

Ignite

Magazine

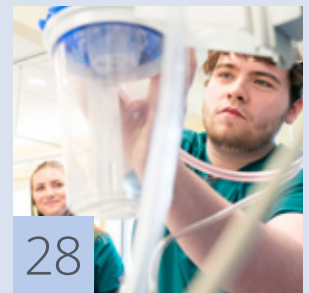
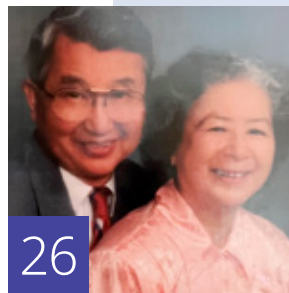
DOERNBECHER
CHILDREN'S
HOSPITAL

**CELEBRATING
A CENTURY OF
CHILDREN'S
HEALTH**



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Cover photo by Fritz Liedtke



Aerial view of the OHSU campus photographed from Fairmont Boulevard, 1926

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Donor support of Oregon Health & Science University sparks the flame of hope for a healthier future for all. *Ignite Magazine* captures those sparks and turns them into stories of impact, inspiration and innovation — stories of lives made brighter by OHSU's exceptional people and programs, and by our community of generous supporters.

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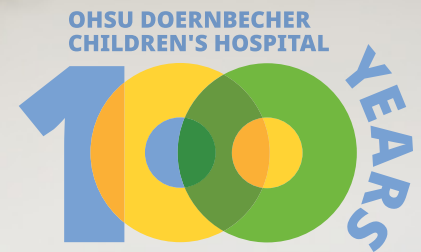
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This summer, we celebrate the 100th anniversary of OHSU Doernbecher Children's Hospital and a century of compassionate pediatric care, lifesaving discoveries and treatments, and most importantly, hope for patients and families, whether in sickness or in health.

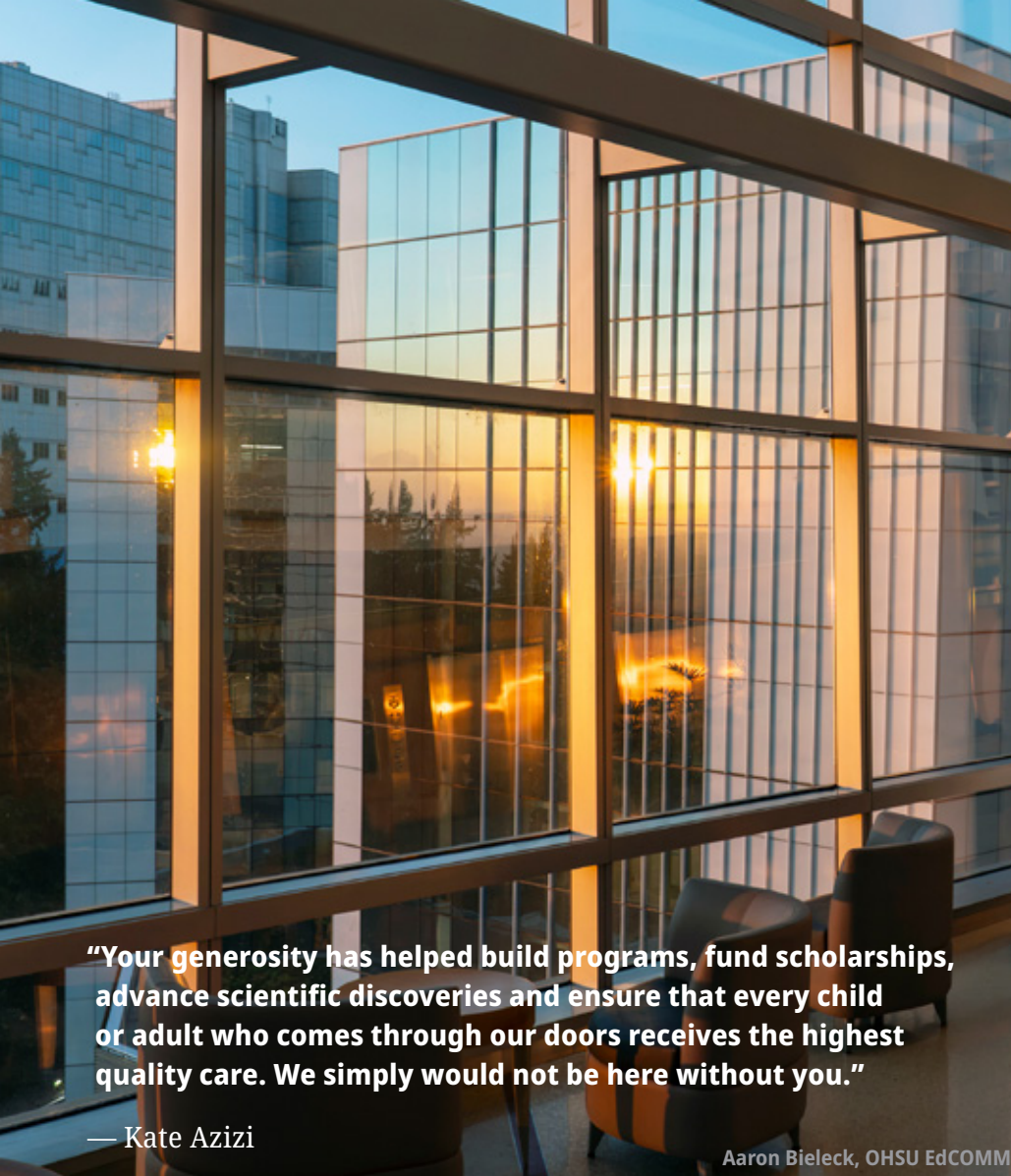
During my time at the Foundation, I've visited Doernbecher many times — as a parent, on tours with donors, to meet with faculty and most recently during a visit by the Portland Trail Blazers to bring joy to young patients.

And every time, I am inspired. I see nurses and staff caring for patients and making sure they have the best care experience possible. I see Dr. Dana Braner always doing what's best for kids and reminding us every day that they are our future. And I see so many enthusiastic supporters and donors show up for Doernbecher — and give back — time after time.

Doernbecher Children's Hospital was established and named for the family of philanthropist Frank Doernbecher, a local furniture maker, who left \$200,000 in his will "for the benefit of the people of the state of Oregon." The exact purpose of his estate gift was left to the discretion of his children, and they decided to establish a children's hospital dedicated entirely to the health and healing



Kate Azizi, M.B.A., CDE



“Your generosity has helped build programs, fund scholarships, advance scientific discoveries and ensure that every child or adult who comes through our doors receives the highest quality care. We simply would not be here without you.”

— Kate Azizi

Aaron Bieleck, OHSU EdCOMM

of children in our community. You can read more about the extraordinary legacy of this gift to our state and our community in our cover story. Generations of children and families have relied on Doernbecher Children’s Hospital, and they remain at the heart of our mission.

We also look to the future and the opening of the Vista Pavilion, OHSU’s new inpatient addition, which is dedicated to serving complex cancer patients and realizing Dr. Brian Druker’s vision to innovate patient care like never before. Fueled by the \$2 billion investment by donors Phil and Penny Knight to support patient care at the OHSU Knight Cancer Institute, this state-of-the-art facility was designed for and by patients and healthcare providers and will initially offer 128 additional beds to serve people with the most complex healthcare needs.

Other stories in this issue include a deep dive into the state of nursing and the role OHSU’s nationally ranked School of Nursing plays in supporting communities across its five campuses around the state; as well as a new series highlighting the incredible impact OHSU research has on the future of healthcare. Passionate researchers speak about their work and the very real, tangible effects it can have, demonstrating how research isn’t just impactful, but exciting.

As we celebrate a century of care at Doernbecher, a new beginning in cancer patient care at the Knight Cancer Institute, an opportunity to educate our future nursing workforce and the remarkable impact of research, I want to recognize the importance of supporters like you in all of these moments. Your generosity has

helped build programs, fund scholarships, advance scientific discoveries and ensure that every child or adult who comes through our doors receives the highest quality care. We simply would not be here without you.

Looking ahead to the next century in partnership with you, we will keep innovating, keep caring and keep creating a healthier future for all our patients and families.

Best regards,



ONE OHSU

President Elnahal's bold vision to make Oregon the heart of healthcare innovation

Jordan Sleeth, OHSU EdCOMM

Bold visions have always defined OHSU's story.

And the next chapter is aiming higher than ever before.

Building on a strong foundation established by decades of transformation, OHSU's leaders are charting a future that places Oregon at the center of a health innovation ecosystem to fuel scientific breakthroughs and improve patient care both locally and around the world.

"As ONE OHSU, which is going to be our mantra, we can make the entire state of Oregon the heart of health innovation," said OHSU President Shereef Elnahal, M.D., M.B.A.

Where does this vision start? Look no further than Oregon itself. From semiconductor and high-tech manufacturing to global brands in apparel, outdoor gear and business services, Oregon has continued to demonstrate a knack for punching above its weight.

Bioscience, a burgeoning industry that generates billions of dollars in economic output and provides thousands of vital jobs, is increasingly becoming part of that landscape. With its position as an academic healthcare center, a hub of cutting-edge research and a statewide healthcare provider, OHSU is poised to shape the health innovation ecosystem of tomorrow and add to Oregon's diverse impact.

“Bioscience is an industry that continues to grow,” Elnahal said. “OHSU can benefit from that because that is an opportunity to bring even more resources to our mission in the hopes that it will translate, commercialize and scale and benefit the maximum number of people across the country and across the world.”

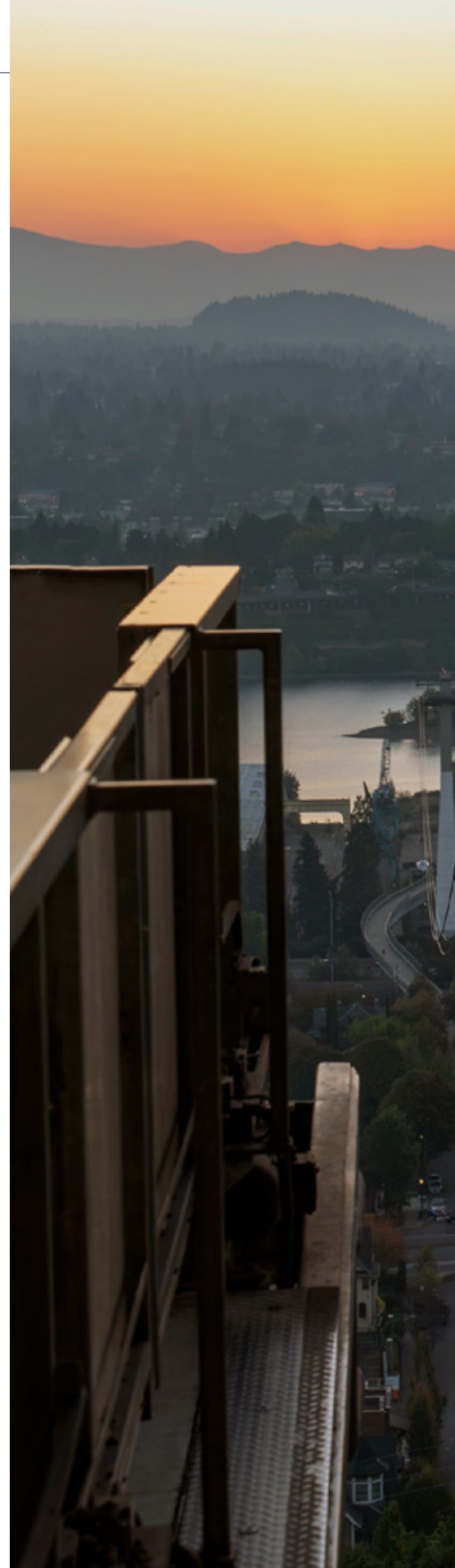
OHSU’s past sets a strong precedent. Once thought of as a modest, regional academic public healthcare center, bold vision from institutional leadership combined with collaboration across the state transformed OHSU into the robust, nationally recognized institution it is today. Ambitious projects like the Portland Aerial Tram and the development of the South Waterfront campus expanded access, strengthened research and reshaped the region. That momentum has been carried forward to the present with the opening of the Vista Pavilion, a landmark milestone that adds new capacity for delivering some of the best specialized cancer care in the country.

But OHSU’s innovation goes far beyond just infrastructure. It has been home to some of the most impactful breakthroughs in medicine. OHSU’s Charles Dotter, M.D., invented the field of interventional radiology. Albert Starr, M.D., co-invented and placed the world’s first artificial heart valve at OHSU. Brian Druker, M.D., revolutionized treatment of one of the most lethal forms of leukemia with the advent of Gleevec, which has saved tens of thousands of lives. David Huang, M.D., Ph.D., co-invented optical coherence tomography (OCT), an imaging modality used worldwide in ophthalmology. Lisa Coussens, Ph.D., has made revolutionary discoveries in the fundamental understanding of immune cells’ impact on cancer development.

ONE OHSU is a vision that leverages coordinated collaboration across all of Oregon to build out an innovation ecosystem. Expanding partnerships, attracting investors and supporting entrepreneurial efforts in emergent fields like biofabrication, infectious disease research and experimental therapeutics can accelerate discovery while improving patient outcomes.

Guided by core values of compassion, integrity, inclusion, respect, collaboration and adaptability, OHSU also looks to increase its own accessibility and transparency, to establish deeper trust with patients, their families and the community. By addressing challenges while seizing opportunities, OHSU seeks to once again redefine what is possible.

“What it boils down to is empowering even more of our scientists and OHSU members to increase the rate of groundbreaking advances in health science,” Elnahal said. “As an ecosystem, as an organization, and as an anchor institution in Oregon, I believe that we can do that.” ■



“AS ONE OHSU, WHICH IS GOING TO BE OUR MANTRA, WE CAN MAKE THE ENTIRE STATE OF OREGON THE HEART OF HEALTH INNOVATION.” — SHEREEF ELNAHAL, M.D., M.B.A.



The direct impact of translational research on patient care

Up until a little over a century ago, medical professionals believed operating on the heart wasn't just irresponsible. They thought it was impossible.

In the decades since, however, physicians have revolutionized cardiac surgery. One such physician, Albert Starr, M.D., co-invented and implanted the world's first artificial heart valve at OHSU in 1960.

Cardiothoracic surgeon Howard Song, M.D., Ph.D., is building on the innovation and legacy Starr helped introduce. Last December, Song was presented with the Dr. Albert Starr Endowed Professorship in Structural Heart Disease, established through the generous support of Edwards Lifesciences Foundation.

"Dr. Starr was truly a giant in cardiac surgery," said Song, head of the Division of Cardiothoracic Surgery in the OHSU School of Medicine. "He's literally one of the founding fathers of cardiac surgery and made possible many of the procedures that are still being done today."



Howard Song, M.D., Ph.D.

Song's work in the operating room informs his translational research in clinical outcomes. New surgical methods and patient outcomes are the data — immediately observable to those working to improve heart surgery. The impacts traditional bench research has on patients aren't always obvious. But with Song's clinical research, "It is quite easy to draw that line, to make the connection between what we're learning in our research and how we're advancing treatments," Song said. "It also makes it even more gratifying to be involved in that type of research."

Translational research has made heart surgery less invasive and decreased recovery times. In lieu of open-heart surgery, Song conducts many transcatheter valve replacements, which involve accessing the vascular system through blood vessels in the groin.

"The most gratifying thing is when we are seeing the patient the following morning and they say something like, 'I went for a walk down the hallway this morning, and I could already tell a difference,'" Song said. "That's compared to someone having open-heart surgery, who typically doesn't feel fully recovered for two or three months."

Song also studies how cardiovascular surgeons are trained. His research uses eye tracking technology that reveals what surgeons look at during procedures. Experienced surgeons only focus on a few things, while the eyes of inexperienced surgeons tend to scan over wider areas. Finding innovative ways to better learn the complexities of cardiothoracic surgery is essential to ensuring new learners are prepared.

Reflecting on his time at OHSU, Song remains amazed by the progress his field has made and looks forward to what's to come.

"We still have wow moments where we go, 'I can't believe that this is possible, I can't believe that this worked, and I can't believe that the field has moved this far so quickly,'" Song said. ■

Teen cancer diagnosis leads to med school and a career in medicine

A trip to the emergency room in 2002 changed the life of Ramsey Selbak, M.D. '17, forever, leading to medical school at OHSU and a career in emergency medicine.

It all started when, at 15 years old, Selbak went to his local emergency room in Salem, Oregon, for chest pain. A CT scan revealed a mass in his chest. Selbak was referred to OHSU Doernbecher Children's Hospital, where the mass was removed within the week. Initially, doctors thought it wasn't malignant, but after it was sent out for testing, Selbak's unexpected diagnosis came in.

It was Hodgkin lymphoma.

"I got a treatment plan with Dr. Gregory Thomas, who's now retired. Dr. Stephen Roberts was also there; he was in fellowship," Selbak said. "They told me, 'The surgery looks like they got the whole mass out, but we can't guarantee it.' I had six months of chemo, and then follow-up, and I have been good ever since."

Stephen Roberts, M.D., Robert C. Neerhout Chair of Pediatric Oncology, was a fellow at the time Selbak was in treatment, and the two developed a friendly relationship.

"Dr. Roberts was amazing. He was just so easy to talk to and down to earth," Selbak said. "The whole time, the whole team was so positive, so uplifting."

Inspired by the experience, Selbak decided to pursue a career in medicine and shadowed Roberts in high school. He later attended medical school at OHSU and completed part of his residency at Doernbecher.

"It's very surreal having done all my medical training at OHSU. Dr. Thomas taught a blood course when I was in med school. Having my doctor be my professor, it was cool that I could talk to him and learn from him and be on the other side of it," Selbak said. "My ability to connect



Ramsey Selbak, M.D. (Courtesy)

with patients that are going through hard times is somewhat unique. Overall, having had my experience at Doernbecher, which was wildly positive, and then having the chance to do all my training there was really cool."

Now, Selbak is an OHSU emergency physician and associate medical director staffed at Columbia Memorial Hospital in Astoria, Oregon. His ability to connect to and empathize with patients he sees in the ER continues to fuel his passion for the field.

"I took care of a kid when I was a resident at Doernbecher who presented similarly to me and had Hodgkin lymphoma. It was almost the same story; she was 15 and had also had an X-ray. It was super surreal," Selbak said. "I almost never talked to patients about my story, but I did share it with her mom because they were kind of freaked out and nervous, and I wanted to reassure them. It was one of those moments where I thought, 'Oh, this is interesting. Maybe this is why I went down this path.'" ■

New OHSU program honors rich American Indian and Alaska Native heritage

For college students in the new Tilikum Summer Health Experience program, the message from Shandee Dixon, M.S., Ph.D., (Apache) is clear: “Once you are part of this program, you become part of the NNACoE community — you have a place at Oregon Health & Science University.”

Dixon, assistant professor in the OHSU-PSU School of Public Health and director of didactic learning with the Northwest Native American Center of Excellence (NNACoE) is faculty lead of the five-week summer enrichment program designed for American Indian and Alaska Native (AI/AN) first- and second-year college students interested in pursuing healthcare careers. The Tilikum program is hosted at Portland State University in collaboration with OHSU’s NNACoE and the Association of American Medical Colleges (AAMC). After three weeks of virtual programming, participants spend the final two weeks at PSU and OHSU’s campuses.

The program fosters tight-knit connections and a support system that provides a sense of belonging. The inaugural cohort of 15 students from tribal nations across the country completed the Tilikum program in August of 2025. Organizers hope their time in the program will yield a lifelong network of support among each other. For their final project, students designed culturally responsive healthcare models for their communities. The posters were filled with innovative ideas, artwork, creativity, emotion and excitement.

“We wanted them to voice their dreams,” Dixon said. “Their final projects showed what they envisioned for the future of healthcare — accessibility, no barriers and what matters to their communities. Empowerment is the foundation of their journey.”

By prioritizing applicants who are citizens or descendants of federally recognized AI/AN tribes, the



The new program through OHSU’s Northwest Native American Center of Excellence is designed for American Indian and Alaska Native first- and second-year college students who are interested in pursuing careers in health professions. (Courtesy)

Tilikum program directly seeks to increase the numbers of healthcare professionals who are most likely to serve rural, tribal and communities with the greatest needs.

This immersive program combines academic enhancement, professional development, clinical shadowing and cultural engagement to prepare students for future careers in healthcare — all while staying connected to their Indigenous heritage.

This first-of-its-kind collaboration is part of the AAMC’s Minority Serving Institutions Pathway Initiative, launched in 2024 as part of the Summer Health Professions Education Program. Erik Brodt, M.D., (Ojibwe) professor of family medicine and associate dean for Native American Health in the OHSU School of Medicine, and founding director of NNACoE, has been promoting and supporting the expansion of the Summer Health Professions Education Program to a tribal site for nearly a decade.

“Students couldn’t believe that this was the first year of the program,” said Alethea Barlowe, (Klamath Tribes) Tilikum program manager. “It was so rewarding to see all of the partners’ dedicated work recognized by the people we were looking to serve.” ■

A friendship built from diabetes care

Farahnaz Joarder, M.D., Darlene Cain Distinguished Scholar of Diabetes Community Collaboration and Innovation, has been seeing Lynn Kauffman to help her manage her type 1 diabetes for nearly two decades. The two have a strong working relationship that has developed into a friendship over the years, with their check-ins at the OHSU Harold Schnitzer Diabetes Health Center serving as the cornerstone for their connection.

“I’ve just been so thankful that we’ve had the opportunity to be together over these years, because I’ve not been with a doc as long as I’ve been with Dr. Joarder,” Kauffman said. “I feel like we’ve gone below just, ‘How are your numbers and how are you feeling,’ to ‘What’s really going on in life?’ That, to me, is a gift.”

Innovations in diabetes care such as insulin pumps and continuous glucose monitors have dramatically improved the lives of those living with the disease over the last 50 years. As the technology surrounding diabetes care has vastly progressed, so has the connection between Joarder and Kauffman.

“It has been a journey that’s this wonderful process of partnership,” Joarder said. “I think that’s the word we would probably both use is a partnership.”

“Definitely,” Kauffman agreed. “I knew that you were seeing beneath the diabetes to the person that I was and the person that I’ve become. And that, for me, is such a rare gift in today’s world, across the board, but let alone with my medical doctor, which had not really been experienced before. Just that whole aspect of seeing I’m not a number; I’m not a statistic. I am a person. This is only a part of who I am. It’s not my identity. That is powerful, more powerful than you know.”

In her care, Joarder and Kauffman discuss her diabetes management, prevention and long-term health goals, but they also share advice with each other on their respective



Farahnaz Joarder, M.D. (left) with patient Lynn Kauffman (OHSU)

learnings about the disease, as well as tips on life outside of the medical world. Joarder first began seeing Kauffman at the start of her career, and she is grateful to have grown with her along the way.

“I think the nice thing about our partnership is that Lynn accepts me for my imperfections and my effort, and that I think I have grown a lot from working with her,” Joarder said. “I’ve learned, and it’s helped me do the work that I do better and just be a better person. We share advice with each other all the time.”

Even when they face challenging conversations that they may not be sure how to navigate, Joarder and Kauffman always come back together and find a solution to better Kauffman’s health.

“It’s always so encouraging, because I come away feeling like, ‘Okay, I can do this some more.’ I can get very focused on elements of my care. I can get driven on the numbers. Dr. Joarder will say, ‘Lynn, look at the big picture. Look at this.’ And I’m like, ‘Oh, oh, thank you,’” Kauffman said. “She also has helped me to not be afraid to continue to live because this is just a part of who I am. I know that the care that she gives me, she gives to others, and that, to me, is precious, and I count it as a beautiful gift.” ■

CELEBRATING A CENTURY OF CHILDREN'S HEALTH

By Darby Kendall

*Archival photos courtesy of OHSU Library's
Historical Collections and Archives*

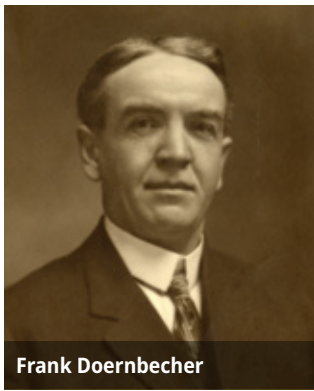


FOR 100 YEARS, OHSU DOERNBECHER CHILDREN'S HOSPITAL HAS TRANSFORMED CHILDREN'S HEALTH AND WELL-BEING.

The hospital has pushed pediatric medicine forward and led tidal shifts in children's healthcare — made possible by the expertise and passion from providers, alongside invaluable community and philanthropic support. For a century, Doernbecher has been there for kids and their families and will continue to do so for generations to come.

"When you come to Doernbecher, we're going to treat you like our family," said Dana Braner, M.D., FAAP, FCCM, Credit Unions for Kids Chair in Pediatrics and physician-in-chief at Doernbecher. "In your worst moment, we're at our best. We are going to make sure that if there's something we can do to help you get through a difficult time, we're going to do it. That holistic, family centered, unbelievably close care is something that Doernbecher does better than any children's hospital in the world."

THE EARLY DAYS OF DOERNBECHER



Frank Doernbecher

It all started in 1921 with a \$200,000 bequest from local furniture maker Frank Doernbecher to benefit the state. His daughter Ada Doernbecher and son Edward Doernbecher gave the money to the University of Oregon Medical School to build the state's first full-service children's hospital. An additional \$75,000 raised by the newly formed Doernbecher Guild helped the hospital open 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



Ada and Edward Doernbecher

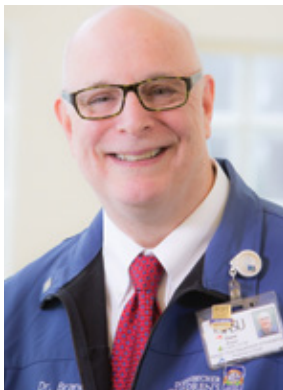
bear their name would treat all children, regardless of their ability to pay. That credo stands firm today, benefiting families across Oregon and beyond.

By 1938, the number of children visiting the hospital each year increased tenfold from the initial 216 to 2,649. From its earliest days, Doernbecher was sought out for specialized care that wasn't available anywhere else nearby for families in need. Due to great community demand, a special clinic for tonsillectomies was established in 1940, which handled 545 cases in the first three months of operation.

William Conklin, M.D., a thoracic surgeon and professor at the University of Oregon Medical School, was the first doctor in the Western United States to perform the rare and difficult "blue baby" operation at Doernbecher in 1947 to treat an infant born with tetralogy of Fallot, a congenital heart defect. Babies born with the condition were extremely weak and sometimes poorly developed due to a lack of oxygen in their bloodstream, but this new technique joined two blood vessels to improve circulation to the lungs. Prior to Conklin's achievement, local families had to send their children to the East Coast to get the critical surgery.

In 1958, Albert Starr, M.D., performed Oregon's first pediatric open-heart surgery on 7-year-old Martha VanCleave at Doernbecher. It was a rare occasion where news cameras were permitted in the operating room. In the archival news video, the anchor commented: "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."

The care of premature babies became a priority in 1951, when the first complete premature infant nursery in



“When you come to Doernbecher, we’re going to treat you like our family. In your worst moment, we’re at our best. We are going to make sure that if there’s something we can do to help you get through a difficult time, we’re going to do it.” — Dana Braner, M.D., FAAP, FCCM

the Pacific Northwest opened at Doernbecher. “After three months, we were accepting preemies from all the hospitals in Portland,” said Portland pediatrician Gorham Babson, M.D., 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.” The demand grew, and in 1968, Oregon’s first neonatal intensive care unit (NICU) opened its doors. Today, Doernbecher offers the most advanced neonatal intensive care in the region and is among the nation’s leading providers of care for premature and critically ill newborn.

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,” said Babson. “These admissions were from the coast, eastern Oregon and southern Washington.” In 1995, the Pediatric and Neonatal Transport (PANDA) Team was formed, and today the transport team responds to emergencies throughout the state, making more than 800 trips each year.

Doernbecher brought in subspecialists throughout the 1970s, including pediatric nephrologists caring for children with kidney problems. Two decades before in 1959, Doernbecher had been the site of the world’s first successful kidney transplant on a child, with the patient’s 12-year-old identical twin sister acting as her donor. In 1979, Y.B. Talwalkar, M.D., brought a new form

of dialysis to the children of Oregon, which allowed patients to receive dialysis fluid at home instead of at a clinic or hospital. The revolutionary new method increased survival rates and decreased the burden of dialysis on families.

Doernbecher has leveraged rapid advances in technology and medicine to continue improving care and health outcomes through the turn of the millennium. It was the first hospital in the world to test the revolutionary cancer drug Gleevec on kids; the first hospital on the West Coast to offer pediatric iMRI; the first hospital in the Pacific Northwest to offer a new FDA-approved treatment for advanced leukemia. Doernbecher emerged as a steadfast provider and beacon of information during the COVID-19 pandemic. It is home to one of the nation’s leading specialists in 3D-printed prosthetics for children. Soon, it will open a dedicated comprehensive center for pediatric neuromuscular disorders.

A century’s worth of radical pediatric healthcare innovation — Doernbecher has been at the center of it all. The best, it seems, might just be yet to come.

A MODERN APPROACH TO MEDICINE

A century after it first opened its doors, “Doernbecher has become a place where new and innovative things happen commonly,” according to Braner.

“Modern Doernbecher is a place where the clinical care is extraordinary because of who we are and what



Doernbecher waiting room, 1920s-30s



Doernbecher dedication ceremony



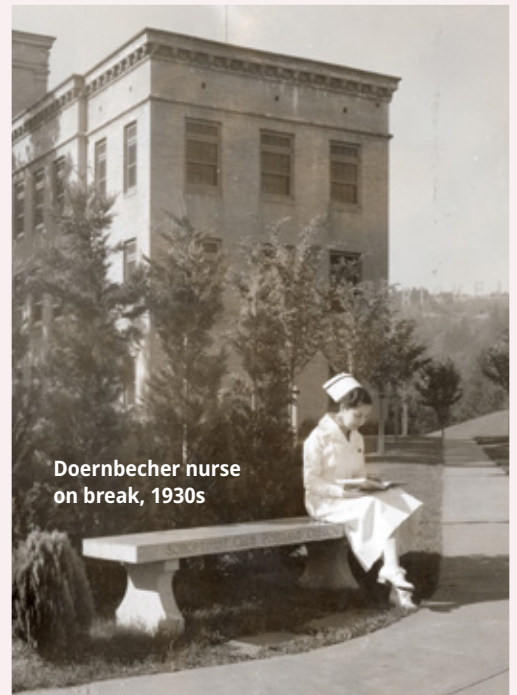
Halloween at Doernbecher



Doernbecher staff and patients on the roof during the holidays, 1930s

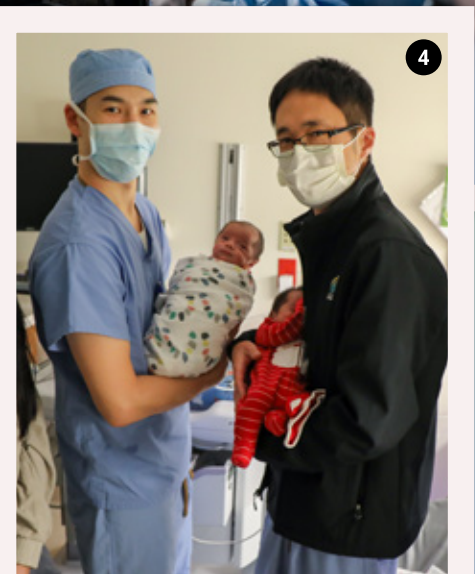


Doernbecher surgery



Doernbecher nurse on break, 1930s

Clockwise from left: (1-2) OHSU Doernbecher unveils the first pediatric iMRI facility on the West Coast. The 3-Tesla iMRI provides real-time images of the brain during complex surgical procedures. (3) Fetal surgeons Andrew Chon, M.D., and Raphael Sun, M.D., in the operating room. (4) Adriana Romero Villarreal underwent fetal laser surgery to treat twin-to-twin transfusion syndrome when she was 22 weeks pregnant with sons Felix and Isaac, pictured here with their surgeons, Raphael Sun, M.D., and Andrew Chon, M.D. (5) Nike-OHSU Doernbecher Freestyle patient designer Oli Fasone-Lancaster (6) Doernbecher's newest therapy dog, Darby (7) Portland Trail Blazers players visit children at Doernbecher. (OHSU)





“One of the things that makes working at Doernbecher truly unique is our ability to collaborate and exchange ideas across pediatric and adult clinics and laboratories, allowing the entire institution to come together to address complex challenges.”

— Eneida Nemecek, M.D., M.S., M.B.A.

we do, and what we do is act as a resource for every child and family that needs us,” Braner said. “Research across the gamut of pediatrics is coming to fruition. We see new cures for pediatric heart disease; we see new therapies for cystic fibrosis; we see new techniques in epilepsy. It covers the panoply of children’s diseases. When I started my career 36 years ago at Doernbecher, the child’s survival was often in question. Now we look at those parents and we say, ‘Boy, where are they going to college?’ It’s a very different landscape.”

There’s been an explosion of research and advancements across a wide swath of areas, but perhaps no specialty has seen such intense growth as in-utero surgery. The field of fetal surgery is relatively new in medicine, and diseases and disorders that are well understood in adults or adolescents are often uncharted waters in fetuses. Advancements in maternal-fetal medicine have enabled increased understanding and discovery — and sometimes even treatment — of these conditions before birth.

Pediatric and fetal surgeon Raphael Sun, M.D., FACS, FAAP, is the co-director of Doernbecher’s Fetal Care Program, which provides in-utero treatments for nearly a dozen complex conditions that occur during pregnancy. It is one of only a handful of centers in the country to provide the highest level of maternal, fetal and neonatal care in one location. Sun, along with maternal-fetal surgeon Andrew Chon, M.D., have performed specialty in-utero surgeries for life-threatening conditions such as twin-to-twin

syndrome and hydrops. In 2024, Sun and Chon performed the region’s first in-utero spina bifida repair.

“Conditions in which the outcome is fatal, if you don’t try pushing the envelope, you’re left with a fetal demise,” said Sun. “But if you do try, you may be able to not only save a life, but you could potentially change the way we practice medicine. When others say, ‘No,’ fetal surgeons say, ‘Yes.’ What was not possible before is possible now. These are the most complex anomalies we see and can weigh heavily on our shoulders, but it can be very, very gratifying if we can help.”

Because research on adults cannot be simply sized down for kids, the work being done at Doernbecher is essential for the health of future generations and can improve outcomes for today’s patients. Cancer is one field where this particularly rings true, as childhood cancers often stem from different cells than those in adults and can grow more quickly in the body. This can make pediatric cancer difficult to treat, so the efforts of clinical researchers at Doernbecher are paramount for eliminating the disease.

Eneida Nemecek, M.D., M.S., M.B.A., director of the pediatric bone marrow transplantation program at Doernbecher, led a multidisciplinary team that advanced the hospital’s efforts to implement several novel cellular therapies for cancer and blood disorders, including chimeric antigen receptor T-cell therapy for acute

lymphoblastic leukemia and gene therapy for sickle cell disease and thalassemia.

“One of the things that makes working at Doernbecher truly unique is our ability to collaborate and exchange ideas across pediatric and adult clinics and laboratories, allowing the entire institution to come together to address complex challenges,” said Nemecek, the Nancy Jaggar Blount Endowed Professor in Pediatric Oncology. “It’s a remarkable advantage to work in an environment where experts are both willing and encouraged to share ideas and resources. There is a collective commitment to discovery and to translating knowledge from the lab to the clinic to advance science and benefit all patients in need.”

Doernbecher’s decades-long leadership in the field has led to swift evolution in children’s healthcare, and the providers and researchers there are making sure the progress never stops. Science is an investment, and the strides Doernbecher makes today enables the innovations of tomorrow.

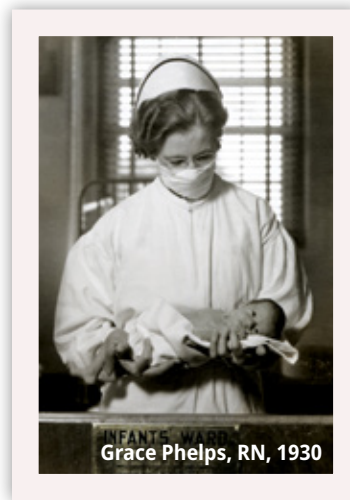
“Research,” Braner said, “is really our gift to the future.”

ADVOCATING FOR PATIENT CARE

Doernbecher has recognized the importance of family-oriented care since the beginning. Its drive to push pediatric healthcare forward includes holistic, whole-person care — care that involves caregivers and ensures patients and families are comfortable, informed and advocated for during their hospital stays.

When Shirley Thompson, R.N., and Betty Weible, R.N., started as nurses at Doernbecher in the 1940s, families were allowed very little contact with their hospitalized children. Before widespread use of antibiotics like penicillin, hospitals were afraid parents might bring in infection. 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 the hospital.

“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.



Patient advocate Grace Phelps, RN, was Doernbecher’s superintendent from 1926 to 1942, and she set the stage for the multitude of programs available today. 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. 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.

“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.

Braner echoes that sentiment almost a century later. “Children are literally the only future we have, and yet they don’t get represented as often as we need them to be. That advocacy piece is unbelievably important, and I think we do it in a way that is incredibly innovative. We do things at Doernbecher that really haven’t existed before.”

When it comes to family-oriented care, Doernbecher is proud to serve the familial extensions of every child they help. Food insecurity is a pervasive social issue

both nationally and within Oregon, and that applies to hospitals as well. A child's hospitalization often exacerbates food insecurity for families and can create insecurity among those who haven't experienced it before. The Nourish food-security program at Doernbecher partners with 18 local food pantries to address longer-term food insecurity among patient families. Any family can access the array of foods in the pantry at Doernbecher's PICU.

The Child Life Therapy Program is another outstanding resource offered to families at Doernbecher. Child life specialists are part of kids' care teams, helping them cope with being in the hospital through play, education and creative activities. Their enriching program includes special visitors, weekly video bingo games, a costume closet, music and animal-assisted therapy.

Beyond therapy and enriching activities, Doernbecher also offers legal assistance through OHSU's Medical-Legal Partnership program to low-income patients and their families, including the youngest patients being cared for in Doernbecher's NICU. These partnerships improve patients' health and well-being, including overall better health outcomes, improved compliance with medical treatment, reduced stress and increased use of preventive healthcare services.

"We have lawyers in our newborn intensive care unit, and they help parents with problems that cause prematurity to an extent, problems like poverty, food insecurity, housing insecurity and domestic partner violence. They assist with all those things," Braner said. "Something that I believe strongly is nobody in the world does patient advocacy better than Doernbecher. Hopefully we are blazing a trail that others will follow."

MADE POSSIBLE BY PHILANTHROPY

Doernbecher's opening in 1926 was only made possible through philanthropy from the generous giving of Frank Doernbecher and the Doernbecher Guild. Today, that legacy carries on, enabling Doernbecher to bring game-changing people, programs and tech to the region through the donations it receives.

DOERNBECHER 100

OHSU Doernbecher Children's Hospital is celebrating its 100th birthday! We're so excited, we're celebrating all year. And we want you to join us! Festivities kick off in August, right around the launch of the *LAIKA Wildwood Follow the Crows Art Trail*. There will be more to come around Doernbecher's birthday, so stay tuned!

ohsuf.org/dch100



Fritz Liedtke

“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.” — Grace Phelps, R.N.

“Our philanthropists don’t just give us money. They give us their time, their treasure and their talent,” Braner said. “They help us figure out new ways to go forward and to be on this journey from good to great.”

New technology like the intraoperative MRI (iMRI), purchased with the power of philanthropy, changed the way surgeons at Doernbecher conduct their lifesaving work. “When our neurosurgeons started using the iMRI, on the first day they were like, ‘Hey, we’re not operating without this machine, because this changes the standard of care,’” Braner said. “The only way a children’s hospital like Doernbecher can afford that kind of machine is through philanthropy. Without philanthropy, that doesn’t exist.”

Another example of the leaps and bounds made possible by donations is the new hybrid operating suite that combines a pediatric operating room with a cardiac catheterization lab, making heart surgery safer and more efficient for vulnerable patients at Doernbecher. Now, surgeons and interventional cardiologists can perform multiple or complex procedures together, in one setting, without adding risk and spending precious minutes in transport.

Beyond major investments, donations of all sizes fund life-changing programs throughout the hospital. The Doernbecher Philanthropy Board, a volunteer board comprised of community leaders, crucially supports the missions of the hospital through advocacy and critical fundraising. Support in the Pacific Northwest and beyond, from high school students raising money through Kids Making Miracles to Nike’s partnership through Doernbecher Freestyle, fundraising fun runs to

video game competitions, allows Doernbecher to provide top-notch care and service.

“We don’t open up our doors without philanthropy, and that’s a pure fact,” Braner said. “Without the support of the community, we couldn’t be one-tenth of the hospital we are today.”

THE NEXT CENTURY OF HEALTH

Children are our future, and Doernbecher will continue to be there for them every step of the way. Pediatric healthcare has made giant strides over the last 100 years, and providers are excited to see what they’ll discover next. Combining patient advocacy with leading edge care, the staff, doctors and nurses at Doernbecher uphold the founding principles of the hospital while utilizing the amazing new technologies made possible through philanthropy. Doernbecher has tailored its care and facilities to meet the needs of Oregon’s smallest patients, because every child is worth it.

“My biggest hope for the future of Doernbecher is that we continue to be a resource for every child and family that needs us. I cannot imagine this state without the resources of Doernbecher. As a critical care doctor, I’m around occasionally when a child passes away, and it leaves a mark; it leaves a hole every time, because there went all of that child’s potential to change the world for the better. I think every child will change the world for the better, and it’s ripe for it, especially now. We serve as advocates for children, because they deserve it,” Braner said. “Going forward, my biggest hope for Doernbecher is that we continue to get support from the government, from donors, from institutions, in order to be the best children’s hospital that we need to be.” ■



GRASSROOTS SUPPORT OF DOERNBECHER CHILDREN'S HOSPITAL RUNS DEEP

From the original fundraising efforts of the Doernbecher Guild, community-led fundraising has been vital to the people and programs of Doernbecher over the years. Here are just a few of the current community fundraising programs that support the children's hospital in imaginative and creative ways.

1985: Kiwanians start fundraising for Doernbecher. In 1998, they launch the **Kiwanis Doernbecher Children's Cancer Program** and have now raised more than \$5 million for pediatric oncology.

1986: The **Credit Unions for Kids** program is established by local credit union leaders to raise funds for Doernbecher. Since then, this dedicated consortium has raised \$23 million for critical projects across the hospital.

1989: The chapter-based **Friends of Doernbecher** program is established under the leadership of Anne Grimwood and Sue Miller with hundreds of volunteers raising millions of dollars for Doernbecher since inception through various fundraising activities, including the Heart of Doernbecher and Cards for Kids. In 2003, the group creates the Friends of Doernbecher Grant Program, which has now funded over \$2.7 million to seed innovative research projects.

1990: Doernbecher becomes a **Children's Miracle Network** hospital. Through the CMN partnership, local partners and programs have raised \$68 million for Doernbecher in the last 36 years.

1991: **Kids Making Miracles**, a school-based fundraising program, is launched at the direction of Myron Child, a parent of a Doernbecher patient and board member. Students across Oregon and southwest Washington have since raised \$12 million for Doernbecher.

2004: **Doernbecher Freestyle** is born around Doernbecher Philanthropy Board Life Member Michael Doherty's kitchen table with the help of dedicated volunteers. Over the last 22 years, this extraordinary partnership with Nike has raised \$44 million for Doernbecher.

2023: **Timberline Daydream** launches an annual benefit concert and bike race at Timberline Lodge, bringing together musicians, athletes and community to raise funds for the hospital. Since the first year, this event has now raised over \$700,000 for Doernbecher.

Snapshots of the new Vista Pavilion at OHSU

Welcome to the Vista Pavilion, a 14-story, 530,000-square-foot inpatient addition to OHSU's Marquam Hill.

Text by Josh Friesen / Photos by Sean Airhart



Christine Torres Hicks, OHSU

Above: OHSU President Shereef Elnahal, M.D., M.B.A., and Brian Druker, M.D., chief executive officer of the OHSU Knight Cancer Institute, cut the ribbon in celebration of the opening of the Vista Pavilion at OHSU.

After over four years of construction, the new space opened its doors on April 7, 2026. Designed with input from providers and patients, the Vista Pavilion is dedicated to patients receiving specialized cancer treatments like CAR-T cell therapy, stem cell transplants and other complex medical surgical procedures. With an initial 128 new beds, the Vista Pavilion will help alleviate hospital capacity constraints and free up space across OHSU to expand in other care areas. Once it is fully built out, it will expand OHSU Hospital's capacity by about one-third.

The historic \$2 billion gift from Penny and Phil Knight to the OHSU Knight Cancer Institute will help support the Vista Pavilion's future expansion to include spaces in areas such as diagnostic imaging, interventional radiology and brachytherapy.



PATIENT ROOMS

The patient rooms inside the Vista Pavilion were designed with holistic, whole-person care in mind and boast the latest technologies and amenities in patient-centered medicine. Patients have access to their own large, private bathrooms, and floor-to-ceiling windows give way to panoramic views of the Willamette River. Some of the rooms are equipped with their own contained ventilation systems for patients who are immunocompromised.

ROOFTOP GARDEN/VIEW FROM PATIENT ROOMS

Each patient room in the Vista Pavilion looks out over a rooftop garden nestled in a courtyard atop the sixth floor. The foliage isn't just for looks. Research has shown that natural elements built into healing environments improve mental health, reduce stress and even contribute to shorter hospital stays.



PATIENT FAMILY ROOMS

A patient's family is an extension of themselves, and OHSU is committed to caring for all. Patient family rooms in the Vista Pavilion are designed to be supportive, comfortable, community-focused areas where family members can relax and eat while remaining close with their loved one receiving treatment.

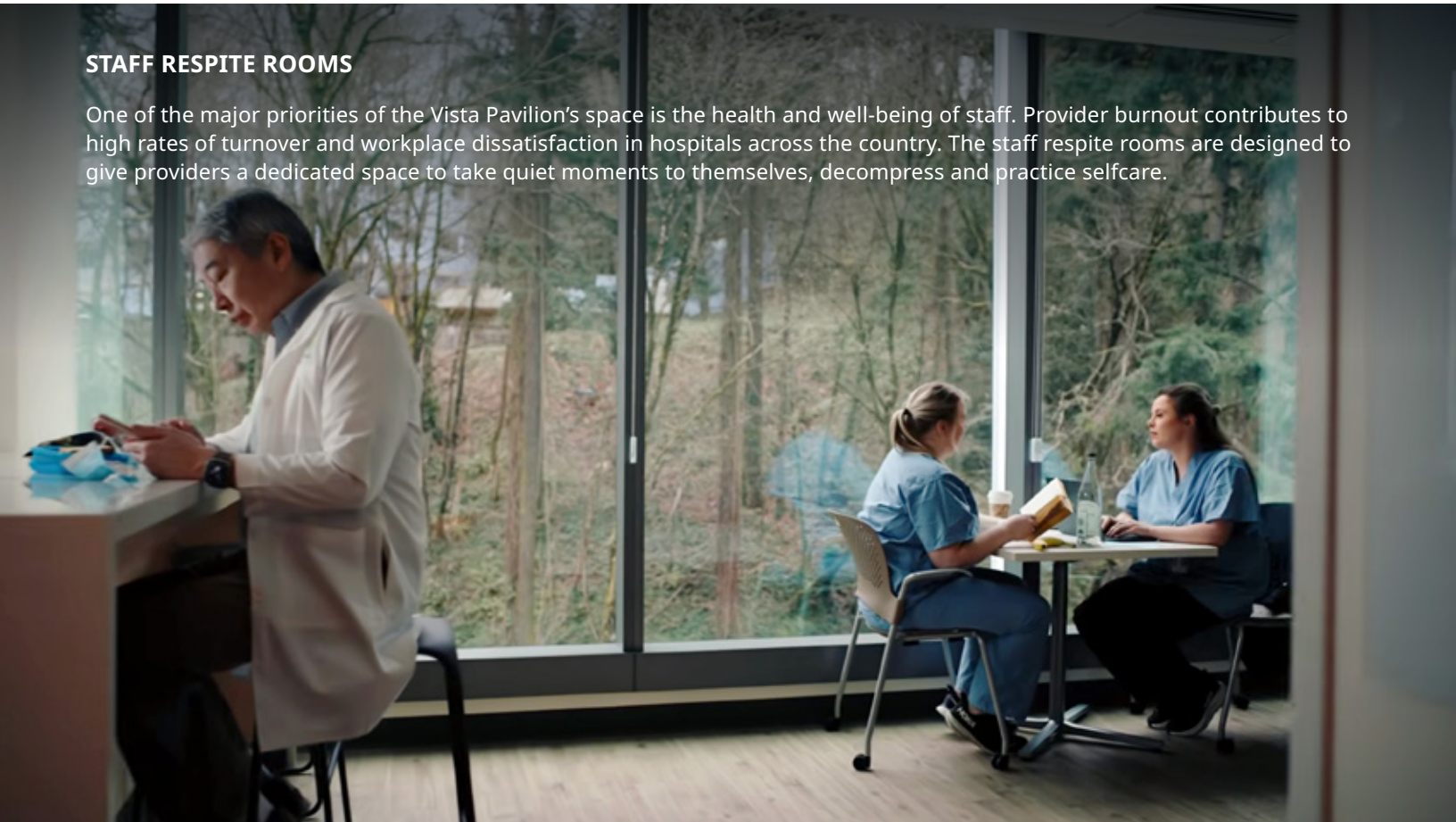
LOCAL ART

The hallway walls of each patient floor inside the Vista Pavilion are rich tapestries of color. Using a variety of mediums and styles, selected artists from around the region created works influenced by Oregon landscapes and inspired by OHSU's philosophies toward whole-person healing. The art bridges nature and healing — and are all uniquely Oregon.



STAFF RESPITE ROOMS

One of the major priorities of the Vista Pavilion's space is the health and well-being of staff. Provider burnout contributes to high rates of turnover and workplace dissatisfaction in hospitals across the country. The staff respite rooms are designed to give providers a dedicated space to take quiet moments to themselves, decompress and practice selfcare.



SKYBRIDGES

The Vista Pavilion is linked to the existing OHSU Hospital and Kohler Pavilion via three distinct skybridges — each a feat of engineering in its own right — that tower across SW Campus Drive. The walkways enhance provider and patient flow to and from the building and exemplify OHSU's commitment to connection and collaboration.



FRONT OF BUILDING ON CAMPUS DRIVE

To accommodate construction, the Vista Pavilion's project team cut into the steep hillside along SW Campus Drive just up the hill from the OHSU Casey Eye Institute. The carved-out space was converted into a multi-use area that houses generator fuel storage, bicycle parking and a bus stop — all across the street from the building's main lobby.



LEARN MORE

Learn more about the Vista Pavilion: ohsuf.org/vista

WHY I GIVE

School of Medicine scholarship honors revered Juneau cardiologist, OHSU alum

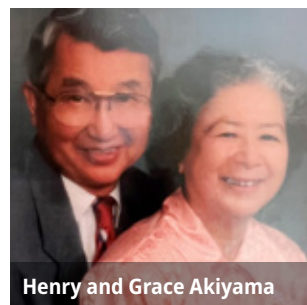


Alan Akiyama (right) with his wife, Mana, and son, Henry I. Akiyama II (Courtesy)

The stories Alan Akiyama has about his dad map out a lifetime of service across some of Southeast Alaska's most remote areas.

Henry Akiyama, M.D. '57, was a cardiologist whose 44-year career is defined by courage, compassion and care for the communities in and around Juneau, Alaska. Whether it was establishing the coronary care unit at Bartlett Regional Hospital in Juneau, educating EMTs on administering CPR and using portable defibrillators, or helicoptering into the Alaskan wilderness on rescue

missions, Henry's passion for rural cardiac healthcare was unrivaled. From 1969 to 1982, Henry was at the scene of every cardiac arrest that occurred in Juneau, and he flew 17 helicopter and four fixed-wing rescue missions.



Henry and Grace Akiyama

Together with his wife, Grace Akiyama, who championed many nonprofit and philanthropic efforts in Juneau, Henry established his family's tradition of service, care and giving back. Grace and Henry's legacy lives on through their son, Alan, who recently established the Akiyama Family Endowed Scholarship to support students at the OHSU School of Medicine.

OHSU shaped not just Henry's career, but the trajectory of his family. The tenets of service and philanthropy Alan live by today can be traced back to Henry's time studying at OHSU, where the story of his work in healthcare began. The scholarship honors these principles and is a token of gratitude toward OHSU for the impact the institution has had on Alan's family.

"I learned by the example of how my parents led their lives," Alan said. "The organizations that have helped us out in the past, I want to give back to them. OHSU was a very important part of my father's medical career, and I wanted to acknowledge that. It played just such an important part in my parents' lives and in my family's lives."

"I was touched and delighted to learn about the scholarship that Alan set up in memory of his parents," said Nathan Selden, M.D., Ph.D., FACS, FAAP, dean of the OHSU School of Medicine and executive vice president of

OHSU. “His generosity in supporting future generations of physicians from and for the Pacific Northwest is truly meaningful and appreciated. Scholarships are more important than ever before, especially in supporting students from rural areas and for those choosing to return to rural areas to practice.”

Befitting Henry and Grace’s passion for and service in rural areas, the Akiyama Family Endowed Scholarship’s impact focuses first on medical students from Alan’s hometown of Juneau, and it extends outward from there.

Henry grew up in Hood River, Oregon. When he was 14, his family was interned as part of the United States’ forced relocation and incarceration of people of Japanese descent during World War II. After internment, Henry enlisted in the U.S. Army and rose to the rank of sergeant in the all-Nisei 442nd Infantry Regiment, a unit made up of almost all second-generation Japanese-Americans and revered as the most decorated unit in U.S. military history. When he returned, he used the GI Bill to attend Reed College, where he met his wife, Grace.

Henry and Grace married in 1952, and Henry earned his M.D. from what was then called the University of Oregon Medical School five years later in 1957. After completing his residency at St. Vincent Hospital in Portland, Henry and his family moved to Juneau, where Henry began his legendary career.

Grace passed away in 1996. Henry retired from practicing medicine in 2004 and passed away in 2010.

Along with the scholarship for OHSU School of Medicine students, Alan has also established similar scholarships to support students at the University of Alaska Southeast and Reed College, as well as an Akiyama Family Fund to support the Alaska Youth Choir.

“We want to help young people,” Alan said. “Those are the people that are going to shape and mold our communities down the line.”

When Alan began looking into supporting OHSU last summer, he was struck by how much OHSU’s missions aligned with his family’s, especially when it comes to increasing access to educating the next generation of healthcare providers.

For Alan, there was no better way to honor his father’s legacy than helping support future physicians passionate about rural health.

“I’ve been pleased from what I’ve learned about OHSU,” Alan said. “There’s a shortage of physicians in rural areas throughout the country. And at OHSU, they’re committed to providing the best care they can, the best education they can.” ■

“I learned by the example of how my parents led their lives. The organizations that have helped us out in the past, I want to give back to them. OHSU was a very important part of my father’s medical career, and I wanted to acknowledge that. It played just such an important part in my parents’ lives and in my family’s lives.” — Alan Akiyama

THE STATE OF NURSING

How OHSU is strengthening Oregon's nursing workforce

By Josh Friesen



The OHSU School of Nursing
La Grande campus at Eastern Oregon University
(Jordan Sleeth, OHSU EdCOMM)

The pace of life feels a little slower in Burns, Oregon.

It makes the high desert landscape stretch a little farther, the sun linger in the sky a little longer, the horizon a little wider.

Janae Rhen, RN, B.S. '25, is drawn to that stillness. The fast-paced fervor of nursing, however, beckons as well.

Rhen is a nurse at Harney District Hospital in Burns, a quaint town situated at the foothills of the Blue Mountains in southeast Oregon. She walks into every shift faced with a different priority. One day, it's the medical-surgery floor. Another day, it's the ICU. Tomorrow, maybe it'll



Janae Rhen

be labor and delivery. And on some days, her priority abruptly changes to the sudden arrival of an acute trauma

patient. At a critical access hospital like Harney, the nurses see everyone.

“Some of us refer to it as ‘cowboy nursing,’” she said. “We all float around and help everybody. We don’t have code teams or rapid response teams. We are the code teams and rapid response teams.”

Rhen and her colleagues do their best with limited resources and a staff of nurses stretched thin, but their experience isn’t unique.

Across the country, healthcare systems are navigating significant shifts in the nursing workforce landscape. OHSU has been aware of these emerging dynamics and

is leading the charge toward improving the state of nursing, starting in Oregon. For over the past decade, OHSU and the OHSU School of Nursing have been building sustainable pathways by increasing access to education, recruiting students from rural regions, cultivating community partnerships and developing clinical experiences that connect students to the communities they may one day serve.

“We are very mission driven in the School of Nursing,” said Susan Bakewell-Sachs, Ph.D., RN, FAAN, vice president for nursing affairs at OHSU and dean of the OHSU School of Nursing. “We’re very focused on working in relationship with our clinical partners around the state, to educate strong graduates who can meet workforce needs for highly qualified nurses, and to contribute to the health of our communities.”

A LONG-TERM FOCUS

The number of incoming nurses is lower than the number of nurses leaving the bedside. Many refer to the issue as a nursing shortage, but the reality isn’t quite that simple.

Supply, demand, retention and distribution are the evolving, interconnected elements that make up the nursing workforce. While the supply of new nursing graduates is strong and steadily growing — nurses from out of state are drawn to Oregon’s competitive salaries for registered nurses, for example, which are among the highest in the country — a dramatic increase

**OHSU's
30-30-30
Initiative**

Increase number
of graduates from clinical
programs by:

30%

Increase student diversity
by 2030 to:

30%

(Jordan Sleeth, OHSU EdCOMM)

in care needs and higher patient acuity are reshaping demand, causing decreased staff retention and increased workplace strain.

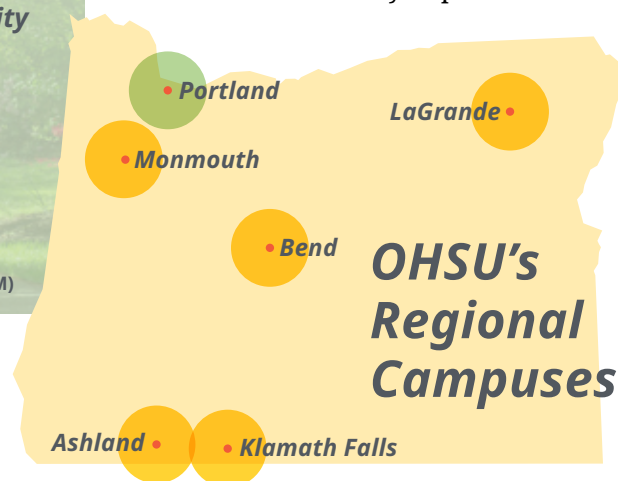
OHSU has had a long-term focus on the nursing workforce for over a decade and is addressing the challenges with innovative solutions. Undertakings like OHSU’s 30-30-30 initiative are boosting the number of graduates in key healthcare professions, including nursing. Student support opportunities like the Oregon Rural Nursing Scholarship (ORNS) strive to recruit prospective students straight from rural communities who are

passionate about providing rural healthcare.

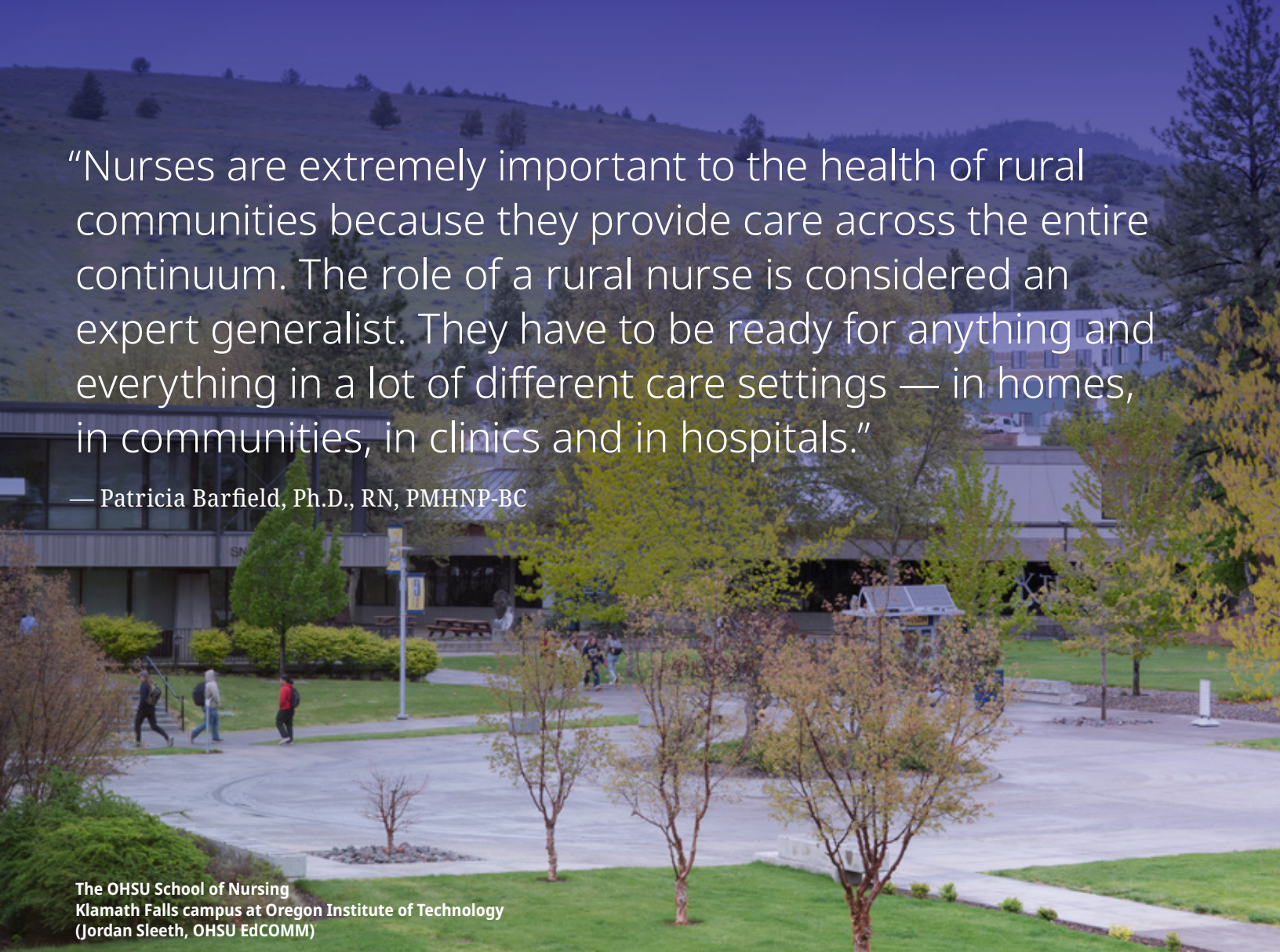
Recruiting students from rural areas— where one-third of Oregonians live — is a major priority.

“We have a statewide footprint,” Bakewell-Sachs said. “We have five campuses in Ashland, Klamath Falls, La Grande, Monmouth and Portland. We also offer a program in Bend, so we really serve the entire state geographically.”

“Nurses are extremely important



to the health of rural communities because they provide care across the entire continuum,” said Patricia Barfield, Ph.D., RN, PMHNP-BC, campus associate dean at the OHSU School of Nursing, La Grande, and regional associate dean for OHSU’s Campus for Rural Health in Northeast Oregon. “The role of a rural nurse is considered an expert generalist. They have to be ready for anything and everything in a lot of different care settings — in homes, in communities, in clinics and in hospitals.”



“Nurses are extremely important to the health of rural communities because they provide care across the entire continuum. The role of a rural nurse is considered an expert generalist. They have to be ready for anything and everything in a lot of different care settings — in homes, in communities, in clinics and in hospitals.”

— Patricia Barfield, Ph.D., RN, PMHNP-BC

The OHSU School of Nursing
Klamath Falls campus at Oregon Institute of Technology
(Jordan Sleeth, OHSU EdCOMM)

Students at the school’s regional campuses learn how to care for patients living in those rural areas. Faculty develop meaningful relationships with their region’s local healthcare systems and community partners to establish clinical learning experiences for students and foster trust among the population.

“OHSU has longstanding, trusting relationships around the state,” Bakewell-Sachs said. “About 70% of our graduates, over many decades, stay in Oregon. We know that we

have an impact. We respect that. We feel that obligation.”

MULTIPRONGED SOLUTIONS

Approved by the Oregon Legislature in 2022, the 30-30-30 initiative formalized OHSU’s proposal to increase the number of graduates from select health professions programs by 30% and to raise overall student body diversity to at least 30% by the year 2030. This commitment is supported through an annual \$20 million

state appropriation, a one-time \$25 million allocation and matching philanthropic investments through the OHSU Foundation. Within this broader institutional effort, the OHSU School of Nursing has increased its number of graduates by 22% since the 2020-21 academic year and grown student diversity from an already strong 31% to 40%, helping propel OHSU toward its system-wide diversity and workforce expansion goals.

Scholarships including the OHSU Provost Excellence Scholarship

and the OHSU Provost Workforce Development Scholarships for undergraduate and graduate nursing students play a central role in the 30-30-30 initiative. Together, they are easing financial stress, expanding access to nursing education, and helping students remain engaged and supported as they prepare to enter Oregon's healthcare workforce.

“Financial challenges are one of the biggest barriers our students face when accessing education,” said Denise Dallmann, N.D., M.S., assistant vice provost for workforce capacity development at OHSU. “By expanding these scholarships in the coming academic year to additional nursing programs and more students, we’re sending a clear message: We believe in our students, we care about their well-being and we’re committed to their future success. When financial stress is eased, students can focus on learning, growth and becoming the health professionals our communities need.”

Private philanthropy plays a critical role in sustaining and expanding scholarships that allow students to thrive, persist and graduate. Privately funded scholarships like the Hearst Endowed Scholarship and the William G. and Ruth T. Evans Endowed Nursing Scholarship help alleviate students' financial barriers. These investments don't just support individual learners. They directly translate into a stronger, more resilient nursing workforce for Oregon and beyond.



Madelyn Nichols

Student support goes beyond graduating more nursing students. It broadens access for students from underrepresented backgrounds and rural communities.

A \$4 million, four-year award funded by the Health Resources and Services Administration, the ORNS program is available for nursing students attending either the OHSU School of Nursing in La Grande or Klamath Falls. It covers the full cost of tuition and includes a \$1,500 stipend during the academic year for travel to clinical sites.

Four ORNS scholars graduated from the OHSU School of Nursing in spring of 2025. All four accepted offers at rural Oregon hospitals.

Rhen was one of them.

“Rural healthcare was the reason I got into nursing and healthcare in general,” she said. “When that scholarship was presented to me, I knew I wanted to jump on the

opportunity, not just because of the funding, but because of the learning opportunity it represented. I was super eager to soak up everything it offered.”

Madelyn Nichols, B.S. '26, a nursing alumnus from the OHSU School of Nursing, La Grande, received ORNS support. She grew up in Heppner, Oregon, and works as a CNA at Grande Ronde Hospital in La Grande. The scholarship, she said, was invaluable in helping her advance through the nursing program and supporting her clinical placements in rural settings. Most importantly, the support enabled her to realize her passion for providing rural healthcare.

“I definitely want to stay rural. That's where I grew up. That's what I love,” said Nichols, who graduated in spring of 2026. “What's great about this program is that it provides education specifically about rural areas. We've done clinicals, seminars, book studies, all sorts of things to prepare us for working rural, which is amazing. It's information and experience I'm going to use every day.”

A FOCUS ON COMMUNITY AND WELLNESS

Each scholarship and grant is another point of access and gives faculty members like Barfield and her team the freedom to expand students' opportunities and widen the School of Nursing's community impact.

Students like Nichols benefit from the efforts Barfield and other regional nursing faculty, evaluators and administrative personnel have made to strengthen community ties — and their clinical partners are engaged in their work. The OHSU School of Nursing, La Grande, for example, sends students to clinical placements across all of eastern Oregon, southeast Washington and western Idaho.

Much of Barfield’s networking efforts are supported directly by private philanthropy. One example is the

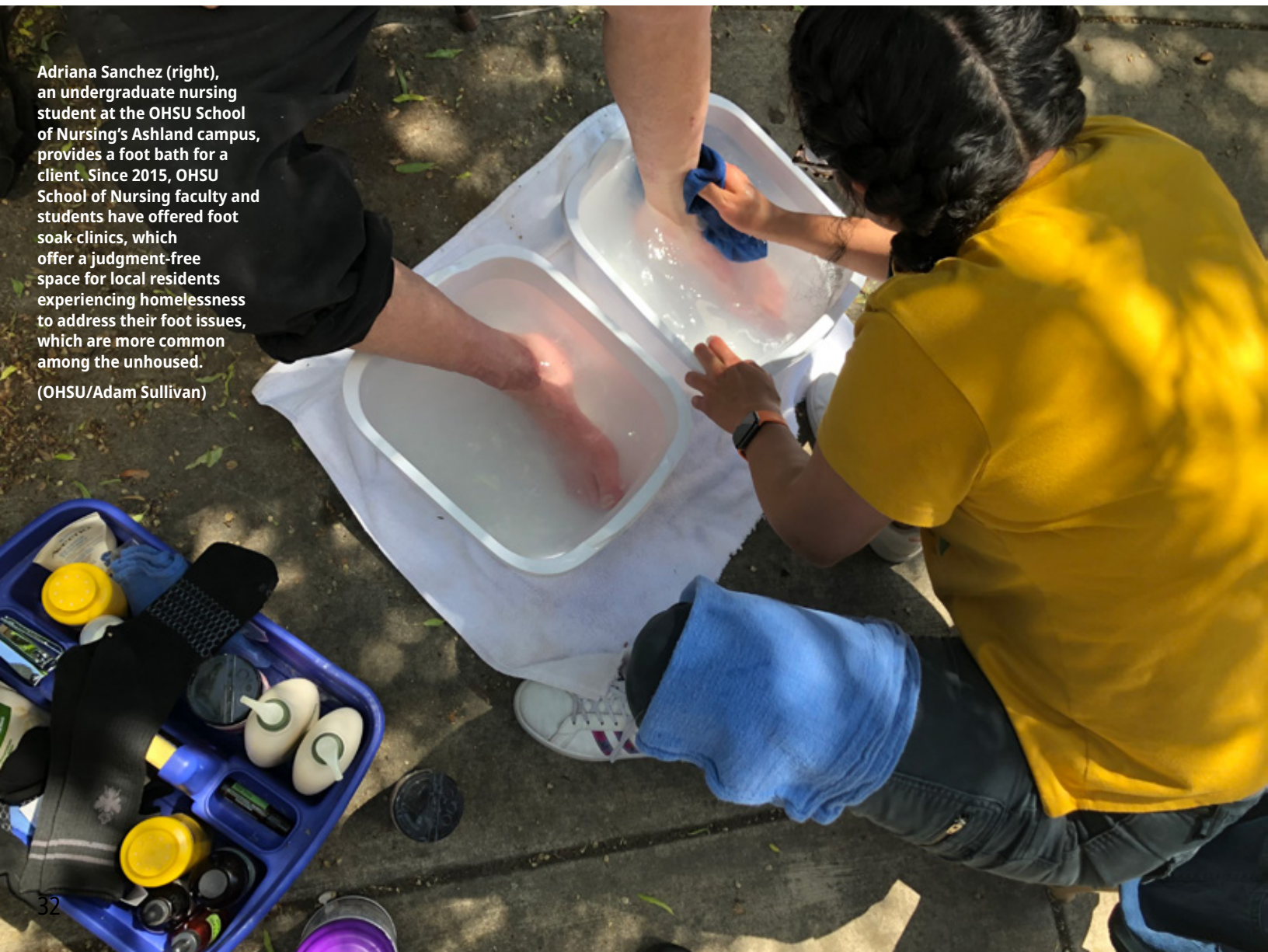
Rural Ready Grant, a collaboration between the School of Nursing La Grande campus and Northeast Oregon AHEC. Funded by the Roundhouse Foundation, the grant reimburses nursing students for mileage and lodging as they travel from La Grande to Boise, Idaho, to receive training in high-risk, low-volume specialty areas such as maternal/child health and inpatient mental health.

These experiences prepare students for rural practice while reinforcing a core principle of nursing: meeting

people where they are. They also help strengthen connections between future nurses and the communities they will serve.

“Our overarching aim is long-term rural workforce stability,” Barfield said. “It’s not just about graduating nurses. It’s about making sure our rural communities have the nurses they need now and in the future.”

The School of Nursing’s efforts to engage communities go hand in hand with understanding social drivers of health and improving nurse wellness. The OHSU Street Nursing Team,



Adriana Sanchez (right), an undergraduate nursing student at the OHSU School of Nursing’s Ashland campus, provides a foot bath for a client. Since 2015, OHSU School of Nursing faculty and students have offered foot soak clinics, which offer a judgment-free space for local residents experiencing homelessness to address their foot issues, which are more common among the unhoused.

(OHSU/Adam Sullivan)

“We are very mission driven in the School of Nursing. We’re very focused on working in relationship with our clinical partners around the state, to educate strong graduates who can meet workforce needs for highly qualified nurses, and to contribute to the health of our communities.”

— Susan Bakewell-Sachs, Ph.D., RN, FAAN

a grant-funded program serving southern Oregon communities in Ashland, Medford, Grants Pass and Klamath Falls, provides faculty practice and clinical opportunities for nursing students who coordinate with local healthcare systems and resources to improve health and healthcare access for people experiencing homelessness.

The School of Nursing is also in the top 50 in NIH research funding for nursing schools, and clinician-scientists — alongside students — are conducting innovative research in areas such as heart failure, cancer survivorship and sleep. OHSU has developed grant-funded peer-to-peer support systems to confront workplace strain, and nursing faculty and clinical preceptors are speaking more with their students about the benefits of selfcare and relationship building.

A HOPEFUL HORIZON

Rural communities are inherently tight-knit. But in Burns? For Rehn, it feels more so.

Rehn first came to Burns and Harney District Hospital for her clinical placement during her final year as a nursing student at the OHSU School of Nursing in Klamath Falls. After she graduated, she stayed to join the nursing staff.

Not long after she began, she was out walking her dog and ran into one of her patients, who thanked her for the care she provided.

“I’ll be out in the community and people will come up to me and thank me for taking care of their mother or grandmother or themselves,” Rehn said. “I think that’s beautiful.”

The nurses who graduated from OHSU, the students currently studying at one of the School of Nursing’s campuses, the nurses who will come to OHSU sometime in the future — they’re all different. They have different backgrounds, different motivations, different reasons for pursuing careers in nursing.

But they all share a common passion. They’re united by the desire to make

evidence-based clinical decisions, to connect with patients and to provide the best care possible.

“It is critically important that nurses show up with what they know, as well as their heart, a commitment to relationship and meeting people where they are,” Bakewell-Sachs said. “Nurses can get all the data and read off monitors, but it’s actually knowing that patient, knowing that individual’s goals, being in a relationship, that gives nurses the fuller story.”

“What gives me hope when I look at the future of nursing and the workforce is the extraordinary strength and the heart of the people who are a part of it,” Barfield said. “We have strong national leaders in nursing. We have a dynamic state board of nursing and deeply committed academic and clinical nursing leaders across the state.”

“We’re there because we love what we do,” Rehn said. “Those are the nurses who stand apart.” ■

EXPLAIN IT!

How exercise aids cancer treatment and recovery with Kerri Winters-Stone, Ph.D.

By Josh Friesen

Christine Torres Hicks, OHSU

Ever wonder what it's like to stand on the edge of a medical breakthrough?

Every day, researchers at OHSU are asking questions and chasing answers that could change everything about how we treat disease and care for patients. The exciting science behind the future of healthcare is happening now.

The edge of discovery is the inspiration behind *Explain It!*, a new video series that invites some of OHSU's brightest minds to break down their work and its potential to revolutionize health.

Kerri Winters-Stone, Ph.D., envisions a healthcare future where exercise isn't just a strongly suggested add-on to cancer treatment.

It's prescribed as part of cancer treatment.

"Exercise — it's like the best pill you could ever take," Winters-Stone said. "In the data I see, my observations —

movement is medicine. Exercise has got to be standard of care."

Winters-Stone, the Penny and Phil Knight Endowed Professor in Cancer Research Innovation at the OHSU Knight Cancer Institute, studies the effects of exercise-based approaches to improve outcomes in cancer survivors. Over the years, she has conducted more than a dozen controlled clinical exercise trials involving over 2,500 cancer survivors and a diverse array of exercise techniques. An OHSU-led panel she oversaw recently published a consensus statement in the journal *Cancer*, highlighting the importance of exercise for cancer survivors older than 65. Funded by a grant from the National Cancer Institute, the panel, Advancing Capacity to Integrate Exercise Into the Care of Older Cancer Survivors, advocates for recommendations aimed at dispelling myths that exercise is too risky for older cancer survivors.

“Even just a little bit of exercise,” Winters-Stone said, “can go a long way toward supplementing a person’s cancer treatment. Not only can exercise help those with cancer stay independent and engaged, it can help speed up treatment and recovery.”

Winters-Stone has spent much of her career getting the data to back that up.

“To get healthcare systems to adopt something like exercise, we have to do rigorous science,” she said. “I do a lot of clinical trials. These are controlled trials. They’re hard to do, they take long periods of time, and we ask people to do a lot to participate. But it means when we look at the results, we can feel confident that whatever intervention or exercise program we develop, we’re going to continue to see the same benefits for people.”

Most oncologists will encourage their patients to stay active during treatment. A patient receiving a tailored exercise regimen, integrating their exercise plan into the broader standard of care and having it be paid for by insurance or Medicare, however, is Winters-Stone’s ultimate goal.

Federal cuts in research funding have forced scientists like Winters-Stone to begin looking toward other avenues to support their work. As financial support from traditional funding sources like the National Institutes of Health becomes tighter, she hopes private philanthropy can fill a vital need.

“We’re all going to benefit from the work that’s being done,” Winters-Stone said. “Private funders are stepping in to help fill the gap, and it’s been more important than ever to get that kind of support so we can keep this research going.” ■

OHSU RESEARCH

OHSU is a bustling hub of scientific innovation and is the source of some of the most fascinating and impactful medical research happening today. From finding a cure for HIV to discovering life-changing treatments for glaucoma to developing high-res maps of the brain, our scientists are pushing the boundaries of what’s possible every single day. Learn more about how the research of today is changing the healthcare landscape of tomorrow.

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WATCH

Kerri Winters-Stone, Ph.D., the Penny and Phil Knight Endowed Professor in Cancer Research Innovation at the OHSU Knight Cancer Institute, says exercise is medicine. Learn more as she breaks it down in the first installment of *Explain It!*

ohsuf.org/explainit



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Share your Doernbecher story

This year, OHSU Doernbecher Children's Hospital celebrates its 100th anniversary. In honor of the patients, families, volunteers, donors and caregivers who have been part of this history, we are collecting Doernbecher stories.

Were you or a family member impacted by Doernbecher?
Do you have a story to share? Let us know!



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