

Oral Surgery Clinic at Ben Taub Hospital Named after Dental Branch Alum

By Erika Durham Hargrove, *Dental Branch*

James V. Johnson, D.D.S., never set out to see his name in lights. In fact, he shies away from any talk about himself or his accomplishments. For someone with a life story that reads like a great American novel — decorated military career, respected trauma surgeon, loving husband, proud father — he is rather low key.

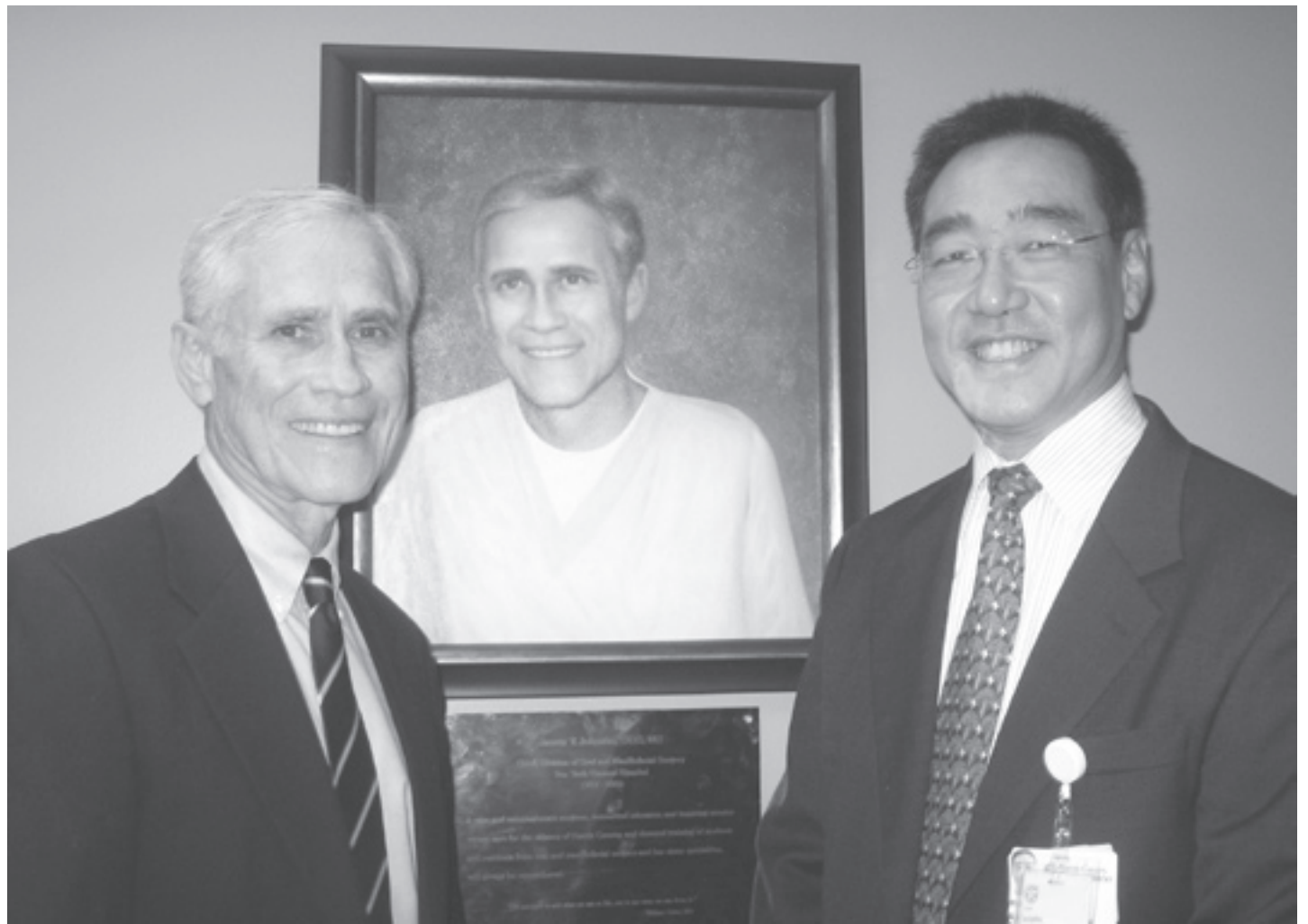
But this low key man now has his name up high as it adorns the Oral and Maxillofacial Surgery Clinic at Ben Taub General Hospital.

The James V. Johnson, D.D.S., M.S., Oral and Maxillofacial Surgery Clinic was unveiled during a dedication ceremony in April. It is only the second time in the history of the Harris County Hospital District that a clinical or administrative location has been named after someone based on meritorious service rather than a financial contribution.

“I am extremely honored and humbled to be the recipient of this naming opportunity,” said Johnson, a 1962 graduate of The University of Texas Dental Branch at Houston, who served as chief of service for the Oral and Maxillofacial division of Ben Taub Hospital for 15 years. “The real reward from my career always was the knowledge that the patients received the kind of care they truly deserved from our service. It has been my pleasure to serve in this role.”

Johnson’s retirement from his position in September 2006 sparked Mark Wong, D.D.S., chairman of the department of Oral and Maxillofacial Surgery (OMS) at the UT Dental Branch, to move quickly to find a way to honor his mentor.

“Dr. Johnson is the person with whom oral and maxillofacial surgery in Houston has been identified for so many years,” Wong said. “He doesn’t say much, but when he does, people listen. That’s what makes him so effective. He is truly an inspirational father figure who leads from the front. He is not sitting back and telling people what to do; he is out front doing



James V. Johnson, D.D.S., and Mark Wong, D.D.S., chair of the Oral and Maxillofacial Surgery Department, are shown in front of the painting and plaque displayed in the hallway of the clinic that now bears Johnson's name. Photo by Erika Durham Hargrove

it. He was always the first person to arrive in the morning and the last person to leave. He managed to bring out the best in people simply because they were inspired.”

The foundation for Johnson’s fruitful career began at the UT Dental Branch at Houston. After earning his D.D.S. in 1962, he also earned his M.S. there in ‘67.

Even prior to his formal education, it looked like an involvement in dentistry was in the cards. “I played defensive back on my high school football team and had several dental injuries,” Johnson said. “It

seemed like I was at the dentist every time I turned around. But my experiences were always favorable and I enjoyed working with my hands, so a profession in dentistry seemed like a good choice.”

To ask anyone else, it was an excellent choice. With the career path carved out in his youth, combined with the lineage of distinguished surgeons he learned from, Johnson was bound to be a success. Johnson started training under Edward Hinds, D.D.S., M.D., who founded the OMS department at the Dental Branch in 1949 and was a surgical resident under

famed heart surgeon Michael DeBakey, M.D.

Johnson joined the faculty full-time in 1987 after a distinguished career in private practice. His efforts as the chief of Oral and Maxillofacial Surgery at Ben Taub General Hospital, 1987-2002, resulted in significant growth of the service within the Hospital District. The specialists earned a reputation for their expertise in the management of facial trauma, life-threatening odontogenic infections, maxillofacial pathology and complex reconstruction of the jaws and face.

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Legislative Action Provides Funding for UT Health Science Center Projects

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if voters approve these funds in the November election. This fund targets grants for research into the causes, cures and prevention of cancer, including translational research to develop therapies and protocols for cancer cure or mitigation.

As recommended in the report “Code Red: The Critical Condition of Health in Texas,” the Legislature addressed expanding health care access through reforms in Medicaid and the Children’s Health Insurance Program. Medicaid was reformed, in Senate Bill 10, to expand funding, increase consumer choice, enhance program infrastructure and improve fraud detection. The Children’s Health Insurance Program, known as CHIP, improved on current procedures by extending and revising eligibility and financial requirements. Both programs received substantial overall increases in funding.

In addition to Medicaid and CHIP improvements, the Legislature provided increased state funding to these programs for the settlement of the Frew v. Hawkins lawsuit. This funding provides for increased physician and dentist Medicaid rates and new strategic dental and medical initiatives for assistance to children.

Given the health science center’s leadership position in providing care to those who are under- or uninsured, Medicaid and CHIP changes should provide some assistance to patients seen by health science center physicians and dentists and to patients seen at the psychiatric center. ★

Thirty Years of Success in Transplantation

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when he felt resentful that a childhood strep infection led to his kidney failure. Among adolescent patients in some centers, noncompliance is as high as 60 percent.

Butaud is one of 5,000 who have received a new kidney, pancreas or liver through the division since the transplant program began 30 years ago. The program currently performs about 200 transplants yearly.

While treating patients and transforming their lives is vital, the division also has the missions of training future physicians and scientists as well as taking a lead in ongoing research.

The division has been a pioneer in research trials that have transformed the field of transplant medicine. In 1980, it was one of three centers in the United States to test cyclosporine, and this work was integral to the drug receiving FDA approval three years later. This breakthrough drug has made possible the viability of transplant medicine.

“Before cyclosporine, about half of the patients lost their kidneys within a year of transplant,” Kahan said.

The continued development and improvement of drugs, in which the



Guy Butaud, second from right, speaks about living 28 years with a kidney donated by his mother. Dr. Barry Kahan looks on from over Butaud’s shoulder. Photo by Scott Holmes

division has played an active role, have helped increase the half-life of a donated kidney from 12 to 20 years over the past 15 years.

The success of the UT program has enabled thousands of people to go on with their lives, and to create a climate that fosters organ donation. Without donors like Butaud’s mother, who never gave it a second thought, and families of deceased individuals, these success stories wouldn’t be possible.

If the past 30 years have brought

enormous change to a program that started out doing 32 transplants in a year, it is possible to imagine that the next 30 years will bring organ donation to another, more accessible level. That will enable even more people like Butaud to receive help.

“It’s given me a completely different attitude about life and about why I’m here,” Butaud said. “I’m the same as everybody else, but I’m just more fortunate. I’m blessed. Sometimes I wonder, why me?” ★