



THE
OREGON HEALTH
SCIENCES UNIVERSITY

NEWS

The Oregon Health Sciences University News is published to inform students, employees, faculty, and friends of the institution's programs, activities and events.

Commencement caps week of graduation events

Dr. William E. Davis, chancellor-designate of the Oregon State System of Higher Education, will be the featured speaker at the 1982 commencement ceremony June 11 at 8 p.m. in the Civic Auditorium.

His topic will be "The Health Sciences University: A Commitment to Excellence."

Currently president of the University of New Mexico, Dr. Davis will succeed Chancellor Roy Lieuallan July 1 when he resigns the Oregon post he has held for the past 20 years.

Graduating from the School of Medicine with medical doctorates will be 113 seniors. Master of science degrees will be presented to eight students, and doctorates of philosophy have been earned by 14 students.

The medical technology program will graduate 29 seniors.

The School of Dentistry will graduate 79 seniors with doctorates of medical dentistry.

Graduate certificates will go to nine students, and one student will be presented with a master of science degree.

The dental hygiene program will graduate 29 seniors with bachelor of science degrees.

In the School of Nursing, 119 students from the Portland campus will earn bachelor of science degrees. The outreach program at Eastern Oregon State College will have 11 seniors in its first graduating class, and seven students will earn degrees from the School of Nursing's extension program at the University of Oregon in Eugene.

Master of nursing degrees will be awarded to 53 students.

Graduation events will begin Saturday, June 5, with the School of Medicine Awards banquet scheduled for 7:30 p.m. at the Multnomah Athletic Club. The School of Medicine Hooding Ceremony will be held in the Agnes Flanagan Chapel at Lewis and Clark College Thursday, June 10, at 7:30 p.m.

The commencement ceremony will be

preceded on Friday by the School of Nursing Convocation at 2 p.m. in the Library Auditorium and by the School of Dentistry Awards Ceremony at 5 p.m., also in the Library Auditorium.

The dental hygiene awards program will be held at 11 a.m., Saturday, June 12, at the Airport Sheraton Inn.

The nursing outreach program at EOSC will hold its awards banquet Thursday, June 3, in conjunction with the EOSC awards banquet.

The commencement ceremony will be June 4 at 6 p.m. A reception for graduates, family and friends is scheduled for 1 p.m., June 4.

Marquam Hill Society looks back on year, ahead to next

One year ago, the Marquam Hill Society steering committee was given its first, and primary, directive by the Board of Overseers of the Oregon Health Sciences University: Spread the word.

"The University is one of the best-kept secrets in the state," said Betty Gray, who is chair of the steering committee as well as a member of the Board of Overseers, the major citizens support group of the OHSU.

But thanks to the efforts of the fledgling organization that status has changed dramatically over the past 12 months which have seen the Society's membership swell to 60 citizens pledging to contribute \$1,000 a year for five years.

The Society looked back on its first year May 13 at a dinner for its members. Its accomplishments included two "friend-raising" trips by OHSU President Leonard Laster, deans Carol Lindeman and Louis Terkla and several members of the faculty to Southern Oregon and Bend as well as two similar meetings in Portland, and the first annual Marquam Hill Lecture Series which brought community members to the OHSU to hear prominent faculty members address important health issues.

The Society also recently donated \$20,000 to the OHSU's faculty travel fund and a like amount to the University's development office.

"I think we accomplished a great deal,"

Mrs. Gray said. "But there is always the challenge to do more. I think the whole process of cultivating awareness, educating and trying to get the community involved is a continuous thing. We've barely scratched the surface, but I feel we've made a good start."

"We all feel it has been a very satisfying experience. The people we've met at the University are so dedicated and hard working it can't help but be inspiring."

'We accomplished a great deal. But there is always the challenge to do more.'

Ahead for the Society lie a new lecture series, coordinated by Jean Radow and scheduled to begin in October, and a docent (guide) program. Tours of the OHSU campus will be guided by volunteers from the Junior League of Portland who will also seek help from the Dental and Medical Faculty Wives Clubs. An eight-week orientation course will be offered to all the guides beginning in September.

"There have been many requests from groups wanting to go through the University, but they've had to be turned down," said Society member Helen Bledsoe who, along with Sandra Booth of the Junior League, will coordinate the docent program. "We want to encourage people to come up here. We feel the more people know about the Oregon Health Sciences University the more they will respect and support it."

Other members of the Marquam Hill Society steering committee are Ruth Ann Laster, Elizabeth Hirsch and Josephine Pope, all of Portland; and Joanne McAdam of Eugene.



Cindy Kronschnable, an operating room nurse, makes her pitch for the OHSU Green softball team. The club opened its season in May with a 9-3 win over Good Samaritan. The OHSU is fielding two teams of employees this spring in the Portland Area Hospital Coed Softball League.

Nursing school incorporates human sexuality concepts

Are nurses prepared to deal with the questions their patients may have regarding their sexual health?

All too often they are not, according to Dr. Ann Welbourne, a visiting associate professor in the School of Nursing.

'It's not enough for a nurse just to respond to a question. In many cases, the question that needs to be answered may never be asked.'

"A patient who has just had a mastectomy or prostate operation or any number of different procedures is often going to ask his or her nurse 'How is this going to affect my sexual relationship with my partner?'" Dr. Welbourne said. "They expect their nurse to know this. And their nurse should know this."

To help assure the nurses graduating from the Oregon Health Sciences University can answer that type of question, the Oregon Program for Sexual Health (OPSH) and the School of Nursing invited Dr. Welbourne to campus spring term to assist in the introduction of human sexuality concepts into the curriculum. Dr. Welbourne is being supported by a grant from the Medical Research Foundation.

Working with the School of Nursing faculty and a Human Sexuality Task Force, composed of representatives from all of the departments in the School of Nursing, Dr. Welbourne designed and is teaching an introductory course with Maureen McGuire, director of the OPSH. "It's a basic course about sexual health," Dr. Welbourne said. "We're looking at human

sexuality in terms of its implications in health and illness: How do you talk to patients about their sexual health? That's the most important part.

"When you have a cardiac patient who is taking a drug that is going to affect his sexual functioning, it's important for him to know that. You can have all the information there is available but if you can't talk to your patients about it, it's not going to be of any benefit to them.

"In this class, we're teaching our students to be aware that there are probably going to be questions regarding sexual health in their practice and to make responding to those questions a part of their patient care. We're trying to help the nurses see that this is very much a part of health care, and that by not talking about it, by not offering to talk about it, they really are not providing complete care."

It's not enough for a nurse just to respond to a question, Dr. Welbourne said. In many cases, the question that needs to be answered may never be asked.

"The nurse needs to break the ice," she said. "First, it lets the patients know you are aware a question may exist. Second, it lets the patients know you are willing to talk about it. It gives the patients the opening to ask the question they might have but aren't sure they should talk about."

The students taking the course are "very eager" to learn, Dr. Welbourne said. And the response from the faculty has been "just phenomenal."

"We've also gotten good response from the University Hospital nursing service," she added. "The need for this knowledge is just so clear."

As planned, the course currently offered will be a springboard for incorporating the sexual health concepts into the entire School of Nursing curriculum. Dr. Welbourne is working with faculty members of the departments of family nursing, mental



"I can't think of a single nursing course in which human sexuality concepts don't apply," says Dr. Ann Welbourne.

health, community health care systems, and adult health and illness.

"Our people are working very closely with Dr. Welbourne to incorporate these concepts into family nursing," said Dr. Joanne E. Hall, professor and chairman of

the department of family nursing. "It's certainly an important aspect of family life as well as individual development. We're pleased to have the chance to review what we are already teaching in this area and to identify what more we need to be doing."

Budget cuts necessitate reduction in University's enrollment

The state budget cut that necessitated a reduction in the size of next fall's incoming classes at the Oregon Health Sciences University may turn out to be a blessing in disguise — at least for the Schools of Dentistry and Medicine.

The School of Nursing is still searching for any hidden benefits, according to Dean Carol Lindeman.

Money woes forced the reduction in size of the faculties in all three schools which already were operating with high student/faculty ratios. To maintain those ratios at a workable level, the three schools will admit fewer students next year.

Only 65 of 182 applicants will be accepted into the School of Dentistry next fall, down from 80 in previous years. The dental hygiene program will admit 24 students, six fewer than in previous years. Initially, the enrollment reduction will raise the school's student/clinical faculty ratio which currently is 6.29 to one, the eighth-highest ratio among the 35 public dental schools in the United States.

But, in the long run, the effect will be an improvement in that ratio and, hence, an improvement in the quality of the dental school's educational programs.

The student/clinical faculty ratio will begin to improve when next year's reduced class reaches its third year, according to Dr. Louis Terkla, dean of the School of Dentistry. When all four classes are at the reduced level, the current ratio will have improved to 5.7 to one.

Besides the improved student/faculty ratio, Dr. Terkla supports the reduction in enrollment because "Oregon is well supplied with practicing dentists and dental hygienists," he said. "The School of Dentistry's contribution to the future dental manpower pool will not change existing dentist-to-population ratios significantly."

"The ratio of dentists to population always has been good in Oregon," added Joseph Consani, associate dean for administrative affairs in the School of Dentistry. "And even at that, dentists did not complain about a lack of business until the recession occurred. The demand for dental care is fairly high because our citizens probably are more concerned about oral health than are people in most other

states. This speaks well for our educational systems and the programs conducted by dental organizations that inform people of the advantages of proper oral health care."

The decline in enrollment follows a national trend among dental schools. Enrollment was down nearly 3 percent in 1981 and is expected by the American Dental Association's Council on Dental Education to be significantly lower this fall.

"I think the majority of dental schools will be cutting back," Dr. Terkla said.

Dean Ransom Arthur also sees the enrollment reduction as ultimately benefiting the School of Medicine. The 1982 entering class will number 90 instead of the usual 115. All of the students offered admission (nearly 750 persons applied) are Oregon residents.

"While the reduction was imposed by fiscal necessity," Dr. Arthur said, "I have to say that, for the purpose of education, this is a number of students that we can handle better. One hundred and fifteen students pressed our resources to the limit. We don't have a sufficient number of clinical resources to do the best job with 115."

"Of course the tragic part is the denial of 25 young people the opportunity to go to medical school, to do something they have been working toward for many years."

Dr. Arthur sees the reduction as having no ill effects on the future health care of Oregonians. "In recent years there has been a large migration of physicians into Oregon that far outnumbers those who leave," he said. "We've found that about half our graduates remain in the state. I don't think the reduction of 12 physicians in 1988 is going to have much of an effect on the state."

The School of Medicine's Medical Technology Program, which had earlier been targeted as a budget casualty, was given a reprieve when limited funds were

made available from other state sources. Admission was granted to 20 of the 43 applicants. Normally, there are 30 spaces available in the program.

The School of Nursing will admit only 100 new undergraduates at its Portland campus this fall (55 fewer than last year) and 20 at Eastern Oregon State College in LaGrande. In addition, the baccalaureate program for practicing registered nurses was eliminated. The School of Nursing's graduate program will not be reduced, but the enrollment level has yet to be determined.

The enrollment reductions will exacerbate an already woeful nursing education situation in Oregon, according to Dr. Lindeman. "We conducted a survey," she said, "and of all those states we surveyed, Oregon already had the lowest access to a baccalaureate degree in nursing. The access we have now is just marginal in terms of what this state needs."

Dr. Lindeman said the nursing school turned away 200 "well qualified" applicants this year. The results of the cutbacks are going to be felt primarily in the state's hospitals, many of which require their head nurses to have baccalaureate degrees and their nursing directors to have master's degrees.

"That's what we're cutting," Dr. Lindeman said, "the ability of the hospitals to find people for those key positions."

Any nursing shortage that eventually would accompany the enrollment cutbacks "won't make that much difference," Dr. Lindeman said, "as long as the economy remains slow and people don't come in for health care."

"But," she added, "we experienced a nursing shortage a year ago when we were still graduating a large number of students. When the economy begins to pick up, that shortage is going to be even worse."

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Legislature trims 6 percent from OHSU budget

With action by the Legislative Emergency Board in April, following several rounds of budget cuts, the Oregon Health Sciences University has been handed an Education and General fund budget for 1982-83 which, after adjusting for inflation, is 6 percent lower than its original budget in 1980-81.

In an unprecedented procedure, the Legislature gave higher education only one-year budgets in the two-year biennium, 1981-83. That, coupled with state revenue shortfalls, has delayed until now the determination of the funds to be available to the OHSU budget. And, new economic forecasts show a budget picture even more gloomy, and which may result in additional cuts.

If the 1980-81 Education and General budget had been carried forward to 1982-83 without program improvements of any kind, the figure would have been \$34,852,000 (allowing for inflation). However, following the special session, the OHSU is

now scheduled to receive \$32,749,000 in Education and General funds. Separate budget categories exist for University Hospital, the Dental Clinics and the Crippled Children's Division which have not yet been finalized.

Education and General funds include tax monies in the state general fund, as well as university produced income from tuition, indirect cost recovery from grants and contracts, and contributions by clinical faculty members from their professional practices.

"We have trimmed all the fat from the University," President Laster said at a spring "Let's Talk" for faculty, staff and students. "From here on in we are cutting into muscle and bone."

Dr. Laster explained that the cuts were being dealt with on several fronts. The number of faculty positions has been reduced by seven in the School of Dentistry, 27 in the School of Medicine and 18 in the School of Nursing. In addition, salary raises

scheduled to average 6 percent for faculty positions in 1982-83 have been reduced to an average of 3.7 percent. Classified employees will also share in these reductions.

Although tuition in the three schools has gone up more than 60 percent in two years, the number of students enrolling has been reduced. The dental school next year will admit 65 instead of 80, undergraduate nursing will take about 100 instead of some 125, and the School of Medicine will offer admission to 90 instead of the usual 115.

"We simply have to take fewer students if we are going to keep the quality of our program up to standards," dental school Dean Louis Terkla said. "With fewer faculty a similar reduction in student size is a necessity." The same applies to the other schools.

Other cuts in supporting units, including 17 positions, will reduce library and media services.

"One very important improvement the

University badly needed, but will not be able to implement now, is the upgrading of new computer capabilities to improve our administrative efficiency," said Dr. James McGill, vice president for finance and administration.

Services provided by the physical plant and housekeeping have been cut dramatically, to the point where preventive maintenance is often not possible and routine cleaning, except for the hospital and clinics, is no longer up to standards.

All new construction projects with state funds have been eliminated from the entire state system of higher education. However, the badly needed addition to the parking structure near the dental school will begin in the fall, financed through state bonds to be repaid by user fees over 30 years. Some new construction and renovation will be done at University Hospital and clinics, but that will also be financed entirely through state bonds repaid from patient revenues.



A new computerized system is helping University Hospital gather information on patients, such as Timothy Cecconi of Anaconda, Montana, faster and more efficiently.

Computer system helping hospital know patients better

University Hospital is becoming more familiar with its patients — past and present — thanks to the introduction of the initial two phases of a computerized information system.

The recently-implemented patient registration system follows on the heels of the hospital's patient identification system, installed about one year ago. Both are components of the Admission, Discharge and Transfer package programmed into the hospital's IBM 370 computer.

Patient information contained in the identification system was taken from registration cards completed for the approximate 800,000 patients who have been admitted to University Hospital since it opened its doors. Now, patient information can be obtained by any of the 150 per-

sons authorized to use any of the more than 100 terminals located throughout University Hospital.

"Whenever a patient is admitted, we can check the records to see if he or she has ever been here before," said Ron Schumacher, director of the hospital information systems division. "As a result, if the patient has been here, we only need to verify the information stored in the computer rather than collecting it each time. This is saving us a good deal of time and effort."

So is the patient registration system which is collecting demographic data on all patients served by University Hospital. Previously, pre-registration and registration forms had to be completed by hand, then sent across campus to be key-punched. And that information was not

easily accessible to authorized hospital personnel.

The new system makes available at the touch of a few keys information regarding which physician a patient is seeing, his or her billing information, etc.

"We're now collecting a lot more information that we have in the past," Schumacher said. "This system gives us organization we've never had."

Due "in a couple of months," according to Schumacher, is another system that will handle outpatient appointment functions by scheduling patients for future appointments.

"A lot of times a patient will come in to see a doctor, but won't know which one," Schumacher said. "The person at the terminal can just call up the patient's name and find out where he or she is supposed to be."

Forecast for aid cloudy at OHSU

Students at the Oregon Health Sciences University are anxiously waiting while the debate in Congress continues on the fate of financial aid programs in the nation's institutions of higher education.

The Office of Management and Budget has recommended slashing the Department of Education's 1983 budget by more than a third from the approximately \$14 billion provided this year. While that means the student financial aid outlook for fiscal 1982, which begins October 1, is depressed at the OHSU from one year earlier, it is not yet bleak. But that could change rapidly in 1983-84.

For the coming school year, the OHSU will receive approximately \$500,000 less student aid than one year ago (\$5,279,584 to last year's \$5,770,856). But all of the school's aid programs will be intact, albeit leaner, for at least one more year. And next year's reduced enrollments because of state budget cuts will help absorb some of the shock of the decreased appropriations.

Of the 553 students enrolled in the School of Medicine, 457 (83 percent) receive some form of financial aid to help pay for the cost of their education, which averages \$9,376 their first year. The same percentage of dental students (316 of the 382 enrolled) receive funds to help defray their expenses, which run about \$11,474 in their first year. Nearly half (293 of 603) of the students in the School of Nursing are

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Edie Ryman, director of volunteer services, volunteers her services to Margaret Neerhout during the Buffalo Grass Society's recent framing project. The Society, composed of water color painters primarily associated with the OHSU, framed articles of their work and donated them

to volunteer services. The paintings will be hung in patient rooms in University Hospital (north). The Buffalo Grass Society's annual water color sale will be held July 18 from 1-4 p.m. on the Student Activities Building tennis court.

Heating system saves energy, money

University Hospital will save approximately \$24,000 annually in oil costs because of its recent conversion to an energy-saving system that recycles hot waste water to heat incoming cold water for the hospital laundry.

And construction will begin soon on the building to house a new incinerator/steam generator that will enable the hospital to save additional money by disposing of its own waste material and generating more steam energy for the University's central heating system.

The laundry's waste heat recovery system is a \$138,000 project financed by a grant from the U.S. Department of Energy and state matching funds. The system routes the hot waste water from the hospital's laundry and dishwashers through a heat exchanger where it is used to help heat the incoming cold water for the next laundry wash cycle.

The waste water passes on to the sewer, and the pre-heated water is sent to the laundry's hot water heaters where it is brought up to the final temperature.

"It works just the same way a solar heat-

ing unit in a home would," explained Mike Sestric, project coordinator of facilities planning.

Conversion to the waste heat recovery system means University Hospital will use about 900 less barrels of oil per year.

The hospital will save some \$30,000 annually in garbage collection charges, alone, by disposing of its own waste material in the new incinerator/steam generator. The machine will convert solid waste material (which currently is hauled to a land fill) into steam energy which will be fed into the OHSU central steam system.

Although University Hospital will finance approximately one-third of the cost of the \$650,000 project (with a federal grant and state matching funds comprising the remaining sum), it may still realize an estimated net positive cash flow of more than \$65,000 after the first year of operation, Sestric said.

Construction of the facility to house the incinerator/steam generator (which will be located near the new steam plant behind Gaines Hall) could begin as early as June and be completed by January.

OHSU team finds origin of mysterious skin disease

A dermatological research team at the University has made an important discovery that has been sought for 12 years

One of the mysteries of Erythema multiforme is gone.

A dermatological research team at the Oregon Health Sciences University has discovered the source of the skin disease, accomplishing a feat that has eluded several other researchers in the country.

Said Dr. Kirk Wuepper, professor of dermatology and principal investigator on the project: "We've identified Erythema multiforme as a common allergic reaction of the immune complex type due to bacteria, virus, spirochetes, poison oak, X-rays for cancer, drugs, etc. What we have accomplished has been sought for 12 years."

Erythema multiforme is a fairly common skin disease that results most often in symmetrically-distributed macules (a discolored spot not raised above the skin's surface) and papules (a small elevation of the skin) which may evolve into blisters or target-shaped lesions.

"It results in a whole array of things," Dr. Wuepper said, "from flat red spots to little bumps to big bumps to lesions. We've seen cases where just one form of lesion appears, but typically there are many of them."

The extreme form of the disease leads to

generalized blistering. It can be, but rarely is, fatal.

The key to solving the mystery of Erythema multiforme lay in the discovery of immune complexes — aggregates of antibodies and antigens — in the actual lesions and in the blood of patients with the disease. Dr. Wuepper's interest in immune complexes began in 1968 at the Scripps Clinic and Research Foundation in La Jolla, Calif. The focus there was on how the complexes affected kidneys.

"Our purpose has been to find out how immune complexes affect the skin," Dr. Wuepper said.

Drs. Wuepper and John Kazmierowski, assistant professor of dermatology, have been studying patients who contract Erythema multiforme following the appearance of a recurrent herpes simplex virus. "There are numerous examples of people getting recurrent herpes, then getting Erythema multiforme," Dr. Kazmierowski said.

"A typical example," Dr. Wuepper added, "is when someone goes out early in the spring, gets a lot of sun, then gets a recurrent herpes on the lip. Then anywhere from four to 10 days afterward, they'll get Erythema multiforme."

"We've really been able to take advantage of that type of occurrence in our research. If you know somebody took penicillin and reacted by getting the disease, you can't really study them (because the patient will be taken off penicillin). But people will always get recurrent herpes, some as frequently as once every month. So we have had a good source to study."

Four years ago, Drs. Wuepper and Kazmierowski began taking biopsies from patients with the disease, searching for immune complexes. It was not a new idea,

but theirs was a new approach. "We studied the biopsies very soon after the disease appeared, before inflammatory cells could degrade the immune deposits," Dr. Wuepper said. "That was very important."

The two researchers took biopsies from 22 patients who contracted Erythema multiforme, most of them after recurrent herpes. "What we wanted to find out," Dr. Kazmierowski said, "was, first, whether or not there were immune complexes present and, second, if there was an antigen present in the immune complex that initiated the Erythema multiforme."

The biopsies proved positive for immune complexes in 17 of the 22 patients. And, after studying the complexes, the researchers found the missing piece to their puzzle.

"We went looking for a herpes viral agent to see if the herpes was the cause of the Erythema multiforme," Dr. Kazmierowski said.

"We actually found one," Dr. Wuepper added. "This is one of the few circumstances where someone has actually found a viral antigen circulating in the blood."

The next step, according to Dr. Wuepper, is to inform the medical community of their discovery "in order to enhance the understanding of the disease."

"Prevention is the kind of thing that comes to mind next," Dr. Wuepper added. "But preventing the disease is a very difficult thing to do. It is a common allergic reaction to so many problems. If there are 85 different things that can cause it, you can't immunize against all 85."

But a person who contracts Erythema multiforme after a bout with poison oak can obviously prevent the disease by staying away from poison oak.

The disease is treated with an anti-in-



DR. KIRK WUEPPER,
Professor of dermatology

flammatory steroid (prednisone) similar to glucocorticoid, a steroid hormone produced by the body. "We just give the patient 30 to 40 times what the body produces in one day," Dr. Wuepper said. If treated early enough — within the first day or two, — the steroid "virtually switches off the disease," according to Dr. Wuepper.

Dr. Wuepper recently attended the annual meeting of the Society for Investigative Dermatology in Washington D.C. and presented his findings on the role of a streptococcal toxin which causes a syndrome resembling toxic shock syndrome. This research project, like his work with immune complexes, is supported by grants from the National Institutes of Health totaling approximately \$125,000 a year.

Orthodontic treatment helping more and more adults smile

Marie Murphy has a radiant smile, one that can brighten even the grayest of those days the state of Oregon tends to hang over its loyal inhabitants.

In fact, when Ms. Murphy flashes her smile in the right light it can be downright scintillating.

Ms. Murphy is 26, a nurse and a wearer of braces, one of an increasingly growing number of her kind. Once thought of as strictly kids' stuff, braces are finding their way onto more and more sets of adult teeth.

Dr. Douglas Buck, professor and chairman of orthodontics in the School of Dentistry, estimates 20 percent of the patients in the orthodontics department of the Dental Clinics are adults. "That's a lot higher than it used to be," he said.

The reason for the rise has nothing to do with an increase in the need for treatment, Dr. Buck said, but rather due to an increase in the number of health professionals able and willing to provide the treatment.

In fact, the primary need for treatment requiring braces that now exists is the same one that always has existed — the

need to feel better about one's looks.

"When you get down to how much orthodontic treatment is essential, it's approximately 5 percent of the population," Dr. Buck said. "We're talking about one in 20 patients. The rest is frosting on the cake. When we ask patients why they want braces, 95 percent of them verbalize aesthetics. However, this is not to say that dental aesthetics are not important to all of us."

Ideally, a person who wants to look better won't wait until adulthood to have his or her teeth straightened. Patient management may be easier with adults, Dr. Buck said, but most other aspects of brace fitting favor the developing child.

"The difference is in dealing with growing versus non-growing stages," he said. "It's somewhat easier to guide mother nature during the growing and development stage."

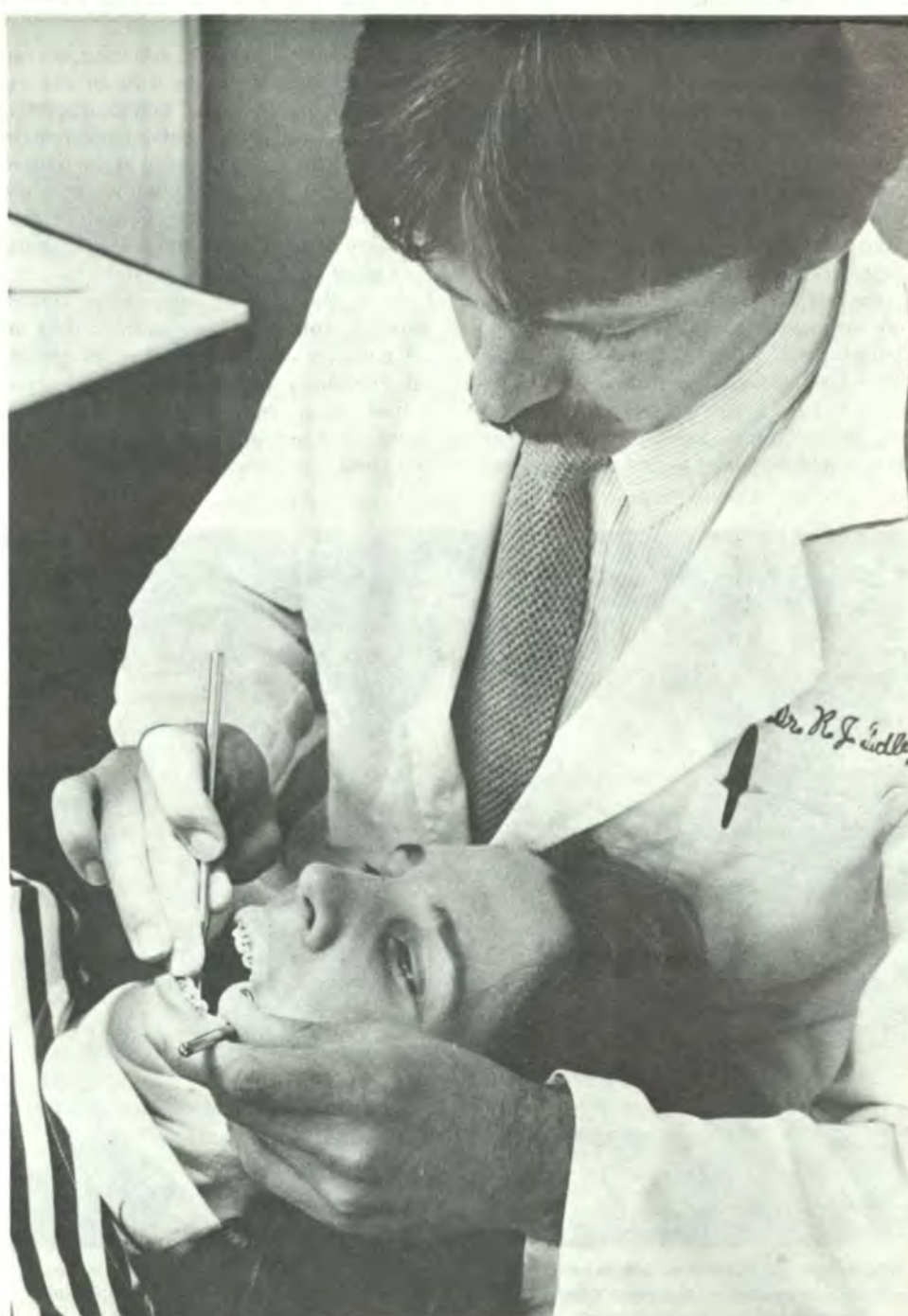
Because of that fact, treatment for adults lasts slightly longer than that for children — 24 to 28 months, plus a two-year retention period for adults, compared to 21 to 24 months with the same retention period for children.

An adult may experience more discomfort — "Adults are more aware of foreign objects in the mouth," Dr. Buck said — and may require treatment from another health professional because of the possible occurrence of minor gum disease.

None of which, however, should deter an adult from seeking braces, Dr. Buck said. "My advice would be to have regular checkups with a general dentist so that problems can be detected early," he said. "Nonetheless, it also should be stressed that it's never too late to receive orthodontic treatment."

Most adults fitted for braces in the Dental Clinics have waited to get treatment because when they were younger their parents were unable to afford the expense.

Marie Murphy, however, waited because her teeth waited. "They didn't start getting crooked until I was older," she said. "I thought about the pros and cons of braces for a while then just decided to go for it."



Orthodontists in the dental clinics, like Dr. Ron Pedley, are fitting many adults with braces. Marie Murphy, here being examined by Dr.

Pedley, waited until she was 26 to have her teeth straightened. "It's never too late," orthodontists say.

Alums give to dean

The School of Dentistry Alumni Association has presented Dean Louis Terkla with a \$75,000 award to be used in the dental school at his discretion.

The award was presented to Dr. Terkla by Alumni Association Past President Nicolaus Marineau and President Liley Thompson at the Oregon Dental Association meeting in April.

Dr. Terkla is in the process of soliciting suggestions from the dental school faculty on how the grant should be used. "Customarily, alumni funds have been allocated for highly-visible projects such as facilities remodeling and equipment purchases rather than for recurring operating expenses," Dr. Terkla said. "Our initial inclination is to continue that trend."

As an academic health center, the Oregon Health Sciences University has a primary mission to educate and train tomorrow's health professionals. To fulfill this mission well, the institution must operate a University Hospital in which the clinical faculty strive to provide patients with the best and most advanced care possible and in which both the humane and technical aspects of care receive appropriate emphasis. To my surprise, many Oregonians seem uninformed about the nature, role and functions of the University Hospital. To rectify this, we are starting to publish a regular supplement to OHSU News that will present information about the hospital.

An academic health center is a distinctive complex. It is not like a conventional university because added to its teaching and research missions is the responsibility for patient care. Its goal must be to impart by actual practice the very best that is currently available for the treatment of human disease and to strive continually to push back the boundaries of medical ignorance. Neither is it like a conventional medical center, because it houses a corps of biomedical scholars with expertise in various fields of medicine and a body of students always demanding relentlessly to know more and more. All these attributes combine to benefit the patients immeasurably and in this way, day in and day out, the University Hospital serves the people of Oregon with care and skill.

If these inserts fail to answer your questions, I encourage you to write and I will respond in a letter or, if appropriate, in this space.

Leonard Laster, M.D., President



FOCUS ON
THE UNIVERSITY HOSPITAL
THE OREGON HEALTH SCIENCES UNIVERSITY

NEWS

SUPPLEMENT JUNE 1982

Welcome to University Hospital

The setting certainly is beautiful. Sitting atop Marquam Hill just a few minutes from downtown Portland, University Hospital overlooks the city, the Willamette River, Mt. Hood. Outside the hospital windows, the lights of the city shine at night, the river glistens during the day.

But when you are talking about health care for you and your family, chances are aesthetics are not the primary consideration. And they should not be.

Why else, then, would you come to University Hospital? Why would you come to a teaching hospital, the training ground for the students and resident physicians of the Oregon Health Sciences University?

You'll find everything you need here, all in one place. Patients rarely need to be referred anywhere else.

Because you will find everything you need here, all in one place. Patients who visit University Hospital rarely need to be referred elsewhere. It is just one of the advantages of being a teaching hospital that, in order to provide comprehensive training for students, comprehensive services to patients also are provided.

"Our students have to live off the experiences they get in their four years here," says Dr. Donald Kassebaum, the OHSU's vice president for hospital affairs and director of University Hospital. "Therefore, we must provide a concentrated setting for their training. It is unlikely a patient would have a problem that we could not handle."

Why would you come to University Hospital?

Because a teaching hospital also offers the advantage of a staff of highly-qualified health professionals who are responsible for the training of future corps of health professionals. In their teaching roles, University Hospital's physicians must be models of excellence because students must learn from the best.

Physicians throughout the state recognize the quality of their colleagues here. When they have patients with difficult problems, this is where they send them.

Why would you come to University Hospital?

Because medicine is a constantly advancing field with new discoveries made every day; because for you to receive the best health care possible you need to be able to take advantage of those discoveries. University Hospital's physicians do their homework. They must.

This is an educational institution and its educators must remain on the forefront of knowledge. Because the OHSU faculty members are constantly involved in clinical research, many of the latest medical advancements occur here. And those can be transferred immediately into practice.

Why would you come to University Hospital?

Because University Hospital offers specialized services not available elsewhere in Oregon. Doernbecher Memorial Hospital for Children, contained within University Hospital, is the oldest and largest pediatric facility in the state. University Hospital also has the oldest and largest Neonatal Intensive Care Center in Oregon, and it has the state's only program for comprehensive treatment of pediatric cancer.

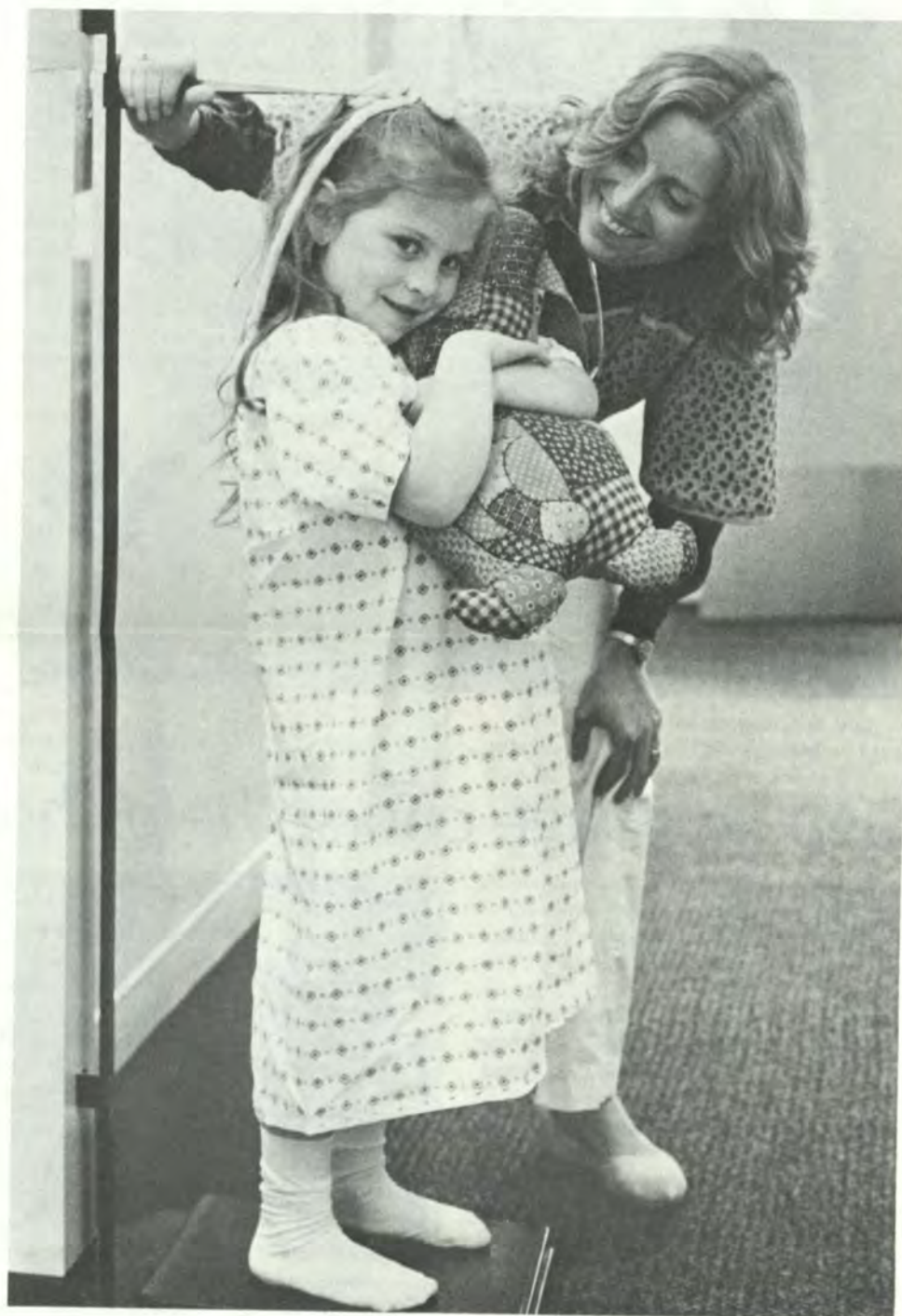
More than 600 patients with kidney failure have been given new chances to live with transplants performed at University Hospital, which is the home of one of the busiest kidney transplant programs in the world.

You would come to University Hospital because it houses the city's largest and most comprehensive Ambulatory Care Center; because it has an emergency room staffed around the clock with medical specialists; because its Family Practice Center can care for all of the health needs of you and your family; because University Hospital never closes.

You would come to University Hospital because you want the best possible continuous medical care for you and your family. "Our aim is to get you over your illness," Dr. Kassebaum says, "and to keep you well."

Why else would you come to University Hospital?

Because University Hospital cares about you and wants to care for you, regardless of how ordinary or exotic your health care needs are. University Hospital is your community hospital; it is your neighbor. And you are welcome here.



For an appointment or admission . . .

EMERGENCY: Patients may go directly to the emergency department which is located off the west wing of University Hospital (North). For information or arrangements call (503) 225-7551.

AMBULATORY CARE: The Ambulatory Care Center is located directly across from University Hospital (South). Appointments can be made by calling (503) 225-8505 or by contacting any of the individual clinic numbers listed in this publication.

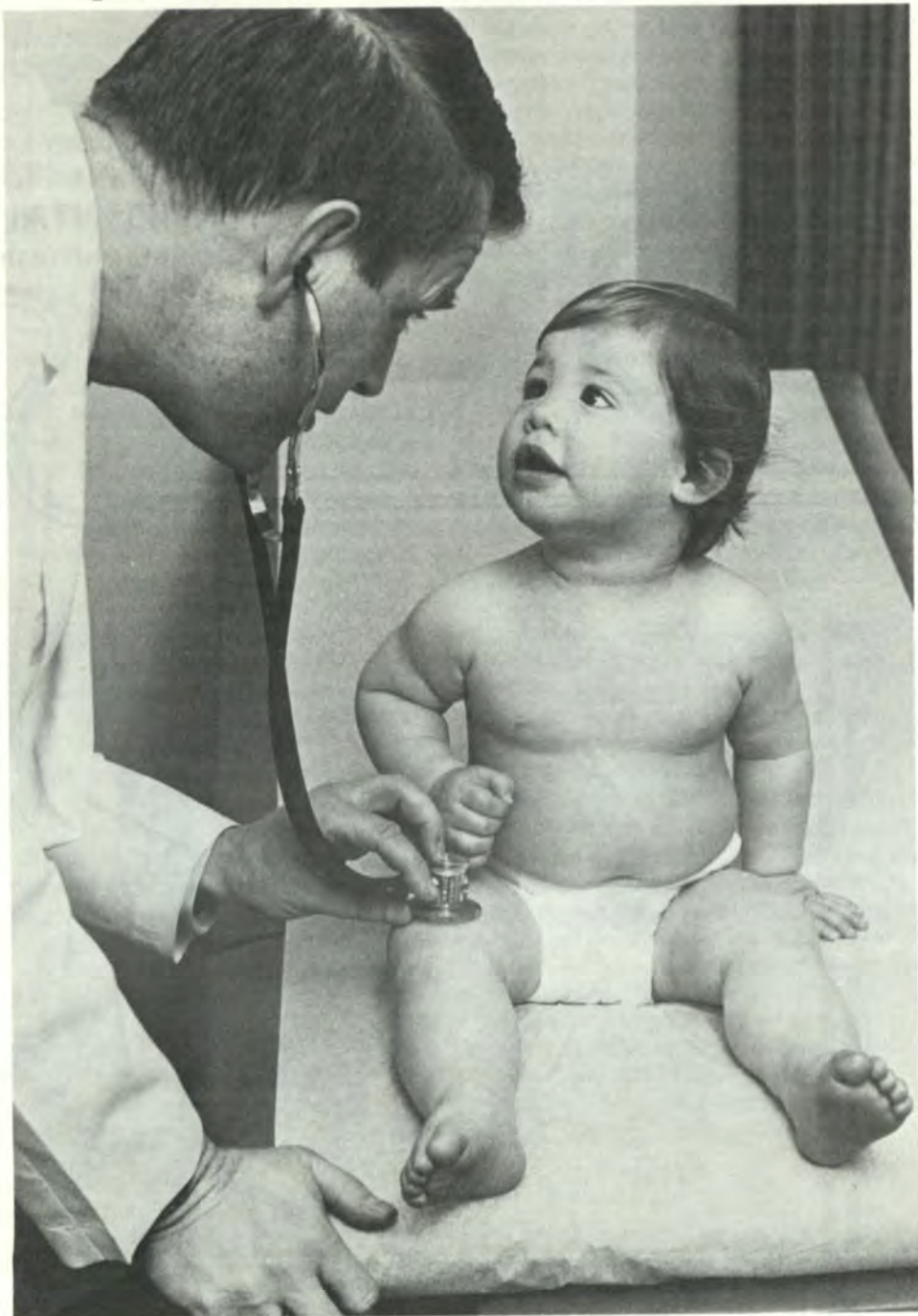
UNIVERSITY HOSPITAL: Patient admissions are arranged by physicians on the staff of University Hospital. Your physician, or a physician on the University Hospital staff, may obtain information or make arrangements by calling the admitting coordinator, (503) 225-8136.

If your physician has retired, your care can be continued in the Ambulatory Care Center by making an appointment in any of the teaching clinics or, if you prefer, with a private physician. Please call (503) 225-8595. You may wish to see a physician at the Family Practice Center. To make an appointment or arrangements there, please call (503) 225-8573.

If you have a health problem or would like a second opinion on a health problem that has been diagnosed, call the Ambulatory Care Center, (503) 225-8505, or any of the clinics listed elsewhere in this publication.

If you have had an accident in your home or elsewhere requiring immediate medical attention, come directly to the emergency room. For accidental ingestions contact the Oregon Poison Control and Drug Information Center, (503) 225-8968, or toll free 1-800-452-7165.

A place where health care becomes a family affair



"You're more than just a patient's doctor; you're a member of the family."

Dr. Laurel Case, director of the Family Practice Center

Donna Beaver, 15, wants to know if her ears are going to fall off. She has just had them pierced and now there is some "funny junk" growing on them.

Not to worry, Dr. Marc Lee, a second-year resident in the Family Practice Center, reassures Donna. The funny junk is not unusual and will be gone in no time.

The ears stay.

Donna's sore toe brought her into the Family Practice Center on this day, but as long as she and her parents are there, Dr. Lee wants to know if they have any other problems he can look at. Donna's dad, Donald, has a question about his high blood pressure. But Mom, Audrey, feels fine.

The Beavers began coming to the Family Practice Center when it moved into Emma Jones Hall in 1974. They make the trip to the Oregon Health Sciences University from Sandy.

"We had been coming to several of the University Hospital clinics since 1962 when our son was born," Audrey says. "One day somebody asked us how we'd like to have just one doctor. We thought that sounded great. They've been able to help us with every health problem we've had. They handle everything here; that makes it real nice."

The Family Practice Center has been providing comprehensive health care to Oregonians since 1970. A staff of faculty physicians, residents, nurses and other health care professionals is available 24-hours-a-day to help with common family health problems. And the Center can co-

ordinate the care of problems requiring the help of any of the multitude of specialists available at University Hospital.

"At least 90 to 95 percent of the garden variety of health problems people have are problems that can be managed by a trained family practice physician," says Dr. Case. "And we know where to guide the other 5 to 10 percent for proper treatment."

Families seeing just one physician receive a continuity in their care that "you just don't have moving around from one doctor to another," Dr. Case says. "Our job is taking care of people. We're not just taking care of a case of pneumonia or a heart attack or a broken leg. Sure, we may care for some or all of those things in a person over a period of time, but we're not focusing on one particular problem. We're focusing on the person."

The Family Practice Center emphasizes preventive medicine, health education and health maintenance. As a unit of University Hospital, the Center is able to provide specialized patient services including a patient advocate, who can discuss concerns regarding a patient's care, sign language interpreters for the deaf, and foreign language interpreters.

Says Audrey Beaver: "We've been thinking about moving to Bend, but I keep saying, 'We can't leave the Family Practice Center.' Once you get your confidence built up in something, you don't want to leave it."

Patients do not need a physician referral to join the Family Practice Center. Appointments are scheduled during normal clinic hours from 9 a.m. to 5 p.m. Monday through Friday. For an appointment, please call (503) 225-8573.

Urgent or emergency medical care needs are handled immediately by the Family Practice Center during regular clinic hours. For emergency care after hours, call the clinic number and ask for the family practice resident physician on call.

Continuous health care is provided for all ages through University Hospital's Family Practice Center.

Sign language course helps hospital hear deaf patients

Imagine waking up one morning feeling not quite right. You figure whatever is bothering you will go away, but you wake up the next morning and it hasn't; it's gotten worse.

Maybe it's the flu, but it feels a little different from the flu. It feels like something you've never had before. And it feels bad. You think you should see a doctor.

Now imagine being deaf and trying to tell your doctor what is wrong with you. It wouldn't be easy — unless someone could interpret your sign language.

Someone could do just that at University Hospital where basic sign language classes have been conducted to aid employees in communicating with deaf patients. The hospital is following through on a commitment made in November 1980 with the Department of Health and Human Services to provide handicapped persons with the same access to emergency care as other patients.

University Hospital was the first hospital in Oregon to develop a plan that met the standards of the federal Office of Civil Rights.

One of the first priorities of that plan, according to Barbara Glidewell, patient advocate at University Hospital, was to provide the hearing impaired with the tools to understand and communicate with hospital staff about their care.

"The sign language classes were designed to teach our employees basic words and key phrases that would be helpful in assessing the deaf patients' needs," Ms. Glidewell said.

Thirty employees from several departments, including the emergency room, the



admitting office and respiratory therapy have completed the course which offers, along with basic sign language instruction, insight into the psychological, social and cultural aspects of deafness.

University Hospital also has four certified sign language interpreters on call 24-hours-a-day to furnish services at no cost to patients in the emergency department. "Each of our interpreters is certified in comprehensive sign language skills which include signed English and American Sign Language, or AMESLAN, a language of and for the deaf with a syntax and structure all its own," Ms. Glidewell said.

Another step in University Hospital's plan to provide services for the hearing impaired is the acquisition and use of TTY (TDD) machines which enable conversations to be carried on through the use of a keyboard that allows words to be read on a display board.

University Hospital owns two TDDs that are used in the emergency department and the patient advocate's office, and one that may be taken to any patient room.



Conrad Hokanson (above left) is one of three instructors teaching many University Hospital staff members sign language. The course was implemented by Barbara Glidewell (above), patient advocate in the hospital. In her job, Ms. Glidewell serves as a liaison between patients

and the hospital. "I help interpret hospital procedure and speak in the patients' behalf to the medical staff," Ms. Glidewell said. "I serve as a resource person." Ms. Glidewell is one of only three patient advocates in Portland.

Day surgery: here in the morning . .

There is an alternative available to many of the patients who need surgery but don't need to spend a night in the hospital.

They can spend a day, instead.

Day surgery is an option available at University Hospital to patients who don't need overnight hospitalization but do need treatment that cannot be performed in a physician's office or outpatient clinic. Patients can be admitted to the Hospital in

the morning, undergo surgery that day and sleep in their own bed that night.

The day surgery program saves patient the expense and inconvenience of an overnight hospital stay, it saves many pediatric patients from being separated from their parents, and it helps University Hospital make efficient use of its facilities.

"Acceptance of the program has been

(continued on page 3)

Hotline handy for summer hazards

Think of summer and what immediately comes to mind — swimming, hiking, rafting, fishing, picnics. Sounds pretty good, doesn't it?

But wait a minute; think a little longer. Who's going to mow the lawn this summer? Who's going to evict the aphids from the roses? Who's going to pull the weeds that just captured another softball and almost got the dog?

It's not unusual to find a little bad with the good. Dr. Marc Bayer, director of the Oregon Poison Control and Drug Information Center, asks Oregonians to keep that in mind as they go about their summer activities.

Wherever there is a picnic or campground or backyard, there usually can be found a bumble bee or wasp or hornet. "The danger in being stung by a bee comes from an allergic reaction," Dr. Bayer says. "That may occur even if someone has been stung before and never had a reaction."

Symptoms of such a reaction include difficulty breathing, rapid heart rate, nausea, light-headedness and vomiting. Anyone with a history of allergic reactions should consult with a physician before leaving for an outing, according to Dr. Bayer. If a local reaction (swelling and redness at the site) to a sting should occur, the person's physician or the Poison Center, which operates a 24-hour-a-day telephone hotline, should be called immediately. If a person has any difficulty breathing following a sting, he or she should seek immediate medical care.

In 1981, the Poison Center saved Oregonians nearly \$1.5 million in health care costs through early management of poison cases.

Summer is a time for widespread application of pesticides and insecticides which, if ingested or sprayed in an unventilated area, can be toxic. Often, Dr. Bayer says, sprays are stored in containers such as Coke bottles which can arouse the curiosity of a child.

Signs of insecticide poisoning are tearing and excessive drooling. Dr. Bayer urges sprayers to use a mask and to store sprays, slug and snail baits, rat poisons, etc. out of the reach of children.

If a person has swallowed any of the aforementioned chemicals or has inhaled an excessive amount, the Poison Center or family physician should be contacted immediately.

Lawnmowers, camping stoves, stalled vehicles and the like all require some form of petroleum for operation. And petroleum products, if ingested by a curious child or siphoning adult, can mean trouble. "If just a few drops get in the lungs," Dr. Bayer says, "it can cause a severe pneumonia."

The signs indicating a person has swallowed gasoline are choking, gagging and

coughing. Again, Dr. Bayer urges, the Poison Center or the person's physician should be called immediately.

Persons who enjoy rafting, camping or any other activity that would take them east of the Cascades in Oregon might run across a rattlesnake. "If bitten by a rattlesnake, remain calm," Dr. Bayer explains. "Immobilize the area and apply a loose tourniquet. Do not apply ice; that may worsen the effect of the poison. Immediately seek the closest medical attention."

The dangers from a rattlesnake bite range from local tissue damage to depression of the heart rate. "Death is rare," Dr. Bayer says "but local tissue damage can be severe."

Cleaners used in the home can be harmful if ingested. Particularly dangerous, according to Dr. Bayer, are oven, toilet bowl and drain cleaners which can severely burn the esophagus and stomach. If swallowed, the substance should immediately be diluted with a glass of water and the Poison Center or family physician should be contacted.

The Oregon Poison Control and Drug Information Center serves as the state's central facility for the education of health professionals and the general public on the effects of poisons and drugs, poison prevention, and management of poison patients.

In 1981 the Center saved Oregonians nearly \$1.5 million in health care costs through successful early management of

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Achoo! It's that time of year, again

To some, the handkerchief, peeking coyly from a breast pocket, serves as a symbol of style; to others, it serves as a brow mop or a bandana.

But to 15 percent of the inhabitants of western Oregon, the handkerchief serves as a white flag, a symbol of surrender. To them, the emergence of the handkerchief signals the coming of allergy season and months of seemingly endless wheezing, sneezing, swollen and teary eyes and an itchy nose. To them, a day in the spring or summer is anything but a picnic.

An allergy is a reaction by the body to reject a foreign substance called an allergen. That reaction triggers the release of chemicals in the body that cause the symptoms of allergies.

In Oregon the main culprit is hay fever, which makes its run from early April to late June, according to Dr. Emil Bardana, professor of medicine in the School of Medicine and head of the allergy section at the Oregon Health Sciences University. The primary source of hay fever in Portland is pollen from grasses due to the Willamette Valley grass seed industry.

Hay fever has nothing to do with hay and does not cause a fever. But it does cause the white flags to go up, wielded by sufferers who resign themselves to the months of discomfort, figuring either they can live with it or there is nothing that can be done about it.

While it is true there is no cure for hay fever or allergies in general, the symptoms can be treated without the sufferer having to resort to hibernation. The primary treatment is to reduce the exposure to the source of the allergen. That can be done by keeping the house closed up, being cautious about outdoor activities, leaving the lawn mowing to someone else or wearing a filtering device.

Antihistamines of sufficient potency and new topical steroid sprays also are helpful, according to Dr. Bardana.

When both environmental control and medications are insufficient to ease allergy symptoms, immunotherapy may be an alternative. This treatment attempts to increase the patients' tolerance to the pollen to which they are allergic by injecting diluted extracts of that pollen.

Researchers are optimistic about the prospects for a convenient and effective treatment for allergies in the near future. That should help dry the eyes of Oregon's allergy sufferers.

emergency (i-mur'jen-si), n., a sudden, generally unexpected occurrence or set of circumstances demanding immediate action.



University Hospital's emergency service, headed by Dr. John Schriver (above), provides instantaneous radio-contact medical advice to paramedics in the field.

Seldom is time so valuable as it is in an emergency situation. Every extra mile driven to an emergency department could be costly.

But it is not enough that the University Hospital Emergency Service is merely close to its southwest Portland neighbors. Because it doesn't matter how early you arrive if no one is ready for you.

Circumstances demanding immediate action are going to get immediate action at University Hospital which is staffed around the clock with almost every type of medical and surgical specialist.

"We have access to specialists 24-hours-a-day," said William Collins, associate hospital director for outpatient and emergency services. "There are surgeons here all the time. Our senior residents are in-house, not on call." That means they are there when their patient is there.

The University Hospital Emergency Service also is a leader in emergency physician training and pre-hospital care. As the designated medical control for Multnomah County it provides radio-contact medical advice to paramedics in the field. It also provides emergency medicine resident training as well as paramedic training.

For information in an emergency, call the University Hospital Emergency Service at 225-7551.

... home at night; no toothbrush necessary

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good," said Dr. James Smith, associate professor of otolaryngology and maxillofacial surgery and medical director of day surgery. "The patients like it; it saves them money and it's more convenient. Most people don't particularly like staying in the hospital. Most of the physicians like it because it's more convenient for us, also."

The nursing staff likes the program be-

cause, among other reasons, they are dealing with a different type of clientele, according to Ardis Symons, assistant director of nursing service. "We're dealing mostly with a healthy population in the program, people who are coming in for fairly simple procedures," she said. "The nurses are able to spend time with their patients in an atmosphere that is not highly stressful."

The day surgery unit is located on 10A in

University Hospital (south). Physicians use the hospital's regular operating rooms. Several units of the hospital are taking part in the program.

"We (the department of otolaryngology) use it for adenoidectomies, minor ear surgery and a lot of nasal and facial surgery," Dr. Smith said. "Plastic surgery, pediatric surgery, ophthalmology, gynecology and urology all use it a lot."



Ambulatory Care Center: something for everyone

Patients made nearly 125,000 visits to University Hospital's Ambulatory Care Center last year.

What does that mean?

It means a lot of your neighbors realize University Hospital has the largest, most comprehensive ambulatory care system in the metropolitan Portland area.

It means the Ambulatory Care Center provides complete primary care in medicine, pediatrics, obstetrics and family practice.

It means the Ambulatory Care Center is there to help — everyone; all the time.

Patients who visit the Ambulatory Care Center rarely have to go anywhere else to have their health needs met. A wide variety of outpatient services is offered, ranging from personal and family health care in a physician's office to complex medical and surgical care. Laboratory, X-ray and pharmacy services also are available.

The Center, which is composed of more than 80 different specialty clinics, is staffed by resident doctors and supervising clinical faculty of the Schools of Medicine and Dentistry at the Oregon Health Sciences

University. Continuity of care is enhanced by nurse practitioners and nurse midwives who expand the availability of patient care teams.

"If a person is receiving care at the University he or she has very easy access to the latest advancements in ambulatory medicine," said William Collins, associate hospital director for outpatient and emergency services.

Patients may arrange for appointments directly to the following clinics by calling the central appointment number, 225-8505, or by calling directly to the following clinics 8:30 a.m. and 4 p.m. M-F:

Allergy/Immunology, 225-8505
Dental, 225-8635
Dermatology, 225-8600
Diabetic, 225-7360
Ears, Nose & Throat, 225-8505
Family Practice, 225-8573
Gynecology, 225-8984
Medicine, 225-8562
Obstetrics, 225-8984
Ophthalmology, 225-7830
Orthopedics, 225-8633
Pediatrics, 225-8500
Plastic Surgery, 225-8564
Psychiatry, 225-8617
Psychology, 225-8617
Rheumatology, 225-8637
Surgery, 225-8505
Tumor, 225-8514
Urology, 225-8637

Adult ills handled by medicine group

Diabetes, cancer, heart disease, lung trouble, neurological disorders, orthopedic problems — a person would be hard pressed to find a non-surgical adult health problem that University Hospital's Medicine Practice Group couldn't handle.

"We manage 90 to 95 percent of all adult medical illness," said Dr. Donald Girard, chief of the division of general medicine at University Hospital. "There are very few problems we have to refer to specialties."

The Medicine Practice Group, composed of six general internists and members of the School of Medicine faculty, provides comprehensive care to adults "of

all description," according to Dr. Girard. "We're available all the time and we're easily accessible," Dr. Girard noted. "That's something the community might not realize."

"This is really an outstanding group of practitioners and teachers. And it's a very humanistic, warm group of people." Care does not stop with treatment of an illness, but emphasizes preventive medicine and maintenance of good health habits.

The Medicine Practice Group is supported by the full services of University Hospital. No referral is necessary. Just call 225-7518 to arrange an appointment.



Dr. J. David Bristow (above), professor of medicine, heads a team of cardiologists at University Hospital caring for one of the most common health problems in America. Dr. Robert Bennett, associate professor of medicine and chief of rheumatology, is conducting research in and treating patients with arthritis, a disease that affects more than 20 million persons in America.



Patients visiting University Hospital's ophthalmology department, including the Elks Children's Eye Clinic, will be able to take advantage of the latest advances in treatment and technology.

Summer hazards

(continued from page 3)

poison cases. Patients who otherwise would have been seen in an emergency department were managed at home with the counsel and close follow-up of the Center's personnel.

The Center received more than 32,000 calls in 1981. Using its comprehensive poison reference system, the Center's staff is able to quickly determine the proper treatment for almost any toxic substance. Emergency first aid instructions, treatment recommendations and referral assistance can be immediately provided by phone.

The Center's hot line is (503) 225-8968 or toll free 1-800-452-7165. Services are free.

FOCUS ON THE UNIVERSITY HOSPITAL

NEWS

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Business is booming in both the medicine/nursing and the dental bookstores these days. That means there is never a dull moment for (clockwise from far left) medicine/nursing manager Lois Spangler and her crew consisting of Doug Junker, Lisa Fazzolari, Stan Curtis and Poldi Reimer. Not pictured is Marcia Byerly. Dental store manager Bruce Bowers has his hands full preparing the issue for incoming freshman students.

Bookstores win business, friends with service, smiles

Lois Spangler, manager of the medicine/nursing bookstore, isn't at all sure she understands.

"The other day I overheard a senior medical student tell a freshman that he was really going to learn to love this store in four years," she says. "That's really nice to hear, but it kind of surprised me. We take a lot of money from these kids in four years. They're not supposed to like us."

A lot of business is transacted in this, the Reader's Digests' version of a bookstore tucked away on the first floor of Mackenzie Hall. "It gets a little claustrophobic in here sometimes," Ms. Spangler says. But from the cubbyhole she calls an office, Ms. Spangler counted almost \$800,000 worth of sales last year to students and to outside customers who took advantage of the store's mail order business.

Still Ms. Spangler and company have friends, probably just as many as 15 years ago when she began working at the medicine/nursing bookstore. And back then

the store only did \$160,000 worth of business.

"We just try very hard to give very good service," Ms. Spangler says. "The only thing we have going for us is our customers."

There are a few other things, like two storage rooms full of books, all the calipers, stethoscopes and dissection kits a student could want, plus a staff more than willing to help look for it all.

"I have a great group working for me," Ms. Spangler says. "They just bend over backwards to help people."

Stan Curtis, Douglas Junker, Lisa Fazzolari, Poldi Reimer and Marcia Byerly comprise the bookstore staff, helping with everything from counter work to handling the extensive mail order business. The store ships books to physicians, nurses and health centers all over the state.

"We used to do only a couple thousand dollars worth of mail order business a month," Ms. Spangler says. "But I think

the word has gotten around."

Already this year, the store has done more than \$115,000 in sales by mail. Many of the customers are former students of the Oregon Health Sciences University. "We give a discount," Ms. Spangler says, "and I think a lot of doctors and nurses don't realize that until they get out of school and see what the real prices are."

The School of Dentistry bookstore limits its sales to students, but still did nearly \$1 million worth of business a year ago. Manager Bruce Bowers isn't sure he should have any friends, either, especially considering every freshman dental student who enters his store at the beginning of fall term will leave it some \$3,500 poorer.

Most of the equipment dental students will use in the clinics during their four years is purchased in their first year. Bowers and his staff of three — Roger Brown, Carolyn Bozanich and Charles Cline — are responsible for putting the items on a four-page equipment list into six-sided

boxes.

How do dental school employees spend their summer vacations?

"We close the entire month of August so we can put up the student's equipment issue," says Bowers, who also spent some of his vacation at the California Dental Association Summer Session Meetings where he shopped for the best buys on equipment and wound up saving the store about \$4,000 on purchases.

The bookstore also holds an issue identification class for freshmen. "We go through their issue and make sure they have everything on their list," Bowers says. "And we show them where all their equipment goes in their mobile cart."

Bowers, who has worked in the bookstore for 13 years and has managed it for a year, has seen a lot of faces walk through his doors.

"It can get hectic in here," he says. "On issue day, it's nothing to have 800 people coming through here."

Research institute architect chosen, application made

A Portland architectural firm has been nominated to assist in the design and planning of the proposed Institute for Advanced Biomedical Research at the Oregon Health Sciences University.

The Zimmer, Gunsul and Frasca Partnership was chosen by the University's Architectural Interview Committee from a group of seven finalists. The interview committee was established by OHSU President Leonard Laster in January after it was learned that the University had received \$20.79 million in federal funding plus a \$5 million private contribution to support a research institute.

Contract negotiations for the design and planning phase of the project currently are underway between the architectural firm and the vice chancellor of facilities planning for the Oregon State System of Higher Education.

Earlier, the firm had been under contract to assist the University in the development of the grant application that must be approved before the federal funds become available. That application was submitted May 24. It is now undergoing staff and peer-group reviews in Washington, D.C., before it is considered by the National Advisory Council on Health Professions Education.

"If all the steps at the federal level occur the way we expect, the funds will be awarded on Aug. 3," said Dr. James

McGill, vice president for finance and administration.

Zimmer, Gunsul and Frasca Partnership was selected from 21 firms that originally submitted proposals to the Architectural Interview Committee which was composed of Drs. Howard Mason and John Kendall, from the School of Medicine; Dr. Arthur Brown, from the School of Dentistry; Donald Tisdell, Elizabeth Gray, Robert Wilson and Howard Vollum, all members of the OHSU Board of Overseers; and Jean Vollum, an interested citizen. The committee also included Pietro Belluschi, a well-known Portland designer and former dean of the Massachusetts Institute of Technology School of Architecture, and Robert Hamilton, a Portland engineering consultant.

In selecting the firm, Dr. McGill said, the committee gave special attention to the consultants who would be working with the architect. "For instance," he said, "in this type of facility, it is very important to have good laboratory consultants; two of the very best laboratory design consulting firms in the country will be working with the architect."

A second committee has been formed to work with the architectural firm, advising on design problems that arise. The Scientific Design Committee is chaired by Dr. Arthur Brown and includes Drs. Mason, Kendall, John Resko, Stephen Morse,

Charles Faust and David Kabat, from the School of Medicine; Dr. Theodore Jastak, from the School of Dentistry; and Dr. Wilma Peterson, from the School of Nursing.

Another group, the Advisory Committee to the President, was formed in January to provide input to President Laster on issues such as the research thrust of the institute, the recruitment of a director, the preparation of the grant application and the identification of matters of concern to the faculty about the institute and how those concerns can be addressed.

Members of the Advisory Committee besides chairman Dr. James Metcalfe, of the School of Medicine, are Drs. Sonia Buis, Jules Hallum, Richard Jones, John Kendall, Edward Neuwelt and Bernard Pirofsky, School of Medicine; Dr. Charold Baer, from the School of Nursing; and Dr. Arthur Brown, of the School of Dentistry.

Medical alumni offer tours

Want to get away this fall? Why not catch a flight to Scandinavia, land of the welcoming heart.

Or take a grand tour of Europe and visit London, Innsbruck, Venice, Rome, Lucerne and Paris.

The School of Medicine Alumni Association is offering these trips to all interested

Still under consideration is a site for the institute. Possible locations are between the Basic Science and Research buildings, directly behind the Library or at either end of parking lot No. 2 behind the Library.

"The first location has the advantage of being close to the animal quarters and being connected with the Basic Science building," Dr. McGill said. "Behind the Library, the building could have a direct connection to both the Library and the Basic Science building. If you put it at the north end of parking lot No. 2, it would be close to the Library and could be extended out over the bank. At the south end of lot No. 2, it could establish a gateway to the campus entering from the west. It would give a person coming onto campus a sense that he had arrived at the University."

"There are many factors and competing criteria that will have to be assessed before a site decision can be made."

parties at prices that hard to beat. The 15-day Scandinavia tour, which leaves Sept. 5, visits Copenhagen, Stockholm, Oslo, Balestrand and Bergen for only \$2,295. The European grand tour, leaving Oct. 5 and returning Oct. 23, costs \$2,195.

For details, call Dean in the Alumni Office, 225-8231.

New nursing program aims at improved elderly care

The School of Nursing has gone into partnership with the Benedictine Nursing Center in Mt. Angel in a model project to help improve the health care of all elderly Americans.

The School of Nursing has received \$236,501 for the first two years of a four-year teaching/nursing home project from the Robert Wood Johnson Foundation. The Foundation is conducting a \$5.5 million program nationwide to help university nursing schools and selected nursing homes collaborate to provide new models of care for the frail elderly, and to allow enriched experiences for nursing students and faculty in the field of gerontology.

A major goal of the Oregon program is to develop mechanisms whereby the elderly can live in the least restrictive setting consistent with their health care and per-

sonal needs. Emphasis will be placed on utilizing community-based alternatives to nursing home care when that is appropriate.

In a new approach for nursing home care, clients of the Benedictine Center will have their care organized according to their specific health problems. Common disabilities such as brain failure or physical impairment will become the basis of nursing care. In addition, services provided to nursing home clients will be planned, implemented and monitored by the person's gerontologically-educated primary nurse. That primary nurse will care for the same clients even if they move from the nursing home to another community facility.

The School of Nursing currently offers programs of study in gerontological nursing that lead to a master's degree. This

grant will enrich that program as well as provide a quality clinical setting for undergraduate students. The Benedictine Center

The School of Nursing has received funding for the first two years of a four-year teaching/nursing project from the Robert Wood Johnson Foundation.

already serves as a clinical site for associate degree nursing students from Chemeketa Community College. Selected members from the School of Nursing and from the Benedictine Center will be given recip-

cal appointments and will share teaching, practice and research responsibilities.

The program will be administered by Dr. Linda Kaeser, associate professor in the School of Nursing. She was formerly the state administrator of Oregon's Adult and Family Services Division and currently serves on the Greater Oregon Professional Standards Review Long Term Care Advisory Committee and is a commissioner on the Portland Housing Authority. Recently, she completed a study of costs and quality in Oregon nursing homes.

Assisting Dr. Kaeser in the project are Dr. Patricia Archbold, associate professor and project director of gerontological nursing in the School of Nursing, Sr. Marilyn Schwab, assistant professor in family nursing, and Sr. Lucia Gamroth, administrator of the Benedictine Center.

University PSAs win CASE honor

Two sets of television public service announcements for the Oregon Health Sciences University have won an Exceptional Achievement Award in the 1982 Council for the Advancement and Support of Education recognition program.

The OHSU entry was one of 19 national winners selected from 80 entries. It included the Elks Children's Eye Clinic PSAs released in September 1981 and the Doernbecher Memorial Hospital for Children PSAs released in December of last year.

The announcements were cited for excellence in creative writing, technical production and overall impact of the visual communication in electronic media.

"These public service announcements were created as a part of our continuing program to broaden public awareness of the important contributions this University is making to the state," said Mary Ann Lockwood, executive assistant to the president and director of university relations.

Financed by gift monies and non-state funds, the PSAs were produced, written and directed by Marina Britsky of the office of university relations. Harry Dawson, of Harry Dawson and Associates, was cinematographer and editor, and Lindsey McGill, of Spectrum Studios, served as audio engineer.



Bryce McCauley and other cerebral palsy children at the Crippled Children's Division, were the benefactors of new communication boards made and donated to the CCD by the South Riverside Kiwanis Club. Two styles

of boards were donated, the above, which allows a child to respond "Yes" and "No" by pressing the correct button, and another which allows the child to respond with a variety of more advanced words.

Obituaries

Margaret M. Sargent, first supervisor and superintendent of nurses in the tuberculosis hospital at the University of Oregon Medical School, died May 8 at Portland hospital.

Phyllis Seid, recently retired accounts payable supervisor, died last month in California.

Lewis and Bacon honored by alumni at annual meeting

Dr. Howard P. Lewis, Portland's most recognized internist, past president of the American College of Physicians and past chairman of the American Board of Internal Medicine, received the Distinguished Achievement Award at the annual meeting in April of the School of Medicine Alumni Association.

Dr. Lewis, who was cited for his many personal and professional contributions to the School of Medicine in his years as pro-

fessor of medicine, is a 1930 graduate of the school and continues an active teaching role as professor emeritus.

Dr. Robert Bacon, professor emeritus of anatomy at the School of Medicine was awarded an honorary membership in the Alumni Association in recognition of his scholarship and exemplary teaching record. He was voted the Allan Hill teaching award an unprecedented six times at the school.

New officers for the Alumni Association were also announced. All from Portland, they are: Dr. Guy Gorrell, '53, president; Dr. Joan Tanner, '66, vice president; Dr. Gary Rothenberger, '65, treasurer; and Dr. Robert S. Miller, '55 secretary. Additionally, regional vice presidents named were: Dr. William Haney, '58, San Diego; Dr. Richard Lyons, '60, Seattle; Dr. Robert Loomis, '60, Eugene; and Dr. Craig MacClosky, '68, Bend.



Dr. Robert Bacon (left) was awarded an honorary membership in the School of Medicine Alumni Association and Dr. Howard Lewis won the Distinguished Achievement Award at the annual alumni meeting in April.



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Positions at University filled by four appointees

Dr. Wendell C. Stevens will join the School of Medicine at the Oregon Health Sciences University July 1 as the new chairman of the department of anesthesiology. Dr. Stevens replaces Dr. Norman Bergman, currently on sabbatical from the OHSU. Dr. John Branford has been acting chairman of anesthesiology since Oct. 1, 1981.

Since 1978, Dr. Stevens has been profes-

sor and head of anesthesiology at the University of Iowa Medical School. Prior to that he taught for 11 years at the University of California, San Francisco.

"We in the medical school feel extremely fortunate to have recruited Professor Stevens," said Dr. Ransom Arthur, dean of the School of Medicine. "He is a genuinely outstanding individual and will provide the effective leadership to move an al-

ready excellent department of anesthesiology to an even higher level of academic and professional accomplishment. We could not have done better than this fine addition to our faculty."

Dr. Stevens, who received his medical degree from the University of Iowa Medical School, has been director of the American Board of Anesthesiology since 1975. He said he intends to continue to play an active role on the board while at the OHSU.

Nancy Madsen will join University Hospital in June as the new associate hospital director for nursing services.

Ms. Madsen comes to the OHSU from Stanford University Hospital and Medical Center where she has served since 1978 as assistant administrator of hospital and clinics and associate director of nursing service.

Ms. Madsen replaces Sylvia Sather who has been acting director of nursing service since January 1981.

"It has been a long search," said Dr. Donald Kassebaum, vice president for hospital affairs and director of University Hospital, "because we set high standards and took our time to find the right person. We all believe that Nancy Madsen will take the hospital nursing service to new heights of professional accomplishment in the 80s."

Ms. Madsen graduated magna cum

laude from the University of Utah in 1974, and received her master's degree in psychosocial nursing from the University of Utah in 1977. She was named assistant director of nursing at the University of Utah Health Sciences Center in 1974.

"I look forward to directing my own department," Ms. Madsen said. "University Hospital has a very professional nursing service. They're doing some innovative things with the School of Nursing. The nursing service and the school are really pulling together."

Linda Barbee was recently appointed director of physical therapy for University Hospital at the Oregon Health Sciences University.

Formerly, Ms. Barbee held a similar position at South Community Hospital in Oklahoma City. Her new duties include administrative responsibilities as well as overseeing a 14-member staff that performs 80-100 patient treatments a day.

Ms. Barbee, a resident of Beaverton, graduated from the University of Oklahoma where she received a bachelor of science degree in physical therapy in 1969 and a master's degree in human relations in 1978.

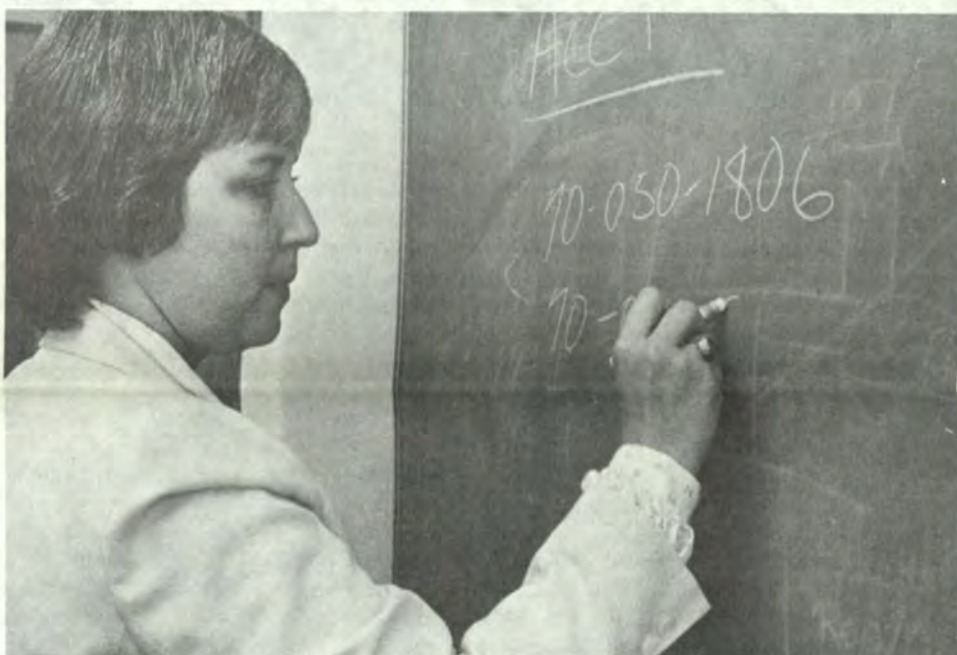
Joyce D. Stockinger is the director of university materiel management, a new position at the OHSU.

A Beaverton native, Ms. Stockinger comes to the OHSU from Northwestern Bell Telephone Co. in Omaha, Neb., where she worked for the last 3½ years as the materiel management district staff manager.

At the OHSU, Ms. Stockinger will oversee campus purchasing, shipping and receiving (on dock No. 4 only), research stores and property management operations.

"We're a support group," Ms. Stockinger said. "We're here to perform a service for our clients, the other departments of the University. Part of that service is to develop and provide purchasing, inventory control and materiel utilization technical expertise. Our goal is to provide the best possible service at the lowest overall cost to the University in a timely and efficient manner."

Ms. Stockinger received a bachelor of science degree in business administration and an MBA from the University of Nebraska at Omaha.



New to the University are (clockwise from upper left) Nancy Madsen, Dr. Wendell Stevens, Joyce Stockinger and Linda Barbee.

Forecast for University financial aid funding cloudy

(continued from page 3)

on financial aid. The average cost of their first year in school is \$7,191.

Hit hardest next year are students receiving aid from the Department of Health and Human Services program. Funding for Health Profession Loans to medical students was reduced from \$249,566 this year to \$87,348 next year. For dental students, next year's \$106,383 in Health Profession Loan funds compares to this year's \$303,952. Nursing Student Loans funds will be pared from \$113,799 to \$39,830 for undergraduates and from \$21,703 to \$7,596 for graduate students.

The Health and Human Services loan programs are, to a large extent, what makes the prospects for 1983-84 gloomy. All four of those programs would be cut as part of President Ronald Reagan's reductions in the Department of Education's 1983-84 budget. The programs would survive only on collections from outstanding loans. Although the default rate of OHSU students is only about 3 percent, well below the national average, the total amount of funds that would be available is difficult to predict, according to Herlene Benson, acting director of financial aid at the OHSU.

The largest program on campus, Guaranteed Student Loans, will remain intact next year, providing \$4 million in aid to



Linda Long, a second-year nursing student in the College Work Study program, may be forced to carry a heavier load next year because of funding cuts.

students. But the make-up of that program would be drastically changed in 1983-84 by excluding graduate, i.e. medical and den-

tal, students who are funded in the amount of \$3,377,765, from eligibility. Hence, the OHSU potentially will receive some \$3.5 million less in aid in 1983-84.

Federally-subsidized loans still would be available to graduate students under the Parents' Loans for Undergraduate Students program. But borrowers would repay the loans at the current market interest rate, compared to the 9 percent rate on Guaranteed Student Loans. Also, borrowers would be required to begin repaying the loan (either interest or principle, depending on the lender) within 60 days after they received it.

The Reagan Administration, under another proposal to cut GSL costs, would have borrowers paying market interest rates after two years. Currently, during the entire period students are repaying their loans after they graduate, banks are paid an allowance by the federal government to make up the difference between the 9 percent interest rate paid by the GSL borrower and the current market rates. Under the Administration's proposals, those federal subsidies would be cut off two years after borrowers leave college.

Also under consideration is a proposal that would raise from 5 to 10 percent the origination fee which students pay to banks when taking out their loans in order to reduce the subsidies the government

While the student financial aid outlook for 1982 is depressed at the OHSU from one year earlier, it is not yet bleak.

must pay to lenders.

Also being considered for elimination in 1983-84 are the Supplemental Educational Opportunity Grant and the National Direct Student Loan programs. Through the former program, only \$3,545 will be available next year, down nearly \$19,000 from this year. The latter program, however, will offer \$144,927 in aid next year compared to \$128,539 this year.

If eliminated, the SEOG loans would disappear completely in 1983-84 while the NDSL program would exist only on collections, which Ms. Benson estimates to be only about \$35,000.

College Work Study, which had \$15,857 in aid this year, will dwindle to approximately \$5,000 next year, and will be cut even more drastically in the 1983-84 proposal.

Congress currently is considering the first budget resolution submitted by the OMB. A final decision is expected in mid-September.

Hemophilia Center helps patients help themselves



Through the Oregon Regional Hemophilia Center, hemophiliacs like Sean Cairns, 5, and his brother, Christopher, 3, are learning to treat themselves at home. Sean lends a hand when he visits the Center for periodic infusions of medicine.

Though only five, Sean Cairns isn't bothered much any more by the sting in the back of his hand that signals the beginning of another infusion of medicine into his veins to combat his hemophilia.

He still won't look when the needle is inserted by Sue Underwood, a registered nurse in the Oregon Regional Hemophilia Center at the Crippled Children's Division. But he doesn't say "Ouch," even though Ms. Underwood has given him clearance if "Ouch" makes him feel better.

After five years, Sean is getting used to this.

There are some 300 males in the Northwest who, like Sean, benefit from the services provided by the Hemophilia Center. Opened in 1968 as a hemophilia clinic, the Center has since changed its scope, first in

1972 with the introduction of medicine to treat the disease, then in 1976 with the addition of federal funds to support the program.

"When medicine became available to treat hemophilia with intravenous injections, the Center became a place to teach patients how to treat themselves," said Dr. Everett Lovrien, professor of pediatrics and medical genetics and director of the Center. "When federal funds (from the Department of Health and Human Services) were put into the program, we got a larger staff and we increased the number of patients we see."

The goal of the Center now is to maintain a system in which the patients are able to take care of themselves in their own community.

Success of the system requires an educational program, not only for the patients but also for those health providers in the patients' communities. Personnel from the Hemophilia Center travel as far off as Fairbanks, Alaska, to hold clinics. The Center also operates a telephone hotline that serves its patients in the Northwest, and it provides direct care when it is not available in the community.

"Our goal is an annual evaluation to make plans for the best method of care for the boys," Dr. Lovrien said.

Hemophilia is an inherited disease that affects one in every 5,000 males at birth. It is transmitted by the boys' mothers who have no symptoms. The disease is caused

by a non-functioning element of a blood coagulation protein, Factor VIII in hemophilia A, the most common type of hemophilia.

Hemophilia blood clots poorly, and, at the site of bleeding, oozing occurs. The affected person suffers from repeated bleeding episodes — "The average hemophiliac bleeds to the point of needing an infusion about once every 4.8 days," Dr. Lovrien said — 85 percent of the time in his joints. The bleeding can damage body tissues and, if proper treatment is not provided, may result in physical disability.

"It's a crippling disease," Dr. Lovrien said.

But it is a much less fearsome disease since the emergence of cryoprecipitate therapy, the use of Factor VIII to prevent or treat bleeding. Now when they bleed, patients inject a freeze-dried concentrate made from blood. The concentrate has proved to significantly increase the success rate of surgery for hemophiliacs. In the past, hemophiliacs could bleed to death from surgery for appendicitis or the loss of a tooth.

"It used to be that you couldn't transfer the large amount of plasma required by a hemophiliac during surgery," Dr. Lovrien said. "So any hemophiliac who had a surgical problem just died."

Surgeons at University Hospital have performed what Dr. Lovrien believes to be the country's first successful open heart surgery on a hemophiliac.

While the aim of the Center is to make it possible for hemophiliacs to receive medical treatment in their own communities, there are certain procedures — surgery and some dental work — that should be performed through the Center, Dr. Lovrien said. "For example," he said, "surgeons working with hemophiliacs in the

There are some 300 males in the Northwest who benefit from the services provided by the Oregon Hemophilia Center.

community don't have the back-up support provided by our coagulation laboratory if something should go wrong.

"Hemophiliacs have a lot of dental problems," Dr. Lovrien added. "The two pedodontists on our staff, Drs. Don Porter and John Hannah, see all the patients and make recommendations to their dentists. We want all of our patients to have their own dentists."

Dr. Lovrien estimated about 500 hemophilia patients live in the Northwest, excluding Seattle. "There are quite a few hemophiliacs who have never been diagnosed," he said. "This is the typical way we find a new patient: The boy is born, then maybe when he is circumcised he bleeds. If he doesn't bleed then, maybe he does when he gets his baby shots, or later when he is eating he'll cut his mouth on a spoon."

"We'll have the patient and his family come in, get a family history, do a blood test, outline a health treatment plan, identify an emergency room where they can get treatment and coordinate their care."

Older patients are taught how to give themselves infusions and to judge when they need one. The medication is expensive; the average cost for a year's supply is about \$6,000. "We don't want them to waste it," Dr. Lovrien said.

In general, Dr. Lovrien wants his patients to be active. "If you keep tension on a joint from good muscle tone, you won't bleed that much," he said. "We try to keep the boys very physically oriented in supervised activities that are non-contact, things like hiking, swimming, weightlifting. If a boy learns to lift weights properly he can build his muscles and joints strong and never bleed."

Jogging, wrestling, tennis and other sports that have a "pounding" effect on joints are not advisable activities for hemophiliacs.

Data on the Center's patients is compiled and analyzed on a computer operated by David Jones, himself a hemophiliac. From this data Dr. Lovrien has found that the life expectancy of a hemophiliac has increased dramatically since 1972 when 95 percent of his patients were under 21. "Now the mean age of our patients is 21," he said. "The life expectancy of a hemophiliac male in Oregon is about 54."

"The boys are living."

SAB opens doors to all employees

Classified employees of the Oregon Health Sciences University just lost a perfectly good excuse for being out of shape.

The Student Activities Building, previously a facility open only to students and faculty, has opened its doors to all personnel who wish to belong. "Anyone who is working or going to school at the OHSU can join," said Ben Jensen, director of the SAB. The move was made by Ann Hoffstetter, director of auxiliary services.

"There is such an interest now in physical education it seemed like a good time to open it up to encourage the employees to participate," Ms. Hoffstetter said.

An adult physical education program was offered to employees this term, and Ms. Hoffstetter plans to add several dance classes to the SAB program. The weight room has been beefed up with new equipment, and sauna and whirlpools have been proposed for the men's and women's lockerrooms.

The SAB also has facilities for basketball, racquetball, squash, tennis, ping pong and pool.

"I think a lot of people don't even know about the facilities we have down there," said Ms. Hoffstetter who hopes employees will discover them by taking advantage of the \$36 a term membership fee.

For more information call Jensen at extension 8295.

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