

FALL 2020 /// A publication for friends and supporters of Oregon Health & Science University

LIVE & LEARN

Back to school in a pandemic

On the cover: (From left) Dana Button, third-year medical student; Huong Nguyen, third-year medical student; and Daniel Tshala, second-year medical student

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ONWARD

THE OHSU FOUNDATION MAGAZINE FALL 2020	
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-Welcome to **ONWARD**



ONWARD magazine is back — and sharing incredible stories of resilience.

This fall, students at OHSU are learning and training in new ways and adapting to

new realities. These include the financial fallout of COVD-19, which we anticipate will only compound an existing crisis in student indebtedness. One of the university's highest priorities is ensuring that students are supported and their studies are not interrupted by the pandemic.

Scholarships are the best available tools to help make sure a health care education is within reach for exceptional and diverse students, regardless of their financial situation. That's why we've launched the Sprint for OHSU Students — an initiative to raise at least \$25 million for student support and scholarships. I'm pleased to announce that all qualifying gifts will be matched \$1 for every \$2, up to a total of \$10 million.

Many of you responded to COVID-19 by supporting OHSU's pandemic response and the health care heroes who keep us safe. We are all grateful for your generosity. In this issue, we revisit some of the OHSU researchers, providers and staff who have been working tirelessly on the frontlines.

One of the glaring lessons of this pandemic is that the rates of illness and death from COVID-19 are far higher for Black, Indigenous and People of Color (BIPOC). COVID-19 has further exposed health inequities in our society that are largely attributed to structural racism. Discussions about race, including why an academic health center should be focused on these issues, can be uncomfortable. It is important that we discuss these issues, not to assign blame or guilt, but rather to increase awareness and to improve health equity moving forward. Only by understanding how these inequities came to be can we address them moving forward.

I recently read an article on the ESPN website by an author writing about systemic racism, and he stated he did not believe that racism is widespread, nor does he believe it is systemic. It highlighted for me that we don't have a common understanding of structural or systemic racism, and common definitions are critical to productive conversations. Structural racism is different from individual racism, and refers to social systems and structures that perpetuate inequality because of the legacy of racist laws and practices from the past that still exist today. Avoiding language gaps like this is a small but important step along the path toward reducing health inequality due to structural racism.

We must also realize that even well-intentioned policies can have negative impacts for some communities or groups. For example, let's take a closer look at the remarkable pivot to telehealth appointments during COVID-19 by OHSU and other health systems nationwide. By changing how health care is delivered, telehealth is keeping patients and providers safe and maintaining access to care when clinic visits are inadvisable. However, if we take a moment to consider whether this change has reduced or added to disparity, it's easy to see that there may be unintended consequences — along racial and other lines. What are the effects of reliance on telehealth in rural areas that lack broadband access? On Indigenous lands that lack internet infrastructure? Or on patients who distrust or don't know how to use telehealth technology? Disparities can evolve along racial, cultural, geographic or generational lines. There is much to learn by taking a close and critical look at the systems and policies that impact the health of our communities. The goal is to ensure that our health system works for everyone. This is a journey we are on together. My own understanding and point of view has changed dramatically over the last decade, and I hope we can offer grace to each other as we explore what issues of race and health equity mean to us and our community.

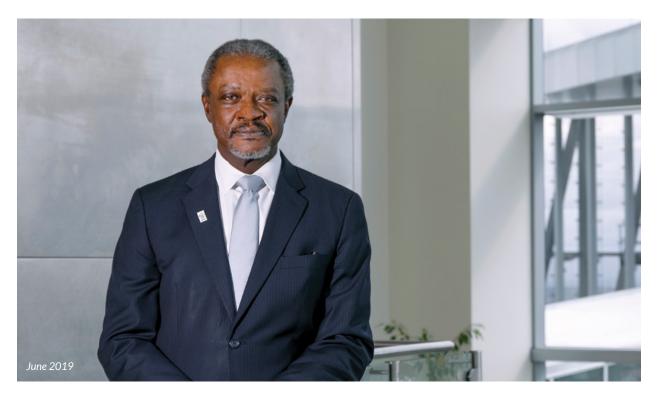
On the following pages, OHSU President Danny Jacobs, MD, MPH, FACS, discusses OHSU's duty, as an academic health center, to address the underlying causes of health disparities in our communities — including structural racism.

Nothing stays the same. This year has reminded us of that repeatedly. Something does remain constant, however: OHSU's ability to rise to a challenge and prevail. The narratives shared by the students, providers, donors and more in this issue bring a message of hope and tenacity during the most difficult period many can remember. Thank you for your steadfast support.

Matt McNair President, OHSU Foundation

A Summer of Crises Sheds Light on Health Disparities

by OHSU President Danny Jacobs, MD, MPH, FACS



s the COVID-19 crisis swept unforgivingly around the globe, it has heightened the visibility of another problem that has long plagued our society.

At first, COVID-19 was touted as the 'great equalizer,' meaning that its impact on everyone would be similar. That belief, however, proved to be far from the truth. The fact is, the rates of illness and death from COVID-19 are far higher for Black, Indigenous and People of Color (BIPOC). Using CDC data, Emory University's COVID-19 Health Equity Dashboard shows that BIPOC have 4-5 times the rate of COVID-19 hospitalizations as whites. Black people are 13% of the U.S. population but make up 23% of COVID-19 deaths. In September, the CDC reported that more than 75% of children and teens (under age 21) who die from COVID-19 are from historically marginalized populations. Why is that? Does a virus discriminate? No, but there is an overarching system of racial bias, across institutions and society, that harms and disadvantages people of color. This is structural racism and, as we have seen during this pandemic, it has lifeor-death consequences.

That is why we, as a community of healers, must do all we can to advance health equity in our state. OHSU has a duty and responsibility to address the underlying causes of adverse health outcomes, and that includes structural racism.

In spring, when the deaths of George Floyd and Breonna Taylor at the hands of law enforcement sparked outrage and a demand for change, OHSU joined a chorus of voices to affirm and assert that Black lives matter. Some have asked why OHSU, as a health care institution, should take a stand on what some perceive to be a partisan or political issue.

My colleague in higher education, and noted thought leader David L. Evans, said it best: "Friend and foe alike should realize that in the phrase 'Black lives matter' there is the implied — but missing conjunctive adverb 'also' — as in 'Black lives *also* matter.' Sensitive hearts and perceptive eyes will, respectively, feel and see that adverb and understand that most other lives *already* matter; so why not Black lives?"

Black lives matter is about human rights and human life.

Even though death and injury are the most obvious and direct consequences of police brutality, we cannot ignore the impact of police violence on mental health. When people of color continue to experience, witness and read about these events over and over and don't see substantial changes to prevent them from happening, it can and does create trauma, stress and other harmful psychological and physical health effects. Evidence shows that mistrust of police and mistrust of medical care are highly correlated among people of color, and reinforces skepticism for hospitals and clinics. When this happens, people are less likely to seek the care they need, including vaccinations, which only primary reasons for differences in health are not simply biological.

We must ask why this is and what can be done about it. As current and future health care providers, OHSU faculty, students and graduates play a vital role in reducing health disparities in our state. OHSU is engaged with the communities we serve to generate new solutions that meet pressing needs identified and prioritized by those most affected by health disparities. Furthermore,

"OHSU has a duty and responsibility to address the underlying causes of adverse health outcomes, and that includes structural racism."

increases the disproportionate health outcomes and health disparities.

Though health disparities have taken a tragic toll this year, this is not just a 2020 problem. For example, in the U.S., over 200 Black people die every day who would not die if the health of Blacks and whites were equal, according to David R. Williams, MPH, PhD, professor of public health at Harvard University. The OHSU's vast research enterprise is an engine for discovery, pointing the way toward a healthier future for all.

We recognize that no one action, individual or entity will solve the problem entirely. It will require support from our entire community to have the desired impact. I ask that you join us in this effort of dismantling structural racism and making health equity a reality.

A Test of Ingenuity

New OHSU lab helps meet critical demand for COVID-19 testing

When COVID-19 arrived in the U.S. earlier this year, Oregonians saw how quickly a new virus could spread and how urgently our health system needed to adapt.

In late February, Donna Hansel, MD, PhD, chair of OHSU's Department of Pathology, learned that commercial kits to test for the coronavirus likely wouldn't be available before April.

With case counts growing by the day, she'd thought, "That's going to be way too late."

So she picked up her phone and made some calls.

She started with Guang Fan, MD, PhD, associate medical director for OHSU laboratory medicine; OHSU Vaccine and Gene Therapy Institute (VGTI) Director Jay Nelson, PhD; and Dan Streblow, PhD, an associate professor at the VGTI. They immediately pooled together their time, resources and expertise to plan for a specialized laboratory to test for the coronavirus.

With the help of philanthropy including a \$7 million gift from Phil and Penny Knight, joined by Nike CEO John Donahoe and his wife, Eileen, along with Nike Chairman Mark Parker and his wife, Kathy — the OHSU team constructed, equipped and staffed a 2,200-squarefoot microbiology laboratory for in-house COVID-19 testing.

They did it in under two weeks.

By March, OHSU could do all its COVID-19 testing in-house.

Close to home

In-house testing during a pandemic is especially important; it helps physicians more rapidly diagnose and isolate people with COVID-19 while reducing the risk of infection among OHSU's frontline care providers, essential workers and hospitalized patients.

"The response was really incredible," Hansel said. "It was so heartening to see everyone join together. It's a testament to teamwork, collaboration and commitment to doing the right thing."

OHSU's ability to create this lab from scratch makes a big difference for patients and others in the community who need testing. It's the only lab of its kind on OHSU's main clinical campus. Results are available generally within 24 to 48 hours, as opposed to commercial labs which can take up to 10 days to process tests. In especially urgent cases, such as a patient needing an immediate organ transplant, the lab can process tests within one to two hours.



TESTING, TESTING...

Doctors generally use two kinds of tests to check for coronavirus:

Polymerase chain reaction (PCR) testing: A PCR is a viral test, which takes a sample from your respiratory system, typically high up from the inside of the nose. The test checks for the presence of SARS-CoV-2, the virus that causes COVID-19.

Antibody, or serologic testing: This is usually a blood test, which shows if someone has been exposed to COVID-19 and has developed antibodies to the virus. This may indicate some level of immunity to it, but there remains extensive research over the next year to see what protection antibodies really provide. Antibody testing may also be useful to identify plasma donors for the treatment of SARS-CoV-2. Capacity is increasing, too: When the lab was first launched, OHSU was able to complete up to 250 coronavirus tests a day. Now they are able to complete up to 1,300 tests daily, according to Hansel. Additional lab space is being built out to accommodate at least another 1,000 tests per day. This space is critical to allow handling and processing of a large number of extra samples.

One option to increase the number of tests even further is through the use of "pooling," which combines four to eight individual samples into a single test: if the pooled test comes back positive, each individual sample is then analyzed. Although pooling requires extensive staffing and a low prevalence rate (typically 1% positive rate), use of this approach may be helpful in asymptomatic surveillance testing. Using pooling could allow OHSU to complete up to 3,000 tests per day.

The new lab also enables OHSU to work with the Oregon Health Authority and other public health agencies on strategies to test highrisk populations, find new virus hotspots, and monitor diseases across the state.

Not just coronavirus

OHSU has long established itself as a leader in infectious disease research and care. Researchers are working in labs at the School



Donna Hansel, MD, PhD, and Daniel Streblow, PhD, work in OHSU's in-house COVID-19 testing lab where they are conducting antibody testing.

of Medicine, the Vaccine & Gene Therapy Institute, the Oregon National Primate Research Center, the OHSU Clinical and Translational Research Institute, and other OHSU units to solve the most complex problems in infectious disease.

Beyond COVID-19 testing, the oncampus lab also opens the door for collaborative research into the fundamental nature of diseases such as COVID-19, and for the development of better, faster and more accurate tests for them.

The lab's creation is making Hansel think about what microbiology at OHSU could be. She's envisioning the type of microbiology programs that are possible, allowing OHSU to become a leading center for infectious diseases and vaccine development. "Since we are going to build a program from scratch, let's make it the best program we can imagine," she said. Hansel envisions a program that goes beyond proactive testing and research on the next generation of virus, bacteria, parasite and fungus pathogens to one that incorporates social justice, childhood health, environmental science, vaccines and new therapies. Infectious diseases have been projected to kill more people than cancer by 2050, and Hansel's vision is one in which we take action to monitor emerging pathogens and be prepared to address them before they get out of hand.

"We have an incredible opportunity to establish an integrated and broad-reaching infectious diseases center. I don't think COVID-19 is going to be the only pandemic we see in our lifetimes. We still need to think about the future and prepare Oregon for what lies ahead," she said.

RESEARCH REBOOT

What it takes to shut down, and restart, nearly 1,200 labs

Melissa Wong, PhD, Co-leader, Cancer Biology Program, OHSU Knight Cancer Institute, School of Medicine

September 2018

fter months of shutdown, OHSU labs are beginning to resume research efforts that were stalled by the pandemic. As scientists cautiously return to the bench, we look back at their journey and explore what their 'new normal' looks like now.

When the labs went dark

In late February, Marc Freeman, PhD, director of the Vollum Institute, received a troubling email from a friend who was the chair of neuroscience at Harvard. "He wrote, 'I can't believe it. The dean is saying we have to shut down all research.' So I emailed our chief research officer and asked if there was any chance that might happen to us. His answer was close enough to 'yes' that I was sufficiently worried."

Freeman was right to be concerned. Because when COVID-19 arrived in Oregon in early March, OHSU leaders made the difficult decision to shut down all research laboratories ahead of Governor Brown's stay-at-home order.

The reasons for the suspension were twofold: to preserve scarce personal protective equipment for frontline caregivers, and to reduce the chance for virus transmission among staff.

Freeman says the news took a moment to sink in. "I've never lived through a global pandemic before," he said. "It's nothing that anyone could imagine — the idea that as scientists, we would be told to work from home was just foreign."

Over the two weeks that followed, approximately 5,000 researchers, PhD students and lab personnel vacated the labs where they had spent so much time and energy. They powered down the centrifuges and incubators, checked the settings on equipment, turned out the lights and locked the doors, uncertain of when they'd be able to return.

Nearly 1,200 labs were shut down across campus, stalling critical research into early cancer detection,

cardiovascular disease, HIV, multiple sclerosis, diabetes, Alzheimer's, epilepsy and more.

Freeman says the impacts were felt far beyond the research. Many PhD students' training was disrupted, putting their advanced degrees on hold. "It really affected the learning journey of our trainees," he said. "We also have post-doctoral scholars in our labs who had already received job offers. Many of those offers were rescinded because universities no longer have resources to support them. So there were a lot of lost opportunities, and a lot of anxiety around that."

Like so many others, researchers adjusted to working at home. They performed analyses, wrote papers and grants, and exchanged ideas over video calls. Many of them turned their attention to the most pressing medical question of the moment: How do we combat this virus?

Pivoting to fight the pandemic

With many of their projects shuttered for the time being, researchers across OHSU quickly changed course, lending their knowledge and skills to the COVID-19 effort.

First, physicians and scientists came together to build an in-house COVID-19 testing lab from scratch in just 14 days. Research labs donated over 399 types of critical supplies, from N95 respirators and gloves to hand sanitizer and testing swabs. More than 800 laboratory techs volunteered to perform tests, conducting over 400 a day.

The university also established a COVID-19 research task force, led by Jay Nelson, PhD, OHSU Vaccine and Gene Therapy Institute director, to ensure studies could be conducted safely.

In quick order, an operational foundation was laid for the task force to greenlight nearly 175 research projects addressing every aspect of the disease, from basic science to diagnostics, therapeutics and vaccines. >>>>

"Our ability to adapt to this global crisis from a research perspective has been nothing short of heroic," said Peter Barr-Gillespie, PhD, executive vice president and chief research officer.

Rebooting the research

While the work around COVID-19 continues, OHSU leaders have begun making plans to resume all research projects on campus.

"The overarching goal is to get people safely back to work by prioritizing critical tasks so that progress is made with minimal risk," said Barr-Gillespie.

Under a trial run to determine whether the university was ready to move more broadly back into research, each department or center designated one lab to restart, or about 30 in all.

Missy Wong's lab was one of them. Wong, a PhD, is an associate professor in the Department of Cell, Developmental and Cancer Biology, and a member of the Knight Cancer Institute. When COVID-19 hit, she was knee-deep in a project to develop a biological

Peter Barr-Gillespie, PhD, executive vice president and chief research officer, OHSU. marker for earlier cancer diagnosis. Seeing the writing on the wall, Wong and her team worked guickly to gather the data they'd need to continue their work remotely.

"We were pretty lucky," she said. "Several projects had a robust amount of data that could be analyzed remotely, allowing people to work from home."

Still, Wong says she missed the creativity and collaboration that comes from in-person interactions. "As human beings, we all need that kind of contact," she said. "And as scientists, sharing data by WebEx just doesn't compare to the excitement of brainstorming in person."

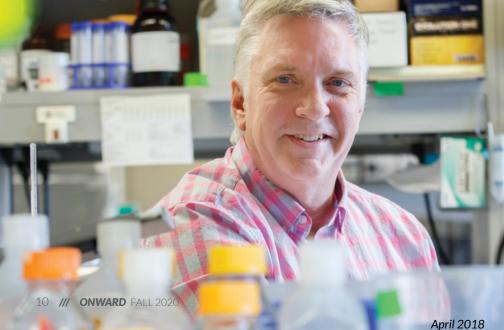
When OHSU leadership asked labs to submit their plans for safely reopening, Wong's laboratory was selected to create a robust safety plan and protocols for her team to return.

"Everyone performs daily self-monitoring, including taking their temperature," said Wong. When she couldn't find enough thermometers for her team in the Portland Metro area, she ordered them from Ebay.

Team members also have to be masked at all times. unless they're taking a break to eat or drink. "I sewed masks for all of my lab staff, then I sewed them for their friends and families. For a while there, I had a

> little mask factory in my home," laughed Wong.

Working with Knight **Cancer Institute leadership** and Cristina Tognon, PhD, in Brian Druker's, MD, laboratory, they developed best practices for other **Knight Cancer Institute labs** to follow, including how to ensure social distancing at the bench and safely share common equipment.



CARES ACT TAX BENEFITS FOR DONORS

"We knew that whatever we established would be guiding principles for everyone else in our building, so we really tried to be mindful not just of our needs, but other teams' needs as we all move forward," Wong explained.

By late summer, nearly every research lab on campus had reopened to some degree, picking up where they left off and working to regain their momentum. As for Wong's team, she says her group has a strong sense of urgency.

"As cases climb in the community, it's in the back of our minds that we may have to scale back again," she admitted. "So right now I'm really encouraging my team to be thoughtful in how they approach their research. We need to boldly move our science forward while we can or we may miss the opportunity."

Whatever happens, Wong says she's grateful to have strong leadership guiding the way.

"This is new territory for everyone, and certainly a challenging time. But the university has done a tremendous job of listening to the voices of the research community and providing the support we need to continue our critical work."

Make the most of your giving with these CARES Act benefits — before they expire on December 31.

Here are a few key provisions of the CARES Act that may affect you and your charitable goals:

Required Minimum Distributions Suspended

The new law temporarily suspends the requirements for required minimum distributions (RMD) for the 2020 tax year. This probably comes as a relief to many of you who would have had to withdraw from your retirement accounts. Many of our donors use their RMD to make a gift from their IRA. Despite the RMD suspension, remember that if you are 70½ or older, you can still make a gift from your IRA or name OHSU and Doernbecher as a beneficiary.

Why a Gift from Your IRA May Still Be a Good Idea

Your gift will be put to use today, allowing you to see the difference your donation is making.

You pay no income taxes on the gift. The transfer generates neither taxable income nor a tax deduction, so you benefit even if you do not itemize your deductions.

Since the gift doesn't count as income, it can reduce your annual income level. This may help lower your Medicare premiums and decrease the amount of Social Security that is subject to tax.

New Tax Incentives

The CARES Act expands charitable giving incentives and allows taxpayers who take the standard deduction to make up to \$300 of charitable contributions to qualified charities this year. You might think that this is a small amount and would not make a difference. But what if all of our donors gave "just" \$300? Such support would have a huge impact on those we serve.

For those who do itemize their deductions, the new law allows for cash contributions to qualified charities such as OHSU Foundation and Doernbecher Children's Hospital to be deducted up to 100% of your adjusted gross income for the 2020 calendar year.

Your Charitable Goals

Please contact Office of Gift Planning at giftplanninginfo@ohsu.edu or 503-228-1730 to include OHSU or Doernbecher Children's Hospital in your will or other long-term philanthropic planning, or visit our website plannedgiving.ohsufoundation.org.

This information is not intended as legal or tax advice. Please contact your financial advisor or CPA to see how the CARES Act might best benefit you.

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HEALTH CARE HEROES: An Update from the Frontlines

Early 2020 brought COVID-19 to the U.S. Ever since, the OHSU community has worked together to save lives and change the course of the pandemic.

In March, we introduced some of OHSU's health care heroes behind the scenes of the COVID-19 response. Recently, we checked in with a few of them for an update.

MATTHIAS MERKEL, MD, PhD

Senior Associate Chief Medical Officer for Capacity Management and Patient Flow

I'm part of the Mission Control and virtual intensive care unit team. We are managing a full hospital with all sorts of complexity, such as social distancing, PPE use and testing. Our team has continued to step up and help maneuver a complex health system through this challenge.

The virtual ICU has expanded our critical care abilities. The VICU gives us an additional ability to serve Oregonians by supporting local care teams and making collaborative decisions for the benefit of the patient. As we learn how our new normal looks with COVID-19, leveraging technology to connect clinicians across our state

has never been more important.

Looking ahead, there are a lot of unknowns: What will the flu season bring? Is there a seasonal pattern to COVID? Which health policies will be sustained? We are learning every day, and our team members are going above and beyond to serve our core mission of taking care of patients. The amount of care provided by the COVID-19 Connected Care Center has increased dramatically. When the Center was established in April, a busy day was 150 calls. Now we're handling up to 350 calls daily from OHSU patients and people without a primary care home.

The Connected Care Center has demonstrated the value of a shared resource designed collaboratively. As a purposedesigned operation, it can provide consistent, high-quality care that offloads substantial work from the rest of the system while easing public health integration.

Telemedicine is here to stay. Patients and staff are more comfortable with the technology. For many conditions, telemedicine can save patients time in transit, in waiting rooms and it optimizes the experience. We've learned that it can resolve more complaints than we had → anticipated, and it serves as an effective triage for care that requires the intensity of an in-person visit.

> Primary care physician and medical director for the COVID-19 Connected Care Center, the newly established hotline and telemedicine service for patients

ANTHONY CHENG, MD

To serve the urgent need for rural providers during the pandemic, Alix began residency three months earlier than planned, at Cascades East Family Medicine Residency Program in Klamath Falls, Oregon

ALIX COOPER, MD, '20

For me, one of the biggest rewards isn't specific to starting residency in the pandemic — it is simply getting to feel the real weight of taking care of patients.

Luckily, our area has escaped the worst of the pandemic so far. One thing we are seeing right now is people who have been avoiding care over the past few months come back into the health care system.

All of us have been forced to become more resource aware during this pandemic. We've been focusing on not only the resources needed for the patient, but what resources are needed for the next patient. This is a public health-oriented approach to medicine that I will carry through how I practice in the future.

Like the rest of the nation, our emergency department has had to adjust to COVID being a long-term crisis. We are tired, and we're nervous for the fall season. It is really hard work to run a full, busy Level I trauma center without a pandemic — and running it with COVID is even harder. But I'm proud of what we're doing. We have the best team in the ED, and I know I would not be able to keep doing this if it weren't for them. We also have leadership at OHSU who trust us to stay safe while performing patient care. I would assure people that they are absolutely safe in coming to the ED for an emergency. We'll keep you safe, and take care of you.

> Emergency department nurse

MIKE McCAFFREY

Associate

vice president of logistics

Supply chain operations is often behind the curtain, but COVID-19 has really pushed it to the forefront. It forces us to solve problems in ways we would never have imagined and it showcases the quality of our team. It's been challenging work, but people care and want to be part of the solution to manage the personal protective equipment constraints we have now. I am really proud of the work we have done. It's heartwarming to hear providers and leaders comment on how much they appreciate our collective efforts to keep staff safe.

DIANA BIJON, RN

ONWARD FALL 2020 ///

LIVE & LEARN

Back to school in a pandemic

 ennifer Ku realized life had truly changed in mid-March. That's when she logged in for the first time to what had been an in-person class only days before and saw the faces of her classmates popping up in a grid on her computer monitor.

"I saw the WebEx screen and thought, 'Wow, so this is what it's going to be like now,'" said Ku, an epidemiology PhD student in her fourth year at the OHSU-PSU School of Public Health. "So much of learning comes from active discussion with classmates in class settings. But instead of raising my hand, I'd type in the 'chat' box."

"Now I've gotten used to it," she added.

How we got here

COVID-19 didn't shut down OHSU's educational mission, but changes necessitated by the pandemic happened quickly. In March 2020, OHSU pulled all clinical students from their rotations and field experiences. Most PhD students shut down onsite laboratory work. Classes transitioned to remote learning. Oregon Gov. Kate Brown halted elective surgeries in an effort to ensure hospitals remained available in case of a surge of COVID-19 patients.

Most of OHSU's class of 2020 in all schools (OHSU Schools of Medicine, Nursing, Dentistry and the OHSU-PSU School of Public Health) were able to finish their degrees by the scheduled June graduation; in fact, at the School of Medicine, more than 90 of 165 students completed requirements in March as part of OHSU's early graduation program. Some became interns to immediately help with COVID-19-related patient care issues. >>>>

We asked some of the students to send selfies of themselves doing something they enjoy and that helps them relax.

I love attending yoga classes. Since the pandemic hit and gyms closed, though, I've had to be creative about using any space around home to be active.

Jennifer Ku, fourth-year PhD student, OHSU-PSU School of Public Health



or students in other programs, things got a little more complicated. As training opportunities shifted, programs filled in the gaps with simulations and additional skills labs.

"Obviously this isn't a long-term solution, but our programs already far exceeded what the Oregon State Board of Nursing requires," said Carla Hagen, PhD, interim senior associate dean for academic affairs, OHSU School of Nursing.

When Gov. Brown allowed elective care to resume on May 15, 2020, patient volume and educational opportunities gradually increased, though not to precoronavirus levels. Starting with summer term in June, OHSU carefully restarted field experiences and clinical rotations with some modifications, such as reducing four-week medical rotations to three weeks. By July 2020, nearly all PhD students returned to campus labs.

My nephew brings me joy because we have so much fun taking goofy selfies wherever we go and laughing about how silly we look!

Bin Chen, third-year medical student "Change is inherent in nursing and every corner of health care; there is constant adjustment to new information," said Crystal Richard, third-year School of Nursing student. "It can be frustrating and scary, but I am grateful for the opportunity to continue my nursing school journey and am hopeful for the future."

All these actions serve to keep students, staff, faculty and patients safe during a time of extreme uncertainty. But one reason for these actions stemmed from a basic law of supply and demand: an impending shortage of personal protective equipment (PPE) items such as N95 masks, face shields and isolation gowns.

The ongoing role of PPE

PPE availability remains scarce, worldwide. Eighty percent of PPE is produced in China's Wuhan district, one of the first areas affected by COVID-19. This, along with global exponential growth in coronavirus cases, creates a major disruption in the global supply chain, making crucial lifesaving supplies difficult to obtain.

As part of planning for summer and fall terms, each educational program at OHSU develops a detailed plan outlining how much and what kind of PPE will be required. Dental students are especially in need of PPE, because almost every procedure they do is considered "aerosol-generating": suspending liquid or solid particles in the air, potentially spreading COVID-19.

PPE shortages will likely continue well into next year, agree educators. It's one of the primary factors that will influence how education is delivered. At times throughout the year, PPE may need to be restricted and education adjusted accordingly.

"We have a dashboard outlining the availability and allocation of PPE," said George Mejicano, MD, senior associate dean for education, OHSU School of Medicine.

"I look at it every single morning," he added.

SCHOOL OFMEDICIN

Beth Burgstahler, fourth-year dental student



What support looks like

Some online learning was well-established long before COVID-19. Many lectures in the School of Medicine are accessible online for students to review as much as they'd like. At OHSU's School of Nursing, students regularly performed online and in-person simulations to help develop clinical reasoning skills.

But regardless of whether online instruction was already being incorporated, it became mandatory starting in mid-March. Within days, faculty had to move everything online.

"It was a steep climb, and faculty showed up. They did it amazingly well," said Susan Bakewell-Sachs, PhD, dean, OHSU School of Nursing.

"Our spring goal was to get courses delivered. Now faculty can further their skills in the online space," she added. For example, a course in health promotion at the School of Nursing drew upon the experience of virtual simulation experts and experienced online learning "super-users" to create virtual simulations and engaging course content. In addition to supporting faculty, OHSU has been working to support students since the pandemic turned campus life upside down. Students throughout OHSU receive weekly newsletters and frequent

email updates. OHSU hosts online forums where students can meet with executive leadership and deans, and is quick to connect students with services such as academic learning support, mental health support and COVID-19 resources.

Huong Nguyen, a third-year School of Medicine student says, "I've always felt supported by OHSU, especially as a diverse student, but their support became multi-fold during the pandemic. They quickly managed hundreds of schedules and made online resources available so students could maintain full-time enrollment and be productive toward our careers."

To ensure all students were able to utilize remote learning as effectively as possible, OHSU created a website to provide concise, practical >>>>

This picture is from happier pre-COVID times from OHSU's Sunriver trip in January last year. My friends have been the ones to get me through the tough times, more so now than ever.

SUPPORT A STUDENT, SHAPE THE FUTURE

OHSU offers a wide array of scholarship opportunities for students in every school. Each makes a difference, but together we can do more to make an OHSU education more affordable for the best, brightest and most diverse students.

Contributing to scholarships not only helps alleviate potential student loan debt, but also plays a major role in health care quality for our region's future. Scholarships help attract outstanding students who might not normally make their way here. Scholarships also reduce health disparities across Oregon by producing providers with backgrounds that mirror the profile of our changing population.

Your support would allow students to focus on the important learning they're here to do — instead of worrying about finances.

"An investment in OHSU education is an investment for all Oregonians," explained Susan Bakewell-Sachs, PhD, RN, FAAN, vice president for nursing affairs, professor and dean at OHSU School of Nursing. OHSU graduates serve across the full spectrum of healthcare and research, from rural clinics to critical access hospitals, to tertiary/quaternary care at OHSU, and everything in between. OHSU scientists and PhD graduates all have a full complement of research skills from clinical applications to basic science.

"Our graduates have a very strong complement of knowledge and skills, no matter what their focus. They want to make a difference," she said.

SPRINT For ohsu Students

OHSU students need your support now more than ever. That's why we've launched the Sprint for OHSU Students, an initiative to raise funds for scholarships and student support.

LEARN HOW YOU CAN HELP AT OnwardOHSU.org/Students

resources, and strategies for students that needed to quickly transition to a fully remote instructional format. Also, many classes instituted a "pass/no pass" option for students stressed about grades. Food insecurity — not having consistent access to enough nutritious food — remains an issue for students, and OHSU is working with the OHSU Foundation to launch a food pantry on Marquam Hill.

The pandemic has raised awareness about health disparities in our culture during a summer when social justice took center stage. Many OHSU students feel passionately about these issues.

"Health disparities and the protests in Portland and around the world have had a huge impact on students," said Rick Johnson, PhD, professor and associate dean for academic affairs at the OHSU-PSU School of Public Health. "Students have complicated lives these days. These stresses make it hard for them to focus on the business of being a student."

Dana Button, a third-year medical student, has been impressed with OHSU's announcement about no longer using prison labor for hospital laundry needs. "It's going to take a lot of discussion and deep work that can make this a sustainable change, but this is an important step forward," he said.

Second-year medical student Daniel Tshala tries to balance feeling inundated with school and the current environment with support from his fellow students and mentors. "My mentor is a Black physician. Every Monday we meet for about an hour, along with several other Black students and residents. Just having that community and talking to people going through similar emotions has been a helpful support system," he said. "I know OHSU is making an effort, though it's going to have to be a cultural change, which will take time. But starting somewhere is better than not starting at all." Daniel Tshala, second-year medical student



Exercise is my best method of decompressing. Although I consider myself active, golfing challenges me differently than other sports. There is a lot of focus on technique; I enjoy the mental aspects of the game.

Remote control

The same tools that support students in distance learning are also used to help patients access care. Telehealth at OHSU has skyrocketed since the pandemic began, from about 2,400 telemedicine visits in January 2020 to more than 40,000 in June. It's providing a new way for students to approach clinical work while social distancing policies remain in place.

"The student, resident physician and attending physician are all able to use video to speak with the patient, and then use our cell phones to consult with each other," third-year medical student Teva Brender explained. "We still see people with challenging health issues in clinic, but in dermatology, we have been able to do a lot of good work and follow-up with telehealth." Teledentistry also plays a major role at the School of Dentistry. As part of dental health patient exams, students will spend 20-30 minutes taking a thorough health history and discussing oral health and hygiene with the patient. Now, that's done via video, freeing up time for dentists to see more patients in person.

COVID-19 has also changed field experiences at the OHSU-PSU School of Public Health. Commonly, public health students work with community partners such as the Oregon Health Authority or county public health groups. But projects are staying closer to home these days.

"A typical project might be evaluating the health of bus drivers as part of a total worker health program. That involves hands-on work like monitoring conditions inside buses. Instead, we can shift to projects like processing data for various health agencies," said Johnson. >>>>

OHSU STUDENTS ADDRESS BARRIERS TO HEALTH

Navigating the health care system can be intimidating for many. Challenges such as poverty and homelessness, cultural and language barriers, and rural or social isolation often have negative health impacts and can make it difficult to access care.



Nursing student Mare Cox (left) practices physical assessment skills with fellow student Rubi Heister at OHSU.

That's where OHSU's Interprofessional Care Access Network, also known as I-CAN, comes in. The program partners OHSU students from all areas of health care — nursing, dentistry, medicine and other fields — with local agencies to help meet the needs of disadvantaged communities.

"Participation in I-CAN can change student perspectives on health care delivery," Heather Voss, PhD, RN, associate professor of clinical nursing in Ashland and program comanager for I-CAN, said. "They turn out to be different professionals by working with members of underserved communities and understanding systemic issues such as poverty. It changes how students perceive their practice."

More than 1,600 OHSU students have participated in the program since it began in 2013. Currently, there are sites in communities across Oregon, including Portland, Monmouth, Klamath Falls, West Medford and La Grande. In small teams under the supervision of nursing faculty, students develop supportive relationships with clients to help them achieve health-related goals, such as making and attending an appointment with a health care provider or understanding which medications to take and when.

"I-CAN is about helping community members to be self-sufficient, and helping them break down or address barriers to health and health care," Peggy Wros, PhD, RN, and program director for I-CAN, said. "Students, in turn, are meeting people where they are at and walking in their shoes. It's essential learning for our students."

In 2020 the COVID-19 pandemic has brought a whole new set of challenges to communities throughout Oregon — many people have lost their jobs, are at risk of losing their homes, or are unable to afford food. Because of physical distancing practices, the I-CAN program shifted from in-home visits to connecting via phone and video calls during spring term. Derek Langfeldt, a senior nursing student in the accelerated baccalaureate program on the Ashland campus, was able to educate patients on the latest information about the coronavirus, and provide some comfort in a time of uncertainty.

"Clients learn to trust the students — they know we are there to hear them out and connect them with the right resources," Langfeldt said.

I-CAN has demonstrated remarkable success in improving health outcomes. More than half of their clients increased their medication literacy, meaning they understand how to properly use their prescribed medications. Half of their clients also increased their ability to manage their chronic disease, while many improved their ability to manage chronic pain, manage medications and secure safer or more stable housing. Participation has also led to fewer emergency room visits, emergency calls and hospitalizations – resulting in cost savings for communities and payers.

The program has also seen students improve their teambased decision-making, knowledge of health disparities and attitudes toward health disparities — while improving the health in communities across the state.

"You see the pre-hospital side of things, what patients are going through," Langfeldt said. "People have different priorities, goals and limitations in their life that you may not see when you're in a hospital setting. It's not cut and dried; it's complicated. It's been eye-opening."

Person-to-person

Sometimes, students simply need to be onsite.

At the School of Nursing, graduate students returned over summer term to work in both acute and community-based settings. Medical students' clinical rotations now take place in smaller groups and for shorter periods. Dentistry has adjusted clinic hours and patient flow, and by having thirdand fourth-year students focus more on complex cases rather than simple procedures such as teeth cleanings.

For the fall term, educators predict OHSU will have enough PPE — providing it stays managed conservatively — but students, faculty, staff and patients will need to be nimble to remain both safe and engaged in learning.

"Think of it like travel. You might not get a direct flight to where you need to go, or experience delays



My partner, Madison, and I got a little obsessed with collecting houseplants throughout quarantine. or unexpected connections. You'll still get there," Mejicano said.

What's stayed constant

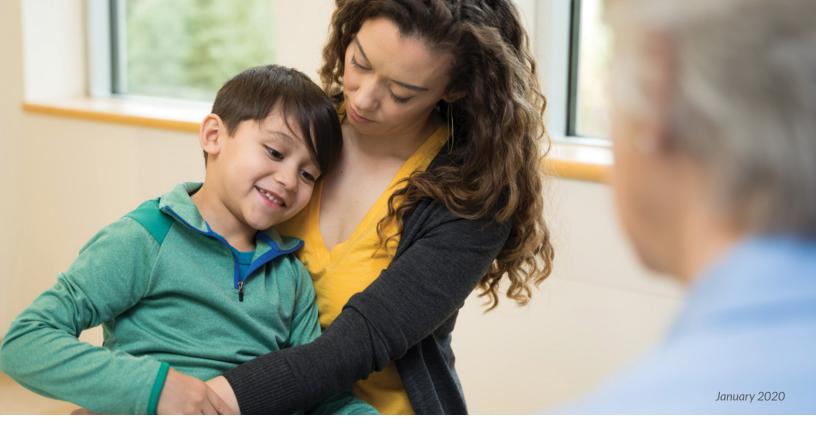
But the more things change, the more things stay the same: Namely, OHSU's focus on high-caliber education, patient care and research. OHSU goes well beyond the basics in requirements, educators agree.

"For us, outside rule-makers aren't enough. Our faculty decides what the standards are for a degree at our university. If national accreditors make changes, our faculty reviews them and decides if that's sufficient," Mejicano said.

"We wouldn't graduate anyone without our faculty being confident they knew what they needed to know. No 2020 graduate finished who didn't meet the same competency skills 2019 students did," said David Robinson, PhD, executive vice provost at OHSU.

"Is it ideal? No," he continued, "But it's remarkable how we have kept the education mission going during a once-in-a-lifetime event. That's a testament to staff and faculty during an extremely stressful time in all our lives."

> Teva Brender, third-year medical student



Sadie's Fund Supports Families in the Toughest Times A chance encounter inspires

When a child is hospitalized, the whole family is impacted. Normal routines are thrown into chaos, plans are put on hold, and parents are often faced with impossible choices: being with their child in the hospital, caring for their other kids, or returning to work so they can provide for their family.

However, the families of pediatric patients don't have to face these profound challenges alone. The Doernbecher Social Services team is a powerful ally in their health journey, offering support and resources to ensure that the entire family is cared for.

That support takes many different forms. It could mean connecting a family to counseling services or helping them navigate the insurance system. If a young patient is missing their pup at home, therapy dogs Hope or Davis step in to offer canine companionship. In one instance, the team even brought in a Native American drumming circle because it was important to the family's spiritual needs.

"Just as the doctors look at the medical needs of a child, we look at the psycho-social needs of the whole family and identify ways

a compassionate gift

that we can make a positive impact in their lives," said Kristin Knight, LCSW, one of the lead pediatric social workers at Doernbecher.

Now, thanks to the incredible generosity of an anonymous donor, the team has the ability to offer even more meaningful assistance to families in need.

A laundry room epiphany

The \$1 million gift was inspired by a chance encounter in the family laundry room at Doernbecher Children's Hospital. It was 2 a.m., and the donor, an extended family member of a critically ill child

named Sadie, had slipped away from the child's room to catch up on laundry in the quiet morning hours. There she encountered the father of another young patient, washing and folding clothes for his family.

"Before we even spoke, I was struck by how carefully and gently he was folding his wife's and his newborn son's clothing," she said. "As we began to talk, his gentle nature showed through. So did his quiet despair, because he had lost his job that day for not going to work. He wasn't angry or complaining, just matter of fact. He told me, 'It isn't a choice for me. I cannot leave my wife and son while the doctors are searching for what is wrong with our baby.'"

"This brief encounter stayed with me and urged me to do something to help others in the shoes all family members share when their child is in critical condition," she continued.

And with that, Sadie's Fund was born.

Introducing Sadie's Fund

Established in May of this year, Sadie's Fund is specifically designed to offer comfort to families at Doernbecher. Half of the \$1 million fund will be used to increase social worker coverage, while the other half will directly pay for needs of families identified by the Social Services team.

"The fund really gives us the freedom to think outside the box and be there for these families," said Knight. "If it's something that can improve the comfort and wellbeing of a family member in their individual situation, then we can consider it."

For example, if a family member relies on fitness to deal with the stress of a hospitalized child, the team might use the fund to purchase a temporary gym membership. If a sibling is feeling neglected, the fund might cover a fun outing. Or if a parent needs a friend to lean on, the fund can help get them there.

"We had one instance where we had a child that had been transported to our trauma center from out of town, and her single mom was here all alone," said Knight. "Before Sadie's Fund, we didn't have the resources to fly a support person out to be here for her, but now that's something we could do."

A first for families

Knight says she's struck by both the generosity of the gift and its unique nature. "I've been at OHSU for 17 years, and this is the first resource we've had that's really focused on the comfort of the family. It's very special and unique that way — it's also a wonderful surprise."

Already Sadie's Fund has been put to good use. When a father lost his job to COVID-19, he was torn between going on job interviews or being with his daughter in the PICU. The team used the fund to cover a month of rent, giving the family a financial buffer so they could spend precious time with their child.



Kristin Knight, LCSW and Dana Braner, MD, FAAP, FCCM, Credit Unions for Kids Chair, with Doernbecher therapy dogs Davis and Hope.

That's exactly the kind of compassionate act the donor had in mind when Sadie's fund was created. "I'm grateful knowing the amazing staff at Doernbecher is utilizing this gift in a way that has a positive impact for other families," she said.



Arlene Schnitzer wasn't a fan of parking lot meetings.

"She always said, 'If you're thinking something, we need to discuss it when everyone's in the room. I don't want to finish a meeting and see people whispering in the parking lot.' But no one ever needed to wonder what Arlene thought," said Barb Hall, vice president and executive director of the Harold & Arlene Schnitzer CARE Foundation. "She'd tell you."

Portland would not be the Portland we know without the legendary philanthropy of Arlene Schnitzer. Although a lifetime patron of the arts, she also donated to a wide range of organizations, including the Oregon Historical Society, Mittleman Jewish Community Center, the Boys and Girls Club, Portland Japanese Garden, and Meals on Wheels. She, along with her husband Harold Schnitzer, gave generously to OHSU, helping establish the OHSU Center for Women's Health and the OHSU Harold Schnitzer Diabetes Health Center.

"It is just about impossible to measure the breadth of the Schnitzers' influence. Arlene's commitment to giving, and to encourage others to support Portland's nonprofits, has made a huge impact on the health and quality of life in our community. Her work has transformed so many lives," said Matt McNair, president of the OHSU Foundation.

Arlene felt strongly about making our community as healthy as possible. In particular, she believed women's health was different than men's health and something needed to be done about it. "There ought to be a place," she'd say to OHSU Foundation board member Julie Neupert Stott, the founder and owner of Julie Neupert Interior Design. The two of them collaborated to host events to support the founding of the OHSU Center for Women's Health.

"My mother believed nothing is more important than our health. And she understood it was often more complicated for women to get full-service health care, so when she learned about OHSU creating a women's health center, she helped lead the charge," said Arlene's son Jordan Schnitzer, president of Harsch Investment Properties. "Arlene loved people. She was a collector of art, but also a collector of people," Stott said.

Arlene's work with the Center for Women's Health led the Schnitzers to found OHSU's Harold Schnitzer Diabetes Health Center in 2007. They created the center with the belief that anyone with diabetes could access top health care resources, regardless of their economic status.

To Arlene, philanthropy wasn't simply about writing a check: It meant involvement. Support meant developing ideas as well as funds. "Arlene never met a problem she didn't want to fix. She naturally wanted to give back: It's just who she was. You walked away from her a better person," Hall said.

Arlene pushed back against the idea that charity should be anonymous. She gave not for her own name recognition but instead to inspire others.

"If you have extra, give it back," she'd say. It needn't be heaping sums; it could be whatever you could, and it would make the community a better place.

"Together my parents were quite a partnership, in their marriage and in their philanthropy. They always believed the riches of a city should be its citizens. My parents realized the joy they got from giving back and encouraging others to do so as well," said Jordan.

Although her name seemed bigger than life, Arlene was down to earth. When you talked to her, you felt like no one else was in the room: You'd always have her full attention and her boundless energy that lasted long into the night.

She was a fan of gifts: both giving and receiving. She loved unwrapping any gift, even a drugstore package of Hershey's kisses. In fact, she preferred cheap candy over gourmet selections; when gifted fancy chocolates, she gave them away. And she was a thoughtful gift-giver; one holiday season, she bought a copy of

She naturally wanted to give back: It's just who she was. You walked away from her a better person." Barb Hall

Elizabeth Taylor's book on jewelry for everyone on the women's health center fundraising committee and wrote a personalized note in each.

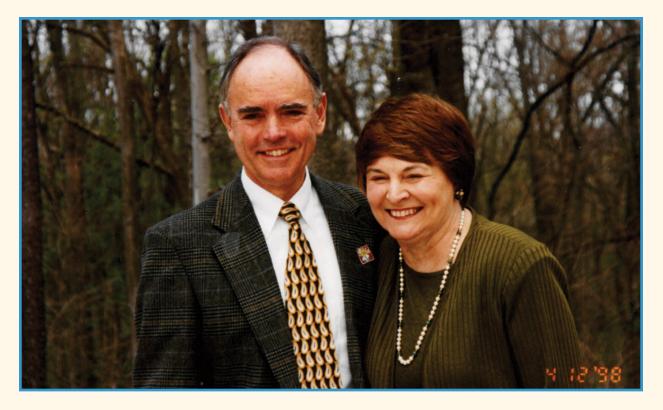
"Arlene wasn't just bigger than life. She was life," Stott said.

While Arlene was known for her big-ticket donations, it was the smaller-scale gifts that meant the most to her. She knew a family with a child in a wheelchair. As the child got older, it got difficult to bring them up the stairs to and from their home. When Arlene heard about this, she immediately paid for a ramp to their house and a handicapped bathroom.

"If I can help one kid have a better day, I'm okay with that," she'd said. -



DONOR SPOTLIGHT /// The Cain Family



hen Darlene Cain was growing up, diabetes cast a shadow over her family: 23 of her relatives had been diagnosed with or died from this devastating disease. Because of this, Darlene dedicated countless hours as a volunteer to easing the burden of diabetes for patients and their families in Oregon and across the nation.

"She saw the dark side, the complications, the challenges," Jim Cain, Darlene's husband of 56 years, said. "She became very sensitive to how the disease alters a normal, healthy life."

When Darlene passed away in March 2015, the Cain family wanted to honor her lifelong work in a lasting way.

They first established the Darlene Cain Lectureship. Then, in 2019, they transitioned their gift into the Darlene Cain Endowed Professorship in Adult Diabetes Care at the OHSU Harold Schnitzer Diabetes Health Center — to keep Darlene's commitment of providing diabetes patients with the best care possible. Jim and Darlene Cain were steadfast supporters of OHSU. After Darlene's passing, Jim and his family were inspired to give because of Darlene's lifelong commitment to a diabetes cure.

"Darlene wanted to cure diabetes," Jim said. "We want to continue Darlene's vision and dedication to the cause. We want to help the center continue to grow and be a center of excellence for diabetes care and research."

Jim and Darlene's story began in high school, when they met each other during English class of their freshman year. They were inseparable. Jim and Darlene graduated from college, got married and moved across the world to Germany for Jim's ROTC assignment. After more than three years in Germany, they settled down in Oregon with their two sons, Jeff and Mark, and later welcomed their daughter, Jennifer.

Jim then attended the OHSU School of Dentistry after working in sales for over a year. He graduated in 1970 and practiced dentistry in Tigard, Oregon, for 36 years. OHSU remained a constant throughout the Cain family's lives, with Jeff and Mark each graduating from the OHSU School of Medicine in the late 1980s. Meanwhile, Darlene was a passionate volunteer and up-and-coming community leader who tirelessly worked to prevent and cure diabetes. In 1989, she founded and directed the American Diabetes Association gala auction in Portland, which she chaired for more than 20 years.

"I think at that moment she found her voice and her purpose she had looked for her whole life: to help patients find better care and raise funds for basic scientific research to find a cure," Jennifer said.

Darlene inspired countless people to join her in the fight. She served as the chair of the ADA National Board, vice chair of the ADA Research Foundation and even internationally to establish the annual United Nations World Diabetes Day. During her more than 20 years of service to the ADA, Darlene was given every local and national volunteer leadership award, and was credited with raising more than \$10 million toward diabetes research, education and advocacy.

"One of mom's favorite sayings was to 'work hard and be the best that you can be.' She always strived to do her very best with every role she took on, instilled that same virtue in her children and those around her, and applied that same passion to her work with diabetes," Mark said.

Darlene's influence also extended to OHSU, where she was an early and passionate advocate for the OHSU Harold Schnitzer Diabetes Health Center. She eventually became chair of the advisory board for the center.

"She represented benevolent, self-sacrificing intensity," Andrew Ahmann, MD and director of the center, said. "She poured her heart and soul into fighting diabetes."

Darlene worked closely with Ahmann to grow the center through fundraising and program development. She often donated artwork related to diabetes to brighten patient rooms, and helped to connect the center with speakers and advocates she met while volunteering nationally. "She was one of our leading supporters in the community, along with the Schnitzer family," Ahmann said. "She represented the masses and knew how to get people behind a cause."

Darlene and Jim were steadfast supporters of OHSU and gave to many areas, including the School of Dentistry, Parkinson's disease research, the Department of Surgery and the Knight Cancer Institute. They became educated in the many ways to leverage assets for philanthropy, including gifts of real estate, stock and direct contributions from their IRA.

" She poured her heart and soul into fighting diabetes."

Andrew Ahmann, MD

"Mom had a lifetime commitment to improving the care of people with diabetes," Jeff said. "For decades, she worked with people at OHSU and recognized their leadership in that field. She wanted to make sure everyone in Oregon had the highest standard of care for diabetes."

The Darlene Cain Endowed Professorship in Adult Diabetes Care will create positive ripples throughout the community through the cutting-edge research and innovative care it makes possible.

"She would be proud," Jennifer said. "We're inspiring another generation of people who will be working in science, care and advocacy for diabetic patients, so they will have a different future than the ones her relatives knew."



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EVERY DAY, MORE THAN 4,000 STUDENTS AT OHSU are pursuing degrees in dentistry, medicine, nursing, public health, and allied fields. And for more than 130 years, Oregonians have relied on OHSU-trained providers for compassionate, lifesaving care. But now, OHSU students are relying on Oregonians to help keep their educational dreams alive.

Your support allows OHSU to attract the best, brightest and most diverse students, reduce their debt burden, and help them achieve their career goals.

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