Managed Health Care: Pluses and Minuses
Medical School in the New Age
Pilgrim’s Progress: Fr. Linn on the Road
Can Democracy Thrive in Africa This Time?
The New Way of Medicine: Managed Health Care
Writer Mary Kenny hopscotches the United States to query Creighton doctors about the new age of medicine: managed health care. Add up the pluses and minuses starting on Page 4.

What Do New Health Plans Mean for C.U. Med School?
Medical School Dean Dr. Thomas Cinque is interviewed by Cynthia Reynolds. What is on the horizon for the school as changes in the health care system evolve? Page 10.

Pilgrim’s Progress: On the Road With Fr. Linn
Bob Reilly’s portrait of Fr. Henry Linn, S.J., as a president and a fund-raiser is based on intimate knowledge gained from Reilly’s days “on the road” with the short-of-stature, tenacious Fr. Linn. Page 14.

Democracy Has Another Chance In Africa; Will It Succeed This Time?
Dr. James Wunsch, a professor whose interest in Africa is a consuming one, profiles the continent’s new chance at democracy. Can it succeed this time? Page 20.

Generates Pride
The Winter 1994-95 issue of WINDOW is absolutely outstanding!
All four feature articles were superbly written, and so beautifully illustrated. They covered such varied subjects — Bob Reilly’s well researched look at Jesuit Formation in the Nineties; the well-deserved recognition of the Ph.D. nursing personnel and their areas of research; and Eileen Wirth’s two articles, the one an analytical look at the new dean of the College of Business Administration, Bernard Reznicek, and the other her own insightful discovery of the value of “Cura Personalis.”

As always, each issue of WINDOW generates feelings of nostalgia and pride in me. I could not help but feel deserved pride in Creighton while reading those excellent articles because in my 18 years of education on the corner at 25th and California, from kindergarten through graduation from the university, I had the opportunity to truly live “the Jesuit experience” through close association as an altar boy and student with “The Long Black Line,” as Bob Reilly so succinctly put it.

Fr. Doll’s marvelous photographs gave me a sense of truly being there, especially those of the Liturgy being celebrated in St. John’s Church, in the Jesuit chapel in the Administration building, and on the north grounds. His overhead shot during a concelebrated Mass is spectacular, to say the least. I served Mass at the main altar and six side altars daily for many years. I recall being in the Jesuit Chapel once or twice but the recollection is hazy for I don’t remember if it was to serve Mass in the summer when all the Scholastics were away, or if it was to take something over there from the church.

I hope those who yearn for the “good old days” when the training of a Jesuit
Cathedral, Too

Your January issue of Window is excellent, as is each issue.

The two articles by Eileen Wirth, Ph.D. interested me especially. In the article about Bernard Reznicek Electric Executive Takes Charge of Business College I wish Eileen had mentioned that Bernard and his wife Mary (Gallagher) Reznicek are both graduates of Cathedral High School, Omaha: Bernard in 1954 and Mary in 1955. Cathedral Alumni and former faculties, as well as Creighton University, are proud of Bernard Reznicek.

Sister Pauline Wisdom, O.P., MS’67
Omaha

Losing Relevancy?

I enjoyed your article, Jesuit Formation in the Nineties. Losing a third of your manpower may have slimmed you down but I am sure that much talent you could have used has left. It isn’t like the downsizing of a big, overbureaucratized company. They have left or not joined because you have lost a lot of relevancy. You are tied to the larger bureaucratic structure of the Catholic Church that has mostly become unresponsive to the changing times. So let us see how those times are changing. I want first to look at the idea of God.

We come from a deductive past where absolutist-type thinking gave rise to our ideologies. Our thinking now is inductive and the forward thinking is non-ideologic. Reflecting this, our old idea of God was a deductive God, who was all good, all knowing, all creative. An inductive God would be different — more like a God in process. A God of this description would fit better with the present notion that we are in the process of building something of transcendent value right here on earth. This fits better our present notion of being co-creators with God rather than merely being passive receptors of God’s beneficence.

Another thing the hierarchical church is ignoring, largely, is evolution. The church wants to fix doctrine and fix its own structure in a situation of constancy that an adequate concept of evolution won’t allow. So evolution in society’s structures and thinking has relegated church thinking to irrelevancy. And as I stated before, the new thinking is inductive, leading us to explore where we are going, making life an adventure. Given this thinking we must base our positions on working hypotheses rather than on beliefs. The old absolutes that have guided the church in its positions on birth control, abortion, ideals of social structure, valid avenues of research may no longer apply.

The new man for the Jesuits will not want to be bound by the rules of poverty, chastity and obedience. These are rules followed by the underdeveloped, not by mature men. You want men of the world who understand all of the vicissitudes of life. Only when they have the freedom to choose will they truly reach their own personal maturity.

I would like to see an article with priests on both sides of these points. If you are going to move to a church that is beyond ideology in order to become relevant in the modern world, you are going to need to open yourselves to this discussion.

Ward R. Anthony, MD’54
Lakewood, Colo.

Helping Get a Job

I really enjoyed Eileen Wirth’s article about Bernard Reznicek, new dean of the College of Business Administration. I applaud his efforts to help his students find employment after graduation, especially his plan to expand internships.

I hope other deans will follow suit. Non-business majors and their parents are also concerned about life after Creighton. Internships give young people a leg up on their competition.

Thomas H. Cecil
Bellevue, Neb.

Vise, Not Vice

I have a bone to pick with the proofreader of the Letters section. In my original missive I referred to “a small nation (Hungary) of Jews, Catholics, Protestants and unbelievers... caught in the VISE (not vice) of rapacious great powers, both western and eastern.”

Undoubtedly, “vice,” i.e., depravity, corruption, etc., could be considered a factor, but the “vise,” the relentless pressure of political and economic hybris of the great powers, their lack of understanding and ignorance of millennia of tradition, contribute to suffering.

Such a misprint turned me into the cynosure of friendly ribbing by colleagues and friends. May I ask that you find a way for a suitable rectification in the next issue.

G. J. Szemler
Lake Bluff, Ill.
When Omaha pediatrician Janie Fitzgibbons Mikuls, BA’83, MD’87, began her practice in 1990, she and her partner maintained a busy schedule despite the fact that they had few patients enrolled in managed care programs. “Every year we’d say, ‘Well, another year without HMOs (Health Maintenance Organizations) — it won’t last forever,’” she said.

This year it ended. “In mid-1994, we saw that we were losing patients — we started to see the numbers going down,” she says. “Three or four of the major employers in Omaha changed their employee insurance plans and all of a sudden these wonderfully loyal patients were out the door. It doesn’t matter what you do for the patient; if their employer changes plans, they’re gone.”

Dr. Mikuls and her partner recently signed on with three HMO plans.

Sixteen-hundred miles away in Upland, Calif., internist Vince Carollo, MD’62, also has seen his share of changes with the advent of managed care. Like Dr. Mikuls, he has seen a disruption in patient care. “The saddest change one sees is losing patients who don’t want to leave your practice but are forced to because of the insurance situation,” he says. “That’s the number-one saddest event for both the doctor and the patient. When they come in and they are in tears and you’ve taken care of them for 10, 15, 25 years, it’s like tearing your arm off or tearing your heart out.”

Still, Dr. Carollo has not joined an HMO.

And in a state where 35 percent of the population — nearly 11 million people — are enrolled in HMOs, he says it is a hardship for a medical practice not to sign on. “The system, at least here in Southern California, is a steamroller,” he says.

Though the tide of health care reform has temporarily ebbed, the wave of managed health care plans continues its sweep across the country. Some physicians are going with the flow, and others are treading water.

Managed care plans — networks of physicians, hospitals and financing bodies that deliver and pay for health care — will almost inevitably form the foundation of any national health reform plan that is adopted. And they are growing.

An estimated 100 million Americans are now members of managed care programs. By the end of the decade, 75 million more Americans are expected to join them.

Managed care, typically in the form of HMOs and preferred provider organizations (PPOs), has become the standard method of health care delivery. Traditional indemnity insurance plans, once the industry heavyweights, claimed 71 percent of the health care market in 1988. By 1993, that figure had dipped to 45 percent.

Most agree that reform of U.S. health care delivery is long overdue. In 1970, the nation’s health care bill was $215 billion, 6 percent of the gross national product (GNP). By 1993, health care costs had risen to $900 billion, more than 14 percent of the GNP. In contrast, health care in other industrialized nations averages 8 to 10 percent annually. And despite the high cost, 34 million Americans lack health insurance.

Managed care, in the form of HMOs, began on a small scale in the 1930s, when groups of doctors and hospitals began contracting with employers to provide medical care for a flat annual fee. But HMOs took off during the early 1980s, with the number of enrolled members more than quadrupling between 1983 and 1993, from 10.8 million to more than 45 million.
The move toward managed care has signaled a turn away from the traditional fee-for-service payment method in which patients or their insurance companies pay health care providers on the basis of services rendered. The method has been blamed, in part, for driving up the cost of health care.

In contrast, the prototypical HMO is a prepaid plan in which consumers can choose their health care providers from a list of primary care physicians and hospitals. The primary care physician oversees the care of the patient and serves as a “gatekeeper,” making referrals for services and appropriate specialists within the HMO network as necessary. (The more loosely structured PPO allows members to go outside the network for an additional out-of-pocket fee.)

In the HMO, the physician is paid a fixed amount per patient per year — a capitated fee. The physician receives the fixed amount regardless of the number of times the patient is seen and is responsible for any costs incurred by the patient above the yearly capitation fee.

The reasoning suggests that, using a capitated fee, doctors will be more prudent in ordering tests and referrals to specialists to avoid exceeding the capitation rate, thus keeping health care costs “manageable.”

Managed care plans monitor both patients’ and physicians’ use of services through utilization review services, which also track the outcomes of patient treatment.

But despite the growing presence of managed care programs, this method of health care delivery remains the subject of debate. Proponents of managed care argue that both the gatekeeping and capitation features of HMOs help primary care physicians focus on preventive medicine and early detection, and in general, help contain health care costs. Opponents contend that the features compromise both the quality of care and the physician-patient relationship by stressing cost control over care.

In some areas of the country, the proponents seem to be having their way. According to the Group Health Association of America (GHAA), the three largest regions of HMO penetration are the Pacific, with 31.6 percent of the population enrolled in HMOs; New England, with 25.6 percent enrollment; and the Mountain region, with 19.8 percent.

The Mid-Atlantic region, which includes New Jersey, New York and Pennsylvania, enrolls 18.9 percent of the population, followed by the Midwest with slightly more than 15 percent.

HMOs have been slowest to penetrate the South Atlantic region with 12.7 percent enrollment and the South Central region at 7.4 percent.

A sampling of Creighton alumni throughout the United States reveals a number of common concerns about the practice of medicine in a managed care environment. Their concerns and experiences mirror the issues that have been at the center of the national health care reform debate — patient access to care, quality of care, integration of services, capitation and gatekeeping, among them.

For many physicians like Omaha pediatrician Dr. Mikuls, joining an HMO means the difference between sinking or swimming.

Dr. Mikuls said that about 50 percent of her patients pay for services through private insurance, compared with about 80 percent three years ago.
Since Dr. Mikuls joined three HMOs in January, she already has seen changes. “The patient base has gone up and many of our patients who had to leave are back, lots of families, and that’s great,” she says.

On the other hand, “it’s more headaches for our billing people and for our office manager in terms of paperwork — that’s all they do right now,” Dr. Mikuls says.

And, Dr. Mikuls says, with capitation comes a new strategy and new control toward patient care:

“In the old days, we may have had a new mom who was nervous about her child’s ear infection, and we’d talk to her for about 20 minutes about the things she could do for the child without going to an ear, nose and throat (ENT) specialist. Still, two days later, we’d get a call from the ENT’s office letting us know that the mom had gone ahead and scheduled an appointment anyway. Now, with capitation, I will have a little more control over whether or not she goes to the ENT — I’ll be more the manager of the health care.

“I really think that if you do things right, if you’re efficient and you manage things well, and you try to promote the health of your patients, you’ll do OK,” she says.

But Dr. Carollo sees managed care in a different light. A 1962 School of Medicine graduate who has been in private practice since 1969, Dr. Carollo says 25 percent of his patients belong to PPOs. However, “I don’t participate in HMOs, which in Southern California means capitated medicine,” he says. “PPOs are wonderful in today’s world. I accept a discounted fee and I am allowed to practice medicine the way I should.”

And, in Dr. Carollo’s opinion, the overall quality of patient care is declining, with medicine being taken over by business managers.

“What I see in the community with HMO capitated care is that it’s hard for patients to get the care they really should be getting. If doctors are getting into capitation and get X number of dollars each month per patient regardless of whether or not they see the patient, then the motivation for physicians is not to see people. I’ve stayed out of capitation for that reason — I don’t want to be part of that,” he says.

“I don’t know how long I can persist. But I’ve been here 25 years and I’ve built up a practice and a reputation, and now, with capitation, I will have a little more control over whether or not she goes to the ENT — I’ll be more the manager of the health care.

“All my life, I wanted to be a family doctor. That was my dream, even when I was 5 years old,” Dr. Hussey says.

“I achieved my dream. But then the solo practice, as I see it in the way of third-party payers, went the way of the steam locomotive. The third-party payers want the physician at some point to become part of their business structure, and (the payers) are motivated by profit,” he says.

Dr. Hussey says that,
increasingly, the role of the family practitioner in a managed care environment has “turned away from the caring, hands-on, sit-and-listen person to one who is more removed from the patient, spends less time with the patient and is expected to crank patients through.”

Dr. Hussey spent eight years in private practice in Gardiner, from 1982 until 1990, “when it became impossible to make it as a solo practitioner. I saw the handwriting on the wall. I was losing money and still working 60 hours every week.”

Dr. Hussey closed his private practice and began working as a staff physician for the state mental health hospital, a practice he enjoyed for nearly five years until state budget cuts began trimming the hospital staff. Dr. Hussey now has a new position lined up at the Veteran’s Hospital in nearby Togas.

According to Dr. Hussey, his situation is not unusual. “Everyone I know in family practice in the area, about 10 of us, now work for someone else,” he says. “There are absolutely no family practitioners in private practice — they either work in the hospital or at the community health center. And this has just come about over the last few years.”

Back in the Midwest, family practitioner Robert Cure has managed to find a happy medium as an employee of an HMO. A 1983 School of Medicine graduate, Dr. Cure has been practicing in a managed care setting from two distinct vantage points. After finishing his family practice residency in Minneapolis in 1987, he began his practice with a multi-specialty group in Spokane, Wash. When he joined the group, there were 30 physicians; when he left 18 months later, the group had grown to 70. “I was one of the first family practice physicians they hired. They were trying to get in on the big flow of primary care and build up their referral base,” he says.

According to Dr. Cure, the group belonged to a number of managed care plans: “One of the things I didn’t like about it was the whole idea of capitation. You’d hope your practice wouldn’t depend on the financial arrangements, but in all practicality it comes down to that. There was always someone looking at what you were doing and they’d suggest, ‘Maybe you ought to change your referral pattern.’ There was always this subtle, ‘Hey, we’re capitated; we have to watch this population.’”

And the group was “working on production,” Dr. Cure says. The physicians who had bought into the group (Dr. Cure was salaried) were paid on a complicated fee schedule. “Part of it was based on base salary and part of it was pro-

Dr. Cure (in background) works on papers at one of Creighton’s Family Practice clinics. A reminder of his patient connection is the sculpture on his desk that depicts a doctor examining a child. Photo by Kent Sievers
duction — how many patients they saw, how many tests they ordered," Dr. Cure says. "They were then paid a percentage of that. In that situation, even the most pure-hearted people would be a little swayed on how they manage their practice. Some of the doctors accused me of stealing their patients — it was the whole idea of production, where they felt if you were getting a part of the pie, it was less a part of the pie for them. It wasn’t a large percentage of the doctors, but a few were always looking over their shoulders and over your shoulder.”

When Dr. Cure moved back to Minneapolis in 1989, he joined a family practice clinic operated by a large HMO.

“When I was doing my family practice residency,” he says, “I was impressed with the number of good doctors in this big system.”

“Usually, the big systems are more rigid. But I was impressed with their philosophy and their morals, and in general, the way they do things.” For example, the HMO provides “a lot of indigent care to many young mothers and young families. That says a lot for the ethical side of the system,” he says. And there is no pressure in terms of capitation or production.

Dr. Cure is paid an annual salary and benefits, and “if I want to make extra money, I can work extended hours. If I want to cut back my hours, I can. There’s a lot of flexibility.”

Dr. Cure says being part of a large managed care system has not compromised his ability to provide quality care or his relationship with his patients: “When I was in Spokane, I was feeling an uncomfortable sense about the capitated patients. I had to really think about what I was ordering — not just whether it was necessary or not, but how expensive was it? If I order it now, will I be able to order it later? I definitely prefer (the Minneapolis) system.

“Of all the places to be and of all the subspecialties to be (in) at this time and with all the things in health care that are changing, I can’t think of a more stable place to be than in the Midwest, in family practice. I’d hate to be a sub-specialist on either one of the coasts.”

In the Southeast, 1960 School of Medicine graduate Jim Mills also thinks managed care has the potential to compromise quality of care. Dr. Mills, an obstetrician/gynecologist, practices in a large multi-specialty group in Fort Walton Beach, Fla. And though Florida has a large number of HMOs (35 according to GHAA figures), Dr. Mills’ practice is comprised of less than 5 percent of managed care patients.

“We are still primarily fee-for-service and third-party payer, though we expect big changes in the next three years or so,” he says. “Our location in the panhandle of the state is somewhat isolated, so we’ve been able to maintain our independence.”

The primary disadvantage to many managed care plans is the capitation feature, Dr. Mills says. “If you think you are going to lose money, you’re not going to order tests. No matter how much you care about patients, you are not going to order tests or do certain procedures, even though (managed care proponents) stress that they are also in the business of quality.”

In Dr. Mills’ opinion, the problems with managed care boil down to the business of managed care.

“In the managed care system, you now have people who 10 years ago had nothing to do with the health care of the nation, and they are all now third-party intermediaries. And all they are doing is taking more of the health care dollar,” he says.

Eventually, Dr. Mills says he knows his multi-specialty group will see more and more managed care patients. “If we don’t, we’ll be dead in the water. We’re at the point now where we don’t have an option because all the patients will be controlled by some kind of managed care program. If you’re not involved, you’re not going to have any patients.”
Back in 1959, when Thomas J. Cinque earned his medical degree at Creighton, neither he nor his fellow graduates had an inkling of what the future would hold for medical practitioners in their lifetime: the startling new trends in health care, the astounding technological breakthroughs, and the research projects that would change the course of disease control.

When Dr. Cinque returned to Creighton two and a half years ago as dean of the School of Medicine, his wife asked him, “What will you do all day? They are 100 years old and your work has always been to build anew.”

“I don’t think I’ve come up for breath since I moved into this office,” he says with a grin late one winter afternoon as he leans back in his desk chair, ignores the blinking computer screen and the telephone for an hour or so and discusses his perception of the American health care system, how it is changing and how it is causing Creighton to change.

Health care has become one of the hottest topics in America. Every day, newspapers and television news shows broadcast stories of spiraling health care costs, tales of personal tragedies in the lives of uninsured Americans, unethical practices by physicians and new ethical dilemmas arising from new medical procedures.

The health care issue was instrumental in putting Bill Clinton in the White House and Hillary Clinton in the limelight. Health care issues have consumed countless hours of debate in Congress and spurred many more hours of debate in medical schools around the country.

“Let’s see... There’s so much going on in the American health care system these days that it’s hard to know where to begin,” the dean says. “Let me give you a vision of how I see the future of medicine, what the impact is on medical schools, and how medical schools can possibly address the changes that are occurring.

“This vision includes multiple changes from the way medicine was practiced as recently as 10 years ago.”

Dean Cinque credits the states and insurance carriers, not federal government or medical schools, with initiating managed care reform in the health field.
a system of managed care.

Until very recently, patients asked for referrals, interviewed doctors and chose their own physicians. Now, the dean points out, it’s not the patient, but others — particularly insurance carriers — who are instrumental in determining who will manage a patient’s treatment.

“That means that the patient has less choice and the employer has less cost,” Dr. Cinque says.

The system of managed health care thrives on competition. Health care providers know that they must do some strong recruiting of insured employee groups if they are going to survive in the new system. Area hospitals—including medical schools and their affiliated hospitals — now are vying with each other for patients. Creighton realizes that with its teaching hospital, St. Joseph, it must now compete with other delivery systems for patient contracts, its dean says.

“Why is the medical school in competition?” he asks rhetorically. “Our primary purpose is education and an important corollary to that is research, the uncovering of new knowledge. We need patients to bring new diseases to our medical school in order to teach new physicians. And we need patients in order to do research in the pursuit of new knowledge.”

There is also a strong financial incentive to patient recruitment. In recent years, medical schools have increasingly relied on patient care to supplement their funding. Between 40 and 50 percent of Creighton’s Medical School budget now stems from patient care—up from a “very low percentage” 15 years ago, the dean says.

But while Creighton relies heavily on its income from patients, the competitive atmosphere among local hospitals leads to price discounts that affect income levels.

“Insurance companies have put us smack in the center of competition for providing quality care at the most efficient price,” without being sensitive to our educational and research mission, Dean Cinque says, adding, “Unfortunately, however, the consumer won’t see much of a discount. It’s a shifting of the dollar. The greater profit seems to be in delivery plans.”

The managed health care system not only affects a medical school’s budget, but it also affects its academic programs.

“In a managed health care system, patients must first see a gatekeeper, a primary care physician, who determines whether they will be sent to other diagnosis facilities or to specialists,” the dean explains.

“The need for more primary care specialists is growing rapidly. So is the need for more ambulatory care centers.”

Creighton is working overtime to design new programs to train primary care physicians and to design ambulatory care programs.

“Both of these situations require new modalities of teaching, and no one has a great deal of expertise in how this should be done,” Dr. Cinque says. “We will have to develop new sites, which will cost the medical school more money — an added strain on the medical school’s budget.”

So, Creighton, like other medical schools, finds its income from patients shrinking at a time when it has to spend in order to institute new programs and sites. And, to make matters worse, funding for research — which has bolstered medical school reputations and budgets for generations — has dropped dramatically.

“The golden age for research grants began in the 1950s and ran through the ’70s,” Dr. Cinque says. “Across the board, there was a technological surge, a mindset that science could cure everything. I think that’s changing.

“So, as we head into the 21st century, we’re looking at shrinking dollars brought in from patient practice, a need for new programs and sites, and diminishing research dollars. Not an easy prospect.”

One way to handle these challenges is to offer multi-faceted delivery systems, where hospitals form consortiums to coordinate health care programs. “This has happened with varying success elsewhere,” Dr. Cinque says. “We’re in the infancy stages of developing this type of programming.”

In response to all these changes and challenges, medical schools are beginning to restructure away from departments toward institutes and centers, such as the Institute of Neurosurgery, the
Cancer Center and the Cardiac Center, all of which cluster professionals in related fields from nutritionists to psychologists, social workers, radiologists, oncologists, surgeons and gene therapists.

“These centers will focus on preventive care as well as treatment,” Dr. Cinque says, predicting that the move from department orientation to a systems orientation could take as long as 25 years to complete.

Meanwhile, however, in two short years the medical school’s faculty has changed from a loose federation of individuals to a “collegial group that speaks with one voice in order to work together to get things done,” the dean says.

“Before, each department was on its own,” he explains. “Now we have one practice plan. We have received our first contract with state Medicaid and signed on with one insurance medical plan. That means we’re competitors in the market.

“In a very short time, we’ve tried to change a lot of things, to prepare Creighton for the future.”

And what will the future hold?

“Across the nation, I think we’ll see more and more reforms at the state level,” Dr. Cinque predicts. “The insurance companies seem to be the predominant players. Reform will come in spite of the lack of a Washington drive. I don’t think that we’re going to see a very active approach to global delivery systems yet, however.”

He predicts that three areas of concern will capture research dollars and public attention in the upcoming years: gene therapy, preventive care, and the issue of violence.

“Gene therapy holds so much promise for the future, if it is used correctly,” he says. “A concern for preventive care is already evident in the move toward better nutritional standards, exercise and focused routine medical visits. And right now, people are very, very concerned and anxious about violence and why it appears to be rising.

Studies will try to determine whether a tendency toward violence is genetic, environmental or biochemical or some combination of each.”

As research funding drops, Creighton has turned increasingly to industry for backing on research projects, particularly in the area of drug studies.

“The only research projects that haven’t been affected by a drop in dollars are those focusing on AIDS and cancer research,” the dean says. Creighton has earned international recognition for one aspect of cancer research, thanks to the hereditary cancer research program headed by Dr. Henry Lynch.

“Right now we’re developing a premier Hereditary Cancer Center at the school and we’re working with ONCORE, a company whose primary focus is developing a package to allow consultations for people who are gene-positive,” Dr. Cinque says.

The proliferation of gene therapy programs and testing may cause earth-shaking changes in the practice of medicine, he adds.

“Very soon, every physician may become capable of doing gene testing. That pushes the boundaries of medical practice to new horizons, and, with it, new ethical and educational challenges.”

Creighton is working to develop an
information system to help determine the most effective gene therapy. With the aid of Dr. Lynch’s vast supply of case histories, physicians soon may be able to counsel patients on the probable prognosis for various treatments.

“How will we affect the genes? What will be put into patients that might change their DNA or RNA?” he speculates. “We’ll have to confront a whole new set of ethical questions very soon.”

For instance, should someone who is genetically predisposed to colon cancer undergo surgical therapy before cancer is ever detected?

What about the question of replacing genes? If a patient contracts a certain disease, what do you do with the gene? Change it?

Then there is the limitation issue. If medical science comes up with a particular mode of therapy and it doesn’t have a favorable cost/benefit ratio, how do practitioners deny therapy?

These debates don’t even cover the tip of the proverbial iceberg when it comes to new ethical questions.

And even more questions face a Catholic, Jesuit medical school. For instance, what are the ends of life?

“Where do we stop medical therapy at the beginning and at the end of life? We’ll be struggling with that issue,” the dean predicts. “We’ll deal with the question of reproduction and the new methods that develop multiple embryos. What should be done with those?”

Right now OB/GYN residents aren’t required to take a class in abortion for accreditation, and Creighton refuses to teach abortion. What will that mean?

“The ethical questions that medical science will confront seem almost overwhelming,” Dr. Cinque says. “We’ll be struggling with these—and many more questions with ethical import—for years to come.”

When he looks back over the years since 1959, he sees significant differences not just in the cosmic concerns, but also in the everyday outlook of doctors.

“I see more concerns about the quality of life these days,” he observes.

“Among our alumni, there is a general anxiety because no one knows for sure what the future holds — it seems far more nebulous than it did 10 years ago.

“But,” he adds, “I see a collegiality in the profession that some of us might not have anticipated. And what makes me most optimistic is that Creighton has 9,100 applications for 112 spots (last year we had 9,300). These are outstanding students, quality people who have done impressive things with their lives.

“It’s hard not to be optimistic when you see this type of person still wanting to go into medicine.”
On March 5, 1962, I’m summoned to Fr. Henry Linn’s office. He asks me to close the door. I notice he’s distraught and that the trademark cigar is absent. “Something terrible has happened,” he says to me.

I make a quick examination of conscience, reviewing potential public relations blunders I may have initiated, and slowly sit down. “I’m president of Creighton University,” Fr. Linn intones. “I have been for two days.”

I don’t remember responding. “I didn’t ask for this, didn’t want it,” he continues, “but it happened. Only two people on campus know, Fr. Reinert and I. Now I’m telling you because you have to write the news release. For tonight, after dinner. You understand?”

I did. An old Jesuit ritual calls for this administrative change to be announced at the evening meal, almost as part of the routine readings, signifying, I suppose, that anyone may be called to serve.

We talk about the wording of the release. Both of us understand that it’s necessary to allay concerns about the future role of Fr. Carl Reinert, Creighton’s leader for the past dozen years. Half of the three-page release will deal with Reinert’s new post as vice president of university relations, the job previously held by Fr. Linn. They will, in effect, switch assignments.

“There’s another thing,” adds Fr. Linn. “We have to tell the Regents at this afternoon’s meeting. I’m not looking forward to that.”

The Regents gather in the Union Pacific room, greet each other as peers, the most powerful group of men in Omaha. With them Fr. Reinert covers the scheduled agenda, then asks them to remain a few minutes.

“Gentlemen,” he says firmly, “there’s been a change. I’m no longer president of Creighton University. Fr. Linn is our new president.”

Stunned. That’s the word I’d use. They were stunned. And angry, too. They hadn’t been consulted on this most important of issues. Then came the flood of questions. How? When? Why?

“Why?” responds Reinert. “It’s routine. I’ve been president far beyond the normal six-year term.”

“Who makes a decision like this? Who do we have to contact to change things? What about the campaign?”

Fr. Reinert says it will be fruitless. It is over. They won’t accept that. They would see the Provincial. They will write to Rome. One Regent weeps openly and leaves the room.

I look at Fr. Linn at the end of that long, dark table. He seems diminished, lonely, like a child being discussed at a parent-teacher meeting. No one congratulates him.

The Regents depart, still arguing, still plotting to reverse the decision. A few manage an apologetic salute to Fr. Linn, who shyly acknowledges their confusion.

I ask him about this later, about how he felt at what should have been his happiest moment, but one that had turned into an embarrassing confrontation.

“Bob,” he remarked, with simple candor, “I realized when I accepted this office that I would be replacing the most popular president we’ve ever had. I have no illusions about the situation. I just have to do the best I can.”

On paper, the transition looked good. Fr. Reinert declared Fr. Linn would have been his first choice as successor. Fr. Linn said he was looking forward to continuing his close association with his former superior. The team remained intact.

“I just have to do the best I can.”

Fr. Linn always makes me think of Harry Truman, not solely because of physical appearance or Missouri roots, but because both replaced near legends and had to perform the same duties with a less obvious set of gifts. But Fr. Henry W. Linn had forged his own identity over a lifetime of hard knocks and frustrations.

He was born in the Kerry Patch district of St. Louis, the son of a bookbinder whose paycheck was never sufficient to meet the needs of his family — himself, his wife, and their five children. Further complications arose when the elder Linn contracted tuberculosis, and both a sister and brother of Henry were invalided with rheumatic fever. By the sixth grade, Henry was helping out with a part-time job.

The future Creighton president wanted to attend a local Jesuit high school, but the tuition was beyond reach. So Henry showed up at the school’s reception desk, asking to see the Jesuit president. He was told this was not possible, that the president was a busy man. The boy persisted. A black-robed priest came over, asked what was wrong.

“I want to go to school here,” insisted the young Linn, “but I’m a poor boy and I’ve got to have a scholarship.”
Pilgrim's Progress:
ON THE ROAD
WITH Fr. Linner
By Bob Reilly
“If you gotta have a scholarship,” said Fr. Bernard Otting, S.J., the president Linn was trying to see, “then you gotta have a scholarship.” He wrote out instructions on the spot, providing Henry with the means to attend school.

In Henry’s sophomore year, his father died, so the young man left the classroom and assumed the support of the family. He labored for a year at a print shop, then spent three years making inner tubes for Model-T Ford tires. It was here he learned to chew tobacco, convinced it would prevent tuberculosis, and here, turning the heavy rubber cylinders, he overdeveloped the muscles in his right shoulder. Here, too, he permanently injured an index finger.

“When he’d point at you,” recalls Fr. Neil Cahill, S.J., once a student of Fr. Linn’s, “it was hard to tell if he was singling you out or the fellow next to you.”

Sympathetic educators provided Henry — or maybe he was already calling himself “Harry” by this time — with out-of-school tutoring in Latin and Greek. So, despite his lifelong lack of a high school diploma, his proficiency in classical languages enabled him to join the Society of Jesus. Later, of course, he would earn his bachelor’s and master’s degrees, a doctorate, and his licentiate in sacred theology.

At the seminary in Florissant, Mo., Fr. Linn was not shy about criticizing programs and individuals he found wanting. He was hard on himself and on others. When he completed his tertianship, schools weren’t clamoring for the services of this outspoken youngster. He contemplated leaving the Society and seeking a diocesan assignment. His superior had a long talk with him, reviewing the notes classmates had made about him, then urging him to stay and to change. With that remarkable determination which was always part of his makeup, Fr. Henry Linn redesigned his personality.

Fr. Cahill, who credits Fr. Linn with influencing his own vocation, remembers commenting to the older man on his even disposition.

“You’re meeting the post-tertianship Linn,” he was told.

After teaching classical languages at Xavier of Cincinnati and St. Louis University, Fr. Linn appeared at Creighton in 1938 to pursue the same teaching regimen. This was the beginning of a 31-year career that provided him with multiple hats: teacher; spiritual advisor; liaison between Creighton and various military units during WW II; chaplain; dean of University College, the School of Journalism and the Graduate School; founder and director of the Institute of Industrial Relations. To meet a wartime need, he even taught physics to men in the military, including myself.

In 1946, Fr. Linn was named Executive Secretary to the President (then Fr. William H. McCabe, S.J.) and Director of the Creighton University Development Program. With the advent of Fr. Reinert, his title eventually changed to Vice President for University Relations, embracing development, public relations, and alumni affairs. In reporting this latter change, The Creighton Alumnus magazine added this paragraph:

“In making the announcement, Fr. Reinert said that Fr. Linn would not be traveling as much as he had in the past several years and will therefore have more time to give to work in Omaha and at the University.”

Someone forgot to convey this news to Fr. Linn, who logged over 800,000 miles from 1946 to 1962, visiting alumni and raising funds. The late Hollis Limprecht, writing about Fr. Linn in a Magazine of the Midlands piece, calculated that distance matched 32 trips around the world. Every year Fr. Linn would visit the 53 largest alumni chapters, along with individual stops in hundreds of smaller towns. He met, personally, nearly 10,000 alumni in their home areas.

He could call them all by name. Everyone who knew Fr. Linn comments on this remarkable recall. I experienced it myself, shortly after I came to Creighton in 1950, combining duties in public relations, alumni relations, job placement, recruiting and development. Fr. Linn and I drove to Denver, leaving at an hour when even the most restless Jesuits were still abed, and arriving in the Mile-High City in time for a pre-party cocktail hour at the home of an alumnus. Fr. Linn circled the room, introducing me to each person, often adding details about their relatives or classmates, people I might recall. He stopped before one man, momentarily puzzled.

“You don’t remember me, do you?”

“Fr. Linn paused, not ready to surrender.

“I’ll give you a hint,” said the man, supplying his college nickname.

Fr. Linn reacted immediately, providing the full name, but adding that this man was supposed to be in Cheyenne, Wyo. The alumnus confessed he was passing through town, heard about the party, and just decided to show up.

We got to bed late that night and had to return to Omaha early the next morning. I was asleep when my head hit the
pillow. A knock on the door brought me upright. It was Fr. Linn in the adjoining room, poring over the list of Colorado alumni. He wanted to know if I had spoken to this person, if another individual had mentioned his son planning on med school, if I could come up with the name of this man’s wife. That was his system. Constant, dogged repetition and rote.

Before every trip, recalls Rosemary Reeves, Fr. Linn’s secretary for 19 years, he would go to the vault to extract records and information on those he planned to meet. His maps were all marked in colored pencils.

“We worked hard every time he went on the road,” she remembers, “and he would phone frequently with requests for more data.”

In his glove compartment would be a supply of those terrible stogies which Rosie ordered first from Italy, and later from “somewhere in the South.” His well-worn cassock might sport several holes where ashes had taken their toll.

“I see him seated at some banquet table,” says Fr. William Kelley, S.J., vice president of the university foundation, “next to a beautifully-coifed woman, clad in an exquisite evening dress, and completely engulfed in cigar smoke.”

Harry Dolphin, former director of public relations at Creighton, remembers stealing one of those dark ropes one time and trying to smoke it.

“My head nearly came off,” he says.

Sometimes Fr. Linn would wrap toilet paper around the end of these cigars, the better to fit his holder. And he’d use the stogie to punctuate sentences, to drive home a point, to calm his own nerves.

For a man with so much on-the-road experience, he wasn’t what you’d call a relaxing driver. Here, too, he and Fr. Reinert made a team. Fr. Reinert drove faster, often in the middle of secondary roads, certain no one was coming over the approaching hill. Fr. Linn’s equally chilling habit was to cut right back into the lane after passing a car. We’d watch strangers in the passenger seat instinctively retract their elbows.

His vehicles were equipped with extra weights, to keep them from spinning. One of the arrivals was a nurse. They bundled him into a car, took him to a Valentine hospital, then, the next day, transferred him by ambulance to St. Joseph’s Hospital in Omaha. Fr. Linn was in shock, his condition very serious.

Fr. Reinert was quoted as “ordering him to live, because we need him so badly.”

They gave him the Last Rites, however, and many of us wondered if Fr. Harry Linn would ever again get behind the wheel of a car. Two months later, he was back in his office. In pain, on medication, but back at work.

His friend Dr. McGuire, who headed the surgical team, said, “I know it’s a miracle ... but I’m taking some of the credit, too.”

Soon Fr. Linn was back on America’s highways, most of his mileage ahead of him. He’d cruise into a community, head for an office or a home, present the Creighton message. Sometimes the alumni were not anxious to see him. Some ducked out the back door.

“How do you handle that kind of rejection?” I asked him.

“There are three levels of obedience,” he replied. “The first is when you do something because you’re told to do it. The second level finds you doing something because you’re good at it, because it’s your job. You may even like it. The third level is when you believe this is your special mission in life, when you convince yourself God put you here to do just this one thing. I’ve psyched myself into this third level, so occasional frustration doesn’t bother me.”

That doesn’t mean he didn’t get nervous. In many ways he was a basket case, never sitting for more than a few minutes, always pacing, thinking of a hundred different things.

“Very fidgety,” horticulturist John Mulhall, once Creighton’s full-time landscape gardener, assessed him. “He hadn’t enough tongues to express all the emotions in him. He thought the whole world depended on the existence of Creighton, and his job was to see that Creighton succeeded. Even when he got a check for $50, it was like a million.”

But he also raised millions. I’ll wager no one individual on the fund-raising circuit ever matched him in volume. When the new development era arrived, with its computerized lists and multi-produced personal letters and expanded staffs, some of
the modern fund-raisers would scoff at Fr. Linn’s antiquated methods, driving around the nation, buttonholing one alumnus at a time.

Maybe so, but in their early stages, all their fancy tactics failed to duplicate the results of this one priest in one car on one mission. He was a development dinosaur, but he set a lot of records.

At home he was a peacemaker, diffusing controversy, avoiding conflict. He was sometimes too easy on his employees, giving them second and third and fourth and fifth chances. He’d often talk around a reprimand rather than hurt an individual. He could also be blunt, but honest.

“‘He was always straight with me,’” avers Dolphin. “‘He could read me like a book, and had a way of instilling confidence with a few words.’”

Former television news director Steve Murphy, who worked part time for Creighton in the ’50s, agrees.

“I served Mass for him at St. John’s when I was a kid, and he was the first person I dealt with after getting out of the Army. I was always comfortable with him.”

Rosie Reeves knew him best, of course.

“He was a very fair man, concerned about his employees. He might tell us to keep the noise down once in a while if we were working in a group, but he was kind to everyone. He reminded us constantly that we were doing God’s work. I never saw him get real upset.”

On one subject he had tunnel vision: Creighton. There was no other school like it, no other students or alumni to match this university’s. If you talked about Wilt Chamberlain, he’d counter with Paul Silas. The Harvard school of Business must necessarily rank behind Eppley College of Business Administration. If you cited an alumnus of Cal Tech, he’d provide a list of Bluejay graduates who were superior. It was a unique chauvinism.

“He was so inebriated with his own exuberance,” declares Fr. Cahill. “‘He had to walk a tightrope,’” admits Fr. Kelley, “‘but I never saw any real tension between them. Still, it must have been difficult, because there is nothing as past as a past president.’”

These presidential years were hard on him. His back hurt, his occasional drink he enjoyed didn’t mix well with his medication, the demands of his office were constant, the perceived slights were silently absorbed. And every Yuletide he’d remain slightly detached, smiling encouragement, but never asking for a role.

Although he professed to enjoy a good meal, he seldom ate much and couldn’t sit long at a table. Or at a desk.

“He inhaled his food,” declares Fr. Cahill. The late Bernie Conway, who shared many cross country tours with Fr. Linn, used to tell of one trip to Texas. En route, Fr. linn asked Bernie if he liked prime rib, and the alumni secretary acknowledged that he did. Fr. Linn promised him they would dine in a restaurant that night which featured the best prime rib he’d ever tasted. He described the meal like an advertising copywriter. They checked into their motel, then headed for the restaurant. While they sipped a drink in the adjacent lounge, Fr. Linn and Conway ordered from the menu. Summoned to their table, Bernie settled in for a relaxing repast.

Fr. Linn took a few bites, looked at his watch, looked at Bernie, sat back impatiently in his chair. After several minutes of uneasy association, Fr. Linn excused himself and said he’d meet Bernie in the car. Conway finished the meal alone, and more rapidly than he preferred, while Fr. linn sat stoically in the parking lot. Then they tooled back to their rooms and watched television.

Fr. Linn liked basketball, but rarely attended a game. “I get too excited,” he confessed. “I listen on the radio so I can turn it off at tense moments.” Any Creighton loss was a personal defeat.

Not an effective orator, he was persuasive one-on-one, an exceptional salesman, like Fr. Reinert. They were a matched set. Fr. Carl was the visionary, the extrovert, the charismatic front man. Fr. Linn mastered the details, content to be second banana. They were Arthur and Bedivere during Creighton’s Camelot years.

That narrative was recast in 1962, when Fr. Henry Linn took over the Hilltop reins. His 88-year-old mother heard the news with joy, but Fr. Linn was troubled, uncertain how this new arrangement would function.

“He had to walk a tightrope,” admits Fr. Kelley, “but I never saw any real tension between them. Still, it must have been difficult, because there is nothing as past as a past president.”

These presidential years were hard on him. His back hurt, the occasional drink he enjoyed didn’t mix well with his medication, the demands of his office were constant, the perceived slights were silently absorbed. And the Linn/Reinert tandem didn’t work quite as smoothly as before. There were minor disagreements between the two old friends, always muted, and with Fr. Linn succumbing most easily. Some people in Omaha treated Fr. Reinert as if he were still CEO, sometimes circum-
venturing his successor. No serious rift evolved, but I felt the strain myself before leaving campus.

Fr. Linn, typically, took my departure personally. Disappointed at my failure to sign on forever, he spoke at my final bowling banquet dinner, wishing me well, but predicting I’d be back “since I just wasn’t cut out for the business world.”

A week later, at one of architect Leo Daly’s memorable cocktail parties, Daly, a Regent, inquired how Fr. Linn took the news of my leaving. I repeated that bowling banquet sentence. He laughed, and then we spoke about Daly’s possible expansion into Ireland. I asked him to remember me if he needed someone there in public relations. Leo shook his head and said, “Fr. Linn was right.”

People tend to underestimate the seven years of the Linn administration. It was an era of great change, in the country and on campus. The Cuban Missile Crisis, the deaths of the Kennedys and Martin Luther King, the Second Vatican Council, John Glenn’s orbit of the earth, racial violence in Los Angeles, Detroit and elsewhere, and the divisive struggle in Vietnam.

As Fr. Linn dealt with the echoes of these events, he managed to keep a lid on student protests, defend faculty who demonstrated against injustice, and come down hard on signs of bigotry. In an open letter to students and faculty written a month before he died, Fr. Linn decreed:

“During the past few weeks there have been some incidents of an abusive and inflammatory nature on the part of some students and even on the part of a few teachers in the classroom. This points to the existence of an intolerable white racism at Creighton. As president of a Catholic university, I will not tolerate racist behavior on campus.”

The poor boy from Kerry Patch made his meaning clear.

Fr. Linn also promoted urban renewal, restructured the University’s Board of Regents, raised faculty salaries, witnessed the continued campus facelift, encouraged dialogue, and watched the interstate system snake up to the school’s doorstep.

He tried his best to implement the dictates of Vatican II.

“Harry read part of the Vatican II documents every day,” recalls Fr. Robert Shanahan, S.J., now working in pastoral care at St. Joseph’s Hospital. “The pages would be all marked up, with notes scribbled in, emphasizing things which struck him.”

It all came to an end on a November weekend in 1969. I was driving back from St. Louis with my wife, intending to have her drop me off in Lincoln to attend my first Big Red football game. Somewhere in Missouri I heard the news that Creighton’s 20th president had died. We drove straight to Omaha, to join the other mourners.

There was a meeting of Province consultors that Saturday.

Because he would be tied up for a few days, Fr. Linn had said to his secretary on Friday, “Rosie, do you have any letters to sign? I probably won’t see you anymore.”

When he failed to show for the opening session the following day, Frs. Shanahan and Flavin went to his room. They found him dead, still in his bed. Fr. Shanahan sat beside him, took his hand, and, as if indicting all of the crosses Fr. Linn bore, said, “Well, they can’t hurt you anymore.”

Fr. Cahill, who would be a pallbearer, went to Fr. Linn’s room to help organize his belongings. Weeks earlier, Fr. Cahill had urged the Jesuit minister to buy Fr. Linn half a dozen shirts with French cuffs so he would look more presidential. Five of these shirts were in his drawer, still wrapped. The sixth was on his small body. He’d never bought cuff links.

“He was a peasant until the day he died,” reflects Fr. Cahill, with obvious affection for this man with few pretensions.

Letters of condolence poured in to Creighton. Former Creighton student and employee, Dr. Joseph Soshnik, then president of Nebraska University, declared Fr. Linn “always stood for what was solid and right, even at times when his position was not the popular one.” History professor Ross Horning praised his lack of rigidity, his deep consciousness of human relations, and the fact that “he never let up on himself.”

A former student, Maureen Polking Miller, wrote that Fr. Linn taught her about courage and commitment when her husband died, that he would always be around.

The celebrant of the funeral Mass, the Very Rev. Joseph Sheehan, S.J., provincial of the Wisconsin Province, called Fr. Linn one of the most honest men he ever met, and cited his love for the openness of young people.

“I never found the least bit of deviousness or the least amount of self-seeking in him,” he stated in his eulogy. “He genuinely questioned his own ability to lead this university, because he always felt it deserved the best in effort and talent.”

He looked over the standing-room-only crowd in St. John’s campus church and continued, “Today we bury a happy pilgrim, a man who has traveled thousands and thousands of miles for other people, all the while seeking to help and do his part to provide a place where young people whom he loved could find truth and could find their God.”

I guess, in the end, he was happy. What others saw as penance, he embraced as mission. He had no unfulfilled aspirations because he figured everything he did was part of a larger plan.

And those 800,000 miles? Perhaps he viewed them as an overlong rosary, to be said and savored, decade by decade, because wherever he drove, whatever he did, was sort of dutiful prayer. \[x\]
Will Democracy Thrive in Africa This Time?

By Dr. James S. Wunsch
Professor of Political Science and International Studies

Photos by the Author, except where noted

(Dr. Wunsch, who gained an interest in Africa while a student at Duke University, majored in political science and African studies at Indiana University, where he earned his doctorate. He held a Fulbright-Hays Fellowship in Ghana in 1971-72. Dr. Wunsch has lectured widely in Africa and has held research awards from the National Science Foundation, the National Endowment for the Humanities and the U.S. Agency for International Development. He served two years with the latter agency as a social science analyst. Dr. Wunsch has been at Creighton since 1973.)

Hopes were high when independence dawned in Sub Saharan Africa in the 1950s and 1960s.

Most of Africa’s new states had experienced a gradual decolonization process which included steadily increasing responsibilities for self-government. Generally they reached independence with remarkably low levels of bloodshed, in what has often been a traumatic and violent process. Most states, as well, had a sophisticated and educated (even if small) cadre to staff their government, had significant hard currency reserves, and had international donors ready to support the enterprise. While they were underdeveloped, they were agriculturally self-sufficient and often had rich mineral deposits to build on.

Thus, the prospects for democracy seemed bright, and most of the former colonies began independence with democratic institutions and democratic elections.
Within a decade all this had gone terribly wrong. Virtually every democratic government had fallen: some to military coups and strong man governments; some to single-party, “life-president” systems; and some to personalistic and corrupt dictatorships. The quality of these governments varied. Some offered relatively honest and effective management of public affairs, but others descended into corruption, abuse of human rights, and eventual disintegration.

1995 marked a remarkable turn-around. The last remnants of Western colonization — Namibia and South Africa — had held democratic elections and begun responsible, constitutional governance. Many other African states had returned to democratic elections and governments as well, including Zambia, Congo, Mali, Malawi, Benin, Madagascar, Senegal, the Central African Republic, and Ghana. Others, including Ivory Coast, Tanzania, the newly independent Eritrea, Zimbabwe and even the once savagely torn Uganda were moving in a democratic direction. The civil wars of Mozambique and Angola showed promise of ending. Even with the disap-

Dr. Wunsch (larger photo above) shows the work of the African artisan (inset) he commissioned to weave the brightly colored cloth, which hangs in his office.

Democratic reforms in Africa have generally occurred in an extended, two-stage process.

The first stage encompassed the surrender of the old regime to the necessity of change. In some areas, Tanzania for example, this appears to have come largely via internal forces and domestic processes. In most, however, elements of the international community have played a role. At times this has been primarily facilitative, providing aid in holding elections and observing ballot-tallies. Ghana generally fits this pattern. In other cases, a more aggressive role has been taken by outsiders. In Kenya the government was brought to elections because of intense domestic discontent, aided by pressure from a substantially U.S.-led development assistance boycott, as well as significant international criticism, also U.S.-led. In Zambia, after the single-party government was stunned by its electoral defeats in 1991, retired foreign leaders helped persuade the leader, President Kaunda, to step down. Later on, Zambian leaders helped play a similar role in Malawi’s reforms.

Certainly the international economic boycott and other sanctions played a large role in the end of apartheid in South Africa. While each of these democratic reforms/revolutions had their own unique internal dynamics, and were won by battles their peoples waged, international actors, including the United States, have played important roles.

The second stage of democratic reform is an even bigger one than gaining free and fair elections. This is the building of sustainable democracy. Governments must manage public affairs well: responsively, efficiently, effectively and transparently if democracy is to survive. While this is once again primarily a domestic challenge, international donors are playing a major role as well.

Continued Next Page
pointing return of military authoritarianism in Nigeria, the continued kleptocracy of Zaire, and the tragedies of Rwanda, Somalia, Liberia and Sudan as conspicuous reminders of the limits of these changes, Africa had come a long way.

But will these changes last? To answer that, one must first understand why these fledgling democracies failed. Most close observers of Africa’s first decades of independence believe that four interrelated factors contributed to the democratic failures of the immediate post-independence era:

— ethnic pluralism,
— economic underdevelopment,
— the international environment,
— and the experiences and world views of the “independence” generation of African leaders.

**Ethnic Pluralism**

Perhaps the paramount fact anyone must know to understand Africa is that its states are virtually all composed of multiple nations.

Westerners, particularly journalists, often obscure this by use of the term “tribe.” Tribe connotes a small, unsophisticated, isolated and “primitive” group of people, one that few would hardly expect to be able to manage a modern state, nor to get along rationally or peacefully with members of other “tribes.” Outsiders caught in this language trap would hardly expect “tribal” peoples to succeed in democracy, much less peaceful civil relationships, economic progress or the like.

In fact, Africa is composed of many nations, just as Europe, Asia and Latin America are. We hardly consider the five million Danes to be a “tribe.” They are seen as one of the constituent national groups of Europe.

Similarly the millions of Ibos, Yorubas, and Hausas are also nations. However, because of the accidents of colonial history, they, along with many other nations in Africa, live mixed in single states. Just as Western Europe’s “tribes” at different times and in different contexts have gotten along better and worse, so have Africa’s.

Multi-ethnic states are problematic. The Canadians, the Belgians, the Russian federation, India and the former Yugoslavia have wrestled with this with varying levels of success.

Ethnic pluralism does not ensure hostility: The substantial majority of African states that have maintained civil peace demonstrates that. But it compli-
cates governance in several ways, and in some circumstances it may make democracy difficult:

- Multiple languages can slow communications and focus citizen attention on sub-state identities and loyalties to the exclusion of others.
- Multiple ethnic groups exist as ready-made and potentially divisive blocs that ambitious political leaders can intensify in pursuit of office and power.
- Ethnicity usually coincides with region, intensifying regional competition for political power and spoils; the same pattern applies at times to religion.
- When significant cultural differences (in values, in understandings of moral imperatives) exist among ethnic groups, developing and implementing effective public policy is difficult.
- Historical legacies: Past military conflict, inequalities in education or economic development, can heighten ethnic suspicion.
- States grafted on multiple nations tend to command less identification with and commitment by the citizens.

All these factors are as applicable to Canada as to Africa. And each area has had difficulty in dealing with multi-ethnicity.

Briefly put, multi-ethnic states are polities built on divided citizenries who share few cultural norms, may feel a limited moral obligation to the state, and feel more trust in their own ethnic/national leaders than state leaders. As a result, the stakes of political competition can be very high: Each group fears what the others might do if they capture the state.

Restrains on political tactics are weak: When the ballot-box fails, fearful people take to the streets. There are few, if any, wide-spread and deeply held norms which undergird constitutional provisions, which makes their subversion more likely. Also, state leaders are aware of the tenuousness of their constitutional claim on office, and tend to seek additional ways to strengthen their hold: single-party systems, life-time tenure in office, co-optation of opponents, and the like.

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When these dynamics began to get out of control, as they did in Ghana and Nigeria, the military has taken power. In other countries, more astute (and perhaps more lucky!) leaders succeeded in establishing a stable patron-clientage system where the benefits of political power were shared-out much like the classic American urban machine. As long as the money held out, ethnic fragmentation could be contained this way. Ivory Coast, Kenya, Zambia, Senegal and Cameroon more closely fit this model.

Either way, democracy was the casualty.

**Economic Underdevelopment**

A second problem for African democracy has been the poverty and underdevelopment of the continent.

For the most part, this is not the utter poverty one may see in some Asian cities: Most Africans have land or a route back to the land. Except for periods of famine and warfare, hunger is rare in modern (and traditional) Africa. The problem economic underdevelopment in Africa poses for democracy thus is not impoverishment and great class differences.

Instead it is manifested in four areas: weak civil societies to check and challenge government; limited commercial and industrial enterprises with a strong interest in the rule of law and constitutional government; a disproportionate amount of the economy controlled by the state and available to it to consolidate political control; and vulnerability to a world economy where commodity price instability, rising interest rates and “oil-shocks” have weakened the state’s ability to pursue policy effectively.

Underdeveloped economies spawn few of the intermediary organizations which elsewhere criticize, harass, correct, invigorate, renew and check the state. Unions, professional associations, the media, private universities, foundations, business and trade associations, and benevolent organizations, are in substantial measure a result of a developed economy where there are multiple professional roles, specialization of enterprises, and some excess wealth to invest in and sustain groupings between the individual and the state. Throughout most of Africa, these are underdeveloped if they exist at all.

Secondly, as an economy develops, persons, corporations and international...
entities develop an interest in stable and predictable law to regulate their businesses and guarantee their investments.

As these grow to encompass a larger share of the economy, their interest in constitutional government becomes a politically powerful factor governments must heed, or face serious economic consequences. In simpler, agrarian economies, on the other hand, individual farmers and small-scale commercial interests are vulnerable to the power of the state: to fragment an already geographically dispersed and weak category of people and selectively to buy off the most dangerous among them via the national budget.

Barrington Moore, the noted political-sociologist, summarized all this in a phrase: “no bourgeoisie, no democracy.” He was not referring to any supposed virtue among the bourgeoisie, but to its economic interest in constitutional governance, to its political interest in assuring its control over the state rather than vice versa, and to its potential for economic and therefore political autonomy from the state’s control of the national budget.

**The International Environment**

The world economy has not been kind to Africa. Since independence, commodity prices have slid, African products have faced trade barriers in the developed world, and energy costs in the 1970s devastated Africa. Meanwhile interest rates and debt burdens squeezed its economies still further.

Interestingly enough, these trends generally hit African states after the democracies were largely gone. In fact, if anything, these crises probably helped end the authoritarian regimes, as their performance deteriorated during the 1980s. However, other international factors, specifically the Cold War and French foreign policy, worked earlier to erode democracy. The Cold War was a factor because of the oft-noted tendency of both the United States and the Soviet Union to shore up and support non-democratic regimes and rulers when they fit the respective superpower’s geopolitical interests.

France contributed to this because of its cozy relationships with and extensive economic and military support for many authoritarian regimes. In the Ivory Coast, Gabon, Cameroon, Senegal, Congo and elsewhere the French supported non-democratic leaders. Those leaders welcomed extensive French investment, military presence and influence in their governments. Indeed, it was only in the last year that the French government ceased supporting the currency of most of its former colonies, 30 years after independence. While the French usually (but not always) did not directly attack democracy, their steadfast support for authoritarian regimes certainly helped sustain them and ease pressures for reforms.

**African Leaders**

African leaders themselves began the independence era with a strongly paternalistic, elite-oriented, rationalistic, and top-down approach to governance.

While democracy had been a tool to help drive away the colonial powers, these leaders’ actions (and sometimes their words as well) reflected little support for democracy once independence was won. They moved early and quickly to consolidate the dominance of single party systems, muzzle the press, control the economy, weaken local government and co-opt their opponents. Disagreement was to be contained within a governing coalition; public dissent they saw as disloyalty.

Unity behind a single leader or an integrating revolutionary ideology was seen as the prerequisite for development and national unity. Economic development could not be left to the vagaries of the market, but must be planned from the center, one far removed from any public accountability.

These policies reduced the space for democratic discourse, as they gradually shrunk the political arena from the entire population to small cliques within the leadership. The impetus behind them may have been well intended, as paternalism often is. The result was the preemption of democracy and governments that progressively grew out of touch, ill informed, and prone to pursue at times disastrous policies and programs. While it is a subject beyond the scope of this article, few in the development community regard African domestic development policies as a recipe for anything other than economic decline.

**Crashing in the 1970s**

Beginning in the late 1970s, Africa began to crash.

A darkening world economy, inefficient and wasteful governments, domestic policies that caused economic shrinkage, growing unpopularity, and
the like worked to topple regime after regime. Ghana was one of the first; South Africa (with differences, but still remarkably consistent with this model) was one of the last.

The Cold War ended, and international support for authoritarian regimes faded. The collapse of the Soviet Union and the liberation of Eastern Europe removed a legitimizing model, and the old rhetoric of benevolent or ideological statism lost its luster. Finally the old generation retired, died or was occasionally removed from power.

But will these changes last, or will Africa return once again to authoritarian government?

The prospects for Africa are unclear. On the plus side are several important changes.

The international environment is far more supportive of democracy and Catholic Church and a plethora of international non-governmental organizations also have strongly supported democratic reform. The cessation of Cold-War maneuvering to strengthen the favored “strong-man” has largely ended, and no one of importance in the international community speaks for dictatorship or authoritarian government.

Second, Africa’s leaders and peoples have developed a healthy skepticism for revolutionary, statist, strong-man and other non-democratic solutions to their dual challenges of economic development and governance. Decades of disappointment with various top-down solutions have left many receptive to democracy at the center, pluralism in civil society, market forces in their economies, and even to local governments where grass-roots people actually have some control over their lives. While institutions remain to be built, the general direction is, for now, generally clear.

Third, while Africa remains a continent of multi-nation states, the diminishment of the scope and power of the state has reduced the greatest single cause of ethnic conflict: competition for the prize that political power can be. Decentralization, marketization, civic pluralism all reduce the costs of political loss. Ethnic conflict may be expected to shrink.

On the negative side, certain problems remain.

With the exception perhaps of South Africa and Eritrea, no African state has a social covenant or normative agreement that exists “behind” and undergirds the legal constitution. Absent that, regimes remain vulnerable to both overt attack and gradual erosion. And while the Africa of 1995 remembers the failed promises of performance by the authoritarian leaders and has turned to the legitimacy of democratic process instead, its commitment to process will likely fade without some performance. And the international economic arena remains a bleak one.

Also, Africa’s economy, except for South Africa and in some measure Zimbabwe, remains highly underdeveloped. Therefore, the healthy civil society and role of bourgeois interests that most scholars see as essential for democracy’s survival, are absent.

Finally, the reach and will of the United States and other international actors who might support democracy in Africa remains to be seen. Those who do have influence there, for example, the French, have not been conspicuous actors behind democracy. Perhaps a democratic South Africa can begin to play this role.

Thus the jury on African democracy in 1995 is still out. Still, by most criteria, African democracy is in a far better position than it was in 1960.

Some states will probably slip back, given the performance challenges and the contextual weaknesses they face. Nonetheless, there is nothing in African culture as a whole that says it cannot attain and practice responsible and accountable governance. The detailed form and institutional expression will certainly vary from the American or European experience.

But the human aspiration for dignity and the rejection of arbitrary and poor governance are shared in by all.

Ultimately, Africa will succeed.
BILL FITZGERALD’S GIFT FOR GIVING TOOK ROOT EARLY IN LIFE

Bill Fitzgerald recalls one of his first fund-raising projects when he was an aspiring businessman.

At age 22, “the new kid on the block”, he was assigned by his employer to collect for a community charity from neighborhood merchants. Bill believed securing donations would be easy. “To my surprise, a lot of people said ‘no’. Two days later, my dad asked how I was doing and I told him, ‘People just aren’t giving.’”

“Dad said, ‘Giving’s got to be taught. If you learn to give as a young person, you’ll have a lifetime of giving.’”

Now Chairman of Commercial Federal Bank, the 1959 graduate of Creighton’s College of Business Administration took his dad’s words to heart: He’s made it his business to give — by building a model business in Omaha and serving on countless boards and community projects — from United Way to the Boy Scouts to Ak-Sar-Ben.

Remembering Creighton has also been second nature to Bill. A long-time member of the University’s Board of Directors, he recently led the Creighton 2000 Campaign’s Leadership Gifts Committee in Omaha — a group that secured more than $21 million of the $57 million raised to date in the $100 million Campaign.

Bill’s reason for supporting Creighton is simple. “When you ‘give back’ to society, you think of the cause of your success. When I was growing up, Creighton and the Jesuits had the biggest impact on my life.

“We need universities like Creighton . . . which offers not only quality education but something more — teaching that caring aspect, educating a person for others.”