Your IRA —
your tax-free gift.

Jack Pierce, M.D. ’65, was the informal social director for his medical-school class. Not surprising, then, that Jack helped organize the class’s drive to create a scholarship for medical students. And when he and his wife, Leilia, made a gift through their IRA, they gave to scholarship. “You can’t take it with you, and the students are the ones who really need it,” says Jack.

Make a life-changing gift! Through Dec. 31, 2013, transfer funds from your IRA and support UW Medicine’s students, researchers and patients. For details, call Mary Susan Wilson at 206.221.6172 or visit supportuwmedicine.org/planned-giving.

UW Medicine welcomes your letters and may edit them for length or style. Please email medalum@uw.edu or write: UW Medicine Magazine Box 358045 Seattle, WA 98195-8045

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

On the Cover.
A data visualization related to global health from the Institute for Health Metrics and Evaluation at the University of Washington. Read more on page 7.
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Our alumni and faculty as “Top Docs;” photos from Tomorrow Today, an event that celebrates donors; an update on youth concussion and more!
“I have a family thanks to UW Medicine.” - Amy Gadsden
EXPANSIONS
A look at global health, new sports medicine services and donor generosity

The Global Burden of Disease 2010 (GBD) Study, featured in this issue of UW Medicine, is a massive compendium of profound insights into the world’s changing health patterns. The study provides a comprehensive and consistent source of information on the global burden of diseases, injuries and risk factors. A collaborative project of researchers worldwide, the study was led by the Institute for Health Metrics and Evaluation at the University of Washington. The next phase of the study is under way.

The GBD indicates that global health burdens have shifted markedly. Early mortality caused by factors such as infectious diseases and infant and child mortality has evolved into longer lives with greater incidence of chronic disease and associated health burdens from diet, lack of exercise, high blood pressure and other contemporary factors. These patterns are found both in developed and developing nations.

One of the study’s many striking findings is the increasingly dominant role that musculoskeletal diseases play in health worldwide. The study affirms that musculoskeletal disease, such as low back pain and neck pain, is the second greatest cause of disability globally.

This finding intersects with other advances discussed in this issue. UW Medicine recently opened a Sports Medicine Center at the newly renovated Husky Stadium. This high-tech center — not just for athletes but also for all who suffer from chronic and acute musculoskeletal issues — offers an integrated approach to care, including orthopedic surgery, rehabilitation medicine, family medicine, sports medicine, radiology, sports performance and physical therapy. Please visit this new facility that augments services offered at other UW Medicine locations.

A generous gift from SonoSite (see page 22) to engage a musculoskeletal sonographer for orthopedic and other ultrasound work will have a tremendous impact on the Sports Medicine Center and many parts of UW Medicine. Other articles in this issue describe major new activities made possible by generous donors — from the Center for the Intestinal Microbiome for those who suffer from inflammatory bowel diseases, to a professorship for breast cancer research, to new scholarship resources for our medical students.

Thank you for your support of UW Medicine at this time of remarkable advances in medicine. Without our supporters — alumni, donors, faculty, staff, trainees and interested individuals — we would not be able to make the profound progress that occurs at UW Medicine on a daily basis.

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
A COMMUNITY FOR LIFE

Reflections on Our School, Our Involvement

Being the president of the UW School of Medicine Alumni Association has its perks. During the first half of my term, I’ve had the opportunity to meet alumni who are making groundbreaking scientific discoveries, changing the world with humanitarian efforts and mentoring tomorrow’s healthcare providers. I watched the MS2s trying on their white coats — a gift from the alumni association — and witnessed them and their families beam with pride. I’ve seen the embrace of classmates reunited after 50 years, who shared memories of their days in the anatomy lab as if they had been there yesterday.

With each of these encounters, I am reminded that we are part of something special — there is no medical school in the world like the University of Washington School of Medicine.

There are many ways to remain connected with your classmates and your school. I encourage you to take advantage of one of these opportunities this year — to be reminded of what it means to be a graduate. Open your home to a student, and pass along the valuable knowledge you’ve acquired throughout your career. Attend an alumni event. Mentor students by being a preceptor in a service learning project (and support your community at the same time). Read your monthly Connections email, and like our Facebook page, which contains stories about fellow graduates and important updates.

I enter my second year as president with great enthusiasm, and I look forward to developing more opportunities to help you connect: with fellow alumni, current students and the school. It’s a community for life.

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

P.S. Visit uwmedalumni.org or contact our alumni relations staff at 206.685.1875, toll free at 1.866.633.2586, or medalum@uw.edu for more information.
A genomic portrait of HeLa, the breakthrough cell line

UW Medicine researchers have unveiled a comprehensive portrait of the genome of HeLa, the world’s first immortal cell line. Prior to 1951, scientists had long tried to reproduce cells in a culture, but the cells always died. In contrast, the HeLa cells, taken from Henrietta Lacks in 1951, reproduced at the rate of an entire generation every 24 hours and never stopped. HeLa cells made possible major medical breakthroughs: the polio vaccine, cloning and the development of drugs for treating major illnesses such as herpes, leukemia, influenza, hemophilia and Parkinson’s disease. The cell line was derived from an aggressive cervical cancer that killed Lacks, a 31-year-old African-American tobacco farmer and mother of five, and the subject of The Immortal Life of Henrietta Lacks. The researchers’ study, which may explain the aggressiveness of Lacks’ cancer and the staying power of the HeLa cell line, was published in the Aug. 8 issue of Nature. Jay Shendure, M.D., Ph.D., a UW associate professor of genome sciences, was the senior author.

Gene for most common childhood cancer identified

In a study by UW Medicine researchers and others, an aberrant gene has been found to cause the most common childhood cancer in the world, pre-B cell acute lymphoblastic leukemia or ALL. The gene, PAX5, has long been known to be involved in ALL. The new study indicates that a mutation in the gene alone is sufficient to eventually cause the disease. ALL affects nearly 3,000 children and teenagers in the United States each year. “The discovery should make it possible to screen for the gene in families with a history of the disease and suggests new strategies for treating the disease,” said Marshall Horwitz, Ph.D., ’88, M.D. ’90, Res. ’92, UW professor of pathology and medicine at UW Medicine. Horwitz is a co-author of the new study, published Sept. 8 in the journal Nature Genetics, which also involved other UW collaborators, St. Jude Children’s Research Hospital in Memphis, Tenn., and Memorial Sloan-Kettering Cancer Center in New York City.

Research

$15 million awarded to research AIDS vaccines

The National Institute of Allergy and Infectious Diseases (part of the National Institutes of Health) awarded $15 million to UW Medicine to use genomics to test the efficacy of potential AIDS vaccines. The principal investigator is Michael Katze, Ph.D., UW professor in the Department of Microbiology and a pioneer in using systems biology to understand immune responses to infections. Katze says, “The AIDS vaccine field is in need of new approaches. The methods we use allow us to understand the gene expression changes that correlate with vaccine efficacy and will help to design better vaccines.” The researchers also will look for markers of protection, such as blood antibody levels that can be tested to show a vaccine has taken and confers immunity.

Patient Care

High rankings for all of UW Medicine’s hospitals

U.S. News & World Report again ranked UW Medical Center the best hospital in the Seattle metropolitan area (as well as the top hospital in Washington) in its recently published annual report on the nation’s best hospitals. Harborview Medical Center was ranked the No. 3 hospital in the Seattle area and No. 4 in Washington. Northwest Hospital & Medical Center was ranked No. 7 in the Seattle area and No. 9 in Washington, and Valley Medical Center was named No. 11 in Seattle and No. 14 in Washington. The magazine also rates 16 specialties, and of the 4,806 facilities ranked by the magazine, only 147 facilities were ranked in even one specialty area. Ten of UWMC’s specialties were nationally ranked, including a No. 4 ranking in rehabilitation, a No. 7 ranking in cancer, and a No. 8 ranking in diabetes and endocrinology.

Valley Medical Center receives American Heart Association Award

Valley Medical Center (VMC) has earned the Mission: Lifeline® Bronze Receiving Quality Achievement Award. This accolade, sponsored by the American Heart Association, recognizes the medical center’s commitment to a high standard of care for patients experiencing heart attacks. Each year in the United States, nearly 300,000 people have a STEMI (ST segment elevation myocardial infarction) — the most severe form of heart attack, caused by a blocked artery to the heart. VMC consistently improves outcomes for its STEMI patients by providing quick and appropriate treatment, as well as aggressive risk-reduction therapies, such as cholesterol-lowering drugs, ACE inhibitors and beta blockers.

New UW Medicine Sports Medicine Center opens

The new UW Medicine Sports Medicine Center, located at Husky Stadium, opened on Sept. 9. The state-of-the-art facility under the south stands of the stadium will be the home for a multidisciplinary sports medicine program dedicated to helping athletes of all levels — from recreational walkers to Husky athletes — recover from injuries and return to the activities they enjoy. The new center joins other locations, including Harborview Medical Center, Roosevelt and Eastside Specialty Center, in providing sports medicine care. Read the feature story on page 11.

Also see the Top of Mind section, page 26, for more stories on research, teaching and patient care.
**Education**

University of Washington again ranked among the world’s best

The University of Washington ranked third in the world in clinical medicine and pharmacy according to a recent study by the Center for World-Class Universities at Shanghai Jiao Tong University, China. The study ranked universities on quality of education, quality of faculty, research output and per capita performance. The top two spots in medicine and pharmacy were held by Harvard University and the University of California, San Francisco. In addition, the University of Washington was ranked No. 5 in life and agricultural sciences and No. 16 overall.

**MEDEX Northwest opens UW Tacoma campus**

MEDEX Northwest, the UW School of Medicine’s physician assistant education program, opened its newest training site on the UW Tacoma campus in September. This program expansion is part of a national initiative, funded by the Health Resources and Service Administration (HRSA), to increase educational and employment opportunities for returning military veterans and to boost the primary-care workforce in rural and underserved areas. The site’s first class consists of 28 students. “This expansion of our program allows us to continue our 45-year history of selecting students from military and rural backgrounds who make tremendous contributions to the patients they serve,” says Ruth Ballweg, MPA, PA-C (Seattle Class 11), MEDEX Northwest section chief.

**WWAMI**

Changes to the WWAMI landscape

UW Medicine’s five-state WWAMI program offers rich learning opportunities for medical students throughout Washington, Wyoming, Alaska, Montana and Idaho, and several programmatic changes are under way that will expand WWAMI’s reach. In an effort to boost the number of physicians who work in the WWAMI region, Montana and Idaho WWAMI increased medical student enrollment this year, and Spokane plans an increase in fiscal year 2015. In addition, the WWAMI Spokane site is conducting a pilot program: hosting second-year medical students who, traditionally, have spent their second year of medical school in Seattle. For details, please see Alumni and Student Updates on page 31.

**Notable**

**Research complex increases capacity at South Lake Union**

This spring, the latest addition to UW Medicine’s research complex at South Lake Union opened its doors. The new 183,000-square-foot building houses researchers addressing immunology, rheumatology, kidney disease, infectious diseases and vision science. The building is designed to promote teamwork and the sharing of ideas among researchers in different fields and features energy-efficient elements, such as a cistern to capture and store rainwater for irrigation.

**King Holmes receives Alexander Fleming Award for Lifetime Achievement**

King K. Holmes, M.D., Res. ’68, Chief Res. ’69, Ph.D., chair of the Department of Global Health and professor of medicine in the Division of Allergy and Infectious Diseases, and the William H. Foege Endowed Chair in Global Health, received the Infectious Diseases Society of America (IDSA) 2013 Alexander Fleming Award for Lifetime Achievement. The award recognizes Holmes’ career in research on the epidemiology, diagnosis and treatment of sexually transmitted infections (STIs) and other infectious diseases. Among many other accomplishments, Holmes pioneered the modern era of STI prevention and control, shifting the original field of “venereology”—which focused on five venereal diseases—to a field focused on a wide variety of infections that cause serious complications, can disseminate throughout the body, and share a sexual mode of transmission. The Fleming Award is one of numerous awards Holmes has received for his work, including the 2013 Canada Gairdner Global Health Award announced earlier this year.

**Decoding Annie Parker features work of UW Medicine geneticist**

The groundbreaking research of UW Medicine geneticist Mary-Claire King, Ph.D., is featured in a movie called Decoding Annie Parker. King, played by actress Helen Hunt, was the first person to identify BRCA1—a gene for hereditary breast cancer. The film, which came out in spring 2013, follows King’s decades-long journey to discover this gene as well as the story of cancer survivor Annie Parker, who sought to understand why women in her family were prone to developing the disease. Two screenings of the film were held at the Seattle International Film Festival with ticket sales benefiting King’s research.

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**Want more information on your health? »**

Visit our new site at uwmedicinehealth.com.
The Institute for Health Metrics and Evaluation at the University of Washington has collected an enormous amount of data on global health. This snapshot of the world in 2010, released in 2013, shows the toll taken by communicable, maternal, neonatal and nutritional disorders by country. What’s being measured? The DALY (disability-adjusted life year), a time-based measurement that combines years of life lost due to premature mortality and years lived in less than ideal health. The countries on the left (blue) end of the spectrum have the fewest DALYs per 100,000. Read more, next page.
THE GBD: POWER IN COLLABORATION

In undertaking the GBD, IHME enlisted a large group of collaborators and amassed an enormous amount of data to quantify the comparative magnitude of health loss due to diseases, injuries and risk factors by age, sex and geography over time.

Collaborators: 488 researchers, 303 institutions, 50 countries
Countries examined: 187
Epidemiological regions: 21
Diseases and injuries reviewed: 291
Risk factors evaluated: 67
Age groups assessed: 20

Accomplishments
• Set the stage for policy decisions worldwide related to healthcare and resource allocation.
• Developed metrics that quantify disability-adjusted life years (DALY’s), a time-based measure that combines years lived with a disability and years of life lost due to premature mortality.
• Strengthened statistical methods used for estimation.
• Created a system capable of integrating new data sources.
• Published data from 2010 (and 1990 and 2005).

Use the tools
IHME’s superb visualization tools allow even casual users to compare and contrast data. Visit healthmetricsandevaluation.org/gbd/visualizations/country.

Disability-adjusted Life Years in Three Countries

Each chart at right shows a snapshot of human health in 2010 (both sexes, all ages): one each for the U.S., Kenya and Guatemala. The orange-red boxes indicate the prevalence of communicable, maternal, neonatal and nutritional disorders. Blue boxes show non-communicable diseases, everything from cancer, to mental illness, to heart disease. Green boxes display injury, including violence and self-harm. A deep, vivid color indicates that the condition was on the rise between 2005 and 2010. With just a cursory look, you can see that non-communicable diseases were a larger health issue in the U.S. in 2010; the reverse was true of Kenya. In Guatemala, the two were more evenly divided.

Health trends in global populations are in constant flux. This may be the most basic lesson drawn from the Global Burden of Disease (GBD) Study 2010, an in-depth and unprecedentedly thorough look at the way people around the world live and die.

Led by the Institute for Health Metrics and Evaluation (IHME) at the University of Washington and involving collaborating institutions and researchers worldwide, the GBD offers a plethora of relatable and highly detailed data on everything from cervical cancer, heart disease and childhood obesity to tuberculosis, automobile fatalities and gun violence. This wealth of information, organized and presented as a free and searchable online tool, reveals significant and surprising changes in global health trends since 1990.

Take, for instance, positive change shown by the data on the global stage. Great strides have been made in minimizing fatal illnesses, especially deadly infectious diseases, for people of all ages. As infectious diseases and child illnesses related to malnutrition lose their hold, child mortality is trending downward in many parts of the world.

However, while people are living longer, many live with more chronic pain, limited mobility, and impairment in hearing, sight and cognitive function. Chronic disabilities, such as mental and behavioral disorders, musculoskeletal problems and neurological conditions, now account for nearly half of all health loss in the U.S.

The purpose of gathering all this data? “We need objective evidence to show policymakers what works and what does not work in order to improve people’s lives,” says Christopher J. L. Murray, M.D., D. Phil., IHME’s director and UW professor in the Department of Global Health.

An ambitious and independent agenda

An independent global health research center and part of the University of Washington, IHME’s mission is to provide rigorous and comparable measurement of the world’s most pressing health issues and evaluate the strategies used to address them. IHME was founded in 2007 through a generous gift to the University of Washington from the Bill & Melinda Gates Foundation.

DALYs in the UNITED STATES, 2010
Murray notes that the foundation and the university have been instrumental to IHME’s and the GBD’s success. “Their support has allowed us to set an ambitious agenda to provide comprehensive information on population health,” he says. “Having support from organizations that value research, science and measurement has helped us to ensure that our work in Seattle is recognized globally.”

The gift — and the collaboration with researchers worldwide on the GBD — also have given IHME the freedom to serve as a trusted resource for policymakers, health organizations and others.

“By harnessing all sources of available data, we’re not dependent on any single measurement or any single source, and we remain independent from official intergovernmental agencies,” says Murray.

**Using the GBD: from China to King County, Wash.**

First unveiled at the Royal Society in London in December 2012, and published shortly thereafter in a first-ever triple issue of The Lancet, the GBD’s seven scientific papers and accompanying commentaries and tables provide a powerful new platform for assessing the world’s biggest health challenges and finding the best ways to address them.

The world has been taking notice — in part because the information, presented in an accessible format in online visualizations, is free and available to everyone: researchers, policymakers, the public.

Paul G. Ramsey, M.D., CEO of UW Medicine and dean of the UW School of Medicine, is not surprised by the activity generated by the GBD. “At a time when world economies are struggling, health systems and global health funders must know where best to allocate resources,” he says. “I see the GBD as a management tool for ministers of health and leaders of health systems to prepare for the specific health challenges coming their way.”

Murray says it’s been gratifying to see how the GBD is being used throughout the world.

“Several countries, including Australia, the U.K. and China, have worked with us to undertake studies focused on local health challenges using the GBD model,” Murray says. “The World Bank has been very supportive of our GBD analysis, and we’ve worked with them to create a series of reports on health issues in a group of World Bank regions.”

The GBD also is being used significantly closer to home, according to David Fleming, M.D., director and health officer for Public Health-Seattle & King County. The agency uses GBD data to compare how communities in King County fare against those in developed and developing countries.

In addition to nutritional and physical activity programs, Fleming and his staff have an array of other healthcare issues to consider, including prenatal care and child healthcare, immunizations, diabetes screenings, HIV/AIDS epidemiology and breast, cervical and colon cancer prevention. IHME research data have been eye-opening resources.
“If we examine King County at the census-tract level and ask how each census tract is doing relative to the best-performing countries — it turns out that the county’s overall ‘good’ average hides huge underlying disparities,” Fleming explains.

Fleming, former director of the Bill & Melinda Gates Foundation’s Global Health Strategies Program, says his staff is working with IHME to replicate the GBD’s work — especially the data visualizations — at the county level.

“By creating the visualizations, we will have a powerful tool that can help people better understand the nature of health disparities here in King County,” says Fleming. And when leaders understand health disparities more fully, they have the resources to make better decisions about healthcare funding.

**Global health: now in our hands**

Results from the 2010 GBD are very much in the public eye, garnering attention and calls for action. And research to compile the GBD 2013 is already under way — the product of an advanced computing platform the IHME created during their work on the 2010 report. The platform is designed to accommodate frequent updates and expansions.

And expand it will. IHME is reaching out to experts who are advancing the field of health metrics in countries around the world — the goal being not just to increase the number of collaborators and countries included in the GBD, but also to expand the list of diseases, injuries and risk factors included in the study. GBD 2013 is due out in 2014.

“The GBD platform and these powerful visual tools allow us to ask questions about the state of the world’s health that we didn’t even know to ask before;” says Murray. “They also allow us to engage everyone — from the highest levels of government to people on the street with their smartphones — in seeking understanding on how to improve people’s health.”

“Health measurement is no longer controlled by the specialists,” Murray says. “It is now in your hands.”

**CHRISTOPHER MURRAY GOES TO WASHINGTON, D.C.**

According to GBD statistics, diet was the top risk factor for health loss in the U.S. in 2010. It may not be surprising, then, to learn that First Lady Michelle Obama invited IHME’s director, Christopher J. L. Murray, M.D., D. Phil., to speak at a gathering of community leaders in July that celebrated the anniversary of Let’s Move! Cities, Towns and Counties. Let’s Move is an initiative to end childhood obesity.

“First Lady Michelle Obama and the team working on the Let’s Move campaign have been enthusiastic about using the Global Burden of Disease to explore trends related to physical activity and obesity at the county level, and the critical role that diet plays in good health,” Murray says.

The First Lady cited IHME research during her address to the group. Dietary risks contributed to more health loss in 2010 than smoking, high blood pressure and high blood sugar. “Poor nutrition is the single greatest cause of preventable diseases and ailments in this country,” Obama said. And while emphasizing the importance of communities’ advocacy for healthier eating and increased physical activity, she pointed out how data from the GBD could be used to change public policy.

“The key here is that the data from this report goes all the way down to the county level, which means that you’ll be able to see which issues are affecting your communities the most,” she said. “And once you have all this information, you’ll be able to make more effective decisions to really focus your resources and programming to find solutions that fit the needs of your community.”

Following the First Lady’s remarks, Murray presented GBD results on U.S. life expectancy, obesity and physical activity from three papers published in the *Journal of the American Medical Association* and *Population Health Metrics.*

**For further reading.** The IHME offers numerous policy recommendations in *The State of US Health: Innovations, Insights and Recommendations from the Global Burden of Disease Study,* available on the IHME website. Among the recommendations that focus on diet: maximize the ability of primary-care providers to help patients modify behaviors with regard to food, alcohol and high blood pressure; use taxes and subsidies to incentivize diets that focus on food such as vegetables, seafood and whole grains; and create environments, both physical and social, that reward physical activity.

**For more**

Visit [healthmetricsandevaluation.org](http://healthmetricsandevaluation.org)
- Video: First Lady Michelle Obama and Dr. Murray, *Let’s Move* celebration
- Manipulable data visualizations (like those on page 9)
- The GBD in the news
Physical therapist Jen Wallerich, DPT ’06, spends 40 minutes assessing Nancy Bartley’s leg weakness and back discomfort. She leads the 62-year-old author through an evaluation that tests strength, mobility, biomechanics and more. At the end of the session, she renders the verdict.
We're going to want to see you once or twice a week,” Wallerich tells Bartley. Other recommendations: stretch. Work on spinal stability exercises. Consider purchasing a desk where you can stand and work. Bartley, still managing the after-effects of a car accident in 2008, takes it all in. There’s a lot at stake for someone who loves to participate in sports as much as she does.

Still, today is just a tune-up, a resumption of physical therapy after travel abroad on a Fulbright scholarship. Bartley clearly remembers the period — just after the accident — that left her with severe pain in her back and leg.

“At the time,” says Bartley, “it seemed like the end of the world.”

The athlete in everyone

Active people like Bartley can experience many physical setbacks: from traumatic injury, to injuries sustained during sports, to the gradual wearing down of the body. Whatever the condition, says Stanley A. Herring, M.D., Res. ’82, medical director of UW Medicine Sports, Spine and Orthopedic Health, UW Medicine’s Sports Medicine Center is equipped to address the problem in a cost-effective manner.

“Sometimes patients think that sports medicine means taking care of the Huskies or the Seahawks, and it does,” says Herring, one of the team physicians for the Seahawks and the Mariners. “But we think there’s an athlete in everyone. The same principles of comprehensive diagnosis and treatment that focus on restoration of function apply not only to elite athletes, but also to all people who want to be active.”

In Bartley’s case, that treatment included spine surgery a year after the accident to remove a disc. “It was overnight relief,” she says. Then her sports medicine physician, Mark Harrast, M.D., Chief Res. ’00, UW clinical professor in the Department of Rehabilitation Medicine, prescribed physical therapy as part of a comprehensive treatment plan to help her recover. It worked so well that Bartley was able to resume cycling, cross-country skiing and kayaking, among other sports.

“The care made it possible,” says Bartley. “It was invaluable.”

A new Husky location

This level of integrated sports medicine care is now available at the UW Medicine Sports Medicine Center, located at Husky Stadium. With the addition of this new facility, sports medicine care is available in several locations: the stadium, Harborview Medical Center, Roosevelt and the Eastside Specialty Center.

Peter C. Esselman, M.D. ’86, Res. ’87, ’90, chair of the Department of Rehabilitation Medicine, knows patients will benefit from the new center’s exercise performance space. Physical therapists like Wallerich have much more room to treat their patients. And he, like Herring, is excited about the opportunities for collaboration at the center, where different specialists work under one roof — cross-pollinating research ideas and care options, working in tandem to train students and fellows, and, most importantly, caring for the people who need their help.

“The new facility provides terrific support for the team approach to patient care,” says Esselman.

Want an appointment? Contact 206.520.5000.

Pictured above: Nancy Bartley is evaluated by Jen Wallerich, DPT ’06, who uses a model to explain Bartley’s back challenges; Mark Harrast, M.D., Chief Res. ’00, works with a colleague with back pain.
It’s deeply shocking and sad when we hear the news: another young athlete felled by a sudden cardiac arrest (SCA) in the middle of play. Shocking, but all too frequent. One in 250 high school-aged youth have a potentially serious heart condition at risk for SCA. And many youth are physically active.

“Our research shows that high school-aged students who are athletes are at four times the risk of having a sudden cardiac arrest compared to their age-matched student non-athletes,” says Jonathan A. Drezsner, M.D., Fel. ’00, UW professor in the Department of Family Medicine.

Drezsner is convinced that using electrocardiograms (EKGs) to screen teens is the key to improving heart safety in young athletes. Most young people with a potentially lethal heart condition don’t show the warning signs of SCA, so history-based physical exams alone are very limited. An EKG, however, is a simple, non-invasive test that can indicate a potential problem to a trained eye. Still, he has a caution.

“The interpretation of the EKG isn’t simple,” says Drezsner. Physicians have to be trained to differentiate the truly abnormal — a reading that indicates a cardiac disorder may be present, for instance — from readings that simply indicate a strong, athletic heart.

Working with the Nick of Time Foundation, Drezsner and other medical volunteers have been holding school-wide heart screenings in the Seattle area and beyond for the past three years, screening more than 8,000 high-school students and student athletes. And the events show results. At a screening held last fall, volunteers discovered that Seattle-area student Will Recla had a heart murmur. Further testing showed that the young runner had a faulty heart valve and a damaged aorta. The aorta could have ruptured; if it had, the incident probably would have been fatal. Today, after open-heart surgery, Recla is back on the track.

With the opening of the newest UW Medicine Sports Medicine Center, located at Husky Stadium, Drezsner and his colleagues are opening another avenue of care for families like Recla’s: the Sports Cardiology Program. “With the launch of the program, we want to offer this advanced heart screen to any kid at any time,” he says.

Recla’s story is a good reminder of the importance of expert care and follow-up. “He had a finding, a heart murmur… that I think most physicians could hear,” says Drezsner. “What a physician does next matters.”
New Zealander Bruce Twaddle, M.B., Ch.B., FRACS, is no newcomer to Seattle, having trained as a trauma fellow at Harborview Medical Center. Now he has returned, in part for the opportunity to work at the newest UW Medicine Sports Medicine Center, located at Husky Stadium. There he will continue to explore two of his favorite topics: sports performance optimization and injured tissue, particularly tendons.

When Twaddle — a surgeon and professor in the Department of Orthopedics and Sports Medicine — talks about optimizing performance after tendon injury and recovery, he’s very interested in activity at the cellular level. “How do we make that tendon cell want to be the best recovered tendon cell it can be?” he asks.

Part of the answer lies in changing the tendon’s cellular environment. “Rest is not the best way,” says Twaddle. Rather, exercise, especially exercising in water or with a low-gravity treadmill, helps speed recovery. Applying just the right levels of stress, weight and movement is also key, both for tendons and other parts of the body. And, as rehabilitation medicine grows ever more sophisticated, he and his colleagues tailor programs that take into account not only the athlete’s injury, but also their activity.

“You can use inventive ways to rehabilitate someone for a specific sport,” says Twaddle. The post-surgery program designed for a swimmer with a knee injury, for instance, would be distinctly different from that developed for a basketball player. The stress, the weight, the movement applied through therapy: all different. It’s a brave new world in sports medicine, one that requires collaboration.

“You have to get buy-in from the athletes and the athletic trainers,” says Twaddle. “They need to have a clear understanding of what we are all trying to achieve. Injury recovery should be a team sport, too.”

Read about another therapy for tendons, platelet-rich plasma, on page 22.

More at uwmedmagazine.org »

- Catch up on youth concussion and the Lystedt Law.
- Photos from Tomorrow Today, a special event for contributors that focused on the work of the new center.
It has been nearly 70 years since Edward L. Turner, M.D., the first dean of the UW School of Medicine, came to Seattle. I think it’s fair to say that his values — integrity, compassion and a dedication to research and education — are alive and well today at UW Medicine. And they are alive and well in you, our contributors.

Many of you belong to the Turner Society, a group of individuals who make significant annual gifts to UW Medicine. Some of you represent UW Medicine’s Corporate Partners, organizations that commit resources to research, patient care and education. Still others — Laureates, Benefactors, Heritage Society members — have made visionary contributions to our mission: improving the health of the public.

Together, all of you gave more than $126 million in 2012–2013 to UW Medicine’s work. Work that ranges from the exploration of the gut microbiome to the development of platelet-rich plasma treatments. Work that encompasses a medical student’s education as well as the care we provide to our patients. Work, in short, that matters — and that you can read about in the next few pages.

You’re continuing Dr. Turner’s legacy, and I feel certain that he would be proud. Thank you for your support.

Lynn K. Hogan
Chief Advancement Officer, UW Medicine, and Associate Vice President for Medical Affairs
University of Washington
2012–2013: THE YEAR AT A GLANCE

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Of interest: 2,295 UW Medicine alumni gave $1.7 million in gifts and grants over the past fiscal year.

What did they contribute?
Total: $126,461,602

- Foundations: $53,665,310 (42.4%)
- Corporations: $9,183,576 (7.3%)
- UW alumni: $4,594,318 (3.6%)
- Other organizations: $47,470,270 (37.5%)
- Friends: $11,008,158 (8.7%)
- Family foundations: $539,970 (<1%)

Of interest: UW Medicine received more than $4.5 million from donors who gave through their estates.

What did they support?

Program support: $96,085,677 (76%)
- Faculty support: $18,284,165 (14.5%)
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- Other/excellence funds: $2,841,160 (2.2%)
- Capital funds: $399,028 (<1%)

Faculty support:
- Chairs (for faculty): 1 (93)
- Professorships (for faculty): 2 (67)
- Student support: 46 (389)
- Research funds: 10 (220)
- Lectureships: 2 (40)
- Other: 1 (37)

Many contributors created or augmented endowments, invested funds that support UW Medicine’s work in perpetuity. More than $22.1 million in gifts and grants were directed to the endowment in the last fiscal year.

Strengthening the endowment
FAMILY TIES
Taking on the intricacies of the gut microbiome

With Wesley Van Voorhis, M.D., Ph.D., as a guide, Lynn Garvey (right), and Denise Tabbutt (left) tour the space at South Lake Union that will house the new Center for Intestinal Microbiology.

Do you know that you’re only 10 percent ‘you’?” This is how John M. Inadomi, M.D., professor of medicine, head of the Division of Gastroenterology and the Cyrus E. Rubin Endowed Chair in Medicine, starts a discussion about the gut microbiome.

Consisting of a vast colony of bacteria, viruses, yeast and other flora that live in the intestines, the microbiome is made up of 10 times more cells than its human host. These microorganisms help digest and metabolize, and — as they sample food and bacteria the host ingests — help train the immune system to identify invading pathogens.

Unfortunately, the immune system is fallible. Sometimes it turns on itself, causing autoimmune diseases, including inflammatory bowel diseases (IBDs) like Crohn’s disease and colitis. Researchers like Inadomi suspect that the microbiome plays a role in the development of IBDs.

“It’s not a huge leap to think that if you have disorders of different flora in the gut, it can disturb immune function,” says Inadomi.

Lynn Garvey has a very personal connection to IBDs. Her grandson was diagnosed with Crohn’s disease, a condition characterized by weight loss, diarrhea and cramping, when he was 10. “It was devastating,” she says. Searching for solutions, she and her husband, Mike, and her daughter and son-in-law, Denise and Mark Tabbutt, decided to invest in a leader for UW Medicine’s brand-new Center for Intestinal Microbiome Research. The search for a director is under way.

“I would like to see treatments that are long-lasting and don’t have side effects,” she says. She also has every confidence in the people she’s supporting. “I like the collaboration they have at UW Medicine,” says Garvey. “It’s a fabulous setting for researchers.”

Collaboration will be key to the center’s success, especially if it takes on the other conditions that may be connected with the microbiome, like obesity, childhood growth stunting and coronary artery disease.

“The list [of conditions] is growing every day,” says Van Voorhis. “The center will contribute significantly not only to IBD but to even broader problems, and I am intensely excited about it.”
It’s never too late to begin anew.” That was Ann Ramsay-Jenkins’ advice to Karla Kelly, who left a career as a CPA to pursue her dream of practicing medicine.

Ramsay-Jenkins knew what she was talking about. While at Skidmore College, she studied drama and then changed her major to public health. “I’ve always loved theatre, but I wanted to do something that would have a greater impact,” Ramsay-Jenkins says. She went on to work in drug treatment facilities as well as in the Office of Drug Abuse Prevention in the White House.

Like Ramsay-Jenkins, Kelly also felt the pull to service. She had worked as an accountant for 25 years (four of them at UW Medical Center), but she did not feel fulfilled. “As an accountant…I didn’t feel like I was giving back,” she says. “I wanted to be ‘in the moment’ with patients, to make a difference in their lives.” Now in her fourth year of medical school, Kelly plans to practice family medicine or internal medicine at an urban community health clinic.

Medical students like Kelly are the reason Ramsay-Jenkins, a staunch UW Medicine advocate, and her late husband, William, created the William M. Jenkins and Ann Ramsay-Jenkins Endowed Scholarship.

“Getting a medical education is so expensive, and a student’s debt load often determines what their career choices are,” she says. “This scholarship can make it possible for students to pursue work in underserved communities where salaries are often less lucrative but doctors are so needed.”

Recently, Ramsay-Jenkins decided to enhance the scholarship by planning a gift through her will. “I feel fortunate to be able to do it,” she says. “I wanted to say ‘thank you’ for all the wonderful experiences at UW Medicine. And I wanted to provide students with greater opportunities.”

As for the influence the Ramsay-Jenkins’ scholarship has had on Kelly’s education? “It allows me to stay true to my specialty,” she says. “Primary-care doctors are the frontline of the underserved.”
Marie Richert Nesbit knew the value of a good education. She was one of the few children who went to high school in her wheat-farming community. “It was very unusual at the time,” says Kathryn Warner, Nesbit’s niece. “But Marie’s father, my grandfather, insisted that all five of his children not only go to high school, but attend college as well.”

The time was the 1930s, and the place was Farmer, a small town 40 miles east of Wenatchee in Eastern Washington. Nesbit went on to attend Central Washington University, where she graduated with a teaching degree and met her husband, Robert.

“They lived very quiet, academically oriented lives,” says Warner of her aunt and uncle, who earned a Ph.D. in history from the University of Washington. “And they were very frugal.” Nesbit sewed her own clothes and made her own coats. She and her husband often walked, rather than drove, to get from place to place in Olympia, Wash., where they made their home.

Though the Nesbits lived a modest life, they contributed generously to priority funds at Harborview Medical Center, University of Washington Medical Center and Airlift Northwest, a UW Medicine transport service for the critically ill or injured in remote areas of Alaska, Idaho, Montana and Washington.

All part of UW Medicine, these organizations provide world-class care to people from all walks of life. Contributions to priority funds make it possible for UW Medicine to provide the highest level of care to everyone, regardless of their ability to pay. It was a mission Nesbit believed in, and when the time came to prepare a will, she chose to benefit the programs she supported while she was alive.

“This was a wonderful gift,” says Johnese Spisso, R.N., MPA, UW Medicine’s chief health system officer. “We pride ourselves on providing exceptional care without exception, and Mrs. Nesbit’s contribution makes a real difference to our programs for patients.”

Warner applauds her aunt’s gift. “My aunt had a big heart,” she says. “She believed that we all have a responsibility to our communities to care for children and families in need.”
Sometimes coffee is just coffee. On occasion, though, sharing a cup of coffee can lead to greatness. Such was the case for breast cancer survivor Trish May when she first met Mary L. “Nora” Disis, M.D., Fel. ’93. May heard Disis, an oncologist and immunologist, speak at a conference about cancer research, and she approached Disis during the coffee break to learn more.

After their discussion, May recalls thinking, “This is very innovative and important research! I have to raise money to support Dr. Disis’ work and other breakthrough research like it.”

And raise money she did. May established the nonprofit Athena Partners®, named for the Greek goddess of wisdom and strength, and created Athena Bottled Water® to increase awareness about breast cancer and generate funds to support research.

In 2013, gifts from the Athena Partners Foundation established the Athena Distinguished Professorship of Breast Cancer Research — awarded to Disis — and the Athena Endowed Award for Excellence in Breast Cancer Research, awarded to Christine Fang, M.D., UW assistant professor in the Department of Radiation Oncology.

In addition to recognizing distinguished faculty, endowments also support their leading-edge work.

“This professorship is tremendous — not only for me, but the lab,” says Disis, UW professor of medicine in the Division of Medical Oncology, with appointments in pathology and obstetrics and gynecology. “It will allow us to develop new therapies and learn how to make existing therapies work better.” Early next year, Disis and her team expect to begin clinical trials for a vaccine targeting breast cancer stem cells.

The Athena Award was established to recognize the contributions of early-career researchers, and Fang’s contributions already have made a mark. She invented the Calypso breath-hold technique, which reduces exposure to the heart during radiation treatments for breast cancer.

According to Disis, awards like this can make a difference for the whole field. “They allow up-and-coming scientists to develop ideas to the point they can obtain larger grants,” she says. “We are all very grateful for these gifts.”
Harnessing the Power of Ultrasound

When Kim Harmon, M.D., purchased her first ultrasound machine, she did so mostly for her fellows. She wanted to make sure her trainees were abreast of the latest technology. What she didn’t realize was that the technology would transform her practice.

“I can’t really imagine practicing without ultrasound...it’s sort of like the stethoscope for the sports medicine doctor,” says Harmon, UW professor in family medicine and orthopedics and sports medicine.

Ultrasound is used extensively in diagnosis, as its detailed view of soft tissue allows physicians to assess the extent of degeneration, injury, tears and fluid build-up. The technology also helps to focus care and make decisions about treatments such as platelet-rich plasma, a therapy that Harmon and her colleagues use to treat injured tendons, notoriously resistant to self-repair.

Using an ultrasound-guided needle, the physician injects patient-derived platelets, which stimulate healing, into the precise location of the injury. “Unless you’re in exactly the right spot, it’s a waste of time and money,” explains Harmon. When you’re in the right spot, however, the treatment is highly effective. Six months after treatment, 70 percent of the patients are experiencing full or partial recovery.

It is work like this that Kevin Goodwin, the president and CEO of SonoSite, admires. He also admires the work being done by Harmon’s colleague, Jonathan A. Drezner, M.D., Fel. ’00, a UW professor in the Department of Family Medicine. Drezner uses ultrasound and EKGs to help determine the risk of sudden cardiac death in young athletes.

“It is work like this that Kevin Goodwin, the president and CEO of SonoSite, admires.”

To that end, SonoSite made a gift that will allow UW Medicine to hire a musculoskeletal sonographer who, while caring for patients, will teach physicians and trainees how to use ultrasound. The gift also will fund an assistant researcher to support ultrasound-related work done by Drezner, Harmon and their colleagues.

As for Goodwin, he notes that the company enjoys promoting local, pioneering work in sports medicine. “You’re our home team,” he says.

To that end, SonoSite made a gift that will allow UW Medicine to hire a musculoskeletal sonographer who, while caring for patients, will teach physicians and trainees how to use ultrasound. The gift also will fund an assistant researcher to support ultrasound-related work done by Drezner, Harmon and their colleagues.

“SonoSite’s gift is making a huge difference, allowing us to do more for our patients and helping train future generations of physicians,” says Harmon.

As for Goodwin, he notes that the company enjoys promoting local, pioneering work in sports medicine. “You’re our home team,” he says.

Read more about sports medicine and Dr. Drezner’s work with young athletes on page 13.
It was a distinct diagnostic choice, recalls John W. Kendall, Jr., M.D. ’56. Cancer or scurvy.

Fifty-some years ago, physicians at the hospital now known as Harborview Medical Center reviewed a fisherman’s symptoms, looked at his extensive bruising and came to a conclusion: cancer. The two medical students who took his history came to a different conclusion: vitamin C deficiency. The students, one of whom was Kendall, were right. “That was a thrill,” Kendall says.

This early experience left an impression. At the time, it was unusual for medical students to see patients so early in their studies. Later, after Kendall became dean of the medical school at Oregon Health & Science University (OHSU), he remodeled the curriculum to ensure that early experiences with patients — so motivating for students — would become part of the OHSU model.

Many physicians can recall exemplars who inspired them, leading them to consider the profession of medicine, and Kendall had several. The first: Rodney, his uncle, who was a physician. The second: the neurosurgeon who restored nerve function in Kendall’s arm after it broke in high school. The third and fourth: the two men who saved his life after a deadly accident one icy January night at Boeing Field.

Kendall and several other students were returning to undergraduate studies at Yale when their plane crashed shortly after takeoff. “A lot of people around me died,” remembers Kendall.

Doctors kept Kendall alive in the next few hours and days. Local physician Silvio Vukov, M.D., pulled Kendall — who had two broken arms and a burn on his head — out of the mud near the wreckage and administered first aid. Later, Don Custis, M.D., then chief resident at Virginia Mason Medical Center, ordered an experimental antibiotic to treat Kendall’s burn, which had become seriously infected.

These men were Kendall’s inspiration. And many years later, Kendall and his wife, Betty, are inspiring another generation of medical students with the creation of the John W. Kendall, M.D. and Betty M. Kendall-Paul G. Ramsey, M.D. Student Support Fund. The Kendalls are using the gift to pay tribute to Dr. Ramsey, the dean of the UW School of Medicine — and they also see it as a continuation of Kendall’s career-long belief in medical students.

In making the gift, Kendall remembers the role that receiving financial aid played in his own life. “When I went to Yale, there was no way I could afford to pay,” he says. “I’m very high on doing the best we can to provide scholarships.”

Taking the Huckabay Challenge
In their quest to support students, the Kendalls and more than 450 other alumni and friends have taken advantage of a two-year-long match provided by the Huckabay family. In that time, the Huckabays and other donors raised $4 million in new funds dedicated to endowed scholarships and student support funds. Our thanks to the Huckabay family and everyone who participated in the match.
In the listing below, we recognize UW Medicine’s Corporate Partners, leaders in enterprise, innovation and social progress who work with us to enable world-class breakthroughs in clinical care, medical research and medical education. Thank you very much for your partnership.

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Small children come to appointments with Patrick Parenzin, PA-C (Seattle Class 39), dressed in all sorts of things: princess outfits, mismatched socks and, not least, superhero costumes. While Parenzin’s attire never strays toward primary-colored Lycra, it seems quite likely that parents and children both consider him a bit of a superman — banishing illness, vanquishing problems, setting things right.

That’s not quite the way Parenzin sees himself. “Medicine is a humbling profession,” he says.

The first PA to serve as a clinical faculty member at the UW School of Nursing, Parenzin completed the MEDEX Northwest program in 2007. His specialty is pediatric orthopedics and sports medicine, and in addition to working at Seattle Children’s, he’s also the clinical director of MedFest with the Special Olympics Healthy Athletes Program.

Parenzin considered becoming a physician, but, newly married and wanting to start a family, he added up the four years of medical school, plus an additional three to five years for a residency. Then he and his wife, Charity, decided against it.

“I know there are real ‘supermen’ and ‘superwomen’ out there — amazing physicians who have a family and do it all, and that’s great,” Parenzin says. “I just knew I wasn’t one of them.” Inspired by role models like former faculty member Grace Landel, PA-C, he opted to apply for the two-year MEDEX Northwest program, instead.

One thoughtful decision followed another. After the first year of didactic training in Seattle, the second, clinical year of MEDEX training consists of six months of one-month specialty rotations. Mindful of the importance of personal relationships, Parenzin set up many of those rotations himself, choosing places that wanted to work with PAs.

Like other grads, he cannot praise MEDEX highly enough. “The program allows you to have a career helping others,” he says. And that is precisely what Parenzin is doing. In addition to his practice, he performs pre-participation physicals — through the MedFest program — for Special Olympics athletes who lack access to physicians or can’t afford the exam. “I can never give back what I get from Special Olympics athletes,” he says. “They remind me of what’s important.”

Parenzin may not be a superman, precisely, but he comes pretty close: with a busy work life, a full volunteer schedule and three young children at home, Parenzin is also finishing up his thesis for a master’s in public health.

“It has taken me much too long to finish my MPH,” says Parenzin. “But my work with the Special Olympics is a continual reminder of the importance of public health to an at-risk population, and of how relevant my education has been.”

Pediatric sports medicine specialist Patrick Parenzin, PA-C (Seattle Class 39), and his colleagues value their work with MedFest, a program connected with the Special Olympics. Pictured, left to right: Thomas Jingui, M.D., Stacey Klontz, ARNP, Patrick Parenzin, Jeanette Kotch, PA-C (Seattle Class 41), Suzanne Steinman, M.D., Anju Jain, PA-C (Seattle Class 39), Kate Burke, R.N., and Cheryl Parker, PA-C (Seattle Class 33). Interested in MedFest? Contact Patrick.Parenzin@seattlechildrens.org.
About building a brain tumor center at Sloan-Kettering.

When Holland arrived at Sloan-Kettering, he found a great clinical brain cancer program — but no organized and collaborative research program. He changed all that. With the creation of the Brain Tumor Center at MKSKCC, annual brain cancer funding from the National Institutes of Health more than quadrupled, totaling approximately $10 to $15 million a year. “Now it’s clearly one of the top five brain tumor programs in the country,” Holland says.

Why join UW Medicine and the Hutch?

“Everyone is aware of where the strong programs are on the West Coast, and the University of Washington is one of the top places, as is the Hutch. That’s ultimately why I ended up coming to Seattle,” says Holland.

Using data to defeat brain cancer in Seattle.

UW Medicine’s Department of Neurological Surgery has amassed an impressive collection of brain tumor samples. “It could well be the largest one in the country,” Holland says. He and his colleagues are searching for funding to create a tumor database, linking a tumor’s molecular profile with a patient’s treatments and outcomes. This data will provide physicians a detailed look at which treatments were most successful with which tumors, allowing them to compare a new patient’s tumor with previously collected samples to provide more personalized, focused care. “The database will certainly make UW a magnet for people with the disease,” says Holland.

Big goals for the first year.

“What brought me here was the opportunity to build, organize and make it a better place than it was before,” Holland says. First, he wants to make it easier for patients to access services related to solid tumors. He wants to recruit faculty in disciplines such as neuropathology and radiation oncology for brain tumors. And Holland intends to increase efficiencies in brain tumor research at the Alvord Center and in the Hutch’s Human Biology Division.

Cleaning up the lab.

When we spoke, Dr. Holland was back in New York, cleaning out his old lab — including a multitude of slides from post-docs who worked with him and his colleagues over the years. “I was able to reminisce over every post-doc as I emptied their box,” he says.
A future without AIDS may one day be possible thanks to researchers like James Mullins, Ph.D., who is working tirelessly to develop effective vaccines against the disease. Mullins, a UW professor of medicine in the Division of Allergy and Infectious Diseases, was the first scientist to obtain a federal grant to research AIDS back in 1983.

“The more I read about this new disease, the more similar it sounded to an immunodeficiency disease — caused by feline leukemia virus — which I was studying at the time,” Mullins says. “Feline leukemia virus is a retrovirus, and I suspected that AIDS was caused by one as well.”

Mullins’ hunch turned out to be right, of course. Caused by the HIV virus, AIDS destroys white blood cells, leaving the body vulnerable to a host of diseases. According to the World Health Organization, 34 million people around the world are infected with the deadly virus.

Thirty years since obtaining that first grant, Mullins continues to study HIV. In addition to developing vaccines, his lab seeks to understand how HIV persists — how it hides in people who have been treated — as well as how it establishes itself in a new host.

“HIV is a highly evolved pathogen,” says Mullins. “By the time the immune system recognizes it and responds, the virus has already mutated.” In fact, HIV mutates at least 1,000 times faster than the human genome, a major challenge for vaccine development.

“Vaccines work against certain features of a virus,” says Mullins. “If a strain doesn’t have those features, then a vaccine won’t have a protective effect.” Another obstacle is that HIV is not very immunogenic, meaning the virus fails to provoke much of a response from the body’s immune system.

Despite these challenges, Mullins and his team persevere. Currently, they’re focused on developing the next generation of prophylactic vaccines — vaccines capable of warding off AIDS. “In 2014, we’ll be performing a clinical trial to see if one of our vaccines is safe and whether it elicits responses from the immune system,” says Mullins.

If this trial is successful, Mullins will investigate whether the vaccine protects against HIV, a next step that will require significant financial investment but could have immeasurable benefit to society.

Whether or not the vaccine trial proves effective, one thing is certain: Mullins is dedicated to unraveling the mysteries of HIV. “Not only is it intellectually engaging work, but HIV is a puzzle that’s critically important to solve,” he says.
Precise medicine, sometimes called personalized medicine, is the Holy Grail of medical care. With UW-OncoPlex, patients at Seattle Cancer Care Alliance (SCCA) are getting a glimpse of the future of healthcare.

Colin Pritchard, Ph.D. ’05, M.D. ’07, Res. ’10, offers the example of an advanced-stage lung cancer patient seen at the SCCA. About a year ago, his tumor was deep-sequenced with UW OncoPlex. When the tool uncovered a mutation in the patient’s ALK gene, physicians then chose a therapy that targeted that gene’s activity. After receiving precisely the treatment he needed, the patient is doing well.

“There are many examples like that one,” says Pritchard, a UW assistant professor in the Department of Laboratory Medicine and associate director of the Genetics and Solid Tumors Laboratory. Based on technologies pioneered by UW Medicine faculty Tomas Walsh, Ph.D., and Mary-Claire King, Ph.D., UW-OncoPlex is a DNA sequencing tool that helps physicians apply precision medicine — medicine focused on a specific patient — in treating advanced cancer. Thus far, Pritchard and Walsh have tested more than 20 types of cancer, most commonly using the tool for lung, colon and breast cancers, as well as melanoma, sarcoma and leukemia.

The tool has two great assets in pinpointing genetic contributors to cancer: accuracy and cost.

“The accuracy of the results in the genes analyzed is generally...much better than whole-genome techniques,” says Pritchard, noting that UW-OncoPlex is focused and digs deep into genetic information. It’s also less expensive — doing genetic analysis on a tumor totals approximately one-tenth the cost of analyzing a patient’s entire genome.

Testing for genetic information is one step; helping physicians translate genetic information is another. Pritchard and Walsh and their colleagues make frequent presentations to providers on cancer’s front lines, including SCCA oncologists, oncology nurses and genetic counselors. What’s more, the test isn’t limited to Seattle-area patients. It can be ordered by physicians around the nation — even internationally.

What’s next for UW-OncoPlex? “The test was designed with flexibility in mind,” says Pritchard. As more cancer-related genes are discovered, the tool will incorporate them. And in the not-too-distant future, the tool may be used to take on diseases other than cancer.

“We’ve gotten a lot of inquiries from physicians interested in using the test to look for inherited mutations rather than tumor mutations,” says Pritchard, “and we’re working on validating the assay for this purpose.”
Heidi Combs, M.D. ’00, Res. ’05, and Andrew Luks, M.D., Res. ’03, Fel. ’07, (both pictured above), agree that witnessing students’ “a-ha” moments is one of the biggest perks of being a teacher. Combs and Luks were both recognized as Teacher Superiors in Perpetuity at the UW School of Medicine graduation ceremony on June 1, 2013. This honor, held by only 21 other teachers in the School’s history, is bestowed upon those who have received the Distinguished Teaching Award from the graduating class four times.

Below, Combs (HC), a UW assistant professor in the Department of Psychiatry and Behavioral Sciences, and Luks (AL), a UW associate professor of medicine in the Division of Pulmonary and Critical Care Medicine, answer a few questions about their experiences teaching and what it’s like to receive such an accolade.

How did learning at UW Medicine relate to your decision to teach?

HC: My teachers at UW Medicine were particularly skilled at interpersonal communication — actively listening to patients and responding with compassion. Their mentorship was invaluable to me, and now I get to model that same behavior for my students.

AL: In medical school, I found teaching was really hit or miss. Then when I came to UW Medicine as a resident, I noticed a really strong culture around education. I always knew I wanted to teach — even before I went into medicine — but it helps that the School, particularly my division, sets the tone that teaching is valuable.

What informs your approach to teaching?

HC: Psychiatry is kind of an underdog field. My goal is to inspire students — regardless of what they plan to specialize in — to see why psychiatry is relevant to them.

AL: Enthusiasm is really important. You can gain a lot of mileage by simply being passionate about your topic and taking the time to relay that to students.

What do you enjoy most about teaching?

HC: When we’re on rounds and students ask me why I did something. It forces me to be honest about my diagnosis, to understand the real reasons behind my decisions, and to keep abreast of the best treatment options for my patients.

AL: I really like the follow-up. When I bump into students that I taught in the classroom, who are now on their third- and fourth-year rotations, it’s great to hear how they’re doing and to talk with them about what they might like to specialize in.

What has most surprised you about teaching?

HC: How much fun it is! I love having didactic sessions with med students — in fact, those are some of my favorite days. And when I don’t have students or residents with me when I’m rounding, I miss them.

AL: Just when you think you’ve got it all figured out, it’s time to evolve your approach. There’s always more room for growth and improvement than you think.

How does it feel to be recognized as a teacher superior in perpetuity?

HC: I’m the third woman and the only psychiatrist to ever receive this award. It’s nice to know that students value what I teach, and it’s validating for the patients I serve as well.

AL: It’s not like you do it for the awards, but I put a lot of time and effort into teaching, so it’s gratifying to know it’s appreciated. It’s a huge honor.

Photos courtesy of Heidi Combs, M.D. ’00, Res. ’05, and Andrew Luks, M.D., Res. ’03, Fel. ’07
KENDRA FRANCIS: GETTING GREAT ADVICE THROUGH SAID

Growing up, Kendra Francis met many UW School of Medicine students; they came to her home seeking advice and a good meal from her parents, Student-Alumni Information Days (SAID) volunteers Julie Sleder Francis, M.D. ’84, Res. ’86, ’87, ’90, and Robert Francis, M.D. ’84, Res. ’88, Fel. ’89.

She looked up to the students who came to the house, and they served as an inspiration. “In high school I began thinking about becoming a physician,” says the second-year medical student.

Francis had her first SAID session with pediatrician Jane Lester, M.D. ’86, Res. ’90. For a second SAID dinner, Francis and a classmate met with ophthalmologist Peter Jones, M.D. ’81, for burgers and beer. “As my dad is an ophthalmologist, it’s a specialty I’m definitely intrigued by. Dr. Jones... suggested completing an internship year before residency, in a different city — somewhere fun and exciting that I had potentially never considered living before,” she says.

This year, Francis hopes to meet with a general surgeon and learn more about work-life balance. “I recommend SAID to all first- and second-year students,” she says. “It’s such a wonderful opportunity to meet more physicians in the community, learn about their lives and their fields of medicine.”

Sign up for SAID! Alumni and students, please visit uwmedicalumni.org and go to “get involved.”

NEW MASTER’S CLASS: THE MPO

UW Medicine has the longest-standing degree program in prosthetics and orthotics (P&O) in the U.S., equipping practitioners with the skills to design and fit artificial limbs and devices that correct musculoskeletal functions.

To design its new master’s course, UW Medicine added three new research-related courses and two new clinical courses in pediatrics and clinical skills, among other changes.

Congratulations to the 2013 master’s class in prosthetics and orthotics, pictured above. From left to right: Nathan Tulloch, MPO; Dan Dailey, MPO; Damon Bagley-Ayres, MPO; Rebecca Lamson, MPO; Kimberly Gorbutt, MPO; Alyssa Perry, MPO; Kenya Sandhagen, MPO; Tevye Waite, MPO; and Jeremy Miles, MPO.

SEATTLE MAGAZINE’S TOP DOCS, 2013

This year, 209 UW School of Medicine alumni and faculty were recognized with the title of “Top Doc,” as chosen by their peers from around the region and published in Seattle Magazine in July. From addiction medicine to vascular surgery, you’ll find this year’s honorees listed on our website at uwmedmagazine.org. Our congratulations to them all, especially the 175 alumni listed in the rolls.
CHANGES TO THE WWAMI LANDSCAPE

UW Medicine, Washington State University and the University of Idaho are pleased to announce a change in the five-state WWAMI educational program: beginning in fall 2014, pending approval from an accreditation agency, 20 first-year medical students from Washington State University’s (WSU’s) Pullman site will be migrating to its site in Spokane.

“Currently, we have 25 students based at the University of Idaho and 20 students based at WSU Pullman,” says Suzanne Allen, M.D., UW School of Medicine vice dean for regional affairs and head of the WWAMI program. “The two campuses are very close to one another, and these 45 students train together on both campuses throughout their first year.”

“The planned change will provide an opportunity for additional expansion of the University of Idaho WWAMI program,” says Paul Ramsey, M.D., dean of the UW School of Medicine.

Idaho and Washington are expanding their workforces to address physician shortages in each state, and the Idaho legislature recently approved funding for five additional medical students starting this fall, bringing the Idaho class from 20 to 25 members. Idaho is planning further growth that will bring its first-year class up to 40 students. (As it happens, Montana also has grown: with the addition of 10 students this fall, the student cohort now numbers 30.)

Another innovation is in the works: WWAMI Spokane is the site of a second-year pilot program that began in August. Until now, students from all WWAMI sites completed their second year of medical school at the UW campus in Seattle. With the pilot, 19 second-year students (15 of whom also spent their first year in Spokane) will complete their second year in Spokane. Continuation of the pilot is dependent on future funding from the legislature.

WWAMI MEMORIES

News of changes in the WWAMI landscape prompted a few reminiscences from alumni.

Greetings from Eastern Washington. Just received your letter detailing the upcoming changes at the Pullman/Moscow WWAMI site. I was very sorry to hear that such an incredible learning environment will so significantly change, but am glad to know it is doing so to accommodate a growing program.

My first year (E-96) of medical school was truly on of the most memorable times in my life. I have several fond memories of rolling back and forth between each campus in the WWAMI van. Much laughter and many stories about our lives were shared during these short but fun-filled trips. I will forever be grateful for this formative year, the friends I made and the unique and memorable experiences that could not be reproduced at any other site.

— John T. Droesch, M.D. ’00, Res. ’05

My most vivid memories involve the gross anatomy lab, where I took my future wife on a quick tour while on a dinner date, and where our storied anatomy professor... hosted Saturday morning “tupperware parties” wherein he would break out plastic containers of various body parts for those who hadn’t gotten their fill during the regular weekday sessions.

— Peter J. Angleton, M.D. ’88, Res. ’89, ’93

Your reminiscences, letters and anecdotes are always welcome. Visit uwmedmagazine.org, and send us your thoughts!

A TRIBUTE TO LIZA

When MEDEX Northwest student Liza Benson died in an avalanche earlier this year, her family paid tribute by creating the Liza Benson Memorial Scholarship. Pictured, left to right, are Clara Hard, Hotie Hard, Jason Ray (Liza’s fiancé), Adrienne Hard (Liza’s sister, holding Liza’s honorary degree), and her mother, Elizabeth, at the MEDEX graduation ceremony. Also pictured is Damien Powledge (in the back, right), a second-year P.A. student who received a gift resulting from a fundraising effort put on by Liza’s classmates.
**ONE FAMILY. 42 YEARS. TEACHING “THE GUT COURSE.”**

“I think what makes “The Gut Course” unique is that we start the day by presenting students with a real patient who has a disease correlated with what we’re learning,” says Michael Saunders, M.D., Res. ’96, Fel. ’99, clinical professor of medicine in the Division of Gastroenterology and director of the Digestive Disease Center.

Along with Bruce Silverstein M.D., Fel. ’69, clinical professor of medicine in the Division of Gastroenterology, Saunders is co-chair of the 10-person, all-volunteer teaching team for the course, attended and highly rated by second-year students. “Students hear about the patient’s struggles, what led to the diagnosis, how it’s being managed and what procedures they go through,” he says.

The class’s structure, which includes a lecture and small-group discussions, is significant to the course’s success. It was implemented by the late Cyrus Rubin, M.D., and other faculty members from the Division of Gastroenterology. Saunders’ father, the late David R. Saunders, M.D., was one of these pioneers. He began teaching the course in 1974 and taught it for 34 years.

“I still talk to gastro physicians and internists who call about patients, and it will always come up that they took ‘The Gut Course,’ and they will say how Dad was one of their favorite instructors,” says Saunders.

By the time Saunders graduated from the Medical College of Wisconsin and attended UW Medicine for a residency, his father had been teaching “The Gut Course” for almost 30 years. In those three decades, his father won the Distinguished Teaching Award so many times that, in 2002, he was given the honor of Teacher Superior in Perpetuity.

“Dad was a true scholar. He was part of a dying breed. You think of an academic position and you think of a researcher, a teacher or a clinician. To find all three in one person is rare now,” says Saunders. “But he was one of them, and he enjoyed teaching most.”

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**OUR ALUMNI, HONORED**

Every reunion weekend, the UW School of Medicine Alumni Association honors several stellar members of its community for their achievements. This year, we were pleased to recognize the following alumni.

**2013 Distinguished Alumni Award: Catherine Otto, M.D. ’79, Fel. ’85**

Otto, a UW professor of medicine in the Division of Cardiology, is a leading authority on valvular heart disease and echocardiography, adult congenital heart disease and aortic stenosis, among other areas. We honored her for her career-long contributions to research, education and patient care.

**2013 Alumni Humanitarian Award: Juliette Engel, M.D. ’74, Res. ’75, ’78**

Engel was a UW faculty member and practicing radiologist when she sold her practice and founded the MiraMed Institute, a human rights organization, in Russia. We honored her for fighting human trafficking and standing up for women and children.

**2013 Alumni Early Achievement Award: John Stamatoyanopoulos, M.D. ’95**

Stamatoyanopoulos, a UW professor in the Department of Genome Sciences and the Department of Medicine, led the Encyclopedia of DNA Elements (ENCODE) Consortium, an exploration of the human genome. We honored him for groundbreaking scientific achievement.

See the recipients’ videos at vimeo.com/uwmedicine »
A RECORD-SETTING REUNION WEEKEND

May 31–June 1, 2013

It was the best-attended reunion weekend ever: 450 people — hailing from 25 states and 29 classes — came to the UW School of Medicine 2013 Reunion Weekend. Fifteen events were held around Seattle: we honored alumni who graduated 50 or more years ago, held class celebrations, toured UW Medicine at South Lake Union and listened to a presentation on the future of vision sciences from Russell Van Gelder, M.D., Ph.D., chair of the Department of Ophthalmology. Not least, we gathered for an all-school reception atop the Space Needle.

Save the date for next year’s weekend! The 2014 Reunion Weekend will take place Friday, June 6, and Saturday, June 7, and it will feature celebrations for the classes of 1994, 1989, 1984, 1979, 1974, 1969, 1964, 1959 and 1954, as well as the 50-Year Association.

JOIN THE MARTIN LUTHER KING, JR. DAY OF SERVICE.

Monday, Jan. 20, 2014

Take a day to meet up with alumni and students — and to do some good works! On Martin Luther King, Jr. Day (Jan. 20, 2014), alumni and students across the health sciences, including the schools of medicine, dentistry, nursing, pharmacy, public health and social work, will give back to our community. Alumni, watch your email for a list of project sites and descriptions. For more information, please contact slrc@uw.edu.

Busy and helpful: medical students from last year’s day of service included Dallin Andersen, dusting the lights at Hammond House Women’s Shelter, and Kate Arbon.

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Seen & Heard

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

1. New MEDEX Northwest graduate Ann Coronado, PA-C (Yakima Class 18) and her family.

2. Graduates of MEDEX’s Seattle Class 45 (Ashley Brown, Meghan Mosbo, Leah Yoke, Cora Fix and Laura Katers) jump for joy.

3. Family Day, part of M.D. student orientation: Elizabeth Deyo (left) and Shawna Okamoto.

4. M.D. graduation in June: Sonya Tat, M.D. ’13, and her family.


7. Clinical transition, where second-year students celebrate their educational transition from the classroom to the clinic (and don their new white coats, a gift from the alumni association).

Photos: MEDEX Northwest graduation (MEDEX Northwest); Family Day (Sarah Rothschild, with group photos by Grad Images); M.D. graduation (Dan Olson); clinical transition (Jane Schukar).
Your Cause. Your Legacy. Your Gift.

Maija Eerkes is a medical miracle — a seven-year survivor of unresectable pancreatic cancer. Because pancreatic cancer tends to spread undetected, early diagnosis is key to saving lives.

That’s why Maija and her husband, Al, are using their estate plan to support research at UW Medicine. “For me, it’s important to accelerate research to eradicate pancreatic cancer,” says Maija. “We want to give back to a cause we believe in.”

If you’d like to learn more about leaving a gift in your will to benefit research, patient care or education, contact Mary Susan Wilson at 206.221.6172 or visit supportuwmedicine.org/planned-giving.
① Celebrating the Jill Bennett Endowed Professorship in Breast Cancer in June: Julie Gralow, M.D., the Bennett Professor (left), and contributors Lauren and Gregg Bennett.

② A celebration of the Athena Distinguished Professorship of Breast Cancer Research in May: CEO of UW Medicine Paul G. Ramsey, M.D., greets contributor Trish May; the Hon. Bruce Harrell and Joanne Harrell, a UW Regent, look on.

③ Nora Disis, M.D., the Athena Professor (left), and Trish May, founder of Athena Partners.

④ Our annual scholarship celebration for donors and students, held in April: student Nathan Furukawa, MPH, M.Dc., sits with contributors and keynote speakers Wesley Van Voorhis, M.D., Ph.D., and his wife, the Rev. Debra Jarvis.

⑤ Scholarship student Estell Williams, M.D., ‘13 (left), and contributor Dixie Wilson, a member of the scholarship committee.

⑥ Keir Warner, scholarship student (center), visits with the Huckabay family, longtime scholarship supporters: Richard and Katherine Williams, Susan Huckabay and John Huckabay.

⑦ Annual Dean’s Circle donor celebration at the Museum of History and Industry in Seattle in June: longtime UW Medicine leaders and supporters Jeffrey and Susan Brotman (next page).
Dean’s Circle speaker and alumnus Martin Burkland, M.D. ‘50, Res. ‘52, (left), his daughter, Nancy Burkland, and alumnus George Martin, M.D. ‘53.

Michael Piepkorn, M.D., Res. ‘78, ‘80, Ph.D. ‘80 (left), John Olerud, M.D. ‘71, Res. ‘76, Res. ‘78, Lynda Olerud, and Thao Pham, Dr. Piepkorn’s wife, at the Dean’s Circle celebration.

Brooks Ragen, UW Medicine advocate, presents the Ragen Volunteer Service Award to Richard (Dick) Scheumann.

Alumnus Mark McKenna, M.D. ‘05, with Andrew Fluckiger, first-year medical student, in Laramie, Wyo., during orientation.

First-year students in the WWAMI Idaho program receive stethoscopes from alumni presenters, including Anne Eacker, M.D. ‘97, Res. ‘01, John McCarthy, M.D. ‘90, Res. ‘92, and Mary Barinaga, M.D. ‘95, Res. ‘98.

Photos: Dean’s Circle (Robert Jacobs Photography); other photos courtesy of the WWAMI program.
Your New ClassNotes

SEARCH BY YEAR.

We’ve reorganized the listings. Search for friends under the year they graduated or completed their program.

HOW ABOUT YOU?

Your classmates would love to hear from you. Send a quick note to medalum@uw.edu or use the online form at uwmedmagazine.org. We suggest that your entry be 75 or fewer words. Photos are welcome.

THE REWARD!

We’re giving out a prize to the person who pens our favorite classnote or sends the best photo — the winner will be announced in the monthly Connections newsletter. So please be in touch!

1950s

Robert A. Hawkins, B.S. ’50, (microbiology), writes, “We’re both healthy and doing the things we have always done: traveling, skiing, hiking and socializing with some very wonderful friends. We love coming back to the university, Puget Sound and Vancouver Island to go sailing.”

J. Trenholme Griffin, B.S. ’51 (basic medical science), M.D. ’55, Res. ’58 (pediatrics), Res. ’67 (radiology), Res. ’69 (radiation oncology), writes, “Still living in Kirkland, Wash., and attending the UW Access Program with Jim Lane, M.D. ’55, Walt Peterson, M.D. ’55, and Bob Hegstrom, M.D. ’55, Res. ’60. I travel abroad twice a year. This last year we went to France and Italy.”

William R. Halliday, M.D. ’51, writes, “I am now 87. At 62, I retired from medicine and became involved in vulcanospeleology, including making presentations at meetings of the Geological Society of America and NASA’s Lunar Planetary Research Conference.”

Fred W. Reeb, M.D. ’54, writes, “Doing well, bicycle 45 miles each week, yoga three times a week, work in the garden and play bridge.”

Orval Dean, M.D. ’56, writes, “After leaving the practice of medicine in 1998, I accepted the invitation to become an associate pastor (volunteer) to the seniors in my church. I have now completed 15 years in this second vocation and am still active in it. My work is part-time and mainly consists of visiting — homes, nursing homes, hospitals — and transportation as needed. Ministering to the elderly, I still have to deal with death and dying, but from a different perspective. I find this challenging, but often refreshing. Having the ministry to keep me busy became a special privilege after the death of my wife two years ago.”

Mary Joan Morford, B.S. ’56 (microbiology), writes, “I have retired and have been busy traveling to seven continents, volunteering at church, and enjoying children, grandchildren and great-grandchildren and my horse and land.”

Jerry S. Trier, M.D. ’57, Fel. ’63 (gastroenterology), writes, “Still working part-time at Brigham and Women’s Hospital and Harvard Medical School.”

Herbert A. Muller, M.D. ’58, writes, “I retired in 2004 as a professor of emergency medicine from the Pennsylvania University State College of Medicine.”

David M. Gimlett, B.S. ’59 (basic medical science), M.D. ’61, writes, “I’ve finally retired, for the third time, a few months ago. Please join me and other physicians at Physicians for a National Health Program. We have all seen the breakdown of our health system over the years. Now, with our accumulated wisdom, let’s work to restore our profession’s ability to provide care to all of our people.”

David W. Templin, M.D. ’59, writes, “I’m working half-time as a rheumatologist for the Alaska Native Health Outreach Clinics. I travel to 15 sites throughout the state.”

1960s

William C. Conrad, M.D. ’61, writes, “I have spent more than 20 years as founder of GANSU, Inc., a not-for-profit organization. Our teams have performed more than 6,000 free cataract surgeries in rural west China (Gansue Province) in pop-up camping tents.”

Rick Lane Johnson, M.D. ’61, Res. ’64 (internal medicine), writes, “I practiced internal medicine (allergy) from 1967 to 2002 and then retired. I worked for Swedish Medical Center on First Hill. I was the president of the Washington State Medical Association and the Seattle Academy of Internal Medicine; I was also board chair of Physicians Insurance and a clinical professor of medicine (allergy) at the University of Washington.”

Irene R. McEwen, P.T. ’61, DPT, Ph.D., FAPTA, George Lynn Cross Research Professor Emeritus of Rehabilitation Sciences, recently retired after 23 years at the University of Oklahoma Health Sciences Center in Oklahoma City. At the center, she held the Ann Taylor Chair in Pediatrics and Developmental Disabilities in Physical Therapy, was director of the Lee Mitchener Tolbert Center for Developmental Disabilities, and directed the post-professional graduate program. She returned to Washington and now lives in Redmond, where she continues to teach online courses.

M. Moreno Robins, M.D., Res. ’61, writes, “In 2011, I received the Lifetime Achievement Hero Award from the American Red Cross in Provo, Utah. I also volunteer with the Boy Scouts.”

Marvin E. Ament, M.D., Res. ’65 (pediatrics), Fel. ’73 (gastroenterology), writes, “I became a professor emeritus in pediatrics at the UCLA School of Medicine in 2010. Since 2010, I have served as the medical director and chief of pediatric gastroenterology, hepatol-
Global Health Pioneer: R. Bradley “Brad” Sack, M.D., Sc.D., Res. ’65 (internal medicine)

When Bradley Sack was five, his grandmother told him he was going to be a doctor. And she was right. A graduate of the University of Oregon and UW Medicine, Sack found his calling in Calcutta (now Kolkata), India, in the early 1960s: helping people recover from dehydration-related diseases like diarrhea.

Sack and his colleagues developed oral rehydration therapy (ORT), now the World Health Organization’s treatment of choice for dehydration-related diarrhea, much of it caused by contaminated drinking water and poor sanitation. In India, Sack also discovered enterotoxigenic E. coli, a major contributor to diarrheal disease in the developing world.

“The biggest challenge was convincing the global medical community to use ORT,” Sack says. Now a professor at the Johns Hopkins Bloomberg School of Public Health, Sacks and his colleagues are studying cholera in Bangladesh to determine how to predict outbreaks of the disease.

and we welcome him — and the rest of the Class of 1969 — to the 2014 Reunion Weekend, June 6–7, 2014. It’s a great time to exchange stories and reminiscences.]

Allen Wyler, M.D. ’69, has been nominated for two Best E-Book Original Novel awards by International Thriller Writers, Inc., for his books: Dead Wrong, which takes place in Seattle, and Dead End Deal, which takes place on the UW campus.

1970s

Robert Bulger, M.D. ’70, and her husband, Randy Bulger, M.D. ’73, retired in September 2013.

S. Carole Burnham, M.D. ’70, writes, “I am retired and enjoying children, grandchildren, travel and tennis.”

Charles W. Maas, M.D., Res. ’70 (pediatrics), writes, “I am practicing child psychiatry on a part-time basis. Our family now includes 10 grandchildren.”

Roger Mattison, M.D., Res. ’70 (pediatrics), Fel. ’73 (otolaryngology–head and neck surgery), writes, “I’ve retired after 25 years in the Department of Anesthesiology at the University of Colorado, and I now spend time sailing and cycling.”

Raymond J. Mikelonis, M.D. ’70, writes, “I currently own a family practice clinic and teach medical and PA students with UC Davis School of Medicine. I am the past chairman of the Department of Family Medicine at Sutter Roseville Medical Center.”

Christine M. Gray, O.T. ’71, writes, “I retired after 30 years in the Lake Washington School District, where I worked as an occupational therapist and technology administrator.”

John D. Wilkinson, M.D. ’71, writes, “I’m retired and writing poems and a memoir to clear my mind for future acuity.”

Sureyya S. Dikmen, Res. ’72 (psychiatry/behavioral sciences), Ph.D., and Joanie Machamer were co-authors on the paper, “A trial of intracranial pressure monitoring in traumatic brain injury,” funded by the National Institutes of Health and published in The New England Journal of Medicine. Randall M. Chesnut, M.D. ’84, intern ’84–’85, UW professor in the Department of Neurological Surgery,
was the study’s principal investigator. The results of this paper are expected to have a dramatic impact on care for traumatic brain injury.

Milton T. English III, M.D., Res. ‘72 (internal medicine), Chief Res. ‘73 (internal medicine), Fel. ‘75 (cardiology), writes, “I’m still practicing interventional cardiology in Seattle.”

Charles R. Donau, PA-C (Seattle Class 3) (1972), writes, “I own and manage a family medicine urgent care center and continue to practice as a PA.”

Roger Grayson, PA-C (Seattle Class 2) (1972), writes, “I work for Group Health in the general surgery department.”

Janet M. Powell, B.S. ‘73 (occupational therapy), M.S. ‘98 (rehabilitation medicine), Ph.D. ‘01, UW associate professor and a division head in the Department of Rehabilitation Medicine, received an American Occupational Therapy Foundation Leadership Service Commendation.

John Adkison, M.D. ‘74, is the immediate past president of the Washington State Orthopedic Association and the president elect of the Yakima chapter. He will attend the Rotary International Convention in Sydney, Australia, in June 2014.

Juliette Engel, M.D. ‘74, Res. ‘75 (internal medicine), Res. ‘78 (diagnostic radiology), received the UW School of Medicine’s Humanitarian Alumni Award in 2013 for her work to eliminate human trafficking (see page 32). She was a UW assistant professor and director of diagnostic ultrasound when she sold her medical practice in Bellevue, Wash., and founded the MiriMed Institute in Russia in 1992. Engel also welcomed her first grandson, Reggio, in June.

Neil L. Nemec, M.D. ‘75, Res. ‘77, writes, “I was recently elected to a position on the Kootenai Hospital District’s board of trustees. I retired in October 2013 from practice and continue as president of North Idaho Family Physicians IPA.”

William R. Phillips, M.D. ‘75, Res. ‘78 (family medicine), MPH, has been appointed to the U.S. Preventive Services Task Force. He is the Theodore J. Phillips Endowed Professor in Family Medicine at UW Medicine.

T. Chris Price, M.D., ‘75, writes, “I’ve been practicing emergency medicine for the last 32 years in Mesa, Ariz., and am associated with the Banner Hospital System. I work as a regional medical director for Team Health and just completed a four-year stint as chief of staff at Banner Gateway Hospital in Gilbert, Ariz. My wife and I recently bought a farm and cattle ranch in Lovell, Wyo.”

Diana J. Voss, P.T. ‘75, writes, “I enjoy a busy, active life in Spokane, working for a school district serving children with special needs and preparing for my second sprint triathlon!”

Diana Cardenas, M.S. ‘76 (rehabilitation medicine), M.D., Res. ‘76 (physical medicine and rehabilitation), Res. ‘77, writes, “After years of living in the Northwest, I moved back south to the sunshine state! In 2006, I became the chair of the Department of Rehabilitation Medicine at the University of Miami. Our department has 18 physical medicine and rehabilitation residents and two spinal cord injury medicine fellows. Our major teaching hospitals are Jackson Memorial Hospital, a large county hospital with four Commission on Accreditation of Rehabilitation Facility-accredited services, and the Miami VA. My husband is the chief of medicine at the VA, which is directly across the street and allows us to have lunch together almost every day! My oldest daughter and her husband live in Brooklyn and have two kids, William (4) and Isabel (18 months). My youngest daughter and her husband live in Pittsburgh and are expecting a baby soon.”

Jim Ghormley, PA-C (Seattle Class 10) (1977), writes, “I retired last August after 25 years of performing GI procedures at the Portland VA. I’m still putting in an occasional day of scopes on a fee basis. My wife, Liane, and I traveled to France in September for two weeks, and in January, we will be celebrating our 43rd wedding anniversary. My best wishes to all at MEDEX, especially Seattle Class 10.”

Michael S. Kennedy, M.D., Res. ‘77 (internal medicine), Fel. ‘85 (allergy and infectious diseases), is a partner at Northwest Asthma & Allergy Center, where he has worked since 1993, and a UW clinical associate professor of medicine. Kennedy is the past president of the Puget Sound Allergy Society and the Washington State Society of Allergy, Asthma and Immunology Society.


Gary L. Harris, M.D. ‘79, writes, “Still happy and busy with family medicine. I have eight kids and 15 grandchildren. Can still downhill ski and play basketball.”

Sally Westcott McCoy, M.S. ‘79 (physical therapy), Ph.D. ‘93 (behavioral neuroscience), has been elected to the Catherine Worthingham Fellows of the American Physical Therapy Association (APTA). This is the highest designation of membership within the APTA. McCoy also has been awarded a Patient-Centered Outcomes Research Institute Award for her project, “Developmental Trajectories of Impairments, Health, and Participation of Children with Cerebral Palsy.” McCoy is a UW professor in the Department of Rehabilitation Medicine and specializes in physical therapy management of children with developmental disabilities.
on valvular heart disease, echocardiography, adult congenital heart disease and aortic stenosis, among other topics. She has published more than 150 original research papers and commentaries. Her book, *Textbook of Clinical Echocardiography*, is now in its fifth edition and has been called the bible of echocardiography. Otto was recently named the editor of *Blood*.

1980s

Johnny B. Green, M.D. ‘80, writes, “I moved to Boise, Idaho, in 2011 to perform colorectal surgery at Idaho Surgical Associates. I am also involved in research efforts to detect adequate oxygen and blood supply across anastomosis to prevent anastomotic leaks post-operation.”

Jefferson Slimp, M.D., Res. ‘80 (physical and rehabilitation medicine), Ph.D., retired from his position as a UW professor of rehabilitation medicine and director of neuromonitoring.

Steven Dale Atwood, M.D., Res. ‘81 (internal medicine), writes, “I’m very busy with a solo practice in Springfield, Mo.”

Reginald F. Finger, M.D. ‘81 (internal medicine), writes, “After spending most of my career in state and local public health and in research, publishing and lecturing (most recently in the field of embryo adoption), I joined the faculty of Indiana Wesleyan University in Marion, Ind., where I will be teaching epidemiology, biostatistics and research methods on campus for the newly formed master of public health program, and online for the IWU School of Nursing. I moved with my wife, Annette, to Marion this summer. We celebrated our 31st anniversary on June 12.”

Barbara S. Schneidman, M.D., Res. ‘81 (psychiatry/behavioral sciences), MPH, writes, “I have been elected president of the American College of Psychiatrists.”

Neal Sorensen, M.D. ‘81, was presented the University of Washington Richard M. Tucker Regional Internal Medicine Faculty Excellence in Teaching Award at the teacher’s appreciation dinner in Billings, Mont., on May 16, 2013.

Bill Levy, PA-C (Seattle Class 15) (1982), writes, “I have left the Hutch and Seattle Cancer Care Alliance after almost 30 years in stem cell transplant and hematology/oncology. I am now with MEDEX Northwest as a faculty member and responsible for representing the program and PAs across UW Medicine. Big change and new role. Looking forward to it all.”

Claudio Lima, PA (Seattle Class 15) (1982), writes, “I retired after my wife’s death in 2008, but went back to work part time in late 2010. Finally, I retired for good. I want to recognize faculty members Ruth Ballweg, MPA, PA-C (Seattle Class 11) (1978), and Den Kerlee for their guidance during school, my proctor and first supervising physician, Thomas Syltebo, M.D. ‘77, Res. ‘80 (family medicine), and Dr. Harry Glauber for their teaching and direction during the formative years of my profession.”

Edwin Lopez, PA-C (Seattle Class 15) (1982), writes, “Graduated from the MEDEX Northwest Physician Assistant Program in 1982. Completed a surgical internship at Albert Einstein College of Medicine and Montefiore Hospital in New York in 1987 and the University of Washington’s MHA certificate program in professional medical management in Seattle in 2003. Completed the healthcare policy program at Harvard’s John F. Kennedy School of Government in Boston in 2003. I was a student in the Physician Leadership Institute through the Center for Transformation and Change at the University of South Florida, Tampa. I’m now employed as the associate regional medical director for the Franciscan Health System Inpatient Team in Tacoma, Wash.”

Mark Vollrath, PA-C (Seattle Class 15) (1982), DFAAPA, writes, “I will be retiring at the end of this year from full-time practice. I have enjoyed providing healthcare in the Skagit Valley for more than 32 years, the last 13 as a provider and clinical director at Northwest Orthopedic Surgeons. I’ve had the privilege of serving on the board of directors for the Washington Association of Physician Assistants (WAAPA) and serving on the Medical Quality Assurance Commission for three terms as a pro-tem commissioner. My greatest job, though, has been serving as a guest lecturer, preceptor and clinical instructor at MEDEX for 32 years. I hope to continue in some form to support my chosen profession. As of Aug. 28, 2011, and after a 41-year courtship, I am a newlywed. Best wishes to all.”

Paul A. Bagnulo, M.D., Res. ‘84, (family medicine), writes, “I’ve recently retired after 24 years at Edmonds Family Medicine.”

Michael Gluck, M.D., Res. ‘84 (internal medicine), is the chair of the Department of Medicine and section head of gastroenterology at Virginia Mason Medical Center. Gluck is also the associate director of the Pancreatic Center of Excellence at Virginia Mason’s Digestive Diseases Institute.

Guy Golembiewski, M.D., Res. ‘84 (general surgery), writes, “Andrea and I had our first daughter, Ani Alaina, on Oct. 3, 2012. I currently work full-time at McLaren Northern Michigan Hospital and as the medical director at Harbor Hall, a substance abuse detox and treatment center.”

Edward Michael Kolb, M.D., Res. ‘85 (pediatrics), writes, “I am the medical director (CMO) of the Boys Town National Research Hospital in Omaha, Neb. I also practice pediatric anesthesiology and direct a craniofacial clinic. My wife and I have 10 children: seven adopted (five from China and two from Romania).”

Stephen Hunt Taplin, M.D., Fel. ‘85 (family medicine), writes, “I am the chief of the process of care research within the Division of Cancer Control and Population Sciences in the Behavioral Research Program at the National Cancer Institute.”

Thomas M. Sylter, M.D. ‘86, is semi-retired and has recently moved back to Washington.
Working With The Mind and the Heart:
Janet L. Howell, P.T. ’87

The mind and the heart are not separate. This Tibetan tenet helps explain how Janet L. Howell, P.T. ’87, became a Buddhist monastic. Ordained in 2006, Thubten Tarpa (Howell’s Buddhist name) now lives in Sravasti Abbey in Newport, Wash. Her interest in religion, however, began years earlier at Michigan State University, where Howell began an undergraduate career in religious studies. She changed majors mid-stream to follow another calling: the pursuit of medicine.

After receiving an M.S. at the University of Oregon, she applied to the physical therapy program at UW Medicine. “Studying with the same 24 people for two years was a great experience,” Howell says. She also enjoyed the team approach to patient care at UW, saying, “collaboration is in the best interest of a patient.”

Howell worked for 18 years as a physical therapist before finishing her career at the outpatient clinic at Northwest Hospital & Medical Center. Then she moved to Sravasti Abbey. “The many opportunities at UW — of working with people — really led me to where I am now: working with the mind and the heart,” she says.

Richard D. Gibbs, M.D., Res. ’89 (family medicine), writes, “Tricia and I still oversee and practice at the San Francisco Free Clinic. The clinic is this year’s recipient of the California Prize from the University of San Francisco.”

Helen Hunt, M.D., Res. ’89 (internal medicine), writes, “I have been a primary-care physician at Harvard Vanguard in Boston for more than 20 years. My husband was trained in orthopedics but has now left medicine to coach rowing at our son’s school, Phillips Andover. We have an 11th-grade son and an 8th-grade daughter — enjoying seeing the world with them!”

Margaret L. Hutchison, M.D. ’89, writes, “I am a specialist in gynecologic robotic surgery and am the chief of staff for Swedish Medical Center, First Hill, Ballard and Cherry Hill.”

Mindy Opper, PA-C (Seattle Class 21) (1989), writes, “I opened my own integrative family medicine/ ayurvedic wellness office in 2011. I love having my own business, so I get to really practice the art of medicine — no productivity quotas, no 15-minute visits. I get to spend time with patients and be a holistic practitioner. My office is located in a non-traditional healing center, the Red Willow Center. I work collaboratively with a chiropractor, massage therapists, mental health therapists, a craniosacral practitioner, BodyTalk practitioners and a nutritionist. I feel that the roots of my training as a PA in the 80s instilled a great desire to practice holistically and give patients options in their care — to meet them where they are and support them in the best way possible. After being a PA for so long, I practice solid medicine, and I am glad that I have added new modalities of care to my repertoire. Always the rebel!”
Gloria Padilla-Carlson, PA-C (Seattle Class 21) (1989), writes, “I will be 69 this year and am thinking of retiring. I must say that the last four years as a PA were the best years of my career. I worked at the Free Clinic of Kalamazoo in Michigan from May 2008 to November 2010, when the clinic closed. This was a rewarding practice. I was there during the worst part of the recession, and it was humbling to see what can happen to people when they lose their jobs — when health is the last thing they will take care of, or the last thing they can afford. I was then recruited to open a two-provider clinic in a rural area of Augusta, Mich. We opened the clinic in February 2011. This was the best way to end my career as a PA. Now I have the time to focus on my grandson, Nick, and more time to do volunteer work and travel.”

Alumni Bibs: Immediate Fame
A mischievous Clay Kessler (see page 47) models our new alumni-branded bib. Have a new addition to your family? We’ll send you a bib — just email us at medalum@uw.edu. Then send us a photo!

1990s

Elona Turk, PA-C (Seattle Class 22) (1990), writes, “Spent a year in Australia as part of the group introducing PAs to Queensland Health. Sixth months in ER and six months helping to start a clinic. An amazing experience. I also worked in northern Alaska for eight years, working with Inuit natives. Every couple of years I spend a month or two in the islands of the South Pacific. I’m presently in North Carolina and looking forward to retiring within the next few years, then working only when I want to.”

Michelle Boroski, PA-C (Seattle Class 23) (1991), writes, “I’m working and living in Ventura, Calif., practicing urgent care at Kaiser Permanente.”

Leighton Chan, M.D., Res. ’91 (internal medicine), Res. ’92 (physical and rehabilitation medicine), M.S. ’94, (rehabilitation medicine), MPH, writes, “I left Seattle and took a great job as the chief of the Rehabilitation Medicine Department at the National Institutes of Health (NIH) Clinical Center, a 280-bed research hospital. I run a clinical department that helps support the clinical research performed by about 300 intramural investigators at the NIH. In addition, I get to do my own research. We have a pretty robust rehab research program, supporting everything from biomechanics and robotics, to epidemiology and instrument development. On the home front, my wife, Beth, a former physical therapist from Harborview, now practices pediatrics in Bethesda, Md., and our kids (Josh, age 10, and Nani, age 8) are growing up fast.”

Laura L. Hultgren, P.T. ’91, writes, “I work at the Central Washington Hospital in Wenatchee as a physical therapist in acute care and inpatient pediatrics.”

Donn Colby, M.D., Res. ’92 (internal medicine), MPH, has been appointed chief of the U.S. Centers for Disease Control (CDC) Behavioral Research Unit in Bangkok, Thailand. The unit is one of three international sites operated by the CDC Division of HIV/AIDS Prevention and focuses on biomedically based HIV prevention for gay men.

James Mcnally, PA-C (Seattle Class 24) (1992), writes, “I have been practicing for 10 years in Cascade, Idaho, a small mountain town 80 miles from the nearest tertiary center, doing clinic, hospital and ER coverage. It is a great place to work. In summer, the population of Cascade is 900 on Wednesday night and 20,000 on Friday night. There’s great variety, and I have become the acknowledged fishhook removal specialist. I work with another MEDEX graduate, Nikki Rota, PA-C (Yakima Class 13) (2008), and a family practice doctor. We share coverage of the “house,” and I have been known to take ER calls from my boat. (The dock is about 500 yards from the hospital.) The beard has turned white and the ponytail is down to my belt. Doin’ it my way.”

Charles H. Beymer, M.D., Res. ’93 (internal medicine), Fel. ’02 (medicine), writes, “Teaching gastrointestinal fellows at the University of Arizona School of Medicine.”

Nora Disis, M.D., Fel. ’93 (oncology), was appointed the inaugural holder of the Athena Distinguished Professorship of Breast Cancer Research at UW Medicine. She is the director of the Center for Translational Medicine in Women’s Health and the Institute of Translational Health Sciences.

Cheryl Kerfeld, M.S. ’93 (rehabilitation medicine), Ph.D. ’11, (rehabilitation science), has been appointed a UW acting assistant professor in the Department of Rehabilitation Medicine and teaches courses in the doctor of physical therapy program.

Kate Garst, M.D., Res. ’94 (family medicine), writes, “In 2004, I retired from medicine because of multiple sclerosis. I’m now raising two teenagers, gardening and enjoying my large Iowa family.”

Eileen Gibbons, M.D. ’94, lives with her daughter in Seattle. She has been running her own clinic for 16 years in downtown Seattle and says these days she enjoys yoga, biking and family. She is looking forward to seeing fellow ’94 graduates at this year’s reunion.

Maria “Rina” Reyes, M.D., Res. ’94 (physical and rehabilitation medicine), has been appointed a UW associate professor in the Department of Rehabilitation Medicine. Reyes specializes in spinal cord injury, neurologic rehabilitation and spasticity management.

Michael D. Hughes, M.D. ’95, will be joining the University of California Riverside School of Medicine as a health sciences assistant clinical professor of family medicine.

Tracy L. Jirikowic, M.S. ’95 (occupational therapy), was named to the American Occupational Therapy Foundation roster of fellows for her “leadership, scholarship and education in developmental disabilities.”
Regine Keller-Melchior, M.D., Fel. ’95 (dermatology), writes, “I am working as a dermatologist in a special diagnostic clinic in Germany. We see patients from different parts of Germany, Europe and overseas, and we do clinical research.”

Elizabeth H. Sims, B.S. ’95 (microbiology), writes, “I’m currently enrolled in the doctor of naturopathic medicine program at Bastyr University.”

John Stamatoyannopoulos, M.D. ’95, received the 2013 UW School of Medicine Alumni Early Achievement Award (see page 32). He has appointments in genome sciences and medicine at UW Medicine.

Shawn West, M.D. ’95, Res. ’98 (family medicine), was appointed chief medical officer at Coordinated Care, a Medicaid Managed Care health plan for the State of Washington. West will continue to see patients one day at week at Edmonds Family Medicine/Puget Sound Family Physicians.

Traci Hiegel, M.D. ’96, Res. ’97 (pediatrics), writes, “I have been in general pediatrics for 15 years. It’s been exciting to see my patients, from newborns to high school. I feel like a part of many families. I have two kids, Sarah (16) and Ben (9). Sarah will be applying to the UW and is interested in medicine. Ben is passionate about baseball. My hobbies include traveling, reading, jogging, hiking and music.”

Shinichiro Maeshima, M.D., Ph.D., Fel. ’96 (physical and rehabilitation medicine), writes, “I am a professor in the Department of Rehabilitation Medicine II at Fujita Health University’s School of Medicine. My current work focuses on stroke rehabilitation, especially cognitive function and swallowing disorders. I am a veteran judoist of the third rank and an avid alpine skier.”

Elizabeth J. McKinnis, M.D. ’96, Res. ’99 (internal medicine), Chief Res. ’00 (internal medicine), writes, “After a long hiatus as a stay-at-home mom for our four children (6, 9 (twins), and 12), I returned to practicing clinical medicine last year. I am employed as an outpatient community-based clinician in internal medicine by Norwalk Hospital Physicians Surgeons, with my office based in Fairfield, Conn.”

Peter M. Rhee, M.D., Fel. ’96 (general surgery), MPH, writes, “I am the vice chair of surgery and chief of trauma, surgical and critical care, burns and emergency surgery at the University of Arizona.”

Michael D. Taylor, B.S. ’96 (microbiology), PA-C, writes, “I’m a practicing physician assistant in orthopedic surgery and recently started an urban winery in West Seattle.”

Jeff Trimble, PA-C (Yakima Class 1) (1996), writes, “I’ve been working in cardiac surgery in St. Cloud, Minn., since 1997. I obtained my master’s in PA studies from the University of Nebraska. Passed CAQ (certificates of added qualifications) in cardiac surgery in 2012.”


Andres Garcia, PA-C (Yakima Class 2) (1997), writes, “Upon graduation, I accepted a position as a PA-C working in rural Dayton, Wash. (Columbia County), where I practiced family medicine and emergency room medicine for four years. In 2001, I accepted a position with Benton Franklin Orthopedic Associates, working as a clinical PA in orthopedics. I am still with the group 12.5 years later. I enjoy my position here. My background is in diagnostic radiology, and I work as a radiologic technologist in hospital and clinical settings, providing radiology, CT scans and MRI services. This December, I will celebrate 20 years of being married to my wife, Marisela. God blessed us with three beautiful children.”

Jeanette S. Carlson, PA-C (Seattle Class 30) (1998), welcomed a grand-daughter, Isabella, on March 10.
Martha Winje, PA-C (Spokane Class 1) (1999), writes, “I worked at Newport Hospital in the emergency department and in primary care for years. This year, I accepted a job with Beacon Occupational Health and Safety Services. They contract providers for remote-site medical services. Right now, I am part of a three- to five-year mine remediation project in the Cascade Mountains above Lake Chelan, and I am taking care of 150–200 workers at Holden Village. Life is very good.”

2000s

Hilary M. Bowers, M.D. ’00, and Peter M. Bowers, Ph.D. ’98 (biochemistry), welcomed a daughter, Rivka, on April 12.

Nicole P. Bowlds, M.D. ’00, Res. ’06 (internal medicine), Res. ’06 (anesthesiology), welcomed twin boys, Anthony and Gabriel, on August 2.

Paul Maioocco, PA-C (Yakima Class 5) (2000), writes, “My career has taken us from Washington to Nevada and back a few times. I started working in the emergency department for several years and then settled into urgent care. I have worked for an occupational medicine group in Richland, Wash., since 2007, although over the years I have routinely worked per diem in either the ED or urgent care. I have teamed up with three other MEDEX Yakima graduates, Robert S. Diaz, PA-C (Yakima Class 6) (2001), Karen L. Nguyen, PA-C (Yakima Class 12) (2007), Bobby Linares, PA-C (Yakima Class 16) (2011), to make a truly unbelievable team. It has been a blessing to work with such great individuals who have the same training and similar thought processes. Thank you, MEDEX, for the quality training.”

David A. Pommer, M.D. ’00, writes, “I am an adjunct professor at the Pacific Northwest University of Health Sciences. I also lead the local chapter of the Christian Medical and Dental Association.”

Sarah S. Wilborn, PA-C (Seattle Class 31) (2000), writes, “I have worked for the Snohomish Tribe for 10 years in family medicine (and as chief medical officer for one year). I have two girls, 8 and 10; we spend our time in Chuckanut Bay in Bellingham, Wash., playing on the water and in the garden.”

Persistencia: Saul Valencia, M.D. ’06, Res. ’12

Persistencia. It’s Saul Valencia’s way. His family moved to the U.S. from Mexico when he was 7; he picked apples as a child. When a friend convinced him to apply to college, it took Valencia several tries to get in to Washington State University. Politely — persistently — he reapplied. “I guess that they thought they should give me a chance after all,” says Valencia.

After he completed medical school at UW Medicine, Valencia, realizing the need for Spanish-speaking medical providers, returned to the Yakima area for his residency in a community health center. He knew people were underserved and under-insured. And he knew the culture. Now Valencia works at Tri-Cities Community Health in Pasco, Wash.

“Serving the farm-worker population is the most rewarding part of my job,” says Valencia. “These are people I grew up with — some are from the same part of Mexico as I’m from!”

Eldon Leinweber, PA-C (Spokane Class 3) (2001), writes, “I am the owner of North Central Washington Health, LLC; we have a family medicine clinic in Mansfield, Wash., and we operate a Labor & Industries clinic in Wenatchee. I also do per diem ED at Brewster’s Three Rivers Hospital. Since I live in a rural community and it is hard to find people to volunteer, I serve the community as a volunteer fireman — our area is known for some large wildfires. Rural medicine is a challenge, since you don’t have a hospital close by (the nearest is more than 30 miles away) nor the advantage of sending someone down the street to the specialist. I do believe I am living my dream of service — to people who choose wide open spaces away from the hustle and bustle of life in larger cities.”

Jose Osorio-Lopez, PA-C (Yakima Class 6) (2001), MHA, writes, “I have been in Florida for about 12 years since completing the MEDEX Northwest program. I have been with the University of South Florida for more than 11 years, and I have joined Tampa General Hospital as a bariatric PA. I am fortunate to be working again with my past mentor, Dr. Michel Murr, and newcomer Dr. John Paul Gonsalvo!”

Robert Brookshire, PA-C (Seattle Class 34) (2002), writes, “I am still living in Portland with my partner of seven years, Eric. I continue to practice trauma, critical care and general surgery at Legacy Emanuel Medical Center under the employment of Pacific Surgical, LLC. We have seven surgeons and 10 PAs on the adult trauma team. And I recently enrolled with the University of Nebraska...”
Medical Center's distance learning program to complete studies for a master's in physician assistant studies.

Carlos Caso, PA-C (Yakima Class 7) (2002), writes, “My family and I finished a one-year mission in Nicaragua in June 2013. I helped out with two medical missions with Corner of Love, and I just accepted a job offer with Bellevue Bone and Joint Physicians. This will be my second orthopedic job, as I was at Orthopedics Northwest in Yakima, Wash., for more than six years. I am blessed to be a PA and to return to the U.S.”

Gregory Crowther, M.D., Ph.D. ’02 (physiology and biophysics), writes, “My website, SingAboutScience.org, has recently expanded. In addition to offering a searchable database of over 6,500 science- and math-related songs (including some medicine-focused ones!), it now includes a separate database of science/music-related lesson plans and a section challenging students with brief online quizzes before and after watching science music videos. I hope these new features will further help students discover the fun and excitement of science and related disciplines.”

Kim Dotson, PA-C (Spokane Class 4) (2002), writes, “I have moved to Rockwood Clinic Urgent Care. After more than nine years of working with the medically underserved (two years in a community clinic and more than seven taking care of an adult male population in the Department of Corrections), I elected to branch out, and I am loving it! I have been at Rockwood Clinic Urgent Care for just over a year now, and it’s been a really good career move for me. I continue to challenge myself physically, and I am planning to run my first ultramarathon in October!”

Brian Granvall, PA-C (Seattle Class 34) (2002), writes, “My family and I have relocated back to the Northwest from Virginia. We are in Boise, Idaho, where I have become the first interventional radiology PA in the state. I now work for the Boise Radiology Group and am spearheading an interventional radiology PA program. It will eventually expand to include several PAs covering multiple facilities in the Treasure Valley region. If there are any MEDEX alumni in the area, I would love to link up. I’d also like to begin taking students again.”

Adam S. Lauring, M.D. ’02, Ph.D. ’00 (molecular and cellular biology), writes, “I was one of 16 national recipients of 2013 Clinical Scientist Development Award from the Doris Duke Charitable Foundation. I am an assistant professor in the Division of Infectious Diseases and the Department of Microbiology and Immunology at the University of Michigan. My laboratory studies the evolutionary dynamics of poliovirus and influenza virus.”

Larry Applebee, PA-C (Yakima Class 8) (2003), writes, “After leaving MEDEX, I started my career as a National Health Service scholar, doing primary care at a federally qualified health center. Then I did five years in cardiology with part-time ER. Now I work as a hospitalist and part-time in the ER. I also spent time in Haiti — got there a week after the earthquake and delivered 28 babies while there. I’ve also volunteered with Timicare in Ecuador.”

Bill Bomberger, PA-C (Yakima Class 8) (2003), writes, “I recently won Provider of the Year at the Community Health Association of Spokane. And I continue to enjoy life in Spokane with my lovely wife, Amy Kukuk Bomberger, (former staff at MEDEX) and our two children Alma (age 2) and Guillermo (age 5).”

Kevin Hudson, PA-C (Seattle Class 35) (2003), writes, “I’m working in Boise in a family practice clinic that was recently acquired by a local hospital system. It’s a very busy practice, and we see about 30 patients a day on average. Still working as professional ski patrol at Bogus Basin and longing for winter.”

Heather (Fraser) West, M.D., Res. ’03 (internal medicine), Chief Res. ’04 (internal medicine), writes, “Jason and I are living happily in Bend, Ore., where I work part-time in breast oncology and he works full-time in electrophysiology. We have two daughters, ages 2 and 5.”

Raylene Lawrence, PA-C (Spokane Class 6) (2004), writes, “I am practicing in Colfax, Wash., a small rural farming community south of Spokane. We have a wonderful clinic with six doctors, three mid-levels and an award-winning critical access hospital. I remain grateful every single day that I get to practice what I love to do — which is helping others — with the education I received from the MEDEX program.”

Gail Tharpe-Lucero, PA-C (Spokane Class 6) (2004), writes, “My husband, Gil, and I moved to New Zealand in October to participate in the New Zealand Physician Assistant Project, spearheaded by Ruth Ballweg. We are very excited.”

Janna Friedly, M.D., Res. ’05 (physical and rehabilitation medicine), a UW assistant professor in the Department of Rehabilitation Medicine, has been awarded a Patient Centered Outcomes Research Institute Award for her three-year project, “Long-term Outcomes of Lumbar Epidural Steroid Injections for Spinal Stenosis.”

Bethany Glotfelty, PA-C (Spokane Class 7) (2005), writes, “We have moved our family to Durango, Colo., where I work in urgent care. We are happy to be where the sun will warm us in the winter while skiing champagne powder.”

Ala Moshiri, M.D. ’06, Ph.D. ’04 (neurobiology and behavior), welcomed a son on Sept. 3.

Sharonjeet K. Sangha, M.D. ’06, writes, “Tyler Nathe, M.D. ’06, and I moved to Bellevue. He joined Proliance Orthopedics & Sports Medicine and specializes in sports-related surgeries. I joined PAS. We have two children, ages 2 and 5 months.”

Timothy Thornton, PA-C (Spokane Class 8) (2006), writes, “I am working full time in the emergency department at Providence St. Joseph Medical Center, in Polson, Mont. I am now a grandpa and a grandpa-to-be, which is pretty cool.”

Cynthia D. Bader, M.D. ’07, and her husband, Sunny Wu, welcomed a son, Lincoln, on May 3, 2013.
Clay Josephy, M.D. ’07, works in South Lake Tahoe as an emergency physician.

David Morgenroth, M.D., Res. ’07 (physical and rehabilitation medicine), has been appointed a UW assistant professor in the Department of Rehabilitation Medicine.

Matthew Crull, M.D. ’08, a fellow at UW Medicine, has been named the first recipient of the Safeway Outstanding Cystic Fibrosis Junior Clinical Research Award. The award is given to a clinical fellow or junior faculty working in the area of cystic fibrosis.

Jodi Daigen, PA-C (Spokane Class 10) (2008), writes, “I have been living in Dublin, Ireland, for the last two years and am returning to America this fall to begin locum work. They don’t yet have PAs here. My husband, Gavin, works for the Irish Times, and I will be living between Dublin and the States for the next few years.”

Konrad Kessler, M.D. ’08, and Stacy Kessler, M.D. ’08, of Boise, Idaho, welcomed a son, Clay, in November. See page 43.

Cory Anderson, PA-C (Spokane Class 11) (2009), writes, “I currently work for the HealthEast Care System — full time in the emergency department of three busy acute-care hospitals in St. Paul, Minn. Breaking some ground, you might say, since PAs are unfortunately rather new to this specialty in the Twin Cities. Serving the underserved is still my real passion.”

Benjamin Pate, PA-C (Spokane Class 11) (2009), writes, “I work in The Dalles, Ore., in internal medicine. I’ve been working in this office since I graduated. My family and I recently bought a blueberry farm and we’re running that as well.”

Chris Rieman, PA-C (Spokane Class 11) (2009), writes, “After three years of doing pulmonary and critical care with Spokane respiratory consultants, I’m doing critical-care medicine for Lee Memorial Health System in Fort Myers, Fla. We have been here for nearly a year and my wife, Kathy, and our two little girls love it. I am pursuing a master’s degree through the University of Nebraska and will be finishing it this fall.”

Chad Tiller, PA-C (Seattle Class 41) (2009), writes, “Liz and I moved from Las Vegas to Raleigh, N.C. I am now working for Duke University Health System in urgent care, a branch of primary care.

**2010 Through Today**

Sunil K. Aggarwal, M.D. ’10, Ph.D. ’08, writes, “I’m now in my final year of physical rehabilitation residency at New York University. I then plan to complete a fellowship in hospice and palliative medicine at the NIH Clinical Center. We are expecting a child this fall!”

Anthony Azevedo, Ph.D. ’11 (physiology and biophysics), writes, “At the UW, I studied rod photoreceptors in the retina and how they transform incidental light into a neural signal that the brain can use. I now work in the Wilson Lab at Harvard Medical School, where we are attempting to address questions of how sensory stimuli are encoded by networks of neurons and how the performance or functional characteristics of these neurons shape the information available to guide an organism’s behavior. To do so, we are studying the auditory system and sense of hearing in the fruit fly (Drosophila melanogaster). Relative to humans, it has a simple auditory system — only a few hundred neurons. This is a very young field; ultimately, we would like to understand how the information in the auditory system guides the fly’s behavior: for example, allowing the fly to recognize a fly of the same species. My girlfriend is starting law school in Seattle, so we travel back and forth, but we would eventually like to live in the Pacific Northwest.”

Paul Barlond, PA-C (Seattle Class 43) (2011), writes, “I had the opportunity to work in family medicine and internal medicine for nearly two years, and I am transitioning to a career in emergency medicine. Since graduating, I’ve enjoyed my usual outdoor activities, including skiing and hiking. I have also continued to travel throughout the U.S. and internationally.”

Andrew Becker, PA-C (Spokane Class 13) (2011), writes, “I work at Palouse Medical, treating ambulatory minor emergencies and occasionally major ones in their attached urgent-care clinic. I also assist in C-sections for OB patients when the docs aren’t available. In my spare time, I work as an ambulance-based clinician out of Moscow, Idaho, doing critical-care ground transfers. Since graduation, we’ve added a third child to our racks; Aaron is now 15 months old and is (delightfully) into everything.”

Michelle Billish, PA-C (Seattle Class 43) (2011), writes, “I’m currently working for Planned Parenthood as a float clinician four days a week.”

Peter Frey, PA-C (Seattle Class 43) (2011), writes, “I’ve been working as an orthopedic-spine PA in Everett, Wash., since graduation. When in the OR, I am a first assist, and I train students and fellow PAs.”

Dayne T. Mickelson, M.D. ’11, writes, “I am in my third year of residency in the UW Department of Orthopedics. My wife, Kelly, and I just had our first child, Bryce, in March.”

Donald J. Perry, M.D. ’11, welcomed a daughter, Olivia, on January 25.

Andrew F. Powers, Ph.D. ’11 (physiology and biophysics), is working as a presidential postdoctoral fellow at the Novartis Institute for Biomedical Research. He and his wife recently welcomed a daughter.

Lesley H. Richardson, M.D. ’12, writes, “I’m excited to be transitioning from intern to PGY2, and I have had a great year in Portland, Ore.”

Kellie L. Vigna, M.D. ’12, Ph.D. ’10 (molecular and cellular biology), writes, “I am a first-year medical resident at the UW.”

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

**ALUMNI**

**William Butts, M.D., Res.**
Born Nov. 16, 1913, in Spokane, Wash.
Dr. Butts was the director of the Washington State University Student Health Service.

**Charles R. (Rosy) Rosewall, M.D. ’51**
Born Oct. 1, 1921, in Blue Earth, Minn.
Died March 20, 2012, in Burbank, Calif.
Dr. Rosewall was a former POW who had a private practice in psychiatry.

**George H. Handy, M.D., Res. ’52, MPH**
Born Feb. 23, 1917, in Kellogg, Idaho
Died July 27, 2013
Dr. Handy practiced general medicine, delivering more than 1,000 babies.

**Alvin J. Novack, M.D. ’52**
Born March 11, 1925, in Red Lodge, Mont.
Died July 27, 2013
Dr. Novack, who practiced at Swedish, was an instructor pilot during World War II.

**George E. Balyeat, M.D. ’54**
Born March 27, 1927
Died Oct. 19, 2013

**G. Malcolm Cottington, M.D. ’54**
Born Aug. 13, 1927, in Honolulu, Hawaii
Died July 1, 2012, in Butler, Penn.
Dr. Cottington practiced orthopedic surgery in Pennsylvania for 26 years.

**Gordon A. Logan, M.D., Res. ’54**
Born in Rockford, Ill.
Died July 26, 2012, on Mercer Island, Wash.
Dr. Logan was an avid sportsman who had a degree in electrical engineering.

**Janice Keller Phelps, M.D., B.S. ’54, Res. ’60**
Born Sept. 4, 1932, in Parkland, Wash.
Died April 1, 2012, in Sagle, Idaho
Dr. Phelps specialized in both pediatrics and addiction medicine.

**Harold E. King, M.D. ’55**
Born August 2, 1924, in Iowa City, Iowa
Dr. King served in World War II, then practiced internal medicine at Swedish for nearly 30 years. Please see Dr. King’s obituary on page 50.

**Robert E. (Bob) Carney, M.D. ’56**
Born April 13, 1930, in Le Sueur, Minn.
Dr. Carney loved music — from Beethoven to bluegrass — and practiced psychiatry.

**Thomas J. Huchala, M.D. ’56**
Born Dec. 13, 1924, in Columbia Falls, Mont.
Dr. Huchala was a decorated veteran who practiced family medicine.

**Joseph O. Dean, Jr., M.D., Res. ’57**
Born July 21, 1932, in Richmond, Va.
Died June 12, 2013, in Rhinelander, Wisc.
Dr. Dean was a pathologist who enjoyed sports and travel.

**Roger D. Hoffman, M.D. ’59**

**Ronald G. Patton, M.D. ’59**

**Walter D. Schwindt, M.D. ’59**

**Ronald R. Clarke, M.D. ’64**
Born March 17, 1931, in Oakland, Calif.
Died April 25, 2013, in San Jose, Calif.
Dr. Clarke was a pediatrician who volunteered with Flying Doctors.

**Vincent A. Codiga, M.D., Res. ’64**

**John B. Bowes, M.D., Res. ’65**

**Phillip L. Hall, M.D. ’65**

**Ivor S. Smith, M.D., Res. ’65**
Born June 1933, in Northern Rhodesia, Africa
Died Feb. 21, 2013, in Wells, Vt.
Dr. Smith was an advocate for the effective treatment of chronic pain.

**Edward David Joneschild, M.D. ’66, Res. ’69**
Born Jan. 1940, in Helena, Mont.
Dr. Joneschild was a pediatrician for more than 40 years.

**Harley J. Scholz, M.D., Res. ’66**
Born June 21, 1940, in Perry, Okla.
Died March 15, 2013, in Perry, Okla.
Dr. Scholz, a family medicine physician, was named Cigna Clinician of the Year in 1984.

**Margaret L. Couture, B.S. ’71, Ph.D.**

**Ricardo G. Hahn, M.D. ’74**
Born May 18, 1944, in Buenos Aires, Argentina
Dr. Hahn was the chair of family medicine at the University of Southern California.

**Mary Karen Richards, M.D., Res. ’74, Res. ’76, Fel. ’76**
Born April 7, 1945, in Auburn, N.Y.
Dr. Richards was a cardiologist and chief of staff at two hospitals.

**David R. Cox, M.D. ’75, Ph.D. ’75**
Born Oct. 7, 1946, in Alliance, Ohio
Died Jan. 21, 2013, in Belmont, Calif.
Dr. Cox was co-director of the Stanford Genome Center and played a key role in the Human Genome Project. Please see Dr. Cox’s obituary on page 50.

**Douglas M. Hill, M.D. ’75, Res. ’78**
Born Dec. 26, 1948, in Idaho Falls, Idaho
Died March 18, 2013, in Caldwell, Idaho
Dr. Hill was a leader in the practice of family medicine in Idaho.

**Thomas B. Reeves, PA-C**
(Seattle Class 8) (1975)
Born June 21, 1945, in Dallas, Texas
Mr. Reeves received the Unsung Hero Award from the National Migrant Clinician’s Network in 1991.

**Dennie Lee Pannell, PA-C**
(Seattle Class 9) (1976)
Born May 12, 1932, in Payson, Wash.
Mr. Pannell, who served in the Korean War, was an artist as well as a physician’s assistant.
Richard D. Atwater, M.D. ‘77
Born July 26, 1948
Died April 5, 2013, in Seattle, Wash.
Dr. Atwater was an orthopedic surgeon who greatly enjoyed travel, cooking and dance.

Jeffrey Alan Kant, M.D., Res. ‘79, Ph.D.
Dr. Kant was an expert teacher and mentor as well as a molecular pathologist.

M. Jeffery Davis, M.D. ‘87
Born Oct. 14, 1959, in Ogden, Utah
Died Aug. 31, 2012, in Samaria, Idaho
Dr. Davis served in the military, enjoyed teaching and had a passion for farming.

Ellen C. Lyons, B.S. ‘87
Born Nov. 23, 1952, in Corning, Calif.
Died March 31, 2013, in Anchorage, Alaska
Ms. Lyons was an artist in addition to being a medical technologist.

Naomi F. Sugar, M.D., Res. ‘91
Born March 5, 1951, in Santa Monica, Calif.
Dr. Sugar, medical director of the Harborview Center for Sexual Assault and Traumatic Stress, was devoted to helping children.

Anne M. Mayton, O.T. ’95
Ms. Mayton held a fine arts degree in addition to a degree in occupational therapy.

Gregory Foltz, M.D., Res. ‘97
Born June 14, 1963, in Kansas City, Mo.
Died June 27, 2013, in Seattle, Wash.
Dr. Foltz devoted his life and career to defeating brain cancer. Please see Dr. Foltz’s obituary on page 50.

Jonathan Bleyhl, M.S. ’06
Born July 2, 1977
Died Dec. 2012
Mr. Bleyhl died while on vacation in Europe.

FACULTY AND FORMER FACULTY
Keong-Chye Cheah, M.D.
Born March 1939, in Penang, Malaysia
Died August 25, 2012, in Sandy, Utah
Dr. Cheah, a psychiatrist, served in the VA system and in the National Guard.

Eldon L. Foltz, M.D.
Born March 28, 1919, in Fort Collins, Colo.
Died Aug. 10, 2013
Dr. Foltz was the chair of neurosurgery at the School of Medicine at University of California, Irvine, after serving at UW Medicine.

E. S. C. (Sandy) Ford, M.D.
Born Sept. 6, 1914, in Lexington, Ky.
Died July 6, 2012, in Mukilteo, Wash.
Dr. Ford was a decorated veteran who practiced psychiatry and taught at the UW School of Medicine.

Gary K. Grenell, Ph.D.
Born May 31, 1945, in Brooklyn, New York City
Died April 11, 2013, in Seattle, Wash.
Dr. Grenell was a Seattle psychoanalyst and an art photographer.

John W. Harrison, M.D.
Born Nov. 7, 2000, in Ridgefield, Wash.
Dr. Harrison was a rheumatologist for 30 years.

FRIENDS
Devora C. (Dolly) Turner
Mrs. Turner, widow of Leslie D. Turner, M.D. ’55, Int. ’56, and daughter-in-law of the UW School of Medicine’s founder, Edward L. Turner, M.D., supported scholarship funds at the UW School of Medicine. Please see Mrs. Turner’s obituary on page 51.

Lesley C. Watson
Born Feb. 8, 1926
Died Aug. 11, 2013
Mrs. Watson enjoyed philanthropy and was a strong advocate for Harborview Medical Center. Please see Mrs. Watson’s obituary on page 51.

Andrea B. (Bunny) Williams
Born June 28, 1918, in Taunton, Mass.
Died March 15, 2013, in Kalispell, Mont.
Mrs. Williams was one of the founding directors of the Friends of the University of Washington School of Medicine. Please see Mrs. Williams’ obituary on page 51.

ADDITIONAL PASSAGES
We do not always have information on alumni who died some time ago. We only recently learned of the deaths below, and we welcome any tributes or memories you would like to share at medalum@uw.edu.

William B. Baker, M.D. ’53
Born March 14, 1918
Died Sept. 29, 2000, in Seattle, Wash.

Marvin Grieff, M.D. ’54
Born Feb. 28, 1928
Died Sept. 28, 1992

Susumu Hotta, Ph.D. ’58
Born 1918, in Osaka, Japan
Died Nov. 2011, in Osaka, Japan

Robert Mack, M.D. ’59, Res. ’65
Died Dec. 1985

Alfonso M. Rey, M.D. ’59
Born June 1923
Died April 1992

Eric A. Schenk, M.D. ’59
Born Oct. 1932
Died Dec. 1993

Richard H. Lehman, M.D. ’63
Died 1984

Lawrence C. Schmidt, M.D., Res. ’81
Died 1995

Bertram Hoare, M.D. ’84,
Res. ’88, ’89
Born Dec. 21, 1957
Died June 1992

Leslie Bengtson, M.D. ’89
Born March 14, 1957
Died (unknown)

David E. Harrison, M.D. ’95, Res. ’97
Born Aug. 24, 1961
Died Oct. 23, 2012

Correction
M. Alan Permutt, M.D., Res. ’67, Fel. ’69, died on June 10, 2012, in St. Louis, Missouri. The last issue included an incorrect date and location. Our apologies for the error.

Full obituaries at uwmedmagazine.org »
Dr. Cox served on numerous national and international boards and was elected to the Institute of Medicine of the National Academy of Sciences. His passion for science was matched only by his passion for his family and friends. A devoted husband and father, Dr. Cox is survived by his wife, Vicki, and their three children, as well as two brothers.

Gregory Foltz, M.D., Res. ‘97

Gregory Foltz, M.D., Res. ‘97, the founder and director of the Ben & Catherine Ivy Center for Advanced Brain Tumor Treatment at the Swedish Neuroscience Institute, a consummate collaborator and a highly admired physician and researcher, died last June after a four-year battle with pancreatic cancer.

Dr. Foltz was born June 14, 1963, in Kansas City, Mo., attended Washington University Medical School and completed a neurosurgery residency in Seattle at the University of Washington. He began his medical career at the University of Iowa College of Medicine as an assistant professor of neurosurgery and neurology, where he served as co-director of the neurogenomics research lab. Returning to Seattle, he became the director of the Ivy Center.

Dr. Foltz devoted his life to eradicating brain cancer, establishing research and biotech institutions in the Pacific Northwest and helping found the Seattle Brain Cancer Walk to raise critical funds to support brain cancer research. He was a principal founder of Neurosurgery International, a nonprofit educational organization for young neurosurgeons from developing countries. In addition to his career in medicine, Dr. Foltz also was a talented concert pianist. He is survived by his wife, Dr. Luba Foltz, and his children, Clara and Benjamin, and many other family members, including his parents and siblings.

For further reading: The Seattle Times published an inspiring article on Dr. Foltz’s life and accomplishments on July 2, 2013.
Devora C. (Dolly) Turner


Devora (Dolly) Turner approached life with creativity, enthusiasm and vigor, and her pursuits were diverse: she was an artist, a teacher, a lifelong student, a counselor, a real estate broker and a confidant. Her talents were boundless, whether she was teaching art to school children in Guam, molding raw clay into pottery, helping a client buy their first home or working with the Opera Guild.

Mrs. Turner had a passion for travel and shared her adventures with friends and family, and she was generous, loving and giving. She was strongly connected to the UW School of Medicine: her late husband, Leslie D. Turner, M.D. '55, Int. '56, was an alumnus, her father-in-law, Edward L. Turner, M.D., was the school's founder, and Mrs. Turner supported scholarships for students. She truly made the most of her life and was an inspiration to those around her. Mrs. Turner is survived by her two children and their spouses: Peter (Phyllis), Tony (Rebekah), and Daniel (Marguerite); three grandchildren, Alex, Lisa and Thomas; her sister, Arline, and brother, Leon (Denise).

Andrea B. (Bunny) Williams

Born June 28, 1918, in Taunton, Mass.
Died March 15, 2013, in Kalispell, Mont.

Andrea B. (Bunny) Williams was born in Taunton, Mass., a descendant of Simon Newcomb, the 19th-century astronomer. She spent her high-school years in Philadelphia before graduating from Wellesley College in 1940. While working in the chemistry labs of Peter Bent Brigham Hospital in Boston, Mrs. Williams met a dashing young Southerner, Robert Hardin Williams, a rising star at Harvard Medical School. They were married in 1941 and lived in Boston until 1948, when Dr. Williams received a call from Seattle, asking him to become the first chair of the department of Medicine at the University of Washington. While Dr. Williams was busy recruiting faculty members, Mrs. Williams and the wives of several other faculty members founded the Medical Faculty Wives Organization — now known as the Friends of the University of Washington School of Medicine — in 1949. Its purpose was to support the new school.

In 1975, Dr. Williams was recognized by his admirers with the creation of an endowed chair to celebrate his life and work. He died four years later in 1979. Mrs. Williams lived more than 30 more years, travelling extensively and moving to the newly opened Emerald Heights Retirement Community in Redmond, Wash., in 1993. Mrs. Williams was known for her stoic New England wit and her devotion to her friends and family. She is survived by her three sons and daughters-in-law, Robert (Petra), Hugh (Mary Cay), and Alan (Kathy), five grandchildren and other family members. Please see her online obituary at uwmedmagazine.org for more detail.

Donations in memory of Mrs. Williams may be made to the Friends of the UW School of Medicine Founders Scholarship at: UW Medicine Advancement, Attn.: Gift Processing, Box 358045, Seattle, WA 98195-8045.

Lesley C. Watson

Born Feb. 8, 1926
Died Aug. 11, 2013

Lesley C. Watson is remembered as an intelligent, strongly independent woman, both mentally and physically tough. She enjoyed a wonderful career at Costco. After retirement and the death of her husband, “Red” Watson, she moved into Horizon House in Seattle. There, Mrs. Watson served on the board, worked on many philanthropic causes and hosted wonderful parties. She fought against physical adversities, and her attitude inspired all who knew her.

Mrs. Watson died of heart complications at Harborview Medical Center, a place that she had generously supported for more than a decade. Her many friends will miss the joyfulness she brought into their lives. Mrs. Watson came from a large family, who loved her dearly, and she is survived by her brother, Jack Guile (Maureen), and her sisters, Janet MacKenzie (Gary) and Lynn Dufort (Ron) — as well as by many nieces and nephews. In her own words, she had “a fabulous life.”
It was a breathtaking few weeks for then 29-year-old Megan Fisher: first, winning gold and silver cycling medals at the 2012 Paralympic Games in London, then getting engaged not long after at the Eiffel Tower in Paris. “It was an incredible journey,” says Fisher, a physical therapy student at UW Medicine.

The beginning of Fisher’s athletic and professional journey began, however, when she was a good deal younger — and absorbed by a completely different sport. “I was three years old when I got my first tennis racket,” Fisher says. She played competitively at the University of Montana while studying wildlife biology, and she and her best friend, Sara Jackson, taught tennis at a summer camp in Chicago. The two had big plans. When they returned to Missoula, Mont., in the fall, Fisher and Jackson were going to share an apartment. And they were going to become teachers.

Everything changed on June 30, 2002, during their road trip from Chicago to Missoula. Fisher doesn’t remember the car accident on I-90 that cost her left foot and — in a heartbreaking turn of events — took Sara Jackson’s life. What she does remember is the doctors’ decision to amputate her foot and the long road to recovery that, thanks to physical therapy, became the road to athletic excellence. Fitted with a prosthetic foot, Fisher did her first triathlon two years after the accident and 11 months after the amputation. Later she became deeply interested in cycling, and when she developed a painful hip injury in 2010, she began work with a physical therapist.

“My PT was awesome,” says Fisher, and she credits the PT not only with alleviating her pain, but also with helping her win two Paralympic medals. “She gave me the confidence that I could lead a fulfilling, pain-free life, and that I had what it took to become a physical therapist, too.” Fisher then decided to apply to the physical therapy program at UW Medicine.

Dissection, anatomy — Fisher enjoys school, and she admires her teachers’ expertise in their fields. She’s also appreciated the curriculum; even in the program’s first two years, when students are mostly based in the classroom, they still have contact with real patients.

Fisher remembers one such patient, who was recuperating from a stroke and having trouble walking. The students made a suggestion: practice walking in front of a mirror. It worked so well — an asymmetrical gait evolving into a neutral gait right then and there — that the patient started to cry. So did the students. “It was proof that there were still gains to be made,” says Fisher.

Fisher is uncertain what her future holds. She may return to practice in Missoula, Mont., where she owns a house and some chickens. She’s considering working in a clinic, though she’s unsure of the specialty she might like to pursue: sports medicine, oncology, pediatrics. Not least, the former tennis instructor is considering earning a doctorate and becoming a teacher — in anatomy and physiology. There are professors Fisher would like to emulate, and she remembers the long-ago plan that she formulated with her friend, Sara.

First, though, there are more cycling competitions. And a wedding. And a graduation. “I want to do everything right now,” Fisher says. If history is any indication, she will.
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