Caring for the Uninsured
The Case for Universal Health Care

by Bryan Huang

Our presidential candidates debated this fall about Medicare and prescription drug benefits but failed to address the fact that there are 44 million Americans who lack health insurance—more than 16 percent of the population. In a nation that spends more on health care per capita than any other industrialized country yet has a higher morbidity rate than many developed nations, it is as if, for these U.S. leaders, everything is real except the obvious.

Last November, a proposal to address coverage for the uninsured at the state level almost became reality. Defeated by a margin of only four percent, Question Five in Massachusetts would have provided patients with a bill of rights and a universal health plan. However, HMOs ran a $4.8 million campaign against the bill, while supporters were working with a mere $75,000. One wonders what would have happened if the dollars had been reversed.

Closer to home, in California, where seven million people lack health insurance, a single-payer universal health coverage program (Senate Bill 2123) was introduced in 1998. While the bill did not pass, in 1999 Governor Davis signed Senate Bill 480 (the Universal Health Care Coverage bill) to organize a task force for the purpose of looking at all the options for universal health coverage.

The United States is currently the only developed country that does not provide health care coverage for all its citizens.

Looking at statewide efforts, there is clearly a demand for expanded and improved health care coverage. It is time to address the need for comprehensive coverage to guarantee the same access to care that is available in other industrialized nations. By doing so, we not only provide for the basic needs of the uninsured, but we also solve a number of other intrinsic problems in the system as described in detail below.

Coverage for Everyone

While the uninsured are often misconstrued as being unemployed, most of the uninsured are actually low-income workers who do not qualify for state or federal assistance and whose employers do not pay for health insurance. Furthermore, since 1997, an estimated 675,000 low-income persons have lost health insurance as a result of losing Medicaid coverage with the implementation of welfare reform that year. An additional 50 million individuals may be underinsured, meaning that they have inadequate coverage so that any serious illness would require greater out-of-pocket expenditures than many families can afford.

A 1997 Commonwealth Fund study found that individuals at the poverty level would need to spend 32 percent of their annual income to purchase health insurance. Compounding the problem, the poor often have higher premiums than that of higher income workers. A study by Cunningham of the Center for Studying Health System Change showed that the uninsured paid an average of $84/month for health insurance while those earning only $7/hour had premiums averaging $130/month.

With universal coverage, hospitals would no longer have to worry about caring for "expensive" patients and could focus on drawing patients by providing quality care rather than reducing costs to earn a profit.

Clearly, something is awry with our current health care system. The United States is currently the only developed country that does not provide health care coverage for all its citizens. As compassionate human beings, we cannot leave such a large segment of our population without health care, which should be a basic right of all citizens.

Decreased Profit Motive

A national health care system would take the profit motive out of health care. In a study, Bryan Huang highlighted the fact that most HMOs are now for-profit, meaning that health care expenditures are reduced as much as possible in order to provide shareholders with greater return on investments. For example, in the last two years alone, some 750,000 seniors were dropped from Medicare HMOs because they were deemed as too costly.

A side effect of the quest for profit is a decline in resources available for medical education. Educational institutes such as UCSF are finding it more difficult to remain competitive in a world of for-profit HMOs by having to support teaching and research facilities in addition to maintaining patient care centers. For instance, federal and private insurance reimbursements are the same for each patient visit despite the added time and resources needed for instruction of students who accompany faculty physicians on the wards.

In addition, the current system places much of the burden of serving the uninsured on public hospitals, such as San Francisco General Hospital (SFGH). Recent articles in UCSF's Newsbreak newsletter and the San Francisco Chronicle have highlighted the financial woes of SFGH as it copes with record numbers of uninsured patients, many of whom are homeless. Together with declining reimbursement rates for those who are insured, this situation threatens the viability of this important safety-net, placing the health of San Francisco's underserved population at risk.

With universal coverage, hospitals would no longer have to worry about caring for "expensive" patients and could focus on drawing patients by providing quality care rather than reducing costs to earn a profit. An ideal national system would also allocate separate funding for education and research to insure the viability of teaching institutes such as UCSF.

The Healer's Art
New Elective Explores Aspects Usually Unaddressed in Traditional Curricula

by Rachel Idowu

"So, Ms. Idowu, please tell me why you want to go to medical school...."

This is a question that, as nearly every medical student can attest, was answered ad nauseam during the medical school application process. Each one of us most likely narrowed down our greatest hopes and dreams in a few choice, well-crafted statements that were intended to be simultaneously pithy and deep, wise and unique. It was no small task; I can verify that with personal experiences of my own.

Looking at the question after passing the medical school entrance "test," I cannot help but wonder if our answers, as first year medical students, have become more refined in the past four months of anatomy labs, histology reviews, and challenging midterms. I have heard from several UCSF faculty that we will never be closer to the reasons we entered the medical profession as we are right now, as medical students. While the thought may be encouraged to us to cherish this time in our careers, it also leaves a somewhat discordant note ringing in my ears. "What?" I think to myself. "What? Never closer than I am right now? What's going to happen to me?" I always promised myself that I would never be one of those doctors—cold, inconsiderate, and disconnected from any meaningful emotion. What are they talking about?"

The observations of these faculty members are unfortunate, but true. It seems there is an inevitable amount of conditioning and reshaping that we will experience during the next four years. Not all of it should be considered in a negative light. But it can’t help but be disappointing that the 141 medical students who entered UCSF in Fall 2000 (many of us with stars in our eyes) may one day look back on our first day of medical school and wonder, "Who was that person? How come I can’t recognize her anymore?"

We have an opportunity, now, at this early juncture in our careers, to build foundations that will set the tone for how we view our roles as healers, and the profession of healing. This opportunity can present itself in many ways, but one of the most significant is the incredible power and reinforcement found when we, as classmates and colleagues, explore issues that affect the healing profession most deeply, but are often the issues least talked about. Perhaps, before "professional objectivity" and "linear thinking" become the only lenses through which we view illness and disease, we should em-
Grand Rounds & Seminars

A List of Interesting Talks

Thurs, January 4
Dept. of Pediatrics
HSW300, 8:30 a.m.
"Attherosclerosis In Pediatric Oncal Subjects"
Jennifer Soep, MD

Monday, January 8
Dept. of Microbiology & Immunology
HSW302, 5 p.m.
"Targeting How HIV Recombines"
Mark Schlesier

The New White House
by Dustin Mark

Financial Aid Announcements

Winter quarter aid: Aid checks were mailed, if requested, on Dec. 27 as long as students were registered by Dec. 15 and had no holds on the checks. If these requirements were not met, checks are available in the satellite Accounting Office (MU, level G); satellite hours are 2:30-4:30 p.m. If you are not able to pick up your checks in person, you must make special arrangements with the Student Accounts Office (502-8205) to have your checks mailed.

2001-02 Financial Aid: Application packets were mailed in early December to all students currently on aid. Packets were mailed to the address listed on the Registrar’s website at the time of mailing. If you did not receive your packet, contact the Student Financial Services Office (SFOS). Students who are not currently on aid, but wish to apply for next year should contact SFOS as well.

The application deadline for OPTION B applicants is Feb. 1. (Students may use estimates when completing the FAFSA form.) Copies of the federal tax return, if filing, are due Feb. 28 for Option B applicants. Checks on hold: If you submitted materials to SFOS during our office closure (Dec. 25-31), your advisor may not yet have had a chance to review the information. Advisors are looking at documents as quickly as possible.

Student Financial Services is located at MU 201 (476-4181). Drop-in advisors are normally available throughout the day for brief questions. If you need more than five minutes with an advisor, please call to schedule an appointment.

Chancellor’s Office Hours

The Chancellor will meet with students and postdoctoral fellows on the following Wednesdays, noon-1 p.m. in Medical Sciences Building, Room 1126. Jan. 10, Jan. 31, Feb. 14, Feb. 28, Mar. 28, Apr. 11, May 2.

Health & Science

At the end of every year, it seems journals, newspapers, and magazines tend to reflect upon the past year and identify what they believe to be the most important or distinguishing features of that year. In preparing for this issue of the health and science update, I wanted to pick out the most exciting scientific event that happened in the year 2000, and see if it agreed with what other journals or papers chose, and it didn’t. Time magazine’s Scientist of the Year was Craig Venter, president of Celera Genomics, the private company which has been the key player in mapping the human genome. Countless other periods seemed to focus on the scientific achievements of 2000, including the journals Science and Nature, in recognizing the enormous progress made in the field of genomics. In this year alone the sequencing of the genomes of the fruitfly Drosophila melanogaster, the corn Arabidopsis thaliana, the bacterium Pseudomonas aeroginosa, and the most staggering of all, the human genome, was completed.

Once a genome has been sequenced and then pieced together properly, the genes need to be identified. Once this happens, many doors open up in understanding the biology of an organism—figuring out gene function, redundancy, and regulation, to name a few. For example, scientists who sequenced the Pseudomonas aeroginosa genome, a bacterium which commonly infects compromised patients, believe that having its genome at hand will help in creating drugs to fight infection by targeting specific genes (which can now be identified).

Another example in the power of genomics comes in the completion of the Drosophila genome, the fruitfly whose development and cell biology share many similarities with mammals. The fruitfly has been a useful organism to study because of its genetics, like those of the mouse, and because it is relatively easy to raise. Now with the completion of its genome, fruit flies for their mamalian counterparts will be identified and can then be genetically manipulated and studied. This provides scientists information about function (and dysfunction) not necessarily limited to the fly’s biology, but pertaining also to mammals. Yet the information obtained as it relates to mammals could not be so easily studied without such a genetically tractable system as that of the fly. And of course in having completed human genome, we can identify these genes to be studied—genes that code for every protein of every cell. (The human genome is not fully pieced together and this is not expected to be completed for another two or three years.) Gene mapping is an incredibly powerful tool. It allows scientists to understand the codes for life, and how the body works. It also has the potential for explaining why certain systems don’t work properly (based on a genetic component), and for providing a way to fix those things through gene therapy.
The Healer’s Art, what I carry with me today

by Patrick Lee

There is a picture I have push-pinned to my wall. In it are rendered, in wobbly Crayola scribble, the valley-like ridges that ring Huang San, the yellow mountain in China. I’m in the picture, in the lower left, a blue stick-figure taking in the view. Scribbled in the foreground are the words ‘reverence’ and ‘renewal,’ each a different shade of blue.

Over the course of the four Wednesday night sessions, Dr. Remen invited us to bare our pain, fears and joys. We offered trust and formed bonds with each other that somehow leaguered the interpersonal barriers we put up outside of the class.

One of the gifts from The Healer’s Art travels with me, in the pocket of my white coat. It is a heart, sewn from the clothing of children who have died of cancer. Mine is a soft shade of red. Rachel offered us a basket of these totems during a discussion on ritual with the wish that we would carry them with us, and perhaps pass them on, and that they might remind us of the value of our love. I brought my heart with me to the hospital where I worked in India this past summer. When I hold it in my pocket, it also reminds me that my father, who I nearly lost this past year to a drunk driving accident, is still with me. But most simply, and perhaps most importantly, my heart affirms my love over my knowledge. It reassures me in the perception of failure that I love, am loved, and do not fail. Because I am enough.

www.ucsf.edu/synapse

Synapse welcomes all Letters to the Editor. Please email your reactions, comments, and thoughts to synapse@issa.ucsf.edu, FAX to 502-4537, or mail to 500 Parnassus, MU West, Rm. 123 SF, CA 94143-0576. We look forward to hearing from you! Letters may be edited for brevity.
Universal Care

Increased Preventative Care

Instead of using relatively inexpensive preventative measures or routine checkups at medical clinics, the uninsured currently resort to costly emergency room visits only after symptoms become severe. Those who lack insurance have higher hospitalization rates for health problems that don't usually require hospitalization (e.g., diabetes, hypertension, and diseases preventable with immunization) and generally have a higher rate of mortality than those with health insurance. Uninsured individuals with untreated health problems are also less likely to be energetic, productive workers, adding indirect economic costs to the rising costs of our current health care system. Universal health insurance would provide regular access to primary care, reducing unnecessary, expensive hospital visits and increasing utilization of preventative care.

Patients can no longer place their full trust in health care providers who are caught in a struggle between serving patients, HMOs, and their own earnings.

Under-for-profit care, spending money on preventative measures is unlikely to result in profit, since patients frequently switch health plans before savings can be realized; thus, insurers are less likely to offer preventative services. With a national system, everyone would be guaranteed comprehensive coverage and preventative measures could be taken prior to the worsening of symptoms.

Increased Health Professional Autonomy

Universal health care would restore physician autonomy and trust in the health care system. In for-profit HMOs, there are many instances in which physicians are given incentives to limit utilization to contain costs, translating to less time with patients, lower quality care, and a physician-patient relationship tainted by financial barriers. Managers, instead of trained health care professionals who are ethically bound to provide the best care possible for patients, are making health care decisions. As a result, patients can no longer place their full trust in health care providers who are caught in a struggle between serving patients, HMOs, and their own earnings.

As Jim Kahn of the UCSF Health Care Policy group concludes, health care cannot be run as a market commodity making decisions about personal health care. Universal health coverage would cover all medical treatment deemed necessary by trained health care professionals—placing decisions in the hands of physicians and patients rather than a far-removed manager.

Increased Continuity of Care and Quality Improvements

A national health plan would promote continuity of care. Currently, patients rarely have a continuing physician-patient relationship that allows for coordinated, appropriate, sensitive care. This is because patients are frequently forced to switch health care plans under a competitive system. For example, due to financial constraints, a patient’s employer may switch to a rival HMO, ending the patient’s relationship with his/her previous physician.

Continuity of care is also hampered by a lack of continuous quality improvements. First, information must be shared with other care providers needed to learn from each other in order to improve practice. For example, outcomes data and patient feedback needs to be pooled and widely available. A computerized patient database should be accessible to whoever is caring for the patient, not just the HMO that created it. The current competitive model impedes this process.

In addition, the fear of individual blame or failure needs to be overcome by a common mission to serve patients. Under our current system, individual insurers resort to micro-management and short-sighted measures that salvage individual businesses before patients. A national health plan would demand greater public accountability. The plan would exist for patients and providers; therefore, their voices would decide what quality improvements are to be made. This would decrease antagonism between patients and providers as well as facilitate improvements that benefit those served.

Reduced Overhead Costs

A single-payer health insurance system would reduce overhead costs. For-profit HMOs currently run an administrative overhead cost averaging 25% of insurance premiums. Hospital billing is vastly inefficient as multiple insurance companies need to be billed, adding to staffing requirements and paperwork. Competition increases administrative waste, the subservience of physicians and patients to outside control, and overall costs while decreasing efficiency.

The cost of prescription medications would be greatly reduced under single-payer as well as one national organization could negotiate huge price discounts. The Congressional Budget Office has estimated that universal health coverage could reduce overall annual health expenditures by $225 billion even after offering comprehensive care to all Americans.

Greater Patient Choice and Flexibility

Unfortunately, a lack of public education and continued misinformation has hampered efforts at improving the health care system. Our health care system has often been portrayed as bureaucratic, socialized medicine. Socialized medicine may work in countries in Europe but not in the United States where individuals value highly the right to choose their providers and to play a role in decision making.

Our Medicare program spends only three percent of its insurance costs on administrative overhead and Canada spends only one percent on administrative costs for its national health insurance system.

Under a national health insurance program, private individuals would have their choice of any primary care provider, giving everyone more freedom to choose—often more choice than is available to patients covered by HMOs today. After receiving a referral to a particular specialty, patients would then be able to select a specialist of their choosing. The only difference is that national health insurance is paid for by tax dollars rather than by insurance premiums. Again, the overall cost of health care decreases in a single-payer universal health care system while coverage is extended to all Americans.

Current Efforts to Change the System

The time for change is now. Question Five in Massachusetts and the Universal Health Care Coverage bill in California are two illustrations. But until we have universal coverage, we should increase public awareness and utilization of expanded health care programs currently in place. Such programs include CHIP, the Children’s Health Insurance Program, which is known as Healthy Families in California. Started in 1997, this program gives states matching federal funds to provide health coverage for children under 19 years old in families earning less than 200 percent of the poverty level. Despite the good intentions of the program, the combined resources of Medicaid and CHIP covered fewer children in 1999 than Medicaid alone covered in 1996. Clearly barriers still exist, such as the 28-page application for Healthy Families coverage in California and immigrant fears of getting caught in the system. Advocates for universal health coverage must continue working for a national health insurance program to increase access to health care. Universal health care demands long-term focus, effort, and vision; however, in the meantime we must strive to educate and enlist vulnerable community members in programs in existing programs such as Medicaid and Healthy Families.
Your Illness

Your illness is a messenger sent to you by yourself. Allow it to speak. Listen carefully.

Your illness is not a punishment inflicted upon you. So free your mind from blame and guilt and be kind to yourself.

Your illness is a guide. Follow it with courage though the path is rocky and steep. For new vistas await at the end of the trail.

Your illness is not an accident that occurred by chance. So seek not to ask the question, "Why?" — but to answer it.

Your illness is a gift if you trust the wisdom and purpose behind all things in this world.

— Akilesh Palanisamy
M. S. 3 (on leave)

Waves

The water’s mournful plea cries out like thunder as she reaches for you time and time again. You were so close to being hers, so close to letting her envelop what she wanted, what she needed. You would have been happy in a world persuaded by the moon. You would have loved her for the freedom and growth she inspires. The tide grabs her hand and you turn your back to leave. She’s left empty and so she waits and hopes for your return. Her eyes forever fixed upon the shore, she endures the sorrow of being without as she reaches for you time and time again.

— Sarah Hubert

She

She is the woman I had never noticed, Yet she remained in my life like a faithful shadow. In ancient time when she touched With her rough and wrinkled hands, She managed to fill my heart with gladness.

One morning when I noticed, On her head, autumnal leaves have grown unfashionably. The hot oil stoves have tainted her unfurnished face, Then once again, magically she touched, She managed to chase the bleeding darkness from my heart.

— Duo Lieu

UCSF

In every hospital room there is someone I knew before. This week I met my grandfather again twice, the one who died asleep in L.A. on Christmas Eve. I washed his back, held him up while his legs dangled over the side of the bed. He made jokes, told me how beautiful his wife is.

— Jennifer Averill

The Path Leads Home

Have you ever danced with the man in the moon? Or noticed its path across the sea? As it glistens and sways, do you wonder where it leads? To the center of the world or just the sand around the lee? Can it take you away from here, to a place you’d like to stay.

— Sarah Hubert

Can it lift you up beyond your fears, and find the words you need to say? Can it take you to those you miss or the things you need to see? To the days you didn’t need to plan, to a time when you could breathe? I had to travel a road to here and the end’s still far it seems, But soon I’ll take its path to there, to live inside my dreams.

— Sarah Hubert
A SUMMER JOB

I was almost fifteen, the summer of 1955, and working in my father's medical office while his regular assistant was away. My father was a general practitioner, one of three in the small New Jersey industrial town where he grew up and where our family had resided until I was twelve.

We no longer lived above the office. We had moved to a town with more modern houses and bigger lawns, and no patients ringing our doorbell on Sunday mornings. Until we moved, my brothers and I had to use the side entrance to avoid being seen by the people in the waiting room. And we couldn't go into our dining room during dinner hours because it was right above the X-ray machine, which my father had scavenge from the Navy at the end of the war.

That summer I was already interested in becoming a doctor, and my father was pleased to be showing me what office practice was like. I wore a white nylon nurse's uniform, which was quick drying and somewhat translucent, and I had a stethoscope around my neck. The uniform, with the strips of my underwear showing through, and my new hair style, made me look older than my age. I thought I probably looked at least sixteen.

My main function was to greet patients, put them in rooms, and get them ready for the visit. I also did some simple office laboratory tests and developed X-rays, feeling my way around the little dark room. I sent all the bills, kept the ledger, and took the weekly cash receipts to the bank. The charge for an office visit was three dollars, and people paid cash.

My father frequently invited me into the examining room to introduce me to or to show me something of medical interest. I learned how to examine sore throats and ear drums, and I met a lot of people he had known since he was young. We made lunch in the office—melted cheese sandwiches and an apple and cookies for dessert. It was very homey.

That summer, Salt polio vaccine had just become available, and giving polo shots was, to me, the most important thing I did. Those vaccinations made summer safer for kids. Families could go swimming without worrying—the children would not wind up in leg braces, or worse, in an iron lung.

One particular patient from that summer stands out vividly in my memory. I don't remember the man's name, but I do remember that he was short and thick, with wavy black hair turning gray, and his problem was an enormous red boil on his right forearm. His work clothes smelled of dirty sweat. His clothes and skin were filthy, his hands oily black from the heavy factory work he did.

I could tell he considered himself a lady's man. Despite the discomfort in his arm, he smiled and winked at me as I checked his vital signs. He showed me how knowledgeable he was. "All I need is a penicillin shot, sweetie," he announced, as I indicated where he should sit. Instead of sitting, he suddenly pulled down his pants, bent forward, and pointed to his right buttock. "Put it right there, baby," he said to me, and grinned.

I felt my face flush and the skin under my nylon uniform turn pink, but I did my best to be professional. "The doctor will be in shortly," I said firmly but brightly, and made a quick exit.

My flush had faded before my father went in to see Mr. Mr._. A few minutes later, he came out of the room to tell me he had something extremely interesting to show me.

I kept a straight face as he escorted me back into the room and proudly introduced his daughter who was interested in studying medicine. The man nodded politely and I gave him what I thought was a daughterly smile. My father showed me the tender fluctuant lump on his forearm. Then I watched as he washed the arm with soap and water, swabbed it with orange merthiolate, pierced the skin with a sharp blade and performed an incision and drainage. I couldn't believe how much thick green pus came out.

Mr. Mr._ was quiet during the procedure, and we did not look at each other's faces. My father stuffed the incision with yellowish gauze and wrapped the arm with a bandage roll. I remember thinking how clean and neat his wrapped arm looked, in contrast with the rest of him. I was then excused from the room so that my father could give him an intramuscular shot of penicillin.

My father was proud and flattered that I was interested in medicine, and he was happy to be my teacher. But he was also ambivalent about it. He did not feel he should encourage me to subject myself to its rigors—the hard work and all that I might be exposed to.

We were protective of each other. That summer I kept my encounter with Mr. Mr._ to myself. And although it is one of my more amusing memories of an otherwise rather serious adolescence, somehow more than forty years passed before I got around to telling my father about it. It surfaced on an afternoon of jolly reminiscence over several glasses of wine, when he was in his eighties, shortly before he died.

Mr. Mr._'s office visit certainly did not dissuade me from going into medicine. On the contrary, I had discovered some interesting things about being a doctor: that one never knows what one might encounter behind those office doors—and that there are things one doesn't tell.

The 10th of November

Waking next to you, watching the snow fall gracefully outside your bedroom window.

The silence it renders on the morning air, the trees so beautiful under its weight.

The cold penetrates and I wrap myself around your. A glance out the window erases life and pain and the everyday.

I'm warm here with you, in my mind and in my body. The snow blankets me with peace.

I can hear it under my feet, its touch on my skin.

You stir from sleep to hold me.

I wonder where I've been. Revelations come just in time and I can finally rest.

Sarah Hubert

The Heart is Worth Six Points

Did you used to wonder what would happen if you decided suddenly to forget all about your little sister, the one everyone thought was cuter than you?

I didn't.

We danced around the living room. My mom held the lamp by its pole, to make it a spotlight.

We made programs, invited no one.

Years later, this same sister is bald. Her chemotherapy hangs next to a clean white bed. I rub the top of her soft head. I sleep next to the bags that hang. I know how to call the nurse. I know how to hold my grown sister's hand when she is afraid in the dark that is never really dark because of the numbers on machines that beep.

In the morning, my dad always comes before eight. He never looks refreshed. He always brings a newspaper and a sticky bun, coffee.

He shaves his head when all her hair falls out. We are in Western Mass., at a deluxe room in a yoga center. We can afford it because they have set up a fund for her. I want to tell them to keep their money but I go, wake her to clumps of brown hair.

When we walk outside our room, she wears a hat, but people still notice her eyelashes missing. They look at her longer. I hike in front of her to destroy spider webs before they stick to her eyes.

All this is before I started drinking coffee. It is five years ago now:

My sister bakes bread every day, holds yeasty dough in her hands, punches it down, knows it will grow again.

Jennifer Averill
Evidence of Six Chest Films

Images on celluloid
Speak of your despair.

A remedy so final... Did you feel no one could care?

The source of your agony, 
Can anyone explain?

The sorrow that was yours... Was it too great a pain?

While still your voice
Could be heard...

Could your story have been told?

When your shoulders
Failed their burden...

The Capture

Her black, formless body
writhe and swirls in troubled sleep.

Alone, frozen, trapped in a tortuous circadian tragedy, she struggles to cope
with her daily divorce from light, from life.

But each night
the sea is wrested back from the abyss of certain death,
as a barely visible moon sends its first ominous rays
out over the cold, dark water.

With this gentle caress
the ocean awakens suddenly from her anguish slumber,
and glazes toward the horizon in sweet anticipation.

Savoring every instant of their imminent reunion,
the sea watches her companion rise slowly
from his temporal cocoon
and glide serenely into the cosmic ballroom of the night sky.

They are, at last, locked in an invisible embrace,
and together they resume the sacred dance of the tides.

Amanda Estiva

A Christmas Fairy Tale

by Ursula Fuenfschilling

A little thought peeked through the window of a cozy wooden house. It came from a woman who was sitting in the room behind the window. She was seated comfortably around a dinner table together with four other people. The table was littered with the remains of a sumptuous Christmas dinner. Music was playing softly in the background, and a colorfully decorated Christmas tree sparkled in a corner. Something had caught the woman’s attention: was it the flickering of the candle that rested in a bed of pine cones on the book shelf? Was it the taste of the anise pastry served after the rich meal? Was it the company? Something had reminded her of a very good old friend, whom she had not met in years. It was this happy little thought that was now peeking through the window for a last time, before it lifted into the sky. It flew over huge mountains, vast plains, the checkerboards of big cities, and it even headed across the ocean. On the other side, it watched for a particular building, an old brick house with a tiled roof. The house was hidden under a thick layer of snow. When the woman thought had found the place, it sat down gingerly on the window-sill and peeked through the frost work on the window. It was dark inside the room, except for the red digits of the clock radio. The man, of whom the woman had been thinking, slept peacefully in his bed. On the bedside table, there was a brand-new book of which only the first couple of pages had been read. Christmas Eve had already turned into night on this side of the ocean. Just as the little thought wanted to turn away, it noticed a small dream floating above the bed. It waved a hand to the small dream, and the dream twinkled back. Smiling, the little thought turned around and headed for the realm of memories. That is where little thoughts go after being thought. The woman still sat together with her friends in the cozy wooden house. They were having coffee and were nibbling cookies. Giggle and laughter mixed with the soft music while the candle on the bookshelf slowly dwindled.

She had not bought her old friend a present. She had not even sent him a card or written an email. She just had thought of him with great love and tenderness. And this thought had waved a hand to a little dream, and the dream had twinkled back.
American Beauty
by Limster

A salad of mushrooms and greens would be thoroughly at home in any mom’s repertoire, but McClaskey elevates it to classy restaurant fare. She softens the greens with a glistening coat of dressing and contrasts their crunch and light grassiness with the slippery texture and earthiness of chanterelle mushrooms. She then enhances the mix with a nitty conversation between shavings of parmesan cheese and hazelnuts. The resulting pleasure is simple and heartfelt.

The kitchen moves into California proper with a Chilean sea bass bearing a subtle fragrance from the golden hazelnut crust. This fish is easy to love—it is as beautiful as Michelle Pfeiffer, but a lot juicier. There is a floating citrus vinaigrette, almost invisible if not for its gentle influence on the fish. The accompanying caramelized fennel and bright tomatoes bring light sweet notes to the palate while fingerling potatoes ensure satiety.

On the western front is a delicious and meaty Atlantic sturgeon but it is not quiet. Instead, this grilled fish is ornamented with the bright yellows and reds of sweet corn and chopped tomatoes and piqued with a salsa verde as sharp as Clint Eastwood’s glare.

Chicken livers might sound humble, but here these morsels are lavished with treatment normally reserved for the aristocratic foie gras.

McClaskey gets medieval with the pot roast, but this dish isn’t pulp. Instead it is a mixture of old and new forms, just like the olde heavy brass chandelier in the dining room that is updated by the attachment of a globe. The preparation seems traditional, with a moat of rich gravy surrounding two large butter-soft slices of meat and a pile of mashed potatoes, but the presence of miniature vegetables betrays a modern outlook. Pot roast might be a simple dish, but here it is so well executed and so generous that it is destined to be epic.

The desserts feel a bit like the third installment of The Godfather—rich and well constructed, but just not as captivating as its predecessors. For instance, the panna cotta drizzled with a sweet raspberry sauce is satisfying in its pitch perfect touches of vanilla and lemon as well as its lovely entourage of raspberries. However, the panna cotta itself is as wobbly and thick as Sofia Coppola when it could have been as delicate as Audrey Hepburn.

Slightly better is the warm chocolate pudding cube—it is titanic and takes a while to sink. In fact, there is as much chocolate in this cake as there are special effects in a James Cameron movie. For good measure, the accompanying pistachio nut ice cream brings a very gratifying contrast in taste and temperature. It isn’t subtle enough to be Oscar material, but like a so-holds-barred summer blockbuster, this dessert is pure enjoyment.

It is very satisfying to know that the well-trained and professional waitstaff at Dine are equal to the food. When diners need a tie-breaker between two equally good entrees or a nice glass of wine with the sea bass, these waiters know exactly what to suggest. Striding surely across the dark golden dining room, they are smiling when they lay down the plates on the heavy tables next to the candles and tiny floral arrangements. They are amicable but unobtrusive and they’ll know right away when something isn’t right. The waiters here might be constantly taxed with heavy loads and demanding customers, but on the way back to the kitchen, they are gracious and smart enough to check with every table while assuring the next of dessert’s imminent arrival.

Dine lives up to its iconic name. The experience may not be one that immures diners with hazy visions of scarlet petals, but it is dignified, comfortable and pleasurable; in fact, it’s beautiful.

The ratings reflect the reviewer’s impression of the food, service and ambiance, in relation to other restaurants in that price range.

Food Review
And the Winners are...

Synapse would like to congratulate the UCSF recsports league champions for Fall Quarter 2000. These 11 teams ousted 64 collective competitors to take their respective titles. As a further measure, we would like to recognize “Tossed Salad” for the best player nickname submissions. Congratulations to you all on your excellent seasons!

Basketball - Alpha League
Team "Wonder Bread"
Robert Miner
Rocky Dons
Jeff Boortz
Jeff Miner
Steve Rabon
Peter Clynne
Erik Miller
Clark Bambusch
Austin D.

Basketball - Beta Open League
Team "Humans"
Jeff "Scrapper" Kuo
Jay "Four Eyes" Eigeman
Davis "Technikat" Turnbull
Ian "Surf Dude" Maushart
Kent "The Load" Deuterman
Chris "Trifecta" Sonne
Scott "He-Man" Flaxman
Michael "I've got a date" Carducci (not pictured)

Basketball - Beta 6' & Under League
Team "Sneaker Pimps"
Mathew "Grandmaster 8.P." Cyriac
Eok "Eokus" Junus
Conan "Irish Spring" MacDougall
Adam "AZ" Martinez
Curt "The Nightmare" Le
Danny "Coach" Lee
Brad "AC DELCO" Morikawa

Flag Football League
Team "The Extractors"
Derek "Mad Bomber" Carson
Joel "Lightning" Vaccarezza
Graham "The Black Hole" Jones
Jeremy "Thunder" Dinh
David "The Playmaker" Freeman
Kevin Ko
Matt Smith

Futsal - Sky League
Team "Majagoo Kubwa"
Rashaal McQueen
Kurt "The Hammer" Dittman
Claudia "The Kaiser" Niemann
Manny "The Rabbit" Deutch
Emir "The Wolf" Lobo
Mario "Twinkle Toes" Mena
Tony "Latin Lover" Amaya
Mathias "I'm so serious" Paul

Futsal - Earth League
Team "Blown Out"
Ted "Tire" Miskovetz
Manny "The Machine" Dittman
Lenny "The Banger" Deutch
Emir "The Wolf" Dinh
Dave "The Night Train" Dihl
Phil "I'm with you in spirit" Tran
Hien "There's no I in team" Tran
Ali "If I could only throw" Zarrinpar

Futsal - Ocean League
Team "Ball Breakers"
Cara Pires
Robert Schoenhaus
Christine Gonzalez
Albert Chung
Adam Martinez
Ogo Molokwu
Sabrina McGuinn
Kristen Nichols
Kimberly Ohta

Volleyball - Sun "B" League
Team "Dong Dress"
Christy Tad
Danny Dinh
Hien Tran
Ly Nguyen
Nick Nguyen
Judy Shih

Volleyball - Moon "B" League
Team "2TU's"
Joyalynn "Oh my goodness!" Li
Thien "Gymnast" Nguyen
Joyce "I got it!" Lin
Peter "Roof" Sellers
Tom "The Wall" Brown
Philippe "Topedo Ami" Denayer
Minh "I'm with you in spirit" Tran (not pictured)

Towerball - Chicken League
Team "Tossed Salad"
Tanya "Lett's do this on skis" Gruber
Ellis "Wheelie" Heckscher
Henrik "Cheap shot" Schulz
Monica "Off the wall" Schwartz
Judy "Can I graduate now?" Shih
Ash "Wild" Komil
Mike "Rat's friend" Springer
Dave "Frankon my elbow" Sieger
Hien "There's no I in team" Tran
Ali "I could only throw" Zarrinpar

Towerball - Egg League
Team "The Usual Suspects"
Anne "The Tower" Shailer
Alex "In Your Face" Milton
Courtney "Time to open a can of whoopass" Wusthoff
Gabby "The Long Bomber" Zaia
Giana "The Tel" Deikmann
Lisa "The Enforcer" Debby
JP "What? That was the final?" Lu
Paul "We're playing in the finals now?!"
Stop kidding around! "Part!" Burton
Wender "Big Dug" Hwang
On Nov. 29, 2000, Dr. Warren DeLano was presented with the Graduate Division's seventh annual Julius R. Krevans Distinguished Dissertation Award. Professors Stroud, Wells, Lim, and Agard nominated him for the award for his dissertation, "Mimicry and Analysis of Convergent Protein Interactions." Named in honor of Chancellor Emeritus Krevans, the Distinguished Dissertation Award is presented to a recent graduate whose dissertation exemplifies original scholarship that makes an unusually significant contribution to health sciences. The award provides a cash prize of $2,000. Each year, several graduates are nominated for the award by their respective program directors. A committee of the Graduate Council makes the final selection. DeLano received the award for his seminal work on protein-protein interactions. His research has particularly contributed to the understanding of receptor-ligand interactions, and has important implications for the field of pharmaceutical chemistry. Chancellor Emeritus Krevans and Graduate Dean Clifford Attkinson presented DeLano with the award. DeLano is currently an Informatics Scientist with Suessis Pharmaceuticals, Inc.
Mindfulness-Based Stress Reduction
at the Osher Center for Integrative Medicine
University of California San Francisco

— Is stress having a negative impact on your life?
— Do you have chronic physical or mental distress?
— Are you interested in learning new ways to maintain health and well-being?

Come to the Mindfulness-Based Stress Reduction (MBSR) program at UCSF. This program is modeled after the acclaimed MBSR course developed at the University of Massachusetts by Jon Kabat-Zinn, Ph.D. Learn relaxation exercises, meditation, and mindful movement, and develop insights into inner resources for healing.

Attend the FREE INTRODUCTORY SESSION to learn more about this program!
Thursday, Jan. 4, 2001 7:00-9:30pm, Osher Center for Integrative Medicine, 1701 Divisadero St., Suite 150
Instructor: Kevin A. Barrows, M.D.

Dr. Barrows is a family physician with nine years experience in mindfulness practice. He has received professional training from Dr. Kabat-Zinn and others.

For more information call 353-7718. Classes will be held Thursday evenings 7:00-9:30 PM, January 18 to March 8, 2001, at the Osher Center for Integrative Medicine. Cost is based on a sliding scale, $250-$500. Partial reimbursement may be available to Brown and Toland members.