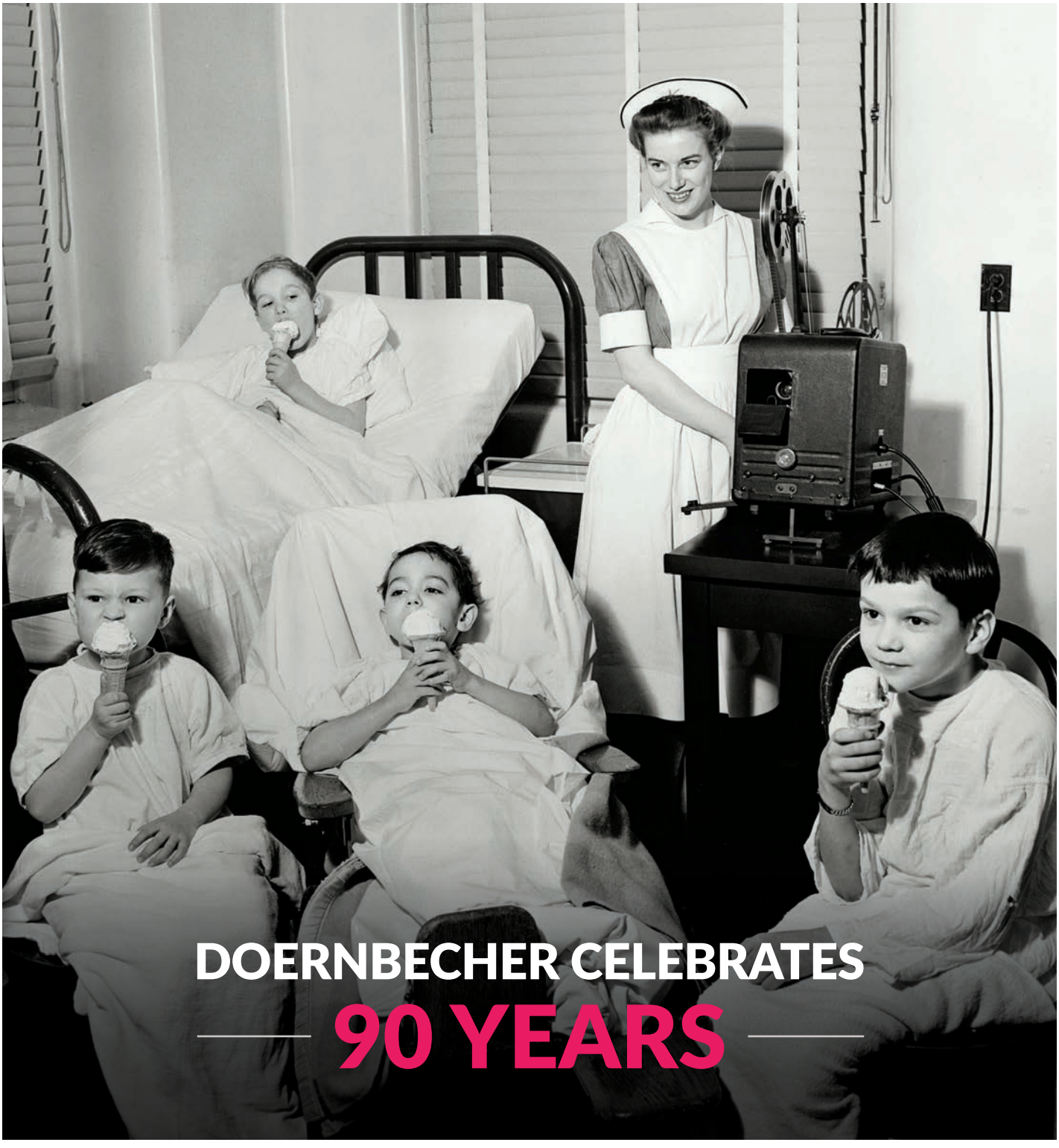
ONWARD

OHSU

AUGUST 2016

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



DOERNBECHER CELEBRATES 90 YEARS

Welcome to ONWARD

Welcome to the August 2016 edition of *ONWARD*, a magazine for OHSU and OHSU Doernbecher Children's Hospital donors. This issue is devoted to celebrating Doernbecher's 90th birthday, and in it you will find a wealth of fascinating history, stories about how we're healing children today and updates on our work toward tomorrow's cures.

From the very beginning, when a gift from Frank Doernbecher made it possible to establish Oregon's first full-service children's hospital in 1926, Doernbecher has been able to grow and thrive because of a community of supporters who believe that *every* child deserves the best. Without you we do not even open our doors. Thank you for your loyal support.

Dana A Braner, M.D., F.A.A.P., F.C.C.M.
Alice K. Fax Professor of Pediatric Critical Care
Physician-in-Chief
OHSU Doernbecher Children's Hospital

Joseph E. Robertson, M.D., M.B.A.
President, OHSU

Left: Aerial photo taken of the Marquam Hill campus circa 1930s. Doernbecher is shown on the right.

Cover: Doernbecher superintendent Shirley Thompson, R.N., instituted a regular Tuesday afternoon matinée in the 1940s to boost patient morale.

In this 1930s-era photo, Doernbecher patients take in a bit of fresh air and a visit from Santa Claus and his helpers.

DOERNBECHER: *ALWAYS EVOLVING*

When Doernbecher Memorial Hospital for Children opened its doors in 1926, it was thought that regular exposure to sunshine was essential to treating tuberculosis, and it was common to set up whole wards on rooftops, as you can see in the photo above. In those days before antibiotics, families were discouraged from contact with their children and were forced to observe strict visiting hours. Nurses provided the lion's share of the care. Doernbecher's first chief of staff, Joseph B. Bilderback, M.D., served on a volunteer basis. While the way we care for children has changed radically since 1926, many fundamental concepts remain the same. Special guests bearing gifts and accompanied by furry sidekicks have always been a hit. And Doernbecher will always play a special role in our region by combining compassionate care, teaching excellence and groundbreaking research. >>>>

ONWARD recently interviewed four Doernbecher physicians to ask them what they have seen change over their careers.

Q: Can you give an example of how your field has evolved, since you first started practicing medicine?

Joseph Gilhooly, M.D., professor emeritus of pediatrics
Specialty: neonatology
We can diagnose serious conditions so much earlier now, even before birth. When I started practicing in the 1980s, we wouldn't know there was a problem until after the mother had given birth, and then we would rush to pick up children all over the state and bring them back to Doernbecher for advanced care. Now, because of the Oregon Perinatal and Neonatal Network and our fetal therapy program, we have fewer surprises.

Lawrence J. Wolff, M.D., professor of pediatrics
Specialty: pediatric hematology and oncology
When I was a third-year medical student in 1963, a pediatric resident asked me to join him in listening to a faculty member talk with a family. Their three-year-old daughter had acute leukemia. Back then, subtyping was difficult. The father, a minister, asked what the outlook was. The faculty member responded, "There is a 50/50 chance she will be with us next year." Today, the probability is that five years from diagnosis she will be disease-free and living a normal life.

Victor Menashe, M.D., professor emeritus
Specialty: pediatric cardiology
When I was resident at Doernbecher in 1954, most of the hospitalized children presented with acute medical problems and their hospital stays were comparatively much longer. We had a ward full of children with acute rheumatic fever, now rarely seen with the advent of aggressive treatment of strep throats. Treatment for congenital heart disease was in its infancy; cardio-pulmonary bypass was just beginning in some centers back east — it wouldn't come to OHSU until 1958. There was no ward for children with malignancies as the diagnosis of leukemia was essentially a death sentence.

Eric Fombonne, M.D., professor of psychiatry and director of autism research, Institute for Development & Disability at OHSU
Specialty: autism
Even as recently as the 1980s, autism was seen as a syndrome associated with abnormal parenting or maternal deprivation. Doctors tried psychosocial therapies like play therapy and family therapy, but those methods didn't work. Today, we know autism is a disorder of brain development with a prenatal onset and that up to 30 percent of cases can now be explained by genetic variants.

Dana Braner, M.D., physician-in-chief
Specialty: pediatric critical care
In the past, children who came to the hospital with diseases like meningococcemia (which causes meningitis), most cancers and most congenital heart anomalies didn't survive. Now they do, largely due to research, new surgical techniques and aggressive critical care. That means putting the best nurses and doctors at the bedside to watch these kids on a minute-to-minute basis.

Another big change is patient transport. Doernbecher established the first pediatric medical transport team in the state, PANDA (pediatric and neonatal Doernbecher transport). We can now transport the most critically ill children to Doernbecher to get specialized care with extraordinary safety.

Q: What's changed in the way you work with families?

Dr. Braner
The concept of family-centered care has transformed the way we work with families — and it's a fairly new concept. As recently as the 1990s, it was common to ask families to leave their child's room if doctors were making their rounds, or if they were performing a procedure. Doernbecher's John Allan Paschall, M.D., and Susie Bacon, R.N., were instrumental in changing that philosophy, helping us realize that family involvement was essential. Today we know that families are of paramount importance in the care of critically ill children and we go to extraordinary lengths to partner with families every step of the way to a child's recovery.

Dr. Gilhooly
Up until the late 1970s, the medical establishment was deeply skeptical about giving premature babies breast milk. Now of course we know the importance of breast milk, skin-to-skin contact and family involvement.

Dr. Menashe
Now that children are surviving heart disease, we have learned to prepare our patients to live with chronic disease. It requires educating the whole family. Today we have a better understanding of what it takes for kids to get better — you have to support the whole family.

2 THE SUNDAY OREGONIAN, PORTLAND, DECEMBER 25, 1927

Castle on Marquam Hill Is Fairyland For Sick Children

Doernbecher Memorial Hospital Cares Alike For Those Who Can And Those Who Cannot Pay

This Is Where The Magic Goes On

"Our Boys And Girls Are Sick Today"

Just Like Any Doctor's At All

8

The following are excerpts from a story that appeared in the December 25, 1927 edition of *The Oregonian*. The story illustrates how important the new hospital would soon become to the people of Oregon.

Fairy tales are happening every day to boys and girls in Portland in a handsome white castle at the top of Marquam hill. Magic of the most benevolent sort goes on there, by which sick boys and girls come out well and strong, and those with crooked bodies emerge straight and beautiful. And while the people of Oregon proudly call the castle on the hill Doernbecher Memorial Hospital for Children, there are already hundreds of boys and girls who refuse to believe it is anything but fairyland.

"I hope the rest of the kids are as happy as I was in the hospital, and I hope they will all come out successfully. I am hoping you will make the other kids as happy as I am with straight legs and nothing to worry over," extolled a little boy, who six weeks before had come out of his cast and was "able to walk as straight as ever with a straight leg."

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The hospital admits children whose parents can pay for their treatment, those whose parents can pay for something and those whose parents can pay nothing at all. Last year 21 percent of the patients paid fully or in part, and 79 percent were able to pay nothing at all.

"The hospital on the hill will some day be the most popular charity in the Pacific Northwest," predicted Dr. J.B. Bilderback, professor of pediatrics of the University of Oregon Medical School, physician-in-chief of the hospital.

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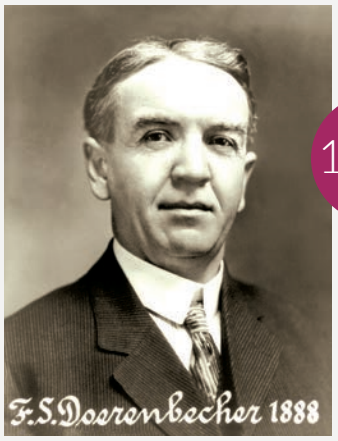
"In addition to enabling the most detailed study of the diseases of children from the standpoint of diagnosis and treatment, the Doernbecher hospital fulfills an important function with relation to the teaching of future doctors, the students of University of Oregon medical school," said Dr. Richard B. Dillehunt, dean of the medical school.

"If there exists a doubt in the mind of any human being with a heart in his body as to the splendid work being accomplished for the relief of suffering children, I urge him to visit the hospital and see for himself," said C.C. Colt, president of the Doernbecher Guild.

NINE DECADES AT *DOERNBECHER*

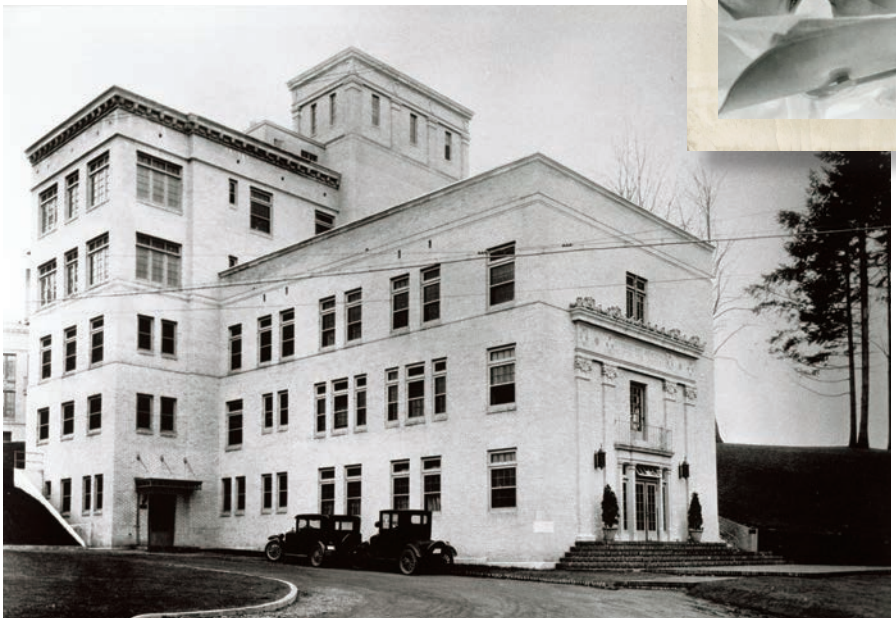


1920s

It all began with Frank Doernbecher

Frank Doernbecher was a Wisconsin furniture-maker and pioneer in mass production who came to Portland in 1900. Portland welcomed this industry leader by giving him a free site for his factory, an act of generosity he would repay many times over.

When Doernbecher passed away in 1921, he left a $200,000 bequest in his will, directed to benefit the state. His daughter Ada Doernbecher and son Edward M. Doernbecher decided to give the money to the University of Oregon Medical School to build the state's first full-service children's hospital. They had the foresight to understand that attaching the hospital to a medical school would elevate the research and quality of care in the blossoming specialty of pediatrics. However, additional funding was needed to complete the construction, and a group of prominent Oregonians formed the Doernbecher Guild to garner community support. The guild raised $75,000 in one summer and the hospital opened on August 2, 1926 with 75 beds and five volunteer physicians. The Doernbecher family was quite firm on one point: the hospital that was to bear their name would treat all children, regardless of their ability to pay. Thanks to a remarkable and ever-expanding community of donors and volunteers, Doernbecher has now kept that promise for more than 90 years.



Above: A young Doernbecher patient weighs in, circa 1920s. Left: The original Doernbecher Memorial Children's Hospital building, circa 1920s.

1930s

Grace Phelps, R.N.: an outspoken advocate for children

Grace Phelps was Doernbecher's first superintendent and played an instrumental role in getting the hospital off the ground. A Red Cross nurse in World War I, Phelps was a fierce leader and caring nurse who refused to recognize impossibility. Everything from paying the bills, to overseeing the nurses and ordering the diapers fell under her purview. Passionate about the care of children, Phelps was one of Doernbecher's most outspoken advocates, raising public awareness of its achievements while emphasizing the need for additional philanthropic support. During her 17 years as superintendent she made sure Doernbecher saw to the emotional and physical needs of its young patients — a philosophy that still echoes through the halls of the hospital today.

"The world has come to realize that the children of today are the men and women of tomorrow. If we wish the world to get better, it behooves us to see that children are made healthy and whole and kept that way," said Phelps in a circa 1930s presentation.

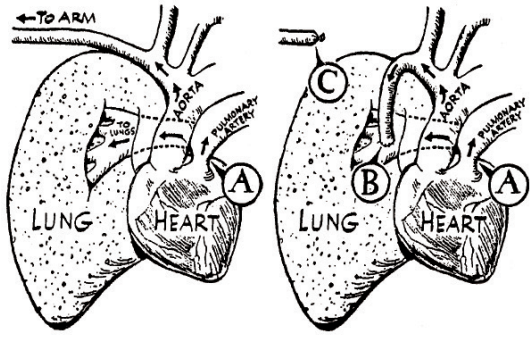
Left: Grace Phelps, R.N., holds a newborn infant circa 1930s. Below: A crowded Doernbecher waiting room circa 1920 — 1930.

1940s

Photo courtesy of the *Spokesman-Review*.

Above: A healthy Carol Lee Davis in her Benton City home after her first surgery at Doernbecher.

"Dr. Conklin's skilled scalpel has made it possible for many more youngsters suffering from pulmonary artery obstructions to look forward to happy, healthy lives." — The Oregonian, Nov 9 1947



"Blue babies" suffer from obstruction (A) of pulmonary artery which carries blood to lungs. To correct this, one of the arteries (C) supplying an arm is severed and its blood diverted into pulmonary artery near the lung (B).

Oregon's first "blue baby" operation

William Conklin, M.D., a thoracic surgeon and professor at the University of Oregon Medical School, was the first doctor in the West to perform the rare and difficult "blue baby" operation at Doernbecher in 1947. Before this technique, babies born with this congenital heart defect (formally called tetralogy of Fallot) were extremely weak and sometimes poorly developed due to a lack of oxygen in their bloodstream. The delicate surgery was done using the Blalock-Thomas-Taussing method, pioneered at Johns Hopkins Hospital as a way of joining two blood vessels to improve circulation to the lungs. Prior to Conklin's achievement, local families had to raise funds to send their children back east to get the critical surgery. Eight-year-old Carol Lee Davis (pictured above left) was one of Dr. Conklin's first patients. Her mother, a dairy farmer in Benton City, Wash., was struggling to find a way to pay for the surgery and debated selling her entire farm. That's when the community made a fundraising appeal in the *Spokesman-Review*. Within a week, the family was flooded with 700 letters from all along the West Coast, with donations amounting to more than $6,000. Carol Lee went through two operations at Doernbecher, and thanks to Dr. Conklin and the generous Northwest community, she went on to live well into her 60s. *Visit onwardohsu.org for the full story.*

Opening the door for parents

When Shirley Thompson and Betty Weible started as nurses, families were allowed very little contact with their hospitalized children. Before widespread use of antibiotics like penicillin, hospitals were afraid parents might bring infection in from the outside. Shirley Thompson was instrumental in loosening the restrictions on visiting hours. Today Doernbecher is committed to the concept of family-centered care, and parents are encouraged to have as much close contact with their children as possible during their stay at Doernbecher.

"When I started [in 1947] the visiting hours were Sunday afternoon for an hour and Wednesday night for a half an hour… [The parents] would stand out in the hallway outside of the wards where the kids were, and whichever family was there, we'd push that crib up to the door. And the kids would sit in their cribs howling, and the moms and dads would be standing out in the hallway weeping because that was as close as they could get to them," said Weible in a 1999 interview.

Betty Weible, R.N., and superintendent Shirley Thompson, R.N., circa 1940s.

1950s

Albert Starr: The first pediatric open-heart surgery

In 1958, Albert Starr, M.D. performed Oregon's first pediatric open-heart surgery on a 7-year-old Martha VanCleave at Doernbecher. It was also a rare occasion where news cameras were permitted in the operating room. In the archival news video, the anchor comments: "Martha is only one of a possible 20,000 people to be given an opportunity for a well-rounded, normal life thanks to corrective heart surgery. The medical team of the University of Oregon Medical School has stepped up its schedule to provide assistance to the numerous people in the Northwest, who, a few years ago, were offered no hope for a full and active life." *Visit onwardohsu.org to see archival footage of the first operation.*

Dr. Albert Starr in the 1960s.

1960s

Big gains for the littlest babies

In 1950, Portland pediatrician Gorham Babson, M.D., received a call that would change his life and the lives of Oregon's littlest infants. Doernbecher superintendent Shirley Thompson wanted him to join Betty Weible, R.N., in establishing the first complete premature infant nursery in the Northwest. The need was immediately clear. "After three months, we were accepting preemies from all the hospitals in Portland," said Babson in a 1999 interview. "In a year we were sending our nurse with her carrying incubator to Salem, Eugene and other hospitals in Oregon. We were getting busy." It was just Babson and Weible in the beginning. "We saved over 500 infants under 1500 grams (3 pounds, 5 ounces) in the first 15 years," he said. "But by 1960, we were overwhelmed by our success." Recognizing it was time to expand, Babson asked the Doernbecher Guild to help fund Oregon's first neonatal intensive care unit (NICU) in 1968. In order to serve the entire West Coast with these unique resources, the hospital started using helicopters in 1972 to bring fragile babies to Doernbecher. "By 1974, we increased the air transport from zero to one-third of all admissions to the unit," Babson said. "These admissions were from the coast, eastern Oregon and southern Washington."

Today, Doernbecher offers the most advanced neonatal intensive care in the region, and is consistently ranked among the top pediatric neonatal programs in the nation.

Above right: Gorham Babson, M.D., tends to a tiny newborn. Above: Doernbecher's NICU circa 1968. Right: A premature baby being transferred from a helicopter to a van destined for the Doernbecher NICU.

1970s

A TRIBUTE to Y.B. Talwalkar, M.D.

1936 — 2015

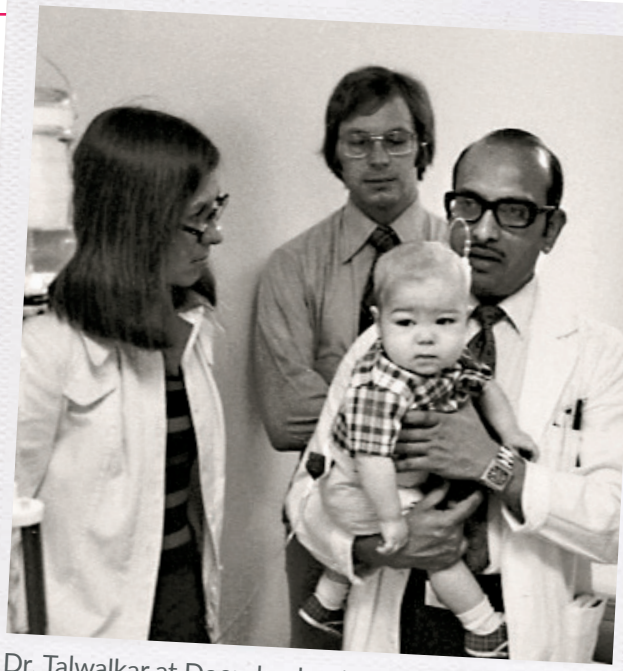
Dr. Y.B. Talwalkar's family describes him as a man who always knew what he wanted. Growing up in India, Dr. Talwalkar knew he wanted to be a doctor from an early age. His father died of a heart attack when he was 10, and he never lost his focus on medicine after that. The first time he saw his wife, he knew she was the one. "He saw me at his brother's wedding and decided he would marry me. And so he did," said his wife of 52 years, Sushama Talwalkar.

Arun, as he was known by family and friends, would go on to become a giant in the field of pediatric nephrology — a respected researcher, teacher and doctor who gave hundreds of children a new chance at life. Dr. Talwalkar came to Oregon in 1971 as a research fellow at what was then the University of Oregon Medical School, having completed his pediatric training both in India and at Harvard University. His career took off quickly, and he was appointed to the faculty in 1972 and then received the Joseph B. Bilderback Teaching Award in 1974, in recognition of his abilities as a teacher and physician.

Pediatric nephrology was a young field in the 1970s, and Dr. Talwalkar was instrumental in shaping it. In partnership with Steven Alexander, M.D., he brought continuous ambulatory peritoneal dialysis (CAPD) to the children of Oregon in 1979. They were among only a handful of doctors in the world providing this service to children at the time. CAPD allowed patients to receive dialysis fluid (a fluid that cleans the kidneys when they are failing) at home, instead of having to be hooked up to an artificial kidney machine at a clinic or hospital. The new method was revolutionary, increasing survival rates and making dialysis less of a burden on families.

"Talwalkar was the epitome of the academic physician. He was someone who cared about the patient but also kept the bigger picture in mind. He balanced patient care, education and research innovation," said Randall Jenkins, M.D., who studied under Dr. Talwalkar in the 1980s and is now the division chief of pediatric nephrology at OHSU.

Dana Braner, M.D., refers to Dr. Talwalkar as a "triple threat," the rare physician who is an effective teacher, researcher and clinician.



Dr. Talwalkar at Doernbecher in the 1970s.

Dr. Talwalkar's interests went far beyond medicine. He was an avid painter, gardener, winemaker, cook, reader, scuba diver and traveler.

"He brought discipline and a desire for excellence in everything he turned his attention to, whether it was medicine or painting," said his son Abhi Talwalkar.

His sons say he led by example, inspiring them to not only achieve career success but to also live full lives.

"He was a humanist and a minimalist," said his son Ron Talwalkar. "He taught us to not want or need a lot to be happy."

His family has ensured that his legacy lives on in the form of a new endowed professorship, the Dr. Y.B. Talwalkar Professorship in Pediatric Nephrology, in the OHSU School of Medicine, Department of Pediatrics. The endowed professorship will enable an outstanding faculty member to advance his or her work, inspire others and develop new solutions that improve human health.

"This is a fitting legacy for Dr. Talwalkar. The professorship will help us recruit the best faculty and fund research projects that might need extra support between funding cycles," said Jenkins. "We are extremely grateful to the family for this far-sighted gift."

1980s

Preventing lung collapse in premature babies

Babies born prematurely often suffer from lung problems because they haven't developed a key component of their lungs, called surfactant. From the mid to late 1980s, Doernbecher was part of a groundbreaking research study that showed that by enhancing surfactants, doctors could dramatically decrease lung collapse in premature infants. Doernbecher doctors, including Joe Gilhooly, M.D., used surfactant obtained from cow lungs, and directly inserted it into the tiny baby's lungs via a breathing tube. The results were dramatic. During this era the mortality for the smallest premature infants fell from roughly 80 percent to 20 percent.

1990s

Generations of strong nurses

Growing up, Amy Strong heard her mother talk about how wonderful nursing was, so she decided to follow in her footsteps. In 1995, she became a registered nurse at Doernbecher, where her mother, Myrna Strong, started her nursing career in 1960. Myrna was also following in the footsteps of her stepmother who was a nurse. Amy and Myrna said one of their favorite aspects of working with pediatric patients is seeing how strong and resilient children can be. Over the last 90 years, nurses have played a critical role in shaping the hospital's approach to pediatrics. Nurses are the backbone of the child- and family-centered care Doernbecher prides itself on today.

Myrna Strong, R.N., (left) holding a photo of herself after finishing nursing school, with her daughter, Amy Strong, R.N.

2000s

Shira Einstein's journey from patient to doctor

Shira Einstein was a freshman in high school in 2007 when she found out she had cancer. "I swept the fear, pain, anxiety and confusion under the rug to deal with at a later time," Shira said. "I tried to hold onto every piece of sunshine during those dark months." Part of Shira's coping strategy was to focus on the science of cancer treatment. "My treatments at Doernbecher became lessons about cells and the human body," she said. This curiosity carried on past her treatment and after being declared cancer-free, she decided to pursue a career in medicine. Shira is now in her third year at the OHSU School of Medicine, and has been cancer-free for 8 years. "In the same rooms where I once was the patient, it is now my turn to provide information, strength and hope when I can," she said.

Shira Einstein, 2016

2010s

THE *LUCKY* CONCUSSION

Sophia relaxing at home with a lucky hand of cards.

It all started last spring when Sophia Malinoski forgot to wear her mittens to soccer practice. It was cold, so she kept her hands in her pockets when she attempted to balance atop her soccer ball. That's why, when she lost her balance, she couldn't break her fall — and hit her head on the ground. Riding home with her dad, Darren, she complained of a terrible headache and threw up several times in the car. Darren called Sophia's mom, Sehra, to confer. He was close to a community hospital where Sophia could be scanned for a concussion. But both Sophia's parents are doctors at OHSU. Darren Malinoski, M.D., is a trauma surgeon in the V.A. Medical Center and OHSU; Sehra Sampson, M.D., is a physician in the Emergency Department at Doernbecher. They chose to drive Sophia the extra distance to Doernbecher. And that decision may have saved her life.

"I told Darren to head up the hill to Doernbecher, because they do what's called a quick brain MRI for head injuries," said Sehra. Doernbecher is currently the only hospital in Oregon offering this type of scan for pediatric head injuries. Sophia received her scan that night, and a preliminary review found it to be normal. Darren took her home and all seemed well. The next day, at work in the emergency department, Sehra took a call from the attending neuro-radiologist who was reviewing the previous night's scans. He wanted to report a discrepancy on an MRI result; he was seeing an abnormality in the cerebellum that was not previously noticed.

"I realized right away that it was Sophia's scan. My stomach dropped," said Sehra. "I told him, 'that's my daughter.'"

Sophia plays soccer with her parents and younger brother Noah.

Sehra quickly phoned Dr. Lissa Baird, a pediatric neurosurgeon, who reviewed the scans immediately. Dr. Baird thought she saw a mass — something beyond a contusion from the fall. They decided to bring Sophia in that day for another series of scans in Doernbecher's new intraoperative magnetic resonance imaging suite. The iMRI suite had only been operational for a few weeks, but it was one of the most important new technologies to ever come to Doernbecher. The iMRI's arrival would not have been possible without philanthropy, including a generous gift from the family of Arnold and Leona Poletiek.

"Having the iMRI was key. We were able to see fairly quickly that there was a tumor, and move forward with a treatment plan," said Dr. Baird.

The scan was also evaluated by a neuro-radiologist, Ramon Barajas, M.D., and a neuro-oncologist, >>>>

What is an iMRI?

iMRI stands for intraoperative magnetic resonance imaging. The Poletiek Family Intraoperative MRI suite opened in February 2016, making Doernbecher the first dedicated children's hospital on the West Coast to have such technology. The iMRI is housed in a 10,000-square-foot surgical and imaging suite. It provides real-time, high-resolution images of the brain during complex surgical procedures, allowing neurosurgeons like Dr. Lissa Baird to more precisely and safely remove most tumors in a single operation, thus reducing the emotional and physical toll on families.

During surgery, a powerful 18,000-pound magnet travels into the operating room on overhead rails and then retracts when the scan is complete. Moving the MRI rather than the patient during surgery enhances safety and reduces exposure to infection. With iMRI, the neurosurgical team can detect and treat any unexpected complications before leaving the operating room.

The new iMRI suite cost $19 million to build and equip, and was made possible through philanthropy, including a generous gift from the family of Arnold and Leona Poletiek.

"This is a game-changer that reaffirms care to children across our region," said Nathan Selden, M.D., Ph.D., F.A.C.S., F.A.A.P., Mario and Edith Campagna Professor and Chair, Department of Pediatric Neurosurgery, OHSU School of Medicine.

Kellie Nazemi, M.D. "If Sophia had a CT scan to evaluate her concussion, it is very unlikely the tumor would have been seen due to limitations of that type of scan. The decision to go to Doernbecher for the quick brain MRI gave us the gift of finding this tumor early," said Sehra. The team decided to schedule surgery — quickly — just days before Sophia's 9th birthday.

"While all of this is happening, Darren and I are asking ourselves, is Doernbecher the right place to have the surgery? We wanted to explore all of the options nationwide. We started calling our colleagues across the country. We discovered that we were incredibly lucky — Doernbecher had the only iMRI on the West Coast and Dr. Baird was considered one of the best pediatric neurosurgeons anywhere," said Sehra. "It was a relief to know that Sophia was in good hands, right here in Portland."

"Sophia's tumor was located next to the brain stem, an area that has critical neurological function," said Dr. Baird. "It was a technically difficult tumor to remove, because it was wrapped around some important blood vessels. We were able to use the iMRI to check our progress in the middle of surgery, and saw that there was still a small bright spot left behind a blood vessel. We went back in to take that little piece out. And then finally we obtained another iMRI that confirmed the entire tumor was completely out. At that point, before she's even awake, we know she's going to be OK."

If the tumor had not been diagnosed and removed, it would have slowly increased in size over months or years until it started causing symptoms, or became so big it blocked spinal fluid, a potentially life-threatening condition.

"I trained with an iMRI. It changes the way you approach things. It's an enormously powerful surgical tool. The fact that Doernbecher was building an iMRI was a factor in my coming to Doernbecher from Boston Children's Hospital," said Dr. Baird.

The Malinoski family feels deeply fortunate for Dr. Baird's presence at Doernbecher — and for the fact that the iMRI suite had been set up two weeks prior.

Sophia was only out of school for two weeks, and her recovery is now complete. She remembers the good and the bad from being in the hospital. The medicine "tasted really bad" and it hurt when they took the tape off her skin from the IV; but on the other hand, she "really liked her nurses" and "Dr. Baird didn't have to shave my hair!" Her tumor was a grade one glioma, which means it is unlikely to recur. Sophia is already playing soccer and she's excited to start fourth grade at Ainsworth Elementary in the fall.

"We were lucky because of her fall, lucky that we found [the tumor] so fast, and lucky that we got the care we did. So many things went right," said Sehra.

Pictured right: Bill Blount at his office in downtown Portland. Pictured below, left to right: Bill K. Blount, Dr. Eneida Nemecek and Dr. Jean Sanders. In June, Dean Mark Richardson appointed Eneida Nemecek, M.D., as the inaugural holder of the Nancy Jaggar Blount Professorship in Pediatric Oncology. She specializes in bone marrow transplantation and cellular therapies for children with cancer and other disorders affecting blood and the immune system. Her research focuses on improving the long-term outcome for bone marrow transplant patients.

William (Bill) Blount has been a champion for children and their families at OHSU Doernbecher Children's Hospital for more than 50 years. Regarded as one of the nation's top investment managers, Blount's financial acumen, hands-on involvement and ongoing generosity have been instrumental in advancing Doernbecher's mission.

Blount first became involved with Doernbecher in 1961, when his client, longtime Doernbecher Hospital Guild president Norman Workman, asked if he would join the guild and provide counsel on how to grow its investment account. (See page 6 for more information on the guild.)

DONOR SPOTLIGHT // Bill Blount // Investing where it counts

"The guild's investment base was nominal. The initial portfolio that I had to work with consisted of several preferred utility stocks that were yield-oriented," he said. "The investments were managed as preferred stocks with no growth opportunity. I told them we needed to change this, we needed to grow the account."

Thanks to better fund management and successful fundraising efforts, the guild's capital grew to more than $1 million by the mid 1960s.

"I seek opportunities where I can put capital to work in ways that are productive, helpful and creative," he said.

But growing the fund was not enough. At an annual guild meeting in 1967, Bill suggested they ask Dr. Bob Neerhout, chair of pediatrics, to identify a priority need in which to invest $1 million. Three months later, the guild received a proposal to create Oregon's first neonatal intensive care unit. The need was clear and, thanks to a growing capital base, Doernbecher opened the 24-bed unit the following year.

Today Doernbecher's NICU is the most advanced in the region, and houses one of the top pediatric neonatal programs in the nation. (See page 9 for more on the NICU).

Blount says the guild's influx of assets and the hospital's growth in facilities and quality of care during this time were truly phenomenal. By the 1980s there was a strategic opportunity to increase the level of giving and streamline the guild's fundraising with the OHSU Foundation. Guild and hospital leaders transformed the guild into the Doernbecher Children's Hospital Foundation in 1987.

Blount's strong family values are a core motivation behind his support of Doernbecher. Today, he is managing director of The Blount Team at UBS Financial Services, where two of his three children, Susan and Kevin, work alongside him. His son Brian is an engineer who also shares his interest in Doernbecher, and helped with the construction of the new hospital in 1998.

"Investing in Doernbecher is about investing in families," said Blount.

In 2015, Blount made a significant contribution of $1 million to establish the Nancy Jaggar Blount Professorship in Pediatric Oncology in honor of his late wife. The gift also helped OHSU meet the historic Knight Cancer Challenge.

"I give so that others can do wonderful things," he said.

Jim Ervin, executive director of the Doernbecher Children's Hospital Foundation, said, "Bill Blount cares deeply about our kids and families. He has always stayed behind the scenes, working to transform Doernbecher into the world-class institution it is today. We are profoundly grateful for his support and love for Doernbecher kids."

ONLY AT *DOERNBECHER*

For 90 years, OHSU Doernbecher Children's Hospital has proudly offered the most comprehensive range of pediatric health care services in the region. That exceptional level of care is one reason why *U.S. News & World Report* has ranked Doernbecher as one of the nation's top children's hospitals seven years in a row.

Whether discovering and delivering cutting-edge treatments, creating new ways to care for kids in rural communities, or training the next generation of pediatric specialists, Doernbecher addresses critical unmet needs in ways other institutions can't.

Remarkable rankings

This year *U.S. News & World Report* recognized Doernbecher for national excellence in seven specialty areas: cancer, diabetes and endocrinology, neonatology, nephrology, neurology/neurosurgery, pulmonology and urology.

Many of these rankings align with programs only available in our region at Doernbecher:

- Cancer care: Oregon's only provider of bone marrow transplants for children, and the only National Cancer Institute-designated center for Phase 1 clinical trials of new pediatric cancer treatments.
- Diabetes: At the Harold Schnitzer Diabetes Health Center, Doernbecher diabetes specialists, nutritionists, nurses and social workers help children and adolescents learn to manage their disease.
- Neonatology: Doernbecher leads the Oregon Perinatal Collaborative, a statewide network of children's and women's health care providers. Working together for healthier births has reduced Oregon's premature birth rate to the lowest in the nation, according to a 2015 March of Dimes study.
- Nephrology and urology: Oregon's only kidney transplant service.
- Neurology/neurosurgery: The West Coast's first children's hospital to implement intra-operative MRI surgical imaging technology. (See story on page 13.)
- Pulmonology: Doernbecher is home to the state's only dedicated center for the treatment of cystic fibrosis.

Cutting-edge care

Doernbecher is the only in-state provider of care for a range of rare conditions. Only Doernbecher combines advanced research with compassionate care through exclusive programs and capabilities such as:

- The only fetal therapy program between San Francisco and Seattle, diagnosing and treating more than 23 types of birth defects and other pregnancy complications before a child is born.
- The nation's foremost research and care program for children diagnosed with neurodegeneration with brain iron accumulation — a family of rare, fatal genetic diseases.
- The region's most advanced non-invasive treatments for congenital heart defects.
- Innovative, research-based patient care and family support for disorders at the interface of mental and physical health such as autism.
- With more than 80 pediatric clinical trials and health database projects under way, Doernbecher offers patients more access to the latest and most promising new treatments than all other Oregon hospitals combined.

Spanning the state

Doernbecher is proud of the care it provides children requiring hospitalization, but there's no question children recover even better and faster in their own communities with the support of friends and loved ones. Through exclusive programs like the following, Doernbecher makes it easier for all Oregonians to get the highest level of care as close to home as possible.

- Traveling specialty clinics: More than 200 traveling clinics in 15 Oregon and southwest Washington locations serve more than 3,000 children each year.
- Telemedicine: State-of-the-art technology connects hospitals across the state to Doernbecher experts for consultation and assistance with complex diagnoses.
- Pediatric and Neonatal Doernbecher Transport : The state's only certified patient transport service for children requiring care in Doernbecher's Pediatric Intensive Care Unit, PANDA makes more than 800 trips around the state every year.
- When children who live outside the Portland area can't get the care they need closer to home, the new Gary & Christine Rood Family Pavilion being built on the South Waterfront will provide a temporary home-away-from-home for patients and accompanying family members.

Doernbecher's hospital facility dog Hope snuggles with a visitor.

Architect's rendering of the Gary & Christine Rood Family Pavilion, featuring the Silver Family Children's Park, shown on the right.

HEALING FOR *THE WHOLE FAMILY*

OHSU's new family housing complex, the Gary & Christine Rood Family Pavilion, is now under construction on Portland's South Waterfront. The facility will provide comfortable lodging and a supportive environment for out-of-town patients and their families. The facility features generous outdoor spaces, including a large terrace (pictured above). The west side of the terrace is designed to provide privacy and quiet for individuals and small groups. The east side is built with children in mind, and will include an accessible mound slide, play surface with trampolines, climbing wall and musical play elements. The play area is sure to become a popular destination for Doernbecher patients and their siblings. Understanding that children and families need to play in order to heal, Barbara and Phil Silver provided a $2 million gift to help build the east terrace. The playground is now called the Silver Family Children's Park, in recognition of their generosity.

The guest house will be entirely funded by philanthropic support. Please contact dchfinfo@ohsu.edu or 503-552-0767 if you would like to make a gift.

Special thanks to the OHSU Historical Collections & Archives.

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