

SYNAPSE

Greene examines dentistry progress

By Charles Piller
Assistant Managing Editor

School of Dentistry Dean John Greene could be considered one of a new breed of educators — as much a manager as an academic. "Running an institution of this size now is big business," which requires professional administration, he said. "There are professional educators in the institution...together we can make a good team."

Greene's career in research and administration has been a broad and expansive one that has taken him from coast to coast, and various points in between.

After earning an DMD degree at the University of Louisville in 1952, Greene interned in Chicago. He then worked at San Francisco's Public Health Hospital (now closed by Reagan Administration budget cuts). Next, he moved on to the Centers for Disease Control in Atlanta, as part of the Epidemic Intelligence Service.

Greene continued his work as a health detective with a brief stint in India in 1957, as part of a World Health Organization dental study team.

After a period of research and administration with the National Institutes of Health and the Surgeon General's Office, Greene was back in the Bay Area — first to complete a MPH degree at UC Berkeley in 1961, then back to the San Francisco Public Health Hospital to run an epidemiology program.

Greene returned to Washington in 1966 and took on a series of posts in the U.S. Public Health Service. One of these was chief of the Bureau of Health Manpower. During one year he handled a \$1.4 billion budget, overseeing everything from nursing program development to hospital construction. Finally, he became deputy surgeon general for the service.

From that spot, he was approached for the position of dentistry Dean in 1981. When he visited for an interview, Greene said, "I began to see the real potential for this to be the outstanding school in the country, perhaps in the world."

In the following interview, Greene reflects on his current view of that potential, and his experiences here.

Synapse: You've been dean for four years now. What have been some of your great satisfactions and frustrations here?

Greene: Some of the most pleasant surprises and satisfactions for me have been

the opportunity to work with such outstanding students and faculty. I think we have probably the best student body in the country, and some real superstars on our faculty. It's getting all that to fit together, to come out to the final product, that's a real challenge...

Something I'm proud of was eliminating the huge deficit the school had when I came. It was about a million dollars...The previous administration had had some (understandable) problems in...building a new facility — the transition was inefficient, very difficult to get it up and running.

One challenge given to me by the chancellor was to get the school out of debt. I said to him that I felt it was not possible to overcome the deficit, and at the same time try to move the school ahead. I said if he would take responsibility for the past I would take responsibility for the future. And fortunately the chancellor agreed. So that was a big burden off the school.

Since that time, we've made a number of changes, efficiencies. Now we're not operating at a deficit. (Although) it was difficult, in that people have taken on additional responsibilities.

Another area of satisfaction for me was the basic sciences. When I came here for interviews, I learned that the students were very unhappy with what they were getting in the basic sciences. The faculty and administration in the School of Dentistry felt that they were paying a lot to the Medical School (for instruction services) but were not getting adequate return.

When I talked to people in the School of Medicine, their feelings were that they were being asked to teach the dental students without adequate compensation, and that the Dental School had complained but was not saying what was really needed.

So I appointed a coordinating committee (including students, plus faculty from both schools). Through that mechanism, teaching in the basic sciences has been much improved...and both schools feel much better about it. So I'm very pleased with that...

A third area that I was concerned with was clinical operations. There had been concern that graduates weren't doing so well on the state boards...weren't well-prepared clinically. We put a lot of emphasis on improving the clinical program.

Some of the changes resulted in student concerns. But the state board performance

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Prevention ignored as pre-term fix

By Rasa Gustaitis

While the percentage of infants who die in their first year has decreased steadily in this country for 20 years, the major cause of those deaths — premature birth — has remained virtually unchanged.

Now evidence is mounting that further progress in reducing infant mortality is likely to come not through advanced medical technology, but through common-sense efforts to reduce prematurity.

"There is little question that pre-term birth is the major cause" of disease and death in otherwise normal new-borns, according to Dr. Robert Creasy, who directed a major study on ways to prevent pre-term delivery. Though the causes of prematurity are diverse and poorly understood, he said, "we know that the lower the socio-economic status, the higher the risk."

About 7 percent of all babies born alive are of "low birth weight" — under 5 pounds, 8 ounces. This is a higher rate than in 12 other developed countries, including Japan, Norway and East Germany. In some hospitals serving poor populations, the figure is as high as 18 and even 21 percent.

Since the 1960s, we have made enormous progress in keeping these low birthweight babies alive, but experts say that success has only masked the incidence of prematurity.

The rate of death among new-borns has been "reduced largely through medical care. We have not done a thing to reduce prematurity," Dr. Lawrence M. Gartner, chairman of the department of pediatrics and director of Wyler Children's Hospital at the University of Chicago, said in a recent talk.

End of an era

Several eminent scientists from across the country, including the head of the National Institutes of Health, will join UCSF faculty in a two-day scientific symposium paying tribute to Lloyd H. "Holly" Smith, Jr., MD, who is stepping down in July after almost 21 years as chairman of the Department of Medicine at UC San Francisco.

To be held in Cole Hall tomorrow, Friday, April 12, from 2 to 4 p.m. and Saturday, April 13, from 10 a.m. to 12 noon, the symposium will cover some of the history of the university's rise to eminence in biomedical research.

On Saturday, NIH Director James B. Wyngaarden, will speak on "UCSF as a Parnassus of Research." Also in attendance will be dozens of Smith's former house staff and medical students, some of whom have gone on to become heads of departments and medical schools around the country.

During Smith's tenure as chairman, the UCSF Department of Medicine grew in size and national stature to become one of the largest departments in the country, with a research budget exceeding \$33 million annually. Only Harvard Medical School's Department of Medicine surpasses UCSF's in amount of grant money received from the NIH.

There currently are 185 full-time faculty, 900 part-time faculty, 100 residents and 100 fellows — in all a 300 percent increase over 20 years ago. Thirty faculty now belong to the prestigious Association of American Physicians and two have served as its president.

A 1948 graduate of Harvard Medical

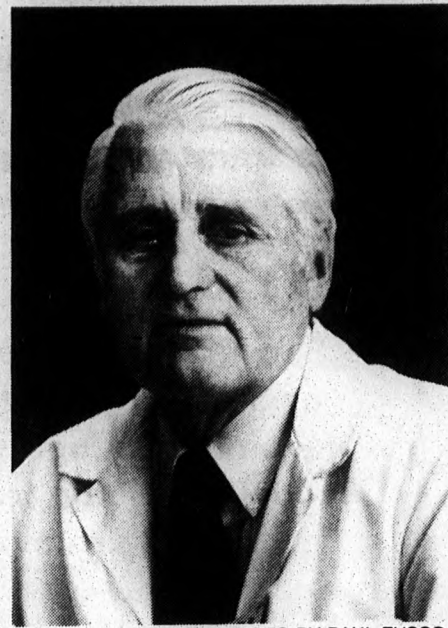


PHOTO BY PAUL FUSCO

Lloyd H. "Holly" Smith, Jr.

School, Smith served on the faculty at Harvard and on the staff of Massachusetts General Hospital before coming to UCSF in 1964. He is credited with building up San Francisco General Hospital and the Veteran's Administration Medical Center as fully integrated teaching hospitals affiliated with the UCSF School of Medicine, and with bringing to UCSF major research center, such as SFGH's Rosalind Russell Medical Research Center for Arthritis and the Howard Hughes Medical Institute.

Smith will continue at UCSF as associate dean for special projects and admissions in the School of Medicine.

Bill pushes regents to end closed sessions

By Jane Rosenberg
Sacramento Correspondent

The UC Board of Regents are being challenged on their ability to discuss some matters in private. Sen. Leroy Greene, D-Sacramento, has introduced legislation requiring the Regents to publically identify any property they hope to buy before embarking on negotiations behind closed doors.

The bill will be heard before the Senate

Judiciary Committee April 23.

In addition, Senate Bill 1035 would allow the board to discuss only pending litigation in private, provided that legal counsel can justify a closed meeting in a written memo within one week of the executive session.

Currently, there are no limits on discussing litigation in private for state boards and commissions, such as the regents.

The bill also stipulates that the Regents disclose the nature of the litigation in public before holding a closed session, unless such a statement would jeopardize their ability to conclude a settlement in their favor.

The bill was introduced on the heels of a debate over whether some student government meetings could be closed at UCLA.

The Senate Office of Research consultant who wrote the Greene bill described the measure as "clean-up legislation," bringing state boards and commissions into compliance with new open meeting laws for local governments.

"It was initially opposed by almost every local government in the state, but they eventually saw the reasonableness of the general proposal," said Greg deGiere, who wrote the Greene bill.

"That indicates it's not such an onerous thing," he continued. "We're not telling them they have to do everything out in the open."

The Greene bill hasn't encountered any formal opposition, but UC's chief lobbyist, Steve Arditti, has promised a letter stating

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This fact may be key to understanding a recent report from the U. S. Public Health Service. It indicates that after dropping steadily from 24.7 deaths per 1,000 live births in 1965 to 11.2 in 1982, the decline in infant mortality has slowed, and the rate seems to be stabilizing around 11.

This data has been interpreted by many experts to mean that intensive care of newborns may have reached the limits of its effectiveness.

"We have probably just about reached the biological limits of saving babies" at an ever-younger age, remarked Dr. Arthur Salisbury, vice president for medical services of the March of Dimes Birth Defects Foundation.

Since the mid-1960s, billions of government and health insurance dollars have been spent on pre-term infants in the fast-

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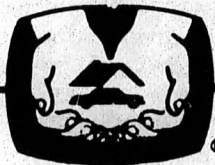
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dialogue between the authors and readers of the campus community, and to represent the spectrum of belief and action. Articles and columns published in Synapse represent the viewpoint of the author and not necessarily that of the editorial staff. Unsigned editorials reflect the majority viewpoint of the staff and not necessarily that of the Board of Publications or of the University of California.

Announcements

Student government elections

The process by which UCSF's Associated Students officers are elected has begun. Elected positions include an executive director; executive vice president; and three vice presidents, one for academic affairs, one for student affairs and one for community health.

The following is the election schedule:

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|----------------|--|
| April 1-12 | Election petitions available at ASUCSF office, Room 249 in Millberry Union. |
| April 12 | Petitions due in ASUCSF office by 5 p.m. Statements of candidates for publication in Synapse must be handed into the ASUCSF office by 4 p.m. |
| April 15 | Candidates' photographs taken at Synapse office, 1324 Third Ave. Call x2211 or check with ASUCSF office on times. |
| April 22-26 | Campaign week |
| April 29-May 3 | Balloting week. Elections booths are located at the School of Medicine, HSW third floor, on Monday, April 29; the School of Pharmacy, U-12, on Tuesday, April 30; the School of Dentistry, lobby, on Wednesday, May 1 and the Medical Science Building lobby on Thursday, May 3. |
| May 6 | Election tabulations and results. |

Distinguished immunologist series

The first in a series of "Distinguished Immunologist Lectures" will be held Wednesday, April 17, from 4 to 5 p.m. in HSW 300. Henry Metzger, chief of the Arthritis and Rheumatism Branch of the National Institute of Arthritis, Diabetes, Digestive and Kidney Diseases, NIH, will discuss "Mast Cell Receptor for IgE: Structure and Signal Transduction."

Basketball marathon for charity

The Psi Omega and Xi Psi Phi Fraternities of the School of Dentistry are sponsoring an 18 hour basketball marathon, to be played at the MU Gymnasium beginning at 6 p.m., Saturday, April 13. Spectators and pledges of funds are welcome; monies raised will be donated to the Easter Seals Society of San Francisco. Pledges should be registered with a member of either fraternity.

Philippine health talk tonight

The Philippine Health and Medical Committee of the San Francisco Bay Area cordially invites the campus community to a public forum about the health conditions in the Philippines and the alternative approach to health care. The guest speaker will be Mita Pardo de Tavera, a prominent Pilipino physician whose work on primary health care among the urban poor has received international recognition. The event will be held this evening, April 11, 7 p.m. at Dimasalang House, 50 Rizal St., San Francisco. For further information, contact Sony Costiniano, local committee coordinator, at x4624.

Neurosurgery lecture April 17

Jerome B. Posner, chairman of the Department of Neurology, Memorial Sloan-Kettering Cancer Center, New York City, will speak on "Paraneoplastic Syndromes" at 3 p.m. on April 17. This Robert Magnin Newman Fund Lecture, hosted by the Department of Neurosurgery, will be held in Toland Hall, room U-142.

Squash Club News

The Parnassus Heights Squash Club will hold its 1985 Spring Tournament and First Annual Dinner later this month at the MU Squash Courts. Round robin match will take place on Friday, April 26 from 5-9 p.m. and all day on Saturday, April 27. Refreshments will be available, and dinner will follow play on Saturday.

Prizes will be awarded, and players of all levels are welcome. This is the best opportunity to meet new players. Tournament fees are \$3; dinner \$5 for players or guests. Register at the Athletic Control Desk, MU Pool, by April 23. For more information, contact Kan Gill at 753-6606.

Club member Jerry Sontag won the regional finals of the Insilco "C" Tournament. Insilco is the largest tournament in the world consisting of squash players across the country competing to represent their region in the national finals. Jerry defeated club champions from all over Northern California and Nevada, and will travel to Washington, D.C. this May for the finals.

Unhealthy advertising

A color videotape, "Mixed Messages," featuring cigarette advertisements directed at women from the 1920s to the present, is scheduled for Thursday, April 18, noon to 1 p.m., in Toland Hall. Focus is on emerging medical data on health consequences for women, contemporary promotions, extent of cigarette advertising in women's magazines and more. Virginia Ernster, Ph.D., associate professor at UCSF leads a discussion.

Financial Aid

Parental forms due

All students required to submit a copy of their parents' 1984 Federal Income Tax forms must do so by the April 22 deadline. The forms must be signed and must be accompanied by copies of all schedules and attachments. Those who cannot meet the deadline must submit a written statement as to why the deadline will not be met and when the document will be submitted. This final document should make your file complete, however, if you have been requested to submit other information April 22 is also the deadline. If you are uncertain as to whether or not your application is complete you can call and inquire at 666-4181.

Financial aid budget proposals

It's not too late to write letters to your legislators! Many students would be affected by President Reagan's budget proposals for 1986 and have expressed a desire to write to their Representatives or Senators. In addition, the health professions financial aid programs need to be reauthorized in order to maintain student access to the Health Professions Student Loan Program. Additional information on reauthorization and on the proposed budget cuts is available in the Financial Aid Office. Also available is a list of appropriate Congresspeople for students who wish to write letters.

Pre-term solution

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increasing number of highly technological intensive care nurseries. The survival of ever-smaller babies in these facilities translated into a drop in the infant mortality rate.

Such intensive care now costs about \$1.5 billion a year, Salisbury estimated — about 750 times as much as expenditures for prevention of pre-term delivery, which he puts at about \$2 million annually.

Late in February, a committee of the National Academy of Sciences Institute of medicine called for a major national commitment to ensure that all pregnant women receive high-quality prenatal care. Its 284-page report, "Preventing Low Birthweight," states "the overwhelming weight of the evidence" shows that "prenatal care reduces the risk of low birthweight."

Premature births have been linked to low socio-economic levels, race and ethnicity, age, particular medical histories and behavior patterns as well as lack of prenatal care.

The committee estimated that "early and regular" prenatal care could reduce low birthweight significantly.

In France, where preventing premature births has been a national priority for four years, the rate has dropped from 8.2 to 5.3 percent in nine years. In one program, women considered likely to deliver prematurely get leave from work four weeks before they are due, obstetric care, even payments for starting prenatal care early.

Closer to home, Creasy heads a program, started at UCSF, and now expanded to five cities, which teaches high-risk pregnant woman how to recognize the premature onset of labor — which can be stopped with medication if detected in time. The program has helped bring a significant drop in pre-term deliveries.

The Academy of Sciences committee also called for removing barriers to

prenatal care, such as Medicaid restrictions on the number of visits allowed, and recommended "full availability of family planning services, especially for low-income women and teenagers."

Interestingly, such a program would actually save money. Dr. Richard Behrman, who headed that committee, told a house panel that "each dollar spent on prenatal care could save as much as \$3.38 on specialized care for low birthweight infants."

In Sweden, where the prematurity rate is half the U.S. rate — and infant mortality less than half what it is here — freely available information about birth control means "we don't have a problem of unwed teen mothers," according to Dr. Niels Riha, who chairs a university pediatrics department. High quality medical care is free, he said — and "so well organized that even the high-income mothers go to the prenatal clinics."

Finally, "When a woman has a child she gets a year off from work, which she can start before the birth. That is the law."

Cecele C. Quaintance, R.N., is program director of the California Mid-Coastal Perinatal Outreach Program. In her area, she has noticed that most of the women who fail to come in for care are young — and frequently poor. One reason is that, especially in rural areas, low-income women find it too hard to come into the clinic.

With four nurses and a van, she said, they could serve 15 women a day, but the program's budget does not allow that. Part of the reason for funding problems, she says, is that "Women-infant health is already seen as taking up too much of this country's resources."

The annual budget for Quaintance's program, which provides training for physicians and nurses in 10 counties, is under \$110,000. This is about one third the cost of six months intensive care for one very premature infant.

Pacific News Service

Editor's Message

William Meecham

What is *Synapse*? World-wide, most people recognize it as the student newspaper of UCSF. People here, being well educated in the biosciences, might remember it also as the site of communication between two closely apposed electrically active cells. The paper wasn't named by accident. But what information is this publication trying to convey?

Bombarded by pre-recorded images and sounds and buried by reams of printed paper, modern Americans tend to be distrustful of the media marketplace. The media are highly competitive, and to grasp the public's attention any vendor of mass message must either be interesting or unavoidable.

Perhaps in the past *Synapse* has relied too heavily on its monopoly of UCSF corridors. However, the paper has an important responsibility, and we who struggle to provide this publication to the campus community are cognizant of our special position.

Some issues we cover are of limited scope, perhaps only affecting subgroups of an already small student body. But these matters can be critical to the people affected. Often *Synapse* is the only public forum where student grievances can be aired.

Some events at UCSF impact broadly on the health care industry, and we take seriously our responsibility to provide readers with accurate information about these matters. In addition, some state, national, and world events are of particular interest or significance to students in the health sciences.

As students, we share the experience of being supersaturated with data, and we believe *Synapse* should provide occasional vacations from dead seriousness. So we offer pieces about the fun activities of students, pieces of general human interest, and humor.

We do our best to inform students of

campus and community events and programs which may be interesting or informative. The paper is an up-to-date "billboard" for announcements and advertisements. We invite student organizations to publicize their projects in *Synapse*, and our advertising rates for such low-budget groups will soon be lowered substantially.

Regrettably, *Synapse* is not always able to provide the range of services and represent the range of articles we aspire to. The prime reason is that more students need to get involved in the paper — most are so burdened with studies that they can't imagine taking on another task.

But we urge you to consider involving yourself, even on a small scale — for example, trying your hand at that article on your pet issue that you've been looking for us to cover.

Everyone is welcome to write for *Synapse*. We encourage submission of stories which fit, even vaguely, the categories outlined above. We welcome students to submit photos (camera equipment is available for this purpose) of campus events. As a reminder, we are soliciting creative writing, art and photos for our May 23 Literary Issue.

The *Synapse* staff meets every Monday, from 5 to 6, at 1324 Third Ave. All students are invited to these meetings, and are encouraged to offer suggestions, criticisms, compliments, etc., and especially to get involved. Just call our office, at x2211, to let us know you're coming.

In the 1980's our nervous systems are busy sorting and processing trillions of bits of mediocre media hype. Our senses scan a vista of loud pictures and words clamoring for attention, competing for shelter in our memory banks.

Synapse proudly enters this chaotic message market, requests your attention, and invites your participation. This newspaper is importantly distinct from all others: *Synapse* is yours.

Regents

continued from page 1

UC's objections to the bill, according to deGiere.

But Arditti said he couldn't comment on the bill until UC officials analyze the measure, one of 800 bills administrators are reviewing for the UC governmental relations office here.

"Obviously, there are a lot of sensitive matters (in the bill) and we have to look at it very carefully," he added. "We haven't taken a position on it."

The bill's real property provisions would have a greater effect on UC than the new language on litigation, according to deGiere.

"Under current law, the Regents could, although I don't think they'd do this, buy or sell an entire campus without anyone knowing," deGiere said.

He also criticized UC's recent purchase of the \$55 million Fireman's Fund building in San Francisco to house UCSF administrative and academic programs. "They did that without telling anybody," said

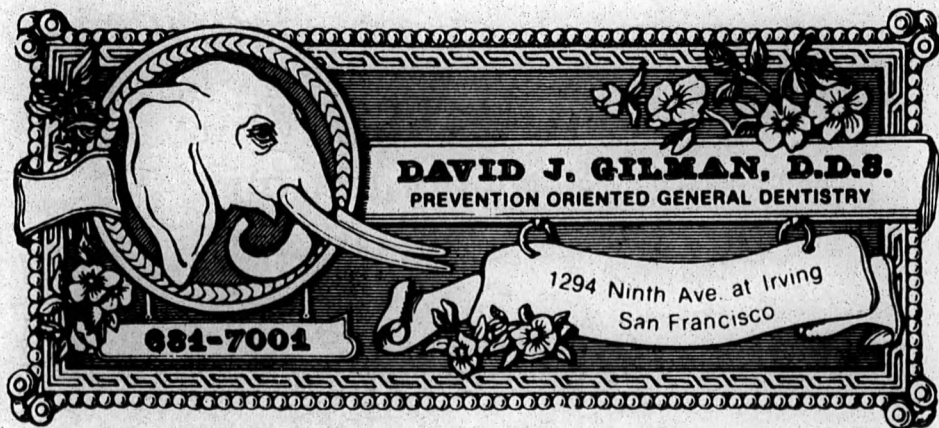
deGiere.

The purchase was approved in December by an "interim action," UC spokesperson Valerie Sullivan said. President David Gardner, Board of Regents Chair Vilma Martinez and the chairs of the Buildings and Grounds Committee and Finance Committee approved it as an emergency measure because the building's owners had a Dec. 15 deadline and the Regents don't meet that month, Sullivan said.

"It was a special circumstance, an isolated case," Sullivan said, adding the Regents are permitted under current law to finalize purchases in private.

The Greene bill would require a public vote, deGiere said. "They're a public agency, they're not spending their own money. The public doesn't have a legal right to know," deGiere said. "But they ought to..."

"The public delegates authority," he added, "but they do not delegate the right to decide what they should be informed about."



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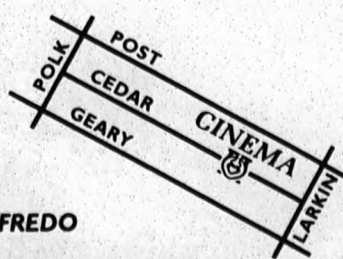
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Dentistry

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improved. In 1980, 71 percent (of UCSF graduates) passed. It has gradually moved up since then. Last year, 90 percent passed the boards. So I feel very good about that as one indicator of clinical preparation. But that is only one measure — the technical ability. It doesn't measure the ability to deliver what I call "comprehensive care." That's one thing I wanted to move to...something we call "group prac-

We've done a number of things to change that. The research part is just now beginning to develop and show benefits...I just came back from a meeting of the International Association for Dental Research. At that meeting, we had 44 presentations — the highest we've ever had by far. Some faculty that formerly were here said to me, "What's happening at your school? I'm so impressed with the quality and number of things happening." (Greene

Some of the controversies are not too surprising — when you have a school that's taking a look at itself, trying to improve and make changes.

tice," and have a group director working with students to ensure they were assigned the right type of patients and to follow their progress. That has worked reasonably well. But as we've (lost some faculty slots), and are making other adjustments in the system, the critical thing we run into was the problem of inadequate faculty coverage...which required further adjustment — which caused the students to say, "there's constant change." But I think that was needed change. They're getting more attention from the faculty now. We still haven't lost the emphasis on comprehensive care. Although we haven't gone as far as I think we should go, we have made a lot of progress. Another of the chancellor's concerns when I came was that the Dental School had largely tended to be somewhat isolated on campus — not as much involved in the whole of campus activities as the other schools. And it was not conducting as much research...

was named president-elect of the U.S. affiliate of the association in March — Editor.) The other thing that has been very important is improving communications throughout the school — with new committee structures. That is necessary, particularly in a time of change. One of the things I didn't put enough emphasis on during some of the change period was the importance of communication. It was not occurring as broadly as I thought it would. Maintaining proper, complete communication on a timely basis, so people can feel involved and be involved in the whole process — I think that's been one of the difficulties. **Synapse: The school is ranked third among all dental school in the country — to what do you attribute this high ranking?** **Greene:** I believe you're referring to the Gourman Report. First of all, that is not

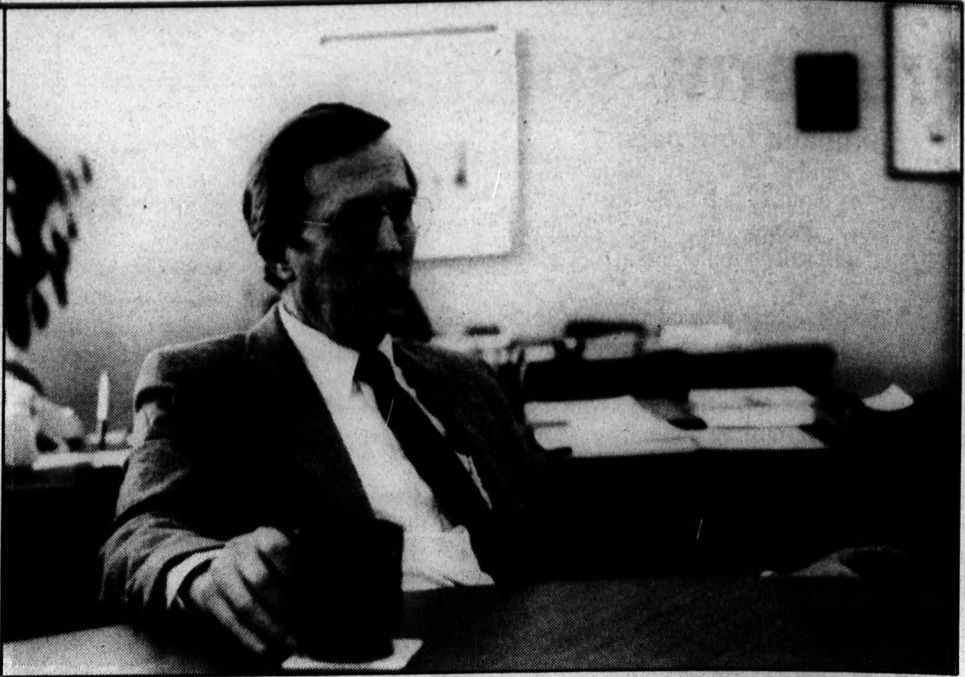


PHOTO BY TORREY STADTNER

Dean John C. Greene

uniformly accepted as a valid ranking. In his report, he doesn't give full information on what he bases the ranking. But I can tell you what I see as some of the school's strengths. One is the student body and another is the number of what I call "superstars" on our faculty — who are well known nationally and internationally. We also do very well now on the national board examination. (UCSF students have scored in the top fifth in most sections during that past two to three years.) I would imagine that another area considered is publications. In the past, it has been a modest amount — but in good journals, and referred to a lot. Another factor is how well we do in minority recruitment. The last time I looked we were third in that one, right behind the two primarily minority dental schools.

So they need to learn problem solving, and to have the basic science underpinning. They also need to know something about behavior of people, about society around them — such as how to provide care to persons who don't get adequate care now. They need to understand the different delivery systems, payment systems, and the changes in disease patterns. They really need a full spectrum of information. Faculty tend to feel that their area is the top priority — and, I guess, appropriately so. They should feel it's important, and take pride in it. When I put emphasis on another area, they feel it's a waste of time. But they're all important. **Synapse: Do you feel the school's educational program is now a balanced one, between all these areas?**

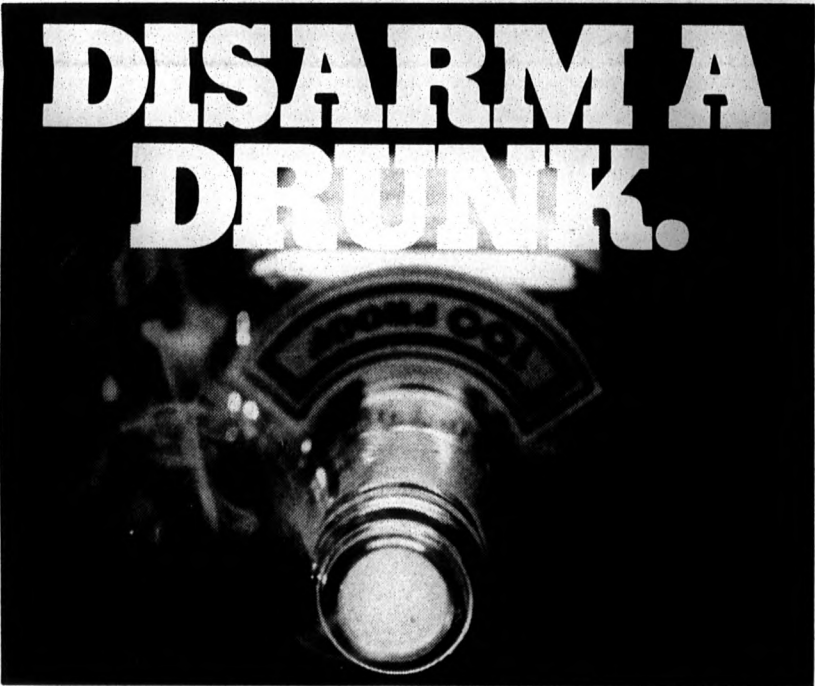
Running an institution of this size now is big business which requires professional administration.

Synapse: Recently there has been some controversy over where the school's greatest emphasis should be — on public health-related concerns, clinical training or academic dentistry. There have been disagreements over priorities. Should one of these receive the greatest emphasis in the school's activities?

Greene: Obviously I would like to see a balanced program to strengthen all of those. We trying to prepare our graduates to be able to enter the general practice of dentistry, and to deliver top quality care in a comprehensive way, and in as sensitive and compassionate a way as possible. But today's dentistry doesn't begin and end with clinical practice. Students need to know what treatments to select and why. Also, there's change over time. If today's graduates only knew the techniques of today...in the year 2010 they will not keep up with the pace of change in society and in the health professions.

Greene: It's as well-balanced now as any of the other schools. However, the Faculty Council and I have agreed that we need to review our entire academic plan, in light of the changes, to see whether or not there should be increased emphasis in some areas other others... I believe that dental education is the most difficult and challenging of any of the health professions. When the students are selected to come here, they are chosen because they've done very well academically...they not only (are expected to) continue along those lines, but simultaneously they're doing things they've never done before — eye-hand coordination, like microsurgery. They are faced with the possibility of failure on something they've never done before, when they've never failed before... Then in the clinics, we expect them to get a very large amount of experience in a short time. In medicine, for example, you have at least one residency year before you get a license to practice. We're trying to develop a finished practitioner.

Synapse: The school has been subject of continued on page 5



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Dentistry

continued from page 4
a number of controversies lately — student curricular concerns, charges of discrimination which were ultimately not substantiated, and alumni doubts about the school's direction. How have these rather-heated issues impacted on the school — for better or worse?

Today's dentistry doesn't begin and end with clinical practice. Students need to know what treatments to select and why.

Greene: I suppose some of the controversies are not too suprising — when you have a school that's taking a look at itself, trying to improve and make changes. When you make changes you obviously affect some people's pride and joy, their areas of interest.

And I think a lot of the problem of changes came about as a result of perceptions, not reality...a lot of the misperceptions were the result of inadequate and untimely communications — and people not understanding why things were done; the necessity of it; how decisions were arrived at and why. There was not as much involvement of faculty as would have been desirable. Perhaps this is the result of my impatience to make progress.

I think the changes were desirable...I would hate to see the school ever get into the position that it doesn't change. Once you stop changing, you're no longer a leader...

Perhaps as a result of some of the controversy, more communication took place. As a result of the communication, there is more cohesiveness and unity of purpose in the school now.

I believe the school is much stronger. We've made some modifications: the advisory group I established, strengthening management in my office and involving clinical science people more in the school's direction. I've spent more time, also, working to improve communication with some key alumni — so they would know more about what has actually happened.

But (the controversies) have been very traumatic for the school, and have exacted a price — in terms of the image of the school with some alumni who are farther away from the community and didn't understand what was involved...

For example, there's the concern that the clinical preparation of the students was still deteriorating...that rumor was quite widespread...But the data doesn't substantiate that. In fact, it says (performance) is going the other way. I find that frustrating — when wrong information gets out, not by ill-meaning people, but when their perceptions become reality to them.

The discrimination controversy — we don't know the impact yet, because we just got the report. It has and will continue to stimulate discussion. I think it may have a beneficial impact on faculty — being more sensitive to students about their actions. The fact that some minority students feel reluctant to seek help, may cause faculty to be a little more aggressive (in offering).

I distributed the entire report to all students, faculty and staff...My feeling was that although the report found no violations, there apparently was a perception on the part of some students and faculty that there was an uneven application of some policies of the school. That concerns me and I will be having discussions and follow-ups on that. But in the meantime I encourage all of us to try to improve the working environment...

Synapse: Some recent reports indicate a glut of dentists in urban areas — even though a large percentage of the public receives no dental care whatever. How do you view this problem, and does the school pay special attention to it?

Greene: For two years until January of this year, I chaired a university-wide health sciences committee that took a look at health professions education in the university. As a part of that, they asked me to write a paper on dental education in California, with recommendations on direction, size and scope.

I recommended that enrollment be decreased here and at UCLA — the two dental schools in this system. The university has bought that. We are entering only 88 students this fall. We had been up to 108 before. (UCLA is also reducing enrollment by 20.) That in itself makes a small contribution to the problem.

Run for your life!

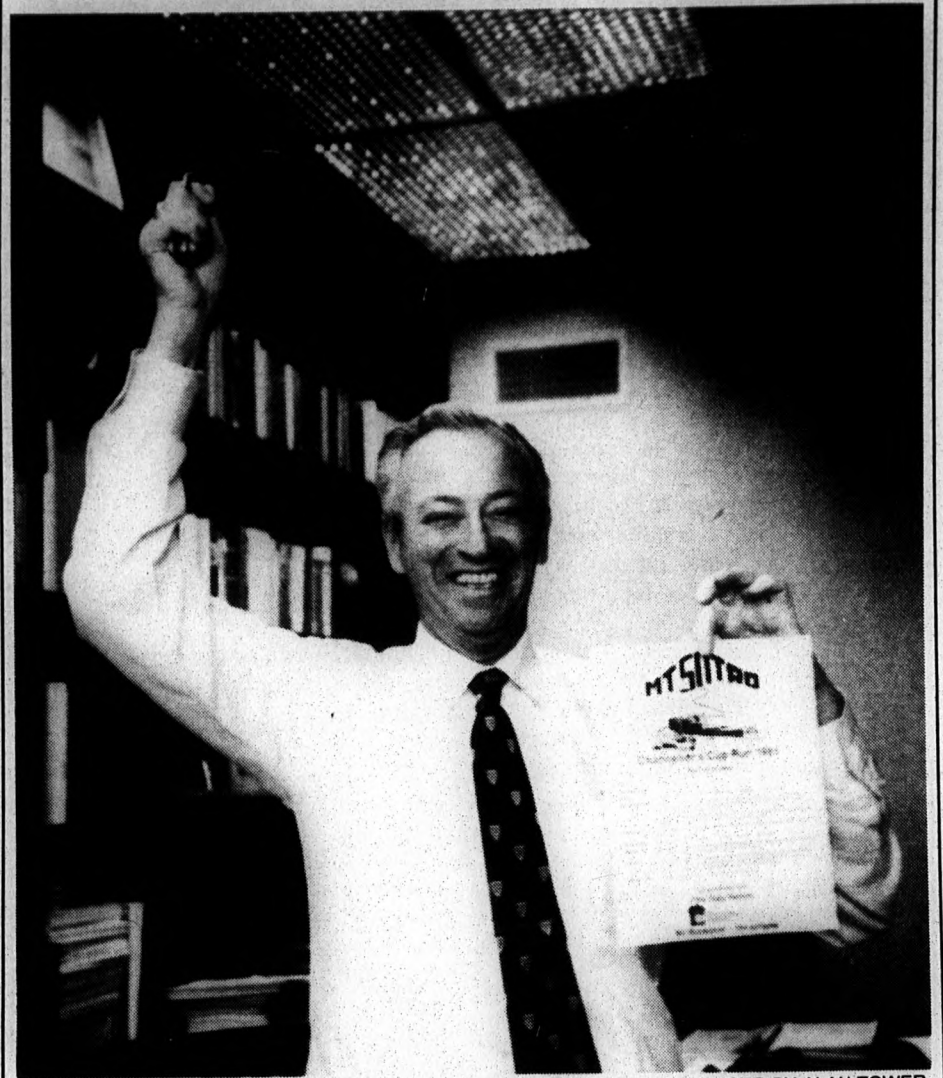


PHOTO BY ALAN TOWER

Is Chancellor Krevans taking personal control of campus police actions? No, merely warming up for his role as official starter for the third annual Chancellor's Cup Mount Sutro Run. The big event is set for 12:15 p.m. sharp and is open to everyone. For more information, contact Alan Tower at 666-1800.

What we've decided to do is no longer put the emphasis on production of numbers, but put greater emphasis on quality. That's not going to be easy to do, because with fewer students we will have a smaller budget...it amounts to about a million dollars a year...(But) I think it's the responsible thing to do.

But there's a limit to how small we should get, because we provide very valuable access to the health professions for California residents. People who can't afford to pay \$19,000 per year tuition at

the University of the Pacific come here and get excellent education at low cost.

Plus we provide a useful service for people who come here for dental care. The university needs to keep advancing the science of dentistry, and we have an important role to play in that.

One of the things we're also trying to do through behavioral sciences and our dental public health program, is to help our students to (reach) out to underserved populations...and build a practice in a community.

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News Update

Fired worker sues Cal-OSHA

A. Keith Gray, a former electrician for the Los Angeles Metropolitan Water District filed a lawsuit in San Francisco which seeks to cut off \$14.8 million in federal funds for the California Occupational Safety and Health Administration.

Gray is attempting to force public hearings on the alleged failure of the state agency to protect workers who complain about unsafe conditions against firings. Gray himself says he was fired in 1978 for reporting electrical safety problems.

Documents obtained under the Freedom of Information Act, Gray said, indicated 300 complaints have been made about Cal-OSHA's failure to protect workers from employer reprisals.

Black infant deaths decried

Representative George Miller, D-Contra Costa, and a number of civil rights organizations, demanded recently that the Reagan Administration step up efforts to stem black infant mortality rates, which stand at close to twice that of white infants.

The demands were in response to a statement in late March by Secretary of Health and Human Services Margaret Heckler, that the black infant death rate is unlikely to drop to the federal goal of 12 per 1,000 live births by 1990. The current rate for whites is 9.7 per 1,000 live births. The groups blamed Administration cuts in programs which support prenatal care for the lack of progress.

Immediate care centers on rise

1984 saw a doubling of both the number and income of immediate care health centers — which primarily compete with hospital emergency rooms for relatively minor injuries and illnesses. Last year the 2,300 such centers in the United States grossed \$880 million. Some analysts predict there will be 3,500 centers grossing \$1.5 billion by the end of this year.

The centers are aggressively marketed with advertising, free lab

tests, screenings and discount coupons. Their prices tend to be half or less of charges for the same procedures at emergency rooms.

But critics have pointed out that the centers cater to populations that are the most profitable rather than attempting to fill a health need. Specifically, they seek to serve basically healthy, financially well-off populations. This is because payment on receipt of services is usually required — which is difficult for the poor.

Caesarean rise under scrutiny

In 1983, 20 percent of all newborns were delivered by Caesarean section — surgical removal from the mother's womb. This is a four-fold increase in surgical births since 1970. It has spawned a controversy in the medical community over the propriety of such common use of the procedure.

Critics point out that because of problems with anesthesia, the death rate for women undergoing Caesarean section is twice that of women who deliver vaginally.

Norbert Gleicher of Mt. Sinai Medical Center in Chicago believes the threat of malpractice suits has increased the Caesarean rate — because doctors wish to avoid any kind of infant abnormalities which may result from difficulties in a natural birth process.

Infant Hep-B protection shown

A joint study conducted by scientists at UCSF and the New York Blood Center has demonstrated that infants born to Asian American Women who are hepatitis B carriers can be protected effectively against the virus with an 85-90 percent success rate.

The results of the three-year study were published in the Journal of the American Medical Association last month. It was the first large scale immunization trial of infants in the United States using the blood-derived hepatitis B vaccine approved by the FDA in 1981.

The study was also the first to combine two immunizations, hepatitis B immune globulin and hepatitis B vaccine. Prior to 1981, immune globulin was the only vaccination available and it had a success rate of only 75 percent.

Campus exceeds UCLA in funding for quarter

UCSF may be the smallest campus in the University of California system in land area, library holdings and student population — buy it is one of the giants in a department that is perhaps most important of all: money.

For the first time ever, UCSF has exceeded UC Los Angeles in total funds from contracts and grants during the second quarter of the current fiscal year. With awards of more than \$35 million, it was second only to UC Berkeley, which was less than \$1 million ahead.

"I think the main reason is that we are a medical center," said Marty Petrakis, contracts and grants administrator. She explained that while other campuses are mixed, UCSF's work requires a much larger proportion of sophisticated, capital intensive equipment.

This is evident in the average value of

awards — \$158,000 here, versus \$66,000 at UC Berkeley and \$72,000 at UC Los Angeles in the second quarter. The average grant or contract for the entire system was \$86,000.

Most UCSF funds come from the National Institutes of Health. For some time, this campus has received more NIH funds than any other — and in some years, UCSF has been the national leader in NIH grants.

"Money gets money," Petrakis said, noting that the campus' high stature helps the grants come more easily.

She said UC Berkeley, UC Los Angeles, and UCSF are always on the top among the campuses, with San Diego usually following closely. "But this is the first quarter we've ever come in ahead of L.A.," Petrakis added.

—Charles Piller

UC Contract and grant awards

Second Quarter, 1984-85
October 1-December 31, 1984

Campus	No.	Amount
Berkeley	543	\$ 35,894,138
Davis	207	14,625,092
Irvine	88	6,566,689
Los Angeles	405	29,120,770
Riverside	72	3,778,776
San Diego	224	28,730,205
San Francisco	222	35,038,063
Santa Barbara	103	7,020,568
Santa Cruz	54	4,272,116
Major Laboratories* and Office of the President	18	2,038,327
University Totals	1,936	\$167,084,744

Source: Office of the President. Excludes private support.

*Excludes Department of Energy funding

Synapse's Literary Issue

is coming. . .

Poetry & Prose Photography & Drawings

Once again, Synapse is planning to devote its last issue in May to the creative efforts of the UCSF campus community. All entries must be typed, double-spaced with 65-character margins. Due to space limitations, we ask that no submission be longer than six pages. Photographs should be black and white glossies. Illustrations are also welcomed.

The deadline for submissions is April 26. All materials should be marked Literary Issue, c/o Synapse, MU Central Desk, University of California, San Francisco 94143. If you want your submission returned, include a stamped, self-addressed envelope.

Call 666-2211 for more information.

Free ads for students!!
UCSF students can advertise for free in Synapse's classified section. Get rid of that old klunker or find a roommate. Student ads must be limited to 20 words and proof of current registration is required. Submit your ad at the Synapse office, 1324 Third Ave. before noon, Fridays.

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Forgotten victims — AIDS in prison

By John Ross

The prognosis is appalling by any measure.

In 1986, say Centers for Disease Control epidemiologists, there will be 40,000 victims of Acquired Immune Deficiency Syndrome (AIDS) in hospitals and hospices all over the country. Two groups are most at risk — homosexual and bisexual males and intravenous drug-users — but some observers fear the disease is spreading exponentially in the general population, in part through contaminated blood bank deposits.

While authorities have taken steps to try to contain the disease — San Francisco, for example, has closed down bath houses and

As for intimate contact, "Anytime these boys want some sex, they just grab for it," said Sgt. George Palmer, president of the Deputy Sheriffs' Assn. in San Francisco, where deputies guard the jail.

"Sexual activity inside prisons is the by-product of a number of factors that bear no relationship to inmates' sexual orientation prior to arrest," New York City Police Commissioner Benjamin Ward wrote the New York Times recently.

Although most state systems record AIDS cases, CDC has no national tally for victims diagnosed in prison. "We're talking about an unpopular disease in an unpopular population," explained Dr. Jay Harness, for 10 years director of medical services for Michigan's penal system, and past president of the National Commission on Correctional Health Care.

"The last thing there's money for is to study contagious diseases among prisoners," he said. Harness also emphasizes that one reason the AIDS threat behind bars is not completely recognized is that sexual contact and drug use are felonies — so prison doctors are not allowed to preach prophylactic methods to inmates.

But if the bureaucrats play down the possibility of a prison epidemic, correctional officers are not so calm. Guards at the Woodburn, NY prison refused to work last summer after an AIDS patient was transferred into their facility.

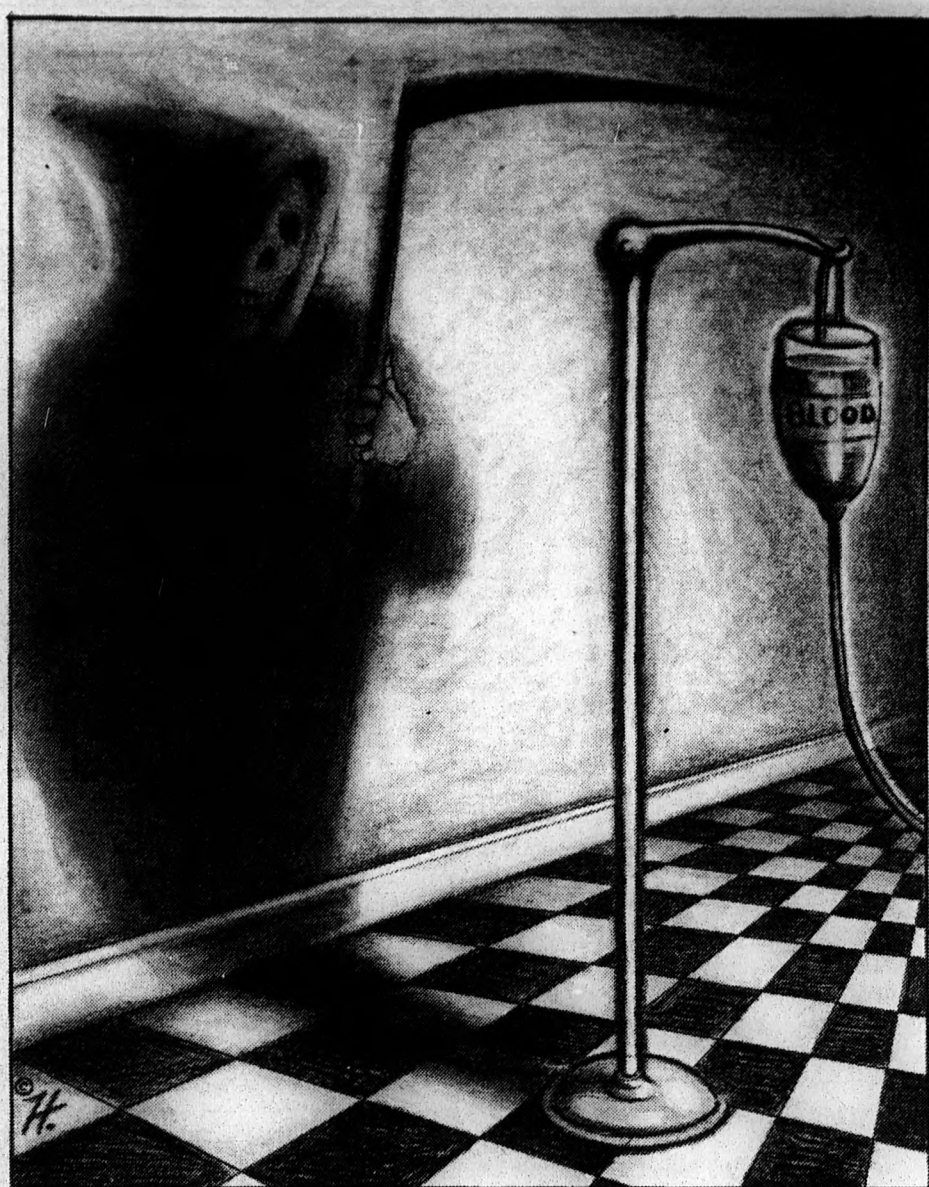
Officers in a Queens, NY jail went on strike briefly, demanding all personnel be tested for AIDS, after a cook died from pneumonia of a sort linked to AIDS — though there is still no test to determine who is an AIDS carrier.

In San Francisco, four jail workers have contracted AIDS — there is no evidence the disease came from contact with inmates — and hysteria "runs hot and cold," said Lt. Jan Dempsey, who trains jail personnel. Three of the four have died, the fourth is seeking workmen's compensation alleging co-workers have made him too nervous to work.

Nancy Rubin, head of an AIDS Task Force in San Francisco which holds "health raps" with deputies and inmates, has found deputies unwilling to search for needles because they fear an AIDS-infected puncture. Sometimes, razors must be shared and the men fear getting the disease through a shaving cut.

Worries that AIDS could be transmitted through saliva has deputies reluctant to perform mouth-to-mouth resuscitation — and prisoners reluctant to receive it. Guards are slow to intervene when prisoners draw blood in a fight.

Rubin feels "All these are valid fears." Yet California's prison system — the country's largest, with 40,000 inmates — has had only five reported AIDS cases. Federal prisons, with 30,000 inmates, have



seen just 12 AIDS cases.

Explanations for the relatively high numbers in New York vary. Some say intravenous drug use is more common there, others suggest prison medics elsewhere are unable or unwilling to diagnose AIDS, still others that there is deliberate undercounting to prevent panic.

Finally, some observers say that fear of the disease is making prisoners avoid sexual contact — their only protection. "Condoms are considered contraband and we're not going to break the law," says San Francisco Sheriff's Assistant Ray Towbis. "It's a real Catch-22 situation."

Jails, with their high turnovers, are considered more likely places for contagious diseases to spread than penitentiaries, which have comparatively stable populations. But even at Rikers Island, Cohen has

been unable to pinpoint the number of AIDS cases — if any — contracted there because the incubation period, an estimated 18 to 24 months, is longer than the sentences inmates serve.

In California, officials are distinctly ill at ease. Dr. Nadin Khoury, director of medical services for the state's prison system, said, "The best thing we have going for us now is that New York is 3,000 miles away."

Noting that San Francisco is about 18 months behind New York in showing the disease — and close to San Quentin, one of the state's largest prisons — he confessed, "Frankly, we're afraid of the outside world in here. We're preparing ourselves for any eventuality in the future."

Pacific News Service

Gourmet CAL benefit

The UCSF Committee for Arts and Lectures (CAL Programs) is hosting a "Benefit Bacchanal" wine and food tasting featuring several award winning California wineries on Wednesday, April 17, 5:30-8 p.m. in the Millberry Union Lounges, 500 Parnassus Avenue.

Representatives from each winery will be present to pour selections and answer questions about wine tasting, plus wine history and development. Also to be presented will be samples of Northern California-produced specialty foods including Laura Chenel's California Cherve and Macel et Henri Pate.

Tickets are \$15 and are available at Millberry Union Central Desk, 500 Parnassus Avenue or at the Ashbury Market, 205 Frederick Street. For information call, 666-2571.

The Bacchanal is specially designed to allow the consumer to enjoy quality wines and foods that are also good values. Also featured will be chamber music by the Whitson Trio.

Wineries and wines to be represented include: Alexander Valley Vineyards, 1983 and 1984 Dry Chenin Blanc and 1983 Chardonnay; Balverne Winery, 1981 and 1982 Chardonnay; Caymus Vineyards, 1979 Cabernet Sauvignon Special Selection; Ridge Vineyards, 1980 Cabernet Sauvignon, 1982 Ridge Cabernet, 1982 Ridge Zinfandel; plus selections from other California wineries.

Specialty foods that will be available for tasting include Bakers of Paris baguettes and other baked goods; Kozlowski Farms jams, mustards and condiments; Saags sausages, plus others. Each specialty food will have a separate representative available to answer questions and offer serving suggestions.

This benefit program has been made possible in part by Ashbury Market of San Francisco. All proceeds benefit UCSF CAL Programs, a non-profit organization, that presents low cost and free cultural events. For more information phone 666-2571.

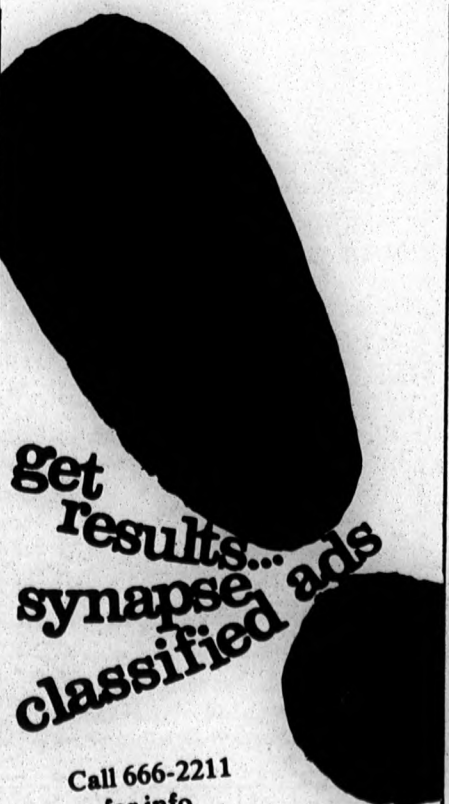
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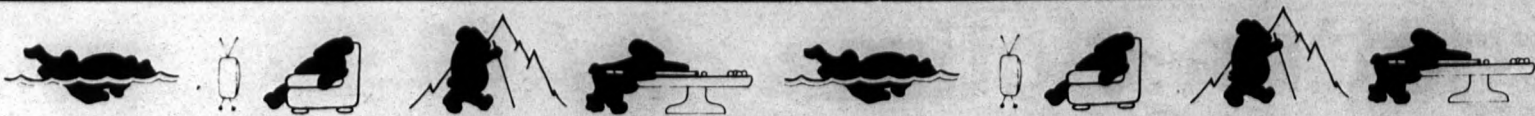
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Cal
Calendar

Friday, April 12
FILM: "Classics in Animation." An anthology of classic shorts for the whole family by past masters of animation including: Max Fleisher, Walt Disney, Tex Avery and others. Cole Hall Auditorium. 6:30 and 8 p.m. \$1.50/\$2/\$2.50.

Saturday, April 13
FILM: "Classics in Animation." See Friday, April 12 for location, description and prices. 1 p.m. ONLY.

Tuesday, April 16
CAL READING CLUB: Have you been looking for someone with whom you can discuss that latest best selling novel? Consider reading literature with the newly formed CAL READING CLUB. Groups of 12 people came together once a month after work. Each individual chooses a work that everyone reads. When your selection is on the agenda, you lead the group in an informal discussion exploring the style and content of an author's work. Wine and refreshments will be served. Board of Governors Room, Millberry Union, 5:30 p.m.

Wednesday, April 17
WINE & GOURMET FOOD TASTING: CAL Benefit Bacchanal. A presentation designed to appeal to your finer senses, featuring several of the best California wines and special delicacies cooked into a variety of dishes. This benefit program has been made possible, in part, by the Ashbury Market, 205 Frederick Street. Millberry Union Lounges, 5:30-8 p.m. Tickets \$15.00, available at Millberry union Central Desk, or call 666-2571.

Wednesday, April 17
COMMUNITY HEALTH TALK: "Allergy in the 20th and 21st Century: Simple Solutions for Complex Questions." With Alan S. Levin, M.D. Co-sponsored by the UCSF Office of Public Service Programs. Toland Hall, Room U-142. 7:30-9 p.m. Free, with complimentary parking.

Thursday, April 18
FILM: "Atomic Cafe." Artfully culled from newsreel footage and government archives, the Atomic Cafe is a mindboggling compendium of government misinformation aimed at selling nuclear war to the American Public. Co-sponsored by the UCSF Alliance for Nuclear Responsibility. Cole Hall Auditorium. 5:45 p.m. ONLY. \$1.50/\$2/\$2.50.



A "Bacchanal Benefit" for CAL Programs will be held April 17.

Recreation
Calendar

Registration Dates
Student registration began April 3 and is ongoing. Register at the Millberry Union Central Desk, 500 Parnassus Ave., 8 a.m. to 2 p.m. and 4 to 7 p.m. For a free brochure and class schedule, call 666-1800.

Saturday, April 20
SPRING IMAGE: A three-week series on color analysis, make-up and a shopping extravaganza to factory outlet and discounts stores around the Bay Area. Limited space, sign up now. Cost: \$30/\$40.

Tuesday, April 23
YOUR CURRICULUM VITAE (CV): A course on the fundamentals of "how to" write your first curriculum vitae (CV). Your CV is your personal advertisement. The

course will cover format and content, length of the CV, cover letters and references. One-night workshop. Cost: \$12/\$15.

Great
Escapes

Wednesday, April 23
HORSEMANSHIP: Learn to ride a horse in our beginner's horsemanship course at the Golden Gate Park Stables. The six lessons will introduce you to basic English and Western riding skills and horse care. Cost: \$75/\$80.

Saturday, May 4
SAILING: Whether you are a beginner or an experienced sailor, we have sailing classes for all levels. All classes combine sailing and lecture aboard a 36-foot to 38-foot fixed keel boats on the San Francisco Bay by certified instructors. Cost: \$115/\$125.

Thursday, May 23
SCUBA: Discover the wonders of the underwater world with this fun, safe way to learn scuba diving. This six week course of lecture and pool practice prepares you for two ocean diving weekends. Cost: \$100/\$120.

For more information, call 666-1800.

OUTDOORS
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April 13
BIKE RIDE: To Angel Island.

April 15-16
SKI SALE: O.U.s' rental equipment. Skis — \$25.00 and up. Boots — \$10.00 and up.

April 15
REGISTRATION. Sign-ups begin for; Kayak Roll Session 4/24, Fee \$4/\$5-\$3/\$4; Windsurfing Clinic 4/27-28, Fee \$50/\$55; Day Hike on Mt. Tam, 4/27; Night Hike along S.F. Coastline 4/27; Basic Canoe Clinic 5/1-5; Whitewater Raft Rowing Clinic 5/7-12.

April 16
PAPER SHUFFLERS PARTY: Work party to take care of O.U.s' paperwork. Refreshments provided.

April 17
BIKE TUNE-UP: O.U. Center, 7:00 p.m.

April 17-21
CANOEING: Basic Canoe Clinic.

April 17-May 4
SEA VEGETABLES OF THE PACIFIC: Gathering and preparation of sea vegetables.

April 20
DAY HIKE: Mt. Tam to Stinson Beach.

April 21
BIKE RIDE: Sonoma Farmland. Cotati Stony Point loop.

Sign up for the above activities in person at the Outdoors Unlimited Center located in the basement floor of the UC Hospital Building in Room #UB-15, UCSF, San Francisco 94118 on the Monday of the week prior to the time the activity takes place. To obtain a brochure, send a self-addressed stamped envelope.

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