Robert Wachter

Science as usual (at last)

The Joy Luck Club evokes the experience of Chinese-American women

By Amy Tan

When I was growing up in Wisconsin, we were the only Chinese family in our neighborhood. We spoke Chinese at home, took off our shoes when we entered the house and ate rice with dinner. I knew that my family was different, but I could never tell which things were peculiar to my parents and which were because we were Chinese. I was bewildered by and sometimes resentful of our differences, frustrated, for example, by my parents’ imperfect English. When at a friend’s birthday party she obviously preferred the blond plastic Barbies to the little wooden Chinese dolls my mother had packed out for her, I blamed my mother for the humiliation I felt.

The misunderstandings continued throughout my life in California. When I decided that my mother and her friends, my “aunties,” were neurotic and out-of-date in their attitudes. I never tried to figure out why. I must have thought they were all doing it on purpose.

Recently I have realized how unfair I had been. During a lecture by psychiatrist Dr. Evelyn Lee and myself specifically tary-eyed when she declared, “My mother never told me she loved me. She thought it was obvious. When I came home she made my favorite dish — that was how she told me.” I had the same reaction when I saw Chinese-American movies like “Dim Sum” and “Chin is Missing.” Recognizing everything from the family of shoes by the front door to the Chinese sayings I had found so irritatingly baffling, I realized I was not alone. Others were just as confused as I was, arguing over piano lessons and dating over a wall of language and culture.

This is why “The Joy Luck Club” by Amy Tan was such a revelation. I was amazed at how eloquently she described feelings I had never before been able to define. From the wide acclaim and best-seller status the Oakland writer has received for this, her first book, it appears that she has reached an audience beyond the Asian-American community. The acclaim is well-deserved.

The book is a series of interwoven short stories about four Chinese women and their American-born daughters. The four women have met for 40 years in San Francisco to play mah jong, buy stocks, and brag about their daughters. Sixteen stories are presented in chapters alternating between the mothers and the daughters. Each woman tells her story in her own voice: stories of China and the United States, of mothers and daughters. Each story is powerful enough to stand on its own, but together they interact like facets of an extraordinary gem. Grief and triumph, pain and humor reflect off one another inside.

The first story is told by Jing-mei “June” Woo, whose mother Suzy has recently died of a cerebral aneurysm, “a bad thought that burst in her head.” Suzy had been the originator of the Joy Luck Club in Kewlin, China, where she and her husband, a Kwun- ing officer, hid during the war. Over the years she had told the story of Kewlin over and over, with a different ending each time. Too late, June realizes that what she dismissed as a Chinese fairy tale was true, whose real ending was too painful to bear. When June is invited to the Joy Luck Club to take her mother’s place at the mah jong table, her aunties also send her on a mission to fulfill her mother’s lifelong wish.

While the story of June and her mother drives the book forward, the other stories are given equal time. An-mei Hua tries to teach her daughter, Rose, to hold her Chinese love one’s self. Lindo Jong escapes an arranged marriage with a triumphant bit of cunning that plays on the superstitions of feudal China. She comes to America full of hopes for her children who will be proud and self-confident. But as her daughter Waverly (named after a street in Chinatown) becomes a precocious chess champion, Lindo finds that her proud, self-centered children have grown ashamed of their mother.

The story of Ying-ying St. Clair is particularly tragic: raised in an aristocratic family, she is married off to a horrid man who leaves her. Shamed and without options, she marries an American who brings her to San Francisco, renames her “Betty” and finishes all of her babying English sentences for her. He chuckles at the immigration officers who try to classify her as either “Brazil Bride” or “Student.” Lena St. Clair is a different case and is frightened by her mother’s Chinese craziness. Like her father, she bitterly ignores her mother’s pain, as when a stranger calls Lena and Ying-ying “that little girl and her maid.” When Ying-ying delivers a stillborn baby and becomes visibly Chinese in the horror of the event, Lena decreases and Lindo must all think very hard about having another baby — and she thinks we should leave and go have dinner.

Each story is unique, but common themes run through all of them. The suffering of women in China is shown many times, the brutality of a society where “man is king, bright thoughts our minds.” The Japan

Laurel Heights labs get go-ahead to use radioactive isotopes

By Alice Lee

State Health Director Kenneth Kizer announced July 3 the approval of an amendment to the UCSF Radioactive Material License which permits the university to use radioactive isotopes at its Laurel Heights facility. This long-awaited decision ends a key aspect of the controversy that began in 1990. UCSF first disclosed plans to move its School of Pharmacology from Parnassus Heights to the newly acquired Laurel Heights facility.

“The lab space on which the controversy has centered — houses three groups of the Intercampus Program for Molecular Parasitology headed by Nina Agabian, George Newport and Richard Stevens, professors of pharmacological chemistry. Their research focuses on understanding the cause of illnesses that develop from parasites and the use of radioactive isotopes. The ban lasted for several years while the situation was reviewed by the governing board in Washington. In the end, the board opposed moving the labs to the new facility because the university was unable to show that the use of radioactive isotopes would not be a risk to the campus, said Newport. this was unacceptable, but that the Environmental Impact Report (EIR) submitted by UCSF would have to be re-done.

Until the December ruling, the researchers faced a constant threat of being closed down. “This has had an impact on morale and on recruiting students to our labs,” Newport said. In fact, several people did leave. “They simply found it too frustrating, an imposition that they did not earn,” said Newport.

The lab groups were reluctant to recruit new students. “It’s unfair to present them with this issue at a time when the university has no experience. It’s a competitive world,” Newport observed, “and they’re being compared to people who are in labs that are up and going.”

Eventually, the UCSF committee on radioactive materials reached a consensus on many levels. Agabian, Newport and Stevens were kept busy filling out reports and writing up detailed accounts of radioactive lab activity for lawyers working on the case. “The biggest problem was spending a lot of time providing information for the legal process,” Newport reflected. “It’s understandable why they needed that information, but we’d do it once, and then six months later we’d have to do it again, for whatever different reason.”

Another problem, he said, was having to duplicate all the paperwork necessary to work at other laboratories throughout the university. The researchers, prohibited from doing radioactive work in their own labs, used facilities at the Parnassus campus, committed to the ongoing state issue of radioactive isotopes.

“Normally, we can do two to three different experiments at one time, integrating non-radioactive work with radioactive work,” Newport said. “As we’ve got to where we have to go over the other campus, doing one part of one experiment took half the day.” According to Newport, the opposition to their work was unexpected and unprecedented. “I think that what our being here was that we had more community.” It was a real disappointment to find out otherwise.” Overall, however, he and his coworkers do not blame the community.
Letters

Styrofoam Kills

To the Editor:

I wonder if you could help me get through to the Courtyard Cafe that disposable plastic trays are not ecologically acceptable—they create a tremendous amount of non-biodegradable waste.

I like the Cafe and go there frequently. I hope they will respond favorably to the point of view that I am advancing and that I am sure is supported by many others on this environmentally aware campus.

Deirdre Conway Rand

What does “In Residence” amount to?

To the Editor:

I have read with interest letters in support of Professor Matthias Wahl published March 16 and April 13, 1989. It seems to me that Professor Wahl’s plight should serve as an example to all of us so-called “tenured” (associate and full) professors who labor at UCSC under the title of “in residence.” “In residence” means that UCSF doesn’t pay us to be here. We pay our own salaries through research grants or care of patients. In so doing, we not only pay ourselves, we also generate university overhead and patient payments which help UCSF to pay its bills.

“In residence” faculty are held to the same standards of academic productivity, teaching and university service as are faculty blessed with (or otherwise selected for) State-supported salaries. Professor Wahl’s case demonstrates that, despite our research, teaching and university service contributions, “in residence” faculty members are subject to summary dismissal at the will of disgruntled department or research unit directors, without regard to achievements in the areas in which all “tenured” faculty are supposed to be judged.

Professor Wahl has made significant contributions in teaching, as demonstrated by the long lists of graduate and postdoctoral students who signed letters in his behalf; he has made distinguished academic contributions as demonstrated by his accelerated promotion to full professor. Now he finds himself forbidden to write research grants and threatened with dismissal only a few years after UCSF hired him from Europe. I find it hard to believe that Professor Wahl would have left his secure and productive European position had he known what “in residence” actually meant for him. I don’t believe that the rest of us “in residence” associate and full professors can feel secure at UCSF if Professor Wahl is booted out despite superb teaching and exemplary research achievements.

Philip D. Darney Professor (In Residence) Obstetrics, Gynecology and Reproductive Services

Nurse observes impact of long hours on residents

To the Editor:

I read with interest Chris Koons’ recent article “Movement to limit medical residency hours is gaining momentum” (Synapse, May 25). From my seven years of medical-surgical and intensive care nursing experience, most of that in teaching hospitals, I, too, agree that many interns and residents are overworked and suffer from lack of sleep.

Nursing physicians are a dependable source of cheap labor for the medical establishment. Unfortunately, because of the need for “hands on” practice, some patients are subjected to less than optimal care by doctors impaired by sleep deprivation. The studies of work stressors cited in the recent

Commentary

Legislated working conditions will be better for all concerned

By Steven Reidborn

Five years ago, anyone advocating a reduction in housestaff work hours was compelled to dodge the long-held “idiotical” denunciation of sleep deprivation, quote sociology statistics about the high incidence (25-30%) of depression in interns, and beseech hospitals and training programs to treat intern and residents humanely. There was little media attention to this matter, and scant notice in the medical literature.

The usual rebuttals to proposed reforms appealed to an odd mixture of supposed educational needs and macho initiation ritual. “Every other night on call means you miss half the interesting cases.” And the initiation argument went: “If we went through it, you should too. It makes you tough.”

There have been some changes recently. Catalyzed by the 1984 Libby Zion case in New York, the public has begun to scrutinize the custom of running housestaff to exhaustion, as well as the resultant risks to patients. CBS’ “60 Minutes” spotlighted the issue, as have many news media since. New York is the latest paved road”—already too high a road by 8-9.

The debate has shifted in the wake of all this publicity. Hospital administrators realize the public, and their elected officials, will no longer buy the tired old rebuttals. Learning that interns and housestaff are inordinately overworked isn’t particularly educational, and it doesn’t make you tough. So now the argument is: “OK, we’ll pretend we’re training you more humanely. But let’s police ourselves. Leave government out of it.”

Pardon us for being skeptical, but we note there was no action or even attention to this issue until legislative pressure began. Organized medicine, so proud of its scientific foundation, ignored a huge literature on sleep deprivation, much as the despised tobacco companies pretend science doesn’t apply to their vested interests. Let’s face it:

A real motivation to maintain the status quo is fiscal. Any housestaff hour reforms will inevitably cost money. Coupled with a perceived affront to medicine’s “independence,” little wonder legislative proposals irritate the defenders of business-as-usual. Years of research have failed to expose exceptions to work limits. Following two years of public pressure, UC convened its own ad hoc committee to recommend reforms of housestaff work. The committee’s December 1988 report proposes a maximum 84-hour week work, but allows “occasional exceptions” that “should not exceed 100 hours a week over a scheduled time.” Reasons for going over the limit of 84 hours include: “Providing continuity of care for patients; educational opportunities for housestaff; and supervision of education of others . . . .” These concerns, already invoked to justify excessive workloads, are our everyday fare. The maximum hours that are acceptable but nominal goals cannot warrant 100-hour week works. Thus, UC’s proposed “self-policing” contracts are not feasible.

In the fall, UC’s proposed “self-policed” contracts are not feasible.

The bulging image of old country doctors tending their beloved patients hardly applies to the callous world of academic medicine. The profession will undoubtedly feel cramped at first, but legislated working conditions are in the best interest of housestaff and patients. Regulated work hours for air traffic controllers and long-distance truckers protect public safety when financial and other institutional demands also impede it. Similar safeguards are long overdue in our setting. Make no mistake: it will not be easy and it may be expensive. But the alternative—to count on earnest self-regulation—is ill-advised and potentially hazardous for ourselves and our patients.

Steven Reidborn is a fourth-year resident in Psychiatry at UCSF, and the editor-in-chief of Alert and Oriented, the newsletter of the San Francisco Interns and Residents Association.

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Opinion

An Open Letter to the SFPD

Dear Powers That Be:

As you undoubtedly know, some 10,000 people work and attend classes at the UCSF Parnassus Heights campus. A good deal of the limited space around here is devoted to parking—indeed the garage is the most prominent building as you approach the gates of Irving Street. But this isn’t sufficient, and many UCSF students and employees leave their cars for the day in nearby Golden Gate Park.

Unfortunately, there is no parking from 6 to 9 a.m. along the park’s internal drive just north of Lincoln Way (the closest route to campus), and tickets have been written right up to the last minute. We know of an employee who got one at 8:52. On any given morning, as 9 o’clock approaches, you can see people sitting in their cars, waiting for the moment when it will be safe to proceed to work.

We understand the need for the no-parking interlude—the Park shouldn’t become a storage area for cars, and the drive has to be clear so that it can be swept. But the police should recognize the logistical reality—a 9 a.m. is when most workshifts begin, and in order to be on time to your class, or lab, or job, you have to park your car by 8:50. Either the no-parking period should be changed—say from 5:30 to 8:30 a.m.—or the police should grant a 10-minute grace period. In other words, we respectfully request that you cut us some slack, Jack!
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AIDS Conference
divided up the meetings, and where they ended up had a lot to do with who was sitting around the table. Paul was there, and the decision was made to bring the Sixth International Conference here in 1990.

Subsequently it was decided that UCSF would be the primary sponsor — partially because the meeting was on the west coast and UCSF had such a strong presence in AIDS and so many talented researchers — a big departure from past meetings, where the primary sponsor was usually the government. But that gave a lot of freedom to do what we wanted.

Paul Volberg and patient

We’ll probably get five or six thousand abstracts that need to be reviewed in fairly short order.

John Ziegler
time and energy to devote to day-to-day affairs, supervise a local staff and organize the program. John Ziegler, a former co-sponsor, provided direction. He needed somebody with more base has to be matched with another data base of reviewers. It has to be sent out to a reviewer in Kenya, a reviewer in Washington, or a reviewer in Charlottesville. Scores come back and they have to be logged in. And all of that data gets sent to the track committees, who are responsible for processing the scores of the reviewers and making the decisions. We’re in the process of increasing each committee. In the end, each will have 100 members — 25 local, 70 or so international.

Synopses: Who’s funding the conference?

RW: UCSF is putting up. They’re at the forefront. They’re basically providing us with a line of credit to get things started. We foresee the budget coming out about even in the end. If there is some money left over, it will go to AIDS research at UCSF. But someone has to stand at financial risk for all of it. The check starts coming in January, the first registration deadline. Before that we’ll probably have to spend up to a million dollars in contracts, deposits on sites, etc. We’re essentially running on our own, and that’s ambitious as what we’re going to do. They set up four meetings of their conference organizers to go to Buenos Aires, to go to Bangkok, New-Delhi... we can’t afford to do that kind of thing. We’ll get much of our international input by phoning and FAXing all over the world.

Synopses: What’s the role of the co-sponsors?

RW: The city is a co-sponsor and has been tremendous. They sort of help us out at times get closer with venues and security. The Foundation for AIDS Research has given us some money. The World Health Organization and the International AIDS Society are also co-sponsors and have provided expertise and committed conference organizers to sit on sponsoring certain items. For example, WHO will pay for simultaneous translation.

Synopses: How many people do you think will attend?

RW: The scientific conference will have 12 to 13,000 registrants, including at least 1,000 of the developing countries, with a huge breadth of broad ranging from hardcore molecular biology to issues like confidentiality, AIDS and the church... they will be largely inside the conference venues, which are the Moscone Center and the New Marriot, listening to plenary sessions, lectures. There will also be 2,000 members of the World Press and the International press attending San Francisco, also with a wide range of interests. Then there is the San Francisco community, which will also have a high interest in what’s going on at the conference. We’re going to try and make the information as accessible to the community as possible. We’re thinking of broadcasting conferences from the conference on closed circuit television to local venues, renting a theater and broadcating that. We’re thinking of having runs at other sites as well. The conference happens to land on Gay Pride week, so there will be lots of events going on that a San Francisco and lots of people coming for other things. Our closing ceremony is on the same day as the Gay & Lesbian Freedom Day.

Wally Westmoreland

there’s probably a few thousand that need to be reviewed in fairly short order.

Synopses: Who’s handling the logistics — reserving hotel rooms, things like that?

RW: We went around and interviewed 10 convention manager type people and ended up hiring Bill O’Connor, who was formerly the convention manager at Lawrence Berkeley Labs. He had a lot of experience running large conferences — certainly nothing like a large or locally charged. But he certainly understands science and he understands the conference business. We’ve also hired a consulting firm in Washington to do bulk processing and book keeping. When an abstract comes in it has to be logged into a computer and put into a data base, that data

John Ziegler

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about a third of the members didn’t. They sat down and took over the podium, which delayed the start of the opening ceremony for an hour and a half. We think we can avoid a situation like that.

Synapse: What’s the status of the immigration law? Will it prevent people with HIV from attending the conference?

RW: Clearly we could not go forward with the meeting if we had invited going to be arrested. That’s taken care of. The Immigration Service basically discharged with determining on a case-by-case basis if the public health benefits of admitting someone to the United States exceed the risk. In late May they announced they would allow people with HIV infection to come into the country if they had a “legitimate” public health reason — such as attending the conference, receiving medical care, conducting business, visiting family. We’re still trying to get them to go further. Our concern is that, as physicians and scientists, it’s a bad law, it makes no sense from a public health standpoint. But the law still remains on the books that HIV infection is an excludable disease.

Synapse: I notice you don’t usually use the term “HIV disease” instead of AIDS. RW: I could. I just haven’t gotten in the habit. I think it’s the right term. Maybe in a few years there’ll be the eighth international conference on HIV Disease. Anyone who has studied this recognizes that there are certain subtle consequences of HIV infection prior to the development of AIDS, and the focus is increasingly on preventive treatment for people while they’re still in the pre-clinical phase of HIV infection.

Letters — from page 2 —

Journal of the American Medical Association article indicate that a change in the existing residency system is long overdue. It would also be interesting to poll nurses regarding their experiences in working with_Funny residents and how they felt it affected the quality of patient care.

Koons quoted an unnamed fourth-year UCSF medical student who while driving home was frightened at the thought that nurses were following his/her orders while he/she was barely able to drive a car. Did it ever occur to this medical student that many times nurses do question orders and will seek clarification when something “improper” has been ordered? Smart, busy internists actively seek input from their patients’ nurses. When looking at the issue of comprehensive care, nurses are with their patients 24 hours per day, while a patient would be lucky to see a physician for five or 10 minutes per day.

This “enlightenment” is not meant to detract from my belief that the California Association of Interns and Residents (CAIR) definitely needs a stronger lobby in Sacramento. Hopefully CAIR’s efforts, along with the resources of many other concerned professional and citizen activist groups, will convince our legislators that the time has come for serious reform of California’s outdated standards for medical residents. Hospital patients are now much sicker than ever before. They deserve the highest quality of care from health professionals.

Paul J. Kunkel 
RN, MS, 1989 graduate, UCSF

Ed. note: On July 1, legislation limiting residency hours took effect in New York. The state health code now requires that residents work no more than 24 hours consecutively, with a maximum of 80 hours a week. It also stipulates that attending physicians must be present 24 hours a day to oversee the residents.

In addition, 24-hour-in-hospital teams must be available to draw blood, start IVs, transport patients, and to act as messengers. Legislation was approved to increase DRG rates to teaching hospitals to allow for the hiring of necessary staff to fulfill the above requirement.

Got something to say? Send your letters to Synapse, Box 0234 
MU Central Desk
Next deadline: August 4

CME office has moved to C-124
Extended Programs in Medical Education, the central CME office for the School of Medicine, is being relocated temporarily from the UC Hospital Building to room 124 in the Clinical Sciences Building. The box number for mail will remain 0742 and the telephone numbers are unchanged: Program Accreditation and Administration: 476-4211; Program Registration Service: 476-5808.

Blood Drive Aug. 1
A Blood Donormobile from the Irvin Memorial Blood Centers will park on Parnassus Ave., across from Millberry Union, on Tuesday, Aug. 1, and will accept donations from 11:30 a.m. to 5:30 p.m. No appointments are necessary.

Markey Award applications
Postdoctoral scholars and others eligible for the Lucille P. Markey Award, which provides research funding, must apply by Aug. 22. For application information, contact King Kryger in the Academic Services Office at 476-2218.

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EXPRESS AUG. 20, 1989
**Joy Luck** from page 1

new invasion and the horrors of war are remembered by all who lived through it. The hopes and disappointments of the new country are shared by all as well: in the United States a woman’s worth is not measured by “the loudness of her husband’s belch,” but opportunities exist only for those who speak “perfect American English.”

The older women are simultaneously proud and ashamed of their daughters’ rapid assimilation into American culture. They “swallow more Coca-Cola than sorrow,” and speak English so well that they have forgotten Chinese. “When she was born,” says Ying-ying St. Clair, “she sprang from me like a slippery fish, and has been swimming away ever since. All her life, I have watched her as though from another shore.”

The writing is deceptively simple. Tan has a keen eye for telling detail: the character’s table manners, the rift between the mother who presents a good luck mirror and the daughter who notices only that the mirror is from the Price Club. She is equally comfortable with Chinese symbolism, in her descriptions of “the Moon Lady,” and of a turtle who cries at the bottom of a pool, its tears feeding magpies who drink at the surface.

Her humor is sly and deadly accurate: “She bring home too many trophies,” lamented Auntie Lindo that Sunday. “All day she play chess. All day I have no time do nothing but dust off her winnings.” She threw a scoldin look at Waverly, who pretended not to see her. “You lucky you don’t have this problem,” said Auntie Lindo with a sigh to my mother.”

The book jacket notes that Tan’s parents expected her to be “a neurosurgeon by trade and a concert pianist by hobby.” This little jab at the expectations of Chinese parents is softened by the dedication, “You asked me once what I would remember. This, and much more.”

The “Joy Luck Club” is an elegantly written, poignant and honest book. Readers, Asian or non-Asian will find it beautiful and moving. And some will look into it and find reflections of their own souls.

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**This Gotham City Isn’t for the Kids**


By Dan Barros

It’s easy to see why “Bat-fans” and more mortals alike are lining up to see Tim Burton’s entry into the summer box-office sweepstakes, Batman. The movie looks different, sounds different and clearly is a cut above all other blockbusters and sequels plaguing theaters this summer. Nevertheless, the hysteria surrounding the release of the film (which can only be compared to the Star Wars mania of the late ’70s) might cause some people to forget this slick, visually stunning rollercoaster ride and dismiss the picture as simplistic “kid stuff.”

But this is no kids’ film. In fact I would hesitate to bring any child to Burton’s version of “Gotham City,” a towering metropolis with rampant organized crime, a large, desperate lower class, and corrupt law enforcement. But wait, there is a six-foot bat in Gotham, and he’s going to fight for truth, justice, and well, you know the rest.

With a premise as fantastic as this, Burton has the monumental task of forcing the audience to suspend its disbelief, which he accomplishes skillfully. In the very first scene of the movie, he juxtaposes a realistic mock-up of what looks to be New York City’s nighttime skyline with quasi art-deco, film-noirish close-ups of Gotham’s skyscrapers, leading viewers into a twisted world of surrealism and shadow.

It is only in this dark, dreamlike world that we can believe revenge could motivate millionaire Bruce Wayne to become the title character as well as drive a comically (!) disfigured Jack Nicholson to murder. Wayne, minus ward Dick Grayson and displaying clear signs of a schizoid personality, develops into the caped, gadget-toting crimefighter and adds an arsenal of high-tech armed vehicles. Nicholson becomes Joker, Batman’s even more interesting, nefarious doppleganger. Both characters have to work constantly to keep their origins under wraps, as well as keep each other at bay.

Burton, a “hot” director, makes some intriguing decisions. As in Beetlejuice, he inflicts humor into even the most suspense-filled and violent moments. After murdering underworld mogul Carl Grissom (Jack Palance), Joker turns to one of his henchmen and, in a perfect imitation of Palance complete with wiggly eyebrows and shaky pauses, says “You arrih my nambuh wuuhuh!” Later, a wounded, semi-conscious Batman staggers into a row of pews at the Gotham Cathedral, knocking over row after row like dominoes. Burton also paces the film exceptionally well, so that after an explanatory, comic, first hour, it virtually spins itself into action sequences, hurling toward a tense, but surprisingly romantic, almost lyrical conclusion.

Nicholson, so adept at playing the strutting, crazy, dangerous villain, gives another performance of almost any other actor’s lifetime. Michael Keaton brings his usual squinty-eyed, caught-off-guard charm to the role of Bruce Wayne. He does a good job as Batman, too, considering he can only use his voice and eyes to express everything that a caped crusader must. Kim Basinger (as the gorgeous Vicky Vale, everybody’s love interest) acts well in close-ups, but needs to work on sounding credible as an ace photo-journalist.

Danny Elfman of the group “Oingo Boingo” wrote a beautiful, evocative score for the film. Unfortunately, Elfman’s contribution is currently overshadowed by songs from the movie which Prince wrote, but are heard on screen for only about 10 minutes. Prince’s songs provide a backdrop for Joker’s warped, murderous rampages, while Elfman’s majestic, melodic music enhances the tragic nature of the lead characters, accentuating their vulnerabilities and their inescapable paths toward conflict and destruction.

The television series “Batman” was slick, campy fun, because the story-lines were so preposterous and after a while, the series began to mock itself. Batman the movie is serious, almost somber and somewhat of an achievement because it’s not only fun, but thrilling. It is undeniably the most original and worthwhile of this summer’s big-budgeted movies... so far.

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**Lisa McCarty** 1500 Willett St., B.T. 322-2091
Interview with Ferial Aly
Nursing in the Middle East
Ferial A.M. Aly is the 1989 Lucile Petry Leone Distinguished Professor in International Nursing. She is currently Dean of the Higher Institute of Nursing at the University of Alexandria in Egypt and has collaborated extensively with the World Health Organization (WHO) on projects throughout the Middle East.

Synapse’s International Editor Jill Ledgerman spoke with her on the subjects of nursing in the Middle East, women’s health and the role of nursing in promoting world health.

Synapse: Is Egypt the center of nursing education in the Middle East?
Aly: Alexandria University especially. The Higher Institute of Nursing started in 1955, so it is one of the oldest colleges in the Middle East. We were the first ones to start working with WHO. A teacher from the United States stayed the first five years till they graduated the first group. I was the third group. The first group were five only, the second were 13, the third were 25. Now we are accepting up to 200.

We have sufficient places for the international students. And we have the doctorate program and the masters program developed. We have 17 full professors in the school of nursing, so it is one of the main schools in the whole of Egypt and the Middle East.

Synapse: Is nursing a prestigious profession in Egypt?
Aly: In Egypt I can say yes. There are a lot of activities and a lot of leaders of nurses in Egypt. They are proving themselves within the system. In the Ministry of Health the Nursing Body is headed by one of the first graduates of our institute and she is a leader there. In the school of nursing all the staff are well educated, they are promoted to full professor, they have their doctorate degree; around 80 in the staff have their doctorate degree. Nursing in Egypt is really in a good situation.

Synapse: What is it like elsewhere in the Middle East?
Aly: In Syria, for example, they have three nurses with degrees—one master’s degree, two bachelor’s degrees, and no more. The rest of them have diplomas.

I worked in Syria several months. They don’t give them the chance to (attain) their graduate degrees. And even the scholars- ships that they give, they send them to Russia on a scholarship, they don’t care what she’s going to study, but she’ll travel for years.

And then when she comes back, they put her in any position, not related to what she qualified for.

Youmen is different. They don’t have many qualified nurses but they have a lot of midwives. The health system there is very flexible. They are ready to work and get advice and give fellowships for training in other countries to get more degrees.

Synapse: How does the status of women in the Middle East relate to nursing?
Aly: In different countries, there are different situations. In Ammar, the economic situation is good so the majority of the women don’t like to work. Women don’t want nursing jobs because of the inconvenience, the time... They say: ‘why should I be a nurse when I could be a teacher and work just from the morning until noon and then go home?’

In Syria, they are going towards nursing, especially in nursing/midwifery. It’s well accepted because you have prestige within the community; you deliver babies and can have a private practice.

Synapse: Are there traditional healers?
Aly: In all the countries. Part of our program is to teach the nurses and take them as trainers with us and go in the villages and train health workers like the traditional healer, the herbalist, the traditional birth attendant, the bone setter and so on.

Synapse: Have you found the local populations to be distrustful of you and your students as foreign nurses?
Aly: I didn’t see this situation because most of the time we had the traditional birth attendant with us. So they always felt we were part of the community and not an outsider.

Synapse: What is the role of nurses in promoting world health?
Aly: I think nurses have the main bulk of work in promoting world health. Nurses are the ones who are contacting patients more, who talk with the patients more. The doctor doesn’t have that time.

Synapse: What are your views on women’s health and promotion of women’s health issues throughout the world?
Aly: The women’s health all over the world is a contradiction in terms. If you ask women to do any things for promotion of their health, we should consider the constraints. If we ask her for hygiene, and for boiling water for drinking, we are putting a big burden on her, more than the burden that she has. She has to get the wood from outside, she has to boil the water, she has to keep it in a container, and all this is her re- sponsibility. So when you (promote) any program you should consider the constraints and try to modify this kind of thing.

Synapse: Considering that the barriers in international health are not scientific but political, are you involved in political activ- ities?
Aly: In the different countries, as a WHO consultant we should stay away from any political matter. It is our job. In Syria, for example, I developed a manual for home visit approach and family health assessment and a manual for how to work if there is no doctor around. You can do a lot without interfering in the politics.

A characteristic of a consultant should be that they are not supposed to impose their country. They should look for their health needs and try to use the local technical resources to meet this need. As much as we can, we are objective in our work. At the end of our consultation we give the report to WHO, and WHO writes in a way that we don’t lose any relation with the country. We tell them, ‘this is your situation and this is our suggestion.’ We don’t impose.
“I haven’t gotten any sense that a large part of the community is against the university,” said Stephens. “They’ve been fed a lot of misinformation, and it’s understandable that they are concerned.”

Newly unpacked scintillation counter—a machine that measures radioactivity—was stored on the Parnassus Heights campus until the July 3 ruling gave UCSF the license to use radioactive materials at its Laurel Heights campus.

true. Although we have plans for expanding into the existing space, we’re still very cautious,” he commented. Despite the caution, however, there is an unmistakable excitement. “I did my first experiment (using radioactive isotopes) here on Monday,” said lab technician Sloan Raussel. “It’s like you’ve been riding the bus all the time, and all of a sudden, you get a car. You just get in and you can go.”

George Newport says the fluorescence-based DNA sequencer behind him was a $100,000 purchase necessitated by the ban on radioactive isotopes at Laurel Heights.

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