

# UNIVERSITY AT STONY BROOK • SUNY CURRENTS

FOCUS

HEALTH  
CARE

FEBRUARY, 1990

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## FOCUS

Medical education faces major challenges, says Jordan J. Cohen, dean of the School of Medicine.

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In fulfilling its mission of patient care, research and education the Health Sciences Center also has become a major contributor to the Long Island economy, notes J. Howard Oaks, vice president for health sciences.

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The Long Island State Veterans Home is just one of many ways in which Stony Brook is responding to the "greying" of the population.

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New programs and specialized patient services are among initiatives planned by the School of Dental Medicine in the early 1990s.

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Allied health professionals are no longer considered just "helping hands" for physicians.

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What medical advances will the decade bring? Department chairs and division heads speculate on the future of medical research.

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Where to find it: *Currents* provides a thumbnail guide to the resources at University Hospital.

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*The Health Sciences Center was essentially completed when University Hospital opened 10 years ago. Now Stony Brook sets the standard of care for Long Island.*

## Advances in Technology Redefine Roles

### Decisions Made By Nurses Grow More Complex

By Wendy Greenfield

In the cardiovascular intensive care unit at University Hospital, nurses Robin Taggart and Betsy Koop care for a 23-month-old girl who underwent open-heart surgery to repair a hole in her heart.

Working alongside the surgeon, the anesthesiologist, two residents and a respiratory therapist, Taggart checks the patient's vital signs and adjusts sophisticated machinery to keep the patient alive, while Koop ensures the chest tubes drain properly and draws blood to be sent to the lab.

"We're working against a clock that has no time on it," says Judith Stefano, assistant director of nursing for the unit, explaining that the first 12 to 24 hours after surgery are extremely critical for the patient's survival. "Decisions are made on the spot and require nursing intervention and independent judgment."

The development of modern equipment and other medical advances have placed more demands on nursing care. According to the American Nurses' Association, while 50 nurses cared for 100 patients in 1972, 91 nurses were needed to care for the same number of patients in 1986, an 82 percent increase.

Not only are nurses delivering more intensive care, they are doing it in a shorter period of time, as cost containment pressures have reduced the average length of hospital stays. A prospective payment system that gives hospitals a set fee per diagnosis now encourages hospitals to send patients home early instead of letting them recuperate in the facility.

"The primary role of the nurse is still to be at the patient's bedside, but the decisions nurses must make are far more complex than ever before," says Pura Pantojas, deputy director of nursing. "The nurse coordinates a variety of information—lab results, radiological results, medications—which makes the job more intricate, yet more exciting."

In University Hospital's neonatal intensive care unit, nurses care for 26 babies whose conditions range from breathing problems, a result of premature birth, to birth defects that require surgery. On any given day, nurses will monitor a baby's heart rate and blood pressure, or check an infant's respirator. They may also start intravenous lines for babies who can't eat on their own, or teach infants how to suckle and swallow.

"We're so much more aware today of the ways in which a baby is affected by different treatments as compared to 10 years ago," says Anne Marie Floyd, the unit's assistant director of nursing. "I see

Wendy Greenfield is a senior writer in the Office of News Services.



Staff nurse Loretta Martino, left, confers with nurse clinician Bonnie Cochrane in the neonatal intensive care unit.

a change in the overall philosophy of care from high-tech to individualized care."

For instance, nurses now know that premature babies under 29 weeks can respond to only one stimulus at a time. Making eye contact while talking to or touching a baby at the same time may cause the baby to stop breathing, Floyd says.

Nursing has become highly specialized. Today, there are 75 different nursing specialties. A nurse cannot move from one

specialty to another without extensive classroom experience and clinical training. Recognizing this, University Hospital set up a critical care institute to train new graduates and experienced nurses in critical care and other specialties. The one-year internship helps new nurses gain hands-on experience, while at the same time supplies nurses to departments experiencing a shortage.

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## A Counselor on Medical Dilemmas

By Tamar Asedo Sherman

Physicians can cure everything these days, or so people think. But such great expectations—fostered by medical breakthroughs and technological advances—place great stress on health professionals, which has altered the traditional role of the hospital chaplain.

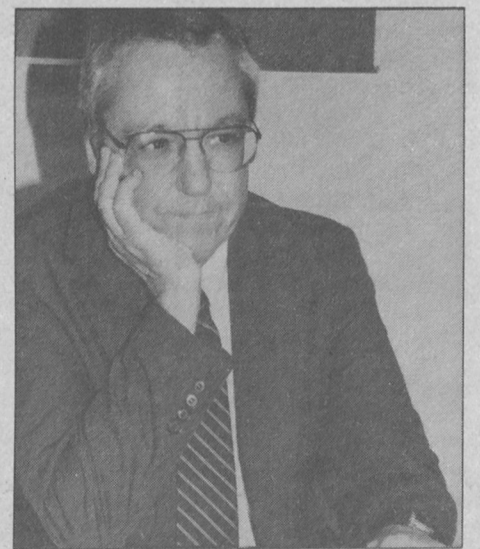
At University Hospital, the Rev. Robert S. Smith, director of chaplaincy services, is at the forefront of such change, ministering exclusively to an ecumenical "flock" of doctors, nurses, aides, technologists and therapists.

The demands of modern medicine are making positions like Fr. Smith's a necessity, experts say. "Someone needs to minister to the decisionmakers," says Sr. Helen Hayes, executive director of the Wisconsin-headquartered National Association of Catholic Chaplains. "It's part of the evolution of the role of chaplain."

Ernie Jessem, executive director of the College of Chaplains of the Illinois-based American Protestant Health Association, concurs. "The chaplain's role will become increasingly important with the complexities of health care, with sicker patients and shorter hospital stays."

A Catholic priest who has been with University Hospital since it opened in

Tamar Asedo Sherman is a senior writer in the Office of News Services.



The Rev. Robert S. Smith

1980, Fr. Smith rarely dons his clerical collar around the hospital, underscoring his ecumenical approach to the spiritual, moral and ethical issues with which hospital personnel must deal.

In fact, much of what Fr. Smith does is done informally, on the escalator, in the hallway or outside the lunchroom. "Conversations that just happen are often the best. You have to be part of the life of the place. You have to spend many, many, many hours there. You can't just run in and set up office hours," says Fr. Smith. He is there day and night, on weekends and

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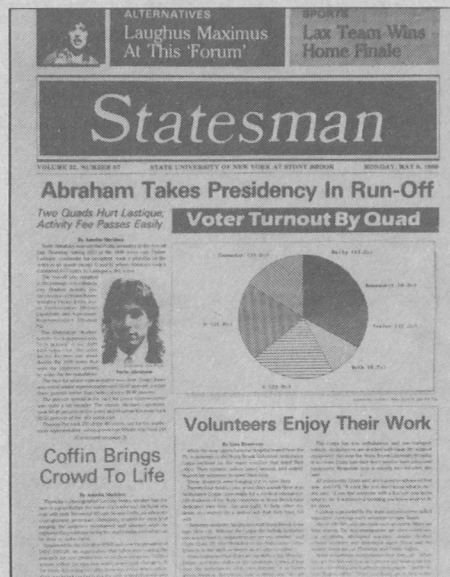
### University Hospital Open House

Friday, Feb. 16

Tours of the hospital  
and parts of the  
Health Sciences Center  
will be available  
to the public.

# ALMANAC

## KUDOS



The *Statesman* recently received four prizes in the 36th annual *Newsday* School Journalism Awards competition for high school and college newspapers. The awards—one first prize, two second prizes and one third prize—were announced at the 12th annual Long Island School Press Association conference held at C.W. Post College. The *Statesman* won first prize in the editorial category and second prize for both photography and typography/layout. Editor-in-chief **Amelia Sheldon** won third prize for newswriting.

**David Halle**, assistant professor of sociology, has been appointed a visiting scholar for the 1989-90 academic year by the Russell Sage Foundation. Halle is one of 15 visiting scholars nationwide selected by the foundation. Halle will conduct research on the way art and culture are expressed in the setting of the private home.

**N. L. Balazs**, professor of physics, has been elected honorary fellow of the Eotvos Lorant Society (the Hungarian Physical Society), which celebrated its centennial anniversary in 1989. Balazs is one of the editors of *The Collected Works of Eugene Wigner*, who is a Nobel laureate in physics and professor *emeritus* at Princeton.

*Currents*, serving the extended community of the University at Stony Brook, is published monthly by the periodicals unit of the Office of University Affairs, 138 Administration Building, University at Stony Brook, Stony Brook, N.Y. 11794-2760. Phone: (516) 632-6310.

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- Research: Sue Risoli, 632-6309
- Scholarship and Performing Arts: Gila Reinstein, 632-6310
- Undergraduate Affairs: Tamar Asedo Sherman, 632-6317

The periodicals unit also publishes *Currents Fortnight*, a biweekly chronicle of upcoming events, and *Electric Currents*, a daily gazette distributed via the university's electronic mail system. Our All-in-1 address is CURRENTS.

Mark A. Owczarski  
Managing Editor  
Larry Friedman  
Assistant Managing Editor  
Tom Giacalone  
Design Director

The University at Stony Brook is an affirmative action/equal opportunity educator and employer.

**Jeffrey Levinton**, professor and chair of the Department of Ecology and Evolution, recently participated in the reissue of the *The Sea Around Us* by Rachel Carson. The book, first printed in 1951, is one of the most popular natural history books ever published. A newly prepared issue was published in November by Oxford University Press, featuring an afterward on recent advances in the study of the ocean written by Levinton.

**Paul J. Edelson**, dean of the School of Continuing Education, was awarded a Kellogg Foundation Visiting Scholar Fellowship at Syracuse University for the period Jan. 7-13. Edelson's research is on the organizational ecology of continuing higher education and draws upon the archival materials in the Arents Research Library at Syracuse.

**Robert R. Sokal**, leading professor of ecology and evolution, was appointed visiting professor at the *College de France* in Paris. Sokal gave a series of lectures on the genetic and linguistic variation of the European peoples and their origins.

**Phyllis Barth**, a keyboard specialist in the typesetting and design section of Graphic Support Services, recently received the District Award of Merit from the Dan Beard District of the Boy Scouts of America. The award recognized Barth's service to large numbers of youth both in and out of scouting.

## TRANSITIONS

**Carol Cooke**, former telecommunications manager, has been appointed director of business and administration for the Division of Computing and Communications. In addition to managing the day-to-day operation of the ROLM system, she will be responsible for the management and consolidation of all business practices.

**Aaron B. Donner**, a partner in Donner, Hariton and Berka, P.C. of Bay Shore, has been appointed chair of the Stony Brook Council by Governor Mario Cuomo. Donner is serving his second term as a member of the 10-member council, the university's local policy-making body that supervises the operations and affairs of Stony Brook in accordance with state education law.

**Don Marx**, former director of communications management engineering, has been named associate vice provost for communications. Marx will be responsible for the planning, development and support of data networks; telecommunications facilities; public computing facilities and radio, paging and television systems.

**Frank Myers**, dean of International Programs, will resign his post effective August 31. Myers, who has held his current position since 1986, will assume a full-time teaching and research role in Stony Brook's Department of Political Science.

**Herb Wood**, former director of management systems, has been named associate vice provost for computing. In this position, he is responsible for user services, systems programming support, computer operations and application systems.



Lisa Shaffer

**Lisa Shaffer**, a senior on the Stony Brook women's soccer team, has been named to the All-Northeast, Division I Women's Soccer All-Star Team. The team, which is selected by the coaches in the Northeast region, is representative of the best players in that area. The honor is also a prerequisite to being selected to the coaches' All-American team.

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**Oliver Bridges**, a freshman halfback on the Stony Brook football team, was named Co-Rookie of the Year by the Eastern College Athletic Conference (ECAC). In his first season, Bridges rushed for 1,235 yards, which was among the 10 best in the nation and second in the country among freshmen. He also scored 14 touchdowns, one of 14 team records he established while becoming Stony Brook's all-time leading rusher. The award will be presented at the ECAC banquet in February.

**Sue Ryan**, head coach of the Stony Brook women's soccer team, has been named Coach of the Year by the New York Metropolitan Intercollegiate Soccer Officials Association. The award is given annually to the coach who exhibits great sportsmanship and respect toward officials, and has shown exceptional effort in promoting the game of collegiate soccer.

## OBITUARIES

**Lawrence Alloway**, former professor of art history and nationally known art critic and scholar of contemporary art, died Jan. 2. He was 63.

Alloway taught in the Department of Art from 1968 to 1979. Along with Donald Kuspit, he created the master's program in art history and criticism. He also served as director of the University Art Gallery.

Best known for giving "pop art" its name, Alloway was perhaps its major supporter and interpreter. Among his works are the catalog of the Whitney Museum Exhibition of American Pop Art and a collection of articles titled *Topics in American Art and Network*. He had also served as the chief curator at the Guggenheim Museum.

**Harold Zyskind**, professor *emeritus* of philosophy, died Jan. 29 in Northport, N.Y. He was 72.

One of 15 charter faculty members at Stony Brook, Zyskind began teaching at Oyster Bay before the campus moved to Stony Brook. Despite suffering from Lou Gehrig's disease, which confined him to a wheelchair since 1961, Zyskind continued to teach rhetoric, aesthetics and Plato.

"He was an exceptional example to his colleagues," noted Donn Welton, chair of the Department of Philosophy. "In addition to his research, he was able to cope with his disability for many years and remain an excellent teacher."

An authority on Plato, he published numerous scholarly articles and authored three books. His final work, *Meaning, Relations and Existence in Plato's Parmenides*, was published in 1987.

Zyskind is survived by his wife, the former Mascha Lehrer, a son, John, a brother and two grandchildren.



### Stony Brook's Student Development Record Program Cited

At the fall meeting of the University Faculty Senate, Stony Brook's Student Development Record was cited as one of 10 outstanding student life programs in the SUNY system. William Fornadel, director of Student Union and Activities (third from left), accepts the award from (left) Karen Markoe, president of the University Faculty Senate; Ellen Badger, Student Life Committee chair; and SUNY Chancellor D. Bruce Johnstone. More than 80 programs were nominated and judged on innovation, creativity, responsiveness to need, cost effectiveness and clarity of expression.



Daniel Fox

## Professor Named Head of Milbank Memorial Fund

The board of trustees of the Milbank Memorial Fund, one of the nation's oldest philanthropic foundations devoted to issues of public health and health policy, has elected Daniel Fox as its new president. Fox is professor of social sciences and humanities in medicine and director of the Center for Assessing Health Sciences at Stony Brook.

Fox, who joined Stony Brook in 1971 as a faculty member in the School of Medicine, will take a leave of absence to assume the Milbank presidency. He succeeds Robert H. Ebert, former dean of the Harvard Medical School. Fox will continue to supervise doctoral dissertations and give occasional lectures.

The Milbank Memorial Fund publishes the *Milbank Quarterly*, an influential journal in the field of health affairs. Fox has been a member of the journal's editorial board.

Fox has been charged by the Milbank trustees to initiate a new program, Milbank Health Policy Review, which will bring together experts from the United States and abroad to evaluate policy in specific health areas and suggest common agendas for the future.

With the support of the U.S. Public Health Service, the New York State Health Department and several foundations, Fox established the Center for Assessing Health Services at Stony Brook in 1985, and since then has served as its director. He was involved in the earliest efforts to focus the attention of the social sciences community on the epidemic of HIV infection.

"Helping to create the Health Sciences Center has been one of the central experiences of my life," Fox said. "I look forward to continuing contact with Stony Brook as a teacher, researcher and, if asked, an adviser on health policy."

"The contribution Dan has made to the development of the health sciences at Stony Brook would be difficult to overstate," said J. Howard Oaks, vice president for health sciences. "The Milbank Fund could not have found a more capable and incisive individual. We wish Dan all success, and are pleased he will remain with us as a member of the faculty."

### Correction

In the October issue of *Currents*, it was incorrectly reported that Ilona Rashkow is an assistant professor of computer science. Rashkow is an assistant professor of comparative literature. *Currents* regrets the error.

## Proposed Budget Falls Short of Campus Needs

Stony Brook may have to do some additional belt tightening in 1990-91 if a fiscal plan advanced by Governor Mario Cuomo is embraced by the state legislature. Cuomo detailed his proposed budget in an address to the legislature Jan. 23.

Officials here believe that by the time a budget is adopted this spring, the legislature will have restored funding for several major programs that went unfunded in the governor's proposal, including \$500,000 for the Waste Management Institute, \$250,000 for the Center for Regional Policy Analysis, \$150,000 for the Center for Excellence and Innovation in Education, \$500,000 for the Lyme Disease Center, \$100,000 for a chairperson for the Department of Gerontology and \$104,700 for undergraduate support services.

"Overall, the state financial picture is not favorable and the budget recommended for 1990-91 does not contain the level of support needed to maintain programs," notes Glenn Watts, vice president for campus finance and management. "Although the SUNY Operating Budget will increase by 4.7 percent in 1990-91, the amount of state tax support will actually decrease by \$158.9 million, or 13.3 percent." Watts said that the reductions in state support will be replaced by bonding and non-state revenue.

The three SUNY hospitals, including University Hospital at Stony Brook, would receive \$16.9 million less in state support in 1990-91 under the governor's recommended budget. Although state support will fall, the combined budget of the three hospitals will increase by \$63 million in patient fees and other program revenues.

"The budget also contains significant policy directions for the hospitals including consolidation of state operating support, a measure intended to assure that each hospital achieves operating self-sufficiency over a five-year period," Watts notes. "The remaining state support for medical education will be appropriated to SUNY, rather than the hospitals, and SUNY may decide to redirect the funding to other programs in the future."

With the total SUNY increase of 4.7 percent, Cuomo recommended specific increases for SUNY that would impact on Stony Brook, including \$67 million for salary increases, \$10.6 million to offset inflation for non-salaried items, \$10 million in Graduate Research Initiative (GRI) capital bonding, \$1.9 million for minority scholarships/fellows, \$490,000 in Supplemental Education Opportunity Grants (SEOG) student aid and \$570,000 for support of new buildings.

"The inflation offset is considerably below what was requested and only about half of the current rate of inflation," Watts points out. "The resulting loss of purchasing power needed to keep Stony Brook at its 1989-90 program level is \$366,900. The loss in library purchasing is an additional \$185,000."

The GRI is to be expanded with a capital program of \$15 million to permit construction, renovation and rehabilitation of research facilities and to purchase new laboratory equipment. "Only \$5 million of this program will be supported through capital appropriations," notes Watts, with the rest coming from advance bonding authority and from increased revenue generated by sponsored research or other SUNY-generated revenue. "The GRI will receive the 125 FTE positions that did not accompany the funding authorized in 1989-90, but the GRI recommendation does not include the additional operating

funds that had been anticipated."

Stony Brook's alumni and development office and its Small Business Development Center (SBDC) also could feel the squeeze if Cuomo's fiscal proposal for these areas is retained. Under the plan, SUNY would have to trim support for alumni and development offices by \$300,000 and would be forced to cut back \$300,000 in SBDC matching funds.

"Continuing support for the Stony Brook alumni and development office is needed to permit the expansion of its fundraising and alumni contacts," Watts says. "As a relatively young institution, Stony Brook is only now approaching the point where these efforts can begin to yield returns. Reductions now will greatly damage the long-term possibilities."

The proposed budget also calls for a \$4 million systemwide reduction in "productivity improvements." "The reduction is targeted at the SUNY Temporary Services budget that supports, among other things, instructional services and adjunct faculty," Watts explains, a move that could force faculty to carry a larger teaching load.

"If Stony Brook is assigned a proportional share of the 'productivity reduction,' approximately nine full-time teaching positions would have to be held vacant." The proposal also calls for a greater recovery of faculty salaries from research accounts.

"Perhaps as significant as what was addressed in the budget is what was not," Watts says. "Several critical issues included in the trustees' budget request

were not funded by the governor's recommendations. Most of these items represent expenses that will have to be met even though no additional funding is being provided. In effect, these items represent reductions in the level of programming SUNY institutions will be able to provide. In Stony Brook's case, the unfunded requests include \$2 million to cover contractual costs of pension payments to TIAA, \$800,000 to pay extraordinary costs associated with the new Suffolk County Sewage Treatment Plant, \$350,000 to cover an increase in water rates, partial support to meet the \$250,000 cost of cleaning and maintaining the new indoor athletic complex and \$175,000 to provide additional staffing to handle the increased enrollment in the expanded School of Dental Medicine.

"The new dental students have already been admitted. The governor's budget contains only \$566,600 for all of the new SUNY facilities that will open this year. This suggests that part of Stony Brook's cleaning and maintenance needs will be met, but that there is no additional staffing for the Dental School," Watts points out.

The capital construction part of the 1990-91 budget provides funding for a Stony Brook Union project and additional space for computing. "These projects are subject to modification in view of the new Campus Master Plan priorities. In addition, Watts says, "the budget anticipates continued work toward the goal of developing faculty and staff housing at Stony Brook."

## Korean-American Award Established

An outstanding Korean-American who has achieved success in business and in improving relations between the United States and Korea will be honored in 1990 by the University at Stony Brook.

Announcement of the creation of a "Distinguished Korean-American of the Year" award was made Dec. 22 by President John H. Marburger at the university's eighth annual Korean Night Dinner held at the Terrace on the Park, Queens. Proceeds from the annual event help support the Korean Studies Program.

A committee headed by Mark Aronoff,

a professor in the Department of Linguistics, will select the recipient of the honor, which will be awarded in May, 1990. Also serving on the committee as secretary is Joon Pyo Jung, professor of political science. Prominent members of the Korean community will also be represented on the judging panel.

Among other qualifications, nominees must demonstrate outstanding achievement in business and have made a major contribution toward improving relations between Korea and the United States, Marburger said.



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### Saluting 30-Year Employees

At a recent dinner at his home, President John H. Marburger (right) honored employees who have served at Stony Brook for 30 years. From left: Walter Watson, professor of philosophy; William le Noble, professor of chemistry; David Fox, professor of physics; Theodore Goldfarb, associate professor of chemistry; and Sei Sujishi, professor of chemistry. Other 30-year employees missing from the photo are Emilio Lizza, Jr., maintenance services; Herbert Muether, professor of physics; and Judah Stampfer, professor of English.

## FOCUS

## HEALTH CARE

## University Hospital: Setting the Standard for Long Island

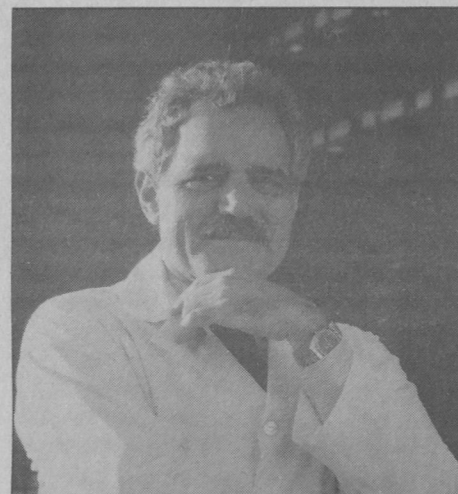
Dean of the School of Medicine and professor of medicine since July 1988, Jordan J. Cohen has been described as intense and driven when it comes to handling the daily affairs of the medical school, yet down to earth and caring when dealing with people.

As dean, Dr. Cohen wears two hats: he oversees 22 medical departments in the School of Medicine and is president of the medical board of University Hospital. Prior to joining Stony Brook, he served as professor and chair of medicine at the University of Chicago's Pritzker School of Medicine.

A specialist in kidney disease, Dr. Cohen has authored three textbooks, 11 book chapters and numerous scientific publications. He serves as chair of the Residency Review Committee in Internal Medicine and the New York State Task Force on Endstage Renal Disease. A former regent of the American College of Physicians, he is a member of the American Society of Nephrology, the governing board of the American Board of Internal Medicine and the National Kidney Foun-

*"Among the roles of academic medical centers is to provide their regions with the most sophisticated, most effective and most appropriately delivered health care services. This is what I mean by setting the standard of care. I want Long Islanders to look to Stony Brook as the place where they can expect to receive the best care available anywhere."*

Jordan J. Cohen



WILLIAM MERCER

ation. He also serves as editor of *Nephrology Forum*.

When not working at the hospital, Dr. Cohen loves to sail, listen to classical music and spend time with his two-year-old twin granddaughters.

**CURRENTS:** What's your "diagnosis" of University Hospital?

**COHEN:** My diagnosis for the hospital is one of health and great potential for growth. It has often been said that we are in our adolescence as an institution. I think it's remarkable how much progress has been made and how much has been accomplished in a relatively short time. The outlook for the future is very bright.

**CURRENTS:** You have said that University Hospital must set the standard of health care for Long Island. What does that mean, and how has the hospital done this?

**COHEN:** The background to that statement is both local, as well as national in scope. Among the roles of academic medical centers is to provide their regions with the most sophisticated, most effective and most appropriately delivered health care services. This is what I mean by setting the standard of care. I want Long Islanders to look to Stony Brook as the place where they can expect to receive the best care available anywhere. We've made some very important advances in establishing outstanding clinical programs; the challenge now is to expand the scope and increase the depth of those services.

**CURRENTS:** Recent news stories have discussed the trend among medical schools of stressing humanism in medicine and medical ethics. Has our medical curriculum reflected that trend?

**COHEN:** Medical school curricula have come under a great deal of scrutiny across the country in the last several years. Practically every medical school is examining its educational program, and some have made rather dramatic changes. I think Stony Brook can be very proud of its curriculum and its emphasis on humanism, medical ethics and social issues in medicine. Stony Brook, in fact, has taken a leadership position in many of these areas. The original philosophy here was that medical education should place a heavy emphasis on issues of social responsibility and ethical concerns. We introduce these elements in our curriculum in the first semester of the first year. I think it's important now that we build on that strong tradition and recognize that future physicians must have an awareness of their role in society that goes far beyond the traditional doctor-patient relationship.

**CURRENTS:** Has the growth of highly sophisticated medicine and the growing knowledge in biomedical science had an impact on our curriculum?

**COHEN:** The phenomenal technological capabilities of medicine have brought many concerns to the fore that were not part of the purview of physicians in the past. I think issues such as cost containment, rationing of care and conflicts of interest are going to be increasingly important. We have to incorporate these and many other issues in the curriculum so that medical students will be prepared for the medical practice of the twenty-first century.

Yet another challenge facing medical education relates to the tremendous explosion in knowledge that has occurred in biomedical science. Recognizing that it is impossible to teach everything that is known, we have to identify those concepts and facts that are of preeminent importance and communicate them in a coherent way without overburdening students. One of the things we need to continue to emphasize is that medical education is not confined to medical school. We expect physicians to be lifelong learners.

**CURRENTS:** Last July, a state law went into effect that limited interns' hours to a maximum of 80 hours per week. In the past, there was no limit at all. How has this affected medical residents and medical care in general?

**COHEN:** On balance, I think it has been a positive influence. It has forced us to recognize that interns and residents have been asked to deliver more and more services within our educational programs. I'm pleased to see the focus shifted back toward education as the primary function of intern and resident training. The "service

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## Education, Research and Public Service: The Roles of the Health Sciences Center

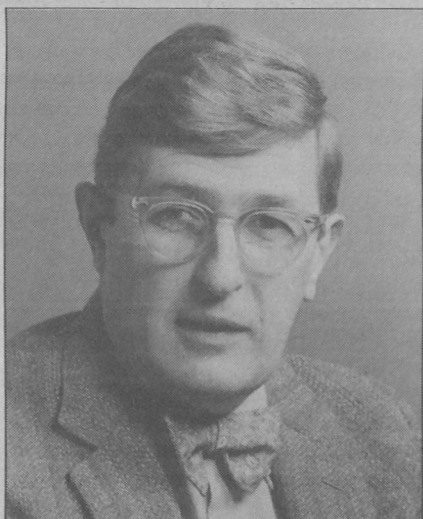
By J. Howard Oaks

The Health Sciences Center at Stony Brook was created as the result of a 1963 statewide study known as the Muir Report. It recommended that the state university create schools of allied health, dentistry, medicine, nursing and social welfare and a hospital at what was then the new State University at Stony Brook. The Muir Report was adopted by the university and supported by the legislative and executive branches of state government. Today, the Health Sciences Center is largely what was recommended almost three decades ago.

The center admitted its first students in 1970 and by 1973, schools of allied health professions, dentistry, medicine, nursing and social welfare were in operation. Construction, recruitment of faculty and staff and growth of educational programs characterized the 1970s. Although some of the planned facilities were never built and some were located elsewhere on campus, completion of the large health sciences building with University Hospital in 1980 provided a permanent home for most programs. Some principal activities of the center are located in the Life Sciences Building and on South Campus.

The original justification for the Health Sciences Center was educational in nature. The nation and the state were experiencing shortages of all types of health manpower and there was high demand for education in health professions. While research and the provision of health services were seen as important, the center was created primarily for educational reasons.

*J. Howard Oaks is vice president of the Health Sciences Center.*



J. Howard Oaks

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It has been possible to meet simultaneously all three objectives through the recruitment of faculty that teach, conduct research and care for patients, and through the establishment of the hospital and other programs of health care.

What is the Health Sciences Center today? It is a growing academic health center offering a wide range of educational opportunities at all levels, while conducting research and providing a large amount of public service. Much of the service is in the form of health care which comes primarily from medicine, dentistry and the hospital, but the other schools also provide significant public services.

The schools in the Health Sciences Center offer degrees at all university levels and provide postgraduate education in the form of residencies in clinical fields. There are approximately 400 full-time faculty in the center. In addition to their education and clinical responsibilities, many are heavily involved in research, much of which is

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Coming Next Month

FOCUS

### THE UNDERGRADUATE EXPERIENCE

- An interview with Egon Neuberger
- Stony Brook's Honors College
- Living/Learning Centers

# 'Greying' Population Shifts Demand for Health Services

New programs at Stony Brook address such afflictions of age as disability and Alzheimer's

By Sue Risoli

Long Island's population is greying. By the year 2000, 15 percent of the population in Nassau and Suffolk counties will be 65 years of age or older, an 18 percent increase over 1990.

With an eye on the statistics, Stony Brook is preparing for the health care crisis ahead facing an aging population. Already in place are services that range from special geriatric dental care to counseling sessions with families of patients with Alzheimer's disease.

For example, the university's Department of Medicine is about to create a new geriatric division. The search for a division head is almost concluded and new faculty will be hired to augment the department's current staff at the Northport Veterans Administration Hospital.

"We define geriatrics as a subspecialty that deals with medical issues of the aging population," says acting division head Martin Liebowitz. "It's not confined to one diagnosis, such as Alzheimer's.

"We will be looking at health, ability and disability as they pertain to those 60-65 and over," he continues. "In addition to caring for those with heart, lung and gastrointestinal diseases, there are special issues to consider, such as frailty, ability to manage on one's own and the need to gradually increase one's dependence on others."

Essential to the division's development will be collaboration with the Northport hospital and the Long Island State Veterans Home now under construction on the Stony Brook campus. "The need for a division of geriatrics has been apparent for some time," says Dr. Liebowitz. "Now the imminence of the veterans home on campus makes this a good time to move ahead. It will be an important site, as Northport already is, for the training of fellows and senior residents and the conduct of clinical research."

The veterans home, expected to be open by 1991, will be the country's first and only university-based nursing home, says Irwin Lamm, chief administrator of the home. The 350-bed skilled nursing facility will serve Long Island's 290,000 veterans,

Sue Risoli is a senior writer in the Office of News Services.

90,000 of whom are aged 65 or older. Services to be offered include a 25-bed Alzheimer's and related disorders unit and a 25-bed respiratory care unit.

The School of Dental Medicine also has launched a new program with the creation of a geriatric dental clinic to begin this spring. "We're not limiting it to patients with Alzheimer's. It's designed for elderly people who can't otherwise go to a dentist," says Mortimer L. Shakun, associate dean for academic affairs. "They require extra attention and reassurance," he notes. "Treatment might need to be modified since many older people are on medications and use of anesthetics can be tricky."

The clinic will provide training in geriatric dentistry for the school's 140 students, he continues. "We have an ever-increasing population of elderly people in the region, and it's important that dental students gain experience and exposure to patients they will see in their own offices."

Students in the School of Nursing are also being trained to work with geriatric patients. This fall the school began a master's degree program in gerontological practice, with help from a three-year, \$600,000 grant from the National Institute of Mental Health.

"There are several components," says Catherine Stern, senior research scientist with the program. "Our students are developing the diagnostic skills needed to distinguish Alzheimer's disease from depression. We're developing a strong theoretical base on the complexities of being an older person in today's world—from psychosocial and economic standpoints, as well as a physical one.

"They'll also need advocacy skills and political astuteness to help families of geriatric patients find appropriate solutions. Sometimes that means identifying gaps in existing services, and filling those gaps."

Stony Brook's nursing students conduct clinical work at 11 sites across Long Island, says Stern, as well as make home visits to the elderly. They're also caring for a population Stern says has been neglected: older people who are developmentally disabled.

"There's a whole group of people who are getting older, who have learning or

cognitive disabilities like Down's syndrome," says Stern. "Who are they? What are their special needs? We're trying to address these questions."

For the elderly, living on Long Island poses special challenges. "Many of the people who move away from the Island because they can't afford to live here have elderly parents," notes Frances Brisbane, dean of the School of Social Welfare. "It's not that they don't care, but they have their own lives. The parents remain here, many no longer able to drive or living in tax-bound homes that are too big for them to care for."

In order to train social workers who can help the elderly cope with these difficulties, the school will begin awarding master of social work certification in geriatric social work this fall. Social welfare students have already been placed in the field at nursing homes and hospitals, and for the past several years have been working with Suffolk County to develop a wellness program for those aged 65 or over.

Community outreach is one of the cornerstones of Lory Bright Long's efforts. An assistant professor of psychiatry, Dr. Long and her staff work with a number of nursing homes to educate patients, families and geriatric professionals.

"We need to help people understand all the behaviors associated with disorders such as depression, anxiety and paranoia. They sometimes present much differently in the older person, and require specialized diagnosis and medical intervention," she explains.

*"We're developing a strong theoretical base on the complexities of being an older person in today's world."*

"Older people are also going through bereavement. Many have relocated or lost a spouse or many of their friends."

Though Long and staff have worked with the St. Johnland Nursing Home in Kings Park for several years, they formalized the relationship two years ago by designating the home a mental health teaching facility for Stony Brook psychiatric residents and nursing students. Dr. Long also participates in the federally mandated certification of nurses and nurses' aides at the home, and gives consultations there as well as at the St. James Lutheran Church's adult day care program.

Restraint-free care for people with age-related dementias is one of Long's primary concerns. She has submitted a grant proposal to create a specialized 50-bed dementia unit at St. Johnland. "There's a real movement afoot to find ways to manage a certain group of people, those who sustain a lot of behavioral distress like wandering or aggressiveness," she explains. "Many of them end up in psychiatric hospitals, and they shouldn't be there. Yet we can't



Project secretary Patricia Cawley, research assistant Dong-Yeon Park and senior research scientist Catherine Stern check field placements for the 11 students enrolled in the School of Nursing's new master's degree program in gerontology.

put them in nursing homes without providing the kind of specialized care they need."

Alzheimer's patients and their families are finding advocates through Stony Brook's Long Island Alzheimer's Disease Assistance Center, which Dr. Long directs. Now in its second year, the center sees 10 new families each month, and last year totalled 1,000 visits. The center provides diagnostic services, seminars and referrals. "We spend a lot of time on the phone with families," says Dr. Long. "We're not the primary caregivers, but we work closely with the patient's physician and the families to provide a cohesive whole."

Dr. Long says she and her staff are hoping to start a movement on Long Island for the proper autopsy of Alzheimer's patients. "The only way you can confirm a diagnosis of Alzheimer's is through autopsy of brain tissue," she says. "Since there's a familial connection, it's very important for living relatives to get that confirmation."

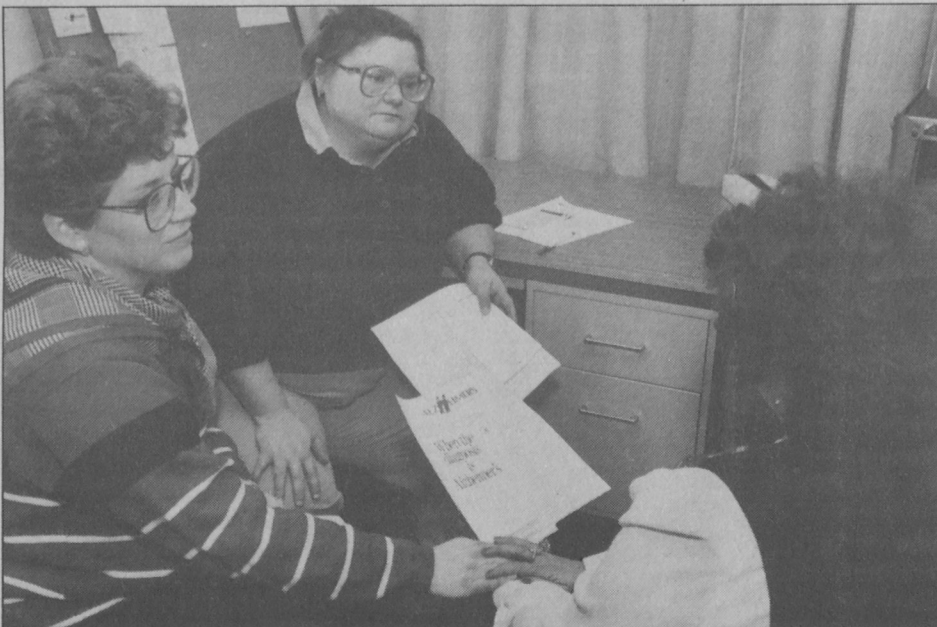
For patients who die in a hospital, "there's no problem," says Dr. Long. "If you die at home or in a nursing home, it's hard to get an autopsy. We'd like to work to change this."

Once an autopsy has been conducted, researchers like Dmitry Goldgaber can explore the possible causes of Alzheimer's. Dr. Goldgaber, an associate professor of psychiatry, has cloned the gene that directs the production of amyloid beta protein, a substance that accumulates in the brains of Alzheimer's patients.

Normally, large amyloid beta protein molecules in the brain break down completely into single amino acids. In Alzheimer's patients, the breakdown doesn't go far enough. Left behind are smaller proteins that build up in the walls of blood vessels in the brain. The resulting "plaque" of protein can be detected by autopsy.

By isolating the gene, Dr. Goldgaber discovered that it works overtime in Alzheimer's patients, producing too much amyloid beta protein. "The next step," he says, "is trying to understand why."

From basic research to direct patient care, there may be one common theme. "It takes a certain kind of person to work on problems of the elderly," says nursing's Catherine Stern. "It takes someone who is committed to their health and welfare, who's willing to work to make a difference in their lives."



The daughter of an Alzheimer's patient turns for comfort and resource referral to nurse Lenore Heiler and Alzheimer's Center director Lory Bright Long (center).

## PERSPECTIVES

## School of Dental Medicine Enters Period of Maturation

By *Philius Garant*

During the 1990s, and well into the 21st century, the nation will experience a precipitous decline in the number of dentists. Stony Brook's contribution of better trained dentists to the profession will be viewed as increasingly significant.

The 1990s will be the decade of stabilization and maturation for the School of Dental Medicine. With completion of a construction project designed to increase the size of the school and to renovate its clinical care center by the end of 1990, the school will increase its entering class to 35 degree candidates and will develop new postdoctoral programs.

By 1993, the total number of dental students enrolled in its four-year program will be 140, and approximately 50 individuals will be in training in the school's various advanced educational programs.

*"The initiation of several postdoctoral programs will significantly increase the scope of dental services provided to the community."*

Nationally, we are anticipating a 20 percent reduction in the number of dentists at a time when the number of patient visits is increasing. Our patient pool is changing as the population ages. The number of people over age 65 is the fastest growing segment of the population. Many of these people have a nearly complete set of their own teeth and want to take care of them.

During the 1990s, Stony Brook's School of Dental Medicine will become recognized as the premiere site on Long Island for tertiary care of dental and oral diseases.

The initiation of several postdoctoral programs will increase significantly the scope of dental services provided to the community. In the past, many patients who showed advanced periodontal disease and complicated restorative problems were turned away because their needs were viewed as too complex for predoctoral dental students.

A two-year postdoctoral training program has begun in orthodontics in the Department of Children's Dentistry, and by July, four orthodontic residents will be in training at the school. Plans are now being made to have a similar program in periodontics by the summer of 1991.

The school will have a program for Advanced Education in General Dentistry (AEGD) funded by a training grant from the Department of Health and Human Services, beginning this July. This one-year postdoctoral program is designed to increase the skills of newly graduated dentists. It will enroll four residents in 1990 and will expand over several years to eight residents per year.

A newly awarded federal grant of approximately \$700,000 will support some faculty salaries and resident stipends.

The expansion of research—especially that of clinical research and the develop-

ment of new diagnostic methods and treatment protocols—will also receive a new impetus in the 1990s as a result of the completion of new construction and the development of postdoctoral training programs.

New research laboratories and associated treatment facilities will be dedicated to developing diagnostic procedures and clinical application of new products.

A spin-off of these activities will be the provision of specialized patient services such as the already established diagnosis and treatment of dry mouth (xerostomia), a condition frequently found in older individuals. New methods of testing and treating xerostomia are being implemented under the direction of Leo Sreebny.

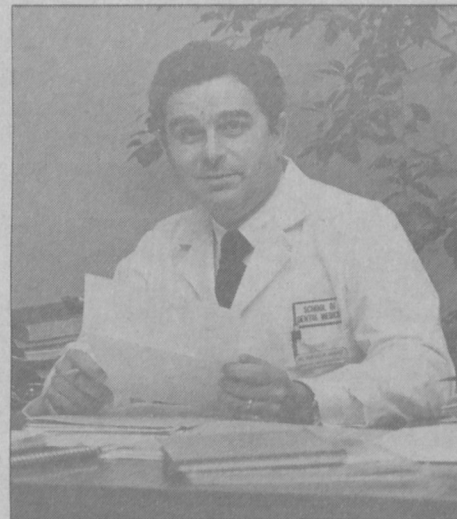
For several years, through the research of Lorne Taichman, the school has contributed to the development of the University Hospital Burn Unit. Expansion of Taichman's facility to support the development of a living skin bank will occur as a result of new construction.

Another example of how research at the

School of Dental Medicine can benefit not only individuals with dental complaints but also patients suffering from more serious medical conditions is the recent application of tetracyclines to the treatment of corneal ulcers and other systemic conditions involving acceleration of collagen breakdown. This work, carried out by Lorne Golub and Thomas McNamara, has been the focus of increasing nationwide attention.

Taichman and Golub were recently honored as recipients of highly coveted Merit Awards from the National Institute of Health. These awards extend federal funding for research projects well into the next decade. Both awards virtually guarantee several millions of new research income to the School of Dental Medicine.

*Philius Garant has been dean of the School of Dental Medicine since 1984 and a member of the faculty since 1971. He received the Distinguished Alumni Award from Harvard University's School of Dental Medicine in 1985. He is a fellow of*



Philius Garant

*the International College of Dentists and the Pierre Fauchard Academy and received a certificate of merit from the New York Chapter of the American College of Dentists in 1986.*

## In Allied Health Professions, Demand Exceeds Supply

By *Edmund J. McTernan*

What would happen if all the allied health professionals at University Hospital at Stony Brook failed to show up for work for a day? Most of the diagnostic testing and many therapeutic procedures would not be performed.

Physician assistants, who ensure safe and effective care in many of the hospital's departments, would not be on hand. Medical technologists, who perform most of the sensitive laboratory tests and monitor the function and accuracy of automated laboratory instrumentation, would also be absent.

Medical staff might be able to pick up a few procedures in radiology, but the vast portion of the work load would grind to a halt. Diagnostic X rays would not be taken; CAT scans, radiation therapy, ultrasound

*"Every hospital patient encounters members of many of the allied health fields every day. However, public appreciation of these caregivers is limited."*

and nuclear medical procedures would essentially cease in the absence of radiologic technologists and related allied health specialists.

Patients with breathing problems would be at added risk because the respiratory therapists would not be available to administer various forms of inhaled therapy or to monitor oxygen therapy. Forget about your scheduled cardiac catheterization or other special procedures; special-

ized cardiovascular technologists do the bulk of the work. Major operating rooms would stand idle because no perfusionists would be there to operate heart-lung equipment during many advanced surgical procedures.

Physicians would also be at a loss in planning care for new admissions, since no medical record administrators or technicians would retrieve records. This absence would even affect public health epidemiology, since the data that medical records personnel usually manage would not be collected.

Treatment programs for patients recovering from trauma, stroke, heart disease and many other illnesses would stop, since there would be no physical therapists, occupational therapists or speech therapists on hand to carry out those programs. The empty chairs and lab benches of many allied health specialists would essentially bring the work of patient care close to a stop.

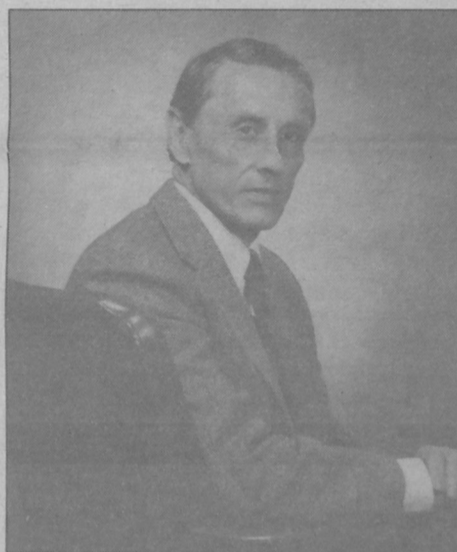
Few people realize that these specialists are no longer just "helping hands for the physician."

Fortunately, we need not worry about the day all allied health people stay home. The vast majority of practitioners in the 85 allied health disciplines are dedicated individuals.

There is, however, a serious and growing shortage of qualified workers in nearly all the allied health fields. The American College of Clinical Pathologists recently reported that 105 of the nation's hospital positions for medical technologists are vacant, due to lack of qualified applicants for those jobs.

Underqualified and undertrained persons are being employed to deliver respiratory care because of the shortage of qualified therapists in that field. Hospitals and nursing homes, and especially mental health and developmental disabilities institutions, report that it is impossible to recruit physical and occupational therapists.

This year, the University at Stony Brook's School of Allied Health Professions (SAHP) celebrates its 20th anniversary. Nearly 2,000 professionals have been



Edmund J. McTernan

qualified in several allied health disciplines through SAHP programs. Many of these graduates stay on Long Island, and especially at University Hospital. If it were not for this resource, the local shortage of allied health practitioners would be far more critical.

Every hospital patient encounters members of many of the allied health fields every day. However, public appreciation of these care-givers is limited. Most patients think that these therapists and technologists are either physicians or nurses. Allied health is the "hidden part of the iceberg" in University Hospital and in all other health-care institutions. High quality care, which distinguishes University Hospital, is highly dependent upon the hospital's allied health resources.

*Edmund J. McTernan has been professor of health sciences and dean of the School of Allied Health Professions at Stony Brook since 1969. A former president of the American Society of Allied Health Professions and the Allied Health Association of New York State, he is a member of numerous councils and committees, including the National Advisory Council on Health Professions Education.*

## In Face of New Technologies, Nurse's Decisions Grow More Complex

*continued from page 1*

Nurses are also more aware of cost containment. In an effort to hold down costs in the neonatal intensive care unit, Floyd and officials from the State Health Department are studying the effect of discharging babies earlier than usual. Babies are now being sent home with home health aides who assist mothers in household chores to help relieve stress. The three-year study is now under evaluation.

In the cardiovascular intensive care unit, Stefano said nurses are studying the effect of sending patients home early—instead of having them recuperate in the unit.

The role of the nurse has changed in other departments as well. In the operating room, Assistant Director of Nursing Jan Doscher recalls that 10 years ago, operating room nurses spent most of their time in the operating room and had little or no contact with patients. Today, these nurses, especially those in the ambulatory surgery department, instruct patients in preoperative and postoperative care.

"The public associated an operating room nurse with a handmaiden—someone who merely passed surgical instruments to the doctor," says Doscher. "Today, that's not the case."

Today's operating room nurse must be able to operate the sophisticated machinery used in different surgical procedures, including lasers, prosthetic devices, video equipment and microvascular and endoscopic equipment.

"With laser surgery, the operating room nurse has to be aware of safety precautions and equipment has to be tested prior to use," Doscher points out, adding that many nurses are certified in operating laser equipment. Advances that have occurred over the past 10 years in total joint replacement have produced many different types of prosthetic devices—all of which the operating room nurse must be familiar.

Doscher says that as a result of the technological nature of various medical specialties, operating room nurses have become specialized. "You can't be a jack

of all trades. It's a team approach in the operating room, with nurses working hand-in-hand with physicians."

Eventhough the technical nature of nursing has made a more attractive profession, this factor has contributed to a national nursing shortage. According to the American Nurses' Association, there will be a shortfall of 578,000 registered nurses with bachelor's degrees by the year 2000.

"Nurses are dealing with patients with greater needs," says Gloria Cohen, nurse recruiter for the hospital. "Not only is their job more demanding, they're more responsible and accountable for the patient. This has created a great deal of stress."

Floyd adds that hospital nurses see other options available to them, such as working in corporations, at law firms or in private practice. "Corporations are clamoring for nurses because they are quick on their feet and work well under pressure," she says.

To respond to the shortage, University Hospital and other hospitals across the country have increased nurses' salaries. At New York's major teaching hospitals, starting salaries have risen from about \$23,000 in 1985 to \$34,000 today. At University Hospital, the starting salary for a nurse is \$32,000 and goes as high as \$39,600 for a nurse with three years experience. In April, nurses will receive a 5.5 percent wage increase according to their contractual agreement, Cohen says.

Despite the shortages of skilled nurses, hospitals are coping. "We've been able to maintain quality care by using per diem nurses and having our own nurses work voluntary overtime," explains Floyd. "We've also made an effort to return babies to the community hospitals where they were born after we've treated them."

One-third of the babies in the neonatal unit were born in community hospitals and transported to the unit by a specialized University Hospital team of physicians and nurses. However, Floyd adds, returning babies to community hospitals is a



HSC PHOTOGRAPHY SERVICE  
Nurse clinician Bonnie Cochran feeds month-old Christopher Deniz in the neonatal intensive care unit.

short-term solution. As the birth rate continues to increase in Suffolk County, Floyd says there will be a need for more neonatal nurses.

Anne Schott, spokesperson for the New York State Nurses Association, predicts the nursing shortage will ease as students and the general public recognize the rewards of the profession. She notes that nursing schools—after experiencing a five-year decline in enrollment—have now seen an upturn. Schott also predicts that nursing salaries will continue to rise, particularly for experienced nurses. In addition, as nursing and medical care become more complex, the nurse's role as a patient educator will become more important.

"As this happens, hospitals will have to re-evaluate the duties of their nursing staff," Schott says. "Non-nursing tasks, such as passing out food trays, transporting patients and making routine phone calls, which nurses still are expected to do, will be gone. The nurse's role is going to focus on professional duties."



HSC PHOTOGRAPHY SERVICE  
Judith Stefan, assistant director of nursing for the cardiovascular intensive care unit, sets alarms for heart rate and blood pressure readings.

## Medical Dilemmas Underscore Role of Hospital Chaplain

*continued from page 1*

holidays, too. And if he's not, everyone has his home phone number. "I'm always on call. People feel free to call if they need to call to me."

A tertiary-care facility, University Hospital handles some of the most complex and serious medical cases, from organ transplants to critical neonatal care, to severe burns to cancer. That, coupled with scientific advances that allow physicians to preserve bodily functions indefinitely have put hospital staffs like those at University Hospital under even greater moral and ethical pressure, says Thomas Biancanello, an associate professor in clinical pediatrics.

Expectations of patients and their families add to the pressure. "People think we can work miracles, and when they discover we can't, we are held accountable," says Leonard Kleinman, chair of pediatrics. To some extent, health care professionals are victims of this same phenomenon and feel they have failed if they are unable to cure a sick patient. Fr. Smith is there for them to talk to, "as a ubiquitous friend or personal adviser," says Dr. Kleinman. Fr. Smith's counsel is often sought in the gynecological oncology unit. "Fr. Smith

gives us the support we need to deal with the tragedies we see every day," says Mary Loesch, a nurse in that unit. "He gets us to see our own mortality."

Although all members of the hospital staff are his parishioners, their tension doesn't burden Fr. Smith. "What I do here is far more life giving than life draining," he says. "The joys and sorrows of life weave in and out of one another. My delight in being around human beings is as great in tragedy as in joy." And, he adds, "A lot of things people talk to me about make me think, study and reflect on what it means to be a human being in this technologically advanced society."

Fr. Smith is also involved in Stony Brook's School of Medicine as a member of the admissions committee and as a teacher. Knowing the moral dilemmas they are sure to face when they start practicing, he tries to prepare future physicians in a course on "Social Issues in Medicine," required of all first-year medical students. A subsequent course is offered to second, third and fourth-year students.

Medical School Dean Jordan J. Cohen says, "I don't know of another medical school that has someone like Fr. Smith to present an aspect of medical education that

we take very seriously, that of medical ethics and humanism."

Fr. Smith is interested in physicians' development as human beings as well as physicians, says Debra Gillers, associate dean of admissions in the School of Medicine. "His house is open to them every Monday night for a pot-luck dinner, as long as shop talk is avoided."

Residents, too, meet with Fr. Smith on a regular basis for a lunch-time ethics discussion. At that time they can air their concerns. For example, a resident recently was distraught over the death of an AIDS patient who refused treatment that would have prolonged his life. Fr. Smith discussed the patient's right to choose not to suffer a much worse death and a doctor's role in honoring that decision.

"Fr. Smith can step away from the very hard decisions that need to be made and bring into focus the moral, ethical and religious aspects of people's lives," says his immediate supervisor, Paul Seale, associate deputy director of the hospital.

Fr. Smith's sense of perspective and judgment is valued beyond the hospital setting. He serves on the Governor's Task Force on Life and the Law, on the board of directors of the United Network for Organ

Sharing and on the state Cardiac Advisory Committee. He is also on the board of the Society for Bioethics Consultation.

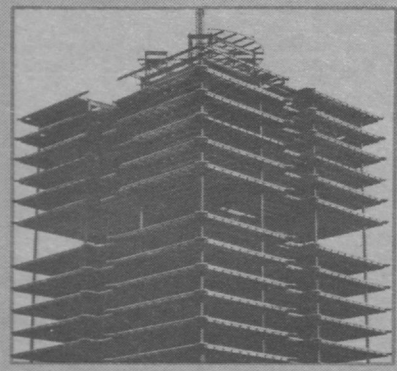
The Governor's Task Force was set up five years ago by Mario Cuomo to advise him on ethical and legal issues that arise at the beginning and end of life. The ongoing task force meets monthly to consider issues such as brain death, do-not-resuscitate orders, the appropriate treatment of newborns, surrogate parenting and transplantation.

He can, of course, advise people on the Catholic position on these issues, but that's not why he's on any of these boards. "I'm there as a representative of the general public, because I live with the sick and with those who care for the sick," Fr. Smith notes.

He also helps regulate the retrieval and fair distribution of organs through the United Network for Organ Sharing. Fr. Smith says he helped to develop a system that "embodies the best ideals for distribution of a limited supply of organs." He contributes his understanding of what it means to be fair and just in examining the impact of this system on individual lives and on society.

# Looking Toward the Next 10 Years

Department chairs and division heads in the School of Medicine and the Department of Medicine were asked, "What will be the most exciting development to occur in your specialty in the 1990s?" Here are some of their responses:



1964 - Muir Commission recommends creating an academic health center on Long Island.

1978 - Coram Health Center opens, jointly run by University Hospital and Suffolk County Health Department.

1978 - First Employee Orientation—171 people prepare for hospital opening.

1979 - Hospital nursing division formed.

1980 - Hospital officially opens with 30 psychiatric beds.

1980 - first baby born at University Hospital.

1980 - Neonatal Intensive Care Unit opens.

1980 - Sleep Laboratory opens.

1980 - University Hospital Information System installed to computerize hospital functions.

1980 - Computerized Axial Tomography (CAT) scanner/Mammography services available.

1980 - Emergency Department opens.

1980 - Ambulatory care services open.

1980 - Renal services open.

1980 - Hospital becomes member of American Hospital Association.

1980 - First Cardiac Catheterization Lab opens.

1981 - Kidney transplant service opens.

1981 - Orthopedic service opens

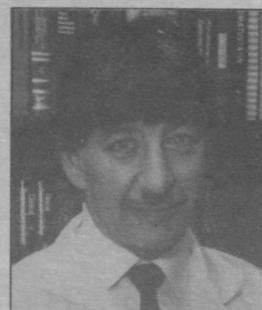
1981 - First air ambulance transport.

1981 - Hospital elected to American Association of Medical Colleges.

1982 - First set of triplets born.

1982 - Hospital accredited by Joint Commission on Accreditation of Health Care Organizations.

1983 - Pediatric and adult open-heart services open.



Michael Berelowitz

## Department of Family Medicine

### Melville Rosen, chair

The times and circumstances auger well for an emphasis on primary care. There will be a revision of undergraduate curriculum to align family medicine, general internal medicine and general pediatrics. This will result in the kinds of educational experiences that young physicians need in order to discover how they might fill society's need for excellent first-level, continuing care providers.

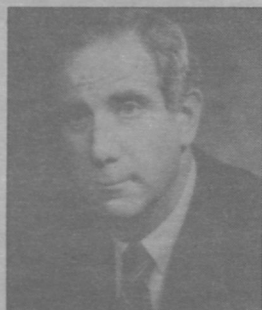


Richard Bronson

## Department of Neurological Surgery

### George W. Tyson, chair

In the next decade, progress in neurosurgery will probably be dominated by advances in surgical technology which may revolutionize the treatment of tumors within the fluid-filled spaces at the base of the brain. While there is no cure for malignant brain tumors on the horizon, innovative combinations of radiation therapy and chemotherapy may allow longer survivals in the 1990s. Boron neutron capture therapy—which our department is helping to develop—is an example. In this case, the brain tumor is irradiated with a beam of neutrons after a compound containing boron atoms has complexed with the tumor cells. The result is a very localized, high-energy reaction which destroys tumor cells but spares surrounding brain tissue.

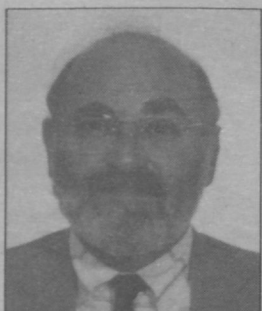


Peter F. Cohn

## Department of Preventive Medicine

### Andre Varma, chair

Prevention will become a prominent element in medical education and clinical practice and will play an important part in dealing with the nation's major health problems, abuse of licit and illicit drugs, accidents, and AIDS. Further reduction in the social acceptance of cigarette smoking and alcohol abuse should result in a continuing reduction of morbidity and mortality associated with these personal habits. The public will recognize the importance of lifestyle changes and screening for treatable diseases. Insurance companies and other third parties will recognize the potential of prevention for improving health and for reducing the cost of health care and they will reimburse for proven preventive procedures. There will be an increasing pressure to reduce health hazards in the environment and in the workplace.



Peter D. Gorevic

## Department of Urology

### Maurice J. Gonder, chair

In the coming decade we are poised and ready to address issues which span major developments in our field. Specifically, the operative management of benign prostatic enlargement will undoubtedly be replaced by less invasive and perhaps more medicinal therapies. Additionally,



Laurence B. Kandel

the 1990s will undoubtedly herald chemotherapeutic advances in the management of carcinoma of the bladder. We stand ready to meet these challenges and look forward to being on the forefront of these therapies which will undoubtedly be of tremendous benefit to the patients we serve.

## Division of Allergy, Rheumatology, and Clinical Immunology

### Peter D. Gorevic, head

New methods of gene amplification seem likely to shed light on diseases for which the cause is still unknown, and provide novel means for diagnosis. Ultimately, our ability to manipulate the immune system and inflammation at the molecular level should yield dramatic breakthroughs in prevention, diagnosis and treatment.

## Division of Cardiology

### Peter F. Cohn, head

The 1990s will see an emphasis in diagnosis of heart disease, not only in the application of more sophisticated technological advances but also in a more aggressive approach to early diagnosis. Efforts will be directed toward detecting disease before it develops, via genetic analysis, and when it still is in a latent but potentially deadly form, via ECG monitoring. In the therapeutic arena, the trend to have medical procedures replace surgical ones will continue. In particular, the laser will be improved to the point where it can be used to dissolve coronary plaques as successfully as balloon angioplasty is currently used to compress them.

## Division of Endocrinology

### Michael Berelowitz, head

Techniques of molecular and cellular biology will rapidly advance our understanding of the fundamental bases of hormone synthesis, secretion, action and regulation. Three major endocrine disease categories are likely to be the beneficiaries of our expanding horizons: first, immunologic disturbances (including conditions ranging from thyroiditis to Type I Diabetes Mellitus); second, tumors of the pituitary and other endocrine glands; and third, identification of the genetic defect leading to that most common of endocrine diseases - Type II Diabetes Mellitus that afflicts 10 percent of the American population. As we come to understand mechanisms, so we will then become able to predict, prevent or optimally treat these diseases.

## Division of Hematology

### Barry Coller, head

The next decade will witness a remarkable growth in our understanding of hematologic disorders and an explosive increase in new therapeutic modalities

that build on these basic science advances. Many new drugs will be tested that promise improved therapy of diseases such as heart attacks and strokes. Cell growth factors prepared by recombinant techniques will dramatically improve our treatment of many forms of anemia and may decrease the risks involved in cancer treatment and bone marrow transplantation. Recombinant DNA techniques and newer viral inactivation methods will permit the production of important plasma proteins for transfusion that will be free of the risks of transmitting viral diseases such as AIDS and hepatitis. Steady progress will be made in the techniques for gene replacement therapy. For diseases such as hemophilia, where only small amounts of the gene product found in plasma are needed for dramatic clinical improvement, progress is likely to be most impressive. In short, it is not inconceivable that there will be more clinically important advances in hematology in the next decade than there have been since hematology began as a discipline approximately 100 years ago.

## Division of Oncology

### Michael Viola, head

It is likely that the current revolution in cell and molecular biology will have a dramatic impact on the diagnosis and treatment of cancer during the next decade. The cancer cell is now being re-defined according to its repertoire of unique protein antigens and characteristic genetic alterations. This information will be used to develop more precise methods of diagnosis, including nuclear scanning methods capable of diagnosing minimal occult disease. Although more effective methods to treat cancer remain elusive, a more precise definition of the genetic alterations in a cancer cell and the resultant metabolic effects should aid in designing new treatment strategies. Recent advances in our understanding of the molecular biology of why some tumors do not respond to chemotherapy (drug resistance) will allow us to develop more specific and rational approaches to complete eradication of cancer cells.

## Division of Reproductive Endocrinology

### Richard Bronson, head

The efficiencies of assisted reproductive technologies are likely to improve rapidly during the next decade, as more reliable techniques of embryo culture increase the success rates of in vitro fertilization. As knowledge increases, I would expect in vitro fertilization to become more commonplace and routine. The frontier is then likely to shift toward one of pre-implantation embryonic genetic diagnosis and, within the decade, gene therapies. Techniques of microsurgical fertilization are

likely to see rapid development. This same understanding of sperm-egg interactions will be utilized in contraceptive development. By the year 2000, it is possible that we will see vaccination against sperm as a type of contraception.

## Department of Surgery

### Felix T. Rapaport, chair

The coming period promises to be uniquely exciting for organ transplantation on Long Island. Lifesaving procedures which only recently emerged from the experimental laboratory can now be applied at the clinical level. This decade begins with the discovery of a new important immuno-suppressive agent, FK-506, whose effects appear to be far more potent and less toxic than Cyclosporine, and may stimulate yet another quantum jump in the application of transplantation to human disease. Juan Madariaga, assistant professor of surgery, is currently completing a period of training with Thomas E. Starzl, who is the world's leading expert on hepatic and pancreatic transplantation, at the University of Pittsburgh. Upon his return, Dr. Madariaga will implement a program of pancreatic transplantation, utilizing the new drug. Current faculty recruitments will hopefully provide the critical mass this decade to develop services for bone marrow, heart and liver transplantation at Stony Brook.

## Long Island Kidney Stone Unit

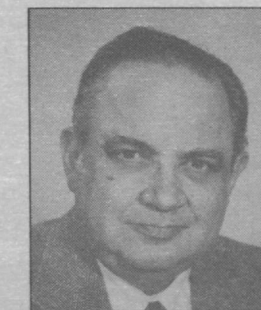
### Laurence B. Kandel, director

In the coming decade, we envision the vast majority of patients with kidney stones to require either completely noninvasive or only minimally invasive surgery. Furthermore, our metabolic unit, in addition to uncovering the various causes of stone formation in our patients, is looking to the 1990s with a focus on basic research in an attempt to identify and characterize potentially endogenous "lithogenic proteins."

## Department of Emergency Medicine

### Peter Viccellio, acting director

The 1990s will be a period of intense activity in applying discoveries in the field of resuscitation to humans. Also in the mainstream of research will be further clarification in the management of the acutely poisoned patient, as well as increasing sophistication in prehospital care and disaster medicine. The need for more training programs in emergency medicine is acute, particularly in New York State. In the Nassau-Suffolk region, which currently has no such training programs, the Emergency Department has submitted an application for a residency training program to begin this July.



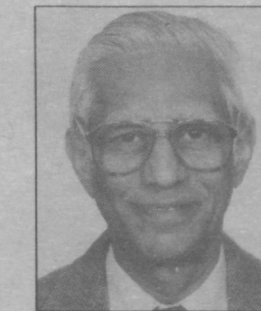
Felix T. Rapaport



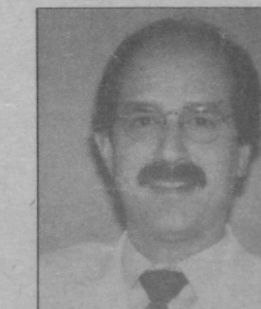
Melville Rosen



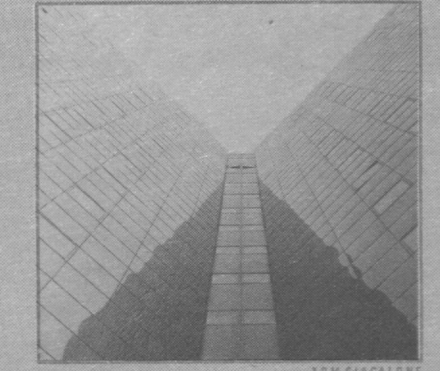
George W. Tyson



Andre Varma



Peter Viccellio



1984 - Regional Burn Center opens.

1984 - Radiation oncology service opens.

1984 - Cardiovascular Intensive Care Unit opens.

1984 - Vascular Laboratory opens.

1985 - Ambulatory Surgery Unit opens.

1985 - First balloon angioplasty performed, a procedure used to open coronary arteries.

1986 - AIDS Treatment Center opens.

1986 - Lyme Disease Center established.

1986 - Ante-partum Unit opens for women with high-risk pregnancies.

1986 - Pharmacy Department's Drug Information Center opens.

1986 - Mammography Unit expands with help of University Hospital's Auxiliary funds.

1986 - Birthing Room opens.

1987 - Groundbreaking - Long Island State Veterans Home.

1987 - University Hospital forms alliance with Rotary International's Gift of Life Program for children with congenital heart defects.

1988 - Shock Trauma Unit opens.

1988 - Grumman donates ambulance that serves as mobile intensive care unit.

1988 - Hospital-based Magnetic Resonance Imaging (MRI) service opens.

1988 - Lithotripsy service available for kidney and gall stone problems.

1988 - Laboratory services expanded to area mental health facilities.

1988 - Second Cardiac Catheterization Laboratory opens.

1989 - Diabetes Center opens.

1989 - University Hospital allies with Brookhaven National Laboratory to house third linear accelerator for cancer treatment.



# Setting the Standard of Health Care for Long Island

*continued from page 4*

one that is hard to separate because educational goals can be met only by having hands-on experience in dealing with patients and clinical problems. But we have to recognize that a balance must be maintained between education and service needs. University Hospital had little difficulty in meeting the new regulations because by and large we had not exceeded reasonable expectations for our house staff before the regulations were put in place.

**CURRENTS:** A recent article in *USA Today* discussed the increasing number of female doctors changing the face of medicine. According to the story, women made up nine percent of first-year medical students in 1969-70. Now, they make up 38 percent. What impact has that had on our school?

**COHEN:** Stony Brook has enjoyed a somewhat larger percentage of female students over the years than has been the national average, and now the national average has in some sense caught up with our own experience. My personal view is that this is a very salutary change. I think the medical profession has been dominated by males for much too long. Now we have turned that corner. It's very clear that in the future medicine will be a much more balanced profession, with appropriate representation by women and, hopefully, by other underrepresented groups.

Many people have hypothesized that having more women physicians may produce a more nurturing, more humanistic medical profession. I have some reservations about that because I really don't think those attributes are gender specific. There are a lot of men who are extremely humane and nurturing, and some women who are not so nurturing and humane.

**CURRENTS:** Are we reaching out to underrepresented groups?

**COHEN:** We certainly are. We're trying hard to identify and recruit medical students from all aspects of society. We have cooperated with Associated Medical Schools of New York, which has attempted to mount programs to assist disadvantaged students financially and in other ways to gain access to medical schools. The success of those programs hasn't been as great as we would have hoped. This reflects the difficulty the nation as a whole is having in encouraging sufficient numbers of qualified applicants from underrepresented groups to seek careers in medicine. The task is a difficult one and I don't think anybody has a pat formula for solving the problem. It's going to take a continued effort, affirmative action and imaginative programs to continue to press in this direction.

**CURRENTS:** Since 1974, there has been a nationwide decline in the number of medical school applicants. Has the School of Medicine experienced a similar decrease?

**COHEN:** Despite a dramatic decrease in applicants nationally, the number of students interested in attending Stony Brook's School of Medicine has remained high and their credentials extraordinarily competitive. There are many theories, however, why medicine has apparently lost some of its appeal among bright, young college students. First of all, one has

to recognize that there are many opportunities in other areas of science and other pursuits in our society that are competing with medicine in a way that wasn't the case several decades ago.

When I was thinking about going to medical school, for someone who had a

to maintain their focus on the positive aspects of the profession and not be misled by some of the criticisms and difficulties, such as the emphasis on funding and cost containment. All of these issues, I believe, reflect a transitional phase in our profession. With time, we will identify new and

leadership for society. The focus on the cost of health care has been frustrating and aggravating in some respects, but has opened enormous opportunities to take a fresh look at what medicine does and how it does it.

**CURRENTS:** What's a day in the life of a medical school dean?

**COHEN:** It varies a great deal. The responsibilities are generally exhilarating, and come from a broad range of issues that manage to make their way into the dean's office. They include issues involving individual students—the traditional role of the dean's office—to issues that center around the faculty, University Hospital and the community at large. It's an extremely varied job, and that's the source of the satisfaction and exhilaration.

**CURRENTS:** What are some of the toughest issues you've had to deal with so far?

**COHEN:** Perhaps the toughest issue is identifying the resources to do the many things that a talented faculty proposes to do to advance the interests of the school. We have many more good ideas than we have the ability to implement at this time. On the other hand, one of the happy facts is that Stony Brook does have resources of which many schools would be envious. We have a significant amount of support from the state, which private institutions do not enjoy. Being a relatively young school, we have a great deal of opportunity for growth, particularly in our clinical programs. Finally, the opportunity to expand our research base and compete for funding from the National Institutes of Health and private sources is a realistic expectation. We can't lose sight of the fact that we do have access to resources that will enable us to grow at a steady pace.

*"Broadly speaking, there has never been a more exciting time in the history of medicine. The ability of modern molecular biology and other areas of modern biology to explain and identify the fundamental mechanisms involved in disease enables us to see a future in which many of the diseases that plague mankind can be prevented."*

scientific inclination and wanted to remain involved with people, medicine was one among very few choices that were attractive and exciting. Now students see a larger number of options available to them, including business, law and engineering. It's not unexpected that there would be a smaller proportion seeking careers in medicine, particularly given the lengthy period of education and training and the sizeable investment in time and money.

**CURRENTS:** What advice would you give to young doctors, those who have been through medical school and are entering residency?

**COHEN:** The advice I would give them is

better ways in which we can continue to provide the kind of service to which the profession is dedicated.

**CURRENTS:** What do you think is the most interesting development in medicine today?

**COHEN:** Broadly speaking, there has never been a more exciting time in the history of medicine. The ability of modern molecular biology and other areas of modern biology to explain and identify the fundamental mechanisms involved in disease enables us to see a future in which many of the diseases that plague mankind can be prevented. It's an exciting opportunity for medicine to continue to provide

## Education, Research and Public Service

*continued from page 4*

supported with external funds. The total amount of extramural funds supporting scholarly activity in health sciences is more than \$30 million.

University Hospital, the Dental Care Center and the activities of the faculties of medicine and dentistry constitute the primary patient care we provide. The hospital operates 500 beds, is still growing and offers a wide range of specialized services. These include a full range of cardiac care with open heart surgery, neonatal intensive care, kidney dialysis and transplantation, a burn unit, sophisticated services in radiation and chemotherapy, and other specialized intensive care units. Last year, about 19,000 people were admitted to the hospital and in combination the hospital and medical faculty recorded 250,000 visits.

The School of Dental Medicine recorded almost 50,000 patient visits last year and is the largest source of care in this region for the indigent, persons with disabilities and those with special dental problems.

The magnitude of health care at Stony Brook is substantial. Much of the cost is defrayed by insurance or payments from self-paying patients. Revenues received by the university for the care of patients for

*"While the primary goal of creating the Health Sciences Center was to increase health professions education, the center has done that and more."*

the fiscal year 1989-90 will total approximately \$160 million.

Like the rest of Stony Brook, the Health Sciences Center is an important economic engine for this region. The center employs about 4,500 persons. Of its \$250 million budget, about \$55 million comes from state appropriation. And, like the university, the center continues to grow. Research, hospital service and the care of ambulatory patients by the medical faculty are all expanding. The hospital will open 40 more beds in the near future.

At the eastern edge of the campus, the

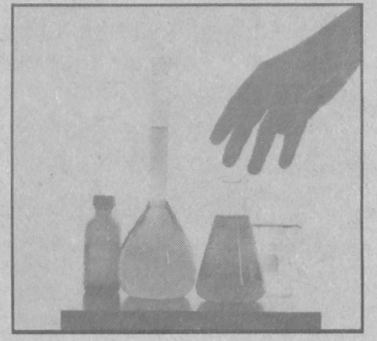
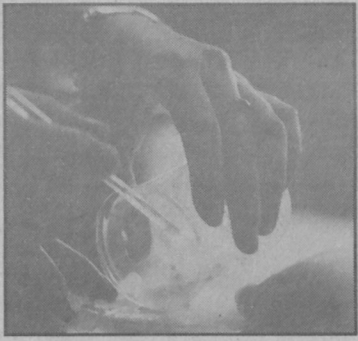
350-bed Long Island Veterans Home is nearing completion. Its \$24 million construction cost brought a federal construction grant of \$16.8 million to the area. When the skilled nursing facility opens next year, its programs will make a major contribution to health care in the region and be an important educational resource to the university.

The center has plans for further growth that will accommodate modern medical teaching and the heavy demand for patient care. We hope to build a new ambulatory care teaching building adjacent to the hospital in the near future. Discussions are being held with the state about expanding psychiatric and other special patient care services. Those plans could lead to further expansion of the hospital and the medical school.

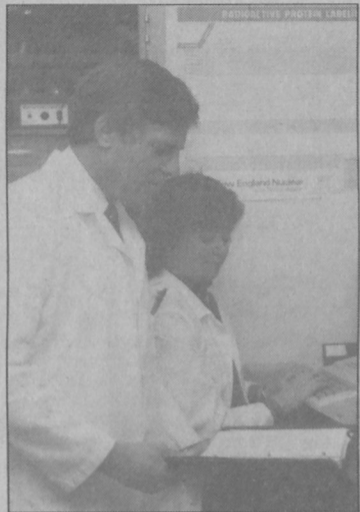
While the primary goal of creating the Health Sciences Center was to increase health professions education, the center has done that and more. Research is a major activity and the provision of patient care is now one of the principal ways that Stony Brook serves the Long Island community. Through its programs of education, research and patient care, its sizeable workforce and its large budget, the Health Sciences Center has become a major contributor to the Long Island economy.

# I N T H E L A B

*Combining clinical practice with basic and applied research, Stony Brook faculty are making headway against some of the world's most intractable diseases*



1. **Jorge Benach and Gail Habicht**, professors of pathology, are studying how the spirochete *Ixodes dammini* causes Lyme disease. They are examining how the organism interacts with and kills some cells of the nervous system, skin and joints.



1

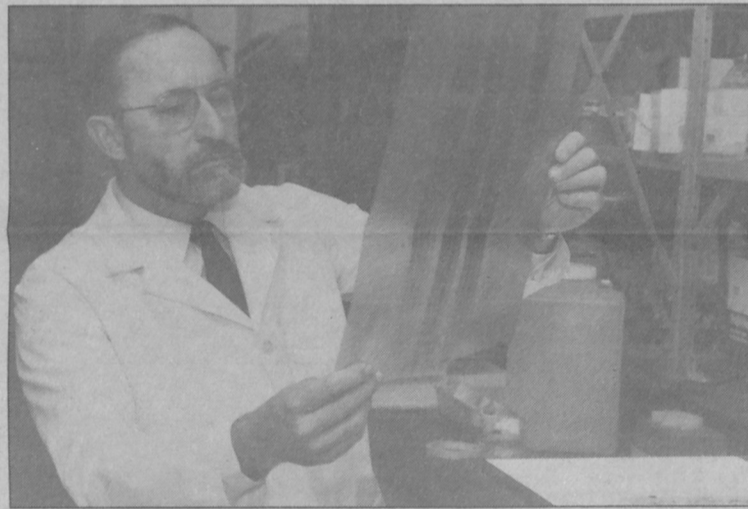
PAT COLOMBRARD



2

PAT COLOMBRARD

2. **Simon Pilkis**, professor and chair of the Department of Physiology and Biophysics, is conducting research aimed at understanding how blood glucose is regulated by the liver, the most important organ for maintaining blood glucose at a normal range. His work examines enzyme proteins within the liver cell and their effect on the regulation of glucose synthesis. Glucose regulation has important implications for the study and treatment of diabetes.



3

HSC PHOTOGRAPHY SERVICE



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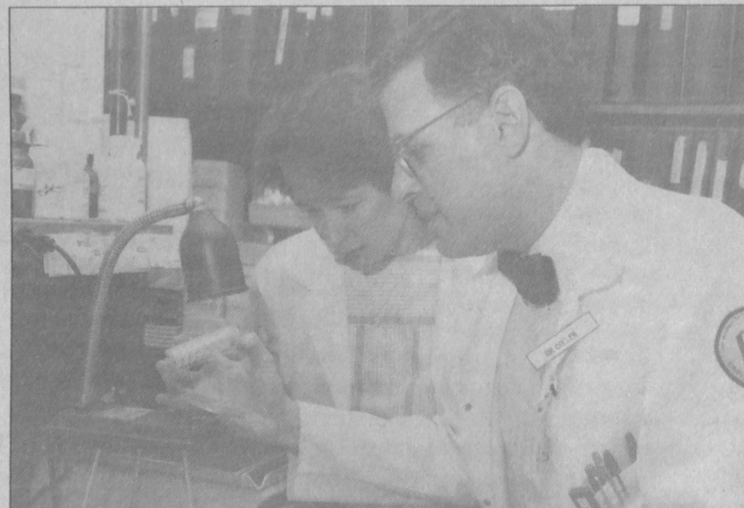
ED BRIDGES

3. **Arthur P. Grollman**, professor and chair of pharmacological sciences, is embarking on a multimillion dollar study of international environmental toxicology. With a grant from the National Institute of Environmental Health Sciences, he plans to measure the genetic damage in at-risk populations in China, Thailand and the Soviet Union. Each of these countries has a specific environmental problem, such as pesticides or concern over fallout from the Chernobyl nuclear reactor accident.



5

PAT COLOMBRARD



6

PAT COLOMBRARD

4. **Lorne Taichman**, professor of oral biology and pathology, is investigating the possibility of using skin cells in gene therapy. He and **David Williams**, professor of pharmacological sciences, have shown that the epidermis (skin's outer layer) produces a protein that enters the blood stream. "This is a new way of thinking that makes us think of skin as a factory, not just a covering," says Dr. Taichman. He and Dr. Williams want to genetically engineer mouse skin cells to produce different chemicals, an idea that could one day be used to treat disease through skin grafts.



7

HSC PHOTOGRAPHY SERVICE

5. **William DeTurk**, associate professor of physical therapy; **Janice Sniffen**, assistant professor of physical therapy and **Clifford Mereday**, associate professor and chair of the Department of Physical Therapy, are using flotation tanks in various aspects of rehabilitation. Some uses include treatment of patients with arthritis, chronic pain syndrome, cerebral palsy and other neuromuscular diseases.

6. **Barry Collier**, professor of medicine and head of the division of hematology, is using monoclonal antibodies to diagnose and treat diseases and to better understand normal blood platelet physiology. He has also applied these antibodies to the diagnosis of patients and carriers with a rare bleeding disorder due to abnormal platelet function. Recent studies are directed toward using the monoclonal antibodies to treat patients with heart disease, to prevent clogging of the arteries by blood clotting.

7. **Roy Steigbigel** (center), professor of medicine and pathology and chair of the Division of Infectious Disease, directs Stony Brook's AIDS Clinical Trials Unit. Funded by the National Institute of Allergy and Infectious Diseases, the project is part of a national effort by more than 35 medical centers to conduct research on AIDS-related medical treatment. Dr. Steigbigel's group is testing 12 different drugs designed to treat opportunistic infections associated with AIDS and slow down the progression of HIV disease. From left: **Barbara Weiser**, assistant professor of medicine and microbiology; **Harold Burger**, assistant professor of medicine and microbiology; Dr. Steigbigel; **Benjamin Luft**, associate professor of medicine; and **Thomas Rush**, former instructor of medicine.

# UNIVERSITY HOSPITAL RESOURCE GUIDE

**AIDS Clinical Trial Unit.** Carries out research to discover the best treatments for patients infected with human immunodeficiency virus (HIV) and illnesses associated with the virus. Call: 444-1658.

**AIDS Treatment Center.** Coordinates outpatient and inpatient care as well as necessary services outside the hospital in a state-designated center. The center provides primary care and consultation to physicians who care for patients with HIV virus. Call: 444-1667.

**Allergic Disease Center.** One of 14 centers nationwide dedicated to the investigation of allergic diseases as determined by the National Institute of Allergy and Infectious Diseases. Call: 444-2344.

**Ambulatory Services.** Numerous departments at the hospital provide treatment and tests on an outpatient basis, collectively known as the Ambulatory Care Pavilion. Patients are seen by appointment and may be referred by a private physician, University Hospital, a community hospital or a social services agency. Patients may also call on their own. *Note: The Dental Module provides care to those under the care of a physician for a medical illness and to patients with developmental disabilities.*

- Dental Module: 444-2559
- Ear, Nose and Throat: 444-2778
- Family Medicine: 444-2575
- Internal Medicine: 444-2560
- Neurology: 444-2599
- Neurosurgery: 444-1213
- Obstetrics/Gynecology: 444-1313
- Oncology/Hematology: 444-2540
- Ophthalmology: 444-1111
- Orthopedics: 444-2565
- Pediatrics: 444-2585
- Pre-Admission Testing: 444-2948
- Psychiatry: 444-2510
- Radiation Oncology: 444-2210
- Surgery: 444-2566
- Urology: 444-1910
- Laboratory and Diagnostic Testing: Electrocardiograph, 444-1760; Vascular Laboratory, 444-1717; Endoscopy, 444-1768

**Ambulatory Surgery.** A fully accredited medical center that offers sophisticated, efficient and convenient care that enables patients to be admitted, undergo a surgical procedure and be discharged in the same day. Call: 444-1002.

**Auxiliary.** The University Hospital Auxiliary supports the work of the hospital through fundraising, educational and community service programs and volunteerism. The Auxiliary maintains the Hospital Gift Shop, a thrift shop in East Setauket, a patient library, TV rental services and a newborn portrait service. Call: 444-2699.

**Back School Program.** A comprehensive, outpatient program for those suffering from lower back pain and needing rehabilitation. Call: 444-1031.

**Blood Bank.** A full-service laboratory with blood donation capabilities. Call: 444-2624.

**Burn Center.** Especially equipped, staffed and designed to provide sophisticated care to both adult and pediatric patients with major burns. The burn care team includes specially trained physicians and nurses, physical therapists, dietitians, occupational therapists, respiratory therapists and social workers. Call: 444-2270.

**Cancer Support Group.** Support group for all patients with cancer and their families. Meets twice a month. Call: 444-1551.

**Cardiology.** Several prevention and treatment programs are available to the community. These include:

- *Preventive Cardiology Center.* Call: 444-2785.

- *Arrhythmia Detection and Sudden Death:* Electrophysiologic techniques, holter monitoring, consultation for patients with ventricular and supraventricular arrhythmias. Call: 444-1067.

- *Noninvasive Tests, Stress and Echocardiography* (ultrasound of the heart). Call: 444-1770.

- *Cardiac Catheterization:* Standard pressure and flow determinations, coronary angiography and balloon angioplasty. Referrals for these procedures are valuable in patients with unstable angina and acute myocardial infarction. Intra-aortic balloon support is also available. Call: 444-1064.

- *General Cardiology and Silent Heart Disease Program.* Call: 444-1060.

**Center for Sudden Infant Death Syndrome (SIDS).** Provides support to families who have experienced the tragic loss of an infant through SIDS, as well as training for police officers, ambulances and medical personnel. Call: 444-3690.

**Childbirth Education Programs.** A comprehensive series of classes for parents designed to promote and enhance a healthy childbearing experience. Courses include positive pregnancy exercise, natural childbirth and caesarean child birth classes and newborn care. Call: 444-2105.

**Children's and Perinatal Bereavement Team.** Provides guidance and support to families who have lost a child. The team meets twice a week. Call: 444-2024.

**Children's Medical Center.** Organizes all pediatric specialists and services in the Health Sciences Center and within University Hospital. Call: 444-2700.

**Cleft Palate Team.** Meets monthly to evaluate children and adults with cleft lips, clefts of the hand and/or soft palates and alveolar clefts. The team includes audiologists, a general dentist, geneticist, oral and maxillofacial surgeon, orthodontists, otolaryngologist, pediatric dentist, pediatrician, plastic surgeon, prosthodontist, registered nurse, social worker and speech therapist. Call: 444-3634.

**Coram Health Center.** Provides primary health care operated by University Hospital and Suffolk County Health Services Department. Located at 3600 Route 112, Coram. Call: 732-0400.

**Counseling and Support Services for Women's Health.** Support services for obstetric and gynecologic patients. Evaluation and management of anxiety, depression or major psychiatric illnesses in pregnancy, support and bereavement counseling for perinatal losses, evaluation and treatment of postpartum depressions, infertility and abortion counseling. Call: 444-1313.

**Diabetes Center.** Provides inpatient and outpatient services for the management of diabetes and diabetic complications with an emphasis on patient education. Call: 444-1037.

**Drug Information Center.** Provides an up-to-date resource for physicians with questions regarding medications including dosage, potential adverse reactions or interactions, and investigational drugs. *Note: Does not function as a poison control center.* Call: 444-2672.

**Emergency Department.** 24-hour comprehensive emergency evaluation and treatment center for all adult and pediatric emergencies including medical, pediatric, surgical, obstetrical, gynecological and psychiatric emergencies. Call: 444-2465.

#### Emergency Hotlines

- Emergency Department: 444-2465
- Hospital Information: 689-8333
- Lyme Disease: 444-3808
- Rape/Sexual Abuse: 444-1234
- Regional Poison Center at Nassau County Medical Center: 542-2323

**Genetic Counseling.** Available to patients who have family histories of single gene disorders, multifactorial traits, chromosomal abnormalities and reproductive loss. Counseling is provided for patients undergoing amniocentesis for prenatal diagnosis. Call: 444-2790.

**Hand Center.** Specialized care to patients with hand injuries or maladies including rheumatic diseases, Dupuytren's disease, tendon and nerve problems and tumors. Call: 444-2182.

**Headache Clinic.** Treats patients with migraine and/or muscle contraction headaches using relaxation training, biofeedback and psychological techniques. Call: 632-8845.

**Home Dialysis Program.** Patient education for home dialysis with a variety of modalities designed to give control back to the patient. Call: 444-2690.

**Hope for Hearts.** An support group for

parents of children with heart defects. Meets once a month. Call: 751-8167.

**Institute for Mental Health Research.** Coordinates funds for research in two separate nonclinical divisions, neuroscience and psychology. Call: 444-2990.

**Long Island Kidney Stone Center.** Dedicated to the treatment of patients with kidney stones and kidney stone disease. Call: 444-1919.

**Lyme Disease Treatment Center.** Provides comprehensive testing and treatment to persons with Lyme disease. Consultant services available to area physicians with questions about the disease or specific cases. Hotline: 444-3808, staffed Monday through Friday, 9:00 a.m. - 5:00 p.m.

**Muscular Dystrophy Clinic.** Provides evaluation and ongoing treatment of adult and pediatric patients with muscular dystrophy and metabolic myopathies, peripheral neuropathies, motor neuron diseases and disorders of the neuromuscular function. Call: 444-1427.

**Neonatal Intensive Care Patient Group.** Provides support and education for parents of infants in the Neonatal Intensive Care Unit. Meets every other week. Call: 444-2006.

**Occupational Medicine.** Provides medical services to workers and employers to eliminate work-related illness and injury using preventive measures including assessment, inspection, education and treatment. Call: 444-2460.

**Pain Management.** Outpatient services for patients with chronic pain. The Department of Neurology operates a headache clinic for the diagnosis and treatment of chronic head pain. Call: 444-3711.

**Renal Treatment Center.** Includes pediatric and adult kidney transplant service and the Long Island Transplant-University Hospital Organ Procurement Organization, the Kidney Outreach Program, renal services including dialysis modalities and follow-up of patients who have hypertension and/or chronic renal insufficiency. Call: 689-8333.

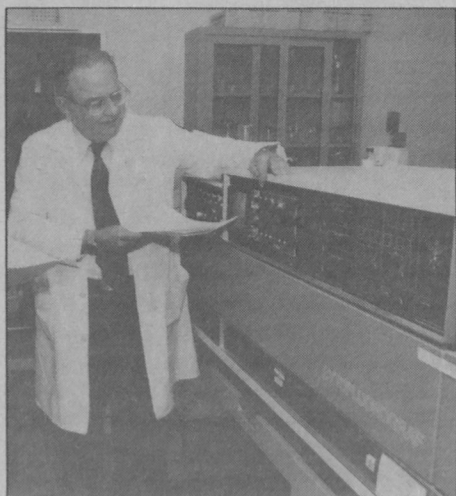
**Scoliosis Screening.** Part of the spine service that provides specialized services for congenital deformities and scoliosis in children including both medical and surgical management. Call: 444-2181.

**Sibling Preparation Program.** Prepares children for the arrival of a new sibling. Conducted every other Wednesday by a nurse-educator. Call: 444-2960.

**Sleep Disorders Center.** Provides diagnosis and treatment of patients who have severe or prolonged difficulties going to sleep or staying asleep at night or who have other problems associated with sleeping and waking. Call: 444-2916.

**Sports Medicine.** A full range of sports medicine services including treatment of common injuries to the knee and shoulder, and injuries peculiar to particular sports. Call: 444-2181.

**Thalassemia Services.** Provides comprehensive transfusion and iron chelation service for children and adolescents with thalassemia and related hemoglobin disorders. Call: 444-1151.



Felix Rapaport stands in front of a cytofluorograf, a machine that monitors the immune status of a transplant recipient.

### New Treatment Improves Success Rate of Transplants

Transplant researchers at Stony Brook are seeking ways to increase the long-term success rate of kidney transplants.

Moshe Shabtai, clinical fellow in the Division of Transplantation Surgery, is developing a test that would assign a donor kidney to the best recipient. Current tests are useful only to prevent kidney rejection during and after the transplant operation, but are not effective in predicting the long-term outcome of the transplant. Dr. Shabtai's test would predict a recipient's response to a donor organ within the first three months of transplantation—the time when most rejections occur.

"With AIDS, drug abuse and prevention of car accidents, the donor pool is diminishing and retrieval rates are at the maximum," Dr. Shabtai says. "We want to reduce the number of people going back on dialysis and awaiting another transplant by increasing the long-term success rate."

Wayne Waltzer, transplant surgeon and professor of surgery and urology, is studying immune reactions that occur during rejection. The studies involve analyzing cells that attack transplanted kidneys. One deals with the connection between certain drugs that suppress the immune system and kidney transplant survival.

"We hope these studies will allow insight into mechanisms that prolong kidney survival," Dr. Waltzer says. "This is seen as another method to help combat the critical shortage of organs."

University Hospital's Long Island Transplant Program is the only one of its kind on Long Island. Established in 1979 by Felix Rapaport, professor and chair of the Department of Surgery, the program has a high success rate compared to hospitals nationwide.

After a five-year period, 65 percent of University Hospital transplanted kidneys survive, compared to 40 percent nationwide. In addition, 97 percent of the kidney transplant patients live for more than three years, compared to 84 percent nationwide. As of this year, 170 patients have received transplants since the program began in 1981.

As of December, more than 125 people on University Hospital's transplant alert list await kidney transplants. Long Island Transplant Program has the capability of handling 50 or more transplants a year.

### Videotape on Organ Donation Available to Civic Groups

In an effort to attract more kidney donors, Stony Brook in conjunction with Howard University in Washington D.C., has produced a series of videotapes avail-

able to Long Island community groups. One videotape features patients on dialysis and those who have received transplants and resumed normal lives. A second targets underrepresented groups.

According to Felix Rapaport, director of the transplantation program, African Americans have a higher incidence of hypertension and renal failure than any other ethnic group. They rarely donate their organs, and are less likely to receive a proportional share of kidney, liver or heart transplants. Dr. Rapaport recently received an award for his efforts in advancing the cause of transplantation in traditionally underrepresented groups.

Dr. Rapaport has received a \$150,000 grant from the U.S. Department of Health and Human Services to establish a program to increase the number of donors from Long Island. Part of the grant has been used to produce the videotapes. The grant will also be used to educate doctors and administrators at Stony Brook and area hospitals about issues surrounding transplantation and organ procurement. It is hoped that the number of Long Island donors will increase from last year's 48 to 100.

"We need to make organ donation a moral imperative," Dr. Rapaport says. "It should be a community responsibility."

### Dental Clinic to Provide Care for Disabled Elderly

Beginning this spring, senior citizens with Alzheimer's disease or related disabilities will be able to receive dental care at the Geriatric Dental Clinic operated by the School of Dental Medicine at Stony Brook.

"The clinic will serve people who can't otherwise go to a dentist," says Mortimer L. Shakun, associate dean for academic affairs. "Older patients often require specialized care and extra reassurance. For example, conventional dental procedures

may have to be modified when a patient is taking some type of medication."

He also noted that this service gives dental students valuable training in treating people with disabilities. Currently, the School of Dental Medicine is the largest public provider of dental care for disabled children and adults in Suffolk County. A minimal fee is charged and Medicaid is accepted.

To make an appointment for the Thursday morning clinic, call 632-8980.

### Auxiliary Improves Quality of Care in University Hospital

The University Hospital Auxiliary was established eight years ago to serve the University Hospital community. In that time, the Auxiliary has donated more than \$500,000 to the hospital for a wide variety of programs and equipment.

The Auxiliary supports a number of ongoing activities, including the Hospital Gift Shop, the Auxiliary Thrift Shop in Setauket and television rental and baby portrait programs. Each year fund-raising activities generate additional money for special programs. Last year, the Auxiliary organized a number of programs including a jewelry sale, an art auction and the annual Memorial Day Weekend Carnival.

Requests for Auxiliary support may be submitted to the Auxiliary Board and are reviewed by the Auxiliary Corporate Board of Directors. The board is comprised of individuals from the university and local community.

This year, the Auxiliary has become involved in several new areas. For example, it has supported the Patient Education Network, a series of free informational programs available on cable television produced by the Department of Patient Education. Another project, the Lexitech Information Center assists visitors and families by providing written directions as well as information about services

available throughout the hospital. The Comprehensive Lower Back Rehabilitation Program, funded in part by the Auxiliary, is designed to return individuals to employment who have been out of work due to chronic back pain.

The Auxiliary provides support to individuals in several additional areas including transportation for patients without means, television rentals at a reduced rate and baby hats for newborns.

The Auxiliary also provides educational programs to the community. A series of noontime lectures covering timely topics is held regularly throughout the year. The Auxiliary has also contributed to area-wide health screenings for skin cancer, breast cancer and cholesterol. It also provides hospital tours for children to allay fears and misconceptions.

For more information on the University Hospital Auxiliary, call 444-2699.

### New Diabetes Unit Opens

University Hospital at Stony Brook has opened a 10-bed comprehensive diabetes unit to serve Suffolk County's approximately 69,000 diabetics. It will provide inpatient and outpatient services, education and research.

Under the direction of the Division of Endocrinology, the unit stresses a team approach to diabetes care; patients will be seen by dietitians, social workers, physical therapists, podiatrists and nurses with advanced training in diabetes management. It is the first unit of its kind in Suffolk County.

The unit is indicative of a national trend emphasizing comprehensive care that can help prevent diabetic complications. More than 11 million Americans have diabetes—and half of these people are unaware they have the disease.

For information on the diabetes unit, call the Division of Endocrinology at 444-1036.

## ECONOMIC DEVELOPMENT

### Interim Incubator Program Graduates Second Company

Olympus Corporation's Biotechnology Development Center (BDC) has announced plans to relocate from incubator space to 10,000 square feet of commercial laboratory and office space in the Stony Brook Technology Center near campus. The announcement marks the second "graduation" from the university's Interim Incubator Program. The program provides a temporary home for prospective tenants until the incubator facility is completed.

While Olympus is a recognized giant in the camera and microcassette recorder market, and well known in the medical field for such products as microscopes, the establishment three years ago of Olympus BDC was the company's first venture into biotechnology. The initiative is doubly rooted in Long Island. Prompted by unique requirements from its customers, a research and development team was established within the 25-year-old Nassau County-based Olympus Corp.

The company identified a Long Island partner, United Biomedical, Inc. of Lake Success, and with them began to develop new reagents for the chemical and blood analyzers marketed by Olympus in the United States. This relationship has resulted most recently, says Tokio Kano, vice president for research and development, in the FDA's approval for the marketing a novel AIDS antibody screening

and diagnostic test. The increasing demand for multiple analyses performed quickly and cheaply makes this a growth area in the biomedical market.

The Interim Program demonstrates the effectiveness of the incubator as a vehicle for nurturing and retaining new ventures to diversify the established regional technology base. Last February, CuraTech, a biotechnology start-up company, pioneered an application of blood growth factors for wound-healing, moved out to 17,500 square feet of commercial laboratory and office space. It employs 65 people in the research and development park.

Four companies are currently in residence: Biocogent, Ltd. and Orion Therapeutic Systems, Inc. in biotechnology, Stony Brook Research Associates, Inc., in technology assessment and forecasting, and Moltech Corporation, which was recently featured in BYTE Magazine, which develops new materials for the electronics industry. There is a waiting list for new tenant prospects.

The Interim Incubator Program grew—in temporarily available academic space—in response to need, says Richard Koehn, director of the Center for Biotechnology. The center's outreach activities as the state-designated Center for Advanced Technology (CAT) in medical biotechnology prompted requests for space for start-

up ventures; the CAT's mandate focused this demand in biotechnology.

"Tenants like Olympus and Moltech show the utility of the incubator environment for companies related to Long Island's core technologies like electronics and precision instrumentation. We expect the Long Island High Technology Incubator to have a tenant mix in which biotechnology, electronics and information processing are strongly represented," said F.P. Hession, president of the incubator management corporation.

Koehn noted that the continued growth of university academic programs is squeezing the Interim Incubator Program. "We need to get the construction appropriation this year to complete the facility before the campus can no longer provide interim space. Otherwise we risk losing the start-ups we have nurtured to other areas and turning away the CuraTechs and Xeroxes of tomorrow."

Because Olympus BDC is a part of a large, established, revenue-generating company, its campus space was provided on a full-cost recovery basis. In addition to start-ups, the Incubator Program will facilitate ventures by existing Long Island industry into new technologies to foster economic diversification. The Incubator anticipates the presence of more than one of these "anchor" tenants.

## BRIEFS

**Salerno Appointed to SUNY Board of Trustees**

Governor Mario M. Cuomo has named Frederic V. Salerno, the president and chief executive officer of New York Telephone, to the State University of New York Board of Trustees.

Once confirmed by the state senate, Salerno will be designated by the governor to chair the 16-member board. The governor also announced the renomination of seven others whom he originally offered for consideration to the SUNY board last year.

Salerno was nominated to succeed Gurston D. Goldin, whose term expired June 30. Salerno will succeed Donald M. Blinken as chair, who announced his intention to resign last fall.

"Fred Salerno has demonstrated a selfless commitment to public service and improving education in New York State," Cuomo said. "As chair of the Temporary State Commission on the Distribution of School Aid, he was instrumental in producing a report offering many excellent recommendations for achieving fairness in the way we distribute state aid to our schools.

"I am confident that he will provide the SUNY Board of Trustees with the strong and effective leadership needed in the 1990s to guide the nation's largest higher education system to new levels of excellence and accountability," Cuomo said.

Salerno has served as president and chief executive officer of New York Telephone since 1987. He previously served as executive vice president and chief operating officer of New England Telephone and Telegraph. He is a member of the New York State Business Council Board of Directors and the Education and High Technology committees of the New York City Partnership. He also serves on the governor's School and Business Alliance

Task Force and the the Fund for New York City Public Education.

**Hardships for Chinese Students To Be Eased by New Rules**

A directive issued in November by President George Bush was good news for many of the 400 students from the People's Republic of China (PRC) attending Stony Brook.

The directive permits Chinese students to accept employment in the United States without having to return home for two years as was previously mandated, and allows spouses are to work while their partner is in school. Previously, families from the PRC had to prove unexpected financial need before spouses could be authorized to work.

"We have many spouses who are highly educated, and highly qualified and, until the directive, highly frustrated because they were unable to work," said Lynn King Morris, assistant dean for international students. "I'm delighted with the ruling. This will solve many problems."

The presidential directive also removed the "illegal" status that was associated to those students and scholars who chose not to return to the PRC. They have all been reinstated by the commissioner of Immigration and Naturalization Services. "It's good news for our students," said Morris. "It gives them the freedom to choose whether to stay or return."

**Department of Parking and Transportation Services Created**

Effective Feb. 1, a newly restructured Department of Parking and Transportation Services (DOPTS) will begin operation. The department is a consolidation of Bus and Motor Pool Operations, Vehicle Maintenance and Repair Service and Parking Enforcement. Hugh Mulligan, director of auxiliary services, has agreed to serve as

acting director; Herb Petty will be assistant director for parking and enforcement.

The mission of DOPTS will be to modernize and improve campus transportation services and repair facilities; purpose and implement a campus parking plan for faculty, staff and students and ensure that the university's parking rules and regulations are equitably enforced.

An April 1 date has been projected for the physical consolidation of the administrative functions of the department. Existing telephone numbers may be used for service and information until future announcements are made.

For information, call Richard Wueste, assistant vice president for institutional services, 632-6221.

**New Bus Service Links Campus to Airport, LIRR Ronkonkoma**

Catching the train or a plane will be a matter of hopping aboard a bus at one of three campus stops. As of Jan. 16, Hampton Express began a shuttle bus service linking Stony Brook to Long Island/Mac Arthur Airport at Islip and the Long Island Railroad's (LIRR) Ronkonkoma station, which has electrified train service into Manhattan.

The 20-mile circular bus route, which picks up and discharges passengers at University Hospital, the North P-Lot and the South P-Lot, also stops at Suffolk Community College. Service is from 4:30 - 9:30 a.m. every half hour during peak periods and hourly, mid-day.

One way fares are \$3 to Ronkonkoma and \$6 to the airport, with a \$2 discount to Stony Brook students to or from either terminus.

At a press preview in early January, officials of the firm were joined by university representatives in inspecting the luxury coach buses being used on the route. One official, Long Island Regional Planning Board Executive Director Lee Koppelman, also head of Stony Brook's Center for Regional Policy Studies, called the service "a vital missing link" in Suffolk's transportation picture.

Hugh Mulligan, director of Auxiliary Services, who negotiated the Stony Brook stops and fees, said the shuttle will offer "efficient and economical access to the university for patients, visitors, businesspersons and students" traveling between the campus and the airport or LIRR. The new service also fills a LIRR service gap between 4:15 - 8:39 p.m. when there is no westbound service from the Stony Brook station.

For copies of the bus schedule and additional information, call 632-6279.

**Alumni Association Awards**

*The Office of Alumni Affairs will award six \$500 scholarships to Stony Brook students to recognize both academic and personal achievement. Application and recommendation forms are available in Room 330 Administration. Application deadline is March 9. The available scholarships include:*

**Class of 1970 Scholarship**

Awarded to one or more freshmen "who have made the most significant contribution to the university."

**Ashley Schiff Award**

Awarded to an undergraduate or graduate student "who has made significant contributions toward conserving and preserving the natural environment."

**Elizabeth Couey Alumni Award**

Awarded to one or more juniors "who have been active in campus affairs and who have done the most to foster communication and bridge understanding among students, faculty and administrators."

**Alumni Sophomore Award**

Awarded to a sophomore who has demonstrated leadership in creating an environment of tolerance and understanding on campus.

**Graduate Student Award**

Awarded to one or more graduate students "who have been active in campus affairs and who have demonstrated activity benefiting the Stony Brook environment."

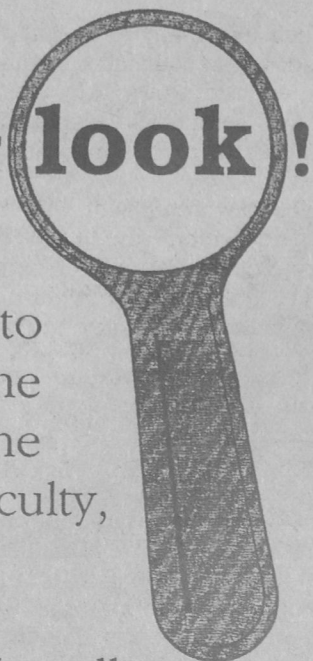
**Hugh J.B. Cassidy Memorial Award**

Awarded to a current School of Continuing Education student who can demonstrate that the CED program has made a significant impact on his/her life either professionally and/or in the community. (Deadline for this award is March 31.)

*For more information, call the Office of Alumni Affairs at 632-6330*

**Take a closer look!**

All the evidence points to the University Club in the Chemistry Building as the perfect restaurant for faculty, staff, and their guests. Its elementary, really. The University Club, after all, is affordable and close.

**The University Club**

Chemistry Building, Second Floor

Monday - Friday, 11:45 am - 2:00 pm

**Take a closer look at us!**

**Admissions Gets New Phone System**

The Office of Undergraduate Admissions has introduced a new telephone call processing system. Those calling the office from off-campus will be connected to a series of touch-tone telephone options designed to make the phone operation more efficient and effective. The number for off-campus calls remains 632-6868.

With the new system in place, the number to the office for on-campus callers has changed to 632-0505.

"We expect a great improvement in our telephone operation," says Theresa LaRocca-Meyer, dean of admissions and enrollment planning. "We are looking forward to tremendous progress."



Comments and feedback on the new system are welcome.

## Team Trainers: Liaisons to the Medical Community

By Ken Ilchuk

Their appearances during a game are brief. When a player is hurt, the athletic trainer runs across the field and tends to the injury. To the fan, it is only a brief interruption of the game.

The average fan does not realize how important the trainer is to a team. The truth is, the trainer does much more than just make an occasional appearance during a game to get a player back on his or her feet. Their responsibilities start well before game day, and end long after the final seconds have ticked off the clock.

"The athletic trainer is responsible for the prevention, recognition, management and rehabilitation of athletic injuries," says Stony Brook head trainer Kathy Koshansky. "We act as a liaison between the university's athletic program and the medical community."

Athletic training is a growing profession. With the current trends in fitness and exercise, there has been a growing interest in treating and preventing the injuries that may result from physical activity.

"The field is definitely growing," says assistant trainer Stu Levine. "Ten years ago, you would have never seen an athletic trainer on the high school level. Now, it's common. Rehabilitation centers now have athletic trainers on staff in addition to physical therapists and occupational therapists. Athletic training has become an integral part of the sports medicine system."

According to Levine, the primary objective of the trainer is to rehabilitate the athlete and get him or her fit for competition as soon as possible. "The athlete wants to play, not sit out with an injury. That's why, in addition to normal training procedures, we have to understand the motivation and mentality of the athlete. That way, we can give them the best care and motivate them to rehabilitate themselves."

The treatment of injuries must also be an educational experience for the athlete. "We try to teach the athletes about their injuries," says Koshansky. "We want to make sure they understand what has happened; we show them books and models so that they can get a better sense of exactly what their injury is, how it can be treated and how to prevent it from happening again."

Ken Ilchuk is a graduate assistant in the Office of Sports Information.



Stony Brook head trainer Kathy Koshansky tends to one of the many injuries suffered during the football season.

The trainers start their work in the preseason. "We screen athletes once practices start," says Koshansky. "The orthopedic doctor conducts a routine evaluation of old injuries, and looks for injury tendencies or weaknesses that may lead to another injury."

After an initial injury, the trainer will work with the athlete every day. "Every athlete and every situation is different," Koshansky says. "We need to evaluate every situation individually and develop the right treatment for the athlete."

Because it is difficult for two full-time people to attend to the individual needs of every athlete, Koshansky started a student trainers' internship program in 1984. "Student trainers have helped us a great deal," says Levine. "They help us cover all the teams, and with more people, our care of the athletes is more thorough."

Koshansky, a graduate of SUNY College at Cortland, teaches most of the courses in the internship program herself. "I modeled this program after the one at Cortland, but ours is more a preliminary program. Stony Brook doesn't offer all the courses needed for a degree, but most students go on to graduate school and finish the program there."

Students in the internship program must put in 1,500 hours of work in a traditional athletic training setting, in addition to formal coursework. Some of the courses required include basic and ad-

vanced athletic training, anatomy, physiology, and kinesiology.

The students get their practical experience by working directly with the university's athletic teams. "Each student trainer is assigned to a team," Koshansky explains. "They work with that team, and are responsible for practices and games. They essentially become the head trainer of that team."

According to Koshansky, the program has progressed very well. "A lot of our students go on to physical therapy and physical education, so this is a good start. It gets them involved, and gives them an idea of what the field is like."

The facilities in the new fieldhouse will also help Stony Brook's trainers and athletic program. "The biggest advantage of the new training room is its size," says Koshansky. "Everything is spread out and separated. It will help us organize our facilities."

The new training room will also have state-of-the-art equipment. "In addition to the hydrotherapy that we have now, we'll have facilities for electrotherapy and more machines for rehabilitation," says Koshansky.

"The new equipment will definitely help the program," says Levine. "We will have more rehabilitative possibilities, and we'll be able to intensify and increase the rehabilitation process."

## Weeden Elected to NCAA Council

University at Stony Brook Women's Athletic Director Sandy Weeden has been named to the National Collegiate Athletic Association (NCAA) Council—one of the most influential bodies within the structure of the NCAA. Weeden's appointment was confirmed at the recent NCAA convention in Dallas.

"This is a real honor for me personally, and is fantastic for Stony Brook," said Weeden. "To be placed on this committee shows that the NCAA has confidence in my abilities, and more importantly, a great deal of respect for Stony Brook's athletic program," added Weeden.

John Reeves, director of physical education and athletics, expressed his confidence in Weeden's abilities. "I'm extremely pleased with her appointment. The NCAA is getting a competent, fair administrator who will represent college athletics well. In addition, the exposure for Stony Brook within the NCAA should be beneficial to us."

In addition to her appointment on the 46-member council, Weeden will also serve on the NCAA Division III Steering Committee, along with the 10 other Division III members from the council. "Those 11 members on the steering committee will represent all 315 Division III institutions," added Reeves. "They will have a tremendous influence on the future of Division III athletics."

Weeden joined the Stony Brook faculty in 1969 and has served as women's athletic director for the past 15 years. She is active in the New York State Women's Collegiate Athletic Association, where she is a past president, and currently serves on the executive council and the Scholar Athlete Selection committee.

"Being involved in all of these committees has been, and will continue to be, a tremendous learning experience," added Weeden. "I'm looking forward to making contributions that will have a positive impact on college athletics at the national level and at Stony Brook."

## Women's Track Team Using Season to Prepare for NCAA Championships

Midway through the 1989-90 women's indoor track season, Head Coach Steve Borbet is cautiously optimistic about his team's chances of success.

"This team is loaded with potential and is in a position to improve on last year's fourth-place finish at the nationals," Borbet said. "So far, we've been strong in many areas, but we still need to improve in one or two more spots to be very successful at the nationals."

Leading the way for the squad is All-American Sarah Lenchner. "Sarah started off the indoor season at the same high level she finished at the end of last spring's outdoor season," Borbet said. "She continues to improve each week."

Lenchner has already qualified for the NCAA national championships in the long jump, triple jump and the high jump. In addition, she is the Stony Brook record holder in all three events. "She could win all three events at the nationals," added

Borbet. "It'll be a tremendous challenge for her, but she's that talented."

Another talented member of the team is All-American Claudette Mathis, who finished third in the NCAA 800-meter finals last season. "Claudette is aiming for the Stony Brook record and another top finish at the nationals in the 800 meters," said Borbet. "I can't see any reason why she won't accomplish both goals."

Borbet expects another big performance from Nicole Lambros, who qualified for the national championships in the 55 meters last year. Lambros is the current Stony Brook record holder in the 200 meters and shares the 55-meter record with former track star Joy Enoch.

As the nationals draw closer, Borbet remains optimistic. "Our 4x400 relay team of Lenchner, Mathis, Lambros and Sue Minnick has run well in the first part of the season and has a chance of qualifying and doing well at the nationals. Our distance

and sprinting groups may also surprise a few people. We have another month left in the season and several big meets in February and early March. We have a talented

team, but there are many things that must be accomplished before the NCAA Championships in March."

### 1990 Women's Outdoor Track Season

March 3	at So. Connecticut Invitational (New Haven, Conn.)	11:00 a.m.
April 6 - 7	at Colonial Relays (Williamsburg, Va.)	10:00 a.m.
April 14	at C.W. Post Invitational (Greenvale, N.Y.)	11:00 a.m.
April 20 - 21	at Monmouth Relays (Monmouth, N.J.)	11:00 a.m.
April 26 - 27	at Penn Relays (Philadelphia)	11:00 a.m.
April 29	the Stony Brook Invitational	10:00 a.m.
May 4 - 5	at New York State Women's Collegiate Athletic Association Championships (Ithaca, N.Y.)	11:00 a.m.
May 12	at Public Athletic Conference Championships	11:00 a.m.
May 12 - 13	at Eastern Collegiate Athletic Conference Championships (Worcester, Mass.)	11:00 a.m.
May 16	at Last Chance Meet (New Haven, Conn.)	6:00 p.m.
May 18	at Union Invitational (Schenectady, N.Y.)	5:00 p.m.
May 23 - 26	at NCAA Championships (Naperville, Ill.)	11:00 a.m.
June 2	at Sr. Met. Championships (Randalls Island, N.Y.)	11:00 a.m.

# LOOKING FORWARD

STONY BROOK EVENT HIGHLIGHTS

## ART EXHIBITS

**Feb. 28 - March 13:** Print Exhibition. Featuring the work of students of Martin Levine, assistant professor of art. Noon - 5:00 p.m., SB Union Art Gallery.

**March 1 - 31:** Library Display, "Women in Medicine." Library, Level 3, Health Sciences Center. Part of Women's History Month.

**March 1 - 31:** Library Display, recent books by women authors. Reference Department, Melville Library. Part of Women's History Month.

**March 7 - 23:** Student Exhibition, "Works on Paper," by Ann Wiens. Library Gallery, Melville Library.

**March 8 - April 18:** Group Exhibition, "Prints by Printmakers." A group exhibition including 90 etchings, lithographs, dry points, woodcuts and engravings by 20th-century American printmakers. Noon - 4:00 p.m., Tuesday through Saturday. University Art Gallery, Staller Center for the Arts.

**March 16 - 29:** Student Exhibition, "Women in Art." An exhibition of works by women students at USB, curated by Combi Wilson and Beth Rosenberg. Noon - 5:00 p.m., SB Union Art Gallery.

## MUSIC

**Saturday, March 3:** Stony Brook Symphony Orchestra, Dalia Atlas, guest conductor. Program includes Fauré's "Pélias et Mélisande," Mozart's Symphony No. 39 and Copeland's Clarinet Concert with DMA Concerto Competition winner Anna Maria Baeza, soloist. Tickets are \$5, \$3 USB students and senior citizens. 8:00 p.m., Main Stage, Staller Center for the Arts.

**Wednesday, March 7:** The Contemporary Chamber Players, "The Stony Brook Composers." Program includes a wind quartet by Mark Gibbons, a piece for 12 strings, trumpet, trombone, percussion and prerecorded tape by João Olivares; a piano sonata by David Perry and a work on prerecorded tape by Tom Hamilton. Tickets are \$5, \$3 USB students and senior citizens. 8:00 p.m., Recital Hall, Staller Center for the Arts.

**Wednesday, March 14:** University Wind Ensemble, Kenneth Soper, guest conductor;

John Moore, soloist. Program includes Hartley's Concertino for tenor saxophone and Gomez' *Il Guarany Overture*. Tickets are \$5, \$3 USB students and senior citizens. 8:00 p.m., Main Stage, Staller Center for the Arts.

**Wednesday, March 21:** The Contemporary Chamber Players. Program includes Varese's "Hyperprism," Knussen's "Ophelia Dances" and Foss' "Time Cycle." Tickets are \$5, \$3 USB students and senior citizens. 8:00 p.m., Recital Hall, Staller Center for the Arts.

**Saturday, March 24:** Opera Series, Mozart's *The Marriage of Figaro*. The complete opera, sung in Italian, lavishly staged with sets, costumes, the works. Conductor: David Lawton, professor of music. Tickets are \$12. 8:00 p.m., Main Stage, Staller Center for the Arts.

**Sunday, March 25:** Organ Series, Cynthia Holden of St. James Episcopal Church, St. James, N.Y. 7:00 p.m., Recital Hall, Staller Center for the Arts.

**Thursday, March 29:** Department of Music Performance, "In Concert," the music of composers Daria Semegen, Sheila Silver and Amy Ruben. 4:00 p.m., Recital Hall, Staller Center for the Arts.

**Friday, March 30:** Staller Center Chamber Music Series, Kronos Quartet. "The wildest sounds in music right now," says the *Washington Post*. Tickets are \$14, \$7 USB students. 8:00 p.m., Recital Hall, Staller Center for the Arts.

## THEATRE

**Friday, March 2:** Staller Center Theatrical Series, the Kodo Drummers of Japan. A powerful visual performance of an ancient tradition. Tickets are \$20, \$18, \$16; \$10, \$9, \$8 USB students. 8:00 p.m., Main Stage, Staller Center for the Arts.

**Saturday, March 10:** Staller Center Dance Series, the Oakland Ballet. This highly acclaimed company's Americana Program includes "Billy the Kid" and "Cakewalk" as well as the East Coast Premiere of "*Le Train Bleu*" by Najinska. Tickets are \$20, \$18, \$16; \$10, \$9, \$8 USB students. 8:00 p.m., Main Stage, Staller Center for the Arts.

**March 22 - 25, 29 - 31:** Department of Theatre Arts Production, Tadashi Suzuki's adaptation of *Clytemnestra*, under the direction of



Phyllis Frelich, Tony Award-winning deaf actress and star of the play *Children of a Lesser God*, will speak on "Signs of Understanding," Tuesday, March 6 at 4:00 p.m. at the Staller Center for the Arts. The University Distinguished Lecture Series is sponsored by the Office of the Provost and *Newsday*.

Yukihiro Goto, assistant professor of theatre arts. Tickets are \$7, \$5 USB students and senior citizens. 8:00 p.m., with 2:00 p.m. matinees on Sunday, Theatre II, Staller Center for the Arts.

**Tuesday, March 27:** Live Women's History Month Performance, *Men, Women, and Margaret Fuller*. A biographical drama about the 19th-century feminist and transcendentalist, starring Laurie James. 4:00 p.m., SB Union Auditorium.

## LECTURES

**Thursday, March 1:** Geosciences Program Lecture, "Chemical Behavior of Radionuclides During the Chernobyl Accident," Igor L. Khodakovskiy, USSR Academy of Sciences, Moscow. 4:00 p.m., Room 123, Earth and Space Sciences.

**Thursday, March 1:** Museum of Long Island Natural Sciences Lecture Series, "Public Health Aspects of Ciguatera Fish Poisoning," Anita Freudenthal, Nassau County Department of Health, Bureau of Water Pollution. Lecture is free, but those planning to attend should call the museum to reserve a seat. 7:30 p.m., Museum of Long Island Natural Sciences, Earth and Space Sciences Building. For information, call 632-8230.

**Tuesday, March 6:** University Distinguished Lecture Series, "Signs of Understanding," Phyllis Frelich, Tony Award-winning deaf actress, star of the play *Children of a Lesser God*. Sponsored by the Office of the Provost and *Newsday*. 4:00 p.m., Recital Hall, Staller Center for the Arts.

**Thursday, March 8:** Distinguished Corporate Scientist Lecture Series, "Applications of Peptide Synthesis and Peptide Mimetic Design Toward the Development of New Therapeutic Agents," Daniel Veber, Merck Sharp & Dohme Research Laboratories. Noon, Lecture Hall 6, Level 3, Health Sciences Center.

**Thursday, March 8:** Topics in Art Lecture Series, "Women in Japanese Art," Rhonda Cooper, director of the University Art Gallery. 1:00 - 2:00 p.m., University Art Gallery, Staller Center for the Arts.

**Sunday, March 18:** Sundays at Stony Brook, "Women in the Long Island Economy." Pearl Kamer, Winifred Freund. Sponsored by the Office of the Provost. 1:30 - 3:30 p.m., Alliance Room, Melville Library.

**Wednesday, March 28:** Campus N.O.W. Lecture and Slide Presentation, "Quilts: Keepsakes from the Heart and Hands." Floris Barnett Cash, visiting assistant professor of Afri-

cana studies. Topic will focus on quilts as an expression of the African-American heritage. Noon - 1:30 p.m., University Art Gallery, Staller Center for the Arts.

**Tuesday, April 3:** University Distinguished Lecture Series, "Thinking About the '00s," Arno Penzias, research vice president, AT&T Bell Labs; author; Nobel laureate. Sponsored by the Office of the Provost and *Newsday*. 4:00 p.m., Recital Hall, Staller Center for the Arts.

**Tuesday, April 3:** Humanities Institute Distinguished Visiting Fellow Lecture, "The Promises of Monsters: Biopolitics, Cultural Studies and Feminist Theory." Donna Haraway, University of California, Santa Cruz. 4:30 p.m., Room 109, Jacob K. Javits Lecture Center.

## SYMPOSIA

**Feb. 20 - March 2:** Library Preservation Month Exhibition. Featured events include demonstrations of conservation techniques, discussion of the dangers threatening many books in the collections, new films on library preservation shown in continuous rotation and free consultation about preservation of privately owned books. 10:00 a.m. - 2:00 p.m. daily, Library Gallery, Melville Library. For information call Roxanna Herrick at 632-7109.

**March 1 - 3:** "Interpreting the Italian Renaissance." A three-day conference whose aim is to interpret the Italian texts of the Renaissance from the point of view of 20th-century literary theories. Among the participants will be Thomas Green, Yale University; Christian Bec, University of Turin; Antonio Franceschetti, University of Toronto; and Don Ihde, dean of Humanities and Fine Arts. Cosponsored by the Center for Italian Studies and the Department of French and Italian in cooperation with the Italian Cultural Institute of New York, the Humanities Institute and the Center for Excellence and Innovation in Education. For information call 632-7765.

**Friday, March 23:** "Substance Abuse in the Suburbs." To be held at the Radisson Hotel in Hauppauge from 8:30 a.m. - 4:30 p.m. Among the participants will be Sen. James J. Lack (R-Smithtown); Tom MacGilvray, assistant deputy commissioner, Suffolk County Department of Alcohol and Substance Abuse Services and Colleen Whitmarsh, community relations manager, Parkside Medical Services, Orlando, Fla. The conference is cosponsored by the Stony Brook Center for Education on Substance Abuse and the Employees Assistance Professional Association, Long Island Chapter. The conference fee is \$30. For information or to register, call 632-7060.

**Tuesday, April 3:** "Alcoholism and Substance Abuse in the 90's: A Conference on Innovative Approaches to High-Risk Infants, Youth and Their Families." A one-day conference to be held at the Marriot Wind Watch Hotel in Hauppauge; will feature several workshops dealing with substance abuse. Among the participants will be Lorriane Hale, president of Hale House; Maureen Duggan, deputy director of the Department of Alcohol and Drug Abuse Services and Frances L. Brisbane, acting dean of the School of Social Welfare. Sponsored by the School of Social Welfare Continuing Professional Education Program, the Suffolk County Department of Alcohol and Drug Abuse Services and the Nassau County Department of Drug and Alcohol Addictions. Conference fee is \$50. For information call 444-3151.

## Events Listing

To be included in "Looking Forward," events must be submitted to the calendar editor at least three weeks in advance of the publication date. Listings for the March issue of *Currents* must be received by Feb. 15.

We remind all event sponsors that arrangements for parking should be made with Herbert Petty, assistant director for parking and enforcement, 632-6350.



"The wildest sounds in music right now," says the *Washington Post* about the Kronos Quartet, who will perform at the Staller Center March 30 at 8:00 p.m. Tickets are \$14, \$7 for USB students. For information, call the Staller Center box office at 632-7230.