Note:

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These documents are digitized and provided on an "as is," uncorrected basis, in order to maintain their historical integrity.

Some examples of the kinds of errors to be found in the transcripts are provided below.

Filename	PDF Version Page	Error
jmf_int_transcript_Williams_2_2_1976.pdf	20	"Parkalnd"
jmf_int_transcript_Foster_2_2_1976.pdf	2	"trememdous reseurce"
jmf_int_transcript_Neaves_1976.pdf	6	"Andreas Baselius"
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WHAT THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT DALLAS MEANS TO DALLAS

By: Charles C. Sprague, M.D. President

As it dedicated \$40 million worth of new buildings on April 27, 1974, The University of Texas Health Science Center at Dallas marked a number of milestones in education, research and community service.

Begun in 1943 as Southwestern Medical College and housed in Army barracks, the school has grown into a health science center which now significantly affects the quality of life and health in Dallas.

Today the Health Science Center consists not only of Southwestern Medical School but also the Graduate School of Biomedical Sciences and the School of Allied Health Sciences.

In its first year of operation by Southwestern Medical Foundation, the school had a budget of less than \$200,000. This year the Health Science Center budget totals more than \$53 million. And from meager surroundings behind what was then Woodlawn Hospital, the institution has moved into a

spacious new facility of 1.2 million square feet north of Parkland Hospital.

The center's principal impact on the community today comes through the production and continuing education of a variety of health professionals--all contributing to high standards of medical care delivery.

During the past seven years, the Health Science Center has been engaged in doubling its size so that the output of doctors could be similarly doubled.

There was some concern when projections were made to expand entering classes from 100 to 200 that the quality of students coming to Southwestern Medical School would fall off appreciably. On the contrary, the undergraduate grades of applicants have improved.

That standards are high can be shown by the fact that Southwestern received applications from some 2,400 persons in a recent year for 200 places in its next freshman class.

Approximately 70 per cent of this class earned an A average during college.

There is no single way the educational program of the school

can be judged comprehensively in comparison to other medical schools of the nation. However, one guage involves an examination taken by senior medical students just prior to graduation.

The score of the 1972 graduating class ranked it first among all the participating medical schools in the United States.

During the last seven years the graduating classes ranked first on two occasions, tied for first on another and has not ranked below seventh. This is clearly an outstanding record.

Traditionally a medical school or health center has three major objectives--education, research and patient care. Research is an important part of the triad and at the Health Science Center it amounts to more than \$10 million each year.

The scope of the scientific effort underway at the center is too broad to detail, but two projects in the area of heart disease stand out as examples.

For their discovery that there is an inherited defect which causes blood fat levels leading to heart attacks, Drs. Michael Brown and Joseph Goldstein won the Heinrich Weiland Prize awarded by the West German government for the most significant biomedical research during the past year. This is the German equivalent of the Nobel Prize.

The second very significant discovery was made by the dean of Southwestern, Dr. Frederick J. Bonte, and his colleagues. They discovered a means of visualizing that portion of the heart that is damaged following a heart attack.

Until that point, there had been no direct way of confirming the specific form of heart attack. Electrocardiograms and enzyme studies give only indirect evidence as to whether there actually has been one area of the heart muscle which has died because of a choked-off blood supply from a coronary artery.

The new device, which uses a radioactive drug, will have farreaching benefits in terms of early diagnosis of patients who have had chest pains but where it is unclear as to whether they really have had a coronary heart attack.

One way to portray the success of the research program is to compare its relative position with regard to financing operations of the center.

Less than 40 per cent of the center's income comes from state appropriations. It is possible that in this respect, our Dallas institution has the lowest percentage of budget from state sources of any institution of higher education in Texas.

Most of the federal dollars the center receives go directly

for research. In one sense, this serves as a tribute to quality of faculty. Whereas nationally research funds have diminished progressively, the Dallas center has enjoyed a progressive increase in support. It may be added that these funds are awarded on a competitive basis nationally.

In regard to the third category, community service, the Health Science Center's single largest contribution is that of physician supervision and care to the indigent or charity patients of the Dallas County Hospital District through Parkland Hospital.

The value of these contributed services is in excess of \$3 million annually.

There are two other programs of service to the community which have measurably changed the quality of life in Dallas.

First is the Children and Youth Project, a federally-funded effort by the medical school's Pediatrics Department. Through this program, multi-professional teams provide comprehensive health care to some 10,000 children of families in low-income areas of West Dallas.

A comparison of hospital discharges for children seen in the Children and Youth Project with a control group of children from the same section of Dallas shows a striking difference: A much lower rate of hospitalization of Children and Youth patients.

More strikingly, a comparision of the mortality rate of these same two groups of children shows deaths are substantially lower in the Children and Youth patient population than in the control group.

Another major area of service to the community comes through the medical school's department of Obstetrics and Gynecology. This is the maternal health and family planning program which operates eight neighborhood women's clinics through the Dallas metropolitan region.

The clinics, strategically located so they are accessible to the indigent and low-income families, have in excess of 200,000 patient visits per year. The program has had a definite effect on the rate of obstetrical deliveries at Parkland Hospital in that there has been a leveling off in the number of births.

At the beginning of this decade one of the actions taken to solve the shortage of health professionals was the formation of the School of Allied Health Sciences.

Medical technologists, rehabilitation therapists, nutritionists,

physicians' assistants and other health professionals are trained in this setting. Now the first of these P.A.'s are moving out to begin service--some as far away as the Alaskan pipeline.

Although there has been a general cutback of federal research funds, the Graduate School of Biomedical Sciences has managed to maintain a relatively high enrollment of persons working to become medical scientists. Without these persons, many of the most perplexing problems in medicine would go unsolved.

In summary, The University of Texas Health Science Center at Dallas is more than meeting committments for education, research and community service. It is enhancing the quality of medical care through various methods, including excellent programs of continuing education for private physicians.