medicaid were founded, and the government divided the nation into medical-geographical regions. Under this new system, Washington and Alaska were grouped together, and Lein and his cohorts found that, like eastern Washington, Alaska suffered from a doctor shortage. In the 1960s, Lein says, there were more than 450 cities and towns in Alaska, and approximately 400 of them had no medical providers. “We knew we needed more family doctors,” says Lein.

At that point, a number of ideas — all in the service of developing doctors for a multi-state region — began to coalesce. Lein and School of Medicine leadership, under Dean Robert L. Van Citters, M.D., developed a novel training model, one in which Alaskan students would receive their first year of medical training at home, with the remaining three years spent at the School of Medicine in Seattle. Another idea: a community doctor in Omak, Wash., volunteered to train residents interested in family medicine. A third factor: Lein and his cohorts were also mindful of the needs of neighboring Montana and Idaho, largely rural states, largely underserved by doctors. “They didn’t have medical schools, either,” says Lein.

These ideas were the seeds of what would become the WWAMI program, a regional medical-training model, one in which the University of Washington School of Medicine works with the states of Washington, Wyoming, Alaska, Montana and Idaho to provide a variety of programs for medical students and trainees.

In helping found the WWAMI system, Lein logged many miles on the road as well as many hours in Olympia, Wash., and Washington, D.C. He was a connector, establishing ties between the School’s faculty and community doctors, between legislators and the School, between rural communities and urban ones. “I guess I was a traveling salesman, like my dad,” says Lein, whose titles at the University included federal relations coordinator, assistant dean and vice president of health sciences.

Although he enjoyed receiving the UW Medicine Alumni Service Award, he says, “I don’t think you live for awards.” Rather, he lives for his legacy — a thriving medical school. “As far as I’m concerned,” says Lein, “our alumni are graduates of one of the best medical schools in the country.”
Martin G. Burkland, M.D. ’50

The first students who graduated from the UW School of Medicine did so 60 years ago, in 1950. We asked graduate Martin G. Burkland, M.D. ’50, who remembers the very first years of the UW School of Medicine, to tell us about his experiences.

Martin G. Burkland set out on the great American road trip — an excursion up and down the East Coast in an old jalopy that maxed out at 35 miles per hour — not long after applying to the University of Washington School of Medicine. He was out of contact with his family for weeks, he says, and despite the years that have passed since then, he clearly remembers the scene when he returned home to Seattle.

“My mother was standing there, all dressed up,” says Burkland. “She didn’t know where I was, so she was going to go to my medical-school interview for me.”

As it happens, Burkland had made it back in time to do his own interview, and out of the many candidates who applied to the new school, he was one of the 50 students accepted into the first class.

During the Great Depression, Burkland and his family moved from Astoria, Ore., to Seattle, Wash., where his father secured a job that paid $200 a month. At that time, doctors still made house calls, and Burkland remembers the family doctor, Olaf Christoferson. “He’d come over and dispense medication and orders,” says Burkland. “And just like today, we didn’t always follow them!”

Still, Dr. Christoferson inspired the young Burkland to follow him in the profession, and Burkland took pre-med courses at the University of Washington, graduating with a B.S. in chemistry in only two years.

World War II interrupted the course of Burkland’s education — he joined the U.S. Navy, becoming a communications officer on a destroyer. After active duty, he used the G.I. Bill to support his pursuit of a medical degree.

As a member of the first class, Burkland remembers the founding of the School, and the controversy it caused. Not all the local doctors were happy at the competition posed by new faculty members, he says. This did not, however, deter either the faculty or the students. It was as important to the School for the medical students to graduate as it was for the students, says Burkland. “My success was their success,” he says.

He also counts the first dean of the UW School of Medicine, Edward Turner, M.D., as a visionary, one whose influence followed the inaugural class members throughout their careers. Burkland remembers what Dean Turner told the class on the first day of school in 1946, listing the traits required of a physician: honesty and integrity, dedication and hard work, competency, an investigative mind and, above all, a willingness to accept responsibility.

Although medical school was challenging in 1950, Burkland believes today’s students face even greater challenges. “They’ve got a lot of work in front of them,” he says, noting that students today begin focusing their career paths in the third year of school. In contrast, he served as an intern for one year, and the multiple rotations helped him choose his career.

Burkland retired in 1995 from his general medicine practice, one that he maintained for 43 years. He’s proud of delivering many babies, starting a free-standing clinic in Seattle’s Ballard neighborhood and establishing one of the first emergency rooms in the U.S., staffed with full-time physicians at Ballard Community Hospital.

“Medicine has certainly changed over the years,” he says.

Dorothy M. Munce, M.D., another member of the Class of 1950, is remembered in the Passages section at uwmedmagazine.org.
Do we know your residency specialty? We’d like to confirm your residency specialty, location and year, whether or not your residency was conducted at UW Medicine. Send us an update at uwmedmagazine.org (click on the “ClassNotes” button), and help us improve our records. (And if we’ve made any errors about your training in the notes that follow, please let us know.)

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

1951

The Class of 1951 celebrates its 60th reunion at the 11th Annual All-School Reunion Weekend, June 3–4, 2011. Please mark your calendar. If you’d like to join the reunion committee, please contact UW Medicine Alumni Relations at medalum@uw.edu.

Nelly Auersperg, M.D., was honored with an honorary degree (doctor of science) from Simon Fraser University in British Columbia, Canada. Auersperg has received many honors, including the creation of the Nelly Auersperg Award in Women’s Health Research from the British Columbia Women’s Hospital and Health Centre in 2003. In 2007, the University of British Columbia recognized her with a lifetime achievement award recognizing medical faculty.

John “Jack” Lein, M.D., received the 2010 UW Medicine Alumni Association Alumni Service Award. He was presented the award at the All-School Celebration on June 5, 2010. See page 21 for a brief biographical sketch.

1955

Nelly Auersperg, M.D., was honored with an honorary degree (doctor of science) from Simon Fraser University in British Columbia, Canada. Auersperg has received many honors, including the creation of the Nelly Auersperg Award in Women’s Health Research from the British Columbia Women’s Hospital and Health Centre in 2003. In 2007, the University of British Columbia recognized her with a lifetime achievement award recognizing medical faculty.

1956

The Class of 1956 celebrates its 55th reunion at the 11th Annual All-School Reunion Weekend, June 3–4, 2011. Please mark your calendar. If you’d like to join the reunion committee, please contact UW Medicine Alumni Relations at medalum@uw.edu.

1957

John Vogel, M.D., was honored in May 2010 by the American Heart Association (Tri-Counties Division) of Santa Barbara, Calif., at the annual Heart Ball. The organization recognized his pioneering efforts in cardiology.

1959

Roger E. Moe, M.D., Res. ’68 (general surgery), received the 2010 UW Medicine Alumni Association Distinguished Alumni Award. He was presented the award at the All-School Celebration on June 5, 2010. See page 20 for a brief biographical sketch.

1961

The Class of 1961 celebrates its 50th reunion at the 11th Annual All-School Reunion Weekend, June 3–4, 2011. Please mark your calendar. If you’d like to join the reunion committee, please contact UW Medicine Alumni Relations at medalum@uw.edu.

James Dalen, M.D., received the 2010 Harvard Alumni Award of Merit on Sept. 25 in Boston. This is the highest award for alumni of the Harvard School of Public Health. His classmate, William Foege, M.D., won the award in 1994.

Sigvard Hansen, M.D., Res. ’69 (orthopaedics), was awarded the Harborview Mission of Caring Award for exemplifying Harborview’s compassion and excellence at the UW Medicine Salute Harborview Gala on Feb. 27, 2010.

Richard Rahe, M.D., Res. ’65 (psychiatry), has moved to Salem, Ore. “My Husky cap gets lots of frowns around here,” he says. Rahe works half time at the Salem VA Clinic treating veterans returning from Iraq and Afghanistan.

1962

Sharon Johns “Shay” Bintliff, M.D., FACEP, has published a book of poetry, Soular Energy, inspired by and dedicated to her only granddaughter, Ileiana, who passed away from cancer at 11. All proceeds from the book are donated to Camp Anuenue, a summer camp for children with cancer. Find out more at Bintliff’s website www.SoularWellness.com.
Larry D. Hull, M.D., Res. ’73 (orthopaedics), was presented the 2010 Humanitarian Award by the American Academy of Orthopaedic Surgeons at its annual meeting in New Orleans. This award honors fellows of the academy who have distinguished themselves by providing outstanding musculoskeletal care in the United States and abroad.

James A. Margolis, M.D., is hoping to retire from practice next year. At present, he’s working 20 hours a week in community mental health and teaching second- and third-year medical students. He has retired from active ski patrolling after 25 years of service, but continues to teach first aid. In 2009, he received the Golden Stethoscope Award from the Sacramento Valley Sierra Medical Society.

The Class of 1966 celebrates its 45th reunion at the 11th Annual All-School Reunion Weekend, June 3–4, 2011. Please mark your calendar. If you’d like to be on the reunion committee, please contact UW Medicine Alumni Relations at medalum@uw.edu.

David Bearman, M.D., has spent 40 years working in substance and drug abuse treatment and prevention programs. A pioneer in the free and community clinic movement, Bearman is also the author of the book Demons, Discrimination and Dollars.

David Eckert, M.D., retired on Dec. 1, 2009, after more than 11 years with Kaiser Permanente in Sacramento, Calif., and a total of 42 years in emergency medicine and family practice. Eckert now resides in Goodyear, a suburb of Phoenix, close to NASCAR events held at Phoenix International Raceway and the University of Phoenix’s new stadium, home of the Arizona Cardinals.

William Hancock, M.D., is retired after a 32-year career at the practice he started in 1975, Northwest Eye Surgeons. The practice continues in six Western Washington Surgery Centers with 13 doctors covering most eye subspecialties. Hancock’s specialties were cataract and refractive surgery. He enjoys his beach home on San Juan Island and keeps busy with church, island politics, entertaining nine grandkids, traveling and reading. Cheri, his wife of 42 years, works with high-school youth.

Dan A. Andrews, M.D., retired after 42 years of medicine from the University of Michigan in May 2010. Andrews says, “It’s a strange feeling to have every day be Saturday — would love to hear from folks.”

William J. Bremner, M.D., Ph.D., Res. ’72 (internal medicine), UW Medicine professor and Robert G. Petersdorf Endowed Chair in Medicine, was elected to fellowship in the Royal College of Physicians (Edinburgh). The college is a professional membership organization established by royal charter in 1681.

Charles A. Pilcher, M.D., FACEP, is mostly retired from emergency medicine. In November 2009, he was elected to the board of commissioners at Evergreen Hospital in Kirkland, Wash., where he enjoys being the only physician on the five-person governing board of King County Public Hospital District No. 2.

The Class of 1971 celebrates its 40th reunion at the 11th Annual All-School Reunion Weekend, June 3–4, 2011. Please mark your calendar. If you’d like to join the reunion committee, please contact UW Medicine Alumni Relations at medalum@uw.edu.

Erick M. Davis, M.D., MPH, MBA, has returned to part-time clinical practice in addiction medicine as the chief medical officer for Schick Shadel Hospital. His return to clinical practice follows a 10-year career as an independent consultant; prior to that, he spent 10 years as a senior physician executive for several healthcare organizations. Davis was the medical director and full-time attending physician at Schick Shadel Hospital early in his clinical career, from 1970 through 1988.

William R. Phillips, M.D., UW clinical professor in the Department of Family Medicine, is the new Theodore J. Phillips Endowed Professor of Family Medicine at UW Medicine. The endowment recognizes the accomplishments of the founding chair of the department and helps to cement strong links between the academic department and community physicians. Phillips is a senior associate editor of the journal The Annals of Family Medicine.

The Class of 1976 celebrates its 35th reunion at the 11th Annual All-School Reunion Weekend, June 3–4, 2011. Please mark your calendar. If you’d like to join the reunion committee, please contact UW Medicine Alumni Relations at medalum@uw.edu.

Mary L. Wilson, M.D., is an area medical director for Kaiser Permanente in Los Angeles. She lives in Santa Monica.

Rick Angelo, M.D., will serve as president of the Arthroscopy Association of North America in 2011–2012. His Kirkland, Wash., practice focuses on sports medicine and arthroscopy.

Reginald Finger, M.D., is now in his fourth year researching and lecturing for the National Embryo Donation Center. When not traveling, Finger works from home in Colorado Springs, Colo. He and Annette have been married for 28 years. Their son, Dawson, graduated this summer from Northwest Nazarene University, Nampa, Idaho (Finger’s undergraduate alma mater). Daughter Monica graduated from high school and is now heading for Roberts Wesleyan College in New York.
Ann McKee, M.D., Res. ’84, is in her 26th year as a family practice physician at Group Health Cooperative on Capitol Hill in Seattle. She had a wonderful adventure serving as the ship’s physician for a Semester at Sea trip for 650 college students in spring 2009. She also took her husband and three college-age children on this 110-day, around-the-world voyage.

Diana Yu, M.D., was the recipient of the Healthcare Champion Distinguished Service Award for Thurston Mason County in 2010 for serving as health officer for the last 20 years.

Richard Sargent, M.D., was named the 2010 Montana Family Physician of the Year by the Montana Academy of Family Physicians. Sargent was honored for his work in tobacco control.

Marni Bonnin, M.D., and her children have moved back to the Northwest. She has accepted a position as an emergency physician with Group Health. Excited to be home again, she’d love to know where all her E-’81 classmates are now.

Yvonne Cagle, M.D., was featured in an article on pioneering black physicians in Gibbs Magazine, June 2010, for her accomplishments as a NASA astronaut. Selected by NASA in 1996, Cagle is currently assigned to the Johnson Space Center’s Space and Life Sciences Directorate.

Curtis Edwards, M.D., lives in Olympia, Wash. He retired from active surgical practice and works part time as a senior aerospace medical examiner with the Federal Aviation Administration (FAA). A U.S. Coast Guard Master, he passes time sailing his sloop, teaching coastal navigation and boat delivery. He also teaches courses in offshore medicine for crew members sailing the world’s oceans.

Elaine Thomas, M.D., Res. ’88 (internal medicine), and Fel.’92 (infectious diseases), is on the faculty in infectious disease at the University of New Mexico (UNM). She enjoys teaching and patient care in HIV and STDs, but likes to get up to Seattle whenever possible to soak up some rain. Her husband, Mark, is a member of UNM’s architecture faculty. Their two children are in college, so they are adjusting to the empty nest. Thomas sends greetings and best wishes to classmates.

The Class of 1986 celebrates its 25th reunion at the 11th Annual All-School Reunion Weekend, June 3–4, 2011. Please mark your calendar. If you’d like to join the reunion committee, please contact UW Medicine Alumni Relations at medalum@uw.edu.

Danette Glassy, M.D., Res. ’89 (pediatrics), is co-editor of the third edition of the publication Caring for our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs. The book will be published in January 2011.

Brent S. E. Rich M.D., ATC, has been the fellowship director of Utah Valley Sports Medicine since 2005. He is one of the team physicians for Brigham Young University and Utah Valley University, and he and his family live in Provo, Utah.

Brian Roth, M.D., Res. ’89 (internal medicine), and his wife, Connie, welcomed son Connor John on December 10, 2009. Brian and Connie have been married for five years and live in Moses Lake, Wash. Roth has been at the Columbia Basin Eye Clinic for 18 years.

Danette Glassy, M.D., Res. ’89, and family. Left to right: Angela Klaassen, Theresa Klaassen, Diana Yu, M.D. ’81, Tony Klaassen, M.D. ’81, John Klaassen.

Diana Farmer, M.D., Res. ’87 (general surgery), UCSF Children’s Hospital surgeon-in-chief, was inducted as a fellow into the Royal College of Surgeons of England (RCSE) on Jan. 20, 2010 — becoming only the second U.S. female surgeon in the U.S. to receive this prestigious honor. The world’s first female fetal surgeon, Farmer is currently the principal investigator of a multi-center National Institutes of Health trial for the treatment of spina bifida in the womb. Previously, her laboratory showed that the primary brain injury associated with spina bifida (the Chiari II malformation) was the result of leaking spinal fluid.

Brian Ross, M.D., Res. ’79 (pulmonary critical care), Res. ’87 (anesthesiology), provided a tour of the Institute for Simulation and Interprofessional Studies (ISIS) in March for U.S. Rep. Jay Inslee, Commerce Secretary Gary Locke and Sen. Patty Murray. Locke and colleagues were in Seattle to announce an $84 million federal investment in building new broadband lines in Washington state.

Elaine Thomas, M.D., Res. ’88 (internal medicine), and Fel.’92 (infectious diseases), is on the faculty in infectious disease at the University of New Mexico (UNM). She enjoys teaching and patient care in HIV and STDs, but likes to get up to Seattle whenever possible to soak up some rain. Her husband, Mark, is a member of UNM’s architecture faculty. Their two children are in college, so they are adjusting to the empty nest. Thomas sends greetings and best wishes to classmates.

Cecilia (2) and Breanna (4) with their new brother, Connor John: they’re the children of Brian Roth, M.D., Res. ’89 (internal medicine), and his wife, Connie.
1991

The class of 1991 celebrates its 20th reunion at the 11th Annual All-School Reunion Weekend, June 3–4, 2011. Please mark your calendar. If you’d like to join the reunion committee, please contact UW Medicine Alumni Relations at medalum@uw.edu.

1995

Janet Sjoblom, M.D., is enjoying life as a country doctor in Hood River, Ore. She is “the last of a dying breed—a business owner and doctor who still admits and rounds on her patients in the hospital.” She and her husband, Michael, have two sons, ages seven and four—“perfect ages,” according to Janet. Sjoblom recently enjoyed a mini-reunion with classmates Martha Riggers, M.D., and Stephanie Hodson, M.D. Together, the three graduates have seven children under the age of six, and six are boys.

1996

The Class of 1996 celebrates its 15th reunion at the 11th Annual All-School Reunion Weekend June 3–4, 2011. Please mark your calendar. If you’d like to join the reunion committee, please contact UW Medicine Alumni Relations at medalum@uw.edu.

1997

Devin M. Shoquist, M.D., has established a private psychiatry practice in Gig Harbor, Wash., after spending 12 years on active duty in the U.S. Navy. He lives in Gig Harbor with his wife and three children.

1998

Steven Sohn, M.D., and his wife, Jennifer, welcomed their first child, Eunice, on May 15, 2009. She weighed seven pounds and was 19 inches long. Reports her proud dad, “She’s absolutely a joy!”

1999

Jamal Gwathney, M.D., received the 2010 UW Medicine Alumni Association Humanitarian Award. He was presented the award at the All-School Celebration on June 5, 2010. See page 19 for a brief biographical sketch.

2001

The Class of 2001 celebrates its 10th reunion at the 11th Annual All-School Reunion Weekend, June 3–4, 2011. Please mark your calendar. If you’d like to join the reunion committee, please contact UW Medicine Alumni Relations at medalum@uw.edu.

2003

Sara Cichowski, M.D., after completing a residency in obstetrics and gynecology, has been practicing at Kijabe Hospital in Kenya for the past two years. With her are her husband, Dr. Malin Friess, a dentist, and their daughters, Amelia (7) and Meredith (3). The couple volunteer through Samaritan’s Purse, and they are grateful to MedSend for paying their student loans while they’re in Kenya. They plan to return to the Northwest next year to practice and re-connect with family and friends.

David Reeder, M.D., is the medical director of the department of anesthesia at Kennewick General Hospital, Kennewick, Wash. He is also adjunct assistant professor of clinical medicine for Pacific Northwest University of Health Sciences, and he will be serving as a preceptor for fourth-year medical students rotating through the hospital.

2004

R. J. Axtell, M.D., completed his family medicine residency in Vancouver, Wash., in 2007 and has been working with Legacy Health System there since graduation. He plans to move back to Boise, Idaho, in November 2010 with his wife and two children and will start family medicine practice with St. Luke’s Health System.

2005

Wendy Lorentz, M.D., is a leader of the obstetrics and gynecology team recently added to UW Medicine’s Shoreline Clinic.

2006

The Class of 2006 celebrates its 5th reunion at the 11th Annual All-School Reunion Weekend, June 3–4, 2011. Please mark your calendar. If you’d like to join the reunion committee, please contact UW Medicine Alumni Relations at medalum@uw.edu.

Clint Brian Blackwood, M.D., and Lisabeth Hall, M.D. ’03, were married in September 2007 and welcomed a son, Beau, in September 2009.

Nathaniel Schlicher, M.D., J.D., was at the White House on behalf of the American College of Emergency Physicians for President Obama’s speech on healthcare on March 3, 2010. Schlicher was in Washington, D.C., to receive an Excellence in Medicine Leadership Award from the American Medical Association.

Sana Waheed, M.D., has been married for the last five years and has an amazing 20-month-old daughter.

2007

Erik Brand, M.D., is currently the chief resident in physical medicine and rehabilitation at Johns Hopkins and serves as president of the Johns Hopkins Staff Council, which represents more than 750 residents at Johns Hopkins. Brand is seeking a sports medicine fellowship which he hopes to begin in 2011.

Jasper (J. J.) Chen, M.D., and Tracie Anne Caller, M.D., were married April 22, 2010, on the north shore of beautiful Oahu at Turtle Bay Resort. Classmate Sudershan Singh,
M.D., was the groomsman. J. J. and Tracie enjoyed their residency training at Dartmouth-Hitchcock Medical Center. J. J. has transitioned — after two years of general surgery training and a year of leadership preventive medicine — to psychiatry, his true calling. He’s currently a PGY-2 (PGY-4 overall). Tracie is a PGY-3 in neurology and has done her first year of leadership preventive medicine residency, too (PGY-4 overall). They hope to amalgamate careers in clinical practice as well as in the emerging field of quality improvement in healthcare. They enjoy living in New Hampshire, and would welcome anyone who would like to visit their neck of the woods.

Alisa (Baxter) Van Cleave, M.D., finished her pediatric residency at Lucile Packard Children’s Hospital at Stanford this June and is staying on to complete a three-year fellowship in pediatric critical care and a one-year fellowship in pediatric palliative care. She and her husband moved into a house and fulfilled a lifelong dream — getting a dog. Van Cleave says, “Things are going very well for us down here in the Bay Area, but we hope to get back to Seattle soon for a visit!”

### 2008

Tipu V. Khan, M.D., of Anaheim, Calif., was the recipient of the American Academy of Family Physicians’ 2010 Award for Excellence in Graduate Medical Education in June 2010. Residents are chosen for their demonstrated leadership ability, civic involvement and social commitment, exemplary patient care skills and aptitude for and interest in family medicine.

### RESIDENTS, FELLOWS AND PH.D.S

**New job, award, move or family addition?** Your colleagues want to hear from you! Send us a quick note; simply go to uwmedmagazine.org, click on the “ClassNotes” button, and let us know how you’re doing.

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

**Allergy and Infectious Diseases**

Hunter Handsfield, M.D., Res. ’71, Fel. ’73, UW clinical professor of medicine in the Division of Allergy and Infectious Diseases and a pioneer in sexually transmitted diseases (STDs) research and prevention, has received the nation’s highest honor in the STD field, the Thomas Parran Award. The American Sexually Transmitted Diseases Association bestows the award in recognition of long and distinguished contributions to STD research and prevention.

**Biological Structure**

John I. Clark, Ph.D. ’74, UW professor and chair of the Department of Biological Structure, will begin his term as president elect of the Association of Anatomy, Cell Biology and Neurobiology Chairs in January 2011.

**Biochemistry**

Andras G. Lacko, Ph.D. ’68, was originally trained in the areas of protein chemistry and enzymology in the laboratories of alumnus Hans Neurath, Ph.D., at UW Medicine and B. L. Horecker, Ph.D., at the Albert Einstein College of Medicine, providing a very sound background in biochemistry. Subsequently, he worked on the structure/function and substrate specificity of lecithin: cholesterol acyltransferase (LCAT), a key enzyme in cholesterol and lipoprotein transport. In the last 12 years, the focus of Lacko’s research has changed to develop and characterize novel reconstituted high-density lipoprotein-based drug delivery systems. These studies were prompted by a hypothesis that included a number of assumed beneficial characteristics, suggesting that the lipoprotein-based drug-delivery model may be superior to existing technologies. Lacko has been a faculty member for 35 years (and professor since 1982) in the department of molecular biology/immunology at the University of North Texas Health Science Center in Fort Worth, Texas.
Residents, fellows and Ph.D.s

**Dermatology**

Karen A. Holbrook, Ph.D. ’72, Fel. ’78, formerly a UW professor in the Department of Biological Structure and the Department of Medicine and associate dean for scientific affairs, became director of the Washington Advisory Group after retiring from the presidency of Ohio State, the largest university in the nation. Holbrook advises on management, leadership and program development for universities and on technology-based economic development for communities.

**Family Medicine**

Alfred O. Berg, M.D., MPH ’79, Res. ’79, UW professor in the Department of Family Medicine, was honored by the Society of Teachers of Family Medicine as the 2010 recipient of the Curtis G. Hames Research Award, presented annually to acknowledge and honor those individuals whose careers exemplify dedication to research in family medicine.

Samuel W. Cullison, M.D., Res. ’78, residency director of the Swedish-Cherry Hill residency program, was awarded the 2010 Society of Teachers of Family Medicine Excellence in Education Award, presented to society members who have demonstrated personal excellence in family medicine education, with contributions acknowledged by learners and peers at the regional and national levels.

Sharon A. Dobie, M.D., Res. ’89, UW professor in the Department of Family Medicine, is the recipient of the S. Sterling Munro Public Service Teaching Award, which recognizes a faculty member who has demonstrated exemplary leadership in community-based instruction, including service learning, public service internships and community partnership projects. Dobie trains residents and has an active research career. She has served as faculty adviser to the Community Health Advancement Program (CHAP) since 1989 and expanded the program from two initial projects to eight programs. She also helped launch the UW School of Medicine’s Under-served Pathway, which prepares medical students for health careers with underserved and vulnerable populations. Dobie played a lead role in 1989 in founding and working with the School of Medicine’s Rural/Underserved Opportunities Program — featured in The New York Times last year — and became a founding member of the School of Medicine’s Colleges in 2002.

Thomas E. Norris, M.D., Fel. ’89, vice dean for academic affairs at the UW School of Medicine, has been elected vice chair of the American Board of Medical Specialties.

Donald Steiner, M.D., Res. ’57, received the prestigious new Manpei Suzuki Award in Diabetes Research in 2009, presented in Tokyo in March 2010. While in Japan, he saw many former associates, friends and former post-doctoral fellows. Steiner is still active in lab studies, but at a much reduced level as a professor emeritus of biochemistry and medicine at the University of Chicago. His health has been good, and he would be glad to hear from friends from his Seattle days (1956–1960).

**Global Health**

King K. Holmes, M.D., Ph.D., Res. ’69, UW professor and chair of the Department of Global Health and the William H. Foeger Endowed Chair in Global Health, is the 2010 recipient of the Ned Behnke Leadership Award from the Lifelong AIDS Alliance, a service organization committed to AIDS prevention. Holmes was honored in March for exemplifying exceptional vision and courage in promoting AIDS awareness among the public.

**Immunology**

Ruth Arnon, M.D., Res. ’70, is the first woman to head the Israel Academy of Sciences and Humanities. She took office in September. Before becoming vice president of the academy, Arnon headed the department of chemical immunology at the Weizmann Institute of Science and was dean of the biology department. Her scientific research has focused on the development of advanced vaccines, cancer research and parasitic diseases. She and a colleague developed Copaxone, a drug prescribed for the treatment of multiple sclerosis.

**Internal Medicine**

Benjamin A. Lipsky, M.D., Res. ’76, ’77, recently returned from a one-year sabbatical as a visiting professor at the University of Oxford. He taught, conducted research and lectured in several European and Asian countries. Highlights of the year included his honorary induction as a fellow in the Royal College of Physicians (London) and his newly published book on diabetic foot infections (co-authored by Oxford collaborator Anthony Berendt, B.M., BCH, FRCP), which won first prize in endocrinology in the annual British Medical Association awards.

Paul Ernest Pepe, M.D., Res. ’79, is the chief of emergency services at Parkland Health & Hospital System in Dallas, Texas, and a finalist for the Emergency Department Director of the Year Award. The award winner and finalists were chosen from nearly 80 nominations from across the country (and overseas) by a selection panel comprising appointees from Blue Jay Consulting and the Emergency Medicine Foundation.

Michael W. Schwartz, M.D., Res. ’86, UW professor of medicine in the Division of Metabolism, Endocrinology and Nutrition, was recently named the Robert H. Williams Endowed Chair in Medicine. Schwartz is also the director of the Diabetes and Obesity Center of Excellence.
Orthopaedics and Sports Medicine

Richard Bransford, M.D., Res. '00, Res. '01, welcomed a son, Gabriel, born March 11, 2010.
Jonathan A. Drezner, M.D., Fel. '00, was elected second vice president of the American Medical Society for Sports Medicine, the world’s largest organization of primary-care sports medicine physicians, after serving on the board of directors and as chair of the research committee.

Pediatrics

Maneesh Batra, M.D., Res. '03, MPH '06, Fel. '07, was accepted into the America Pediatric Association’s highly competitive Educational Scholars Program.
Michael C. Jensen, M.D., Res. '97, UW professor in the Department of Pediatrics, was recently named the Janet and Jim Sinegal Endowed Chair in Pediatrics Solid Tumor Research in Honor of Korey Rose at Seattle Children’s.
Brian Johnston, M.D., Res. '93, MPH '99, UW associate professor in the Department of Pediatrics and chief of the pediatric services at Harborview Medical Center, joined the Driven to Distraction Task Force of Washington, a group concerned about drivers texting and talking on cell phones. The group includes parents whose children have been victims of distracted driving, pediatricians and emergency physicians, crash-injury investigators and public health experts. Johnston appears in a video created by the task force and speaks about how his work inspired him to get more involved in the topic.

Pharmacology

Jeffrey P. Brousal, Ph.D. '98, has been living in Nashville, Tenn., since graduation from the University of Washington. Currently working for Vanderbilt University and the state of Tennessee doing research and toxicology studies, Brousal lost a bid for political office in the juvenile court system last year. He misses the state of Washington, especially the seafood.

Pulmonary and Critical Care

Andrew M. Luks, M.D., Ph.D., Fel. '07, UW assistant professor of medicine, was honored with a 2010 Distinguished Teaching Award at the UW School of Medicine’s doctoral hooding ceremonies on June 5.

Rehabilitation Medicine

Samuel Bierner, M.D., MRM '88, Res. '88, was elected to the University of Texas Southwestern Academy of Teachers and awarded the Best Abstract Award by the American Association of Neuromuscular and Electrodiagnostic Medicine in 2009. Promoted to professor of physical medicine and rehabilitation in September 2008 at UT Southwestern Medical Center, Dallas, Bierner has been a residency program director since 2005. In addition, he is vice chair of education for the Medical Rehabilitation Council of the American Academy of Physical Medicine and Rehabilitation. Bierner has two daughters, Hanna (6) and Sara (8).
Mark P. Jensen, M.D., Ph.D., Res. '90, UW professor and director of research in the Department of Rehabilitation Medicine, has been appointed editor-in-chief of The Journal of Pain, the official journal of the American Pain Society.

Surgery

Hugh Foy, M.D., Res. '83, Fel. '84, UW professor in the Department of Surgery, was honored with a 2010 Distinguished Teaching Award at the School of Medicine’s doctoral hooding ceremonies on June 5. This is the fifth time he has received this award.
Nahush A. Mokadam, M.D., Res. '07, UW assistant professor in the Department of Surgery, has been appointed the third holder of the Lester and Connie LeRoss Endowed Professorship in Cardiovascular Surgery, established by the LeRosses in 1999.
Brant K. Oelschlager, M.D., Res. '00, Fel. '01, UW assistant professor in the Department of Surgery, has been appointed the inaugural holder of the Byers Endowed Professorship in Esophageal Research.

Joseph B. Webster, M.D., Res., UW associate professor in the Department of Rehabilitation Medicine, recently joined the faculty. Based at the VA Puget Sound Health Care System, Webster’s expertise is in amputee rehabilitation and his research areas are amputation and post-graduate education.
The Perfect Match:
A Profile of Recent Graduate Taylor Abel

It was Match Day 2010 for medical students at the University of Washington and across the country on Thursday, March 18. Nervous energy, smiles and excitement could be seen in the body language and on the faces of students at UW’s Magnuson Health Sciences Center. It wasn’t difficult to discern that there were interesting stories behind every match.

“The anticipation is killing me,” said Seattle native Taylor Abel, M.D. ’10, his leg twitching. Then his name was called, and he got the envelope that revealed his match: a placement in neurosurgery at the University of Iowa. Abel promptly opened his jacket to reveal the gold and black Iowa t-shirt he’d been wearing. He’d met his proverbial match.

Many children, students and even adults go through phases when they think about various careers. That wasn’t the case with Abel. Even as a kid, he wanted a career in medicine. Joe Abel, Taylor’s dad, was with him on Match Day and praises his son’s resolve. “He will be a great neurosurgeon,” Joe Abel said.

Abel’s interest in neurosurgery stems from his own childhood illness. “When I was six, I was diagnosed with benign rolandic epilepsy, which is a form of pediatric epilepsy,” said Abel. “You always grow out of it by age 16. But I had this exposure to being around people who had epilepsy or people with serious neurological injury.” One day, he saw a fellow patient in a wheelchair. “I turned to my mom and said, ‘I want to help kids like that kid,'” Abel said.

Abel moved forward at a rapid clip with his medical-school goals. As a 16-year-old student at Seattle Preparatory School, he started taking evening classes at the University of Washington and, on the advice of an instructor, started learning more about the research side of medicine. He took so many classes at the UW, in fact, that he could have applied for college when he was a junior in high school.

While pursuing an undergraduate degree in neurobiology, Abel began working with Jeffrey G. Ojemann, M.D., a UW professor in the Department of Neurological Surgery and the Richard G. Ellenbogen Endowed Chair in Pediatric Neurosurgery, and his team.

Abel left quite a legacy, said Ojemann. His contributions on electrocorticography — the study of cortex-based seizures through the placement of electrodes on the brain — “launched a whole other section of our research,” Ojemann said. Abel’s work with the team also was recognized with an “honorable mention” award at a meeting of the American Association of Neurological Surgeons last May.

Abel’s strength in research helped propel him to the top of the list as a medical student competing for one of two neurosurgical residency positions available at the University of Iowa. The school typically has about 180 people apply for these positions and invites 25 applicants to campus to interview. “He stood out in that group,” said Matthew A. Howard III, M.D., Res. ’93, professor and head of Iowa’s department of neurosurgery. “He had extensive exposure to the neurosurgery program at the University of Washington, even in his undergraduate years,” said Howard.

Exposure is one thing, but Abel also has a gift for translational medicine. “One of the biggest gaps in research and its application to the clinical world is that it’s very hard to find people who speak the language of both spheres,” said Ojemann, who is based at Seattle Children’s. “You can learn so much more about how the brain works when people understand what is going on with their patients, how to ask research questions and answer them. Not everybody can do that, and he showed real aptitude. Even our residents struggle to connect the two dots. It’s really exceptional that early in training,” Ojemann said.

As for Abel, he’s thrilled when reflecting on what lies ahead. “I’m really excited, and I feel really blessed,” said Abel. “This really is a like a dream come true for me.”
New job, award, move or family addition? Your classmates want to hear from you! Send us a quick note; simply go to uwmedmagazine.org, click on the “ClassNotes” button, and let us know how you’re doing.

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

Seattle

Mary Fargen, PA-C (Seattle Class 14), writes, “To many people’s surprise, I have been at the same job I took out of PA school. I work in a rural clinic in Adams, Minn., and have been here for the past 28½ years working with the same supervising doctor. I have been busy over the last four years doing medical mission trips — 10 trips to Haiti, one to Vietnam, one to Russia, one to the Dominican Republic and one to India. I went to Louisiana after Katrina for two weeks and worked for 10 days in Haiti after the earthquake in January 2010. I will be returning to Haiti in October 2010 for our annual medical mission. To learn more about our work, you can go to HACAO.T.org.”

Jim Sutton, RPA-C (Seattle Class 19), and Sagar Nigweker, M.D., both members of the Rochester General Hospital medical staff, have released a medical reference guide, Top 5 Questions to Ask Your Doctor, published by Outskirts Press. It features the five most important questions that patients should ask at each doctor’s visit about any significant medical condition. Sutton has been a practicing physician assistant for 23 years and has spent his career serving vulnerable patients in Los Angeles, the Middle East and now urban Rochester, N.Y. He is an adjunct clinical professor at the Rochester Institute of Technology and teaches physician assistant students in family medicine at Clinton Family Health Center in Rochester.

Kathryn (K. C.) Colson, PA-C (Seattle Class 22), writes, “I was tired of the violence and shootings in Vegas. We had a rash of M.D.s shot in clinics very close to where I work; we also had a murder-suicide in my neighborhood, and I was evacuated out of my house in my pajamas. I opted for a job working in the quiet city of Boise, Idaho. I work at The Spine Medicine Institute at Saint Alphonsus Regional Medical Center. I also consult for Green Valley Drugs with their intrathecal drug program and for Azure Pharmaceuticals on their intrathecal drug.”

Helen Hancen, PA-C, (Seattle Class 24), MPH, is the author of the blog Tundra Medicine Dreams; see www.tundramedicinedreams.blogspot.com. She’s been a family practice physician assistant for 18 years and writes, “I moved to Alaska in 1999 to serve the Yup’ik Eskimo people of the Yukon Kuskokwim Delta in the southwest part of the state. It is work that I love for a people that I greatly admire, and I have been warmly welcomed and loved in return. My experiences of living in the Yup’ik culture and practicing bush medicine have always been received with great interest when I traveled to the lower 48 for conferences and visits, so, in 2006, I began writing a blog about them. Tundra Medicine Dreams is a collection of essays on bush medicine, Yup’ik culture, dog mushing and life in Bethel, Alaska — a place unlike any other. About 18 months ago, I moved from Bethel to the town of Kenai; I still work for the Yup’ik people, doing medical triage with the health aides in the villages from my home via fax, telephone and telemedicine. Several times a year I travel to Bethel and spend a week seeing patients in clinic and keeping in touch with my colleagues there. Thanks to this amazing technology, I am able to continue doing the work that I love.”

David Ward, PA-C (Seattle Class 28), is still in the Dallas area. He left emergency medicine and went to family practice at a big clinic just east of Dallas, seeing 20–35 patients a day. He writes, “I have really good memories of MEDEX and my training has served me well — amazing the things I remember. Tell Gino, Ruth and the others ‘hello’ and thanks for the great education, and to you, Bill Plummer, thanks for the friendship and mentoring.”

Brian E. Granvall, PA-C (Seattle Class 34), who practices cardiac critical care, relocated to Northern Virginia with his family in January 2009. He deployed to Haiti two days after the earthquake with the International Medical Surgical Response Team. While there, he worked with Jim Krieg, M.D., an orthopaedic surgeon from Harborview with whom he had worked in Portland. Granvall and his wife, Annie, have two boys and invite anyone wishing to see the nation’s capitol to drop them a line at bgranvall@ comcast.net

Jeffery Garcia, PA-C (Seattle Class 35), has been in cardiology in Los Angeles since he graduated from the program. He was recently approached to teach a formal EKG class.

Itanna Murphy, PA-C (Seattle Class 38), and her husband, Yosafe, a respiratory therapist, are making a third volunteer trip to offer medical aid to Haitians affected by the January 2010 earthquake. They are part of an informal group of doctors, teachers and nurses who call themselves “Love for Haiti.” With donations from Washington state medical groups and retailers, Murphy had most of the supplies needed for the first trip. Other donations came from family and friends who learned of the medical mission through posts on Facebook and other sites. On the second mission, the group doubled in size, including structural engineers to inspect damaged buildings and other volunteers who helped install a water filtration system. While in Haiti, the Murphys trained young Haitians on basic medical skills, such as cleaning and bandaging wounds, in exchange for translation services. The Murphys plan to visit Haiti frequently in the future.

Spokane

Theresa Vance, PA-C (Spokane Class 1), writes, “I love life as a physician assistant! It’s a great job, and I feel that I give back to my patients every day. I still live and work in the Spokane area, and I’m starting my eighth year at Rockwood Dermatology. I work primarily in a clinical practice where removing 150 or more skin cancers a month is about average. It’s a busy practice, and I love it! I continue to teach at MEDEX Northwest’s Spokane satellite program — I’m teaching dermatology courses now. I love seeing the light go on when a student gets their mind wrapped around a concept, and teaching is another way for me to give back. I also take a couple of students a year, along with my fellow PA, Jeanne Ellern (Seattle Class 30), who works with me. At home, I’m busy
with music, music, music! I play piano regularly for Tuxedo Junction Big Band as well as a jazz combo, and I sub in other big bands. I also play for Sacred Heart School of Nursing reunions and mass. I’m an empty-nester as my daughter is almost 19 and has moved out on her own. I keep busy kayaking, taking care of my two Lab-mix dogs, traveling, crocheting and spending time with friends and family. Life is good! Hello to all my classmates and fellow alumni!”

Tom F. Douthit, PA-C (Spokane Class 5), writes, “I continue to work in ENT (Saltzer Medical Group) — I’ve been there for 6 ½ years with the same doctor. Camille and I have two daughters, Allison (5) and Lexi Lee (3). I obtained my master’s degree in physician assistant studies from the University of Nebraska. My outdoor passion still thrives, but it is difficult because of my girls (I still get out for archery hunting in the fall). We traveled to Disneyland in March and had a great time.”

John Calf Looking, PA-C (Spokane Class 5), writes, “I was working in Browning, Mont., for the Indian Health Service in the urgent care center, nursing home and rural clinic. I also did a colon cancer screening clinic once a month for Slettten Cancer Institute, and I managed a Coumadin clinic. I started my new job in July 2010 in Albuquerque, N.M., working for a gastroenterology clinic. I got married to my lovely wife from Sitka, Alaska, last July and plan on buying a home in New Mexico while my wife is finishing college.”

Rhea jon Smilden, PA-C (Spokane Class 5), writes, “I am currently employed as an orthopaedic PA at Northwest Orthopaedic Specialists in Spokane, Wash. My husband and I live out of town near Cheney and love the peace and quiet. I continue to love the outdoors. Our summers are filled with camping, boating, gardening and my new hobby — riding my own Harley Davidson. I hope all is well with the rest of MEDEX Class 5.”

Marty Sanchez, PA-C (Spokane Class 7), writes, “I’m working at a rural health clinic in central California just outside of Fresno in family medicine. I’m still living in Fresno, and overall life is pretty good — a typical day is 8:30–5:30. The work week is Monday to Friday with occasional Saturdays. I’m on call after hours as needed. I also volunteer to provide medical coverage for a local high school’s athletic teams. My patient mix is mostly Hispanic, with Middle Eastern, Asian and Caucasian making up the rest. It is a medically underserved area, with most patients uninsured or on MediCal. I usually see anywhere from 20–30 patients a day. My supervising physician is awesome and is one of the main reasons I have remained in family medicine. She likes to teach and gives me a great deal of autonomy, and we have worked together since I graduated in 2005. Under her supervision, I have the opportunity to treat and manage some very complicated cases. There are also two other physicians, a nurse practitioner, and two dentists in the clinic, along with a podiatrist and an OB/GYN who come in once a week. It’s a very supportive atmosphere.”

Charlene (Finley) Jalovi, (PA-C Spokane Class 9), writes, “My husband and I are living in Spokane, Wash. I am currently working for Group Health here in Spokane, full time in family practice. I work with a great team and enjoy the medical home model that Group Health has implemented. This model brings the provider and patient closer together by having them communicate between appointments by phone or email. Patients love that they can call the clinic and their provider may be the one who actually answers the phone. I also enjoy volunteering and supporting Camp STIX, a summer camp north of Spokane for diabetic children. I have been doing this since 2007, and I’ve loved working with this group of volunteers and especially with these awesome and very brave kids with diabetes. I am also a proud mother of three young adults and a grandmother of a 3 ½–year-old granddaughter and a grandson born in March 2010. Greetings to my old classmates!”

Tammy Scott, PA-C (Spokane Class 9), writes, “I’m working at CPG/Community Medical Center in Missoula, Mont., doing family practice and have been there since October 2008. This is the very practice I spent my six-month family practice rotation in. I’m quite happy and hope to be here for a while! I traveled to Honduras in the spring this year with Missoula Medical Aid, and was one of five providers that spent two weeks going to villages and caring for Honduran people. The experience that touched me most while there was a house call I made to a 84-year-old woman who, according to the family, had been in bed ill for two months. After seeing her and taking her history, I diagnosed her with a simple urinary tract infection and treated her with antibiotics. A week later, I stopped in to check on her and found her up and out of bed, taking a shower! This one encounter made me realize the importance of what we do while we’re there, and it made me remember how fortunate we are to have access to healthcare in the United States.”

Yakima

Cindi McCormack, PA-C (Yakima Class 4), writes, “I work as the director of operations for Medcor for all the medical practice management sites in the United States. I started with Medcor as a practitioner in 2003 at Yellowstone National Park and was then promoted to director of training and quality assurance in 2006 for Target Clinics. I became director of operations in 2009. Prior to 2009, I practiced emergency medicine at Columbia Basin Hospital from 1999–2006. I worked per diem in the ER at St. Francis, St. Clare and St. Joseph’s hospitals. I also worked per diem at Puget Sound Behavioral Health from 1999 to 2006.”

John Spitler, PA-C (Yakima Class 14), has won the National Health Service Corps Loan Repayment Award, which presents an award in return for a two-year commitment at a National Health Service site. He’s working at Central Family Medicine, a health center clinic and a family practice residency program in Yakima, Wash. It is one of two organizations in the area that take uninsured patients and serves a large Hispanic and farm worker base. John was honorably discharged from the U.S. Navy in 1980 and spent most of his adult life in Patagonia, Ariz., 12 miles north of the Mexican border, where he served as an emergency medical services firefighter, a medical transcriptionist and a nursing assistant at Yakima Valley Hospital before becoming a PA.
MEDICAL ALUMNI AND FACULTY REMEMBERED
Below we pay tribute to recently deceased alumni and faculty members. Because we are not always aware of deaths in the larger UW Medicine community, especially those that take place outside of Seattle, we rely on alumni, faculty and friends to notify us and send us obituaries. Our sincere condolences to those who have lost loved ones.
Full obituaries can be found at uwmedmagazine.org.

ALUMNI

Dorothy M. Munce, M.D. ’50
Aug. 15, 2010
Dr. Munce, one of the few women in the School’s first class, was a medical missionary in India.

Robert L. Nielsen, M.D., Res. ’51
March 13, 2010
Dr. Nielsen was an endocrinologist, specializing in diabetes and thyroid disease. He volunteered for many boards, taught residents and saw patients at Harborview Medical Center, and, among many hobbies, loved traveling with his wife, Gail.

Philip E. Fluvog, M.D. ’55, Res. ’61
July 28, 2010
Dr. Fluvog was a general and thoracic surgeon. Prior to medical school, he was a flight instructor during World War II. He loved the outdoors, adventure and, most of all, his family.

Joseph H. Beall, M.D. ’56
Feb. 20, 2010
Dr. Beall was a family medicine practitioner in Washington and the South Pacific. In addition to being a master gardener, he had a great interest in planes and enjoyed traveling.

Isao Hoshiwara, M.D. ’56, Res. ’57
Oct. 30, 2009
Dr. Hoshiwara was an ophthalmologist. He was interned in California during World War II and later spent 30 years working for the Public Health and Indian Health Services. He also conducted infectious eye diseases research.

Richard Noble, M.D. ’59
Jan. 28, 2010
Dr. Noble was an anesthesiologist in California, Wyoming (becoming a colonel in the Wyoming Air National Guard) and North Dakota. He enjoyed hunting, fishing, camping and other outdoor activities and sports.

William E. “Bill” Anderson, M.D. ’60
Aug. 2, 2010
Dr. Anderson practiced general medicine, later branching off into dermatology. He loved to travel and to experience other cultures and languages. He also greatly enjoyed his family.

Milton R. Watson, M.D. ’60
July 1, 2010
Dr. Watson was an Army surgeon in a field hospital in Germany in the late 1960s, then served as a general vascular surgeon in Washington and Oregon.

Albert Reichert, M.D., Res. ’64
Jan. 13, 2010
Dr. Reichert specialized in developmental and behavioral pediatrics, and, before opening a private practice, he worked at what is now known as the University of Washington’s Center on Human Development and Disability.

Glen W. Hamilton, M.D. ’65, Res. ’70
July 7, 2010
Dr. Hamilton was a cardiologist and a researcher — the first chief of nuclear medicine at the Seattle VA, among other positions — before he became a stockbroker. He and his wife, Madeline, founded the Kennedy-Hamilton chair in cardiology.

Robert J. Griep, M.D., Fel. ’67
Jan. 13, 2010
Dr. Griep was a member of the U.S. Public Health Service and later Pacific Medical Center, where (among other roles) he served as head of the nuclear medicine department. An expert in thyroid disease, he also was a UW professor of medicine and radiology.

Robert L. Nielsen, M.D., Res. ’51
March 13, 2010

FACULTY

Robert M. Campbell, M.D.
UW Emeritus Faculty, March 2, 2010
Dr. Campbell was an obstetrician and gynecologist who delivered more than 8,200 babies in the Seattle-Bellevue area. He taught at the UW School of Medicine from 1949–1989.

Robert W. Deisher, M.D.
UW Emeritus Faculty, Aug. 10, 2010
Please see Dr. Deisher’s obituary on page 34.

Charles W. “Chuck” Dohner, Ph.D.
UW Emeritus Faculty, June 1, 2010
Dr. Dohner was the founding chair of UW Medicine’s Department of Medical Education and Biomedical Informatics. He also helped create and evaluate the WWAMI program.

Melvin Morgan Figley, M.D.
UW Emeritus Faculty, June 7, 2010
Please see Dr. Figley’s obituary on page 35.

Clement A. Finch, M.D.
UW Emeritus Faculty, June 28, 2010
Please see Dr. Finch’s obituary on page 36.

Robert H. Knopp, M.D.
Faculty, May 30, 2010
Dr. Knopp, the Robert B. McMillen Endowed Professor in Lipid Research, became director of the Northwest Lipid Research Clinic at Harborview in 1978. He led the clinic in becoming a leading national center of care and research in diabetes, lipids and cardiovascular disease.

Fred Plum, M.D.
Former Department Chair, June 11, 2010
Dr. Plum became head of neurology at UW Medicine when he was 29. He helped coin the term “persistent vegetative state,” and his research improved the diagnosis and treatment of patients who suffer loss of consciousness.

Alexander M. Spence, M.D.
Faculty, Jan. 20, 1010
Dr. Spence was a UW professor in the Department of Neurology and the Department of Pathology who focused on brain tumors; he was the catalyst for developing the neuro-oncology specialty at UW Medicine.
Robert W. Deisher, M.D.

Robert W. Deisher, M.D., UW professor emeritus of pediatrics in the Division of Adolescent Medicine, and a local and national advocate for street teens and disabled youth, died Aug. 10, 2010. He was 89.

Deisher was dedicated to helping troubled teens — those who were homeless, runaways, alienated, neglected, involved in prostitution or incarcerated. He also sought private and government support for social services for gay youth and opened one of the first counseling centers for sexual minorities in Seattle.

Based on his conversations with street youth to understand their living conditions, in 1973 he started the Pioneer Square Youth Clinic to provide free medical services to homeless teens and young adults.

At the age of 75, Deisher created programs for girls who were homeless and pregnant. He secured a grant for a nurse and social worker to do street outreach and assist the girls in finding health care, housing, nutrition and social services.

Earlier in his career as one of the first faculty members in UW Medicine’s Department of Pediatrics, Deisher became concerned that future pediatricians were receiving most of their training learning specialized care in hospitals. In the 1950s, he obtained a grant for a demonstration project for well-child care. Staffed by a physician, nurse, social worker and dentist, the Well Child Clinic provided pediatric care for the families of students housed at Union Bay Village and a place for UW health sciences students to get clinical experience.

In the late 1960s, Deisher was instrumental in the creation of the UW Child Development and Mental Retardation Center (now the Center on Human Development and Disability). At the time, most children with moderate to significant developmental disorders, such as autism and Down syndrome, were institutionalized. No one with an IQ under 70 was allowed to attend public school. Deisher proposed a school on the UW campus as well as a clinic.

The proposal for the center was nationally funded by the Children’s Bureau. Impressed with Deisher’s dedication and innovative approaches to improving the lives of young people with developmental disabilities, the Kennedy Administration invited him to a White House Conference on Children and Youth.

Deisher was born Aug. 20, 1920, in Lombardville, Ill. As a boy growing up in the Great Depression, he enjoyed helping his grandfather on his farm, a half-mile away from his parent’s house. In his rural hometown of 60 people, he attended a one-room school house with two students. He studied history at Knox College with the intention of becoming a teacher.

As World War II approached, Deisher’s career direction turned, and he entered medical school at Washington University in St. Louis. With many doctors deployed during the war, the medical demands on the home front meant that Deisher and his fellow house staff lived at the hospital and took all their meals in the hospital cafeteria.

Deisher trained in pediatrics at St. Louis Children’s Hospital, where he met his future wife, pediatrician Elizabeth Bryan, M.D. Six months before the war ended, his training was interrupted when he was inducted into the army and sent to Korea.

After his military service, he finished his residency, married Dr. Bryan, and together they packed up their car and drove to the Pacific Northwest. They had neither a prospect of employment nor money to start a private practice. The newly founded UW School of Medicine hired him in 1949.

“Teaching and mentoring at the UW have been among the most enduring accomplishments of Dr. Deisher’s academic career,” wrote biographer Dr. Will Rogers. “He came to be valued as a sagacious sounding board, a trusted advisor, a pragmatic philosopher and an avatar of social conscience. He always found time for impromptu one-on-one tutorials. If the world of a teacher finds its ultimate expression through his or her students, Dr. Deisher’s legacy will continue to unfold to the benefit of our society for a very long time.”
Melvin Morgan Figley, M.D., 89, of Grantham, N.H., died peacefully at home on June 7, 2010. Figley was born in 1920 in Toledo, Ohio, to Karl Dean Figley, M.D., and Margaret Patterson Morgan Figley. He attended DeVilbiss High School in Toledo and Dartmouth College in 1938. Three years later, he was admitted to Harvard Medical School, where he graduated magna cum laude.

Figley joined the U.S. Army and was in the Specialized Training Corps, the Medical Corps and the Army School of Roentgenology from 1943–1948, achieving the rank of captain. He did a medical internship and an assistant residency at University Hospitals of Cleveland, Ohio, 1944–1946, and a residency in radiology at University Hospital in Ann Arbor, Mich., 1948–1951. Figley married his wife, Margaret Jane (Peggy) Harris, in 1946. They were married 61 years.

Leaving his appointment as an associate professor of radiology at the University of Michigan in 1958, Figley was appointed professor and chair of UW Medicine’s Department of Radiology, where he served until 1985. He retired as an emeritus professor of radiology and medicine in 1986. His hospital appointments and academic honors are manifold and include membership in Phi Beta Kappa, the receipt of the John Harvard Fellowship, a Markle Scholarship, a gold medal from the Association of University Radiologists, membership as an honorary fellow in the Royal College of Radiologists, and membership in the Royal Australasian College of Radiologists and the Royal Society of Medicine. Other recognition includes the Distinguished Service Award, given by the American Roentgen Ray Society, and a gold medal from the American College of Radiology. Figley served on numerous editorial boards, including Investigative Radiology and the Western Journal of Medicine, and he was editor emeritus of the American Journal of Roentgenology.

Figley’s distinguished career is best highlighted by his work in developing cardiac catheterization, and he is known as one of the fathers of modern angiography. He was also a particularly expert pulmonary radiologist and a gifted teacher. Figley’s published manuscripts and medical lectures related to diagnostic radiology number in the hundreds.

Figley was one of nature’s gentlemen. A quiet man, he was courteous, kind, gentle and considerate of others. He gave great attention and thoroughness to any task. He was devoted to his family and loved by his friends. An artistic man, Figley was an expert photographer and landscape gardener as well as a keen fisherman and traveler.

His wife, Peggy, died in 2007, and he is survived by his sister, Harriet, of Florida, his three children: Karl, of Hillsborough, N.H., Joseph “Jeff” and his wife, Susan, of Grantham, N.H., and Mark and his wife, Barbara, of Littleton, Colo. He is also survived by four granddaughters: Jessica of Charlotte, N.C., Morgan of Santa Barbara, Calif., Alexandra of Boulder, Colo., and Tessa of Charlotte, N.C.
Clement A. Finch, M.D.

by Lawrence K. Altman, M.D., Res. '68

Dr. Clement A. Finch, a pioneering hematologist whose research on iron helped improve nutrition and led to advances in diagnosing and treating anemia, died June 28 at his home in the La Jolla neighborhood of San Diego. He was 94.

His death, less than a week before his 95th birthday, was confirmed by his wife, Genia.

Dr. Finch was the first chief of hematology at the University of Washington, Seattle, from 1949 to 1981, and he remained on the faculty there for more than 60 years. His research helped define iron metabolism — how the body acquires, uses, stores and loses iron, which is essential to the formation of the oxygen-carrying pigments: hemoglobin in the blood and myoglobin in the muscles.

“He was Mr. Iron,” said Dr. James D. Cook, an emeritus professor of medicine at the University of Kansas who worked with Dr. Finch for many years. “He put his stamp on every aspect of iron metabolism.”

Dr. Finch’s interest in hematology began when he was a medical student at the University of Rochester in the late 1930s. At the time, doctors could detect iron-deficiency anemia, but they knew little about how often it occurred or the principles of iron metabolism.

Dr. Finch used radioisotopes to measure the body’s production of red cells and their life span. Findings from these and other experiments provided insight into how iron is incorporated in hemoglobin and helped doctors detect different types of anemia more accurately.

Other studies conducted by Dr. Finch described how the body tried to maintain adequate stores of iron despite losses through menstruation and significant bleeding.

Dr. Finch also played a crucial role in showing that hemochromatosis, a genetic disease that causes the body to absorb too much iron from food, could be treated through periodic bleeding. The excess iron can damage the heart, liver and pancreas.

In his research, Dr. Finch often drew his own blood and occasionally even stuck needles into his breastbone, or sternum, to obtain samples of the marrow, the hollowed area in bone that produces blood cells. “We’d do things on ourselves before we would want to do it on a patient,” he said in an interview more than 20 years ago.

Dr. Finch’s studies formed a basis for what became standard tests for anemia and led to a classification system that emphasized the importance of abnormalities in iron metabolism. The classification, which changed medicine’s thinking about anemia, described three types of anemia: failure of bone marrow to produce red cells; formation of ineffective red cells; and abnormal breakdown of normal red cells.

Through his work and that of others, Dr. Finch said, scientists now know more about the metabolism of iron in the body than of any other metal.

Doctors learned about these findings in his text The Red Cell Manual, later editions of which were written with Robert S. Hillman, who trained with Dr. Finch and became chief of medicine at the Maine Medical Center in Portland. Dr. Finch also advised the World Health Organization on dietary recommendations, particularly in poor countries.

Clement Alfred Finch was born on July 4, 1915, in Broadalbin, N.Y., where his father and paternal grandfather were physicians. He occasionally tagged along with his father on house calls. He graduated from Union College in 1936 and earned his medical degree at the University of Rochester in 1941.

After he trained at hospitals in Boston, the Army rejected him for service in World War II because he needed to recuperate from pneumonia. So he focused his research on a military need: lengthening the time that blood could be stored for transfusions. He continued that research after he moved to Seattle, lured there in part because of his love for mountain climbing.

Dr. Finch drew on his climbing experience one day when he forgot the keys to his office. In a paper for the American Society of Hematology, Dr. John Adamson, one of Dr. Finch’s trainees, said that his mentor solved the problem by scaling the walls of the building to enter through a window.

His adventurous spirit took him to remote areas to do research. On a trip to the Amazon, he studied the effects of snake venom on the blood system.

Dr. Finch married three times and divorced twice.

In addition to his wife, he is survived by two children from his first marriage, Clifton, of Olympia, and Carin Finch Barber of Nunam Iqua, Alaska; two children from his third marriage, Dr. Lisa Finch and Dr. Derel Finch, both of Seattle; and three grandchildren.

Federal grants from the National Institutes of Health supported Dr. Finch’s research. When he started, hematology grant applicants, a small group, knew one another, he said. But as their number increased, the complexity of their projects grew, and the grant selection committees tended to pick experiments that were almost sure to work, a trend Dr. Finch deplored.

“If you know it is going to work, it’s probably not even worth doing,” he said. “The fellow who is truly original and doesn’t have data already to prove his point is probably at a disadvantage.”

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