Charles Dotter died from heart disease in 1985, at just 64 years of age. Four years later, Bill Cook—who in 1987 had donated $500,000 to renovate the old OHSU campus fire station into an IR research lab—took the podium at a memorial meeting celebrating Dotter’s work, and surprised everyone, including Rösch and OHSU President Peter Kohler, M.D., by announcing a $2 million gift to create a freestanding interventional institute in Charles Dotter’s name. Josef Rösch would become its first director. A few hours later, in the car on the way to the airport, Cook offered an additional $2 million if the institute was up and running within the year.

That kind of get-it-done foresight and generosity has continued over the years. Cook’s early relationships with Dotter and Rösch, and his relationship with Keller over the past two decades, is responsible for his becoming one of OHSU’s largest cash donors, having given in the vicinity of $20 million to power the development of new IR techniques, devices and education. In the process, the Dotter Interventional Institute, now led by Keller, has become renowned and respected worldwide. OHSU holds several IR-related patents, and the institute’s clinical side performs a wide variety of neurointerventional and body interventional procedures at OHSU Hospital.
The most recent example of Cook’s exceptional largesse began with the glint of a gold medal.

Fred Keller, whom Rösch remembers as “the best resident I ever had,” was a long way from those early years at OHSU, spent working with Rösch and others on groundbreaking new procedures and treatments utilizing embolization, when he stood on stage to accept the Gold Medal of the Society of Interventional Radiology in April 2005. He had left Marquam Hill in 1983 to become a professor of radiology and surgery at University of Alabama-Birmingham.

“But when the Dotter Institute was established, the opportunity was just too great,” Keller says today, “and Dr. Rösch lured me back in 1991.”

In 1993, Rösch stepped down as director of the Institute and Keller assumed the position, along with the chairmanship of OHSU’s department of diagnostic radiology. His pioneering work (most recently in the study and treatment of Hereditary Hemorrhagic Telangiectasia (HHT), a genetic disorder of the blood vessels that can cause asymptomatic strokes in 1 of 5,000 people) led to the 2005 Society gold medal — previously won by Rösch and by Cook (the first non-physician ever to receive it), linking three of the 21 medals given during the award’s history to the Dotter Institute.

“Bill Cook, who is a longtime close friend, told me he wanted to do something to honor my OHSU career, my contributions to IR and the winning of the gold medal,” recalls Keller, “and one day he said ‘How about I donate an endowed chair?’ I was bowled over.”

Cook made a gift of $2.5 million dollars, and the Frederick S. Keller Chair of Interventional Radiology was created.

“I wanted to ensure that IR education remains an important part of the medical curriculum at OHSU,” Cook explains, “and to see to it that the most accomplished physician teachers are drawn to this wonderful discipline. The Keller chair assures the financial incentives to attract the best of the best.”

“The holder of the chair will be an outstanding clinical interventional radiologist of national/ international stature,” Keller announced at the time, and it turned out that the perfect candidate had already been recruited to OHSU by Keller himself.

**Bill Cook told me he wanted to do something to honor my career,” recalls Keller, “and one day he said ‘How about I donate an endowed chair?’ I was bowled over.”**

John Kaufman, M.D., had come to the Hill from Massachusetts General Hospital and Harvard Medical School in 2000.

“Beyond being a terrific fellow, Dr. Kaufman is very highly regarded,” Keller says. “He has written a major textbook on IR; he’s well known for his forefront work with aortic stent grafts and retrievable vena cava filters; he’s been voted best teacher; he’s the head of the Radiological Council of the American Heart Association, and he’s in line to become the president of the Society of Interventional Radiology.”

“This is a unique honor and opportunity,” Kaufman responds. “Dr. Keller has been a wonderful mentor and friend to me personally, and I am pleased to participate so directly in the Cook Group’s decision to honor him with an endowed chair. There are very few similar chairs in interventional radiology in the world. The great opportunity is that I will continue to work alongside Dr. Keller.”

For his part, Keller is still partly in awe.

“The Keller chair is, of course, an incredible and humbling honor for me, and it is a legacy to perpetuate the Dotter Institute as the premier IR institution,” Keller says, “and Dr. Kaufman is an ideal choice to take us into the future.”

That future is both bright and somewhat challenging. IR holds the tremendous treatment range and noninvasive attraction it always has, but the discipline’s great promise has many facets.

“I sometimes think the Dotter Institute and IR have been almost too successful,” says Keller. “Validation of our success is evident in that other specialties now want to adopt the procedures we’ve always done and claim them as their own. For example, IR used to perform 95 percent of all peripheral angio — now cardiologists are doing a lot of these procedures, and vascular surgeons are also doing a significant number of them. I think several specialties, which at one time didn’t think these procedures worked, have come to realize that IR is effective and that patients want noninvasive treatments and will seek them out.”

Growing pains aside, the coming years will bring continued clinical and research accomplishment at the Dotter — whose faculty, a mere one-half of 1 percent of the total at OHSU, hold 20 percent of the 15 endowed chairs created over the 120-year history of the medical school, thanks in very large part to Bill Cook.

“I think we’ll see many new IR applications in the next few years,” Keller predicts. “For instance, over the past 10 years we’ve been embolizing uterine fibroids instead of performing hysterectomies. That treatment is a very viable alternative. There are new IR treatments for varicose veins — instead of vein stripping, there is a new procedure called endovenous ablation. And the fastest growing area of IR research is in oncology.”

“IR began as a subset or side-line of diagnostic radiology, and then became a sub-specialty with specific skill-sets and knowledge,” Kaufman adds. “In the past, we were focused on performing procedures on patients referred from other physicians. In the future, we will take care of patients before and after procedures as well. As image-guided, minimally invasive procedures continue to replace traditional open surgical procedures of all kinds, IR stands poised to become a bona-fide free-standing specialty.”

Cook, who is now 73 and spends more and more of his time on his wide-ranging philanthropic interests, puts the future more simply: “Physicians who now practice other medical specialties will continue to join interventionists in making our world a better place to live.”

When it comes to IR, from education and research to patient care, many of the giants who have shaped and will continue to shape that world stand and stand astride Marquam Hill. OHSU
For more than a century, OHSU hospitals, clinics and providers have been active in caring for low-income and otherwise medically needy people. Other hospitals and providers around the state also contribute to this collective “safety net” for uninsured and underinsured Oregonians. Recently the health care landscape has changed in ways that cast serious doubt on the continued efficacy of this decades-old solution to low-income health care access.

One in six Oregonians are now uninsured and hundreds of thousands more are significantly underinsured. Consequently, more people than ever need free or discounted health care, and the charity-based safety net is strained beyond its intended capacity. Hospitals are absorbing unsustainable amounts of uncompensated costs and patient access to Oregon’s health care system is increasingly uneven and uncertain.

In response, OHSU is encouraging a vigorous statewide dialogue to address the challenge of health care access and reform. One important way that OHSU is contributing to this dialogue is to help accurately define the scope of the crisis and to evaluate solutions for reform through research.

“At OHSU we cannot solve the crisis of access for the state at the clinical level, although we can — and will continue to — do our share in that regard,” says OHSU’s president, Peter Kohler, M.D. “Where we can make a major contribution is in the research and health policy arenas. Many researchers at OHSU are striving to provide new data and insight to aid decision-makers working toward systemic health care reform.”

“Accurate data and objective interpretation are essential steps to designing effective policy solutions, and part of this includes highlighting misperceptions too,” adds John McConnell, Ph.D., assistant professor in the School’s Department of Emergency Medicine and in the OHSU Center for Policy and Research in Emergency Medicine.

One area of ongoing research is to evaluate the role of the Oregon Health Plan (OHP) in enhancing health care to low-income Oregonians. In 1994, Oregon expanded Medicaid access from 300,000 categorically eligible people to an additional 100,000 uninsured people. The OHP was widely hailed as a national model to enhance access to health care for low-income people ineligible for Medicaid but still unable to afford private health insurance. A premise of the OHP was that by

by Kathleen McFall
providing access to primary and preventive health care services, the state would reduce long-term costs, thereby allowing Oregon to afford to provide Medicaid coverage to more people. OHSU School of Medicine faculty members were integrally involved with the original OHP design and implementation. In 2003, faced with budget shortfalls, the state changed eligibility criteria, instituted a stricter premium and co-payment policy, and restricted certain benefits, such as mental health and substance abuse treatment. The results of these cuts were immediately felt by enrollees in the expanded (also known as the “Standard”) category of the OHP — in ways not predicted by the state.

“The state expected about a 10 percent drop in enrollment in the OHP Standard Plan, but instead, enrollment dropped immediately by around 50 percent; about 50,000 people lost coverage within a matter of months,” explains McConnell. With his colleagues, McConnell undertook a series of studies shortly after the OHP cutbacks to evaluate this outcome. The results indicated an unintended impact: the group most significantly affected by the OHP — in ways not predicted by the state.

“Thus far, early results suggest that cutbacks to the OHP affect specific population groups, such as minorities and rural communities, and their effect on people struggling with substance abuse or mental health issues.”

“Identifying emergency use to the state of Oregon.

One study compared patients treated at OHSU’s Emergency Department in 2002 with patients seen after the cutbacks went into effect in 2003. Investigators assessed each patient’s insurance coverage and the type of care required. The research team found a 17 percent increase in patients without insurance and a corollary 20 percent reduction in the OHP patients.

“Thus far, early results suggest that cutbacks in government insurance programs shift health care costs from the state to hospitals and do little to address the fundamental problems with health care financing and patient access,” said Lowe. “Different solutions are needed.”

A much larger study is now in progress, involving collaboration with hospital emergency departments throughout Oregon, to evaluate the impact of the OHP cutbacks statewide.

McConnell has a related study on health care access underway that documents the shortage of specialists willing to be on-call for emergency departments across the state and the impact of this for health care generally. Other studies by School of Medicine faculty are focused on how cutbacks to the OHP affect specific population groups, such as minorities and rural communities, and their effect on people struggling with substance abuse or mental health issues.

“We’re seeing problems with the way health care is financed and delivered that affect everyone — not just the groups we traditionally think of as disadvantaged or without health coverage,” says McConnell.

School of Medicine faculty members partner directly with policymakers to maximize the practical impact of their research. For instance, some studies undertaken by OHSU researchers are in cooperation with peers at the Oregon Health Research & Evaluation Collaborative, the Oregon Office of Medical Assistance Programs and the Oregon Office for Health Policy Research.

Similarly, Emeritus Professor Mitch Greenlick, M.D., founded the Oregon Health Policy Institute (OHPi) at OHSU to conduct research that is of practical policy use to the state of Oregon.

“Oregon’s culture of collaboration on health care issues is a fertile ground for genuinely useful policy research. School of Medicine faculty members work with other academic researchers, clinicians, and policymakers from throughout the state, so that our research makes a practical difference,” Lowe adds.

MORE THAN 117,000 OREGON CHILDREN LACK HEALTH INSURANCE

The percentage of Oregon children without health insurance has risen from 10.1 percent in 2002 to 12.3 percent in 2004. That’s more than 117,000 kids. And if recent trends hold true, more children each year will grow up without health care insurance.

Jen DeVoe, M.D., a research instructor in family medicine at OHSU, is the principal investigator of a statewide survey to gather information directly from low-income parents and families about issues they face while trying to get health care insurance for their children.

Key findings of the statewide study include:

> As many as 68,000 of Oregon’s uninsured children may be eligible for publicly funded health coverage.
> Uninsured children were three times more likely to use the emergency department for routine care.
> Only one in three uninsured children visited a primary care provider in the past 12 months, and only one out of five uninsured children got necessary dental care.
> One in four children in this low-income population had a health insurance coverage gap during the past year.
> The longer the health insurance coverage gap, the less likely the child was to have a usual source of care.

— Reported by Christine Decker
With the inevitable exception of the one-and-only Don Ho, no one knows more about tiny bubbles than Sanjiv Kaul, M.D. — since September the chief of the cardiovascular medicine division at OHSU. He is a pioneer and the world’s leader in myocardial contrast echocardiography (MCE), a burgeoning technique for using microbubbles and ultrasound to image the heart. After two decades of research, MCE is on the cusp of the breakthrough step required for its wider application: FDA approval of microbubbles for myocardial perfusion imaging.

Kaul comes to the Hill after 21 years at the University of Virginia School of Medicine, where most recently he was the Frances Myers Ball Professor of Cardiology, a professor of medicine and biomedical engineering, and director of the Cardiovascular Imaging Center. He has published numerous articles and spoken around the world on MCE. Kaul has received the American Federation for Clinical Research National Outstanding Investigator Award, and serves as associate editor for the Journal of Nuclear Cardiology. He is internationally celebrated, serves on a long list of regional and national committees, and holds many memberships, including Fellow of the American College of Cardiology and Fellow of the European Society of Cardiology.

Kaul completed his medical education at the University of Delhi, India, with postgraduate training at the Chicago Medical School; the University of Vermont; the Wadsworth VA Medical Center, UCLA; and a stint as a Clinical and Research Fellow in Cardiology at Massachusetts General Hospital, Harvard Medical School.

Kaul brings with him several members of his team from Virginia, and will continue to pursue the great potential of MCE even as he reinvents OHSU’s cardiovascular program.

“We want to change the way Oregonians think about heart disease,” Kaul says, “so that the focus is more on prevention and early diagnosis of heart disease rather than just waiting to treat it.”

BY TODD SCHWARTZ
Kaul expects MCE to be a major factor in that early diagnosis. As opposed to the far more expensive and space-intensive MRI or PET technologies, MCE makes use of nearly ubiquitous and manageable ultrasound, modified to detect the harmonics produced when microbubbles are oscillated by the ultrasound pressure wave.

The bubbles, about 5 microns in size (big enough to image, but still small enough to cross capillary vents), behave just like red cells and always stay in the vascular space, so they make excellent flow tracers.

The microbubbles can be constructed in several different ways, with shells made of denatured protein, polymer or phospholipids. The gas inside can be air, fluorocarbon or one of many other high-molecular-weight gases. Some seven different companies are already manufacturing the bubbles, with an eye to hoped-for FDA approval in a year or less.

The advantages of MCE over technologies such as PET and MRI are many, according to Kaul — for example, microbubbles won’t diffuse out of the bloodstream as do the contrast agents for MRI, PET and other imaging techniques — but the advantage that Kaul, who was born and raised in once-peaceful and now troubled Kashmir, is perhaps most excited about is the application of MCE in the Third World.

“Ultrasound is a small, relatively affordable technology that can be used locally,” explains Kaul. “You don’t need huge magnets or tremendously expensive hardware. There are currently 6.5 billion people in the world, and heart disease will be the major killer of them by 2010. Even in the Third World, death from cardiovascular disease is growing as the infectious diseases are slowly being controlled. Most of the planet will never have access to MRI or PET, these are technologies of the First World. But with the price going down, ultrasound can be ubiquitous, and if you can change its use from simple imaging to molecular imaging and then to targeted therapy, the potential is huge.”

The targeted therapy aspect comes from the ability to make the microbubbles, coated with proteins or antibiotics, adhere to specific sites for highly exact imaging of disease processes — and even burst the microbubbles at a specific site with the proper ultrasound wave. This means that the bubbles can be used for local drug delivery or gene therapy. Which, of course, takes MCE far beyond cardiovascular imaging and brings it into the realm of cancer therapy and much more. Kaul makes no effort to hide his optimism for the technology he helped create and which will now have its world research headquarters at OHSU.

“I believe MCE has as big a future in oncology as it has in cardiovascular disease. And I think microbubbles have a far greater potential than virus and other methods currently used for transmitting genes. Liver toxicity is not an issue as it has been with virus for transmittal.”

Kaul anticipates a big future for the cardiovascular medicine division as well.

“My five-year goal is to create an excellent cardiovascular program at OHSU and in 10 years I want OHSU to be the best cardiovascular program on the West Coast,” says Kaul. “This is a very ambitious goal and I hope Oregonians will join us as we invest in this program.”

And Kaul hopes that OHSU SOM alumni will form a close connection with his re-envisioned cardiovascular division. He invites cardiologists with the available time to come up to the Hill and participate in clinical trials, and he plans to endow four visiting professorships which would provide very special half-day educational experiences for alumni and cardiologists in the community.

“I want to extend my hand,” Kaul says, “and invite cardiologists in our community who have the time to come up and spend half a day doing clinic work or consultative service — it’s stimulating to interact with young students, residents and fellows. We hope all alumni want to maintain a connection and want to give back to the School. Alumni especially are our staunchest ally as we expand and enhance this division and the number and quality of the fellows we train.”

And there’s one more request Kaul would like to make to the local physician community: refer.

“I want this division to be the flagship cardiologists for state-of-the-art care in the region,” says Kaul, “and I would ask the community to send us patients in the areas where we have unique expertise, such as adult congenital heart disease, transplantation, advanced heart failure and complex advanced surgeries. OHSU’s cardiologists are marvelous and have done a great job. I hope to complement and strengthen cardiovascular expertise at OHSU. We are on our way to a division housing 24 physicians with leading-edge skills and experience. And we’re also building what will be our cancer program at OHSU and in 10 years I want OHSU to be the best cardiovascular program on the West Coast.”

From microbubbles to major plans, Kaul and his division at OHSU are committed to defining the future of cardiovascular medicine.
Mark Deatherage, M.D. ’74, was born in La Grande, out on the high plain between Oregon’s Blue and Wallowa mountains. Maybe that’s what gave him a love for covering a lot of ground. After graduating from the School of Medicine, he completed his residency in general surgery at Kern Medical Center in Bakersfield, Calif., and then headed east to practice, first in far northern Michigan, then in Massachusetts.

Eventually Deatherage returned to Oregon and settled in Grants Pass to raise his two children, who are now in their 20s.

Lindy Deatherage, M.D. ’05, grew up in the center of America, west of Wichita in the small town of Kingman, Kansas. She earned her nursing degree, then went on to earn a masters in nurse anesthesia at the University of Kansas. She was active in the U.S. Naval reserves, eventually achieving the rank of Lieutenant Commander.

A love for cycling, hiking and running brought her to southern Oregon and Grants Pass, where she practiced anesthesia. She raised her daughter, who is now 19.

“Mark and I met through cycling,” Lindy says, “which we both love.”

It was a second marriage for each of them, and the Deatherages combined families and careers. And then one day, Lindy made a decision.

“I wanted to do more with medicine than I could as a nurse anesthetist,” Lindy explains, “so I decided it was time to go to medical school at OHSU.”

“And when she decided to go to school in Portland,” Mark adds, “I decided it was time to learn to fly.”

A lifestyle was born. Lindy came to Portland, Mark took to the skies. Today, Lindy has completed medical school and is a resident at Providence Hospital in Portland. And Mark is an experienced pilot with a fancy single engine plane and an instrument rating. Their average week goes something like this:

Grants Pass, then flies up to Portland on Friday. After the one hour flight following I-5 up the valley, he lands at the Aurora airport south of town. “It’s uncrowded and convenient to fly into,” Mark says. Sometimes the Deatherages stay in Portland, sometimes they fly back down for the weekend in Grants Pass. Lindy occasionally flies the plane, but she hasn’t landed it yet.

“This works out great for us,” says Mark. “We’re both very busy during the week, but we know we’ll see each other each weekend. I don’t mind being on call late at night during the week, because I’m looking forward to Friday.”

Not that they don’t find the time to get away — this past summer Lindy, who has competed in the New Zealand Ironman Triathlon, and Mark rode their bikes across southern Italy.

In addition to his practice, Mark works with OHSU’s rural residency program.

“It’s a terrific opportunity,” he says, “for the students to learn and for me to contribute what I’ve learned over the years. The medical students come down to southern Oregon and they get incredible, wide-ranging experience.”

What does the future hold for the Flying Deatherages? More air miles. Eventually they hope to practice together, but first Lindy will do an anesthesiology residency at the University of Utah in Salt Lake City. Mark will fly his plane there as well.

“It will take longer, and I’m glad that my plane has de-icing capability because I’m going to need it!” Mark says. “But the airtime is always worth it. I love what I do and I don’t plan to retire anytime soon, so this is how Lindy and I see each other.”

“I’m looking forward to my residency,” she adds, “and there’s a lot of great biking, hiking and skiing in Utah!”

And the fact that their lives will be 600 miles apart? For the high-flying Deatherages, it’s nothing that a pair of wings and a sense of adventure can’t overcome. OHSU
In many ways, Barbara Alexander-Brown is a typical third-year medical student. She’s bright, articulate, a great time manager, and is enjoying hospital rounds and her interaction with patients. And she’s running on too little sleep.

At age 35, Alexander-Brown is older than most of her classmates. She’s married and has a 9-year-old daughter, but many medical students have their own families. What really sets this particular student apart is the journey that brought her to the School of Medicine and the path she’s following while here.

Alexander-Brown was in a relationship with an abusive boyfriend, a relationship that nearly killed her. She survived 30 stab wounds — and an eye-opening emergency room visit — because of her tenacious spirit. The same spirit that today fights racial stereotyping in health care.

Alexander-Brown won’t shrink from pointing out that the medical treatment she received that fateful night 12 years ago was colored by racial stereotyping. She left the hospital against medical advice because doctors had given her no anesthesia or painkillers — something all too common even today. Alexander-Brown cites national studies showing that physicians tend to prescribe less pain medication to African American patients because of stereotyping about drug addiction.

“I got all worked up about these disparities,” she says today. “Then I started collecting statistics and research.” Soon, it became her passion.

That passion led Alexander-Brown to apply for grant funding to put on a conference she called “Bridging The Gap,” to educate both physicians and the public on the problems associated with, and the results of, racial disparities in medicine. Through her contacts in the School’s Department of Neurology, where she’d worked part time while getting her undergraduate degree, Alexander-Brown submitted a grant request to Pfizer, Inc. Not only was her request fully funded, the $50,000 award was the largest made by Pfizer in 2004 and the first ever made to a medical student.

“The pharmaceutical industry has its problems,” Alexander-Brown says in response to some students who have criticized her for working with a major drug company. But she is confident that the individuals at Pfizer who gave her the grant have good intentions: “They could have bought a lot of advertising with that $50K.”

Alexander-Brown led a team of more than 40 students who combined to run the unique Bridging the Gap conference held in Portland on September 17, 2005. “This was a unique opportunity to make change,” she says. The conference was so successful that Pfizer has pledged increased funding to hold another one next year, when Alexander-Brown’s group will partner with OHSU and the Legacy and Providence health care systems. This time it will be more difficult, because of her third-year rotation schedule, but the increased funding will allow Alexander-Brown to hire an administrative assistant. “I’m no good if I’m not overwhelmed,” she admits with a smile.

The combination of organizing the conference and keeping up with her studies took its toll. “I had an emotional hangover and stayed in my pajamas for a full day after it was over!” she relates. “I didn’t know what to do with myself.”

Alexander-Brown’s family helps her deal with the load. “My daughter, Ruby, only knows me as a student and a busy mom, so she thinks this is normal,” she says. “And my husband, Lindsay, has been incredibly supportive. It was his belief in me [from the beginning] that helped me realize I could become a doctor.” And that beginning wasn’t easy, as Alexander-Brown had to start over with refresher math and freshman writing at Portland State.

Now, in recognition of her initiative and dedication to public health, Alexander-Brown is the 2005 recipient of the Exceptional Achievement Award from the Community Health Partnership of Oregon.

She’s looking forward to her upcoming neurology rotation, as that is the field, at least at this point, toward which Alexander-Brown is leaning. “I was thinking about neurosurgery as well, but at my age, I’m ready to go to work,” she explains. “I’m not sure I could make it through such a long training program!”

It took Barbara Alexander-Brown three tries before she was accepted to the School of Medicine. It is to the benefit of the entire OHSU community that she didn’t give up.

Watch the Alumni Online Community at www.ohsu.edu/som/alumni for news of the 2006 Bridging The Gap Conference.
If you have been on campus, on Macadam Avenue or anywhere in sight of Marquam Hill over the past year, you know that OHSU is in the midst of a building boom. Cranes stand one-footed like a flock of herons over the campus and its new riverside satellite, while steel and glass grows everywhere. Each of the new buildings represents breakthrough applications of both functional design and environmental friendliness.

The first of those new facilities has just opened: the 12-story, 274,000-square-foot Biomedical Research Building on the Hill. Here, some 60 of the nation’s leading scientists and their research teams will seek treatments and cures for a wide range of diseases affecting adults and children. OHSU research programs to be housed in the building include the Advanced Imaging Research Center, the OHSU Cancer Institute Center for Cancer Cell Signaling, the Papé Family Pediatric Research Institute, a laboratory-based pulmonary and critical care medicine division, the Chemical Biology program, the Center for the Study of Weight Regulation and Associated Disorders, the Oregon Stem Cell Center and the Jungers Center, which focuses on neuroscience. The Casey Eye Institute will expand its basic research programs in the building’s labs.

Laboratories in this new building are not only state-of-the-art in terms of equipment and design, the facility itself is on its way to certification as the most environmentally friendly research facility in the Northwest, and among the best in the nation. Energy saving features; storm water management; erosion control; water efficient appliances; construction waste recycling; and wide use of daylighting, sustainable wood products, and recycled and local materials all contribute to the building’s green design.

During the construction process, some of the world’s largest magnets (including one weighing 30 tons, housed in a shielded enclosure made from one million pounds of steel!) were installed in the building. They will power three high-performance research MRI instruments in the Advanced Imaging Research Center.

The most visible new structure on the Hill, the angular blue-glass building next to the existing OHSU Hospital, is an 11-story, 335,000-square-foot hospital expansion which should be completed this summer. Among extensive patient care facilities, the $216 million expansion which should be completed this summer.

Outpatient surgery, a wellness center, research labs and educational space. A three-story underground parking garage will provide 500 new parking spaces for patients.

Physician practices, surgery and imaging in the new center cross a wide range of specialties and programs, including dermatology, family medicine, internal medicine, spine neurology, neurosurgery, cardiology, oncology, surgical oncology, digestive health, ENT, plastic surgery, physical therapy, ophthalmology, urology and fertility.

Three floors of the new building will house a comprehensive health and wellness center with a full gymnasium, a four-lane lap pool, therapy pool, cardio and weight training areas, multipurpose studios and a day spa.

Educational and research facilities include laboratory space for the biomedical engineering program. The ground floor of the building will house retail space, including a pharmacy, optical shop and cafe. Like its counterparts on the Hill, the Center for Health and Healing is also a very green and intelligent building. Photovoltaic arrays and microturbines will produce enough power to save nine million pounds of CO2 per year. The building features a bio-reactor that can treat 30,000 gallons of waste per day independent of the city sewer system, and rainwater will be stored to flush public fixtures. Ecoroofs will recover water and reduce reflected heat. Stone slabs on the first floor retain as much heat as a 3,000-gallon storage tank.

The South Waterfront will see more new OHSU buildings on what will be called the OHSU Schnitzer Campus — 20 acres of land just south of the Marquam Bridge donated by the Schnitzer family. Plans are still speculative at this point, but initial concepts for the campus revolve around a model center featuring collaborative and interdisciplinary learning opportunities for nursing, medical, dental and engineering students.

The new Peter O. Kohler, M.D. Pavilion

The Center for Health and Healing

Generous School of Medicine alumni are well-represented among the 71,000 donors who have helped build these new facilities under the Oregon Opportunity campaign. Take some time to explore your new campus — up and down — and the many discoveries that are made there each week.
I remember the day I received my acceptance letter from OHSU. It was a Saturday in February, 2004. I had just arrived home after walking our dog when I found the letter. I quickly opened it and was overwhelmed with excitement when I saw the word acceptance. As one of our professors described it, “It’s like drinking water from a fire hydrant.” It is a grueling schedule, which leaves little free time. I had to learn how to balance studying, time for my husband, and extracurricular activities.

In the beginning, I studied nonstop — and by the fourth month of school I was burned out. I had lost the enthusiasm and drive that had gotten me into medical school. It took months before I learned that in order to be a happy and successful student, I needed to make time for all the interests I had before medical school. Whether it is a dinner with my husband, a long run in Forest Park or a night out dancing with my classmates, I have found so much has changed since that day. The elation of getting into medical school has faded and been replaced with the excitement and stress of day-to-day life as a medical student. I can honestly say the last year at OHSU has been both the most challenging and most rewarding of my life.

The demanding schedule is one of the hardest adjustments I have had to make. Students are both blessed and cursed with the unique curriculum at OHSU. The School utilizes a block system, in which we take one course at a time (anatomy, biochemistry, etc.). One advantage is that we receive intense and focused instruction on one subject — the disadvantage is we are required to master a lot of information in a short amount of time.

Most medical schools take nine months to teach anatomy; we do it in eleven weeks! As one of our professors described it, “It’s like drinking water from a fire hydrant.” It is a grueling schedule, which leaves little free time. I had to learn how to balance studying, time for my husband, and extracurricular activities.

In the beginning, I studied nonstop — and by the fourth month of school I was burned out. I had lost the enthusiasm and drive that had gotten me into medical school. It took months before I learned that in order to be a happy and successful student, I needed to make time for all the interests I had before medical school. Whether it is a dinner with my husband, a long run in Forest Park or a night out dancing with my classmates, I have found so much has changed since that day. The elation of getting into medical school has faded and been replaced with the excitement and stress of day-to-day life as a medical student. I can honestly say the last year at OHSU has been both the most challenging and most rewarding of my life.

The demanding schedule is one of the hardest adjustments I have had to make. Students are both blessed and cursed with the unique curriculum at OHSU. The School utilizes a block system, in which we take one course at a time (anatomy, biochemistry, etc.). One advantage is that we receive intense and focused instruction on one subject — the disadvantage is we are required to master a lot of information in a short amount of time.

Most medical schools take nine months to teach anatomy; we do it in eleven weeks! As one of our professors described it, “It’s like drinking water from a fire hydrant.” It is a grueling schedule, which leaves little free time. I had to learn how to balance studying, time for my husband, and extracurricular activities.

In the beginning, I studied nonstop — and by the fourth month of school I was burned out. I had lost the enthusiasm and drive that had gotten me into medical school. It took months before I learned that in order to be a happy and successful student, I needed to make time for all the interests I had before medical school. Whether it is a dinner with my husband, a long run in Forest Park or a night out dancing with my classmates, I have found so much has changed since that day. The elation of getting into medical school has faded and been replaced with the excitement and stress of day-to-day life as a medical student. I can honestly say the last year at OHSU has been both the most challenging and most rewarding of my life.

The demanding schedule is one of the hardest adjustments I have had to make. Students are both
Oregon is on the cusp of a serious physician shortage. The physician workforce shortage in Oregon is predicted to peak in 2020, but the effects will be felt by 2010, and the shortage is already painfully evident in rural and underserved areas. The School of Medicine is working hard to minimize the impact of this potential shortfall, and the corresponding compromise in the quality of Oregonians’ health care. Our sense of urgency is driven by the understanding that this situation will intensify dramatically unless we, as Oregon’s only medical school, implement an effective crisis intervention plan.

WORKFORCE ISSUES DRIVE EXPANSION

Some 1,255 physicians — 13 percent of Oregon’s physician workforce — will leave by the end of 2006 due to retirement, relocation and career changes. Multiple surveys of Oregon physicians have established that physician retirement is outpacing replacement. And while Oregon’s population has steadily increased over the past twenty years, the number of practicing physicians has not increased proportionately. As the baby boomers retire, the physicians of that generation will also retire and leave the workforce. Retaining and retraining physicians nearing retirement age are strategies for helping ensure an adequate physician workforce, but this is not enough. We must graduate more physicians to meet Oregon’s needs.

The situation in Oregon is not unique. In February 2005, the AAMC called for a 15 percent increase in medical school enrollment, and by November AAMC President Jordan J. Cohen, M.D., in his address at the annual meeting, was calling for a 30 percent increase in medical school enrollment across the country. Many medical schools are now responding to the AAMC by increasing entering class size; however, most schools have limited capacity for expansion.

The physician workforce in the U.S. is changing significantly. Less than two-thirds of the 24,000 new physicians entering the U.S. workforce each year graduate from medical schools accredited by the Liaison Committee on Medical Education (LCME), and enrollment at international medical schools has increased dramatically. Of the new physicians entering the workforce, approximately 16,500 graduate from accredited U.S. allopathic medical schools; about 2,700 graduate from osteopathic schools; 1,300 are U.S. citizens who graduate from international medical schools (many for-profit) and 4,500 are foreign citizens.

Perhaps the greatest obstacle facing the School of Medicine in addressing Oregon’s physician shortage is the lack of state support. The 2005 state appropriation to the School of Medicine was unchanged from the 2003 level of support, and state funding to the School reflects a 38 percent decrease since 2001. Increasing state support is one of the five goals established in the School of Medicine strategic plan, which identifies the need for a stable financial basis for the School. In the AAMC’s 2004 report on medical school funding through state appropriation, Oregon ranked in the bottom five of the 74 publicly supported medical colleges.

STRAIGHTFROG \nO R G E N ’ S \nP H Y S I C I A N \nW O R K F O R C E

The School is now faced with the pressing need to train additional physicians to meet Oregon’s needs — yet we must accomplish this within the constraints of the current budget. We must assess the state’s future needs for physicians and analyze how best to fill the forthcoming void. In response to looming shortages, the School plans to increase enrollment from its current 112 to 160 students by 2012. This goal must be reached, however, without increasing stress on faculty and facilities, dilution of educational quality or additional financial burdens.

The School has been gradually increasing the number of matriculants into each class for the past decade. We matriculated 112 students in fall 2005 and will have 120 students in the 2006 entering class, the maximum we can accommodate on the Marquam Hill campus. This increase, however, is not adequate. Additional sites for classroom and clinical training are essential to expansion.

The commitment to expanding enrollment in the School of Medicine brought to light several barriers to expansion. While the number of applicants to OHSU has increased dramatically over the past years (with more than 4,000 applicants for the 120 seats in the 2006 class), the Oregon resident applicant pool has been constant for a generation. This poses a challenge to the goal of increasing the number of resident matriculants and addressing distribution issues, a challenge compounded by a lack of scholarships, space and capital.

EXPANSION THROUGH COMMUNITY PARTNERSHIPS

The strategic plan for regionalization of medical education includes establishing the OHSU Medical Education Collaborative (OMEC). School of Medicine regional campuses will be developed in conjunction with state universities, Area Health Education Centers (AHECs), the Office of Rural Health, area health systems and hospitals, and other community partners. Currently, approximately 40 percent of the School’s clinical training occurs outside of OHSU’s facilities, and a rural outreach program is well established through the AHEC program, a partnership program between OHSU and Oregon communities. The first regional campus is being developed in conjunction with the University of Oregon and PeaceHealth of Oregon. This Eugene campus will be the prototype for additional regional campuses, and discussions have recently commenced with Oregon State University.

The Eugene site will first offer clinical clerkships within the PeaceHealth System and, subsequently, the first-year curriculum. Even when the Eugene campus is fully developed, the second year of the medical school curriculum will be offered only at the Marquam Hill campus. This will ensure timely and appropriate progression to the clinical years through coordinating clinical skills development and assessment, solidifying class identity, and providing effective career planning and services for students. The regional campuses are expected to attract students of rural heritage and to enhance efforts to increase diversity within the student population. In addition, new opportunities for both state and philanthropic support are realized through regionalization and community partnerships in this educational endeavor.

Challenges in successfully implementing the plan for expanding the School include accommodating LCME accreditation standards regarding governance. The School of Medicine, in the process of encompassing new faculty and physicians distinct to its regional partners, must retain governance while ensuring a relationship of trust and cooperation. All decisions regarding admissions and academic affairs fall within the
The biggest difference, of course, is in thePURVIEW OF THE SCHOOL OF MEDICINE. IN 2005, THE SCHOOL RECEIVED A $1.5 MILLION GRANT FROM THE MILLER FOUNDATION TO SUPPORT PROGRAM DEVELOPMENT FOR THE EUGENE CAMPUS AND THE REGIONALIZATION OF MEDICAL EDUCATION THROUGH A COLLABORATIVE PROCESS. THIS GRANT WILL FACILITATE DEVELOPING A PROGRAM ACCEPTABLE TO ALL PARTNERS AND ONE THAT MEETS THE SPIRIT OF A TRUE COLLABORATIVE.

RECRUITING TOMORROW’S PROVIDERS

Establishing campuses in other parts of the state opens new opportunities for recruiting a larger population of qualified Oregon applicants. The issue of physician distribution and assuring access to care in rural areas is best addressed in first recruiting the right applicant pool and then motivating them to practice in the right locations. Regionalized medical education offers opportunities for both recruiting and for promoting rural practice. By coupling financial assistance with regional training, the impact of student debt and potential income upon specialty and practice choice can be lessened.

Community partnerships and community-based medicine offer the School alternatives to urban medical training. Educational experiences developed in regional centers are likely to permit training that crosses traditional disciplines and is more applicable to the practice opportunities in similar geographic areas. Regional programs will encourage students with rural roots to develop professional and social relationships outside the Portland Metropolitan area during the formative years of medical school and help imprint the value of non-urban practice.

The School is committed to developing a model for expansion to ensure an adequate physician workforce while maintaining educational quality and containing any demand on limited resources. Given the short timeframe to confront the predicted physician shortage, the expediency of expansion will be enhanced through community partnerships. Establishing branch campuses in non-urban areas, matriculating the student population best suited for the physician workforce of the future, and working closely with Oregon's current physician population are key elements in the School's expansion plan. Even when the long-term goal of a new medical school facility on the Schnitzer Campus at the South Waterfront is realized and an increased enrollment of medical students can be trained in Portland, the regional campuses will remain an important element in educating Oregon’s future physicians.

Dee moved to Portland just last May, but she is already an integral part of the School's development program. With nearly two decades as a professional fund-raiser — including eight years of corporate and foundation relations experience at the national (National Foundation for the Improvement of Education, which is the philanthropic arm of the National Education Association located in Washington, D.C.) and state level (Olivet College in Michigan and Michigan State University); five years as the director of development for the College of Osteopathic Medicine at MSU; and six years as a planned giving officer representing Michigan State University in the western region of the country — Dee relishes the opportunity to help donors support the life-changing work of the School in research, education and care.

We asked her a few questions:

How would you compare and contrast OHSU and MSU? “The biggest difference, of course, is in mission: OHSU is an academic health center whereas MSU is a traditional undergraduate campus with multiple professional schools, including 4 medical colleges. The caliber of faculty and the kinds of research going on here — particularly the translational research — is incredibly exciting. I have been so impressed with the School’s commitment to medical education and the dedication of the faculty to finding cures, helping patients, and educating tomorrow’s health care professionals and researchers.

What do you think of Portland so far? When my daughter Ashley, who’s teaching English in Rome, came to visit me last October, I finally took a little time to explore Portland. What a wonderful, dynamic city — although I’m still getting used to the rain! It’s small enough to be user-friendly and comfortable but has incredible culture, great restaurants and amenities that rival much larger cities. Portlanders seem to embrace their special lifestyle — they are deservedly proud of their beautiful city and are willing to invest in its future.”

What do you see as the School’s biggest development challenges and opportunities? “It’s absolutely critical for the School to continue to educate outstanding physicians — physicians who not only possess a myriad of new skills, but who embrace new biomedical technology. The emphasis on research, especially the kind of research that is taking place at OHSU offers tremendous opportunities for donors to make a lasting contribution. Major breakthroughs are being realized constantly — this offers donors an opportunity to impact the future and to actively participate in the excitement and progress. The support of these generous donors enhances both the productivity and the stature of the School.

Oregon’s philanthropic environment is still emerging, but the quality and variety of the programs at the School of Medicine provide donors with many opportunities to give. With the reduction in state dollars, private support is more important than ever, and along with so many committed alumni, faculty and friends — we are working hard to meet the School’s funding challenges.”

You can reach Dee at 503-494-5790 or metajd@ohsu.edu. ohsu.edu

by Jill Smith
NEW DEPARTMENT LEADERS

The OHSU departments of Radiation Oncology and Orthopaedics and Rehabilitation recently added new leadership, bringing two noted clinician/researchers westward to the Hill.

CHARLES R. THOMAS JR., M.D., comes to OHSU from the School of Medicine at the University of Texas Health Science Center at San Antonio. He took over as professor and chair of radiation oncology at OHSU last November. Thomas graduated from Dartmouth College and received his M.D. in 1985 from the University of Illinois College of Medicine in Chicago. After completing postgraduate training in internal medicine, medical oncology and radiation oncology at the Baylor College of Medicine, Rush University, and the University of Washington, respectively, he served on the faculty at the Medical University of South Carolina.

At UTHSCSA’s Department of Radiation Oncology, Thomas helped his colleagues develop the research and mentoring missions. He is the institutional co-investigator on the NIH-funded US6 grant “Evaluating Cancer Disparities Among Hispanics,” which is developing radiation oncology-related clinical research infrastructure at the Laredo Medical Center.

As part of the 20th Anniversary of the American Association for Cancer Research Minority Scholar Award Program, Thomas was selected as one of two honorees by the Minority Scholar Gala Planning Committee, which reviewed over 600 extra-mural nominations from past recipients of AACR Minority Scholar Awards in Cancer Research who are making significant contributions to the prevention and cure of cancer.

One of Thomas’ many roles will be to oversee a new state-of-the-art radiation medicine facility at OHSU.

At the beginning of this year, JUNG YOO, M.D., took the reins as professor and chair of orthopaedics and rehabilitation. Yoo comes to the Hill from Case Western Reserve University and University Hospitals of Cleveland, where he served as director of research and director of finance in the Department of Orthopaedic Surgery. He was also associate professor of orthopaedic surgery and the attending spine surgeon at University Hospitals of Cleveland, maintaining the highest-volume spine practice in the Northern Ohio health system.

Yoo holds two patents and has been principal investigator on a number of studies on posterolateral spine fusion and chondrogenic differentiation. He earned his bachelor’s degree in biology from Loyola University of Chicago and his medical degree from the University of Chicago’s Pritzker School of Medicine in 1984. Yoo completed his residency in orthopaedic surgery at Case Western Reserve University Hospitals of Cleveland in 1990.

Yoo said his goal is to transform the orthopaedics and rehabilitation department into a “true academic surgical program.” To do this, faculty members will be encouraged to become leaders in their subspecialties through innovation, teaching and research, and to teach residents and medical students “both the art and science” of being a surgeon.

“This is an ideal environment,” says Yoo, “where experience and innovation can co-exist to give rise to new clinical ideas and approaches that better serve our patients.”

We’d also like to recognize several OHSU faculty who aren’t new to the School, but have taken on the role of department chair over the past year or so:

- George A. Keepers, M.D. Psychiatry (7/04)
- H. Stacy Nicholson, M.D. Pediatrics (10/05)
- Peter S. Rotwein, M.D. Biochemistry & Molecular Biology (9/04)
- Terri A. Schmidt, M.D. Interim Chair, Emergency Medicine (4/05)
- David J. Wilson, M.D. Ophthalmology (7/05)

GLOBAL HEALTH ALLIANCE SURVEY

The students who comprise the Global Health Alliance are currently working toward establishing a center at OHSU whose work focuses on how global issues affect the health of both people in Oregon and all people in the world. The center would work to achieve four primary goals:
- education, research, advocacy and increased collaboration internationally.
- In working towards a center, we hosted the Fourth Annual Western Regional International Health Conference in February, 2006, and are completing a survey of global health efforts currently going on at OHSU. Another key aspect to developing a center is to draw from the vast resources and experience that graduates from OHSU have in international and global health. In that regard, we encourage all alumni to visit our website at www.ohsu.edu/som/gha/ and to contact us at gha@ohsu.edu.

We would also invite all interested alumni to send the following brief survey to gha@ohsu.edu in order to connect current students with professionals already in the field in order to form connections that both students and alumni would benefit from:

1. Have you worked abroad in a professional capacity?
   a. Where?
   b. In what capacity?
   c. Are you willing to have students contact you about your experience?

2. Have you worked in the United States on issues related to global health?
   a. Where?
   b. In what capacity?
   c. Are you willing to have students contact you about your experience?

3. Are you interested in developing global health at OHSU?
   If so, how?
   a. Educational programs at OHSU
   b. International experiences and exchange
   c. Research programs at OHSU in other countries
   d. Advocacy for global health issues at OHSU

4. Contact information - please indicate how you would like your contact information publicized:
   a. Database for students of the School of Medicine to contact
   b. Private within the GHA for future reference regarding global health activities at OHSU

Amy Anton (MS2), Jennifer Ross (MS2/MPH2), Alex Faster (MS2)

Thank you for your time and please visit our website at: www.ohsu.edu/som/gha/
Class of 1945

Class of 1960

Class of 1955

Class of 1995

Class of 1975

Class of 1965

Class of 1980

Class of 1985
President’s Message
Susan B. Olson, Ph.D., ’84

ranging from Molecular & Medical Genetics to Biomedical Informatics.

Members of the Alumni Association’s Outreach Committee have met with student leaders to discuss ways for alumni and students to interact. Several volunteer opportunities have been identified and others are in the works, so I encourage you to visit Alumni Online! regularly for news on these programs. And speaking of Alumni Online!, our online community is the best method to keep in touch with not only what is going on at the School, but also what your classmates and colleagues are up to. If you have not signed in and updated your account, please do so at your earliest opportunity at www.ohsu.edu/som/alumni. For questions about Alumni Online!, access, please contact Alison Dillon at the alumni office, 503-494-0723, toll-free 877-888-6478, or via email at dillonal@ohsu.edu.

Best wishes for a wonderful 2006! We look forward to sharing many successes with you in the coming year.

President-elect, Don Houghton, M.D. ’72

Sharon Anderson, M.D. +
Robert E. Andre, M.D.
Dr. Grover C. & Susan Pounding Bagby
Michael D. Baird, M.D.
Herbert C. Baker, M.D. +
Robert F. Ballard, M.D. +
George T. Barker, M.D.
James H. Bauer, M.D.
Charles W. Beam, M.D.
Thomas M. Becker, M.D., Ph.D.
Floyd & Elaine Bennett +*
John A. Benson Jr., M.D. +
Dr. Robert & Sybil Bigley
Fred H. Bishop, M.D.
Joseph D. Bloom, M.D. +
Dr. Dennis & Jacqueline Bourdette
Fred Brautl, M.D.
William S. Broad, M.D. +*
Ulfista J. Brooks, M.D.
Dr. Daniel & Mary Brown +
Dr. George & Marsha Brown
Kenneth A. Burny, M.D.
Dr. Joanna Cain & C. Norman Furnell
Mario J. Campana, M.D.
Douglas T. Campbell, M.D.
George H. Caspar, M.D.
LeRoy S. Caspar, M.D.
Christian K. Cassel, M.D.
Geoffrey R. Christopherson, M.D.
Charles Christianson, M.D.
Maurice J. Comeau, M.D.* R.
Sam Connell, Ph.D.
William E. Connor, M.D.
Tom Culhane, M.D.
Marcia G. Damm, M.D.
David C. & E. Kay Dawson
John Michael Deeny, M.D.
Michael C. Dickson, M.D.*
Alfred E. Dodson Jr., M.D.
Richard G. Duncan, M.D.
Miles J. Edwards, M.D.

Bernard J. Eggertsen, M.D.*
Richard A. Elderley, M.D.
Edwin C. Everitt, M.D.
James D. Fearl, M.D.
Dr. Scott & Vicki Fields +
Fischer Family Foundation*
John T. Flaxel, M.D.
Yvonne & Fritz Fraunfelder
Dr. William & Carole Garnniston +
David L. Goe, M.D.
Scott H. Goodnight Jr., M.D.
G. Geoffrey Gordon, M.D. +
Geoffrey H. Gordon, M.D.
Larry J. Hall, M.D.
James D. Harper, M.D.
Dr. Jerry & Susan Hedges +
Mitchell Heinemann, M.D.
Mark Heffland & Lori Hedrick +
Robert E. Heing, M.D.
Michael D. Herring, M.D.
Edward W. Hessel, M.D. +
Wendy K. Wright, M.D.
James S. Hicks, M.D.
Robert W. Hudson, M.D.
Don & Lynnette Houghton
Stanley J. Huber, M.D.
John G. Hunter, M.D.
Stanley W. Jacob, M.D.
Peter A. Jensen, M.D.
Dr. Kristi & Thomas Jett
Gregory G. John, M.D.
Richard T. Jones, M.D., Ph.D.*+
Bruce A. Kay, M.D.*+
Edward J. Keenan, Ph.D. +
Harley D. Kelley, M.D.
Dr. John & Betty Kendall
Dr. Paul & Monica Kirk
Robert D. Kelzer, M.D. +
Dr. Louise & Barry Kremkau +
Dr. Dolores &
Fernando Leon +*
William T. Leslie, M.D. +

James Y. Liu, M.D.
Otto L. Loehndor, M.D. *
Richard B. Lyons, M.D.
Martin Magi, M.D.
Christina M. Marra, M.D.
Dr. Scott & Vicki Fields +
William G. Marsh, M.D.
Kenneth L. Martin, M.D.
Michela K. Mass, M.D. +
James Edwards, M.D.
Mark W. Marcadrea, M.D.
Robert C. Matthews, M.D.
Allen E. McDaniels, M.D.
Dr. Walter &
Barbara McDonald +
Dee Metaj
Kathleen L. Meyer, M.D.
Dr. Robert & Susan Middleton
Richard R. Miller, M.D.
Hideyo Minagi, M.D.
Mrs. Mary Mittelstaedt+
Brian J. Moffit, M.D.
Robert A. Moffit, M.D.
James C. Mundy, M.D.
Bunzo Nakagawa, M.D.
Norwyn Newby, M.D.
Nelson R. Niles, M.D.
Douglas J. Norman, M.D.
James E. O'Dea, M.D.
Mark T. O'Hallaren, M.D.
Andrew C. Oken, M.D.
Susan Bennett Olson, Ph.D. +
Albert A. Oyarzun, M.D.
Larry A. Park, M.D.
Max R. Peterson, M.D.
Karen E. Phillips, M.D.
De-Ann M. Pillers, M.D., Ph.D.
George A. Porter, M.D. +
Donald D. Price, M.D. +
James E. Price, M.D.+
Deborah K. Purcell, M.D.
David J. Quaternion, M.D.
Dr. James & Laurie Randall +*
J. Warren Reid Jr., M.D. +
Martha E. Sharmann, M.D.
Maxine L. Reinschmidt
Gerald B. Rich, M.D.
Dr. Mark &
Ellen Richardson
James A. Riley, M.D. +
Joseph E.
Robertson Jr., M.D. +
Richard A. Romane, M.D.
John E. Ross, M.D.
John F. Saunders, M.D.
Delbert E. Scott, M.D. +
Vincent K. Seid, M.D.
Michael R. Speiker, M.D. +
Mary Jane Stamm, M.D. +
Richard W. Stevens, M.D. +
Mrs. John L. Stevenson Jr. +
Angus B. Stewart, M.D.
Robert A. Stier, M.D.* +
Dr. Susan & Robert Tenold
T. Lee Thompson, M.D.
Per H. Tonning, M.D. +
Dr. George &
Karen Vigeland
Ted J. Vigeland, M.D.
Julie Vigeland +*
Dr. David & Pat Wagner +
Dennis S. Wang, M.D.
Needham E. Ward, M.D.
Douglas A. Weeks, M.D.
John H. Whitney, M.D.
Christopher P. Williams, M.D.
David M. Wills, M.D.*
David T. Wong, Ph.D.
Mrs. Helen & Howard Woodcock +*
Terry Yamauchi, M.D.
Jung U. Yoo, M.D. &
Anne Taylor Yoo
Gary P. Young, M.D.
Werner E. Zeller, M.D.

+ Denotes Simeon
Joseph Fellow
+ Denotes Charter Member

Dear Fellow School of Medicine Alumni:

Welcome to a “new look” Focus magazine for our “new look” Alumni Association. While the new look of the publication is obvious, the new look we are seeking for our organization is a bit harder to identify, especially since it is a work in progress. We are seeking for our organization is a bit harder to identify, especially since it is a work in progress.

The look of the Alumni Association is now as many basic science students as M.D. students, in Ph.D. and masters programs

The School of Medicine continues to thrive, and that is something of which we can all be proud. The M.D. class size is being increased from 112 to 120 for the 2006-07 academic year, which is just one of the ways the School is working to address a coming physician shortage. Nearly 4000 applications from across the country have been received for those 120 seats, emphasizing the respect in which the School is held. And there are now as many basic science students as M.D. students, in Ph.D. and Masters programs.
DEAN’S MESSAGE
Realizing Our Vision/Supporting Our Mission

I am pleased to present this Honor Roll of Donors to education-related funds at the School of Medicine. This support is critical to helping maintain our excellent programs and national reputation. Thank you for your generous support!

This promises to be a most eventful year for the School of Medicine. Whereas 2005 was the year of construction, 2006 will see the opening of the Biomedical Research Building (BRB), the new patient care facility, and the near completion of the Center for Health and Healing at the South Waterfront campus, all of which are important to the education programs at the School of Medicine. The BRB, the first new building to be occupied, will bridge — both literally and figuratively — the clinical and basic science arenas.

The bridging of the clinical and basic sciences, manifested in the concept of “from bench to bedside,” mirrors the National Institutes of Health (NIH) roadmap. The new NIH roadmap establishes translational research as a driving force in determining research awards. Institutional Clinical and Translational Science Awards (CTSA) are the NIH’s specific challenge to academic medical centers to develop a new research format. The new facilities coming on line this year and to all of you who contribute your time and energy to support the School’s growth and progress in advancing our mission of teaching, healing and discovery. Together, we will ensure quality care for Oregon’s future and excellence in medical education.

As we embrace our vision for the future, we seek to enhance our endowment, support new programs, and provide scholarships—especially to students who opt to practice in underserved areas.

As we embrace our vision for the future, we seek to enhance our endowment, support new programs, and provide scholarships—especially to students who opt to practice in underserved areas.

The School’s reputation continues to grow as we build on our legacy in education, medicine and research. OHSU School of Medicine moved from 32 to 23 in the NIH Rankings last year, and ten of our departments were in the top 20: Anesthesiology (15), Medical Informatics/ Biostatistics (8), Emergency Medicine (7), Microbiology (11), Neuroscience (2), Obstetrics-Gynecology (10), Ophthalmology (14), Other basic sciences (2), Otolaryngology (4), and Physiology (8). This is a notable accomplishment in light of the fiscal limitations the School continues to face.

Recruiting outstanding faculty to fill our new buildings and ensuring that the School of Medicine continues its course of excellence in health care, research, and medical education are costly ventures. The 2005 State appropriation to the SOM was unchanged from the 2003 level of State support, and State funding to the School of Medicine reflects a 38 percent decrease since 2001. In the AAMC 2004 report on funding, Oregon ranked in the bottom five of the 74 publicly supported medical colleges. Given this scenario, we are intent on enhancing funding to the School through state support and increased philanthropic contributions.

This issue of Focus includes an article about the School’s plans for expansion through increasing enrollment and establishing regional campuses. We must, however, realize this growth—necessary to meet Oregon’s physician workforce needs—without compromising our current resources. Our first regional campus will be developed in partnership with the University of Oregon and the PeaceHealth system in Eugene. Support for developing this regional campus is provided by a generous grant from the James F. & Marion L. Miller Foundation.

The new facilities coming on line this year and the renowned faculty recruited to the School reflect the funding provided through the Oregon Opportunity and the support of countless donors. Oregon deserves to have a first-rate academic medical center, but this is only possible with adequate resources. Our tuition is among the highest of any state-supported medical school, a fact that results in medical graduates with enormous debt loads that often compromise their ability to make career choices free from economic considerations. As we embrace our vision for the future, we seek to enhance our endowment, support new programs, and provide scholarships—especially to students who opt to practice in underserved areas.

I hope that you — our alumni, faculty and friends — will help us meet the future’s challenges and to realize the School’s mission to . . .

As we embrace our vision for the future, we seek to enhance our endowment, support new programs, and provide scholarships—especially to students who opt to practice in underserved areas.

Joseph E. Robertson Jr., M.D., M.B.A.
Dean
We are pleased to recognize these generous donors who made gifts to education-related programs at the School during calendar year 2005. Your strong commitment made gifts to education possible. These generous donors who made their gifts during the academic year 2005 School of Medicine Honor Roll celebrate their collegiality and dedication.

2005 SCHOOL OF MEDICINE HONOR ROLL OF DONORS
If you haven’t any charity in your heart, you have the worst kind of heart trouble.

BOB HOPE

The 2006 OHSU Alumni Dinner will prove two things:
1. The School has produced a lot of incredibly talented and energetic graduates.
2. You never ate this well in medical school.
Home to the largest number of OHSU School of Medicine Alumni

Portland? Seattle? Bend? Palm Springs?

The answer is the OHSU Alumni Online community!

This is where you to find everything you want to know about alumni events, benefits, news and notes! You're just a click away from your classmates, so keep connected, 24 hours a day — which is sort of the way it was in medical school! See you online...

To leave the world a better place...to know even one life has breathed easier because you have lived. This is to have succeeded.

RALPH WALDO EMERSON