

The Oregon Health Sciences University includes the schools of Dentistry, Medicine and Nursing; Vollum Institute for Advanced Biomedical Research; Center for Occupational Disease Research; University Hospital; University Clinics (medical and dental); Doernbecher Children's Hospital; and Crippled Children's Division.

The Oregon Health Sciences University ON NEWS

President's farewell: The future is in your hands



An edited version of the following piece appeared recently in the Oregonian. It expresses feelings Ruth Ann and I share about academic health centers generally and about the Oregon Health Sciences University in particular. I just want to add an expression of appreciation from the two of us to all of you in this university for the many years of friendship, encouragement and shared commitment to common goals and values. The people who work on this hill are dedicated to serving humanity and to achieving the best we are capable of accomplishing. It has been a privilege to be your colleagues and we will miss you. This message carries with it great affection and respect.

Far from progressing in a linear path, history, be it that of an individual or a group, appears to move in meandering circular patterns with diversions and retracings which add spice to the story. That's why I find it interesting to note that my comments here bring me virtually full circle because my stay in the Northwest began with an appearance in the Oregonian.

In this piece I will summarize my

sense of the progress we made in Oregon academic biomedicine during the past nine years and then I will look ahead toward what is yet to come. For those who are about to doze off, the conclusion, in a nutshell, is that together we have generated important and valuable changes but that these advances are still fragile and far from permanent. What happens next will be determined by your understanding and appreciation

of what you have here, by your willingness to help foster its development, and by the intensity and durability of your commitment. In short, my good friends, the future is in your hands — just as it was when we started out together, nine years ago.

Whenever someone sounds off about an important subject, as I am now, I look for credentials. What gives this person the right to intrude on my time with private observations? For me, these considerations apply with particular relevance when the subject is biomedicine. (I use the word "biomedicine" to cover the activities involved in caring for sick people and preventing their illnesses; in training new physicians, nurses, dentists, and their professional colleagues; and in learning more about human biology through research.)

Too often, a young economist or political scientist will run on at length about how to reshape the health care system to contain its costs, without having been sick a day in his or her adult life, or without having had to cope with serious illness in a close relative. I believe that one must *earn* the right to philosophize about biomedicine by serving in the front lines at a patient's bedside, by putting in long hours in the research laboratory; or by teaching young health professionals. I have served in biomedicine and I believe that I have earned the privilege of speaking out.

A second test I apply relates to sincerity. Does the writer really care about biomedicine? That's a tough one. How do any of us know what we really care about? Several years ago, I was invited to talk at seven in the morning about my

personal values. To start with, I wasn't sure that anyone had personal values at that hour of the day. When I got past that barrier, I came up against a more difficult problem. We can all speak passionately about our beliefs and values — but when do we mean it and when are we kidding ourselves?

I concluded that talk is indeed cheap and that our real values are not necessarily the ones we talk about. To identify our genuine beliefs, we must look back at the choices we have made in life. Action taken when confronted by fundamentally different alternatives reveals, at the very least, the values we are willing to live by. It is in our choices that we discern our inner selves.

What has all this got to do with my subject? Well, I believe that society has developed a few activities and institutions that are fundamentally important to us all — not just because of their practical benefit but also because they embody values we need if we are to endure as a decent and caring society. One of these endeavors is biomedicine. Through many centuries, this discipline has evolved a culture and values that grace our civilization. These include compassion for fellow human beings, commitment to service on behalf of the general good, unremitting dedication to a search for new knowledge and deeper understanding and aspiration toward excellence in pursuit of these goals. Not every practitioner of biomedicine adheres to these values, but by and large, the mass of physicians, the mass of nurses, and the mass of scientists live and, as in the case of the laboratory

(continued on page 4)

Interim leaders continue momentum



Chancellor William Davis appointed University Hospital Director David Witter as interim president (right) and Tim Goldfarb, Associate Hospital Director, as interim University Hospital Director.

David Witter has his hands full, and he wouldn't have it any other way.

Named interim president of the OHSU on Sept. 3, Witter says his goal is to execute the plans that have been carefully developed by OHSU's Executive Staff; in particular, continuing the momentum created by Dr. Leonard Laster who an-

nounced his Nov. 1 resignation on Aug. 12.

"One of Dr. Laster's major accomplishments is his vision of what Marquam Hill can be," says Witter, whose permanent OHSU position is director of University Hospital. "My goal is to continue that vision." Clearly, this will be

no small task.

In making the appointment, Chancellor William Davis said Witter has the qualifications for the task. "Dave brings a broad background to the job, including 15 years of outstanding work at University Hospital," he said, "and an enthusiastic commitment to pursue the projects Dr. Laster has begun."

The sheer volume of projects facing Witter is enormous. For example, \$150 million in approved capital construction and remodeling is currently underway or in the planning stages. Projects include:

- \$7.1 million earmarked for a \$17.1 million expansion of the Basic Science Building;
- \$7 million for a pedestrian bridge to connect the Veterans Administration Medical Center with University Hospital South;

(continued on page 3)

Search Committee has 'town hall'

It will be no easy task to fill Dr. Leonard Laster's shoes, but a nine-member search committee named on Sept. 3 by Chancellor William Davis is charged with trying.

With a timetable that closes nominations and applications on Nov. 15, Mark Dodson, chairman of the committee, says it is very important to get the word out that a search is underway. Traditionally, the mechanisms for announcing a search include advertising in select national scientific and academic publications and contacting key members of the academic and scientific communities. The OHSU search committee, however, wanted to find a way to involve the larger campus community and friends of the OHSU in the search.

(continued on page 3)

Nursing school contradicts national shortage

There's something wrong at the School of Nursing. And it may be because its staff is doing something right.

At a time when some of the nation's nursing schools are suffering a 50 percent drop in enrollment or are being forced to close, classes are full at the OHSU's School of Nursing.

The school's collaborative projects with local hospitals and educational programs around the state are not only keeping the school healthy, but are saving Oregon from the major effects of a national nurses shortage.

The OHSU's high enrollment is a healthy sign for the nursing profession. The current nursing shortage may have been written off as just another fluctuation—but health officials say the shortage will worsen. By the year 2000, the U.S. will have only half the nurses it needs. Compounding the dilemma is the increasing population of people over 65, which will double by that same year from 2.7 to 5.4 million, and increase the number of people requiring critical health care services.

Many hospital recruitment programs are taking drastic measures to curtail the shortage that moves like a deadly infection through hospitals, first killing critical care units and even entire facilities. Nurses are being lured with such frills as cars, bonuses and trips to Hawaii.

The money spent on these attractions should be used to confront the profession's underlying problems, says Dr. Sheryl Boyd, associate dean for graduate nursing education at the OHSU.

And for Oregon and the School of Nursing, this approach is working.

The school is still providing the type of nurses most needed in today's health care setting: bachelor-degree = prepared nurses. By 1990, there will be a 40 percent lack of these nurses who are most likely to move into specialty areas first hit by a shortage, such as critical care and surgery units.

"The School of Nursing is implementing ways to improve the occupational conditions of nurses and broaden the

educational experience students receive," says Boyd. "To avoid burnout and attract nurses, hospital settings need to provide more opportunities for nurses to be creative and autonomous. The nursing school is helping to perpetuate these conditions through collaborative teaching programs with the OHSU's University Hospital and the Veterans Administration Medical Center."

The joint programs between the hospital and nursing school merge hospital experience with educational theory so students can be prepared to face the "real" situations encountered in the profession, according to Margie Broyer, associate nursing director in Educational Services for University Hospital.

The program is designed in a mentor-protégé format. Each student is assigned a senior staff nurse and faculty member to serve as mentors. Many students find the clinical experience and relationships they develop rewarding and often choose to stay in Oregon. Among the 103 baccalaureate students who were graduated from the School of Nursing in 1987, 85 chose to attain their license in Oregon.

"The hospital experience allows students to develop professional relationships and understand the organization and resources of a unit," Broyer says. "We train the staff to work with students to provide a well-rounded experience and enhance the chance the proteges will stay on staff."

Boyd adds, "Not only does the hands-on experience better prepare a nursing student, but it helps to avoid 'reality shock' felt by the nation's recent graduates when they transfer from the classroom to the practice setting."

The school's graduate education program is also combating the nursing shortage by helping to improve the conditions within the profession.

"The more nurses in the field with graduate degrees, the more control nurses will gain over their practice," says Debbie Leiber, Ph.D. student and marketing assistant for the School of Nursing. "Greater independence and in-



At work in University Hospital are (top) Dawn Peters, assistant head nurse in the Surgical Intensive Care Unit, and Ken McCormack (left), staff nurse. Critical care units are often hit first in nursing shortages.



fluence in the work setting will increase the nurses' satisfaction with their careers."

Leiber has witnessed the emerging profession from all angles. She has worked in University Hospital, has earned a master's degree in nursing and is active in the Oregon Nurses Association. Part of her job is educating employers, high school counselors and nurses in the field about the various avenues open to nurses through nursing education. But, educational reconstruction, Leiber says, cannot be achieved overnight.

"Our school is responding to the shortage with a long-term approach, creating nurses who can function in a rapidly changing health care system," Leiber says. "That means upgrading all R.N. nurses to a minimum of having a B.S. degree, recruiting nurses into graduate programs and revising the curriculum to reflect the needs of the present and future industry."

In addition, the School of Nursing extends its outreach services to eastern and southern Oregon. These teaching programs make nursing education more accessible and increase the number of nurses who stay in the state after training. The baccalaureate program has proven successful in La Grande for the

past nine years, and this year the graduate program will be expanded to southern Oregon.

"Rural areas are often the first to feel the effects of a widespread nursing shortage," says Dr. Carol Lindeman, dean of the School of Nursing.

Therefore, improving the access of nursing education is one of the most important moves we can make to combat the shortage. It has not yet become a problem for Oregon because our school has been operating outreach programs years before the trend began."

Lindeman also explains the nursing school's high enrollment figures by OHSU's willingness to expand its student market at a time when other nursing schools accepted only high school graduates. "We also take individuals who want nursing as a second career, have completed a few years of college or are mothers returning to college after they have raised a family," Lindeman says.

Because the school's enrollment has increased, its faculty members are often sought out to help others on a state and national level. Lindeman, a member of the National Advisory Committee for the Training of Nurses, recently attended an invitational meeting with the Secretary of Health in Washington D.C. to discuss how nursing schools and health care facilities can reverse the progression of the nursing shortage.

Lindeman and her colleagues are also helping formulate federal legislation to improve salary, image and responsibility levels for the nation's nurses.

"With the ratio of nurses to patients getting bigger, quality of care is expected to suffer in all the nation's health care facilities," Lindeman says. "The issue is now a national crisis. Yet, we are still fortunate in Oregon to have nursing resources available when many U.S. hospitals are forced to close beds."

Nursing shortage facts

- The Department of Health and Human Services predicts that by the year 2000, the U.S. will have only half the nurses it needs.
- Enrollment in the nation's nursing schools have decreased by up to 50 percent; some are even forced to close.
- According to the American Hospital Association, the vacancy rate in hospital staff nursing jobs doubled from 6.3 to 13.5 percent last year.
- In the Eastern regions of the U.S., 96 percent of the hospitals report unfilled nursing positions.
- By 1990, the country will have a 40 percent lack of B.S. prepared nurses; these nurses are the best prepared to serve critical care and surgery units, which are hit worst by a nursing shortage.
- Among the 103 baccalaureate students who graduated from the School of Nursing in 1987, 85 chose to receive their license in Oregon.

OHSU adds pancreas to organ transplant program

The OHSU has become the second center on the west coast to perform pancreas transplants.

A Portland man suffering from type 1 diabetes mellitus, a degenerative disease, received a new pancreas in a four-hour operation on Sept. 24 at University Hospital. In late October, he was listed in fair condition.

Surgery was performed by Drs. John Barry, professor of surgery and chairman of urology; Truman Sasaki, OHSU associate professor of surgery, and chief of head and neck surgery for the Veterans Administration Medical Center; and Thomas Hefty, assistant professor of surgery and urology. They were assisted by Drs. Wendell Stevens, professor and chairman of anesthesiology; David Ladich-Rogers, anesthesiology resident; Dr. Chris Mershon, transplant resident;

Sharron Haas, R.N., and Barb Perkins, surgical technician. Other members of this transplant team included Drs. Douglas Norman and David Cook; Kristine Nelson, R.N.; and Ardys Symons, R.N.

The OHSU joins UCLA as the only west coast pancreas transplant centers. About 15 such centers actively perform this procedure nationwide.

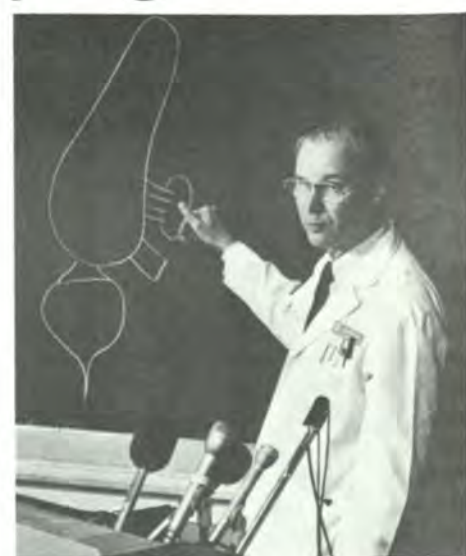
Currently, only insulin-dependent diabetics between the ages of 18 and 45 who have a well-functioning kidney transplant are eligible for a pancreas transplant.

Transplantation offers patients a chance to arrest and possibly reverse the severe complications of diabetes mellitus. These complications result in a one-third decreased life expectancy and may include kidney failure, blindness, blood vessel damage, amputation, nerve

damage and loss of feeling to certain body areas.

The OHSU's noted expertise in transplantation has been acquired through existing kidney and heart transplant programs. The pancreas transplant program is a natural extension of these programs. In 1959, OHSU surgeons performed the first kidney transplant on the west coast (and the 18th in the world). More than 1,200 kidney transplants have been performed at University Hospital. The heart transplant program, which began in 1985, has become one of the most active on the west coast.

The pancreas transplant program is another expression of the OHSU's commitment to become a major center for transplantation.



Dr. John Barry at press conference

1987 commencement: 353 degrees of excellence

A new generation of 353 health care professionals launched their aspirations and careers on June 12.

The OHSU's 12th annual commencement also honored outstanding faculty, students and community members. And for the first time, students were featured as keynote speakers.

Six faculty members were recognized for excellence in teaching: Walter Gabler, D.D.S., Ph.D., and LeGrand Woolley, D.D.S., M.S., School of Dentistry; Leslie Hallick, Ph.D., and Jack McNulty, M.D., School of Medicine; and Mary Kay King, M.Ed., and Linda Felver, Ph.D., School of Nursing.

Forty-five students received various awards for excellence in academics and service; and 39 students were named to the national honor societies in dentistry, medicine and nursing.

The university's Distinguished Service Awards honored outstanding contributions to the OHSU by Pietro Belluschi, Betty Gray, and late Edward Herbert, and Carl Morris.

"Unlike a well-known instructor who

likes to use etc. as an exclamation, I use it here as an acronym — Excellence Through Caring," said Robert Iverson, the School of Dentistry's commencement speaker. "This is possibly the most important concept we can take with us from the Oregon Health Sciences University."

Chris Bailey, School of Medicine, remarked about learning from patients. "Interestingly, but not surprisingly, the ones we have learned the most from were our patients. We have learned from them first hand the dignity of the human spirit even in the face of overwhelming tragedy and the indomitable strength of the human will," she said.

School of Nursing speaker Audrey Nickodemus shared the excitement she felt about nursing. "The School of Nursing parallels the mission of the OHSU in striving for excellence in three areas — education, research and patient care," she said. "Nursing goes beyond the individual patient and is concerned with families, communities, in institutions and in the public policy and administra-

tion arena."

Hooping ceremonies were held for each school prior to commencement. The School of Medicine's hooping launched a new tradition to recognize the graduate program, which trains biomedical researchers. Graduate student Mary Stenzel-Poore was the chosen speaker. "We are at the edge of a revolution; a molecular revolution," she said. "We can literally walk along chromosomes looking at genes and their control elements as we go. As a molecular immunologist, I have the opportunity and training to ask questions of the immune system that were unthinkable 10 years ago . . . As we begin our research careers, I am sure that I speak for all of us; we are on the leading edge of scientific change."

The School of Dentistry graduated 94 students, including 61 who earned doctorates in dental medicine and 12 who received postdoctoral specialty certificates. Twenty-one students graduated with bachelor of science degrees in dental hygiene.

Among the 118 graduates from the School of Medicine, 88 earned doctor of medicine degrees, eight earned doctor of philosophy degrees and 18 earned bachelor of science degrees in medical technology.

The School of Nursing graduated 141 students. B.S. degrees were awarded to 95 students from the Portland campus and to 22 students enrolled in the program at Eastern Oregon State College in La Grande. Master of nursing degrees were awarded to eight students and master of science degrees were awarded to 16 students.



(Bottom right): Medical school graduate Mark Berman received the Gold Headed Cane award during the school's hooping ceremony. (Bottom left): Distinguished Service awards honored four for their contributions to and support of the OHSU over the years — (L to R) architect Pietro Belluschi; artist Carl Morris; the late Dr. Ed Herbert, director of the IABR (his wife Sydney is pictured). Not pictured is Betty Gray, former chairman of the Foundation Board of Trustees. Also pictured is Mark Dodson, member of the Board of Higher Education. (Above left): Dr. Margaret Ryan with Leslie Cummings, a winner of the Dental Hygiene Department Award. (Above right): Dr. Carol Lindeman (fourth from left) with student award winners from the School of Nursing. (Above): Jodeen Callaghan, winner of the School of Dentistry Alumni Association and American Association of Women Dentists awards, with daughter Katelyn.

President Search Committee closes nominations on Nov. 15

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Their solution was a "town hall" meeting held on Sept. 24 in the OHSU Auditorium.

Dodson says the goal of the meeting was to provide faculty, staff, students and friends of the OHSU a chance to meet the search committee and learn about and provide input into the search process.

With nearly 100 people attending the 90-minute meeting, it was, by any mea-

sure, a success. Says Dodson, "The town meeting filled our every expectation. It gave people a chance to talk to us about their ideas and concerns and we had a chance to ask people our questions. Perhaps most important, it gave the community a chance to become involved in one of the biggest decisions to be made on the Hill in nearly a decade.

Working with Dodson on the search committee will be:

- State Board of Higher Education

members Gene Chao and George E. Richardson, Jr. of Portland.

- Dr. William Connor, professor of medicine and head of the medical school's Division of Endocrinology, Metabolism and Clinical Nutrition.
- Dr. William Howard, professor of dentistry and chairman of the Department of Fixed Prosthodontics.
- Dr. Christine Tanner, professor of nursing and director of the School of Nursing's Office of Research Develop-

ment and Utilization.

- Catherine Ann Parkman-Newton, a second-year medical student.
- Dr. Henry Van Hassel, dean of the School of Dentistry.
- Brian Booth, a Portland attorney and chairman of the OHSU Foundation Board of Trustees.
- State President James Petersen will serve as an ex officio member of the search committee.

Witter pursues strategy of growth, stability

(continued)

- \$20.4 million for a Biomedical Information Communication Center;
- \$6.9 million for a Student Activity Building;
- \$18.5 million for a regional eye center;
- finishing the \$6.5 million parking structure; and
- completing hospital renovation

Witter says that orchestrating new construction is but one task he hopes to accomplish. "The search for a new president isn't the only search being conducted," says Witter. "We can't forget

three other vital positions that must be filled. These include directors for the Vollum Institute for Advanced Biomedical Research, the Center for Occupational Disease Research and the Biomedical Information Communication Center. These searches must be carefully but expeditiously pursued to attract an individual of national or international stature."

Looking ahead, Witter says he wants to help plan for the new president. "One of my most important jobs will be to identify the strategic issues, options and opportunities facing the OHSU for review when the new president arrives."

Even though Witter will not be an applicant for the presidency, he says he looks at his job as more than simply being a caretaker. "An institution the size and complexity of the OHSU demands that its leader, even if temporary, aggressively pursue a strategy of growth and stability.

Following Witter's appointment as interim president, Tim Goldfarb was named interim director of University Hospital. Goldfarb, whose permanent OHSU position is associate hospital director, says that his priority will also be to aggressively pursue the established goals of the institution.

The Oregon Health Sciences University, Office of University Communications

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Symposium part of medical school's celebration

One hundred years ago this fall, 18 young men gathered to study "practical anatomy" in a two-room converted grocery store bought for \$1,000 in north-west Portland.

Thus began the University of Oregon Medical School, the forerunner of today's OHSU School of Medicine.

This fall, their 500 "descendants" launched Oregon's second century of medical education, signing up for classes in subjects unimagined in 1887 on a hilltop campus that has become part of a \$200 million health care complex.

The School of Medicine's centennial is being celebrated this year with the theme, "Building on 100 Years of Excellence." A Sept. 25 symposium highlights this fall's festivities. "Health Care Issues: Toward the 21st Century" addressed the topics of health care, its quality, access and cost. Samuel Thier, president, Institute of Medicine, National Academy of Sciences, was the keynote speaker.

Thier stressed the importance of adapting medical education to a changing society — without compromising the basic ideals of compassionate care. Organized medical education has been

OREGON HEALTH SCIENCES UNIVERSITY
SCHOOL OF MEDICINE 1887-1987



with us for 100 years, he said, and three basic concepts ingrained in this institution should remain unchanged: 1) medical education should be part of a university and its biomedical sciences; 2) it should be taught in a supervised patient-based clinical setting; and 3) teaching should focus on concepts, rather than rote memorization.

In the last four years alone, molecular biology has instigated the biggest explosion of biomedical advances in history, he said, which calls for more integrated study programs among departments. "We can no longer think in terms of



Dr. Samuel Thier

departments, such as physiology and pharmacology," he says. "When you're studying how a molecule enters the membrane of a cell, this information will have implications in all areas."

Thier also stated that medical education should emphasize more preventive and outpatient care. More and more of the nation's health care dollars are spent to care for people over 65, he noted. "The best care for these people isn't through expensive tertiary care facilities like hospitals, with high technology treatments they don't necessarily need."

"We need to educate people not as doctors, dentists or nurses, but as individuals interested in the health of the public."

Raising the question, who will bear the burden of making sure everyone has access to health care, Thier said the responsibility needs to be a joint venture among medicine, hospitals, government and the public.

Centennial Committee

Year-long centennial activities are being coordinated by a committee headed by Dr. George Porter, chairman of the Department of Medicine. Celebrations began with the annual alumni meeting last April, and will culminate with a Centennial Banquet for alumni next April.

OHSU's accomplishments due to happy convergence

worker who appears to have become infected with the aids virus, even die by these values. In a time when betrayal of the public trust seems to be running wild — in business, in politics, in video religion — we are well advised to look to those institutions and traditions that will help us to preserve the positive elements of our society. Biomedicine is one.

If so, then it becomes important to be aware that the culture of biomedicine is under potential siege. When we all decided some years back to mount a full scale attack on rising expenditures for caring for sick people, we accepted the concept that converting biomedicine into a business would help. We reasoned that imposing attributes of the marketplace on the world of biomedicine, by promoting economic competition, by fostering profit motives, and by rationing care by denying it to some because they are too old or too poor, would reduce the costs of caring for the sick. We have gone a long way in this direction and it may well be that we have actually contained the costs of health care. But we have also done something I don't think we intended.

We have begun to erode the values of biomedicine. We have encouraged mercantile concerns and have begun to crowd out values based on human nobility. We must stop this corruption of biomedicine before it becomes irreversible. We don't have that many social institutions of high decency that we can afford to squander them.

I believe, too, that one of our citadels in defense of the basic values of biomedicine is the academic health center and that it is to our mutual benefit to protect such centers and to ensure their vitality. This is what we have been doing together on Marquam Hill. The value of the Oregon Health Sciences University reaches far beyond the good patient care in its hospital and clinics, far beyond the discoveries in its laboratories, and far beyond the training of Oregon's children to enter the health professions. The usefulness of the university lies in its capacity to nurture values based on dedication to human good, on aspiration to excellence, and on a search for new knowledge. It is the *spirit* of the Oregon Health Sciences University that is important to each of us and yet, because that spirit cannot be captured in a bottom line, it is vulnerable.

Are these just self-righteous mouthings? No. I really believe what I'm saying. How do I know that? Well, let's get

back to choices made in the face of basically different alternatives. Some time ago, Ruth Ann and I decided that because our three children had gravitated to the east, we would repack the wagon and make the trek back across the country. We felt that it was important to us to be near enough so they could stop by to share a meal or do their laundry without making a major production of the visit. There was no negative judgment about Portland or Oregon in this decision — this is a great city and this is a magnificent state.

"... the culture of biomedicine is under potential siege."

With that decision made, we set out to explore our choices. I ended up with two very different alternatives. One was in industry — a large corporation in a big city. That choice involved a significant departure from the activities of an academic health center but there were attractive aspects to both the work and its rewards. The other choice was in an academic health center. We will never really know all our hidden motives, but we do know that when put to the test, Ruth Ann and I chose to cast our lot with the academic health center.

It was not an easy decision. These institutions are ridden with tensions and swirling conflicts. They are never neat and tidy in governance or behavior. In short, these institutions can drive you up a wall and often do. But with it all, they are important and must be loved.

I also considered moving to a private institution. I have been a public servant

(bureaucrat to some) for my entire professional career and the notion of not having to interact with a legislature or a large amorphous organization was tempting. But I also believe that it is essential to prove that excellence can be achieved in the context of public service. Every time we enhance the quality of a government agency's performance, we inspire other agencies and other segments of society to do the same. We don't serve ourselves well by turning away, but rather by staying in place and achieving our goals.

These comments are intended only to show that when the moment of truth arrived, Ruth Ann and I tilted toward an academic health center, a public one, at that. This, I believe, gives me the right to make the next point.

Some outstanding accomplishments have come to pass at the Oregon Health Sciences University during the past few years. I am astonished when I look back. Although they occurred during my watch, and although I played a part, they are not my doing exclusively. Rather, they reflect a happy convergence of individuals, values and history, a convergence that generated benefits for everyone. First, the institution provided a history of achievement dating back one hundred years. Second, many competent practitioners, researchers and teachers chose this university as their home. Third, dedicated lay individuals lent their talents to rejuvenating the center — Howard Vollum, Mark Hatfield, Betty Gray, to name only a few. Fourth, many of you began to take the time to understand the university, with all its complexities and maddening foibles, and came to be its advocates — a change that proved particularly valuable in a state which, until recently ques-

tioned biennially the wisdom of continuing to support its only academic health center. Fifth, outside groups, including business corporations, began to endorse the institution by investing in its programs. Because of these and many other forces, the university is on its way toward great achievement. Ruth Ann and I will be sorry not to be around to see the results. But we will be even sorer if you let this train go off the track.

An academic health center needs continuing attention. It needs caring and it needs the freedom to go for the best. The future is never assured. Tides of destructiveness always threaten to erode gains. Now and then, it is necessary to tilt a public decision toward the needs of the university, to put considerations of values ahead of considerations of dollars, to speak out in the political arena on behalf of the university rather than sitting passively by and observing the plight of the institution with detachment and even amusement. The Oregon Health Sciences University needs zealots to continue the battle. Let this chance slip away and it may not come again. This one did not come all that easily. Ruth Ann and I have blood, as well as sweat, equity in this frenetic institution and we are asking you to preserve the value of our investment.

The two of us will be tackling a similar challenge in Massachusetts and who knows whether we can once again enjoy the privilege of participating in creating the massive and astonishing change that we have seen here in Oregon. We will be living in an interesting part of the country and we extend the following enthusiastic and familiar invitation — come visit us but don't plan to live there.

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