Employee health and safety

Hospitals: hazardous haven

The hospital is a haven for the sick and injured. Unless special precautions are taken, it is hazardous to the health and safety of its employees.

By Jamie Robinson

Hospitals are created to cure illnesses and repair injuries. Patients are brought sick and hurt into an environment that should itself be healthy and safe.

However, hospital workers are exposed to all the usual hazards of living that also affect their patients. But in addition, they are confronted with risks to their health and safety which stem precisely from the healing work they do.

Employees in Moffit and University hospitals work daily with infectious diseases, toxic chemicals, and sharp knives and needles, with heavy but helpless patients who must be moved, and with violent patients who must be restrained. Daily they risk personal infection, poisoning, cuts, punctures, back strains and even assault.

Statistics collected by the UCSF Environmental Health and Safety office reveal that the hospitals and clinics are one of the most dangerous areas on campus to work in. In 1975, the most recent year for which statistical breakdowns are available, 31 percent of the UCSF employees worked in the hospitals and clinics. But 56 percent of the total injuries and illnesses, and 61 percent of the serious injuries and illnesses which occurred on the job at UCSF, happened to hospital and clinic employees.

The 1975 Environmental Health and Safety office recorded a total of 980 on-the-job illnesses and injuries among campus employees, of which 141 were serious enough to require more than one day off work. In 1976 the figures rose to 1015 work-related illnesses and injuries and 247 cases requiring time off.

While figures for UCSF are difficult to obtain, the state trends show that illnesses and injuries among hospital workers are increasing. From 1966 to 1974, the most recent years for which figures are available, employment in California’s private hospitals increased 68 percent while occupational injuries and illnesses among hospital workers increased 141 percent, according to the state Department of Industrial Relations.

Injuries and illnesses in state and local governmental hospitals increased 40 percent in the same period. No statistics are available however for employment levels in governmental hospitals dating back that far, according to the Department.

Helpless or violent patients

One of the most frequent injuries suffered by hospital personnel is muscle and especially back strain from constantly lifting and turning immobilized patients.

Mary Harrington works the eight shift half-time on the ninth floor of Moffit hospital, on a general surgical ward which handles everything from gastric surgery to wart removal and contains both ambulatory patients and the totally bedridden. On an average weekend last month she was required to move from her bed to a wheelchair and back a woman weighing 220 pounds who could barely support her own weight after having been bedrest for months. In the middle of the night, one of Harrington’s patients died of cardiac arrest. After phoning nursing services for an orderly and then waiting for an hour, Harrington and two other nurses performed the entire procedure of wrapping the corpse in a shroud, putting it into a gurney, moving it to the hospital morgue and putting it into a morgue slot.

Nurses and auxes are periodically exposed to attacks from the patients they are helping, especially those on neurological wards. While most patients with obvious psychiatric problems are transferred to Langley-Porter Institute where special facilities are available, some are housed in the other hospitals.

In her years at Moffit Hospital Carla Langdon has been attacked a variety of times. Several years ago she was assigned to sit with a patient who had undergone a craniotomy. The patient, who was supposed to be tied, got free while being turned over and hit her directly in the face. Another patient to whom Langdon was assigned had been transferred to Moffit for drug therapies from Napa mental hospital. He had repeated fits of rage and threw everything in the room at the nurse until finally the ad

Victory for women’s groups

New sterilization regulations passed

By Jamie Robinson

The California State Department of Health recently promulgated guidelines regulating sterilization procedures in order to prevent potential abuse by physicians and hospitals.

The new guidelines, which were advocated by women’s rights groups and opposed by the health establishment, will go into effect August 1.

The California Medical Association plans however to sue for an injunction against the implementation of the regulations, according to Linda Ramsey, coordinator for the CMA’s Advisory Panel on Obstetrics and Gynecology.

The CMA, which may be joined in its suit by the California Hospital Association, will base its case on an argument that the state health department does not have the authority to regulate medical procedures not paid for by Medi-Cal, according to Ramsey.

The new regulations will apply to all elective sterilization procedures that take place in hospitals and clinics in the state but will exempt procedures in private doctors’ offices and will not apply to sterilization authorized for medical reasons.

The new Department of Health regulations require:

1. The surveying by the physician of the patient as to the risks, side effects, reversibility and alternatives to the operation:

2. The signature by the patient of an informed consent form in the language of the patient, of the patient authorizing the operation:

   — A 14 day wait between the signing of the consent form and performing of the operation in order to give the patient time to consider her decision. However, the 14 day wait may be shortened to 72 hours upon request by the patient.

   — No elective sterilization may be performed on a woman of less than 18 years of age.

   The major problem with the new regulations, according to women’s right advocates who pushed the guidelines, is that the medical profession which opposed the controls in the first place will be the one to follow them on the day to day basis.

   “Our greatest problem will be enforcing the regulations, ” said Deane Ram, co-chairman of the Coalition for the Medical Rights of Women.

   “But we have not felt that the state has ever fully committed itself to that.”

   Kahn and other attorneys for the Department of Health said that the Department will be distributing numerous booklets to hospitals and clinics which will set up a reporting system for hospitals. All hospitals will have to keep track of each sterilization performed on the patient’s file and all applications for Medi-Cal reimbursement must contain a copy of the consent form. said Kahn.

Demand to provide MDs to underserved

By Andy Evangelista

Demands to the UCSF School of Medicine Admissions Committee that it make a commitment to provide physicians to presently underserved and underrepresented communities have for now met a standstill, with no signs of it, when, or who, or how the issue will take on the matter.

Another demand made at a May rally, sponsored by the Alliance for Responsible Employment and Admissions Policies (AREAP), in the M.U. Plaza.

The rally was planned to coincide with the annual UCSF medical school admissions committee dinner. The dinner, originally planned to be held in Millberrry Union, was switched to a downtown location. The rally, however, was still held in the Plaza with about 150 in attendance. Speakers discussed the ramifications of the Bakke case and the importance of admission programs.

AREAP demanded that:

1. The university admissions committee fulfill its commitment to provide physicians

Continued on Page 4

Next Synapse is publishing monthly during the summer. The next issue will be published on Thursday, Aug. 4. Synapse will resume its regular weekly publication schedule starting on Sept. 29.
Commentary

Save district election of supervisors: vote no on propositions A and B

By James Cone

San Francisco will hold a special election on Tuesday, August 2. Two propositions will be on the ballot. Proposition A simply attempts to repeal district elections of supervisors as voted in by 115,000 voters last November and returns to the old at-large plan. Proposition B is Supervisor Barbara T. Barbagelata’s complex attempt to replace district elections of supervisors and replace it with at-large elections from districts, not districts. (2) removes the present Chief Administrative Officer and sets a three-year term for that office. (3) ends the present terms of the mayor, sheriff, and district attorney after two years in office (4) removes all members of the planning, housing, and several other committees, and (5) requires runoff elections for supervisor, district attorney, and city attorney (not for treasurer, assessor, or public defender).

Both measures represent desperate efforts to turn back the tide of district elections in San Francisco and repeal district elections before they are even allowed to serve. The aim, that to San Francisco voters who voted for district elections in November.

Proposition A was sponsored by people close to the Chamber of Commerce who lamented the fact, in the words of Ross Bue, resident of Atherton and president of the Chamber, that "most business leaders, unfortunately, don’t reside in SF districts" and that they "can’t afford to pay high salaries to those who persuade persuasively and their money to influence the course of political policies." (As quoted in San Francisco Business, the monthly magazine of the Chamber.)

Barbagelata’s measure is a mixture of revenge and insinuations. It would allow a supervisor to be elected from a district while getting no votes from that district. Under the measure, runoff elections are required for supervisors, not for others. The Civil Service Commission is left untouched.

Interestingly, Barbagelata’s co-author, financial chairman Frank Alito is on that commission. The present SF Board of Supervisors functions as a political stepping stone to various middle level state and federal government posts (for example, Bob Mendelsohn’s recent appointment to the US Interior Dept.). Its ranks are constantly filled by hand-picked mayoral appointees or by well-financed obscure political office seekers. The public attitude toward the Board is reflected in the low voter interest only about one third of the electorate to any supervisor. A recent straw poll by SF Examiner asked whether the Board of Supervisors is doing a good job for the citizens of SF. 12% said yes, and an overwhelming 88% said no.

Yet, the present supervisiors control the allocation of the City’s $1 billion budget, sinceapped growth for development of the City’s 49 square miles, and legislates what activities may (legally) take place on its territory. The present Board acts as an executive committee for their financial backers who want to preserve the perpetuation of an under taxed, high profit financial district downtown.

(1) Representation: Each supervisor now claims to represent the entire city of 600,000 people. In fact, the different needs of different ethnic and neighborhood groups are not represented at all. The move to district elections is a terrific nationwide, with the courts ordering five US cities to do exactly the same thing. The repeal of supervisors elections inherently discriminate against minorities by diluting their voting strength.

(2) Money: Costs of a city-wide election range from $30,000 to $100,000. In contrast, it is estimated that campaigns for district elections would cost $30,000 to $30,000 depending on the district. Real issues and people, not money will make the difference.

(3) Taxes: The present Board refuses to significantly raise the taxes of those business interests who financed their current work. The bid was rejected even though property taxes rose over 50 percent over the past two years. A recent initiative to raise taxes were raised only 10 percent during the same period. District elections might make the supervisors more accountable to the tenants and homeowners Medicine provide, subsidizing with their taxes the corporate headquarters downtown.

The Board of Supervisors, if the district elections plan voted last November is allowed to stand, has the potential of becoming a more open and democratic institution. Don’t let the business interests take away district elections. Vote no on A and B. BAR August 2.

Nursing students unhappy with minority program changes

By The Coalition of Concerned Nursing Students

A coalition of nursing students and representatives from various campus organizations with support from Chancellor Soo June 14 to discuss their demand that the School of Nursing’s Minority Recruitment and Retention Program be kept intact and that Lydia Ahumada, the full time staff of the program be retained. Previous meetings with Dean Stryle of the School of Nursing had produced no changes from the original plan to terminate Ms. James and Ms. Ahumada, and hire a new coordinator to administer the work in a program which would be divided among Nursing faculty.

Minority students are almost uniformly critical of this plan. Many come to deplore them of personal counseling services, and it is not clear that We do not believe that an already overcrowded faculty will be able to provide the energy providing emotional and academic support. Moreover, the work of counseling minority students requires sensitivity and expertise which we cannot assume will be present in the predominantly white faculty.

Despite a total lack of support for their new plan from the Board of Supervisors, Dean Stryle and Chancellor Soo continue to assure the students that they would not accept the changes in the best interests of minority students. Dr. Soo failed to add that we do not believe the low representation of minority students in the School of Nursing is an issue, nor would we defend the higher proportion of Third World medical students as evidence of affirmative action gains.

He also presented the argument that affirmative action programs are no longer needed to insure that the University meets the needs of minority communities. Dr. Soo stated that in fact, Dean Style plan for “incorporating” the Minority Recruitment and Retention Program into the framework of the School of Nursing, under a coordinator who was “on the academic track,” was an “evolutionary” step which would make affirmative action an institutionalized reality rather than a sub-program of the Soo, and not himself to the scheduled termination of the programs experienced (June 6th and 17th) or the current void of services in the absence of either a coordinator or staff.

The Coalition of Concerned Nursing Students and supporters have made the goal of institutionalizing affirmative action programs a priority of the School of Nursing. However, we do not believe that the termination of two faculty members, the mission of the minority faculty and the diffusing of an effective program functions to our benefit. Moreover, the present coordinator, who will be able to adequately administer this program appears to be a pipe dream in view of the fact that the Search Committee has barely begun its work of finding a coordinator. Given the number of affirmative action programs, no coordinator can be found for Fall Quarter 1976.

To keep the Minority Recruitment and Retention Program functioning at its current level, we reiterate our demands that Lydia Ahumada and Edna James be rehired. We believe that the Search Committee should consider using the coordinator salary to fund retaining the experienced faculty.

We demand that the School of Nursing and the University facuty find additional funds to pay a coordinator who would then be hired and to program to coordinate.

San-chery Published Thursdays by the Board of Publications University of California, San Francisco, California 94143 Phone: (415) 666-2211

Association Editors: Bobby Barron, Fan, Cai-Ahndi Managing Editor: Andy Evangelists A. Arts Managing Editor: Jim Ohayo


(2) Associate Editors: Martin Martin, Ron Carad, Marc Div, Michael Nelson, Eugene Stalna, Phillip Belt, Jim, Mary Chang, Andy Chang, and others.

Announcements should be submitted to San Francisco, c/o Military University of California. Subscriptions are $12 per year. Letters shall be published at the discretion of the editors and must be received at least two weeks prior to publication. The year 1976 is the author and not necessarily those of the editorial staff.

The San Francisco, generallySpeaking, as a forum for responsible dialogue between the authors and the readers of the campus community, regarding the spectrum of belief and action. Articles and columns published in the San Francisco represent the viewpoints of the authors and not necessarily those of the editorial staff.

John B. Harris Award winner

Earl Michael Darbs, a graduate this year from the UC School of Medicine, has recently named the winner of this year’s John B. Harris Award. Darbs throughout his medical school career has been active in a number of extracurricular activities. He has served on the admission committee, the editorial board of Synapse, the university’s publications board, the Board of Directors of SNMA Community Health Education Program, and a member of the Black Health byline of students.

The Harris Award is presented annually to a student graduating from UCSF who best exemplifies those qualities of the late John B. Harris, MD, that made him an "outstanding teacher, as a physician, and as a person committed to human rights." Darbs joined the UCSF faculty in 1971 and spent nearly 20 years in the Department of Medicine, making meaningful contributions in the area of teaching and the field of research. During the 50’s and until his death, Dr. Harris was involved in the civil rights movement and in particular, with extending educational opportunities for disadvantaged groups, particularly members of the founders of the Black Canons on this campus and an eminent advisor of Black medical students.

Other nominees for this year’s award include: Anna Washington, Pharmacy; Peter Jacobsen, Dentistry; Tony Martin, Pharmacy; Thomas B. Bish, Medicine; John Parker, Medicine; Frederick Foster, Medicine; and Barbara Grant, Medicine.
To admissions committee

AREAP proposals

Continued from Page 1
to presently underrepresented and underserved students, and — a working committee composed of members of the Board of Regents, the UC, AREAP, and concerned community and Medical Center students — was established to develop guidelines to ensure that these health care professionals are educated.

AREAP had hoped to present a report to the admissions committee May 26 (before the June 7 deadline for filing of plans for next year's college) but their requests to do so were twice denied, according to AREAP. The committee was at a loss to avoid issues raised by AREAP, according to an AREAP member.

Three AREAP representatives did meet with the executive committee of the School of Medicine Admissions Committee in early June to hear concerns and discuss the demands. However, the committee could not realign a commitment to provide physicians to underserved areas because the dean of the medical school has never had such a commitment, according to Dr. John Watson, associate dean and chairman of the School of Medicine's admissions committee.

The committee has a commitment to admit minority students, said Watson.

According to one AREAP representative, the group was not very satisfied with the determination of the meeting. Representatives said that the executive committee seemed to take the matter more lightly and did not give adequate response to questions raised. One representative of the executive committee seemed mainly concerned with minorities and the number of minority students but unconcerned with where they go after school.

According to Watson, AREAP, professional, is forward to its proper academic bodies. He said the admissions committee would be involved in any new policy changes. Faculty committees will be working to meet the goals of the schools and discuss matters, including the admissions, Watson said. AREAP will decide in the near future on what action it will take to pursue its demands.

UC reconiders policy

Private profits issue in malpractice

By Jamie Robinson

The malpractice insurance premiums charged to doctors and hospitals have risen tremendously over the past five years, including a 622 per cent hike at the University of California. Part of this ever-increasing fund is used to pay larger and larger awards to successful plaintiffs and the larger number of cases filed. A considerable portion is directed towards covering the university's costs.

And part of the increased premiums, which ultimately come from increased patient fees, goes towards financing the operating costs and profits of private insurance companies themselves.

The University of California Systemwide Risk Management office recently did a study of the actual experience had by the private insurance company which handles the UC accidents and found that the premiums charged to the University.

On the basis of the study, according to Steve Deness, Systemwide Risk Management, the Berkeley office will recommend to the President of the University to the legislative that the University drop its private insurance coverage. Under a plan which will be formulated at an "early date", the University would insure itself by collecting premiums from its various hospitals and then pay the cost of awards to aggrieved patients, said Deness.

Another proposal involving such major sums of money and large risks would be a large increase in the malpractice premiums, which are rising at the present time.

Under such a self-insurance plan, the University would only have to pay insurance coverage up to one $1 million per case, purchasing insurance for excess damages from a private company. The success of the self-insurance proposal hinges in large part on the success of the University in negotiating such excess insurance coverage.

Mr. Charles Schulze, a vice-president at Truck Insurance Exchange, has spent $3.2 million in four years for underwriting and unsold insurance.

Although the University feels that it has received an excellent assurance that the University, through the use of excess gains on those investments which now accrue to the insurance company, and through the elimination of the private company's profits.
Employees face health and safety hazards

Continued from Page 1

ministration removed all objects from the room except a.ma.n.

altery. Langdon was notified, and he performed the normally .

2 minutes. The hospital was .

After a severe fall, Dr.

amount of fluid in the .

room. She was pronounced only 42 of the 1016 incidents .

Several days after her two shifts with the patient.

Occupational Illness

The hospital statistics are .

1211.0

and.

Pat McCarty, who now works in the post-partum ward on the 7th floor of the hospital, works on a surgical general ward. A man was brought in suffering from .

was to be removed to "The removal .

Dr. thought better of it, and he have .

in the event of a surgical emergency, a patient was thought to be in .

"If he had had someone to stay with him, this problem, his .

But we need staffing to make the .

There is no hierarchy of people just to move patients and restrain the violent ones. There was no .

There was no one we could call.

The differences in training of hospital personnel make controlling violent patients inherently complicated. The usual females nurses have considerable training in psychological techniques of calming patients but often do not have the height and weight and authority to physically restrain a patient. The usual male orderlies, who do have the requisite size, do not receive sophisticated psychological training.

Needles and knives

The Environmental Health and Safety office’s statistics show cuts and punctures to be the frequent single risk in the hospitals and clinics. Work-related injuries occur to a large number of needles, razorblades, IV tubes and other sharp items. If a certain amount of risk seems inevitable.

Each of the problem stems from lack of time to adequately perform safety procedures. The stem from the .

disposable syringes, 683,700 of which were used every day at UCSF, according to the central Storehouse in Richmond. The hospital administration maintains special red boxes for disposing of the syringes, with special instructions for the actual needles. The instruments however find their way into the homes of the nurses and onto shelves, trays and the floor when pressure mounts on the wards, especially during a .

The task of syringes are of .

Health Administration. However, occupational illnesses are by their very nature hidden. Nurses identify as work related. Not .

employees appear on the wards. The Infection Control Committee says that it is important for employees to .

Of particular difficulty to identify are illnesses resulting from .

exposure. Dr. Stephen Cohen, who chairs the campus Infection Control Committee, says that it is important for employees to .

people infected with the disease from the wards and thus do not expose pregnant women to the disease.

Rubella and hepatitis

While professionals disagree as to the actual risk of viral infections to hospital workers, everyone recognizes the very real threat to viral infections. Of special concern are rubella (German measles) and hepatitis.

Rubella is widely known to cause birth defects in the children of women who suffer from the disease while pregnant, especially in the first months of pregnancy. Although for a non-pregnant person rubella is a very minor disease and not sufficient cause to be admitted to a hospital, patients with other problems as well as rubella do appear in the wards and thus do expose pregnant women to the disease.

Of special concern is that children suffering from congenital rubella, who are born to mothers who had and who not only suffer from the birth defects caused by the disease but carry the clinical cases of the disease themselves. As rubella is a viral infection, it can be transmitted completely by any body contact and the children have the case for up to one year, during which time they secrete the infectious virus in their urine. It goes without saying that nurses who work with children of less than one year of age are highly exposed to the children.

A vaccine for rubella is available and the Infection Control Committee strongly recommends that all nurses who are not naturally immune do receive the vaccination.

Of all the occupational health hazards of hospital, hepatitis is the most widespread and most feared. A viral infection which attacks the liver and may cause jaundice, hepatitis is a special threat to employees who have contact with blood of patients, either directly for surgeons and nurses, or by cut or puncture for housekeeping staff or employees in the clinical laboratories.

The highest danger lies for those who work in the kidney transplant and dialysis units. Patients who suffer severe kidney malfunctions have their blood cleansed by a machine to which they are connected by tubes in their veins. The regular insertion and removal of these tubes from the patients’ veins—which usually occurs three days per week for as long as the dialysis process is necessary—gives the patients themselves an incredibly high chance of exposure to the blood contamination which leads to hepatitis.

The main hazard to employees stems from the fact that the patient may be a carrier of the hepatitis antigen, or causal agent, without exhibiting the symptoms of the clinical disease. When exposed to that same antigen, however, the employee could develop the clinical case.

One of the greatest dangers of hepatitis exposure is high for dialysis personnel as they often do not take the necessary precautions when the patients, and thus run the risk of puncture. Technicians who work in the dialysis units wear gowns when they clean the dialysis machines after each patient visit.

Moffit Hospital has been fortunate not to have outbreaks of hepatitis in the dialysis unit. Over the past year, however, four surgeons in kidney transplant, where patients have usually undergone dialysis for a considerible period, contracted clinical hepatitis, according to Dr. Oscar Salvatierra, head of the kidney transplant department.

The hepatitis antigen can also be obtained orally. This method was used by physicians and hospital staff to expose the antigen to themselves. By eating a diopulmonary resuscitation dummy which had been used by a patient with hepatitis, they thereby contracted a clinical case, according to Dr. Cohen of the Infection Control Committee.

None of the exposed staff developed clinical cases.

Although hepatitis is a particular menace in the kidney transplant units, the medical floors are dealing with possible hepatitis people who are not identified. "We’re better off because here at least they are identified.

Everyone involved in hepatitis cases is hopefully awaiting the development of a hepatitis vaccine. In the meantime the staff is the dialysis units is told to wear goggles for the antigen.

Hospital administration will begin the task of setting up the expensive screening process to the staff in the kidney transplant units.

Of regulations developed by the Center for Disease Control, and is the responsibility of the head of the Employee Health Service.

Administrative efforts

The Environmental Health and Safety office is currently directing its efforts primarily towards the problems that come in and are recorded in the statistics. Frank Gohr, chief of the practice division, said: "The main problems on campus to employees lie not in the areas containing known biological and chemical hazards, but in areas which are thought to be safe and thus breed employee carelessness.

"Yes, it is more dangerous here in the community at large," said Gohr, "but if you don’t want to accept the responsibility of knowing what you shouldn’t work in a hospital environment. Everyone is potentially in contact with the disease for this decision for themselves."

Some of the staff employees feel that the administration should take a more active concern for potential health hazards. "We are only told about them not only them but their families.

"The hospital should provide advice on where we go and what we do in the hospital. We should not have to try to figure it out ourselves," said one nurse. "I wear my nursing gown home. I try to change before touching my one year old but I often have to pick him up at the childcare center before getting home. I think a lot about all the bugs I take, home to my three kids.

Bacteria and viruses are not the only potential danger to hospital staff. Janiece Gohr, chief of the practice division, said: "While the whole hospital is dealing with patients with infectious diseases, the biggest risk is with hepatitis." The medical floors are dealing with possible hepatitis people who are not identified. "We’re better off because here at least they are identified.

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Nurses and orderlies commonly suffer from slips and strains while moving or turning patients.
Health hazard: EPA considers ban of hospital gas

By Jamie Robinson

A powerful chemical widely used throughout the hospitals and laboratories at UCSF may be banned by the Environmental Protection Agency as a health hazard to workers. Ethylene oxide, a fumigant used to sterilize rubber and plastic equipment too severe to be autoclaved, has been linked to a variety of health problems. The chemical is also suspected of being responsible for cancer-causing effects. It is being studied for possible cancer-causing effects.

The committee for Occupational Safety and Health conducted an investment into the use of ethylene oxide in four hospitals earlier this year and discovered equipment defects, inadequate ventilation of sterilization equipment and associated hazards. The study found that exposure levels to hospital workers of up to 10 times the federal limit exist.

The possible adverse effects of ethylene oxide first came to the attention of hospital administrators about 10 years ago when chemical burns were observed on patients who had been exposed to instruments sterilized with the gas. According to Dr. Frank Dyck, director of the UCSF Department of Environmental Health and Safety, since that time all instruments used in the operating rooms have been required to be aerated for at least 30 hours before being used on patients, and Golgi said.

The main danger associated with the use of the fumigant is that the porous texture of rubber and plastic instruments absorb the gas and release it over an extended period.

NIOSH estimates that 75,000 workers throughout the health care industry are potentially exposed to ethylene oxide during sterilization procedures and another 25,000 workers are occasionally exposed.

The dilemma currently facing the Environmental Protection Agency, which is required to assure the safety to humans of pesticides such as ethylene oxide under the 1970 Food, Drug and Cosmetic Act, is that no replacement for the gas is currently available.

The American Hospital Association opposes a ban on the use of ethylene oxide, but has agreed to new regulations of sterilization procedures. The number of sterilizations by hysterectomy performed in a Canadian province dropped dramatically after a medical committee surveyed records and found many previous cases to have been unjustified, according to an article published in the recent New England Journal of Medicine.

The number of hysterectomies performed, in which the uterus is removed, was called in 1971 after the number of operations had increased 72 percent over the previous six years in Saskatchewan. The number of women under the age of 15 in the province had only increased 7.6 percent in the same period. When the committee, appointed by the province's College of Physicians and Surgeons, examined the records for 1970, they found that 23.7 percent of the operations were "unjustified."

When the records were examined later for the 1974-75 period, 47 of 197 cases of unjustified hysterectomies had dropped to 7.8 percent. In the United Kingdom, the total number of operations declined 60 percent in 1971.

Dr. Frank Dyck, director of the review project, credits the decline in hysterectomies to the publicity generated by the review.

The health care system in the United States. Last year 76,000 women had their uteruses removed. As this rate, over 1/5 of American women who have had a hysterectomy by the age of 65.

The medical establishment has resisted attempts to control the operation. Dr. James H. Sammons, the highest ranking physician of the American Medical Association, testified to a congressional subcommittee last week that the operation was justified even in cases where the uterus is healthy, for the woman fears pregnancy or cancer.

ASUC election results

The results of the ASUC election held during the last week of May were announced in early June.

Running unopposed and elected to their respective positions for 1977-78 were ASUC President Paul DiMaggio, Director; Red Sanden, Executive Vice-President; Jack Cady, Vice-President, Community Health; and Pablo Mendoza, Vice-President for Student Affairs. Miguel Lanza was elected Vice-President for Academic Health Affairs by a margin of 113-95.

The ASUC constitutional amendment, which was to allow 156-25, receiving the required two-thirds vote, and were ratified.

A total of 221 ballots were cast during this year's election, 64 more than the number of ballots were expected. The ASUC office will accept the checks for the ASUC membership for inspection.

Public service award winners

Mary Oiney, M.D. and Sharon DeShong MacLachlan, RN were honored by Chancellor's Award for Public Service at UCSF and Lewis Melamed, M.D., and Thomas N. Burbridge Award for his work toward equal opportunity,文化传媒. June 3 in Cole Hall.

The Chancellor's Award, established in 1971, is a stipend of $500 and is given to students and faculty who have made significant contributions in such fields as education, equal opportunity, environment improvement, housing and other urban problems. The award, named for the late associate professor of pharmacology, established the Chancellor's award for civil rights leadership, gives $500, of which $225 Black and contributes $100.

This year's ceremony was dedicated to the late Edmon Uno, former assistant dean, housing office, civil rights leader in the Japanese-American community; and 1972 Chancellor's Award for Public Service recipient.

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Hysterectomies reduced under Canadian project

The number of sterilizations by hysterectomy performed in Saskatchewan dropped dramatically after a medical committee surveyed records and found many previous cases to have been unjustified, according to an article published in the recent New England Journal of Medicine.

The number of hysterectomies performed, in which the uterus is removed, was called in 1971 after the number of operations had increased 72 percent over the previous six years in Saskatchewan. The number of women under the age of 15 in the province had only increased 7.6 percent in the same period. When the committee, appointed by the province's College of Physicians and Surgeons, examined the records for 1970, they found that 23.7 percent of the operations were "unjustified."

When the records were examined later for the 1974-75 period, 47 of 197 cases of unjustified hysterectomies had dropped to 7.8 percent. In the United Kingdom, the total number of operations declined 60 percent in 1971.

Dr. Frank Dyck, director of the review project, credits the decline in hysterectomies to the publicity generated by the review.

The health care system in the United States. Last year 76,000 women had their uteruses removed. As this rate, over 1/5 of American women who have had a hysterectomy by the age of 65.

The medical establishment has resisted attempts to control the operation. Dr. James H. Sammons, the highest ranking physician of the American Medical Association, testified to a congressional subcommittee last week that the operation was justified even in cases where the uterus is healthy, for the woman fears pregnancy or cancer.
Women’s leadership in health professions

Spring commencement exercises

Commencement exercises mark the end of the spring quarter with over 600 degrees conferred upon graduates from CSU, Chico.

The School of Medicine held commencement exercises May 3 at the Sheraton Palace Hotel for this year's 139 seniors. Richard E. Flinders, M.D., was awarded the School of Medicine’s gold-hinged cane, given annually to the senior whom classmates and teachers decide best exemplifies the qualities of a “true physician.”

John R. Pierce, M.D., and E. Michael Flinders, M.D., two other nominees for the award were inducted along with Dr. Flinders into the gold-hallowed Cane Society at a banquet the previous evening.

Other graduation awards included the presentation of the Kaiser awards for excellence in teaching. The $750 awards were presented to Dr. Kanu Chatterjee, associate professor of pathology; Dr. Anthony Cruz, director of the Coronary Care Unit; Dr. Homer Boushey, assistant professor of medicine; Dr. Saul J. Robinson, clinical professor of pediatrics; and Dr. Warren E. Levinson, assistant professor of microbiology. Honorable mention was given to Donald Heyman, Ph.D., professor of parasitology and international health, and Dr. Harold Rasegay, clinical professor of neurosurgery.

Four seniors from the School of Medicine received alumni awards for their achievements. They were: Eileen M. Murphy, M.D.; William B. Crede, M.D.; John R. Butterly, M.D., and Jane S. Melnick, M.D. They were given certificates and monetary gifts at a faculty-auxiliary dinner.

Pharmacy
The School of Pharmacy conferred Doctor of Pharmacy degrees on 83 students and the Graduate Degree in Pharmacy on two students at the Palace of Fine Arts on June 18.

Roger Gene Walker was presented the degree of Doctor of Philosophy in Pharmaceutical Chemistry on two students at the Palace of Fine Arts on June 18.

They were awarded the American Dental Society of Anesthesiology Inc. Certificate of Merit. The award was presented to Donald Heyman, Ph.D., and Lu M. Hondeghem, M.D., Ph.D.

Berger, Walker and Deborah Freeman delivered student addresses. The commencement speaker was William E. Smith, director, Pharmacy and Chemical Services, Memorial Hospital Medical Center of Long Beach, California.

The School of Dentistry held its ceremonies June 4 at the Palace of Fine Arts with 19 degrees conferred.

Thirty-eight student awards were presented to members of this year’s class.

Patricio C. Larragoite, Preventive Dentistry and Community Health Award for providing complete, quality care in a community service setting. Gene J. Swidewic, The California Academy of Oral Medicine; and the George A. Hughes, William Miyasaka, Senior Research Award.

Neal P. Swan, the American Academy of Oral Pathology and William C. Brown, American Dental Society of Anesthesiology Inc., received citations for exchange information with American Academy of Oral Medicine and the Northern California Dental Alumni Association of the American College of Dentists Awards.

Druziel O. Ford, American Society of Dentistry for Children Award; Bruce A. Hostetter, the American Academy of Periodontology Award; Steven F. Fernandes and Steven C. Marshall, American Association of Orthodontics Awards; Stephen R. Pickering, Alpha Omega Award for the highest scholarship average over four years of dental study; Steven L. Brown, Raymond Dorrrough.

Continued on Page 8

Recycling
Concerned about the environment? You can do your part by joining the Campus Recycling Program. In addition to paper and cardboard, recycling paper and cardboard, you can also recycle computer paper and white paper with black print (no carbon) in an automatic throw-away machine.

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Information about the program is available from Helen Kirchman, Assistant Vice Chancellor Robert R. Casson's Office, X-1511.
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Tour Prices

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Pearl Harbor Cruise
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Tour Prices

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*Plus $15 U.S. Departure Tax

DEPARTURES EVERY MONDAY, THURSDAY AND SATURDAY. For Eight and Fifteen Day programs, add $30.00 per person weekend surcharge on Saturday departures. Eleven-day program is reduced to ten days and nine nights on Thursday and Saturday departures, due to weekend surcharge, tour price remains the same.
**Synapse Calendar**

**Thursday, July 7**

**Campus**

**LECTURE:** History of medicine series. Transition of Egyptian health services to the Greek world: Asklepiad and Hippocratic tradition. Noon, 310 HSW, free.

**MEETING:** Chancellor’s Advisory Committee on the Status of Women's Residence Lounge, Millberry Union. 12:30-2 p.m.

**Community**

**CONFERENCE:** Maxillofacial Trauma Conference. SFGH, 4H-40, 7:30 a.m. “Facial Nerve Injuries.”

**FILM:** “Nuclear Dilemma.” There are major dangers to be considered with this energy source, and not only have safety standards not yet been set, but all the ramifications of the dangers have not yet been determined. Noon, HSW 303, free.

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**Friday, July 8**

**Campus**

**PERFORMANCE:** “Sam Hinton,” folk singer and guitarist, from UC San Diego, performs a panorama of American folksongs. Noon, Lounge, MU, free.

**FILMS:** “Magnum Force” with Clint Eastwood returning as Dirty Harry, and Nope Lang’s classic 50’s detектив film “The Big Heat.” Magnum at 7 p.m., Heat at 9:15 p.m. Cole Hall, 81/25/3175.

**Tuesday, July 12**

**Campus**

**FILM:** “Sunbeam Solution.” Discussion of the use of solar energy to solve the energy crisis. Noon, HSW 303, free.

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**Wednesday, July 13**

**Campus**

**BROWN BAG TOUR:** “Human Development.” Interdisciplinary study of adults across the life cycle. Noon, 745 Parnassus.

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**Thursday, July 14**

**Campus**

**LECTURE:** History of medical series. Graeco-Roman-Byzantine health services; Aristotle, Celsus, Discorides, Galen, Celsus. Noon, HSW 301, free.

**Friday, July 15**

**Campus**

**LECTURE / SLIDE PRESENTATION:** Farallones Institute. To tactics of the Integral Urban House will show you how to live ecologically sound in an urban environment by demonstrating self reliance in food raising, energy, waste recycling and solar energy. Noon, HSW 303, free.

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**Financial Aid Column**

Offer Letters for 1977-78 Financial Aid

Offer letters for school year financial aid will be mailed in August. If you did not turn in a self-addressed stamped envelope with the address you would like your offer letter sent to please turn one in to the Financial Aid Office right away.

U.S. Public Health Service Scholarship Applications

The USPHS has extended the deadline for Medical Students to turn in applications for the 1977-78 scholarship. The deadline is now July 15. Applications are available in the Financial Aid Office and the Student Affairs Office in the School of Medicine. The USPHS has indicated that they have additional scholarships available for 1977-78 and they are especially interested in granting the scholarships for entering Medical Students.

 Federally Insured Student Loans

Anyone interested in applying for a Federally Insured Student Loan may pick up an application in the Financial Aid Office. The banks are currently accepting applications for people in summer school for summer school and the school year. Bank of America and Wells Fargo will accept applications for the school year in August. Crocker Bank has started to accept applications for the school year. The application process takes from 6-10 weeks from the time you submit the application to the Financial Aid Office, so you should plan accordingly.

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**Commencement exercises**

**Continued from Page 6**

Richard A. Felton, Thomas G. Forester, and Marshall S. Michaelian were recipients of the Guy S. Millberry Award, presented each year to five juniors selected by students and faculty on the basis of scholastic standing and future professional potential.

Robert T. Brownfield, Operating Dental Hygiene Award, Raymond L. Dormour, the California Dental Association Award, Omicron Kappa Upsilon Award to Richard Felton, Mark P. Kinard, Marshall Michaelian, Kelly Walters. Stephen Pickering, Valerie A. Saunders, Dental Hygiene Community Service and the San Francisco Dental Hygiene Awards; Michele A. Armet, Dental Hygiene Scholastic Achievement Award; Adriaan Boer, the International College of Dentists Awards for Outstanding professional growth and development during dental education; Mark A. Brown, Milton F. and Mary L. Gabbs Award for the senior who displays highest professional achievement and moral character befitting his professions; Correl Couch received the Dean’s Citation.

The School of Nursing held its exercises June 18 at the Veterans’ Memorial Building in San Rafael. 274 degrees were conferred; 132 B.S. in Nursing; 133 M.S. in Nursing, and nine Doctor of Nursing degrees. Student messages were given by Linda Lewandowski, candidate for the M.S. degree and Elizabeth Kurczyniski, D.N.S. degree candidate.

The Baccalaureate Class of 1977 gave a slide presentation—“Nursing—Fact and Fantasy.” Honored by the nursing students were Ruth Bartow, D.N.S. assistant professor (from graduate division) and Ellen B. Clarke, lecturer in the school’s Department of Biological dysfunction (from undergraduate division) as teachers of the year.

Two additional awards were presented at this year’s ceremonies. A Teacher of the Year Award was presented to Shirley R. Chater, R.N., Ph.D., by the D.N.S. degree candidates and a special thank you to Joan Morey of the School’s Student Affairs Office from the Baccalaureate Class of 1977.

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FILM: "Sunbeam Solution." Discussion of the use of solar energy to solve the energy crisis. Noon, HSW 303, free.