

SYNAPSE

Mt. Zion-UCSF merger planned

By Charles Piller

UCSF may soon take control of most operating aspects of Mount Zion Hospital, officials of the institutions announced jointly last month. According to Chancellor Julius Krevans, the campus expects to "assume overall programmatic and academic authority and fiscal responsibility" for the community hospital and medical center located in San Francisco's Western Addition neighborhood.

A preliminary merger agreement is being circulated among faculty members and administrators here and at Mount Zion. Approval by the UC Board of Regents and Mount Zion officials is expected by the end of the year.

The merger is intended to cut overhead costs and duplication of efforts, and to rationalize services. UCSF increasingly would emphasize specialized, tertiary care and research, while Mount Zion would take on many of the primary and secondary-care needs of the combined patient population. Mount Zion's cardiology and oncology services, and its research in geriatrics and oncology, would be enhanced under the tentative agreement.

UCSF's School of Medicine would approve all appointments to top clinical posts at Mount Zion. A semi-independent medical board would oversee quality of care at the hospital, in consultation with UCSF officials.

Founded a century ago by local Jewish leaders, Mount Zion is a respected hospital with deep roots in the community and a reputation for providing quality care to the poor. In recent years it has suffered from financial pressures shared by most community hospitals. Reduction in state and federal payments for care to poor patients have hurt the institution's balance sheet, and the merger offers an alternative to bankruptcy.

"The future for hospitals such as this is very problematic," Mount Zion's chief executive officer, Martin H. Diamond, told the San Francisco Chronicle. "We just haven't gotten any increase in revenue. It keeps going down. Holding costs only works for so long."

The relationship between UCSF and Mount Zion began decades ago, when the university's medical students and house officers began to rotate through the hospital for training. Many members of Mount Zion's staff hold clinical-faculty positions at UCSF. In 1984, the two institutions agreed to consolidate some services and programs.

That agreement, Krevans said, "has already resulted in a 1985 joint venture between the two institutions' home care programs, the 1986 establishment of the [jointly run] Center for Aging Services, and the formation of a joint perinatal venture earlier this year to deliver obstetric and neonatal care."

UCSF will benefit in several ways from the merger. Consolidation of certain programs will lighten the primary care load here, and could ease the severe shortage of office, lab and clinical space.

UCSF medical center Director William Kerr told Synapse that while both institutions are hopeful the agreement will be concluded successfully, difficult financial, operational and legal questions must be resolved, particularly in light of Mount Zion's financial crisis, and looming pressure on UC teaching hospitals.

[Related story on page 4.]

Childcare at UCSF...



PHOTO BY FRED GARDNER

is the subject of a questionnaire that was mailed July 5 to students, faculty and staff members. The questions deal with such nitty-gritty matters as the ages of children who might need care now or in the future, the hours that care would be needed, etc. The university is committed to making childcare more available and the questionnaire is a key step in the process: the more data received, the better the planners can anticipate the real needs and preferences of UCSF personnel. To encourage participation in the survey (as if the prospect of quality childcare nearby isn't enough!) the Chancellor's Committee on the Status of Women is raffling off a childcare device many of us have relied on extensively: a VCR. You can qualify for the drawing, whether or not you have children, by filling out and returning the questionnaire by August 1.

--F.G.

State renews UCSF license to use radioactive materials

By Charles Piller

Campus officials breathed a sigh of relief last month when the university and the state signed an out-of-court settlement concerning radiation safety violations charged against UCSF last year. The agreement, which mandates increased monitoring and enforcement, cleared the way for a four-year renewal of UCSF's radioactive materials license. The university also announced a new effort to assess all potential environmental hazards generated by the Parnassus campus, including radiation, chemicals, biological materials and noise.

UCSF has experienced a string of radiation safety problems over the past few years. In March 1987 the California Department of Health Services cited the campus for 33 violations of state regulations. Most of the citations involved inadequate monitoring, training and documentation; only one involved overexposure. But the labs of several leading researchers were hit for repeat violations, some of which were labeled "very serious."

The settlement, which preserves UCSF's self-regulation rights, is the product of 14 months of negotiations between UC and state attorneys. UCSF will pay a \$25,000 fine in connection with last year's violations.

According to Paul Zelinsky, chief of the DHS Radiologic Health Branch, the agreement is the most far-reaching ever signed between the state and a biomedical research facility. "We seem to have seen a true change in management's attitude," Zelinsky says. They're eager to cooperate and bring things under control. It's not

just window dressing."

Faculty in charge?

The settlement lists an escalating series of sanctions, such as requiring violators to take radiation safety exams, placing a health physicist in the lab, halting radioisotope shipments, imposing fines and closing down a laboratory. Regis Kelly, chairman of the radiation safety committee, says that his committee is preparing enforcement procedures. Severe penalties, including fines, would be meted out only in response to "repeat or flagrant violations."

Dr. David Ramsay, academic vice chancellor, holds ultimate enforcement authority, according to the settlement. But Kelly says that, in practical terms, "the authority is really back with the committee, where it belongs."

Kelly's committee will seek to eliminate the adversarial quality many faculty members felt about prior enforcement procedures. Scientists who commit violations will receive a form of due process overseen by the radiation safety committee before penalties are imposed.

"Generally, there's a consensus among administrators and faculty members that we're on a reasonable and moderate course," says Bruce Spaulding, vice chancellor for business and fiscal services.

Zach Hall, chairman of the Physiology Department, concurs. "There's a general feeling that procedures have been vastly improved," he says. "We're still waiting to see how [the administration and radiation safety committee] respond to the next problem, but there is some sense that

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UCSF employees sue to challenge "English only" rules

By Charles Piller

The American Civil Liberties Union and the Mexican American Legal Defense Fund filed discrimination complaints against UCSF June 29, regarding rules that allegedly require employees to speak only in English during working hours. The 11 separate complaints, addressed to the federal Equal Employment Opportunity Commission (EEOC), were filed on behalf of 10 UCSF employees and their union, the American Federation of State, County and Municipal Employees (AFSCME).

According to the employees, UCSF imposed rules in May 1987 that prohibit them from speaking languages other than English except during breaks or when translating between health-care providers and patients --a role they are occasionally called on to play.

"These rules are aimed specifically at bilingual workers and as such constitute national-origin discrimination forbidden by the civil rights laws," said ACLU staff attorney Ed Chen.

William Neff, assistant vice chancellor for labor relations, and Michael Adams, affirmative action director, said in a joint statement that "due to the need for clear communication, and where there is a business necessity, individual departments do have the discretion to designate that English only be used while employees are performing their job duties, subject to approval by UCSF administration."

The EEOC establishes and enforces regulations following the 1964 Civil Rights Act. Under EEOC rules, employers may not require their employees to speak English only, because "it may create an atmosphere of inferiority, isolation and intimidation based on national origin." English-only rules may be applied at certain times, however, "where the employer can show that the rule is justified by business necessity."

Neff said in an interview that he is investigating the only two departments where he believes such rules have been established --nutrition and dietetics, and nursing services in the ambulatory care center. For most UCSF departments, the issue has not come up, Neff said; and several instances he has denied requests to institute English only rules. "For the most part, we simply have not found [sufficient business necessity] and therefore have not allowed departments to establish English-only rules."

Even when an English-only rule is justified, Neff said, it should only pertain to conversations that are job-related.

Neff's general statement appears to be tested by the ambulatory care center rule. "It is the policy of this department that English should always be spoken in the work areas," notes a letter written by an assistant nursing director. "In our multi-cultural department, promoting effective communication regarding work depends on a common understanding in English. I remind you to save social conversations in native languages for your breaks and mealtimes or when interpreting for patient interactions."

"If they really were enforcing it to mean the work area, then it's overly broad and we will be correcting that," Neff commented about the letter. If it was intended to cover conversations pertaining to a legitimate university function, rather than merely related to a geographic work

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Two UCSF students win Jesse C. Davis scholarships

By Al Lewis

First-year medical student Daverin Jackson and biochemistry fellow Patricia Hatch have been awarded grants from the Jesse C. Davis Memorial Scholarship Fund. The scholarships honor a black UCSF Medical School graduate whose distinguished career as a cardiologist was cut short by cancer in 1985. The scholarship fund is administered by the John Hale Medical Society, a Bay Area organization dedicated to promoting health care in the black community.

At the Hale Society's annual dinner June 11 at the Embarcadero Center Hyatt Regency, Dr. Marilyn Harper, associate professor of anesthesiology, announced the 1988-89 recipients with the observation that "Each has the potential for significant contributions to the world of science."

Jackson, a San Francisco native, completed his pre-medical studies at UC Berkeley in three years. His Medical College Admission Test scores were, Harper reported proudly, the highest in the nation. After receiving a thunderous ovation from the approximately 300 guests, Jackson thanked his mother, Lynda Semien, for "making me feel rich."

The featured speaker of the evening, Dr. Haile T. Debas, professor and chairman of the department of surgery at UCSF, observed that Jesse Davis had been "one of the only minority-group members in his field of research." Debas expressed his hope that the number of minority faculty members and students at UCSF would continue to grow.

Only by making "investments in the students of today," he said, can we guarantee "rewards in our collective future."

"The research of today is the practice of tomorrow," Debas added.

Al Lewis is a UCSF staff member.



First-year medical student Daverin Jackson, recipient of a Jesse C. Davis Memorial Scholarship.

PHOTO BY CAROL FRANCOIS

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Radiation

Continued from page 1

things are in reasonable shape now." Hall credits Kelly and J. Leroy Balzer, assistant vice chancellor for EHS, for making enforcement less arbitrary, as well as improving training.

Zelinsky attributes many of UCSF's past radiation mishaps and monitoring lapses to understaffing. Consequently, the campus has been required to increase its radiation safety staff from eight to 19 full-time employees. Training will also be increased under the terms of the agreement.

Students working in UCSF labs will not be offered formal radiation safety training or required to take the safety exam unless they are also employees, according to Balzer. Student training responsibility rests with the principle investigators, he says, although EHS is prepared to "act as a resource."

The Laurel Heights campus is not covered by the renewed radiation safety license. The larger issue of UCSF's ability to move more labs there should be decided by the state Supreme Court sometime this summer.

Overall assessment begins

Coinciding with the resolution of the radiation problems, UCSF and Dr. Kenneth Kizer, state health director, announced a \$1.3 million environmental assessment to be conducted on and around the Parnassus campus. Kizer called the

assessment, to be conducted by the Radian

Corporation, "a model program for research universities in California and elsewhere." UCSF officials say it will be the most comprehensive such study ever conducted at a university campus.

The 18-month project, which will monitor soil, air and water for emissions of biological materials, chemicals and radiation, began in April with a survey of potentially dangerous substances now in use in UCSF's hundreds of laboratories and patient-care areas. The study targets both campus and neighborhood sites for monitoring. UCSF officials say a similar program has been started on a preliminary basis at the Laurel Heights campus.

An advisory committee consisting of representatives from several community groups has been participating in designing the study, according to Balzer. "By being included from the beginning, a lot of the community people become familiar with the nomenclature and details of the eventual report," he says. "Then the document will be a lot more useful to them in the future."

Balzer believes that other research institutions will follow UCSF's lead and conduct comprehensive monitoring in the future. Increasingly, biomedical research centers are being treated like private industry when it comes to environmental regulation, he says. "Society is much more alert as to what to ask for."

English

Continued from page 1

area, the rule may be proper, he said. "It's definitely ambiguous, and we will be wanting to correct that," he added.

Rene Zamora-Baca, a bilingual dietetics worker says he was reprimanded for speaking Spanish briefly to a housekeeper. "The rule is bad because it discriminates against minorities, especially older people who do not speak English well," he says.

Yolanda Cortez, a UCSF diet technician and AFSCME shop steward, says her department's English-only rule "heightens racial animosity in the workplace, and creates an environment of oppression and resentment where supervisors are encouraged to engage in arbitrary and discriminatory actions." Cortez says that UCSF's Labor Relations Department "stood firmly behind the rule" when she complained about it.

Neff denied that his office was ever alerted to any problems involving the rules, and said there are no records of anyone being reprimanded for speaking a language other than English. "We're very disappointed in AFSCME, the ACLU and MALDEF for not raising the matter with us [before filing complaints]," he said. "Disagreements... could have been settled amicably," he felt.

EEOC official Charles Wong said that his agency may take up to nine months to investigate complaints of this kind.



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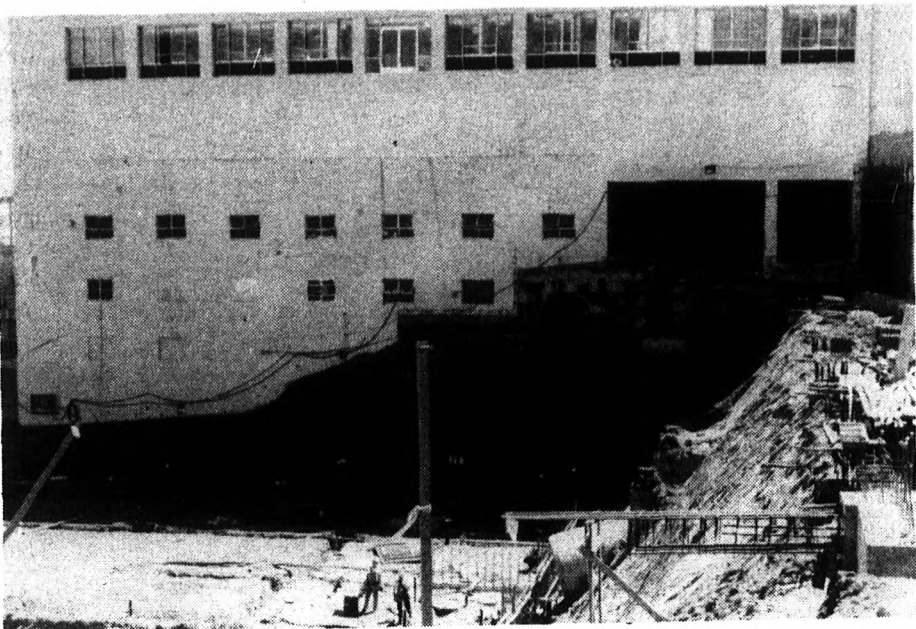
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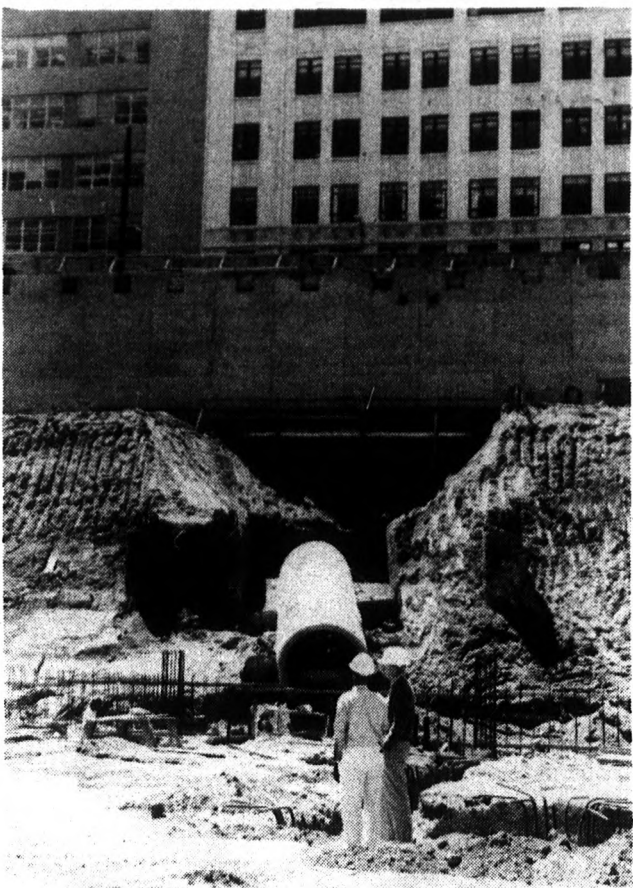
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Library construction update

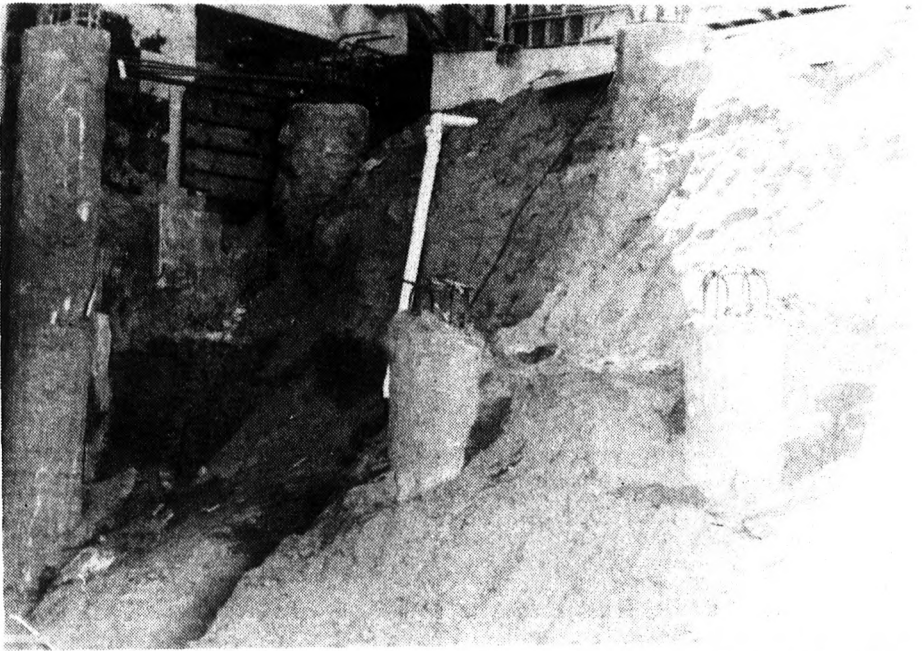
"We're pretty close to schedule," reports project superintendent Bob Mion. After getting formal notice to proceed at the end of January, the Amoroso Construction crew completed demolition work, barricaded the site for the new Health Sciences Library and built a retaining wall along Parnassus. They then drilled holes down to bedrock and installed 125 caissons --giant cylinders of concrete and steel reinforcing bar on which the building will actually stand. On any given day some 20 to 20 carpenters, laborers, cement finishers, reinforcing installers (called "rodbusters") and other workers are on the site. Here are some shots of the work in progress, taken by D. Bommanian.



Outline of excavated hillside can be seen against the lower floors of Millberry Union. Windows at top of photo are on the second floor of MU's west wing. One of the windows (fifth from left) has been converted to a doorway that will open out onto an exposed concourse connecting the library's fourth level to Parnassus... when the project is completed in the summer of 1990.



Steam tunnel connecting the library to UCSF power plant on the other side of Parnassus will carry heat and utilities lines to the library. Ten sections the size of the one seen here have been jacked into place underground.



Caissons on which the library will actually stand are formed by the "marriage" of concrete and steel reinforcing bar. Five are visible in this photo. They were exposed when additional excavation took place after they were poured. Some 125 caissons are now in place and 10 more will be installed where a ramp now provides access to trucks bringing materials to the site.

Announcements

Fall registration

Fall registration packets are going to be mailed out on August 5. Notify the Registrar's office if you're going to have a change of address.

UCSF Police are moving

On or about July 23 the UCSF Police Department is moving to the third floor of Millberry Union, west wing. The move, necessitated by library construction, is temporary. The police expect to be in their new location for about nine months.

HIV+ support group

An HIV+ support group for UCSF employees holds anonymous weekly noon meetings on Wednesdays. For details contact Marty Kortebein or Bruce Flynn at 476-2621.

"Brown Bag" lectures

Every Wednesday from noon to 1 p.m. lectures on health-related topics are presented in HSW 300. The talks, sponsored by the UCSF Campus Tours/Speakers Bureau, are free and open to the public. Coming up July 20: Gail McSweeney on the role of vitamins in maintaining good health. July 27: Jerold Lowenstein on "the Cheronyl syndrome" --how much should we worry about radiation?





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University of California, San Francisco, California 94143
Phone: (415) 476-2211

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Staff Writer: Charles Piller
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Synapse is published weekly on Thursdays during the academic year and monthly during the summer. Announcements and letters should be submitted before 5 p.m. Thursday, one week before publication, to Synapse, Box 0234, University of California, San Francisco, California 94143. Letters shall be published at the discretion of the editors and must be signed; however, writers may have their names withheld upon request. Letters may be edited for length, libel or clarity. Off-campus subscriptions cost \$20 per year inside the United States or \$40 per year overseas (payable in U.S. currency). Synapse seeks to act as a forum for responsible dialogue for the campus community, and to represent the spectrum of belief and action. Articles and columns published in Synapse represent the views of the author and not necessarily those of the editorial staff. Unsigned editorials reflect the majority view of the staff and not necessarily that of the Board of Publications or of the University of California.



ISSN 0740-2619

Teaching hospitals face economic uncertainty

By Charles Piller

Recent changes in the way health care is financed have placed UC's five teaching hospitals in grave danger. The UC Board of Regents heard this ominous warning from a panel of the university's leading health sciences administrators at a special policy meeting held June 16 in Berkeley.

Hospital directors, deans and chancellors from UCSF, Davis, Los Angeles, San Diego and Irvine agreed that inadequate reimbursement for care provided to indigent patients is pushing their teaching hospitals to the brink of insolvency and making the task of medical education increasingly difficult.

"The teaching hospital is not an auxiliary enterprise," said UCSF Chancellor Julius Krevans. In fact, clinical research using medical center patients is the largest component of UCSF's research budget. The hospital has a symbiotic relationship with the research apparatus that works to improve patient care.

Krevans pointed out that the health sciences schools are unique among professional schools in that they actually run a business integral to their educational mission. This would be analogous to a college of electrical engineering running Pacific Gas and Electric Co., he said.

Raymond Schultze, director of UCLA's medical center, told the regents that since 1983 teaching hospitals have been squeezed by dramatic changes in health care financing. Major trends include:

- Fixed reimbursement based on categories of diagnosis --as opposed to reimbursement of actual costs on a fee-for-service basis-- now dominates federal government health financing. Typically such reimbursement falls far short of actual costs.
- Medical inflation has exceeded state increases in Medi-Cal payments by a 3-to-1 margin over the past five years.
- The state has handed responsibility for "medically indigent adults" --the working poor who have no health insurance-- to the counties, but provides only a fraction of the funds needed for their care. Many of these non-paying patients end up at

teaching hospitals. UC has lost \$150 million in uncompensated indigent care in the past year alone.

• An oversupply of hospital beds in urban areas has greatly increased competition for insured patients. Teaching hospitals --with added educational expenses and a generally sicker patient population-- cannot always compete successfully with private hospitals.

The hardest hit UC medical centers are the relatively new ones --Davis, San Diego and Irvine-- whose teaching hospitals were formerly county hospitals. UCLA and UCSF enjoy a higher percentage of patients with private insurance, and are still turning a modest profit. Administrators at both institutions doubt they can continue that performance in the face of current trends. (UCSF runs the medical programs of San Francisco General Hospital, but does not have overall fiscal responsibility for its operations.)

Part of the problem, according to several speakers, is the conflict between the public's rising expectation that it will receive the most advanced treatments available, and the reality that costs must be contained. This has effectively resulted in rationing of care to the poor.

Regent Yori Wada suggested that this financial reality may conflict with UC's mission to serve the people of California, including patients who cannot obtain treatment elsewhere.

Regent Dean Watkins asked whether UC's hospitals can increase their productivity in response to the funding crisis.

Krevans responded that medical treatments are constantly gaining both sophistication and effectiveness. "But it's that kind of change that is also driving costs up," he observed. Hospital stays, for example, are decreasing dramatically for many ailments due to research advances. In recent years the average stay for heart attack patients has dropped from 21 to seven days. But the cost of procedures during those shorter stays have more than consumed any savings.

Teaching affected

The financing problem also poses new challenges for the teaching climate at UC medical schools.

"Academic health centers may be forced to reduce the size and compromise the quality of their graduate medical education programs," according to an article by Dr. Neal Vanselow, a leading health policy analyst.

When a hospital is reimbursed a fixed amount based on the procedure rather than the individual patient's circumstances, it is to the institution's economic advantage to keep the patient hospitalized only as long as absolutely necessary.

"A medical student assigned to a patient may now commonly find that the patient was discharged before initial contact could be made," says Vanselow. "A house officer or a student may now frequently encounter a surgical patient for the first time on the operating table or when the individual is admitted to the hospital on the day of surgery. Neither situation is satisfactory from an educational standpoint."

As a growing range of medical problems are being handled in the outpatient setting,

clinics are becoming increasingly vital sites for medical education.

UC Davis Chancellor Theodore Hullar suggested that new, innovative programs may also be required to help the teaching hospitals survive. For example, he suggested that UC sponsor the development of quasi-private "feeder clinics" adjacent to UC medical centers, staffed by UC clinical faculty members who would admit many patients to the teaching hospitals.

President David Gardner said that other ideas on confronting the health financing crisis will be offered to the regents during the coming months.

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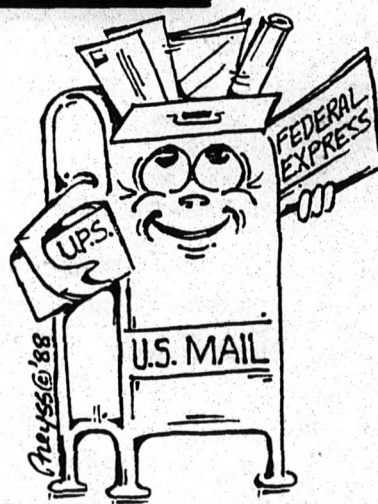
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