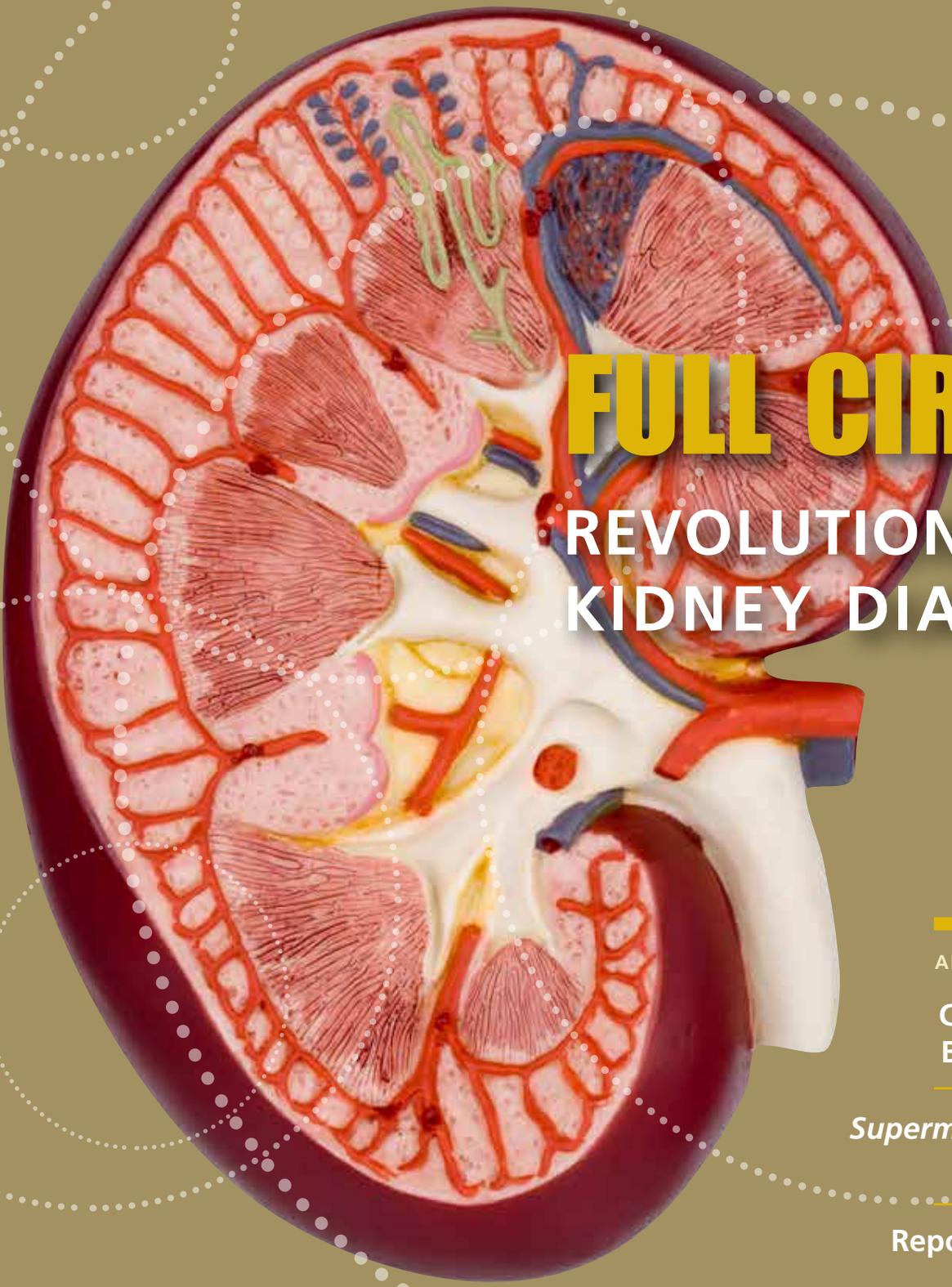


# UW Medicine

VOL. 38, NO. 2  
FALL 2015



## FULL CIRCLE

### REVOLUTIONIZING KIDNEY DIALYSIS

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ALSO IN THIS ISSUE

Cystic Fibrosis  
Breakthrough

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*Superman's* Director  
Takes Flight

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Report to Donors  
2014–2015

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# A LIFE OF SERVICE



**S**HIRLEY VAUGHN believed in community. She volunteered at the library, the hospital and the local chamber of commerce. She knitted caps for a youth center.

When her daughter, Joyce Kirk, was diagnosed with multiple sclerosis (MS) in 1998, it's no surprise that Shirley found a way to take action, even from across the country. "She had an opportunity to make a gift to UW Medicine, with the hope of helping not only me, but other people with MS," says Joyce.

Shirley passed away in 2014 at the age of 87. And with a bequest made to MS research, she's still making a difference in our community.

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

**UW Medicine**

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# UW Medicine

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

## Contents

VOL. 38, NO. 2 | FALL 2015

### FEATURES

<b>Full Circle: Revolutionizing Kidney Dialysis</b> . . . . .	8	<b>Winning the Race Against Cystic Fibrosis</b> . . . . .	12
---	---	---	----

### TOP OF MIND

<i>Superman's</i> director takes flight; plans for diversity; babies and hypothermia; students and global health; specimens and science . . . . .	15
---	----

### REPORT TO DONORS

Advancing palliative care, understanding Alzheimer's, promoting sports safety, recognizing faculty, supporting students and patients; our donors were key in 2014–15 . . . . .	19
--	----

### AND MORE

Messages . . . . .	3	Alumni and Student Updates . . . . .	30	ClassNotes . . . . .	36
Around UW Medicine . . . . .	5	Seen & Heard . . . . .	34	Passages . . . . .	46
MEDEX Northwest . . . . .	29			Student Voices . . . . .	52

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“Stuart Farber taught me a lot about the **principles** of palliative care. The No. 1 thing Stu taught me is: when you meet a patient, look them in the eye, and have them **tell you their story**. You’ll hear a narrative **critical** to your role in meeting **their needs**.”

*Michael Linenberger, M.D., Fel. '89  
Read more on pages 22 and 27.*



Stuart Julian Farber, M.D. '74

**“I’m still rescuing others thanks to  
UW Medicine.”**

*- Ken Knott*



**UW Medicine**

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## UW MEDICINE

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## DIVERSITY AND INCLUSION

We are in a new era of medicine and medical education. The stories in this issue portray remarkable new treatments and medical devices to prolong and improve lives. Our new medical-student curriculum is a 21st-century curriculum, featuring an integrated approach, active learning, a focus on lifelong learning, and greater clinical involvement from the start of medical school.

I would like to highlight one vital area of emphasis for the UW School of Medicine — building a diverse health workforce to serve all our patients. At UW Medicine, we are committed to recruiting and sustaining a diverse and inclusive community of faculty, staff and learners. This summer, Leo Morales, our chief diversity officer and I had the honor to be featured speakers at the Association for American Indian Physicians' 44th Annual Meeting and National Health Conference (see page 6). There, we affirmed our strong commitment to recruit more students and trainees from diverse backgrounds, including American Indian students.

Dr. Morales has been with UW Medicine for a relatively short period of time but has already had a terrific impact. Recently, he announced the receipt of a federal award that will help build a pipeline of talented, diverse young people who will enter health careers; this is a vital part of fulfilling our mission. Congratulations to Dr. Morales and the entire Center for Health Equity, Diversity and Inclusion team for their work on behalf of a diverse workforce. You can read more about these efforts on page 16.

There is much work yet to do. We have the right people and community to move us forward and an abiding commitment. Thank you to alumni, faculty, staff, students, trainees and friends for your efforts on behalf of building a diverse health workforce. Our future depends on it.

Sincerely,



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

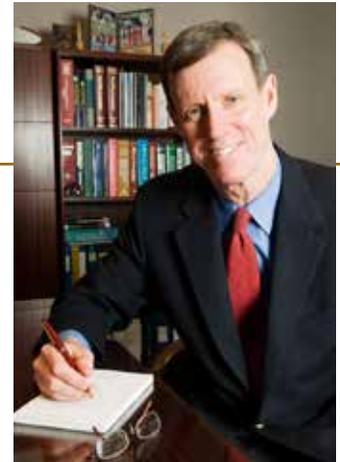


Photo: Clare McLean



Photo: Team Photogenic

## OUR NEW PRESIDENT

I'm Scott Stuart, and it is my privilege to serve as the new president of the UW School of Medicine Alumni Association. I am a proud graduate of the University of Washington, earning a B.S. in zoology in 1992, an M.D. in 2001, and completing my internal medicine residency and chief residency in 2004 and 2005, respectively. My involvement with the University and the School hasn't stopped since the day I enrolled, and I look forward to serving in this new capacity.

For the past 10 years, I have worked as an internal medicine hospitalist at EvergreenHealth Medical Center in Kirkland. For eight of those years, I have been a clinical instructor of medicine, and I have served as the site coordinator for the UW internal medicine clerkship for the past four. I thoroughly enjoy working with students and have found my work as a clinical faculty member energizing. It helps me keep in touch with my alma mater, and getting to know the future physicians who will be serving and leading in our communities inspires my confidence in the future of medicine.

In addition to my involvement with the School, I serve on the UW Alumni Association's (UWAA) legislative action committee. Through this group, I have developed a greater understanding of the issues in our state surrounding higher education in general and medical education in particular. Through my work on the legislative committee, I know that the legislature has been supportive of the University of Washington, and I thank them for the support.

However, we face important challenges in Washington state when it comes to ensuring that we have a robust physician workforce, particularly in rural and underserved areas. We not only need to increase the number of medical students we are educating, but we also must expand the number of residency slots available in our region in order to provide more care to more patients. Doing so is the only way we will be able to meet the growing challenge of providing state-of-the-art medical care to citizens in our region, regardless of where they live. I encourage all of you to take an active role in our UW School of Medicine Alumni Association so that we can work together to serve the needs of the Pacific Northwest.

Thank you for the opportunity to serve as the president of the UW School of Medicine Alumni Association. I look forward to continuing the work of Dr. Angela Chien and the Alumni Leadership Council, and to finding new ways to keep more alumni involved in the life of the School. I welcome your comments and suggestions.

Scott R. Stuart, M.D. '01, Res. '04, Chief Res. '05  
PRESIDENT, UW SCHOOL OF MEDICINE ALUMNI ASSOCIATION, MEDALUM@UW.EDU

P.S. For more information, visit [uwmedalumni.org](http://uwmedalumni.org), or contact our alumni relations staff at 206.685.1875, toll free at 1.866.633.2586, or [medalum@uw.edu](mailto:medalum@uw.edu).

### Mission Statement

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

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

### Vision

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

### Values

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

Also see the *Top of Mind* section on page 15 for more stories.

**Research**

**Intranasal insulin may mitigate memory loss**

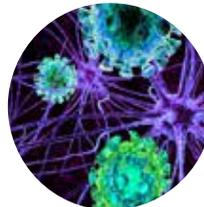
Researchers at UW Medicine, the VA Puget Sound Health Care System and Saint Louis University have discovered that insulin delivered high up in the nasal cavity goes to the brain — not the bloodstream — and aids memory function. This discovery could benefit the estimated 44 million people worldwide suffering from Alzheimer’s disease or other forms of dementia. William Banks, M.D., UW professor of medicine, is the principal investigator of this study, published in the *Journal of Alzheimer’s Disease*. Read more about Alzheimer’s research on page 26.



the senior author. Their findings were reported in *Nature Genetics*. In related news, UW Medicine investigators will be part of a new multi-center study to identify biological markers in children with autism spectrum disorder. Identifying biomarkers will help physicians make early diagnoses and find the most effective treatment for each patient.

**Cancer cells, communicating**

Cells dying from radiation exposure or chemotherapy can release a protein that binds to nearby mother stem cells, allowing them to survive until they can reproduce and regenerate tissue. This process aids the body in growth and recovery. Researchers believe a similar process is at work with cancer cells: dying daughter cells send protective warnings to tumor-initiating cells, enabling their survival and the return of cancer. By blocking these signals, more effective cancer drugs could be developed. Yalan Xing, Ph.D., a postdoctoral fellow in the departments of biology and genome sciences, is the lead author of the study, published in *Nature Communications*, and Hannele Ruohola-Baker, Ph.D., UW professor of biochemistry and associate director of the UW Institute for Stem Cell and Regenerative Medicine, is the senior author.



**Autism: clues to risk and diagnosis**

A new study that included 2,377 children with autism, their parents and their siblings finds evidence of inherited genetic risk, especially between mothers and sons. Mothers who harbor certain gene mutations that produce abnormal proteins remain unaffected, but pass along an increased risk of autism to their male offspring. Niklas Krumm, Ph.D. '14, and Tychele Turner, Ph.D., researchers in the Department of Genome Sciences, were lead authors of the study; Evan Eichler, Ph.D., UW professor of genome sciences, was

**Patient Care**



**UW Medicine hospitals ranked high by U.S. News & World Report**

UW Medical Center (UWMC), Harborview Medical Center and Valley Medical Center were all recognized in *U.S. News & World Report’s* 2015–2016 “Best Hospitals” rankings. UWMC ranked No. 1 in Seattle and No. 1 in Washington state. Several of UWMC’s specialty areas — rehabilitation and cancer — were ranked in the top 10 nationally, and neurology and neurosurgery received a national “high-performing” designation. Valley Medical Center ranked No. 4 in Seattle and No. 6 in the state, and Harborview ranked No. 6 in Seattle and No. 11 in the state. Additionally, Harborview performs high in orthopaedics nationally.

**UW Medicine pioneers stroke-fighting heart device**

The UW Medicine Regional Heart Center is one of the first programs in the nation to deploy the “Watchman,” a device that prevents strokes. The Watchman is designed for people with atrial fibrillation, a condition in which the heartbeat quickens and goes out of sync, possibly leading to blood clots which can travel to the brain and cause a stroke. The device forms a permanent, protective barrier, stopping blood clots from forming.



## UW Medicine

### Health Care Authority chooses UW Medicine to offer new healthcare option

The Washington Health Care Authority has chosen the UW Medicine Accountable Care Network as a new healthcare option for employees in the Public Employees Benefit Board program. The state chose UW Medicine’s network to help achieve the goal of better health, better care and lower costs for its employees.

## Education

### University of Washington No. 3 in the world

The University of Washington was again ranked No. 3 in the world in “clinical medicine and pharmacy,” by the Academic Ranking of World Universities (ARWU), compiled by researchers at the Center for World-Class Universities at Shanghai Jiao Tong University in China. More than 1,000 universities are evaluated every year as institutions overall and by five broad subject areas, including clinical medicine and pharmacy.



### A federal award aims to close the diversity gap in the health professions

The UW School of Medicine’s Center for Health Equity, Diversity and Inclusion (CEDI) and the UW Office of Minority Affairs and Diversity received a grant totaling nearly \$2 million from the federal government for a project called the UW Health Professions Academy. This project will prepare undergraduate students from disadvantaged backgrounds with the skills and experiences to compete for entry into health professions schools, with the aim of closing the diversity gap in the health professions workforce and improving health access. Leo Morales, M.D. ’90, MPH, Ph.D., chief diversity officer and director for CEDI, will lead the project. Read more about Morales and CEDI on page 16.



### Expert mentors recognized

Congratulations to Wylie Burke, Ph.D. ’74, M.D. ’78, Res. ’81, Fel. ’82, and Dawn

Ehde, M.D., Res. ’00, Ph.D., the recipients of the 2015 UW Medicine Excellence in Mentoring Award, which recognizes the vital importance of mentoring faculty, especially women. Burke is a UW professor in the Department of Bioethics and Humanities, and Ehde is a UW professor in the Department of Rehabilitation Medicine. In addition, congratulations go to **Frederick Rivara II, M.D., MPH**, UW professor in the Department of Pediatrics, the 2015 recipient of the UW Minority Faculty Mentoring Award.

## WWAMI



### First Alaska track pediatric residents complete training

The Alaska track of the University of Washington Pediatric Residency Program graduated its inaugural group of primary-care physicians: Patti Clay, M.D., Res. ’15, Theresa Dulski, M.D., Res. ’15, Eric Foote, M.D., Res. ’15, and John Hawes, M.D., Res. ’15. During their residency training, these doctors spent four months each year for the past three years in Fairbanks, Anchorage and Bethel, while traveling to see patients in remote villages. Alaska has a chronic shortage of physicians and ranks near the bottom in the U.S. in its pediatrician-to-child ratio. The Alaska track is a possible model for residencies in other fields facing shortages of rural physicians.



Photo: Maggie Keelan

### A legacy of wisdom, a future of excellence

Two UW Medicine representatives — CEO Paul G. Ramsey, M.D., and Leo Morales, M.D. ’90, MPH, Ph.D., chief diversity officer — were pleased to be featured speakers at the Association for American Indian Physicians’ (AAIP’s) 44th Annual Meeting and National Health Conference, held in July in Marysville, Wash. The conference’s theme was “coming back to the heart of medicine: a legacy of wisdom, a future of excellence,” and it was attended by approximately 300 people.

## Notable

### Jay Shendure appointed to national panel

Earlier this year, the Obama administration announced the creation of the Precision Medicine Initiative, an effort to create more precise and varied treatments for human illness, especially cancer. As a part of the initiative, Jay Shendure, M.D., Ph.D., UW professor of genome sciences, was appointed to the Precision Medicine Initiative Working Group, which advises the director of the National Institutes of Health. The group was charged with developing a framework to create a cohort of approximately 1 million Americans willing to share medical and other information to inform major research efforts into illness and precision medicine. Their first report, issued this September, includes suggestions on recruitment, data collection and other topics.



### Bearing witness: Donald Reay honored

“I’m not a witness for the defense or for the prosecution. I am a witness for the dead.” So said Donald Reay, M.D., UW professor emeritus in pathology and former King County medical examiner, in an interview with *The Seattle Times*. Reay, known locally and nationally for his objectivity, intelligence and curiosity, will receive the Milton Helpem Laureate Award this fall from the National Association of Medical Examiners. Read more about his life and work at [seattletimes.com](http://seattletimes.com); search for “Reay.”

### UW Medicine professor awarded global honor for cell signaling discovery

Peter Greenberg, Ph.D., UW professor of microbiology, is one of two researchers awarded the prestigious 2015 Shaw Prize in life sciences and medicine. He shares the \$1 million award with Bonnie Bassler of Princeton University. The two are being honored for elucidating the molecular mechanism of “quorum sensing,” a process whereby bacteria communicate with each other and which offers innovative ways to interfere with bacterial pathogens or to modulate the microbiome for health applications.



### UW Medicine launches institute with help of NFL, community

Earlier this fall, the National Football League made a contribution to help establish the UW Medicine Sports Health and Safety Institute at Harborview Medical Center. And on Oct. 10, 2015, a generous community — at a benefit held for the institute — came together to raise even more, for a total of more than \$9.25 million. The institute aims to advance research, education and advocacy to prevent sports-related concussions and to study how to make sports and activities safer for all athletes. Read more about the institute on page 24.



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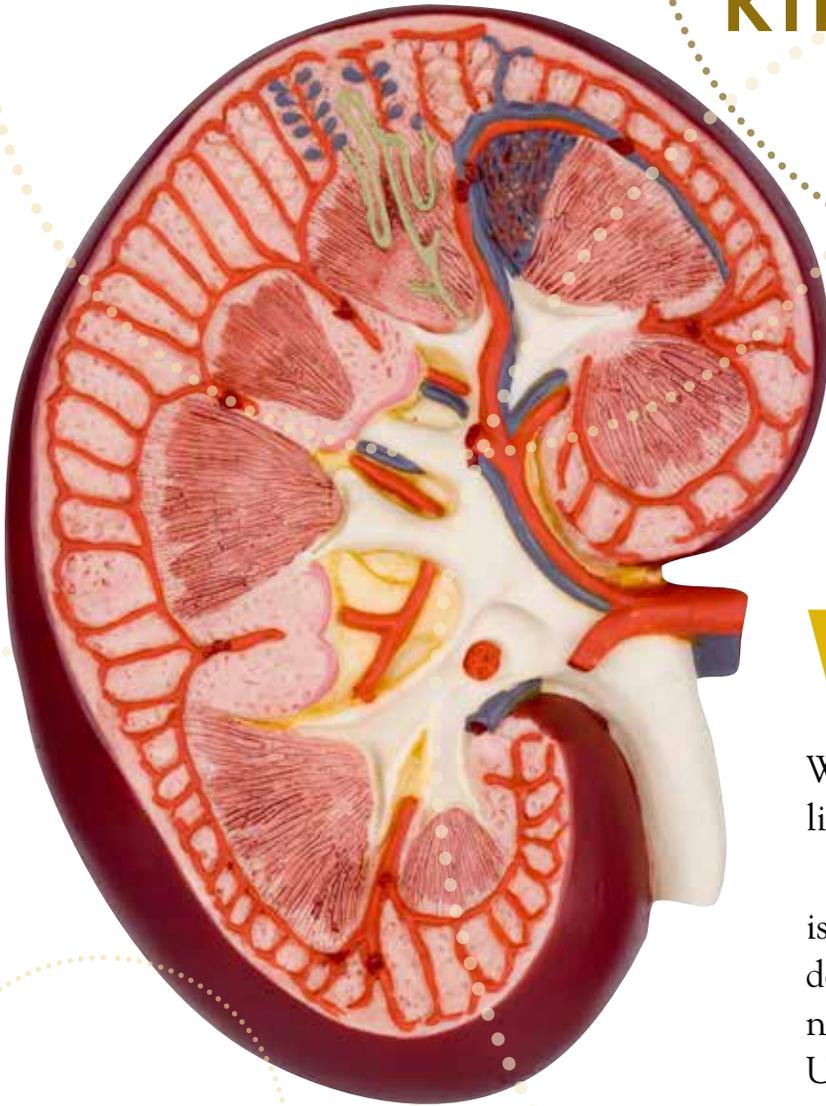
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# FULL CIRCLE REVOLUTIONIZING KIDNEY DIALYSIS

By Sandy Marvinney



**W**earing your heart on your sleeve: an old poetic idiom and a physical impossibility.

Wearing your kidney on your belt? A life-saving idea that is now being tested.

A wearable artificial kidney (WAK) is a decades-old concept, impractical to develop until the advent of novel technologies and new biomaterials. This spring, UW Medicine and its collaborators concluded the first U.S. trials of a WAK prototype. The goal is to develop more effective dialysis therapies for thousands of people with kidney failure.



Photo: Stephen Brashear

### WHY DO WE NEED A WAK?

The wearable artificial kidney (WAK) is a new way to do dialysis.

**The patients.** Nearly half a million people in the U.S. have kidney failure; about 400,000 are on dialysis.

**Today.** In the U.S., more than 90 percent of dialysis patients visit centers several times a week for four to five hours simply to stay alive; others do dialysis at home using smaller machines.

**The WAK.** It's a 10-pound, battery-powered device worn on a belt. It provides around-the-clock, continuous dialysis.

**The potential.** The WAK may offer thousands of people a more normal life, more mobility and better health.

**The challenge.** The team that worked on the trial was only one of three chosen nationwide by the FDA for its Innovation Challenge — a pilot program for innovative devices that address end-stage renal disease as part of the FDA Innovation Pathway 2.0.

### Fighting an epidemic

Kidney disease is an irreversible condition and the eighth leading cause of death in the U.S.

“Chronic kidney disease is a huge public health problem,” says Jonathan Himmelfarb, M.D., UW professor of medicine in the Division of Nephrology, director of the Kidney Research Institute and holder of the Joseph W. Eschbach, M.D. Endowed Chair in Kidney Research. “About 20 million people in the U.S. have chronic kidney disease.”

And the problem, unfortunately, is not going away. According to Himmelfarb, new cases are increasing every year, a byproduct of the aging of the population and the rising prevalence of diabetes and hypertension, which damage the kidneys.

Then there are the costs. “It’s one of the most expensive chronic diseases — it costs more than \$32 billion annually to treat the half-million end-stage patients in the U.S.,” says Himmelfarb. Federal and state budgets carry most of the financial burden.

Patients’ survival depends on long-term dialysis or transplant, but neither solution is perfect. With dialysis, patients in their twenties have just a 20-year life expectancy. Even a transplant is no guarantee; they may function only 10 years or so, requiring another transplant or a return to dialysis.

“We need breakthrough treatment technologies,” says Himmelfarb. Technologies like the WAK.

### A breakthrough technology

Worn on the belt, the WAK is a miniature, battery-powered dialysis machine, connected to the patient via a catheter. New technology has made the WAK possible: lighter, better batteries; more advanced plastics; the invention of a pump that manages water and blood flow differently than in other machines; the use of certain sorbents and enzymes to clean the dialysis fluid.

In a word, freedom. “The WAK allows patients to receive continuous hemodialysis, while going about their daily activities,” says Himmelfarb. And, because the machine works continuously, it should act more like a real set of kidneys: constantly cleaning the blood so that patients will start to feel a marked improvement in their health.

“Chronic kidney disease is a huge public health problem.”

— Jonathan Himmelfarb, M.D.



Photo: Clare McLean

### THE LIFE-SAVING SCRIBNER-QUINTON SHUNT

End-stage kidney disease was a death sentence — until the creation of the Scribner-Quinton shunt at UW Medicine in 1960. The invention made long-term kidney dialysis possible. Developed by two innovators, UW Medicine researcher and patient advocate Belding Scribner, M.D., and engineer and UW professor Wayne Quinton, the shunt was a U-shaped, Teflon-coated tube installed in the arm for easy hook-up to a dialysis machine. Prior to the shunt, physicians had to destroy blood vessels each time dialysis was performed, limiting the number of treatments to five or seven. And while Scribner and Quinton initially chose a Teflon™ coating because they thought it wouldn't react to patient tissue, the material's most important benefit became obvious later on. In an interview with the UW, Scribner reported, "It was only much later that we found out it was the nonstick properties of Teflon™ that really made the shunt work... without the nonstick surface, the shunt always clotted." In enabling long-term dialysis, the shunt — and the refinements that followed — have extended millions of lives.

The WAK's first clinical trial took place at UW Medical Center in Seattle, and the team of collaborators included Himmelfarb and Victor Gura, M.D., the device's developer and founder of Blood Purification Technologies, Inc. (BPT), the early-stage technology company that is producing the prototype. Larry Kessler, Ph.D., chair of the Department of Health Services at the UW School of Public Health, monitored the patient experience and the project's regulatory aspects. In all, the trial took six months and involved seven patients.

"From the patient perspective, the wearable artificial kidney could be the most significant technology advance since the development of long-term dialysis methods in the 1960s," says Himmelfarb.

### Refining the WAK

Many clinical studies worldwide indicate that more frequent dialysis improves patient health, which makes the WAK a very promising development for patient treatment. Its developers hope that it also lowers the cost of healthcare.

Himmelfarb can't say too much about the trial's results; as of press time, they were being submitted for publication. But he's decidedly positive.

"This was a pilot study," he says. "We are very hopeful that there will be ongoing trials that will help to make this a potential reality for patients."

The next steps will include refining the prototype and making technical improvements. The team also plans to conduct several years of clinical testing to assess potential benefits, risks and cost-effectiveness.



Photos: Stephen Brashear

At left: Jonathan Himmelfarb, M.D. (left), unpacks the WAK for Victor Gura, M.D. (center), and Larry Kessler, Sc.D., UW professor of health services. At right: John Kundzins of Northwest Kidney Centers models the device.

“We will take the research one step at a time to make sure the device is performing well,” Himmelfarb emphasizes. “We don’t want to give patients false hope, but we are dedicated to providing more treatment options in the future.”

He’s also considering how ongoing research into kidney function might affect the development of the WAK and other treatments.

“It’s little paradoxical. Some people have pointed out that development of dialysis treatment preceded a good understanding of the disease,” Himmelfarb says. “We need a lot more basic research on kidney function at the molecular and cellular levels to understand the kidneys’ true complexity and to improve treatments for all types and stages of kidney disease.”

**More online »**

Visit [kri.washington.edu](http://kri.washington.edu), and watch Himmelfarb’s presentation on another innovation: the kidney on a chip.

“The WAK could be the most significant technology advance since the development of long-term dialysis methods in the 1960s.”

— Jonathan Himmelfarb, M.D.

**A GOOD PAIR:  
NORTHWEST KIDNEY CENTERS  
AND UW MEDICINE**

In developing the life-saving Scribner-Quinton shunt, Belding Scribner, M.D., made long-term dialysis possible. And in founding Northwest Kidney Centers, the first outpatient dialysis program in the world, he made possible another series of ground-breaking ventures.

In 2008, Northwest Kidney Centers and the University of Washington created the Kidney Research Institute (KRI), now directed by Jonathan Himmelfarb, M.D. The success of the new institute, says Himmelfarb, is made possible by Northwest Kidney Centers’ philanthropy.

“We have approximately 50 active clinical studies under way at the institute, and seed monies from Northwest Kidney Centers have contributed to the majority of these studies,” he says. Himmelfarb lists a few high-potential projects: preventing acute kidney injury in children undergoing open-heart surgery. Educating patients more thoroughly to improve outcomes from the use of home dialysis machines. Performing healthy lifestyle interventions in people with moderate to severe chronic kidney disease.

Northwest Kidney Centers also has contributed to fellowship funding, allowing the UW’s Division of Nephrology and the KRI to attract junior scientists. Himmelfarb notes that the clinical trial involving children and surgery, mentioned above, is led by a fellow.

“Northwest Kidney Centers gave us the opportunity to foster a new generation of dedicated, talented early-career investigators as well as the opportunity to pursue leading-edge research for people living with kidney disease,” says Himmelfarb.

“Without this collaboration,” he says, “the Kidney Research Institute simply would not exist today.”

# WINNING

## the Race Against Cystic Fibrosis

By Eleanor Licata

For decades, Bonnie Ramsey M.D., Res. '79, has been dedicated to treating and researching cystic fibrosis.



Photo: David Wentworth Photography

**A NEW DRUG** is revolutionizing treatment for cystic fibrosis by treating the life-threatening disease at its source, instead of simply addressing the symptoms.

“It’s a huge step to actually direct the drug at the protein to get it to work more effectively,” says Bonnie Ramsey M.D., Res. ’79, UW professor and vice chair for research in the Department of Pediatrics. She’s also the director of the Center for Clinical and Translational Research at Seattle Children’s and the holder of the Bonnie W. Ramsey, M.D. Endowed Chair in Cystic Fibrosis.

A drug called Orkambi holds the key; it corrects the malfunctioning protein that causes cystic fibrosis in about half of the people with the disease. And as lead investigator for the phase III clinical trials of the drug, Ramsey played an instrumental role in the development and approval of Orkambi —

bringing the cystic fibrosis community that much closer to finding a cure.

### The burden of cystic fibrosis

More than 30,000 people in the U.S. and 70,000 worldwide have cystic fibrosis (CF), a rare, life-threatening genetic disease.

The problem lies in a defective protein that normally operates as a salt channel. This defective channel in CF patients creates a salt imbalance, which makes the body’s mucus extra thick and viscous. Over time, mucus build-up in the lungs, pancreas and other organs leads to persistent lung infections and problems with digestion. These bacterial lung infections, called pulmonary exacerbations, require multiple hospitalizations and pose one of the greatest threats to CF patients’ lives.

When the Cystic Fibrosis Foundation Patient Registry began tracking data in 1966, life expectancy

for patients was short: limited to early childhood. Today, life expectancy for a CF patient is close to 40 years of age, a major improvement — one made possible by inhaled antibiotics and other therapies. An improvement that will be enhanced, hopes Ramsey, by Orkambi.

### Living on borrowed time

After training as a pediatrician at Boston Children’s Hospital, Ramsey came to Seattle Children’s. Studying cystic fibrosis was not in her plans. “I was planning on being a pediatric oncologist. But I took a year off and was asked to cover the CF clinic because they were between physicians. And I just loved the patient population,” she says.

Nate Schmidt was one of Ramsey’s patients. Shortly after birth, he was diagnosed with the most common type of CF. A medical resident called his parents to tell them he probably wouldn’t

live past elementary school. “Thankfully, that wasn’t the case,” says Schmidt, now 29 and working for Gilead, a biotech firm in Seattle. “But that was the prognosis at the time.”

It was working with children like Schmidt, living on borrowed time, that inspired Ramsey to change course and develop a clinical research program around cystic fibrosis — and to become a pediatric pulmonologist.

### The needle in the haystack

When the gene responsible for cystic fibrosis was discovered in 1989, a wealth of new information on the disease began to pour in. Researchers found more than 1,800 different kinds of mutations in the CF gene with different effects on the CF protein. Some mutations don’t make the CF protein at all. Others make a protein that misfolds, and some mutations make proteins that fold, but are unable to open once they reach the cell surface.

Different forms of the disease would require different approaches, researchers realized. In order to be effective, therapies would need to be directed toward specific genotypes. Much more research would need to be done to create treatments that would work for individual patients, and Ramsey was part of that work.

In 1997, the Cystic Fibrosis Foundation asked Ramsey to put together a clinical trials network. The following year, with funding from the foundation and the National Institutes of Health, Ramsey created the Therapeutic Development Network, which she helped build into the largest CF clinical trials network in the world.

“We started developing a whole new range of therapies and working with companies to get them interested in cystic fibrosis,” Ramsey says.

Around the same time, the Cystic Fibrosis Foundation provided grants to several laboratories to begin high-

throughput screening. Using vast chemical libraries, researchers used sophisticated, rapid-performance equipment to look for compounds that could correct the abnormal CF protein. The likelihood of them finding anything? “Worse than finding a needle in a haystack,” Ramsey says.

But high-throughput screening found the needle: several potential chemical compounds that could fix the malfunction. Vertex Pharmaceuticals developed them into potentiators, which open the CF protein so it can work as a salt channel, and correctors, which help the CF protein fold and get to the cell surface.

Orkambi is a combination of a potentiator called Kalydeco, which dramatically improves lung function for about 5 percent of patients with CF, and a corrector called lumacaftor. This new drug combination, Orkambi, is designed to treat people with two copies of the F508del mutation — the most common type of cystic fibrosis, affecting around half of the people who suffer from the disease.

Before Orkambi could be approved by the FDA, it had to be proved safe and effective through clinical trials. This was the challenge Ramsey and her team faced: how to translate discoveries made in the lab into safe products for patients.

### Crossing the finish line

Working with the Cystic Fibrosis Foundation and Vertex Pharmaceuticals, Ramsey and her team helped design and conduct several phase III double-blind, placebo-controlled clinical trials for Orkambi, involving more than 1,100 people with CF. Participants, age 12 and older, came from multiple countries.

“Long before any promising drugs had been identified, we were thinking, ‘What do we have to do to be ready?’” Ramsey says. “I thought of it like a relay. Our group was the last ‘runner’ in the relay. So you’re waiting for the baton to come, but then you’ve got to go finish the race.”

### A Day in the Life



*Cystic fibrosis patient Nathan Schmidt describes his daily routine — and an argument for more and better treatments for CF.*

When I get up in the morning, I inhale several medications, including saline. I also take medication to help me digest fats and proteins, and I do physical therapy — I blow into a device that shakes the air in my lungs and allows me to cough up mucus. Otherwise, it would collect and lead to infections.

Exercise is definitely recommended. I bike, run and rock climb.

Growing up, I had to do 45-minute sessions of physical therapy several times a day to loosen the mucus. Self-care gets harder in college because you’re experiencing independence for the first time. Then, if you have a full-time job, it’s difficult to find the time. You might have to sacrifice things like sleep, friends or even work.

“Now,  
when I go  
into the  
room...  
I really can  
provide  
families with  
hope.”

— Bonnie Ramsey,  
M.D., Res. '79

Designing these clinical trials raised a lot of questions. What would they use to measure a change in salt production? How many patients would they include, and where would they find them? Perhaps most importantly, Ramsey says, “How are we going to know we’re there? That’s what’s really scary. You could have a ‘cure’ in the laboratory, but how are you going to detect it to the point where the FDA will approve it, which is your ultimate goal?”

When Schmidt heard about the trial from the UW Medicine Adult Cystic Fibrosis Clinic at UW Medical Center, he lost no time signing up. The clinic, which was recruiting patients for the trial, was established more than 25 years ago by his physician, Moira Aitken, M.D. Schmidt enrolled in the study, and in October 2013, he participated in an extension study. He’s been taking Orkambi ever since.

“I felt normal. I didn’t notice anything different,” says Schmidt. But, he reasons, that’s probably what the drug is designed to do — keep you level and out of the hospital.

“Most people with CF end up visiting the hospital two to three times a year,” he says. “I haven’t been to the hospital for an exacerbation in years. Fingers crossed it won’t happen any time soon.”

### The good news

In July 2015, Orkambi received FDA approval. The results look good. Orkambi improved lung function around 2 to 4 percent — not a huge increase, but a significant one. “But once you get that improvement, [the patient is] stable for 12 months,” says Ramsey. “This is very encouraging.”

Stability, as Schmidt notes, is really important to patients. One of the biggest measures of improvement for people taking Orkambi has been the striking decrease — around 40 to 60 percent — in the frequency of pulmonary infections.

This means fewer hospitalizations for patients, a better quality of life, and possibly



Photo: Clare McLean

Nate Schmidt, 29, visits his physician, Moira L. Aitken, M.D., at the UW Medicine Adult Cystic Fibrosis Clinic, one of the first of its kind in the nation. Schmidt was part of the clinical trial for Orkambi.

a longer life for many people with cystic fibrosis. Although it’s still too early to tell what Orkambi’s full impact will be, it’s a decided victory for everyone who’s worked on the drug.

Ramsey stresses the importance of teamwork in Orkambi’s development and approval: the Cystic Fibrosis Foundation, which has awarded approximately \$25 million to UW Medicine since 1988, played a vital role. As did patients, industry and care teams. “I think it’s an example of when a whole lot of people work together for a common cause, you can really make a difference,” she says.

### Offering hope

In the meantime, more research awaits. There are still CF patients with gene mutations that aren’t addressed by any treatments on the market.

However, with the release of Kalydeco in 2012 and Orkambi in 2015, more than 50 percent of CF patients have a new reason to hope. And so does Ramsey.

“I can remember sitting down with a family and feeling like I could provide comfort, but not really hope,” Ramsey says. “And now when I go into the room, it’s so different because I really can provide them hope.”

Schmidt is familiar with this feeling of cautious excitement. “Just about everybody with this disease is...watching the development timeline of these products that come up,” he says. “We’re always cheering the team on.”

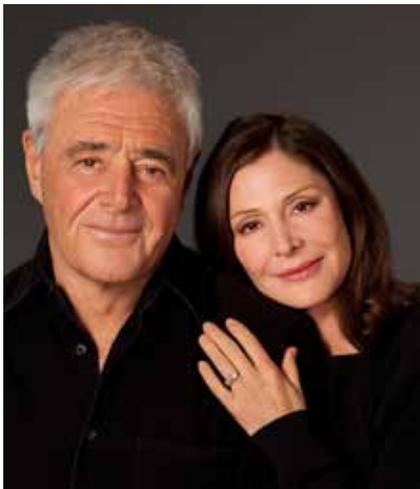
Photo: Clare McLean



# SUPERMAN'S DIRECTOR TAKES FLIGHT

**R**ichard Donner — the director of *Superman: The Movie* — took flight on Aug. 20, 2014. An Airlift Northwest flight, that is. Donner went to Orcas Medical Center with abdominal pain, their medical staff promptly called Airlift Northwest, and our flying ICU took Donner to PeaceHealth St. Joseph Medical Center in Bellingham, Wash.

In addition to being a highly productive director and producer — his credits include *Lethal Weapon*, *The Goonies*, and *X-Men* (a partnership with his wife, producer Lauren Donner) — the 85-year-old Donner is quick with a comeback.



Richard and Lauren Donner

## What do you like about vacationing on Orcas Island?

It's kind of a love story. I don't know if we found Orcas, or Orcas found us, but one way or another, it's worked for 25 years.

## What happened last summer?

I felt very ill — I'd had the experience once before — so I went to Orcas Medical Center. The doctor was great. He did some quick tests: he knew the symptoms, he knew the cause, and he knew the answer. He thought I should be in a proper hospital, so he called Airlift Northwest. The next thing I knew, the EMTs were there, and then the crew from Airlift. It all went so fast. I want to say it was a delightful experience, but I hope I never do it again.

## How are you feeling today? (And a segue about helicopters.)

I'm feeling great, but let me tell you something. I hate helicopters. Often, while filming, I use choppers. I got thrown off the pontoon of a helicopter and landed in the water. We lost a sliding door on a big one. So I've tried to stay away from helicopters until Airlift Northwest came into my life. I'm back to loving helicopters.

## How was this whole experience?

When we make movies, we make a lot of demands on people, and it has to run smoothly. I would like to think that whatever I do next will run as smoothly as everything did last August. From my time at the clinic, to the EMTs, to the Airlift flight, to the hospital, it was extraordinarily well-organized and disciplined. It seemed totally seamless.

## One movie question: what's rewarding about your job?

I get a tremendous kick out of going to a movie theater and trying to sit in the very front row so I can look back at the audience. We're illusionists, and we create illusions of love and laughter and action and whatever. Watching the faces of the audience, I think, "wow, I did that." It's a wonderful feeling, especially if it's joyful.

[Learn more »](#)

To learn more about Airlift, including its AirCare program and other opportunities for partnership, please visit [uwmedicine.org/airlift-nw](http://uwmedicine.org/airlift-nw).

# HIS MOTHER'S SON REDEFINING INCLUSION WITH LEO MORALES

When her son, Leo, went to California for residency, Gladys Romero went to work for the U.S. Census. Her goal was to encourage Latino participation, and she got to know people — a lot of people in the state and region. “Many times when I go into a community, I’m introduced as my mother’s son,” says Leo Morales, M.D. ’90, Ph.D., MPH, with a laugh. “It’s a more relevant introduction than any title I have.”

A little over a year ago, Morales assumed several titles at UW Medicine, including chief diversity officer, director of the Center for Health Equity, Diversity and Inclusion, and co-director of the Latino Center for Health. Morales, who had been conducting health disparities research for two decades, first at UCLA then at the Group Health Research Institute, wanted a change of focus. “When Dr. Ramsey offered me the opportunity for a leadership position addressing diversity at the UW...it offered a way to move closer to having an immediate impact,” he says.

Communication, trust, understanding: these make up the basis of a good patient-physician relationship. But they can be hard to achieve, especially if a patient and her physician speak a different language or have different cultural perspectives. Why is this especially important in the 21st century? The U.S. is changing. According to a press release issued by the U.S. Census in June 2015, millennials (born between

1982 and 2000) represent one-quarter of the population, and 44.2 percent of them are part of a minority race or ethnic group. And when the Census is extended to children age 5 and under, that number climbs to 50.2 percent. By 2050, America will have no clear “majority” race/ethnic group.

The corollary is simple: creating a diverse workforce of doctors — for an increasingly diverse patient population — is good medicine. That’s why UW Medicine hired Morales: to figure out how to recruit, retain and advance the careers of more students, trainees and faculty who will diversify that workforce. How do Morales and his colleagues intend to help the UW School of Medicine meet this challenge? By:

**Attracting more medical students from diverse backgrounds from our own region.** “We need to think more about local colleges and universities,” Morales says. The UW’s Bothell and Tacoma campuses, for instance, and tribal colleges and community colleges.

**Connecting with communities.** By connecting with rural and urban communities, the School can develop more robust pipelines to connect students to the health professions where they are needed.

**Building the pipeline.** In September 2015, the schools of medicine and dentistry at the UW received a grant totaling nearly \$2 million to help mentor UW undergraduates from disadvantaged backgrounds.



“Diversity and all the issues related to culture need to be front and center and part of everything our organization does,” says Leo Morales, M.D. ’90, Ph.D., MPH, UW Medicine’s chief diversity officer.

**Developing a more diverse faculty pool.** Many of the School’s residents become faculty, so programming that pulls in and supports diverse residents is key.

**Refining recruitment.** Faculty are helping to develop and disseminate best practices that help the School recruit diverse candidates during faculty job searches.

Morales is optimistic about creating a more diverse and inclusive school — in part because of the caliber of faculty and students he’s met over the past year.

“My impression is that people want this work to happen but don’t always know how to make it happen,” he says. With the programs described above, he and his colleagues intend to lead the way.

“It’s a large transition, but it’s what’s needed,” Morales says. “Hopefully, over time, we’ll make a difference.”

Learn more »

Want to join the conversation about diversity and inclusion? Contact [mycedi.com](mailto:mycedi.com).

## AN ANCIENT REMEDY FOR MODERN BABIES: HYPOTHERMIA

The concept of using hypothermia as a medical therapy has been around for at least 5,000 years. Its popularity in treating various conditions has fluctuated throughout history, but, in the last decade, it has gained significant traction in treating babies with neonatal encephalopathy. Today, whole-body hypothermia is a standard of care in many Level III neonatal intensive care units (NICUs) — including the NICU at Valley Medical Center, a hospital in the UW Medicine system.

It is estimated that two to nine out of every 1,000 infants are born with neonatal encephalopathy, a disturbance in neurological function caused by oxygen loss. The condition carries a high risk of mortality, developmental delays and permanent brain injury. However, studies in the last decade have shown that lowering an infant's core body temperature to 33–35 degrees Celsius (or 91.4–95 degrees Fahrenheit) — for approximately 72 hours within six hours of birth — improves a child's life expectancy and neurocognitive outcomes.

"It seems like such a simple thing to do to cool the body down by a few degrees," says Kevin Joseph, D.O., a pediatric neurologist at Valley Medical Center. "And it's amazing that it



Pediatric neurologist Kevin Joseph, D.O., examines scans of infant brains. Joseph is part of the Valley Medical Center team that uses hypothermia to treat babies with neonatal encephalopathy. Photo courtesy of Kelley Balcomb-Bartok and Valley Medical Center.

can save lives and make the difference between a low IQ and a normal IQ."

When an infant's brain experiences a sudden loss of blood supply and oxygen, neurons begin to die, and excitotoxic injury results, increasing the likelihood of brain damage. "Hypothermia slows this process down and gives the brain the opportunity to heal and recover," Joseph explains. It also decreases the severity of seizures, which often occur in infants with this condition.

Valley's state-of-the-art NICU is complete with video EEG monitoring, a world-class team of neonatologists and nurse practitioners, and the ability to offer hypothermia treatment on site at a moment's notice. So far, the team has treated two infants using hypothermia, and both cases went smoothly.

"To be able to offer this to the south King County community is really amazing," Joseph says.

## A MEASURABLE DIFFERENCE IN THE WORLD

### THE POST-BACHELOR FELLOWSHIP AT IHME

With three bachelor's degrees — one in mathematics, one in genomics and molecular genetics, and one in human biology — Marielle Gagnier's love of quantitative research is evident. Translating this skill into something useful and tangible was what attracted her to the post-bachelor fellowship at the Institute for Health Metrics and Evaluation (IHME) at the University of Washington. That, says Gagnier, and "the intensity, the rigor, and the vast opportunity for growth academically and professionally."

Recent college graduates with strong quantitative skills can apply for a post-bachelor fellowship at IHME. They take classes while pursuing high-level independent research around core questions: where are the world's major health problems? How well is society addressing these problems? How do we best dedicate resources to improve population health?

Gagnier is addressing these questions by participating in the Salud Mesoamérica 2015 Initiative, designed to close health inequity gaps. Gagnier is involved at every level of the project: from design, to analysis, to dissemination of the data. "We



The Institute for Health Metrics and Evaluation (IHME) is dedicated to understanding — and helping solve — major global health problems. And to educating future researchers and advocates. Marielle Gagnier, pictured above, is finishing up a fellowship with IHME.

have a high level of responsibility," she says. Classroom time is also important.

"We spend a lot of time doing statistics and working in the nitty-gritty details of this data," Gagnier says. "But our course work is usually broad — more health behavior theory and understanding trends in international health and development. That's been a really good way to refocus and to remember why we're doing what we're doing — and how we can use it."

Generally two years long, post-bachelor fellowships can extend into a third year if fellows elect to complete a master's degree. As Gagnier wraps up her third year, she has accepted a research position with IHME, continuing her path in quantitative global health research.

"I've come to really love the field," she says.

# THE RIGHT THING TO DO: NORTHWEST BIOTRUST

If you've had a medical procedure — given a urine sample, had a blood test, undergone surgery — you may have wondered what, ultimately, happens to any specimens collected. The answer is that much of that blood, urine and post-surgical tissue is discarded. Sometimes, however, these samples — their use closely regulated by the government — are used for research.

As any scientist will tell you, these specimens are supremely important to medical investigations. Increasingly, medicine is molecular. Researchers are attempting to understand the genetic, protein-based, or metabolic underpinnings of diseases such as cancer so that they can tailor treatments for patients.

"This means that, on a practical level, the scientific need for biospecimens and associated health information has been growing dramatically," says Stephen C. Schmechel, M.D., Res. '01, Fel. '03, Fel. '06, Ph.D. Schmechel, a UW associate professor of pathology, directs Northwest Biospecimen, the University-based group tasked with collecting and processing research specimens.

There's no doubt that these materials benefit researchers. Take UW Medicine otolaryngologist Eduardo Méndez, M.D., Res. '05, who researches the genomics of head and neck cancer. Méndez has worked with Schmechel's group for three years.

"We've been receiving samples that let us study recurring genetic mutations in patients' tumors, and these samples give us a huge advantage over cell lines reproduced in the lab," Méndez says. "The ability to study tumors directly makes our discoveries much more applicable for eventual therapies and cures."

Today, Méndez and other U.S. researchers who use specimens — and who use patient records, another crucial source of information — are governed by federally mandated institutional review boards (IRBs). But the process, while it protects patients and their privacy, could be improved. That's what UW Medicine aims to accomplish with the creation of a new program, Northwest BioTrust, which will partner with Northwest Biospecimen.

"The IRB determines what samples and records researchers can use. Sometimes, they require the researcher to get patient permission; other research projects don't require that level of consent," says John T. Slattery, Ph.D., vice dean for research. "With Northwest BioTrust, we're going to raise the bar and ask every patient interested in supporting research to sign a consent form when they first enter the UW Medicine system."



Photo: Claire McLean

At present, Northwest BioTrust is under development; it's expected to be up and running in the next two years. When fully implemented, it will streamline the authorization process. Northwest BioTrust also will be in step with — perhaps even exceed, in terms of rigor — proposed revisions to IRB rules under consideration by the federal government. Finally, Northwest BioTrust will provide an additional, significant benefit: patients will be able to indicate an interest in participating in clinical trials when they first enter UW Medicine.

"This ability to be involved in trials — we know it's a real draw for some of our patients," said Slattery. "We want to make it easier to sign up."

Asked if the new consent system might result in fewer specimens and records for scientists to use, Slattery doesn't hesitate. "Possibly fewer will be available," he says. "But we know this is what our patients want, and it's the right thing to do."

REPORT TO DONORS 2014-2015

YOUR CONTRIBUTIONS TO OUR MISSION

# TEAMWORK



Photo: Karen Orders

*“People ask me if I will treat them the same way I treat the Seahawks. I say, ‘You’ve got it backwards. I treat the Seahawks the same way I treat you.’”*

—Stanley Herring, M.D., Res. '82, UW Medicine  
TEAM PHYSICIAN, SEATTLE SEAHAWKS

Stan Herring has a soft Texas drawl, a sense of humor and years of expertise in rehabilitation medicine. It's not hard to see why the Seahawks chose him as a team physician. And it's not difficult to understand why the NFL and the Pigott family chose UW Medicine — where Stan and neurosurgeon Richard Ellenbogen, M.D., have focused for years on athletes' well-being — as the place to help found the UW Medicine Sports Health and Safety Institute.

The institute is a team effort, one made stronger with investment. In fact, this segment of the magazine is full of good stories about teamwork: donors working with us to make medicine better. In the past fiscal year, more than 16,000 people and organizations gave more than \$177 million to UW Medicine's efforts in research,

education and patient care. Some of their stories — a new center in palliative care, a major push for Alzheimer's research, a scholarship for Montana students, and others — are featured in the pages that follow.

Will the Seahawks make it to the Super Bowl this year? A lot of us are hopeful. But will UW Medicine continue to move forward, stacking up wins for medicine? The answer is a resounding “yes” — because of you. Thank you for your generosity.

A handwritten signature in black ink, appearing to read 'Don Theophilus'.

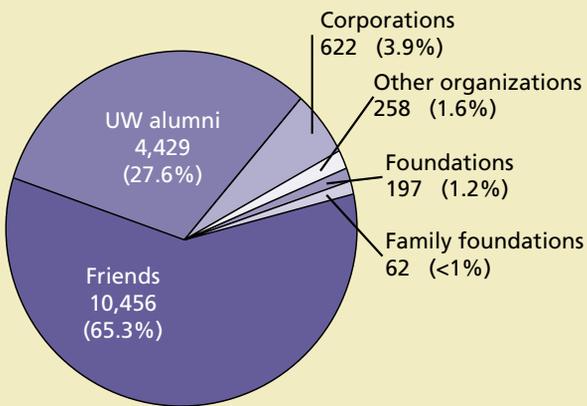
Don Theophilus  
CHIEF ADVANCEMENT OFFICER, UW MEDICINE  
VICE PRESIDENT FOR MEDICAL AFFAIRS,  
UNIVERSITY OF WASHINGTON

2014–2015

# YEAR AT A GLANCE

## Who are our donors?

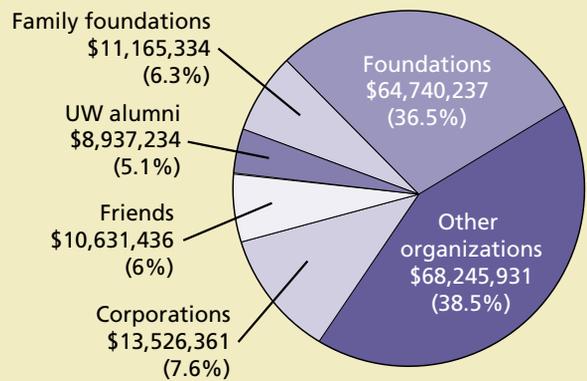
16,024 individuals and organizations



Generous alumni: 2,165 UW Medicine alumni gave more than \$2 million in gifts and grants over the past fiscal year.

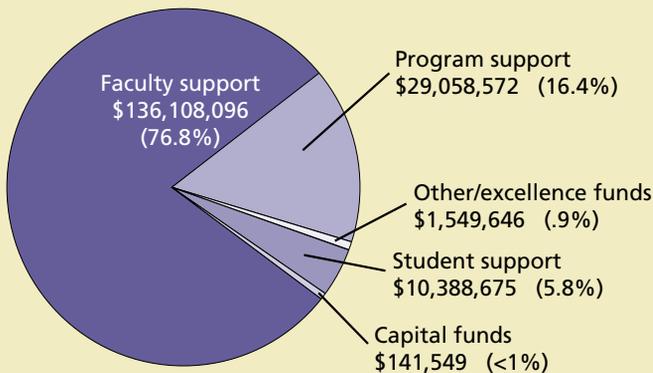
## What did they contribute?

Total: \$177,246,538



The power of planned giving: UW Medicine received more than \$5.8 million from donors who gave through their estates.

## What did they support?



## Strengthening the endowment

Endowment type	New in 2014–2015	Total
Chairs (for faculty)	3	98
Professorships (for faculty)	4	71
Student support	17	453
Research funds	15	246
Other	3	81

Many contributors created or augmented endowments, invested funds that support UW Medicine's work in perpetuity. More than \$20.6 million in gifts were directed to the endowment in the last fiscal year.



## A RETURN ON HUMANITY

### *The Cambia Palliative Care Center of Excellence*

#### The Advocate

Alan Frazier, an advisor to J. Randall Curtis and his colleagues, was delighted to hear about the Cambia Health Foundation's gift. "Palliative care is an area of medicine that gets a bit overlooked, despite its importance," he says. Frazier, in his turn, is making sure palliative care gets its due through a contribution from the Frazier Family Foundation. Curtis is grateful for the support. "With the foundation's gift, we can help ensure patients receive the care they really want when they fully understand all their options," says Curtis.

The Cambia Palliative Care Center of Excellence's director, J. Randall Curtis, M.D., Res. '91, Chief Res. '92, MPH (right), and its co-director, Anthony L. Back, M.D., Res. '87, Chief Res. '88.

Photo: David Wentworth Photography

"It's a funny thing to say — that death is a healing — but it is," says Mark Ganz. Ganz, president and CEO of Cambia Health Solutions, is remembering his father, a family physician who knew his patients so well that he could make near-intuitive leaps in diagnosis. Ganz accompanied his father on hospital rounds. "One of the things that was foundational to his practice was the notion that healing is much more than just the cure of a medical condition," he says.

Dr. Ganz was an early practitioner of palliative care, the art of listening to and serving patients and families at the hardest times in their lives: when they're dying, during medical emergencies, or when they're managing a chronic condition. But palliative care doesn't always come naturally to physicians and other care providers, who are pressed for time and trained to do battle with disease.

Enter the Cambia Palliative Care Center of Excellence (Cambia PCCE) at UW Medicine, which recently received a significant investment from the Cambia Health Foundation for education and research. "[The gift] really launches us to

a new level in being able to focus across UW Medicine," says J. Randall Curtis, M.D., Res. '91, Chief Res. '92, MPH, the center's director and the A. Bruce Montgomery, M.D.-American Lung Association Endowed Chair in Pulmonary and Critical Care Medicine. The foundation's gift is strengthening the center's infrastructure, allowing the hire of new faculty and permitting more focus on research and educational programs to help inform best practices in clinical care.

Over the next few years, the Cambia PCCE has big plans: in summary, to make the practice of patient-centered palliative care the standard throughout UW Medicine. It's a plan that made Stuart J. Farber, M.D. '74, proud. Before he passed away in 2015, Farber served as the Cambia PCCE's director of clinical operations, and he was the founding director of the palliative care service at UW Medical Center. This work, says his wife, Annalu Farber, "gave him great joy." He also wanted to see this work broadly applied.

"Stu hoped that, someday, it would be the way all doctors would work with

their patients," says Farber. Appreciating the importance of training, the Farbers created a professorship to support palliative care education.

Curtis finds the professorship a fitting tribute — both to the long professional partnership shared by Stu and Annalu, and to Stu Farber personally. "He was always a passionate educator of medical students, physicians, nurses and others providing palliative care," Curtis says. "That legacy is something we very much want to continue."

Education is important to Mark Ganz, too. His mother needed palliative care at the end of her life, but she didn't receive it; her physicians had not been trained that way. Those memories influence Ganz's hopes for the Cambia Palliative Care Center of Excellence.

"I'd like to see the Pacific Northwest viewed as a shining center for this transformative palliative care model," says Ganz. "We're confident that with this investment in UW Medicine, there will be a great return." Then Ganz pauses, considering. "This is all about a return on humanity," he says.



## DREAMING HIGH FOR MONTANA

*An alumnus gives back to his alma mater*

**Y**ou could say that Irene Erie got her husband, Norman, into medical school. It was 1954. They had one small child and another on the way. They had \$300 to their name. The timing was not auspicious. Even so, Irene thought he should try. “The application was a prayer,” says Norman Erie, M.D. ‘58. “I was amazed when I got in.”

Irene inspired him to apply; then, a scholarship from the UW School of Medicine allowed Erie to attend. “We never would’ve made it without that,” Erie says.

Erie grew up in Montana, and his family didn’t have many resources. He attended the College of Great Falls (now a university) on scholarship, and he worked as an x-ray technician. “It was too high for me to dream to be a doctor at that time,” he says.

As a result, Erie is very grateful to the institutions that helped make his dream a reality, and he recently created the Irene and Norman Erie, M.D., Endowed Scholarship Fund at the UW School of Medicine to support UW medical students from Montana.

Caroline Pihl is a third-year medical student; like Erie, she hails from Montana — in her case, a small town called Pray. Like Erie, she’s interested in opening her own family practice in a community in need of such services. And, like Erie, she’s a scholarship recipient.

“Scholarships mean the world,” Pihl says. “When I think about opening a small primary-care clinic, I think about how every dollar matters. The less debt I leave medical school with, the fewer barriers I’ll have to building a community-integrated clinic with meaningful programs for my patients.”

Although Erie’s scholarship will take a little while to get up and running, Pihl is just the type of student he hopes to support: dedicated to rural areas and to service. More generally, he’s using his gift — doubled by the Huckabay Family Challenge Match — to settle a debt of gratitude.

“The way I look at it, it’s payback,” says Erie. “I always felt privileged to have gone to the UW School of Medicine because it is such a great medical school.”



The state of Montana produces great vistas — and generous alumni, like Norman Erie, M.D. ‘58, who

created a scholarship for Montana students.



## SPORTS AS MEDICINE *Helping Our Athletes*

Jim Pigott, center, and Stanley Herring, M.D., Res. '82, left, visit with VICIS CEO Dave Marver at a lab in the UW Department of Mechanical Engineering. VICIS, a UW spinoff, is working on creating a safer football helmet; Pigott and his wife, Gaye, are supporting concussion research.

Photo: David Wentworth Photography

**T**eam loyalty starts young. “From quite an early age, probably 9 or 10, I started going out with my parents to football games,” says UW Medicine advocate Jim Pigott.

His affection for the UW Huskies and the University of Washington — despite earning a degree from rival Stanford — still runs strong. In fact, Pigott and his wife, Gaye, are pledging a gift that will help athletes of all ages and stripes at the new UW Medicine Sports Health and Safety Institute at Harborview Medical Center.

The institute was inspired, in part, by another sports enthusiast: Zackery Lystedt. In 2006, the 13-year-old sustained a devastating traumatic brain injury (TBI) — preventable, had his concussion been managed correctly — during a football game. Afterward, he and his family became staunch advocates for laws, now passed throughout the nation, that regulate athletes’ return to play after concussion.

Stanley A. Herring, M.D., Res. '82, medical director of the new institute and the Zackery Lystedt Sports Concussion Endowed Professor, was a key player in passing the Lystedt Law in Washington state. It was the first law of its kind in the

nation. In his turn, he praises the National Football League. “Without the NFL, we would not have been successful in getting Lystedt Laws in all 50 states and D.C.,” says Herring. “They were a very helpful partner in our legislative efforts.”

The NFL, in fact, has done even more; their gift provided the foundational support to help create the UW Medicine Sports Health and Safety Institute. The institute will increase UW Medicine’s capacity to conduct research around sports health and safety, to advocate, and to educate the medical community, the sports community and the public.

“Education is an important part of growing a culture of safety for athletes of all ages and in all sports,” says Jeff Miller, NFL senior vice president of health and safety policy. “We are tremendously supportive of UW Medicine’s work and look forward to supporting their efforts to advance sports safety.”

Like the NFL, the Pigotts are addressing concussion: their gift will enable the recruitment of a neuroscientist to conduct research and coordinate the 20-plus TBI researchers already in place at the University of Washington.

But to say the institute was created solely to focus on concussion prevention, or even on sports safety, is to miss a larger theme. That larger theme is that sports are positive — that, in fact, sports are a kind of medicine. “Yes, we have an opportunity to make sports safer... but the benefits of exercise have been expounded upon in articles for 40 or 50 years,” says Richard G. Ellenbogen, M.D., chair of the Department of Neurological Surgery. Exercise lowers levels of obesity and the incidence of cardiac disease, stroke and diabetes, all of which are major health problems.

For now, concussion is the institute’s priority. Eventually, with sufficient funding, it will take on other issues: preventing sudden cardiac arrest; promoting exercise for people with physical or intellectual challenges; investigating nutrition and hydration; addressing athletes’ mental health.

The ultimate message of the institute and its faculty, however, is this: everyone is an athlete, and we all deserve the benefits of exercise. The research, the education and the advocacy are all directed to promoting that message.

“It will be our gift to the next generation,” says Herring.

## FEELING LIGHT YEARS YOUNGER

*A heart procedure turns back the clock*



Bob Eveleigh (left) and his friend Ruben Gunst (right) both received a transcatheter valve replacement at UW Medical Center; they were encouraged to do so by their friend, Yvonne Manssom (center), a retired physical therapist from Seattle Children's.

**B**ob Eveleigh, a retired Navy veteran, leads an active life. He golfs. He enjoys ballroom dancing. So when his heart was compromised by aortic stenosis, his quality of life was compromised. In fact, his life was at risk.

When people get older, the aortic valve can narrow to the point where blood can't get through. "It's a highly fatal condition," says James M. McCabe, M.D., UW assistant professor of medicine in the Division of Cardiology. McCabe, director of the Cardiology Catheterization Lab at UW Medical Center, is Eveleigh's doctor. "The five-year prognosis for people with aortic stenosis is worse than for people with widely metastatic cancer."

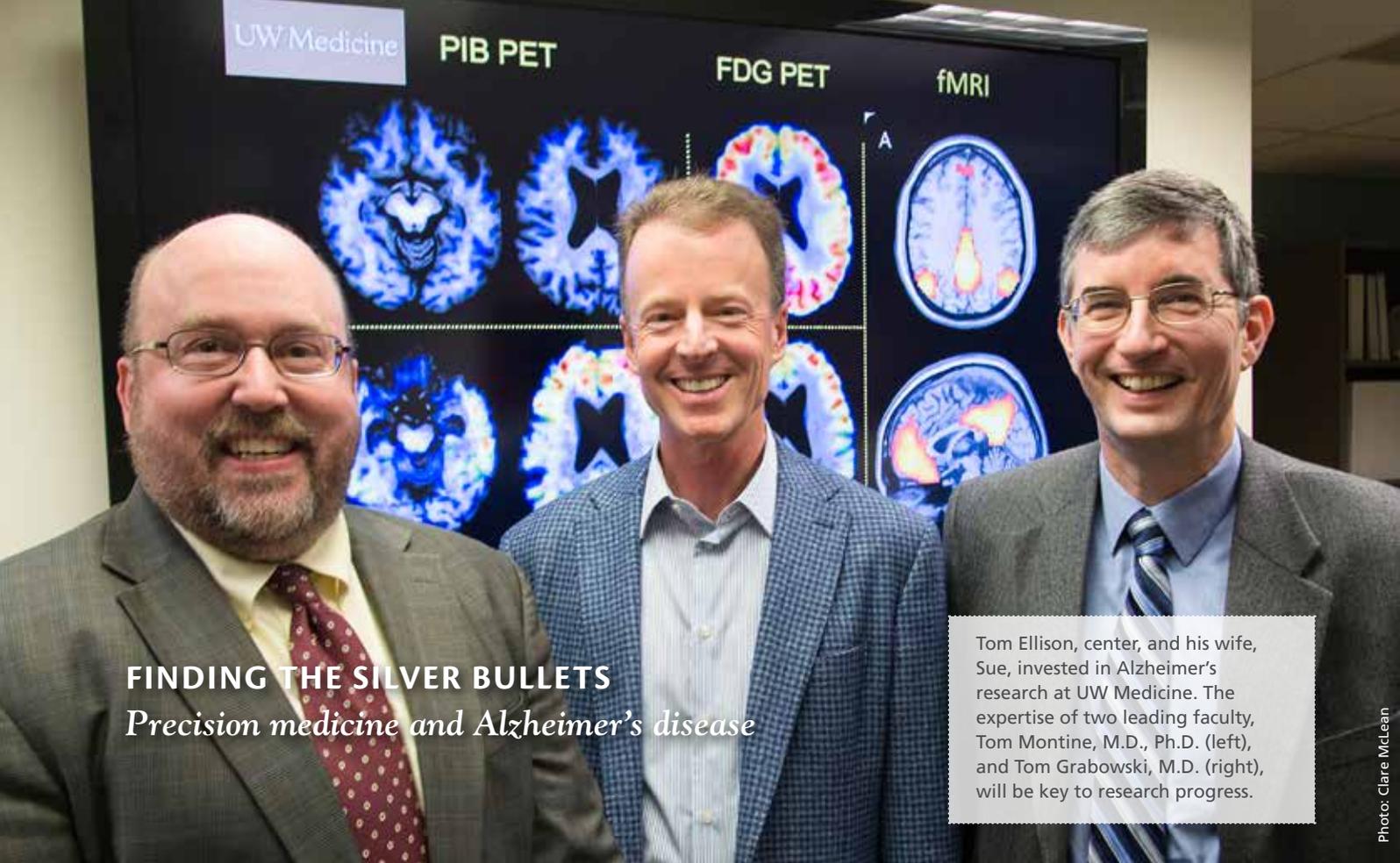
Historically, the only effective treatment for aortic stenosis is open-heart surgery, which still remains the best option for some patients. But for those with other medical conditions or advanced age, it can be too risky, leaving them with few options.

Now, however, patients like Eveleigh have the option of a minimally invasive procedure called TAVR — a transcatheter aortic valve replacement. UW Medicine was instrumental in the procedure's development, participating in groundbreaking valve trials and driving improvements. "TAVR is far and away one of the most successful and important new medical technologies in the last 50 years," says McCabe.

Eveleigh is living proof of TAVR's effectiveness. "I was active right away, within a month after the procedure," says Eveleigh. "I've gotten more active as time has gone on." And in gratitude for a good outcome, Eveleigh made a contribution to the UW Medical Center Fund for Greatest Need. "I benefited a great deal from having the procedure," says Eveleigh.

McCabe understands Eveleigh's impetus for making the contribution — many TAVR patients are enormously grateful for their care.

"They feel like they've recaptured the life that may have slipped through their fingers over the preceding years," says McCabe. "That is a tremendous gift."



## FINDING THE SILVER BULLETS

### *Precision medicine and Alzheimer's disease*

Tom Ellison, center, and his wife, Sue, invested in Alzheimer's research at UW Medicine. The expertise of two leading faculty, Tom Montine, M.D., Ph.D. (left), and Tom Grabowski, M.D. (right), will be key to research progress.

Photo: Clare McLean

Why invest in a cure for Alzheimer's disease? "It's a long, unfolding story," says Tom Ellison. "It starts with many family members who were affected by the disease."

Ellison and his wife, Sue, looked at a number of programs across the country to see where a research investment could make the greatest difference. They soon realized they didn't have to look far. "We decided we'd have the greatest impact investing in our own backyard with UW Medicine," Ellison says.

Part of that decision was determined by their trust in and respect for Thomas J. Montine, M.D., Ph.D., chair of the Department of Pathology. Montine, who is also director of the UW Alzheimer's Disease Research Center and the Nancy and Buster Alvord Endowed Chair in Neuropathology, has launched a project to find cures for Alzheimer's disease using precision medicine — treatment that is personalized to each individual.

The project has three essential steps: assessment, surveillance and treatment. The first involves assessing a person's genetic risk when they visit their physician. The second is creating noninvasive, low-cost surveillance tools capable of detecting the earliest beginnings of Alzheimer's disease. The third is developing a host of therapeutics tailored to thwart the patient's molecular drivers of Alzheimer's.

Montine has no doubt the Ellisons picked the right place to invest. "The fact that we have federal funding for an Alzheimer's research center makes UW Medicine a particularly powerful place to do this research," he says. He greatly appreciates the Ellisons' support.

"We're extremely grateful for the research funding we have from the National Institutes of Health, but it's limited," Montine says. "The Ellisons' very generous gift is foundational to what we're able to achieve."

The Ellisons aren't expecting to find a single silver bullet to cure Alzheimer's disease; rather, they hope to find many. That's because Tom Montine's work is based around the idea that there will be *multiple* treatments for Alzheimer's, depending on what kind of Alzheimer's disease a patient has. The Ellisons have high hopes that their gift will help the five million-plus people in the U.S. who have the disease and the millions more around the world who are at risk.

And that's not all. With their gift, the Ellisons want to inspire others to join them in investing.

"If you look at your circle of family and friends, you'll find a person with dementia, or someone taking care of a person with dementia," Ellison says. "We want other contributors to help UW Medicine take steps now to help all of us a few years down the line."

## LISTEN AND LEARN

### *The Henigson Chair*

Patient Sonja Staley chats with her physician, Michael Linenberger, M.D., Fel. '89, before beginning a drug infusion at Seattle Cancer Care Alliance. They've known each other for 14 years, and Linenberger says Staley is doing well. "Hopefully, your lymphoma will never come back to haunt you," he says.

Robert Henigson was a Harvard-trained trial lawyer. Phyllis Henigson was a stewardess with United Airlines, a legal secretary and a court reporter. They met at his office in Los Angeles, married in 1966 and proceeded to spend the rest of their lives together: skiing and backpacking, raising their two children, Ted and Jeff, and, ultimately, retiring to Orcas Island.

Mr. Henigson acquired a slow-acting bone-marrow cancer called polycythemia vera around age 60. By the time he was in his early eighties, the disease had become unbearable. He was exhausted and frail and had grown weary of blood transfusions, a standard part of treatment. Then he met Michael Linenberger, M.D., Fel. '89, now the holder of the Robert and Phyllis Henigson Endowed Chair in Hematology.

"Dr. Linenberger was very different from the doctors Dad had seen before," says Jeff Henigson. "He has this totally holistic approach toward health care." Phyllis Henigson, Jeff and Ted's mother, remembers Linenberger's patience.

"There was never a feeling that you had just 10 or 15 minutes with him, and then you had to leave," she says.

"I didn't do anything magical," says Linenberger. But he really listened. In addition to wanting to feel better, Mr. Henigson wanted fewer transfusions. So Linenberger tried a treatment regimen not often used: fewer transfusions and gentle doses of a medication that had a 50-50 chance of working. "Happily, Bob responded tremendously well," says Linenberger.

In listening, Linenberger personifies a positive trend in medicine, one strongly emphasized in the practice of palliative care. "It formalizes what many of us have learned the hard way about becoming a good doctor and a good person," says Linenberger. Listening. Spending time. The Henigsons noticed.

"When my father was nearing the end of his life," says Ted Henigson, "I remember feeling very appreciative of Dr. Linenberger's presence and care in laying out the road ahead."

In 2011, Phyllis and Robert decided to create a professorship to recognize Dr. Linenberger's superb service and to support the Division of Hematology's work in teaching and research. That's exactly what the professorship, recently upgraded to a chair, is doing. With the professorship's help, Linenberger, the program director for the hematology-oncology fellowship at UW Medicine, is creating a new curriculum for fellows, based partially on the values of palliative care. A recent training program he and his colleagues developed emphasizes the power of the patient story, communication skills, work-life balance for physicians, and focus on the patients' and families' spiritual practice. "Classic Michael," says Jeff Henigson.

Robert Henigson died in 2014 of heart failure, but his legacy lives on — as does the family's steady affection and regard for Michael Linenberger. "We saw a genuineness in Michael," Phyllis says. "Our family feels that it was an honor and a real privilege to work with him."

# OUR CORPORATE PARTNERS

In the listing below, we recognize UW Medicine's Corporate Partners in fiscal year 2014–15, leaders in enterprise, biomedical innovation, research and development — and strategic collaborators in supporting patient care, research and education. Thank you for your partnership.

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Tongkang International Health  
Consultants  
UniSea, Inc.  
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## The Turner Society

Named after Edward L. Turner, M.D., the dedicated and visionary founding dean of the UW School of Medicine, the Turner Society is a group of contributors whose generous annual gifts to UW Medicine are essential to our work in research, education and patient care.

Every year, hundreds of Turner Society members join UW Medicine in our mission: improving the health of the public. In recognition of your contributions, we invite you to visit the special pages, created for Turner Society members, on our website: [supportuwmedicine.org/the-turner-society](http://supportuwmedicine.org/the-turner-society). Learn about the benefits of membership, and watch the videos — prepared for our Turner contributors and shown at our 2015 Tomorrow Today event — presented by some of UW Medicine's leading faculty.

Thank you for your generosity and commitment.

**UW Medicine**  
TURNER SOCIETY

# Making It Happen

*Jeff Stubblefield, PA-C (Anchorage Class 2)*

MEDEX Northwest has a proud history of serving veterans, and today, more than 30 percent of MEDEX's students come from the ranks of Army medics, Navy corpsmen or Air Force independent-duty medical officers. That group includes Jeff Stubblefield, PA-C (Anchorage Class 2), a first assist in neurological surgery at the Alaskan Native Medical Center in Anchorage, Alaska.

Stubblefield was surprised when the center recruited him to do neurological surgery. "I'd been in some operating rooms where there was some brain surgery done," says Stubblefield, "but I was never trained in it." Ash Marquardt, PA-C (Seattle Class 33), the Anchorage site director for MEDEX Northwest, explains. "We recommended him," he says.

"It's true; he didn't exit MEDEX as a neurological surgical assist PA," continues Marquardt. "But Jeff has the tenacity to study what he needs to know. I'm sure he went into the job, got an idea of what was expected of him, went home for probably three or four months and just hit the books every night after work until he was tuned up. That's the kind of guy he is."

Stubblefield was definitely used to hard work. Before he entered the PA training program at MEDEX Northwest, he'd spent 21 years in

the Air Force as an independent-duty medical officer. He rotated through different specialties, including emergency, dental, surgery, family practice and aerospace medicine, practicing with the guidance of a physician in remote locations and traveling to Vietnam, Cambodia, Laos and New Guinea, not to mention sites in the U.S. "I've hit just about every piece of dirt in the world," says Stubblefield.

After retiring from the military in 2009, Stubblefield and his family moved to Alaska, and he began looking into MEDEX Northwest. He distinctly remembers the warm welcome faculty gave to veterans at information sessions. He entered the program in 2010 and graduated in 2012. "At MEDEX, it felt like I was transitioning from active duty to reserve status," Stubblefield says.

Now an employee of the Alaska Native Tribal Health Consortium (ANTHC), which provides health services to 130,000 Alaska Natives and Native Americans, Stubblefield is clear about some of the challenges. Weather, for one, which can prevent patients from traveling. A lack of specialists, for another. By the time Stubblefield sees some patients at the center's neurosurgery clinic, they've traveled a long road for relief of their symptoms.

Given the challenges of patient care in Alaska, Stubblefield has developed his own guiding principles. "I've always been task-oriented,"



Jeff Stubblefield, PA-C, spent a long time traveling and working around the world — good preparation for practicing medicine in Alaska.

he explains. "The patient needs something, you do what you have to do to make it happen." Even if you have bad news, or can't do what they need, just be honest, he says; you'll get a pretty good reception.

"It's not brain surgery," Stubblefield says.

[Full story at uwmedmagazine.org »](http://uwmedmagazine.org)

## THE 2015 ALUMNI AWARDS

Respected by their peers as innovators, leaders, researchers, teachers and compassionate physicians, this year's recipients of the UW School of Medicine Alumni Awards were recognized at *A Toast to the UW School of Medicine* during Reunion Weekend in June. Video tributes are posted online at [uwmedmagazine.org](http://uwmedmagazine.org).

### 2015 Distinguished Alumni Award: John Olerud, M.D. '71, Res. '76, Res. '78

Dr. Olerud, professor emeritus and former head of the Division of Dermatology, was honored for his contributions to the field of dermatology, where he is universally admired as a physician, teacher and researcher. He has published more than 100 articles, with much of his research focused on the areas of wound healing and T-cell lymphoma.

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

Dr. Garcia was honored for years dedicated to bringing healthcare to the most impoverished members of her community in California, providing care to the homeless and improving access to healthcare for the uninsured.

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

Dr. Baeten was recognized for his exceptional achievements in global health, his excellence in teaching, and his contributions to research, which have had a major impact on global HIV prevention and reproductive health priorities.



Photo: Team Photogenic

From left to right: John Betz, PA-C, John Olerud, M.D., Sue Verreault, Psy.D., who accepted the award on behalf of her late partner, Jamie Garcia, M.D., and Jared Baeten, Ph.D., M.D.

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

Mr. Betz was recognized for his 44-year career serving the rural community of Othello, Wash. Beginning in 1970, he cared for several generations of Othello residents, including many farmworkers — often for no charge.

### We also congratulate the following alumni, honored by MEDEX Northwest in April.

**Lifetime Achievement Award**  
June Betsch, PA-C (Seattle Class 20).

**PA Pioneer Award**  
John Betz, PA-C (Seattle Class 1), Paul Snyder, PA-C (Seattle Class 1), and Richard Bunch, M.D.

**Outstanding Preceptor Award**  
Carlos Vigil, PA-C (Seattle Class 28) and Martin Buccieri (Seattle Class 31).

**Future of MEDEX Award**  
Laura Katers, PA-C (Seattle Class 45).

**MEDEX Excellence in Teaching Award**  
Patrick Parenzin, PA-C (Seattle Class 39).

**MEDEX Humanitarian Service Award**  
William Bomberger, PA-C (Yakima Class 8).

### Nominate Exceptional Alumni!

We encourage your nominations for the 2016 UW School of Medicine Alumni Awards. Anyone who has received a degree from — or completed residency or fellowship training in — a program administered by the UW School of Medicine is eligible. Nominations are due by **Friday, Jan. 15, 2016**. Read more and nominate at [uwmedalumni.org/awards](http://uwmedalumni.org/awards).

## Our "Top Docs"

An impressive number of UW School of Medicine alumni and faculty were recognized as "Top Doctors" by both *Seattle Magazine* and *Seattle Met* magazine. Our congratulations to all of them! See lists of honored alumni and faculty at [uwmedmagazine.org](http://uwmedmagazine.org).

## The Gift of a Stethoscope

In ceremonies across the WWAMI region, each of the 245 students in this year's entering class received their first stethoscopes, a gift from the UW School of Medicine Alumni Association. Alumni volunteers from 20 classes, ranging from 1954 to 2011, presented the stethoscopes.

In Seattle, Scott Stuart, M.D. '01, Res. '04, Chief Res. '05, the new president of the association, spoke about the support alumni can provide students through programs like SAID and HOST, as well as the symbolic and practical role of the stethoscope. "Even more important than hearing a wheeze or a murmur, using this stethoscope will allow you to lay healing hands on your patient," he said. "The magic in your healing hands is comfort, care, empathy and reassurance."

***Congratulations to the newest students at the UW School of Medicine!***



Photo: Clare McLean

Spokane students wear their new stethoscopes from the alumni association.

### Our Alumni Volunteers

Thanks to the alumni, listed at right, who participated in stethoscope ceremonies across WWAMI. If you're interested in participating in the future, please contact the alumni relations office at [medalum@uw.edu](mailto:medalum@uw.edu).

**Anchorage, Alaska.** Barb Doty, M.D. '82, Steven Floerchinger, M.D. '87

**Boise, Idaho.** Mary Barinaga, M.D. '95, Res. '98, Anne Eacker, M.D. '97, Chief Res. '01

**Bozeman, Mont.** Meghan Johnston, M.D. '11, Leslee Kane, M.D. '07, Christy Mitchell, M.D. '98

**Laramie, Wyo.** Jasper Chen, M.D. '07, Thor Hallingbye, M.D. '08, Mark McKenna, M.D. '05, Samantha Michelena, M.D. '11, Greg Wallace, M.D. '09

**Seattle, Wash.** Angela Chien, M.D. '95, Alison Dragnich Hartvigson, M.D. '06, Res. '09, Margaret Isaac, M.D. '03, Henry Kuharic, M.D. '54, Michelle Oh, M.D. '94, Scott Stuart, M.D. '01, Res. '04, Chief Res. '05, Julie Vath, M.D. '00, Ray Vath, M.D. '65, Res. '69, Carl Wigren, M.D. '01, Res. '05

**Spokane, Wash.** Karlene Arguinchona, M.D. '85, David Bare, M.D. '75, Jerico Cairns, M.D. '07, David Greeley, M.D. '89, Warren Toews, M.D. '71



Photo: Lynne Salkin Morris

Fourth-year students Kramer Wahlberg, Beth Stroehrer, Tom Wright and Josephine Garcia join the fun at the Mariners game.

## UW Night at the Mariners

While the Seattle Mariners weren't triumphant on July 10, 2015, our alumni still enjoyed a UW School of Medicine Alumni Association-hosted gathering at UW Night at the Mariners. Joining more than 1,000 University of Washington alumni and community members, our alumni, students, family and friends came together at Lookout Landing inside Safeco Field, where they mingled, reconnected, enjoyed a dinner of baseball-field favorites and watched the Mariners take on the L.A. Angels.



# — UW School of Medicine 2015 — REUNION WEEKEND

*“It was absolutely fantastic to get together with old buddies and find out what in the world they had been doing for the last half-century.”*

— Dick Baerg, M.D. '65

On June 5 and 6, more than 550 alumni and their guests reconnected at the UW School of Medicine 2015 Reunion Weekend. The two-day program began with a WWAMI-themed reception for all graduates at the Museum of History & Industry. The following day, participants gathered for a variety of programs, including an update on the School, presented by Dean Paul G. Ramsey, M.D., “Doc Talks,” highlighting innovations

at UW Medicine and beyond, and a tour of Harborview Medical Center. The weekend concluded with class dinners at restaurants across the city. Thank you for making Reunion Weekend 2015 one for the record books!

### And now for 2016: save the date!

If you graduated in a year ending in a 1 or a 6 (such as 1961 or 1996), save the date for **next year’s reunion: Friday, June 3, and Saturday, June 4!** Visit [uwmedalumni.org/reunion](http://uwmedalumni.org/reunion) for more information, and consider joining your class reunion outreach committee — it’s fun, and the time commitment is minimal. To volunteer, contact [medalum@uw.edu](mailto:medalum@uw.edu) or 206.685.1875.



Alumni and friends gather at *A Toast to the UW School of Medicine* at the Museum of History & Industry on Friday night.



Monika Mahal, M.D. '95, Susan Kim, M.D. '95, Res. '96, and Martin Makela, M.D. '95, enjoy their reunion.

Photos: Team Photogenic



## Students Say “Thanks!”

More than 250 alumni help our students and their school each year: assisting with mock interviews, hosting students who are traveling to interviews for residencies, or sharing advice. Our students greatly appreciate you. At right are a few words of thanks we’ve received from students in recent months.

*“Thank you for all the effort you put into HOST! I was matched seven times, which was not only a significant financial help, but also such a pleasant introduction to new cities!”*

Tiana Nizamic, M.D. '15

*“I had a great time at my SAID event! The doctor who hosted me has since been sending me articles that he finds relevant to our conversation. Very thoughtful and helpful!”*

Ramsey Larson, E-2012

*“[My HOSTs were] really lovely people! It was great to get their perspectives on the town they live in and the program they are training in.”*

Alice Bremner, M.D. '15

**For more information about how to get involved, please visit [uwmedalumni.org/volunteer](http://uwmedalumni.org/volunteer).**

## Speed “Dating” and Physical Therapy

“Everyone was really positive, the atmosphere was great, and I feel like I walked away with great information as well as future contacts.” That was Catey Whitlock’s assessment of a career networking event for physical therapy students, one hosted by the alumni association and the Department of Rehabilitation Medicine in May.

During the fun, three-hour program — structured to resemble a speed-dating event — students could speak with 20 alumni, who were seated at tables divided by specialty and work setting. Students changed tables every 10 minutes, which allowed them to learn about a variety of careers. Afterwards, while chatting over appetizers, students were able to ask more detailed questions. “I had the most amazing time with my classmates and the UW alumni,” says Whitlock.

To participate in the next event this spring, please contact the alumni office at [medalum@uw.edu](mailto:medalum@uw.edu).



Students speak with alumni about careers in physical therapy.

Photo: Lynne Salkin Morris

## EMERGENCY MEDICINE’S FIRST RESIDENTS



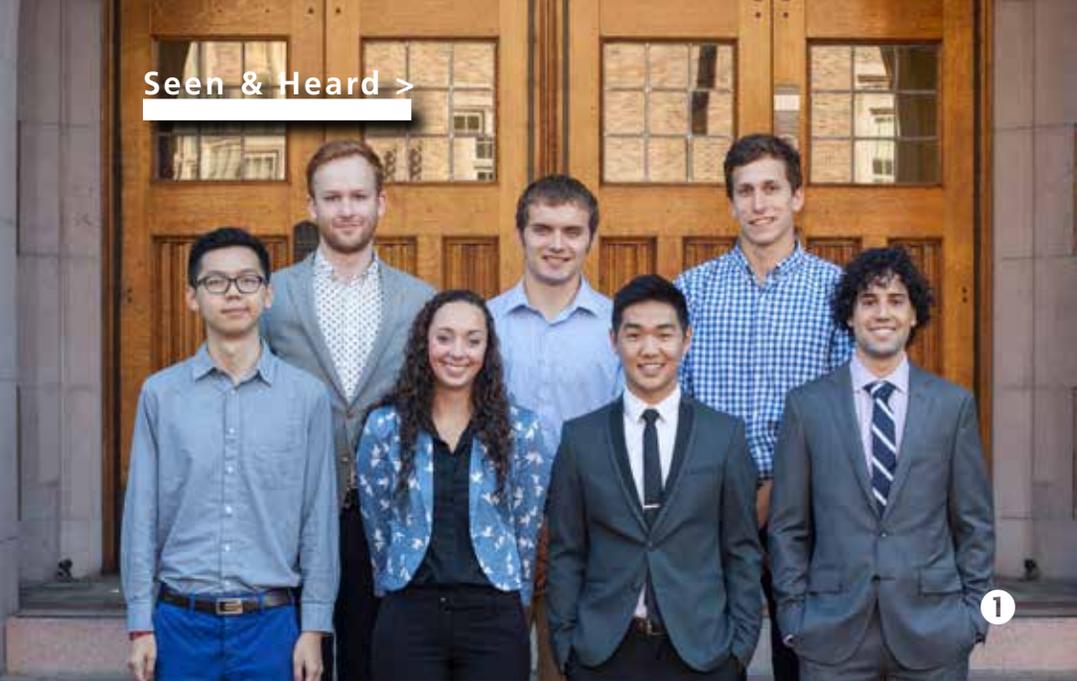
Our first class of emergency medicine residents: Alisha Brown, M.D., Res. '15, Rebekah Heckmann, M.D., Res. '15, Patrick Maher, M.D., Res. '15, Blaise Bellows, M.D. '11, Res. '15, and Ryan Gould, M.D., Res. '15.

Photo courtesy of the program.

Four years at local urban hospitals, rotations at rural and international sites, and now: the end of residency.

The inaugural class of the UW Medicine Emergency Medicine Residency Program, consisting of five students, completed their training on Friday, June 12, 2015. Four are staying in the area to pursue further training. “The UW emergency medicine residency is the only civilian emergency medicine training program in the WWAMI region and, as such, addresses an important aspect of UW Medicine’s mission to improve the health of the public,” says Susan Stern, M.D., UW professor and head of the Division of Emergency Medicine. The division also graduated its first medical education research fellow, Joshua Jauregui, M.D., Fel. '15.

Seen & Heard >



## < Seen & Heard

In this segment, we document some special moments at UW Medicine.

- ① Graduates of the 2015 Innovations in Pain Research Summer Program, supported by a multi-year gift from the Scan I Design Foundation. Top row: Logan Condon, Dylan Moore and Tom Gebert. Bottom row: Qimin Liu, Alta Steward, Albert Ng and Juan Espinosa.
- ② Medical student Maya Newman and her husband, Ben Mahdavi, welcomed their son, Elan David Mahdavi, this year.
- ③ Nearly 200 guests gathered at Seattle Art Museum on May 26, 2015, for the Dean's Circle Celebration, an event that recognizes UW Medicine's contributors. Pictured: Julie Nordstrom, vice chair of the UW Medicine Board.
- ④ Mimi Gardner Gates and William H. Gates, Sr., upon receiving the 2015 Brotman Leadership Award, at Dean's Circle.
- ⑤ J. Randall Curtis, M.D., Res. '91, Chief Res. '92, MPH, director of the Cambia Palliative Care Center of Excellence, and his daughter, Alice, at Dean's Circle.
- ⑥ Tomorrow Today, another annual donor event, featured faculty giving talks at the EMP Museum on Sept. 28, 2015. The event was emceed by Molly Shen of KOMO 4 News.
- ⑦ Vision expert Russell Van Gelder, M.D., Ph.D., one of Tomorrow Today's presenters.
- ⑧ Alan and Jean Kahn hosted a celebration for Montana WWAMI alumni, students, residents and faculty in May 2015. Pictured are students McHale Anderson, Hanna Dysinger, Elizabeth Schiedermayer and Brook Murphy.
- ⑨ At the MEDEX/Washington Academy of Physician Assistants reception held in April 2015, Terry Scott, MPA, PA-C (Seattle Class 25), shares a laugh with Lynda Storm, PA-C (Seattle Class 35).
- ⑩ A celebration of the Alexander Clowes, M.D. Endowed Chair in Vascular Surgery, created by the Clowes Fund, Inc., in May 2015. The chair honors Dr. Clowes, seated, whose obituary is on page 50.
- ⑪ In September, advocate Chris Carr and his wife, Jackie, held a gathering for friends — and Institute for Prostate Cancer Research faculty — about prostate cancer in the African American community. Pictured: Peter Nelson, M.D., Fel. '96, Daniel Lin, M.D., Res. '96, '99, Chief Res. '00, Chris Carr, Jackie Carr and Paul Lange, M.D., FACS.



Photos: Event Photos Northwest (6, 7), David Ryder (1), Martin Teintze, Ph.D. (8), Colin Ware (11), James Wehmeyer (9), David Wentworth Photography (3, 4, 5).

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## ClassNotes >

### ClassNotes

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#### HOW ABOUT YOU?

Your classmates would love to hear from you! Send a quick note to [medalum@uw.edu](mailto:medalum@uw.edu) or use the online form at [uwmedmagazine.org](http://uwmedmagazine.org).

ClassNotes may be edited for length and content. Photos are very welcome.

### Corrections

**From Roger Bulger, M.D., Res. '62, Chief Res. '65, Fel. '66.** We mistakenly noted Dr. Bulger as deceased in the last issue, an error we deeply regret. We're happy to report that Dr. Bulger is very much alive, and he provided an update on page 38.

**From Alan L. W. Gunsul, M.D. '55.** We reported that Dr. Gunsul had a granddaughter attending Washington State University, an error we are pleased to correct. Both of his granddaughters are registered nurses; his great-granddaughter is at WSU.

### 1955

**Dennis Carlson, M.D.,** writes, "Our family and friends are celebrating the 10th anniversary of an agricultural extension program at the University of Gondar in northern Ethiopia, where I was dean of the college of public health in the 1960s. As of 2015, we have trained 37,000 elementary school students in 39 schools in the basic skills of maintaining vegetable gardens and have provided sets of seeds to all of them. Our top priority is improving the intake of micronutrients, particularly vitamin A for mothers and children."

### 1961

**Save the date for your 55th reunion:**  
*Friday, June 3–Saturday, June 4, 2016!*

**Hugh Wang, M.D.,** writes, "Since 2008, I've been a security guard at Sunvalley Shopping Center in Concord, Calif., and by default, the medical director. I'm probably the oldest active security guard, at age 80, in one of the oldest malls in America, housing 170 stores and restaurants under one roof. I am retiring in 2015, as my physician and I agree that this is old enough for anyone to work in a hand-to-hand combat capacity."

### 1962

**Frank I. Backus, M.D., Res. '68 (psychiatry and behavioral sciences),** writes, "I'm keeping involved with our grandchildren in Oregon, where we spend summers in Bend. I am enjoying bridge, slowly learning Spanish, and continuing to be involved with the rehabilitation of Thornton Creek in Seattle/Shoreline. I'm concerned about the earth, excess carbon use, and the unfairness of the current tax structure/military-industrial-governmental complex."

### 1963

**Lon R. White, M.D., Res. '69 (pediatrics), MPH,** was the chief of the epidemiology office, National Institute of Aging, and designed, established, and directed the Honolulu-Asia Aging Study. He continues to research the epidemiology and neuropathology of brain aging, dementia, and Parkinson's disease. He holds positions at the Pacific Health Research and Education Institute, the John A. Burns School of Medicine and the UW School of Medicine. He notes that his interests include "taking care of

livestock (three cats), thinking about kids, sitting, thinking, analyzing buckets of data, thinking some more and writing.”

1964



**J. Donald Easton, M.D.**, writes, “Subsequent to retiring in 2010 after 25 years as the chair of neurology at Brown University, I took up a position as professor of neurology at the University of California, San Francisco. I planned to work 15-percent-time teaching and otherwise watch the grapes grow here at our home in Sonoma. However, one thing led to another, and I am now working full-time as the principal investigator for a large NIH-sponsored clinical trial aimed at preventing stroke in patients with transient ischemic attacks. I am having great fun and still have time to play here in the wine country and do things with my wife, kids and eight grandchildren (one of whom we saw perform at Carnegie Hall in New York last month)! I feel blessed every day when I wake up with the grass below me.”

1969



Ward Buckingham, M.D., right, with his younger brother, Mike.

**Ward Buckingham, M.D., Res. '74 (internal medicine), Chief Res. '75 (internal medicine)**, has written *Triumph Born of Ashes: Trooper Mike Buckingham's Story*. The book is about Ward's late brother Mike, and it details his seven-month stay at Harborview for

bad burn wounds — the result of a car crash sustained while chasing a drunk driver. Mike survived, and he went on to speak at more than 4,000 venues over the next 32 years. Profits from the book, which can be found online, will be donated to charity.

**Allen Wyler, M.D., Res. '75 (neurological surgery)**, writes, “My new book, *Cutter's Trial*, is now out in Kindle format, and the paperback was made available May 7th of this year. This one has a legal twist to it!”

1974

**James Mhyre, M.S. '71 (biological structure), M.D.**, writes, “After retiring from a career in general surgery, I took up woodworking as an avocation. One of my projects was a 24-foot-long (the length of my garage), two-foot-in-diameter sculpture of DNA. It is made of various woods and includes 31 nucleotide pairs. It took 600 hours to make. After donating it to the Department of Genome Sciences, it was installed in the William H. Foege Building on the UW campus.” (See photo on next page.)

A Half-century With Harborview

Neil Duncanson, M.D.

A good listener. That's a quality that came in handy for alumnus Neil Duncanson, M.D., Res. '61 (pediatrics), FAAP, who spent much of his career treating children — and much of it teaching medical students.



Duncanson is a graduate of the University of Washington, and while he left Seattle to attend the Feinberg School of Medicine at Northwestern University in Chicago, Harborview Medical Center, Seattle Children's and UW Medicine drew him back for a residency in pediatrics. “Harborview was an intern's hospital in the sense that we interns were the primary doctors,” says Duncanson. “We made admissions, and we diagnosed and treated patients. Residents and attending physicians were the consultants. Harborview's rotating internship was highly sought-after.”

He left again — for a stint in the U.S. Army Medical Corps — but he came back to UW Medicine as the assistant director of the birth defects program in 1963 and as an attending physician at Harborview. Even after going into private practice in Burien in 1968, Duncanson maintained a connection with Harborview as a preceptor at the pediatric outpatient clinic. He enjoyed emphasizing some of the more practical aspects of being a pediatrician, from how to hold an infant during a physical exam to how to gauge a baby's developmental age with a tongue depressor.

Still, he learned as much from his students as they did from him. “Teaching made me keep up,” says Duncanson. “When you teach or precept, you have to be up to date and stay on your toes.” Now planning to retire, Duncanson will spend more time with his family. But the nearly six-decade relationship with Harborview was something special. “It's been a great ride, and I've enjoyed it all,” he says.

## A Basic Human Right Roger Bulger, M.D.

Roger Bulger, M.D., Res. '62, Chief Res. '65 (internal medicine), Fel. '66 (laboratory microbiology), believes in health access and equity. He credits that belief to his residency, spent at UW Medical Center, Harborview Medical Center and the VA. "I learned about the world, and I came to believe that effective medical care is a basic human right," Bulger says.



Early in his career, Bulger became an assistant dean at the UW School of Medicine — upon the invitation of Dean John R. Hogness, M.D. Hogness wanted to make UW Medical Center a world-class teaching hospital, one that made a point of prioritizing patients' needs. "It was important to me, that message of always putting the human side of things first," Bulger says. Later, Hogness called on Bulger to become the first executive officer of the Institute of Medicine. Bulger served in that capacity from 1972 to 1976.

"I learned so much about patient care and how to sustain it. We have to work hard to keep our values in place and to learn how to be equitable," he says.

These days, Bulger is still concerned with equity; in fact, he's helping develop a new nonprofit, the American Council on Health Equity and Disparities, a resource for healthcare professionals who need to keep up to date on issues related to access to care. "In the political world and in our culture," he explains, "it's hard to see through it all."

Read the full version of Bulger's story online at [uwmedmagazine.org](http://uwmedmagazine.org).

ICU.) I was elected for three terms, the longest on record. I then served as president of our county medical society and as president of Physicians Medical Group of Santa Cruz, our local IPA. I have been on the board of the hospital for 15 years, serving as president for two. I have retirement on the horizon, but I would like to see my current medical group, Santa Cruz Medical Group, get going. I was the sole incorporator a few years ago, but we have now grown to 58 providers. We have been recruiting, but there is so much competition out there. We started out with a primary-care focus, but have slowly become more multispecialty, since independent specialists are struggling to survive. We are in negotiation with our local five-physician pulmonary group and eight-physician radiology group. Perhaps, in two or three years, I will be able to retire. In spite of my administrative work, I have always found patient and family care to be the most rewarding aspect of my medical career. I have a few four-generation families in my practice. It will be difficult to say goodbye in a few years. To all of my classmates: I hope that your life inside and outside of medicine has been as blessed as mine. I have been truly lucky."

## 1979

**Alan Dappen, M.D.**, writes, "I am a family doctor and have lived and worked in northern Virginia (very near the other Washington) since 1992. Thirteen years ago, I left my former practice to start a consumer-driven medical practice called DocTalker Family Medicine. It was built on the question, 'How would I have to behave and shape my medical practice if the patient (and not the insurance company) paid my bill and was my only boss?' Last year, I was unexpectedly handed two awards: the Global Health Award by William Hazel, M.D., secretary of health for the State of Virginia, and the Doctor Changing the World Award by the Family Medicine Education Consortium."

**Douglas Phillip, M.D., MPH '86**, writes, "So thrilled my award-winning, medical-suspense novel, *Spirit Made Smaller*, was listed by MEDSCAPE.com in its 'Readers' Picks: Best Summer Reading' compilation. In February, I completed a book-signing tour in the



James Mhyre, M.D., during the installation of his artwork in the Foege Building.

## 1976

**Save the date for your 40th reunion: Friday, June 3–Saturday, June 4, 2016!**

**Dean Kashino, M.D.**, writes, "I am still practicing family medicine in Santa Cruz, Calif. I am married to Frances, my wife of 37 years, and we have two grown children. I delivered babies until 1998, when I started to be a part-time administrator. I was chief

of staff of our local hospital, Dominican, which is the only full-service hospital in our county. (We have cardiac surgery, neurosurgery and a Level III neonatal

Hawaiian islands. The most memorable signing event occurred at Hanapepe on the island of Kaua'i at Talk Story Bookstore as part of the weekly Hanapepe Festival and Art Walk. Talk Story touts that it is 'the western-most bookstore in the United States.' (I suspect there may be a bookstore or two farther west in Nome, Alaska — I haven't visited there yet to verify if one is still open for business). Most of the first chapter of the book is set on Kaua'i before the story shifts to Kamchatka Peninsula in Alaska. For more information, please visit [spiritmadesmaller.com](http://spiritmadesmaller.com)."



**Tim Teusink, M.D., Res. '82 (family medicine)**, writes, "I have practiced medicine and surgery primarily on the African continent (Rwanda and Ethiopia) since 1984, and I am teaching whole-person medicine and bioethics to medical students and residents in Ethiopia, Kenya and other African countries. I received an M.A. in bioethics in 2013."

## 1980

**Ted Epperly, M.D., FAAFP**, was the program director and keynote speaker at the World Health Organization conference in Geneva, Switzerland, in April 2015. The theme of the conference was person-centered primary healthcare. Epperly was appointed by the governor of Idaho to chair the board of the Idaho Healthcare Coalition, and he was named one of eight CEOs of influence in 2015 in *Idaho Business Review*; in addition, he received UW Medicine's Alumni Service Award in 2014.

**Rick Harrison, M.D.**, writes, "After nearly 30 years as a pediatric intensivist at UCLA, I have shifted completely to an administrative role as CMO of Ronald Reagan UCLA Medical Center. I miss the clinical care, but it is nice to have my nights and weekends back. I enjoyed being a HOST for a few UW School of Medicine students over the last couple

years — what an amazing group! Sorry to have missed the 35th reunion, but my son's college graduation took precedence. Hope to be at the 40th."

**E. Franklin Livingstone, M.D., Res. '83 (physical medicine and rehab), MOT '83**, writes, "Physiatry was a great choice for me. I'm still practicing after 32 years, and I love my work. I mostly do musculoskeletal and peripheral nerve diagnosis and also some forensic physiatry in Lake Havasu City, Ariz. (best weather in the known world). My son, Jason, was just accepted to the University of Texas School of Medicine in San Antonio. Please look me up if you are coming to Lake Havasu City (find me on the internet, not the phone book, but in the white pages)."

**C. Scott Smith, M.D., Res. '89 (internal medicine)**, UW professor of medicine and of biomedical informatics and medical education, based in Boise, Idaho, received the 2015 WWAMI Alumni Award for Excellence in Mentoring, Teaching, Leadership and Patient Care. Smith, an E-76 WWAMI graduate, was integral in leading the UW's Internal Medicine Boise Track, now a full three-year internal medicine residency program based at the Boise VA Medical Center.

## 1981

**Save the date for your 35th reunion: Friday, June 3–Saturday, June 4, 2016!**

**Joanne Gartenberg, M.D., Res. '82 (psychiatry and behavioral sciences)**, writes, "After living in San Diego for almost 30 years and in Juneau, Alaska, for three, I am thrilled to be back in Seattle. I'm enjoying my job as medical director at Community Psychiatric Clinic. I've been married to Rabbi Dov Gartenberg since 2010, and we have four kids between us. The youngest just graduated from Whitman College. Would love to connect with classmates!"

**Sandra (Juil) Ledbetter, M.D., Res. '84, Res. '89 (pediatrics), Ph.D.**, became head of the Division of Neonatology at UW Medicine in January 2015. She is continuing her work on perinatal neuroprotection for neonates at high risk of brain injury. She is also the PI of a multicenter trial to determine whether high-dose erythropoietin, given in the neonatal period, will improve the neurologic outcome of extremely preterm infants.

## 1983

**M. Kim Lynch, M.D.**, an Idaho physician-preceptor (general surgery), was honored with the WWAMI Distinguished Teacher Award, presented at the UW School of Medicine graduation on May 22, 2015.

## 1984



**Louise Kirz, M.D.**, writes, "I'm happily practicing anesthesia in Portland, Ore., where I've been for 18 years. Before that, I was in Anchorage. My boys are 18 and 22."

## 1985

**Doris Mugrditchian, M.D., MPH**, is living in Mali. After a number of years with the World Health Organization, she is working as head of the health unit for a Swiss NGO based in Lausanne.

## 1987

**Melissa Smith, M.D., Res. '91 (family medicine)**, has collaborated with Hesperian Health Guides writers and editors in more than 20 countries over the past four years. The result is the publication of the *Health Action Guide for Women and Girls*, a book that will include activities and strategies to help tackle difficult discussions about sexuality, family planning, safe motherhood, unsafe abortion, HIV and violence against women, among other topics. The impetus for the publication was her work in Liberia and Nicaragua.

1988



**Brian Roth, M.D., Res. '89 (internal medicine), Res. '92 (ophthalmology),** writes, "There's nothing more fun than taking your kids fishing!"

1989

**Barbara Detering, M.D.,** was the first woman elected to serve as chair of the Group Health Physicians board of directors. Detering has been a physician at Group Health since 1991, when she joined their family medicine residency.

**Theodore Houk, M.D.,** writes, "Pamela and I were married about 31 years ago and drove 3,000 miles over four days to start medical school. I was struck by a car going 38 miles per hour on 3/28/13. I was off nine months for bone repair. I am back to running 15 miles a week, not the usual 28. My oldest son, Cliff, just entered Virginia Tech Carilion School of Medicine and Research Institute. We moved him down from Baltimore to Roanoke. My brother and sister-in-law, Drs. Gary Houk and Carolyn Houk, moved to Seattle to watch our 79-year-old mother. If you need help with legislators, I know them: D.C. is close."

1990

**Suzanne Harrison, M.D., Res. '92 (family medicine),** was named an exceptional mentor by the American Medical Women's Association (AMWA).

**Chris Holdhusen, M.D.,** writes, "I've lived in Whitefish, Mont., since 1996 and have no regrets about that. Kathy and I raised three kids: two are in college and Eric, the last one still home, is a freshman. For the past eight years, I have worked at a community health center I helped get started. That has required me to use everything I learned at the UW (except how to draw the Krebs cycle). Hello to all my beloved classmates."

1991

**Save the date for your 25th reunion:** Friday, June 3–Saturday, June 4, 2016!

**Cdr. Abhik Biswas, M.D.,** writes, "I retired from the Navy in 2012, but I am still working for the Navy at the Naval Medical Center Portsmouth in Virginia as the medical director of the PICU and division head of pediatric critical-care medicine. Additionally, I serve as the associate medical director of inpatient pediatrics at Cape Fear Valley Medical Center. We're now empty-nesters, as the last kid headed off to college this fall!"

1993

**Ellen Pierce, M.D., Res. '98 (pathology),** has a great-nephew, Ethan Ericksen, who enjoys his UW School of Medicine bib — but his mother won't let him wear it when he eats.



1995



**Deborah Tepper, MSN, M.D., Res. '98 (internal medicine),** writes, "I have left the Cleveland Clinic and accepted a position with Beth Israel Deaconess on Cape Cod. This is a location near and dear to me. I am board-certified in headache and internal medicine, and my practice will be a mix of these specialties. My husband has accepted a position at the Geisel School of Medicine at Dartmouth College and will be commuting to the Cape for long weekends."

1997

**Rob Hilvers, Jr., M.D.,** is the CEO and founder of the Emergency Responders Health Center in Boise, Idaho. The clinic provides exams, fitness, physical therapy and education for first responders, such as firefighters and police. Hilvers has been involved in multiple wilderness medicine expeditions as a volunteer physician for the Himalayan Rescue Association, as a climber and team physician on Denali, and as an expedition physician to the Antarctic and South Pacific.

1998

**Amanda Paulovich, Ph.D. '96, M.D.,** UW associate professor in medical oncology, has received the 2015 Distinguished Achievement in Proteomic Sciences Award from the Human Proteome Organization.

1999

**Melissa (Moe) Hagman, M.D., Res. '02 (internal medicine), Chief Res. '03 (internal medicine),** was inducted into the Gold Humanism Honor Society this past spring. She is a UW associate professor in the Department of Medicine and the associate program director of the Boise internal medicine residency program. She teaches medical students and residents at the Boise VA Medical Center.

2000



**Greg Davis, M.D., MPH '03, Res. '07 (otolaryngology),** writes, "I would have loved to attend my reunion, but I was summiting Mount Rainier! All went well."

**LeeAnna Muzquiz, M.D.,** is medical director of Polson Tribal Health in the Missoula, Mont., area. She's serving as the liaison between the tribal community and researchers at the University of Montana as the groups work together to conduct pharmacogenetics research. She also received the 2014 George Saari Humanitarian Award from Montana State University.

2001

**Save the date for your 15th reunion: Friday, June 3–Saturday, June 4, 2016!**

**Will Smith, M.D.,** was recently named an EMS (emergency medicine services) Medical Director of the Year in Wyoming. He shares the honor with colleague A.J. Wheeler, M.D.

2004

**Lucinda Grande, M.D., Res. '04 (internal medicine), Res. '08 (anesthesiology),** writes, "My research on oral ketamine for chronic pain was featured in a front-page article in

*The Olympian* newspaper. That publicity generated so many inquiries that I was able to complete my clinical trial quickly. I am preparing the results for publication, and I'm now planning a larger follow-up study."

2007



**Melissa (Lofgren) Molsee, M.D., Res. '10 (general studies),** writes, "I am living and working in Togo, West Africa, at a mission hospital. This past March, my husband and I were privileged to assist with the opening of the Hospital of Hope, a 40-bed mission hospital providing critical surgical, medical and obstetrical care in northern Togo, West Africa. Since then, more than 8,000 people from Togo and six surrounding countries have come through our doors. We look forward to raising our four young boys here and continuing to serve the people of West Africa. For more information about our hospital, please visit our website, [hospitalofhopemango.org](http://hospitalofhopemango.org)."

2008

**Crystal North, M.D.,** writes, "I just completed a pulmonary and critical-care fellowship at the Harvard combined fellowship program of Massachusetts General Hospital, Brigham and Women's Hospital and Beth Israel Deaconess Medical Center. I have been selected as a 2015–2016 Fogarty Global Health Fellow, and I will be spending the next year in Mbarara, Uganda. I'll study the epidemiology of chronic lung disease in people living with HIV under the mentorship of Dr. David Christiani of the Harvard T.H. Chan School of Public Health and Dr. David Bangsberg of the Massachusetts General Hospital Center for Global Health."

**Mingling Healing and Religion**

**Laila Zomorodian, M.D.**

"Umbrellas are used year-round in Ethiopia — they protect from the sun as well as the rain," says Laila Zomorodian, M.D. '15. She discovered this while working as a SCOPE fellow in Gondar earlier this year. SCOPE (Strengthening Care Opportunities Through Partnership in Ethiopia) partners with medical and faith communities to improve health. The UW Department of Global Health, the University of Gondar, and members of churches in the U.S. and in Ethiopia participate.

It's a good tactic; while reports estimate that Ethiopia has only 2,000 physicians, it has 500,000 Orthodox priests. Zomorodian implemented and evaluated two pilot projects to train priests and other religious leaders to refer women to local health clinics. When the training was complete, volunteers received umbrellas as a "thank you," as shown in the photograph.

Zomorodian's visit to Gondar was one of a number of experiences that convinced her to pursue surgery, and she's now a resident at East Carolina University. Her goal? "I want to become a well-rounded surgeon who can serve and advocate for the poor," she says.



## 2009

**Twiggy Lee, M.D.**, writes, "Logan Adam Lau was born at UW labor and delivery on March 5, 2015, on a full moon! He was delivered by **Dr. Karen Bar-Joseph, fellow UW graduate (2008).**"



**Weiya (Zhang) Wysham, M.D.**, and **Nicholas Wysham, M.D.**, welcomed their son, Benjamin, in February 2015.



2009 alumnae and babies, from left to right: **Lisa (Nguyen) Dang** and her daughter, Cora, **Allison Porter** and her son, William, **Weiya (Zhang) Wysham** and her son, Benjamin, and **Twiggy Lee** and her son, Logan.



### Your Baby — In Their Very Own Bib!

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

## Allergy and Infectious Diseases

**Benjamin Lipsky, M.D., Res. '73, Res. '76, Chief Res. '77, Fel. '78**, writes, "Three years ago, I transitioned (becoming professor emeritus) from the Department of Medicine at the UW (based at the VA Puget Sound) to the Division of Medical Sciences at the University of Oxford (based at Green Templeton College). I have greatly enjoyed having more time for clinical research, scientific writing, teaching and traveling worldwide as a speaker and consultant, mostly for work related to foot infections in diabetic patients. Serving as visiting professor of medicine (infectious diseases) at the University of Geneva has also been a wonderful academic and cultural experience. Receiving the Karel Bakker Award from the International Working Group on the Diabetic Foot was a career highlight; this lifetime achievement award is presented once every four years at the largest diabetic foot meeting worldwide, held in The Netherlands."



From left to right: Prof. Nicolaas Schaper, Donna M. Lipsky, Benjamin Lipsky, M.D., and Dr. Karel Bakker, the "godfather" of the diabetic foot world.

## Family Medicine

**Scott R. Dunn, M.D., Res. '92**, was named the 2015 Idaho Family Physician of the Year at the 67th annual conference of the Idaho Academy of Family Physicians in May 2015. He serves as the Sandpoint WRITE/TRUST site co-director and R/UOP preceptor for Idaho WWAMI.

## Hematology

**Augustine Perrotta, D.O., Fel. '70**, has written a book, *A View from the Inside*, that pays tribute to the father of bone-marrow transplantation, the late

E. Donnal Thomas, Sr., M.D., UW professor of Medicine, as well as the father of epidural conduction anesthesia in obstetrics, the late John J. Bonica, M.D., founder of UW Medicine's Department of Anesthesiology and Pain Medicine.

## Internal Medicine

**Grant Hughes, M.D., Res. '03, Res. '05**, UW associate professor of rheumatology and Harborview Medical Center section chief in rheumatology, has been named the Robert F. Willkens, M.D.-Lucile T. Henderson Endowed Professor in Rheumatology.

**Caroline Hurd, M.D., Res. '10**, was part of the *Puget Sound Business Journal's* "40 under 40" list in 2015. Hurd, a UW clinical assistant professor in internal medicine and director of education operations at the Cambia Palliative Care Center of Excellence, is a physician at Harborview Medical Center.

## Microbiology

**Devorah Bennu, Ph.D. '02**, writes, "After receiving my B.S. in microbiology and immunology (emphasis in virology), I took two years off to earn some money by working at Fred Hutchinson Cancer Research Center. I then returned to earn my Ph.D. in zoology (2002), followed by a two-year Chapman postdoctoral fellowship (ornithology) at the American Museum of Natural History in New York City. I now write a popular science blog for *The Guardian* online ([theguardian.com/science/grllscientist](http://theguardian.com/science/grllscientist)) and specialise in rigorous long-form pieces about evolution, ecology and behaviour, especially in birds — although my most recent stories have mostly been about non-avians! When I know people from UW are reading my writing, I feel especially satisfied and happy, like I am giving back to my academic community."

## Nephrology

**Daniel Lam, M.D., Res. '10**, UW clinical assistant professor, has been selected by the Cambia Health Foundation as a 2015 Sojourns Scholar. His project: "Integrating Palliative Care in the Dialysis Facility: A Systems Approach."

## Ophthalmology

**Starla Fitch, M.D., Res. '91**, gave a TEDx Talk on connection and perception that has more than 6,000 views. To view it, look up "connect or die" on YouTube.

## Pediatrics

**Henry "Rennie" Coit, M.D., Res. '89, MBA**, was appointed chairman of the Board of PaxVax, Inc., a company focusing on vaccines for the developing world.



## Rehabilitation Medicine

**Steve Barbuto, DPT '06**, received an American Physical Therapy Association Emerging Leader Award.

**Susan Michaud, DPT '07**, was named Physical Therapist of the Year by the Physical Therapy Association of Washington.

## Rheumatology

**Andrew Holman, M.D., Fel. '92**, writes, "A new diagnostic test from Seattle biotech Inmedix, where I am the CEO, nearly triples the rate of rheumatoid arthritis disease control from 27 percent to 79 percent by application of an overlooked element of personalized medicine: the autonomic nervous system (ANS). Next, we're working on doing the same for systemic lupus erythematosus and multiple sclerosis."

## Surgery

**Peter Rhee, M.D., MPH, Fel. '95, Fel. '96**, who was the attending physician for U.S. Representative Gabrielle Giffords of Arizona as well as other victims of the 2011 Tucson shooting, recently published a memoir: *Trauma Red: The Making of a Surgeon in War and in America's Cities*.

**Heather Evans, M.D., Fel. '08 (surgery)**, UW associate professor of surgery, was featured in *Seattle Magazine* in July. She's leading the development of a smartphone app that will help patients and physicians monitor post-surgery healing and infection by allowing patients to send photos of incisions to their care team.

## Seattle



**John D. Patz, PA-C (Seattle Class 12), D.O.**, writes, "Following MEDEX, I practiced as a PA for five years while completing my undergraduate education. In those days, the future of PAs was unclear, and I was still pretty young. I went on to medical school. After an internship, I served in the Indian Health Service in New Mexico before returning to Seattle, where I completed a family medicine residency. During those years, I enjoyed teaching in the MEDEX Northwest program and am proud to have received the Golden Apple Award twice! I worked in family medicine until 2003, when I shifted my practice to addiction medicine. I came back to the University of Washington to obtain a certificate in medical management before assuming my current job. Late in my career, I am having the challenge of my life. I work for Evergreen Healthcare in their facility in Monroe, Wash., where I am medical director of a residential treatment program; I also maintain an outpatient practice. I am actively involved in working to integrate addiction treatment into traditional medicine. Not an easy task! My best to all my PA colleagues who I have worked with over the years."

**Forest Hofer, PA-C (Seattle Class 14)**, writes, "I recall when I was a MEDEX student that we had a lecture and discussion on what our career trajectory would be about. There was the expectation that our early years would be about paying our dues. This would be followed by our "power" years, where you would realize your fiscal and career potential. Finally, there would be the payback years, where you would teach and volunteer. I have definitely reached the payback part. For the last 22 years, I have worked in White Salmon, Wash., at a rural hospital emergency room. For the past few years, I have had a steadily

increasing number of students to pre-cept. This last school year, there were 15 total from all three MEDEX sites. MEDEX proved prophetic in this regard. It has been a rejuvenating experience. Certainly, there are many issues to overcome in our healthcare system, but I am not worried about the character or ability of those I've seen who are to follow. They have all been great, and it has given me a much better outlook on the future, both for the profession and in general. I expect that someday I and those I love will be under their care, and I am fine with that."



**Nanette Laufik, PA-C (Seattle Class 19)**, writes, "I'm back in the U.S. and employed by Providence Health in Portland, Ore., doing a combination of urgent care and family medicine. I returned in late 2013 after four years in the tropics of Australia. I originally traveled there to participate in a pilot project to introduce PAs to the Queensland, Australia, government healthcare system. I spent three additional years coordinating clinical skills for fourth-year medical students and working part-time in chronic disease care in an aboriginal clinic. My husband, a retired pilot, and I travel as often as possible."



**Laurie E. Benton, Ph.D., PA-C (Seattle Class 26)**, writes, "After graduating from MEDEX, I was given the opportunity to learn and work in cardiothoracic surgery, nephrology, hospital

medicine and now hospital administration. I owe a large “thank you” to the PAs who elected me to the board of directors of the American Academy of Physician Assistants. There have been so many opportunities and journeys that have come my way since becoming a physician assistant. I have been able to share my training with underserved clinics, rescue operations, the Texas Medical Rangers — and during other challenges, such as the Fort Hood shootings and hurricanes Katrina and Rita. When not working as a PA, I am able to work with rescued and abused animals.”



**Steve Platz, PA-C (Seattle Class 30),** writes, “Since graduation, I have been fortunate to blend my passions for medicine, fitness and the outdoors. I’ve been living and working in Lander, Wyo., (pop. 7,500) for the past

decade. Lander has a wonderful blend of citizens, from multi-generational ranchers to rock climbers, and energy industry employees to teachers. Working in family practice and psychiatry provides me with a wide variety of patient experiences. I served as president of the Wyoming Association of Physician Assistants and remain active with our version of WAPA. Last year, I completed my first IRONMAN triathlon, and I appreciate the opportunity to escape into the mountains regularly with my wife and teenage daughter.”

**Gina Franco, PA-C (Seattle Class 32),** writes, “My life after MEDEX has been a joyful experience, filled with amazing opportunities in both my career and personal life. Upon graduation, I accepted a fellowship training at UCSF’s orthopedic surgical department in which I gained immense orthopedic surgical training, was published in the *Journal of the American Academy of Orthopaedic Surgeons*, and was a speaker at orthopedic meetings in California and Hawaii. Soon after, I was hired as chief orthopedic PA-C in my dream job at the San Francisco VA Health Care System.



Here, I am able to continue my commitment to underserved populations as recognized by the Richard H. Layton, M.D. Award, granted to me upon graduation from MEDEX. At the VA, I work in outpatient clinics, first-assist in surgeries, precept PA students and am chair on the professional standard boards. I also was recently appointed by the chief of staff as the lead VA facility PA-C. Serving the veterans of America has been the most rewarding part of my career. I am able to provide quality healthcare to my patients, who have risked their lives to make and keep America strong and free. Being a PA-C has given me the opportunity to be a proud homeowner in Marin County, where I’ve lived with my son Diego since 2002. I’ve been blessed with two additional children, Violet and Caden, along with my lifelong partner, Mike Meyer. My PA-C career has been a happy work-life balance, loaded with epic adventures like road trips, traveling, hiking, camping, snowboarding and just barbecuing in my own backyard with family.”

**Jody Sanderson, PA-C (Seattle Class 32), M.S.,** writes, “I work in a very interesting and cutting-edge job as a PA, one of the very first of its kind in the United States. My position is that of a pre-hospital PA, working with the Mesa Fire Medical Department (MFMD) through a joint venture with Mountain Vista Medical Center in Mesa, Ariz. I work on the community care unit. The premise behind this program is to keep patients with non-life-threatening illnesses from utilizing the emergency department when their care



can be provided in the field. Additionally, by sending advanced practice providers (APPs) to the scene, we are able to ensure that engine and ladder crews are available to respond to true emergencies. Our team of APPs works out of three fire stations, providing 24/7 coverage 365 days a year. We stay at the fire stations for 24-hour shifts, along with the engine and ladder crews. We work in a two-person crew system, with an APP and an MFMD captain-paramedic, and we’re dispatched through our 911 dispatch center to non-life-threatening calls. We see and treat minor lacerations, infections, mild asthma exacerbations, allergic reactions, nausea and vomiting, etc., and are able to provide jail clearances in the field. We use a larger ambulance-truck unit, with all of our supplies onboard — basically, we operate as a small, mobile, urgent-care unit. This is a new and exciting career opportunity for PAs. Other programs have sprung up nationally based on the Mesa program. Recently, I met fire chiefs from Lacey and Olympia, Wash., who came for a site visit. They hope to establish similar programs.”



Patrick Parenzin, PA-C, with Seattle Children’s coworkers and Special Olympics Washington volunteers.

**Patrick Parenzin, PA-C (Seattle Class 39),** writes, “I went straight from MEDEX to Seattle Children’s, where I have been working in pediatric orthopedics for close to eight years now. The organization has a great mission, and they continually support me in my volunteer work with Special Olympics Washington as the Healthy Athletes MedFest clinical director. MedFest is a Special Olympics program offering free, comprehensive pre-participation physical exams. My

hope is that this program continues to grow and serve those with intellectual disabilities here in Washington state.” Parenzin received the 2015 MEDEX Excellence in Teaching Award.



**Travis Baker, MCHS, PA-C (Seattle Class 45)**, writes, “In January, I completed an emergency medicine fellowship at Baylor College of Medicine in Houston, Texas. As a former firefighter/paramedic, I was able to network with our emergency medical services (EMS) colleagues, and I was offered the position of clinical director for community paramedicine for a large EMS agency outside of Houston. I remain on faculty at Baylor, working 80 percent of the time in EMS and 20 percent in our trauma center. We address frequent 911 users, and we have made a substantial impact in both reducing 911 utilization and improved quality of life, resulting in healthcare cost savings. In my free time, I enjoy sand volleyball, college football and exploring the outdoors.”



**Janice Sim, PA-C (Seattle Class 45), M.A. '13**, welcomed daughter Cameron Sim, who was born on July 2, 2014, and is enjoying her UW School of Medicine bib.

## Spokane



**Dana S. Harvey, PA-C (Spokane Class 4)**, writes, “It was my good fortune to take my first drink from the medical fire hose with MEDEX Spokane Class 4, an eclectic, tie-dye-shirted group that graduated in 2002. The majority of my career has consisted of providing patient care in Montana’s rural critical-access hospitals, often as the sole provider on duty. It’s frontier medicine, defined by days of benign runny noses and all-too-frequent head-scratching cases, periodically punctuated by moments of sheer terror in the emergency room. I’m proud to say that I am a physician assistant striving to uphold the tenets that patient care and safety are foremost. So enough about me — let’s stir the pot regarding electronic medical records, administrators and staff that accept mediocrity, and the leaky trauma dressing labeled Obamacare.”



**Tim Thornton, PA-C (Spokane Class 8)**, writes, “I have come full circle after graduating from MEDEX. It wasn’t easy! MEDEX faculty and leadership stuck with me, and I persisted. I am so grateful I did. I work in emergency medicine at a critical-access hospital on the Flathead Indian Reservation in

Montana. Years ago, I lived and worked in Polson as a paramedic. Today, I treat folks in the emergency department that I treated as an EMS provider 20 years ago! I’ve completed the NCCPA certificate of added qualification in emergency medicine, and I’m really close to realizing another lifelong dream of becoming a licensed pilot. Being a MEDEX graduate has changed my life, and I’m so grateful for the opportunity to be practicing as a physician assistant.”



**Andrew Becker, PA-C (Spokane Class 13)**, writes, “Since graduation from MEDEX, I have primarily worked in urgent care. For the past year, I also have worked part-time in wound care and hyperbaric medicine. We added two boys to our herd and bought a house in Moscow, Idaho. My wife continues to operate her landscape design business out of our home — she’s a busy lady. I received EMT of the Year from the Veterans of Foreign Wars and was given a life-saving award for leading a team that successfully resuscitated an out-of-hospital pediatric cardiac arrest. My MEDEX training has provided for us well.”

## PASSAGES: OUR FRIENDS, REMEMBERED

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

### ALUMNI

**Randy Robyn, M.D., Res. '52**  
(family medicine)

**Michael Jayko, M.D., Res. '52**  
Dr. Jayko was a nuclear chemist.

**Theodore C. West, Ph.D. '52**  
(pharmacology)  
Dr. West was a researcher, an expert in medical education and a beloved mentor.

**W. Wyman Andrus, M.D., Res. '53**  
Dr. Andrus was a cardiologist; he loved sports and played the trumpet.

**Thomas S. Gilpatrick, M.D. '53**  
Dr. Gilpatrick believed in affordable healthcare for women.

**Horace G. Moore, Jr., M.D., Res. '53**  
(general surgery)  
Dr. Moore was the first surgeon in Wilmington, Del., to perform surgery for an aortic aneurysm.

**Bertram R. Pass, M.D. '53**  
Dr. Pass delivered more than 2,400 babies in a 40-year career.

**Richard Layton, M.D. '54**  
Dr. Layton was a pioneer in the five-state WWAMI educational program. Please see his obituary on page 48.

**Donald W. Sample, M.D. '55**  
Dr. Sample served in the military for 30 years.

**Jonathan Holloway, M.D. '56**  
Dr. Holloway was ophthalmologist and an Episcopal deacon. Please see his obituary on page 48.

**Lloyd R. Lichty, M.D. '56**  
Dr. Lichty was a corpsman in the U.S. Navy, and he played the trumpet and guitar.

**Lester R. Sauvage, Sr., M.D., Res. '56**  
(general surgery)  
Dr. Sauvage founded a lab that later became known as the Hope Heart Institute. Please see his obituary on page 48.

**Darrel E. Stavig, M.D. '56, Int. '57**  
Dr. Stavig was in the Merchant Marines and in the U.S. Army.

**Donald P. Schumacher, M.D., Res. '57 (anesthesiology)**  
Dr. Schumacher practiced in the Seattle area for many years.

**John H. Vogel, M.D. '57, MACC, FSCAI**  
Dr. Vogel was an innovator in cardiovascular care. Please see his obituary on page 49.

**John A. Wolf, Jr., M.D. '61, Res. '66 (urology), FACS**  
Dr. Wolf was a UW clinical professor emeritus.

**Thomas J. Hansen, M.D. '62**  
Dr. Hansen was a captain in the U.S. Air Force.

**Donald W. Hegge, M.D. '63, Res. '68 (urology)**  
Dr. Hegge was the only urologist on the North Olympic Peninsula for 13 years.

**Robert E. Condon, M.D., Int. '58, Res. '65 (general surgery), M.S., FACS**

Dr. Condon published 21 books and 101 book chapters.

**Ross D. Kennedy, M.D. '65, Res. '74 (anesthesiology)**

Dr. Kennedy, in 1958, became the youngest person to summit Mt. McKinley.

**Bob W. Brawley, M.D., Res. '66**  
Dr. Brawley pioneered techniques in neurosurgery.

**Gary L. Huber, M.D. '66**  
Dr. Huber founded the Texas Nutritional Institute at East Texas Medical Center.

**Bruce J. Wolf, M.D. '67, Res. '71 (ophthalmology)**  
Dr. Wolf delivered care by dogsled in the U.S. Public Health Service.

**David T. English, M.D. '68**  
Dr. English loved sports and photography.

**Thomas E. Schwark, M.D., Res. '68 (pediatrics)**  
Dr. Schwark served as CEO of Wyman Park Medical Center in Baltimore.

**Robert Walter Mejo, M.D., Res. '69 (psychiatry and behavioral sciences)**  
Dr. Mejo led negotiations between police and the Black Panthers.

**Norman F. Peterson, M.D. '69**  
Dr. Peterson founded Peninsula Behavioral Health in Clallam County, Wash.

**Donald B. Reece, M.D. '71**  
Dr. Reece practiced family medicine for more than 40 years.

**Terry L. Lanes, M.D. '72**  
Dr. Lanes went on five medical missions to post-earthquake Haiti.

**Joshua S. Obak, M.D. '72, FAAP, FACEP**

Dr. Obak was fluent in five languages.

**Janet E. Mules, M.D., Res. '73 (psychiatry and behavioral sciences), Res. '74**

Dr. Mules was a psychiatrist for the U.S. Foreign Service.

**Richard J. Weiland, M.D. '73**

Dr. Weiland served as medical director of Tri-State Memorial Hospital Home Health and Hospice.

**Carl T. Bell, M.D. '75**

Dr. Bell was a gifted writer, producing a children's book, numerous plays and songs.

**Karen Anderson, M.D. '76, MPH**

Dr. Anderson cared for veterans, the developmentally disabled and those with little means.

**David Earl Gambill, M.D., Res. '76 (diagnostic radiology)**

Dr. Gambill was a flight surgeon in the U.S. Air Force.

**Brad Stanley Jordan, B.S. '77 (physical therapy), DMT (Hon.), FAAOMPT**

Mr. Jordan was the CEO, COO and director of clinical education at the Ola Grimsby Institute.

**Wayne Katon, M.D., Res '79 (psychiatry and behavioral sciences)**

Dr. Katon was a leader in collaborative mental health care. Please see his obituary on page 49.

**Thomas M. Robbie, M.D., Res. '80 (family medicine)**

Dr. Robbie practiced emergency medicine in Washington for 25 years.

**Sharon Kate Crowley, B.S. '81 (physical therapy)**

Ms. Crowley loved outdoor activities and raising sheep, goats, cows and horses.

**Paul A. Swinehart, Jr., M.D., Res. '82 (anesthesiology)**

Dr. Swinehart enjoyed music, history and adventure novels.

**Terence Calderwood, M.D. '86**

Dr. Calderwood was a pilot and an accomplished marksman.

**Carrie Lynne Volk, B.S. '90 (physical therapy)**

Ms. Volk served as director of physical medicine at Auburn Regional Medical Center.

**Yasmin A. Ahmed, M.D. '09**

Dr. Ahmed was a highly regarded pediatric gastrointestinal fellow. Please see her obituary on page 49.

## FACULTY AND FORMER FACULTY

**Alexander Whitehill Clowes, M.D.**

Dr. Clowes was a vascular surgeon and philanthropist. Please see his obituary on page 50.

**Robert F. Labbé, Ph.D.**

Dr. Labbé was recognized for outstanding contributions to clinical chemistry. Please see his obituary on page 50.

**Roy Mark Mays, Jr., Ph.D., J.D.**

Dr. Mays ran for Washington state's 5th congressional district in 2008.

**Jerrold M. Milstein M.D.**

Dr. Milstein served as director of the division of pediatric neurology at Seattle Children's.

**Daniel Charles Moore, M.D.**

Dr. Moore was a faculty member in anesthesiology.

## FRIENDS

**Robert Campbell Coe, M.D.**

Dr. Coe was a surgeon and philanthropist. Please see his obituary on page 50.

**Jane Isakson Lea**

Mrs. Lea enjoyed Scandinavian culture and supported medical research. Please see her obituary on page 51.

**Frank Wilson Pritt III**

Mr. Pritt was a businessman and philanthropist. Please see his obituary on page 51.

**Ellyn W. Swanson**

Mrs. Swanson was president of the Friends of the UW School of Medicine. Please see her obituary on page 51.

ALUMNI



**Richard Layton, M.D. '54**  
 Born March 13, 1927, in Fond du Lac, Wis.  
 Died June 8, 2015

Dr. Richard Layton graduated at the top of the fifth graduating class of the UW School of Medicine in 1954. After interning at Detroit Receiving Hospital, he was a member of Yakima Valley Clinic in Grandview, Wash., from 1955 until 1974. Dr. Layton was a pioneering physician in the UW School of Medicine's WWAMI program, bringing medical care to rural and underserved areas. Then, for 20 years, he directed a family practice "residency at Providence Hospital in Seattle, focused on serving the inner city. For many years of service as a clinical professor, Dr. Layton was awarded emeritus status upon his retirement.

In 1986, Dr. Layton was named Washington state's family physician of the year; in 2001, he received the Alumni Service Award from UW Medicine. And in 2013, Governor Jay Inslee gave him the Washington State Governor's Recognition Award, followed, in 2014, by the Distinguished Alumni Veteran Award from the University of Washington. Dr. Layton served in the U.S. Navy from 1945 to 1946 as a second-class petty officer assessing ships destroyed by atomic bombs at Bikini Atoll.

Dr. Layton is survived by his wife of 40 years, Marilyn, their children, David and Adele Layton, Deborah Layton, and Jon and Chris Layton, Larry and Shuling Smith, Eleanor Smith and Charles Jaffe, 10 grandchildren and several great-grandchildren.

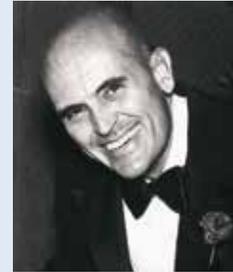


**Jonathan Holloway, M.D. '56**  
 Born Feb. 24, 1930, in Seattle, Wash.  
 Died July 8, 2015, in Spokane, Wash.

Born in Seattle, Dr. Jonathan Holloway attended Garfield High School, Stanford University and Oberlin College, followed by the UW School of Medicine. He spent two years as a flight surgeon for the U.S. Air Force before completing an ophthalmology residency at the Wills Eye Hospital in Philadelphia, Pa., where he served as chief resident surgeon from 1961 to 1962.

Dr. Holloway and his wife, Barbara Brewer Holloway, moved to Spokane in 1962, where he joined a practice; in 1968, he joined Rockwood Clinic as a founding partner. After retiring from Rockwood in the early 1990s, he joined the Eye Care Team, where he practiced until 2002. In addition, Dr. Rockwood was ordained as a deacon in the Episcopal church in 1976, served on the boards of St. George's School and the Spokane Symphony, was editor of the Spokane County Medical Society newsletter, served as a delegate to the Washington state chapter of the American Medical Society, was a member of the Spokane Rotary Club, and helped create the WWAMI Spokane Endowed Scholarship in Medicine at UW Medicine.

Dr. Holloway is survived by his son, two daughters, and their families, including four grandchildren.



**Lester R. Sawage, Sr., M.D., Res. '56 (general surgery)**  
 Born Nov. 15, 1926, in Wapato, Wash.  
 Died June 5, 2015

Dr. Lester Rosaire Sawage, Sr., attended Gonzaga University and Saint Louis University School of Medicine in Missouri. In 1949, he completed a one-year internship at King County Hospital (now Harborview Medical Center) and began a residency in adult general and vascular surgery at the UW School of Medicine. After serving as a lieutenant in the U.S. Army Medical Corps during the Korean War, he met the love of his life, Mary Ann Marti. They married in 1956, moved to Boston for thoracic surgery training, then returned to Seattle to launch his career as a cardiovascular surgeon. Over the course of his career, Dr. Sawage performed more than 10,000 surgeries.

In 1959, Dr. Sawage founded the research laboratory that later became known as the Hope Heart Institute. His innovative work in the early 1960s paved the way for cardiac bypass graft surgery, which continues to save lives today. In addition, he authored 253 professional papers and several books — the latest, *Opening Hearts*, was released two weeks before his death.

Dr. Sawage chose medicine over the priesthood, but faith permeated everything he did. He is survived by eight children: Lester, Jr. (Catherine), John (Mona), Paul (Debbie), Helen (Bob Santucci), Joe (Missy), Laura (Stephen Scheer), Bill (Chrissy), Mary Ann (Paul Huddleston), as well as his sister, Cora Fetchko, and 31 grandchildren.



**John H. Vogel,  
M.D. '57,  
MACC, FSCAI**  
*Born July 3, 1932, in  
Portland, Ore.  
Died June 1, 2015*

Dr. John H. Vogel, known as the “Jack of Hearts,” attended Gonzaga University. After receiving his M.D., he did a residency at Vanderbilt University and a fellowship at the University of Colorado School of Medicine. Dr. Vogel served as director of the cardiac catheterization lab at UC for 10 years, making major contributions to the fields of pulmonary hypertension, high-altitude pulmonary edema, and congenital and valvular heart disease. In 1970, he moved to Santa Barbara, Calif., where he played a leadership role in cardiovascular care. He was the first person in Santa Barbara to perform thrombolytic therapy, coronary balloon angioplasty, laser atherectomy and placement of coronary artery stents.

Dr. Vogel had a passion for education and teaching: presentations, publishing, organizing conferences. In 1998, he became a master of the American College of Cardiology, and he was recognized by the American Heart Association and the Society for Cardiac Angiography and Interventions. He served on numerous committees and boards within the American College of Cardiology and other associations.

Dr. Vogel relished challenges: he loved to run and completed eight marathons. He also loved to fly, completing his first solo flight in 1971. He is survived by his wife, Cynthia, and his daughters: Kristen (Blabey), Nancy Clare (Davies), and Carrie Jo (Parks). He is also survived by several grandchildren and his brothers, Robert and Scott Vogel. He was predeceased by his son, John H.K. Vogel, Jr.



**Wayne  
Katon, M.D.,  
Res. '79  
(psychiatry  
and behavioral  
sciences)**  
*Died March 1, 2015*

Dr. Wayne Katon, UW vice chair of the Department of Psychiatry and Behavioral Sciences, was raised in Brooklyn, N.Y., earning a medical degree from the University of Oregon. His achievements include establishing the Division of Health Services and Psychiatric Epidemiology within the department, bringing in more than \$25 million in research grants, and spending three decades testing and developing models of care to make mental health care more accessible. This work culminated in several publications and the evolution of a model of collaborative care that is implemented in more than 150 primary-care clinics in Washington state, including the UW Neighborhood Clinics.

Dr. Katon also authored several books, edited *General Hospital Psychiatry* and mentored junior faculty across several departments. He will be awarded (posthumously) the 2015 Distinguished Service Award from the American Psychiatric Association for a lifetime of outstanding contributions.

Dr. Katon is survived by his wife, Bobbi, and two daughters, Jodi and Rachel. The Wayne Katon Memorial Fund has been established to support the next generation of psychiatry students; gifts may be directed to UW Medicine Advancement, Box 358045, Seattle, WA 98195-8045.



**Yasmin A.  
Ahmedi,  
M.D. '09**  
*Born Aug. 15,  
1982, in Seattle,  
Wash.  
Died April 29,  
2015*

Dr. Yasmin

A. Ahmedi was born and raised in Seattle. After receiving a B.S. in neurobiology from the University of Washington, she earned an M.D. from the UW School of Medicine in 2009. She then held a one-year residency in pediatrics, working as a hospitalist at Children’s Hospital in Oakland. She was in the first year of a gastroenterology fellowship at Rady Children’s Hospital-San Diego when she died suddenly and tragically from complications of her second pregnancy.

Dr. Ahmedi was known by all as a bright, sweet spirit whose generosity and kindness characterized all her interactions. She was the mother of two beautiful children, a loving wife, daughter and sister, a wise and caring physician, and a beloved friend to many.

The Yasmin Ahmedi Memorial Scholarship Fund was established in 2015 through the generous contributions of the family of Twiggy Lee, M.D. '09, and the many friends and family who knew and loved Dr. Ahmedi. The fund was established to support an aspiring pediatric resident who embodies the compassion, humility and optimism that defined Dr. Ahmedi’s all-too-brief life. She is survived by her husband, Adnan Ghadiali, her three-year-old daughter, Zahra, and her newborn son.

Gifts to the Ahmedi fund may be directed to UW Medicine Advancement, Box 358045, Seattle, WA 98195-8045.

FACULTY AND FORMER FACULTY



**Alexander Whitehill Clowes, M.D.**

*Born 1946  
Died July 7, 2015*

Dr. Alexander (“Alec”) Whitehill

Clowes was a UW professor of surgery and chief of the Division of Vascular Surgery from 1995 to 2007. He specialized in peripheral vascular conditions and held the V. Paul Gavora and Helen S. and John A. Schilling Endowed Chair in Vascular Surgery.

Dr. Clowes attended Harvard Medical School, received surgery training at Case Western Reserve in Cleveland, Ohio, completed advanced training in vascular surgery at Peter Bent Brigham Hospital in Boston, Mass., and pursued research in the laboratory of Dr. Morris Karnovsky at Harvard Medical School, where he developed a lifelong interest in vascular biology and arterial wound healing. In 1980, Dr. Clowes joined UW Medicine’s Department of Surgery, becoming a professor in 1990, chair of the department from 1992 to 1993, and chief of the Division of Vascular Surgery from 1995 to 2007. Dr. Clowes also received a Lifetime Achievement Award from the Society for Vascular Surgery, and his collected scientific publications fill over six volumes. However, Dr. Clowes considered his greatest achievements to be the care he gave his patients and his mentoring of young physicians. He was also the president of his family’s foundation, The Clowes Fund, and was a longtime member of the board at the Seattle Symphony.

In 1998, Dr. Clowes’ first wife, Monika Clowes, passed away. In 2000, he married Susan Detweiler, M.D., delighting in the family life he shared with Susan’s children, Aaron and

Amanda, and in being a grandfather. Dr. Clowes is survived by his wife, Susan, her children, Aaron Patterson (Erin) and Amanda Lovelace (Blake), his granddaughters, Charlotte, Claire and Alice, his sisters, Margaret (Frank Bowles) and Edith (Craig Huneke), and his brother, Jonathan Clowes (Evelyn), as well as by many nieces and nephews.



**Robert F. Labbé, Ph.D.**

*Born Nov. 12, 1922,  
in Portland, Ore.  
Died March 23,  
2015, in Bellevue,  
Wash.*

Dr. Robert

F. Labbé earned a degree from Oregon State University, was awarded a fellowship from the U.S. Atomic Energy Commission to study at Columbia University, served as faculty at the University of Oregon, and was part of the Enzyme Institute at the University of Wisconsin. He joined the UW Department of Pediatrics and the Department of Biochemistry in 1957, was awarded a U.S. Public Health Service Special Fellowship to do research in Australia in 1965, and, from 1966 until 1971, held a Research Career Development Award from the National Institutes of Health. He spent the rest of his career at UW Medicine, transferring to the Department of Laboratory Medicine in 1974, where he became head of clinical chemistry in 1980.

Dr. Labbé published approximately 100 papers on wide-ranging interests, and his research activities involved pyrrole metabolism and nutrition and their interrelationships; he was a member of numerous scientific and professional organizations. He also was elected a fellow of the American Association for the Advancement of Science. In 1981, Dr. Labbé received

the Award for Outstanding Contributions to Clinical Chemistry Through Research from the American Association for Clinical Chemistry.

He is survived by his daughters, Sharlene (James Forbes) and Yvonne (Wallace Guptill), his grandchildren Brad and Lisa Forbes, and David (Lisa) and Rachel Guptill, and two nieces and five nephews. His wife, Norma Lee, and his daughter Valerie preceded him in death.

FRIENDS



**Robert Campbell Coe, M.D.**

*Born Nov. 1918, in  
Seattle, Wash.  
Died July 17, 2015,  
in Seattle, Wash.*

Dr. Robert C. Coe’s father,

Herbert Coe, was a surgeon; so was his grandfather, Seattle pioneer Franz Hunt Coe. Robert Coe followed in their footsteps, entering Harvard Medical School. However, his education was interrupted by World War II, during which he served as a lieutenant and executive officer of the U.S.S. *Bronstein*. (He also married his high-school sweetheart, Bobby (Josephine) Weiner.) After the war, Dr. Coe remained a U.S. Navy reserve officer, attaining the rank of lieutenant commander. Upon graduating from Harvard Medical School, Dr. Coe completed an internship and residency at Massachusetts General Hospital. Then the Coes returned to Seattle, where Dr. Coe practiced for the next 40 years in downtown Seattle, on Mercer Island and at Swedish.

Dr. Coe was active in various professional societies and community activities throughout his life: the King County Medical Association, the Seattle Surgical Society, the Pacific Coast Surgical Association; he was also the chair of the Washington State

Medical Quality Control Board and served several terms on the Mercer Island City Council after he retired. Dr. Coe participated in scouting with his sons, sailed competitively — he was a member of the Cruising Club of America — and climbed (with Mrs. Coe) the 10 highest peaks in Washington state. He and Mrs. Coe also owned and ran Hidden Valley Guest Ranch in Cle Elum, Wash., for 25 years, and created the Herbert E. Coe Endowed Chair in Pediatric Surgery.

Dr. Coe is survived by his children, Bruce and Kim Coe, Gigi Coe and Michael Garland, and Matthew and Pam Coe, as well as several grandchildren and a great-granddaughter.

**Jane Isakson Lea**

*Born Sept. 18, 1927, in Seattle, Wash.  
Died May 21, 2015*

Mrs. Jane Lea received a bachelor's degree in Scandinavian studies and a master's degree in librarianship from the University of Washington. Her first spouse, Johnellis Jones, died of a brain tumor in 1971. She then married her longtime friend, James Lea, the founder of Cascade Design.

Mrs. Lea carried on her family's interest in the Scandinavian community by serving as a trustee of the Nordic Heritage Museum, becoming a charter member and an active dancer with Nordiska Folkdancers, and serving as a strong supporter of the Swedish Club in Seattle, Wash. — her parents had helped construct it. In 2008, Mrs. Lea was named "Swede of the Year" by the club.

Mrs. Lea eventually formed the Jane Isakson Lea Foundation, which supports the Swedish Club and other Swedish cultural activities in the region, and she and Mr. Lea reached the status of UW Medicine Benefactors, having supported medical research.



**Frank Wilson Pritt III**

*Born June 5, 1940, in Charleston, W.Va.  
Died July 28, 2015, in Bellevue, Wash.*

Mr. Frank Wilson Pritt

III was a philanthropist and a highly successful businessman. He earned a degree in electrical engineering from Northrup University in Inglewood, Calif., in the 1960s. Employment opportunities at Union Carbide, IBM, CCI and Harris Corporation followed. In the late 1970s, Frank and his first wife, Julia, moved to Bellevue, Wash., where Mr. Pritt worked as a regional sales representative selling mainframe terminals. The Pritts then founded and managed a software company called Attachmate Corporation; it became one of the most successful privately held software companies in Washington state.

Frank and Julia divorced in 1991, and Mr. Pritt relocated to southern California. In 1994, he married his second wife, Melanie. In 2005, Mr. Pritt sold his business and retired; in 2013, the couple divorced.

Mr. Pritt enjoyed many things: his family, home improvements, cars, gardening, boating, scuba diving — and philanthropy. He gave away millions of dollars to various causes, and, with his gift to the Pritt Family Endowed Chair in Prostate Cancer Research, became a UW Medicine Laureate. Mr. Pritt is survived by his uncle, George Pritt, his brother, Wayne Pritt, his children, Ronda Waite, Laura Lee Pritt and Darren Pritt, his stepchildren, Kelsey Davis court and Ashley Wiegman, his sons-in-law, Don Waite and Jeff Davis court, his daughter-in-law, Janine Pritt, and eight grandchildren.



**Ellyn W. Swanson**

*Born Nov. 26, 1925, in Columbia, Ill.  
Died June 16, 2015*

Mrs. Ellyn Weinel Swanson graduated from DePauw University in

Greencastle, Ind., with a major in mathematics, and she married August G. Swanson, M.D., Res. '58 (neurology) in 1947. The couple moved to Boston, where Dr. Swanson attended Harvard Medical School; then, when he served in the U.S. Navy, the family moved around the country. After his military service was complete, the family relocated to Washington, D.C., where Dr. Swanson pursued a career in pediatric neurology. In 1993, upon his retirement, the Swansons returned to Seattle, where Dr. Swanson had done his residency.

During Mrs. Swanson's early Seattle years, she was active in the PTA, Woodland Park Church, and the Girl Scouts. While in Washington, D.C., she became active in the local chapter of the League of Women Voters, where she served as president. Mrs. Swanson had a strong commitment to education, becoming a member of the Friends of the UW School of Medicine, including serving as its president, and creating the August G. Swanson, M.D. Endowed Scholarship at UW Medicine.

Mrs. Swanson is survived by her children, Eric (Devon Hodges), Rebecca (Simon Fitch), Margaret Vance, Emilie Long, Jenni Voorhees M.D., (Jim), and August (Lola Jacobson). She is also survived by three nieces and nephews, 20 grandchildren and nine great-grandchildren.

# Out of the Ivory Tower

## Service learning with Jordan Seto



### In Praise of Service Learning

Jordan Seto says: “I turn to the Service Learning Resource Center for help, advice, news of must-attend events, and well-informed and thoughtful analysis. They make everyone I’ve talked to feel included and welcome. They make impossible tasks seem doable.” **They also welcome student and alumni participation.** For more information, contact Kelsen Caldwell at [caldweka@uw.edu](mailto:caldweka@uw.edu) or 206.685.2009.

A few months ago, Jordan Seto was sitting in a roomful of volunteer student leaders — members of the Health Equity Circle — when someone spoke up. Look at us, she said: mostly white, mostly middle- or upper-class. Most of us are not like the communities we’re serving. Are we helping or hindering? The discussion that followed left a real impression.

“We realized that even some of our interventions were based on our shared privilege,” says Seto. “I’ve been struggling ever since to bring my awareness of privilege to everyday life.”

That said, Seto, now a 24-year-old medical student, has been mindful of cultural and economic differences since she was young. Her family lived in Malaysia for a year when she was 9, exposing her to extreme levels of both wealth and poverty; a trip to India when she was 12 was similarly eye-opening. Her teen years were spent in a town where most families didn’t have much money.

It was her time at Mount Holyoke College, however, that really pushed her sense of social justice to the fore. Seto majored in biochemistry, but she found a spiritual home at the college’s community-based learning program. “All of a sudden, I was shoved out of my ivory tower and could work with people who didn’t have the smooth path I’d had,” Seto says.

It’s not surprising that Seto gravitated to a similar program at the UW School of Medicine: the Service Learning Resource Center.

In service learning, medical students work with community programs to improve lives. After choosing to participate in the School’s Health Equity Circle, Seto set to work on the Best Starts for Kids Levy, intended to increase funds for health services for children from marginalized communities. Her responsibilities grew, from producing documents, to co-chairing public meetings. Then came the request to lead an assembly that might include King County Executive Dow Constantine.

“I balked at first,” says Seto. “But with some coaching and hand-holding, I stood up in front of 129 people, including Dow’s representative. I cracked terrible jokes and worked the audience as best I could.”

Service learning, in short, has been a major inspiration for Seto, who is considering a career in family medicine. And expect to hear from her in the future: Seto plans to advocate not only for her patients, but also for everyone who suffers from inequity.

“We don’t have enough community leaders in the U.S. that are raising the voices of the underprivileged,” Seto says. “I want to start changing that.”

# TEAMWORK: THE FUTURE OF MEDICINE



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