

Bridges



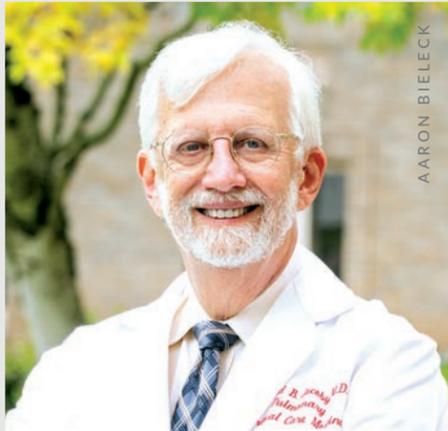
A magazine of people, connections and community for alumni of the OHSU School of Medicine

Fall 2021

Vaccine Hesitancy Hits Home in the Pacific Northwest

P. 10





AARON BIELECK

David Jacoby, M.D.

I invite you to learn more at www.ohsu.edu/som and contact me at somdeansoffice@ohsu.edu.

Inspired and Optimistic

LIKE MANY MEDICAL CENTERS, OHSU HAS BEEN MOVING THROUGH AN INTENSE COVID-19 surge since August. As a pulmonologist, I've been caring for COVID patients from the beginning. But while attending to patients in OHSU Hospital's medical intensive care unit in September, I was struck by how different it is now.

The unit was full of nothing but patients with severe COVID-19 pneumonia, all desperately ill. (See story page 5.) The one thing that united these diagnoses: all the patients were unvaccinated. In discussing that with patients' families, I witnessed firsthand the profound frustration among family members who came to recognize that their loved one could have been spared this suffering.

For many clinicians, for whom advising patients on how to safeguard their health is foundational to their practice, it's been a struggle like no other. Several alumni physicians share their experiences and their advice on page 10.

Even so, I saw how OHSUians are meeting the crisis head-on. We expanded the number of intensive care beds, and a lot of physicians, advanced practice providers, nurses and respiratory therapists who don't usually do intensive care began taking care of critically ill patients. People are tired, but they are committed.

Even as the pandemic is taking up a huge amount of attention, we can't stop thinking about the other parts of our mission. We need to be smart and focused about how to foster research and recruit new scientists and physician-scientists and continue to support the successful scientists we have now.

In the education mission, the pandemic has made it difficult for our medical and graduate students to get the kind of experiences that they would normally get. But we're innovating to address that, such as utilizing our state-of-the-art simulation centers. And in our labs, including in my own pulmonary research lab, students have found creative ways to keep their projects moving ahead.

Seeing the will and the innovation that we have brought to this crisis inspires me and gives me tremendous optimism about the future of OHSU and the School of Medicine.

Thank you for all you do to support the school, your patients, biomedical science and each other.

David Jacoby, M.D.
Interim Dean

ON THE COVER

Patrick "Paddy" Kinney, M.D. '10, a family physician by training and hospitalist in McCall, Idaho, is on the front lines of the COVID-19 surge.

PHOTO

John Farrell

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Change can't happen if we see things just one way. That's why diversity is important to who we are. We are proud to be an equal opportunity, affirmative action employer. 1121(180)

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JOHN FARRELL

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FEATURE

Emergency Medicine

Alumni physicians are grappling with vaccine hesitancy and a deadly surge of the COVID-19 delta variant. Dr. Paddy Kinney staffs the emergency department at St. Luke's McCall Medical Center in McCall, Idaho.

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Dr. Rachel Clemens helps launch a space economy



LEADERSHIP TRANSITION

"I share OHSU President Danny Jacobs' tremendous optimism about the future of OHSU," said Interim Dean David Jacoby, pictured left with members of his research lab. His predecessor, Dean Sharon Anderson, teaches M.D. students in the spring of 2018.



David Jacoby, M.D., Becomes Interim Dean of the School

A look back at Dean Sharon Anderson's accomplished legacy.

David Jacoby, M.D., professor and chair of medicine, became interim dean of the school on Oct. 1, succeeding Dean Sharon Anderson.

Dr. Jacoby earned his medical degree from New York Medical College and completed residency and chief residency in internal medicine at Temple University Hospital in Philadelphia. He completed a pulmonary fellowship at University of California, San Francisco, and a research fellowship in the UCSF Cardiovascular Research Institute. He spent 13 years at Johns Hopkins, where he served as research director for the division of pulmonary and critical care.

Dr. Jacoby joined OHSU as chief of pulmonary and critical care in 2003 and led the expansion of that division across missions. He became interim chair of the Department of Medicine in 2017 and permanent chair in 2018.

Dr. Jacoby has won multiple resident and graduate student teaching awards at OHSU and fostered a scientific culture in the Pulmonary and Critical Care Fellowship Program. In 2008, he was named director of the M.D./Ph.D. Program and continues in that role. His research, continuously funded by the NIH since 1990, focuses on the mechanisms of virus-

induced asthma. Twenty-one students and fellows have done their research training in his lab; many remain in research positions in academia and industry.

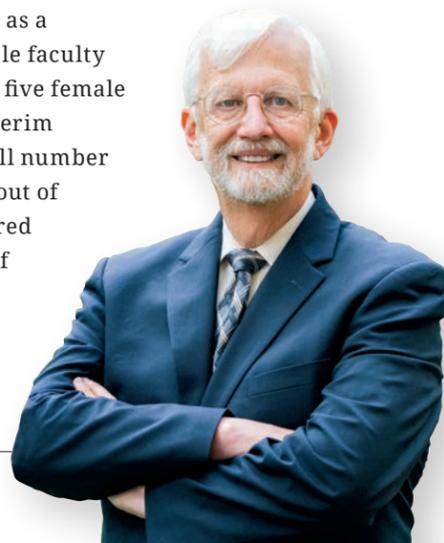
"Dr. Jacoby's extensive faculty leadership experience, deep contributions across missions and significant institutional knowledge position him well to take on this important interim leadership role at a pivotal time for our university," said OHSU President Danny Jacobs.

OHSU will conduct a national search for the next permanent dean.

Dean Sharon Anderson, appointed to her role in July 2017, leaves an accomplished legacy. A few highlights include the implementation of the Physician-Scientist Program, expanding residency programs across the state, continuing the transformation of the M.D. curriculum and completing the reimagining of the Ph.D. programs and curriculum.

She partnered with John Hunter, M.D., CEO of OHSU Health, to more closely integrate the school with hospitals and clinics and integrate research and education across the health system, while remaining chair of the board of directors of the OHSU Practice Plan.

Dean Anderson served as a strong advocate for female faculty members. She appointed five female department chairs or interim chairs, raising the overall number of female chairs to nine out of 26, or 35 percent, compared to the national average of 18 percent. She is the school's second and longest-serving female dean. - KK, EHB



WHAT'S NEW IN THE SCHOOL

A national committee chartered by the Coalition for Physician Accountability released a weighty report in August, "Recommendations for Comprehensive Improvement of the UME-GME Transition" to produce better physicians by overhauling the medical school to residency program pathway. "Students lead with their strengths, burying their weaknesses and applying to a raft of programs - costing time and money - out of fear of not getting a slot," said George Mejicano, M.D., M.S., senior associate dean for education, OHSU School of Medicine, who co-chaired the committee. "It's a pressure reinforced at every step... (favoring) confidence over humility and self-reflection."

The committee's work grew out of a national conversation that began in 2018 about the use of numeric scores associated with medical licensing examinations in residency applicant screening and selection. A review resulted in recommendations around the adverse impact of over-emphasizing these scores and embedded racial and demographic bias in the tests. As a result, Step 1 of the United States Medical Licensing Examination series will eliminate numeric score reporting across the country in January 2022.

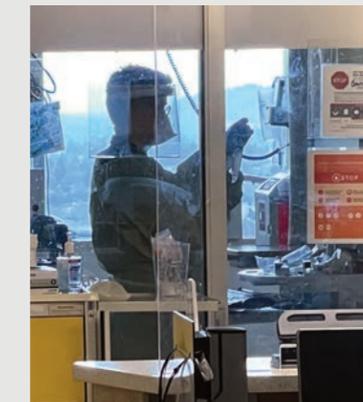


Erik Brodt, M.D., associate professor of family medicine, OHSU School of Medicine (pictured above), and director of the Northwest Native American Center of Excellence, was elected a member of the National Academy of Medicine in October. Former Dean Sharon Anderson appointed Dr. Brodt to the school's newest leadership position - assistant dean for Native American health - the month prior.

Mary Tanski, M.D., was named permanent chair of the Department of Emergency Medicine. **Arthur Hung, M.D.**, was appointed interim chair of the Department of Radiation Medicine succeeding Charles Thomas, M.D. - EHB, RS



"This is a Preventable Illness"



INSIDE THE SURGE

At the height of Oregon's COVID-19 surge on Sept. 10, OHSU hospitals cared for 79 patients with COVID-19, 31 in the ICU and 31 on a ventilator. Unvaccinated patients accounted for 97% of those in the ICU. Images taken Aug. 19 tell the story. Above: Respiratory therapist Jenn Ellingson reflected on how much her colleagues have banded together to get through

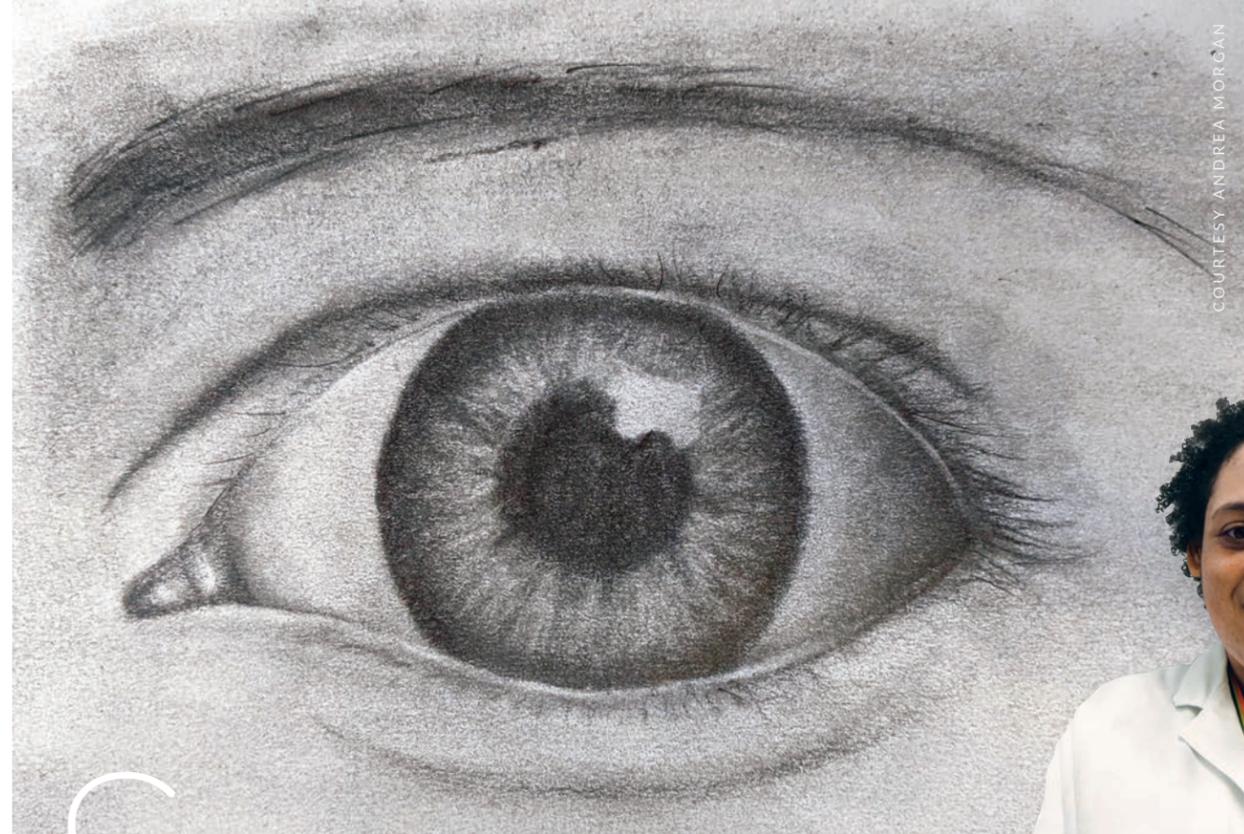
the pandemic. Respiratory therapists have been at the center of care teams attending to COVID-19 patients. Middle: Preparing medication for a patient. Below: The care team gathers outside a patient's room to discuss the patient's status and next steps during rounds. "This is a preventable illness," said charge nurse Erin Boni, RN (not pictured). - EHB



A Black Perspective

How mentors can contribute to student success in graduate school.

Written and illustrated by Ph.D. candidate Andrea D. Morgan, Behavioral and Systems Neuroscience Program Graduate Program



COURTESY ANDREA MORGAN



ART AND SCIENCE

From left, microglia, eye and bird brain drawings by Andrea Morgan. "My high school art teacher and mentor used drawing as a basis for connecting with me, and now I'm producing something that allows me to connect with others both in and out of the field over the science I love," Morgan said about her illustrations.

Starting grad school brought me from what was once America's second poorest big city – San Bernardino, Calif. – to Portland, Ore. And yet, much of the advice I've received about surviving in grad school assumes I have the same background as other students. That I have the same fears and priorities they do.

I started talking to my mentors about my background and the challenges I faced. From those discussions, my mentors came to understand my needs are different than other students.

Because I lived in poverty prior to starting grad school, my biggest struggles in life revolved around meeting basic needs.

As a result, while many students around me share concerns regarding issues in science and academia, I am more worried about things I cannot defend myself against, such as race-related violence.

When my mentors came to understand that my fears were this basic, and that this difference stemmed from a difference in the relative level of safety and comfort we come from, they adapted the way they advised me.

Now, they simply tell me that I *will* graduate, and the Ph.D. *will* be a game-changer. These reassurances are exactly what I need. I have a legitimate chance of getting my Ph.D. and never going back to the ghetto, which means I have a chance at a life. Those three words, "You *will* graduate," really say to me, "You *will* do more than survive this life; you *will* thrive." Their willingness to remind me of something so simple, something that is so easy to forget, is part of why I

am still in school – they give me hope.

Having lived in poverty, I understand the fears that students coming from similar situations have. I want to ensure that students from poverty-stricken areas have access to things like healthy food and quality medical care while working on degrees. I want to ensure that they also have opportunities to obtain additional financial support to pay for things that are necessary for our success: conference registration, memberships to relevant research organizations and appropriate clothing for talks or interviews. I'm advocating for their needs by participating in outreach activities.

While my work as a student reflects these priorities, outreach activities take time. My mentors understand my priorities and work with me to manage them. They also provide practical advice about what other scientists expect of me and what I need to move forward as a scientist, and this helps me find balance. Their willingness to help me find a balance between outreach and research allows me to combine two things I love and am passionate about without sacrificing the quality of either type of work.

Individuals living in poverty typically do not become experts – becoming a jack-of-all-trades is a necessity in a ghetto. As a result, I have skills that have little to do with science. My mentors noticed this early on, and instead of encouraging me to focus more on research, they helped me find ways to incorporate those skills into my science. I now have something in the works that few grad students have: a dissertation with my own anatomical/circuit drawings. My high school art teacher and mentor used drawing as a basis

for connecting with me, and now I'm producing something that allows me to connect with others both in and out of the field over the science I love.

My mentors' willingness to help me incorporate my other skills into my scientific work allows me to see myself in my work, and that provides motivation to continue when it becomes difficult to keep pushing forward. Ultimately, by helping me figure out how to use my other skills in science, my mentors are telling me that I, as a whole person, am deserving of the education I am getting.

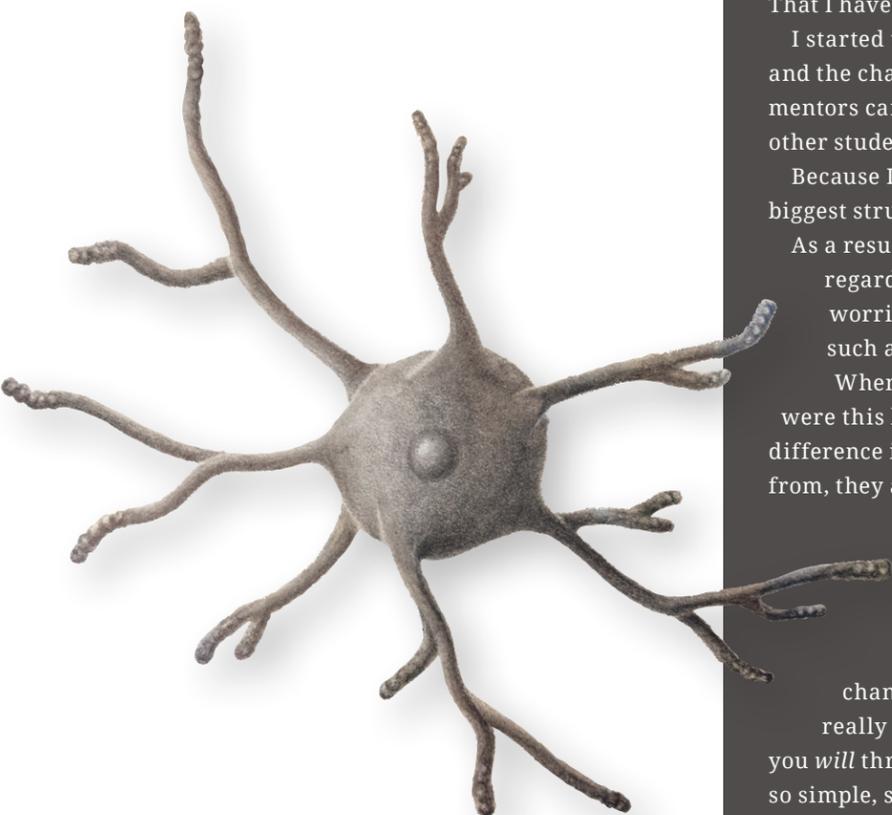
Now that my mentors understand these essential pieces of my journey, they are better able to support me and contribute to my success in grad school.

I want to encourage mentors out there to consider the following things when interacting with students from disadvantaged backgrounds:

- Listen to their concerns and fears.
- Validate their abilities and belonging.
- Support them in all aspects, not just academia.

Although I cannot speak for all disadvantaged grad students, my hope is that this information will help mentors start conversations with their students about what their biggest fears and priorities really are. ▮

Editor's note: Morgan is mentored by Mary Heinricher, Ph.D., professor of neurological surgery, OHSU School of Medicine, and Andrey Ryabinin, Ph.D., professor of behavioral neuroscience, OHSU School of Medicine. This essay and illustrations first appeared in neuronline.sfn.org.



**SUPPORTED**

At left, Paige Morris participates in a blanket ceremony at the Wy'east Post-Baccalaureate Pathway completion ceremony in June. Below, the Indigenous food garden at OHSU features corn, beans, squash and potatoes grown from family seeds.



A Pathway to Attracting More Native American Students to Medicine

Written by first-year M.D. student Paige Morris, member of the Citizen Potawatomi Nation

Growing up, I knew I wanted a career that would let me help people every single day. But like so many other Native kids in this country, I never met a Native American physician, and I certainly didn't think I would become one.

I didn't even consider medicine until I started college at the University of Oregon and met students who talked about becoming doctors. From then on, I was determined. I served as a teaching assistant and worked in a clinical research laboratory. I dove into my applications with little help – just me and my mom in my bedroom trying our best. I studied hard for the MCAT® exam, and I did okay but not great. Ultimately, I got one interview and, on the last day of the application cycle, was rejected.

I am not alone in my difficulties. Between 1996 and 2018, 2,813 American Indian/Alaska Native (AIAN) medical school applicants were rejected and never reapplied, according to data from the American Medical College Application System. What's more, the proportion of AIAN people entering medical

school dropped from 0.4% to 0.2% between 2006 and 2017. That's a terrible loss since AIAN providers are more likely to work in tribal areas and other underserved communities.

Although medical schools have been increasingly focused on diversity, much more work is necessary. We have a duty to provide the many talented AIAN applicants the opportunities they need to gain admission to the halls of medicine. I know this because I wouldn't have been able to matriculate into the OHSU School of Medicine without the Wy'east Pathway, a 10-month program designed to support AIAN medical school applicants.

Lacking Native physician mentors, I felt even more adrift after my medical school rejection than ever before. But then

I recalled that the Northwest Native American Center of Excellence (NNACoE) at OHSU, which offers supports for Native students, had contacted me back in college. I reached out to them and learned about the Wy'east Postbaccalaureate Pathway.

Before the NNACoE, I'd never heard of postbaccalaureate pathways for medicine – programs that help candidates strengthen their applications to medical school and build the skills necessary to succeed once there – let alone one for Native students. But I applied, and when I gained entry to the program's third cohort this past fall, I felt like Charlie winning a ticket to Willy Wonka's chocolate factory. My ticket was even better, though, because if I met certain requirements during the program, I would automatically be admitted to OHSU's medical school. (Other candidates chose to apply for conditional acceptance to Washington State University Elson S. Floyd College of Medicine, and this coming year, the University of California, Davis, School of Medicine will be an additional option.)

Wy'east – the traditional name for Oregon's Mt. Hood – is an intensive pathway for AIAN students who unsuccessfully

applied to medical school, have an MCAT score below a certain cutoff, or lack clinical experience. The program, which meets four days a week in Portland, provides biomedical and MCAT classes as well as cultural supports and skills-building to promote success in medical school.

I certainly benefited from the pathway's academic offerings – a foundational science course, one on population health, and other crucial classes – as well as the research projects that exposed me to various fields. I appreciated that the program provided training in study skills and that faculty and staff met regularly with all the participants to ensure that we were on track. In addition, outside mentors were tremendously helpful, including former Wy'east scholars who shared their medical school experiences and Native American residents who served as a source of inspiration.

But the program's focus on Native culture was just as important to me.

Threaded throughout the pathway are cultural activities such as hikes to connect with the land, planting and harvesting in an Indigenous food garden, and a weekly Native-centered virtual book club. Prior to COVID-19, participants joined in powwows and other local Native cultural events. We scholars – who come from all over the country – learned about each other's diverse tribes and cultures, sharing centuries-old wisdom and ways to weave it into our medical careers.

These experiences were crucial because as Native students climb the ladder of academia and absorb the surrounding culture, we often lose some of our Indigenous identity.

Personally, although I am an enrolled member of the Citizen Potawatomi Nation and my culture was ingrained in my home life, I grew up off my tribal reservation and knew no other Indigenous people other than relatives. In college, I started to suppress aspects of my Native identity to better fit in with the people around me.

Through the pathway, though, I had the opportunity to connect with my cultural identity and a community of people who take pride in their tribal backgrounds. We spent many hours talking about our tribes' histories, values and ceremonies. The bonds I formed made me feel like I could take on any challenge medical school offers, but above all, it made me proud to be Indigenous.

The program clearly resonates with others as well. So far, 30 scholars have successfully completed the program and 25 have earned acceptance to medical school.

Today, thanks to the Wy'east Pathway, I am well on my way to becoming the best Native physician I can be in order to give back to the community of strong, bright and resilient people who made me who I am today. **E**

Editor's note: This article is reprinted with permission from the Association of American Medical Colleges (AAMC). View the original essay at news.aamc.org.

“We Move at the Speed of Trust”

By Erin Hoover Barnett

COVID-19 is playing out at the intersection of personal freedom and the common good. Health care providers are in the middle.



As a family medicine doctor in rural Idaho, Patrick “Paddy” Kinney, M.D. ’10, says he cares for patients “from

womb to tomb.” In between, there are times he has to ask patients to do things they don’t necessarily want to do – from getting a colonoscopy to stopping smoking.

But not once did a patient threaten to punch him – until the conversation involved the COVID-19 vaccine.

“I’ve never seen this anger,” said Dr. Kinney, who sees patients in and around the resort town of McCall, Idaho.

In the U.S., COVID-19 has become a pressure test for democracy, playing out at the intersection of personal freedom and the common good. Standing in the middle, trying not to get hit, are health care providers, charged with both safeguarding health and taking care of people when efforts fall short.

Alumni share their stories

As the rapidly transmissible delta variant outpaced vaccination efforts, intensive care units across the Northwest filled to the brim, sending many smaller hospitals scrambling. OHSU added intensive care beds, and soon Life Flight helicopters were thudding off Marquam Hill at alarming frequency, ferrying patients from rural Washington and Oregon medical centers that lacked the beds, specialized equipment and staff to care for the sickest patients.

From her family medicine practice in Spokane, Wash., Gretchen LaSalle, M.D. R ’04, watched the vaccine hesitancy she’s seen for many years mushroom.

“I’ve always relied on my belief in preventive medicine, keeping patients healthy and viewing vaccines as the most effective preventive intervention,” Dr. LaSalle said. When patients resisted vaccines, “it was unsettling to me not to be able to answer their questions or know how to respond to their concerns. It left me feeling like I’d failed them, leaving them at risk. Vaccine hesitancy wasn’t really something I had been trained to deal with.”

Dr. LaSalle began educating herself and wrote *Let’s Talk Vaccine: A Clinician’s Guide to Addressing Vaccine Hesitancy and Saving Lives*, a clinical textbook, in 2019. Then, in 2020, she completed the American Academy of Family Physicians Vaccine Science Fellowship, during the height of the pandemic. She ultimately added a COVID-19 chapter to the e-book version of *Let’s Talk Vaccines*, offering advice for doctors to combat misinformation during the pandemic. (See sidebar)

Dr. LaSalle says medical training – at all levels – must incorporate not only education in increasing vaccine

PERSON TO PERSON

Dr. Patrick “Paddy” Kinney on hospital rounds with patient Jim Rush at St. Luke’s McCall Medical Center, a 15-bed community hospital located in the rugged mountains of central Idaho.

JOHN FARRELL



It is not about convincing anyone to do anything. I just want to see accurate information put in a space where a person can make an informed decision.

– Dr. Donn Spight

confidence but also health literacy and science communication, areas OHSU is embracing. She says providers must learn to break down science and medicine, empowering patients to take charge of their health, rather than feeling confused, intimidated or talked down to. Partnering with the news media as a medical or science liaison and using social media to educate the public are other ways physicians and scientists can be of service.

“We are good at being doctors,” LaSalle said, “but not always great at explaining medical issues to patients in a way that is understandable.”

Personal decision-making

Though scientists have studied for decades the genetic platform (messenger RNA) on which the COVID-19 vaccines were built, the vaccines were brought to market in record time, giving many people pause.

For Donn Spight, M.D. F '07, professor of surgery, OHSU School of Medicine, being among the first to roll up your sleeve required a level of trust that, as a doctor, he had, but, as a Black man all too aware of ways that medicine has poorly treated minority communities, he didn't.

Having to “run the gauntlet,” operating on patients who had
(Story continues on p. 14)



COMPLEX CONVERSATIONS

Dr. Donn Spight left, and his friend and co-worker Thomas Guitar dialogued for months about the COVID-19 vaccine. Guitar chose to get the shot but remains deeply troubled by how divisive the issue has become.

COURTESY, DONN SPIGHT



When patients resisted vaccines, “it was unsettling to me not to be able to answer their questions or know how to respond to their concerns. It left me feeling like I'd failed them, leaving them at risk.”

– Dr. Gretchen LaSalle

Let's Talk Vaccines

Gretchen LaSalle, M.D. R'04, a family medicine doctor in Spokane, Wash., and author of *Let's Talk Vaccines: A Clinician's Guide to Addressing Vaccine Hesitancy and Saving Lives*, offers these suggestions to other clinicians discussing the COVID-19 vaccines with patients.

- Check your assumptions and frustrations at the door. Be respectful and compassionate. Seek to truly understand their concerns.
- Focus on the benefits of vaccination for the patient – getting to see elderly or high-risk loved ones, being able to travel, worrying less about activities. Note that getting vaccinated not only protects the person but also those they care about, including children.
- Share the facts. Explain in straight-forward language how the vaccines work and the rates of infection and death with and without the vaccine. Provide reading material.
- Acknowledge how hard it can be to tell reliable from unreliable information. People look to the news media and politicians, but when they sow doubt, it does a disservice, and people who could have been spared have instead gotten very sick or died.



- Reference or connect patients with community leaders they respect who have come to trust the vaccines or with people who have recovered from COVID-19 and are willing to share their experience.
- While many employers are mandating vaccines, explain that it is not a clinician's role to push patients. You are simply there to offer reliable information and to answer questions as openly and honestly as you can.
- For those with whom you have long-term patient relationships, ask them to acknowledge that you would not give advice intended to harm them. Give them a chance to reflect, providing them with options for easily getting the vaccine when and if they're ready.

LEAD BY EXAMPLE
Dr. Gretchen LaSalle promotes the flu vaccine with her sons on social media as part of her mission to improve vaccination rates within her Spokane-area community.

“Sometimes all that we have is just to remind them of that anchor of the relationship,” Dr. LaSalle said, “that we are here to promote their well-being and have always had their best interests at heart.” – EHB

COURTESY, GRETCHEN LASALLE

(Story continued from p. 12)

COVID-19 and risk bringing the virus home to his wife and two young children, convinced him.

“I had to weigh the risks and benefits and realize that what I’m really fearing is the unknown – being in an environment that, beyond wearing a mask and face shield, has no protection – versus the ‘known’ of getting protected,” he said.

In December 2020 when OHSU became a site for the AstraZeneca and Oxford University-led COVID-19 vaccine trial, Dr. Spight got involved to help ensure participation by people from minority communities hardest hit by the virus. Soon he saw a bigger role: making sure the vaccines were accessible to community members less likely to go to the mass vaccination sites.

He became co-chair of the OHSU Vaccine Equity Committee, which has partnered with community organizations since March to stand up dozens of small vaccine clinics at houses of worship, schools and community centers, giving more than 8,000 vaccines to date. Culturally and linguistically diverse health care providers and staff share information in multiple languages and provide opportunities for people to discuss their concerns.

Loretta Tinnon, of Portland, was pleased to bring her family to the community vaccination clinic at Emmanuel Central Church. “I would love to inspire more of my friends and family,” Tinnon said, “and show our community of color that this is okay and necessary!”

Dr. Spight credited vaccination success to community partnerships. “We move at the speed of trust,” he said. “It is not about convincing anyone to do anything. I just want to see accurate information put in a space where a person can make an informed decision.”

Trying to get through

As vaccination efforts have intensified, so has the opposition among people whose resistance is a matter of identity and personal beliefs. For Dr. Spight, it led to an important dialogue between him and a longtime friend, Thomas Guitar.

“I’m definitely not one to like being told what to do,” said Guitar, who facilitated scheduling of the general surgery clinic at the Portland VA Health Care System where Dr. Spight is a surgeon. “I’ve known my body for 41 years. I do what’s best for my body and my life, and I don’t want that choice taken from me.”

As the vaccines rolled out, the two friends agreed to disagree. In the summer, Dr. Spight mentioned seeing unvaccinated patients sick with COVID-19 in intensive care. Guitar, recovering from a motorcycle accident that landed him in the ICU for more than a month, never wanted to go back there. He decided to get the shot; he asked Dr. Spight to go with him to an OHSU community clinic.

Guitar says he has misgivings about his decision. As employer mandates have set in, he’s increasingly bothered by what he views as a threat to personal liberty. But once he told his friend he’d get the shot, he said he wasn’t going back on his word.

“Getting the vaccine doesn’t change who you are,” Dr. Spight said. “I respect Thomas’ conflict over this. I’m also glad he got the vaccine and that his daughters followed. His decision is keeping all of them safe.”

Back in Idaho, Dr. Kinney, who sees patients in the clinic, the emergency room and when they are hospitalized at St. Luke’s McCall Medical Center, has been immersed in the conflict.

“I’m the guy who has been urging people to get the vaccine, but I’m also the guy who shows up in the hospital when they’re sick as hell with COVID,” he said. “It’s the same guy.”

That’s why when one of his patients ended up in the emergency room with COVID-19, the patient threatened Dr. Kinney, fearing he’d whip out a syringe. Dr. Kinney told the patient not to worry. It was too late for the shot.

The anti-vaccine sentiment hit a zenith in September.

After a long night of stabilizing a desperately ill unvaccinated COVID-19 patient for the plane trip to the ICU in Boise, Dr. Kinney’s St. Luke’s colleagues emerged exhausted to find an orange swastika spray-painted across the main medical center sign.

“We all felt sick to our stomachs,” said Dr. Kinney, who, as the hospitalist on call, got an urgent page at home.

But what struck him most was what he saw when he got to work that morning: St. Luke’s facilities staff members, the chief nursing officer and a city worker scrubbing off the swastika so that when the day shift arrived, they could stay focused on taking care of patients.

Dr. Kinney says he’s seen a few things cut through the resistance.

Most of his elderly patients rolled up their sleeves as soon as the vaccine was available. “Those people were scared,” Dr. Kinney said. “They didn’t want to get sick, and they remember getting their smallpox shot,” which eradicated that deadly disease in the U.S. by 1972.

For his younger, healthy patients who don’t believe they’ll get sick, Dr. Kinney says firsthand experience is also a convincer. He referenced a local leader who opined widely against the vaccine, got desperately ill with COVID-19 and then started preaching vaccination.

It gave Dr. Kinney an idea: Now when he sees his unvaccinated patients who’ve survived a serious bout with the virus, he asks if he can pose a question: If you could back up the clock and get the vaccine, knowing you wouldn’t have ended up in the hospital, would you have?

“I’ve not had anyone say, ‘Hell no,’” Dr. Kinney said.

For those who say they would have gotten vaccinated, Dr. Kinney asks them to share their experience, knowing that people often live and work in echo chambers with others who share their beliefs.

He tells the patients: “You could help them make a different decision.” **B**

SAFEGUARDING A COMMUNITY
Dr. Paddy Kinney meets with the clinical team during their daily huddle to review patient status, needs and care plans; the town of McCall has been inundated with COVID-19 cases. Dr. Kinney picks up his morning coffee from barista Holly Recher at Mountain Java in McCall. Dr. Kinney with his son Oliver at St. Luke’s Clinic – Payette Lakes Family Medicine.



COVID-19 in the Pacific Northwest

	TOTAL POPULATION	CASES OVERALL	DEATHS OVERALL	DEATHS PER 100,000 POPULATION, BY HOSPITAL REFERRAL REGION	AT LEAST ONE DOSE OF VACCINE
Idaho	1.7 million	281,470	3,346	216 (Boise)	62% (age 18+)
Oregon	4.2 million	355,000	4,235	100 (Portland), 167 (Medford)	76% (age 18+)
Washington	7.6 million	623,091	8,278	99 (Seattle), 203 (Spokane)	78% (age 12+)

Sources: Idaho Division of Public Health; Oregon Health Authority; Washington Department of Health; Dartmouth Data Analytics Core. Data are cumulative and from October 2021.

Can We Make Better Medical Devices in Space?

Alumna helps develop a global manufacturing sector beyond the reaches of gravity – and finds her north star in the process.

By Rachel Shafer

NEW SPACE ECONOMY

A view taken from the Cupola aboard the International Space Station (ISS) of the STPSat-4 deployed on Jan. 29, 2020. The Space Test Program Satellite-4 (STPSat-4) is a suite automated for robotic space tools and sensors that test new equipment configurations and monitor space conditions.

A

t the core of her job is this moonshot question: Would you like to research or manufacture something in space?

Every day, Rachel Clemens, Ph.D. '13, pitches that question to scientists, entrepreneurs and companies around the world who might find developing and making products within an orbiting space station advantageous.

The pull of gravity governs life on Earth, but without it, temporal laws change, explains Dr. Clemens, opening up opportunities for physical and biological systems to behave in different ways. The International Space Station (ISS) orbits more than 250 miles above the Earth's surface, creating a gravity-lite environment that allows scientists to uncover and harness these changes.

Dr. Clemens is a business development manager for Axiom Space, a Texas-based company working with NASA. Prior to that, she worked at the ISS National Laboratory in business development.

For the last few years, she's been part of a fleet of people working to realize NASA's ambitious vision of building a U.S. commercial space station that produces medical, economic, technological and social benefits for people back home – a new space economy. It's ISS 2.0 as partner-nations seek to pivot the space station's original mission, and its 20-year-old infrastructure reaches the end of its lifespan.

"It's an exciting job," said Dr. Clemens. "I never imagined I'd be building a marketplace for space."

Outside the planet

In a partnership with NASA, Axiom Space is building a new laboratory module to attach to the ISS in hopes of one day evolving it into a separate, self-sustaining space station for commercial R&D.

Why manufacture in space?

"Gravity sometimes gets in a way of building a thing," said Dr. Clemens.

Take the emerging field of retinal implants, for example. Retinal prostheses, a type of bionic eye, are electronic devices with photovoltaic-sensing nanowires, which generate neuronal signals and stimulate vision for individuals with diseases such as retinitis pigmentosa or age-related macular degeneration.

"Retinal implants are tiny devices that are layers upon layers of a single protein, oriented in a specific way, which are then integrated into the nervous system," said Dr. Clemens. "Gravity can interrupt the way that these proteins order themselves, complicating and lengthening the time it takes to make them. It turns out that making retinal implants in a microgravity environment where proteins aren't subject to gravity creates a much better implant."

It's just one of the cutting-edge topics Dr. Clemens regularly converses in. "I meet some of the coolest people in my job,"



Sometimes when you ask people whether they want to manufacture in space, you get laughed out of the room. But mostly I'm talking to really innovative, creative people who think outside-the-box.

– Dr. Rachel Clemens

she said. “Sometimes when you ask people whether they want to manufacture in space, you get laughed out of the room. But mostly I'm talking to really innovative, creative people who think outside-the-box.”

Or outside the planet.

To be sure, the biggest challenge Dr. Clemens faces in convincing organizations to sign up for space manufacturing is cost. The cost per pound just to ship goods into space runs in the tens of thousands of dollars. But there are additional associated costs of manufacturing a product 250 miles above Earth, where you can't run down the hall to tweak a lab experiment.

“Making a piece of equipment and the experiment within ‘space ready’ constraints is a lengthy and highly specialized process,” she said.

The nascent space economy requires an enormous capital injection; investors have spent more than \$178 billion over the last decade alone, according to Space Capital.

To overcome that hurdle, Dr. Clemens deals in dreams. “I entertain ideas that might, at first, seem crazy or outside the realm of possibility, but my job is to find these truly cutting-edge ideas and turn them into a reality,” she said.

Getting the question right

The frontiers of science have always drawn Dr. Clemens. She remembers the moment she learned about DNA in the third grade.

“I stood up in class and gave an impromptu lecture,

and the teacher looked at me like, ‘Who is this child?’” she said. “I got a lot of things wrong about DNA that day, but science has always fascinated me.”

Dr. Clemens grew up in Corvallis, Ore., where her dad worked for Hewlett-Packard. Her family had seven acres of forested property, she says, and she spent hours exploring plants and mushrooms outside with the help of her dogs, Pepper and Pookie.

She earned her bachelor of science in biology from the University of Southern Maine in 2006 and returned to the Pacific Northwest, working as an OHSU research assistant in the lab of David Morton, Ph.D., before matriculating into the school's Program for Molecular and Cellular Biosciences.

She landed in the cell and developmental biology Ph.D. program under mentor Teresa Nicolson, Ph.D., working on a dissertation that classified and analyzed *ap1b1* gene mutations.

“My Ph.D. experience was certainly challenging,” said Dr. Clemens. As a graduate researcher, she says she honed her critical thinking and speaking skills and her ability to develop scientific questions that produced a meaningful result. She also co-founded Portland Women in Science to create a connected group of professionals.

A highlight of her graduate career, she says, was giving a talk on auditory systems at a Gordon Research Conference. Then she graduated at the worst time.

People person

The U.S. – struggling to climb out of the Great Recession in 2013 – was slashing budgets for research and labs. At the same time, Dr. Clemens was unclear how she wanted to use her degree.

After considering several postdoctoral opportunities and pounding the pavement to network, she connected with a NASA scientist and landed a job as a staff scientist at NASA Ames Research Center in Mountain View, Calif. There, she studied the impact of spaceflight on physiology using a fruit fly model. After three years, the lab's money ran out.

This time it took her a full year to secure another job in the Bay Area. To cover costs, she drove for Lyft, networking like crazy with the people she drove.

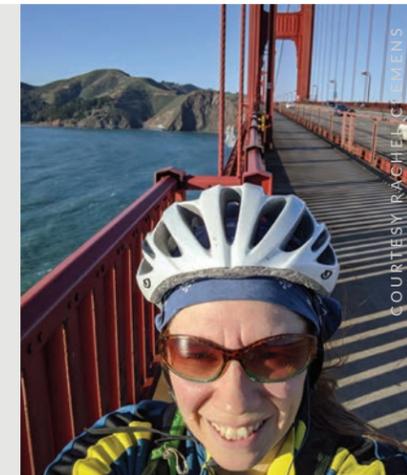
“I realized I'm a total extrovert,” she said, reflecting on that time. “I'm a people person. I love talking to people and learning new things. While I liked lab work, what I loved *most* about science was talking to others about their projects.”

When the business development job opened up at the ISS National Laboratory, Dr. Clemens realized it was the perfect match. Now she talks to others about their research and innovations all the time, applying her critical thinking skills to evaluate whether their ideas have a chance in space.

“Not only is Rachel conversant in the scientific, technological and financial aspects of leveraging space-based environments to benefit humanity, she helps turn fundamental concepts into a clear vision,” said Christine Kretz, vice president of programs and partnerships, ISS National Laboratory.



COURTESY RACHEL CLEMENS



IN HER SPARE TIME

(Above) Dr. Rachel Clemens biking on the Golden Gate Bridge, San Francisco, Calif.

SPACE DEVELOPER

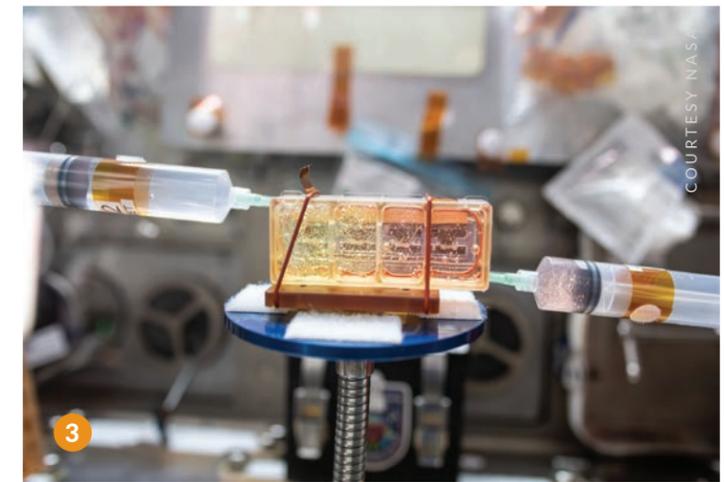
(Left) Dr. Rachel Clemens, clad in a spacesuit, offers a friendly handshake.

When not working, Dr. Clemens says she likes to hike, bike and host dinner parties from her San Francisco home.

“Rachel's always been motivated to try new things and branch out of her comfort zone,” remarked friend and former classmate Christal Worthen, Ph.D.'14.

Asked whether – if given the opportunity – she'd travel into Earth's orbit to visit the ISS, Dr. Clemens doesn't miss a beat.

“Sure, why not? Who *wouldn't* want to go?”



1 MANUFACTURING IN MICROGRAVITY

A view of the SmoothISS Nanolab in the Cupola window aboard the ISS on June 11, 2021. Space Food for Bone Health: Vitamin D Fortified Camel Milk with Dates Smoothie (SmoothISS) tests microgravity's effects on the sensory, nutritional and microbial properties of a smoothie drink made from dehydrated camel's milk, dates and vitamin D.

2 SCIENCE IN ORBIT

Expedition 65 Commander Akihiko Hoshide of the Japan Aerospace Exploration Agency stows samples inside a science freezer, also known as the Minus Eighty-Degree Laboratory Freezer for ISS, on May 19, 2021.

3 EXPERIMENTAL

A close-up view of the cell culture media change in a chamber containing engineered heart tissues as part of the Cardinal Heart experiment aboard the ISS on Jan. 5, 2021. This investigation seeks to help scientists understand the aging and weakening of heart muscles to provide new treatments for humans on Earth and astronauts in space.



SCREENSHOT COURTESY OHSU

“Lots of My Questions Were Answered”

Ph.D. alumni advise graduate students about careers outside academia.

On Aug. 17, more than 55 graduate students and postdoctoral fellows attended a virtual meeting entitled “Alumni Panel: Careers after OHSU” featuring four Ph.D. alumni in non-academic careers.

Alumni Council member Christina Lorentz, Ph.D. '10, and graduate student Libby Rose moderated the hour-and-a-half discussion.

Panelists were Michelle Berny-Lang, Ph.D. '11, program director for the National Cancer Institute's Center for Strategic Scientific Initiatives; Kirsten Verhein, Ph.D. '10, staff scientist at Q2 Solutions, a clinical trial laboratory services company; Kyle Ambert, Ph.D. '13, director of data sciences at Nike; and Chantelle Rein-Smith, Ph.D. '10, senior medical writer at Whitsell Innovations, a clinical regulatory writing company.

“A big part of what informed my decision to move into industry instead of academia was the fact that the interesting research for my field of computational informatics was coming out of industry,” said Dr. Ambert. “It was a natural move.”

“For me, I enjoy having defined projects,” said Dr. Verhein. “No offense to academia but sometimes your projects can meander and take their time. It never ends. In my job, projects can get stressful with hard deadlines, but they definitely have an ending and then you move onto a different project.”

Students submitted questions for panelists such as “Did

DOCTORAL DISCOVERY

(Clockwise, from top left) Kirsten Verhein, Ph.D. '10, Christina Lorentz, Ph.D. '10, Chantelle Rein-Smith, Ph.D. '10, graduate student Libby Rose, Kyle Ambert, Ph.D. '13, and Michelle Berny-Lang, Ph.D. '11.

having a postdoctoral fellowship help you get your job?”

“My postdoc definitely had value in terms of expanding my scientific knowledge and building up connections,” said Dr. Berny-Lang. “But if you are going into a non-academic career I'd be mindful of how long your postdoc lasts.”

Another question from students: Was there something you wish you had known as a graduate student that you know now?

“Go to all the seminars – even if it's outside your area but it's really cool and interesting, go to it,” said Dr. Rein-Smith. “Go to the meet and greets. Go to all the club meetings. Because you never know who you will meet or what will interest you.”

Students applauded the opportunity to hear about the breadth of careers available to doctorates in the biomedical sciences. Feedback included: “very informative,” “lots of my questions were answered,” and “keep doing these events!”

Are you interested in serving on a future career panel or mentoring graduate students in career development? Contact alumni@ohsu.edu. – RS

Mobilizing Alumni to Promote Vaccinations

In a typical year, you'll find the school's Alumni Council leading alumni association activities and representing the alumni perspective to the school's administration. But this is no typical year.

In the midst of Oregon's COVID-19 surge in August, Council President Jeffrey Fullman, M.D. '80 R '83, sent an email message to all alumni urging them to promote vaccinations in their respective communities.

“As you know, we are experiencing another surge of the COVID pandemic in Oregon and across the nation,” he wrote. “The majority of people trust their health care provider. That means you, as clinicians, scientists and health care professionals, play a valuable role in protecting your community. On behalf of the members of the School of Medicine Alumni Council, I ask for your assistance to get information to those in your communities who are currently unvaccinated.”

The council also welcomed new member Mollie Marr, Ph.D. '21, who is currently finishing her M.D. as part of the school's M.D./Ph.D. program.

Learn more about alumni association activities at ohsufoundation.org/alumni/school-of-medicine/.

The Award Goes to...

The Alumni Awards program recognizes exceptional members of our 19,000-member community. The accomplishments of alumni deserve to be recognized – which is why your participation in this program is crucial.

Throughout the year, we accept nominations in several categories. Nominate a classmate or a colleague by Dec. 5 for the 2022 awards. Instructions and more details can be found at ohsufoundation.org/alumni/school-of-medicine/alumni-awards/.



Dietetics Over the Decades

This summer, *Bridges* came across the above photo in the OHSU Historical Collections and Archives. We loved it! And we wanted to learn more.

“Thank you for the opportunity to look back 30 years!” said racket-wielding Terry Jones, Cert. '89, RD. “This photo from 1989 was taken my intern year to promote the many options available in the field of dietetics for a brochure or poster. It was representing different job opportunities such as sports nutrition, dietary counseling, nutrition journalism and clinical nutrition, to name a few.”

After leaving OHSU, Jones says she worked for Kaiser Permanente in Clackamas, Ore., as a hospital dietitian before moving to Colville, Wash., a town of 6,000.

“For the last 11 years, I've worked in my favorite field of dietetics: kidney care,” said Jones. “Being a renal dietitian has been more rewarding than any other career opportunity I've experienced. That's because of the challenging nature of the job coupled with the ongoing trust that is built working with dialysis patients. They have many difficult dietary decisions that go into their meal planning so when they refer to me as 'their dietitian' it makes me feel good about the work I do. Dietetics was the right career decision for me and that still holds true 30 years later.”

Did you know? Dietitians constituted some of the earliest health professionals trained at the University of Oregon Medical School when a dietetics program was created in 1930.

PROMOTING DIETETICS

(Above) Dietetic intern Terry Jones, Cert. '89, RD, demonstrates the scope of the field in the above photo from 1989. Today, Jones works as a renal dietitian in Colville, Wash.

COURTESY TERRY JONES



Class Notes

WE WELCOME YOUR NEWS AND PHOTOS

Email alumni@ohsu.edu or write a note to *Bridges* Class Notes c/o Rachel Shafer, OHSU School of Medicine, 3181 S.W. Sam Jackson Park Rd., MC L102, Portland, OR 97239. Please write a maximum of 250 words and include your name, degree/training information and graduation/completion year. We may not be able to publish all items and may edit for length and clarity.

1950s

William Breall, M.D. '54, still practices full time as a cardiologist in San Francisco, Calif., at age 91. "I'm interested in knowing if any other alum is older and still in full-time practice," he said. Please email the Alumni Relations team at alumni@ohsu.edu if you would like to stake your claim as the most senior alumni practitioner!

1960s

▼ **Michael Strauss, M.D. '65**, wrote, "While my classmates were doing their residencies, establishing their practices and raising families, I was 'playing.' It afforded me such experiences as serving on a nuclear submarine, caring for Navy



divers and being the medical officer for the Navy's Underwater Demolition and SEAL Teams. When I started my private orthopaedic practice, I divided my time among orthopaedic surgery, hyperbaric and diving medicine and the reserve Navy SEAL Teams, which culminated in a 33-year affiliation. I am an active grandparent and continue full time as a clinical professor, surgeon and mentor of residents for limb-threatening foot and ankle infections, deformities and failed amputations using minimally invasive surgery. I have authored the texts *MasterMinding Wounds* and *Diving Science* (second edition in press)."

1970s

Sam Lin, M.D., Ph.D. '75, ran successfully for a seat on the Senior Physicians Section Governing Council in the American Medical Association's House of Delegates (HOD) and will serve a two-year term. "I am particularly delighted in this as I feel as if I have come full circle with this opportunity," said Dr. Lin. "Fifty years ago, four other long-haired medical students and I worked hard to get the HOD to establish the first medical student seat."

2000s



◀ **Dziwe Willard Ntaba, M.D. '01**, was one of 24 people selected for a 2021 Bush Fellowship, which recognizes visionary leaders

and supports them in becoming more effective community leaders. Dr. Ntaba received a \$100,000 grant as part of the recognition. Dr. Ntaba is an emergency medicine physician in Minneapolis, Minn., and works in global health.

Justin Cetas, M.D. R '09 F '10, Ph.D., joined the University of Arizona College of Medicine – Tucson as the chair of neurosurgery. He will lead a UArizona Neurosurgery faculty base of 10 current medical providers, nine college affiliates and several community partners.

2010s

Kirsten Verhein, Ph.D. '10, currently lives in Apex, N.C., with her husband and two young sons. She wrote, "I'm a staff scientist at Q2 Solutions where I provide scientific oversight for the development of genomics assays for our clients. Outside of work, we spend time watching the kids play soccer and enjoying the beautiful North Carolina beaches."

▶ **Michelle Berny-Lang, Ph.D. '11**, wrote, "I'm a program director at the National Institutes of Health,



supporting research and developing opportunities across a broad range of cancer research areas and training. I love my role and look forward to seeing what's next in cancer research and how best to foster it. Anytime I'm not working, you can find me outside with my three-year-old daughter and husband, biking, hiking and visiting playgrounds."

Internist **Sasha Mallett, M.P.H '11, M.D. '12 R '15**, of Portland, Ore., was profiled by *Oregon Public Broadcasting* in August for her experience during the pandemic as a person with common variable immunodeficiency.

Stephen Magill, M.D. '13, Ph.D. '11, wrote, "After starting with Med '08, I think I'm the last one of our class to finally finish training! I'll be starting as an assistant professor of neurological surgery at Northwestern Memorial Hospital, Feinberg School of Medicine in Chicago in July. My practice and research will focus on caring for patients with brain and skull base tumors. Hope everyone is doing well!"

Libo Wang, M.D. '14, continues to practice cardiology with teaching responsibilities of fellows, residents and medical students. He was recently promoted to assistant professor at the University of Utah Health.

In Memoriam

J. Michael Bowers, Ph.D. '72, died June 19, 2021, at age 77.

Travis R. Cavens, M.D. '65 R '68, of Longview, Wash., died July 30, 2021, at age 86.

Kristina T. Cicoria, M.D. R '97, of Templeton, Calif., died April 28, 2021, at age 54.

Steven D. Correa, M.D. '90, of Napa, Calif., died April 12, 2021.

Robert W. DuPriest Jr., M.D. '69 R '75, of Springfield, Ore., died Sept. 2, 2021, at age 76.

Leonard H. Evans, Ph.D. '77, died June 24, 2021, at age 77.

Toshio Y. Fujikura, M.D. R '60, of Gaithersburg, Md., died May 13, 2021, at age 97.

John M. Gevurtz, M.D. '62 R '64, of Portland, Ore., died March 31, 2021, at age 84.

Grant K. Higginson, M.D. '76, of Portland, Ore., died June 11, 2021, at age 70.

Martin A. Kehrli, M.D. '82 R '85, of Salem, Ore., died June 3, 2021, at age 64.

Jay D. Kravitz, M.D. R '73, M.P.H '95, of Portland, Ore., died April 10, 2021, at age 75.

Yukio Kumasaka, M.D. R '58, of Seattle, Wash., died June 8, 2021, at age 93.

Jeannie K. Mair, AAH Cert. '56, of Vancouver, B.C., died March 14, 2021, at age 87.

Lawrence C. Mason, M.D. '67 R '70, of Vancouver, Wash., died April 30, 2021, at age 80.

James W. Mortensen, M.D. '63, of Bend, Ore., died May 4, 2021, at age 90.

Dana L. Nofziger, M.D. '72, of Buhl, Idaho, died May 18, 2021, at age 75.

Harold M. Phillips, M.D. R '76, of Fayetteville, N.Y., died March 13, 2021, at age 74.

Harold E. Ray, M.D. R '59, of Carmichael, Calif., died April 20, 2021, at age 87.

Robert A. Roth, M.D. '60, of Fairbanks, Alaska, died July 12, 2021, at age 86.

Charles M. Schultz, M.D. '58, of Woodburn, Ore., died April 19, 2021, at age 87.

Charles E. Skeeters, M.D. R '74, of Sherwood, Ore., died April 2, 2021, at age 79.

Kevin J. Sullivan, M.D. '67, of Gilbert, Ariz., died July 3, 2021, at age 79.

Richard T. Takao, M.D. '72, of San Antonio, Texas, died June 2, 2021, at age 75.

John F. Von Weiss, M.D. '56, of Salem, Mass., died July 22, 2021, at age 93.

David L. Williams, M.D. '57, of Coeur D'Alene, Idaho, died May 22, 2021, at age 88.

Calendar

Continuing Medical Education

Schedules are subject to change. Please contact 503-494-8700 or cme@ohsu.edu for brochures and program updates. For the latest information on these and other CME events, visit ohsu.edu/som/cme.

53rd Annual Primary Care Review

FEB. 7-11 VIRTUAL FORMAT

5th Annual Pediatric Mental Health Update

MARCH 4 VIRTUAL FORMAT

6th Annual Adult Mental Health Update

MARCH 11 VIRTUAL FORMAT

29th Annual Internal Medicine Review

APRIL 14-15 FORMAT, LOCATION TO BE ANNOUNCED

For the latest information and more events, go to www.ohsu.edu/som/alumni.

Learn Online!

In addition to traditional conference-based CME activities, the Division of Continuing Professional Development also administers and accredits learning activities specifically designed to be taken online or remotely. View the latest offerings at ohsu.edu/school-of-medicine/cpd/learn-online.



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