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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.

UO scientist selected to direct research institute

The national search for a scientist of worldwide prominence to direct the new Institute for Advanced Biomedical Research ended just 100 miles south of the Oregon Health Sciences University with the selection of Dr. Edward Herbert, a professor of chemistry at the University of Oregon and one of science's leading molecular biologists.

The appointment of Dr. Herbert, 57, an associate member in the Institute of Molecular Biology at the UO in Eugene, was announced April 5 by OHSU President Leonard Laster.

'Our nominee's list was a 'who's who' of molecular biological science. Dr. Herbert was the committee's unanimous choice.'

"The university and the people of Oregon should feel exceedingly fortunate to attract Dr. Herbert to this position," Dr. Laster said. "Molecular biology is reshaping the patterns of our lives in many different and surprising ways. It is also creating the medicine of tomorrow, and an academic health center that fails to root its future teaching in the new science will not serve its students or their patients well.

"Future dentists, nurses and physicians will benefit from studying in an atmosphere steeped in the excitement of a genuine intellectual revolution. With Dr. Herbert's arrival and with the development of the new institute, the Health Sciences University will do far more than share in the revolution, it will help to create it."

The focus of Dr. Herbert's work is the inter-relationship between the mind and body. At the level of individual chemical molecules, he is exploring the controlling system through which one part of the brain affects another part of the brain and through which the brain affects the glandular system of the body and ultimately determines behavior, response to pain, reaction to stress, body temperature, etc.

"We're beginning to understand the chemicals that regulate the highest order of our activity," Dr. Herbert said. "It is my hope that the institute will contribute in major ways to this understanding."

The search committee, which was headed by Dr. Howard Mason, professor of biochemistry in the School of Medicine, and composed of representatives of each unit on campus, reviewed the nominations of 154 candidates from around the world. Dr. Herbert was the director they wanted.

"Our nominee list was a 'who's who' of molecular biological science," Dr. Mason said. "Dr. Herbert was the committee's unanimous choice."

He was also the clear choice of much of the faculty. "In addition to his credentials as an excellent scientist, the sense of honesty and integrity he conveys will be a distinct advantage in assembling and keeping the scientists necessary to make the institute a success," said Dr. John Hammerstad, acting chairman and associate professor of neurology. "I found the plans and goals he has formulated thus far very clear, practical and fundable as well as exciting."

Dr. Herbert's plans for development of the institute involve the application of molecular biological approaches to the study of the nervous, endocrine and immune systems and to certain degenerative diseases including cancer.

Dr. Edward Herbert surveys a model of the OHSU including the research institute he has been chosen to direct.

"The ultimate goal will be to contribute in a major way to an understanding of the chemical basis of information transfer in the brain, particularly the way in which specific chemicals such as neurotransmitters and hormones work," Dr. Herbert said. "Studies of this kind will provide a base of knowledge for understanding more clearly how behavioral patterns are controlled at the chemical level and how degenerative diseases and aging processes are initiated."

Dr. Herbert's appointment takes place immediately. He will work initially on a consultive basis, remaining on the UO campus and travelling to the OHSU several times a month until completion of the IABR which is estimated at mid-1985.

Dr. Herbert will bring with him the support of three grants totalling nearly $1.5 million for three to five years from the National Institute of Drug Abuse (NIDA) and the National Institute of Arthritis and Metabolic Diseases (NIAMD).

The NIDA work, he explained, involves studying the effect of the body's pain killing chemicals (opiate peptides) on drug addiction and withdrawal from a basic chemical viewpoint. The NIAMD funding supports studying the regulation of production of opiate peptides.

Dr. Herbert's research has been recognized by a number of awards including the Pfizer Award for fundamental contributions to endocrinology, the Rosetta Briegel

(continuation and related story page 3)

Clinical care excellence to be featured at convocation

Neighbors, employees and other friends of the Oregon Health Sciences University will be offered a unique first-hand look into patient care on this campus during the first Clinical Care Convocation May 14 in the OHSU Library.

The convocation, patterned after the OHSU's successful Research Convocation held last fall, will give the public the opportunity to view nearly 70 exhibits demonstrating excellence in clinical care provided at University Hospital, the dental clinics and the Crippled Children's Division.

The OHSU's clinical staff will be on hand from 1 to 5 p.m. to explain and answer questions about their exhibits and the care they help provide. Some of this care is available in Oregon only at the University.

Faculty will also describe current and forthcoming developments to bring you care that is unique in the country as well as some of the "routine" care we provide, recognizing that no patient is ever "routine."

At 3 p.m., a one-hour formal session in the Library Auditorium will be presented on "Futurism and Health Care."

Four members of the faculty will describe what they do in health care research and will forecast how the success of their work could improve significantly your health in the years to come. Presenting *"Five Years from Now . . ."* will be Dr. Grover Bagby, director of the OHSU Osgood Leukemia Center. Dr. Bagby will describe newer forms of cancer therapy that do not produce toxic side effects.

Associate professor of family nursing Dr. Mary Ann Curry is developing a lifestyle profile that may help identify and care for high-risk pregnancy.

Dr. Alfred Lewy, director of the Sleep and Mood Disorders Laboratory, will discuss the future of treating depression and sleep disorders by using light to help synchronize biological rhythms.

An alternative to injecting anesthetic drugs in dentistry is currently being developed by Dr. Patrick Reynolds, assistant professor of physiology and biophysics. Called electroanalgesia, his system uses low electric current to prevent dental pain.

Then guest speaker Dr. Harold Sandler, chief of biomedical research for the National Aeronautics and Space Administration, will describe how technological advances in instrumentation developed for the space program have helped and will help in the future to improve health care.

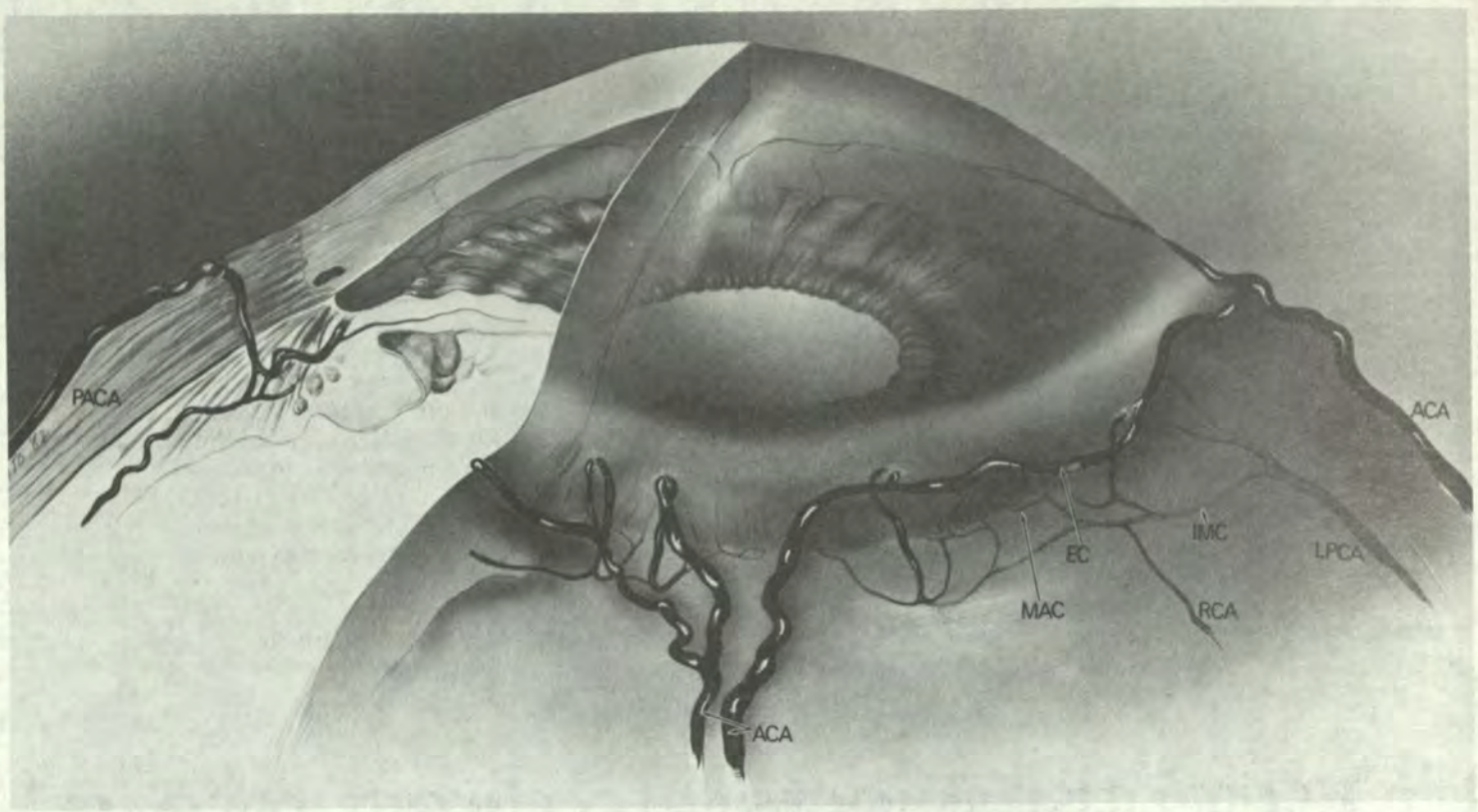
For more details on the convocation, refer to the enclosed supplement "Focus on Clinical Care."

OHSU research focusing on origin of glaucoma

One in every 50 Americans develops an eye disease that can cause significant loss of vision before it is even noticed.

Glaucoma is among the leading causes of blindness, largely because it is so insidious and therefore not detected until advanced and irreversable visual loss has taken place. The disease initially causes loss of side vision that is so gradual victims are often unaware they have a problem.

"It doesn't affect their central or reading vision until the late stages; that would be the major way they would notice it," said Dr. E. Michael Van Buskirk, an associate professor of ophthalmology in the School of Medicine who is investigating factors of the physiologic system of the eye which cause glaucoma.



Glaucoma is a chronic, incurable disease, but it can be controlled.

Glaucoma is caused by a gradual reduction in the eye's ability to drain its intraocular fluid (aqueous humor), which eventually increases the pressure within the eye. The increased pressure causes progressive destruction of the optic nerve fiber and a corresponding shrinking of the eye's visual field.

Glaucoma is a chronic, incurable disease, but it can be controlled. "In the vast majority of cases, we can prevent further loss of vision," Dr. Van Buskirk said. But there is no way to restore the vision once it is lost. And, although drugs can stop the progression of glaucoma by lowering the pressure within the eye, "They all have some kind of side effects, both in the eye and in other organ systems," he said.

(The Department of Ophthalmology at the OHSU is the site of the National Registry for Drug Induced Ocular Side Effects which serves as a repository for worldwide reports of adverse effects occurring from eye medications. Here research is taking place to identify new glaucoma drugs with fewer side effects and to prevent side effects from existing and otherwise useful anti-glaucoma drugs.)

In search of a prevention, if not a cure, for glaucoma, Dr. Van Buskirk is trying to gain a better understanding of the physiology of aqueous humor circulating within the eye. He is focusing one area of his studies on the mechanisms by which the aqueous fluid is drained and the analysis of the process by which it is formed.

The eye produces about 2/1,000 of a cubic centimeter of aqueous humor per minute which constantly flows through the eye, supplying nutrients to the intraocular structures.

Traditionally, glaucoma research and methods of therapy have centered on finding ways to make the eye's draining mechanism — the so-called trabecular meshwork and its associated outflow pathways — perform better, thereby decreasing pressure build-up within the eye. More recently, attention has turned toward attempting to alter the amount of fluid the eyes form by using drugs.

These drugs may work by reducing the blood flow in the tissue that forms the aqueous humor, the ciliary body. The ciliary body sits behind the eye's pupil and projects about 70 tiny leaflets, called ciliary processes, into the interior of the eye. The watery aqueous humor is partially filtered from the blood coursing through these minute structures.

In order to better understand how this filtration process produces aqueous humor, Dr. Van Buskirk and his team are studying the microvascular structure of these ciliary processes employing a revolutionary casting technique. Using donor and animal eyes, the researchers inject a plastic compound that enters all the blood vessels of the eye.

"When it hardens," Dr. Van Buskirk said, "the actual tissue is chemically digested away. What you are left with is a fine plastic filigree, a cast of the entire vascular tree. It is a perfect replica of the finest capillaries, even the indentations of individual cells in the vessel wall."

Using scanning electron microscopy and a tiny scissors developed by Dr. John Morrison, a resident in the OHSU's Department of Ophthalmology, different layers of the cast can be trimmed away and the most minute capillary interconnections studied.

Photo above shows magnification of the vasculature of blood vessels in a single ciliary process which acts as a filter for the water formed by the human eye. The indentations on the ciliary process are individual cell nuclei. At top is an illustration of the vasculature of the anterior portion of the eye where the ciliary process is located.

Although the importance of the ciliary body vasculature in determining eye pressure has long been recognized, its structural details had previously only been surmised because of the relative inaccessibility of the tissue. For a structure so important in such a disabling disease as glaucoma, "it is remarkable how little is known about it," Dr. Van Buskirk noted.

These new refinements in the casting technique have allowed Drs. Van Buskirk and Morrison and their colleagues to define the pattern of blood flow within the ciliary processes and to identify potential sites of action for drugs that will lower the pressure within the eye of patients with glaucoma.

THE OREGON HEALTH SCIENCES UNIVERSITY NEWS

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Director sought for university's fundraising

With the financial goal reached for the operation of a development office over the next three years, President Leonard Laster announced in January the appointment of a committee to select a director of the OHSU's fundraising effort.

"This will be one of the most critical appointments to be made on this campus," Dr. Laster said in naming the search committee which is composed of the OHSU's executive staff: Dr. James McGill, chairman, OHSU vice president; Dr. Louis Terkla, dean of the School of Dentistry; Dr. Robert Neerhout, interim dean of the School of Medicine; Dr. Carol Lindeman, dean of the School of Nursing; Dr. Donald Kassebaum, director of University Hospital; Dr. Victor Menashe, director of the Crippled Children's Division; and Mary Ann Lockwood, executive assistant to the president and director of University Relations.

Robert Mitchell and Betty Gray also will serve on the committee as representatives of the OHSU's Board of Overseers.

The committee's task, Dr. Laster said, is to recruit an individual who can analyze the needs and opportunities for fundraising; who can assist in putting the university's plans in priority order; and who can establish or strengthen existing fundraising procedures for each school.

While formulating ideas for a development office, OHSU planners sought the advice of a development director who over a 10-year period had helped his university raise $400 million. Among the suggestions that have been implemented was the establishment of the Board of Overseers to manage the OHSU Foundation and to serve as the university's major citizens support group; and the accumulation of $500,000 to cover the cost of operating the development office for the first three years after its director was recruited.

Alumni give to School of Medicine

The School of Medicine Alumni Association has recently given the OHSU School of Medicine two grants totalling about $33,000.

Alumni voted to give the school $27,840 in unrestricted funds for use by the interim dean, Dr. Robert Neerhout.

An additional $5,500 will go toward scholarship funds.

The award of unrestricted money is important to development and continuing support of programs, said Dr. Guy Gorrell, president of the Alumni Association.

Unrestricted funds "give the dean the freedom to capitalize on opportunities presented and to support activities on a short-term basis for which there are no state funds," Dr. Gorrell said.

Alumni funds, totalling $125,000 since 1978, have been used to develop the Office of Student Affairs, send students to professional meetings, provide computer support for academic and research programs, support the library and pay for other activities for which no other money is available.

In a state with many fine hospitals and clinics, what role does the University Hospital of Oregon's only academic health center play? What roles do the health center's other clinical facilities play, the Crippled Children's Division, the dental clinics, the on-campus affiliates such as the Veterans Administration Hospital, the Shriners Hospital, the Speech and Hearing Center?

For the University Hospital, the term "flagship" comes immediately to mind.

The University Hospital serves as the focus for patient care, teaching and clinical research. It houses physicians, nurses, dentists, technologists, allied health professionals, ethicists and many other members of the health care team. They provide excellent care based on current knowledge and they work to push forward the boundaries of understanding so that we can benefit from tomorrow's advances as well.

What goes on in your University Hospital, your dental clinics, your Crippled Children's Division? Who are the people who work in these facilities? What do they do to help you and your family? Come to our campus and find out.

On Saturday, May 14, we are holding the first OHSU Clinical Care Convocation. Many members of our professional staff will be there to explain the nearly 70 exhibits they have prepared. I encourage you to participate and, in particular, to bring children who may be interested in careers in health care. The exhibits will be open between 1 and 3 p.m. and again between 4 and 5 p.m.

In the auditorium, between 3 and 4 p.m., faculty will talk on "Futurism and Health Care," and Dr. Harold Sandler, chief of Biomedical Research for NASA, will describe how technology developed for the astronauts has been transferred into the day-to-day practice of health care, to the benefit of us all.

This will be an unusual and interesting opportunity to meet and visit with your friends and colleagues on Marquam Hill and to begin to understand how valuable the OHSU clinical facilities are in your life. I hope to see you there, even if the sun is shining — it will be worth your time and effort.

Leonard Laster, M.D., president

FOCUS ON CLINICAL CARE
THE OREGON HEALTH SCIENCES UNIVERSITY NEWS

SUPPLEMENT MAY 1983

Convocation to exhibit excellence in clinical care

Before you make a decision to devote a portion of one of your Saturdays (Saturday, May 14, to be exact) to attend our first Clinical Care Convocation, you would probably like to know what one is.

We understand. It's not every day you get an invitation to a Clinical Care Convocation.

At the Oregon Health Sciences University, we are proud of the care we provide at our University Hospital, dental clinics and Crippled Children's Division. We know what makes us special and why you, our neighbor, would feel good coming to us for your health care.

But we're not sure you know, and we thought it would be nice to show you. The dentists, physicians and nurses and other health professionals who comprise our clinical staff would like to talk to you about the patient care they provide. Some of this care is available in Oregon only at the university. From 1-5 p.m., you will have the unique opportunity to hear first hand from our clinical staff about some of the advancements in technique and technology that are helping us make a healthier life for you and your family.

Nearly 70 faculty groups will have specially designed exhibits covering such topics as heart disease, cancer, stroke, problems of pregnancy, birth defects, diseases of children, hypertension, diabetes, skin disorders, hormonal disorders, eye diseases, oral surgery and more.

At 3 p.m. our staff and visitors will gather in the Library Auditorium where four clinical faculty members will present your health care *"Five Years from Now."*

Forecasting how the success of their work could improve significantly your health in the years to come will be Grover Bagby, M.D., *Treating Cancer;* Mary Ann Curry, D.N.Sc., *Treating High-Risk Pregnancies;* Alfred Lewy, M.D., Ph.D., *Treating Depression;* Patrick Reynolds, Ph.D., *Preventing Dental Pain.*

Then Dr. Harold Sandler, chief of biomedical research for the National Aeronautics and Space Administration, will describe how the effort to create monitoring devices for men in space produced new knowledge and technology that has affected many fields of modern medicine. The monitoring of heart function, patient rehabilitation, artificial organs, ultrasound equipment and increasingly mobile medical equipment all owe much of their development to space technology.

The university's main clinical facility is University Hospital which admits about 17,000 patients each year and has another 150,000 patient visits yearly on an outpatient basis or in an emergency.

University Hospital is nationally recognized for many of its programs. The hospital has one of the most active kidney transplant centers in the nation. In 1959 physicians in University Hospital performed only the 10th kidney transplant in the world and the first involving identical twins as donor and recipient. Since then there have been more than 650 kidney transplants conducted.

In 1960 OHSU surgeons implanted the world's first artificial heart valve in a patient at University Hospital, which has developed one of the largest pediatric cardiology programs in the country. The hospital is also well known for programs in ophthalmology, psychiatric crisis intervention, high-risk pregnancy, cystic fibrosis, sudden infant death syndrome and emergency medicine.

More than 12,000 patients received treatment last year at another major clinical unit of the OHSU, the dental clinics. Here, patients receive economical services including dental restoration, pediatric care, treatment of gum and bone disease, oral surgery, orthodontia and removable and fixed prosthodontics.

The third major clinical unit on campus is the Crippled Children's Division which serves more than 8,500 active patients. The CCD, which also has offices in Eugene and Medford and clinics in Roseburg, Corvallis and Pendleton, provides diagnostic services, treatment and rehabilitative services for handicapped children under age 21.

We realize that on a Saturday afternoon in May our Clinical Care Convocation is up against some stiff competition. We also know baseball is played on Sunday, too. And the potato salad you were taking to the picnic will taste better when it's cold.

Your health is as important to us as it is to you. Stop by and take a look at what we're doing to improve it.

Clinical Care Convocation

Saturday, May 14 1-5 p.m. OHSU Library

First Time Ever . . . An opportunity to meet with clinical staff and learn what they are doing for your health care. View over 60 exhibits on advances in patient care at OHSU.

Primary nursing results in better patient care

No matter how sophisticated the equipment or efficient the hospital, it takes more than medical knowledge to win back health. It takes teamwork between patients and health professionals, and care for both the physical and emotional well-being of patients.

At University Hospital, many nurses are providing individual attention to their patients through a system called Primary Nursing. The system has re-shaped hospital care, allowing nurses to focus on small numbers of patients, oversee care throughout the patients' visit and build a bond of trust during the hospital stay.

The results of the program, now one year old, are greater satisfaction for nurses and more pleasant hospital visits for patients, according to Ardys Symons, assistant nursing director at University Hospital.

"What it means is that a patient, and the responsibilities that go with that patient, are assigned to a primary nurse who can practice in a more responsible and accountable way," says Symons.

In the primary nursing model, registered nurses are responsible for planning and carrying out total nursing care for between one and four patients. When the primary nurse is off duty, associate nurses follow through with the nursing plan.

(continued on page 3)

Arthritis work a team effort

Since 1977, University Hospital's rheumatology section has been recognized and funded by the National Arthritis Foundation as one of its Arthritis Clinical Research Centers. Patients from throughout the Northwest visit the center and OHSU rheumatology clinic seeking treatment for the crippling pain and disfigurement of arthritis.

"Most of the patients referred to us come here with difficult diagnostic problems or complicated management problems," says Dr. Robert Bennett, chief of rheumatology. "Our approach is essentially a team effort utilizing the skills of orthopedic surgeons, psychiatrists, nurse practitioners, physical and occupational therapists and social workers."

According to Dr. Bennett, some 4,250 patients were seen last year either in the rheumatology or immunology clinics or as private patients in the rheumatology section.

Among those was a woman in her late 50's from Boise, Idaho, suffering from rheumatoid arthritis in her knees. After the surgical replacement of her right knee, changes in her drug therapy and increased physical therapy, the woman was able to return home in much improved condition, her disease under control. The treatment was both physical and educational, said Dr. Bennett.

"Teaching patients about their disease and how to manage it is very important in treating chronic ailments like arthritis," he said.

In conjunction with clinical activities, the Division of Rheumatology, Allergy and Immunology also conducts research on new drugs for the treatment of rheumatic diseases, and is the only laboratory in the state which performs all the sophisticated tests demanded in the diagnosis of complex connective tissue diseases, like arthritis.

Also, people suffering from fibrositis, a muscular rheumatism causing stiffness and pain in muscles, are being helped at University Hospital, which is one of only three institutions in the country that has attempted to provide diagnostic guidelines for fibrositis, says Bennett.

Representatives from the rheumatology clinic will be present at the Clinical Care Convocation.

FOCUS ON CLINICAL CARE

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Mary Ann Lockwood, Executive Assistant to President; Director, University Relations

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OHSU cares for Oregon's children

There is no age level at which the need for specialized care is as great as during the first 28 days of life (the neonatal period). And there is no other facility in the state that provides that specialized care better than University Hospital's Neonatal Intensive Care Center.

More than 500 babies a year spend the first days — sometimes months — of their lives in the NICC. They come with all kinds of ailments. About three-fourths of them are born prematurely. Others have birth defects or need surgery.

Care is provided around-the-clock by a staff of specially-trained nurses. The babies live in incubators which duplicate, as nearly as possible, the environment of their mothers' wombs where they are protected from temperature and humidity changes and infection.

The babies come to the NICC from all over Oregon and southwest Washington and from other areas of the Northwest, often by way of what Dr. John Reynolds, director of the NICC, calls "the most extensive transport system of any intensive care unit in the state." A statewide air transport system has been established to bring babies born prematurely or with other health problems to the NICC. Using airplanes, helicopters and ambulances, the newborn emergency transport system maintains a 24-hour rescue service.

Specially-trained staff of the NICC travel to the community hospitals, stabilize the infants and bring them back to the NICC. The transport system also brings high-risk pregnant women to University Hospital. If their babies are born with medical problems they can receive immediate attention in the NICC.

The transport system has also been expanded to serve older children who need the special care provided by the staff at Doernbecher Memorial Hospital for Children, the pediatrics hospital within University Hospital.

Doernbecher was the first hospital in the country to adapt a revolutionary treatment for infants and small children with kidney failure. Continuous Ambulatory Peritoneal Dialysis allows children to receive dialysis treatment at home and to engage in almost any activity.

Children on CAPD undergo minor surgery to implant a tube in the lower abdomen. The tube carries dialysis fluid from a small bag into the abdominal cavity where it remains for four to eight hours. The waste products in the blood, which would be removed by healthy kidneys, are drawn into the fluid. Four or five times a day, the waste fluid is drained and replaced with the contents of a new bag.

"The advent of CAPD has extended our ability to care for children with kidney failure, many of whom previously would not have received treatment," said Dr. Steven Alexander, medical director of the CAPD training program. "Moreover, because it is a home dialysis method, the quality of the lives of these children and their families is greatly improved."

Doernbecher is also the home of a SIDS program for babies who are at risk of Sudden Infant Death Syndrome, or "crib death." The program conducts research and clinical studies on the detection of high-risk infants. It is the only program in the state for the determination of infants at high risk of SIDS and for the monitoring of high-risk children.

Pediatric care is also provided by the OHSU's Crippled Children's Division which diagnoses health problems and provides treatment and rehabilitative services for handicapped children under 21.

Every year, children are born in Oregon with diseases that are totally unfamiliar to their physicians. But the staff of the CCD's Metabolic Birth Defects Center helps diagnose and treat Oregon children who have contracted diseases which sometimes have occurred in only a handful of other children in the world.

The CCD's Oregon Comprehensive Hemophilia Clinic treats and manages the care of 350 children and adults with hemophilia who live in Oregon, Washington, Idaho and Alaska. Services offered by the clinic are helping to prevent the physical deformities associated with hemophilia and are helping the hemophiliac function productively in society.

The Clinical Genetics Program at CCD, the oldest and most comprehensive of its kind in Oregon, is researching and diagnosing hereditary defects and counseling patients about those problems.

The public has the opportunity to learn more about pediatric care at the OHSU from Doernbecher and Crippled Children's Division staff members at the Clinical Care Convocation.

High blood pressure patients are finding help at clinic

Hypertension, or high blood pressure, is sneaky. "Most people really don't know they have it," said Dr. Robert Palmer, a physician in University Hospital's Hypertension Clinic.

But if it is untreated, the problem called the "silent disease" can create quite a stir. It can lead to heart disease, kidney damage and stroke.

The typical patient seen in the Hypertension Clinic, Dr. Palmer described, is "overweight, in the 45 to 65 age range, has a history of smoking, either currently or in the past, may have a family history of hypertension and diabetes, and generally leads a less active lifestyle."

The Hypertension Clinic offers patients the latest in hypertensive treatment. The clinic's nurse practitioners also provide follow-up care.

"The follow-up is an individualized program adjusted according to the patient's needs," said Margaret McMahon, one of the clinic's four nurse practitioners. "Our main emphasis is on patient education, including diet counseling and relaxation techniques."

> If it is untreated, the problem called the 'silent disease' can create quite a stir. It can lead to stroke, heart disease and kidney damage.

Having the nurse practitioners on staff is an ideal situation for Dr. David McCarron, head of the Hypertension Clinic. "We needed to provide good longitudinal care, and it wasn't practical for us to hire two or three physicians, so we hired skilled nurse practitioners," he said.

The clinic staff also conducts research into hypertension. "That side of the clinic enables us to keep on top of current or anticipated changes, making our treatments that much more effective," Dr. McCarron said.

Research into the causes of hypertension has focused primarily on nutritional factors related to the development of high blood pressure. A major discovery made through Dr. McCarron's research indicates that a lack of calcium may be as important as too much sodium in the development of hypertension. "Our data indicate that individuals with hypertension may ingest less calcium that those with normal blood pressure," Dr. McCarron said.

Dr. McCarron's study does not dispute the fact that selected patients with high blood pressure should lower their intake of salt. But, he said, there is no real proof that persons who are not hypertensive should place salt any higher on their list of worries than obesity, heredity or calcium deficiency.

Dr. McCarron will be available at the Clinical Care Convocation to discuss his study and the care provided in the Hypertension Clinic.

Ophthalmologists credited for vision advances

Many of the advances in surgical technique over the past 30 years have resulted from surgeons' ability to see fine structures better. How fitting, then, that much of the credit for this improved vision should go to the OHSU's Department of Ophthalmology, which has played a key role in the development of microsurgery.

In 1948, the OHSU's Drs. Kenneth Swan and Leonard Christensen adapted a dissecting microscope and performed the world's first microsurgery on a human. It's design provided the basis for the development of the first commercially-made surgical microscope. Microsurgery is now widely used in many different surgical procedures.

Today, the Department of Ophthalmology continues to make important contributions to vision care around Oregon and the world:

- The Department of Ophthalmology is the home of the National Registry of Drug Induced Side Effects, a federally-funded data bank on drugs known or believed to cause side effects in the eye and drugs for the eye that cause side effects elsewhere in the body.
- The Oregon Ophthalmic Electrodiagnostic Laboratory, directed by Dr. Richard Weleber, is one of only two hospital-based laboratories in Oregon that evaluates retinal function. This diagnostic capability is critical in the diagnosis of diseases of the retina and in blinding disorders of children.
- The Elks' Childrens' Eye Clinic has operated since 1949 in the Department of Ophthalmology, providing examination, diagnosis and treatment of various eye diseases and injuries.
- Dr. Frederick Fraunfelder, chairman of ophthalmology, is responsible for the development of cryosurgery — the use of intense cold to remove or destroy diseased tissue on the surface of the eye of patients with malignancies.
- Dr. Larry Rich is one of just a few ophthalmologists in the country performing a procedure in which the lens from a donor eye is reshaped then implanted in a patient who needs a major refractive correction in order to see.
- Dr. E. Michael Van Buskirk offers consultation services to ophthalmologists around the Northwest who have questions and problems dealing with glaucoma, one of the leading causes of blindness and a subject of Dr. Van Buskirk's research.

The public will be offered the chance to find out more about the work of the Department of Ophthalmology at the Clinical Care Convocation through posters presented by Drs. Weleber, Rich and Van Buskirk among others.

New technology being put to use in the Department of Ophthalmology is resulting in improved eye care for many Oregonians.

Clinic keeps an eye out for families at high risk for cancer

Cancer — it's a scary word, but researchers at the OHSU are helping patients and doctors take the mystery out of it.

Cancer assumes many different forms, and its solution requires variety in research and treatment techniques. Drs. Jeffrey Sunshine, William Fletcher and research associate RaeAnn Townsend have been looking at four different types of cancers that seem to run in families. Their work is part of a variety of cancer research and treatment currently unfolding at the OHSU.

Dr. Sunshine screens and counsels patients in University Hospital's High Risk Cancer Family Clinic, which specializes in examining families who have a history of breast, colon or endometrial cancers or malignant melanomas.

Families who come to the clinic explain their medical history and incidence of cancer among parents, grandparents and other ancestors. From that information and screening, doctors suggest a routine of periodic check-ups designed to catch any future cancer growth at any early stage.

The incidence of breast cancer, for example, occurs at an average rate of one in every 12 women. But it is three times greater for a woman whose mother developed breast cancer at a pre-menopausal age.

Families who are tested at the High Risk Cancer Family Clinic are warned of these risks and related health factors. More importantly, says Dr. Sunshine, patients or their doctors are advised about methods of testing that will catch cancer at its first appearance. Often, the tests offer relief to patients who see patterns of cancer in their families and worry that they may also be victims.

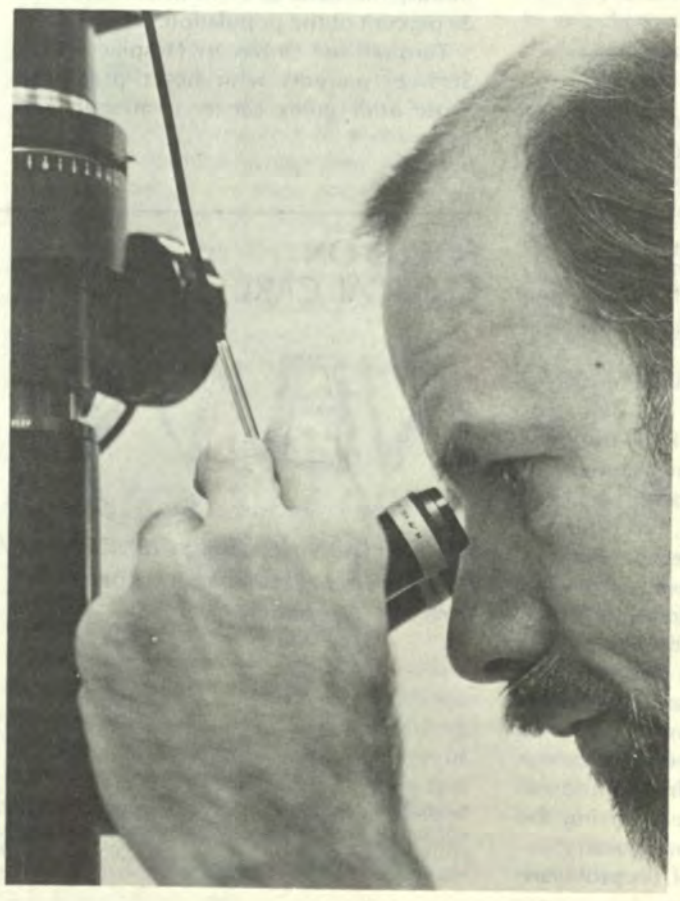
The significance is that early identification of cancer is a large part of the battle to treat it. Recent discovery of "oncogenes," cancer-causing genes, opens the possibility in the near future of screening families to determine which children have inherited a susceptibility to cancer. Families will then have an advantage of knowing their cancer risks and seeking treatment at an early stage.

Two other cancer researchers at the OHSU are Drs. Bruce Dana and Grover Bagby, who explore cancer treatments through study of living cells. Dr. Dana studies the effect of anti-cancer drugs on solid tumor cultures.

Long range benefits of the research are that "in the future, chemotherapy may be more exact, and we can predict exactly what drug will work for each patient," says Dr. Dana.

Dr. Bagby, director of the OHSU Osgood Laboratory, studies live bone marrow cells to examine their behavior and pinpoint treatment. He says the study of living cells will lead to "much more effective and humane methods of treatment than we have now."

The cancer specialists will be available to answer questions about cancer research and treatment during the convocation.



Dr. Grover Bagby, assistant professor of medicine and director of the Osgood Laboratory, will be one of the featured members of the OHSU faculty who will speak at the Clinical Care Convocation. Dr. Bagby, who will present "Treating Cancer. . . Five Years from Now," will describe newer forms of cancer therapy that do not produce toxic side effects. Dr. Bagby is studying live bone marrow cells to examine their behavior and pinpoint treatment.

Primary nursing means better care

(continued from page 1)

Primary nursing is used in about 75 percent of University Hospital services, and is expected to be in use throughout the hospital within two years. The system is taught at the OHSU School of Nursing, not as a particular course of study, but as an overall philosophy, says Dean Carol Lindeman.

"We teach it as a way of delivering care," she says. "What used to be emphasized was team nursing. For example, if you had a unit of 40 patients you might divide them into two groups of 20, then divide your nurses into Team A and Team B to look at the patients' needs.

"There are a number of problems with that. The patient gets care from a number of different people and the care doesn't seem to have any unity. Nobody on the nursing staff feels responsible if something goes wrong. Things fall between the cracks in terms of total patient care."

In addition to better care for patients, administrators think the system will give nurses more job satisfaction.

"The staff nurses are really excited about it," says Julie Jackson, an assistant head nurse in pediatrics. "Morale is really high and the level of involvement is so much more satisfying. Families are already responding. They relate to the staff so much better now that they know they have one nurse they can depend on."

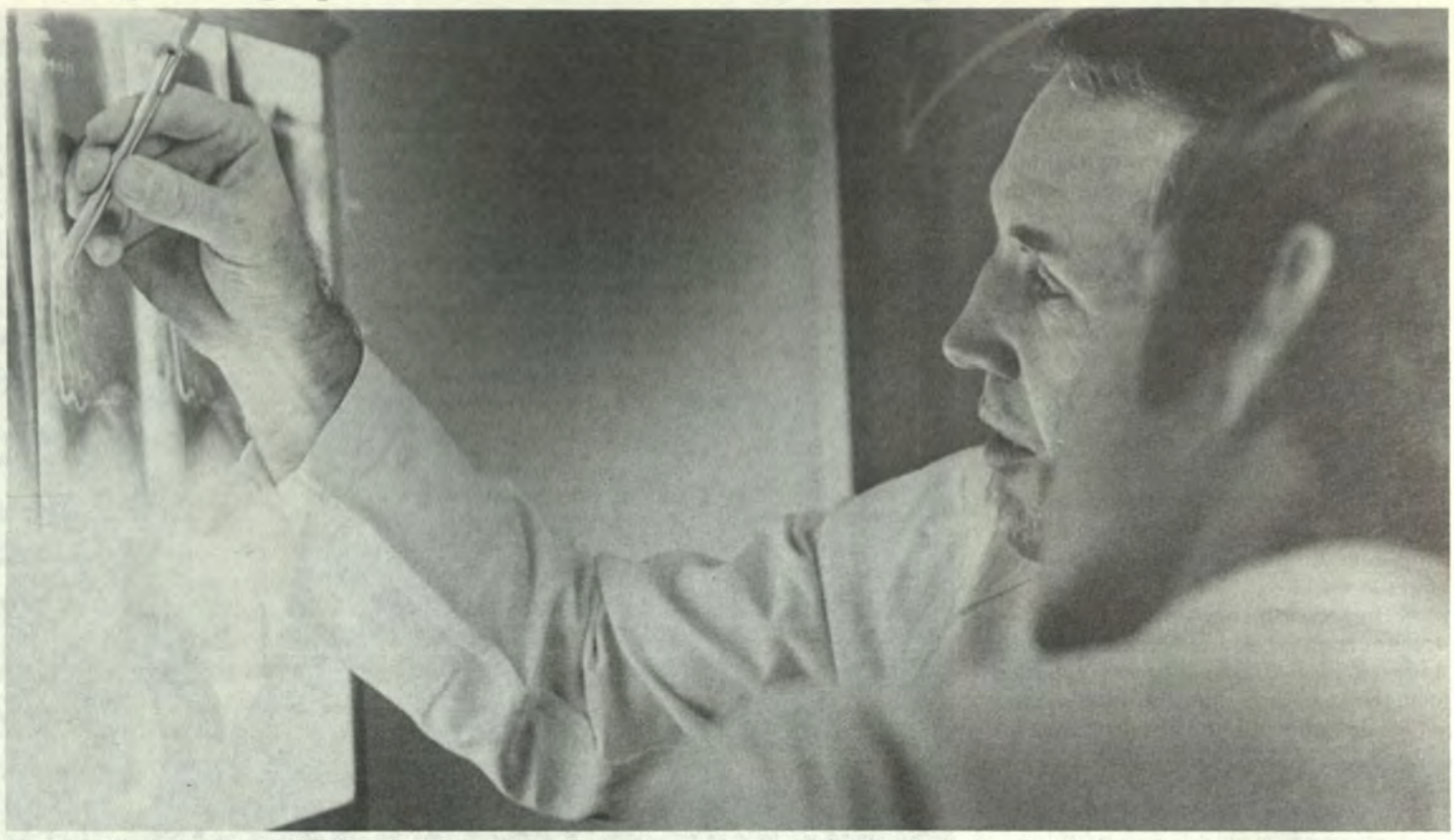
Learn more about primary nursing from the nurses themselves at the Clinical Care Convocation.

Cardiologists keeping pace with new treatments

If you are among the lucky, the only time you pay much attention to your heart is after a good run or a bad scare. But there are 1.5 million Americans each year who are not so lucky and will contract heart disease, the leading cause of death among us.

Since 1957, when Oregon's first open heart surgery was performed at University Hospital, advances made or used in this hospital have benefited thousands of patients with sick hearts.

In 1964, Dr. Charles Dotter, chairman of the Department of Radiology at the OHSU, saved a woman's leg from amputation by using a catheter of his own design to open a blocked thigh artery that was inhibiting blood flow. Now, a variation on Dr. Dotter's technique is being used in University Hospital as a non-surgical approach to treating victims of coronary atherosclerosis.



Dr. Frank Kloster, head of Cardiology and chairman of the Clinical Care Convocation planning committee, discusses a case with a student.

1.5 million Americans will contract heart disease, the leading cause of death among us.

Coronary atherosclerosis, which is the narrowing and blockage of the arteries leading to the heart, is the main cause of heart disease. When the artery is narrowed, blood flow is impeded and, as a consequence, the heart muscle does not work correctly. That can cause pain, shortness of breath, fatigue and heart attack.

Bypass surgery to relieve blockage of the arteries is now the most common operation in the country. Using a graft from a leg vein, surgeons construct a new coronary artery, "bypassing" the obstructed vessel.

But now, in some patients who would be candidates for bypass surgery, OHSU's cardiologists Drs. Mark Morton and John McAnulty are using a procedure called balloon dilatation. Instead of surgically going around the obstruction, balloon dilatation allows the physicians to push the obstruction open.

A catheter with a small balloon on the tip is placed in one of the patient's leg arteries, and a balloon is guided up to the obstruction in the coronary artery. The balloon is then inflated, compressing the obstructing atherosclerosis and opening the blocked artery.

The procedure, according to Dr. Morton, is successful in 75 percent of the patients treated. Balloon dilatation is less expensive than surgery, and the recovery time is much shorter: "Weeks, instead of months," Dr. Morton said.

While balloon dilatation is helping cut the risk of a heart attack and relieve anginal pain, another advancement being used in University Hospital is helping reduce the long-term effects of heart attacks. A new enzyme, streptokinase, is now being infused directly in the coronary arteries to dissolve clots that block the flow of oxygen to the heart and cause permanent damage to heart muscle.

The extent of damage to heart muscle to a large degree determines the extent of recovery from a heart attack. If streptokinase can be injected in time, damage to heart muscle can be significantly reduced.

The key phrase is "in time," according to OHSU cardiologist Dr. George Pantely. Heart muscle can be deprived of oxygen for only about six hours before it dies or is severely damaged. It may be one to two hours after the patient has arrived at the hospital before streptokinase can be infused in the coronary artery.

Studies are now being done to determine whether the intravenous administration of streptokinase can be started much more quickly and may eventually become an emergency room procedure that can save precious time in restoring flow to the blood heart.

Many persons with heart disease suffer from abnormal heart rhythms which can be dangerous and difficult to treat. Irregular heart rhythms rarely occur in the doctor's office or hospital, so the physician must evaluate the situation for treatment solely on the patient's recollection of what happened.

Usually, the physician prescribes a standard medication and sends the patient home. If the physician's intuition was right and he made the right choice of medication, the heart irregularity would not happen again. If he guessed wrong, the danger was still present.

In 1974, Dr. McAnulty adopted a more aggressive approach to the treatment of heart irregularities called intracardiac electrophysiology.

The procedure begins when a pacing wire is threaded through a patient's blood vessel and into the heart. The wire is attached to an electrical stimulation box that creates a range of impulses of varying rhythms. When a particular timing of these impulses recreates the patient's heart arrhythmia, the impulse is turned off, a drug is given and the stimulating impulse tried again.

If, after the drug is administered, the impulse does not retrigger the arrhythmic activity, there is evidence the drug may prevent future occurrence of the abnormal heart rhythm.

At University Hospital the procedure has allowed physicians to prescribe treatment that can reduce the mortality rate of patients with dangerous heart rhythms by as much as 50 percent.

Dr. McAnulty and Dr. Morton both will present exhibits and answer questions on their work at the Clinical Care Convocation.

Tooth grinders helped by hypnosis

The use of hypnosis to help people stop grinding their teeth during sleep is one of many special dental treatments available at the OHSU.

The School of Dentistry's Division of Behavioral Sciences is one of two units in the country conducting research on bruxism, habitual grinding of the teeth. The project makes use of a specially designed muscle-activity recorder and uses hypnosis as an important part of the treatment to modify the habit present in an estimated 20 percent of the population.

Through the University Hospital Dental Service, patients with heart problems, those undergoing cancer treatments and patients with kidney transplants whose immune systems have been suppressed are able to receive dental treatment. The Hospital Dental Service offers the only comprehensive service for these special patients in Oregon, southwest Washington, Idaho, Nevada, northern California and Montana.

Persons with medical, emotional and physical disability problems all can participate in this dental program.

Faculty members of the School of Dentistry and the Hospital Dental Service will be available at the Clinical Care Convocation to answer questions about these and other OHSU dental services.

FOCUS ON CLINICAL CARE

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Douglas Strain

Helen Bledsoe

William Bowerman

OHSU Board of Overseers adds 3 members

The OHSU Board of Overseers, a citizen support group, whose goal is to generate advocates for the university and to bring resources of the OHSU to a new level of quality, has elected three new members.

Helen Bledsoe, William Bowerman and Douglas Strain have been named to the board for four-year terms.

A writer and former publicity director for the American Cancer Society, Helen Bledsoe brings a range of advisory skills to the board.

Since graduating from Vassar College in 1944, Bledsoe has served as president of the Reed College Women's Committee, the Vassar Club of Oregon and the Robert Gray Grade School PTA. She worked as an editorial assistant at the Massachusetts Institute of Technology and is currently chairperson of the Wilson High School principal's advisory committee. She also tutors children who have reading disabilities, was a founding member of the Marquam Hill Society Steering Committee and played a major role in the development of the new OHSU tour program.

William Bowerman, co-founder of the athletic shoe company that became NIKE, brings business and sports background to the board. An outstanding athlete in his youth, Bowerman became track and field coach at the University of Oregon in 1948. He coached the U.S. Olympic Team in 1972 and continues to advise athletes including middle distance world record holder Mary Decker Tabb.

Bowerman invented the waffle sole, is credited with creating this country's running boom and co-founded Blue Ribbon Sports, the predecessor to NIKE.

Douglas Campbell Strain is chairman of the board for Electro Scientific Industries (ESI). He served as vice president for research and development at Brown Electro-Measurements, Inc., where he designed and developed precision instruments for measurement of electrical components from 1949 to 1953.

In 1953 he founded and became the first president of ESI, a Portland firm specializing in precision instrumentation and laser fabrication systems.

Strain has won numerous awards in the science engineering field including the prestigious Reed College Howard Vollum Award for Achievement in Science and Technology in 1975.

Response enthusiastic to Herbert selection

Response to the selection of Dr. Edward Herbert as director of the Institute for Advanced Biomedical Research was universally enthusiastic. Below are some of the comments:

Oregon Senator Mark Hatfield, the key figure in the securing of $20.79 million in federal funding for the IABR: "I am extremely delighted to learn of this exciting appointment. I am pleased that a scientist of Dr. Herbert's caliber, someone who is so widely recognized professionally and who is working in a field of such importance to human health, will be taking the leadership of the new institute."

Dr. David Baltimore, winner of the 1975 Nobel Prize in Physiology and Medicine for his research on viruses and cancer and professor of microbiology at the Massachusetts Institute of Technology: "With the growth of biotechnology, it is especially important that centers devoted to basic research be established and shielded from the pressures of demands for instant results. With Dr. Herbert's long history of accomplishments in basic research, I feel confident that the Institute for Advanced Biomedical Research at the OHSU will become an important part of the world's scientific community."

Dr. James Ebert, vice president of the National Academy of Sciences and president of the Carnegie Institution of Washington: "This is a splendid appointment. I hope that this is but the first in a series of appointments in what is emerging as one of the most important fields in the life sciences for the coming decade, namely the neurosciences. If I could start a new division in my own institution in the life sciences, this field would be at the top of my list."

Dr. Marvin Rittenberg, professor of microbiology and immunology at the OHSU School of Medicine and vice chairman of the search committee for the IABR director: "It has become increasingly clear that molecular biology has long-term potential importance for the field of neuroendocrinology and behavior and that Dr. Herbert has become our country's major contributor to this subject."

Robert Ingalls, president of the Oregon State Board of Higher Education: "Oregon is particularly fortunate to have Dr. Herbert assume the directorship of the IABR, and personally I am very happy that we could come up with someone from within our own system of higher education."

Robert Mitchell, chairman of the OHSU's Board of Overseers and president of the United States National Bank: "I am pleased beyond all belief. This is exciting progress for all of us and only a beginning."

Dr. Sidney Udenfriend, director of the Roche Institute of Molecular Biology, Nutley, N.J.: "Dr. Herbert is considered to be one of the outstanding scientists in the area relating to cell biology, neurobiology and molecular genetics. His work, and that of his colleagues, is among the most significant in the area of opiate peptide biology."

Dr. O.H. Viveros, group leader, Department of Medicinal Biochemistry, The Wellcome Research Laboratories: "As a biologist, Ed Herbert is a man of all seasons. His range of interest and expertise covers a large number of the most active areas of biomedical research, from protein and nucleic acid biochemistry to endocrinology and neurobiology. The importance of his research and originality has been widely recognized in recent years through multiple honors, awards and invitations to lecture at international meetings."

Construction has begun on the $2.6 million addition to parking structure No. 2 (lot No. 8) on the OHSU campus. When completed later this year, the structure will have an additional three levels and 450 parking spaces.

Site and design selected for new research institute

With a director and site selected for the Institute for Advanced Biomedical Research, architects have designed a facility intended to unite the OHSU's research faculty as well as the entire university family.

The IABR, which has been funded by a $20.79 million construction grant from the Department of Health and Human Services and by a $5 million donation toward operation of the institute from a Portland couple who wish to remain anonymous, will be built between the Medical Research and Basic Science buildings on the hillside overlooking downtown Portland.

The structure will house five floors of research and service space and will include special areas designed to bring together scientists from different disciplines for conversation and the exchange of ideas.

"There were some key ingredients that went into our design," said Robert Frasca of the Zimmer, Gunsul, Frasca Partnership, architects for the IABR. "Besides satisfying the physical needs of a research facility, we wanted to design a building that would contribute something to the university as a whole. We wanted a building that would bring together the whole research faculty and also address the people in the Medical Research and Basic Science buildings. We wanted to design a facility that would provide a very humanistic environment to foster collaboration and the sharing of ideas to further research at the university. And we wanted to do all of this with an economy of means."

The building, which will be connected with both the Medical Research and Basic Science buildings, will feature a split-level system in which scientists can walk down or up a half floor to an open conference room where they can meet with colleagues from the floor above or below them. "These will be special places where the scientists can mingle and exchange ideas," Frasca said.

The floors of the 72,000 square foot structure will be open allowing researchers to divide their space as they desire.

The site chosen, Frasca said, "was perhaps the least conspicuous" of any of the locations considered. "But ultimately it was the best choice," he added.

The location also facilitates the development of a courtyard in front of the IABR and out into the area that is now a portion of parking lot No. 2. The new grassy area will include a lunch terrace off of the Mackenzie Hall cafeteria. The architects are considering redesigning the entrance to Mackenzie Hall so that it extends through the building to the space behind it and links the courtyard with the rest of the university.

The IABR, as well as the Basic Sciences and Medical Research buildings, will receive deliveries through a tunnel system underneath the courtyard.

Frasca said bids will be requested in two phases. The first phase, the excavation portion of the project is expected to begin this summer. Construction of the IABR should begin later this year and be completed by mid-1985.

UO scientist named IABR director

(continued from page 1)

Award for pioneering work in biochemistry, and the Leslie Bennett Award in endocrinology, all in the past four years.

Dr. Mason said the search committee was also attracted to Dr. Herbert because the field of neurobiology has strong potential for interaction with a number of the university's existing basic science and clinical departments including biochemistry, neurology, neurosurgery, medicine, endocrinology, pharmacology, microbiology and immunology.

He praised Dr. Laster for his guidance in the selection process. "Rather than telling us what field of biomedical research the institute should represent, our charge was to find the top scientist available, regardless of the field, and develop the institute around his or her strengths."

Dr. Herbert anticipates recruiting some 15 to 20 scientists to the institute. "I am particularly interested in people who are working at the forefront of the recombinant DNA field and the gene transfer field."

His first priorities, he said, would be to recruit faculty, develop the institute's program, work with the architects on the design of the IABR, provide advice on equipment needs and begin to seek financial support.

SD oral surgeons tackling tough facial problems

• A man whose jaw has been severely damaged by a gunshot comes to the School of Dentistry and leaves with a reconstructed jaw.

• An elderly woman undergoes implant surgery at the Oregon Health Sciences University School of Dentistry and is now able to retain the dentures she could never wear.

• A 17-year-old with a huge tumor on her tongue that protrudes from her mouth is referred from her home in the Philippines to the OHSU. Surgeons from the departments of Otolaryngology and Oral and Maxillofacial Surgery resect the tumor, then give her a new smile — which she now feels like using.

New as well as tried-and-true techniques being used in the School of Dentistry's Oral and Maxillofacial Surgery Department are providing relief for many people with facial problems and are increasing the success rates of some traditionally-difficult procedures.

Among the new procedures is a method of reconstructing jaws developed at the UCLA Medical Center and used primarily there and in the OHSU's School of Dentistry. Using the new treatment, oral surgeons are able to reconstruct large portions of the jaw even in those patients who have had prior radiation treatment in the same area.

Patients who have had tumors removed from their mouths often have had radiation therapy as part of their treatment. That has posed problems for the oral surgeon attempting to repair jaw damage the tumor has caused.

Said Dr. Thomas Albert, associate professor of oral and maxillofacial surgery in the School of Dentistry: "Radiation therapy changes the blood supply, not only of the bone, but of the soft tissue around it where the blood vessels come through to the bone. That makes it more difficult to get any implant you put in there to grow."

The success of metal or solid bone implants has been inconsistent, but the results of nearly 15 operations performed at the School of Dentistry using a new dacron mesh tray are encouraging. The tray has an adaptable shape, allowing the oral surgeon to fill it with bone marrow which, Dr. Albert said, solidifies very fast. "It's bone almost from the start," he said. "It just forms a whole new jaw.

"It's extremely exciting material," added Dr. Albert, who will present data culled from his clinical work with the tray at a reconstructive surgery conference in Los Angeles this June. "I don't think this is the ultimate answer, but it's a good advancement and it allows us to do reconstructive work on patients we couldn't have done before."

There are more than 20 million persons in the United States who are totally without teeth and another estimated 20 to 30 million who have no teeth on one or the other jaw. For many of those, dentures are an acceptable alternative. But there are others for whom dentures are not an alternative.

"Teeth stimulate bone growth," Dr. Albert said. "And, when teeth come out, the bone underneath really doesn't have any reason for being there so it begins to thin out. In the majority of people, there is just a mild amount of thinning. But in certain people it is so severe they haven't been able to wear dentures because there is nothing to attach them to."

Bone grafts are often used to build up the jaw in order to remedy the problem. "That works well, but the patient may just lose the bone again," Dr. Albert said.

Now, oral surgeons in the School of Dentistry are using a method, called a staple bone implant, that is solving the problem faced by those unable to retain dentures. Holes are drilled through the bottom of the patient's jaw. The pronged implant is placed through the holes. Surgeons then build a foundation around the prongs to which the denture can be affixed.

The implant is designed only for use in the lower jaw but, Dr. Albert said, "The upper jaw isn't as much of a problem. There is no tongue to deal with so there is more area to put a denture on."

Implants are ending years of discomfort for patients who have endured ill-fitting dentures or who have been unable to wear dentures at all.

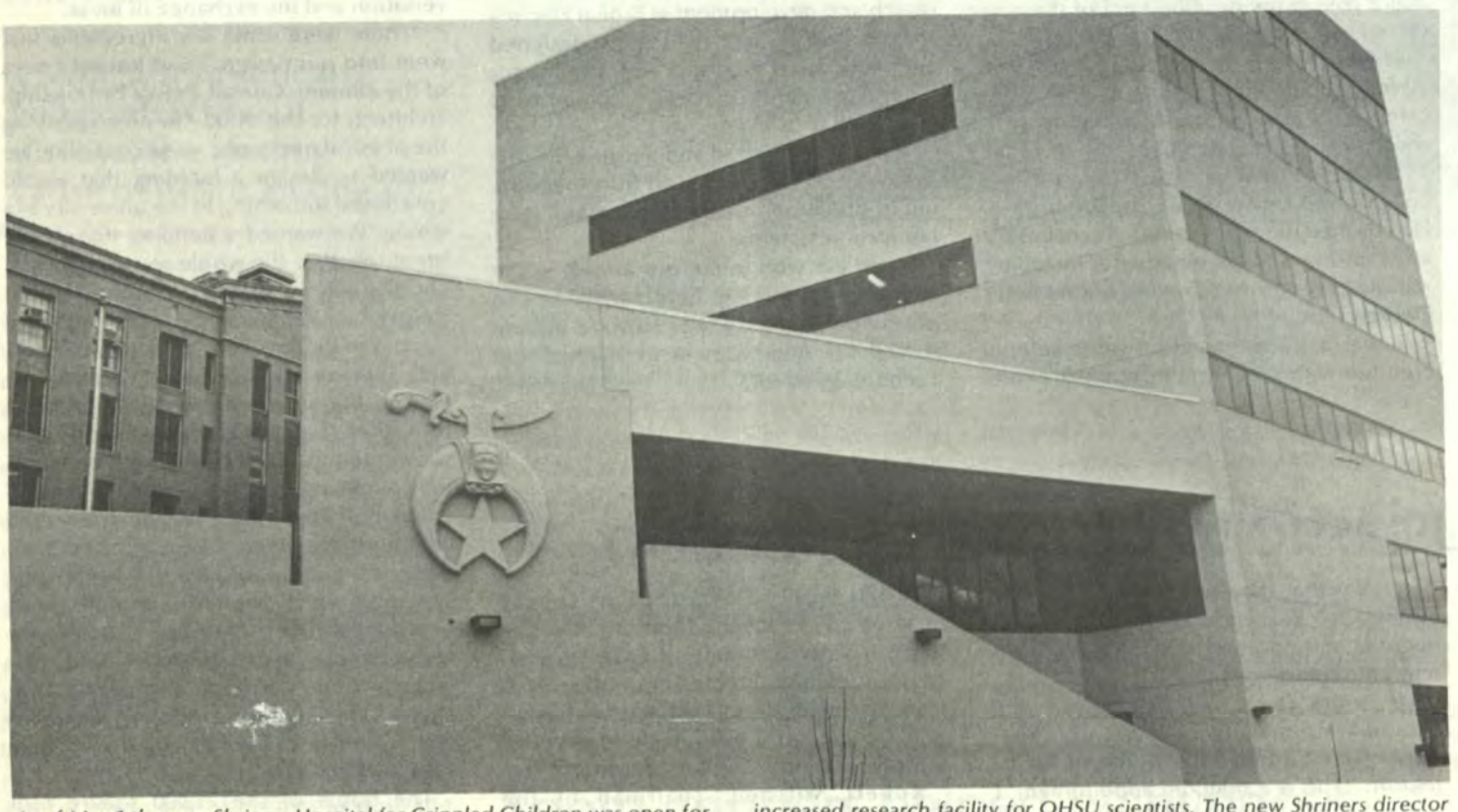
"This is a problem people live with all the time," Dr. Albert said. "When they have this implant put in, and the denture fits without falling out all the time, these people are just ecstatic."

The huge tumor that was removed by Drs. Albert and Edwin Everts, associate professor of otolaryngology, from the tongue of the young Filipino girl, had caused a bony deformity of the front lower jaw. No teeth had grown under the tongue. The tumor also had pushed both the upper and lower jaws out of position.

After the tumor had been cut away, Dr. Albert was able to reposition the upper and lower jaws. Then, using a graft from the girl's hip, he filled in the space created.

Finally, a set of dentures was fashioned for the girl by the Prosthetics Department in the University Hospital Dental Service. The patient is attending high school in Beaverton, now, and "doing really well," Dr. Albert said.

"Because of this case," he added, "we're now looking at other people with the same type of tumor, and starting their treatment when they are younger to see if we can prevent some of these deformities."



As of May 1 the new Shriners Hospital for Crippled Children was open for business on Marquam Hill. The six-floor, 41-bed specialty hospital and research center is the result of 14 years of planning. Construction of the facility cost $14 million. Residents in the OHSU's School of Medicine will rotate schedules in the new hospital, and the structure also will offer increased research facility for OHSU scientists. The new Shriners director of research is Dr. David Hollister, formerly associate professor for pediatrics and medicine and director of the Connective Tissue Biochemistry Laboratory for the Division of Medical Genetics at the University of California at Los Angeles.

Committee gives attention to campus parking

A committee of faculty, staff, neighbor and student representatives may be paving the way for changes in OHSU parking rules.

The OHSU Parking Committee's recommendations won't shrink the distance between car and office, but they will probably help firm up rule enforcement and policies that guide employee assignments to choice parking lots.

The group is now studying parking lot assignments and ridership on shuttle bus routes. It serves as an advisory committee, channeling information and suggestions about parking issues toward possible solutions.

The committee of 11 representatives began work in October at the request of Dr. James McGill, vice president of the Health Sciences University.

Dr. McGill believes the parking program is "one of the more complex and nettlesome administrative operations at the Health Sciences University." He hopes the group, with information gleaned from fellow employees and patients, will offer possible solutions to troublesome transportation and parking issues.

Rules and regulations of the parking program are under full review, according to Ralph Tuomi, committee chairman and assistant vice president for Facilities Management.

Under the current system, new employees who decide to buy parking permits typically must choose a south campus parking lot about 10 minutes by foot or shuttle bus to their offices on the north campus. The demand for north campus parking spots currently exceeds the spaces available, but that is expected to change soon. When the expanded parking structure No. 2 opens in the fall, an additional 450 spaces will be available on the north campus.

"The problem will be to distribute parkers in a fair and equitable manner to spaces available, while also meeting the need to provide more spaces close to the hospital and clinics for patients," says Tuomi.

Committee members welcome opinions from neighbors, employees and patients. In addition to Tuomi, members are Mary Louise Baker, Gregory Bush, Jeanette French, Ben Hedlund, Dar Reveal, Laurelen Stearns, Joyce Stockinger, Bob Williams, Shelley Young and Dr. Arthur Wiens.

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