



DR. NATHALIE JOHNSON

TITLE Director of cancer services, Legacy Good Samaritan Hospital; oncological surgeon, Providence St Vincent Medical Center

AGE 46

EDUCATION Medical College of Virginia, 1985

SPECIALTY Breast cancer surgery

Dr. Nathalie Johnson thought she had learned more than she wanted to know about breast cancer as a 12-year-old living in the Virgin Islands.

After her mother had been diagnosed with the disease, friends and family began sadly preparing for her inevitable death. "I remember people coming to visit us and saying, 'Oh, these poor children, growing up without their mother,'" she says.

But Johnson's mother didn't die. Instead, after following her doctor's advice and improving her diet, she lived well for another 25 years.

Long enough to see her daughter graduate from the Medical College of Virginia in Richmond. Today Johnson is a leading national expert on breast cancer, the director of Legacy's Breast Health Center and an in-demand oncological surgeon at Providence St Vincent Medical Center.

Johnson receives professional accolades as a surgeon with an uncanny ability to perform lumpectomies and mastectomies safely and with good cosmetic results. But her patients will tell you she's far more than a skilled surgeon. Her best-known patient, former mayor Vera Katz—who was diagnosed with breast cancer in 2000—says of Johnson, "This woman is beautiful on the inside and the outside. Her spirituality reaches out to

'NATHALIE SOMEHOW KNOWS WHAT YOU NEED, WHETHER IT'S A HUG OR A PRAYER.'

you to the point where you feel like she's with you all the time. She somehow knows what you need, whether it's a hug or a prayer, or answering a myriad of questions. Questions like: *Am I going to die?* and *What am I going to do?* These are not easy questions, and she helps you to face them. I have to say that I love her dearly."

The feeling is mutual. Johnson does not hesitate to say that she loves her patients. She says this so often and so matter-of-factly that it doesn't seem unusual or contrived or unprofessional. It matches her persona and her style: the regal posture, the long, dangling earrings and the tendency to bring faith and religion into the discussion when treating fearful patients. Her spiritual approach resonated with Katz, who describes herself as a "borderline agnostic." Katz says she was also drawn to Johnson because she appreciated the accomplishment of an African-American woman who had risen so high in medicine, so quickly.

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Johnson deflects the compliment, asserting that her experience growing up in the Virgin Islands was very different from that of African-Americans on the mainland, in that most of the doctors who served as her role models were of African descent. "It just seemed like something that you could do."

But her talents have clearly inspired others to break down traditional barriers. When Jean Moseley, an oncological research nurse at the Breast Health Center, was diagnosed with early invasive breast cancer, she opted to be treated by her boss rather than follow conventional wisdom and go elsewhere—and thereby keep her private and professional lives separate. "I had total faith in Nathalie as a person and a physician," she says. "All I needed to do was believe in her, and that was easy."

Johnson estimates that she sees between four and eight newly diagnosed breast cancer patients each week, not surprising

Open-hearted surgeon: Dr. Nathalie Johnson is known among colleagues as the region's go-to breast specialist for clinical excellence and good cosmetic results. To patients, she's a trusted friend and adviser.



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when you consider that the disease afflicts about one of every eight women today. Fortunately, treatments have improved dramatically from the days when the patient woke up without a breast the morning after being diagnosed. Unfortunately, the overall weakening of the U.S. health care system and the rising number of people without health insurance means that more women are missing the regular breast exams and mammograms that are crucial for early detection of cancer, according to Johnson. That problem is particularly acute in the African-American community, where the survival rate for breast cancer is 14 percent lower than it is for white women.

Also, while new medications such as Arimidex and Herceptin have brought significant improvements in treatment, they are not cheap to the patient or to the health care system. Arimidex costs Johnson's patients \$220 per month, while Herceptin costs the health care system over \$100,000 per patient per year. Johnson says that sometimes her patients stop taking

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medications because they can't afford them—and then they don't tell her, because they are embarrassed.

It's part of a trend she finds disturbing. "I really feel like our entire health care system is sliding backwards. Insurance is becoming so expensive that companies can't afford it," she says. "We have young people who are working and who are not covered. And it's getting worse. Our system is failing, and we need to do something to fix it."

Johnson has done her share of fixing over the years, at times finding a way around bureaucratic rules in order to give her patients quality, timely care. During her residency at the University of Southern California, Johnson worked on the tumor endocrine service at Los Angeles County Medical Center, where she was distressed to find that a cost-saving rule—mandating that the operating rooms close by 3 p.m.—had created a three-month-long backlog of indigent patients awaiting breast surgery. "I took it as my personal mission to catch up the books," she says, "probably as a result of my experience with my mom."

She found a loophole: Once patients had undergone a procedure that involved inserting a wire into the breast, hospital rules

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wouldn't allow them to be evicted from the operating room. So just before 3 p.m., patients under Johnson's care always happened to undergo this procedure, and the operating rooms remained open well past closing time.

"It took them about a month to catch onto me," Johnson says slyly. "And by then I had worked through a lot of the backlog."

Since moving from Los Angeles to Portland with her husband, Dr. William Johnson (who is also a Legacy surgeon), Nathalie Johnson has won awards from the Susan G. Komen Breast Cancer Foundation and the U.S. Public Health Service, has served on the State Board of Medical Examiners and on the board of the Northwest Health Foundation, and has published papers on sentinel node biopsy, a new diagnostic procedure to determine whether breast cancer is spreading. She also hopes to follow through on an idea she and Katz came up with a few years ago: to set up a mobile breast health clinic for neighborhoods where women are less likely to make the regular office visits that are vital for early detection of the disease.

But the accomplishment she takes the most pride in is her individual relationship with each patient, whether it means sending cards and flowers or offering spiritual comfort. Katz says she remembers well the handwritten card she received from Johnson while she was recovering in the hospital, and the great warmth of the woman who sent them.

"If I ever needed someone to talk to about the big questions, I would pick up the phone and call Nathalie," she says. "And I know that she would call me back."

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