ZONING CHANGE REVIEW SHEET

CASE NUMBER: PR-2026-113706, GF-2026-122065

HLC DATE: October 7, 2026; November 4, 2026; December 2, 2026 PC DATE: CC Date:

APPLICANT: Historic Landmark Commission (owner-opposed)

HISTORIC NAME: Austin Diagnostic Clinic

WATERSHED: Waller Creek, Shoal Creek

ADDRESS OF PROPOSED ZONING CHANGE: 801 W. 34th Street, West University: Heritage Neighborhood Plan/Central Austin Combined Neighborhood Plan

ZONING CHANGE: GR-MU-V-CO-ETOD-DBETOD-NP to GR-MU-V-H-CO-ETOD-DBETOD-NP

COUNCIL DISTRICT: 9

STAFF RECOMMENDATION: Recommend rezoning the footprint of the building only from GR-MU-V-CO-ETOD-DBETOD-NP to GR-MU-V-H-CO-ETOD-DBETOD-NP combining district zoning.

QUALIFICATIONS FOR LANDMARK DESIGNATION: architecture and historical associations

HISTORIC LANDMARK COMMISSION ACTION: **October 7, 2026**--postpone to November 4, 2026. **November 4, 2026**--Initiate historic zoning.

PLANNING COMMISSION ACTION:

CITY COUNCIL ACTION: **September, 2025**—Rezone from limited office--equitable transit-oriented development--density bonus ETOD--neighborhood plan (LO-ETOD-DBETOD-NP) combining district (Subdistrict 1) to community commercial--mixed use--vertical mixed use building--conditional overlay--equitable transit-oriented development--density bonus ETOD--neighborhood plan (GR-MU-V-CO-ETOD-DBETOD-NP) combining district (Subdistrict 1) per Ordinance 20250911-059.

CASE MANAGER: Kalan Contreras, 512-974-2727

NEIGHBORHOOD ORGANIZATIONS: Austin Neighborhoods Council, CANPAC, Friends of Austin Neighborhoods, Heritage Neighborhood Association, Homeless Neighborhood Association, Preservation Austin, Shoal Creek Conservancy

DEPARTMENT COMMENTS: The 2021 North Central Austin survey lists the property at 801 W. 34th Street as non-contributing to potential local and National Register districts; however, it notes that the noncontributing status is applied because it was built outside of the period of significance of the adjacent and much-older Heritage neighborhood. The item first appeared on the October 7, 2026 agenda of the Historic Landmark Commission. The Commission's 75-day timeline for action will elapse on December 21, 2026

BASIS FOR RECOMMENDATION:

§ *25-2-352(3)(c)(i) Architecture*. *The property embodies the distinguishing characteristics of a recognized architectural style, type, or method of construction; exemplifies technological innovation in design or construction; displays high artistic value in representing ethnic or folk art, architecture, or construction; represents a rare example of an architectural style in the city; serves as an outstanding example of the work of an architect, builder, or artisan who significantly contributed to the development of the city, state, or nation; possesses cultural, historical, or architectural value as a particularly fine or unique example of a utilitarian or vernacular structure; or represents an architectural curiosity or one-of-a-kind building.*

801 W. 34th Street was built in 1965 as a medical clinic by Wilson, Morris, Crain & Anderson. This two-story Mid-century Modern building features New Formalism details such as large-aggregate concrete pilasters, brick, and ceramic tile exterior cladding, fixed metal windows with transoms, and a flat cantilevered roof.

"The new building contains 10,700 square feet of space on the ground floor, with additional basement space of 6,000 square feet, and is planned for a future second floor," exposits the Austin *American*. The article further describes the building as follows:

> A unique feature of this clinic is its shape, a Greek cross form with an open landscaped court in the center. The court contains a fountain and an unusual design of plants and trees and is surrounded by glass enclosed corridors, waiting areas and nurses' stations. The exterior of the building is of pre-cast concrete in panels with vertical ribs; the exposed aggregate texture recalls in color and texture the natural palette of Austin and the Southwest. The forward wing, toward 34th Street, contains the reception lobby, walls of which are almost entirely glass. East of the building is parking area for 75 cars.[1]

The design combination of vertical pilasters, exposed-aggregate concrete, and monolithic massing is a unique example of a transition piece between the New Formalist movement of the early-to-mid-1960s in Austin and the Brutalist sensibilities of the late 1960s and 1970s. Anderson, a famed Houston modernist, was a pioneer of exposed-aggregate concrete in Modern design; his work on the 1969 Houston Post building, the Austin American-Statesman Building, and the 1977 Frank Erwin Center further expand on themes of monolithic design and planar concrete.[2], As a firm, Wilson, Morris, Crain & Anderson collaborated on the construction of the Houston Astrodome, the world's largest self-supporting dome at the time of its construction in 1965—the same year this building debuted.[3]

The stone-and-stucco addition at the northeast elevation of Austin Diagnostic Clinic was constructed by the firm in 1971. "Less than seven years after opening its new facilities at 801 West 34th," notes the *Statesman*, "the Austin Diagnostic Clinic has added a second story and a three-story wing...the interior open landscaped court of the original building was maintained in the vertical addition, with the second floor reception area surround the glassed atrium."[4] Wilson, Morris, Crain & Anderson returned to design the addition, with Austinite Jack Crier as construction supervisor.

§ 25-2-352(3)(c)(ii) Historical Associations. *The property has long-standing significant associations with persons, groups, institutions, businesses, or events of historical importance that contributed significantly to the history of the city, state, or nation or represents a significant portrayal of the cultural practices or the way of life of a definable group of people in a historic time*.

The Austin Diagnostic Clinic began in 1952 as the solo practice of Dr. Henry Renfert. Renfert's ultimate goal was to create a multi-specialty practice, like the Mayo Clinic, in Austin. By the 1960s, along with co-founders Virgil Lawless, Leonard Sayers, and Homer Goehrs, Renfert had achieved his vision with the Austin Diagnostic Clinic, the first of its kind in the city. The Austin Diagnostic Clinic was the first in Austin to provide in-house radiology and laboratory testing.[5] Its Acorn Research Laboratory, under the leadership of Dr. Jack Moncrief, pioneered at-home dialysis. ADC was also the first group to bring EKGs to an outpatient setting in Austin.[6] The institution was not without its controversies, as author Richard Pennington notes in his 1995 history: some ADC specialists refused to treat AIDS patients in the early days of the epidemic, and federal funding enriched the exponentially growing nephrology program while other specialties went without.[7]

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[1] *The Austin American*. July 25, 1965, C14.

[2] "Wilson, Morris, Crain and Anderson." *HoustonMod*. https://houstonmod.org/architect/wilson-morris-crain-and-anderson/; Kleiner, Diana J. "Anderson, Ralph Alexander, Jr." *Handbook of Texas Online*. Texas State Historical Association; "Wilson, Morris, Crain & Anderson: Houston Post." *SOS Brutalism*. https://www.sosbrutalism.org/cms/15892253; "Wilson Morris Crain & Anderson." *DOCOMOMO US*. https://www.docomomo-us.org/institution/wilson-morris-crain-anderson; "Houston's Architectural Evolution." *Texas Monthly*. https://www.texasmonthly.com/style/houston-architectural-evolution/; City of Houston Planning and Development Department. *Mr. and Mrs. S.I. Morris House: Protected Landmark Designation Report*. Houston Archaeological & Historical Commission, 2015. https://www.houstontx.gov/planning/HistoricPres/landmarks/15PL124_SI_Morris_House_2_Waverly_Ct_.pdf; "Historic Hoops: The Frank Erwin Center in Austin, Texas." *National Trust for Historic Preservation*. January 11, 2016. https://savingplaces.org/stories/historic-hoops-the-frank-erwin-center-in-austin-texas; "Photographs Capture the Slow Deconstruction of the Frank Erwin Center at the University of Texas at Austin." *The Architect's Newspaper*, March 2024. https://www.archpaper.com/2024/03/photographs-capture-the-slow-deconstruction-of-the-frank-erwin-center-at-the-university-of-texas-at-austin/

[3] "Reliant Astrodome." *DOCOMOMO US*. https://www.docomomo-us.org/register/reliant-astrodome.

[4] *The Austin Statesman*. June 10, 1972, 13.

[5] "Renfert, Henry." *Texas Medical Center Archives*. https://archives.library.tmc.edu/renfert-henry

[6] "Austin Diagnostic Clinic Celebrates 70 Years of Providing Compassionate, Patient-Centric Care to Central Texans." *Community Impact*, October 31, 2022. https://communityimpact.com/sponsored/austin-diagnostic-clinic-celebrates-70-years-of-providing-compassionate-patient-centric-care-to-central-texans/

[7] Pennington, Richard. *Meet the Need: History of the Austin Diagnostic Clinic*. https://richardpennington.com/product/meet-

Dr. Jack Moncrief's research on continuous ambulatory peritoneal dialysis, a revolutionary treatment for those with kidney failure, was one of the most important medical innovations of the mid-twentieth century. By age 34, Moncrief was the head of the Artificial Kidney Unit at Brackenridge Hospital and the co-inventor and patentholder of the home dialysis procedure (CAPD).[8] Along with biomedical engineer Robert Popovich, Moncrief perfected the new system while serving as the Director of Dialysis and Transplantation of ADC.[9] The house near the ADC campus at 3410 Owen Avenue[10] where Moncrief and Popovich did much of their initial research is no longer extant. Moncrief also pioneered telemedicine as he expanded on the burgeoning need to treat kidney patients at home, enabled by CAPD. Moncrief was also the first doctor in the world to perform dialysis on a newborn.[11] Along with his work at Brackenridge and his position as Director of Nephrology Research at ADC, Moncrief began his own nephrology practice and still consults patients via telemedicine today; the Moncrief Dialysis Center was located at 800 W. 34th Street until its closure.

PARCEL NO.: 0218031418

LEGAL DESCRIPTION, FULL PARCEL: WEST 34TH STREET ADDN & LT 5, 10 & PT LT 4 & 9, BLK 6 OLT 75 DIV D PENN SUB OF BLK 5&6 SMYTH SUB

APPRAISED VALUE: Land: $ 7,268,152; Improvement: $0; Total parcel: $ 7,268,152

ESTIMATED ANNUAL TAX EXEMPTION, FULL PARCEL, NON-HOMESTEAD, NOT CAPPED:

AISD (12.5% land val., 25% imp. val.)	COA (25% land val., 50% imp.)	TC (25% land val., 50% imp. val.)	TC Health (25% land val., 50% imp. val.)	Total
$8,343.84	$10,430.11	$7,017.58	$2,414.17	$28, 205.70

ESTIMATED ANNUAL TAX EXEMPTION, IMPROVEMENT AREA ONLY, NON-HOMESTEAD, NOT CAPPED:

AISD (12.5% land val., 25% imp. val.)	COA (25% land val., 50% imp.)	TC (25% land val., 50% imp. val.)	TC Health (25% land val., 50% imp. val.)	Total
0	0	0	0	0

PRESENT USE: Vacant

DATE BUILT/PERIOD OF SIGNIFICANCE: 1965; 1965-1976

INTEGRITY/ALTERATIONS: The stone-and-stucco addition at the northeast elevation of Austin Diagnostic Clinic was constructed by Wilson, Morris, Crain & Anderson in 1971, within the period of significance. The 1975 building at 800 W. 34th Street echoes 801's blocky massing with vertical accents. The skybridge connecting it to its sister building across the street was added in 1976.

PRESENT OWNERS: WEST 34TH STREET NEIGHBORHOOD IMPROVEMENT COMPANY LLC, TWO NEWTON PLACE, 255 WASHINGTON ST, STE 270, NEWTON, MA 02458-1634

ORIGINAL OWNER(S): Austin Diagnostic Clinic

OTHER HISTORICAL DESIGNATIONS: None

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the-need/

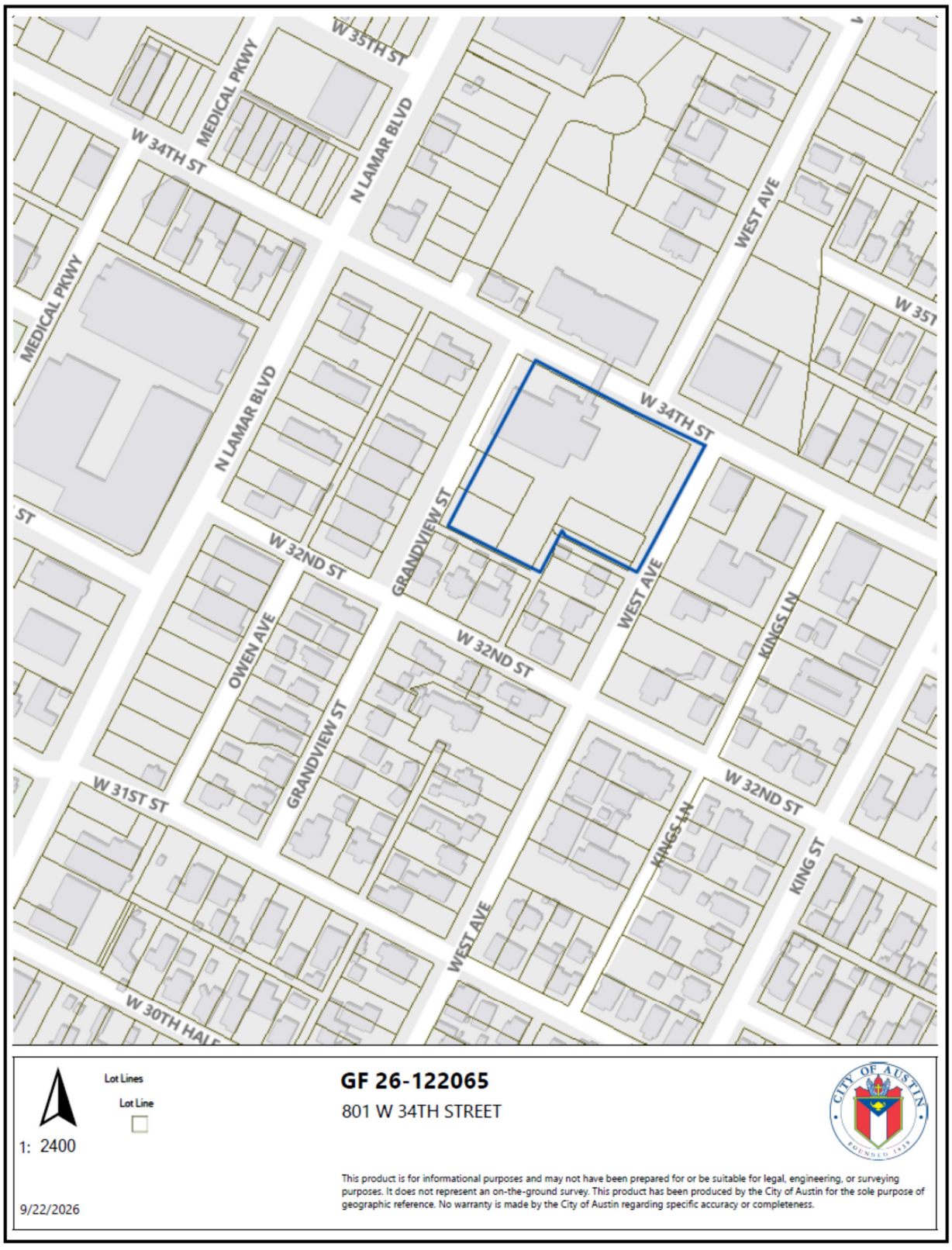
[8] *The Austin Statesman*. January 13, 1971, A24.

[9] Moncrief, Jack W., Robert P. Popovich, and Karl D. Nolph. "The History and Current Status of Continuous Ambulatory Peritoneal Dialysis." *American Journal of Kidney Diseases* 16, no. 6 (December 1990): 579–584. https://doi.org/10.1016/S0272-6386(12)81044-4.

[10] Letter from ACORN Research Lab, Austin, Texas. December 4, 1979. PDF. https://www.rayduarte.com/dna_93105/pdf/036b__04DEC1979_ACORN_RESEARCH_LAB_AUSTIN_TEXAS_JackW.MoncriefMD.pdf

[11] Berkson, Lindsey. "Telemedicine's Inventor & Kidney Doctor – Dr. Jack W. Moncrief (#221)." *Berkson Health*.

Location Map



Lot Lines

Lot Line

1: 2400

9/22/2026

GF 26-122065

801 W 34TH STREET

This product is for informational purposes and may not have been prepared for or be suitable for legal, engineering, or surveying purposes. It does not represent an on-the-ground survey. This product has been produced by the City of Austin for the sole purpose of geographic reference. No warranty is made by the City of Austin regarding specific accuracy or completeness.

Property Information

Photos



HHM, Inc., 2020

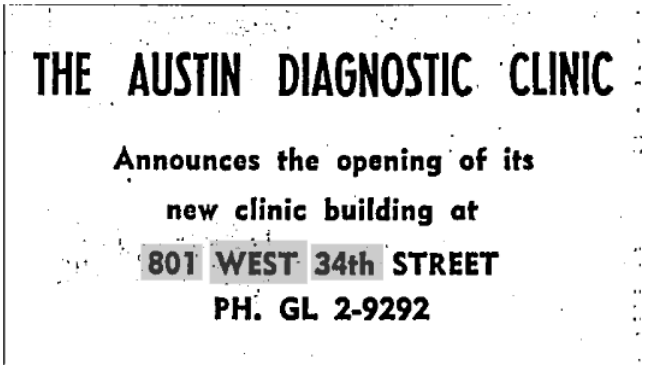






Google Street View, 2024

Historical Information


THE AUSTIN DIAGNOSTIC CLINIC

Announces the opening of its
new clinic building at
801 WEST 34th STREET
PH. GL 2-9292

The Austin Statesman (1921-1973); Austin, Tex.. 21 July 1965: 24.

Diagnostic Clinic Has Basement

The newest addition to Austin's rapidly developing medical facilities is the Austin Diagnostic Clinic's new building at 801 West 34th Street.

The clinic consists of eight specialists in internal medicine who practice as a group. Subspecialty fields include cardiology, endocrinology, rheumatology, hematology, infectious diseases. The new facilities will permit addition of specialized diagnostic equipment including radioactive isotopes, special pulmonary function testing, and an enlarged clinical laboratory.

The staff includes Doctors Henry Renfert, Virgil B. Lawlis, Leonard J. Sayers, Homer R. Goehrs, John P. Vineyard Jr., W. Donald Roberts, John M. Tyler, and John A. Burdine Jr.

The new building contains 10,700 square feet of space on the ground floor, with additional basement space of 6,000 square feet, and is planned for a future second floor. In addition to internal medicine facilities, the building will contain X-ray and laboratory areas. A unique feature of this clinic is its shape, a Greek cross form with an open landscaped court in the center. The court contains a fountain and an unusual design of plants and trees and is surrounded by glass enclosed corridors, waiting areas and nurses' stations.

The exterior of the building is of pre-cast concrete in panels with vertical ribs; the exposed aggregate texture recalls in color and texture the natural pallatte of Austin and the Southwest. The forward wing, toward 34th Street, contains the reception lobby, walls of which are almost entirely glass. East of the building is parking area for 75 cars.

Architects for the building are Wilson, Morris, Crain & Anderson of Houston. Associate architect is Jon Bowman of Austin; structural engineer, Walter P. Moore; mechanical engineer, Cook & Holle; soil consultants, Frank Bryant; landscape architect, Fred Buxton; interior designer, Revelle & Company. The general contractor is J. M. Odom.

The Austin American (1914-1973); Austin, Tex.. 25 July 1965: C14.

THE AUSTIN DIAGNOSTIC CLINIC
801 West 34th Street
Austin, Texas

Henry Renfert, Jr., M.D.
Leonard J. Sayers, M.D.
Homer R. Goehrs, M.D.
John P. Vineyard, Jr., M.D.
Walter Donald Roberts, M.D.
John M. Tyler, M.D.

TAKES PLEASURE IN ANNOUNCING
THE RETURN OF

VIRGIL B. LAWLIS, M.D.

To the practice of Gastroenterology and Internal Medicine

Office hours by appointment
PHONE Glendale 2-9292

The Austin Statesman (1921-1973); Austin, Tex.. 12 Aug 1966: 30

THIS FOLDER COULD SAVE YOUR LIFE AND FAMILY. READ IT CAREFULLY AND KEEP IT HANDY.

CITIZENS SHELTER INSTRUCTIONS

AUSTIN-TRAVIS COUNTY, TEXAS

APRIL 17, 1966

These Instructions are written—from official State and Federal guidance—**for situations of Nuclear Attack.** They may be adapted to situations of **Natural Disaster** or **Major Accidental Disaster.** Additional instructions will be announced as required—via the **EMERGENCY BROADCAST SYSTEM** and all other news media—in worsening potential crisis situations.

LOCAL GOVERNMENT MAY OFFICIALLY SET EMERGENCY READINESS CONDITIONS: (1) **GENERAL ALERT** or (2) **TAKE COVER**—by timely announcement via all news media and the Emergency Warning System—in order to inform and prepare the citizenry for potential crisis situations:

CONDITION "GENERAL ALERT" may be set in situations of limited emergency or in potential crisis situations which threaten our community to an extent which warrants direction of our citizenry **to a readiness condition of constant and current emergency information and of essential emergency preparation by the individual citizen and the family.**

CONDITION "TAKE COVER" is generally reserved for situations of Nuclear Attack. It may be set in **potential crisis situations which can be reasonably expected to strike our community within a short period of time and which warrant direction of the citizenry to a readiness condition of maximum practicable emergency protection.**

Pertinent citizen response to both **EMERGENCY READINESS CONDITIONS** is contained throughout the following Instructions.

WHAT IS RADIOACTIVE FALLOUT? Earth and debris, sucked up into the "fireball" of a nuclear explosion, develop into a cloud of radioactive particles—which settle to the ground over an extensive land area, as the cloud drifts downwind. Destructive rays from concentrations of these particles attack the vital organs of your body. These rays can be deadly **if you are over-exposed** to concentrations of fallout. However, (1) neither the particles nor the rays they emit can make **you** radioactive, (2) such **sickness** as they may cause **is not contagious** and (3) the quantity of particles you may collect on your person can be effectively removed—**before they cause serious damage**—by brushing or shaking exposed outer clothing and by washing exposed skin and hair, within a reasonable period of time following exposure. **Remember, radioactivity cannot be directly detected by sight, hearing, taste, odor or touch—only by instruments!** If you suspect exposure to fallout particles, cover your hair with a hat or scarf. In heavy or "dusty" fallout situations, loosely mask your nose and mouth with a handkerchief.

FALLOUT SHELTERS CAN PROTECT YOU by shielding your body from fallout and from the rays fallout emits. The heavy walls and ceiling provide shielding against radiation. You and your family can survive and continue to live. You will be needed, alive and healthy ,to help your community recover.

IN ORDER TO QUALIFY UNDER CURRENT FEDERAL SHELTER STANDARDS—for licensing, marking and stockage as local Community Shelter—a structure must be capable of reducing any outside radiation intensity to one fortieth (1/40th) or less and have a space capacity for a minimum of 50 persons.

LEARN NOW WHERE COMMUNITY SHELTER IS LOCATED by studying the map contained herein. If you live in a neighborhood enclosed within a broken line, the location and number of your Neighborhood Shelter is shown by the numbered symbol (▲). If there is more than one shelter within your neighborhood, use the nearest. All Neighborhood Shelters are listed by number and address on the last page of this folder. **KNOW where your shelter is located and KNOW the best route to it.**

WHEN INFORMED THAT CONDITION "TAKE COVER" HAS BEEN SET OR WHEN THE SIRENS SOUND:

WAILING TONE—TAKE COVER SIGNAL

(Most probably preceded by GENERAL ALERT SIGNAL)

1. Tune your radio to the **EMERGENCY BROADCAST STATION** if you are not already receiving. Keep the radio with you and follow instructions—particularly concerning **"MOVEMENT TO SHELTER."**

2. **When "MOVEMENT TO SHELTER" is officially directed:**

   If you are Indoors

   Move to Community Shelter, your home shelter, your improvised shelter, or adequate neighboring shelter—if within reasonable distance.

   Otherwise, turn off water, gas, etc.

   Go to a basement or an interior room.

   Get under a strong desk, table or bed.

   Stay away from windows and doors.

   If you can't get under something, lie down along an interior wall—away from windows.

   If you are Outdoors

   If possible, get into a building—preferably a Community Shelter.

   If you see a brilliant "FLASH":

   Drop flat on the ground, face down. Cover your head and neck with your arms.

   If you can, drop into a ditch or gutter or against a wall.

   If in a car—stop—drop to the floor.

   After the blast wave has passed—move to shelter.

3. If you are completely removed from all communication means when you hear this signal—**move toward shelter immediately.** Verify the situation enroute—as practicable.

4. Follow instructions of Shelter Manager upon entering shelter.

TAKE TO SHELTER

- Portable radio
- Flashlight
- Canteen or other **portable** container, filled with water
- Blankets
- Special medicines
- Small First Aid kit
- Special foods for babies, diabetics, etc.
- Extra underwear and a change of outer clothing in a plastic bag
- Roll of paper toweling
- Books and Games (small)

Your copy of these INSTRUCTIONS

PARK YOUR CAR IN ANY NEIGHBORHOOD NEAR THE DISMOUNT CORDON. Walk through the CORDON to your shelter. Park in any reasonable vacant space—either at the curb or in any available open area. Pull into open areas as far as possible. Leave room for others. Open areas adjacent to the DISMOUNT CORDON are shown on the map as: (000000000). If "solid parking" on unessential streets is required, selected streets will be announced via the **EMERGENCY BROADCAST SYSTEM** and officially uniformed men will supervise at the sites. **DO NOT BLOCK ANY STREET UNLESS DIRECTED TO DO SO.**

HOW MUCH TIME WILL YOU HAVE TO MOVE TO SHELTER? You will be advised via the **EMERGENCY BROADCAST SYSTEM.** You may have hours—depending upon the specific emergency situation. In accordance with State and Federal guidance, the minimum—under the most extreme and most unlikely operating conditions—is 30 minutes.

Drive as safely and as effectively as possible. Reduce speed, as required, in congested areas. **Make a "Trial Run"** under normal conditions. Walk all of the way if practicable. **Listen carefully to instructions via "GIANT VOICE," within the CENTRAL AREA.**

IF YOU ARE AWAY FROM HOME and you belong in a Neighborhood Shelter, try to get to it—if time permits. Otherwise, go to the nearest shelter.

DO NOT TRY TO BUCK TRAFFIC to get home or to a particular shelter.

HAVE A FAMILY PLAN which provides for all emergency situations. Assure that every member of the family **KNOWS THE PLAN.**

YOU WILL NOT BE REFUSED ADMITTANCE TO COMMUNITY SHELTER while space is available and while the radiation situation will permit.

We will be obliged to face any potential crisis situation with the shelter inventory we have available at the specific time—and faulty shelter distribution will probably remain a primary local problem within the immediate future. **Federal Shelter Survey Teams have statistically located enough local community shelter to protect our present population and a decided preponderance of eligible shelter has been officially licensed.**

All currently unlicensed shelter is in the process of negotiation. Shelter licensing, marking and stockage are continuing, day-to-day, governmental operations. Obviously, when any specific shelter is completely filled, additional people cannot be permitted to enter. When fallout becomes heavy, shelter doors must be closed and kept closed. **The "GIANT VOICE" will continuously announce current shelter space availability within the CENTRAL AREA, during "MOVEMENT TO SHELTER."**

STAY IN SHELTER until informed that it is safe to leave. In a Community Shelter, the Shelter Manager will inform you when it is safe to leave.

If you are in a home shelter, listen to the **Emergency Broadcast System** for instructions.

DO NOT TRY TO LEAVE TOWN unless you are directed to do so. The longer you are on the road, the more you will be exposed to radiation. The situation at your destination could be worse than here. The fallout cloud moves at high altitude and drifts with the upper level winds. **Surface winds give no indication of the direction of movement of the fallout cloud.**

IF COMMUNITY SHELTER IS NOT REASONABLY ACCESSIBLE TO YOU,

OUTLYING NEIGHBORHOOD SHELTERS

LICENSED SHELTERS

Shelter No.	Building	Address
	NORTHEAST	
431	Citizens National Bank	5407 N. Interregional
	Concordia College	3400 N. Interregional
234	Behnken Hall	
233	Studtman Hall	
235	Texas Hall	
220	Holly St. City Power Plant	Holly & Canadian
	Huston-Tillotson College	
216	Mens Dormitory	7th & Chicon
218	Science Building	1820 E. 8th
427	South Wing, Womens Dorm	11th & Chicon
215	Womens Dormitory	7th & Chicon
429	West Wing, Mens Dorm	11th & Chicon
428	West Wing, Womens Dorm	11th & Chicon
210	Hyde Pk. Bapt. Church Ed. Bldg.	3905 Speedway
211	Municipal Airport	3600 Manor Road
200	Rosewood Elementary School	2406 Rosewood
232	St. David's Community Hosp.	919 E. 32nd
409	St. Paul Lutheran Church	3501 Red River
8050-3	Sears Roebuck Co.	1000 E. 41st
391	Texas Hospital Assn. Bldg. University of Texas	6225 E. U.S. Hwy. 290

Shelter No.	Building	Address
8050-4	Art Building	2300 San Jacinto
239	Memorial Museum	2400 San Jacinto
237	Simkins Dormitory	2500 San Jacinto
238	Townes Hall	Park & Red River
241	University Junior High School	1910 Red River
	NORTHWEST	
382	Adoration Convent	Exposition & Westover
399	Austin Diagnostic Clinic	801 W. 34th
193	Balcones Research Cen. Bldg. 6	FM Road 1325, NW
168	Coca-Cola Bottling Co.	1009 W. 6th
425	Education Services Bldg.	6100 Guadalupe
201	Jefferson Chemical Co.	7414 N. Lamar
249	Kirby Hall	306 W. 26th
383	LCRA General Offices	3700 Lake Austin
8049	McCallum High School	5600 Sunshine Drive
190	Military Physics Research Lab Bldg. No. 2	McNeil Road
422	Redeemer Lutheran Church	1500 Anderson Lane
398	Sidney Lanier Jr. & Sr. High School	8401 Hathaway

Shelter No.	Building	Address
387	Steck Printing Plant Tunnel	Steck Avenue
	Texas Department of Public Safety	5805 N. Lamar
204	Administrative Building	
206	Barracks Building	
205	Personnel & Training Bldg.	
	Texas Highway Department	
186	Equipment Shops	35th & Jackson
185	Office Building	40th & Jackson
392	Westminister Manor	4100 Jackson
	SOUTHEAST	
432	Bank of Austin	2501 S. Congress
	St. Edwards University	3001 S. Congress
328	Holy Cross Dormitory	
327	Main Building	
332	St. Joseph Hall	
	SOUTHWEST	
221	Municipal Auditorium	S. 1st & Riverside

The Austin American (1914-1973); Austin, Tex.. 17 Apr 1966: D11.



DR HENRY RENFERT
Director of bank

Renfert Assumes Bank Directorship

Dr. Henry Renfert Jr., senior partner of the Austin Diagnostic Clinic, has assumed the position of a director of the Texas State Bank of Austin.

The joint announcement of his new position was made by W. H. Bauer, chairman of the board, and Joseph H. Stjepcevich, bank president, at a regular board of directors meeting.

Born in Fort Worth, Dr. Renfert moved to Galveston at the age of one year. In 1944 he received his medical degree from Cornell University. He served as instructor and later assistant professor of medicine at Michigan University Medical School from 1949 to 1951. From 1958 to 1960 he served as associate dean and assistant professor of internal medicine at Cornell University Medical College in New York City.

Dr. Renfert first served in the Navy from 1945 to 1946. During the Korean conflict he served as Senior Medical officer, Fleet Activity, Sasebo, Japan. He holds a commander's commission in the Naval Reserve.

Returning to Texas in 1952, Dr. Renfert entered the private practice of medicine. In 1960 he and three other physicians became associated as partners and formed the Austin Diagnostic Clinic.

Dr. Renfert's medical affiliations and board certifications include Fellow, Society of Nuclear Medicine; Fellow, American College of Physicians; American Board of Internal Medicine; hospital staff member of Seton, Brackenridge, St. David's and Holy Cross Hospitals. He is a member of the American Diabetic Association, Texas Society of Internal Medicine, Liaison Committee with Texas Medical Schools, Texas Medical Association, Committee on Medical Education, Brackenridge Hospital and former Chief of Medicine, Seton Hospital. He is a member of All Saints' Episcopal Church and the Board of Directors, Community Council of Austin.

The Austin American (1914-1973); Austin, Tex.. 12 Nov 1967: A29.

A small machine with a built-in memory is tattling on patients' heart irregularities in Seton Hospital's Coronary Care Unit (intensive care for coronary patients). Its tattling is never prevarication, however, and because the machine "tells it like it is" doctors can study and analyze their patients' heart problems much more keenly now.

Called an Autograph Electrocardiograph, the machine has a space-age array of dials surrounding a continuous ribbon of delicate graph paper. The dials enables nurses at the central unit to switch to any one of five patients hooked up to the device through separate sets of leads or electrodes and run an electrocardiogram at any time it is necessary.

The graph or strip which the machine turns out is similar to that which is run on the more familiar portable EKG apparatus — sensitive paper with tracings of the heart rhythm burned onto it by a slender moving needle.

Mrs. Barbara Nealon, ICU Head Nurse, explains that the machine can be used in two ways. In the more routine way, the nurse in the central unit turns the machine on and dials to the patient she intends to get a rhythm strip on. The Autograph then records a single-lead tracing, the same rhythm which is being seen as tiny blips on the screen of the patient's bedside monitor.

If there is a reason to check further, another dial on the machine will give her a six-lead tracing on the patient. A "complete" EKG is a twelve-lead tracing, made from combined information received from 12 different leads taped to the patient.

speedily "tune it in" on the Autograph and record it for the doctor's own eyes to see. The machine can be set to record automatically on a patient every hour or two hours as the doctor requests, running strips which can then be compared to determine the patient's progress.

In some coronary case units, it is standard procedure to utilize this automatic feature by running such rhythm strips every hour or two for the first 24 to 48 hours on a new patient.

There is no sensation telling the patient a recording is being made of his heart rhythm, since leads are left taped to him at all times. The only way he knows is if he is one of those who thrash about quite a bit — then a nurse will step to his bedside and ask him to lie still while the recording is made.

Made by the Dallons Company of Fort Worth, the Autograph Electrocardiograph costs around $950. There was an additional outlay of $300 for the accompanying Selector which greatly increases the machine's potential.

Hospital personnel, including Mrs. Nealon, feel that it is money well spent. "It's really wonderful," the nurse adds. "Every well-organized coronary care unit should have some way to document irregularities in pulse." In addition to this important feature, the machine makes it possible for a nurse busy with several matters in the central unit to check the pulse of her coronary patients without taking a step.

The Autograph will be moved to the new Seton Hospital when it is completed in 1971, just one of the many advancements in coronary care which will be in evidence there.

Seton administrator Claude G. Rainey has indicated that coronary care may well be such a "specialty" in the new hospital that it could bring considerable fame to Austin. The Austin Diagnostic Clinic and the Capital Medical Clinic, whose doctors include several specialists in heart disease, have combined to underwrite part of the cost of the Coronary Care Unit in the new Seton Hospital. The elaborate set-up will cost in excess of $50,000 and will have within it every advantage known to medical science for the care of coronary problems, as well as skills of these doctors, all of whom are members of Seton's staff.



NURSES WATCH MACHINE DOING "REMOTE CONTROL" EKG
Mrs. Barbara Nealon, (seated), and Mrs. Becky Brennan check strip
At Seton Hospital

The Austin Statesman (1921-1973); Austin, Tex.. 21 Aug 1968: 10.



Staff Photo

TECHNICIAN OPERATES TECHNICON SMA, PART OF CLINIC EXPANSION
Miss Jane Christiansen can now do 12 tests in two minutes with machine

Building Expansion Finished At Austin Diagnostic Clinic

Less than seven years after opening its new facilities at 801 West 34th, the Austin Diagnostic Clinic has added a second story and a three-story wing, George E. Lehigh, administrator, said.

The expanded building contains 34,000 square feet of space on three floors and houses 24 physicians with specialist or sub-specialist training in 12 areas.

The interior open landscaped court of the original building was maintained in the vertical addition, with the second floor reception area surrounding the glassed atrium.

Diagnostic assistance is provided with an automated clinical laboratory, x-ray department, electrocardiography section, nuclear medicine facilities, pulmonary function testing, cardiac stress testing facilities, electroencephalography and electromyography departments, Lehigh said.

Forty-seven para-medical personnel and 42 administrative employes are employed by the clinic.

General contractor for the building addition was J. C. Evans Construction Company of Austin and design architect was Wilson, Morris, Crain and Anderson of Houston.

Construction supervisor architect was Jack Crier of Austin. Tom Sterling served as interior decorating consultant.

The Austin Statesman (1921-1973); Austin, Tex.. 10 June 1972: 13.

Medical Group Sets Meeting

The Travis Coutny Medical Society opens its 1972-1973 meeting schedule Tuesday (19th) with a two-speaker discussion of "Respiratory Therapy, A Dynamic Health Specialty in Austin and Central Texas."

The meeting will be held at the Villa Capri with refreshments at 6 and dinner at 6:30. Dr. Hardy Thompson, president of the TCMS, will be toastmaster for the evening.

Both speakers for the evening have long experience in their subject. Dr. George Handley was for many years at Brooke General Hospital in San Antonio and until recently was Director of Medical Intern Training there. He has also served at Fitzsimons General Hospital in Denver as a Chief, Tuberculosis and Nontuberculosis Sections. He is currently at the Austin Diagnostic Clinic.

Russell H. Ross has served

Grant Made To Kidney Foundation

U.S. Rep. Jake Pickle of Austin said Thursday that the Capitol Kidney Foundation will receive a $36,900 grant from the Department of Health, Education and Welfare.

According to Pickle and the Project Director Dan MacIver, the grant will be used to establish a Minimal Care Hemodialysis Unit. The facility will be located in a three-story home adjacent to the Austin Diagnostic Clinic and will eventually contain eight dialysis machines.

Pickle said the facility will provide a tremendous saving for those individuals suffering from kidney failure and who must endure a five or six-hour treatment possibly three times a week.

Many patients who take the dialysis treatments in their homes must have help from another trained adult and often there is no spouse, parent or other person constantly available to help. Treatment in a hospital is out of the question for many people because of the cost involved.

The Austin Statesman (1921-1973); Austin, Tex.. 17 Sep 1972: A9.
The Austin Statesman (1921-1973); Austin, Tex.. 06 July 1972: A15.

The Austin City Council Thursday droned through almost five hours of zoning hearings during a council day which began at 11:30 a.m. and ended at 6 p.m.

In addition to 18 zoning hearings, the council met in executive session and announced appointments to a number of boards and commissions.

The council turned down Planning Commission recommendations twice during the hearings.

On a request by the Austin Diagnostic Clinic for changing zoning from "BB" to "O" for expansion of the clinic near West 34th Street, the council sided with the nearby residents and voted against the Planning Commission's recommendation to grant the request.

The neighborhood residents said the granting of the request would amount to an encroachment into a residential neighborhood. The council voted 5-2 to uphold the Planning Commission, but that meant the request was denied because at least six favorable votes were required. That was because a valid petition had been presented against the commission recommendation.

In another case, the commission had recommended that a request to change from "A" to "C" (residential to commercial) be denied but recommended "GR" residential zoning.

The council voted 4-3 to deny the recommendation because it would be an encroachment in a neighborhood.

Councilmen voted to grant a

The Austin American - Statesman (1973-1980), Evening ed.; Austin, Tex.. 12 July 1974: 17.

Doctors Win Rezoning

Two Other Requests Fail, However

A corporation of physicians successfully rezoned one lot but failed in an attempt to rezone two more Monday at a meeting of the planning commission's zoning committee.

Dr. Homer R. Goehrs, representing the Austin Diagnostic Clinic and the West 34th Street Corporation, persuaded the committee change zoning on the lot at 3208 West Ave. from an apartment to an office classification.

But lots at 3205 and 3207 Grandview St., also owned by the corporation, were denied rezoning by a 3-2 vote of the committee.

About 15 neighborhood residents appeared in opposition to the cases.

Julia Penn, 3208 Grandview St., argued against the rezoning of the Grandview lots. Goehrs said immediate use of the two homes would be an office annex to the Austin Diagnostic Clinic, and long range use would be a parking lot.

Commissioner Bennie Washington's motion against the office zoning was supported by Betty Himmelblau and Phillip Juarez. Bob Bobbit and Charles Nash voted against Washington's motion.

Goehrs said later, "This does allow us to use our renal out-patient clinic (on West Avenue)." He said, "a few adjustments" may win approval for the Grandview Street cases.

The clinic itself is located on the south side of West 34th Street between Grandview Street and West Aveune.

Another 3-2 vote changed the zoning of more than 30 acres in far East Austin from "A" residential to local retail and office.

The land is located on the southeast corner of Johnny Morris Road and Decker Lake Road.

Nancy Garren, president of the LBJ Neighborhood Association, suggested that flooding problems in the area be solved before the land is rezoned.

But applicant Joe Thompson said none of the tract is in a flood plain and a majority of the committee approved his request.

A 660-foot square bordering the intersection was approved for local retail use, and the rest of the tract was approved for office use.

The Austin American - Statesman (1973-1980), Evening ed.; Austin, Tex.. 03 Dec 1974: 8.

34th Street closing

West 34th Street will be closed between Grandview and West Avenue Tuesday while workmen install an overhead walkway.

George Henry of the Urban Transportation Department said the street segment will be closed from 8:30 a.m. to about 4 p.m.

The passageway will link two buildings of the Austin Diagnostic Clinic. The construction was approved by the city council several weeks ago.

The Austin American - Statesman (1973-1980), Evening ed.; Austin, Tex.. 05 June 1976: B6.

Paraquat illness suspected

Doctor says tainted pot could cause kidney failure

By ABBY KAIGHIN
American-Statesman Staff

Two Austinites may have suffered severe kidney failure because they smoked marijuana laced with paraquat, a local kidney specialist said Tuesday.

Dr. Jack Moncrief, a nephrologist at the Austin Diagnostic Clinic, confirmed that he treated two youths — one a high school student, another a college student — for kidney failure. Their illnesses occurred three to four months ago.

The youths, who were hospitalized for two weeks, said they suspected that marijuana they smoked had been contaminated with the herbicide.

"But they chased all over town and were unable to get any samples of the marijuana and there was no way we could determine specifically if that was the cause," Moncrief said.

"I think people should be aware that paraquat can damage more than the lungs," Moncrief said.

The patients had blood pressure changes and muscle changes, the doctor said. "What happens is that the muscles release myoglobin and that can cause kidney problems."

The symptoms that prompted the youth's doctor to send them to a kidney specialist included nausea, vomiting, weakness, dizziness, loss of appetite and decreased urine flow. Another sign is blood in the urine, Moncrief said.

The youths were not put on artificial kidney dialysis machines but they were hospitalized because "it was a serious problem," Moncrief said.

Although the diagnosis of paraquat poisoning could not be confirmed, the doctor said, no other clues could be found to possible causes for the kidney failure.

Paraquat is a herbicide that the Mexican government, in a program partly funded by the United States, sprayed on marijuana grown south of the border in an attempt to kill it. Instead, in many cases, the contaminated marijuana was harvested quickly and sold in the U.S., authorities believe.

The U.S. Department of Health, Education and Welfare has said that heavy doses of paraquat-laden marijuana could cause irreparable lung and kidney damage.

Moncrief said people seem more aware of threat of lung damage than the kidney problems that may be caused by the herbicide.

ABBY KAIGHIN American-Statesman Staff. The Austin American - Statesman (1973-1980), Evening ed.; Austin, Tex.. 15 Nov 1978: B1



Staff Photo by Lon Cooper

Moncrief, left, with Popovich and kidney patient, McSherry.

Austin doctor, engineer find new dialysis process

By ABBY KAIGHIN
American Statesman Staff

The widespread use of a new, convenient and less expensive kidney dialysis process is now beginning, thanks to the research of Dr. Jack Moncrief and chemical engineer Robert Popovich of Austin.

Their development of a blood cleansing procedure that allows kidney disease patients to be free of the time-consuming and expensive kidney dialysis machines was recently recognized and approved for general use by the federal government.

Approximately $1 billion a year is now being spent to keep patients on kidney dialysis machines, which perform the blood cleansing functions normally done by kidneys. The

See Kidney, A9

Kidney — From

Austinites' new procedure costs about $8,500 a year per patient compared to the $25,000 to $30,000 annual cost for each kidney machine patient.

The two Austinites got national attention in this week's issue of *Time* magazine, which carried an article on continuous ambulatory peritoneal dialysis (CAPD), the name of the new blood cleansing process.

But the most important national recognition for the doctor and University of Texas engineer came a few weeks ago when the U.S. Food and Drug Administration and the National Institute of Health declared that the process is no longer in the experimental stage — that it is safe for widespread use.

The major problem with the new process is the risk of infection of the peritoneal cavity where the bag of dialysis fluid is attached to the patient. With the manufacture of plastic bags by Baxter-Travenol, that risk has lessened, although it still exists, Moncrief said.

This is how the procedure works: Instead of removing the patient's blood and cleaning it by the large, expensive dialysis machines, the new method keeps the dialysis solution inside the patient's body.

A catheter, or tube, is permanently placed in the patient's abdominal cavity.

A catheter, or tube, is permanently placed in the patient's abdominal cavity.

Wanda McSherry, a patient of Moncrief's, demonstrated today how she performs the process on herself.

About two quarts of the dialysis solution is drained by gravity through the tube into her abdominal cavity.

The fluid stays in her abdominal area for about four hours or more. Through the process of osmosis, the dialysis solution attracts the body's wastes into that cavity. After four hours, the patient opens a valve and lets the fluid drain.

It takes about 20 minutes to drain the fluid. Moncrief and his assistants are still helping McSherry learn how to attach carefully a new bag of fluid. "When she opens up that valve, her abdominal cavity is exposed to the whole contaminated outside world," Popovich said.

For that reason, McSherry wore a face mask and sterilized the scissors she used to clamp the tube.

When the new plastic bag of dialysis fluid was attached to the tube, McSherry hung the bag from a pole and sat down calmly to wait for it to fill her abdominal cavity.

That done, she was able to go about her normal day's activities.

The significance of the new procedure for patients is obvious, Moncrief said. "They can do their regular work. They can time the fluid changes to to fit their daily routine."

But the doctor's and engineer's development is having an impact in other, less obvious places as well, namely Wall Street.

"As soon as the article appeared in *Time*, the first call I got was from a New York stockbroker," Moncrief said. "He wondered what effect this would have on the companies that manufacture materials for the traditional dialysis machines," the doctor said. The impact, he said, will be large.

Moncrief and Popovich have had a grant from the Texas Department of Health to pursue their research. "We have been spending a lot of time training medical personnel from across the state — El Paso, Houston — how to teach patients how to use this procedure," Moncrief said.

All of the work on CAPD is being done in a small house at 3410 Owen Street, around the corner from the Austin Diagnostic Clinic where Moncrief works.

Less than 10 years ago, Moncrief started working on improvements for the regular dialysis machines out of another small house.

McSherry was one of Moncrief's first dialysis patients. Her life has depended on a kidney dialysis machine for five years. "This process was crucial for her," the doctor said. "All the veins in her arms (where the regular dialysis machine tubes are attached) were worn out, couldn't be used any more."

It was a blood clotting problem with another dialysis machine patient that prompted the researchers to speed ahead with the CAPD process.

McSherry, unlike many dialysis patients, cannot look to a kidney transplant to relieve her of artificial blood cleansing processes. "I have problems with my lungs," the woman explained. "The doctors said I probably couldn't survive a transplant because of the drugs (used to fight kidney transplant rejection) following surgery."

For McSherry and others like her, CAPD is not only a more convenient, less expensive way to dialyze, it is the only way.

ABBY KAIGHIN American Statesman Staff. The Austin American - Statesman (1973-1980), Evening ed.; Austin, Tex.. 14 Dec 1978: A1

Kidney victim beating odds 6 years later

By ABBY KAIGHIN
American-Statesman Staff

Wednesday marked Margie Caldwell's sixth anniversary on the life-supporting kidney dialysis machine, quite a day for a woman whom doctors didn't expect to live.

Mrs. Caldwell not only was suffering from kidney failure six years ago. She also had Sickle Cell C disease, a combination of sickle cell anemia and another disease, hemoglobin C, an illness that produces abnormal red blood cells.

"We didn't think she'd survive," said Dr. Jack Moncrief, a kidney specialist who is Mrs. Calwell's doctor. To my knowledge, she's the only patient with this condition on dialysis." That was certainly true when she went on dialysis six years ago.

"We called all over the state to see if anyone else with this condition was on dialysis," Moncrief said. There were no other patients with a the same problem.

Although Mrs. Caldwell's kidneys weren't working, her spleen was working and that was another problem. "The spleen tears up red blood cells that are abnormal," Moncrief said. "We removed her spleen and that solved that problem. She still produces the abnormal red cells, but the spleen can no longer tear them up."

With that surgery over, Mrs. Caldwell did remarkably well on dialysis.

During the six years Mrs. Caldwell has gone to Austin Diagnostic Clinic three times a week to be on dialysis, her young children have grown and one is about to be graduated from high school.

"I plan to go to my oldest son's graduation Sunday," Mrs. Caldwell said. "That's something I never thought I'd live to see. And he's going on to community college.

Also during that period, nurses at the dialysis center have come and gone. "I know them all," Mrs. Caldwell said. "A few are still here, the same ones as when I

See Kidneys, A13

began. But there are new ones."

May 16, to Mrs. Caldwell, was just like an anniversary. "It's my sixth anniversary on dialysis."

She said the doctor would have to explain exactly why her case was special. She just knew it was and that she is glad to be celebrating an anniversary she didn't think she'd ever see.

"I know I was an unusual patient," she acknowledges, "but Dr. Moncrief stuck in there with me. He saw I had a willing mind, that I was determined to make it."



Margie Caldwell on dialysis machine: Today's her sixth anniversary on the machine. Doctors didn't expect her to live.

Staff Photo by Larry Murphy

ABBY KAIGHIN American Statesman Staff. The Austin American - Statesman (1973-1980), Evening ed.; Austin, Tex.. 16 May 1979: A1

THE AUSTIN DIAGNOSTIC CLINIC
AN ASSOCIATION



801 West 34th—P.O. Box 4975—Austin, Texas 78765
Phone (512) 459-1111

December 4, 1979

THE AUSTIN DIAGNOSTIC CLINIC
AN ASSOCIATION



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December 4, 1979

Valley Dialysate Associates
18828 Darter Drive
Canyon County, California 91351

THIS IS TO CERTIFY THAT: Dr. Kenneth Bleifer
Ray Duarte, R.N.

from the: Valley Dialysate Assoicates

date: December 3-4, 1979

received formal training in continuous ambulatory peritoneal dialysis (CAPD) at the Austin Diagnostic Clinic, Acorn Research Laboratory. The training consisted of instruction in the theoretical implications of CAPD, exchange and tubing change techniques, peritonitis protocols, and the patient's view of CAPD as a dialetic therapy.

If there is any question concerning the training of this dialysis facility, contact:

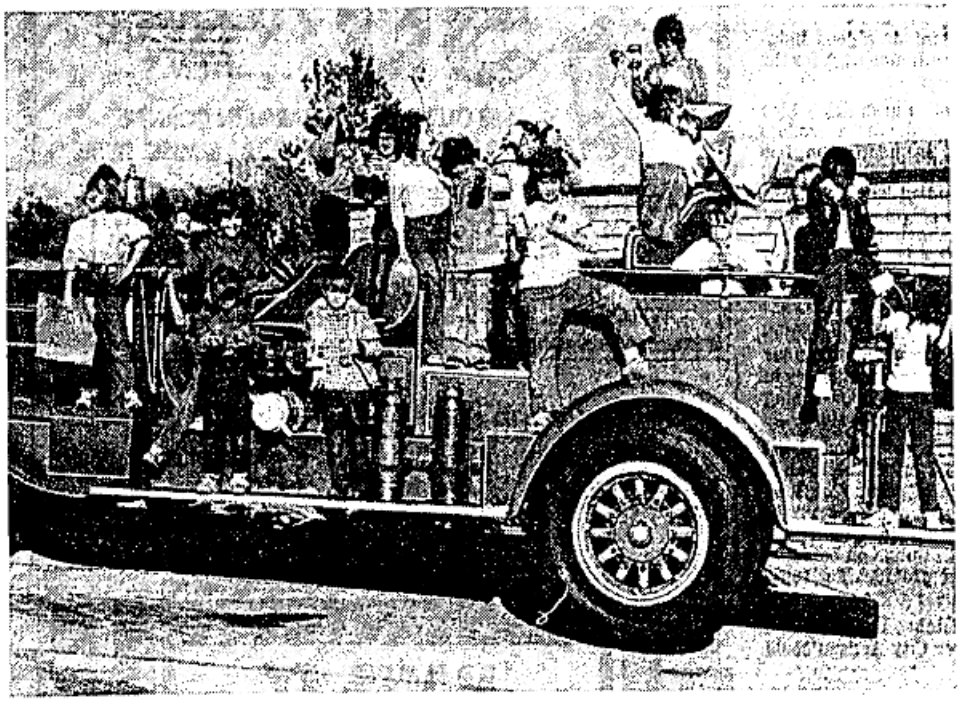
Acorn Research Laboratory
3410 Owen Avenue
Austin, Texas 78705

Sincerely,

"Poppy" A. J. Sorrels, R.N.
Research Coordinator

Jack W. Moncrief, M.D.
Director of Nephrology Research

https://www.rayduarte.com/dna_93105/pdf/036b__04DEC1979_ACORN_RESEARCH_LAB_AUSTIN_TEXAS_JackW.MoncriefMD.pdf



Youngsters from A-Bar-Z Ponderosa Day Care stand on the 1928 fire truck which belongs to the Austin Fire Department. The truck and kids will be on hand at the skating party Dec. 12 from 7-10 p.m. sponsored by the Austin Firefighter's Association which is being held to benefit clients of the Austin Diagnostic Clinic. Admission and skating fees will be two cans of food or $2.

Firefighters plan party to raise money

KVET radio personality Penny Reeves will present a live broadcast from the Playland Skate Center at U.S. 183 and McCann Dec. 12 during the Austin Firefighters Assocation's annual fund raising drive-skate party for the Austin Diagnostic Clinic.

All proceeds from the event will be used to put together food baskets for clients of the Austin Diagnostic Clinic. People of all ages will be able to skate between the hors of 7-10 p.m.

Admission for the event and skating fees will be either two cans of food to go into the baskets or $2.

Besides a live broadcast Reeves will also give away records, belt buckles and movie passes.

Scheduled to be on hand to help promote the firefighters association will be the Austin Fire Department's 1928 fire engine.

The Austin American - Statesman (1973-1980), Evening ed.; Austin, Tex.. 06 Dec 1979: K3.

Kidney experts learn from Austinites

By ABBY KAIGHIN
American-Statesman Staff

More than 500 kidney specialists, including visitors from 18 foreign countries, are in Austin to learn about a new dialysis procedure developed by Austin physician Jack Moncrief and University of Texas biomedical engineer Robert Popovich.

The new dialysis process, called Continuous Ambulatory Peritoneal Dialysis — CAPD for short — is still in its infancy, but is now being used on about 2 percent of all U.S. patients whose lives depend on kidney dialysis. The process also is gaining wide international acceptance.

"The most exciting thing right now is using CAPD to treat children," Popovich said.

In the CAPD treatment, a patient has a tube permanently implanted into the abdomen. Through this tube, a sterile salt solution is infused into the abdominal cavity.

Waste products in the blood normally removed by the kidneys are drawn into the fluid. Three or four times a day, the patient drains the impurity-laden fluid and puts in fresh

See Kidney, 8B



Staff Photo by Jim Dougherty

Kidney specialists Peter Farrell of Australia, Jack Moncrief, Austin, Alberto Locatelli, Argentina, Robert Popovich, Austin, and John Maher, Washington, D.C.

solution contained in a sealed plastic bag.

Before the Austin specialists developed the machine, most kidney patients relied on the blood-cleansing dialysis machines to perform the work that diseased or non-functioning kidneys handled.

However, the dialysis process is time-consuming, requires that a patient be hooked up to the machine for hours at a time and has some disabling side-effects such as lethargy and nausea.

"Many children could not use the dialysis machines," said Kristine Maksym, an Oregeon nurse who tends pediatric kidney patients. "Children who were 10 months of age or younger sometimes couldn't be dialyzed (by machine) and often died," she said.

The University of Oregon is one of the centers pioneering in the use of CAPD for children and several of the Oregon kidney specialists were scheduled to explain their program at the international symposium here.

In Austin, so far, the thrust of treating children with kidney failure has been the transplant program, Moncrief said. But a pediatric kidney specialist, Dr. Scott Moore, is now practicing in Austin and Moncrief said he expects that the use of CAPD for children here will increase.

One of the major hurdles to be overcome in using CAPD on children is the development of fluid bags small enough to be tailored to the children's small abdominal cavity.

"Two of the children in our program rejected kidney transplants twice," Maksym said. "A third child rejected three transplants. We have other children who are under 30 pounds, too small for dialysis."

In addition to being a major breakthrough which is more comfortable and convenient for patients, the process developed by the Austin specialists is also less than half as expensive as the $25,000 to $30,000 annual cost of dialysis by machine.

The major problem associated with CAPD is the possibility of infection of the abdominal cavity that can occur if bacteria enter the body through the tube opening.

"With our children, the parents must be responsible for the fluid bag exchange," Maksym said. But she said adolescents can take care of themselves and infants "don't mess with" the tubes implanted in their abdomens. "You might find that surprising, but they grow up with this, they don't damage it."

ABBY KAIGHIN. The Austin American - Statesman (1973-1980), Evening ed.; Austin, Tex.. 09 May 1980: B1.

A blessing in cluttered disguise

Home dialysis gives couple their freedom

'We pray a lot, and our friends have us on a permanent prayer list,' says Peggy, who believes it was prayer that got them through some scary moments when thunderstorms and tornados threatened to leave their Northeast Austin home (and kidney dialysis machine) without power.

By JANE ULRICH
American-Statesman Staff

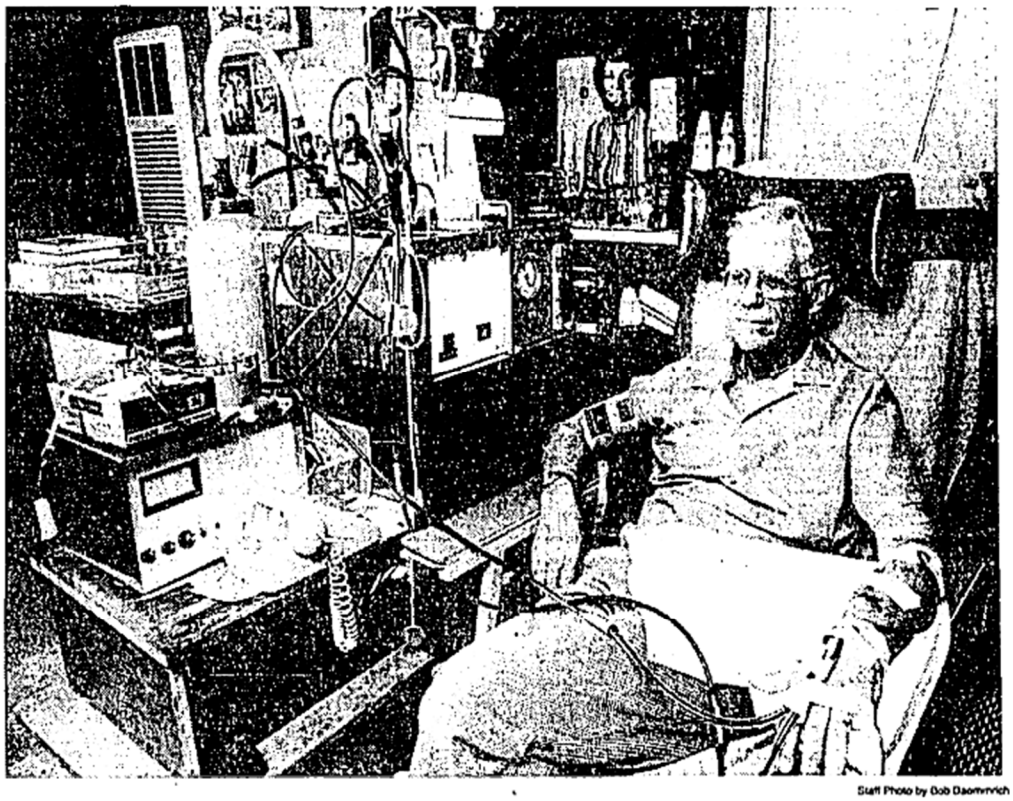
Albert and Peggy Miller's tiny den, which was probably cozy enough when it contained only those furnishings typically found in such rooms, has been bulging at the seams for several years now.

What makes for the close quarters is that squeezed in among recliners, television, sewing machine, tables and chairs are the myriad items necessary to keep Albert alive — a kidney dialysis system composed of a filtering unit about the size of a television, smaller units for measuring and pumping blood flow about the the size of CB radios, a mixing tank a bit smaller than a freezer and a couple of big tanks of water.

There also is a large stainless steel cart loaded with tubes, needles, coils (filters), premeasured bags of saline solution, a stethoscope, a blood pressure unit, a timer, scales and the log Peggy keeps and sends to the doctor monthly.

It is in this room that Albert spends at least seven or eight hours three times a week — five of them hooked up to the artificial kidney and the rest getting the equipment and himself ready for the procedure and then "breaking down" and cleaning the system afterwards.

Peggy's duties include weighing him before and after dialysis, inserting needles, taking his blood pressure and giving him hourly shots of anticoagulant and generally keeping an eye on him and several gauges.



Staff Photo by Bob Daemmrich

Albert Miller must spend 15 hours a week dialyzing because of failed kidneys, but the treatments are made a lot more palatable since Miller and his wife, Peggy, became trained and equipped for home dialysis.

All of which adds up to a situation that would seem to many people a never-ending burden.

The Millers consider it a blessing.

"He gets to be home with his family," said Peggy, who's so positive about home dialysis that she's almost evangelistic.

Her husband is one of only 14 Austinites dialyzing at home. About 95 others go to the Austin Diagnostic Clinic three times a week to have water-soluble impurities removed from their blood.

Because home kidney dialysis requires that patients have a partner and a relatively stable medical condition with few complications, it isn't possible for everyone.

But Peggy Miller has a message for those who could be making use of home dialysis but are hesitant: There's no place like home.

For starters, those who dialyze at home can establish a schedule that suits them rather than arranging their lives around sessions at the center. "If I go to the center, I have to go at their time, not mine," said Albert.

Because they can choose their own schedule, Albert has been able to continue working at Walter Tips Co. and Peggy at Hyde Park Baptist Church.

"And we don't miss out on anything," Peggy said. Over the years — Albert's been on dialysis since 1973 — they've gone to their sons' band and choir concerts, ball games and graduations, and they've missed few weddings, PTA meetings or church events.

"This is just three nights a week. We've still got four others," said Peggy.

While it's true that Albert would have to spend less time at the center than he does at home (he wouldn't have to set up the machine or clean it afterwards), the fact that he would be away from home at least 15 of his nonworking hours is what matters to the Millers.

Those are 15 hours that "he's here (in the den), in the center of all the comings and goings," said Peggy. During dialysis, he can visit with friends, eat dinner, write letters, watch television.

But what if something should go wrong, something they couldn't handle?

"We pray a lot, and our friends have us on a permanent prayer list," said Peggy, who believes it was prayer that got them through some scary moments when thunderstorms and tornados threatened to leave their Northeast Austin home without power.

If a real medical emergency should occur, Peggy knows she's "a secretary, not a nurse." But she relies on her training at the clinic.

That 10-12 weeks of schooling is technical and expensive — $5,000 to $10,000. "And it's not a simple procedure," said nephrologist Dr. Jack Moncrief. But he believes it's worth learning for those who fit the requirements of home dialysis.



Staff Photo by Larry Murphy

'The most important things are the willingness to try it and the availability of a partner.' — Dr. Jack Moncrief

"Psychological and social studies indicate that patients who dialyze at home are more likely to be rehabilitated," said Moncrief.

While any kind of dialysis is a godsend for those whose kidneys have failed, one problem with center dialysis is that it separates the family unit.

"Patients have a tendency to become isolated from the family," said Moncrief. "Their social contact is transferred from the outside world to the inside world at the center. They begin having their birthday parties in the dialysis unit, making their friends there, playing dominoes there."

Another problem with center dialysis is that it requires little responsibility on the patient's part.

Maria Vasquez Cardona, who trains people for home dialysis, told about the marked improvement of a 10-year-old patient. "He helps his mother set up the machine," she said. "He watches TV and does homework while he's on it, and he has his family around him.

"That's very important," she said. "He's more grown up now and doesn't cry as much."

She believes there are others who continue to dialyze at the center not because they have to but because "they feel unsafe about doing it at home. I think they might change their

See Dialysis, E10

Dialysis — From E1

mind if they saw somebody else who's done it at home."

Center dialysis is also more expensive than home. Home dialysis costs about $14,000 to $15,000 a year; center, about $25,000 to $30,000. "When it's done at a center, you've got to figure in extra costs for personnel and the facility," said Moncrief.

That means more of a savings to the taxpayer than the patient, however, since Medicare has paid 80 percent of the costs of dialysis for any patient eligible for Social Security since 1973. (The other 20 percent is covered by other sources including the State of Texas, under the Texas Kidney Health Care Program, the American Kidney Fund, Veteran's Administration, etc.)

But not everyone is a candidate for home dialysis, including those who have other medical problems and those whose partner (a spouse, parent, child) is in poor health, emotionally unstable or can't stand the sight of blood.

"The most important things are the willingness to try it and the availability of a partner," Moncrief said.

JANE ULRICH. The Austin American - Statesman (1973-1980), Evening ed.; Austin, Tex.. 31 Aug 1980: E1.

Meet the Need / A History of the Austin Diagnostic Clinic



n/product/meet-the-need

Click to delete

February 11, 1995

Author: **Richard Pennington**

I walked a fine line in writing this book. Who got credit and blame? Would I tell about this or that scandal? Getting it to publication was my main goal.

Description

This, another "sponsored" book, came about when my long-time friend, Margaret Berry, introduced me to Henry Renfert, her retired doctor. He had founded the Austin Diagnostic Clinic back in 1952—the year of my birth, for what that's worth—and wanted to have its history documented. I agreed to write the book in exchange for a moderate sum.

It took me about a year from start to finish, so I have definitely had longer projects. Nevertheless, this was tough for two reasons: (1) I had no more than a layman's understanding of medicine and health care, and (2) a few of the doctors and administrators with whom I dealt had egos that frequently had to be soothed. Some wanted to be sure they were given sufficient credit for things that had gone right in the clinic's history or they refused to take any blame for snafus, bungled policies or embarrassing incidents. And make no mistake, I learned where at least a few of the bodies were buried in the process of my research. Some of the ADC doctors had hesitated or flat-out refused to treat AIDS patients in the early 1980s, a fact that did not reflect well on the institution. Dr. Jack Moncrief and the other guys who ran the nephrology department got a windfall when the federal government started funding dialysis treatment, and that irked colleagues elsewhere.

I traced how the clinic had started with four doctors—Renfert, Virgil Lawless, Leonard Sayers and Homer Goehrs in a small office in downtown Austin, moving to bigger places near the University of Texas campus and then—coinciding perfectly with the publication of my book—to a $120 million state-of-the art joint on the north side of the city.

There were times when I had doubts that we would ever see a book published. Bob Spurck, the head honcho, went along mostly because Renfert wanted it done. And Renfert still carried a lot of weight although he had hung up his stethoscope several years earlier. We had countless interviews and informal meetings at his house on Lake Austin and at restaurants ranging from greasy spoons to five-star establishments where I had to use my very best manners. Hank, as he insisted I call him, had come from money, invested wisely and had a few million in the bank. As you might expect, he wanted to be portrayed kindly and told me in no uncertain terms not to make mention of the time he developed a drinking problem and had to be sent away to dry out. It was not the first time I have shaded the truth, but I do think the story was told in a fairly objective way. The book's title came from the response Renfert used to give to those who questioned ADC's steady growth over the decades. "There's obviously a need for our services," he would say, "so let's meet the need."

https://richardpennington.com/product/meet-the-need/

Dr. Jack W. Moncrief, 72 - Saved the lives of kidney patients.

Dr. Jack Moncrief, Beaumont native and Lamar University graduate, is a very smart man.

Yet, even he cannot count the number of people requiring kidney treatments who are alive today because of him.

Before Moncrief, there was only one way for people who needed kidney dialysis to receive treatment - they were hooked up to a machine.

Article continues below this ad

This was fine for Americans who had access to hospitals or the money to purchase their own dialysis machines, but difficult for people living in developing nations.

In the early 1980s, Moncrief and his associate Robert Popvich created a new way to help kidneys filter out impurities. They called their creation the peritoneal kidney dialysis and it became a worldwide standard equivalent. The duo patented their design in 1986.

Now, Moncrief lives in Austin, plays tennis almost every day, and continues to treat patients.

"I plan to keep going," he said when asked if he'll retire soon. "One of these days I'll die with my boots on"

Article continues below this ad

Moncrief also performed the first life-saving dialysis procedure on a newborn infant. That baby, whose body he was told would probably never properly function, now has a master's degree in elementary education.

Not bad for a man whose college counselor once told him he'd probably never get into medical school.

https://www.beaumontenterprise.com/z-archived-entertainment/article/natives-made-famous-with-creations-of-dialysis-745576.php

Austin Diagnostic Clinic celebrates 70 years of providing compassionate, patient-centric care to Central Texans

communityimpact.com/sponsored/austin-diagnostic-clinic-celebrates-70-years-of-providing-compassionate-patient-centric-care-to-central-texans

Austin Diagnostic Clinic October 31, 2022

In 1952, Dr. Henry Renfert dreamt of bringing something new to the city of Austin: a multispecialty medical group of physicians who collaborate and innovate with a patient-first approach. This year, his brainchild Austin Diagnostic Clinic is celebrating seven decades of bringing that vision to life.

With 20 locations across Central Texas, Austin Diagnostic Clinic's broad network of highly-skilled physicians are experts in 21 different specialties. Though the world has changed drastically since ADC's inception, the clinic's values have stayed true to its original mission.

"[Dr. Renfert] had a vision of building a multi-specialty group in Central Texas to take care of patients like the Mayo Clinic takes care of patients up in Minnesota," said Bob Bush, CEO of Austin Diagnostic Clinic. "No matter what the person's age is or what part of their life they're in, if there's a challenge, they can go to Austin Diagnostic Clinic."

Dr. Renfert's journey started as a solo practice, but in 1972, he and a group of 12 doctors officially coined the name Austin Diagnostic Clinic to reflect their goal: to aid Central Texans by diagnosing and treating their ailments.

"In the 1960s and 70s when the name Austin Diagnostic Clinic came into being, the diagnostician was a physician who would kind of figure out what's wrong with you. So that term stays with us," said John Villacis, MD, Board Chairman and President of Austin Diagnostic Clinic.

As the only multispecialty group in Austin, Dr. Villacis said ADC was "the place to go" for anyone experiencing health issues between San Antonio and Austin. Though ADC has grown exponentially since then, its culture remains the same. With a shared belief that taking care of others is life's greatest joy, ADC's physicians and staff focus on the health, happiness, education and well-being of its patients.

"We're able to give good quality care in a friendly, welcoming way, but that reflects our internal culture of collaboration, compassion and respect," Dr. Villacis said. "These are all core values that we hold [but also] a genuine feeling and the reason why I think we're successful."

The clinic's model is not only rooted in providing the highest level of care, but also the highest level of convenience for patients, who have access to experts across multiple health care fields without the pain of switching between different clinics.

"Part of ADC's success has been the multispecialty concept. It's a one-stop-shop. You can come see your allergist, you can come see your pediatrician under one roof," Dr. Villacis said. "There's a certain level of convenience that people enjoy."

On Oct. 22, the city of Austin celebrated ADC's Founders Day to reflect on its trailblazing over the years; ADC was the first group to bring EKGs to Austin in the '70s, and among the first to offer the COVID-19 vaccine. At the event, its five most tenured physicians and colleagues, one who has been with ADC for 40 years, were honored for their impact on the community.

"I'm awestruck in the realization that it could be millions of lives that have been made better because of what we've done, not just the physicians but the technology and new systems we brought along with us and how that has impacted lives," Bush said.

Looking toward the future, Bush and Dr. Villacis said ADC plans to expand its physical presence in Central Texas and continue to grow the number of lives positively impacted by its reach—making sure each and every patient feels seen, heard and receives the personalized care and support they deserve.

"We have always kept the patient first. Every decision we make is looking, 'Hey, how's this going to impact the patients?" Bush said. "As we add new services and new physicians, it's going to enhance the patients' care, because that's what we're here for ... Our focus is how to make each person that we see on a daily basis' quality of life better."

For those new to the Central Texas area or looking for a new health care provider, an Austin Diagnostic Clinic physician at a nearby clinic is waiting to fulfill their mission statement: to provide exceptional and compassionate care through an integrated model of a high-quality healthcare team.

"We want to continue to be a patient-centric practitioner and staff-friendly organization. We want this to be the place where if somebody needs health care, this is the place where you want to go. If you want to work in a health care environment, this is the place you want to work," Dr. Villacis said.

Interested in learning more about Austin Diagnostic Clinic? Head to their website adclinic.com to learn about its physicians, make an in-person or telehealth appointment, view locations and find out about career opportunities.

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Townsend Letter
Innovative Health Perspectives – Since 1983

Health Conditions Family & Commu

Then...three things happened.

First, I ended up starting a drug company with one of my original kidney doctors. (We had to stop being doctor/patient once we started working together, of course). This involved a drug for dialysis and diabetic patients. It was an amazing experience to have the opportunity to work alongside Dr. Jack Moncrief in his clinic and dialysis center. He's a kidney rock star.

Dr. Moncrief co-invented the home unit of dialysis (CAPD), came up with the original idea of telemedicine, and successfully lobbied and personally got President Bush to sign the bill to legalize it. Dr. Moncrief had a catheter named after him, brought organ transplantation to Austin, Texas, and opened the first dialysis center in Austin. Dr. Jack was honored at Stony Brook University, New York, at a huge renal industry gala, as being one of seven kidney doctors that made nephrology "what it is today."

I worked side by side with this visionary man for many years. Dr. Moncrief would always point out: "Kidney health drives heart health."[20] Many heart docs don't know this—or don't practice as if they do.

https://townsendletter.com/kidney-disease-_-berkson-revised-2/#fnref20

Wilson, Morris, Crain and Anderson

houstonmod.org/architect/wilson-morris-crain-and-anderson

March 25, 2019

Seth Irwin "S.I." Morris and his former Rice classmate F. Talbott Wilson, Jr. were the original founders of the firm. At the end of the New Deal era in the 1940s, the partners earned a major early commission: Park Lane Apartments on Hermann Drive which was Houston's most impressive Federal Housing Administration-sponsored garden apartment complex. At about the same time, developer E.L. Crain hired the young architects to design a series of houses in his new Garden Oaks subdivision, and helped them win the contract to design the Garden Oaks School. After wartime service with the U.S. Navy, Morris returned to Houston and re-established his practice with Wilson. In 1946, a third partner, B.W. Crain, Jr. joined the firm. In 1953, Ralph Anderson, Jr. became the fourth partner.

Wilson, Morris, Crain & Anderson was selected as associate architect with Skidmore, Owings & Merrill for the First City National Bank Building in 1961 and received the federal commission for the new U.S. Post Office in 1962.

The firm's greatest challenge and greatest triumph came when Judge Roy Hofheinz chose Wilson, Morris, Crain & Anderson to design the Harris County Domed Stadium (1965) with Lloyd, Morgan & Jones. After the Astrodome, the firm made its biggest impact on Houston's skyline in the 1970s when it designed Gerald Hines' first major downtown office building, One Shell Plaza (1971), again with Skidmore, Owings & Merrill. The firm was soon commissioned to design One Allen Center (1972) on its own.

In 1970, Morris recruited Eugene Aubry as chief designer and two years later the firm dissolved, with Morris establishing S.I. Morris Associates, and Wilson/Crain/Anderson continuing separately with offices in Houston and Longview.

Talbott Wilson, FAIA was principal architect for the Main Houston Post Office, Houston Light and Power Building, SW Bell Headquarters, Astrodome (with Lloyd, Morgan and Jones), River Oaks Bank & Trust, buildings at Rice University, St. Philip Presbyterian, Central Presbyterian (demolished), Style and Steel Townhouses, and many other residential, commercial and institutional projects.

Ralph Anderson, FAIA was principal architect for Kelsey Seybold Clinic (demolished), Houston Post, Mavis Kelsey Residence (demolished) and many other residential, commercial and institutional projects.

https://houstonmod.org/architect/wilson-morris-crain-and-anderson/

Anderson, Ralph Alexander, Jr.

tshaonline.org/handbook/entries/anderson-ralph-alexander-jr

Texas State Historical Association

Anderson, Ralph Alexander, Jr. (1923–1990).Ralph Alexander Anderson, Jr., Houston architect, the son of Ruby (Ellison) and Ralph Alexander Anderson, Sr., was born in Houston on January 1, 1923. He received a B.A. in architecture from Rice Institute (now Rice University) in 1943 and a B.S. in 1947. From 1943 to 1945 Anderson served in the United States Infantry in the European Theater of Operations. After graduation he worked for the firm of Wilson, Morris, and Crain, in which he became a partner in 1952; by 1978 the firm was known as Crain and Anderson. Among Anderson's notable Houston works, executed in the late stripped-down modernist style, are the World Trade Center (1962), the Kelsey-Seybold Clinic (1963), the Astrodome (1965), the West National Bank (1967), and the Houston *Post* Building (1969). He also designed the Austin *American-Statesman* building in Austin; KHOU-TV, Houston; WISH-TV in Indianapolis, Indiana; event centers at the University of Texas at Austin and El Paso, Baylor University, and several out-of-state universities; and award-winning homes in Texas and Louisiana. Architecture critic Stephen Fox described Anderson's *Post* building as one of the first examples of "freeway architecture," a rectangular box with concrete silos attached, projecting an image that could be apprehended from a speeding car. Anderson served as president of the Contemporary Art Museum, in 1957, the Houston Botanical Society in 1967, and the Houston chapter of the American Institute of Architects in 1966. He was a member of Phi Beta Kappa and a fellow of the American Institute of Architects. Anderson died in Houston on February 5, 1990.

Austin *American-Statesman*, February 6, 1990. Stephen Fox, *Houston Architectural Guide* (Houston: American Institute of Architects, Houston Chapter, 1990). *Who's Who in America*, 1974–75.

https://www.tshaonline.org/handbook/entries/anderson-ralph-alexander-jr

Permits

OWNER Austin Diagnostic Clinic ADDRESS 805 West 34th St.

PLAT 72 LOT 1,2,3,4,5,6,7'of7 BLK -

SUBDIVISION Assman's Addition

OCCUPANCY Masonry Office Bldg & Basement

BLD PERMIT # 94197 DATE 12-1-64 OWNERS ESTIMATE 250,000.CO

CONTRACTOR J. M. Odom NO. OF FIXTURES see plans

WATER TAP REC # 2" paid SEWER TAP REC # Paid

*CLINIC - All interior baths must be mech vented to outside.

OWNER Austin Diagnostic Clinic ADDRESS 805 West 34th Street

PLAT 72 LOT 1 thru 6 & 7' of 7 BLK

SUBDIVISION Assman's Addn

OCCUPANCY Create office spaces in basement

BLD PERMIT # 112527 DATE 4-22-69 OWNERS ESTIMATE $11,636.00

CONTRACTOR Frank R. Rundell Co. Inc. NO. OF FIXTURES --

WATER TAP REC # Exist SEWER TAP REC # Exist

Remodel exist comm bldg.

OWNER Austin Diognostic Clinic ADDRESS 801 West 34th Street

PLAT 72 LOT 1,2,3,4,5, & 6 72 X 140 BLK 6

SUBDIVISION Penn

OCCUPANCY Clinic

BLD PERMIT #121425 DATE 4-21-71 OWNERS ESTIMATE $400,000.00

CONTRACTOR J.E. Evans Const. Co. NO. OF FIXTURES see plans

WATER TAP REC # E65701 SEWER TAP REC # 58967

Two story w/ basement and penthouse addn to exist comm bldg. and remodel 17479.3 sq. ft.

OWNER West 34th St. Corp ADDRESS 800 West 34th St.

PLAT 72 LOT 18 & 19 BLK

SUBDIVISION Hillview Addn

OCCUPANCY Diagonstic Clinic

BLD PERMIT #149921 DATE 6-9-75 OWNERS ESTIMATE $550,000.00

CONTRACTOR Zapalac Co. NO. OF FIXTURES see plan

WATER TAP REC # E86492 SEWER TAP REC # existing

2 sty and basement concrete comm bldg. 8500 sq ft. parking spaces required 64 BOA C-15-75-023

OWNER Austin Diagnostic Clinic ADDRESS 805 W. 34th St.

PLAT 72 LOT BLK 6

SUBDIVISION West 34th St. Addn

OCCUPANCY Overhead walkway

BLDG. PERMIT # 156269 DATE 4-7-76 OWNERS ESTIMATE $97,000.00

CONTRACTOR Chas Morton const. Co NO. OF FIXTURES non

WATER TAP REC# SEWER TAP REC#

steel over head walkway - parking existing ~~1382 sq ft.~~