



UNIVERSITY OF OREGON
HEALTH SCIENCES CENTER

NEWS

Health Sciences Center News is published by the University of Oregon Health Sciences Center to inform students, employees, faculty and friends of the institution of programs, activities and events of interest to them.



The signing of the charter establishing the University of Oregon Health Sciences Center was begun by Dr. Roy Lieutallen, chancellor of the State System of Higher Education. Watching are, left to right, Dr. Louis Terkla, Dental School dean, George Layman, past president of the State Board of Higher Education, and Dr. Lewis Bluemle, Health Sciences Center president. See pages 4 and 5 for more on Founders' Day.

Center aims at minorities

In the University of Oregon Medical School's 87-year history, there have been only four black graduates, one American Indian graduate, and no Chicano graduates.

The University of Oregon Dental School has had one black, one Chicano, and no Indian graduates, and the School of Nursing has had more than a dozen minority graduates, including blacks, Indians, and Chicanos, throughout its 48-year history.

In light of the current nationwide effort to involve more minority students in higher education, these figures appear low. But it was exactly this traditionally poor record that caused the three UOHSC schools to take stock of their recruitment efforts several years ago.

As a result of this period of self-examination, the schools have all begun active minority recruitment programs that are now paying off. There are currently nine minority students enrolled in the Dental School, eight in the School of Nursing, and four in the Medical School. (These figures do not include Oriental students, of whom there is a total of 38 at the Health Sciences Center.)

In view of the difficulty of locating, recruiting, and retaining minority students, the Dental School applied for and received an HEW grant for a minority program in 1971.

The five-year, \$370,000 grant has three facets: 1) finding minority students who are interested in dental careers, 2) providing counseling and tutoring for them before and after admission as necessary, and 3) reaching children and teenagers at an early age and arousing their interest in the field of dentistry.

The grant also funded the appointment of Olvin Moreland as deputy director of minority recruitment at the UODS. Mr. Moreland coordinates all phases of the effort.

Phase one of the program, recruitment, relies heavily on the Dental School's Junior Dentists Institute (JDI) held each summer on campus, and on visits of UODS faculty and students to Oregon schools.

Through the grant, places at the summer institute are offered to minorities
(continued on page 2)

Schools announce commencement speaker

Anne Ramsay Somers, author, lecturer, teacher, and program administrator, has been named speaker for the combined Medical School and Nursing School commencement June 13 in the Civic Auditorium.

For more than two decades, Mrs. Somers has been continuously engaged in health and health care studies.

She is associate professor in the department of community medicine at the College of Medicine and Dentistry of New Jersey-Rutgers Medical School.

She is also director of the CMDNJ Office of Consumer Health Education and is a research associate for the industrial relations section of Princeton University.

Mrs. Somers is the editor of *The Kaiser-Permanente Medical Care Program: One Valid Solution to the Problem of Health Care Delivery in the U.S.* (Commonwealth Fund, 1971) and author of over one hundred additional articles and monographs.

She is currently chairman of the Task Force on Health Education and Behavior Modification for the National Conference on Preventive Medicine sponsored jointly by the Fogarty International Center, the National Institutes of Medicine, and the American College of Preventive Medicine.

During 1970 and 1971, Mrs. Somers also served as co-producer and scriptwriter for two television films produced by the New Jersey Public Broadcasting Authority — "The Hospital and the Community" and "The Hunterdon Medical Center — One Community's Approach to Comprehensive Health Care."

Prior to her work in the field of medical care, Mrs. Somers had many years of experience in industrial relations.

A graduate of Vassar College, with advanced work in economics at the University of North Carolina, she has served as labor economist with the U.S. Department of Labor and as educational director for the International Ladies Garment Workers Union.



ANNE RAMSAY SOMERS
Commencement speaker

HSC schools work to attract minorities

(continued from page 1)

ity students. The main purpose of JDI is to show high school students different aspects of dentistry in an effort to help them choose a career.

An important aspect of the week-long institute is exposing disadvantaged youths to dental students and faculty and to put them in the company of other students their age who are already motivated toward qualifying for admission to dental school.

The Dental School has recognized another major problem in minority recruitment: the lack of follow-up once the student has made a career choice.

Sometimes in the past, prospective students were sold on the idea of becoming dentists, were advised about courses to study, and then were essentially abandoned to struggle independently with a highly competitive admissions process. Minority students were put at a special disadvantage by this approach.

With the Dental School's new program, students who have expressed an interest in dentistry are later contacted and assured that counseling and assistance will be provided as long as they are motivated toward this goal.

Phase two of the grant involves counseling and tutoring disadvantaged students. As pre-dental students, they are counseled about admissions requirements. If the student needs remedial tutoring to qualify for admission, members of his own student body or the Dental School's are employed as tutors.

After the student has been accepted into the school, if tutoring is necessary, tutors are selected from among a group of dental students who have demonstrated the ability to teach.

Using student tutors has been shown by Tufts University Dental School to be especially effective because using peers instead of faculty precludes the separation of the disadvantaged student from the student body. The student is less apt to feel identified as a special or second-class pupil.

Phase three of the program involves orienting youngsters toward dental careers. According to the UODS, this area has probably been the most neglected of all in the recruiting efforts of many institutions.

It is well established that people must be motivated while they are young, preferably at the elementary

school level, if they are to realize their full potential. With this in mind, the Dental School sends teams of dental and dental hygiene students several times a year to speak with disadvantaged children.

During Children's Dental Health Week in February, teams will visit about 100 elementary schools in Portland.

In addition, Mr. Moreland gives tours of the Dental School and slide shows each Friday to visiting elementary and high school students.

Members of the dental profession have spoken to parents of these and other children at meetings with local Parent Teacher Associations. Parents are encouraged to look upon dentistry as a viable career possibility for their children. Financial and educational assistance are also explained.

The Dental School's minorities program is strongly supported by the administration, admissions committee, faculty, and students.

Dental School officials hope that by the time the five-year grant ends in 1977, the recruitment program will have identified other supportive funds.

According to Donna Schantz, assistant professor of medical surgical nursing, the Minority Committee of the School of Nursing began four years ago with these goals: 1) recruitment of minorities, 2) retention, and 3) working with the faculty for curriculum changes that would incorporate cross-cultural content.

The Minority Committee was established under a grant from the Western Interstate Commission on Higher Education entitled "Faculty Development to Meet Minority Needs."

"We really did start out with minimal minority representation," she pointed out, "but since our committee began its work, there has been a substantial increase both in the numbers of ethnic minorities and male students."

The UOSN's minority recruitment program has involved sending students to the Model Cities center in Portland, migrant camps, and to community day care centers.

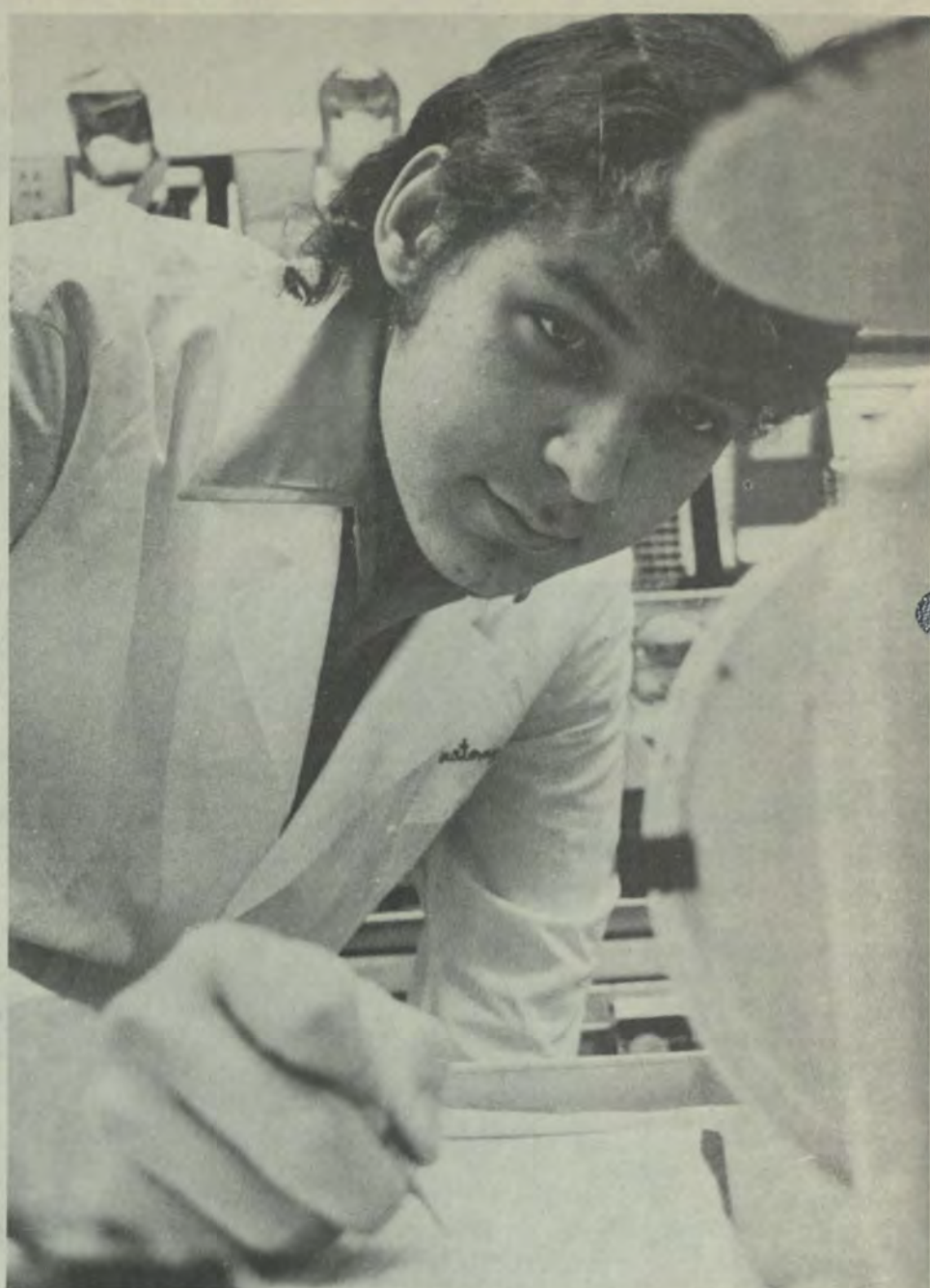
"Students are our best ambassadors," said Mrs. Schantz. "They are especially interested in moving out into the community to tell minorities about the school."

Several students assigned to community health nursing in Salem have had assignments with migrant workers in the Willamette Valley. As a result, some senior students have elected to take three months' additional time as senior elective projects to work with these families and also serve as volunteers in summer assignments.

Pediatric students are involved in expanded nursery school and day care centers in predominantly black and Chicano areas. The students are, thus, able to establish a rapport with adults in these communities.

Some faculty and medical-surgical nursing students are involved in volunteer clinics in low income white and black neighborhoods near the Model Cities area of Portland.

In addition, students are active in the Russian community at Woodburn, not only practicing community health nursing, but also discussing nursing as



a career with young people and their parents.

The UOSN's faculty is also active in minority recruitment. Two pre-nursing faculty, Bernice Cochran, associate professor of nursing, and Guhli Olson, associate professor of nursing, remain in contact with the community to answer requests for recruitment visits.

They (and Mrs. Schantz) are members of the statewide high school visitation team established by the State Board of Higher Education. On these visits, they are able to discuss nursing careers with students from varied ethnic backgrounds.

Their dual roles as faculty-counselors for the school places them in an advantageous position of being able to meet interested students and following up with letters of encouragement.

Other faculty have become involved in the recruitment process. Joyce Colling, assistant professor of medical and surgical nursing, has attended numerous Health Career Day programs.

Two members of the psychiatric faculty have made recruitment visits to the Warm Springs, Oregon, Indian reservation. A slide show of 80 slides depicting minority students in action on this campus has been used during these and other visits.

During faculty visits to area high schools with high minority populations, at least one minority student from the School of Nursing is present.

The school is also using faculty in its Continuing Education Mental Health grant to influence minority recruitment. This grant was developed by Charlotte Markel, associate professor of psychiatric nursing.

These faculties spend two weeks of each month in intensive agency/community activity. They contact com-

Negro student Lance Brown, a freshman at Reed College, is part of an exploratory training program at the Health Sciences Center for minority students. During his summer vacation and other holidays, Lance works in Dr. Vaughn Critchlow's laboratory doing basic research in neuro-endocrinology. Lance is paid a stipend for his work at the Center.

munity leaders, teachers, law enforcement personnel, psychologists, social workers, ministers, and others, stressing the school's interest in minority students.

Another grant, entitled "Interdisciplinary Continuing Education in Mental Health—Psychiatrists, Nurses, Social Workers, and Psychologists," provides for professional counseling of minority leaders in each community to help them interpret their needs and be certain that they have adequate knowledge of the whole system of health delivery.

In the area of retention of minority students, the Nursing School has a tutorial system to help students with weak backgrounds or those having trouble in a particular subject. Student tutors are assigned without charge.

The faculty is also working to make instruction as individual as possible. The school is developing teaching tapes of lecture materials in its learning resources center for those who need to study lecture material in more detail for review.

The School of Nursing believes that its grievance procedure is another important means of ensuring fair treatment for minority students.

Students with grievances may meet

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with the campus Affirmative Action officer or they may use other faculty resources as outlined in the *Student Handbook*.

The UOSN faculty has also developed a Student Council Review Board under the aegis of the Student Services Committee which provides recourse to students on other matters of student conduct code that do not necessarily lend themselves to Affirmative Action.

The third facet of the UOSN's minority program is enrichment of the curriculum to include cross-cultural content. When the School's curriculum was revised earlier this year, content for minorities was formally included.

Under the new curriculum, cultur-

al content is emphasized as early as the student's first term in Nursing School. It is suggested that sophomores find a client of a different culture in the community, interview the client, make a nursing assessment of the client's health needs, and possibly get this person into the health delivery system.

As mentioned above, nursing students are also involved in working in migrant communities, black and Chicano neighborhood day care centers, and in volunteer clinics in the Model Cities area.

The School of Nursing also plans to include study in "Cultural Correlates in Childbearing Practices," a video-slide cassette program developed

by Loretta Myers, associate professor of maternity nursing. Ms. Myers has already done a similar study on Hawaiian culture and is now doing the same for Indian and black cultures.

Another aspect of the program is videotaping rap sessions of small ethnically mixed student groups. Students then play back the tape and are able to see themselves and how they interact. This self-growth method is one way of airing problems.

Mrs. Schantz stressed that the UOSN's minority recruitment effort is an active program.

"Much of the program's input springs from the students themselves," she explained. "Students today are very interested in understanding other cultures and ethnic groups. They feel that the world is changing, and they want to be a part of it. We heard the message."

(The School of Nursing also considers men as a minority group. Thirty-six men are currently enrolled, and there have been 26 male UOSN graduates.)

Aiding in the recruitment programs of both the Nursing and Medical Schools is William Jackson, the campus Affirmative Action officer and coordinator of minority student affairs (UOMS and UOSN).

Mr. Jackson was named coordinator for minority student affairs on a part-time basis as a result of the 1971 *Report of the Committee on Minority Group Students*. The committee was chaired by Dr. Delbert Kole and consisted of nursing and medical faculty members.

The committee made a number of recommendations that have changed the recruitment picture for minorities at the Medical School.

The committee recommended that the Admissions Committee give "special consideration" to qualified minority applicants. The committee also suggested that Mr. Jackson advise applicants and pre-medical advisors that an

Eastern Oregon State College students Robert Murphy, a Ute and Shoshoni Indian, and Eskimo Barbara Peterson visit Dr. David Kabat's biochemistry lab on a tour set up by Bill Jackson.

applicant's history of social service—such as Peace Corps, candy striper, and Big Brother program—would be of significant value.

Another result of the committee's report is that the Medical School has developed an exploratory training program for minority college students. Under this program, college students have received a stipend while spending their summers or vacations in training on the campus.

The School makes an effort to decrease the financial burden of professional school for minorities. Application fees for disadvantaged students are waived, and financial counseling is available.

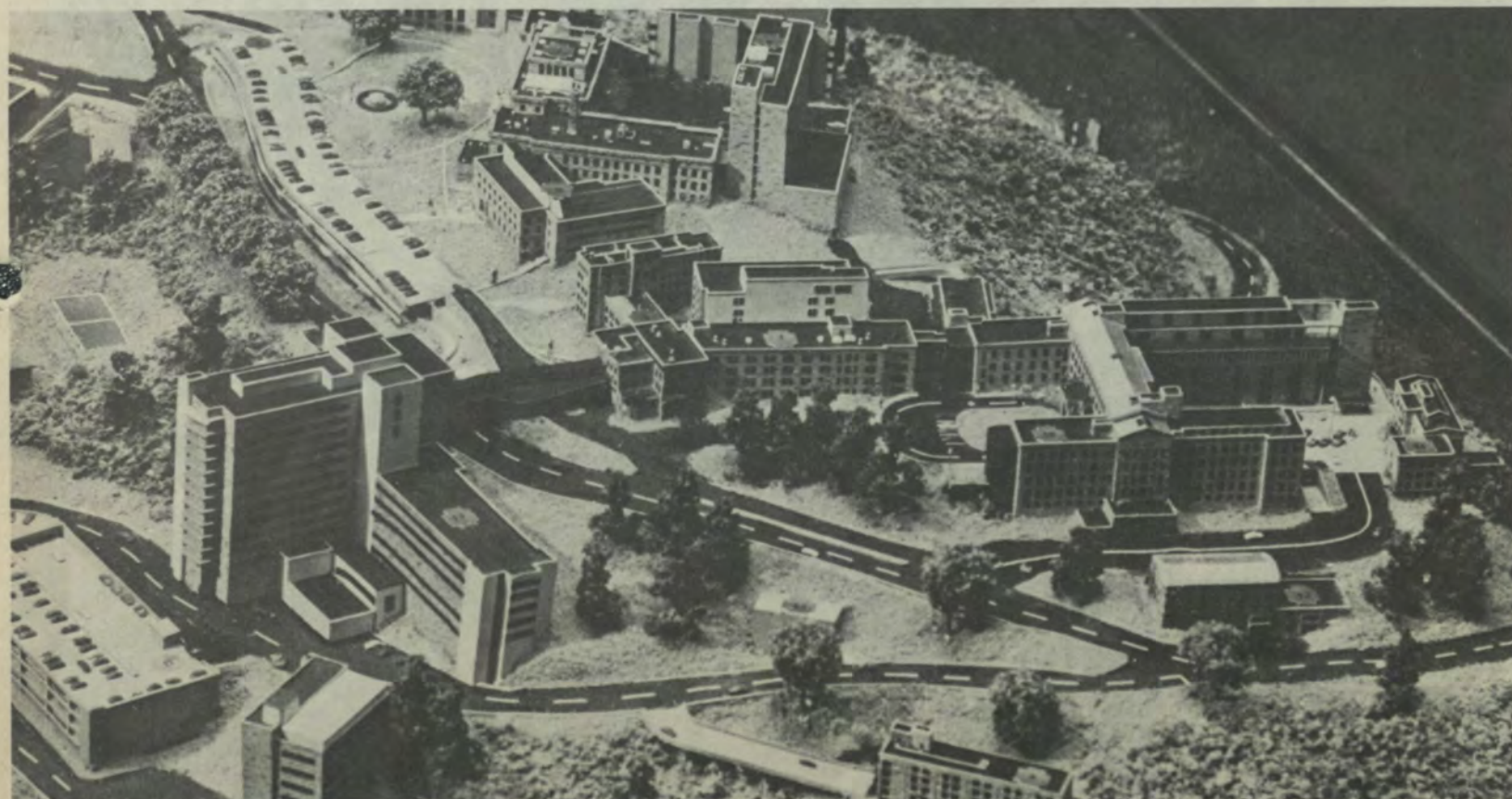
During the time the UOMS minority committee developed these programs, two of its members, Dr. Laurel Case and William Jackson, were active in helping the Oregon Medical Association set up its Minority Medical Student Scholarship Fund. So far, two undergraduate students have received funds through this program.

Mr. Jackson's participation in the minority recruitment effort is essential. He visits elementary schools, high schools, and Indian reservations, explaining to young people that medical, nursing, and allied health careers are real options for minorities. He often takes a minority student from the Health Sciences Center with him for youngsters to talk with and question.

Mr. Jackson feels that retention and recruitment are equally important. "I counsel students about all kinds of problems. If a student is having academic trouble, I go see his or her instructor to try to set up tutorial sessions, lighten the student's academic load, or rearrange the student's schedule.

"I have noted a real change in the people on this campus," he observed. "There was a time when people seemed not to care about the problems of minority students, but now they are making a real effort to help. The change involves not only people, but also changes in the curriculum accompanied by the inclusion of specific ethnic minority differences in clinical experience."

In an upcoming issue of Health Sciences Center News, an article dealing with the impact of women and men as minorities on this campus will appear.



Unveiled to the public on Founders' Day was this large scale model of the Health Sciences Center. Begun a number of years ago by Don Lowe, former director of program planning, the model was recently completed by Portland model maker Robert Stratton under the direction of the institutional planning office. Also contributing was Stanley Jones, physical plant engineering technician. The model, which will be used for display and for long-range planning, was first previewed by the Faculty Planning Council. Construction costs were met from gift funds.

Bluemle speech looks to Center's future

What follows is the address delivered by Dr. Lewis W. Bluemle, president of the University of Oregon Health Sciences Center, at the Center's Founding Day ceremonies November 22.

I'd first like to express my deep sense of honor and challenge in having been asked to assume this important post. My enthusiastic acceptance is the most genuine manifestation I can give you of my high regard for this institution and its aspirations for the future.

Being the newest man on campus and therefore one of the least informed, I suppose I should at this point follow the admonition implicit in Ben Franklin's beatitude, "Blessed be the man who has nothing to say and cannot be persuaded to say it."

But I do have some preliminary impressions which I would like to share with you on this historic occasion.

The first is that we owe a great debt of gratitude to the men and women both living and dead who created this institution and brought it to its present stage of development. I believe it only fitting that we pay them our respects by acknowledging that whatever progress we might make in the future will only be additions to their own.

Now that we've reached this milestone of being designated a health sciences center, what does it mean? Well,

certainly the idea of establishing such a center here on Marquam Hill is not new. It can be traced back at least to 1928 when Dean Dillehunt wrote in his annual report, "The welding of these three great clinical units into a medical center will accomplish in another year more than can be reported now."

He was referring, of course, to the recently established Multnomah County Hospital, the Doernbecher Memorial Hospital for Children and the newly proposed University Clinic Building.

From this perspective the formal founding of our considerably larger Center today may be viewed simply as the consummation of one more step in an evolutionary series, which in all likelihood will continue in the future.

In another sense, if institutions can be said to have lives of their own, then today's ceremony will probably be recorded in the annals as a most significant marriage.

We are indeed witnessing a formal union which from this day forth makes us not only a larger but also a more cohesive academic family. Whether this wedding was arranged in Portland, in Salem or in Heaven, it's reasonable to assume it was conceived for the usual reason — to improve our productivity.

Not to drive this analogy into the ground, one might observe that our several units have been living together quite productively for decades, judging from their many generations of worthy offspring, our alumni.

Why then did we have to get mar-

ried? Or perhaps phrasing the question more delicately, who will benefit from this union?

My answer is *we all will*, at least judging from history at similar institutions. But I doubt we are simply trying to keep pace with the rest of the country in academic health organization. What we *are* seeking is the *strength of unity* in all of those things we do of such vital importance and great human value.

The ultimate strength of our Center derives, of course, from the individual strengths of our various campus units and programs.

It is my belief, therefore, that our composite strength will endure only if each of our parts remains strong enough to attract and retain the best people and command from them the best performance they have to give.

It is not my intention to promulgate any reorganizational steps, administratively or otherwise, which will diminish the integrity or effectiveness of any unit or worthy endeavor.

At the same time I believe all of us realize that our new name would mean little if we do not grasp the unusual potential it affords to manage in a more coordinated and effective fashion our myriad and intertwined educational, research and patient care activities.

It would be presumptive of me at

this early stage of my continuing education in Oregon to propose a detailed plan for taking advantage of this opportunity. I can, however, identify several general goals of key importance.

The first is to refine our management system in keeping with the mandate to integrate the components of this sizeable campus. This system must provide effective mechanisms for dealing with at least nine basic functions: First is goal setting, second program planning, followed by resource need assessment, priority judgments, budget development, staffing, program review, evaluation and accountability.

I am impressed with the initiatives that already have been taken in curriculum development, in coordinating or consolidating certain managerial and supportive functions of common need, such as student health, student activities, physical plant management, personnel administration, grants processing, security, parking, program planning and instructional aids.

I look forward to exploring additional opportunities for further coordination in these and other areas, such as basic science education, new program development, graduate education, health care delivery, general resource development and relations with alumni and our various publics. We have bridges to build externally as well as internally.

I would also hope to initiate shortly a series of program reviews which will give me a better understanding of ev-

(continued on next page)



ery activity within this Center and who is involved in that activity. It is my desire, time permitting, to meet not just with department heads but with their staff members as well: First to get to know each other, but also to learn directly about your plans, your progress and your problems.

While I intend to rely heavily on deans and department chiefs to run their own affairs, I believe these periodic reviews will serve a mutually beneficial purpose.

One area of management interest deserves special comment — our hospitals and clinics, not just because they are the most expensive of our operations but because of the growing complexity of social, economic, and regulatory issues bearing on them. Rather than dealing with these issues now, I would hope as a first step toward developing a conceptual base for doing so, we might think about a better choice of names for our two hospitals than the ones they now bear. Their identity should, in my judgment, reflect their inter-dependence in keeping with our new Center image rather than their disparate histories. For starters we might consider simply "The University Hospital" with "North" and "South" in small print.

Since change of any sort can seldom come about without anxiety let me hasten to add that what I hope will remain unchanged are our fundamental missions. These are as I see them, 1) to develop young men and women into competent health care professionals, 2) to assist our more senior colleagues in practice to keep abreast of current developments in their fields — and I'm delighted with the generous

cooperation toward this end from our Oregon Medical Association, 3) to pursue a better understanding of health, illness, and the care of people through research, and 4) to render that kind of intelligent and humane clinical service which society expects of an academic health center and upon which good education depends.

Now, how we translate these objectives into specific institutional and, ultimately, personal plans and how we fine-tune the dynamic balance among them will be our most demanding tasks. In addressing these tasks, we must remember that all institutions are creatures of society. They must fulfill the current and future needs of society if they are to survive and grow in this increasingly competitive world.

Therefore, we cannot be content to proceed by momentum alone. We cannot, for example, use precious resources to train a surfeit of specialists in some fields if there are not enough generalists to go around. But at the same time, we must keep our specialty capabilities strong or we won't be able to train even good generalists as well as run a first class hospital.

This message and the dilemma it poses have been well perceived here. I'm pleased that a reasonably good balance has already been struck, but I would be concerned if we became complacent with it.

Now just a general word, if I may, about money. Judging from the stack of letters on my desk, there appears to be more interest in budgetary alloca-

tions for the next biennium than anything else. This is as it must be. I might add it always has been and probably always will be.

Back in January of 1930, Mr. Cliff, the Director of the Multnomah Hospital, wrote to the dean the following:

"I am pleased to inform you that the average per capita cost for the year was \$2.18¼ per day. There are many new things required at the present time but the limited amount of the appropriation makes it very difficult to obtain the same."

The problem then was the same as now — the financing of excellence when there are not enough dollars to go around. There was a depression then. There is a recession now.

On the other hand, we realize perhaps more than most that life and health, which we are charged to preserve now and through our students in the future, are the greatest of all human assets. And, we all know that to do this well is an expensive business. It will probably remain so despite what progress we might make in preventive care and patient education, worthy as these objectives are.

The fine art of balancing our needs against available resources is one which will continue to demand the most thoughtful attention of all of us. I'll not take this occasion to analyze our present resource prospects, but I would like to make a few general observations from experience elsewhere.

This fine art depends more on the functions of the cerebral cortex than the adrenal cortex.

Priority setting must begin at home — with the individual, the department, the school, the hospital or the entire

Center. The best budget judgments derive from informed, articulate reasoning together at all levels.

Despite our battles with fiscal agencies, I believe most of their representatives want to be responsibly supportive within their own constraints.

The more we can demonstrate honest efforts toward economy, efficiency and the generation of our own resources, the more likely they are to work with us as partners.

But more important than these generalities, or homilies, as the case may be, I believe our peculiar mixture of academic and clinical activities is sufficiently different from those of other units in the State System of Higher Education to warrant consideration of a special effort to acquaint our key budget analysts and other governmental representatives with the true nature of our work and with the wisdom of certain investments even for the sake of ultimate economy. It is my preliminary judgment that such investments need to be augmented in several key areas.

When I accepted my appointment as president, I was not promised that we would be given all the money we need. But I was given the only appropriate assurance that a responsible Board can give — that of careful consideration of any important matter which we bring to their attention. With your help, I intend to reply to this overture as quickly and as responsibly as I can.



Photos: Page 4, Dr. Bluemle, background, greets guests as his wife Dolores and daughters Susan, 10, and Laurie, 14, talk with Bob Darnedde, right background, executive director of the Oregon Medical Association, and Bob Elsner, right foreground, executive director of the Multnomah County Medical Society. Page 5, top left, Dr. Roy Lieuallen chats with Mark Maden, State Board of Higher Education member, and SAMA president Steven Dresler and Steven's wife Susan. Bottom left, Mrs. Lieuallen, far right, meets with friends at the reception. Center top, Dental School Dean Louis Terkla; middle, George Layman and Medical School Dean Charles Holman; bottom; Dean Jean Boyle of the School of Nursing.



Reporter turns up big goof

"Jon Tuttle's Travels," a regular KGW-TV news segment, found Reporter Tuttle at the Health Sciences Center November 24.

Tuttle was on campus for a "meander into the world of classical trivia," according to Anchorman Ralph Wenge.

It seems the sculptures along the south roof line of Mackenzie Hall had aroused the reporter's curiosity.

In the process of discovering more about the background of statues and symbols on HSC buildings, Tuttle turned up a little more than he'd bargained for.

In fact, he ended his report with the embarrassing admission that the

Health Sciences Center and NBC's national nightly news program have both made a colossal goof.

Tuttle's film report went like this:

"This is Mackenzie Hall on the University of Oregon Health Sciences Center campus—a building erected in 1921, and capped by an owl believed to be the ancient owl of Athens, a symbol of wisdom.

"To the left and right, at lower levels, the owl is flanked by figures of the Greek physician Hippocrates, and the Roman god of healing, Asclepius.

"And between those two figures is a caduceus—the staff of Asclepius, and a traditional symbol of medicine.

"The caduceus—the staff entwined by a snake — appears several other places on Mackenzie Hall.

"Next door, is the university's Administration Building. And over the entrance is another symbol, placed by people who thought it was a caduceus.

"It's not.

"According to Medical School research, classically, the winged wand with two snakes is the symbol of Hermes, who is the god of commerce, of thieves, and of prostitutes.

"It's a goof, but a common one, one that's currently hitting close to home here at Channel 8.

"The only reason I bring it up now is that I'm told that on the NBC Nightly News, whenever John Chancellor reads a story about medicine, guess what pops up on the screen behind him? The winged wand of Hermes.

"This is Jon Tuttle, Channel 8 News, from the University of Oregon Health Sciences Center."



A reception in honor of Dolores Bluemle, wife of new UOHSC President Dr. Lewis Bluemle, was given by the Faculty Wives Clubs and School of Nursing faculty November 26 at the home of Dr. and Mrs. Martin Pernoll. Greeting guests at the reception were, left to right, Jean Boyle, Jan Bruckner, Jean Fitzgerald, Mrs. Bluemle, and Bette Pernoll.





JOSEPH J. ADAMS
Vice president



WILLIAM A. ZIMMERMAN
Vice president



**MRS. LOCKWOOD
MR. PETERSON**

Board, Dr. Bluemle confirm new appointments

The Oregon State Board of Higher Education confirmed November 26 the appointments of Joseph J. Adams as vice president for planning and resource development and William A. Zimmerman as vice president for administration.

Mr. Adams will oversee the long range planning program for the Health Sciences Center, internal and external communications, and fund raising activities. He will also have responsibilities for HSC legislative relations.

Mr. Zimmerman will continue to function as the chief officer in the area of business and fiscal affairs as well as budgeting and will retain his responsibility for many campus service units.

Mr. Zimmerman, who was formerly associate dean for business affairs at the Medical School, came to the institu-

tion in 1940 as assistant business manager.

He has served as president of the Oregon Association of Hospitals, the Western Association of College and University Business Officers, and of the Oregon Association of State Fiscal and Administrative Officers.

In addition, he has been a member of the Board of Directors of the National Association of College and University Business Officers and a member of the executive committee and chairman of the Western Region of the Association of American Medical Colleges, Business Officers Section.

In 1970, he was chairman of the Association of American Medical Colleges, Business Officers Section.

Mr. Adams joined the faculty of the Medical School in 1951 as its first

full-time information and alumni relations officer. Most recently he was assistant dean for the institution.

He currently serves as chairman of the Oregon Public Employees' Retirement Board, is a board member and secretary of the Comprehensive Health Planning Association for the Portland Metropolitan Area, is a member of the lay advisory board of St. Vincent Hospital and has served as a member of the executive committee of the American College Public Relations Association.

Presently, he is chairman of the planning coordinators' group for the Western Region of the Association of American Medical Colleges.

On the recommendation of Mr. Zimmerman, Dr. Lewis W. Bluemle, president of the Health Sciences Cen-

ter, has approved Robert Peterson's appointment as HSC budget officer. Mr. Peterson was formerly budget officer for the Medical School.

Mrs. Mavis Petty, formerly Dental School budget officer, has accepted broadened responsibilities which include serving as administrative assistant to Dr. Louis Terkla, dean of the Dental School, for budget.

On the recommendation of Mr. Adams, Dr. Bluemle also announced the appointment of Mary Ann Lockwood as director of university relations, a program encompassing media relations, internal and external communications, hospital and clinic relations for the Health Sciences Center, and alumni activities for the Medical and Dental Schools.

New student organization works for constructive change

Based on the idea that students can work together to produce constructive change, a new student organization has just emerged at the Medical School.

Known as the Council of Student Representatives, the group is composed of class presidents and representatives and several other student leaders.

At their first meeting the organization ratified a statement of policy which included the following:

"We intend to assure that the institutional arrangements at this School are conducive to attainment of the knowledge, maturity and humane attitudes required of a good physician.

"We also desire to ameliorate the adverse effects which medical education sometimes produces in students.

"We feel that united action by all student representatives is often the best way to define and achieve these goals."

The organization has already outlined several objectives.

Members of the council said they see one important function of the group as that of disseminating information among the four classes.

"One major problem we recognize is that there is very little contact among classes," observed Fred Smith, senior class president.

"Each class has its own particular problems, and each year they try to solve these problems. They spend a lot of time and energy doing so, and often they use the same methods as classes before them tried."

Fred continued, "As it stands now, most of the knowledge about how the system works rests with the upper classes. Rather than forcing succeeding classes to rediscover this knowledge,

we hope the Council will be a resource for disseminating such information. That way students can use their time and energies to better advantage."

The organization will also name a committee to study the current grading system and possible alternatives to this system.

Another objective the group has discussed is establishing a procedure for the orderly selection of student appointees to the many standing committees on campus.

"These appointees are currently picked in a very uncoordinated way," Fred explained. "We are not achieving good student representation, and the power and responsibility rests in too few students.

"Many students are not aware of the possible committee appointments open to them," he continued. "We want to establish a clearing body to screen applicants."

The council decided to publicly post all committee openings. Interested students may then either submit written applications explaining why they want to serve in such a capacity and what they feel the position involves, or contact one of the class representatives and explain this information to him.

Students applying for especially important positions may be asked to appear before the entire council.

"We hope the council will be the coordinated student body advocate of change—change that would make student life and student learning more productive and efficient," Fred remarked.

Students on the council are John Bacon, Jeff Rose, Marcia Fohl, Scott McGeary, Steve Bailey, Jan Madill, Lynn Samuels, Mike Blahnik, Rod Orr, Fred Smith, Dolores Leon, Mike Miller, Steven Dresler, Mike Grady, Mike Reaves, Gill Lee, and Stuart Loeb.

Dr. Tufts vetoes old-fashioned kerosene-and-sugar cough remedy

A few drops of kerosene on sugar to children for coughs? Dr. Emily Tufts, assistant professor of pediatrics and director of the Oregon Poison Center at the Medical School, would just as soon parents forget all about that old "kerosene" home remedy which was reported in a "kitchen" medicine story in the Sunday *Oregonian* of Oct. 27.

Kerosene and coal oil, which are the same, are deadly hydrocarbon. They do nothing for coughs.

"We don't know the mechanism of it, but when children drink kerosene," she said, "it causes pneumonia. We don't quite know how it happens. A very little bit on a lump of sugar may not cause great harm, but I suppose it is a matter of amount."

There have been no kerosene poisonings in Oregon in recent years, she said, "but we have had them in the past." She also said there have been other hydrocarbon poisonings, which

do the same thing as far as the lungs are concerned.

If a child already has a cold, she would not want to subject him to any of that risk, she said.

She's not against the sugar, and maintains that honey and lemon juice are reasonably soothing without the risk.

"But leave out the kerosene. The best idea is to take what your doctor

recommends. Honey, or sugar, and lemon isn't a bad cough syrup."

The important thing in hydrocarbon ingestion is not to induce the child to vomit, which may make him choke and inhale the product into the lung, with disastrous results.

Coal oil and kerosene are the same product, she said, "like black-eyed Susan and yellow daisy. Medically the outcome is the same."



Caspar Weinberger, HEW secretary, was on campus November 26 to address a breakfast gathering of administrators and faculty. The secretary discussed the Ford administration's health insurance plan, commenting, "We favor a comprehensive health insurance plan because it would offer care to every American and because it would build on the strengths of our present pluralistic system."



At CDRC's recent tree trimming, Amy Hickman, two, developmental disabilities preschooler, and Tehan Carey, special education assistant, examine Amy's reflection in a ball.

VIPS

NOVEMBER Service Anniversaries— From Personnel

Five Years

Ray Oliver, research instr services
Richard Herren, instructional aids
Lolita Blood, printing
Dr. Hall Downes, pharmacology
Christine Kipp, MSH nursing

Ten Years

Marilyn Jacobs, surgery
Jeri Dobbs, cardiac surgery
Bertha Rutherford, MSH nursing
M. Ellen Girsberger, MSH nursing
Josephine Ruga, hosp laundry
Dr. Jack Hegrenes, CCD

Fifteen Years

Lillian Wager, OPC admitting

Twenty-five Years

Barbara Hiatt, UHN admin

Thirty-five Years

Mary Holter, MSH dietary

Moving Up

Lear Word, cust wkr 1 to cust wkr 2,
hosp hskpg
Barbara Barnes, LPN 1 to LPN 2, MSH
nursing
Suzanne M. Brusch, LPN 1 to LPN 2,
MSH nursing
Margaret Schiff, LPN 1 to LPN 2,
MSH nursing
Ann Marie Selleck, LPN 1 to LPN 2,
MSH nursing
Marcella Siegrist, LPN 1 to LPN 2,
MSH nursing
Linda Kay Parker, LPN 1 to LPN 2,
MSH nursing
Lorraine Rickey, LPN 1 to LPN 2,
MSH nursing
Winnifred Tyler, RN 1 to RN 5, MSH
nursing

Paula Swanson, RN 1 to RN 2, MSH
nursing

Judy Chapman, clerk 2 T to clerk 3 T,
UHN

Carol Connors, phys therapy 2 to phys
therapy 3, phys therapy

Susan Casciato, hosp aide to therapy
aide, phys therapy

William Logan, animal CT to equip
opr, phys plant

Ronald Ward, plant main engineer to
plant main foreman 2, phys plant

Dianne Demings, lab asst 1 to lab tech,
cl path

Marianne Margeta, clerk 2 to clerk 3
T, purchasing

Ruth Gross, educ proj aide 1 to clerk
2 T, budget office

Willa Mosley, computer opr 1 to com-
puter opr 2, comp services

Roxie White, educ proj aide 1 to clerk,
1 T, OPC admitting

Patricia Baker, clerk 1 T to clerk 2 T,
radiology

Rachel Scott, educ proj aide 1 to sec 3
T, radiology

Sally Hays, cust wkr 1 to cust wkr 2,
MSH storeroom

Barbara Glenn, educ proj aide 1 to
clerk 1 T, UHN gift shop

Denise Baker, office trainee to clerk 2
T, UHN nursing

Geraldine Burns, clerk 2 to sec 3 T,
CCD

Shirley Garrett, sec 2 T to sec 3 T,
cardiology

Lisa Johnson, cust wkr 1 to cust wkr 2,
hosp hskpg

Geraldine Kern, sec 4 S to sec 5 S,
MS dean's office

Gail Leszar, sec 3 D to clerk 4, business
office

Susan Anderson, educ proj aide 2 to
sec 3 T, social services

John Stewart, patrolman 2 to security
supr 2, security

Dan Wilkins, ACT 4 to admin asst 2,
animal care

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