7/76

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.

Although hospital rates rise, total costs may decrease

The Health Sciences Center's University Hospital joined other hospitals throughout the city in raising hospital rates this month.

The daily charge for routine room, board, and nursing care rose from $96 to $109 as of July 1.

There has also been a change in the billing system for ancillary services (such as X rays, supplies, special treatments, and various laboratory tests).

Before July 1, the Hospital charged an average per diem fee of $82 for routine care ancillary services.

As of July 1, this daily charge was reduced to $24, and the Hospital began a system of itemized billing for the majority of ancillary services.

The remaining $24 daily fee for ancillary services represents an average charge per inpatient day for routine medications, intravenous fluids, and a number of medical supplies.

In the next several months, fees in the Outpatient Clinic will also be restructured and itemized.

According to HSC administrators, the increase in hospital and clinic rates is necessary to offset increased labor and supply costs, and to meet revenue requirements for the 1976-77 fiscal year.

Labor accounts for 69 per cent of University Hospital's costs. Salaries for hospital employees have increased significantly in recent years, keeping step with inflation and achieving parity with other industries.

Costly medical advances, which have helped prolong life, have also played a role in reducing some patients' hospital bills.

The cost of hospital supplies, which account for another 27 per cent of the Hospital's operating costs, has risen more than 8 per cent annually over the last several years.

Other factors contributing to higher patient bills are Medicare and Medicaid programs which do not pay full costs of care. Bad debts must also be recovered from other patient charges.

A significant reason for increased hospital costs during the last decade has been technological advances—the life-saving developments of the tertiary care center, including open heart surgery, kidney dialysis and transplant, intensive care units, and much more.

New equipment and procedures are continually being developed. Those which are shown to improve prospects for life are expected to be made available as soon as possible, in spite of the fact that they may not necessarily be proved cost effective.

(continued on page 2)

Test may reveal which women on the Pill risk clots

Scientists at the HSC are working with Providence Medical Center to devise tests to predict those most susceptible to diseases of abnormal blood viscosity.

Each year hundreds of American women who take oral contraceptives develop blood clots that result in severe disability or death.

So far, physicians have been unable to predict which women will be most likely to develop such clots.

Now a research study being carried out by scientists at the HSC and physicians at Providence Medical Center may result in identification of patients most susceptible to this problem as well as a number of other diseases.

Director of the project is Dr. Geoffrey Seaman, HSC professor of biochemistry and neurology, and associate director is Dr. David H. Regan, a member of the Providence medical staff and HSC clinical instructor in medicine.

They have just received a five-year HEW grant of $219,771 to support their study of the relationship between abnormal blood flow and the onset of various diseases.

This is the first program of its kind to receive funding at the national level.

A major part of the program will involve screening patients with cardiovascular disease, women on oral contraceptives, and a variety of patients with abnormal blood viscosities. (Viscosity refers to the thickness of the blood and how well it flows.)

"The aim of our program is to develop tests and methodology to provide information about potential risks before a serious or deadly clinical problem arises," explained Dr. Seaman.

For example, in patients with cardiovascular disease, the researchers will devise tests to reveal early changes in properties of the blood platelets.

Such changes would be a warning sign of possible clot formation and, thus, a predictor of myocardial infarction (heart attack).

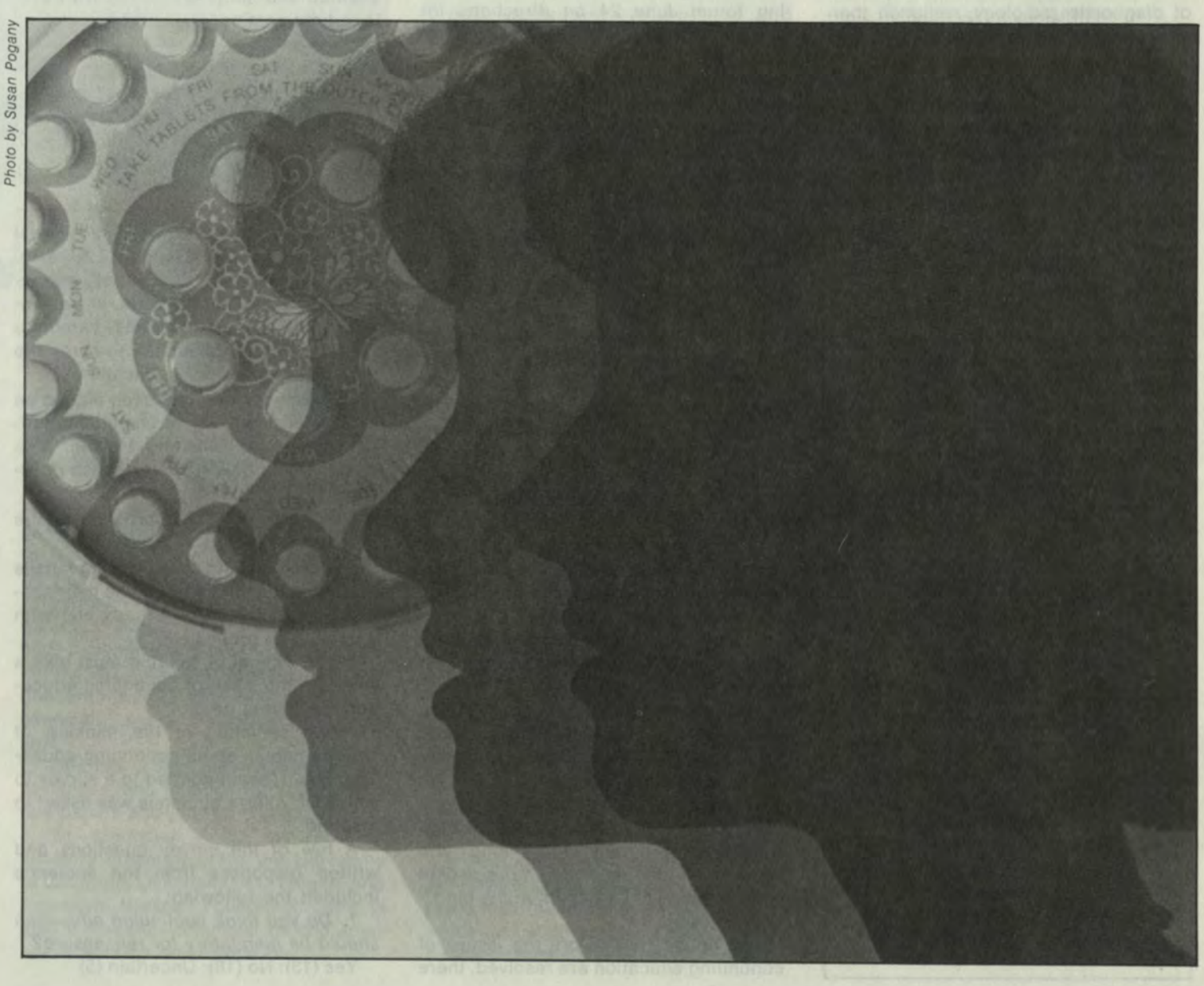
Similarly, women who begin taking oral contraceptives and who show an increase in blood viscosity after one to three months will be treated as high risk subjects and taken off the pill.

The tests which Dr. Seaman and his colleagues develop will also be an important aspect of follow-up therapy once risks have been identified.

During treatment, the patient's blood viscosity will be monitored as a means of determining the effectiveness of medication or other therapies.

Dr. Seaman commented that in addition to defining the role of blood flow factors as diagnostic and predictive tools in disease, his group hopes to develop new approaches to treatment of diseases with abnormal or impaired blood flow.

Photo by Susan Pogany



It is estimated that women who use birth control pills are four to 11 times more likely to suffer blood clotting diseases than non-users. Scientists at the HSC are working to devise a test to predict which women are most susceptible to blood clots.

Hospitalization cost for some illnesses has dropped

(continued from page 1)

The Department of Health, Education, and Welfare estimates that nearly 40 per cent of rising health care costs is due to increased use of life saving, but often very expensive, medical techniques.

However, it is interesting to note that medical advances have also played an important role in reducing some patients' hospital costs within the last few decades.

For example, a patient having an appendectomy forty years ago could expect to pay for his surgery, plus a 21-day hospital stay. Then he went home for at least another month of bed rest.

Today, thanks to improved medical knowledge, an appendectomy patient is home from the hospital within a week and back at work a week or two later.

Many classic illnesses, such as pneumonia, scarlet fever, and others, at one time required extensive hospitalization, but now, except in rare instances, these patients get well at home.

Here is another noteworthy comparison between the cheaper health care available in the "good old days" of 30 years ago and the care available today:

Over half of the heart attack victims who entered Portland hospitals 30 years ago did not live more than a few days.

Today's heart attack patient is quickly and carefully medicated, tested, and monitored by highly trained personnel using costly, specialized equipment. Less than 10 per cent die in the hospital.

The public has come to expect such high quality care as a basic right. They may accept the inevitability of flawed merchandise in a department store, but they want flawlessness in doctors and hospitals.

University Hospital does not economize when it comes to modern techniques and technology to prolong life. But the Hospital is run on a tight budget, and every effort is made to blend good business with good medicine.

Adult Pneumococcal Pneumonia

	March 1974	*September 1975*	*April 1976*
Length of Stay (Days)	10.0	8.1	5.7
Room, Board, Nursing	66.00	89.00	96.00
Ancillary Per Diem	43.00	65.00	82.00
Total Daily Charges	139.00	154.00	178.00
Total Hospitalization	$1,390.00	$1,247.40	$1,014.60

July, 1976

Length of Stay (Days)	5.7
Room, Board, Nursing	$109.00
Ancillary Per Diem (Medication, Intravenous Fluids)	24.00
Total Room, Board, Nursing + Ancillary Per Diem	133.00
X 5.7	758.10
Itemized Ancillary Charges	
Chest X-ray (2 Views) @ 21.00 X 2	42.00
Urinalysis	3.30
Chemistry Battery @ 15.00 X 2	30.00
CBC @ 3.60 X 3	10.80
Culture/Sensitivity (Blood/Sputum) @ 15.50 X 2	31.00
Oxygen, 48 Hours @ 20.00 Per 24 Hours	40.00
Total Hospitalization	$924.20

To show the relationship between increasing hospital charges and the total costs of hospitalization, University Hospital administrators have done studies on a number of diseases and their related hospitalization costs.

One typical disease, pneumococcal pneumonia, is shown above.

As the figures show, the total cost of hospitalization for pneumonia has dropped from $1,390 in 1974 to $924.20 as of this month.

Reduction in length of stay is primarily responsible for the decrease in costs, according to University Hospital administrators.

Vermeer holds radiation post

William Vermeer, associated on a part-time basis with the Health Sciences Center since 1969, has been appointed the Center's first full-time radiation safety officer.

Dr. Donald Kassebaum, HSC vice president for hospital affairs, said Mr. Vermeer "will be responsible for all aspects of radiation safety in University Hospital and in the School of Medicine."

Mr. Vermeer began at the Center in 1969 as an instructor in radiation therapy. In 1972 he was promoted to clinical instructor in radiation therapy. In his new role, which began May 1, he also holds the title of assistant professor of diagnostic radiology.

According to Dr. Kassebaum, the appointment was made as a result of the need for a full-time radiation safety officer to supervise development of policies and procedures relating to the use of radionuclear materials and radiologic equipment.

He said Mr. Vermeer also will teach radiation biology, radiation physics, and radiation safety to the staff and trainees of diagnostic radiology, radiation therapy, clinical pathology and cardiology.

An Oregon State University graduate, Mr. Vermeer was an environmental specialist and health physicist with the State of Oregon's Department of Energy and its predecessor, the Nuclear and Thermal Energy Council, from 1972 until joining the Health Sciences Center on a full-time basis. He has also served as a radiation specialist with the Oregon State Board of Health.

HEALTH SCIENCES CENTER
NEWS

Volume 5, No. 7
July, 1976

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The University of Oregon Health Sciences Center is an equal opportunity institution in the provision of employment and student services without regard to race, color, national origin, sex, age, religion, and mental or physical handicap.

Continuing education – a two-way street

A nationally recognized expert in continuing education calls on the average nurse to assume more responsibility for her competency.

Probably the biggest issue in continuing education for nurses is attitudes of the nurses themselves, according to Dr. Elizabeth Allen, director of continuing education for nurses at the University of Michigan.

Speaking at an HSC School of Nursing forum June 24 on directions for continuing education programs for Oregon nurses, Dr. Allen commented that continuing education is a "two-way street."

If universities and their faculties take the initiative in establishing continuing education programs, nurses must be aggressive in participating.

"Nurses must begin to pick up some of the responsibility that they have for being professionally competent. This is not the rest of the world's responsibility," said Dr. Allen, who is the former coordinator of continuing education for the American Nurses Association.

"(Nurses must realize): It is my responsibility to be competent. I'm paid for that. It is not just the university's responsibility. I'm going to have to start making some hard decisions about what I do with my time and money," she asserted.

Within the next ten years, many states will require rigid educational standards for practicing nurses. A Resolution on Education, already ratified by at least one state, would require a minimum of a baccalaureate education for practicing nurses by 1985.

The proliferation of nurse training programs—ranging from the two-year program to nurse practitioner training—has complicated this issue.

"I think nursing is going to take a position because we have fooled around with a non-program for so long, and we've generated more and more people that are going to be caught in the bind," Dr. Allen said.

She added that before the issues of continuing education are resolved, there will be a "big blow-up," with institutions of higher learning caught in the middle.

Universities and colleges are not equipped to handle the hundreds of thousands of nurses who would be required to upgrade their education. Funds and specially trained faculty would, likewise, be in short supply, said Dr. Allen.

Dr. Allen does feel confident that nursing will begin to confront the issue of continuing education aggressively.

"Nursing is going to have to take a position and stand on it. And it's not a long time coming."

The Health Sciences Center School of Nursing recently began a full-fledged, concerted effort toward establishing a continuing education program for Oregon nurses.

Dr. Allen's remarks were of special interest to the HSC School of Nursing, which hired its first director of continuing education, Carol Merwin, in December, 1975. The School has formed a faculty steering committee to study the delivery of continuing education.

"A lot of demand has been placed on us for a wide variety of continuing education courses," said Mrs. Merwin. "The question is: how will we establish priorities?"

Outlining her initial approaches to the problem, Mrs. Merwin stressed:

—More planning sessions with nurses in the community to determine their specific needs. (She has already met with a number of groups.)

—The School of Nursing must take a stand on the issue of continuing education for degree credit.

For a sampling of the thinking of Oregon nurses about continuing education, Mrs. Merwin pointed to a survey to which Dr. Allen's audience was asked to respond.

A few of the survey questions and written responses from the audience included the following:

1. Do you think continuing education should be mandatory for relicensure?

Yes (13); No (18); Uncertain (5)

DR. ELIZABETH ALLEN
University of Michigan

2. How does Oregon compare with other states and national trends?

—Oregon is very confused and indecisive—a national predicament.

—Extremely poor—Oregon is 5-8 years behind the midwest in CE (continuing education).

—Off to an excellent start—few successful programs existing.

—It will and should take time to develop a system.

3. Suggestions for better CE provision by the HSC School of Nursing.

—Series of classes in all fields of nursing aimed at keeping current.

—Make CE available to LPNs.

—Increased offerings for non B.S. nurses to obtain degree—possibly an external degree program.

—Circuit courses to other locations in the state.

—Keep on trying—please—try anything.

—Keep on writing such honest brochures—somebody has to admit CE is a problem and a challenge.

Hereditary characteristic may play role in emphysema

What part does heredity play in development of the lung disease emphysema?

This is the question being researched in a unique study project headed by Dr. Sonia Buist, associate professor of medicine and physiology at the HSC.

Sitting inside an egg-shaped machine called a body plephysograph, a young parent participating in Dr. Buist's study breathes deeply. Dr. Buist, right, measures the elasticity of his lungs. Later, children will be measured.

It is known that smoking can lead to emphysema, but it is not clear what other factors are involved.

"Out of 100 smokers," Dr. Buist explained, "ten may have the disease, but only one or two will die from it. We're trying to find out why those one or two die."

One of the reasons may be heredity, according to the HSC researcher.

In Sweden in the 1960s, lack of a factor called "alpha$_1$ antitypsin" normally present in the blood was found to be a common trait in a group of persons with emphysema.

This was the first real clue that heredity plays an important role in the development of this disease.

Dr. Buist's research involves 22 children found to lack the vital alpha$_1$ antitypsin factor and their parents who have a partial deficiency.

It is apparently the first study of young and healthy children all of whom have potential for developing the disease.

The study will follow the children, their parents and, later, other children in the family and compare the way in which their lungs age to other children and adults who do not lack the alpha$_1$ antitypsin factor in their blood.

No attempt is made to change family habits, such as telling them not to smoke. "We're not in the business of changing their habits. We want to follow a normal situation," Dr. Buist said.

A $24,735 grant from the Council for Tobacco Research, USA, Inc., New York, is funding the one-year project. Six to eight years minimum may be needed to complete the research.

U.S. tobacco companies fund the council, Dr. Buist said. Grants are made strictly on merit. There is no attempt to stifle research findings which might point to tobacco as a health hazard.

Barry heads transplant team

Dr. John M. Barry, assistant professor of surgery (urology), has been appointed head of the School of Medicine's renal transplant program.

The new director has been on the Health Sciences Center faculty for three years, following completion of a urology residency at the HSC School of Medicine in 1973. He earned his M.D. degree from the University of Minnesota, Minneapolis, in 1965.

Since 1973, he has served as chief of the urology section of the Veterans Administration Hospital.

Dr. Barry has co-authored 24 articles in the field of urology and renal transplant.

Early last year, the HSC kidney transplant team became the thirteenth in the nation to have performed 200 or more transplants. Since then, 60 additional transplants have been performed on the Hill.

The first renal transplant at the HSC, and the tenth done in the world, was performed on identical twins in 1959 by Dr. Clarence Hodges, head of the urology division.

During the following years, new techniques and more effective anti-rejection drugs paved the way for urologists to accept an increasing number of patients for transplants with a comfortable degree of certainty in their successful outcome.

Appropriations from the Oregon legislature have enabled the urology division to provide transplant services to an increasing number of Oregon residents with potentially lethal kidney failure.

Dr. Barry succeeds Dr. Russell Lawson as head of the program. Dr. Lawson is now professor and chairman of the division of urology at the Medical College of Wisconsin.

Urea metabolism studied

Two disorders of urea metabolism which can cause retardation or death in infants are the subject of a research project under the direction of Dr. Nancy Kennaway, instructor in medical genetics

Study of the two inherited disorders is sponsored by a two-year, $32,000 grant from the March of Dimes.

Both disorders, citrullinemia and argininosuccinic aciduria, are caused by defects in the urea cycle—the constant process by which the liver removes protein breakdown products from the blood and excretes them as urea.

If any of several chemical steps of the urea cycle are not carried out, some substances can build up to toxic levels and cause retardation, coma, and other symptoms.

Some patients with citrullinemia are severely retarded while others are only mildly so.

This difference in the degree of metabolic defect may be the result of a genetic mutation which affects different parts of the same enzyme (ASA synthetase).

Another possibility is that this enzyme has two or more molecular forms distributed differently in various organs. One form may be defective, the other not.

Retardation, coma, and other symptoms can result when toxic substances build up due to the two urea cycle disorders.

Dr. Kennaway will study the biochemical and molecular characteristics of these forms in normal tissues and in cells from patients with the urea-cycle disorders, and attempt to link them to genetic differences.

Eventually, these studies will permit better genetic counseling for families where these conditions have appeared, and perhaps aid in developing better therapy for those suffering from them.

New dean receives honor

Dr. Carol Lindeman was recently honored by the American Nurses' Association for significant contributions to nursing research and encouragement of individual nurses.

Dr. Carol A. Lindeman, who will assume deanship of the HSC School of Nursing in September, received a special award for nursing research at the American Nurses' Association (ANA) annual meeting last month in Atlantic City.

Dr. Lindeman was one of two recipients of the Arnold and Marie Schwartz Awards (formerly the Brookdale Awards).

Purpose of the awards, given by the Arnold and Marie Schwartz Foundation of New York, is to recognize and encourage nurses who have been "instrumental in influencing nursing care through a significant contribution to nursing research."

In granting the award, the ANA cited Dr. Lindeman's activities as an "individual investigator as well as a promoter and facilitator of projects and studies by other researchers.

". . . Dr. Lindeman has had a great impact on encouraging individual nurses to pursue research projects. To nurses, one of her greatest contributions has been guidance, support, and stimulation provided in small research groups.

"Dr. Lindeman has stimulated nurses from various clinical practices to become involved in research contributing to the development of a documented nursing science.

"Her own research interest is clinical nursing practice. Her own investigations have focused on creativity, nurse-patient interaction, informed consent, satisfaction with care, job satisfaction, and, especially, pre-operative patient teaching.

"She has shared her knowledge, experiences, and findings through numerous papers and journal articles.

"Dr. Lindeman is on the research advisory committees for the University of Colorado, University of Michigan, and American Nurses' Foundation. She is also a research columnist for the *Journal of Nursing Administration.*"

Employees may take CPR class

Suppose you are shopping at your local grocery store or riding a bus to work, and suddenly the man or woman next to you collapses.

Do you know what to do?

Do you know how to determine whether or not the victim has suffered a heart attack and, if so, how to provide life-saving resuscitation?

The National Academy of Sciences has recommended to the American Medical Association and other health-related agencies that as many Americans as possible be trained in the techniques of cardiopulmonary resuscitation (CPR).

In keeping with this national goal, the HSC department of public health and preventive medicine is presently trying to identify a group of certified CPR instructors from among staff on the Hill.

Eventually, these instructors could provide CPR classes to as many as 80 per cent of the Center's staff and employees.

The full range of personnel—from clerks and secretaries to nurses' aides and maintenance engineers—would be eligible for the classes. Students could also attend.

An initial organizational meeting for interested certified instructors was held July 1.

Other HSC personnel who are certified to teach CPR and would be interested in teaching classes may contact Dr. Beatrice Rose, associate clinical professor of pubilc health and preventive medicine.

HSC News and *Campusgram* will keep employees and others on the Hill informed about dates and times of future CPR classes on campus.

Laser halts progress of diabetic blindness

HSC physicians were among the first to use lasers in the treatment of diabetic retinopathy.

Treatment with powerful laser beams has achieved significant success in curtailing the advance of diabetic blindness, called diabetic retinopathy.

Although national medical and news publications have only recently begun reporting about the effectiveness of this kind of treatment, HSC ophthalmologists recognized the laser's potential five years ago.

In 1971, Dr. Leonard Christensen, professor of ophthalmology, and Dr. Sam Meyer, associate professor of ophthalmology, began using a laser at the Center.

According to the ophthalmologists, the laser is used daily and has become an integral part of the School of Medicine training program.

Dr. Meyer explained that diabetic retinopathy is caused by the abnormal growth of blood vessels that multiply in the back wall, or retina, of the eye.

"These vessels weaken and leak blood. In advanced stages of the disease, the vessels break; blood flows from the retina into the interior of the eye, thus destroying vision," he said.

He compares the principle behind laser treatment to the method children use when burning leaves with a magnifying glass and the sun's rays.

"The concentrated beam of light gets so hot it burns the leaf," Dr. Meyer commented.

The laser projects a concentrated beam of light onto the eye's retina. "The beam seals off and can even destroy hemorrhaging blood vessels."

Dr. Christensen said most patients receive as many as 300 to 500 "bursts" of the laser aiming into the eye in one sitting. Treatments might take anywhere from a minute to an hour.

"This stops the disease from spreading throughout the eye," explained Dr. Meyer. But he added, "The treatment is not a cure-all."

Dr. Thomas Arendshorst, resident in ophthalmology, gives patient laser treatment. Recent studies prove the laser is beneficial in treating diabetic retinopathy.

Close to 1,000 respond to communications survey

Nearly 1,000 members of the Hill family responded to the optional internal communications survey circulated in early June.

The questionnaire was designed to determine sources of information, credibility of information sources, kinds of information employees want and need, internal communications methods that could be developed and improved.

Sixty-four per cent of the faculty responded to the questionnaire and 20 per cent of the classified employees.

Each group was asked to check in the questionnaire their sources for information. Below are those sources rated "most accessible" by group:

Classified employees
1. *Campusgram*
2. Memos, letters, reports
3. Friends/associates; news media

Faculty
1. Staff/faculty meetings*
2. *Campusgram*
3. Memos, letters, reports

Administrative staff
1. Memos, letters, reports
2. *Campusgram*
3. *HSC News*

The survey looked at those sources all groups use for specific information, comparing this with identified priority needs for information. For example. employees use memos, letters and reports as their major source of information about employee benefits, actions affecting their jobs, program changes and developments, and personnel changes. Faculty named staff/faculty meetings for much the same information as well as for budget changes, Board of Higher Education action and legislation affecting the HSC.

Additionally, the survey shows the channels through which information comes to HSC groups. Faculty, according to the responses, learn about Board of Higher Education action and legislation affecting the HSC primarily from news media; about actions affecting jobs and program changes and developments from staff meetings; personnel changes, HSC events and services from *Campusgram*.

Employees learn from news media about Board of Higher Education actions and legislation affecting the Center; information on actions affecting their jobs, program changes and developments and employee benefits reaches them through memos, letters and reports; and personnel changes from friends and associates.

Campusgram is the prime source of information for classified employees about HSC events and services.

Administrative staff rely on news media for Board actions and legislation; on memos and letters for program changes, actions affecting their jobs and employee benefits and budget requests. *Campusgram* serves as the source for information about personnel changes, HSC events and services.

What are the perceptions about information received? Information various groups feel is more important includes:

Classified Employees
1. HSC events
2. Program changes/developments
3. Employee benefits

Faculty
1. Program changes/developments
2. HSC events
3. Personnel changes

Administrative staff
1. Board of Higher Education actions
2. HSC events
3. Personnel changes

In each group, budget information was listed as least available.

Among classified employees, *Campusgram* and *HSC News* have highest credibility followed by memos, letters, reports. Friends and associates rate lowest. *Campusgram* is rated most timely source of information and none of the formalized internal channels rates high for comprehensiveness. For faculty, memos and letters have highest credibility followed by staff/faculty meetings and *Campusgram*. That publication along with faculty/staff meetings is most timely and faculty/staff meetings most comprehensive.

Administrative staff find greatest credibility in *HSC News* and staff/faculty meetings, news media most timely, and staff/faculty meetings and *HSC News* most comprehensive.

The survey reveals that 78 per cent of classified employees at the HSC do not feel well-informed about Center policy, while 70 per cent of the faculty express a need for more information.

According to the survey, classified employees want, in order of preference, more information about employee benefits, actions affecting their jobs, their departments, legislation affecting the HSC, budget/funding patterns, personnel changes and long-range plans of the institution.

Faculty interests in actions affecting their jobs top their list followed by departmental activities, legislation affecting the Center, benefits, long-range plans, budget/funding patterns, their School and research activities and accomplishments.

Administrative staff would like more information about long-range plans and legislation followed by actions affecting their jobs, employee benefits, departmental activities, HSC programs, Board of Higher Education actions and personnel changes, staff development opportunities and budget/funding patterns.

Seventy-eight per cent of the classified employees do not feel well-informed about Center policy and activities and 13 per cent answered that information is adequate. Throughout responses to the questions about adequacy of communication from all groups was the comment that information is received "after the fact." Seventy per cent of the faculty expressed need for more information, but a number wrote that communication has improved in the last 18 months. Sixty-one per cent of the administrative staff do not feel well informed while 35 per cent responding from this group indicated they do receive adequate information.

When asked for suggestions for improvement of communications channels, faculty identified the following in their narrative responses: identify role of research associate/assistant; provide more information to the Dental School; schedule more contacts with administrative staff; encourage establishment of all-Campus faculty senate. Greatest interest was expressed by faculty in establishing procedures for making suggestions and getting feedback and for providing input into the decision-making process.

Employees suggested "more *Campusgrams"; meetings with employees; more personnel/benefits information; improvement of communication by supervisors; direct communications with employees; more timely information; opportunity for input. Procedures for making suggestions and obtaining feedback received the greatest support from classified employees.

More "involvement" was cited by administrative employees, not only on a personal level but through a procedure for providing input and receiving feedback.

The 80-page report of responses was made available to HSC President Lewis Bluemle and members of his executive staff.

"I'm impressed with the interest and concerns expressed by the staff," Dr. Bluemle said, after reading the report. "Not only the quality of the suggestions, but the seriousness with which they were made is impressive and I expect the impact will be felt throughout the Center."

*20 per cent of the faculty said they receive "no information" through this channel.

The Evolution of Medical Education *(1936) by Darrel Austin*

Mystery of missing paintings remains unsolved

"The Christ Child," left, and the fairy tale drawing below are among more than a dozen lost illustrations done by Mrs. Austin for Doernbecher Hospital.

Every old institution has its unsolved mysteries. They give a place its character and heritage.

The Health Sciences Center has had its share of such mysteries, one of the most interesting of which might be called "the case of the missing canvas."

In unearthing this decades-old mystery, *HSC News* found new clues; but the mystery remains unsolved.

Back in the 1930s when times were hard and artists found little outlet for their work, a Portland painter named Darrel Austin was fortunate enough to be among a number of Oregon artists commissioned to do work under the federal Works Projects Administration (WPA).

In addition to doing two paintings to be hung in Timberline Lodge, Mr. Austin was chosen to do a series of four murals for the University of Oregon Medical School.

As a former Portland University pupil of the well-known muralist Emil Jacques, Mr. Austin set about his work with skill and resolve, completing in 1936 four 6x8 foot paintings entitled the "Evolution of Medical Education."

The four murals represent, in sequence, ignorance, doubt, revolt, and triumph (see accompanying photos). The bound figure in the background stands for education and science. The murals show humanity's revolt against the witch doctors who enslaved them through ignorance. In the fourth mural, the family of man has triumphed, and education is free to do its work.

The paintings were hung in the once-spacious lobby of Mackenzie Hall. There they remained for 16 years until the lobby was remodeled and diminished in size to make room for additional laboratory space. During the remodeling, the paintings were put into storage. No one on the Hill has seen them since.

Fannie Brice, an admirer of Mrs. Austin's work, later sponsored her in a one-woman show.

Through the years, as Mr. Austin's career bloomed and demand for his talents grew, the School of Medicine received numerous inquiries about the four murals.

Searches of various campus storerooms proved fruitless, as did a recent search by *HSC News* staff. But a truly thorough and concerted search has never been launched. With a campus of 114 acres and as many as a hundred storerooms, the Health Sciences Center may yet one day uncover the Austin canvases.

Still another facet of the mystery was recently revealed. Mr. Austin's wife of 38 years is Margot Helser Austin, an artist in her own right. A search of WPA literature disclosed that she, too, was commissioned to do a number of paintings for the Marquam Hill campus.

Her intricate series of fairytale illustrations hung in the old Doernbecher Hospital until that hospital moved to new quarters in the Medical School Hospital in the 1950s. At that point, they, too, disappeared.

The story of Darrel and Margot Helser Austin by no means ended with their WPA paintings. Seeking greater public acceptance for their work, the two moved to California in the late 1930s.

There, Mr. Austin's talents were quickly discovered, and his first one-man show in Hollywood achieved exceptional success.

Paintings were purchased by singer Fannie Brice, critic Alfred Newman, and Gypsy Rose Lee, as well as by other well-known personalities.

A *Los Angeles Times* critic commented, "If you like Van Gogh and Modigliani, . . . the paintings of Austin will interest you."

Fannie Brice was equally smitten with Mrs. Austin's work and later sponsored her in a one-woman show.

In 1940, Mr. Austin had his first one-man show in New York. Several months later, the Museum of Modern Art displayed his oils.

Critics called his work "spontaneous, sensitive, and charged with an undefinable life force" and said he was "one of the most provocative and individual young Americans to skyrocket to fame in the past two years."

In the ensuing 35 years, Mr. Austin's paintings have hung in the Metropolitan Museum and the Whitney Museum of New York City; the Carnegie Institute of Pittsburgh; the Art Institute of Chicago; and the Boston Museum of Fine Arts.

In 1950, he won the Lippincott Award for figures in oil.

Mrs. Austin's career has also prospered. She has written and illustrated nearly two dozen children's books, including the highly successful "Peter Churchmouse" in 1941.

The Austins, now in their sixties, live near New Fairfield, Connecticut, in a 200-year-old home on a 20-acre farm. Mr. Austin has continued to paint and exhibits his work in New York and Florida. However, ill health has forced Mrs. Austin to retire from her career.

Several years ago, the Austins were contacted by Francis O'Connor, author and research scholar for the Smithsonian Institution in Washington, D.C.

"The Smithsonian was interested in adding the murals at the medical school to the National Collection of Fine Arts," recalled Mrs. Austin in a telephone interview with *HSC News*.

But like others before him, Mr. O'Connor was unable to locate the four canvases.

If the lost Austin murals are actually still somewhere on campus, the Health Sciences Center may be sitting on a national art treasure. SUSAN POGANY

Livingstone named to commission

What does the average American expect in terms of high quality, immediately available health care?

Dr. Ernest Livingstone, associate clinical professor of medicine, has been appointed to a new American Medical Association Commission on Health Care Costs which will try to provide answers to this question and others relating to medical costs.

Chairman of the 30-member commission is AMA President Dr. Max Parrott, who, like Dr. Livingstone, is an HSC School of Medicine alumnus and volunteer faculty member.

The commission, which was created by the AMA board of trustees, includes members of the American Hospital Association, business, the press, Blue Cross, the Chamber of Commerce, Rand Corporation and physicians.

After the commission has had five meetings and time for investigation, it will issue a report, probably late in 1977.

The AMA board of trustees may submit the report to the U.S. Congress, which may use it as a basis for future legislation, Dr. Livingstone explained.

He predicts the commission will study such areas as the effects of technology on increasing health care costs and the role of malpractice insurance.

HSC News cited

Health Sciences Center News has won two Citations of Recognition from the Council for Advancement and Support of Education (CASE), Washington, D.C.

HSC News was entered in the Paine Division honoring superior achievement in periodicals publishing and in the special photography division honoring editors who also serve as their publication's photographer.

Going on vacation? Tell the Communications Center

The Communications Center, operating 24 hours a day every day, needs to be kept up to date.

The HSC Communications Center, which should be up to date about everything happening on the hill, suffers from a lack of information.

Explains Mrs. Neolae Archer, Communications Center chief operator, "People may not know how important it is that we know what's happening on the Hill.

"Whenever anyone on or off campus needs information they call us. We would rather be over than under informed. We know where to direct callers only if the information is supplied to us."

For example, the center appreciates receiving vacation schedules so it may properly handle calls for vacationing staff members.

Prior to November, 1975, the Communications Center, which employs 18 people on shifts running 24 hours a day and seven days a week, was called the "Telephone Exchange."

But that title didn't take in all the services the center provides. They include handling long distance outgoing calls, fielding incoming calls, as well as paging over the University Hospital public address system.

Other duties include working with two-way radio service for security and maintenance and with electronically operated "messengers," carried by doctors, nurses, and other employees.

There is also an identity problem. Some people assume the Telephone Service, which June Jansen coordinates, is part of the Communications Center. It's not. Mrs. Jansen is involved with installation and removal of telephone equipment.

The Communications Center handles all telephone trouble reports. If there's a telephone problem, employees should let the center know.

She explained that breakdowns in codaphone and buzzer systems, dictating machines, and music sound systems should be brought to her department's attention.

"At times employees have asked Pacific Northwest Bell to fix equipment which wasn't Bell's. There was a $25 service charge because they came. We try to avoid things like that," Mrs. Archer said.

A recent survey shows that the center receives an average of 180 calls an hour. Most require a decision by an operator.

Decisions range from transferring calls, looking up a home telephone number, seeking lecture information, taking calls about poisonings, or even calling an administrator at home at three o'clock in the morning in an emergency.

Operators are also asked non-HSC questions, stemming from television shows and newspaper articles linked to the Health Sciences Center.

Among the Center's 18 employees are, large photo, Joyce Stoner, and Neolae Archer (chief operator), Chris Sexton, and Laura Johnson.

$1.6 million respiration grant includes seven projects

The use of methadone to curb drug addiction may have an unexpected side effect, according to researchers at the Health Sciences Center.

Dr. George Olsen, assistant professor of pharmacology, believes there may be a link between methadone treatment for pregnant addicts and decreased oxygen supply to the fetuses they carry.

Dr. Olsen's study is one of seven projects concerned with respiration of the fetus and newborn which were funded this summer by a $1.6 million grant from the Department of Health, Education, and Welfare.

Director of the project, which involves four HSC departments and divisions, is Dr. James Metcalfe, professor of medicine, Oregon Heart Association Chair of Cardiovascular Research.

The seven studies will deal with maternal exercise and fetal oxygen supply (Dr. Metcalfe, principal investigator); uterine ischemia (Dr. Mark Potter, research fellow in medicine); oxygen transfer across the placenta (Dr. John Bissonnette, associate professor of obstetrics and gynecology); the oxygen exchange membrane of the hen's egg (Dr. Metcalfe); fetal cardiac output (Dr. Job Faber, professor of physiology); fetal water metabolism (Dr. Faber); and methadone's effects on respiration (Dr. Olsen).

"We have observed that methadone depresses respiration for as long as 24 hours," Dr. Olsen explained. "There are two opposing forces which affect respiration in a pregnant methadone maintenance subject.

"Female sex hormones stimulate respiration while narcotics tend to depress respiration. The question is: which wins? Or is there some type of compromise? And what is the significance to the unborn child and its future development?" queried the HSC scientist.

Dr. Olsen's research team will not only study the pregnancies and offspring of human methadone subjects, but will also study pregnancies in dogs addicted to methadone.

The researcher explained that goals of his project include:

1) providing enough data so that physicians can rationally choose the safest methadone treatment plan for pregnant patients;

2) discovering more about why normal pregnant women hyperventilate and the consequences of interfering with this process (*e.g.*, by drug usage);

3) trying to find out more about the development of the respiratory center in the fetus's brain. Could continuous depression of the baby's oxygen supply in the uterus affect his respiratory responses throughout life?

Dr. Olsen stressed the close interrelation of all seven studies funded by the new grant. For example, his study overlaps with those of Drs. Bissonnette and Metcalfe, and equipment and expertise are shared.

"We all have different ways of looking at the same problem," Dr. Metcalfe said. "By comparing our observations from different points of view, we hope to learn how to protect some unborn children from being permanently handicapped."

According to Dr. Metcalfe, the knowledge gained during the five-year, seven-project program may reorient current approaches to pregnancy.

"As a physician, I am increasingly attracted to the idea of maximizing health as early in life as possible, even before conception of the individual. To do that, we need the kinds of basic knowledge which this grant should make available."

Four staff members retire

Dr. Ralph C. Benson

Professor and chairman of the department of obstetrics and gynecology since 1956, Dr. Ralph C. Benson retired in June.

Prior to coming to the HSC he served as assistant professor of gynecology at the University of California Medical School and Hospital, San Francisco.

A Johns Hopkins University Medical School graduate and honorary fellow of the International College of Surgeons, he has served as president of the Pacific Coast Obstetrical and Gynecology Society, Continental Gynecological Society, and Association of Professors of Gynecology and Obstetrics.

He has also served as director of the American Board of Obstetrics and Gynecology. Dr. Benson was 1969 and 1970 president of The Boys and Girls Aid Society of Oregon.

The Oregon Society of Obstetricians and Gynecologists and The Oregon Section of the American College of Obstetricians and Gynecologists presented a gynecological seminar, June 18-19, in Portland in Dr. Benson's honor. The seminar included a formal dinner for Dr. and Mrs. Benson.

Dr. L. Paul Rasmussen

Dr. L. Paul Rasmussen, professor of pediatrics and professor, CCD, is now medical director of the new Kerr Center for Handicapped Children following his retirement in June from the HSC.

Located at Marylhurst Education Center, the Kerr Center is a United Way agency.

A graduate of the Duke University School of Medicine, he has been at the HSC since 1962.

Previously he was professor of pediatrics at Chulalongkorn University, Bangkok, Thailand, and at the University of Utah College of Medicine.

A fellow of the American Academy of Pediatrics, Dr. Rasmussen is also a member of the Oregon Chapter of the American Academy of Pediatrics and since 1970 has been a member of the Northwest Oregon Cerebral Palsy Association Board.

Viola V. Eisenbach

Viola V. Eisenbach, assistant professor and chairman pro-tem of community health nursing, retired in June.

She came to the Health Sciences Center's School of Nursing in 1962 and was named chairman pro-tem of community health nursing in 1973.

A native of Ohio, she holds a public health certificate and master of science in nursing from the HSC.

She served two terms (1968-69, 1972-75) as secretary-treasurer of the Oregon State Board of Nursing and in 1975 was chairman of the board's ad hoc committee on continuing education.

Virginia Nelson

"I've enjoyed every minute on the Hill," said retired Residence Hall supervisor Mrs. Virginia Nelson.

When she joined the HSC in May, 1968, Mrs. Nelson "particularly liked the idea of working with students." Her expectations were fulfilled, she admits.

During her career on the Hill, Mrs. Nelson lived in a Residence Hall apartment and commuted weekends to Tierra del Mar (on the Oregon coast in Tillamook County) where she and her husband, Carl, live.

Now that she has retired, Mrs. Nelson and her husband plan to fish, travel in the U.S., and visit a daughter in Bend.

Father Alfred Williams

Father Alfred Williams, pastor of St. Elizabeth Parish (adjacent to the campus) since 1953, relinquished his pastorate in June.

"Over 23 years of unremitting work have taken their toll on my health," said Father Williams, who spent five years helping to raise enough money to acquire a site for St. Elizabeth's and to build the church, hall, and rectory.

He also served many years as a chaplain in University Hospital.

Father Williams plans to continue working "at a reduced pace" after he moves to Santa Rosa, California. He will assist in area parishes and do research and writing in the field of medical ethics.

HSC cardiologists team up with YMCA

After exercising, this participant took his own pulse, aiming at an individualized target pulse rate.

The Health Sciences Center and Portland YMCA have teamed up to provide a new health care program for heart disease patients.

Known as YMCArdiac Therapy (pronounced "YM cardiac"), the program is an outgrowth of current medical opinion that exercise is a beneficial therapy for those with coronary heart disease.

Physicians involved in the program are also interested in learning more about exercise as a preventive measure for those without heart disease.

"We had been interested in establishing this kind of program for several years, but could find no adequate facilities on campus," explained Dr. Frank Kloster, professor of medicine, head of the cardiology division, and member of the program's Medical Advisory Committee.

"Two years ago, when we learned that a new YMCA would be built at the bottom of the hill next to Duniway Park, we contacted the 'Y' about using their facilities."

Dr. Kloster continued, "We weren't aware that the National YMCA has become increasingly involved in scientific and medical approaches to health. When they heard about our plans, they set us up as a formal program. We are one of only three YMCA-associated programs in the U.S."

When the new YMCA facility on Barbur Boulevard is completed later this year, it will contain examining rooms, laboratory facilities, office space, and exercise testing areas for use by YMCArdiac staff and HSC physicians.

Patients, who must be referred by their physicians, receive a battery of tests before entering the program and at regular intervals thereafter.

School of Medicine cardiology fellows, research technicians, and faculty members will analyze data and help oversee the program, which may eventually involve as many as 300 heart patients.

In addition to cardiac patients, up to 3,000 "well" participants will enter the exercise program, and some will take part in non-invasive physiologic studies.

Four physician/scientists from the Health Sciences Center have already designed research projects which will be centered around the YMCArdiac program.

About a year ago, the HSC cardiology division and YMCA began a small pilot program of exercise therapy, now in session at Portland State University. About 15 patients are enrolled, and more are being sought.

Participants in the model YMCArdiac program attend three one-hour sessions a week. The primary exercises are jogging, some cycling, and basic calesthenics designed for coronary patients.

A physician is always present, and all the equipment necessary for cardiopulmonary resuscitation is on hand.

Patients and their families are counseled on how to minimize other coronary risk factors, such as high blood pressure, smoking, and high cholesterol. A staff dietician advises patients on cholesterol reduction.

YMCArdiac medical director is Dr. M. R. Malinow, professor of medicine at the HSC and head of cardiovascular diseases at the Oregon Regional Primate Center.

The Medical Advisory Committee includes nine other School of Medicine faculty members.

Ruth Laurion

Anne Kelleher

Laurion, Kelleher win Nice Person awards

Ruth Laurion's "excellent disposition," thoughtfulness toward staff and patients, and "extra care in preparing food" were among the qualities which fellow employees cited in nominating her May's Nice Person of the Month. Mrs. Laurion is a Hospital food service worker.

Honorably mentioned were Pat Baldock, RN; Candy Hoffman, records clerk, personnel; Tom Jennings, custodian; Dr. Wayne McLemore, intern; Donna Randolph, ward secretary.

Also mentioned were Marj Curry, LPN I; David Brown, hospital aide; Vallerie Frazzolari, diet aide; Anna Fry, hospital aide B; Ed Olsson, food service worker II; Gladys Pruitt, LPN I; and Betty Robertson, admitting clerk.

Named June's Nice Person of the Month by fellow employees was Anne Kelleher, head nurse of the Clinical Research Center in University Hospital.

Mrs. Kelleher was honored by the Courtesy Committee for her efficiency and skill in ministering to patients, her cheerfulness, and interest in people.

Myrtle Lyons, ward aide, UHN operating room, got honorable mention.

Workshops stress "normalization" of sex for handicapped

Leaders of the four workshops believe that handicapped children should have normal options when it comes to growing up, leaving home, and getting married.

Handicapped children and teenagers face special problems in adjusting to their own sexuality and in encounters with the opposite sex.

Four two-day workshops designed to teach parents and professionals how to help retarded or physically handicapped children lead normal sexual lives will begin July 15. The project was developed by the HSC Crippled Children's Division.

The workshops, entitled "Family Planning and Sex Education for the Handicapped," will be offered in July and August in Bend, Ashland, Eugene, and on the HSC campus. Parents of the retarded and physically handicapped will attend workshops on different days.

The project is funded through a grant from the Oregon State Health Division.

Workshop coordinator Dr. Jean Edwards explained that the two-day sessions will stress "normalization" of sexuality for the handicapped individual.

"By 'normalization,' we mean recreating the same patterns, conditions, and options for the mentally or physically handicapped as the rest of us have," she said.

"Handicapped children should be able to make their own decisions about growing up, leaving home, and getting married.

"Our goal as professionals is to give them the special help they need in learning how to behave appropriately when dating and socializing and in making decisions about things like getting married and having children.

"Their choices should be the same as ours," said Dr. Edwards. "For example, their decision on whether or not to have children should be made on the same basis as ours: whether or not the baby will be normal—based on a genetic workup—and whether or not the couple can care for the infant."

A major goal of the workshops will be to teach parents and professionals how to deal with a child's sexual development and needs so that crisis situations need not arise as the child matures to adulthood.

For example, retarded young adults must learn that the way to make a new acquaintance is to shake hands, not hug and kiss. Yet many parents and professionals mistakenly allow a retarded young adult to persist in this childish behavior.

"Perhaps more important than the sex education aspect of the workshops is that we stress the importance of teaching a handicapped young person how to behave, how to be liked, how to handle rejection, and how to make a friend," said Dr. Edwards.

In addition to Dr. Edwards, who is an associate professor of special education at Portland State University, other workshop leaders include Dr. Gerald Prescott, associate professor of medical genetics and perinatal medicine and director of the 18-month program; Jeanne Radow, R.N., former director of the Portland Planned Parenthood Association clinic; and Sue Sakai, head of social services at Good Samaritan Hospital.

The grant will also help establish an on-going library at the HSC Child Development and Rehabilitation Center. Films and other materials dealing with family planning and sex education for the handicapped will be available.

VIPs

Service Anniversaries—From Personnel

JULY

Five Years
Allan Rogers, animal care
Dr. Jack Keyes, physiology
Dianne Mack, library
Charles Lytle, biochemistry
Theresa Darragh, pathology
Kathleen Purser, pathology
Dr. John Lingas, psychiatry
Dr. Robert Taubman, psychiatry
Robert Mixon, ophthalmology
Dr. Blaine Tolby, medical genetics
Dr. David Cook, endocrinology
Ernest Lomax, nursing service
Suzanne Brusch, nursing service
Caroline Dresser, nursing service
Mable Reed, hosp hskpg
Janice Wolfe, hosp administration
Brian Yustin, social services
Becky Kruse, radiology
Dr. E. Gene Stubbs, CCD
Dr. Patrick Reynolds, physiology, School of Dentistry
Dr. William Dugam, operative dentistry, School of Dentistry
Sharon Langley, nursing service

Ten Years
Dr. Frederick Cowan, pharmacology, School of Dentistry
Muriel Bussman, nursing service
Dr. Everett Lovrien, pediatrics
Susan Groat, cardiology
Patricia Marttala, purchasing
Dr. Marvin Rittenberg, microbiology
Bohumila Rokos, biochemistry
Pauline Erikson, nursing service
Dr. Margaret Berroth, clin path
Dr. James Haines, clin path
Elizabeth Liddle, oral diagnosis, School of Dentistry
Vera Krumins, hospital pharmacy

Fifteen Years
Dr. David DeWeese, otolarygology
Heinz Jacob, ophthalmology
Dr. James Metcalfe, cardiology
Dr. Rodney Beals, orthopedics
Florence Sallquist, patient accounts
Dr. Norton Young, CCD
Anna Hurner, purchasing
Rosalee Donais, printing

Twenty Years
Dr. Robert Meechan, pediatrics
Dr. Ralph Benson, ob/gyn
Marie Maynard, CCD
Dr. Norman Rickles, pathology, School of Dentistry
Robert Patterson, physical plant

Twenty-five Years
Dr. William Snell, orthopedics
Doris Good, preventive dentistry, School of Dentistry

Thirty Years
Mary Baptist, clin path
William Stotler, nursing

Retirements
Jisako Saito, dietary
Eileen Fisher, pediatrics
Alfred Herring, physical plant

Alumni notes

Alumni are invited to submit items of interest to this column.

School of Medicine

Dr. James E. Pennington, Class of 1969, has been appointed assistant professor of medicine at Harvard Medical School. Dr. Pennington is a specialist in infectious diseases at Peter Bent Brigham Hospital in Boston.

Dr. Nicholas Fax, Class of 1966, is the newest member of the McMinnville city council. Dr. Fax is a Milwaukie, Oregon, orthopedic surgeon.

Among the new officers of the Oregon Medical Association are several School of Medicine alumni. They are *Dr. Robert Loomis,* Class of 1960, Eugene surgeon, president-elect, and *Dr. Ernest T. Livingstone,* Class of 1951, and *Dr. Clinton S. McGill,* Class of 1945, both Portland internists, OMA delegates.

School of Dentistry

Dr. Lance Rosenau, Class of 1974, has formed a dental partnership with *Dr. Curt Pouliot,* Class of 1973, in Newberg, Oregon.

Dr. Richard E. Walton, Class of 1965, has been appointed chairman of the department of endodontics at the School of Dentistry of the Medical College of Georgia, Augusta. Dr. Walton earned a certificate in endodontics in 1970 and an M.S. in histology in 1971 from the University of Illinois. He has served on the faculty at Georgia since 1972 and as acting chairman of the department of endodontics since July, 1975.

Dr. James Bell, Class of 1953, Lake Oswego dentist, is the new president of the Oregon Dental Association.

School of Nursing

Una E. Westfall, Class of 1965, has accepted a position with the American Nurses Association as field coordinator for implementation of standards for the eastern and southern U.S.

After earning a B.S. degree from the HSC School of Nursing, Miss Westfall received a master's degree from The Catholic University of America, Washington, D.C., in 1969. For the past two years, she has been an assistant professor in the department of nursing, Idaho State University.

Flo Rhea, who earned her masters degree in nursing administration in 1972, has been named assistant administrator, patient care services, at Woodland Park Hospital, Portland.

Mrs. Rhea is responsible for nursing services, laboratory, radiology, medical records, and anesthesia service.

Joyce Colling, Class of 1961, HSC assistant professor of nursing, has been named to the Oregon Board of Nursing.

Robin McFadden, Class of 1974, has been appointed head nurse of the Intensive Care Nursery, Thomas Jefferson University Medical Center, Philadelphia, Pennsylvania.

A common concern for the future of Marquam Hill is shared by Dr. Lewis Bluemle, president of the Health Sciences Center, left, and Dick Chamberlain, right, chairman of the Homestead Neighborhood Association Planning Committee. The two met earlier this month for a walk around the campus adjacent to the Veterans Administration Hospital. The Association has been supportive of efforts to locate the proposed VA Hospital on the Hill.

Medical student is Olympic team alternate

Three inches.

That's the distance by which HSC medical student Jim Judd missed being assured one of three berths on the U.S. Olympic men's javelin team which will compete in Montreal.

However due to his fourth place finish he is the team's javelin alternate. If one of the top three men is unable to go to the Summer Olympic Games, Judd will.

Throwing for Seattle's Club Northwest, Judd was one of 13 vying on Saturday, June 26, in Eugene for 10 spots in Sunday finals. He made the finals with the seventh best throw.

Sunday, in front of 16,200 spectators at the University of Oregon's Hayward Field, he had six attempts.

Judd fouled on his first and last three. His good throws were 233′-1″ and 267′-5″.

The 267′-5″ toss was over the Olympic qualifying standard of 262′-5″, but it was three inches short of third place finisher Anthony Hall's 267′-8″ throw.

Retirement counseling offerred

Health Sciences Center employees are eligible for three and a half days leave with pay to attend pre-retirement counseling under the Public Employees' Retirement System (PERS) Pre-retirement Program, according to the HSC personnel office.

This leave is granted within the last five years prior to the employee's compulsory retirement date and must be requested in advance.

Leave will be granted unless dates conflict with the department's workload.

In the event that leave cannot be granted for the dates requested, an alternate leave date will be arranged which is compatible with the PERS Pre-retirement Program schedules.

The employee may use his pre-retirement counseling leave to investigate and assemble his retirement program including PERS, social security, insurance and other retirement income.

The Public Employees Retirement System also conducts pre-retirement information conferences.

These meetings discuss subjects of interest to those nearing retirement such as: legal affairs, where to live, medicare and supplements, income and finances, leisure activity, mental and physical health, state retirement and social security benefits with the emphasis on benefits and insurance.

All employees nearing retirement age should contact the Public Employees' Retirement System, 1400 S.W. 5th Avenue (State Office Building), Portland, telephone, 229-5824, concerning pre-retirement information on medicare, health insurance and what retirement program best fits their needs.

New sign system makes first appearance on campus

The Health Sciences Center has come up with a cure for one of the most common ailments seen on the Hill.

Elderly visitor stops for a look at one of the new directional signs.

In recent years, "lost-visitor-syndrome" has struck HSC visitors and patrons with astonishing regularity, leaving them bewildered and disoriented as they attempt to find their way from place to place on campus.

But "lost-visitor-syndrome" is on the way out.

Last month the first phase of a new system of directional signs was begun on the eighth floor of the south unit of University Hospital and in the Outpatient Clinic basement.

The new signs, which are located at corridor intersections, are part of a campus-wide plan which will be implemented in phases as funds become available, according to administrators.

"The early phase of directional control is a feature of Operation Image," explained Barbara Hiatt, assistant hospital administrator and Operation Image committee member.

"We've come up with a uniform sign system that most clearly meets the needs of patients and visitors."

The new signs consist of a dense particle-board base which is spray-painted blue, the international service color. Letters are pre-spaced on adhesive backing. Signs throughout the campus will be consistent with this design. Abbrevations and symbols which visitors can understand will be used.

University Hospital's eighth floor and the OPC basement were chosen as test areas for the new system following a preliminary study of the Hospital.

"We wanted to see how the new system works in a small, but directionally complicated area," commented Mrs. Hiatt. She said that after the first-phase signs have been tested for style, size, visibility, and acceptance, administrators will devise a master plan designating priority areas for sign installation.

Staff of medical graphics and the physical plant have aided the Operation Image committee with design and construction of the signs.

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