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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.

HSC team does its 200th kidney transplant

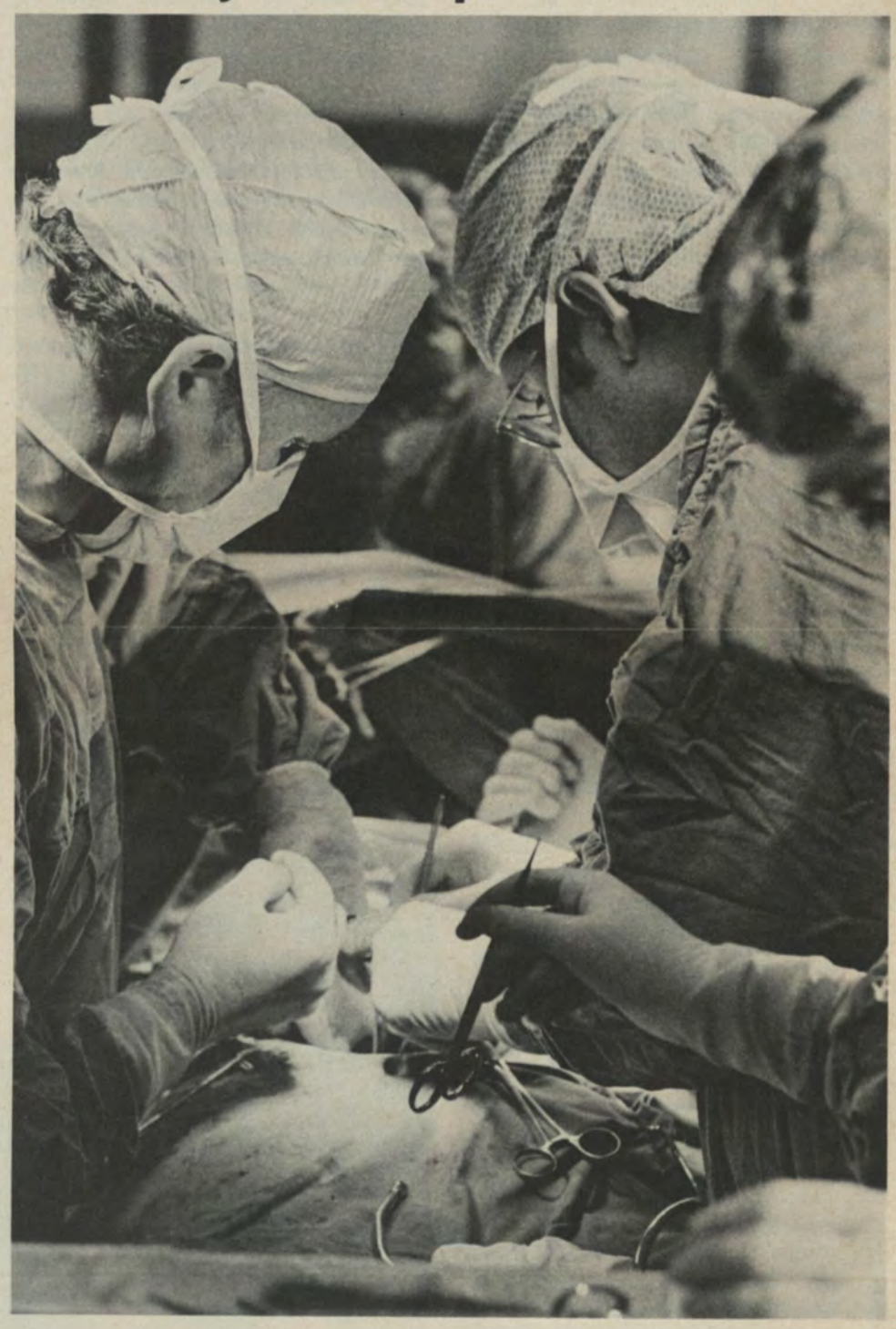
The Health Sciences Center kidney transplant team has become the 13th in the U.S. to have performed 200 or more transplants.

The team, headed by Dr. Russell Lawson, performed the 200th transplant (see photo on right) January 7 on Portlander Richard C. Hand. Hand, 31, is a victim of diabetes and has lost sight in both eyes as a result of the disease, which also caused renal failure.

According to the American College of Surgeons National Kidney Registry, the overall national rate for successful transplants from related and non-related donors from 1970 through 1972 is 60 per cent.

For the same period the HSC transplant success rate is 79 per cent, an achievement the team attributes in part to the effective antilymphocite serum developed here.

The major obstacle to the renal transplant program continues to be a crucial lack of healthy kidneys from deceased persons.



Icy plunge recalled

The following article concerns the forced landing of an Air Force helicopter on a neonatal emergency mission for the HSC December 31. Thanks to quick-thinking and single-minded dedication on the part of medical personnel from the Center, the life of the infant aboard was saved.

Nothing seemed unusual.

Dr. Raul Banagale, neonatology fellow, and Nurse Joan Silbernagel, of the neonatal intensive care unit, were returning from LaGrande by helicopter with a 16-day-old infant in respiratory distress.

The flight was the 65th in the Health Sciences Center's neonatal emergency transport system which began more than two years ago with the cooperation of the U.S. Air Force Reserves and the Oregon Army National Guard.

Both doctor and nurse were relaxed as they monitored infant Travis McCraw in his portable isolette. The baby had an IV and was receiving oxygen.

It was early evening, and Dr. Banagale and Miss Silbernagel were anticipating New Year's eve parties they expected to attend in Portland that night. This was the nurse's first emergency flight.

"All of a sudden, we felt the helicopter drop quickly," said Dr. Banagale. "I felt my stomach right up in my chest."

"The engine stopped, and there was a sudden total silence as we went into a free fall," Miss Silbernagel recounted.

The pilot (one of three crew members on the Air Force helicopter) im-

(continued on page 4)

This helicopter, seen below at low tide, gave an HSC physician and nurse an unexpected plunge into the Columbia River.

President discusses "State of the Center"

Broadened communication and increasing input from faculty were stressed by Dr. Lewis W. Bluemle, president of the Health Sciences Center in his first "State of the Center" message January 16.

The combined faculties of the Dental School, Medical School and School of Nursing met in the Library Auditorium to hear the new president discuss budget requests, organization and planning.

"Indeed our budget request for 1975-77 is significantly incremental," the president said. "I'd like at this point to give you a brief budget synopsis with the caveat that the budget process is not yet at the mid-point of its cycle. That is, the governor's budget has not yet been published and the legislative review has not yet begun."

After detailing institutional budget requests, Dr. Bluemle turned to hospital operations. "One of our greatest fiscal problems is keeping abreast of inflation in hospital operations. Currently, we are budgeted for an eight per cent annual increase in the cost of hospital supplies and services. The actual rate at the moment is, however, between 28 and 30 per cent. For the current year, this translates into $3,200,000 worth of additional costs, requiring a special appeal to the Ways and Means Committee for a comparable increase in our present expenditure ceiling, not to mention a late adjustment of our next biennial budget.

"It is very apparent that one of our critical needs is for more modern equipment and methodologies for monitoring our fiscal affairs in the clinical area," he said. "Potential revenues in the clinics are being lost because of an inadequate system for processing charges and bills." He then reported that prospects appear favorable for taking significant steps forward soon, although total updating of the fiscal management system may take two to three years to complete.

One of the Center's objectives, the president said, which is not entirely self-imposed, is to increase hospital levels of fiscal self-sufficiency. "While there might be some lingering reservations as to how compatible this objective may be with our more fundamentally perceived missions, I'm sure most of you can appreciate the pragmatic inter-relationships between doing what we think is important and having the wherewithal to do it. Put briefly, any dollar we do not have to request for indigent patient care is a dollar we can more easily request for academic purposes."

Dr. Bluemle pointed to charts which show encouraging growth in patient fee income, but added, "How far this trend will continue — and how far it should continue — are questions of considerable interest to ourselves and our controlling agencies. I believe it would be unwise to accept extrapolations of these dollar curves if they were to predicate increasing charges for clinical services to the point of jeopardizing our competitive position with other hospitals. With continued good management and perhaps good fortune as well, I would hope that the percentage trends will bring us sufficiently close to accepted national standards to forestall further arguments about reducing our bed numbers as the best approach to reducing our state subsidy for clinical operations."

The president lauded faculty members "who have worked so hard to achieve a better balance of our clinical portfolio by encouraging more admissions of patients whose care costs are covered by some means of compensation. When the chancellor reviewed this matter before the Emergency Board recently, he referred to it as a 'success story.' The extent to which this effort can be extended among *all* clinical departments will have a significant bearing on our total budgetary outlook, not just for the next biennium but for a long time to come." He then reported he would be working with a faculty committee on the matter.

Turning to capital expenditures, the president listed requests and said, "The problem is that we do not have a comprehensive master plan for space utilization. Consequently whenever we submit a discrete proposal for renovation or expansion it has to be evaluated in the narrow context of its own immediate merits without reference to how it fits into a long-range projection of campus development.

"The signals I hear are now very clear that this *ad hoc* approach won't suffice much longer, and I believe to perpetuate it would result ultimately in a patchwork quilt rather than a rational overall campus design.

"My strong inclination is to begin first with a concerted in-house effort to define our programmatic objectives in clear terms which then permit a planning consultant to assist us more easily and economically in the translation of programmatic objectives into three dimensional options."

Dr. Bluemle announced that the program planning effort would be initiated shortly, and "if we do it thoroughly, it will require significant faculty input of both information and judgment."

Emphasizing the necessity to keep current the actual costs of the institution's educational programs, the president reminded the faculties that the Quarterly Report of Service is a valuable resource for information for the chancellor's office reflecting faculty contributions to the educational effort.

Turning to the administrative organization of the Center, Dr. Bluemle said, "Our legislative conversion to an administratively unified health sciences center posed reorganizational problems, only some of which have been resolved by the creation of a president's office and the appointment of two vice presidents. Their staffs, some of whom have also been promoted to positions of Center-wide responsibility, are proceeding in timely fashion to establish broader administrative pathways in collaboration with the deans of our three schools. I'd like to take this occasion to commend both them and you for your patience and cooperation in accommodating to the ongoing changes which have already been initiated.

"Centralization," Dr. Bluemle said, "of administrative responsibility and authority must proceed in an evolutionary fashion, and only in directions that both comply with our reorganization mandate and facilitate the accomplishment of our perceived purposes."

The organization of the faculties the president said, must be oriented to three objectives: to retain appropriate patterns whereby separate faculties of each school can communicate effectively with their respective deans on all matters of particular interest and concern to that school; to continue to develop necessary Center-oriented committees by mutual advice and consent; to establish communication mechanisms between faculty and the president which are as direct as the existing ones between faculty and deans.

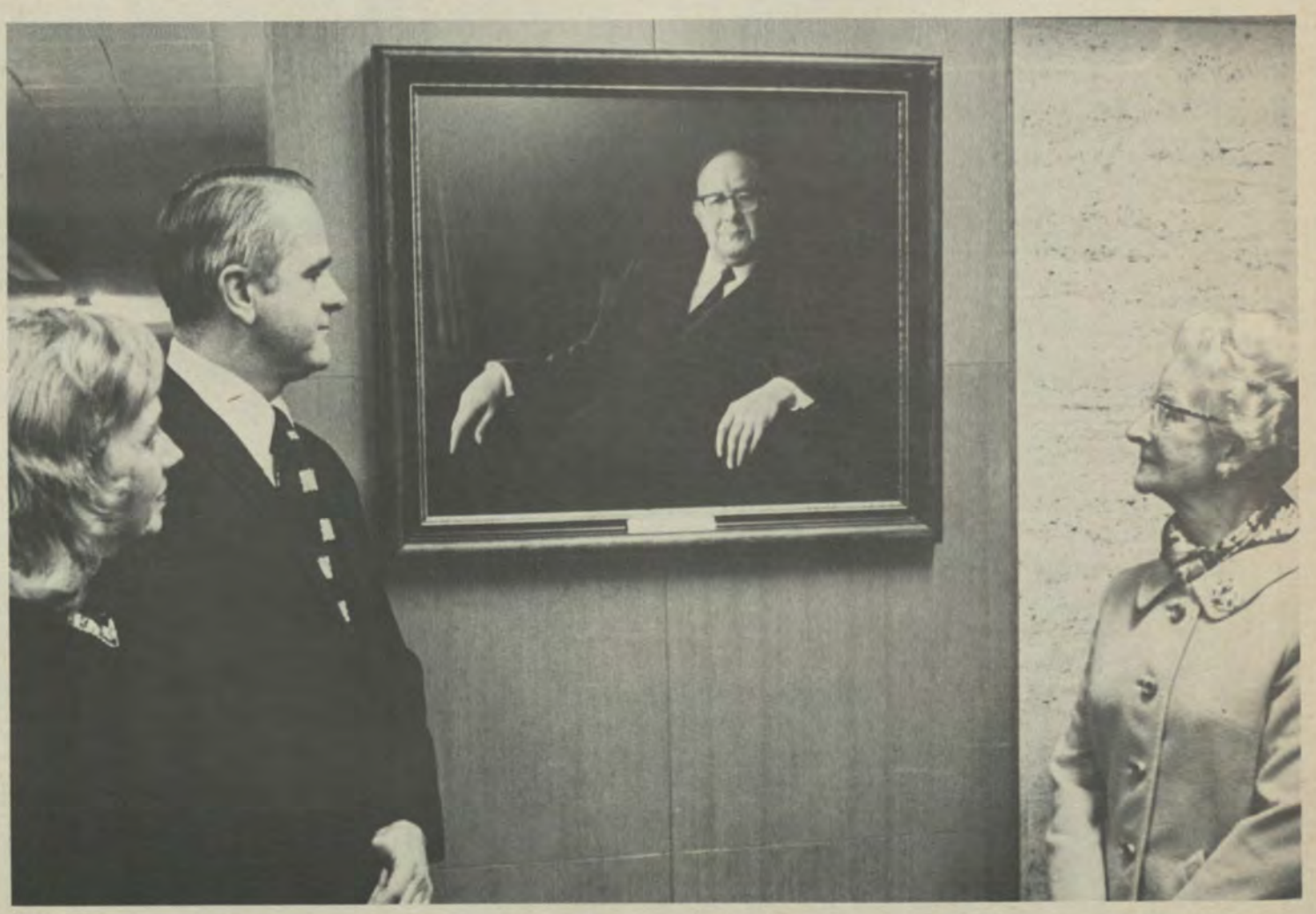
"Another approach will be periodic departmental reviews where your dean and I will meet with as many faculty members of a given department as can be assembled at one time to discuss matters of primary interest to that group. The first of these reviews is now being scheduled."

Finally, the president reported on efforts to develop new bylaws for the medical staff which clarify ways by which clinical faculty can deliberate with administration on hospital affairs and said, additionally, "We must continue to seek better ways to integrate University Hospital North functions with those of the Medical School Hospital (shortly to be renamed University Hospital South) to reflect the inter-relatedness of these two major units of the combined University Hospitals and Clinics.

"I foresee no need for drastic or sudden change," the president said, "but I would hope that all of you who have a vital role in clinical programs will continue to think constructively about ways by which the considerable physical and personnel resources of our two university hospital divisions might be better utilized under their new consolidated management."

The president closed the hour-long session with opportunity for questions from the nearly 400 faculty members attending.

Informal ceremonies to acknowledge the renaming of the Administration Building to David W. E. Baird Hall were attended December 27 by Dr. Michael Baird, director of hospitals and clinics and son of the late dean; his sister, Mary Baird Prouty (far left); and Mary Baird, the former dean's wife.



HEALTH SCIENCES CENTER
NEWS

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University of Oregon Health Sciences Center, 3181 S.W. Sam Jackson Park Road, Portland Oregon 97201

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Joseph J. Adams, Vice President for Planning and Resource Development

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The painful problem of needle stabbings

Accidental needle stabs have long been one of the most common health hazards in Health Sciences Center hospitals and clinics.

A sampling of this year's accident reports makes the problem painfully clear:

September 24 — "I was breaking off needle to dispose of it after giving an injection to a patient with congenital hepatitis. The needle went through the plastic cap."

August 21 — "A syringe with the needle attached penetrated a plastic bag full of trash striking me in the back of my right thigh."

June 26 — "A physician, after attempting to start an IV, placed dirty needle in paper sack. I picked up the sack and was scratched by one of the needles used on the patient."

According to campus Safety Officer George Johnston, needle stabs can become a thing of the past if physicians and other medical personnel will observe a few simple rules.

What not to do! Exposed, used needles left at bedside can be dangerous to patients and to medical personnel who work near the patient. In the photo on the right, Ardys Hokeness, R.N., assistant director of the UHN nursing service, shows how easily an exposed needle can penetrate a plastic trash bag.

The monoject system which has recently been adopted by most of the campus is illustrated on this page and offers a safe and efficient method for needle and syringe disposal.

Mr. Johnston explained that when the monoject system was first adopted here, accidental needle jabs persisted because medical personnel were not following the disposal procedure correctly.

But he said he hopes that the October visit by a representative from Sherwood Medical Industries, Inc., afforded hospital personnel a chance to learn how to use the monoject system properly.

Mr. Johnston said that custodians and the hospital housekeeping staff are those injured most often by used needles.

"I've asked to be notified whenever custodians are stuck," Mr. Johnston explained. "Custodians in one hospital area reported finding needles in toilets and wastebaskets every other day. Half-full syringes with needles have been found in patients' wastebaskets.

"Each time there's a report, we talk to people in the areas involved, and each time, we go for a few months without any reports; then when a new group of personnel, doctors and interns comes in, the problems begin again.

"It's not the nurses, nurse assistants, or technicians that we have trouble with—they are well educated about safety procedures. It's the doctors who continue to cause problems. They don't get training in safety.

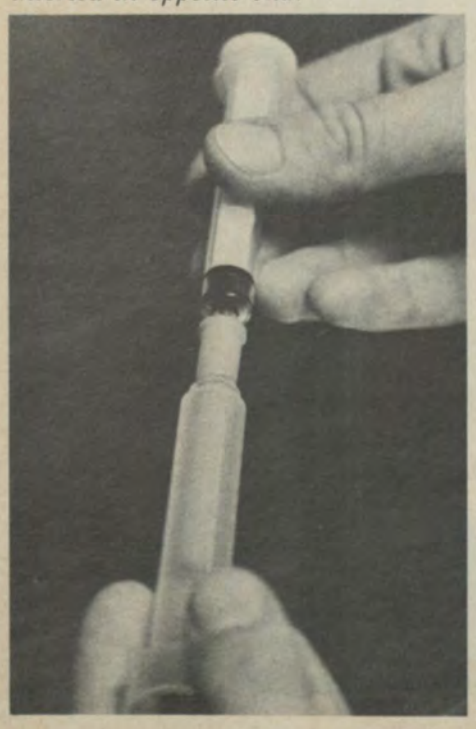
"They don't seem to understand the consequences of their thoughtless action. They don't think when they put needles into a trash can, someone will have to empty that trash can.

"Part of this is a human problem. People don't like to change. They're all for safety until it inconveniences them. But we're going to do our best to protect people in spite of themselves."

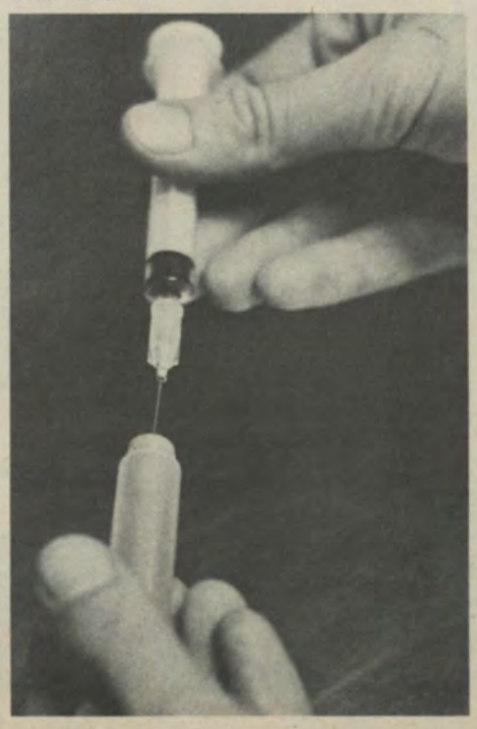
Johnston said if medical personnel take time to learn the simple monoject system and then use it consistently, accidental needle stabs will no longer be such a common and dangerous occurrence.

L.P.N. Debra Johnson demonstrates correct needle disposal

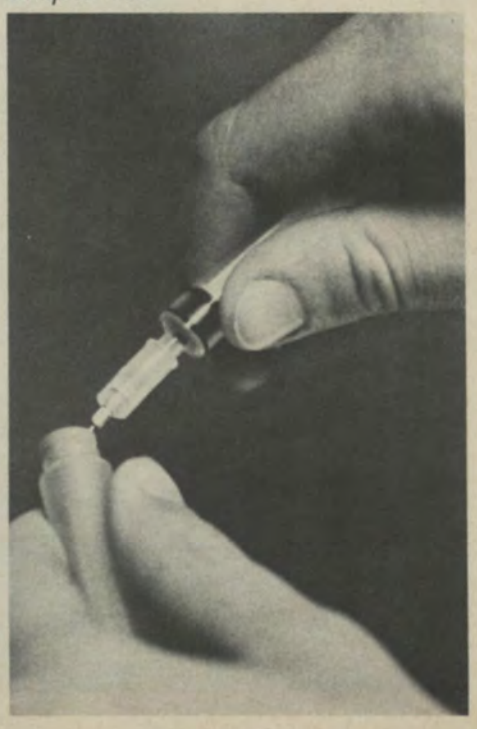
Sheath is removed from cartridge and inserted in opposite end.



After needle is used, reinsert needle into sheath.



Snap at hub.



Then insert hub into sheath and snap off syringe tip.

Quick thinking saves infant in river gorge

(continued from page 1)

mediately told the two passengers to fasten their seat belts.

The crew put the helicopter into auto-rotation to bring it down in a sloping glide, and by looking at reflections on the water in the Columbia River below, the pilot chose the safest looking spot for a forced landing.

"In a matter of seconds, we hit," Miss Silbernagel recalled. "The first sensation I felt was water splashing on me."

The helicopter had landed near a sand bar, struck a rock, and fallen on its side in the water.

Dr. Banagale was partly submerged in water immediately, and when he heard no sounds during the first few seconds after impact, he feared the worst for others aboard.

"I yelled twice 'Is everybody okay?' and then I saw the crew moving around. Right away, Joan began yelling, 'Where's the baby!' "

In almost total darkness, Dr. Banagale felt for the isolette which had been strapped in a fixed position in front of their seats. He quickly removed the infant who was also wet.

"I heard the baby cry when Dr. Banagale pulled him out of the isolette," the HSC nurse recalled. "I never appreciated crying so much."

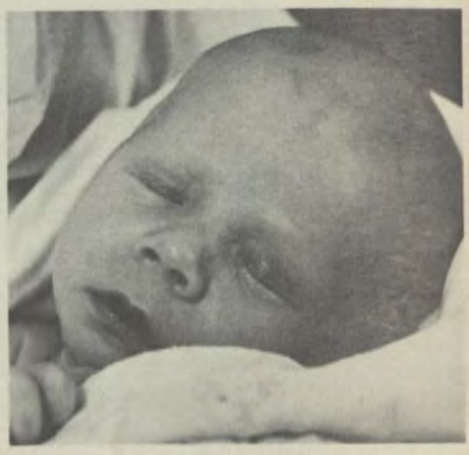
Crew members helped the doctor and nurse, who carried the baby, out of the aircraft through a side door which was now overhead. They waded through waist-deep water to the sand bar about 25 feet away.

Neither was wearing a heavy coat, and now with the biting wind on them, they felt half-frozen. Miss Silbernagel held the baby close to her inside a thin jacket she wore.

"All we were thinking about was how are we going to keep this baby alive," explained Dr. Banagale.

The crew brought a survival bag—a mummy-type sleeping bag—which had remained dry, and Dr. Banagale helped the nurse and baby inside.

"The only way to keep the baby warm was for Joan to take off her wet clothes and embrace the baby right next to her body," said the physician. "The crew found a bunch of dry thick Air Force socks which we put around the baby to keep him warm."



Oxygen equipment was set up near Miss Silbernagel who held the oxygen hose down inside the survival bag in front of the infant's nose.

"I kept the baby crying," she explained. "When we left LaGrande, his heart rate was a good 150, but during the flight it had dropped too low. The only way to tell for sure if the baby was alive was to hear him cry, so I kept pinching him.

"When he got tired, I let him rest, and I'd lie very still so I could feel his breathing. When there was too long a pause in his breathing, I'd pinch him again.

"The crew was fantastic," exclaimed Miss Silbernagel. "They kept making trips back through the water into the helicopter for things we needed, and they did everything they could to keep us warm."

In about half an hour, a rescue helicopter landed on the sandbar and transported them to Woodland Park Hospital.

"Joan remained very calm during the whole thing," Dr. Banagale emphasized. "At the hospital, she changed into a scrub suit and started the baby's scalp IV, which takes a very steady hand."

He added, "We didn't have time to get scared. Everyone's attention was on the baby. When you're so busy taking care of somebody, you don't have a chance to be afraid."

The Air Force attributes the forced landing to engine failure and has sent the craft's engine to Corpus Christie, Texas, for analysis.

Young Travis McCraw appeared no worse for his experiences in the Columbia River Gorge. In fact, say Dr. Banagale and Miss Silbernagel, he recovered more quickly than they had anticipated when they first saw him in LaGrande. He was home in less than a week.

The two HSC staff members received only minor bruises and strained muscles as a result of the incident, which Dr. Banagale refers to as "probably my most exciting New Year's eve."

Asked if she feels like going on another emergency transport mission, Miss Silbernagel responded gamely, "Sure!"

Photos: Dr. Raul Banagale; Joan Silbernagel, R.N; infant Travis McCraw.

General Prentice retires

Major General William H. Prentice, director of institutional planning for the Health Sciences Center and a two-star general in the U.S. Army Reserves, retired from the Reserves in December.

General Prentice, who has completed 35 years in the military, was awarded the Meritorious Service Medal by order of the Secretary of the Army, Howard Calloway. Presenting the medal on behalf of the secretary was Frank C. Bash, of Medford, civilian aide to the secretary.

Starting with ROTC at the University of Oregon, General Prentice has served in many positions in the military, culminating in his assignment as commanding general of the 104th U.S. Army Reserve Division located in Oregon and Washington. He held this position for five years.

The general has served terms on both Department of Army and Department of Defense Reserve Policy Boards and is now a presidential appointee on the Department of Defense National Advisory Committee for Support of the Guard and Reserve.

In 1970, General Prentice was awarded the Distinguished Service Award by Secretary of Defense Melvin Laird for outstanding service on Department of Defense committees and boards.

The following year, he was awarded the Legion of Merit by the Secretary of the Army for exceptionally meritorious conduct in the performance of outstanding services during the period of 1959 to 1971.

General Prentice holds numerous other decorations and awards for distinguished service.

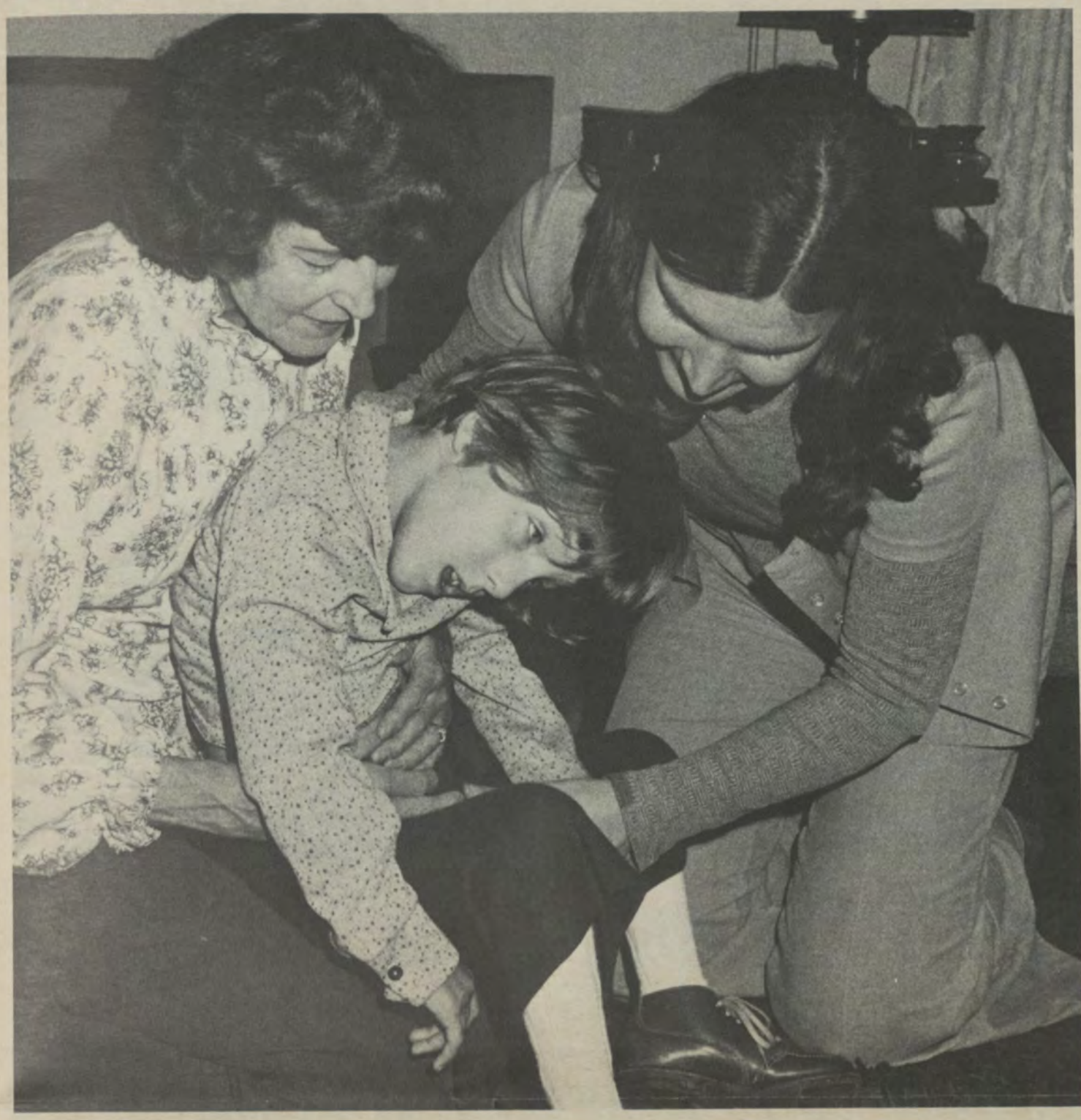
The general's civilian occupations include 33 years in the electric utility field. In 1969, he retired early from that business to begin a new career. The next year, he was appointed director of program planning for the University of Oregon Medical School.

General Prentice is a past president of the National Senior Reserve Commanders Association and a past president of the Department of Oregon Reserve Officers Association.

He is an honorary member of the Northwest Electric Light Association and is an honorary board member of United Good Neighbors of Jackson County.

He also serves on the Portland Metropolitan Comprehensive Health Planning Association.

Major General Prentice, center, receives Meritorious Service Medal from Mr. Bash, right, during his recent retirement ceremony. Brigadier General Richard Miller, left, adjutant general, military department, State of Oregon, joined in the ceremony.



Team member Patricia Burtner (at right in large photo), occupational therapist, shows Mrs. Sam Ketchersid exercises to help nine-year-old Suzette Ketchersid develop better head control.

Team helps keep kids at home

A unique program to prevent the institutionalization of severely handicapped children is underway at the Crippled Children's Division.

Labeled "a project of national significance" by HEW, the program involves teaching parents and teachers of disabled children the techniques that will help these youngsters develop to their full potential and keep them out of state institutions.

One of three teams organized under the HEW grant is operating under the auspices of CCD. Team members spend much of their time in the homes and schools of handicapped children working with parents and teachers on individualized developmental plans.

The child's developmental plan is presented to parents in step by step fashion, and an attempt is made to integrate the program into the family's daily routine so that special time need not be set aside.

For example, the mother is taught to use the child's bath time to better advantage. If the child can't sit up in the bath tub, a seat is recommended to help the child relax and free the mother.

Mothers are taught that following the child's bath, a brisk rub on certain muscles can provide a tactile sensation the child requires.

Or when the child is eating, if he has no lip closure and has difficulty retaining food in his mouth, the parent is taught to press on the tongue with the spoon to cause the lips to begin coming together.

Members of the outreach team are Patricia Burtner, occupational therapist; Sharon Cohen, public health nurse; Kay Heflin, speech pathologist; and Elaine C. Ruys, physical therapist.

Most client referrals come from CCD—many from the cerebral palsy clinic. All youngsters are severely physically and mentally retarded.

Before accepting a child into the program, the team makes an initial visit to the home to present the program to parents in an effort to find out if they are really interested in participating.

If the child meets certain criteria, the family is asked to bring him to the Child Development and Rehabilitation Center for a one-time assessment.

The assessment involves all team members and covers the areas of language, motor skills, hand function, sensory deficits, self-help skills, and general health.

Each team member has guidelines by which she checks the child. The assessment is used to make certain no health problems are being neglected and to arrive at a baseline from which an individual developmental plan can be designed.

Parents are asked to fill out forms which show whether or not they are familiar with the terminology which team members will use.

They are also asked to write answers to such questions as "What does your child enjoy doing with his family?" "What behaviors which your child exhibits most annoy you?" and "What makes your child happy?"

Parents sign an informal contract indicating their commitment to carry out the child's plan regularly.

A case coordinator is named for each child. She works closely with parents and teachers, visiting the child's home or school at least once weekly for an hour or two to make certain the program plan is being properly carried out.

Having a single case coordinator brings the program into sharper focus for parents, as well as being less traumatic for the child.

The program is transdisciplinary in that each case coordinator carries out parts of the program that would normally fall within another team member's discipline. For example, the program's public health nurse works with the child in three other areas, speech pathology, physical therapy, and occupational therapy.

The child's program plan, which is the result of input from all team members, lists the child's strengths and weaknesses. The program plan draws on strengths to overcome weaknesses.

Strengths may include a pleasing personality, good attention span, can grasp and transfer objects, good head control, and beginning to echo sounds.

Weaknesses might be: muscle contractures don't allow extremities to be extended, poor trunk control, abnormal reflexes, incontinent, and symmetrical leg movements.

The child's program is outlined for parents on large index cards which are kept in the home. A problem, objective, and activity are listed on each card. For example:

Problem: Arms do not extend forward (elbows are contracted).

Goal: Put weight on extended arms when on stomach.

Activity: Play prone over foam wedge. Have her reach out for toys in this position.

"Beginning to echo sounds" was listed as one of the strengths of a child with this card:

Problem: "M." has few sounds.

Objective: Get her to say sounds other than "mm," "d," "a."

Activity: Play and talk with "M." to get her to echo and repeat sounds like "n" and "g."

The team's main goal is preventing institutionalization. With this in mind, team members designed each child's program to require as little a break from the family's routine as possible so that the child can be integrated into the family without being a burden.

So far, the team reports that children in the program are making gains and that parents and teachers are cooperating well.

Parents are especially pleased with the program, and several have said they are finally able to feel that they are helping their handicapped child make progress.

The other two teams operating under the grant are the University Affiliated Facilities faculty, which acts as a consultative team, and a team at Fairview State Hospital whose goal is to upgrade institutional care. The combined goal of all three teams is to promote deinstitutionalization.

The teams are part of a consortium composed of the Health Sciences Center, Fairview State Hospital, and United Cerebral Palsy of Oregon, which represents a consumer group.

The title of the grant is "Community Alternatives — Institutional Reform." The proposal was written by Dr. Leroy O. Carlson, professor of Crippled Children's Division and professor of pediatrics.

CSR never takes a holiday

Central supply at the two Health Sciences Center hospitals is a non-stop, round-the-clock business.

Bonnie Reischman, MSH

Open seven days a week—all holidays included — the central supply rooms at Medical School Hospital and University Hospital North provide some of the most vital services on the Hill.

The two units provide pickup and delivery of supplies and instruments used in patient care areas and various departments. They sort, wash, inspect, test, assemble, and sterilize thousands of patient care items each month.

The stringent standards used in the central supply rooms guard against hospital infections. The equipment used by central supply staff members includes gas and steam sterilizers and aerators.

Central supply is responsible for processing surgical trays used in operating rooms, as well as procedure trays used in the various clinics and in the emergency room. Staff members make sure that needles are sharp and that hospital equipment operates safely and efficiently.

Services performed at the two central supply units vary. Central supply at UHN does all emergency room preparation and sterilizing and has a broader delivery system. MSH central supply assembles and wraps linen packs for the operating room, sterilizes all clothing used in neonatal intensive care, and is involved in the care, storage, and testing of equipment. They also act as a back up storeroom.

The centralization of equipment provides better utilization; therefore, less equipment is needed, according to Carol Storer, R.N., MSH central supply supervisor. Central supply at MSH has also taken over the care of traction and orthopedic equipment.

Both Mrs. Storer and Leann Poole, head nurse in UHN central supply, agree that good cooperation between all the hospitals on the Hill is one reason that the various central supply rooms are able to operate efficiently and fill as many orders as they do.

Karen Hein, MSH

Mary Smith, UHN

Janice Shaw, UHN

Evelyn DeLong, UHN

Maurine Jenkins and Lena Gasser, UHN

Karen Smith, UHN

Mary Ritter, MSH

OPC dental division needs funds to expand

Unless sufficient funding is found, the Health Sciences Center will have to continue its Outpatient Clinic dental division at current stop gap levels.

Since the federal government cut off funds for hospital dentistry two and a half years ago, most dental services have been phased out.

Only the children's dental service (pedodontics) was able to continue, limping along with funds from various other sources.

Last month, the oral surgery service went back into operation on a limited schedule with a budget from state funds.

But the division's co-directors, Dr. Donald R. Porter, professor of pedodontics, and Dr. J. Theodore Jastak, associate professor of oral surgery, have bigger ideas for the division.

"We provide a unique and much needed service," Dr. Porter pointed out. "In 1967, physicians in the Medical School clinical departments recognized that their patients did not have the oral health care services available that they needed.

"These physicians requested that we establish a dental service for comprehensive oral health care, a service which we were very much in favor of," he continued. "It was a great opportunity to expand the limited care we were already offering to children in Doernbecher Hospital as well as to begin adult services in the Outpatient Clinic."

The hospital dental service which was established in the late 1960's consisted of general dentistry, oral surgery, and pedodontics.

However, when the government severed funds several years ago, only the pedodontic service survived.

Both professors stressed the impact that a fully funded and expanded division could have on the Health Sciences Center as well as on the community.

Dr. Porter explained, "The pedodontic residents on this service are the kind of dentists that the community will be turning to more and more for oral care for children who are seriously ill or retarded."

The children seen by these residents in the Outpatient Clinic have special problems which most dentists in the community are unable to deal with.

"We see children with unusual problems, such as agenesis of the salivary glands, or youngsters with chronic diseases who spend a great deal of the time in the hospital and need an in-house dentist."

The pedodontic service deals with children whose medical problems are such that normal treatments could be risky—for example, children with hemophilia or heart problems.

One advantage of seeing these children in house is that there are medical personnel nearby for ready consultation. Also, many of these young patients have trouble getting private dental care since few private dentists feel they have had sufficient training to take on such special cases.

"Our residents will be filling this gap in the community because they will be much more attuned to special problems," Dr. Porter remarked.

The division of dentistry's oral surgery service is also an important adjunct to health care for Health Sciences Center patients.

The Health Sciences Center's oral surgery services include both the Medical School's and Dental School's commitment and are under the direction of Dr. R. G. Merrill, chairman of oral surgery at the Dental School.

Dr. Jastak explained that the oral surgeon does surgery on the jaws and related structures. His work ranges from dental extractions to treating odontogenic infections, facial pain, trauma, and benign tumors and cysts of the jaw. The oral surgeon also does orthognathic surgery (reconstructive jaw surgery).

Like pedodontic residents, oral surgery residents working in the division of dentistry will also be important in the future of dentistry in the community.

Dr. Jastak explained that while the average oral surgeon in the community devotes much of his time to routine extractions, there is increasing emphasis on reconstructive jaw surgery, facial trauma, and lesions of the jaw.

Oral surgery residents have already been exposed to patients at the Dental School clinics, but will use their skills on a different kind of patient population at the Medical School. They will have far more exposure to inpatients, as well as an opportunity to perform oral surgery in the Medical School's operating rooms.

Until additional funds become available, the oral surgery service will concentrate on inpatient consultations and emergency referrals with limited outpatient care.

So far, the Dental School has had the responsibility for securing funds for the division of dentistry at the Medical School, and services have been limited.

University Hospital North 3 southwest has been reserved as the site for an expanded division of dentistry.

When funds are secured, the area will be renovated, and a full range of dental services will be offered: pedodontics, oral surgery, general dental services, maxillo-facial prosthetic services, and oral hygiene and preventive services.

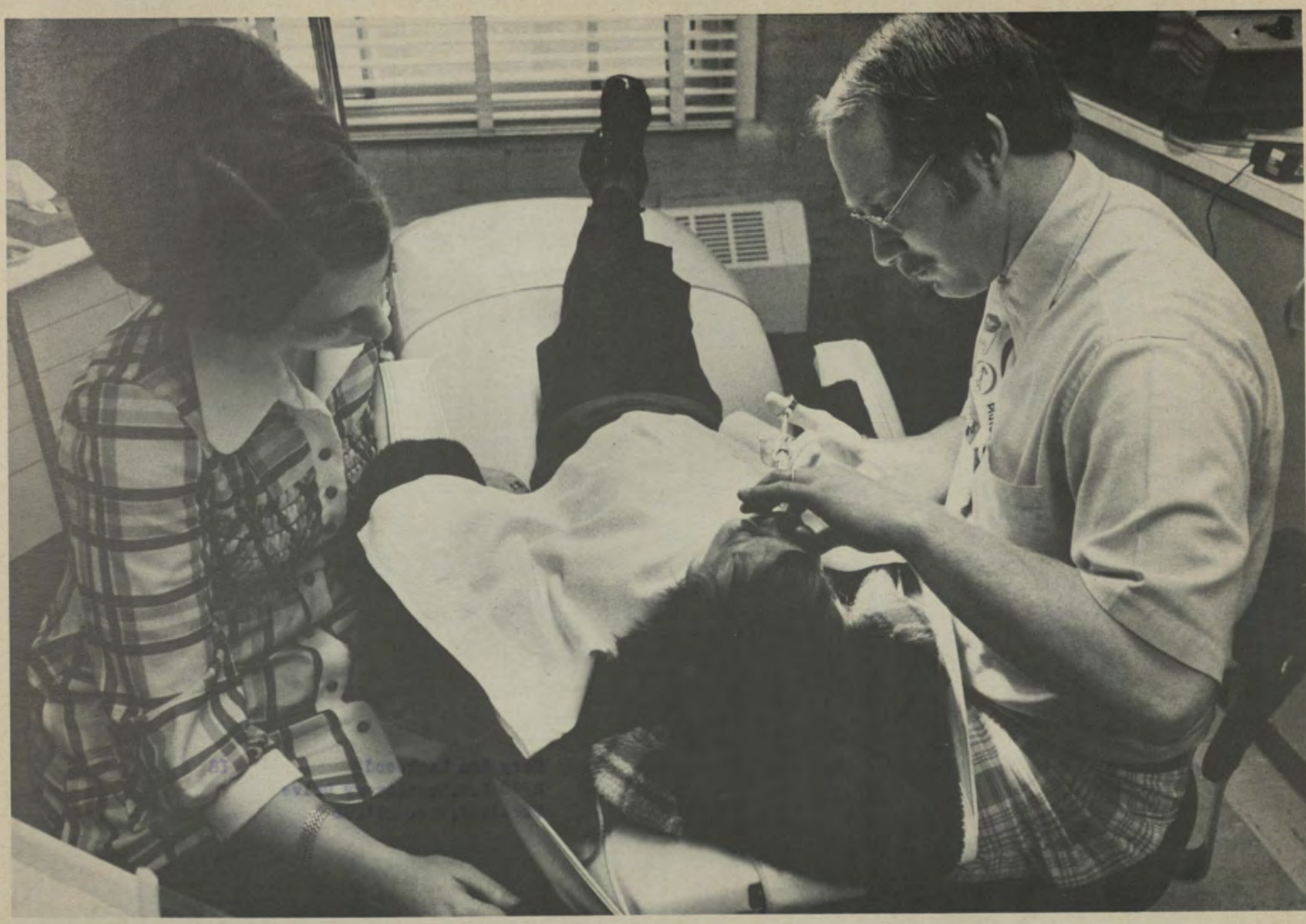
Equipment for the division is already available, but money is needed for renovation and resident stipends.

Dr. Porter and Dr. Jastak both said they are hopeful that potential funding sources will recognize the important role that an expanded dental division could play in improving the level of health care for patients who look to the Health Sciences Center as a major source of health service.

Dr. Louis G. Terkla, dean of Dental School, commented, "I would hope that

(continued on page 8)

Dr. Peter Lax, pedodontic resident, does restorative work on six-year-old Carmen Kozera with help from Jackie Thoreson, dental assistant.



VIPs

JANUARY

Service Anniversaries—From Personnel

Five Years

Michael D. Brik, phys plant
Dorothy Davis, soc services
Patricia McAllister, phys plant
Evola O'Neil, hosp hskpg
Frances Rand, cl supply, UODS
Peggy Stellmon, peds
Nora Winegar, CCD

Ten Years

Richard Herren, instructional aids

Fifteen Years

Edna G. Knox, MSH nursing

Moving Up

Patricia Kenzler, RN 1 to RN 2, UHN
Lillian Wager, clerk 3 to clerk 4, OPC admitting
Melinda Sidman, clerk 2 T to clerk 3 T, OPC admitting
Nellie Riggs, sec 4 to acctg clerk 2, UODS bus off
Maureen Pankonin, clerk 1 T to clerk 2 T, OPC admitting
Donna Wallon, clerk 1 T to clerk 2 T, CCD
Angela Vendsel, sec 3 T to clerk 4 T, CCD
Lorena Kipp, clerk 4 T to admin asst 1, bus off
Laurie Hylton, sec 3 T to clerk 4 T, CCD
Florence Godick, clerk 3 to clerk 4, OPC admitting
Richard Fosdick, clerk 2 to clerk 3 T, OPC admitting
Lonnie Brown, clerk 2 T to clerk 3 T, OPC admitting
Fauntayne Scherlie, ed proj aide 1 to clerk 1 T, pharmacy
Barbara Stoutenberg, RN 1 to RN 2, UHN
Viola Abeyashine, cust wkr 1 to cust wkr 2, hosp hskpg
Velma Mays, cust wkr 1 to cust wkr 2, hosp hskpg
Joyce Boyd, cust wkr 1 to cust wkr 2, hosp hskpg
Carolyn Harris, cust wkr 1 to cust wkr 2, hosp hskpg
Carol Melson, cust wkr 1 to cust wkr 2, hosp hskpg
Cyril Anderson, cust wkr 1 to cust wkr 2, hosp hskpg
Deborah Akers, cust wkr 1 to cust wkr 2, hosp hskpg
Mary Tooke, cust wkr 1 to cust wkr 2, hosp hskpg
Ellie Caldwell, cust wkr 1 to cust wkr 2, hosp hskpg
Sidney Schmitt, cust wkr 1 to cust wkr 2, hosp hskpg
Deborah Bennett, cust wkr 1 to cust wkr 2, hosp hskpg
Lila Jean Severson, cust wkr 1 to cust wkr 2, hosp hskpg
Mary Rowlon, cust wkr 1 to cust wrk 2, hosp hskpg
Shirley Green, cust wkr 1 to cust wkr 2, hosp hskpg
Susie Guidry, cust wkr 1 to cust wkr 2, hosp hskpg
Sandra Keller, cust wkr 1 to cust wkr 2, hosp hskpg
Marjee Mills, cust wkr 1 to cust wkr 2, hosp hskpg
Judeth Javorek, hosp aide to RN 1, MSH nursing
Phyllis Andrews, clerk 3 T to clerk 4 T, payroll
Edith Clark, clerk 3 to welfare asst wkr 1, social services
Margaret Hammond, sec 3 (S) to sec 4 (S), microbiology
Susan Harris, ed proj aide 1 to clerk 1 T, med records
Carl Humbyrd, ACT 2 to ACT 3, animal care
Mary Jenkinson, ed proj aide to clerk 1 T, radiology
Dorothy Jolly, sec 3 T to sec 4, dean's office
Stephen Colberg, lab asst 1 to stores clerk, radiology
Estavan Medina, laundry wkr 2 to laundry wkr washman, hosp laundry
Bobbie Lensen, clerk 3 T to sec 3 T, hematology
Anna Crow, clerk 2 T to clerk 3 T, med records

CLYDE HUTCHINS
Hospital laundry

Working at the Health Sciences Center has been a family affair for Clyde and Johanna Hutchins.

Johanna retired last February after 12 years on the hospital housekeeping staff. Last month, her husband Clyde retired after 14 years with hospital laundry.

Clyde commented that the people he has worked with here have been "the best there is."

"I would especially like to say that I think Gary Rood and Bill Parente (MSH administrators) are fair, down-to-earth people who know their job. And the same goes for my boss Mr. (Glen) Critser."

Clyde explained, "I was a truck driver before I came here 14 years ago, so when I first started working at the Medical School, it was sort of like a vacation — I mean you could work your eight hours and then just go home.

"But I can't say that I've enjoyed getting up at 4 a.m. every morning to get here by 6 o'clock. But it hasn't been too bad.

"I plan to work 600 more hours after this month, but when I do retire, I will miss coming here. But I know my wife will keep me busy. She has enough work laid out to last me 50 years."

GENE BUDDEAU
Mail carrier

Neither rain, nor snow, nor gloom of night kept mail carrier Gene Buddeau from his appointed rounds during his nine years on the Hill.

Co-workers at the Physical Plant helped him celebrate his retirement at a party December 31.

Gene's thrice-daily mail pick up from the post office and delivery throughout the campus have made his face a familiar institution.

Gene was not only stalwart in his duties—sometimes arising as early as 4:30 a.m. to make sure bad weather wouldn't hamper his schedule—but he also made sure his "customers" were happy.

"I liked to do little things for people," he explained, "like mailing packages or buying stamps while I was at the post office. It wasn't a problem—it was a pleasure."

Of his retirment, Gene says he'll "play that day by day," fishing, doing yard work, or visiting the sick in area hospitals through his church's visitation program.

LENA GARRETT
Clinical pathology

Lena Garrett, who has just retired after 25 years with the Medical School, remembers the good old days.

When she came here as a Mackenzie Hall cafeteria cashier in 1949, things were smaller and more personal. Administrators were known by their first names, and "we were one big happy family," Lena added. "We called ourselves Hill People."

There was no physical plant or Medical School Hospital, and the Dental School and women's dormitory were not yet built. Doernbecher Hospital had its own building.

Dr. David W. E. Baird, former dean, always had a kind, cheerful word for everyone, Lena reminisced, and she remembers when his son Michael, now director of hospitals and clinics, was a medical student. Among other students she knew was Dr. Tyra Hutchens, chairman and professor in the department of clinical pathology.

"When I first started working here, I'd never worked in food service before, and I didn't like it at all. I just thought it wasn't for me," she said. "But everyone was so friendly that I decided to stick it out."

She still describes Hill personnel as "really friendly" and adds, "People are so nice that the ones who aren't so nice stick out like a sore thumb."

For about the last five years, Lena has worked as a lab assistant in clinical pathology.

Now that she's retired, she and her husband plan to do a little "lazy fishin'," and a little traveling to "the places we've always wanted to see. We want to live each day to the utmost."

Dental division

(continued from page 7)

the consolidation of the Dental School into the Health Sciences Center will lead to a more logical budgetary structure for the division of dentistry which will recognize the hospital dental service as an integral part of hospital operations instead of as an extension and total responsibility of the Dental School."

He added, "Critical to the future of the program is the funding of residents, especially in general dental practice, who would represent the basic manpower corps for providing the broad range of services required in a comprehensive oral health care program."

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