

Staying in the hospital can be a difficult experience for a child. But UOMS staff and personnel are doing their best to see that young patients like Shane Snyder, above, remember hospitals as friendly, not frightening, places. See pages 6-7 for more on what a child encounters at the UO Medical School Hospital.



medical center news

5/74

university of oregon medical center

UOMS given large donations

Gifts amounting to more than half a million dollars have recently been donated to the Medical School, announced Director of Development Paul Weiser this week.

A gift of \$486,000 from the estate of the late Aubrey Watzek was received in April. Watzek, a retired lumberman, was a member of the UOMS Advancement Board and honorary member of the Alumni Association. He died last year.

The Ralph and Adolf Jacobs Foundation, a local charity foundation, has donated \$10,000 to the new James W. Rosenfeld Child Abuse Center.

A substantial gift of stocks and bonds was given to the Medical School for the perinatology program last month by Mrs. Ida C. Dubach, of Portland. Mrs. Dubach is the wife of the late U. G. Dubach, former dean of students at Oregon State University.

Dean Holman receives honor

Dr. Charles N. Holman, dean of the Medical School, has been selected one of eight persons to receive Oregon State University's Distinguished Service Award, OSU's highest honor, at the June 2 commencement exercises.

OSU's citation honoring the dean states:

"Charles N. Holman . . . distinguished physician, administrator and leader in medical education and research . . . dean of the University of Oregon Medical School since 1968 and professor of medicine for 35 years . . . lifelong Oregonian who entered Oregon State in pharmacy and left as an honor student in pre-medicine destined for noteworthy career . . . a fellow in the American College of Physicians and a diplomate in the American Board of Internal Medicine . . . active in a score of medical, hospital and allied health societies and organizations . . . president of the Oregon Tuberculosis and Health Association and the Oregon Association of Hospitals . . . motivator in medical research . . . much of the historic pioneering work in the field of heart surgery at the Medical School came during his tenure as administrator of the university hospitals . . . OSU programs involving statistics, engineering, biology, and environmental health have been stimulated and encouraged by his attitude of friendly and helpful cooperation . . . a revered doctor's doctor—quiet, meticulous, thoughtful, dedicated and human.

Education cost survey released

The National Academy of Sciences' Institute of Medicine has released results of its 18-month study to determine the average annual costs of educating a student to the M.D. degree and the first professional degree in seven other health professions.

The University of Oregon Medical, Dental, and Nursing Schools participated in the study, which was contracted by HEW to the Institute under provisions of the Comprehensive Health Manpower Act of 1971.

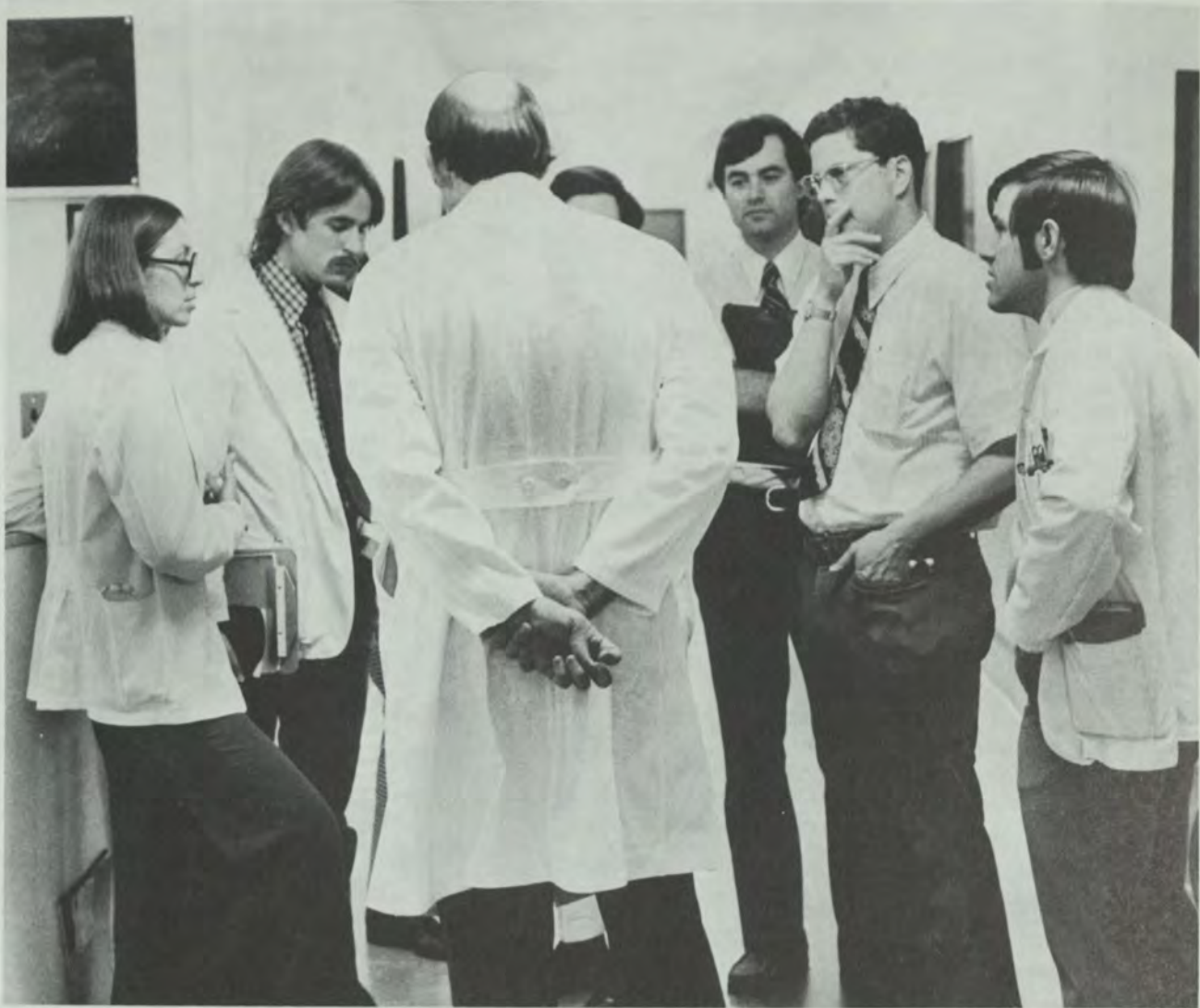
That act initiated the capitation grant system, a program of federal support of health professional schools based on enrollment. Congress requested the Institute study to help determine how much money might be required in capitation grants. The following results were reported:

Annual Average	Total Instruction and Education Costs		
	MD	DMD	BACC. NURSE
All schools	\$12,650	\$9,050	\$2,500
UO	10,350	7,081	1,413

However, for purposes of federal and other aid to health professional schools, the study recommends a cost basis of "net education expenditures" which is calculated by subtracting from education costs the income received from research and patient care considered essential to education. These figures are:

NAS/IOM Study	Net Educational Expenditures		
	MD	DMD	BACC. NURSE
For All Schools	\$9,700	\$7,400	\$2,450
UO	7,850	5,702	1,413

The study group's recommendations include an endorsement of a federal support for health professional schools as "a national resource," appropriation of capitation grants in such a manner as to make them a "dependable source of income" for the schools, a capi-



The total cost of educating a medical student averages out to \$12,650, according to a National Academy of Sciences study in which the University of Oregon Medical School participated.

tation formula that will maintain current enrollments rather than expand them, and grants based on numbers of graduates rather than numbers enrolled in the schools.

Another study, released last October by the Association of American Medical Colleges (AAMC) examined 12 medical schools. This study found the cost of educating a physician to range between \$16,000 and \$26,000 per year per student.

Representatives of the AAMC and National Academy of Sciences agree that the reason the results of

their two studies are at variance is due to differing judgments and methodology.

According to the AAMC, "Expenditures by medical schools to support regular operating programs grew from \$200 million in 1961 to \$780 million in 1971; and in the same period, expenditures for all sponsored programs increased from \$220 million to \$930 million, including support for application of fundamental biomedical and clinical research discoveries to improve health care. Medical schools have thus emerged into a multi-billion dollar enterprise."

medical center news

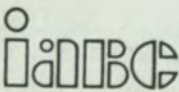
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Approval given for remodeling neonatal intensive care area

Two of every 100 newborn infants require intensive care. The number of admissions to the UOMS neonatal intensive care unit has risen from 234 in 1971 to 344 in 1973.

Since the advent two years ago of PETS, the Perinatal Emergency Transport System, 416 sick infants from throughout the state have been transported by van or helicopter to the Medical School. Usually, these are acute cases.

In view of increasing requests for admission of infants to the neonatal intensive care unit (NICU), and the need for improved facilities for infant care, UOMS has undertaken plans to remodel this unit.

The project was approved by the Emergency Board of the Oregon State Legislature May 9, and architectural plans are now in the final stages. The project will go out to bid in the near future, and construction could begin in July or August, according to Gary J. Rood, Medical School Hospital administrator. Remodeling is expected to take four months.

The present NICU is located on 12B MSH, in an area originally designed in 1957 as an adult isolation ward. It is still compartmentalized into small rooms including individual toilets. According to Assistant Professor of Pediatrics Gerda Benda, the center's utility systems are "entirely inadequate" for its multiple requirements, particularly in lack of compressed air and suction.

Air conditioning was not built into this area in the original building plans. Crowding in the rooms is creating problems with general ventilation and causing difficulty in giving high risk treatments. Dr. Benda added.

The remodeled unit will incorporate the following improvements:

1. Air conditioning and sufficient air changes

necessary to meet standards for proper care.

2. Built in wall utilities eliminating the excessive use of floor space for oxygen tanks, mobile suction machines, etc.

3. Removal of walls between rooms to make one large service unit, eliminating crowding and providing for grouping of patient care needs without reference to specific rooms. This increases the efficiency of available nursing coverage for the patients requiring continuous observation.

Total funding for the remodeling project is from the Clara E. Mulkey bequest which was left to the Doernbecher Hospital in 1973.

UOMS will join in city's disaster drill

The Medical School hospitals will participate in a city-wide disaster drill Saturday, June 8.

Simulated earthquake victims will be transported by ambulance and helicopter to UOMS and other Portland hospitals from the Grant Park and Duniway Park areas.

Also participating in the drill will be City-County Emergency Services, the Sheriff's office, police, Red Cross, county physician's office, the military, clergy, local morticians, and many other agencies. A network of radio communications will link those involved.

"Victims" will wear simulated wounds, and will act in accordance with their supposed conditions.

Heading the drill are Max Kersbergen, administrator, University Hospital North, and Freddie Petett, emergency services coordinator, City of Portland.

Portland health planning (CHPA) discussed

In the past, if an Oregon community hospital or other health care facility or agency wanted to add a service, construct a new facility or enlarge an existing one, they went right ahead with the project—assuming funds were available.

Today, things are different. There is growing public concern about how scarce health dollars are expended. Rising costs for health care, shortages of health manpower, and an increasing clamor for more participation by those paying for health services have brought about profound changes in funding decisions.

In an effort to see that a more careful watch is maintained over such expenditures and that health care consumers participate in the decision making, Congress passed in 1966 Public Law 89-749.

Planning at every level

This statute made federal funds for health care facilities available to the states with certain definite stipulations about how the funds were to be administered.

In 1967, in response to this law, Oregon Governor Tom McCall established an 11-member statewide Comprehensive Health Planning Agency (CHPA) in Salem.

Joseph J. Adams, UOMS assistant dean, was a member of the original CHPA board for Oregon. Later, Dr. Charles N. Holman, dean of the Medical School, also served on the board.

"The major objective of the law passed by Congress was comprehensive planning for health services, health manpower and health facilities at every level," Adams explained.

"The idea was to establish closer cooperation between people delivering health services and those receiving health care," he continued, "so that quality

services could be available to the most people at the least cost."

Under the state board on which both Adams and Dean Holman served, many local subsidiary agencies were formed throughout Oregon. Adams now serves as the Medical, Dental, and Nursing Schools' representative on the 39-member board of the Portland Metropolitan Comprehensive Health Planning Association, the largest area-wide agency in the state.

Federal statutes require that 51 per cent of the membership of these planning agencies be "health consumers." This is to insure that the voices of those receiving health care will be heard by those providing the delivery of health care services.

In 1971, the Oregon legislature passed House Bill 1052, known as the "Certificate of Need" legislation. This bill gave the CHPA authority in two areas:

1. responsibility for determining the need for additional hospital facilities or services.
2. the means to promote controlled growth when growth is found desirable.

Certificate of need must be filed

The effect of this legislation is that any hospital that wishes to change existing programs or enlarge its scope of operations must apply to the board of the Oregon CHPA. The board (generally referred to as the "A" agency) has been renamed the State Health Commission.

A certificate of need must be filed for the following kinds of changes:

1. constructing new or replacement hospital facilities.
2. expansion or alteration of any existing hospital to increase bed capacity.
3. expansion or alteration of any existing hospital

which will result in a change of licensing classification for the hospital.

4. expansion or alteration of any existing hospital to add new services which duplicate services in the community.

5. expansion or alteration of any existing hospital to add new services which do not duplicate existing services when such projects are valued at either two per cent or more of the average annual operating revenue or \$200,000 or more—whichever is the lesser of the two. Projects under \$400,000 which do not duplicate existing services are exempt from certificate of need.

Law further defines funding

During this same period, Congress passed another law further defining the use of federal funds by health care facilities. This law, PL 92-603, is known as the Social Security Amendments of 1972.

Section 1122 of this act emphasizes that federal funds appropriated under various titles of existing Social Security legislation may not be used to support unnecessary capital expenditures made by or on behalf of health care facilities or health maintenance organizations which are reimbursed under any one of three titles in the Social Security statutes.

The task of reviewing projects under this statute rests ultimately with the state's Comprehensive Health Planning Authority.

Case referred to "B" agency

Health care facilities planning changes in their operations must apply to the State Health Commission (the board of directors of the CHPA). If the commission decides that a certificate of need is required, the case is referred to the proper local CHPA group (known as the "B" agency) for the project review process.

The facility applying must then draw up a complete and definitive report of their plans. This report is reviewed by two groups within the local CHPA, which are 1) the projects review committee consisting of board members and others from the community, and 2) a subcommittee especially assigned the actual review. This subcommittee functions as a task force in implementing the project review process.

After the local CHPA's paid staff has submitted its analysis of the project, the subcommittee visits the site in question, talks at length with those involved, and conducts public hearings within the community. Any interested citizens either for or against the project are invited and may participate in the hearing.

The the subcommittee decides whether or not it approves the project, and presents its findings before the project review committee of the local CHPA. Both Adams and Dr. Joseph Matarazzo, professor and chairman of the UOMS department of medical psychology, are members of this review committee.

Local board studies findings

The project review committee then may reject or endorse the recommendation of the subcommittee, and presents its decision to the local CHPA board of directors.

The board studies the findings of the various committees, reaches its own decisions, and then makes recommendations which are forwarded to the State Health Commission under the state certificate of need legislation, or to the regional office of HEW in Seattle if the project falls under certain federal statutes. These bodies decide whether final approval will be given or withheld.

In the case of the State Health Commission, if approval is withheld, institutions may appeal the commission's decision.

Thus, the Comprehensive Health Planning Agency has assumed the mantle of a regulatory body for the health care industry.

The certificate of need legislation, section 1122 of the Social Security Amendments, and PL 89-749 have become the regulatory documents which spell out in great detail what may and may not be done.

Assistant Dean Adams commented, "Only time will tell if this new regulatory system will work to the benefit of both health care providers and consumers."



Children follow their teacher, Diana Firth, in a kicking game at the Hill Learning Center, a small UOMS day care facility at CDRC. The Center, now filled to capacity, may have openings this Fall.

Will UOMS have more day care?

A new day care center on the UOMS campus for children of employees, students, and faculty members may not become a reality unless sufficient funding is found.

Over an 18-month period, the UOMS Affirmative Action Committee has conducted a study to determine whether UOMS personnel want such a center and, if so, where it could be located.

Results of a questionnaire which the committee sent to employees indicated that of the 203 employees questioned who have children requiring day care, 161 employees would bring their children to UOMS if there were a day care facility here.

At a faculty meeting February 28, the faculty voted almost unanimously to form a committee which is studying the day care problem in more depth.

About 30 children of UOMS faculty, students, and personnel are already enrolled in a small day care center on campus located in the Crippled Children's Division. This center, which is run by Rose Peterson, is filled to capacity, and some children have been turned away.

After almost two years of studying UOMS's day care needs, Dr. Frances Storrs, assistant professor of dermatology and chairman of the Affirmative Action Committee, has determined that Fitzpatrick Hall, the old UO Dental School men's residence, would be the most ideal location for a day care center. Between 85 and 100 children could enroll in the center.

But about \$15,000 is needed to renovate the structure. After this initial outlay, the day care center would be self-supportive. Dental School administrators say they are willing to lease the building to the Medical School for a day care center.

The Affirmative Action Committee has expressed the hope that a donor will be found from the community at large to fund a day care center in Fitzpatrick Hall.

Med students' wives must be independent

Completing four years of medical school isn't easy—especially for young men who are married.

They must give up normal family life, leisurely weekends, and free time. They must be willing to devote all their energies to medical training.

But what happens to medical students' wives during this four-year period?

How do they and their children cope with an often absent husband and father? What are the special sacrifices they must make?

To find out what it's like to be the wife of a medical student, *Medical Center News* recently questioned three UOMS students' wives, Jane Malm, wife of John Malm, a junior; Lyn Rice, wife of senior Dwayne ("Sparky") Rice; and Connie Hughes, wife of junior Gene Hughes.

Prepared for the worst

All three wives agreed that although they had prepared themselves for the worst, being a med student's wife is not as bad as they had feared.

"I thought Gene would disappear out of my life altogether," Connie commented. "As it turned out, he *was* there, but I just couldn't talk to him because he was studying so much."

"Our parents tried to talk us into waiting until Sparky had graduated before we got married," Lyn explained. "But we knew that wasn't the answer. I knew I'd have to share him."

Lyn continued, "Sometimes by the time I get the kids fed, bathed, and ready for bed, and I finally have time to be with Sparky, he's so exhausted, he goes to sleep. Adding all the time he is away to the time I have to spend with the children even when he's home, our times together are precious and few."

Jane added, "Medical school is such a busy time that the quality of your time together is much more important than the quantity. We try to make our time together really happy—not filled with problems."

Wives must be independent

"There are a lot of divorces among med students and their wives," said Connie. "Many wives just cry a lot about being alone so much. A med student's wife has to be able to be independent. She can't just pick up the phone and call her husband several times a day like businessmen's wives can."

"There have already been five divorces in the



Lyn Rice, left, gets a few hurried minutes during dinner to talk with her husband Dwayne, still in scrub suit, before he returns to the Medical School for an OB call.

junior class," commented Jane, "but I think these people probably had problems even before medical school began."

Medical students face their roles as fathers in different ways. Therefore, the pressures on their wives as mothers are varied.

"I need time for myself..."

"John has really tried to make time for the children," Jane emphasized. "Often he's away before the kids are up, and when he gets home at night, they're asleep. So on weekends or when he has any free time, he reads to them, or plays with them and takes them places."

"He knows I need time for myself," she continued, "so he takes over. He loves to be with the kids."

Jane added that her husband was on an intramural basketball team this Winter, and she and their two

small daughters attended every game. "We wanted it to be a family thing," she added.

Both Connie and Lyn agreed that Jane's husband's activities as a father are noted by other married med students to be outstanding and are not the norm.

"My husband likes to relax when he gets home from the hospital," said Lyn. "The kids are really excited when he come home, because they don't get to see much of him. But after he's played with them a while, he wants to be free."

"I need a break from the children, too, sometimes," she added. "So, at times, there's conflict because Sparky doesn't want to be left alone with the kids."

The social life of med students and their wives is "catch as catch can," observed Connie. "Sometimes we go out several evenings in a single month, but other months, we hardly go out at all."

"We make it a point to go out at least one night a week unless Sparky's on call," said Lyn.

Jane explained that whenever she and John go out, they take their children along.

Money worries are ever-present

Money worries are ever-present among medical students and their families.

"Finances can present a real problem," Lyn pointed out. "I used to go on a crying binge at the end of every month. We thought about money a lot, but we just decided that with all the other pressures, it wasn't worth worrying about so much. So, instead, we took out loans which we can pay back after my husband graduates. It's been a big relief."

Lyn, whose husband is a senior, added, "The end is finally in sight, and that's what's important."

All three wives feel a special responsibility to maintain a happy home life. They feel that in the face of so many personal and on-the-job pressures, their husbands need a cheerful atmosphere at home in order to maintain a positive outlook.

"How I receive him when he comes in the door determines how he'll feel that night," Jane confided.

Husbands are affected by the praise they get

"Usually if I have a nice hot meal on the table when Sparky comes home, that wins him for the night," said Lyn.

But she added, in a more serious vein, "Medical students are working almost as doctors in their last two years. It's very natural for them to get a lot of respect from patients and praise from doctors they work with. It's hard work, but there are a lot of rewards, and the students are subconsciously affected by the amount of praise they get. If they don't get the same response at home—where they're just father and husband—they are eager to get back to the hospital."

(continued on next page)

Ego crisis may be problem for med students' husbands

Wives of med students must adjust to an unusual lifestyle—but husbands of women in medical school face another unique set of problems.

"Do I see much of her? Well, of course not!" exclaimed Bill Rightmeyer, whose comments are representative of many husbands of med students. Bill is married to junior medical student Deborah Rightmeyer.

He admits that her studies and work are not entirely responsible for their being apart so much. "For the last two years, I've worked overtime at least 16 hours a week, so we are both gone a lot," said Bill, who is a systems programmer for TRW, Inc., an aerospace industry.

"I used to do most of the housework before I took on so much extra work," he commented, "but now I've talked her into doing it."

"We only eat about seven meals a week at home. I do some of the cooking, but I can't stand doing the dishes. I can get her to do them because she doesn't hate it as much as I do," he added.

Bill explained that neither he nor Deborah minds waiting so long to begin a family. "I have an active career like my wife, so we're both willing to wait."

He admitted that in the beginning, he was bothered by the fact that his wife spent much of her time in the presence of so many male students.

"I was reasonably jealous," he confided. "I worried about it—I guess any man would worry. There's a certain amount of trauma in having your wife in a sophisticated profession with hundreds of super-eligible males around her all the time. But I've gotten over it by now."

Bill said that when they were first married, Deborah's profession looked so fascinating to him that he even considered going into medicine himself. "When they first start in med school, you'd like to be in there experiencing it, too, especially if you're just out of college yourself. There's a lot of envy, but after the first year or two, that goes away."

He commented that his wife's professional successes had caused a sort of "ego crisis" with him.

"Medicine is such an interesting profession that at times, husbands worry that the careers they've chosen don't measure up. I had to realize that I really do like my profession and that it does satisfy my ego demands."

Fiberscope shoots stream of water scarcely bigger than needle's eye

What looks like a garden hose, but squirts a stream of water scarcely bigger than a needle's eye?

What functions as a scrub brush, but is no bigger than a pipe cleaner?

What kind of vacuum cleaner can hold no more at a time than something the size of a grain of sand?

Jeanne De Bernardi, gastroenterology clinical associate, has two devices, each of which has all these features. The gastrofiberscope and colonofiberscope are housed in the new gastroenterology diagnostic unit at the Medical School Hospital, 8A 39. Mrs. De Bernardi is the unit's supervisor.

Director of the unit is Dr. John A. Benson, Jr., professor of medicine and head of the division.

The fiberscopes have automatic devices for observation, photography, and biopsy. The scopes are used in the examination of such conditions as heartburn,

ulcers, polyps, hemorrhoids, and diseases of the bowel. They may also be used to obtain fluids to test for acid content, parasites, and cultures.

The gastrofiberscope is used to examine the esophagus, stomach, and duodenum, while the colonofiberscope is used for examining the colon.

The flexible tubes, about as big around as an average pinky finger, are attached to a special cold light source. The tubes are passed into the patient's digestive tract, and slide easily around all the bends and turns, providing the examining physician a vivid, perfectly focused view.

A control unit on the eye piece adjusts the focus and operates the distal end for four-way and wide-angle viewing. There are fingertip controls for air and fluid feeding, and for suction operation. The suction channel may also house several attachments.

A set of forceps the size of a pin head makes biopsy—even in the most hidden corners—an easy task. Mucous membrane samples can be extracted for cancer testing with the cytology brush attachment. A diathermic snare, like a miniature lariat, is used to remove small polyps without surgery. The cautery unit electronically sears tissue to prevent bleeding.

Patients whose polyps are removed in this manner must stay in the hospital only a day or two. When such polyps are removed by abdominal surgery, patients must be hospitalized for several weeks.

Available on the fiberscopes is a lecture scope which attaches to the control unit. The extra scope is a valuable teaching asset, in that several students may take turns viewing along with the physician.

The fiberoptic scopes are two of the new developments in gastroenterology diagnostic facilities at MSH. Prior to January of this year, there was no central facility, little equipment, and no full-time staff members assigned specifically to the unit.

The new unit, situated in two adjoining rooms, has a small laboratory where the Bernstein acid perfusion test, gastric analysis, and esophageal dilatation are among the many procedures available.

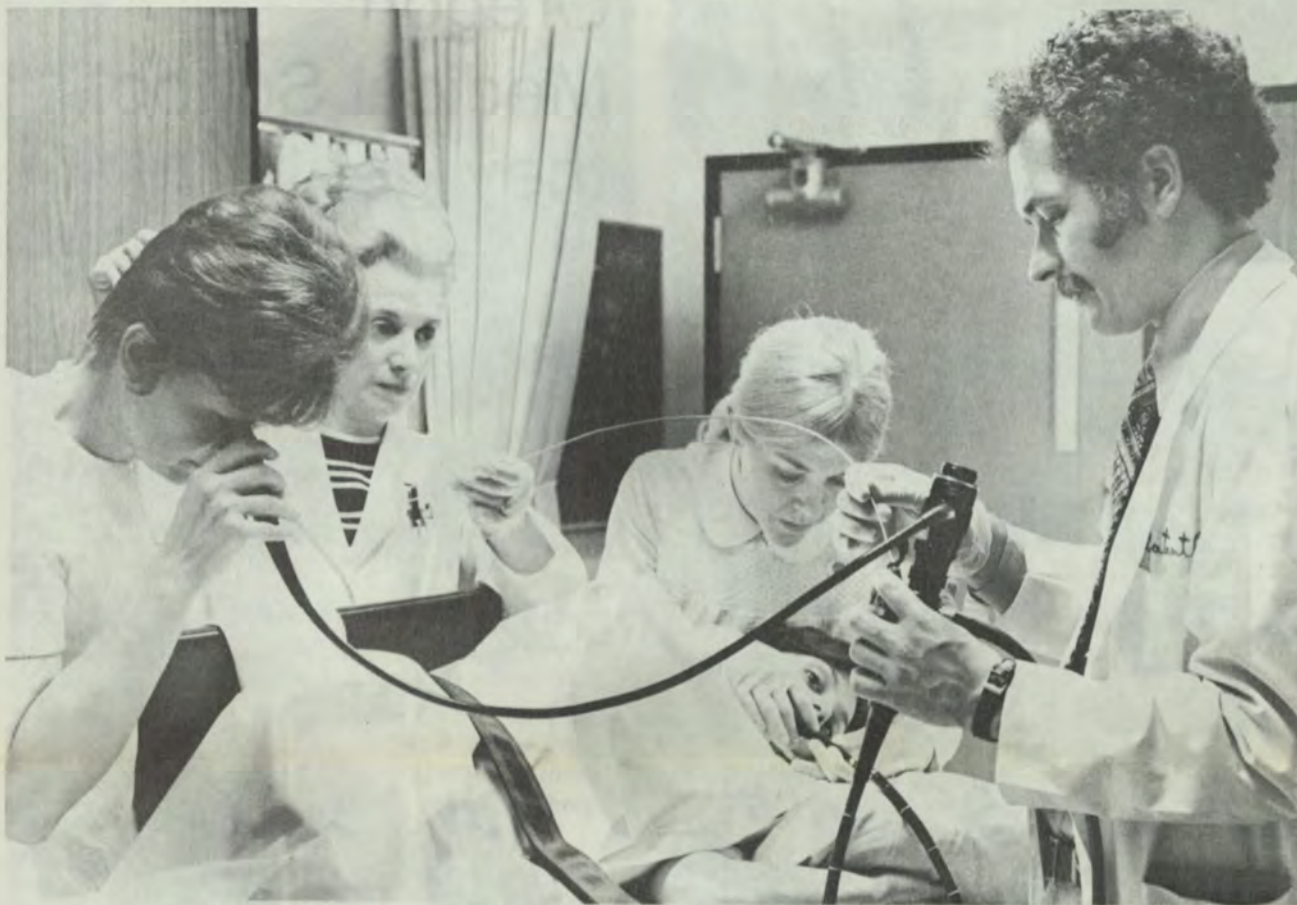
There is also a patient waiting area large enough for three stretchers, and an examining room which may accommodate up to eight persons.

A new, more precise PH meter, and a Ritter table have been added, as well as a new sigmoidoscope.

On duty full time is a nurse, Mrs. Monica Arntson, who prepares for the procedure, attends to and monitors the patient, and assists the physician. Outpatients may remain in the waiting area until they feel well enough to leave.

Gastroenterology staff physicians are on hand for all endoscopy.

HILARY ELLEN SMITH



Dr. Keith Ironside, resident in internal medicine, uses the gastrofiberscope to examine a patient's stomach with the help of Gastroenterology Clinical Associate Jeanne De Bernardi, second from left. Monitoring the patient is Nurse Monica Arntson, while Staff Nurse Verna Porter, far left, observes through the lecture scope. A gastroenterology staff member, off camera, observed the procedure.

Pearson to lecture

Dr. Anthony A. Pearson, professor emeritus of anatomy, will deliver a paper entitled "John Hunter and the American Indian: History and Art" at the International Congress for the History of Medicine in Budapest, Hungary, in August.

Dr. Pearson will illustrate the lecture with his collection of color reproductions of Indian portraits originally painted in the 17th, 18th and 19th centuries. These reproductions, painted by local artist Emily Maxwell, are currently on exhibit at the central Multnomah County Library.

John Hunter is known for contributions to surgery, his anatomical museum, and the Hunterian Collection of oil paintings, including many Indian portraits.

Students' wives

(continued from page 4)

All three young wives find their husband's work fascinating.

"Sparky shares his outstanding cases with me," said Lyn, "but sometimes I have to drag it out of him, because he likes to leave work at work when he comes home."

Connie added, "I took a medical terminology class last year, so now I can understand the terms Gene uses. He really wants me to learn. I plan to take another course this Summer."

When asked if their husbands practiced newly learned medical skills on the family, the wives answered in the affirmative.

"John gets a lot more worried about family illnesses than he used to," Jane explained. "It seems as though every time one of the kids gets so much as the sniffles, he says, 'Oh, my gosh, it could be spinal meningitis!' He thinks the worst."

Lyn commented, "I try not to take what Sparky says seriously because I don't believe a doctor should treat his own family."

"When I got blood poisoning," Connie explained, "Gene took one look at me and said, 'Let's go find a real doctor.'"

Jane concluded, "One of the best aspects of medical school life is the friends you make—students, administrators, and employees. Everyone is tied together because of common experiences. Being a med student's wife is a lot of fun, but you have to work actively to keep it that way."

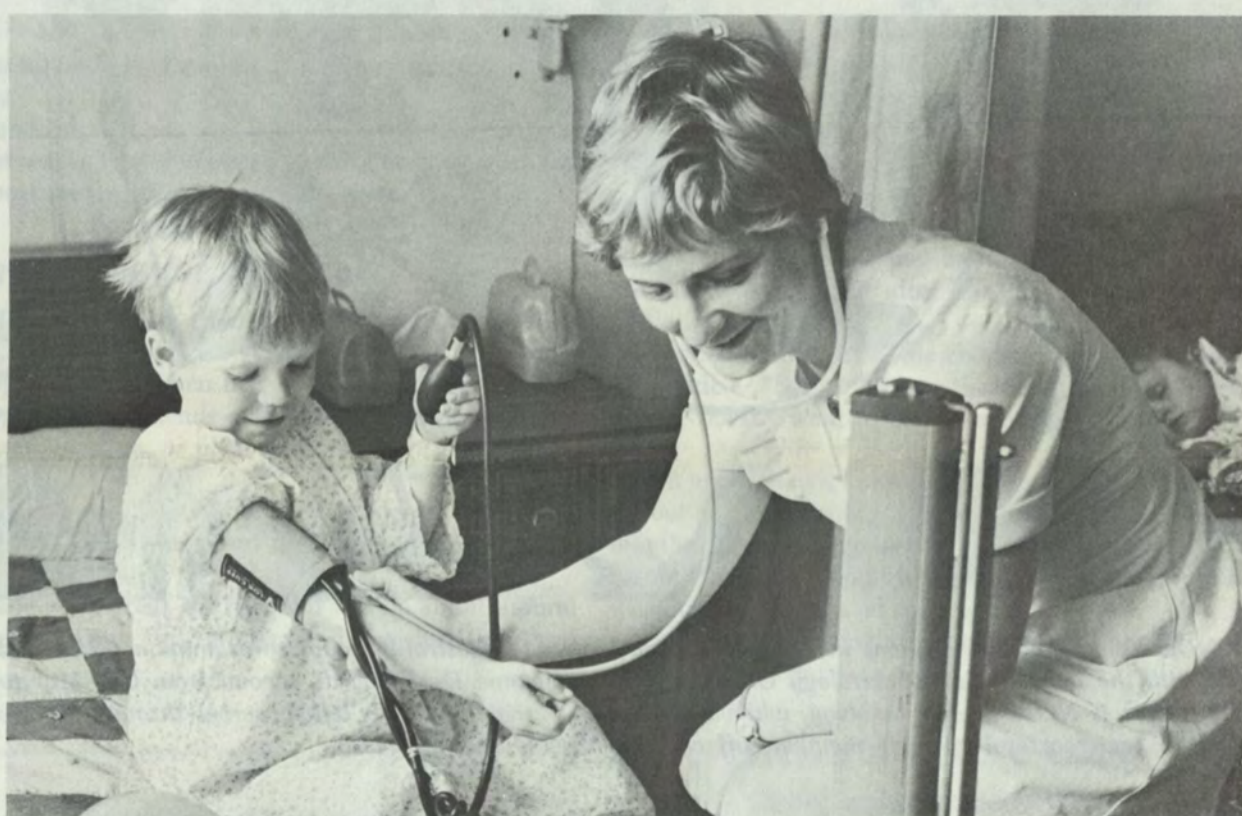


At Portland's Model Cities Clinic, five-year-old Jebediah Boatsman gets a check-up from Frank Eigner, UO medical student. Frank is one of two junior medical students who rotate to the Clinic for three-week periods while on child health clerkship. The Model Cities Clinic is one of about two dozen off-campus institutions in which UOMS students gain valuable training while serving the community. Supervising Frank's work at the Clinic is Dr. Larry Wolff, assistant professor of pediatrics at the Medical School and pediatrician at the Model Cities Pediatric Clinic.



Hospitalized children need a lot of tender, loving care—and at the University of Oregon Medical School, they get it.

Photographs by Susan Pogany

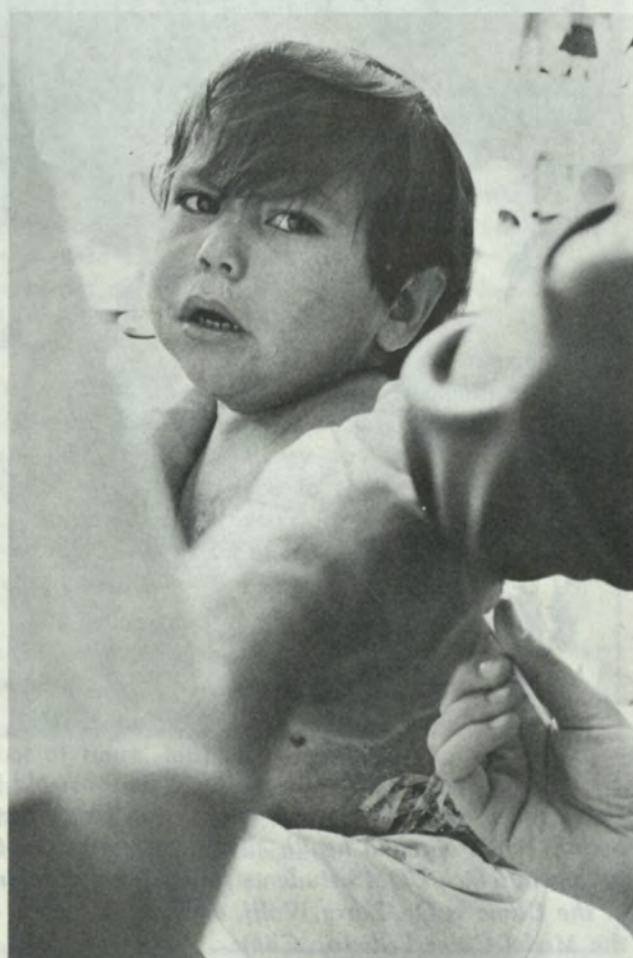


Above left: Shane Snyder has an understanding listener in his doctor, George Weimar, as he hints, as diplomatically as possible, that he'd rather be at home. Left and above: Shane is getting tired of the temperature-taking routine, but enjoys a chance to try taking his own blood pressure with the help of Nurse Ann Logan.

Courage comes in all forms and sizes. Burn victim Paul Soto does his best to hold back tears as Dr. Joanne Nelson, UOMS intern, and John Rose, nursing student, change his bandages.

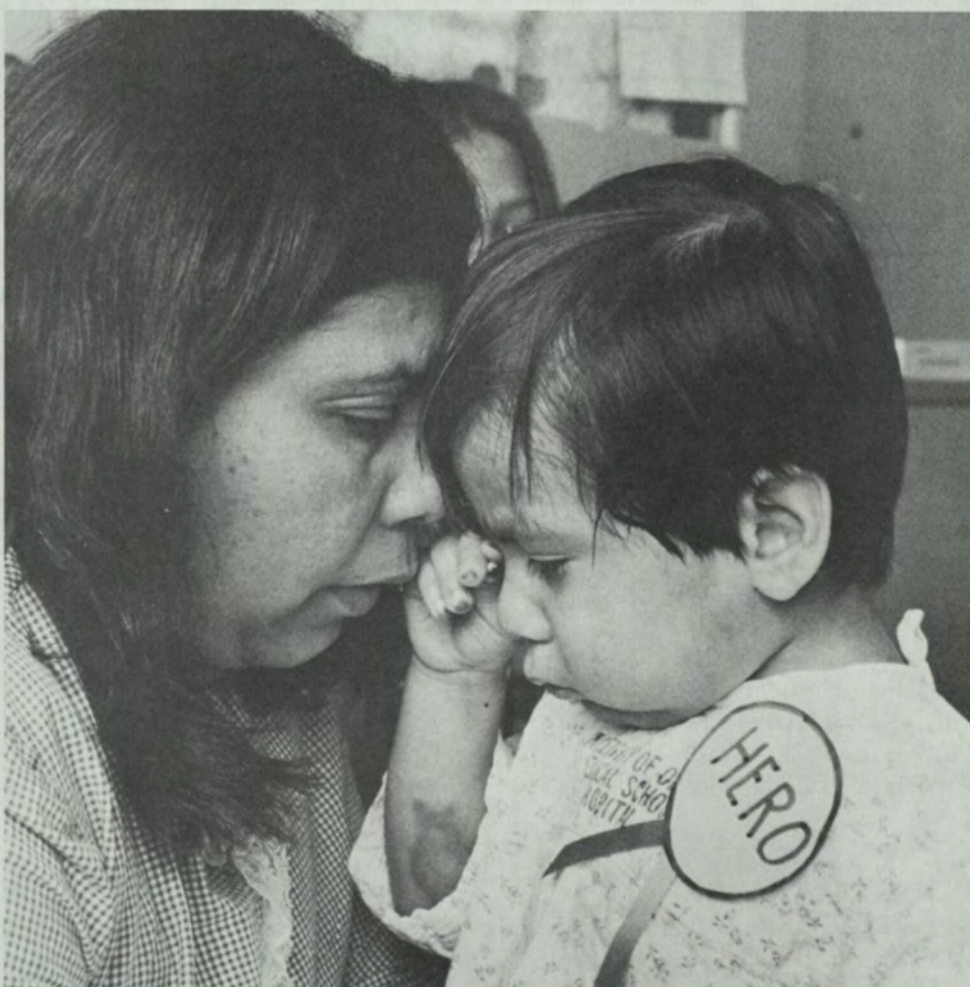
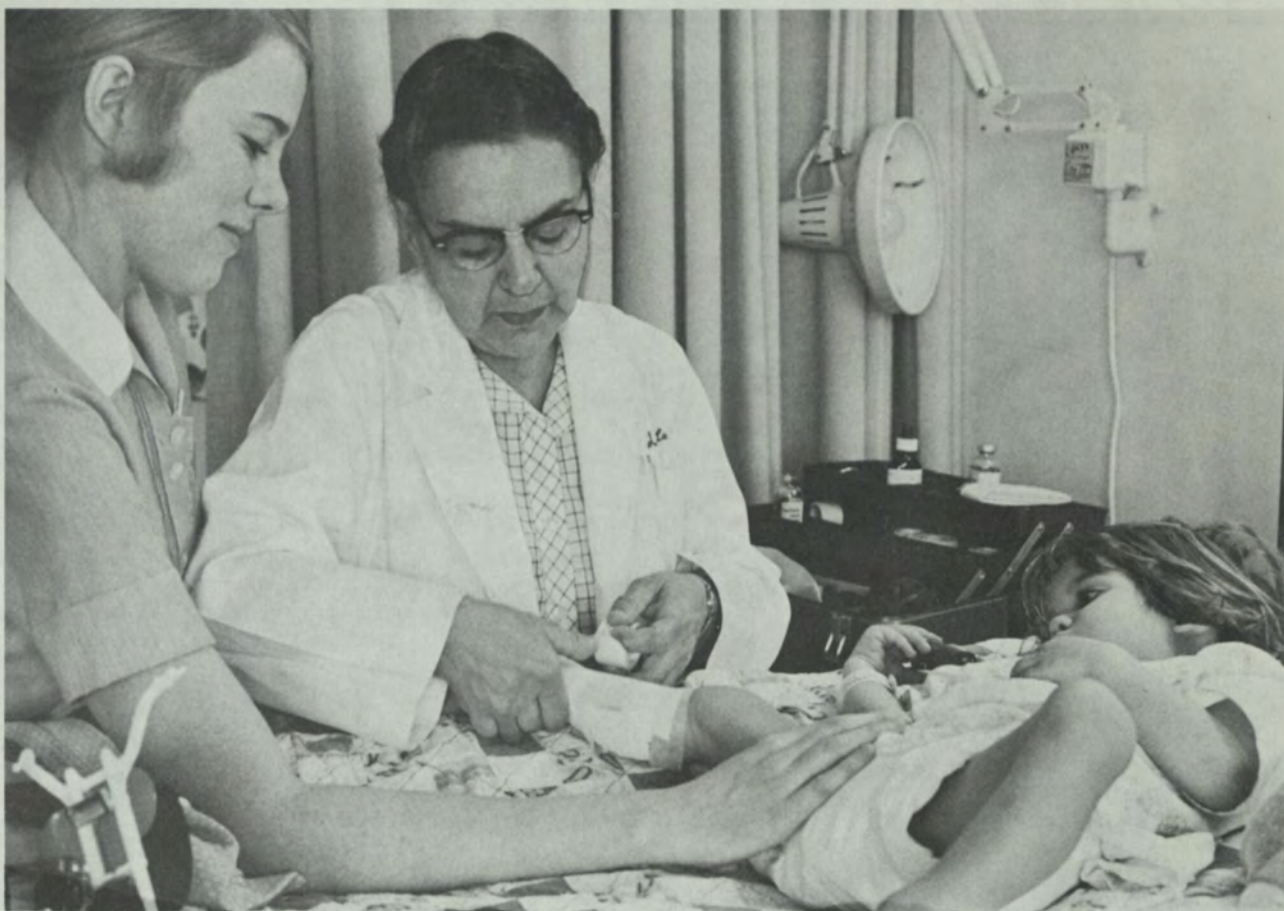
But sometimes the pain is more than a three-year-old can bear silently.

John is quick to comfort the little patient with soothing words and an understanding pat on the bottom, but there are times when nothing takes the hurt away like mother.





Two-year-old Tobias Burneikis
must put his toys aside
for a skin test
administered by Anna Peters, center,
pediatrics research assistant, and
Chris Hoxmeir, senior nursing student.
It was scary —
but it was all worth it
for the hero badge
Tobias earned for bravery.



VTPs

APRIL

Service Anniversaries—From Personnel

- 5** Bernice Dasso, parking
Thomas B. Cope, physical plant
Charlene Ellen Davenport, surgery
Thomas Jefferson Green, physiology
Neolae L. Fierling, telephone exchange
Margaret E. Long, CCD
Mary Patricia Palmer, cashier's office
Henry G. Russel, security
David F. Oldenburg, microbiology
Dewitt T. Sandifer, physical plant
Mary Ellen Schmidt, CCD
- 10** Ranata Niederloh, MSH nursing
- 15** Sterling Sorenson, clinical pathology
- 20** Laverne D. Rydman, ophthalmology
- 25** Leonard Grubowski, physical plant

Moving Up

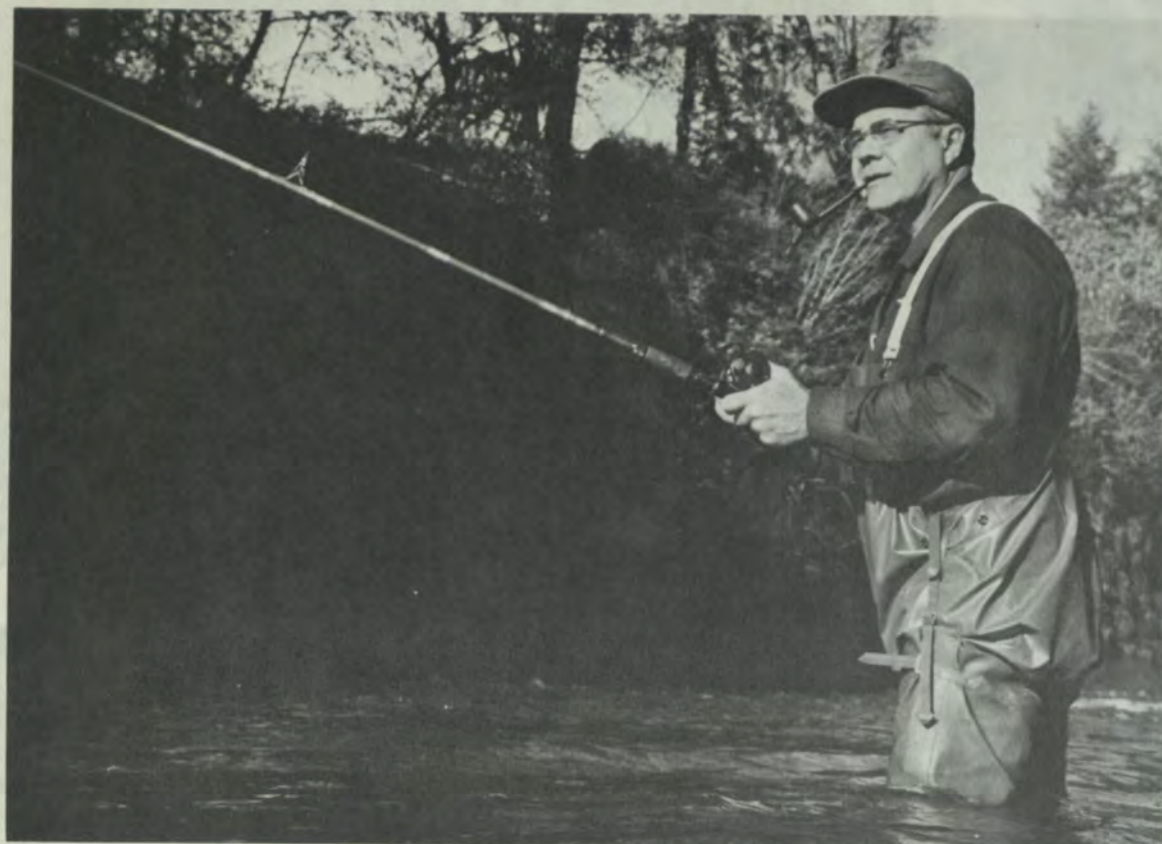
Guinevere P. Cui, lab 1 to lab tech 1, microbiology
Mary L. Riedel, clerk 3T to clerk 4T, UHN
Wendelin Branch, cust wkr 1 to cust wkr 2, UHN
Judy A. Simmons, RN 1 to RN 2, UHN
Fern Shank, sec 3T to sec 4, ORMP
Delaine R. Snyder, cust wkr 1 to cust wkr 2, MSH
hskpg
Judith Savage, RN 1 to RN 2, UHN
Mary E. Sommer, RN 1 to RN 2, UHN
Margaret M. Dahms, RN 4 to RN 5, MSH nursing
Henry L. Downing, pharmacist to pharmacy mgr,
pharmacy
Barbara A. Leskovec, RN 1 to RN 2, MSH nursing
Cheryl K. Milton, clerk 1T to clerk 2T, med records
Gayle I. Thomas, clerk 1 to clerk 2, radiology
Katherine A. Woodall, clerk 3 to sec 3T, MSH bus off
Marline Ann Miller, RN1 to RN2, UHN
Gail Snider, clerk 3T to sec 3T, pediatrics
Joyce Stoner, PBX opr 1 to PBX opr 3, tel exch
Kathaleen P. Mahaffey, clerk 1T to clerk 2T, pharmacy
Cynthia J. Bloom, clerk 2T to clerk 3T, purchasing
Evelyn B. Alexander, clerk 2T to clerk 3, UHN office

Austrians honor Dr. Everett

Frank G. Everett, professor emeritus of periodontology at UODS has been awarded honorary membership in the Austrian Dental Association (Vienna).

The November, 1973, *Osterreichische Zeitschrift fur Stomatologie* (Austrian Dental Journal) praised Dr. Everett's outstanding accomplishments in periodontology. He has been an occasional contributor to the journal.

Dr. Everett was also recently honored by the Portland Academy of Medicine when he was elected a fellow of the Academy.



profile

Physician, teacher, sportsman, conservationist—Dr. Alfred J. Kreft is all of these.

In addition to maintaining a private medical practice and teaching on the UOMS volunteer faculty, Dr. Kreft serves as president of the nation-wide conservation organization, the Isaak Walton League.

"I guess I developed a conservation consciousness very early, because my mother always used to preach to us—'Leave the land better than you found it,'" he recalled.

Ophthalmologist Kreft has been active in the Isaak Walton League for more than 25 years. He was named national president in 1973.

"Most of my special efforts in the league have been directed to educational needs, starting in the schools, and on a continuing basis for adults, to insure that people are aware of our total dependence on our environment to sustain life and health," the physician explained.

"We need to change the attitudes of people when they are very young," he continued. "Parents should spend more time out of doors with their kids. They should teach them what the soil is all about and how to work with it."

"The kids will pick up respect for the outdoors, if it brushes off from their parents," he added. "Some people say the kids of today don't want to work. They want to work, and they'll do it if adults show them the why and the end product."

"For example, communities should adopt a nearby stream and vow to keep it clean. Make

outings family ventures. More families should do things together."

Dr. Kreft is currently working to secure federal funds for a Young Outdoor America Conference to be held in West Virginia in July.

In recognition of his outstanding work as an environmental educator, in 1970 Dr. Kreft was appointed by President Nixon to the National Advisory Council which oversees implementation of the National Education Act. In 1972, he was reappointed to a second term on that board.

Among the many awards he has received are the American Motors National Conservation Award, the Oregon Wildlife Federation Award, the Oregon Zoological Society "Ankus Award" for outstanding leadership, and a special award in 1965 from the Portland Zoological Society for his efforts in the construction of a water bird pond and conservation education. He won the Gold Medal Award in 1967 for landing the largest grayling caught to date in America.

In 1969, Dr. Kreft was honored as "Citizen Doctor of the Year for Oregon."

Dr. Kreft commented that the extreme pessimism expressed by conservationists several years ago has been replaced by guarded optimism.

"We've made new strides in pollution control, natural resource management, and citizen action," he commented, adding that great progress also has been made in space exploration.

"Lunar exploration reveals a sterile, uninhabited environment," he said. "This discovery brings us to a rather grim reality."

"We've finally come to realize that finding greener pastures elsewhere in the universe is many years away."

"We're stuck on the spaceship called earth. If we are to survive on it, its life systems must be maintained."

Rose festival court will be on campus

The Rose Court of the Portland Rose Festival will visit Medical School hospitals June 11.

At Doernbecher Hospital, the court will crown two children as Doernbecher Rose Queen and Prime Minister. The court will visit with each child on the 13th and 14th floors of the Medical School Hospital.

Members of the court will also visit patients at MSH and University Hospital North.

The court will ride in the spectacular Grand Floral Parade Saturday, June 8.

THE UNIVERSITY OF OREGON DENTAL SCHOOL has recently been assigned space on 1 West of University Hospital North for the Hospital Dental Service.

medical center news

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