

# Memorial garden dedicated



Mrs. Jarvis Gould cut the ribbon to officially open Multnomah Hospital's garden, established in memory of her late husband. Manning Blake (left), the gardener who did much of the planting and Dr. Michael Baird, medical director, were among the first to step through the gate.

A small garden at Multnomah Hospital overlooking the Willamette River was dedicated July 19 in memory of Dr. Jarvis Gould, administrator of the Hospital from 1955 until his death last February.

Made possible through the donations of funds and work by some 400 employees and friends of the late physician, the park contains a miniature fountain, benches and more than 15 various types of rhododendrons, a favorite plant of Dr. Gould's.

In a brief dedicatory address before a large number of employees and friends of the Hospital, Chaplain J. Franklin Dodson said, "I knew Dr. Gould as a man of quiet spirit. He recognized the importance and value of a peaceful place like this garden we dedicate today for use by families and friends of patients. Overlooking the city, the river below, the mountain above, this garden is set apart as a special place for those concerned about loved ones who are ill."

Special guest at the afternoon ceremonies was Mrs. Gould, widow of the former administrator.

Eight Multnomah Hospital employees have served on the garden committee since the planning stages: Beverly Bennett, dietary; Louise Fowler, housekeeping; Ardys Hokeness, chairman, nursing service; Pat Howard, admitting; Agnes Mock, nursing service; Inetta Murray, nursing service; Fred Todd, engineering; and Beverly Ward, nursing service. Manning Blake, gardener from Multnomah engineering, spent many hours planting shrubs and preparing the garden for the dedication. Dr. Hance F. Haney, professor emeritus of medicine, donated five rhododendron bushes and Mrs. Shirley Schumann, Multnomah nursing service, bought and planted the geraniums.

## Affirmative action

Dean Charles N. Holman just announced the Medical School's new affirmative action policy including the establishment of an affirmative action office. The program, which provides equal opportunity for students and employees, will have a significant impact on recruiting procedures. Following is a reprint of the document in its entirety.

The University of Oregon Medical School, which includes the School of Nursing, allied health training programs and hospitals and clinics, is endeavoring to create and maintain a policy of equal employment opportunity and affirmative action. To carry out this commitment it is necessary that we make every effort to continually evaluate and educate ourselves and our departments with a purpose of eliminating all inequities in employment.

It is our policy that no person shall be discriminated against by reason of race, color, religion, sex, age or national origin. The affirmative action we take will include, but not be limited to: employment, promotion, transfer, recruitment advertising, termination, rates of pay, or other forms of compensation, working conditions, selection for training of employees, appointments to committees, student and trainee admissions and all other operations and areas that are a part of the Medical School community.



This policy must be adhered to in its implementation. The application of the policy is the individual responsibility of all administrative officers and other Medical School personnel.

Achieving the objectives of our affirmative action program will require an even greater effort from each of us as we seek to fulfill our moral and legal obligations as an employer.

### I. Establishment of Responsibility

A. The overall responsibility for the development, implementation, and coordination of the affirmative action policy has been delegated by the Dean to the affirmative action officer. Responsibilities will include but not be limited to:

1. Developing additional affirmative action policies as needed.
2. Developing internal and external communications techniques as they relate to the affirmative action program.
3. Evaluating the required statistical information such as applicant flow, hires, terminations, promotions, salary and tenure.
4. Establishing an internal reporting system and auditing those reports to determine progress toward affirmative action objectives.
5. Making recommendations to the Dean for remedial action in problem areas.
6. Conducting periodic informational programs for administrators, department heads and supervisors on the requirements of the affirmative action policy.
7. Establishing and maintaining communications with various organizations that represent minorities and women, soliciting their advice and assistance in such areas as recruiting and training.

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# medical center news

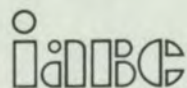
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## *affirmative action, continued*

8. To serve as liaison between the university and all state and federal agencies concerned with discriminatory practices.
9. Developing goals and time tables for the implementation of the affirmative action policy.
10. Handling complaints as they occur as outlined in the grievance procedure.

B. Duties of the chief administrative officers (Dean of the School of Nursing, associate deans, assistant deans, medical director of hospitals and clinics). The above are designated as responsible for the implementation and application of the affirmative action policy in their respective administrative areas. Their duties shall include, but not be limited to the following:

1. To initiate the special effort necessary to recruit, appoint, retain and upgrade qualified women, and minorities in unclassified and classified positions.
2. To counsel department heads and supervisors to insure that they understand their work performance is expected to include affirmative action efforts and results.
3. To expand and accelerate the effort to increase the ratio of admissions for women and minorities to the educational programs of the Medical School and men to the programs that consist predominately of women.
4. To insure that the Medical School's collective bargaining agreements are consistent with the affirmative action policy.
5. To insure that all fiscal matters including purchasing agreements and building contracts are in compliance with the affirmative action policy.

C. Responsibility of other administrators, department chairmen, division heads and supervisors:

1. It is the specific responsibility of each administrator, department chairman, division head and supervisor to know and carry out the requirements of the affirmative action policy.
2. It is further their responsibility to assure that all unclassified and classified employees, all students and trainees, under their direction are aware of and in compliance with the policy.

## II. Dissemination of Policy

### A. Internal dissemination

1. By use of handouts and internal publications, the affirmative action policy will be made known to all Medical School personnel.
2. All department heads and supervisors will be given a copy of the Medical School policy statement. Additional copies will be available for interested personnel in the office of affirmative action.
3. The federal and Medical School policies will be displayed on appropriate employee bulletin boards.
4. Periodically, as events and achievements take place, the progress of the Medical School's affirmative action program will be reported to employees through the various Medical School internal publications.

### B. External dissemination

1. Verbal and written communications will be directed to minority and women's organizations in the metropolitan area requesting their support in making the Medical School's affirmative action program a success.
2. Recruiting sources will be notified and provided with information pertinent to the Medical School's equal employment policy and be encouraged to refer women and minorities to the proper areas for application to all positions available.
3. All subcontractors, vendors, and suppliers will be notified and provided with copies of the School's equal employment policy and notified in writing concerning the effects the policy has on them and the action that is required on their part.
4. University of Oregon Medical School representatives will actively communicate the goals and objectives of the affirmative action program to various organizations and agencies such as: Oregon Council of Women's Equality, National Organization of Women, Urban League, National Association for the Advancement of Colored People, Valley Migrant League, local universities and colleges and technical and vocational institutions in an effort to recruit minority and women applicants.

## III. Internal and External Training Programs

In order to insure full utilization of women and minorities the Medical School will:

1. Survey employees to obtain current information regarding prior work experience, hobbies, community activities, etc. that might assist in identifying promotable employees.
2. Increase efforts with local community agencies such as Supplemental Training and Employment Program (STEP), Concentrated Employment Program (CEP), Work Incentive Program (WIN), Neighborhood Youth Corps (NYC), Portland Residential Manpower Center (PRMC), and other agencies dedicated to training the disadvantaged.
3. Provide orientation programs to administrators and supervisors to acquaint them with the policy and their responsibilities in meeting affirmative action goals.
4. Provide inservice training to increase promotional opportunities for women and minority employees.
5. Encourage all women and minority employees to participate in programs that could lead to promotion and provide financial assistance where possible.

## IV. Recruiting Requirements and Procedures

### A. Classified employees and research assistants

1. All recruitment for positions whether for new employees or promotion of current employees shall be conducted initially through the personnel office. No appointment to positions will be approved unless this procedure has been followed.
2. To assure progress toward the increased employment of women and minorities it may occasionally be necessary to delay for a reasonable time permanent appointment to a position until the availability of quali-

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## profile



One of the most fascinating things about Louise Anderson is her ingenuity. She can take a piece of driftwood and visualize it as a smiling figure, highlighted with a touch of paint—or see it as part of a picture frame.

In fact, she does both.

Louise, who's been sketching with charcoal since she was a child, became interested in her other projects about nine years ago. It was then she started taking painting lessons, "for four years, three nights a week," she explained. Only just recently she started making her own driftwood frames.

"I'll be able to make all my own frames now as soon as I buy a miter box," she said. "Joining the wood correctly at the corners is very important."

She often displays her paintings in the UOMS printing department where she has been the typesetter for 10 years. "I really enjoy my work," she said. "We do a large number of departmental student teaching manuals, medical record forms, statistical charts and copy for slides and graphs—lots of technical data." And Louise is the one who types all the final camera-ready copy for MEDICAL CENTER NEWS each month.

In addition to picture frames Louise also uses driftwood for her "Anderson's Antics"—stick-like figures with faces shaped by the contour of the wood. "I'm not making many of these figures any more, though," she added. "I've been devoting most of my time to painting, of course, to fishing, and to rock and agate collecting."

Louise has her rock polisher running 24 hours a day. She buys equipment, drills and saws, piece by piece and hopes to make jewelry and table tops when she retires. Her summer house at Cape Meares, in Tillamook County on the northern Oregon coast, abounds with rock specimens. And on favorable tides in the summer months she fishes the tidal rivers and bays "for perch, bass, flounder, sea-run trout—and lots of mud guppies."

"When I retire I'm going to move to the beach permanently. I want to paint all of Tillamook County, as I see it, and buy a camper so I can eventually travel around the United States—painting. I may even open a shop in my beach house."

"I'm really looking forward to my new career," she smiled, "as soon as I retire!"

## Continuing ed director named

New director of continuing education at UOMS is Dr. Charles J. Zerzan, Jr., who has been heading the School's circuit course program through the Oregon Regional Medical Program. He will now be responsible for all continuing education activities at the School, many of which were formerly handled by Dr. M. Roberts Grover, associate dean.

Dr. Zerzan will also continue to be involved with continuing education at ORMP. Annual enrollment in the UOMS-sponsored continuing education courses now exceeds 3,000.



## Centrex

A new telephone directory for the UOMS will be issued in mid-October in conjunction with training sessions for Centrex. Personal information cards have been sent to all departments and divisions for completion and return no later than August 25.

To meet the October deadline and to insure timeliness, it is imperative that the cards be returned promptly to the office of publications, Mrs. Mary Ann Lockwood, director, indicated.

The new directory will include all new campus extensions which will become effective with Centrex in December.

## Pediatrician honored



Brig. Gen. Lawrence Blaisdell (right) and Maj. Gale Goyins (left) presented Dr. Porter the Army and Air Force, National Guard Bureau's Guardsman Award, given "in recognition of patriotic service to the National Guard."

To express their thanks for his continued efforts and dedication to the UOMS PETS (Perinatal Emergency Transport System) program, members of the Oregon Army National Guard presented Dr. Thomas Porter, former UOMS resident in pediatrics, a plaque and official flight jacket with the OANG insignia.

The presentation, made last month at the former Portland Army Air Base's officers' club, took place just before Dr. Porter left for Anchorage, Alaska where he will be working with the U.S. Public Health Service to plan an airlift service for newborns, similar to the UOMS program.

## New payroll supervisor

A new face at the University of Oregon Medical School is that of Mrs. Marian Campbell, payroll supervisor for both the Medical and Dental Schools. Formerly account supervisor and then office supervisor at Arden Mayfair's northwest regional accounting office in Portland, she came to UOMS when that office consolidated with the Los Angeles branch. Prior to her job with Arden Mayfair she worked with an accounting firm in Washington.



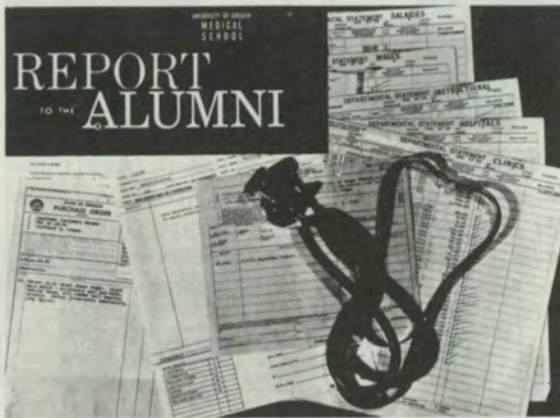
Mr. Joel Massie, who came to UOMS the end of last year as payroll supervisor is now manager of the professional fee billing office, University Medical Associates, which bills private patients in the Medical School and Multnomah Hospitals. His new office is in the basement of the outpatient clinic. The new billing service officially began August 1.

THIS SUMMER the 234 UOMS volunteers are donating time equivalent to 45 full-time employees.



# 1965-1980 "The Oregon Plan"

1959



editorial

## Medical education--at the crossroads

A nation of 228,463,000 people! This is the prediction of private and governmental experts for the United States in the year 1975.

With this incredible increase in population will come a multiplicity of problems. More people will have to be fed, clothed, educated, sheltered and their health needs met than ever before.

Maintaining the physical well-being of our increasing population is of primary concern to everyone, especially those in government, medicine and in medical education. Sixteen years from now, the physician-to-population ratio in this country will drop from the present 131.9 per 100,000 persons to 127.1, according to an article in a January issue of *Sage Weekly*. This figure is based on the number of graduates of medical schools now in existence and those being planned as contrasted with the number of physician deaths in this same period.

Last summer, a report by the Health, Education and Welfare Secretary's Committee on Medical Research and Education gave a far-reaching, well-organized evaluation of the current status and future needs of the nation's medical research and education programs. The report--best known as the Bayne-Jones report--was

prepared for HEW Secretary Marion B. Folsom by a ten-man committee headed by Dr. Stanshope Bayne-Jones, former dean of the Yale University School of Medicine. In it, contributions to the United States Public Health Service indicated that "it would not be in the public interest for the number of physicians per 100,000 population to fall below the 1955 ratio of 132 per 100,000. This ratio has remained constant (plus or minus two) over the past 30 years." The Bayne-Jones report bases this statement on the demand for medical care which takes into consideration changes in therapy, rehabilitation and suburbanization, use of auxiliary

(Continued on page 2)

Health, Education and Welfare Committee reports national shortage of physicians, recommends 14 to 20 new medical schools be built along with expansion of existing schools. (Eighty-four schools were in existence at the time. The report predicted population at 228,463,000 by 1975.)

1965



UOMS officials develop "Oregon Plan" which includes expanding the medical student body from 326 in 1965 to 448 fall term, 1975--a 36 percent increase in enrollment. Also, complete review of curriculum was initiated. School of Nursing and allied health offerings to be expanded.

1967



With approval and assistance of State Board of Higher Education, over \$12 million is sought and obtained from Oregon Legislature and federal government to launch major building program including teaching hospital addition and new basic science building. Plan approved to increase size of faculty.



Fifteen-year planning and practicing physicians

The University of Oregon Medical School is now at midpoint in the development of its "Oregon Plan"--a blueprint adopted by the institution in 1965 which called for a major expansion of the School's capabilities to supply Oregon communities with physicians, nurses and other health workers during the 15-year period ahead.

### Plan Developed in 1965

As noted in the chronological sequence above, the actual plan to increase the size of the Medical School entering class was developed in 1965. This was accomplished after careful analysis of Oregon's physician-needs

based on projected population growth up to and through 1980 and on in-migration of physicians to Oregon during this period. The number of physician graduates of the University of Oregon Medical School who traditionally remain or return to Oregon to take up practices also was taken into account.

Following the study, a decision was reached to increase the medical student enrollment by 36 percent. This not only would place Oregon in a competitive position nationally as far as the number of physicians per population by 1980, but would be an expansion program considered to be within the budgetary capabilities of the State of Oregon.

### Data Reviewed

Earlier this year a review of the data utilized in making the initial projections for institutional expansion in 1965 was completed and indicates UOMS is right on course. The state's population in 1971 was 2,143,000, and with 2,845 physicians actively in practice in Oregon this amounted to a ratio of one physician for every 753 people. According to the Pacific Northwest Bell's latest population forecast for Oregon (January, 1972), the population for 1981 is projected at 2,400,000.

By combining the number of UOMS graduates between 1972 and 1981 who elect to stay in Oregon with the number of physicians



# on Plan"

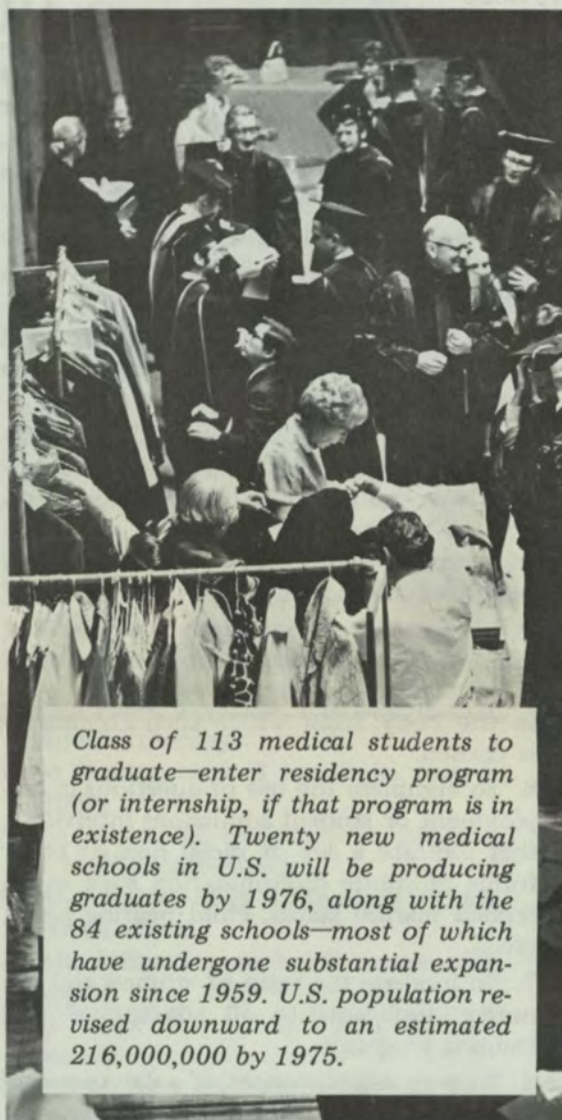
In 1965, the University of Oregon Medical School drafted plans for a major expansion to produce its share of the additional health workers required for Oregon's expanding population. Now, at the half-way point, here is a bird's-eye view of the progress which has been made:

1972



*Construction completed; some new faculty added; curriculum revised. A division of family practice initiated with approved residency in family medicine established. Entering class of 113 medical students accepted fall term. School of Nursing and allied health programs continue to expand. New ways of funding patient care programs launched.*

1976



*Class of 113 medical students to graduate—enter residency program (or internship, if that program is in existence). Twenty new medical schools in U.S. will be producing graduates by 1976, along with the 84 existing schools—most of which have undergone substantial expansion since 1959. U.S. population revised downward to an estimated 216,000,000 by 1975.*

1980



*Internship, residency, military obligations completed. Class of 1972 enters practice of medicine.*

ag between initial  
actual availability of  
physicians to Oregonians

expected to migrate into Oregon—adjusted for death and retirement—the number of doctors practicing in Oregon by 1981 is expected to swell to 4,645. This should give the state a physician-population ratio of one doctor for every 519 persons.

The State Board of Medical Examiners' office has indicated that inquiries by physicians from other states relative to licensure in Oregon normally run about 50 per year. So far in 1972, the number of inquiries has amounted to three times that figure suggesting that many physicians in the United States are looking to Oregon as a place to practice. The number of physicians licensed in the current calendar

year totals 119 (January through April, 1972), most in the area of family practice—according to the Board of Medical Examiners.

## School of Nursing Plans Expansion

In general, the same statistical methodology has been used in planning expansion of the School of Nursing on the UOMS campus. Oregon's nursing needs have been projected through the decade ahead and consideration has been given to the number of nurses being produced by Oregon institutions along with in-migration. With the loss of nurses through marriage, moving away, and other non-practice reasons, it now is estimated there will be a deficiency of approximately 1,040 nurses

with baccalaureate preparation in Oregon by 1981.

The University of Oregon Medical School, as organized under the Oregon State Board of Higher Education, has as its primary responsibility the preparation of physicians, nurses and trained health workers in a variety of other fields to take care of Oregon's health care needs. How these doctors, nurses and others distribute themselves in Oregon is the concern of all citizens, governmental agencies and health organizations as well as the individual practitioners themselves. It is an area which will demand increased attention in the years ahead.



*affirmative action, continued*

fied women and minorities in the work force is determined.

3. The personnel office shall post weekly on appropriate bulletin boards a list of all available positions including the merit system title, working title, brief description of duties, the salary range, what examinations are required, if any, in order to qualify and other pertinent information.

4. The personnel office will audit annually all existing position descriptions to assure the descriptions contain only bona fide occupational qualifications.

5. The personnel office shall encourage the state personnel division to conduct required validation studies to assure the selection process provides equal employment opportunity for women and minorities.

6. The personnel office shall be advised of, and coordinate the placement and/or employment of individuals referred by such community agencies as Concentrated Employment Program (CEP), College Work Study (CWSP), Work Incentive Program (WIN), and Neighborhood Youth Corps (NYC).

7. The personnel office will establish and maintain salary guidelines for research assistant and research associate which will serve as a basis for grant requests. Salaries will be periodically reviewed to assure that salary equity exist for women and minorities.

#### B. Unclassified employees

1. Each administrator, academic department chairman and division head shall institute a systematic procedure in accordance with established guidelines for recruitment of academic employees and trainees, which will insure that efforts are made to seek women and minorities to fill vacant positions.

2. To assure progress toward the increased employment of women and minorities it may occasionally be necessary to delay for a reasonable time permanent appointment to a position until the availability of qualified women and minorities in the work force is determined.

3. The guidelines for recruitment of unclassified employees and trainees shall include, but not be limited to the following:

a. Requesting referral of qualified women and minority candidates from professional organizations as well as women and minority organizations which maintain placement services.

b. Establishing an application file which should include all correspondence with that applicant as well as the faculty application and other appropriate applicant information forms. The applicant file should be forwarded to the Dean's office prior to the time of the request for approval of appointment.

c. Submitting to the Dean's office at the time of the official request for appointment a summary of the affirmative recruiting effort.

#### C. Student employees

1. The personnel office will conduct all initial recruitment for student positions.

2. The personnel office will establish and maintain a student job classification structure and administer a student compensation plan to assure equal employment opportunity and salary equity.

D. The office of minority student affairs will establish an ongoing affirmative program of women and minority student recruitment, which will include outreach into elementary, junior high and high schools in the state.

#### V. Goals

1. To achieve a ratio of women and minority employees in academic, classified and student positions at least equivalent to their availability in the appropriate labor market.

2. To maintain salary equity between male and female employees in each job classification and academic discipline within the Medical School. Where inequities are found, salaries shall be adjusted.

3. To assure equal opportunity is provided women and minorities for promotion to higher level positions and for transfer.

4. To eliminate the concept of male or female job classifications through affirmative efforts in the recruitment, placement, promotion and transfer of women applicants and employees into occupations from which they have traditionally been excluded.

5. To increase representation of women and minorities on Medical School committees at least equivalent to their availability within the body from which each committee is chosen.

6. To eliminate the use of questions in employment or student admissions interviews, that indicate a sex or racial bias or other forms of subtle discrimination such as intended marital status, child bearing plans, etc.

7. To increase the ratio of women and minority applicants to all educational and training programs.

8. To seek establishment of a day care center for the Medical School community.

9. To develop a comprehensive policy of maternity leave for recommendation to the State Board of Higher Education.

#### VI. Affirmative Action Committee

An affirmative action committee will be appointed by the Dean to assist the affirmative action officer. The committee shall include representatives from women and minority groups. It shall include representatives from classified and unclassified employee, student and trainee groups. The committee will have three basic responsibilities:

A. To meet as required to make recommendations on affirmative action policy additions and changes to the Dean where necessary.

B. To hear grievances of any classified and unclassified employee, student or trainee who feels discriminated against on the basis of race, color, religion, sex, age, or national origin and recommend remedial action to the Dean where discrimination is determined to have occurred.

C. To review reports of the affirmative action officer and make recommendations to the

Dean on institutional progress regarding employment practices and admissions.

#### VII. Grievance Procedure

Employees who believe they have been discriminated against on the basis of race, color, religion, sex, age or national origin shall present the grievance either orally or in writing to the affirmative action officer. The affirmative action officer shall investigate the grievance and attempt to resolve it.

If the unclassified and classified employee, student and trainee is dissatisfied with the proposed solution, the grievance may be presented to the affirmative action committee by advising the affirmative action officer. The committee will hear the grievance and recommend action to the Dean who will render the final decision.

Each unclassified and classified employee, student and trainee, is guaranteed the right to register a complaint or grievance without fear of reprisal. Each grievant will be provided a response within 30 days of the receipt of the grievance.

#### VIII. Internal Auditing and Reporting

The following procedures of auditing and reporting will be initiated in order to measure progress in all areas of recruitment referrals, placements, promotion and transfers of minority and women candidates:

A. It will be the responsibility of all departments to establish and monitor a system of periodic salary and wage review.

#### B. Classified and student employment

1. The personnel office will provide the office of affirmative action with applicant flow data by sex and minority group on a quarterly basis.

2. The personnel office will provide the office of affirmative action quarterly summaries of the total medical center employee population by department, class, sex and minority group.

#### C. Academic staff

1. Department chairmen and division heads shall submit to the Dean at the time of faculty appointment a summary of the recruiting effort. The report shall include race and sex of candidates contacted, copies of applications and correspondence and the disposition of candidates.

2. Department chairmen and division heads shall summarize annually for the Dean their recruiting efforts for Ph.D. students and postgraduate trainees. The report should include race and sex of applicants and the applicant disposition.

#### D. Medical, nursing and allied health students

1. The director of admissions will submit annually to the Dean a comprehensive summary of student admissions data. The report shall include a breakdown by program, minority group and sex and acceptance and rejection ratios of each.

2. The director of admissions shall maintain an applicant correspondence file.

3. The director of admissions shall submit annually to the Dean a breakdown of the total student population by program, class, minority group and sex.



# VIPs

## JUNE

### Service Anniversaries—from Personnel

**5** Adrienne Boyd, MSH nursing  
Kenneth Haraguchi, ophthalmology

Lynn Johnston, printing  
Ethel Lechelt, radiology  
Laurie Litowinsky, medical school cafeteria

Dr. David Macfarlane, CCD  
Jean Ollerman, MSH nursing  
Sophie Powell, MSH dietary  
Gary Rood, MSH administration  
Elizabeth Schulz, MSH nursing

**10** Ina Duncan, clinical pathology  
Thelma Fields, clinical pathology  
Byron Phillips, personnel  
Susan Rich, Oregon Regional Medical Program

**15** Mary Boles, TB hospital nursing  
Liona Lanning, MSH nursing  
Dr. Joseph Matarazzo, medical psychology  
Manfred Robinson, radiology  
Dr. George Saslow, psychiatry  
Mildred Strasburg, physical plant  
Ruth Thompkins, microbiology  
Vernon Wolvert, physical plant

**25** Gertrude Cox, CCD

### Moving Up

Richard K. Bowen, cust. wkr. to laborer 1, physical plant  
Francis L. Brewster, cust. wkr. to cust. wkr. supervisor 2, physical plant  
Cheryl Cannon, R.N. 1 to R.N. 3, MSH nursing  
Susan Hamilton, clerk 1 to clerk 2, medical records  
Jane Hinderlie, P.N. 1 to R.N. 1, MSH nursing  
Harry Jones, cust. wkr. to laborer 1, physical plant  
Mary Makeef, clerk 1 to clerk 2, medical records  
Cynthia Miner, clerk 1T to clerk 2T, medical records  
Christina Ward, sec. 2D to sec. 3T, psychiatry

### IN MEMORIAM

Dr. Lyle B. Kingery, professor emeritus of dermatology.....July 10, 1972  
Mae D'Amico, business office..... August 5, 1972

## JULY

### Service Anniversaries—from Personnel

**5** Dr. John Campbell, surgery  
Jerry O. Elder, CCD  
Mildred Jennings, TB Hospital  
Dr. Clifford S. Melnyk, medicine  
Dr. William Morton, environmental medicine  
Gladine Reynolds, MSH nursing  
Peggy J. Terry, CCD  
Hazelle Van Cleave, MSH nursing

**10** John Bellinger, pediatrics  
Mae P. Hancock, TB Hospital  
Dr. Donald Kassebaum, cardiology  
Harry Shaich, radiology

**15** Marjorie Day, hematology  
Dr. Raphael Durfee, Ob/Gyn  
Mary Freshner, TB Hospital  
Dr. Ruth Matarazzo, medical psychology  
Dr. Albert Starr, cardiopulmonary surgery

**20** Betty Weible, MSH nursing

**25** Marjorie Maxwell, clinical pathology

### Moving Up

Linda Benedict, R.N. 4 to R.N. 5, MSH nursing  
Donna Burningham, inst. wkr. to P.N. 1, MSH nursing  
Martha Fuch, phy. ther. 1 to phy. ther. 2, physical therapy  
Irene Grants, clerk 3 to admin. asst. 3, library  
Marie Geisbuhler, seamstress to inst. wkr. 2, MSH housekeeping  
Marilyn Haley, clerk 2T to clerk 3T, registrar's office  
Aniela Jefferson, clerk 3T to sec. 3D, surgery  
Edna Knox, P.N. 1 to L.P.N. 2, MSH nursing  
Judith McKay, soc. wkr. 1, to soc. wkr. 2, social service  
Rose Pitts, clerk 2 to clerk 3T, medical records  
Marian Plunkett, clerk 4T to med. rec. lib. 1A, medical records  
Sarah Recken, graphic artist 1 to graphic artist 2, medical graphics  
Ramona Snyder, clerk 3T to med. rec. lib. 1A, medical records  
Suzanne Tarbell, clerk 2T to clerk 3T, medical records  
Mary Anne Wallace, R.N. 1 to R.N. 2, MSH nursing  
Linda Wortham, inst. wkr. 1 to inst. wkr. 2, MSH nursing

## New Faculty

### Full-time

Dr. Clifford J. Anderson, instructor in medicine  
Dr. Ruza Antonovic, assistant professor of radiology (diagnosis)  
Dr. Judson S. Brown, professor of medical psychology  
Dr. Arthur Ego, instructor, CCD  
Dr. Larry Eidemiller, assistant professor of surgery  
Dr. John P. Hammerstad, assistant professor of neurology  
Dr. Emmet Keefe, instructor in medicine  
Dr. Charles W. Kerber, assistant professor of radiology (diagnosis)  
Dr. Kenneth S. W. Kim, assistant professor of clinical pathology  
Dr. Robert W. Loehning, associate professor of anesthesiology  
Dr. Mary Meikle, assistant professor of otolaryngology and medical psychology  
Dr. James E. Musgrave, instructor in pediatrics  
Dr. George D. Olsen, instructor in medicine (endocrinology)  
Dr. Shahbudin Rahimtoola, professor of medicine  
Dr. Thomas C. Richards, assistant professor of anatomy  
Dr. Segundina A. Saga, instructor in anesthesiology  
Dr. Kenneth R. Stevens, Jr., assistant professor of radiation therapy  
Dr. Yeshawant B. Talwalkar, instructor in pediatrics  
Dr. Calvin T. Tanabe, assistant professor of neurosurgery  
Dr. Robert H. Turner, instructor in dermatology  
Dr. Richard C. U'Ren, assistant professor of psychiatry

### Part-time

Dr. Erwin Hesselberg, clinical instructor in pathology  
Dr. Banoo M. Jhaveri, instructor in pediatrics  
Dr. Jerry K. Larsen, instructor in psychiatry

### Volunteer

Dr. Roger D. Ambrosion, clinical instructor in family practice  
Dr. Dee D. Atkinson, clinical instructor in family practice  
Dr. Norman Birndorf, clinical instructor in medicine  
Howard I. Bobbitt, clinical instructor in public health and preventive medicine  
Marie A. Carley, clinical instructor in nursing  
Dr. Ralph G. Cutler, senior clinical instructor in surgery  
Dr. Doyle Daves, affiliate in biochemistry  
Dr. Donald Girard, instructor in medicine (VAH)  
Dr. Mark T. Hattenhauer, clinical instructor in medicine  
Dr. Robert M. Heilman, assistant clinical professor of public health  
Dr. Keith D. Holmes, clinical instructor in surgery  
Dr. Walter J. McDonald, assistant professor of medicine (VAH)  
Dr. Bernard Marquardt, clinical instructor in pediatrics  
Dr. Wendell Nealy, clinical instructor in family practice  
Dr. Michael Noonan, senior clinical instructor in medicine  
Billi Odegard, clinical instructor in public health nursing  
Dr. William C. Owens, clinical instructor in medicine  
Dr. Anthony G. Peck, clinical instructor in radiology (diagnosis)  
Dr. Patrick J. Reynolds, assistant professor of physiology (Dental School)  
Dr. Richard Selden, assistant professor of medicine (VAH)  
Dr. Kent R. Smith, clinical instructor in medicine  
Dr. Vitolds C. Vitums, senior clinical instructor in medicine  
Dr. John D. Welch, assistant clinical professor, environmental medicine

## Asst. development officer named

Larry S. Koch has joined the development office staff as assistant development officer.

In announcing Mr. Koch's appointment, Dallas Finnell, director of development, indi-

cated that the continued expansion of the programs of private support and particularly the activities of the UOMS Advancement Fund made this addition necessary.

Mr. Koch, a graduate of Oregon State University, joins the staff after service as a group department manager with Meier and Frank Company. He will have primary responsibility for internal office management and assisting with the fund-raising programs.

THERE ARE more than 7,000 hospitals in the United States which care for about one and one-half million patients each day of the year. The ratio of hospital employees to patients is about three to one. Approximately one out of every six people in the United States will be hospital inpatients some time this year.



# Campus bulletin board

Grants from the Leukemia Society of America, Inc. may be obtained by applying to the Society by November 1, 1972.

Scholarships for five year periods totalling \$100,000 and special fellowships and fellowships for two years in each category for grants of \$31,000 and \$19,000 respectively are available. Write to: Vice President for Medical and Scientific Affairs, Leukemia Society of America, Inc., 211 East 43rd St., New York 10017.

Pre- and post-doctoral training in neuroendocrinology is being offered in the department of physiology, University of California, San Francisco.

The research program is concerned with all aspects of neuroendocrinology, with particular emphasis on the control of renin and aldosterone secretion, ACTH and gonadotropin secretion. Training leading to the master's and Ph.D. degrees in endocrinology is also available. For further information write: Dr. William F. Ganong, department of physiology, University of California, San Francisco 94122.

The National Tuberculosis and Respiratory Disease Association is offering grants for research in the field of the respiratory system and its disorders. The research may be clinical, laboratory, epidemiological or social. Applications for the grant year beginning July 1, 1973 must be submitted by December 1, 1972. Full information and application forms may be obtained from the Medical Director/ National Tuberculosis and Respiratory Disease Association/ 1740 Broadway/ New York, N.Y. 10019.

The division of psychoanalytic education, department of psychiatry, State University of New York, Downstate Medical Center, has formed a Medical Student Advisory Service designed to enable interested students to begin training in psychoanalysis as early as possible. Those accepted could start regular course work at the Institute at the same time as their psychiatric residency. Applications are also accepted for those in other residency programs.

More information is available in the public affairs office or from Executive Secretary, Medical Student Advisory Service, Division of Psychoanalytic Education, 606 Winthrop St., Brooklyn, New York 11203.

The Dermatology Foundation is offering fellowships to postdoctoral trainees who have made a commitment to academic dermatology. Awards are made for one year and applications are available in the public affairs office or from Alfred D. W. Freund, Executive Director, Dermatology Foundation, 1530 Chestnut Street, Philadelphia, Pennsylvania 19102. Deadline is September 1, 1972.

Sinai Hospital of Detroit is offering student fellowships in anesthesiology, internal medicine, laboratory medicine, ob/gyn, ophthalmology, psychiatry, radiology (diagnosis and therapy), rehabilitation medicine and surgery. Appointments are for at least one month and for vacation periods only. Room and board plus a \$300 per month stipend are provided. More information is available from: Office of the Administrator, Sinai Hospital of Detroit, 6767 West Outer Drive, Detroit, Michigan 48235 or from the UOMS office of public affairs.

## NEWSMAKERS

Senior Medical Student Dennis Pavlinac has been awarded a \$750 scholarship for research and clinical training in allergy by the Allergy Foundation of America. He will be working under the supervision of Dr. Emil Bardana, Jr., assistant professor of medicine.

Dr. Bernard Pirofsky, head of the UOMS division of immunology and allergy, will deliver the 1972 Emily Cooley Memorial Lecture of the American Association of Blood Banks later this month in Washington, D.C. He will also receive the Emily Cooley Award, named for the daughter of Thomas B. Cooley, discoverer of Cooley's Anemia.

Kathy Sengenberger, writer-producer in instructional aids, is general chairman for the Theta Sigma Phi (journalism honorary) national conference to be held in the fall of 1973.

Mr. Joseph J. Adams, assistant dean, has been elected to the six-member executive committee of the board of trustees of the American College Public Relations Association.

Carol O'Connor, instructor in medical and surgical nursing, has been selected as Oregon's representative to the executive council of the American Heart Association's Council of Cardiovascular Nursing. As a clinical specialist in cardiovascular nursing, she will appear on a panel at the November annual scientific sessions of the American Heart Association in Dallas, Texas, discussing a family teaching plan.

## Retirement

Julia Prise

After working nine and one-half years in the Medical School Hospital's patients' billing office, Julia Prise is retiring.

At a party held in her honor July 31 she revealed her retirement plans, "reading novels and eating chocolates."



## Associate medical director chosen

Dr. William M. Clark, Jr., professor of pediatrics, has been appointed associate medical director of hospitals and clinics on a part-time basis. Dr. Clark, a UOMS faculty member since 1954, will continue to serve as director of the child development project and participate in pediatric department teaching programs. In his new position he will assist Dr. Michael Baird, medical director and administrator, in the medical aspects of hospital and clinic operations.



## medical center news

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