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Connections: February/March 1992

BOSTON UNIVERSITY MEDICAL CENTER

CONNECTIONS™

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Inside

The University Hospital

88 East Newton Street
Boston, Massachusetts

Teaming up for Boston's youngsters

The University Hospital, in a demonstration of its commitment to Boston youngsters, has entered into a formal partnership with the Boston School Department's Phillis Wheatley Middle School in Roxbury. Under the pact, a first for both organizations, employee volunteers from the Hospital will serve as mentors and role models to the students, in an effort to foster an early interest in the health-care profession.

The UH volunteers, to be selected for the program through a formal interview process, will interact with the youngsters on an ongoing basis throughout the academic year. The employees will be released during work hours and the amount of time they spend volunteering will be left to the discretion of their supervisors. "This relationship reinforces the Hospital's commitment to the City of Boston and to the education of young minds in the field of health care," says Charles Simpson, UH's liaison to the school.

Under the program, Hospital personnel will perform a variety of functions, from mentoring to tutoring to leading after-school activities. One component, in particular—a rotating speakers bureau—is intended to expose the school's sixth-, seventh- and eighth-grade students to the various career opportunities that exist in health care. That exposure then will be heightened through hands-on experience, with the students being matched to employees in the UH setting.

In turn, the students who choose to participate in the program will make a commitment to interact with the Hospital, says Simpson. For instance, they might volunteer to read or sing to patients, to deliver flowers or to provide colorful artwork for display in the Hospital.

The partnership, a key component of the school's annual education plan for the 1991-1992 school year, was arranged in cooperation with the Private Industry Council at the request of Wheatley School Principal Michael Elio Anderson. According to him, the program warrants considerable merit and is one that will mutually benefit both institutions. "This is a purely reciprocal relationship. We don't believe in taking and giving nothing back. We want to work with The University Hospital patients on a one-on-one basis," he suggests. The pact represents the first of such an agreement held by the school with a health-care organization.

Employees who would like further information on how to apply for volunteer positions can contact human resources at x8585 (638-8585). ■

UH, LOCAL MIDDLE SCHOOL SIGN PARTNERSHIP AGREEMENT Students of the Phillis Wheatley Middle School in Roxbury send a message to their new partner in education, The University Hospital. The two have entered into a formal partnership through the City of Boston's Private Industry Council.

UH leads pack in voter registration

The University Hospital served as the official kickoff last month for a statewide campaign by Massachusetts hospitals to register voters for the upcoming 1992 elections. Some 120 members of the Medical Center and Boston communities participated in a voter sign-up drive held at UH on Wednesday, Feb. 5. The registration session helped to launch Project 92—a campaign by the Massachusetts Hospital Association to encourage voter registration and voter education.

Two years ago during the 1990 gubernatorial election, UH lead the pack in voter-registration efforts, becoming the first hospital in the Commonwealth

continued on page 7

Darryl Williams overcomes a tragic past to get on with his future

Darryl Williams, paralyzed by a sniper's bullet more than 12 years ago, was at UH recently having what he now calls "psychological surgery." For Williams, the brief experience as a patient three months ago stirred memories of the senseless tragedy that changed his life irrevocably and of the time he spent

continued on page 4

MATTERS OF HEALTH

Vitamins as supplements: Trying to make sense of new information

My friend spends a lot of money on megadoses of vitamins A, C and E. He says they make him feel great, but also that they help prevent cancer and heart disease. Is this true? If so, should I consider taking them?

There have been several large studies that have shown that certain vitamins may be a preventive benefit for heart disease and certain cancers. However, most experts feel that the findings are inconclusive, and they are hesitant to tell people to take vitamin supplements, especially in megadoses.

It would be difficult to assess each and every vitamin, its purpose and whether or not it should be supplemented. The reason vitamins A, C and E are becoming popular supplements is that they are antioxidant nutrients, which means that they ensure the proper use of oxygen by cells. Recent studies have found that antioxidants may offer protection against certain cancers and heart disease. In cancer, antioxidants work by neutralizing what are known as "free radicals," defined as unstable molecules that can trigger a series of reactions that can cause cells to mutate, thus leading to cancer. In heart disease, antioxidants prevent against the oxidation of low-density lipoprotein (LDL) cholesterol ("bad" cholesterol), which then inhibits LDL from clogging coronary arteries.

Each of the vitamins your friend is taking has its own indications, benefits and risks. Vitamin A is an antioxidant that assists in the formation of bones, teeth and skin, and is found in many foods high in fat and cholesterol. However, high levels of vitamin A can be harmful, causing liver damage and other side effects. Therefore, many experts suggest that people taking vitamin-A supplements should switch to beta-carotene—a precursor to vitamin A—which in its purest form (before it is converted to vitamin A) offers the same antioxidant benefits as vitamin A without as many health risks.

Vitamin E (found in vegetable oil, margarine, shortening, green and leafy vegetables, wheat germ and whole-grain products) protects cell membranes and aids in the formation of red-blood cells, and it has the same antioxidant properties as vitamins A and C. Among fat-soluble vitamins, vitamin E is considered the least toxic. However, people who are vitamin K-deficient or those taking anti-coagulant medication should not take vitamin-E supplements.

Vitamin C (a water-soluble vitamin derived from citrus fruits and vegetables) has the lowest risk for toxicity. But because smokers metabolize vitamin C more quickly than nonsmokers, those who smoke more than 20 cigarettes each day are advised to increase their vitamin-C intake—preferably through diet—by one-third.

In general, nutritionists advise that, barring a deficiency, vitamin intake should be achieved through diet instead of supplementation. A dietary approach has two primary benefits: First, improving vitamin intake by eating more fruits and vegetables will substitute vitamin-rich foods for potentially harmful high-fat foods; and second, the interaction of food-source vitamins (as opposed to taking specific supplements) may, in fact, have a protective health benefit that has yet to be identified.

As for the studies showing the benefits of beta-carotene against cancer and heart disease, experts say that the studies are inconclusive because they looked only at isolated vitamins instead of the interaction of several vitamins and minerals. The reason this is significant is that there is mounting evidence showing that the interaction of vitamins and minerals may have an important synergistic health benefit. The fact that your friend feels great has nothing to do with the vitamins he is taking, since vitamins are not a source of energy.

This column was prepared by BUMC's public relations dept. ■

A HOSPITAL PRESIDENT BECOMES A PATIENT:

Dr. Abercrombie speaks out on his UH inpatient experience

The Hospital's president and chief executive officer recently had an unusual opportunity to experience the Hospital in the role of patient. Over a six-day period, J. Scott Abercrombie Jr., M.D., was diagnosed, treated and medically and surgically managed in a variety of UH settings, ranging from the Emergency Department to an intensive care unit and the operating room. Given his strategic emphasis on developing UH as a "patient-focused" hospital, Dr. Abercrombie was interested in sharing his observations with the UH community through **Connections.**

Dr. Abercrombie entered the Hospital as an inpatient through the Emergency Department on Thursday, Jan. 2, suffering from a severe loss of blood due to a duodenal ulcer. A short while earlier, he had experienced medical difficulty while working in his office in the Doctors Office Building. After receiving six units of blood in the Emergency Department, and with his condition still grave, Dr. Abercrombie was admitted to the Hospital and taken to the Medical Intensive Care Unit.

The next day, he underwent three hours of invasive gastroenterologic surgery, followed by a five-day convalescence.

In an interview with **Connections**, Dr. Abercrombie chronicled each step of his care, making particular reference to the expert attention he received throughout his hospitalization by staff members associated with many departments—both those directly involved in patient care and those who play a supportive role.

The interview, conducted only one week after his discharge, was carried out at Dr. Abercrombie's request.

The UH president dealt directly with the issue of whether he can reasonably generalize from his experience as an inpatient. "People are sure to question whether I was treated as a 'VIP' and accorded attention and services not available to the typical patient," he said. "I have been outspoken over the years about my strong belief that 'VIP' treatment is necessarily inferior treatment," he continued. "When we attempt to deliver care and services by avoiding the systems that we know work well," he explained, "we're likely to do the patient a disservice. I asked for nothing special beyond protecting my convalescence time and minimizing the number of visitors. In large measure," Dr. Abercrombie continued, "I ascribe my rapid recovery to my insistence that I be allowed time to heal. But any patient can make the same request, and our staff will respect it."

Dr. Abercrombie said that he believes that staff worked hard to provide typical patient care despite his position as the Hospital's president. "I am very certain that I was treated as just another patient and that every patient receives the same level of high quality care I was given," he noted. Here are Dr. Abercrombie's experiences each step of the way:

In his office:

Dr. Abercrombie experiences symptoms of internal bleeding for several hours on the morning of January 2. A team of UH physicians arrives on the scene. "Dr. [Thomas] LaMont [head of the gastrointestinal medicine section] got a crew up here to carry me out in order to keep my head level because I was losing so much blood. Through [Executive Vice President] Jackie Dart's help, he got the elevator stopped so that I was in the E.D. very quickly."

Emergency Department:

Dr. Abercrombie is escorted from his office to the Emergency Department, where he is given six units of blood to raise his alarmingly low blood volume. Despite the infusion, his blood volume remains seriously below the normal level. It is then decided, due to the gravity of

continued on page 8

GETTING BACK TO OUR ROOTS Members of the BUMC choir, under the direction of Vernon Truell, shown standing in front of stage, performed at a January 15 ceremony in Keefer Auditorium, which honored the late civil-rights activist Dr. Martin Luther King Jr., as well as the Medical Center's 1992 Black Achievers. Newly elected Cambridge Mayor Kenneth Reeves served as the program's guest speaker, giving an insightful talk on the value of family.

Some of America's best physicians are found at UH

The first edition of *The Best Doctors in America*, to be published this spring, lists as tops in the field of medicine 10 physicians from The University Hospital, as well as a number of physicians from the School of Medicine, the School of Public Health and Boston City Hospital. The book lists 3,840 doctors in every medical specialty, who were selected through a 1991 nationwide poll of leading physicians from across the United States. In addition to the UH physicians listed below, the following BUMC physicians are cited: Martin Albert, M.D., Ph.D., neurology; Elizabeth R. Brown, M.D., pediatrics and addiction medicine; Donald E. Craven, M.D., infectious disease; Jerome O. Klein, M.D., pediatrics; Jonathan D. Lieff, M.D., psychiatry; Jan E. Paradise, M.D., pediatrics; Thomas D. Sabin, M.D., neurology; Stanley M. Shapshay, M.D., otolaryngology; Gordon L. Snider, M.D., pulmonary and critical care medicine, and Oon Tian Tan, M.D., pediatrics and dermatology.

Richard K. Babayan, M.D.
Urology

Thomas R. Browne, M.D.
Neurology

Jay D. Coffman, M.D.
Peripheral Vascular Medicine

David P. Faxon, M.D.
Cardiology

Barbara A. Gilchrest, M.D.
Dermatology

Irwin Goldstein, M.D.
Urology

Carlos S. Kase, M.D.
Neurology

Robert Krane, M.D.
Urology

David J. Salant, M.D.
Nephrology

Donald Weiner, M.D.
Cardiology

Dedication of School of Medicine building paves way for new growth

Boston University President John Silber helped cut the ribbon on Tuesday, Jan. 14, to the new Boston University School of Medicine biomedical research building at 609 Albany Street. The dedication of the six-story facility marks a new chapter in the growth of the Medical Center along Albany Street: Across the street, piles have been driven for a 180,000-square-foot BUSM medical research building, the first structure in BUMC's University Associates development, which will be constructed over the next 10 years.

The new building at 609 Albany Street represents a major commitment by the private sector to support basic-science research.

In his dedication address, Silber said the collaborative effort between academia and private enterprise is a demonstration of the cooperation that is necessary in today's tough economy. He noted that in the new building, BUSM researchers will be free to "fulfill their life's work" in the advancement of basic science and research. Five of the building's six floors house the fast-growing Department of Dermatology, which is laying the basic-science groundwork for potential breakthroughs in a number of areas, including the prevention of malignant melanomas and the prevention of aging of the skin, as well. The dermatology department also conducts one of the country's most extensive programs in human pigment cell biology, according to BUSM Dean Aram V. Chobanian, M.D.

Barbara Gilchrest, M.D., chief of UH's Department of Dermatology, said the corporate interest in supporting Boston University's basic-science work on pigmentation arises from the belief that such scientific investigation may pave the way for a generation of new products capable of biologically altering human skin pigmentation and hair color—sometime within the next 10 years.

The building also provides research space for the Goldman School's Department of Biomaterials. ■

DEDICATION On hand to participate in the ribbon-cutting ceremony to commemorate the opening of the new biomedical research building were, from left, School of Medicine Dean Aram V. Chobanian, M.D.; Boston University President John Silber; Barbara Gilchrest, M.D., head of the Department of Dermatology, and Spencer N. Frankl, D.M.D., dean of the Goldman School of Graduate Dentistry.

HOOPATHON '92:

Where there's a hoop, there's hope for Huntington's patients

Medical Center employees can sign up to "shoot for loot" at this year's Huntington's Hoopathon on Thursday, April 30.

The proceeds from the 24-hour free-throw event subsidize half of the Huntington's Disease Society's yearly budget and also fund research and social-service programs for Huntington's patients and their families throughout New England. The dollar goal for this year's Hoopathon has been set at $35,000, according to May Long, executive director of the HDSA, Massachusetts chapter, which is based at BUMC.

Among the services provided regularly with the money earned from the Hoopathon are: a weekend outing that is held once a summer at Boston University's Sargent Camp in Peterborough, N.H.; three support groups that meet regularly in Waltham, Worcester and Mashpee, and the provision of specially equipped wheelchairs. The money raised from last year's hoop shoot also went to the purchase of Medic Alert necklaces and wallet-size identification cards, which have been distributed free to Huntington's patients upon request.

Huntington's disease is a hereditary degenerative neurological disorder that causes physical abnormalities and mental deterioration. The disease is characterized by, among other symptoms, involuntary movements of the face and limbs.

For further information, contact May Long at x8333 (638-8333). ■

'Jeopardy!' tournament makes local best list

Last fall's gala "Jeopardy!" tournament to kick off UH's $25-million Capital Campaign has been tagged by the *Boston Herald* as one of the "10 best days and nights of 1991." In a year-end issue of the *Herald*, society columnist Dana Bisbee wrote, "Event planner Katherine Kane and her staff created an exact copy of the ultimate trivial game. They also set University Hospital [Executive Vice President] Jackie Dart on the track of what should be an extremely popular—and populist—annual benefit."

File under: Successful soiree. ■

Darryl Williams

continued from page 1

in UH's New England Regional Spinal Cord Injury Center during his lengthy convalescence.

It was a mild and overcast day back in late September of 1979. Darryl Williams, then a 15-year-old wide receiver for the Jamaica Plain High School football squad, waited patiently alongside a Charlestown playing field, his adrenaline pumping, his mind set on putting some points on the board before halftime.

All he needed was a nod of approval from his coach to reenter the game.

What he got was a sniper's bullet that tore into his neck, transforming a promising young athlete into a quadriplegic.

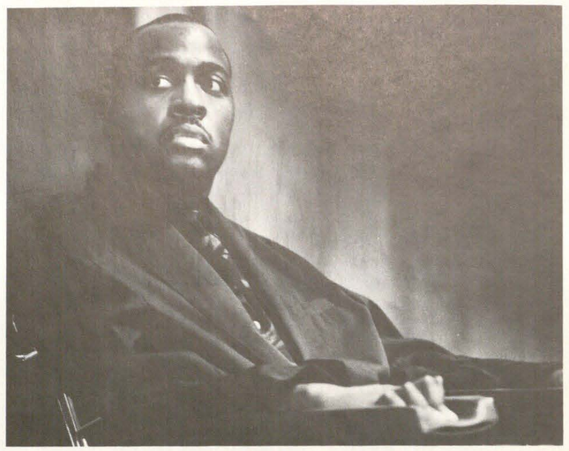
"I don't want to say I'm a prophet...but I saw the path that I could've taken had I succumbed to any deep [and long-lasting] emotional trauma," he says. "After something like this happens to you...you're able to see the bigger picture and that is that you were saved. I chose to live my life that way—to accent the positive and do away with the negative."

Not even the murder two years ago of the man who fired the bullet that injured him can spark an emotion in Williams—he has long since made his peace. "I got myself in the proper mindset over the years...so that I'm not wasting my time hating those that did this to me," he puts it.

This past December, Williams, who serves as a staffer in state Treasurer Joe Malone's office, briefly revisited his past to have "psychological surgery." In a procedure performed under local anesthesia, UH neurosurgeon Joe Ordia, M.D., removed the bullet that for more than a decade had come to represent just how uncertain life can be. "That bullet wasn't a part of me when I entered this world 27 years ago," Williams points out. "It had no place being there. I couldn't prevent it from getting there, but I could prevent it from staying there," he suggests.

With the bullet gone, so too are any traces of bitterness, as well as the constant questioning—the whys and the what ifs. "I felt a sense of ease," when it was over, he notes. "I was amazed that this twisted piece of metal could have a hand in my present physical condition. The bullet was so small, but I found out through first-hand experience that small things can really do irreversible damage."

From talking with Williams, one can clearly sense that he has weathered adversity well, and that he is a stronger person for it. "You have to learn to persevere over any obstacles, because there will be obstacles in your life...that's just life," he says simply.



FORMER UH SPINAL-CORD PATIENT Darryl Williams had surgery recently to remove the bullet that had been lodged in his neck since 1979.

Through it all, Williams has acquired a comrade-in-arms, a mentor and a confidant—like himself, a tough-spirited individual who also has had to overcome his share of adversity. Former New England Patriot Darryl Stingley was permanently paralyzed on the playing field during a preseason game against the then-Oakland Raiders in 1978. A year after his injury, and confined for life to a wheelchair, Stingley was one of Williams' first visitors at UH's Spinal Cord Injury Center. "Darryl has taught me to keep strong," Williams concludes. "One important point that he told me and I've always carried it with me...is this, 'You're still alive.'" ■

Health-care law in full swing

The Hospital is operating under a different game plan, resulting from new legislation to finance Massachusetts hospitals. Chapter 495, enacted just prior to the new year, has been supported by The University Hospital and other hospitals as an adequate successor to Chapter 23, the Commonwealth's previous health-payment law, which expired on October 1.

Paramount among Chapter 495's provisions is a 90-percent revenue cap under which hospitals must now operate. The 90-percent cap is calculated through the aggregate of all hospital services. Were the cap reduced from 90 to 80 percent, as was proposed, UH stood to lose an estimated $11.5 million in fiscal year 1992.

A second major provision of the law is the potential deregulation of the health-care payment system. Specifically, a gubernatorially appointed body called HOSPAC will assess the ongoing need for certain regulations and make recommendations for their modification. This deregulation is considered good for hospitals in that it eliminates much of the "red tape" that historically has delayed hospital payment. But deregulation also poses a threat to hospitals that do not offer quality care at competitive pricing because health-care payers now have the bargaining leverage to demand larger pricing discounts from hospitals.

"The law clearly represents a new way of doing business in the Commonwealth," says UH's Michael D. Blaszyk, executive vice president for corporate services. "I believe that The University Hospital is positioned very well to compete within a deregulated system and that we will continue to offer our patients a superior level of care."

Another major provision of the law also allows for increased funding to the Uncompensated Care Pool, a primary method of reimbursement for hospitals that provide "free" care to the indigent and uninsured.

While Blaszyk says he supports Chapter 495 in its general format, he says he is concerned that "it doesn't address the provision of health insurance for the uninsured. This will exacerbate the issue of access to care for the uninsured including those who don't qualify for Medicaid."

MHA President Stephen Hegarty has described the law as a "careful compromise that will encourage hospitals to work cooperatively with insurers and other health-care providers to offer the highest quality care at the lowest possible cost." ■

Senior-citizen activist continues to fight for elders' rights

At age 74, Freda Mulkern, a UH volunteer who is the founding president of the Massachusetts Senior Action Council (MSAC), has a dream: To see the establishment of a national health plan. By adopting such a strategy, she contends, government would provide the country's escalating number of elderly with increased access to health care and an improved quality of life.

"Our elderly cannot afford health care. We don't make that much money and we don't get it from Social Security. The federal government should show its love for us by passing a national health-care bill. To keep one healthy is to keep one happy," suggests an outspoken Mulkern, who for years has been active in issues concerning the aging.

Among the members of the MSAC, an organization supported in full by The University Hospital, Mulkern is clearly considered a mover and a shaker. The Everett native was pictured last year on the front page of a major Chicago newspaper as she and hundreds of seniors rallied for support of universal health care outside the offices of the American Medical Association. Through the years, the plight of the elderly on any number of issues—from health care to housing to transportation—has been a primary concern for Mulkern, a registered nurse for nearly five decades.

As MSAC's first vice president, Mulkern has taken a proactive stance in initiating key legislation regarding the aging, beginning with the MBTA senior ten-cent fare, which was signed into law by former Governor Edward King in 1982.

Coming up in July, Mulkern and fellow seniors from all over the nation will converge on Washington, D.C., to address more pressing issues of the day. While in the nation's capital, the group will take up with members of the U.S. Congress the need for more affordable health care for the elderly and lobby for a specific piece of legislation, which would take much of the financial burden of health care off elders living at or below the poverty level.

FREDA MULKERN volunteers one day a week in UH's admitting department and serves as first vice-president of the Massachusetts Senior Action Council.

Grass-roots effort

The MSAC, perhaps the Commonwealth's most vocal senior-citizen activist group, was founded a decade ago by Mulkern and a small contigent of Everett seniors, whose aim was to improve the quality of life for that city's aging population. Today, MSAC's membership stands at some 6,000 strong—its delegates dedicated to protecting the health and welfare of Massachusetts seniors. "The Massachusetts Senior Action Council is the most wonderful organization in the whole United States," says a spry Mulkern, who renders her nursing services part time at the Davenport Memorial Home, a private residence for seniors in Malden. "We are not just a 'rocking chair generation.' Our purpose is to stimulate seniors in areas of government and health care—to keep them well and productive," she notes.

In addition to waging a very public crusade for the elderly, Mulkern is also waging a personal crusade in the fight against breast cancer. Since being diagnosed one year ago by UH physicians, Mulkern has become well-versed on nearly every aspect of the disease, and has begun to educate her fellow seniors on the importance of mammography and early detection. ■

BUSM researchers isolate key gene associated with inherited deafness

The discovery by Boston University School of Medicine (BUSM) researchers of the key gene responsible for inherited deafness received widespread media attention and was the subject of a recent press briefing held at the Medical Center. The Thursday, Feb. 13, briefing centered on the results of a BUSM study in the journal *Nature*, which identified the genetic defect responsible for the most common condition associated with congenital deafness, Waardenburg syndrome.

The study's lead researcher, Aubrey Milunsky, M.D., director of the Center for Human Genetics at BUSM, was joined at the press briefing by other members of the BUSM research team, Clinton T. Baldwin, Ph.D., a molecular geneticist; Jean A. Amos, Ph.D., director of the DNA Diagnostic Labs at the center; Christopher F. Hoth, a research assistant, and Jodie Field, a cytogenetic technician.

The results of the study could eventually have significant impact on the diagnosis and treatment of congenital deafness. "There is some experimental evidence that cats with this disorder may not be born deaf, but rather become deaf a few days after birth," Milunsky suggested. "With the discovery of this gene and the ability to detect its presence, we hope to develop approaches that will eventually allow us to intercede before the onset of deafness."

The study culminates six years of intensive genetic studies in the U.S. and most recently at clinical sites in Brazil, and will enable scientists to create blood tests for the precise diagnosis of Waardenburg syndrome. The work also promises to yield new insights into how genes are turned on and off during early development, since the culprit gene—when not mutated—apparently regulates the cells in the embryo that determine such features as facial structure and pigmentation of the eyes, hair and skin.

The findings of the study were based upon six generations of a single family that was studied clinically by Elias O. Da-Silva, M.D., of the Federal University of Pernambuco in Recife, Brazil.

Using a special technique, the BUSM researchers homed in on the Waardenburg defect—a gene called HuP2 on chromosome 2. Then the researchers analyzed a part of the gene's structure to pinpoint the exact mutation within the HuP2 gene.

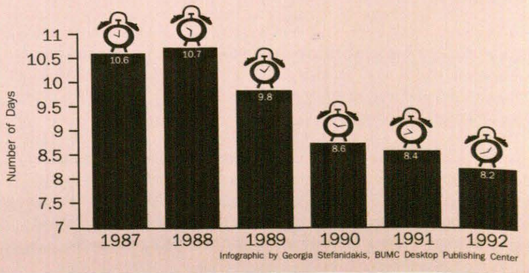
"Our isolation of this gene should allow us to understand the mechanism by which it causes deafness," said Milunsky. If the defective protein causes deafness very late in development or soon after birth, he added, there may be a "significant window of opportunity" in which physicians might be able to intervene.

Waardenburg syndrome strikes approximately one in 37,000 newborns and generally is characterized by an unusual facial structure featuring widely spaced eyes, pigmentation abnormalities and, in about 20 percent of cases, deafness. In all, the syndrome accounts for about three percent of all cases of congenital deafness. ■

A LOOK AT UH'S LEADING INDICATORS:

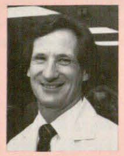
How we're doing

Average length of stay: This indicator, the number of days a patient is in the Hospital, is another measure of UH's financial performance. Each diagnosis-related group is associated with an average length of stay (the average number of days patients with that diagnosis are hospitalized). As the average length of stay is decreased so too are the costs to care for patients, both in clinical and ancillary services. Over the past five years, UH has experienced a steady decrease in ALOS due to improved patient-care management by physicians, nurses and social workers. This achievement has been made despite an increase in case-mix intensity. Good length-of-stay management protects the Hospital's bottom line by avoiding unnecessary expenses.



UH PEOPLE

OUTSTANDING ASSISTANCE Donald R. Giller, right, UH vice president for external affairs, receives an award from Edward Bertz, vice president for member services with the American Hospital Association (AHA), recognizing his outstanding efforts in 1991 as part of the AHA's Committee on Personal Membership.



David Bernard

David Bernard, M.D., a member of the Hospital's renal medicine section since 1975 and a professor of medicine at the School of Medicine, has been named vice president for regional clinical affairs. In this newly created position, Bernard is responsible for promoting relationships with referring physicians, affiliated hospitals and other health-care providers.

Barbara Trevett

Barbara K. Trevett is the new director of media relations for the Medical Center. Prior to taking up the post, she served as a consultant in science and medical public relations in the Boston area, and as the public-information officer for The Jackson Laboratory in Bar Harbor, Maine.

Jerome H. Shapiro

Jerome H. Shapiro, M.D., chief of the Department of Radiology, has been elected as president-elect of the Council of Medical Specialties for 1991-1992.

Paul L. Jeffrey

Paul L. Jeffrey is the Hospital's director of the Division of Pharmacy and Materials Management. Jeffrey comes to UH from the University of Maryland Medical Services, where he served most recently as associate pharmacy director.

Jeffrey Jenkinson, who was promoted to director of financial planning last fall, has become a candidate for fellowship within the Healthcare Financial Management Association (HFMA). In doing so, he successfully completed all four sections of the HFMA Fellowship Examination, a rigorous exam administered annually.

Peter J. Mozden, M.D., was honored recently for distinguished contribution to the American College of Surgeons (ACS) during the decade 1980-1990. Mozden, who retired last year from clinical practice within the Division of Surgery, also was appointed as the eastern area chairman of the Commission on Cancer for the ACS. ■

Coming Up

Brown-bag lunch session on aging: Join members of the Department of Social Services at a brown-bag lunch discussion on the developmental aging process. The discussion will be held Thursday, March 19, at noon in Atrium Conference Room C/D, and will be led by Freda Rebelsky-Camp, a professor of psychology at Boston University.

Program on domestic violence: Members of the BUMC community are invited to attend an educational program on domestic violence on Tuesday, March 24, from noon to 2 p.m., in Atrium Conference Room C/D. Keynote speakers will be Sarah Buel, a prosecutor on domestic violence, and David Adams of Emerge, a center for abusive men located in Cambridge. ■

SOUTH END COMMUNITY HEALTH CENTER:

Health care for the people, by the people

BUILDING ON TRADITION Tristram Blake, executive director of the South End Community Health Center, stands on the corner across from the center's newest building at 437 Shawmut Avenue.

The South End Community Health Center, located two blocks from The University Hospital on Shawmut Avenue, is in every way health care for the people and by the people. Since its inception by a community health committee in 1969, the facility has operated on the basis that health care is an inherent right, regardless of affordability. Even today, the center is supervised by a 15-member board of directors—each and every one a South End resident, as well as a client of the facility.

According to executive director Tristram Blake, who has been with the organization just shy of 22 years, the, facility was started mainly to offer many of the area's high number of Spanish-speaking and black residents the opportunity to experience preventive health care in a primary-care setting. The staff of the non-profit facility, many of whom are bilingual in both English and Spanish, continue to meet the needs of the community by providing a wide range of primary-care services—from pediatrics to obstetrics to nutrition, to dentistry and eye care.

"Our basic mission is to provide as much primary medical care with appropriate backup systems, to as many people as possible regardless of their ability to pay," says Blake.

Despite the fact that 25 percent of its patients are either underinsured or hold no health insurance, the facility continues to operate successfully within the South End without receiving federal grants or major grant-funding.

"We are able to address our patients' health needs remarkably well—given where we are and what we do. This is like a very fine group practice," says physician-in-chief Gerald Hass, M.D., who, along with former businessman Mel Scovell, helped start the South End Community Health Center. "When we first got together, there were very few physicians in the community who were addressing the medical needs of the residents. The only places for residents to go were the emergency rooms. So we responded to a need for primary care," he says.

Over the years, Blake and Hass have witnessed the steady growth of the center from a small pediatric clinic to a multi-site facility, with locations throughout the South End. In addition to its main building at 400 Shawmut Avenue, the facility staffs offices at 385 Shawmut Avenue, 85 East Newton Street, and a recently opened site at 437 Shawmut Avenue. The new building houses the Women, Infants and Children (WIC) nutrition program, as well as mental health and family counseling services, thus enabling the center to expand its internal medicine practice for adults and the aging.

The University Hospital is currently working with representatives from the South End Community Health Center to consolidate the center's facilities under one roof. The Hospital also has agreed to work with center administrators on a long-term strategic plan.

At least during the short-term, one thing is for certain: The provision of high quality, accessible health care, coupled with an acute need for medical and support services, keeps the center's examining rooms filled on a daily basis. As Blake puts it, "All of these factors feed into a situation, which creates a lack of resources for people to survive healthily.... This is precisely why we are here."

Hass echoes similar sentiments, "I think the fact that people keep coming back means that we're doing something right." ■

Transportation group seeks input, ideas through patient/visitor survey

The Interinstitutional Transportation Management Association (ITMA) of The University Hospital, the School of Medicine and Boston City Hospital is making steady progress in its quest to determine the transportation needs of the medical area's employees, patients and visitors.

With a portion of the funds secured from a $75,000 federal grant, the group will distribute a commuter survey this spring to patients and visitors of the three institutions. The survey, in the form of a brief written questionnaire, follows up on an employee poll conducted last year, which showed that only 20 percent of the employee population actually utilize public transportation. The information and suggestions garnered from both surveys will be used to make recommendations to the MBTA on possible alterations in service to the area. "We need to know how our patients are faring with the transportation options that are currently available to them. Unlike a business which operates on a nine-to-five schedule, a hospital has patients coming and going at any given time of the day," says ITMA Coordinator Maureen Flaherty.

The results of a more recent survey of both MBTA buses that service the medical area and of shuttle buses provided by the three institutions has produced useful preliminary information, according to Flaherty. The study was commissioned by the University Associates, a UH and Boston University joint-venture development of the medical complex under construction on Albany Street. After examining initial data, ITMA is examining the feasibility of combining BUMC's and BCH's shuttle-bus services into one service that would transport employees during peak morning and afternoon hours to Broadway, Andrew and Ruggles Stations. A minor route change for Bus 47 (inbound from Ruggles Station and Dudley Square) has been made to extend service to Albany Street. That bus now stops across from the Goldman School of Graduate Dentistry on Albany Street.

Working in conjunction with the MBTA, members of the BUMC/BCH transportation group are studying several proposals to make public transportation more attractive: to offer visitors three- and seven-day MBTA passes at reduced rates and to sell MBTA tokens on-site at the Medical Center and Boston City Hospital.

As a demonstration of the cooperative spirit among the three institutions, Medical Center employees are encouraged to utilize the shuttle-bus service from Broadway, Andrew, and Ruggles Stations, courtesy of Boston City Hospital. ■

Getting to the Medical Center via public transportation

The following is a review of the buses that service the South End medical area:

- **Bus 1:** Harvard Square to Dudley Square via Boston City Hospital, connecting the Mass. Avenue Station (Orange Line/**free bus transfers available**) with BUMC. Buses travel along Mass. Avenue as far as Albany Street, then continue to Dudley Square. Service is provided every 10 minutes during peak hours.
- **Bus 8:** The University of Massachusetts, Harbor Point Campus, to Kenmore Square via BUMC. It connects BUMC with the Orange Line at Ruggles Station and with the Green Line at Kenmore Station. Buses run every 20 minutes during peak hours, Monday through Friday. Saturday and Sunday service also available.
- **Bus 10:** Copley Square (Green Line) to City Point, connecting the Back Bay Station (Orange Line) and Andrew Station (Red Line) with BUMC. Buses provide service approximately every 25 minutes during peak hours, with added Saturday service.
- **Bus 47:** Service from Albany Street to Central Square, Cambridge via Dudley Square and Ruggles Station (Orange Line) to BUMC. Buses run every 20 minutes during peak hours.
- **Bus 49:** Service on Washington Street runs directly from Dudley Square to Downtown Crossing via Washington Street, and provides service every 11 minutes during peak hours. ■

Commuting options

Commuters interested in joining car- or vanpools can be matched up with other riders from their areas through the Medical Center's Ridesource, a computerized matching program provided by CARAVAN for Commuters, Inc. Plans are under way to provide preferential parking to individuals who commute via vanpool. Eight or more passengers per vehicle are needed to form a vanpool.

For further information, contact Maureen Flaherty at x8915 (638-8915). ■

The following quotes are from the book *50 Simple Things You Can Do To Save The Earth*, published by The Earth Works Group:

- "If only one percent of the car owners in America left their cars idle for one day a week, it would save an estimated 42 million gallons of gas a year. Destructive emissions would be cut down commensurately; we'd keep some 840 million pounds of CO_2 out of the atmosphere."
- "On an average day, the 140 million cars in America are estimated to travel almost four billion miles...and according to DOT [Department of Transportation], they use over 200 million gallons of gas doing it."
- "One result of burning 200 million gallons of gas is the emission of about four billion pounds of carbon dioxide into the atmosphere. And that's just one day's worth."
- "If each commuter car carried just one more person, we'd save 600,000 gallons of gasoline a day and would prevent 12 million pounds of carbon dioxide from polluting the atmosphere."
- "In the Netherlands, 80 percent of train commuters get to the station via bicycle; in Denmark, about 30 percent of all trips are taken on bikes; and Japan even has bicycle parking garages in urban areas." ■

Voter registration

continued from page 1

ever to conduct such a sign-up drive and the first among hospitals in the number of voters it registered. Project 92 is an expansion of the MHA's highly successful Project 90, in which 50 hospitals registered 3,700 voters and positioned health care as an important issue. Prior to the 1990 elections, Massachusetts citizens had been required to register to vote in the cities or towns in which they resided.

"Once again, The University Hospital has taken a leadership role in the election process. This is particularly important seeing as the people we elect make key decisions about the quality of our lives, including the future of health care in Massachusetts," said UH President J. Scott Abercrombie Jr., M.D.

Said MHA President Stephen Hegarty, "This will be a particularly exciting election year as voters cast their ballots for presidential and congressional candidates. I am confident that health care will be a driving force throughout the campaign."

According to Hegarty, a primary goal of Project 92 is to heighten awareness of key health-care issues. "Through this grass-roots campaign, we hope to mobilize hospital employees, auxillians, trustees and volunteers to encourage candidates to address crucial public health policy issues, and to ensure that federal and state governments meet their obligations to fund health programs," said Hegarty.

Massachusetts hospitals employ more than 168,000 people and represent the second largest employment base in the service sector. Contributions to the state's economy made by hospitals across the Commonwealth total approximately $7 billion. ■

Dr. Abercrombie

continued from page 2

his condition, that he will be admitted into the Medical Intensive Care Unit. "Within minutes after I got to the E.D., the protocol was followed very quickly. I had two I.V.s in each arm. Everyone worked together. Whatever groups there were—nurses, physicians, some others—each seemed to know what he or she was doing. They were in total control and very sympathetic to my feelings."

Medical Intensive Care Unit:

Dr. Abercrombie is monitored closely and his condition is assessed by Dr. LaMont and David R. Cave, M.D., a UH gastroenterologist. The two confirm that he is indeed suffering from a duodenal ulcer, and that a surgical consultation would be needed. The procedure is booked for the following morning. "In the MICU, I remember less; however, during that time, it was heartwarming to see such togetherness of all the people who were trying to help and make me feel as comfortable as possible."

Operating Room:

Friday morning, following a surgical consultation, the internists and surgeons decide that surgery is called for. Dr. Abercrombie undergoes a three-hour procedure, performed by gastrointestinal surgeon Desmond Birkett, M.D. "The only thing I remember about going to the O.R. was Dr. [Marcelle] Willock [chief of anesthesiology] performing a procedure on me that would alleviate some of the pain following my surgery. The next thing I knew, I was in the Post Anesthesia Care Unit, and I was told that the operation was a success."

Post Anesthesia Care Unit:

In the PACU, Dr. Abercrombie's body temperature skyrockets to 103 degrees, and members of the clinical-care team fear the possibility of a collapsed lung or the onset of pneumonia—two serious complications. "When I awoke, people were attending to me and the experience was very positive. Then, lo and behold, I started to shake and they discovered I had a temperature of 103. Within an amazingly short time, they got my temperature down to 100 degrees."

Atrium 6-West:

Dr. Abercrombie is in serious pain throughout the weekend, but he is attended to with the utmost of care and attention throughout his stay on the unit. He reports being given exemplary care by two members of the nursing staff, Sue Ridlin, R.N., and Janet Gorman, R.N., to whom he pays special tribute. "The staff—from those serving in support roles, to nurses and doctors—were incredibly attentive and couldn't have been more helpful. They anticipated problems, rather than waiting for me to have them. Again, I was very impressed with how everybody worked together as a team. One thing that I was particularly impressed with was the time-honored ways in which the staff operates—everybody had a stethoscope, everybody wanted to listen to my chest. So, even though we consider ourselves a 'high-tech' institution, we also are very 'high-touch.'"

In reviewing his experience as a UH patient, Dr. Abercrombie noted that, while he would not have chosen to have the medical condition that made his experience necessary, "I can say that, for good reason, the typical patient leaves our Hospital highly respectful of the medical and nursing care we provide. But equally important, the entire staff demonstrates minute to minute that they care for the individual patient while providing what we too easily think of in the abstract as 'patient care.' I cannot help but be extremely impressed with both the professionalism and the humanity that our whole UH team shows in caring for the patient," he concluded. ■

'R' is for recycle

A reminder to UH employees that the Hospital has expanded its recycling program. In addition to computer paper, white paper and cardboard, clean medical glass and certain grades of plastic have been added to the list of recyclable items. Redeemable soda cans also are being collected and the proceeds are tc benefit the Roxbury Multiservice Youth Association. ■

UH program that houses homeless elders celebrates 5th anniversary

UH's Elders Living At Home Program marked its fifth anniversary with a breakfast reception held at the Hospital in December. Home Medical Service Associate Director Anna Bissonnette, R.N., who is credited in large part with establishing the program, presided over the affair. She pointed out individuals in attendance who have been instrumental to the program's continued success in helping to house homeless elders or those at risk of becoming homeless. Since taking on the initiative, the Hospital has provided housing and health-care assistance to some 400 elders throughout the City of Boston.

CAUSE FOR CELEBRATION Observing the fifth anniversary of UH's Elders Living At Home Program in December were, from left: Flo Wilder, a longtime community activist; John McCahan, M.D., acting director of UH's Section of Geriatrics; Carol Ann Yancey of the Hale-Barnard Corporation; Home Medical Service volunteer Sue Edwards; ELAHP housing advocate Odessa Smith, and Patrick Riley of MassPRO. Shown in inset, Enid Shapiro, a supporter of the UH program, left, gives a friendly hug to UH's Anna Bissonnette.

RETIRING IN STYLE Robert Leach, M.D., who announced his retirement as chief of the Department of Orthopedic Surgery last fall, enjoyed the company of friends at a tribute held in his honor at the Four Seasons Hotel. Above, from left, are: Denise McDonough; Beth Havlicek; Dr. Leach; *Boston Globe* sports columnist Will McDonough, and Boston Celtics Hall-of-Famer John Havlicek. The affair, attended by some 125 friends and colleagues of Dr. Leach, was organized by UH orthopedic surgeon G. Richard Paul, M.D., and Audree Norett, Dr. Leach's longtime secretary.

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