



Top to bottom: James Zumberge, Ken Bader, Dr. Sam Fuenning

Health center...

The present health center would retain the in and out patient clinic, the community health programs and the occupational medicine divisions under Zumberge's plan.

This is the second proposed administrative renovation that UHC has encountered, the first was prepared by Bader last summer and cancelled by the chancellor, who assumed temporary responsibility for the center Feb. 1. Prior to that, UHC had been Bader's responsibility.

The squabble, now come to a head over the reorganization plans, has had a long history that some of the doctors contend began during the administration of UNL President Joseph Soshnik. Until last week, when a "gag rule" on the UHC physicians was lifted by Fuenning, most of the dissention was receiving little attention outside of the inner circles of the University.

Fuenning, whom former ASUN president Ann Henry has said is known "all over the country as Mr. Student Health," says he does not agree with the administrative changes proposed by Zumberge.

The decision on the split "did not come from this (Fuenning's) office. It has not been my decision," he said in an interview earlier this week.

The "breaking up" of UHC, as Fuenning termed it, would place the two divisions under separate and duplicate administrative units.

"This would develop administrative hurdles, provide no common thrust," he said.

The concept of health maintenance is dependent upon such supportive programs as the health education and environmental health division, Fuenning stressed, and should be administered under one roof.

Fuenning admitted that UHC has had "some administrative problems." A task force on student fees had identified some of those problems, Fuenning said, and the suggestions either have been implemented or are in the process of being implemented, he said.

The task force's findings were released by Bader in March 1973, and recommended that student fee support be withdrawn from the health education program. These include formal courses in health and should therefore be supported by state taxes as an academic program, the task force reasoned.

"I don't deny that there were some problems in our fiscal accounting office, but I was not permitted to have the kind of help that I needed to get this (any improvement) done," said Fuenning, referring to his request for an administrator that he said was denied him for some period of time.

A number of doctors in the center do not see the reorganization as an administrative problem or student fees problem, but a "stop gap" measure, and directed at the removal of Fuenning.

Fuenning, who has been designated by Zumberge as the head of the new Nebraska Center of Health Education, will resign, according to Stone. "He will only stay until he can find another job," he said.

Stone, who has been with the center for 28 years, is a surgeon, one of the UNL football team's physicians and a past president of the State Medical Assoc. The placement of Fuenning at the head of the new center is the equivalent of firing him from the center, he said.

Stone said that at one meeting with Zumberge, Vice Chancellor for Academic

Affairs Virginia Trotter, Garlinghouse, Dr. L.D. Cherny and Dr. William Nye (also members of the UHC staff), the chancellor told the physicians that he was "under a lot of pressure from two regents and that Fuenning had better accept the new position or else he would not have a job at all."

"It was as if they held a gun to his head," Garlinghouse said. "Sam didn't have any choice."

At a later meeting with regents Robert Prokop and Robert Koefoot attending, Zumberge did not answer a question put to him regarding the two regents' roles in the change of Fuenning's position, Stone said.

The letter signed by the 27 physicians does not make mention of the removal of Fuenning, but does state, "We view with alarm the intrusion of untrained, unqualified lay personnel into administrative positions involving the direction of paramedical personnel and the planning of professional medical programs for the Health Center. When ... executive direction provided by qualified professional personnel is undermined, the result is a division of loyalties among the entire staff these can only reflect upon the general level of medical care provided."

(Neither Koefoot or Prokop were available for comment on these statements.)

Bader, who prefaced his interview with the comment that he "would not name names and would not want to malign any individuals," stated that his reasons for proposing the administrative changes within the center were due to "concerns with regard to personnel practices and policies, evaluation of staff, hiring practices and staff training as well as organizational development and business management." He declined to comment further, give specifics about his concerns or mention those individuals involved.

Zumberge said Thursday that he proposed the changes in the center "to avoid the future mingling of funds and the use of student fees inadvertently. This is not based upon any subversive or fraudulent use of funds," he emphasized. This separates the student fee supported programs from those not supported by fees, he said.

Zumberge said he did not anticipate that the division would cause duplications or an increase in budget. When questioned about the effect of the possible resignation of the center's physicians, Zumberge said that he "didn't understand their dissatisfaction. I don't know what the health center would stop doing. All the departments will still be there. Nothing will be removed," he said.

Each of the 27 have been asked "in the terms of inviting the physicians to stay on," whether they intend to continue with the University, he said. They have been asked to reply by April 1, he said.

But if the doctors do resign, Zumberge said new physicians will be found to fill their positions.

A middle ground for agreement is hoped for by some involved. Dr. R.W. Hammar, a UHC physician, who did not sign the letter by the 27 doctors, said that "anybody can work within the framework. Students have a right to health care and my main goal is to give that to students. I don't think that the change in the administrative structure would affect that care. I encourage everybody to keep an open mind until this blows over."

If mere alcohol doesn't thrill you at all...

Well, fellow drunks, today and next week we are arming you with a few tidbits of information on the liquors used to mix drinks. It is our hope to prepare you, that you may maintain the image already ascribed to UNL students by many legislators and editorialists in this fine state.

To inexperienced drinkers, there may be some confusion about differences in varieties of liquors. Those differences are found in taste, color, texture, and alcohol content. Among the many types of liquors are whiskies, gin, vodka, tequila, and rum.

For the most part whisky identifies the distilled spirits of Scotland and Canada. Whiskey refers also to Irish or American products. Bourbon is a straight American whiskey in which at least 51% and less than 80% of the grain used is corn.

The best water for distilling bourbon comes from the limestone springs of Kentucky. Blended Whiskey is a combination of selected straight whiskeys distilled from neutral grain spirits.

Canadian whiskey is distilled with a bigger variety of grains, using barley malt, corn, and rye. It is generally blended before or during aging, and always contains distilled spirits more than two years of age. Scotch whiskey achieves its distinctive characteristics from the predominant use of barley and from its

drying process, though Scotch is a blended whisky. The blend is aged a minimum of four years and sometimes eight to 12 years.

karen richardson & ron sindelar tooth picks

Rye whiskey is another American product containing at least 50% rye grain, and has darker color and heavier body than bourbon. The popularity of full-bodied malty rye whiskey has declined since Prohibition, and when one asks for rye he usually gets a blended or Canadian whiskey.

Gin is a mash distillate that is redistilled in the presence of juniper berries and other botanicals. Gin is usually clear and light, though some gins may acquire a golden hue from being stored in wood.

Gin usually rates 80-proof.

Vodka is also a grain mash distillate, filtered through activating carbon. Unlike gin, vodka is colorless, odorless and flavorless, and combines well with any other liquid.

Tequila is distilled from the mescal or agave plant. It is the strongest and hardest to drink of the liquors.

Rum is a product of sugar manufacturing. The leftover portions from the production of molasses are distilled and aged in wood. There are two basic types of rum: traditional rums and lighter bodied, less pungent rums.

Traditional rum is very dark in color and rich in aroma, and comes predominately from Jamaica. The dry, light bodied rums come from Puerto Rico and Cuba, and are much more neutral (lacking in color, taste and aroma) than traditional rums. Usually the lighter the color of rum, the lower the proof.

Alcohol content in liquors is measured and labeled as proof. A proof of 1 is 1/2% alcohol. For example, 80 proof whiskey is 40% alcohol.

Some people like the taste of liquors and enjoy mixed drinks. For those who don't like the taste but still like to get loaded, there are a variety of mixed drinks that neutralize or eliminate the alcohol taste. However, we would like to quote a wise old sage who said: "There's nothing better'n beer. And if you can't afford beer, there's Buckhorn."