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**HEALTH  
CENTER**  
AT TYLER



SPRING/SUMMER 1984

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Spring/Summer 1984

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**ON THE COVER**

LVN Myrean Miller and four other nursing employees talk about what it takes to be among "The Caring Kind." See story beginning on page 12.

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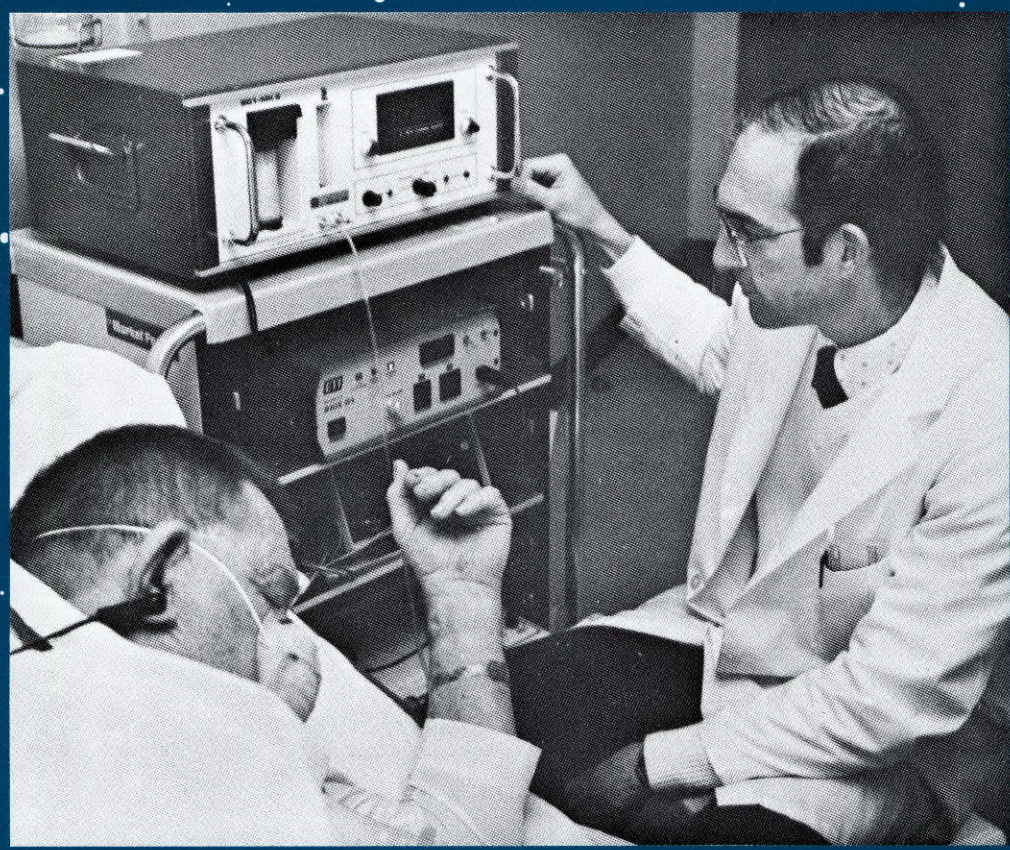
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# Stalking Sleep Apnea

UT Health Center physician conducts studies of sleep-related breathing disorders



**D**isgruntled spouses, fed up with years of bed-shaking snoring from their mates, may be the first to notice signs of sleep apnea syndrome, a breathing related disorder that renders its victims breathless for 10, 20, even 60 seconds at a time. The victim gets little sleep and suffers from extreme daytime drowsiness due to lack of oxygen the night before.

Although it can strike any age, it occurs most frequently in men and post-menopausal women, according to sleep researcher Dr. William Girard, an associate professor of clinical medicine and pulmonary specialist at the UT Health Center. Girard has studied sleep apnea as well as breathing disturbances during sleep in patients who suffer from chronic respiratory diseases such as emphysema or bronchitis.

He began his research in sleep disorders while on the pulmonary staff of the Veterans Administration Medical Center of Long Beach, Calif., before coming to Tyler last year.

Researchers have found that most people who experience apnea—cessation of breathing for 10 seconds or more—tend to be loud snorers from childhood on. He or she awakens during the night, then returns to a period of light sleep.

According to the American Narcolepsy Association, these people may feel sleepy all the time, like those who suffer from narcolepsy (uncontrollable sleep sensations), but without cataplexy (abrupt attacks of muscular weakness triggered by an emotional stimulus). They complain of insomnia and early morning headaches.

No matter what the underlying cause of these breathless periods, Girard and other researchers say that high blood pressure, heart

failure, personality changes and memory problems can be the result.

"One of the symptoms is not being able to stay awake during the day," he added. "These people fall asleep while eating, working, even driving, a condition called hypersomnolence."

Diagnosing the problem is the purpose of the sleep study, which is conducted at the health center during the subject's regular sleeping hours. An oximeter, a clip-on device that resembles a clothes pin, is placed in the ear, to measure how much oxygen is lost. A long thin fiber optic tube links the oximeter to a computer which generates a numeric readout on

## *Sleep apnea sufferers stop breathing for up to a minute several times during the night.*

oxygen loss during sleep. Subjects are also hooked up to an electroencephalogram (EEG) to check neurological responses and to an electrocardiogram (EKG) machine to monitor heart arrhythmias. Chest straps measure abdominal and chest wall movements.

When breathing stops, the heart can stop too. Since the first sleep studies began in the late 1960s, researchers have come to suspect

sleep apnea as a cause of death during sleep. Some even suggest that sudden infant death syndrome may be undiagnosed sleep apnea, but a definite connection has yet to be established.

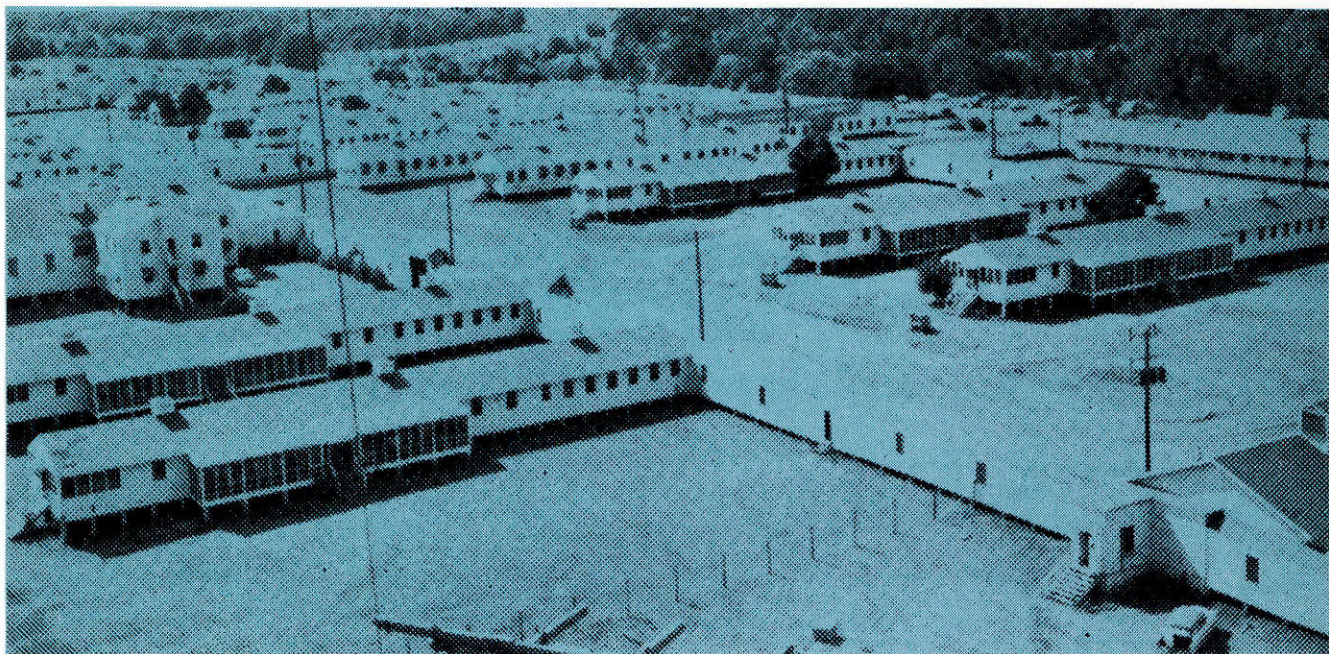
The person is checked for heart problems, respiratory problems and an underactive thyroid. Does the person have large tonsils or adenoids, a small jaw, a tongue that blocks his airway? Is the person obese? "Sometimes a person's bulk can compress the upper airway during sleep," says Girard. This occurs in upper airway sleep apnea, the most common variety. Due to a loss of muscle tone in the muscles of the throat, tongue and larynx during sleep, the throat collapses and air flow is blocked. However, the diaphragm keeps working through the episode.

Patients with emphysema or bronchitis have lower oxygen levels during light sleep, but Girard says that is not related to apneas.

As for treatment, the pulmonary physician says there's a surgical solution—a tracheostomy, where a hollow T-tube is inserted in the trachea through a small hole in the neck. "It's most effective, but not too many people want that," he said. There are drugs, notably progesterone and protriptyline, he added. The obese can be helped by losing weight and oxygen can sometimes help. Another therapy method is nasal continuous positive airway pressure, which keeps the airway from collapsing.

Last fall Girard participated in a sleep disorders symposium held at the health center. With the acquisition of additional equipment, he plans to conduct more sleep studies at the Tyler facility this year.

—Suzanne DuBeau



# LOOKING BACK

***In 1946 Tyler leaders sought use of the abandoned Camp Fannin base hospital. The State wanted it for a tuberculosis sanitorium.***

**T**he medical facility known today as The University of Texas Health Center at Tyler was once the site of an army hospital for Camp Fannin, a World War II infantry training base.

Historians recently renewed local interest in Camp Fannin lore. The winter issue of the *Chronicles of Smith County* features camp personalities and activities of its heyday. Even though the base was in existence only three years—from 1943 until deactivated in 1946—it had a significant economical impact on Tyler and Smith County.

In 1946, soon after the camp

closed, the Tyler Chamber of Commerce—headed that year by People's National Bank vice president Wilton Daniel—began looking for new industry to take up the economic slack.

The federal government was inviting proposals from local government units and citizens' groups on ways abandoned facilities such as Camp Fannin could be used to help the community if they were turned over to them. Daniel and chamber general manager V.F. Fitzhugh went to Washington, D.C. by train to present Tyler's proposal: Give the base hospital to

Tyler because the city was short of hospital facilities.

"We left there thinking we had made a pretty good case," Daniel recalls.<sup>1</sup> But within 24 hours of their return, Daniel and Fitzhugh were contacted by Tyler attorney Bascom Gist, who had been campaign manager for the governor, Beauford Jester.

Gist told them the governor was interested in establishing a state tuberculosis hospital in East Texas. He asked the chamber representatives if they would relinquish their efforts in obtaining the Camp Fannin hospital site for the city's

use and let the state obtain the property?

"When we learned that the state was interested in the claim, we immediately stepped aside," Daniel said. "We really did not know how we would use the property. We were grasping at straws."<sup>2</sup>

In 1948—two years after deactivating the camp, located eight miles northeast of Tyler on U.S. Highway 271—the federal government gave the hospital portion of the camp to the State of Texas for use as a tuberculosis hospital. The transaction involved surface rights to 614 acres and the existing wood barracks used to house the 1,000-bed hospital.

According to reports published in the *Tyler Courier-Times* that spring, local leaders apparently were becoming irritated over the delay in completing the transaction. A year earlier the 50th Texas Legislature had passed Senate Bill 296 creating the East Texas State Tuberculosis Sanatorium. Senate Bill 147 authorized the state Board of Control to acquire a location. The state was in dire need of additional facilities for the growing number of tuberculosis patients. State officials apparently felt the old army camp was an ideal site for the new facility.

A few months earlier Tyler businessmen C.E. Owen and Claude Holly had already acquired most of the Camp Fannin property, mainly warehouses and freezer facilities, by forming the Owen Development Corporation, a private enterprise. The corporation offered buildings, utilities and paved streets for new industries. The site became known as Owentown. But a mile and a half back toward Tyler—at what is now the junction of U.S. Highway 271 and State Highway 155—the abandoned camp hospital still stood vacant. By spring of 1948, the federal government still had not turned over the property to the state as promised.

A front page editorial in the April 11 *Courier-Times* revealed the problem and the local citizenry's impatience:

"Now, do you know what the delay is at the moment, this very moment?"

"The War Assets man in charge of doing the talking on this point of mineral rights has said that \$23,000 is not enough; it will have to be nearly twice that much.

"Meanwhile, windows are being broken, rain is pouring in on hardwood floors, and sick men and

## The Federal-State transaction bogged down over cost of mineral rights.

women are growing sicker. And \$1,000 a month is being spent merely for guard service on the property," cried the editorial.<sup>3</sup>

It is not known whether the verbal blast loosened the stalemate, but a week later there was an announcement that an agreement had been reached. The *Courier-Times* reported:

"It will be 'a matter of days' before construction work on Texas largest tuberculosis hospital is begun on the hospital site of Camp Fannin, according to Bascom Gist, legal representative for the Owen Development Company—a firm which owns the Camp Fannin property exclusive of the hospital site.

"The announcement that the government had turned over the hospital facilities and surface

rights of the site to the State of Texas was made late Saturday night [April 17].

"Mineral rights to the property, a disputed point of the delayed transaction and a subject of a recent *Courier-Times* editorial, were held by the government. However, Gist said that these rights 'would probably be turned over to the state at a later date.'<sup>4</sup>

They never were.<sup>5</sup> The federal government still owns them, apparently because state Board of Control officials felt the War Assets Administration's asking price for the mineral rights was too high.

The property—minus the mineral rights—now is under the control of The University of Texas System Board of Regents, which was given the assets and the responsibility of operating the East Texas Chest Hospital in 1977 by the Texas Legislature.<sup>6</sup>

Most of the wooden barracks given to the state 35 years ago were torn down in the late 1950s soon after construction of a six-floor brick hospital building was completed in 1957. But a half dozen of the structures still remain and are in use as storehouses and research laboratories.

In 1983 three of the buildings received new life. They were remodeled for use as biochemistry and microbiology research labs.<sup>7</sup>

—Ken Whitt

### References

1. Wilton Daniel, interview January 16, 1984.
2. *Ibid.*
3. *Tyler-Courier Times*, April 11, 1948.
4. *Ibid.*, April 18, 1948.
5. George A. Hurst, M.D., Director of UT Health Center, interview January 3, 1984.
6. The 65th Texas Legislature enacted Senate Bill 1300, sponsored by Sen. Peyton McKnight.
7. Hurst interview.

# A 6-Year Plan

**“This conceptual plan presents no expectation that the UT Health Center (at Tyler) will become a medical school or university in the traditional sense.”**

According to a six-year planning document submitted to The University of Texas System Board of Regents this spring, the UT Health Center at Tyler is moving toward a goal of becoming a true statewide referral center for diagnosis and treatment of cardiopulmonary diseases and in developing basic science support for its research and educational missions.

UT Health Center Director Dr. George A. Hurst said the strategic plan will be updated each year by the faculty and staff. He said it is a document that each UT component is required to maintain as a guide for future development.

The strategic plan says that the optimum use of its faculty, facilities and clinical resources can only occur by developing strong relationships with other institutions (particularly educational) and referring physicians.

Hurst said a major step has already been undertaken in developing formal, cooperative agreements with UT Tyler. Similar steps are being taken with the UT Health Science Center at Houston. The agreements include the development of joint degree programs and the exchange of faculty

and students. The UT Health Center at Tyler serves as a clinical training facility for internal medicine and as a research center for lung diseases.

“This conceptual plan presents no expectation that the UT Health Center (at Tyler) will become a medical school or university in the traditional sense,” the report stresses. “The majority of its students will always be on rotation from some other institution...”

“Nevertheless, the interworking of agreements among the many medical institutions, hospitals and other organizations...will demand a strengthening and growing sophistication in administration and support areas.”

The strategic plan estimates that the present building space will need to double within the next six years because of expanded research efforts and patient population increases.

In terms of patient care, the primary changes being planned are expansion of beds, continued reduction in average length of patient stay, and greater emphasis on outpatient and home care.

It is expected that a proposed family practice residency program will be added by 1985. Expansion

of acute pulmonary medical service and pediatric cystic fibrosis services are also being planned.

When the family practice residency is fully established, it is expected to begin with four medical residents and grow to a maximum of 12. The health center plans to make this service available to underserved areas of East Texas where program graduates may eventually practice, so as not to interfere with private practices already established.

The cardiovascular surgery program, started late last year, is expected to grow from an anticipated 65 operations the first year to 200 annually.

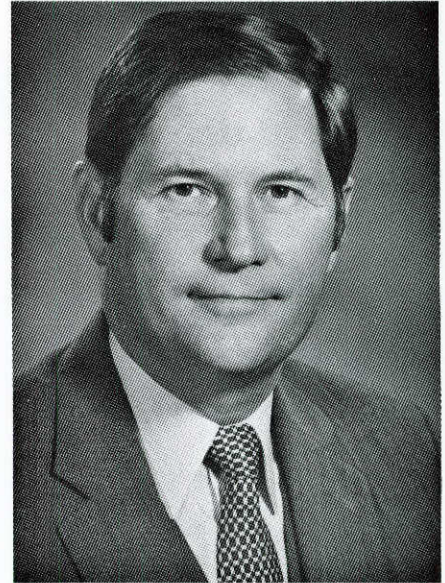
Research activities have been reorganized under a new administrative position called executive associate director. This administrator, Dr. Allen B. Cohen, supervises the clinical and related educational and research activities. The basic research emphasis at the health center is on lung disease with special emphasis on the biochemical processes of the lung.

In support of the research effort, plans have been approved to build an animal research facility. Construction will get underway this year. In addition, the medical



# Cooperative Ventures Praised

Vice Chancellor Mullins says Tyler efforts in seeking joint program arrangements with Houston's component is a significant step in the institution's development.



*Dr. Charles B. Mullins*

The UT Health Center Development Board, at a quarterly meeting March 15, received a progress report on program planning and fundraising.

Principal speaker was Dr. Charles B. Mullins of Austin, UT System executive vice chancellor for health affairs. He praised the 29 members attending for their continuing support and lauded the Tyler faculty and staff for the progress the institution is making toward becoming a nationally known cardiopulmonary disease

facility.

"I believe one of the most significant accomplishments during the past year has been the signing of an affiliation agreement between this health center and the health science center at Houston," Mullins said.

"This agreement will help provide for a broad base of cooperation in joint programming at each institution and will draw on the unique features of each other."

Mullins also noted the cooperative degree programs and other arrangements that have been de-

veloped in a short period between the health center and UT Tyler.

The system vice chancellor pointed out that the Tyler health facility is the leading source of continuing medical education for physicians in the East Texas region and that educational programs for students have grown from two in 1977, when the Tyler facility joined the UT System, to 13 programs last year.

During this same period, Mullins said, patient admissions have grown 48 percent and outpatient visits have increased 54 percent.

library has been expanded from 1,200 square feet of space to 5,000 square feet.

The planning document also identifies new equipment and structures that will be needed to carry out the new and existing patient care services and the expanded research and educational programs. These are identified as follows:

- **A biomedical laboratory building.** Such a structure would allow the expansion and the consolidating of research departments now scattered and housed in temporary facilities. The goal is

to begin construction by 1986 if funds are approved by the legislature and the regents.

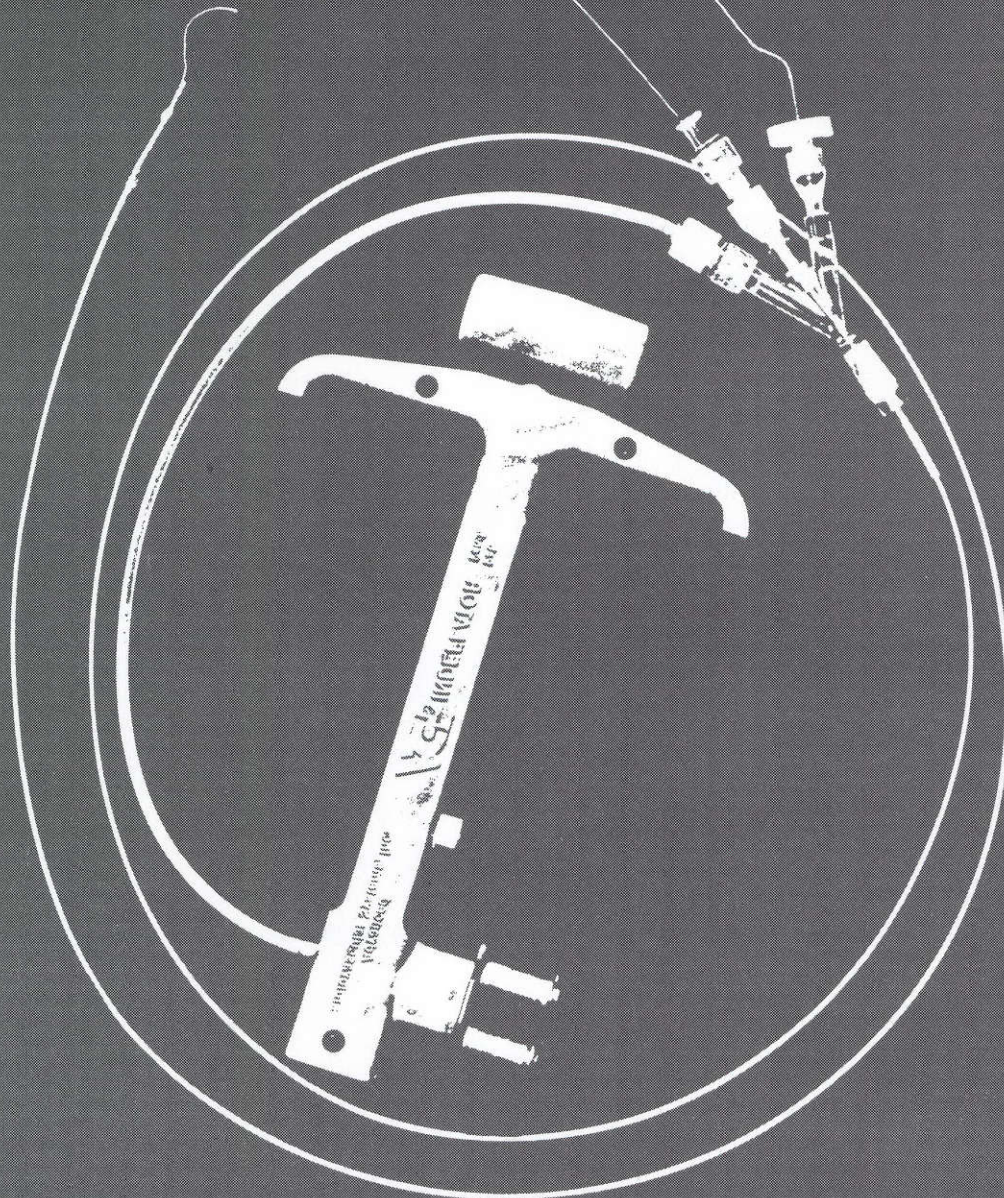
- **A medical resident center.** This facility, which will be built with private funds in phases, is needed by 1986 to house family practice residents and other temporary medical students and faculty.
- **An expanded outpatient facility.** This structure is needed by 1987 to accommodate growth already being experienced by the Outpatient Clinic.
- **A computed tomography full-body scanner.** This

equipment is a non-invasive radiology procedure which provides a cross-section X-ray of the body. The goal is to acquire the equipment by 1990.

- **A special procedures facility.** The growing cardiac catheterization service will require the need for a separate special procedures room by 1991.

Hurst estimates that the cost of these buildings and equipment will total approximately \$19 million. The largest single expenditure is the proposed biomedical laboratory building, estimated at \$10.5 million.

# Angioplasty: A New Technique



**H**eat patients who have clogged coronary arteries can now be treated at the UT Health Center by a new non-surgical procedure called angioplasty.

The procedure was successfully performed for the first time in East Texas Feb. 24. The first patient was Buddy Vickery of Longview, who was discharged three days later.

The technical name of the procedure is Percutaneous Transluminal Coronary Angioplasty (PTCA) but for obvious reasons most people refer to it simply as angioplasty.

Cardiologist Robert M. Payne received special training at Palo Alto, Calif., and at Atlanta, Ga. on how to perform the treatment. The technique is similar to cardiac catheterization, an invasive

diagnosis procedure involving use of a thin plastic tube inserted into an artery to check for blockage. Dr. Payne has performed hundreds of catheterizations.

Angioplasty involves use of a catheter (the thin tube) which contains a deflated balloon in its shaft. The balloon catheter is positioned through the narrow opening which has been partially blocked by an accumulation of plaque. The

# A Surgical Success Story

balloon is then inflated. This flattens the plaque and reopens the artery.

"The national experience with this procedure," Payne said, "is that approximately 80 percent of narrowings in coronary arteries can be successfully opened by angioplasty in carefully selected cases."

Payne said at present only certain types of coronary artery disease can be treated by this technique. If a patient has only one or two blocked arteries, the balloon procedure may be preferred over open-heart bypass surgery.

The cardiologist said the major risk of the balloon catheter is that the artery may be closed off as a result of the procedure and may require emergency bypass surgery, which the health center also is capable of performing.

Payne said that since the new procedure was introduced about three years ago experience has shown only 5 to 10 percent of angioplasties have resulted in the need for surgery. He said the risks of angioplasty are similar to those associated with routine cardiac catheterization.

Payne has performed more than 350 catheterization procedures since coming to Tyler in 1981. Prior to joining the UT Health Center medical staff, he had performed more than 800 procedures as a private physician and in association with the Arizona Heart Institute in Phoenix.

The cardiologist said patients who receive the angioplasty treatment usually can go home the next day. If the artery remains open for three months, it tends to remain open indefinitely, he said.

Experience nationally with patients who need a repeated angioplasty is that the second procedure will generally have a lasting success, he said.

Payne said that once patients have angioplasty performed, they must be monitored by treadmill testing over several months. He said the reward for successful angioplasty patients is that they become free of angina (chest pain) and medications.



*Luther Roach six months after surgery*

Six months after undergoing open-heart surgery at the UT Health Center, Luther Roach is actively enjoying his renewed health.

"I'm doing great now," says Roach, a 57-year-old machinist who returned to his regular job Jan. 9, two months and a day after coronary artery bypass surgery on six arteries. "I'm even chopping wood again."

The Nov. 8 procedure, performed by cardiac surgeon Dr. Roy Kingry, was the first open-heart surgery ever done at the health center. Roach went home 10 days after the operation and was cleared to return to work without restrictions by the new year.

By the end of May 1984, Kingry and his team operated on more than 30 people ranging in age from 42 to 79.

The eldest, Kingry says, is now free of chest pain after his bypass surgery.

He and his surgical team have done such varied procedures as coronary artery bypasses, mitral valve replacement, resection of a left ventricular aneurysm, aortic valve replacement, repair of thoracic aortic aneurysm and carotid endarterectomies (remov-

obstructions to arteries leading to the brain).

Kingry says the health center's new surgical service was started "at a controlled pace," averaging about one operation a week the first two months. "We're ready to grow now," he adds, citing a second phase of training for surgical and recovery room nurses and twice-weekly open-heart procedures which began early in 1984.

Kingry, who has done hundreds of heart operations during his earlier career as an army surgeon, says he believes surgery can greatly improve the quality of life for many heart patients.

"A lot of recent publicity has been given to studies comparing medical and surgical treatments for coronary artery disease," he noted.

"As I interpret these studies," Kingry said, "surgery still offers heart patients better recovery for the more serious forms of coronary artery disease in terms of longevity, freedom from symptoms and less need for medications.

"But for the less severe forms of the disease," he said, "non-operative therapy may do very well also."

—Suzanne DuBeau

# An Overview of Lung Disease

An expert's description of treatment at UT Health Center for patients with obstructive lung diseases, emphysema and chronic bronchitis.

*Dr. M. Brooke Nicotra, medical director of the UT Health Center's pulmonary rehabilitation program, made the following remarks to a group of visiting legislators and Legislative Budget Board members earlier this year.*



*Dr. Brooke Nicotra*

**D**r. Hurst has asked me to speak to you about our efforts in the area of lung disease. As you know, our primary focus since this institution was founded has been on pulmonary problems. This appears to be particularly relevant now as the frequency of lung diseases is increasing and is a major cause of morbidity and mortality in Texas today. Reflecting this is the increase in admissions, up 12 percent last year to almost 4,000.

Over the last few years, and continuing to the present, the obstructive lung diseases, emphysema and chronic bronchitis have been our most common cause of admission. In the United States as a whole, 10 million persons have these diseases and they are the fifth leading cause of death.

These diseases are overwhelmingly related to cigarette smoking. Their occurrence is rare in individuals who have never smoked. In Texas it is estimated that between 35-40 percent of the population smoke. In Smith County and the immediately adjacent counties alone, there are 33,000 smokers between the ages of 35 and 55. These people are all at risk for emphysema and perhaps 15-20 percent of them will develop it.

It might be helpful to spend just a moment discussing how these diseases cause damage. The lung is basically made up of two major divisions. One of these is the alveoli, which are like millions of tiny balloons. When we inhale air these balloons are inflated. The oxygen in the air then moves from these alveoli into the blood, sup-

plying the rest of the body with its major fuel.

The second major division is the bronchi, or the air tubes, through which the air moves to expand the balloons when we inhale.

Emphysema destroys primarily the alveoli, so that it interferes with the exchange of oxygen with the blood. Unfortunately, once the balloons, or alveoli, are destroyed they are permanently lost as the body cannot regenerate them. This results in the patients becoming increasingly short of breath so that even the least activity is an excruciating torture for these people. We have many patients who are unable to even walk from their beds to the dinner table because they are so short of breath.

Bronchitis, on the other hand, damages the air tubes and causes

the patients to cough and raise phlegm. Additionally, these patients also have wheezing and shortness of breath as the air tubes get progressively narrower.

In most patients, the disease is a combination of bronchitis and emphysema. We cannot treat the emphysema but we can do a lot for the bronchitis. The other area where we can help is in teaching the patient how to breathe more efficiently. We also try to increase general strength and nutrition to make certain that the energy requirements for a given work level are as low as possible.

Our efforts in these diseases then fall into two categories. First, when the patients are ill and more short of breath than usual, we treat them vigorously with medications to relieve this. After they are more stable, we enroll them in our rehabilitation program, which recently was expanded. We hope

to get these people with milder diseases back to work and improve the quality of life for those with more severe disability.

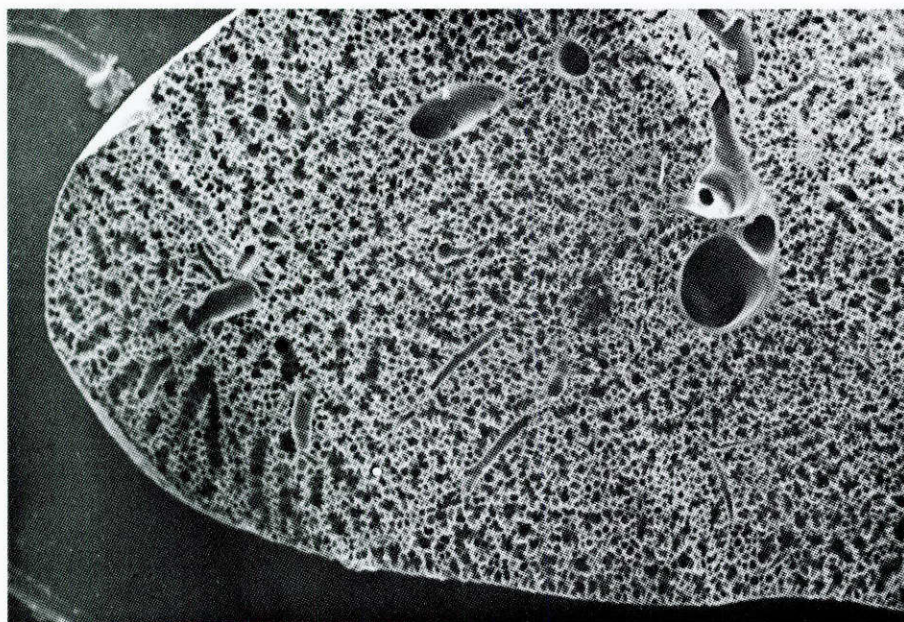
Our second major area of in-

*Emphysema and chronic bronchitis are "overwhelmingly related" to cigarette smoking, Nicotra says.*

terest is in the other chest diseases, beside the obstructive diseases. Admissions for these types of diseases have increased 23 percent over the last year. Unfortunately, one of the most common reasons for admission is that of a lump or mass in the lung. Sometimes these masses are found on a routine X-ray taken during evaluation for some other problem but most often the patients come in with problems with coughing up blood, chest pain or shortness of breath.

We try to evaluate these individuals as quickly as possible, usually by doing a bronchoscopy. This involves inserting a flexible tube through the nose into the air passages. We can frequently see the mass at this time, and almost always, it turns out to be a lung cancer. After the diagnosis is made, the patient either undergoes surgery or is referred to our oncology service. Admissions to this area are up almost 25 percent over last year and 40 percent of these are lung cancer, so we are seeing about 150 new patients with lung cancer yearly.

We believe we are in a unique position to provide expert care for patients with all types of lung diseases. Our facilities are excellent, on the whole, and over the last several years we have become very efficient at diagnosing the problem and providing early therapy. Our hope is to shorten each patient's time in the hospital to the minimum necessary so that the disease interferes with their lives as little as possible. Evidence that we are successful comes from our increased admission rate but shorter length of stay for each individual patient.



*Lung cross section*

# THE CARING KIND

*Echoing the theme of National Hospital Week, UT Health Center nursing employees talk about what it takes to be among "The Caring Kind" in the following vignettes by Suzanne DuBeau.*

## Geneva McClendon

*RN, oncology*

"Death greets me when I get off the elevator every day. I don't know which room it will come to and who it will take that day," says Geneva McClendon, who has worked with cancer patients at the UT Health Center for almost five years. "But like our patients, I've learned you just have to take it one day at a time."

McClendon's brand of sincere concern and sharply honed competence comes in handy in the oncology unit where equal parts of technology and tender loving care are used to halt the advance of what she calls the "most dreaded disease in our society." Her eyes flash when she talks about cancer patients written off by family and friends as terminal cases, especially when survival rates for some



types of cancer are up.

"These people need care, need to be clean and comfortable, just like someone who's had a heart attack or has broken a leg."

"As long as they're alive, you keep trying. They're still individuals, still human beings," says the registered nurse and American Cancer Society instructor. "It's hard to make patients

realize that although their lifestyles are altered, their lives are still going on."

In her role of caregiver and counselor, McClendon encounters anger, denial and frustration from the start. "You cannot take care of the patient without taking care of the family too," she explains. They know it could be a life-threatening situation when their loved one is assigned a bed on the cancer floor. Doctors explain procedures and technical happenings; it is up to McClendon to reinforce and interpret these things for patients and their families based on the nurse's initial and continuing assessment of the patient's condition and adjustment.

Explaining a little of what's ahead builds trust and eases apprehension, she adds.

McClendon works as a charge nurse from 3-11 p.m., assessing patients, supervising nurses and giving chemotherapy, blood and blood components. In a place where miracles happen rarely but are sought daily, she says responding to her patients' special needs is the most gratifying part of her job.

"Yes, you get involved emotionally, but you feel you're really needed. I need to be needed. That's how we give to each other."

# Sherry Edwards

*RN, intensive care*

**S**herry Edwards' workday begins as most people are going to sleep. Since August 1981, she has worked the 11 p.m. to 7 a.m. shift in the UT Health Center's medical intensive care unit.

"Things can change quickly in ICU," Edwards says. "And at night it's more stressful.

Nurses have to be constantly alert to any change in the patient and be able to assess his condition immediately."

She feels that working in the critical care area demands "a tremendous amount of responsibility." Edwards' calm, quick-acting professionalism is tested



five nights a week.

The Longview native earned a registered nurse diploma from Kilgore College and will complete a bachelor's degree at UT Tyler this summer.

Edwards tries to keep a patient's

family apprised of the patient's condition. "Caring is being able to look at a patient for who he is. If you lump them together, you miss the point. They all have different ways of expressing themselves, reacting to pain," she adds.

Though ICU patients are acutely ill, dependent on tubes, machines and skilled care around the clock, Edwards believes they remain individuals capable of determining some elements of their care. "Even though they're in ICU, they can make some decisions for themselves—which way they want to be turned, if they'd like a backrub now or later. And it's important not to force them. Most things can be worked around."

A typical patient stays in intensive care a few days to a week. Some are transferred to other floors. Some are in and out of ICU. But Edwards says it doesn't take long to develop a strong bond between caregiver and patient.

"We do get attached to some patients," she says, as the staff eagerly watches for signs of daily progress. "It is wonderful to see someone get better day by day."

# Thelma Cain

*hospital aide*

**T**helma Cain is what UT Health Center nurses would call an oldtimer, but she's young at heart. The lifelong Gilmer resident started working as a nurse's aide at the health center in 1957, before the original brick six-story hospital building was completed. In those days, aides worked whole wards

of old army barracks by themselves. They had to roll heavy air tanks from barracks to barracks and back, among other things.

Cain has retained her spunky outlook and freckles that earned her the nickname "Red." She's been working on east wing of the fifth floor since 1980, an area

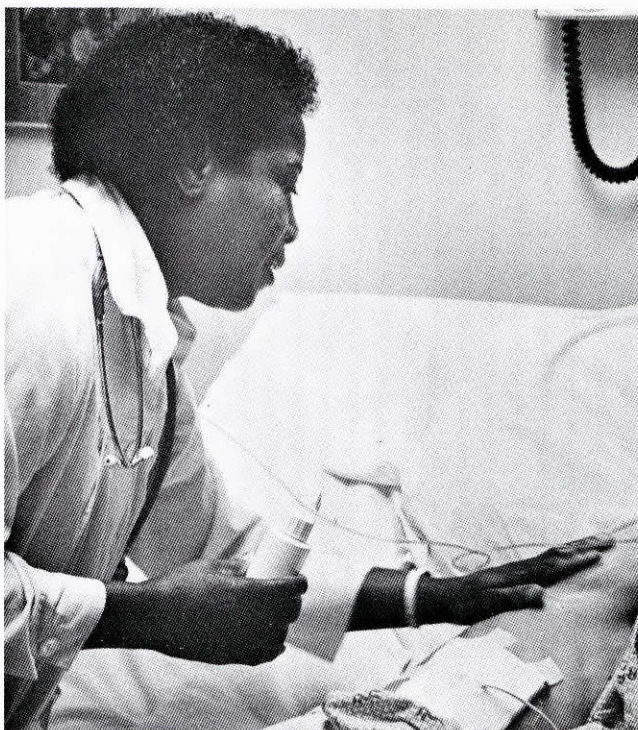
where heart patients now come before and after surgery.

During her 3-11 p.m. shift, she checks vital signs, answers call lights, serves supper trays, walks patients, runs errands and spends a lot of time talking to patients while making them comfortable. "I love my job," she says.

Cain believes a little concern goes a long way, particularly if the patient is irritable and starting to complain about this or that. "If you sit down and talk to them, sometimes they find they don't need that pain medication they thought they needed so badly a few minutes before. Attention is what they need, and I love to give them attention.

"Caring makes your work light," says Cain, who likes to joke with patients and believes those in patient care should bring a smile and a caring attitude with them into the room. "Don't be a sourpuss. Smile. After all, patients aren't here because they want to be."

Part of her job is to prep patients for cardiovascular surgery, which includes a shower, shampoo and showing them what they'll be wearing for surgery. Before the operation, some people are



depressed and frightened. "I try to psych 'em out, to see what their hangups are," she says.

A deeply religious woman, Cain offers faith as a weapon against fear to the patients on her rounds and holds up the Golden Rule as a caregiving standard. "I'm always putting myself in the patient's shoes—do unto others, you know. Your day is coming too."

## Mary Duke

*RN, chronic respiratory disease*

Most of Mary Duke's patients are painfully aware of every breath they take. "Nearly all of them are apprehensive and anxious," says Duke, a charge nurse assigned to chronic respiratory disease patients on the third floor. You have to know how to be with them, all patience and consolation. All the while they're thinking, 'Am I going to draw another breath?'"



Duke joined the UT Health Center in 1973 as a ward clerk and attendant but took a year out to complete her RN diploma at Kilgore College. After two years as an oncology nurse, the Gladewater resident was assigned to 3 West, where most patients have emphysema, bronchitis or other chronic respiratory disease.

"CRD patients need a lot of TLC (tender loving care). If you can get them to settle down, they forget about the next breath and are concentrating on something else besides breathing."

A person suffering from chronic respiratory disease will have occasional acute episodes requiring hospitalization. These people are especially susceptible to pneumonia, flu and upper respiratory infections. Cologne or dust or any number of everyday substances can throw them into bronchial spasms. Regular food



becomes too hard to digest. Confined to bed by these restrictions and a limited air supply, a patient usually becomes irritable and demanding, she says.

For the caring caregiver, that can be a real challenge.

The native East Texan speaks compassionately of her patients and their special needs, much as a mother would describe her child-

rearing philosophy: "Be loving but firm."

The problem for many patients is that they try to breathe too quickly, to hurry the next life-sustaining gush of air into their weakened lungs.

She compares the long-term chronic respiratory disease patient's outlook with that of the terminal cancer patient. "They

(CRD patients) know they'll eventually die too. They know there's no cure for what they've got."

However, the illnesses progress at different rates. "We help terminal cancer patients face death. We help CRD patients live day to day and help them to face tomorrow with increasing shortness of breath."

## Myrean Miller

*LVN, tuberculosis*

**M**yrean Miller has been caring for tuberculosis patients for 14 years at the UT Health Center, but has no fear of the disease.

A licensed vocational nurse, she came to the Tyler facility in 1968 when it was still called the East Texas Chest Hospital.

The Tyler native grew up hearing stories about the TB sanatorium north of town. Even in the late 1960s when TB had been controlled at last, more than a few of her nurse friends questioned why she'd want to work in such a place. All except twin sister Marie Ford (now Casey), who joined the nursing staff the following year and remained until 1980.

During the sisters' high school years, their family lived in Rusk. A young girl with TB lived down the street, cared for in isolation by her parents. In the waning years of the 1940s, TB carried the social stigma of leprosy, but the twins were interested in a little nursing practice. "My sister and I sat up at night with her. She was only a couple of years older than us."

"When she died, her parents burned everything—her clothes, her bedding, everything. Later I realized how unnecessary that was. You don't catch TB from people's things."

Today, she cares for long-term TB and mycobacterial disease patients who are mostly ambulatory and not contagious, but are hospitalized for long stretches because of drug resistance. Some of them are poor or alcoholics. All of them get bored with hospital life quickly, especially if the sixth floor is their entire world for

months.

"The more down and out they are, the harder I try. I put myself in their place," says Miller, whose easy smile works like a tonic. "Be on the patient's level," she advises, "and talk to them as a friend rather than looking down (at them) as a nurse."

Miller has found that activity

helps fill the long hours. Cards, dominoes, bingo and puzzles are available in the game room and craft projects are provided through occupational therapy's day program. She introduces patients to each other, especially Spanish-speaking ones who may feel doubly isolated because of the language barrier.

"Kindness really means a lot to these people," she says.



# Texas Chest Foundation and News

## Herds Establish Special Fund

**M**r. and Mrs. Bob L. Herd of Tyler have made a generous gift to Texas Chest Foundation to establish a special fund in their name. Income from the restricted fund can be used by The University of Texas Health Center at Tyler in support of patient care, research or educational missions.

"We've wanted to do this for some time," Bob Herd said of the gift. "Pat and I have always had an interest in the hospital. This idea of doing something that is meaningful and long-lasting has been in the back of our minds. We finally decided to do it."

Mrs. Herd said her father, the late Sam Noe of Quitman, was treated for emphysema at the health center. "We really appreciated the excellent care he received there," she said.

The Herds said they want to keep the fund open so that they and their children can add to it. They have two daughters, Mrs. Kelli Barraco of Dallas, and Staci, a sophomore at Texas Tech University.

Earlier the Herds were among many health center supporters who contributed to Texas Chest Foundation's fundraising effort to build a chapel and pastoral counseling center at the hospital. The \$400,000 project was completed in 1982.

"We really appreciate what Bob and Pat Herd have done for Texas



Chest Foundation and the UT Health Center," said Isadore Roosth, president of the foundation and chairman of the health center development board. "The Herds have become strong supporters of the institution because they have seen first hand the excellent care that is being provided and the need for research in chest diseases."

Bob Herd has served both as a trustee of the foundation and as a member of the development board since 1979.

He is founder and president of the Herd Producing Company, an independent oil and gas operator with offices in Peoples Plaza Tower in Tyler. He also is owner of Executive Aviation, Inc. of Tyler and is a licensed pilot.

The Herds moved to Tyler approximately 20 years ago. He is originally from Dallas and graduated from Mesquite High School in 1946. Following service in the Air Force, he stayed in California briefly as a student at

Sacramento College, but returned to Texas in 1953 with plans to enter UT Austin.

"I thought I wanted to be an electrical engineer," he recalls, but after reading the UT catalog I decided on petroleum engineering. I guess coming back from California and driving through the West Texas oil fields made me change my mind."

After spending a summer roughnecking in West Texas, his friends talked him into enrolling at Texas Tech. He received his B.S. degree in petroleum engineering at Lubbock in 1957, the same year he and Pat were married. She had been attending East Texas State College at Commerce in pursuit of a music degree.

Both Mr. and Mrs. Herd are members of numerous civic, professional and social organizations. Besides the two health center boards, he serves on the board of directors of Tyler Museum of Art, UT Tyler Educational Foundation, and the Plaza Club. He is a past

# UT Development Board

## Gifts

### Contributions

#### Lindley Beckworth Memorial Gifts to the Medical Resident Center Fund

Since the death of former U.S. Rep. and state congressman Lindley Beckworth, the UT Health Center's Medical Resident Center fund has received more than \$4,400 in memorial gifts in his name.

Beckworth, 70, of Gladewater, died March 9 at the health center. As a state senator he played an important role in supporting legislation which brought the former East Texas Chest Hospital into the University of Texas System in 1977.

The Medical Resident Center will be used to house medical residents and students on rotation at the health center, according to development director Tom Brogan.

Beckworth memorial gifts were contributed by the following people:

Mrs. W.F. Patterson; C.L. and Ruby Mackey, Arthur H. Rogers III, Nichols, Merriman, Patterson and Allison; Mrs. M.R. Wise and Miss Dorothy Wise, Republic Bank Tyler, Mr. and Mrs. Darrell Hazel, John W. Ford, Hobby Foundation, Mattie Fleming, Carla Erskine, Mr. and Mrs. Jack Bean Jr., Paul and Barbara Branch, Mrs. Claud Lee, Travis Ward, Mr. and Mrs. J. Frank Graham Jr., Mr. and Mrs. J.B. Hill Jr., Dr. and Mrs. S.L. Rains, Mr. and Mrs. Harry Heard, John and Pamela Bishop, Mrs. Fred Erisman, Mr. and Mrs. Bob Butcher, Charles and Bobbie Modisette, Bob and Sherry Robinson, Ann and Dick Bowman, Rosemary Allen, Mr. and Mrs. Hollis Welch, Mrs. A.J. [Cora] Gibson, Dr. Clyde Brindley and A.W. Riter Jr.

Mr. and Mrs. Charles K. Devall, Axie Mitchell, Mr. and Mrs. Robert B. Cook, P.E. and Doris Peck, K.W. Kindler, Ken

Bennett, Juanita McMahan, Mr. and Mrs. H.J. Lea, Mr. and Mrs. John Sallee, Mr. and Mrs. Tom Dewitt, R.A. and Nadine Herbst, First National Bank of Longview, T.L. and Norene Parish, Ruth and Dick Gates, Howard Dodd, Lovell E. Kelley, members of Texas Senate, Mr. and Mrs. Ralph Spence, C. Robert Mace, Jon Skidmore, M. Scott Incerto, Jack Skeen, Mary G. Rathbun, Wilson Godfrey, Joann Smyth and Farrokh Hirbod, Mr. and Mrs. Joe A. Latch, Pritchett Church of Christ, Gracie Sanders and Fern Collier, Dr. and Mrs. G.R. Hugman, Mr. and Mrs. Noble Crawford, Mr. and Mrs. Jimmy Caldwell, Mr. and Mrs. Charles E. Dawson, Steven J. Peck, Kathryn Porter and Neil R. Cooper.

Mr. and Mrs. James Bibb, Mr. and Mrs. "Peppy" Blount, Mr. and Mrs. Harry Parker, Fulbright and Jaworski, Mr. and Mrs. James R. Adams, Sarah Greene, Mrs. H.L. Long, Mr. and Mrs. Bob Griffith, Mr. and Mrs. Romie Bishop, Mrs. J.T. Long, Mrs. Leonard Pickett, Mr. and Mrs. Philip Dibert, Mr. and Mrs. J.A. Williams Jr., Tommy and Sarah Allen, Lena Exum, Mr. and Mrs. T.C. Erwin, J.C. and Rose Holcomb, Dr. and Mrs. William C. Stephens, Stacy and Martha Jackson, Sidney T. Martin, Malcomb Smith, Mrs. J.M. Brooks, Mr. and Mrs. Verner Florence, Billy and Katherine Bridewell, Mr. and Mrs. Robert Little, Mr. and Mrs. Jack Phillips, Tel and Deb Sunday School Class, Paschal Martin, Judge and Mrs. Marcus Vascocu, Walden P. "Red" Little, Mr. and Mrs. Billy Hibbs, Philip Brin, Harold and Judy Spivey and Enid Aycock.

Mr. and Mrs. Jack Skeen Sr., Bill and Gertrude Alexander, Ruby Cooper, Bob and Pauline Cargill, Scott and Mary Jo Fields, Marcelle McLeroy, W.L. and Agnes Simmons, Mr. and Mrs. L.A. Ferguson, Ester M. Mills, Maurine Day, M. and Mrs. Randolph Swanson, Mr. and Mrs. Tom Ramey, Anne Taylor, Eula Kersh and Helen Emmert, Mrs. D.F. Pearce, Mrs. Floyd Dark, Mr. and Mrs. Ray Kinsey, Wins Paper Products, Mr. and Mrs. T.W. Houghon Jr., Dr. and Mrs. James D. McMurrey, Mr. and Mrs. Jack Maddox, Mr. and Mrs. Marvin H. McMurrey Jr., Lily Lou McMurrey, Glen Foster and Sharp, Ward, Price, Hightower.

president of Willow Brook Country Club and past board member of East Texas Hospital Foundation and United Way. She is a former board member of East Texas Symphony Association and past president of the Quairo Literary Club. She is presently on the board of directors of Commercial Savings and Loan Association.

Bob Herd halfway apologizes for his busy schedule and any absences from foundation and development board meetings. "I don't like to serve on boards if I can't attend most of the meetings and be useful," he said.

Sometimes when he can't attend functions because of business, she substitutes for him. They want to set a good example.

"Pat and I felt that by establishing this fund it might encourage somebody else to also do something for the foundation. We hope so, anyway."

### Benefit Tournament Scheduled Aug. 20

A benefit golf tournament to raise money for the Texas Chest Foundation general fund is scheduled Aug. 20 at Tyler's Hollytree Country Club.

Robin Farrell of Tyler is serving as tournament chairman, said trustee president Isadore Roosth.

The non-profit foundation raises money to augment UT Health Center activities which cannot be fully supported by state funds. These activities include the recruitment of medical and research staff, scholarships for employees and the purchase of special equipment.

# Gifts

## Contributions to Texas Chest Foundation

### Memorial Gifts

In memory of Jesse Derrick—Caudle-Rutledge Funeral Directors

In memory of Catherine Haliman—Mary M. Haliman

In memory of Mrs. Topsy Sharp—Officers & Directors of InterFirst Bank

In memory of Dr. Harry F. Jenkins and W.T. Matlage Sr.—Dr. and Mrs. George A. Hurst

In memory of Darrell Boaz—Mr. and Mrs. Johnny Wright

In memory of J.O. Davis and Walter Fleming—Dr. and Mrs. E.C. Kinzie

In memory of Mrs. Lester Henry—Mr. and Mrs. Sol Roosth

In memory of Mrs. Nellie Henry—Mr. and Mrs. Charles L. Childers

In memory of Mrs. Frank Kitchens Sr.—Mr. and Mrs. David Turman

In memory of Holly Childres and Melonie Nunelee—Dr. and Mrs. E.C. Kinzie

In memory of Lindley Beckworth—Mary P. Heines

In memory of Mrs. Rose Wolf—Sidney M. Wolf, Mrs. S.M. Frank, Mrs. Sol Roosth, Mrs. M.L. Roberts and Jerome M. Wolf

In memory of Aleck S. Genecov, Pauline Roosth, Harold Roosth, Robert R. Muntz and Bennie Roosth—Employees of Roosth & Genecov Production Co.

In memory of Mrs. Isadore Roosth—Mrs. Rose Rudman and The Rud-

man Foundation

In memory of Mrs. Opal Trantham—Mr. and Mrs. Grady Faulk

In memory of Lash Garrard—Mr. and Mrs. Johnny Wright

### Foundation Gifts

Mr. and Mrs. Gary D. Lackey, Catherine J. Phelps, David Fussell, Mr. and Mrs. Charles E. Lovelace, Mr. and Mrs. Billy DeShazer, Mary I. Gordon, Mrs. Louise Newman, Mr. and Mrs. Daniel K. Kuck, Mary S. Cail, Mr. and Mrs. Charles C. Smith, Mr. and Mrs. Edwin Rasco, Dr. Blanche Prejean, Henry M. Bell Jr. and Anne Hodgson.

Mr. and Mrs. Tom Barnett, Mr. and Mrs. Keating V. Zeppa, Mr. and Mrs. William A. Knight, Caldwell Schools, Inc., Mr. and Mrs. George W. Dear, Mrs. LaVirle P. McCary, Mr. and Mrs. Jerry Childers, Mr. and Mrs. T.H. Robinson, Jimmie A. Love, Mr. and Mrs. Steve Hill, Mr. and Mrs. Bill McChristian, Mr. and Mrs. James Cooper, Mr. and Mrs. Cone J. McClain, Mr. and Mrs. R.W. Kennedy and Mr. and Mrs. Jack Cates.

Miss Camille Northcutt, Rachel Morrow, Mr. and Mrs. Glynn Reed, Mr. and Mrs. Harold J. McKenzie, Mr. and Mrs. Dayton Walkup, Mr. and Mrs. Charles K. Devall, The R.W. Fair Foundation, Henry M. Bell III, Dr. and Mrs. E.C. Kinzie, Mrs. Linda Tutt, Mr. and Mrs. Joe Smith, Mr. and Mrs. Daniel W. Connell, Robert E.

Whitty and Mrs. Frances Kilgore.

Margaret M. Thompson, Mr. and Mrs. Robert A. Taber, Sally Leonard, Mrs. Venetia May, Ms. Debra Channon, Ms. Margaret E. Meador, Mr. and Mrs. Wayne Self, Mr. and Mrs. Norman Gotcher, Mr. and Mrs. James L. Harris, Mr. and Mrs. Wood Fair, Mary Lou Gentry, Mr. and Mrs. John W. Bradbury, Mr. and Mrs. C.L. Stanford, Mr. and Mrs. Jaye Pell, Mrs. Dianne Cavazos, Brian Burch, Cindy Brodnax, Mr. and Mrs. Mike Sellers and Hillman O. McKenzie.

Essie Allen, Joyce Chamness, Mr. and Mrs. Charles W. Ward, Mr. and Mrs. Doyle Nugent, Michael Wyatt, Mr. and Mrs. Walter Dawson, Dorothy J. Gross, Carolyn Longley, Dr. and Mrs. Dan E. Byrd, Mr. and Mrs. S.L. Starnes, Ann H. Duncan, Dorothy Donohoe, Mr. and Mrs. Ted Hudson, Mr. and Mrs. Jerry L. Matthews, Randal Shoulders, David C. and Neva J. Goodman and Mr. and Mrs. Bob Herd.

### Special Gifts

In commemoration of Mr. Isadore Roosth's birthday—Officers and Directors of First City National Bank of Tyler

### Honor Gifts

In honor of Mr. Isadore Roosth—The Rudman Foundation and Mrs. Rose Rudman

## Foundation Trustees and Development Board Members

The following persons are members of the Board of Trustees for Texas Chest Foundation and members of the Development Board for the University of Texas Health Center at Tyler:

Jud Adams, Tyler

John E. Adcock, D.D.S., Tyler

James W. Arnold, Tyler

Harold Beaird, Tyler

Henry M. Bell Jr., Tyler

Henry M. Bell III, Tyler

Allen Burt, Tyler

Mrs. D.K. Caldwell, Tyler

Charles L. Childers, Tyler

Wilton H. Fair, Tyler

Mrs. D.R. Glass, Tyler

B.G. Hartley, Tyler

Bob L. Herd, Tyler

Earl C. Kinzie, D.O., Lindale

Will A. Knight, Tyler

Miss Nancy Lake, Tyler

Richard P. Lane, M.D., Wills Point

H.J. McKenzie, Tyler

B.H. (Mac) McVicker, M.D., Lufkin

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Tom B. Ramey, Jr., Tyler

Edwin Rasco, Tyler

A.W. (Dub) Riter, Tyler, vice president and vice chairman

Robert M. Rogers, Tyler

Isadore Roosth, Tyler, president and chairman

Robert E. Rossman, M.D., Tyler

Tom E. Smith, M.D., Dallas

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John C. Turner, M.D., Tyler

James M. Vaughn, M.D., Tyler

Dayton Walkup, Kilgore

John Warner, Tyler

Watson Wise, Tyler

Royce E. Wisenbaker, Tyler

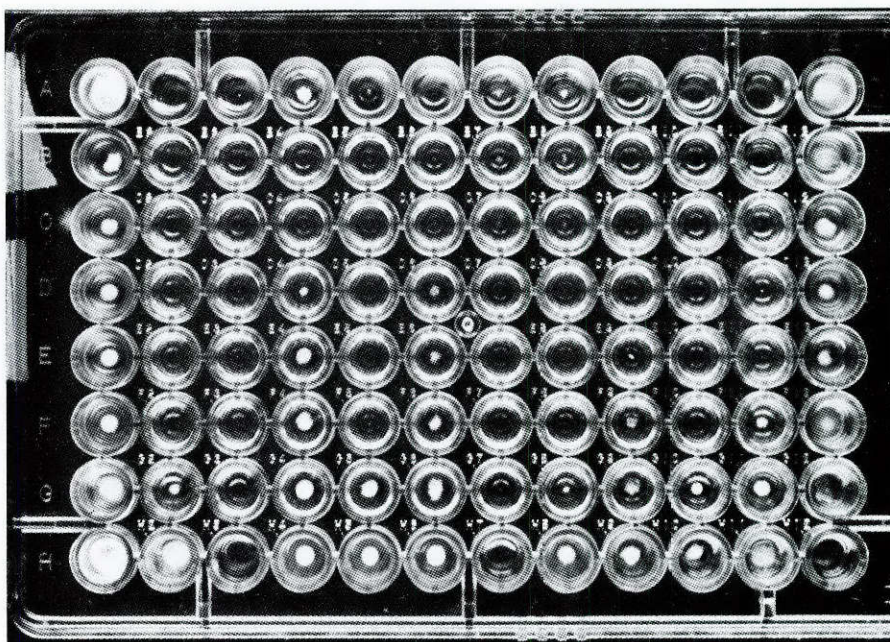
Sam Wolf, Tyler

James C. Wynne Jr., Tyler

Keating Zeppa, Tyler

# Treatment Shortened

Research by Dr. C.H. Ahn and colleagues shows mycobacterial disease can be controlled in half the time.



Another research study has been added to the growing list of UT Health Center at Tyler publications on the subject of mycobacterial diseases, a lung disorder similar to tuberculosis.

The most recent study is entitled "Short-Course Chemotherapy for Pulmonary Disease" published in a recent issue of *American Review of Respiratory Disease*.

The chief investigator for this and other clinical studies on mycobacterial disease is Dr. C.H. Ahn, associate professor of clinical medicine and a 20-year veteran of the health center's medical staff.

Implications of his latest research suggests that the cost for treating mycobacterial disease may be greatly reduced. Ahn's seven-year study indicates that the normal 18 to 24-month treatment period can be successfully achieved in 12 months.

These micro-organisms resemble the bacillus which cause tuberculosis. Ahn says even after more than a decade of studying these diseases, researchers still know very little about how they are acquired. They can be fatal if not treated.

In 1975 Ahn introduced a 12-month chemotherapy program at the Tyler facility involving 67 patients who agreed to receive the shorter length of treatment. Until

this study, mycobacterial disease was treated pretty much in the same time frame as used for tuberculosis patients.

Of the original number starting the project, 40 completed the program in a year and apparently are clinically free of the disease, Ahn said. The others were dropped from the study for various reasons.

The combined treatment consisted of four drugs—rifampin, isoniazid and ethambutol—taken daily for a year, plus streptomycin which was taken twice a week for the first three months.

The patients have received follow-up examinations for more than 18 months—some up to five and a half years later—and no relapse has occurred.

"In the beginning I was not certain the shorter treatment would work because no one had tried it before," Ahn said. "But gradually, after about two years of study, it became evident that the shorter treatment period was sufficiently controlling the disease."

Of the 40 people completing the study, only one—a white female school teacher—had a relapse. Six months into the program the woman's lung became reinfected, but in a different area from the original disease. An attempt was

made to discover what contributed to the reinfection.

Ahn learned that the patient had drunk unpasteurized milk from a family cow and requested that both the milk and tap water from the home be examined in the health center laboratory.

"We failed to find mycobacteria in the water samples," he said, "but two of the milk samples were culture positive for photochromogen-like mycobacteria."

The cultures were sent to the Centers for Disease Control in Atlanta, Ga., which identified them as *Mycobacterium vaccae*, a rare type. Ninety-five percent of mycobacterial diseases are of two types, *M. kansaii*, which is found mostly in the middle U.S. and Texas, and *M. intracellulare*, which is more widespread.

The patient has responded to therapy and is now clinically free of the disease, Ahn said.

Assisting Ahn in the study were two of his children, who are physicians: Dr. Sam S. Ahn, now at the University of California at Los Angeles, and Dr. Suzanne I. Ahn of Dallas. Other assistants were Dr. George A. Hurst, health center director, and James R. Lowell, formerly on the health center staff.

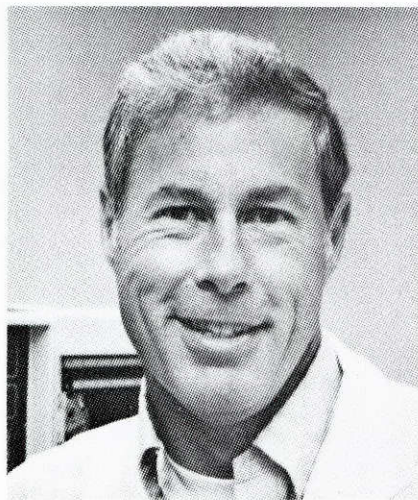
—Ken Whitt

# News Briefs

## Two scientists added to research staff

Drs. Barry C. Starcher and Michael K. Pangburn are the latest additions to the UT Health Center's research staff.

Starcher, a research professor of biochemistry, worked for the past three years as a research biochemist at UT Austin. Previously he had served on the faculties of Washington University, the University of Alabama and the University of Colorado Medical Center. His research involves use of egg membrane to study proteins which are similar to lung proteins. He has written or is the co-author of more than 50 articles for scholarly publications dealing with nutrition, biochemistry and respiratory disease.

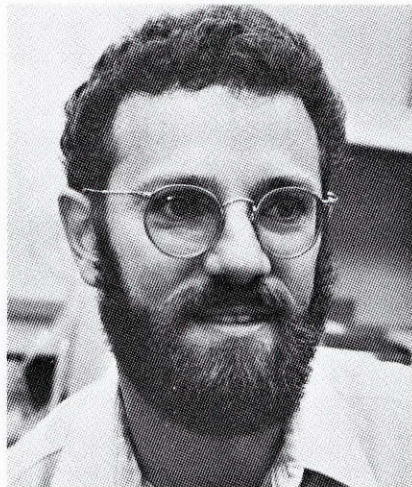


Dr. Barry C. Starcher

Starcher holds a Ph.D. from North Carolina State University and B.S. and M.S. degrees from the University of California, Davis.

Pangburn, who since 1979 has been an assistant member of the molecular immunology department at the Research Institute of Scripps Clinic, La Jolla, Calif., is an associate research professor of biochemistry at the health center.

The former chief of im-



Dr. Michael K. Pangburn

munopathology at Aerospace Medical Research Laboratory at Wright-Patterson Air Force Base, Ohio, received a Ph.D. in biochemistry from the University of Washington in Seattle and a B.S. degree from the University of California, Los Angeles.

## Thoracic Society elects Cohen vice president

Nationally recognized emphysema researcher Dr. Allen B. Cohen has been elected vice president of the Texas Thoracic Society.

Cohen joined the UT Health Center at Tyler as executive associate director last August. As pulmonary division chief of Temple University Medical School in Philadelphia, he won research awards from the American College of Chest Physicians and a Research Career Development award from the National Institutes of Health and has written or is co-author of more than 70 papers and abstracts.

Cohen holds an M.D. degree from George Washington University and a Ph.D. in microbiology from the University of California at San Francisco. He serves as a scientific reviewer for a number of scholarly journals including

*Thorax*, *American Review of Respiratory Disease*, *Science* and as an editorial board member of the *Journal of Clinical Investigation* and *American Review of Respiratory Disease*.

## Health series called HEAL now underway

As a public service, the UT Health Center is conducting a free monthly health education series in cooperation with the Tyler Public Library.

Dr. John Evans, assistant director of continuing medical education at the health center, said the series is called HEAL, an acronym for Health Education Adds Life. The program addresses medical and dental issues.

Tyler dentists, Dr. E. Sidney Tietz and Dr. C. Ron Hammond, adjunct assistant professors of clinical dentistry at the health center, assisted in the development of HEAL and serve as program moderators.

Each program is held on the third Tuesday of the month, through October, at 7:30 p.m. in the Tyler Public Library auditorium.

Programs include:

- **June 19** "Fit vs. Fat: Fitness and Obesity," Drs. Joyce Ballard and John Sloan, UT Tyler
- **July 17** "New Hope for Headaches: Temporomandibular Joint Dysfunction," Drs. Sidney Tietz and Ron Hammond
- **Aug. 21** "Childhood Lung Disorders," Dr. Michael R. Green, UT Health Center
- **Sept. 18** "Put on a Happy Face: Facial Reconstruction for Deformities," Dr. Jim Horton
- **Oct. 16** "Home Health Care Alternatives," Ann Wootton, RN, UT Health Center

## Joint programs with Houston being studied

Late last fall, the UT Health Center at Tyler signed cooperative agreements with the UT Health Science Center at Houston and the UT System Cancer Center at Houston to develop joint programs in education and research.

Health Center Director Dr. George A. Hurst said the agreements will enable the staffs of these UT components to explore ways the institutions can work together.

"This is the best kind of agreement because it provides positive benefits for the institutions and the best uses of our resources. I foresee this type of arrangement becoming the basis for significant long-term growth in the development of various kinds of programs. The people of East Texas will ultimately benefit from better health care and health information," Hurst said.

Dr. Roger J. Bulger, president of

the UT Health Science Center at Houston, said such programs might include clinical rotations for students and residents, and a regional center for continuing education for health professionals and for research in chest-related environmental-occupational disease.

"This is potentially one of the major developments affecting our two institutions over the next five to ten years," Bulger said. "We will be extending our learning community into East Texas, and the Tyler health center will be sending people here, enabling us to capitalize on each other's knowledge and experience."

Since the agreement was signed, two groups of Houston administrators have toured the health center and exchanged ideas on cooperative programs to be developed.

Several students from Houston health science center came in March to tour health center research departments.

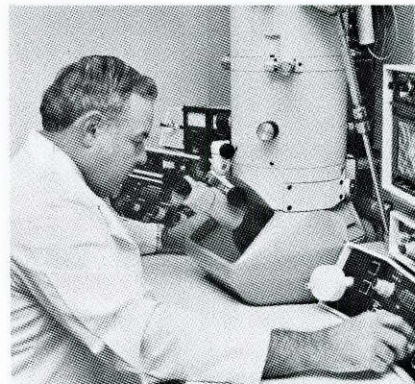


UT Health Science Center-Houston President Dr. Roger J. Bulger, left, brought surgery chairman Dr. Frank G. Moody, planning director Abby Mitchell, cooperative program coordinator Dr. Griff Ross and medical school dean Dr. Ernst Knobil to Tyler in February to meet with health center administrators about ways to develop joint programs.

## Dodson appointed to research post

Dr. Ronald F. Dodson was named assistant director for research at the UT Health Center at Tyler, executive associate director Dr. Allen B. Cohen announced in February.

Dodson has coordinated research planning and projects as the acting assistant to the director for research since March 1983. He will continue to serve as chief and research professor of cell biology and environmental sciences while representing the research depart-



Dr. Ronald F. Dodson

ments of biochemistry, microbiology and epidemiology/biostatistics in recruitment, budgetary and planning matters.

Dodson, who received a Ph.D. from Texas A&M University and M.A. and B.A. degrees from East Texas State University, joined the UT Health Center in 1977. He is a journal reviewer for *Environmental Research* and is a fellow of the American College of Chest Physicians.

Cohen also announced that his executive assistant, Catherine (Cass) Mahoney, has been promoted to sponsored programs administrator, responsible for investigating sources for available funds, reviewing grant applications and related duties. She came to the health center from Temple University at Philadelphia.

### Three floors of old hospital renovated

The big move is now history. By mid-April a number of UT Health Center departments had regrouped on the remodeled upper floors of Unit B (the six-story former hospital built in 1957). Located on the fourth floor are expanded facilities for exercise physiology (east wing) and outpatient oncology (north wing). Offices for oncology, chief of staff and surgeons are on the west wing.



Oncology clinic

New fifth floor occupants are purchasing (east wing and central area), accounting (west wing) and computer resources (north and east wing). Part of the computer resources staff will remain in Modular 2 until a new mainframe computer is installed this summer.

On the sixth floor is administration (east wing), business affairs (west wing), internal audit (central area) and information services (north wing). Classroom and meeting rooms are also on the north wing.

The \$1.7 million renovation project was completed in late March.

### Pathology lab gets another accreditation

The UT Health Center's department of pathology has been re-accredited for another two-year period by the College of American Pathologists' laboratory accreditation commission.

Department director Dr. L.R.

Hieger was informed in March that the commission has approved the laboratory inspection report and that the health center laboratory meets the standards for accreditation.

"The commission congratulates you on the accreditation," said Dr. John K. Duckworth, commission chairman, "and the excellence of the services being provided patients and clinicians."

The laboratory staff performed 460,817 tests during 1983.

### Education program now fully accredited by TMA

The UT Health Center's continuing medical education programs are now fully accredited by the Texas Medical Association.

Dr. Wilbur G. Avery, associate director for medical education, received a letter in February from the TMA's continuing education committee confirming the health center's four-year accreditation, according to Dr. John Evans, assistant director of medical education.

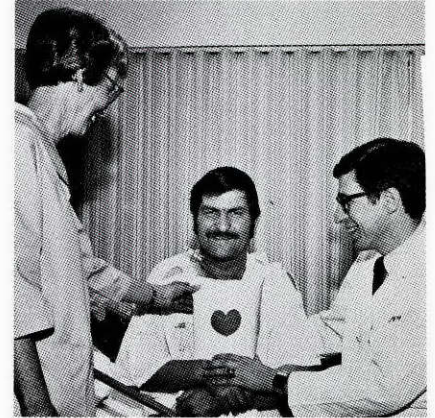
Since the health center began providing accredited programs for physician education in 1978, the TMA has granted provisional accreditation, subject to review every two years, Evans said.

"To the best of our knowledge, we are the only institution between Dallas and Shreveport, Texarkana and Lufkin to be able to offer Category I continuing medical education courses," Evans explained. Category I credits come from "student situation" lecture series, he added, which can be live or via teleconference. The health center's accreditation status also permits sponsorship of continuing medical education programs at area hospitals or medical associations.

More than a year ago, the health center began working with Mother Frances Hospital on a psychiatry program, Evans said. There have also been educational programs with the Smith County Academy of Internal Medicine and the Smith County Medical Society.

Continuing medical education credits are not required to maintain physician licensure in Texas, at present, Evans said.

Between January 1982 and May 1984, 110 continuing medical education seminars were held at or sponsored by the health center.



Volunteer Roberta Tindall presents Travis Booth with a "cough pillow" designed for open-heart surgery patients. Volunteers make the heart-applied, non-allergenic pillows for patients to press against their incisions when they need to cough. Dr. Roy Kingry, right, says his patients use the pillows at home too.

### Health center names two new directors

An affirmative action director and a new police chief have been appointed at the UT Health Center.

Henry Jackson joined the health center in January as affirmative action director. He is responsible for maintaining the health center's program of equal opportunity and affirmative action in compliance with state and federal laws and the UT System Regents' rules and regulations. The 31-year-old Tyler native previously served as affirmative action supervisor for United Telephone Company of Texas.

Former Smith County Sheriff's Lt. John Moore became police chief in March. He succeeds William D. Walvoord who resigned last August. Police officer Marilyn Wilson served as acting



chief of the 10-person staff. Moore, 45, is a 17-year veteran of the New York City Police Department and holds the NYPD's second-highest award for bravery, the Police Combat Cross.

### **Construction to begin on animal facility**

The UT System Board of Regents has approved the health center's request to build a vivarium—a special facility for maintaining research animals—and a recommendation from director Dr. George A. Hurst to name the medical library in honor of a donor.

The animal care building, which will have approximately 7,526 gross square feet and cost approximately \$1.1 million, will be located west of the microbiology research building.

The regents also authorized naming the library in honor of a donor. Hurst said an announcement will be made later when dedication ceremonies are scheduled. The library has been relocated and expanded in size to house additional medical journals and books which the donor is purchasing.

### **Home care extended to health center patients**

Last fall the UT Health Center created a new department, Home Health Care Services, designed to extend skilled nursing care to patients in a 50-mile radius of Tyler.

"We feel that our patients would benefit from home health care," Oran Ferrell, assistant director of patient services, explained when asked why the program was established. "With the continuing pressures to reduce the length of time that patients stay in the hospital, skilled nursing care at home will provide an alternative to longer hospitalizations without significant reductions in the quality of care required."

Home visits began in January.

Ann Wootton, a registered nurse at the health center since January 1983, was appointed director of home health care services.

When needed, health center dietitians, medical social workers and therapists (respiratory, occupational and physical) assist the nine-member home health care team.



*Bonnie J. Osborn*

### **Health center appoints nursing director**

The University of Texas Health Center at Tyler has announced the appointment of Bonnie J. Osborn as director of nursing services, effective June 18.

Osborn has been nursing director for Grande Ronde Hospital in LaGrande, Ore., since 1980 and served as interim administrator there from March 1983 until last February.

Osborn, who holds a M.S. degree in nursing and administration from Wayne State University in Detroit, Mich., joined the nursing staff at Hackley Hospital in Muskegon, Mich., in 1962 and became a nursing instructor after receiving her B.S.N. degree from the University of Michigan.

Between 1970 and 1975 she directed the hospital's school of nursing. She was appointed vice president of nursing and education there in 1975, a position she held until moving to Oregon.

Last year Osborn was appointed

to the Oregon State Board of Nursing. She is board certified in advanced nursing administration by the American Nurses Association.

At the health center, she will direct a nursing staff of more than 250. She succeeds Blanche Lusk Melson who retired last year. Assistant nursing director Lorraine Reazin has served as acting director.

### **Letters**

To Tom Brogan,  
Director of Development:

Thank you for your help with the donations to the hospital. I hope it will all help to aid in the suffering of others. Lindley would have wanted it to be this way. . . I can never tell you and the others at the hospital how very much they all helped us in our hours of great need.

—Eloise Beckworth  
Gladewater

To Dr. George Hurst, Director:

During my wife's stay at your hospital, she, and the rest of our family were shown such consideration and tenderness by everyone we came in contact with...

Dr. (Roy L.) Kingry did such a great job doing open heart surgery on Lola, my wife, and was more attentive to her during, after and until she left the hospital. . . than any other surgeon I have ever known. Also we must commend Dr. (Robert M.) Payne for his expertise.

The nurses in the surgical cardiac intensive care were the very greatest. I must list some of their names because they treated my wife and all our family as if we were their family. Some of the nurses were Erlinda Smith, Mary Ellen Steele, Elaine Jordan, Mary Kay Sheppard, Doris Vannoy, Mary Cail and Martha Bitter. The nurses on the fifth floor were equally great.

—Kriss K. Cross  
Greenville

# Published Research

The following is a list of scholarly journals which have recently published or are about to publish research papers written by research and clinical faculty at The University of Texas Health Center at Tyler. Authors from the UT Health Center at Tyler are in bold.

*Acta Cytologica*, "Asbestos bodies and particulate matter in sputum from former asbestos workers: an ultrastructural study," by **Ronald F. Dodson, Marion G. Williams Jr. and George A. Hurst.**

*Acta Cytologica*, "Cytologic Methods in Lung Cancer Detection," (in press) by L.D. Truong, S.D. Greenberg and **Jerry W. McLarty.**

*American Review of Respiratory Disease*, "Presence of Aminoglycoside Acetyl Transferase and Plasmids in Mycobacterium fortuitum: Lack of correlation with intrinsic aminoglycoside resistance," (in press), by S. Hull, **Richard J. Wallace Jr., D. Bobey, K. Price, R. Goodhines, J. Swensen and V. Silcox.**

*American Review of Respiratory Disease*, "Short-Course Chemotherapy for Pulmonary Disease Caused by Mycobacterium kansasii: Treatment of M. kansasii," by **Chai H. Ahn, James R. Lowell, Sam S. Ahn, Suzanne Ahn and George A. Hurst.**

*Anatomical Record*, "Morphology and ultrastructure of the

distal airway epithelium in the guinea pig," (in press), by **J. Lewandowski, M. Lynn Davis and Ronald F. Dodson.**

*Annals of Internal Medicine*, "Bacteremia Caused by a Previously Unidentified Species of Rapidly Growing Mycobacteria: Successful Treatment with Vancomycin," by L. Jadeja, R. Bolivar and **Richard J. Wallace Jr.**

*Archives of Internal Medicine*, "Disseminated Disease Due to Mycobacterium chelonae Treated with Amikacin and Cefoxitin: Absence of killing with either agent and possible role of granulocytes in clinical response," (in press) by J. Carpenter, M. Troxel and **Richard J. Wallace Jr.**

*Biometrics*, A short note concerning "Regression Analysis of Cytopathological Data, by A.S. Whittemore, **Jerry W. McLarty, N. Fortson and K. Anderson.**

*Brain Research*, "Cerebral vascular muscle culture. I. Isolation, growth and morphological characterization," by M. Spatz, **Ronald F. Dodson and J. Bembry.**

*Environmental Research*, "Acute lung response to amosite asbestos: A morphological study," by **Ronald F. Dodson, Marion G. Williams Jr. and George A. Hurst.**

*Environmental Research*, "The influence of amosite asbestos exposure on lung permeability," (in press), by **Ronald F. Dodson, T.A. Akematsu, Marion G.**

**Williams Jr. and J.O. Ford.**

*JAMA*, (Journal of American Medical Association), "Ferruginous body content in lungs of occupationally and non-occupationally exposed individuals," by **Ronald F. Dodson, S.D. Greenberg, Marion G. Williams Jr., Carolyn J. Corn, M.F. O'Sullivan and George A. Hurst.**

*Postgraduate Medicine*, "The Increasing Role of Beta-Lactamase Producing Organisms as Causative Agents of Respiratory Tract Disease: The Decline and Fall of Penicillin?" (in press) by **Richard J. Wallace Jr.**

*Review of Infectious Disease*, "Spectrum of Disease Due to Rapidly Growing Mycobacteria," by **Richard J. Wallace Jr., J. Swenson, V. Silcox, R. Good, J. Tschen and M. Stone.**

*Tissue and Cell*, "An ultrastructural study of the blood/air barrier in the guinea pig," (in press), by **J.O. Ford, Ronald F. Dodson and Marion G. Williams Jr.**

*Toxicol/Environmental Health*, "Method for removing the ferruginous coating from asbestos bodies," by **Ronald F. Dodson, Marion G. Williams Jr. and George A. Hurst.**

*Ultrastructural Pathology*, "Rod myopathy with extensive systemic and respiratory muscular involvement," by **Ronald F. Dodson, George O. Crisp, C.D. Albright, M. Brooke Nicotra and Luis Munoz.**



**THE UNIVERSITY OF TEXAS  
HEALTH CENTER AT TYLER**  
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