

S U M M E R 2 0 0 1

CREIGHTON

UNIVERSITY MAGAZINE

Is America Ready for Universal Health Care?

The Great War:
One Medic's Diary

Baseball and the
American Character

America Considers
the Electoral College

S U M M E R 2 0 0 1

CREIGHTON

U N I V E R S I T Y M A G A Z I N E

C O V E R S T O R Y



Photo by Ervin Photography

14 IS AMERICA READY FOR UNIVERSAL HEALTH CARE? Donald Frey, M.D., Creighton's Dr. Roland L. Kleeberger Endowed Chair in the School of Medicine, believes the nation's current health care system is broken. Is universal health care the answer? This is the second installment in a yearlong series examining the state of the nation's health care.

22 THE GREAT WAR: ONE MEDIC'S DIARY Among the personal effects of the late Frank E. Bellinger, M.D., was a well-worn diary. In its pages, the Creighton medical school alumnus gives a gripping personal account of life on the front lines during World War I.



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Multimillion-dollar contracts and the joy of going to the ballpark on a beautiful summer day. Creighton professor Jerry Clark, Ph.D., writes that America's game reflects our nation's culture — both the good and the not so good.



Photo by Evin Photography



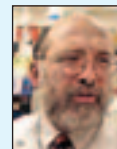
Photo by Evin Photography

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The 2000 presidential election brought renewed interest in America's Electoral College. Creighton law professor Dick Shugrue examines the history of this process, developed in the nation's early years, and its relevance today.

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FOREIGN AID Creighton professor Philip Meeks, Ph.D., writes that giving foreign aid to developing countries is in our national interest and a matter of both charity and justice.

CREIGHTON UNIVERSITY MAGAZINE'S PURPOSE

Creighton University Magazine, like the University itself, is committed to excellence and dedicated to the pursuit of truth in all its forms. The magazine will be comprehensive in nature. It will support the University's mission of education through thoughtful and compelling feature articles on a variety of topics. It will feature the brightest, the most stimulating, the most inspirational thinking that Creighton offers. The magazine also will promote Creighton, and its Jesuit Catholic identity, to a broad public and serve as a vital link between the University and its constituents. The magazine will be guided by the core values of Creighton: the inalienable worth of each individual, respect for all of God's creation, a special concern for the poor, and the promotion of justice.

Letters to the Editor can be e-mailed to Editor Rick Davis at rcd@creighton.edu, faxed to (402) 280-2549, or mailed to *Creighton University Magazine*, 2500 California Plaza, Omaha, NE 68178. Letters may be edited, primarily to conform to space limitations. Please include your name, city, state, year of graduation (if applicable) and telephone number on all letters.

THOMAS DELIVERS 2001 LANE LECTURE



Photo by Dave Weaver

Virginia (Lamp) Thomas, BA'79, JD'83, (pictured above) delivered the 2001 Lane Lecture in the School of Law on Feb. 7. The topic of her lecture was "Non-traditional Law Practice in the Nation's Capitol."

She is the senior fellow in government studies at the Heritage Foundation in Washington, D.C. The Heritage Foundation is a conservative think tank. At the Foundation, Thomas works to bring accountability to the federal government through increased use of performance measures, enhancing congressional oversight, identifying government programs that are working in the manner intended while also identifying waste, duplication, error or mismanagement.

She is married to U.S. Supreme Court Justice Clarence Thomas (see picture, right).

AROUND CREIGHTON

Economic and government leaders meet at Creighton

The College of Business Administration hosted economic, government and educational leaders for an issues-packed conference on high-speed digital access and rural economic development in March.

Nebraska **Gov. Mike Johanns, JD'74**, and Rep. Tom Osborne, R-Neb., were two of the 15 speakers at the Broad-band Access & Rural Economic Development Conference, that attracted more than 100 economic development officers from across the state.

High-speed digital access has been touted as an important resource for the redevelopment of the economies of rural Nebraska. Industry

representatives at the conference addressed the obstacles to broad-band access and how to overcome them.

Two elected to Creighton Board of Directors

Susan M. Jacques and **George F. Haddix, MA'66, Ph.D.**, have been elected to



Jacques



Haddix

Creighton University's Board of Directors.

Jacques is the CEO and president of Borsheim's Fine Jewelry in Omaha. Prior to her appointment as president and CEO, Jacques was the senior vice president at Borsheim's from 1991 to 1994.

Dr. Haddix has been the director of Info USA since 1995 and the director of CSG Systems International Inc. of Denver since 1998. He retired as president of CSG Holdings Inc. and CSG Systems International in 1998. Dr. Haddix co-founded CSG in 1994.

Creighton hosts fifth annual Native American retreat

Helping Native American high school students prepare for college was the focus of the fifth annual Native American Retreat. Nearly 100 Native American high school students from Kansas, Iowa, Nebraska, South Dakota, Wyoming and Oklahoma in grades nine through 12 visited campus.

The keynote speaker was Creighton alumnus **George Blue Spruce Jr., DDS'56**.

JUSTICE THOMAS TEACHES AT CU LAW SCHOOL



Photo by Dave Weaver

U.S. Supreme Court Justice Clarence Thomas (front row, third from the left) poses with the law school students who took part in a two-week constitutional law seminar taught by Thomas and Michael Fenner, professor of law. Each taught one week of the seminar entitled "Supreme Court Seminar."

LAW SCHOOL PRESENTS POLK WITH PITTMAN AWARD

Photo by Dave Weener



Creighton law alumnus Marlon Polk, JD'91, right, received the 2001 Judge Elizabeth D. Pittman Award from the School of Law in February, much to the delight of his 6-year-old daughter, Jazmine, left; wife, Joan Jackson Polk, JD'92, middle; and 4-year-old son, Marcus (not pictured). Marlon Polk is a founding partner in the Omaha law firm Polk, Waldman & Wickman LLC and the current president of the Midlands Bar Association. The Pittman award is presented annually by the law school to honor outstanding African-American graduates.

CU hosts Alzheimer's conference

Ethicists, neurologists and caregivers discussed treating Alzheimer's disease and developing effective models for care in a two-day conference.

Conversations about deciding what medications to use and when to consider discontinuing their use; how a patient's identity is affected by dementia; how families react to and cope with a member who has Alzheimer's disease; the role of advance directives and end-of-life decision making; and allocation of societal resources to care for Alzheimer's patients took place during the conference sponsored by Creighton's Center for Health Policy and Ethics, the Center for Aging, Alzheimer's Disease and Neurodegenerative Disorders, the School of Medicine and the Omaha and Eastern Nebraska Chapter of the Alzheimer's Association.

Alzheimer's is gaining global attention, said Ruth

Purtilo, Ph.D., director of the Center for Health Policy and Ethics. "The disease affects about 12 million people worldwide and is expected to affect 22 million people in about 25 years," she said. "Part of the reason we're seeing such an increase is that we've had such success in improving health so people are living longer."

Fr. Cortina speaks at Creighton

Jon Cortina, S.J., founder of Pro-Busqueda, a foundation that has reunited more than 200 children separated from their families during El Salvador's Civil War, delivered a lecture at Creighton in late February. Fr. Cortina discussed his work with families and the challenges he and Pro-Busqueda have faced with the recent earthquakes in El Salvador.

Prior to his talk, the video *Finding Ernesto* was shown. *Finding Ernesto* was produced by Fr. Don Doll, S.J., and **Liz O'Keefe, BA'89**, and was originally aired on ABC's

Nightline on Nov. 18, 1999. The video features Fr. Cortina's work.

Warming returns to CU

Bob Warming was announced as Creighton University's new head men's soccer coach in February. Warming, who was Creighton's head coach from 1990 to 1994, returns to Omaha following a four-year stint as head coach at Saint Louis University.

During his tenure at SLU, the Billikins advanced to the NCAA Tournament all four years. In his first year at the SLU helm, the Billikins advanced to the 1997 Final Four.

Warming replaces Bret Simon, who resigned on Feb. 5 to take the helm of the Stanford program. Simon was an assistant under Warming at Creighton.

Altman Named MVC Coach of the Year

After leading the Creighton men's basketball team to its first Missouri Valley

Conference regular-season title in a decade, head coach Dana Altman received the Rawlings/Missouri Valley Conference Coach of the Year award. The award was presented March 2 in St. Louis prior to the MVC Tournament.

In his seventh season at Creighton, Altman guided the Bluejays to their third straight NCAA Tournament appearance in 2000-2001.



Photo by AP Wide World Photos

Creighton University head men's basketball coach Dana Altman, right, is presented the Rawlings/Missouri Valley Conference Coach of the Year award by Jeff Noser of Rawlings Sporting Goods Inc.

2001 COMMENCEMENT HONOREES, ALUMNI MERIT AWARD RECIPIENTS

**Blumkin, Ferlic honored at May Commencement;
First presidential Medallions awarded**

During Commencement exercises on May 12, Creighton University awarded an Honorary Doctor of Humanities degree to **Louis Blumkin** and the Alumni Achievement Citation to **Randolph M. Ferlic, BS'58, MD'61**.

In addition, Creighton University inaugurated a new public honor, the Presidential Medallion. This award recognizes individuals and organizations that have displayed excellence in an academic discipline; have provided distinguished local civic, cultural or volunteer service; and have shown a commitment to the educational and community ideals espoused by Creighton University's mission statement. The University's first Presidential Medallion awards were conferred upon Catholic Charities of the Archdiocese of Omaha and the Omaha Symphony.

Louis Blumkin began his career with his mother, Rose (or "Mrs. B" as she was affectionately known), in 1948 at their legendary Omaha furniture store, the Nebraska Furniture Mart. Through Blumkin's direct leadership, Nebraska Furniture Mart is the local market share leader, with a furniture market share of 70 percent in Omaha and surrounding areas. In October 2000, Blumkin was inducted into the American Furniture Hall of Fame. He continues at 81 to work every day. Blumkin served five years overseas in the U.S. Army during World War II and received two Purple Hearts. He was the chief benefactor of the Holocaust Survivors Organization. In addition, Blumkin supports numerous academic, social and civic programs and organizations. He and his wife, Frances, have three sons.

Dr. Randolph M. Ferlic is a retired cardiovascular surgeon from Omaha. Dr. Ferlic had a distinguished career and is a highly recognized surgeon. In 1985, Dr. Ferlic headed the surgical team that performed the first heart transplant operation in Nebraska. He was appointed by former Nebraska Gov. Ben Nelson to the first Coordinating Commission for Postsecondary Education in 1991. In 2000, Ferlic was elected to the University of Nebraska Board of Regents. He is a Fellow of the American College of Surgery and has more than 50 peer reviewed publications in national medical journals relating primarily to cardiology, cardiac surgery and research. He and his brother, Dan, have been granted three patents related to radiographic grids. He and his wife, Teresa, have four children, two of whom are Creighton graduates — **Ann Ferlic Ashford, JD'85**, and **Sarah Ferlic Bonn, MS'89**.

*Blumkin**Ferlic***College of Arts and Sciences Alumni Merit Awardee**

At a May 11 ceremony, **Carolyn Greco Mancuso, BA'68**, received the 2001 Alumni Merit Award from the College of Arts and Sciences. Mancuso is the office manager for Pediatric Dentistry in Des Moines, Iowa, where her husband, **Vincent Mancuso Jr., DDS'71**, is a practicing dentist. The Mancusos have been active in Creighton alumni activities for many years. They have hosted many alumni events in the Des Moines area. In addition, the Mancusos served as the National Chaircouple of the Edward and Mary Lucretia Creighton Society from 1992 to 1998. They have a son, **Vinnie, BA'92**.

*Mancuso***School of Dentistry Alumni Merit Awardee**

The School of Dentistry presented its Alumni Merit Award to **Marvin Bernard Dvorak, BA'60, DDS'64**, on April 20. Dvorak has been in private practice in Omaha since 1966. He also has served Creighton University as a part-time faculty member in the School of Dentistry since 1976 and as a member and past chairman of the School's Alumni Advisory Board. Dvorak has been a board member of the Nebraska Board of Dental Examiners and is a member of the Joint Commission on National Dental Examination of the American Dental Association. These positions are only offered to individuals with the highest moral principles. He and his wife, **Lynette (Watson), BSN'67**, are the parents of Jacquelyn, **David M., JD'95**, and Meghan.

*Dvorak***School of Nursing Alumni Merit Awardee**

Alexa M. Kramer Stuijbergen, BSN'77, Ph.D., received the 2001 School of Nursing Alumni Merit Award on May 11. After receiving her bachelor's degree from Creighton in 1977, Dr. Stuijbergen earned her master's degree in nursing from the University of Texas at El Paso in 1981 and her Ph.D. from the University of Texas at Austin in 1988. She is the associate dean for research in the School of Nursing at the University of Texas at Austin and is recognized nationwide for her research in health promotion and quality-of-life issues among those chronically ill. She currently is working on studies that deal with multiple sclerosis and its impact on women and underserved populations. She is a Fellow in the American Academy of Nursing, the most prestigious honor given to a nurse. She is married to **Robert Stuijbergen, BSPH'77**, and is the mother of two daughters.

*Stuijbergen*

LAW SCHOOL INAUGURATES KEARNEY CHAIR; MAHERN FIRST CHAIRHOLDER

The director of the Milton R. Abrahams Legal Clinic at Creighton University's School of Law has a new title. Catherine Mahern, J.D., was installed as the first chairholder of the Connie Kearney Endowed Chair in Clinical Legal Education on March 30.

The endowment comes from a \$1 million charitable lead trust, established by Connie and Lee Kearney of Vancouver, Wash. Connie Kearney graduated from Creighton's law school in 1987. After a one-year clerkship, she worked at the Legal Aid Society in Omaha for two years before serving as an adjunct professor in the Abrahams Legal Clinic from 1993 to 1997. In 1996, Connie Kearney received the Nebraska State Bar Association's Robert M. Spire Pro Bono Award.

"Connie Kearney is one of the most intelligent, generous and compassionate people I have had the pleasure to know," Mahern said. "Working with Connie in the legal clinic was a valuable experience for me, our law students and our clients."

Lee Kearney came to Omaha in 1984 and was promoted to

division manager for six districts and became a vice president of Kiewit Construction Group. In 1989, Kearney was elected to the board of directors of Peter Kiewit Sons Inc. Kearney retired in 1997.

The School of Law takes pride in providing practical legal experience through the legal clinic for third-year students about to enter practice. The clinic not only provides valuable guidance and experience, but it is an important resource to all of metropolitan Omaha (see story, page 10). Since its inception, legal services have been provided to nearly 1,000 people who otherwise would not have been able to afford them. The Kearney gift will enable Creighton students in the legal clinic to enhance their education and serve citizens in need for years to come.

The Kearney Chair is the second endowed chair in the School of Law and the 23rd endowed chair at the University.

This important gift will ensure that

Creighton's School of Law continues to encourage the Jesuit ideal of service as an integral component of its graduates' practices.



Photo by Dave Warner

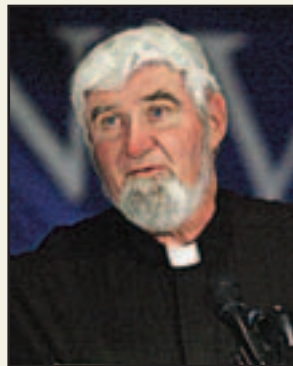
Mahern addresses the audience at the Kearney Chair installation ceremony.

FR. HART, HENDRY INDUCTED INTO CU ATHLETIC HALL OF FAME

Fr. Bob Hart, S.J., and Jim Hendry were inducted into Creighton University's Athletic Hall of Fame during an April 3 banquet.

The Rev. Robert (Bob) Hart, S.J., has endeared himself to thousands of athletes and staff over the past 19 years as chaplain of the Creighton University Athletic Department. Counselor, coach, psychologist, teacher, mentor, friend and faithful pastor, Fr. Hart has traveled more miles, said more blessings and watched more athletic contests than any other member of the staff, faculty, student body or Jaybacker group.

At the ceremony, Fr. Hart was cited for his dedication to the human condition and



Fr. Bob Hart, left, and Jim Hendry, right, were inducted into the Creighton University Athletic Hall of Fame in April.

religious spirit that is evident in his loyalty to each student-athlete he has befriended over the years, including the numerous home Masses, baptisms and weddings he has performed for current and former Bluejays.

Jim Hendry took over the



Photos by Dave Warner

Creighton University baseball program mid-season in 1984. Over the next seven years, Hendry would win 282 games and produce a number of All-Americans, including Dan Smith, Scott Stahoviak and Chad McConnell; a National League Rookie of the Year in

Alan Benes; and an Olympic Gold-Medalist in Scott Servais, all while earning the 1991 National Coach of the Year Award from *Baseball America*.

His 1991 College World Series team captured the Missouri Valley Conference Championship with an outstanding 51-22 record.

Hendry moved to the majors following the spectacular season of 1991. After a stint with the Florida Marlins of the National League, Hendry moved to Chicago to become the assistant general manager of the Cubs.

Hendry and his wife, Andrea, have two children, Lauren and John.

CREIGHTON UNIVERSITY NAMES THREE VICE PRESIDENTS

Creighton University announced the appointment of three vice presidents at its March 5 Board of Directors meeting.

Patricia R. Callone was named to the newly created position of vice president for Institutional Relations, M. Roy Wilson, M.D., was named vice president for Health Sciences, and **Dan Burkey, BSBA'81**, was named vice president for Administration and Finance.

Callone is the first woman to be named vice president at Creighton. While the position will involve internal communications at the University,

Callone will have a significant role in community relations as well. She has served as assistant to the president since 1990.

From 1984 to 1990, Callone was the associate dean for University College. Prior to that she was the assistant and associate dean for lifelong learning at Creighton from 1979 to 1984. She received a master's degree in religious education from Seattle University in 1975 and a master's degree in English from Marquette

University in 1971.

Dr. Wilson is the first African-American to be named a vice president at



Wilson

Creighton. He was named dean of the School of Medicine in 1998 and has been interim vice president

for Health Sciences since October 1999. Before joining Creighton, Dr. Wilson was the associate dean at UCLA and the dean of the College of Medicine at the Charles R. Drew University of Medicine and Science. His primary

interest is ophthalmology, with an emphasis in glaucoma. He received his medical degree from Harvard Medical School in 1980.

Burkey has been serving as interim vice president for Administration and Finance

since April 2000. Prior to that he served as controller beginning in 1992 and director of financial systems and reporting in 1990. Burkey graduated from Creighton in 1981 with a bachelor's degree in business administration.



Burkey

Photo by Dave Weaver



Callone

Photo by Dave Weaver

ANTI-CANCER RESEARCH TAKES TO THE SEA

Despite distance from the sea, Creighton University researchers are investigating potential anti-cancer compounds derived from marine organisms. Thomas Adrian, Ph.D., professor of biomedical sciences, recently received a two-year grant from The American Institute for Cancer Research to investigate the anti-cancer activity of a compound derived from a bottom-dwelling marine creature, commonly referred to as a "sea cucumber."

Dr. Adrian is working with a marine drug discovery company, Coastside Research of Stonington, Maine. He and Coastside Director Peter Collin have discovered a unique anti-cancer extract derived from the sea cucumber. The compound blocks the growth of several human cancer cells, including pancreatic cancer, the focus of the Adrian lab.

"There are more than 1,100 species of sea cucumbers worldwide," Collin said. "These slow-moving creatures have been around for 500 million years and have evolved sophisticated mechanisms for dealing with bacteria and the risk of being eaten by larger creatures."

Though far from being able to test the compounds in humans, the Creighton investigators are enthusiastic about the promise of their "sea cucumber" anti-cancer project.

The American Cancer Society lists pancreatic cancer as the fourth leading cause of cancer death in men and women in the United States. Approximately 18 percent of patients with pancreatic cancer survive for one year, and less than 4 percent survive five years after diagnosis.

"There are virtually no survivors of this disease," Adrian said. "In most cases, cancer has spread beyond the pancreas at the time of diagnosis, and drugs currently available are not effective in stopping the cancer growth."

The Creighton investigators also will examine the sea cucumber-derived compound's ability to inhibit the spread of cancer to other organs. Supported by the Chemoprevention Branch of the National Cancer Institute, the American Institute for Cancer Research, the Maine Center for Innovation in Biomedical Technology and the Maine Technology Institute, Adrian and Collin will focus their marine-related efforts on pancreatic

cancer for the foreseeable future.

"Marine life offers a vast untapped resource for pharmaceutical development," Collin said. "We're looking at preventing cancer with pharmaceuticals and nutrition — the line is blurring between food and medicine."



Photo by Lois Gervais

Researchers are looking at the anti-cancer activity of the sea cucumber, pictured above.

TEAM TACKLES NEBRASKA'S NURSING SHORTAGE

The problem is well known: A nationwide nursing shortage is getting worse and it has spread to Nebraska, where 6 to 12 percent of registered-nursing positions remain unfilled. Creighton University's School of Nursing is creating a potential solution to the shortage by utilizing affiliations and partnerships with five highly respected health care providers.

The solution is a scholarship program for students enrolling in Creighton's one-year accelerated nursing program. The scholarship program is a direct result of a strategic alliance that Creighton University, Saint Joseph Hospital and Alegent Health formed in 1998, in part to facilitate research and education of students in health professions represented at Creighton.

Creighton's School of Nursing has a long-standing relationship with the nursing department of Saint Joseph Hospital and has formed an alliance with the nursing management council of Alegent Health to discuss issues related to students, new programs and projects.

Alegent Health, Saint Joseph Hospital, Mary Lanning Memorial Hospital in Hastings, Neb., Saint Francis Medical Center in Grand Island, Neb., and Good Samaritan Health Systems in Kearney, Neb., will provide more than 40 scholarships to students to complete the Accelerated Nursing Curriculum at Creighton's School of Nursing.

The expansion of Creighton's nursing program to Hastings in 1986 provided the means for replicating the scholarship program in central Nebraska. Mary Lanning Memorial Hospital invited Creighton's School of Nursing to develop an off-campus program in Hastings when the decision was made to close its hospital diploma program. Creighton has offered its traditional baccalaureate program on the Hastings campus for the past 15 years, but until now, has never offered the accelerated nursing program as an off-site option.

Saint Joseph Hospital and Alegent Health will provide a total of 34 scholarships for students entering Creighton's accelerated nursing program in August 2001. Alegent Health will sponsor 24 full-tuition scholarships in exchange for a four-year employment commitment. Saint Joseph Hospital will provide 10 scholarships with 75 percent tuition payment for a three-year employment commitment. Mary Lanning Memorial Hospital in Hastings and Saint Francis Medical Center in Grand

Island will sponsor five scholarships each with 100 percent tuition payment and a three-year employment commitment. Good Samaritan Health Systems also will participate.

"This scholarship program for accelerated nursing students will have a direct and immediate impact on the number of well-qualified nurses in Nebraska," said Edeth Kitchens, Ph.D., R.N., dean of the School of Nursing at Creighton University. "It is a practical and responsive model of educators and providers work-

ing together to address deficiencies in the health care work force and to ensure optimal health care in the future."

The scholarship program will begin in August 2001 and will continue for students who enroll in the January 2002 and August 2002 classes. All the hospitals involved will provide a one-year mentorship for scholarship graduates, as well as tuition reimbursement for graduate study.

Creighton's School of Nursing was one of the first in the nation to develop an accelerated program in 1975. The program is designed for students who hold a minimum of a bachelor's degree in another field. At the end of one year of full-time study, students graduate with a Bachelor of Science in Nursing (BSN) degree. Over the past 25 years, nearly 1,000 students have graduated from Creighton's accelerated program. Employers aggressively recruit program graduates, who often have complementary degrees and a maturity level to handle multiple disciplines.

This scholarship program was developed in direct response to the national and local nursing shortage, which continues to expand. According to a recent projection in the *Journal of the American Medical Association*, by 2020 the nation's supply of registered nurses will be 20 percent below expected requirements. A recent report to the U.S. Department of Health and Human Services projects that, just when the baby boom generation hits its golden years in 2020, the U.S. could

face a shortage of 291,000 nurses.

"Today's escalating demand for nurses requires more than simply increasing numbers. By far the greatest need is for nurses with bachelor's and higher degrees. Our accelerated nursing program has a 25-year history of producing dual-degree graduates who are well prepared to take on the challenges of nursing practice in today's health care environment," said Kitchens.

NATIONAL SURVEY FINDS NURSES IN SHORT SUPPLY

Preliminary findings from the Health Resources and Services Administration's 2000 National Sample Survey of Registered Nurses released in February suggest more action is needed to keep the nation supplied with registered nurses.

The survey, the most extensive and comprehensive source of statistics on registered nurses with current licenses to practice in the United States, found that the average age of the nation's RNs continues to climb, and the rate of nurses entering the profession has slowed over the past five years.

Comparisons of data from the 1980 and 2000 surveys show a significant shift in the age of the RN population. In 1980, 52.9 percent of RNs were under the age of 40, but by 2000, only 31.7 percent were under 40.

In addition, the U.S. population increased 13.7 percent between 1990 and 2000. At the same time, the rate of nurses entering the workforce was just 4.1 percent between 1996 and 2000, down from 14.2 percent growth between 1992 and 1996.

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration

CREIGHTON UNIVERSITY OSTEOPOROSIS EXPERT RECEIVES PROFESSIONAL AWARD

Creighton osteoporosis expert **Robert R. Recker, MD'63**, professor of medicine and director of the University's Osteoporosis Research Center, was named a Master of the American College of Physicians.



Recker

This honor is the highest professional award of the College, which is made up of 115,000 internists. It is the largest organization of physicians in the world. The mastership is awarded to those who have achieved professional distinction in the care of patients, in academic achievement and in professional and ethical standards. The award also recognizes achievement in teaching and science.

According to the organization's website, Masters are a "small group of highly distinguished physicians, selected from among Fellows, who have achieved recognition in medicine by exhibiting pre-eminence in practice or medical research, holding positions of high honor, or making significant contributions to medical science or the art of medicine."

Dr. Recker is chief of endocrinology at Creighton. He has authored or co-authored 118 scientific articles, as well as numerous reviews, a book chapter and abstracts. The Osteoporosis Research Center has achieved national and international renown under his direction.

CU INSTITUTE RESPONDS TO STUDENTS' INFORMATION TECHNOLOGY NEEDS

The Creighton Institute for Information Technology and Management is now offering its core information technology (IT) courses for credit.

By offering the Institute's core classes for credit, students can take advantage of the growing number of companies that offer tuition reimbursement and other financial aid.

The Institute is responding to the growing demand for IT workers who need to increase their programming and networking abilities. The Institute will offer the classes for credit and in an accelerated, convenient schedule that features day, night and weekend classes. The courses can be used as electives in many of Creighton University's undergraduate programs.

In its first three years of operation, the Institute has had more than 500 information technology graduates with a 90 percent placement rate for its graduating students.

For more information on the Creighton Institute, visit <http://institute.creighton.edu/> or call (402) 399-0560.

GRANT TO PROVIDE LEGAL SERVICES TO OMAHA'S HISPANIC POPULATION

The Creighton University School of Law Milton R. Abrahams Legal Clinic, in conjunction with the Catholic Charities' Juan Diego Center and the Latina Resource Center, is expanding its current legal clinic to provide legal services to low-income Spanish-speaking people in South Omaha.

To serve this community, Creighton has hired **Nicole Neesen, JD'91**, who is a Spanish-speaking attorney. Third-year



Photo by Dave Weaver

Pictured at a news conference announcing the new services are, front (left to right), Nicole Neesen, Catherine Mahern, Maria Luisa Gastón (Latina Resource Center), and back (left to right) Scott Adams (Catholic Charities), Fr. John Schlegel, and Law School Dean Patrick Borchers.

law students will be working with Neesen to deliver much needed legal services. The clinic will operate one day a week at either the Juan Diego Center or the Latina Center, both of which are located at 5211 S. 31st St. The clinic began operation on Feb. 6.

More than \$41,000 in funding for this expanded program has been provided by the Nebraska Commission for Public Advocacy, which supports a variety of legal services programs throughout the state.

The clinic will represent people primarily in the area of family law, landlord-tenant law, children's issues and general civil practice. Services will range from information, referral and consultation, to representation of clients in trial and through appeals. The clinic also is developing client questionnaires that will help in identifying a range of legal issues confronting the client. Educational brochures on a variety of legal issues will be developed in Spanish and made available to the community.

According to Catherine Mahern, director of the Abrahams Legal Clinic, extending services to the Hispanic community was an essential move.

"At Creighton we are called to serve, and this community has many needs and few resources," Mahern said. "The population of Spanish-speaking people has dramatically increased in Omaha, with no discernible increase in available legal resources. We are proud to be of service to the Hispanic community."

CREIGHTON, YWCA AND CATHOLIC CHARITIES PARTNER FOR FAMILY FUTURES

Helping families secure a brighter future in the new economy unites Creighton University, YWCA Omaha and Catholic Charities through "Family Futures: Touching Mother and Child Through Education."

The collaborative program, which is funded by a two-year, \$600,000 grant from an anonymous donor to Creighton University's College of Business Administration (CoBA), targets Nebraska Department of Health and Human Services' "Employment First" clients and their children. The program is designed to help these clients become self-sufficient and economically stable using education and social support programs.

Family Futures consists of a 12-month information technology training program through the Creighton Institute for Information

Technology and Management.

Additionally, there will be a variety of social and employment readiness workshops, personal and family enrichment programs, and an age-appropriate children's program coordinated by YWCA Omaha. Catholic Charities will provide substance abuse and counseling services. Transportation, childcare and life skills strategies also will be pursued to further eliminate barriers to maintaining employment. Internships, mentoring and employment opportunities will be an integral part of Family Futures as well.

The two-year pilot program will target two groups, of 20 participants each, who will be selected by a thorough interview process, a series of education, career and computer aptitude tests, and a personal inventory screening. The program was scheduled to start in May.

KYLE ADDRESSES DISPARITIES IN HEALTH CARE DELIVERY



Photo by Mark Romesser/Erwin Photography

James Kyle II, M.D., president/CEO of Genesis Healthcare Strategies in California, was a special guest speaker as the Creighton University Medical Center hosted the Nebraska kickoff of National Minority Health Month on April 3. Dr. Kyle, left, is shown here with M. Roy Wilson, M.D., vice president for Health Sciences and dean of the Creighton University School of Medicine. Dr. Kyle, of Culver City, Calif., also is administrative dean of the College of Medicine and chief medical officer of the Charles R. Drew University School of Medicine and Science in Los Angeles. In his keynote address, Dr. Kyle outlined how disparities in health care delivery have worked to destroy minority communities. Among others speaking at the kickoff event were Nebraska Gov. Mike Johanns and Richard Raymond, M.D., Nebraska's chief medical officer.

DENTAL SCHOOL PROFESSOR, STUDENT SAVE A LIFE



Photo by Jay Langhurst

Pictured in Creighton's adult dental clinic are fourth-year dental student Amity Gardner and Dr. Dennis Nilsson, a prosthodontist who specializes in restoring or replacing missing teeth. Gardner and Dr. Nilsson discovered that a Council Bluffs, Iowa, woman had a carbon monoxide leak in her home after examining a row of decaying teeth. According to Dr. Nilsson, he recognized some of the patient's symptoms from a lecture concerning carbon monoxide poisoning and tooth decay he heard 25 years ago while in the Air Force. After Gardner informed the patient of the news, the gas company visited the patient's home and found a gas leak from the furnace. Dr. Nilsson noted that other life-threatening problems can be detected through routine dental visits, including high blood pressure, methamphetamine use and upcoming strokes.

MONKEY BUSINESS: SPECIES IS NAMED AFTER CREIGHTON PROFESSOR

By Rick Davis, BA'88

It's not uncommon for medical researchers who discover a new form of disease to have that disease named after them.

But it's not often that you'll find a medical scientist with a species of owl monkey named after him.

Meet Creighton University's new chairman of the

Brumback was intent on becoming a general medical practitioner when he entered Pennsylvania State University Medical College in Hershey, Pa., in 1967. He began studying the chromosomes of owl monkeys only because he needed to complete a research project for graduation.

"I thought, 'All I have to do is get two animals, a male and a female, and a few tissue cultures, and then I can go back to becoming a GP,'" Brumback said.

What he found was shocking. At the time, there was believed to be only one species of owl monkey (genus, *Aotus trivirgatus*). Owl monkeys are small nocturnal primates found primarily in South America. In analyzing the chromosomes of two owl monkeys (one male and one female), Brumback found vast differences — more than could be explained by a simple difference in sexes.

"These karyotypes (individual chromosomes) were more different than humans and chimps," Brumback said.

He traveled to Boston, Philadelphia and Baltimore to collect more tissue and blood samples. He spent the next several years collecting

data, and cutting and pasting thousands of karyotypes. What he found was that there was not just one species of owl monkey but several. (It's now believed there are 10 different species of owl monkey.) The results of Brumback's study were published in 1971 in *Folia Primatologica*, the premiere journal of primatologists.

"But I didn't want to become a primatologist," Brumback said.

So, in 1975, Brumback met with Philip Hershkovitz, retired curator of mammals at Chicago's Field Museum and a leading expert in the study of primates. Brumback left all his data and research specimens with Hershkovitz and, in a letter published in the *Mammalian Chromosome Newsletter*, urged others with *Aotus* specimens to do the same.

"Then I forgot about it," Brumback said.

Brumback went on to work at several different institutions (joining Creighton in December after 14 years at the University of Oklahoma) and lost touch with Hershkovitz. Hershkovitz died a few years before Brumback's visit to the San Diego Zoo.

Brumback said he feels a certain kinship with "his" monkey. *A. brumbacki* is considered a threatened species due to destruction of its habitat. Brumback said he's determined to see that the species he helped discover continues to live on.



Photo by Dore Weaver



Dr. Roger Brumback, above, has a species of owl monkey, photo left, named after him ... the *Aotus brumbacki*.

Department of Pathology, Dr. Roger A. Brumback, namesake for the owl monkey *Aotus brumbacki*.

Actually, Dr. Brumback didn't even realize he had a species named after him until he visited the San Diego Zoo last year.

Brumback, who had done chromosomal research on owl monkeys as a medical student in the late 1960s, was standing in front of the zoo's owl monkey exhibit with his wife, Mary, when he noticed something strange.

The name of the species was no longer the familiar *Aotus trivirgatus*, but was listed as *Aotus nancymai*. Brumback had a hunch there might be some connection to Nancy Shui Fong Ma, a scientist he knew who studied owl monkeys in the 1970s.

Brumback began to think of his own research with the monkeys some 30 years earlier. He searched the Internet and found, to his great surprise, that not only had a species of owl monkey been named after his colleague Nancy, but there also was a species that was named after him.

"I was just shocked," Brumback said.

"Every physician dreams of having a disease named after him or her," he added. "But to have something that's a living animal, a living species, named after you ... it's fascinating."

CREIGHTON RESPONDS TO CRITICAL SHORTAGE OF PHARMACISTS

What if a pharmacist wasn't available when you needed a vital prescription filled, or when you had an important question about potential drug reactions? That scenario is possible because of a nationwide shortage of pharmacists.

According to the U.S. Department of Health and Human Services, there are an estimated 10,000 pharmacist vacancies across the country. According to the federal study, the shortage results in less time for pharmacists to counsel patients, job stress and the potential for fatigue-related errors.

Creighton University is responding to this critical shortage by offering a

creative and high-tech program to boost the number of highly qualified pharmacists.

According to the U.S. Department of Health and Human Services, there are an estimated 10,000 pharmacist vacancies across the country.

In the fall of 2001, Creighton will provide an online Doctor of Pharmacy (Pharm.D.) degree program that will be available via the Internet. This first online

Doctor of Pharmacy program will allow students to pursue a Pharm.D. degree without leaving home, except for several lab-based courses, annual outcomes-based assessments and clinical rotations. The online Pharm.D. program is taught on a trimester basis (year-round), which allows students to complete the program by taking the laboratory courses at Creighton University in a condensed manner during the summers.

This program will offer course materials via the Internet or CD-ROM from professors and a mentoring program utilizing community pharmacists. The mentoring will be accomplished using

Web-based chat rooms to develop further dialogue and answer student questions.

The School of Pharmacy and Allied Health Professions will add to its set of more than 500 clinical sites across the country by working with the National Association of Chain Drug Stores (NACDS) and the National Community Pharmacists Association (NCPA) to identify new sites for clinical clerkships.

The Internet coursework program is expected to double the enrollment in Creighton's Pharm.D. program to more than 800 students within five years.

Nationwide, the number of pharmacy applications has declined in double-digit proportions the last three years, according to the American Association of Colleges of Pharmacy (AACP). Applications to pharmacy schools across the country dropped more than 11 percent from 1997 to 1999.

The School of Pharmacy and Allied Health Professions was awarded a \$1 million grant from the Institute for the Advancement of Community Pharmacy (IACP) to develop the online degree program. The IACP grant to Creighton is part of \$4.7 million being awarded over five years to 21 pharmacy schools.

For more information on Creighton University's online Pharm.D. program, call 1-800-325-2830 or (402) 280-2662, or visit online at <http://spahp.creighton.edu/>.

BRAINS RULE! CONTINUES TO ENLIGHTEN KIDS

More than 70 sixth-graders took part in the Brains Rule! neuroscience exposition on March 3 at the Ann Arbor Hands-On Museum in Michigan.

The exposition was produced by Creighton University's School of Pharmacy and Allied Health Professions, the Ann Arbor Hands-On Museum, professors from the Neuroscience Program at the University of Michigan, research scientists from Pfizer Research and Development-Ann Arbor, and the Ann Arbor Chapter of the American Association of University Women (AAUW).

In a twist, it's the kids who vote which projects are the most educational and fun. Brains Rule! brings kids and science face-to-face so children can observe and learn about neuroscience, the brain and the human body from scientists and allied health professionals.

Paul Jankowski, an Ann Arbor physical therapist, was the overall winner of the Brains Rule! event.

The Brains Rule! program is funded by a



Paul Jankowski, above left, an Ann Arbor, Mich., physical therapist, was the overall winner of the Brains Rule! event.

grant to Creighton University and its program director, Dr. Andrea Zardetto-Smith, through a Science Education Drug Abuse Partnership Award (SEDAPA) from the National Institute on Drug Abuse (NIDA). Dr. Zardetto-Smith is a faculty member in Creighton's School of Pharmacy and Allied Health Professions.

Is America Ready for Universal Health Care?

By Donald R. Frey, M.D.

Roland L. Kleeberger, M.D., Endowed Chair in the School of Medicine

On Nov. 22, 2000, in the midst of the most contentious presidential election in American history, Vice President Elect Dick Cheney began to experience chest pain. He sought immediate medical attention — an act that proved lifesaving.

Later, physicians praised Cheney for his quick action, and held him up as a role model for patients experiencing chest pain.

All of this is well and good if you're an oil millionaire, a politician in the national limelight, but most of all, an American lucky enough to have health insurance.

Forty-four million other Americans are not as fortunate. Over the past decade, several studies have clearly shown that individuals without health insurance are more likely to delay care, are less inclined to fill prescriptions, and are much more likely to forgo treatment in an increasingly fragmented health care world.

At a time of unprecedented prosperity, 44 million Americans — roughly 15 percent of our population — lack health insurance. This disturbing fact is even more startling when one considers that the United States spends more money (\$1.1 trillion) and more per capita (\$4,187) on health care than any other nation in the world. In spite of these outlays, the United States ranks



Dr. Frey believes the U.S. should re-examine the idea of universal health care.

24th internationally in life expectancy, 37th in overall health care system performance, and dead last among industrialized nations in infant mortality, as reported in the latest World Health Organization data.

These statistics are not just abstract musings of academicians and bureaucrats. They are true reflections of our health care quality, and are deeply troubling. Obviously, they do not square with the more subjective and unsupported notion that health care in this country is "the best in the world."

With each passing year — in spite of what has been one of the most robust

economies in our nation's history — both the number of Americans without insurance and those with inadequate health insurance continues to grow. Health care costs continue to rise faster than inflation, and precious resources continue to be utilized in an increasingly irrational fashion. In the words of former Colorado Gov. Richard Lamb, "We are doing more and more things, at greater and greater cost, to fewer and fewer people, and seeing less and less in the way of results."

How did one of the richest nations in the world ever get into this mess? For the past 60 years, in sharp contrast to the rest of the world, employment-based health insurance has been the norm in America. During the

Photo by Erin Photography

wage-controlled era of World War II, employers began to offer health insurance as a fringe benefit to attract workers. Following the war's conclusion, this tradition continued. The economy was booming, employment was good and virtually anyone who wanted a job could find one. Consequently, nearly everyone had health insurance.

This was in sharp contrast to Western Europe, where, after a devastating conflict, basic social infrastructure had to be rebuilt from the ground up. This meant new roads, highways, bridges — and health care. Consequently, European nations began to focus on developing systems of global health care that could provide quality universal access and keep citizens healthy and productive.

In Europe, the focus was on rebuilding a broken system. In America, by contrast, it was “If it ain’t broke, don’t fix it.” Europe’s varying programs of health care delivery — erroneously called “socialized medicine” by many Americans — did not come about because of secret Marxist infiltrators any more than the American system came about because private insurance executives were secretly running the government. Both systems developed in response to their respective mid-20th century social environments.

What does this mean to us today? Unlike the rest of the industrialized world, where health care is considered a largely publicly financed system covering a single risk pool, health care in the U.S. is an increasingly chaotic, market-driven morass of multiple players, many of whom are driven by vastly different economic incentives. Nearly half of the funding for American health care comes through taxpayer dollars, with the other half coming from private funds, such as insurance premiums and out-of-pocket expenses. The conflicts among these various groups waste countless dollars. At the heart of the controversy is the insurance industry.

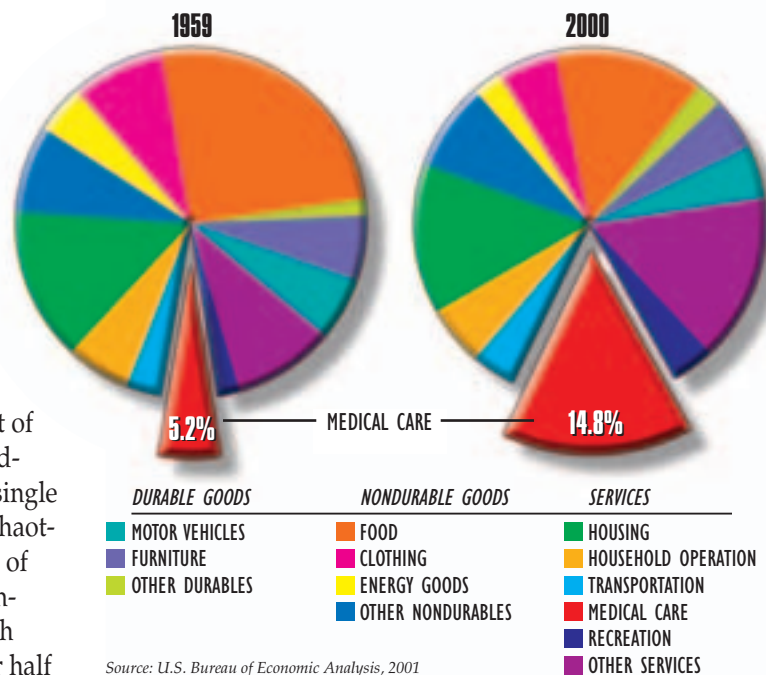
As recently as 10 years ago, the United States had more than 700 different health insurance entities. These numbers are rapidly dwindling in the face of ferocious competition, and even today, it is difficult to know precisely the number of insurance companies in business. Insurers collect premiums, then use a portion of those dollars to pay for subscribers’ health care claims. The remaining dollars are used for administrative costs, executive salaries, marketing and, depending upon the company, profits.

The United States is the only industrialized nation that does not guarantee health insurance access to all of

its citizens. In Canada, all citizens are placed in a single risk pool, no one is excluded, and insurance funding is funneled through a single province-run health insurance system. Patients are free to select the physician of their choice — a luxury not available to most Americans in managed care plans — and physicians submit charges directly to the provincial insurance company on a fee-for-service basis. Managed care, as we know it in America, does not exist in Canada.

Personal Spending and Health Care

The percentage Americans spend on medical care increased from 5.2 percent in 1959 to nearly 15 percent in 2000, outpacing all other personal expenditures — including housing and food.



Source: U.S. Bureau of Economic Analysis, 2001

What is the outcome of all of this? Canadian life expectancy is longer, infant mortality is better, all Canadian citizens are covered, and costs — both globally and per capita — are significantly less than in the United States. Indeed, Canadians spend less than 11 percent of their gross domestic product on health care, compared to the United States’ 15 percent.

In most European countries, universal health care coverage is achieved through a combination of private not-for-profit “sickness” funds, some of which are sponsored by large corporations, and a taxpayer-funded risk pool. Regardless of their financial source, all funds provide identical coverage and benefits — a system known as “all-payor” as opposed to the Canadian “single-payor.” Each European country provides

universal coverage, spends far less per capita than the United States, and has health care outcomes better than those that we can boast here in America.

How do they do it? Part of the secret lies in low overhead. In spite of what we would like to believe, America's system of market-driven health care is horrendously inefficient. Insurance company overheads range from 10 to 30 percent. Yet overhead in the United States Medicare program hovers around 2 percent. The overhead of the Canadian health care system is barely 1 percent.

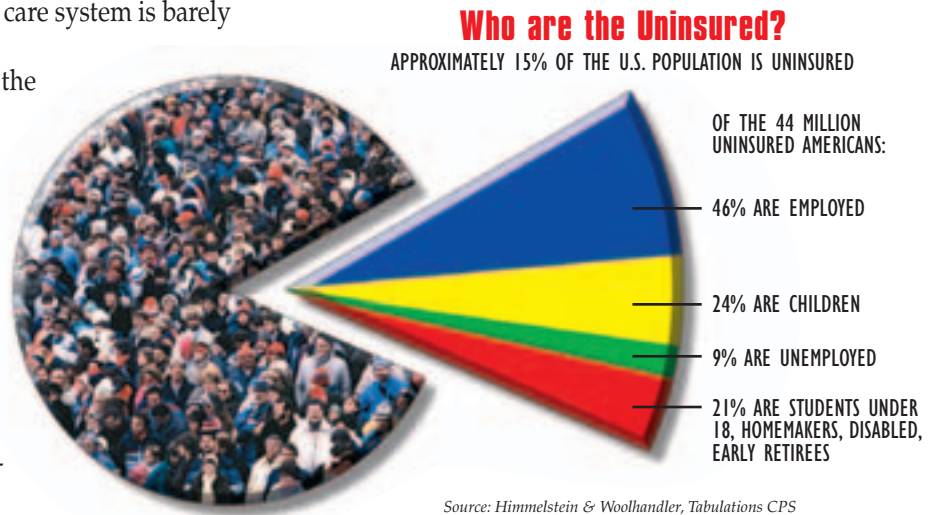
Why? Because competition in the insurance industry isn't cheap. Each company has its own marketing department, marketing costs, separate billing systems, payroll and other costs. In addition, each insurance entity boasts a huge bureaucracy, dedicated to claims processing and, all too often, claims denial. As an example, the entire national insurance program of Canada, which provides coverage for 26 million people, has fewer employees than Blue Cross of Massachusetts, which has only 2.7 million subscribers.

In addition to high overhead, an even more basic factor hampers health care efficiency. As difficult as it may be to accept, the very nature of health care guarantees that it will not function well in a market-based economy. Over the past 30 years, competition has failed to hold down costs and, in most instances, seems to have actually accelerated medical costs. This flies in the face of what holds true in every other aspect of our economy. If a lemonade stand opens up on a street corner and another sets up shop on the other side of the street, prices are supposed to go down, right? In health care, just the opposite happens. Areas where providers and insurers are most competitive have the highest cost. Much of the reason for this lies in the unique customer-provider relationship that exists in health care — a relationship that is different from any other in the marketplace.

When someone goes to the grocery store, no one walks up in the aisle and says, "Unless you buy a 10-pound sack of potatoes you are going to die." In no other economic arena do providers of a service have as much influence over the *consumption* of that service as in health care. Nationally, as competition has increased and provider influence has grown, costs have continued to

escalate. At the same time, no measurable improvement in health care quality has been demonstrated as a result of this increased competition.

Another disturbing issue is the diametrically opposed incentives of insurers and providers. Health care providers get paid for taking care of patients. Insurance companies make more money when providers do *not* see patients. In spite of claims that prevention is the



bridge between these two forces, the reality has been that most insurers have been reluctant to pay for any but the most rudimentary preventive services. Rather, if you are an insurer, money is most quickly made by *excluding* from coverage those patients with chronic illnesses, or who, by virtue of heredity, are most likely to develop chronic illnesses in the future.

This process, known as "cherry picking," is becoming the norm in the insurance industry. As more and more chronically ill patients are excluded from private coverage, the cost burden on the public sector continues to grow.

One of the oldest business principles is the notion that there is no free lunch. Basically, everything has a cost and, ultimately, someone pays. Health care is no exception. Costs incurred in marketing, delivering and administering health care must be covered in some fashion. And the more dollars directed toward these areas, the fewer that are available to cover actual medical costs. As one looks at how expense dollars and premium dollars are manipulated, the most fundamental problems in American health care financing are revealed.

Within our \$1.1 trillion of health care expenditures, an individual insurance entity seeks to "carve out" its

territory. Its mission is to secure as many positive premium dollars as possible, while relieving itself of as many negative expense dollars as possible. This difference is expressed as profit.

Obviously, as other insurance entities come into play, this same sort of strategy continues. Each insurance company tries to pull in all the premium dollars possible, while dumping all of the expenses it possibly can. All too often, “expenses” mean the sickest patients. Wise insurance executives quickly learn that coming up with creative ways to dis-enroll their sickest patients is the quickest way to a positive bottom line.

What’s wrong with this? From a market standpoint — nothing. This is how business is supposed to work, and how it works well in such non-medical areas as cheeseburgers, Chevrolets and kitty litter.

But who takes care of the uncovered patients? And who pays? Clearly, their care is not free. These patients show up in emergency rooms, delay treatment or wind up on government programs. Ultimately, they incur costs that someone must cover.

What results from all of this is a mind-boggling practice called cost-shifting. Insurance companies shift the costliest patients out of their ranks. Where do these patients wind up? That’s not the insurance company’s problem. Many patients land in government programs. These programs — whose only option to increase premiums is the politically suicidal notion of increasing taxes — must limit expenses by limiting payments to providers. Providers seek to recoup these costs by raising the rates they charge other customers — including insurance companies. Insurance companies end up raising premiums even further. Businesses have difficulty with these increased premiums and develop plans that include higher employee “premium shares” and “co-pays” — concepts that were never dreamed of 50 years ago during the heyday of employer-based insurance. Employees must now pay more out-of-pocket and, in some cases, may be unable to pay their medical bills, causing even further increases in the “sticker price” of services. And thus the cycle continues.

If all of this sounds like a gigantic shell game, it is. Some have likened it to the “anti-Truman principle.” Unlike former president Harry Truman’s assertion that “the buck stops here,” current American health care funding is an example of everyone passing the buck.

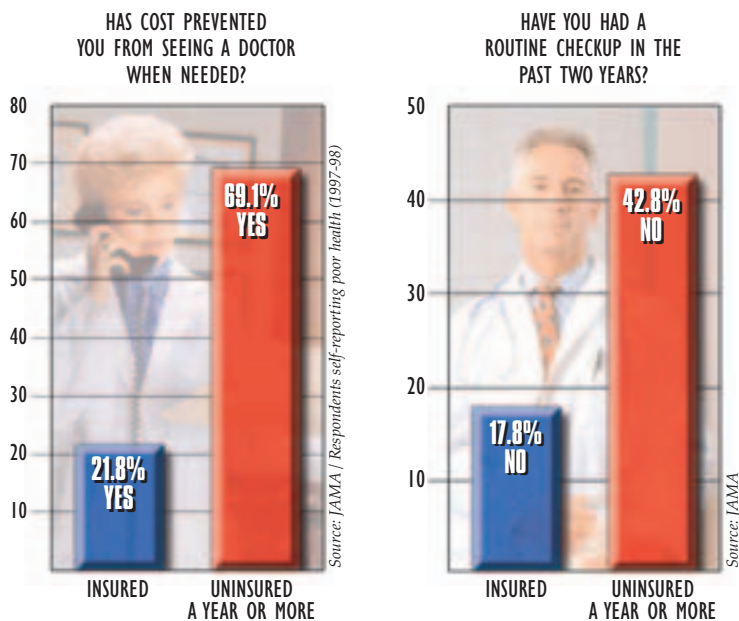
This is no way to run a railroad — or, for that matter,

a health care system. The tensions involved place virtually every player — the insurance industry, the providers and, regrettably, the patients — in adversarial positions. These same market forces that work so effectively to keep costs down for items like cheeseburgers, automobiles and cell phones, actually serve in a perverse way to increase the cost of health care.

Do we have the greatest health care system in the world? By virtually every standard of measurement, we most decidedly do not. What about our hospitals, our nurses, our doctors? Don’t we have the best facilities in the world? The answer is yes, but from a systems standpoint, it doesn’t matter. The health care “system” in this country, unfortunately, is really a non-system. While our *components* may be great (hospitals, technology, nursing,

Uninsured Often Go Without

Adults lacking health insurance go without needed medical care and forgo routine checkups far more often than those with insurance.



etc.), there is no effective *system* that binds these together in an effective process of delivery.

Many authorities view the current American health care system as a dead end. Costs continue to rise, the number of uninsured continues to increase and everyone holds their breath, knowing that with the next economic slow down, these factors will worsen drastically. It is time to admit that our 50-year experiment with market-driven health care, managed by multiple private insurers, has been a failure. The reality is, today it is broken! How do we fix it?

Many of these same authorities see a single-payor system as a viable alternative. Under such a system, all health care premium dollars — as well as all patients — are entered into a single risk pool. No one is excluded, and thus no one — neither providers nor insurers — can game the system. Although the Canadian health care plan is often held up as the most obvious example of a single risk pool system, such a plan in the United States would clearly have to have uniquely American elements. It would likely be administered on the state level, with funding from federal, state, employer and employee sources. It would be revenue neutral, with the dollars that are currently diluted by multiple insurance bureaucracies directed to a single coverage pool and used exclusively to pay health care costs.

Remember, American insurance companies run overhead/profit margins of 10 to 30 percent. A single-payor system similar to Canada's would run an overhead of 1 to 2 percent. When viewed in the context of a total budget of \$1.1 trillion, these savings could be enormous. At least two well-respected studies, the most recent of which was done by the General Accounting Office in 1990, have indicated that the United States could adopt such a system, gain at least \$70 billion in annual savings and thus cover our uninsured with no reduction in quality.

Although such a system would be uniquely American, critics would still immediately point to perceived difficulties with the Canadian system as reasons to avoid a single-payor plan. Don't Canadians die while waiting for procedures? Don't Canadians pour across the border into the United States to receive the care that cannot be obtained in Canada? Don't the Canadian people hate their system and envy ours here in the United States? And, finally, isn't such a system really socialized medicine?

The answers to these questions, simply stated, are no, no, no and no. Life expectancy in Canada is two years longer than here in the United States. Despite differences in the availability of high-tech resources (a difference that obviously would not apply to a single-payor system in this country, since we have those technological resources already), Canadians show no greater morbidity and mortality for such technologically related illnesses as heart disease and diabetes, than Americans. A study by the Pepper Commission indicated that fewer than one-half of 1 percent of Canadian citizens receive

care in the United States. Some data even indicate that an equivalent number of Americans receive care in Canada. In short, the notion that Canadians survive only because they can flee to the States to get health care simply doesn't wash.

Numerous surveys show that Canadians are among the most satisfied of the world's citizens when it comes to their health care. Although disagreements sometimes occur, the one idea that is always rejected — by government, citizens and providers alike — is conversion to a private insurance-based U.S.-style system.

Finally, Canadian citizens have more freedom to select physicians and hospitals than Americans covered by managed care plans. The reality is, a single-payor risk pool system is not "socialized" medicine. But from an insurance standpoint, it's another story. A single-payor system would essentially eliminate private health insurance. It would, in effect, socialize the health insurance industry.

To many people, this is a frightening prospect. But does it really need to be?

Americans realize that in almost every instance, the marketplace functions more efficiently than the government. But we have already established that when it comes to health care, the market is inefficient, bureaucratically top heavy and wasteful. In addition, Americans have historically acknowl-

edged that in some limited areas, the government is more effective than the private sector.

Take, for example, our roads and highways — built, maintained and overseen by local, state and federal governments. But for a moment, let's assume that the government decides to get out of the highway "business." How would our highways look then?

If highways were privately operated, America would be crisscrossed with redundant and inefficient roads of no consistent quality. Roads would be built and abandoned solely on the basis of what market forces might turn a quick profit. Certain regions might see multiple superhighways, all in a bidding war for customers. Other areas might see only an occasional dirt road, which may or may not stay open.

Suffice it to say that a market-driven system of roads and highways, while potentially enormously profitable for a few large corporations, would be a disaster for the majority of American citizens. Service would be inconsistent, access would be unpredictable and overall costs

**...when it comes
to health care, the
market is inefficient,
bureaucratically
top heavy and wasteful.**

— fanned by marketing and administrative expenses — would skyrocket.

In short, it would look much like our current health care system.

Most Americans would not advocate a conversion to such a highway system. Nor would they consider themselves to be “socialists” because they currently drive on government roads and highways — just as Canadians don’t consider themselves to be socialists because their private physicians are paid through a single risk pool insurance program.

As we enter the 21st century, American health care clearly is at a crossroads — and much is at stake. With a long overdue economic downturn looming on the horizon, corporate pressures to reduce business costs will become intense. For many businesses, reduction in fringe benefits will be a rapid way to deal with red ink. Employees will be asked to pay a greater share of premiums for policies that will become more creative in denying care than providing it. Even more disturbing, millions of Americans will likely lose their jobs, or be reduced to part-time or “contract” workers, thus losing their health insurance. All of this will place even more pressure on the public side of the health care funding shell game — Medicare, Medicaid and the uninsured. As benefits are scaled back and premiums rise, the likelihood of significant labor unrest will increase significantly.

What is the true role of the private insurance industry in the provision of health care? Insurance companies do not care for patients, perform surgery or deliver babies. An insurance company simply collects premiums from people, holds the premiums and pays for medical services as it sees fit. It is, in fact, a middleman.

Earlier, I said that the oldest business principle is the notion that there is no free lunch. But some observers might disagree. They would argue that the oldest principle in business is this: To improve efficiency, eliminate

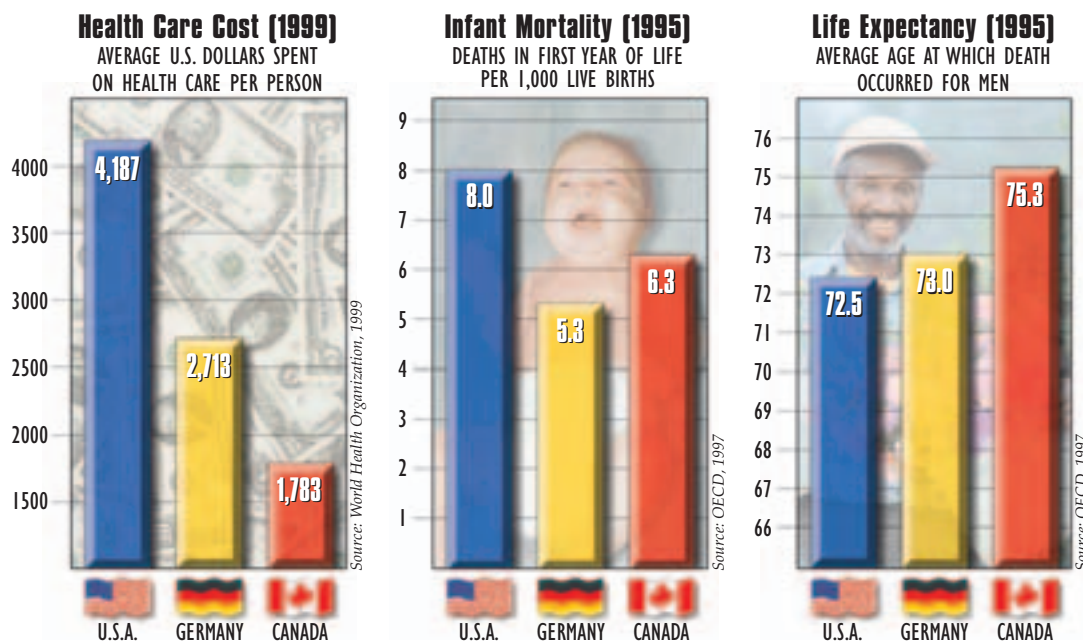
the middleman. A painful question that must be addressed is whether or not the multiple health insurance companies in this country are actually nothing more than middlemen, who contribute little of substance to the health and well-being of our citizens.

On a national basis, the United States has consistently sought to avoid even the most rudimentary discussion of converting from a market-based, private insurance-dominated health care system to the single-payor/all-payor risk pool systems available to the rest of the industrialized world.

The time for such dialogue is long overdue. We need to find a solution to our health care funding and access problems now, while the economy is still relatively sta-

The most costly, but not the best

The U.S. spends more per capita on health care than any nation, but lags in health barometers such as infant mortality and life expectancy.



ble. Decisions made in the midst of an economic recession frequently are not good ones. Our opportunity is now, and our time may be running out.

—About the Author: Dr. Frey, associate professor, is chairman of the Department of Family Practice in the Creighton University School of Medicine and chief of Family Medicine Service at Saint Joseph Hospital. He is an acknowledged leader in the development of medical education for family practice physicians and is well versed in primary care’s role in directing systems of health care delivery. Dr. Frey was named the first holder of The Dr. Roland L. Kleeberger Endowed Chair in 1996.

Insurance Association: *System Works, but Change is Needed*

By Rick Davis, BA'88

The number of uninsured Americans is a national crisis, but the solution won't be found in scrapping the country's current employer-based health insurance system.

That's the view of the Health Insurance Association of America (HIAA), a national trade association representing almost 300 insurance companies and health plans.



"In our view, it (the fact that 44 million Americans lack health insurance) is the nation's most serious domestic problem," said Richard Coorsh, vice president of communications for the HIAA.

"We have been very actively addressing this issue," Coorsh said. "We have teamed up with consumer advocates, health care providers, legislators, policy experts, business groups and unions to call attention to this most important national priority and to develop common ground for solutions."

"In fact, we have developed recommendations for public policy that would provide coverage to many,

indeed most, of the nation's uninsured."

HIAA has developed an initiative — called InsureUSA — which would increase health coverage by combining targeted subsidies, incentives, cost-control measures and education. Among the initiative's major provisions:

- Americans falling below the poverty level (\$16,530 for a family of four) would receive insurance coverage from state programs receiving enhanced federal support. Americans with incomes just above the poverty level — the so-called "working poor" — would be given vouchers to help purchase private coverage or, if they're eligible, employer-sponsored coverage. HIAA estimates this would cost about \$36 billion to \$45 billion annually.

- Small businesses would receive tax credits to extend health coverage to their employees. In addition, these employees could make their contributions on a pre-tax basis.

- Premiums would be made fully tax deductible to everyone purchasing individual insurance policies, making coverage more affordable for the country's 12 million-plus self-employed workers.

- Consumers would have the flexibility to purchase

What's Driving Insurance Costs Higher?

Premiums for employer-provided health insurance rose 8.3 percent from 1999 to 2000 — the largest jump since 1993 — and were expected to jump another 11 percent in 2001.

Average annual premiums, shared by employers and employees, rose to \$2,426 for single coverage and \$6,351 for family coverage in 2000 — almost double 1999's rate of premium increases — according to a report released by the Kaiser Family Foundation and the Health Research and Educational Trust.

A separate report by William M. Mercer Inc. found that about 40 percent of the 3,300 companies it surveyed reported that they would raise the amount employees must pay for their share of health insurance premiums

in 2001. About 17 percent said they would raise deductibles and co-payments.

"People need to understand that the cost of health insurance must track the cost of health care," said Richard Coorsh, vice president of communications for the Health Insurance Association of America. "As health care costs continue to increase, so too must the cost of health coverage. It's impossible to have high-cost care and low-cost health insurance."

What's driving these increases in health care costs? According to Coorsh, technological change, the rising cost of prescription drugs, and increased regulations and mandates on insurance providers all play major roles.

only those benefits that they need or want, through changes to state and federal regulatory laws.

The HIAA estimates that the last three measures would cost about \$30 billion to \$36 billion annually.

The HIAA also has joined with Families USA, a national organization for health care consumers, and the American Hospital Association on another plan to extend coverage to the uninsured. Under this plan:

- Medicaid would be expanded for all people under age 65 with annual incomes below 133 percent of the poverty level (\$18,820 for a family of three).

- States would be given the option to provide coverage for parents and childless adults with incomes between 133 and 200 percent of the poverty level (\$28,300 for a family of three) through Medicaid or a program such as the Children's Health Insurance Program (CHIP).

- A non-refundable tax credit would be created to help low-income workers who turn down employer-sponsored coverage because they can't afford their share of the premium. This credit would be available to employers to help them defray the out-of-pocket premium costs of low-income employees. For example, if a business currently pays 70 percent of the premiums for all workers in the company, it would receive a tax credit to pay all or part of the remaining premium for its low-income workers.

"The American public, time and time again, has indicated its strong preference for a system based primarily in the private sector"

—Richard Coorsh

"It's noteworthy that these groups are agreeing to public policy recommendations, because in the past, we've been on opposite sides of many issues involving health policy and health care financing," Coorsh said.

Coorsh said he doesn't see a public outcry for a national health care system.

"The American public, time and time again, has indicated its strong preference for a system based primarily in the private sector," Coorsh said. "A nationalized system in which the government assumes all the health care financing responsibilities, including administering and payment, has several significant drawbacks. One only has to look north to look at the drawbacks of the Canadian system."

He said that in Canada, the federal government budgets a set amount of health care dollars for each province.

"The problem with that type of approach is, 'What happens when the money is gone?'" Coorsh said. Most of the provinces, he said, have alliances with health care providers in the United States to provide care.

"We believe very strongly that all Americans ought to have some kind of coverage, but we believe the best way to extend coverage is through our current model, which is based primarily in the private sector but with public sector involvement," Coorsh said.

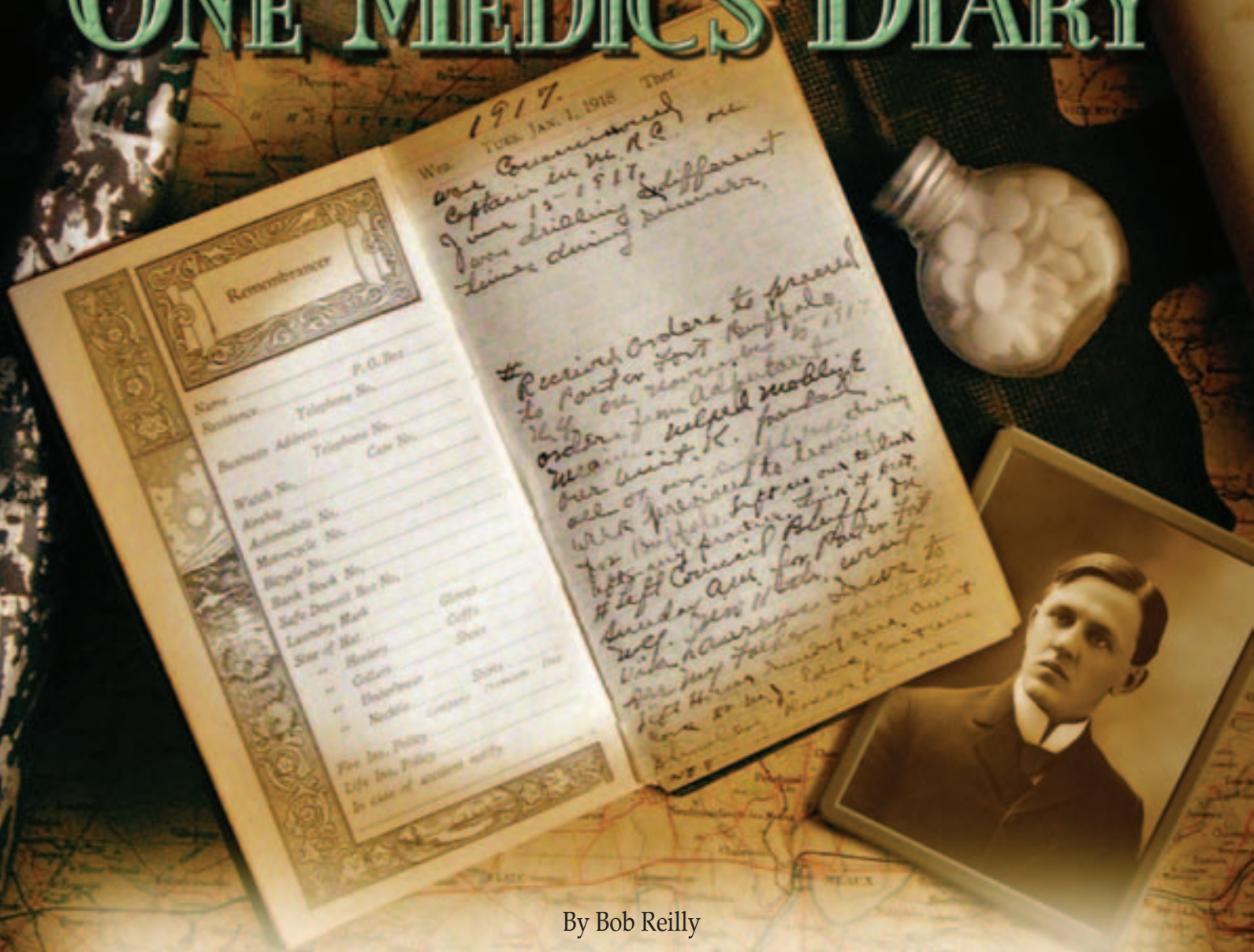
In March, HIAA and the Blue Cross Blue Shield Association released the results of a study on medical technology and health care spending. The study — conducted by Project HOPE's Center for Health Affairs, a nonprofit health policy research organization — found that the cost of medical technology may account for up to a third of projected increases in U.S. health care spending over the next five years. HIAA President Chip Kahn said that while these advances have improved health care and saved lives, "the general public and their policymakers need to understand that technology and other factors that drive health care costs are the root causes of the growth in health insurance premiums."

A study released last year by HIAA and the Blue Cross Blue Shield Association found that spending for prescription drugs was likely to continue to rise at double-digit rates over the next five years. Total pre-

scription drug expenditures were estimated to double between 1999 and 2004 from \$105 billion to \$212 billion. The study, conducted by the University of Maryland School of Pharmacy, found that 60 percent of future expenditure increases were attributable to continued increases in the price and utilization of drugs on the market today. "There is more and more direct consumer advertising of prescription drugs, which encourages people to come in and ask for specific medication that may not be appropriate for them," Coorsh said.

In addition, state and federal laws mandating that health insurance cover specific services drive up insurance premiums. According to HIAA research, costs associated with mandates are responsible for causing as many as one in four Americans to go without health coverage. "It's like adding a new feature onto a car," Coorsh said. "It is going to raise the cost." ■

THE GREAT WAR: ONE MEDIC'S DIARY



By Bob Reilly

“Left no one to look after my practice. Think it best.”

And so begins the diary of newly commissioned Creighton alumnus Capt. Frank Earl Bellinger, a 1900 graduate of the School of Medicine, as he departs for active duty in November 1917, some seven months after America's entry into

World War I. He must have left in something of a hurry.

From his home in Council Bluffs, Iowa, Bellinger takes the train to Fort Dodge, then on to Buffalo, N.Y. In typical Army style, the young doctor would “hurry up ... and

wait,” spending eight more weeks stateside, waiting to ship out.

He makes use of his time — studying manuals; attending med-

The inset photo shows Bellinger as a medical school graduate in 1900.



Bellinger as a captain in 1917.

ical lectures; and giving lectures of his own on anatomy, fractures and first aid. Since officers had to supply a lot of their own gear, he shops for blankets, shoes, a raincoat and even caduceus bars for his collar! Relatives send him socks and a wristband.

Finally, on New Year's Day, 1918, Bellinger and 2,200 other American servicemen board the *Carpathia* at the Jersey City pier and, in a driving rain, ship out.

Coverage of the ship's voyage is punctuated by seasickness.

"Half the nurses are sick. Two-thirds of the passengers are in bed. Tried to eat; could not."

Boxing matches are staged to help break the monotony as the *Carpathia* plies a zig-zag course to join its convoy. Smoking is prohibited on deck after 6 p.m., and no officers can be with nurses after 10 p.m. The medical team holds meetings, awaits mail call, conducts lifeboat drills, gives and receives typhoid shots, rides out storms and worries about German submarines.

Soon they are joined by another ship.

"One of the finest sights I have ever seen was today when the ship *Mongolia*, loaded with American U.S. soldiers, came ... alongside of our boat. She was flying the Stars and Stripes and the bugler played *The Star Spangled Banner* on his cornet. Everybody stood at attention after playing the piece and all gave a rousing cheer when he played *Over There*."

The *Carpathia* merges into a convoy for the Atlantic crossing. Again, subs and weather are the chief concerns. The trip is cold, the seas angry, but Bellinger finds beauty in the scene.

"Moon was shining bright and the waves looked like a thousand silver-topped mountains."

The American soldiers chuckle at the tales told by the British crew, then mourn with them at the sea burial of a pneumonia victim. Bellinger catalogs rainbows, thunderheads, the green coast of Ireland, and he delights over the Scottish landscape and people as the ship makes port near Glasgow. He also keeps abreast of the news.

"The Huns made two raids over London Monday and Tuesday. Killed 47 people, injured 156. Two German machines brought down."

He describes the near-comic assault on a coffee stand staffed by three Englishmen facing 400 thirsty Americans.

"These three Britishers became frightened and looked as if they had been struck by a Nebraska cyclone."

He has other complaints.

"Can't pick our teeth. Have no toothpicks ... Had three girl waitresses. Fine healthy-looking women but very slow. Can't hurry them."

While not keen on English weather or food, he compliments their railroads for smooth beds and absence of hazardous curves. He also accords high marks to British and French soldiers for their neatness and slick uniforms. Throughout the diary he writes like a guidebook editor, pointing out landmarks and historic events. "William the Conqueror lived here." "This is a very old city established during Caesar's time." He admires British tweed for its quality



Bellinger (front row, second from left) with fellow officers in 1918 just east of Paris.

BELLINGER SCHOLARSHIP ASSISTS NURSING STUDENTS



Bellinger in the 1940s.

The Frank Earl Bellinger, M.D. Endowed Scholarship Fund was recently established to assist students enrolled in Creighton's School of Nursing. Bellinger's daughter, the late Janet Bellinger, established the Scholarship Fund in her will to honor her father and the brave nurses who served with him during World War I. Janet Bellinger died in 1999.

The Bellinger Scholarship Fund provides unrestricted assistance to men and women in the School of Nursing. Scholarships are awarded to students with financial need who are in good academic standing, and may be received during any year of a student's education. During the 2000-2001 academic year, five students in the School received assistance through the Bellinger Scholarship Fund.

and price, and exhibits a sensitive side.

"Saw hundreds of pale-faced women standing in line for their portions of food. It is a pitiful sight. Can see the results of war written on their faces."

Bellinger's Unit K crosses the English Channel to Le Havre, in northwest France, where the young doctor is struck by the number of women in mourning and the shortage of young men, except for those in uniform. He grumbles about the low morals of the French but predicts this "great race" will rise above their present condition. He loses baggage, notes that a cablegram home costs 8 cents a word and wonders why the kilted Scots don't feel the cold.

Bellinger takes to task those commanders who find fault with others but neglect their own failings, and scoffs at the American officers affecting a British accent.

"I hate to see them make complete asses of themselves and the English don't like it either."

He compares the country around the French city of Angers, where the medical unit is stationed in an ancient monastery, to the flat terrain of northern Iowa.

From books and hired tutors, Bellinger picks up some French and uses it immediately, but not always correctly, in his letters home. He misspells "beaucoup" as "buceo" and supplies bad Gaelic versions of the days of the week. But you can tell he enjoys practicing this lan-

guage. And he is developing a better understanding of the host country.

"We Americans are sometimes rude or overbearing. We must consider their feelings ... We must be kind and considerate to France."

He attends the French cinema, which he finds too quiet, takes hikes through the countryside, visits art museums, attends lectures, learns how to don a gas mask. Sometimes he ventures closer to the front lines, or sojourns in a snowy Paris. Food and sanitary conditions are often on his mind, and he occasionally succumbs to illness. Pri-

marily, of course, he teams with his colleagues in treating the wounded — American, British, French, even German. His diary contains admiration of the British field hospital system and the hope that Americans can emulate it.

On one of its

many moves,

Bellinger's Mobile Unit No. 1 establishes a field hospital on the edge of Paris, on the site of an abandoned Grand Prix racetrack. Bellinger encloses a magazine article describing this installation:

"Lanes of tents line the area where four years ago the automobiles parked," the magazine article states. "Each one is a ward, with twenty-four beds in it. They look as permanent as houses. ... They have windows in them and stoves. The old refreshment pagoda is a recreation stand, where pale-looking men in pajamas loll on rustic benches. A washing machine stands on

"Saw hundreds of pale-faced women standing in line for their portions of food. It is a pitiful sight. Can see the results of war written on their faces."

—Bellinger

the green opposite the grandstand, and the boys from the Middle West do their laundering there."

The author describes the racking sounds of coughing, identifying patients who were gassed, and reveals that the entire set-up was created in just 25 days, eventually involving 1,000 beds, an operating room, even an X-ray machine.

One case history is included, that of a very sick young man who insists on being carried outside, cot and all.

"He got the earth smell in his nose and the French breeze against his face," the article continues. "He said it was like Iowa, and he got better right away."

An accompanying photo displays three beds in a tented ward, with a physician attending to a distant patient. The physician is believed to be Dr. Bellinger.

He stays busy patching up the steady stream of wounded transferred from the nearby front.

"Poor boys," Bellinger writes in his diary. "They are having the hard time."

At night the big guns are rarely silent, but the medical personnel sing songs in the barracks, read, write letters and enjoy periodic entertainment. Mobile Unit No. 1 lives up to its name, shifting frequently, employing as many as 40 trucks.

"I don't like this constant moving about," he objects. "We are neither in the front or the rear."

In these diary pages, one reads

the chronicle of the American forces in World War I. Verdun ... Chateau-Thierry ... the Marne ... Belleau Woods ... St. Mihiel ... Meuse-Argonne.

"Boys with arms, legs, thorax, abdominal wounds. The shrapnel wounds do the most damage, destroy the tissue, lacerating the tissue. We cut away until we reach the muscle. Clean the wound. Then

Their gripes are tempered by the scenes they witness.

"Many of the refugees are returning. Coming in horse carts, foot or on train. Many with only handbag. And to find nothing left of their homes. Poor people. Many women and children. Have the reconstruction to make. All men are away at war. Crops are neglected. No one to gather same."



Photo by The Red Cross Magazine, 1918

Bellinger checks on a patient at a field hospital on the edge of Paris, the site of an abandoned racetrack. Bellinger's unit was performing as many as 200 operations a day.

close wound by suturing."

Unit K does as many as 200 operations a day, laboring into the night, sometimes while bombs are dropping nearby. Doctors become ill themselves, and everyone is tired. There are false rumors of a German gun that can shoot 75 miles. The staff struggles on, removing fragments, evacuating patients. Occasionally they discover self-inflicted wounds in hands or feet. Because of inadequate sanitation, dysentery takes a high toll. Everyone is edgy.

"Have stood all I intend to stand in not getting my mail," writes Bellinger.

In his frustration he berates a fellow physician for his brutal bedside manner.

Bellinger also is moved by his visit to an American cemetery.

"Our little cemetery is rapidly growing. Have 101 patients buried here in 6 weeks."

These would be among the estimated 53,000 Americans killed during 19 months of combat, a small segment of the 5 million killed during the war's duration.

Bellinger says his medical team operates on 3,000 men during three weeks behind the lines at Chateau-Thierry. The staff fights flies, worries about cholera, and walks carefully in areas where unexploded shells form a danger. Sometimes, though, they party.

"We had a good head on us when we retired," he writes.

The Creighton doctor spends 10 days recovering from dysentery. His superior, Maj. Donald McCrae, is even sicker but refuses to leave his unit. Meantime, the ugly assignment continues.

tonight in a manner beyond the belief of any imagination. The boys were wild with joy. Thousands of men in line cried like children when they heard peace had been declared.



Paris erupts in celebration at the war's end.

"A belly that was closed 8 days ago. Took the stitches out today. Whole thing came apart. Packed with gauze."

During October, they continue to see many wounded.

"Great number gas cases with many amputations. Great death rate. Some nasty body repair cases."

On Nov. 8, 1918, Bellinger records:

"This AM there was no firing. Everything quiet. All kinds of reports out as to peace."

A few days later, the rumors prove true, and Bellinger provides a marvelous portrait of that first Armistice Day.

"Nov. 11: At sundown, which was behind a sky covered with heavy clouds and air filled with a mist, they commenced celebrating

"This news spread like wildfire. All had been expecting it for the past week. The South Line as far as the eye could measure was one blaze of light, radiating the colors of different kinds of sky rockets fired from the hands of patriotic happy American soldier boys, letting the world know peace on earth and good will to man had come. Hill-sides at night were covered with campfires which looked very fine. Skies all lit up from the reflection. It all is a wonderful sight. Worth a great deal to have the opportunity to be here. Not getting many patients at this place, as the Armistice was declared while we were moving."

Bellinger now has time to survey some of the nearby ruined villages, still making connections to home.

"We are about 600 miles north of Omaha latitude."

"... underbrush looks like an Iowa or Nebraska cornfield after a hailstorm."

He reflects on the war itself, praising the French soldier for his "solidarity and determination" and criticizing the Germans for believing God was with them.

"We do not want to think we are the ones who won this war, for we are not. We took only a small part. ... With all due respect to our brave boys who fought and died, as bravely as any soldiers ever did, we did not win the war. English navy did more than any other thing and French Army next."

He speculates that, without the British and French, Germany would have made it to the United States, and we would have a large war indemnity to pay. In another striking bit of prose, he describes the celebration in Paris, with carriages slowly conveying President and Mrs. Woodrow Wilson and their French counterparts, the Poincares, along the Place de la Concorde.

"The Square was filled with thousands of Frenchmen, who surely vent their patriotic feeling with cheers after cheers, 'Long Live America; Long Live France!' Their hands filled with Tricolor and the Stars and Stripes. They (are) waving them frantically to the winds of Heaven, liberating that part of patriotic loving spirit within their hearts for America ... All along the whole line of march, were lined on each side of the streets, French cavalry at attention with drawn swords placed against their foreheads preceding the arrival of the two presidential carriages. Came a body of cavalry sounding their bugles, possibly two hundred in all. If you

THE TALE OF THE DIARY

Frank Earl Bellinger's diary was among the effects of the Creighton doctor who died in 1951. It was accompanied by letters, a unit history and other artifacts from that era. These are now in the possession of Council Bluffs attorney Richard W. Peterson, who plans to build a book around them.

Bellinger was the Petersons' family physician and the senior Peterson drafted the doctor's will. Son Dick Peterson, having finished law school after World War II and having joined his father's firm, assisted in the Bellinger probate. The income from the estate,



which was substantial, went to the doctor's wife, Edna, and, when she died, the entire estate went to their only child, Janet. At Janet's death in 1999, she bequeathed in her will the generous funding of a scholarship for Creighton nursing students (see sidebar, page 24). Dick Peterson, the executor of the estate, was awarded a cache of World War I memorabilia. There were myriad postcards; military maps still in their metal canister tubes; photos; letters; a medical unit history; and the well-worn, dark, imitation leather diary.

have ever seen them or heard their beautiful sounds as they play away in the autumn sky, you know what it sounds like ..."

Bellinger is soon on the move again, anxiously edging home, but finding all sorts of impediments. He sprains an ankle, contracts the flu and frets about pain in the region of his gall bladder and appendix. With all that medical distress, his grief is increased with the news of the death of his beloved Aunt Cora, the recipient of many of his letters.

As departure nears, he enters in his diary praise for the dedication of the nursing cadre. (Dr. Bellinger's daughter, the late Janet Bellinger, would honor these heroic women, and her father, by establishing in her will a scholarship for nursing students at Creighton.) Finally, Bellinger boards a ship at Brest and heads for home.

"Glad to get away but, at (the) same time, felt just a little sad to leave France with all her

suffering and pain."

On March 31, 1919, Bellinger and most of the medical team set sail, making about 245 sea miles a day, often in rough weather. Because of a cold and seasickness, he stays in his berth except when treating his patients.

The diary stops the first week of April.

On May 6, 1919, Bellinger's Unit K accepts the plaudits of Council Bluffs residents as they march

down their own Broadway. They can look back on a list of 4,873 patients treated, some 6,046 operations and 433 deaths. Much of their grim work was done under battlefield conditions.

After the War, Dr. Bellinger and his beloved wife, Edna, settle in the Bluffs. They have a daughter, Janet, and Bellinger opens his own medical practice. Dr. Bellinger dies in 1951, at the age of 75, after a bout with bronchitis. Edna dies 16 years later, and Janet passes away in 1999.

Dr. F. Earl Bellinger's visible legacy includes his daughter's generous gift to Creighton, the memories of numerous grateful Iowa patients and the valuable diary. Less overt, of course, are the lives he saved and the bodies he mended in that far-off "War to End All Wars."

— *About the Author: Reilly is a free-lance writer working in Omaha.* **C**



Bellinger at his home in Council Bluffs on his 75th birthday.

By Jerry E. Clark, Ph.D.
Associate Professor of Anthropology

Esteemed cultural historian Jacques Barzun once wrote: "Whoever wants to know the heart and mind of America better learn baseball."

My mother was an avid Yankee fan, and nearly every summer afternoon chore was accompanied by Mel Allen's broadcasts of the Yankee games. When the Yanks played at night, I spent the afternoon listening to Jack Brickhouse extol the virtues of the Chicago Cubs on WGN, and they became my team.



Professor Clark at Creighton's baseball field.

I was a mediocre athlete but good enough to make varsity on the high school baseball team. I proudly wore my letter jacket everywhere. I even tried to play college ball, but it was soon apparent that Ernie Banks' job was not in jeopardy. Even as more serious scholarly undertakings occupied my time, I continued my interest in baseball in college and graduate school.

What is it about baseball that it becomes an addiction you can't break, nor do you want to?

Albert Spalding, the Hall of Fame pitcher for the old Chicago Nationals during the 19th century and the founder of the sporting goods empire that bears his name, was primarily responsible for popularizing baseball as America's game. He was convinced that baseball was a unique American invention and not a game that evolved, as most sports-writers maintained, from a similar British game called rounders. Spalding appointed a "blue ribbon" commission to settle the question.

While the commission included highly reputable men (including two senators), Abraham G. Mills, the National League president and a Spalding crony, did the actual work. He spent three years collecting lots of recollections but no solid documentary evidence. In 1907, Mills published his conclusion that General Abner Doubleday at Cooperstown, N.Y., devised the game of "Base Ball" in 1839. The only evidence of this was the recollections of an old man, Abner Graves, who remembered the game played some 65 years

BASE AND American

earlier. In spite of the lack of evidence, including Doubleday's own papers, the myth prevailed and became more entrenched with the commemoration of the centennial of baseball and the dedication of the Hall of Fame at Cooperstown in 1939. The Doubleday tale is still printed in books and magazines and celebrated every year when the new inductees are enshrined in the Hall of Fame.

What is significant is not that baseball was an American invention, but that it truly did become

America's sport. It grew and spread in the newly industrial cities in the Northeast, and the soldiers of the Civil War spread it to every part of the country. Long before other sports began to capture the interest of Americans, baseball was played and enjoyed by people from all walks of life, from the teeming cities to the small rural towns. Baseball is an integral part of American culture and



Despite a lack of evidence, American Abner Doubleday is credited with inventing the game.

BALL THE Character

history and reflects what is good and right about our character. It reflects what is bad and wrong as well. But our reflection is highly subjective and what we see and remember is what we want to see and remember.

As we enter the 21st century, there are numerous people who would question the notion that baseball is any longer America's game. Certainly football, basketball, soccer and even auto racing fans would argue that baseball had its day, but America's game is being, or has been, replaced. For many, baseball reflects a bygone era. It's too slow, boring and out of date for the fast-paced, hard-hitting society we now live in. The organization and brutality of football, the tempo of basketball, the continuous action of soccer and the power and speed of auto racing are perhaps more reflective of America moving into the new millennium.

But perhaps there are many "America's games" — each reflecting a part of our culture and each emphasizing different values. We are, after all, a heterogeneous society of different occupations,

ethnicities, races, classes, ages and ideologies.

The metaphor that each sport offers reflects America's diversity. Theologian Michael Novak described

sports in terms of music. Football is like a symphony orchestra, with everyone playing his part, but the overall effect is what is important. It is impossible to pick out a single violin, yet that violin is essential to the total performance. Basketball is like jazz. A small combo playing together but with a lot of improvisation as the piece is played. Individual performance is easily heard and individual style makes each performance unique. Baseball is like a small chamber orchestra. Each part is easily heard but still scripted into a recognizable performance. Just as there are individual tastes in music, so too are there individual tastes in sports.

For me, the very thing that makes baseball boring to others is the very reason I love the game. I love the slow pace of the game. It allows time to think and reflect, to talk casually to whoever is sitting around you, and to notice the little

things that make up the strategy of the game. The more you learn about the game, the more there is to look for and the more involved you become — Would you bunt the runner or have the hitter swing away? Play the infield in to cut down a runner at home or play back for a double play? The slower pace of baseball gives us the time to anticipate these things and to second-guess the manager after the play.

Watching baseball is relaxing and played at its own pace and time. It isn't dictated by a clock but by a recurring cycle of threes and nines. It's over when it's over — when the cycles of threes and nines finally reach 27 outs for the last team at bat. If a pitcher is throwing a shutout, I can turn to my son and talk about Grover Cleveland Alexander, who

threw 16 shutouts in 1916, and Bob Gibson (a former Creighton athlete), who pitched 13 of them for the St. Louis Cardinals some 52 years later. The fan has this kind of information stored away where it can be retrieved at appropriate moments during the game, linking this game with all the games that have gone on before. These tidbits of information



Photos by AP Wide World Photos

Bob Gibson, a former Creighton athlete, became a Hall-of-Fame pitcher for the St. Louis Cardinals.

came to us on the back of bubble-gum cards that were a part of our growing up, and from listening to the old-timers tell of the great players of their generation and generations before that. This reflection is punctuated by spontaneous bursts





Photos by AP Wide World Photos

Alex Rodriguez is all smiles after signing a \$252 million, 10-year deal with the Texas Rangers in December, the largest sports contract ever.

of skillful display: the home run, the perfectly executed bunt, the ballet of a gracefully turned double play.

I eagerly await the first game of the year. Baseball season marks the beginning of spring, after the doldrums of winter. It is a fresh beginning when things spring to life. The green grass and the crisp new uniforms awaken us to a new season of rebirth and growth, and everyone is in first place. This pastoral nature of baseball is ironic. It seems to reflect a rural cycle of rebirth. A game played in the healthy outdoors in a pasture-like setting. Yet it was a game that evolved in the cities as an opportunity for the clerks and factory workers to get out of their stuffy workplaces to exercise and breathe in the fresh air.

That it quickly spread to the rural areas is not surprising, however. Its pace and skills seemed to fit the rural mentality and abilities. Baseball requires the skill of the inventive jack-of-all-trades that peopled the rural farms of America. To be good, one had to be able to hit a

round ball with a round bat, run, catch and throw. Any pasture can be easily marked off into a diamond. There is no need for fences, for unlike all other sports, the baseball field extends as far as the eye can see. The foul lines extend to infinity. Ball fields in cities must be circumscribed by a boundary, but

even in the city, as in rural areas, the foul line goes on forever.

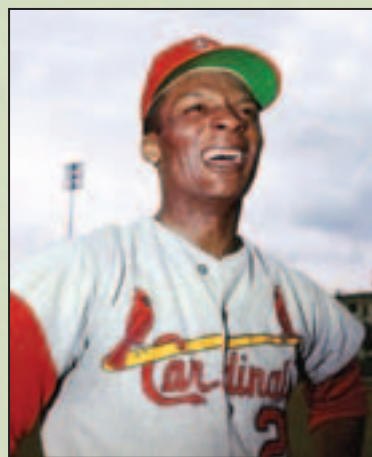
Perhaps it is the nostalgia for more of a slow-paced, rural world that makes baseball so attractive to me. But there are other aspects of the game that I love as well. Unlike other sports where the object is to move into enemy territory and score in a heavily defended goal, baseball's goal is to circle the bases and return home. It is an individual quest with safe havens spaced every 90 feet to mark one's progress. There is something psychologically more satisfying to my pacific nature when my goal is to return safe at home. I score when I get back to my own safe place, not when I take something from someone else by force.

Some fans decry the commercialization of today's major league game. But professional baseball has been a commercial venture since the founding of the Cincinnati Red Stockings — baseball's first true professional team — in 1869. National League owners used the slavery of the reserve clause to protect themselves against new upstart professional leagues. They banned for life any player who jumped ship and joined another league. Owners were able to keep salaries low by virtual ownership of the talents of an athlete. No player could negotiate a better deal with another team because he was not free to do so. Only the owner could transfer him. Salaries were relatively low because the player had little clout in negotiating his contract.

Owners prospered under this system. But in 1969, St. Louis Cardinals outfielder Curt Flood began a movement that changed all that. He refused to be traded to the Philadelphia Phillies and challenged the reserve clause in the courts. He sat out the entire 1970 season and lost in the Supreme Court, but in 1975

the clause was overturned. After serving a minimum number of years with a team, baseball players could become free agents and had the right to negotiate with anyone they chose.

This change came along at a propitious time for ball players. Television contracts with Major League Baseball were bringing in revenues



Curt Flood, the St. Louis Cardinals outfielder, challenged Major League Baseball's reserve clause in the courts and, in 1975, won free agency for the league's players.

unheard of in the past. Ball players formed a union and began to negotiate for a piece of the action. Owners fought every benefit asked for at every turn and generally lost. Their draconian past made them unsympathetic characters to arbitrators and the courts. The battles were typical of labor-management squabbles in other businesses. Management locked out players; players struck and refused to play. Fans came to realize that Major League Baseball was merely a commercial enterprise like any business.

This was accompanied by, or perhaps contributed to, a change in the nature of athletes. With their behavior no longer controlled by the team, their excessive demands for money were often accompanied by excessive behavior as well. Some no longer saw themselves as ambassadors for the game, but hired guns whose only role was playing ball. They demanded money for autographs, defied training schedules, treated fans and their own teammates rudely, and failed miserably as role models. While this wasn't true of all ball players, or even most, they were the ones covered by the press and the ones most visible to the fan.

Players certainly were not the only, or even the most important, cause of the over-commercialization of baseball. Owners would buy good players to win a World Series and sell them off the next year. Sponsors willingly shucked out millions to have their products associated with sports. And television forked over billions to be able to cover local and national games. But for many fans the player was the most visible culprit, and they wondered, "Where have you gone, Joe DiMaggio?"



Babe Ruth, left, and Lou Gehrig, two legends of the game, shake hands at Yankee training camp in St. Petersburg, Fla., in March 1933.

Fans became disenchanted by the lack of loyalty that they blamed on commercialism. Club owners packed up their teams and moved to cities offering new facilities and tax breaks. In the 1960s and 1970s, in an effort to keep or lure major league teams, communities built large, cookie-cutter stadiums that lacked the charm of the old ball parks. Players abandoned teams for better salaries.

But none of this was new to professional baseball. Owners have long used threats of moving to coerce cities into better deals and

better facilities. Teams like the St. Louis Browns and the Philadelphia Athletics abandoned their cities of origin even during the heyday of baseball in the 1940s and early 1950s. The Braves, Dodgers, Giants and Senators soon followed their lead. Players have long been sold or traded away for economic reasons. Babe Ruth was sold by the Red Sox to the Yankees in 1917 so the Red Sox owner could finance a play. Ty Cobb was sold by the Tigers to the Athletics, and fellow Hall-of-Famer Grover Cleveland Alexander was traded by the Phillies to the Cubs





Photo by Monte Kruse, BA '83

Creighton's 1991 CWS team: From left, kneeling, Brian O'Connor, Jason Judge, Bobby Langer, J.J. Gottsch, (assistant coach) Jack Dahm, Tom Shafer, Bob Lambert, Steve Bruns, Mike McCafferty; middle, Rick Freehling, Darin Harris, Eric Maloney, Bobby Kennedy, (coach) Jim Hendry, Kimera Bartee, Chad McConnell, Brian Davidson, Tim Decker, (team chaplain) the Rev. Robert Hart, S.J.; back, (assistant coach) Todd Wenberg, Ryan Martindale, Scott Sorenson, Eric Kennedy, Scott Stahoviak, Brian O'Brien, Steve Hinton, (team manager) Bart Beavers, Dave Dutton, John Pivovar and Aaron Puffer. Not pictured: Mike Heathcott, Dax Jones and Alan Benes.

A SEASON TO REMEMBER

"There will never be a first time to do this again. I want my players to experience a day today that they'll always remember."

Former Creighton Baseball Coach Jim Hendry uttered those words 10 years ago this June as his Bluejays prepared to step onto the field for the 1991 College World Series.

A 10th-anniversary celebration in January drew more than 500 people, including all but two of the team's 27 players (pitcher Mike Heathcott and outfielder Dax Jones), to relive and remember that magical season.

"Ten years hasn't diminished

for me what happened," Hendry said at the banquet, held in Omaha. "It's probably more special now."

The 1991 team, which finished 51-22, was Creighton's first to play in the College World Series. Excitement bubbled as the Bluejays took the field at Omaha's Rosenblatt Stadium to face No. 2 seed Clemson in their first game.

The Tigers carried a nation's best 60-8 record, but behind a frenzied hometown crowd — chanting "Bluejays! Bluejays! Bluejays!" — seventh-seeded Creighton pulled off an 8-4 upset.

The Bluejays finished the Series 2-2, losing twice to confer-

ence nemesis and CWS runner-up Wichita State (including a 3-2, 12-inning heartbreaker).

Hendry, now assistant general manager with the Chicago Cubs, still gets choked up when thinking about the 1991 team. Twelve players from that squad went on to play professionally, with five making it to the major leagues.

Jack Dahm, an assistant under Hendry and Creighton's current head baseball coach, also remembers the '91 team fondly.

"It's probably the greatest sports experience I've ever had," Dahm said. "The chemistry on that team was tremendous. It was just a special group to be around."



Photo by Don Doll, S.J.

and later to the Cardinals. Lack of loyalty is nothing new to baseball.

Baseball, like most other institutions, is merely a reflection of our society and culture. Many fans want baseball to reflect the purity that we remember in our youth. We want to revel in the boyish enthusiasm of Willie Mays as he ran down a fly ball; the noble courage of Jackie Robinson who integrated the game; the home run race between Mickey Mantle and Roger Maris as they strove to break the Babe's record. These kinds of things are still going on. We can still follow the home run race between Sammy Sosa and Mark McGwire; thrill at the new "iron man" as Cal Ripken breaks the consecutive game record of Lou Gehrig; marvel at the pitching exploits of Orlando "El Duque" Hernandez; and admire the fluid swing of Ken Griffey Jr. It's all still there.

Perhaps we want baseball to be exempt from the more crass aspects of our society that we find repulsive. But it has always reflected the tenor of the times. The commercialization of our cherished game is a function of the rapid increase in the standard of living we have experienced in our society since World War II. In addition, many sportswriters today have become social critics rather than chroniclers of the game. They see their role as bringing down the mighty and pointing out the foibles of the "over-paid and spoiled" athletes.

Public tastes in entertainment have changed as well. We admire the anti-hero who mocks the tradi-

tional values of our culture. We can't get enough action, blood and violence. The audience for the staged violence of the World Wrestling Federation (WWF) is rapidly overtaking real sports viewership, and the new extreme football league is predicated on the public's taste for in-your-face, no-holds-barred violence. We are becoming a society not unlike that of the



Chicago's Sammy Sosa celebrates with Mark McGwire in September 1998 after the St. Louis slugger hit his 62nd home run of the season, setting a new major league record.

Romans who could not get enough blood and gore in the traditional gladiatorial games so they began throwing slaves and prisoners into the Colosseum against well-armed gladiators and even fierce animals.


But for me, I still find in baseball the values I hold dear and want to preserve. I love the pastoral setting, the smell of mown grass, the leisurely pace of the game. To me, there is no place in Omaha more beautiful than Rosenblatt Stadium. This feeling is not unique to me.

Many cities are tearing down the ugly, cookie-cutter stadiums in favor of new major league stadiums that are a reflection of the past. There has been a boom in the construction of "retro" ballparks in Baltimore, Cleveland, San Francisco and Denver.

There is still the sense of fair play and sportsmanship exemplified by most athletes. Baseball gives everyone an equal chance to succeed or fail. I really love to watch players striving to do their best. The power of a home run and the grace of a well-turned double play are a thrill to watch.

Baseball, for me, is a link to my culture and the thread that holds generation after generation to a common view of what is important. After graduating from college, my son took a job as a sports reporter for a suburban New Orleans weekly. As the baseball season rolled around, he wrote a piece entitled "The Grand Old Game and My Old Man." In it, he described how the sport we both love served to keep father and son communicating during his turbulent

teen years and facilitated the passing of my values and beliefs to a younger generation. He made me recall those days long ago when I learned these same lessons from my mother, as we lost ourselves in the play-by-play of baseball games past.

— *About the Author: Jerry Clark has been on the faculty at Creighton since 1976 and currently is chair of the Department of Sociology and Anthropology. He can be reached via e-mail at jclark@creighton.edu.* 



Relic of the Past or Tool for Unity?

America Considers the Electoral College

By Richard E. Shugrue
Professor of Law

The 2000 presidential election spotlighted an ancient institution and focused attention on the question of whether it should be altered or abolished as America enters the 21st century.

The institution, of course, is the Electoral College, which isn't even a college, but a process by which the American people choose their president and vice president.

The 2000 election was one of those rare occasions when the winner of the electoral vote garnered fewer popular votes than his rival. The nature of the electoral system is that the popular vote in each state determines the winner of the entire membership of the state's "college." Each state is allowed one electoral vote for each representative in the House and one for each of its United States senators.

While Americans were waiting for the resolution of the Florida recount, and first became acquainted with terms such as "hanging chad" and "butterfly ballot," some were saying that the time had come to abandon the Electoral College. These critics said America should elect the president by direct, popular vote. Indeed, two states — Nebraska and Maine — had tinkered with the electoral system, adopting systems in which the candidate who carried each congressional district earned that vote, and the candidate who carried the state earned the two "senatorial" votes. Since Nebraska's new law was approved in 1991, the winner of the state-wide popular vote also has carried every congressional district.

The Origins of the Electoral College

How did America come to adopt the Electoral College? How does the system work, in reality? Is it, as one author suggested, an 18th century device to solve 18th century problems or an enduring instrument of American unity? Will lawmakers be hospitable to altering the manner in which the nation's top executive is chosen after two centuries of experience?

The Electoral College was established by the framers of the United States Constitution as a compromise between the choice of the chief executive by the legislative body and popular election. The College consists of 538 electors — one for each of the 435 members of the House of Representatives and 100 senators, and the other three for the District of Columbia. The 23rd Amendment, which was ratified in 1961, gave the nation's Capitol three votes, although it has no senators or real representatives. While state statutes vary on the process by which electors are chosen, the slates are usually determined by the political parties. On election day, voters choose a candidate by name — Al Gore, George W. Bush or Ralph Nader — but, in fact, they are choosing the slate of electors representing the candidate who wins

the most popular votes. These electors meet at the state capitol on the first Monday after the second Wednesday in December (Dec. 18 this past election) to vote formally for the top office holders in the land. A majority of 270 electoral votes is necessary for any candidate to be chosen president.



Professor Shugrue: The 2000 presidential election sparked renewed interest in an old process — the Electoral College.

When the electors gather at their respective state capitols, they prepare six original Certificates of Vote and add a Certificate of Ascertainment to each one. The former lists all persons voted for as president and the number of electors for each. It separately lists the persons voted for as vice president, along with the number of electors voting for each. The Certificate of Ascertainment is prepared by the governor. This document is a list of the slate of electors for the person receiving the most popular votes. Three of the certificates are sent to the National Archives. The archivist, in turn, transmits the originals to the Office of Federal Register, which then forwards one copy to each house of Congress.

In late December, House and Senate staff members go to the Office of Federal Register to inspect the certificates. The formal Certificates of Vote to be sent to the president of the Senate have to be held until Congress opens in January when the votes are opened and counted before both houses.

In 2001, the Congress met in joint session to conduct the official tally. Vice President Gore, the presiding officer until the new administration was sworn in on Jan. 20, had the duty of declaring the official result of the election: That George W. Bush and Richard B. Cheney were elected president and vice president.

Why Did the Framers Choose the Electoral College?

The authors of the American Constitution had to decide not only what form of leadership the new nation was to have, but how to make the selection. Remember your first political science course: the post-Revolutionary War states were sovereigns; some were big and some were small, but all were jealous of their own sovereignty. There were only about 4 million souls populating some thousand miles of coastline. Transportation was tediously slow and a national campaign out of the question. Many of the Enlightenment thinkers who met at the Philadelphia convention thought that political parties were bad and that genteel citizens ought not engage in the rough and tumble of politics.

William C. Kimberling, deputy director of the Federal

Election Commission, has written a wonderful history of the Electoral College — which can be found on the Internet at <http://freedom.house.gov/electoral/fecmemo.asp> — recounting the four choices the framers discussed:

- Congress could select the president;
- The state legislatures could choose;
- The people could directly vote for the chief executive; or
- The task could be accomplished by a College of Electors.

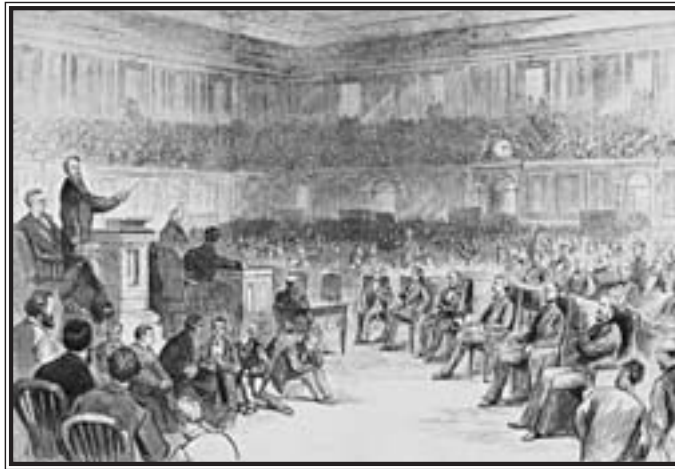
Kimberling notes that the structure of the College “can be traced to the Centuriate Assembly system of the Roman Republic.” In ancient Rome, adult male citizens were divided into groups of 100. Each group was entitled to cast one vote on issues presented by the Senate. In America’s Electoral College, the states would act as these groups did. The number of votes each state was entitled to would be determined by the size of its congressional delegation.

The American Electoral College also is like the Col-

lege of Cardinals when it acts to select a new pope. The electors in the United States were supposed to be the most knowledgeable citizens. The choice of president was supposed to be based on merit.

Article II, Section 1 of the Constitution describes the organization and operation of the College. But since the American Constitution is a “work in progress,” it didn’t take long for the original system to be tinkered with. Political parties came of age in the early days of the country. In the 1800 election, the electors of the Democratic-Republican Party gave Thomas Jefferson and Aaron Burr — both members of that party — the same number of votes. It took the House of Representatives 36 votes to choose Jefferson.

The 12th Amendment was quickly adopted by September 1804. It mandates that each elector cast one vote for president and a separate one for vice president. The original system called for casting two votes for president. The runner-up was declared the vice president. That amendment also called upon Congress to choose the president if no one received an absolute majority. The choice would be from among the top three contenders, with each state casting only a single vote.



This illustration depicts the counting of the electoral votes in the 1800s.

Illustration: Bethmann/Corbis

The System Changes and Breaks Down

Many changes have been made to the electoral system since 1804. By legislation both Congress and the state legislatures have altered specifics of the system. Today, the common practice is that voters, in effect, choose the electors of the party whose candidate receives the greatest number of votes. The individual candidates for the office of elector rarely are seen on modern ballots.

Twelve years later, Democratic-Republican Martin Van Buren won a majority of the electors. His opposition was three Whig candidates, selected to run in different parts of the United States. Historian Kimberling states that the Whigs thought the regional popularity of the candidates would guarantee a majority of electoral votes. They miscalculated.

In 1872, Horace Greeley died during the period of time between the balloting and the meeting of the electors. Greeley's electors split their votes among other Democrats, but U.S. Grant had won a majority and became president.

One term later, when the Democrats nominated Gov. Samuel Tilden of New York and the Republicans chose Gov. Rutherford Hayes of Ohio, pundits projected Tilden would be the winner. However, three southern states sent two sets of electoral votes to Congress, one for each candidate. A special commission was created to resolve the question of who won in each state. The commission picked the Hayes slate from each state, and he was chosen president, despite Tilden's victory in the popular vote.

When incumbent Grover Cleveland ran for re-election in 1888, he received huge majorities of the popular vote in states supporting him. Republican Benjamin Harrison received only small majorities in many states favoring him. The difference in the popular vote was only about 1 percent, but Harrison won the electoral vote.

Keep It, Change It or Abolish It?

Why should the Electoral College be retained?

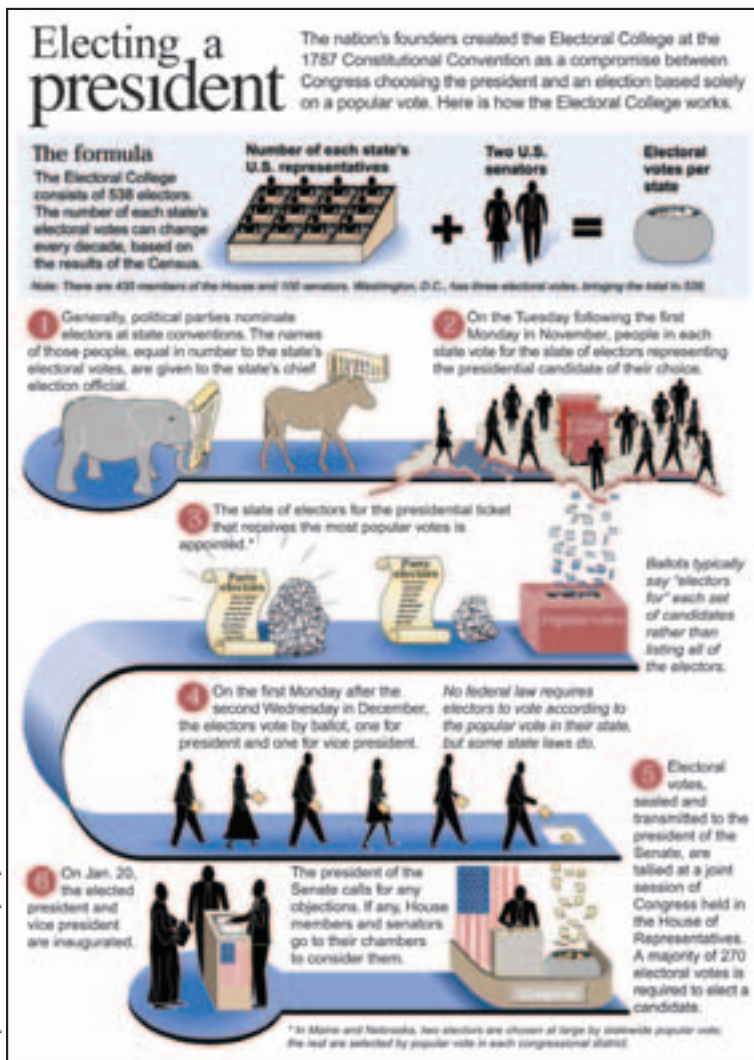
1. America's is a federal government, recognizing the importance of each state, large or small. The guarantee that each state is entitled to the votes representing the two senators, plus its congressional members, balances this feature of the American system.

2. It encourages the two-party system, for it is virtually impossible for a third party to win enough votes to carry any state.

3. It requires a distribution of popular support for a candidate to be chosen president. Without the college, either blocs of populous states or metropolises could run roughshod over the rural, less-populated regions.

4. Minorities can act as a leverage, by making the difference between the candidate's ability to secure all or none of a state's electoral vote. Thus, the presidency may be more responsive to the interests of minority groups.

Many interest groups have urged elimination of the



In 1845, Congress adopted a single day when states must conduct their presidential elections. That date is the Tuesday following the first Monday in November in years divisible by four.

In earlier elections in American history, the winner of the popular vote did not become president. John Quincy Adams received fewer popular votes than Andrew Jackson in 1824. Since Jackson did not win a majority of electoral votes, Adams was chosen by the House of Representatives.

Electoral College. The League of Women Voters of the United States, for example, in 1970 supported direct election of the president “by popular vote as essential to representative government.”

One group analyzed the electoral votes of the states and pointed out that “[I]f a candidate wins a slim majority in California and grabs its 54 electoral votes, he or she is one-fifth of the way [to victory].” The same organization noted that while California accounts for 11 percent of the nation’s population “its electoral votes are an even greater prize — 20 percent of the necessary votes.”

The opponents of the Electoral College point to this arithmetic and these other arguments against the institution:

1. A president with the minority of the popular votes could be (and has been) elected.
2. Faithless electors could vote for candidates other than those who won the popular vote in each state. (See box on rogue electors.)
3. The College discourages voters from turning out. In states like Nebraska, for example, a Democrat has won the electoral vote only once in 60 years.

This spring, the states will be reapportioned, following the year 2000 census mandated by the Constitution. Arizona, Georgia, Florida and Texas will gain two seats each in the House of Representatives. That means the four will gain two more electors each. California, Colorado, Nevada and North Carolina will each gain one.

There are losers in this formula. New York and Pennsylvania will each lose two congressional seats and two electors. Connecticut, Illinois, Indiana, Michigan, Mississippi, Ohio, Oklahoma and Wisconsin will each lose one. As *The Washington Post* reported, if George W. Bush won exactly the same states in 2004 as he won last November, he would win the Electoral College 278 to 260, rather than 271 to 267.

Proposals to alter or eliminate the Electoral College include: 1) choosing electoral votes by districts (as Nebraska and Maine currently do); 2) elimination of individual electors but retention of the electoral college principle; and 3) substitution of direct popular vote.

Even before the new Congress convened in January, formal bills were introduced in each house calling for reforms of the electoral system. Sen. Dick Durbin of Illinois offered a Joint Resolution that would propose an amendment to the Constitution calling for direct election of the president and vice president. In Durbin’s scheme, if no candidate received at least 40 percent of the popular vote, there would be a runoff election 21 days after the general election.

Congressman Edward Markey’s “Voters’ Bill of Rights for the 21st Century” called for 10 citizen guarantees,

including “The right to have an Electoral College which reflects the preferences of voters in a fair and accurate manner.” At the heart of the Massachusetts Democrat’s elaborate plan is the creation of the “21st Century Bipartisan Electoral Commission,” which would be assigned with developing a uniform ballot format for presidential elections and establishing standards for military voting and absentee ballots.

The commission would reassess the Electoral College and evaluate strategies to reflect voters’ intentions for electing the top office holders in the United States.

Any national change in the system would require a constitutional amendment. That fact alone makes it less probable that the Electoral College will be scrapped, because three-quarters of the states must ratify any amendment. Small states, which benefit the most from the current system, would undoubtedly vote “no.”

One thing is certain: In an era of 24-hour news channels and instant communication by way of the Internet, Americans learned more about the 18th century device called the Electoral College than the framers of the Constitution ever would have dreamed!

—*About the Author: Professor Shugrue has been a member of the Creighton faculty since 1966 and is frequently contacted by the news media for his views on the political scene both locally and nationally.*

Rogue Electors


Nothing in the Constitution or federal statutes requires electors to cast their ballots in accordance with the popular votes in their state. Rare, rogue or faithless electors have, indeed, cast their ballots for a candidate other than the winner in a given state. For example:

— In 1820, an elector in New Hampshire voted for John Quincy Adams and not James Monroe, who was entitled to his ballot;

— In 1956 in Alabama, an elector failed to vote for Adlai Stevenson, who had won the popular vote, but cast his ballot for a circuit judge instead;

— In 1960, an Oklahoma elector was supposed to vote for Richard Nixon. He voted for Harry F. Byrd;

— In 1968, George Wallace got the vote of a North Carolina elector even though Richard Nixon was entitled to it;

— In 1988, a West Virginian chose Lloyd Bentsen rather than the popular winner, Michael Dukakis. 

Creighton to Begin Construction of New Science Complex

Creighton is embarking upon a \$48 million venture to renovate and expand the University's undergraduate and graduate health sciences facilities. The dynamic new science complex will include much-needed renovations to the Rigge Science, Criss II and III buildings, as well as a new, five-story structure.

As Creighton's reputation for excellence in science education expands nationally, its undergraduate and professional health sciences programs represent ever-critical facility priorities.

"We owe a debt of gratitude to former Creighton President Michael G. Morrison, S.J., who had the vision for this much-needed science complex," said Creighton President the Rev. John P. Schlegel, S.J. "I am excited that this will be the first major construction project under my tenure."

During the past several years, the University's science facilities have become taxed to their limits due to a dramatic increase in the number of students taking science courses, the addition of new departments and advances in technology. About 55 percent of Creighton's undergraduate students major in sciences — compared with just 5 percent nationally. The University's nation-

ally recognized research programs also have grown in number and size. As a result, Creighton's undergraduate and professional school science departments are bursting at the bricks.

With an approximate 81,800-square-foot increase in usable space, the integrated, state-of-the-art learning structure will include multi-purpose classrooms; lecture halls; high-tech teaching and research laboratories; shared core facilities for research equipment and instrumentation; and offices and student common spaces.

Along with renovations to existing buildings, the new science building will provide additional classrooms, computer labs and offices. An array of student amenities, including a café, will surround an interior rotunda at the building's main entrance. Connecting undergraduate and graduate science facilities, the new building will enhance

the architectural and programmatic continuity of Creighton's science departments.

The comprehensive planning process for the initiative spanned five years, during which time Creighton faculty and administrators met with architects, consulted science facilities experts and toured several university science complexes around the country.

"We owe a debt of gratitude to former Creighton President Michael G. Morrison, S.J., who had the vision for this much-needed science complex.

I am excited that this will be the first major construction project under my tenure."

—Rev. John P. Schlegel, S.J.

"The process was earmarked by consensus, compromise and a willingness to accommodate each others' needs," said interim dean of the College of Arts and Sciences Patricia Fleming, Ph.D. "We are genuinely pleased and excited for what we have planned."

In 1999, HDR Architecture, Inc.



Above is a preliminary sketch of the new science complex done by the Omaha firm HDR Architecture, Inc. The new building will be located just east of the existing Criss II and III buildings and north of the Rigge Science building.

provided Creighton a detailed analysis of the existing Rigge Science, Criss II and Criss III buildings, revealing the overall inadequate condition of the architectural, structural, mechanical and electrical systems. Project Kaleidoscope (PKAL), a W.M. Keck Foundation consultant program, also offered on-site evaluation of the University's science programs and facilities, concurring with HDR's assessment.

Plans for the science complex address not only existing problems but, more importantly, future opportunities. Serving both function and mission, the new facilities will support the same ideals upon which Creighton's scientific community rests — open and interdisciplinary exchange, independent discovery, safety, accessibility and flexibility.

"The complex will provide a rich interdisciplinary environment where students and faculty can

engage in innovative research, teaching and learning. It will maintain and advance Creighton's leading role in science and science education, for both undergraduates and professional students," said Vice President for Academic Affairs Charles Dougherty, Ph.D.

"The science complex will provide for high-tech learning and research, sharpening Creighton's edge in health sciences education," said M. Roy Wilson, M.D., vice president for Health Sciences and dean of the School of Medicine.

At the same time, the new structure will support time-honored Jesuit values of collaborative learning, student-faculty interchange and interdisciplinary study. Ethics in science (always of paramount importance at Creighton) will continue to direct class discussions and research activities. Undergraduate science majors, non-science students and graduate health sciences

students alike will be prepared to enter the world as well-educated citizens, ready to take part in public health and science policy discussions.

Support for the new science complex will further advance the University into the country's top echelon of educational institutions.

Alumni and friends, faculty and staff, corporations and foundations are invited to partner with Creighton through a gift to the initiative. Contributions of every amount will truly make a difference in educating tomorrow's scientists, health care professionals and well-rounded citizens.

For those who wish to make a substantial gift, there are several naming opportunities available, including classrooms, laboratories, common spaces and computer rooms. Please contact Creighton's Office of Development at 1-800-334-8794 for more information.

DONORS ENRICH CREIGHTON'S CAMPUS THROUGH SUPPORT OF INTERNATIONAL STUDENTS

Each year, Creighton enrolls more than 250 international students from around the world, representing approximately 60 countries. These students greatly enhance the Creighton community by providing an influential conduit for cultural and intellectual exchanges. Their presence unites communities, countries and continents on Creighton's campus.

Assisting Creighton in pursuit of diversity, J. William and Ruth Scott and Michael and Dr. Gail Yanney provide remarkable scholarship assistance to international students. Creating a global atmosphere at Creighton, they enable students from all corners of the world to achieve their educational dreams and pursue their professional goals.

The Yanneys feel strongly about supporting international students, as they believe all young men and women deserve the opportunity to benefit from a Creighton education.

"My wife and I enjoy helping very bright foreign students take advantage of educational opportunities at Creighton," Mike Yanney said. "We not only give them a scholarship in order to attain an education, but we want to make sure that when they graduate they're set to get their careers going."

The Yanneys currently are providing scholarship assistance to Svetlana Fedorova, a native of Russia.

Pursuing a degree in business, Fedorova is thrilled to be able to study at Creighton.

"I am very grateful to Mr. and Mrs. Yanney for providing a scholarship for me to study at Creighton University," Fedorova said. "It has made my dream of a high-quality business education a reality. I have enjoyed every class, and I find that the knowledge I acquire at Creighton is very useful and intellectually enriching."

Bill and Ruth Scott also are committed to assisting international students who wish to study at Creighton. They have been personally touched by the students they have helped.

"The students we have provided assistance to are amazing students and incredible young people, and we are thrilled that they have become our personal friends," Bill Scott said. "It's unfortunate that international students don't have very much scholarship assistance available. We know there is such an incredible need, and we want to be able to do whatever we can to help."



Photo by Dave Wenner

Svetlana Fedorova, a native Russian, is studying business at Creighton thanks to a scholarship established by Mike and Dr. Gail Yanney.

The Scotts currently are sponsoring Ekua Cobbina of Ghana and Dusan Stanojevic of Serbia.

Cobbina came to Creighton in order to pursue her medical degree. Currently enrolled in the Creighton School of Medicine, Cobbina has been able to achieve a goal that, without substantial scholarship assistance, would have been unattainable.

"The Scott Scholarship means everything to me because my family is in a

financial crisis and it seemed like I had nowhere to go and no one to turn to," Cobbina said. "When the Scotts gave me the scholarship, I was very grateful. Even though they did not know me, they showed such faith in and concern for my future. I don't think words can express my gratitude to them for this scholarship."

Stanojevic fled from his homeland of Serbia in order to avoid fighting in a brutal war. Just 19 at the time, his parents sacrificed everything they had, including their life savings, in order to secure his safety, as well as his future. However, since his family does not have the financial resources necessary to fund a Creighton education, he must rely upon the generosity of others to continue his studies.

Currently a sophomore in the College of Arts and Sciences, Stanojevic is thankful for the opportunity to study at Creighton.

"This scholarship allows U.S. students to meet different people from all around the world and learn more about different cultures. In today's world, which is still searching for world peace, communication and dialogue between different cultures is very important," Stanojevic said. "I think this scholarship is making a tremendous impact on U.S. students as well as international students in bringing us closer to each other, and I hope it will help us in resolving some important problems of the world."

Creighton is committed to creating a diverse student body and community, enriching students' educational, social and cultural experiences and enabling international students to receive a high-quality education. Thanks to the generosity of Mike and Gail Yanney and Bill and Ruth Scott, international students have an opportunity to follow their dreams of higher education, while traditional students are becoming more knowledgeable about the world. The Creighton community has benefited from their commitment to the University, higher education and humanity.

SCHOOL OF MEDICINE ALUMNI COMMEMORATE THEIR CREIGHTON YEARS THROUGH REUNION GIVING

The invention of the CT scanner, advances in organ transplants, the discovery of antibiotics, breakthroughs in genetics ... these medical leaps mark a century's progress in clinical and biomedical sciences. Paying tribute to their collective past and investing in a promising future, three Creighton University School of Medicine classes celebrated landmark reunions in the year 2000. The classes of 1960, 1975 and 1990 commemorated their place in Creighton's history at a School of Medicine alumni dinner last fall.

While reminiscing about their years at the University, the alums also helped to pave the way for future generations of Creighton medical students. The classes presented M. Roy Wilson, M.D., vice president for Health Sciences and dean of the medical school, with an oversized check for more than \$133,000 in cash and \$1 million in deferred gifts for the school. Part of the two-year-old Reunion Giving Program, the contributions will be used to establish endowed and annual scholarship funds.

"These collective gifts represent the power of school pride that our alumni take with them when they graduate and return tenfold when they participate in reunion giving," Dr. Wilson said. "We are fortunate to have such individuals graduate from our program. The School of Medicine's reputation of excellence is due in large part to these exceptional men and women."

Dr. Wilson also remarked on the number of alumni who attended the reunion festivities.

"With the hectic schedule most physicians manage, the turnout at the reunion speaks volumes about our graduates' commitment to Creighton," he said.

Continuing the legacy of Creighton's founders, members of the 1960 class



From left to right ... Drs. Anthony Saglimbeni, Marie DeRuyter, M. Roy Wilson and Scott Carollo. Saglimbeni, DeRuyter and Carollo co-chaired the class of 1990 reunion giving project that raised \$27,000, enough to underwrite one year's tuition at the School of Medicine.

named the School of Medicine as a beneficiary of a deferred gift in their estate plans. This pioneering initiative offers a unique opportunity for fellow alumni to share their success with future generations of medical students. Fortieth reunion co-chairs **Robert Hedequist, MD'60; John Monson, MD'60; Richard O'Brien, MS'58, MD'60; William Shutze, MD'60; and Paul Waters, MD'60**, agreed that the best thing about this lasting legacy is that all estate designations, when realized, will go into endowed accounts and continue to help Creighton and future students in perpetuity.

Of the class of 1975, 56 alumni made gifts totaling \$106,000. The gifts will be used to fund an annual scholarship, commemorating the class of 1975.

The 1975 class reunion was co-chaired by **Tom Ferlic, MD'75; Anthony Porto Jr., MD'75; and Tom Ruma, MD'75.**

"I was impressed by the generosity of my classmates. I think our reunion giving reflects the superior education

we received while at Creighton and illustrates how we have applied the University's mission of service to both our professional and personal lives," Dr. Ferlic said.

The class of 1990 reunion giving project was co-chaired by **Scott Carollo, BS'86, MD'90; Marie DeRuyter, MD'90; and Anthony Saglimbeni, MD'90.** The 10-year reunion class contributed more than \$27,000, enough to underwrite one year's tuition at the School.

The reunion giving spirit continued with an announcement of two surprise gifts by members of the classes of 1950 and 1955.

To honor their 50th "Gold Citation Reunion," **Robert M. Fischer, MD'50**, and his wife, Harriet, made a gift of \$40,000 to establish an endowed scholarship. In addition, a 1955 alumnus made an anonymous gift of \$50,000 to create an endowed scholarship to honor the deceased and living members of the class of 1955.

Photo by Creighton University Media Services

Debt and Foreign Aid: Charity or Justice?

By Philip Meeks, Ph.D.

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In November 2000, the Creighton faculty concluded a series of dialogues on the significance of the Jubilee Year 2000 with a discussion of "The Jubilee World and Third World Debt Forgiveness."

Theology professor the Rev. Dennis Hamm, S.J., economics professor Joseph Phillips and I contributed various perspectives. We all basically agreed that the burden of accumulated debt was crushing the world's poorest countries.

All three of us have been to the Dominican Republic to see it firsthand. Even though the world's economic conditions have improved more in the past 50 years than ever before in human history, the distribution of this unprecedented wealth has worsened between rich and poor countries.

The average income in the richest 20 countries is now 37 times the average in the poorest 20 countries — a gap that has doubled in the past 40 years. At the same time, the World Bank has reported that the total external debt of the world's developing countries increased from \$1.5 billion to \$2.5 billion from 1990 to 1998, an increase of 73 percent.

The biblical notion of "jubilee" includes the forgiveness of all debt every 50 years. The problem is that, according to some estimates, this would require dramatic increases in foreign aid from the world's richest countries, and their official development assistance has declined since 1992.

There are many forms of foreign aid. Official development assistance (ODA) is geared at reducing persistent poverty. Relief aid is used for short-term emergency relief usually in response to natural disasters like the recent earthquakes in El Salvador and India. There is also military aid used for peacekeeping or drug interdiction. Many Americans believe that the United States gives too much foreign aid, but in percentage terms the U.S. gives the lowest amount of ODA among the world's wealthiest countries — only about one-tenth of

one percent of GNP. Even in absolute terms, Japan has given more since the mid-1990s.

In the current 2001 U.S. federal budget, we are scheduled to spend only about \$7.3 billion in international development and humanitarian assistance out of a total budget of \$1.8 trillion. More than half of that is "strategic" rather than "need" based aid and will go to Israel and Egypt.

Public disillusionment with foreign aid has come from beliefs that it doesn't work and that waste and corruption prevent it from reaching the poorest people who need it

the most. It is true that some poor governments have spent excessive funds on military weapons and political patronage, but refugees, natural disasters and disease epidemics have also burdened them. The effectiveness of foreign aid in various countries has been mixed, but there have been many aid successes. Aid has been greatly hindered by donor conditionality and unwillingness to

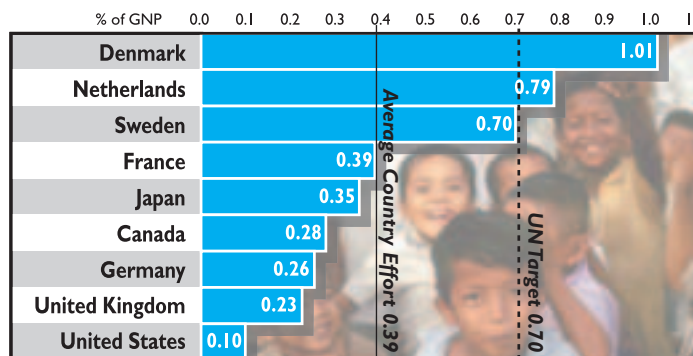
coordinate with other countries both at the project level and nationwide. Foreign economic policies also have hurt, especially in agriculture where constantly falling crop prices have hurt farmers in developing countries and are the single greatest reason for debt.

If, indeed, our economy and that of other wealthy countries is now slowing down after the incredible growth of the last decade, will we be even more unwilling to give more to the world's poorest people? How much of the proposed \$1.6 trillion U.S. tax cut over the next 10 years will be dedicated to more global economic justice and charity?

It is in our national interest to alleviate global poverty in order to reduce immigration, environmental degradation and repayment of foreign debt. It is in our national heritage to be a world leader in humanitarian concern for those in much greater need than ourselves. It is a matter of both charity and justice. ■

WHO GIVES?

As a percentage of gross national product (GNP), Denmark gave the most in official development assistance (ODA) in 1999. The United States ranked dead last among the 22 countries surveyed, contributing one-tenth of 1 percent of GNP to ODA.



Source: Organization for Economic Co-Operation and Development (Development Assistance Committee)

Heart and Soul

Over the past four years, Creighton University basketball fans have thrilled over the talent, heart and determination of guards Ryan Sears and Ben Walker.

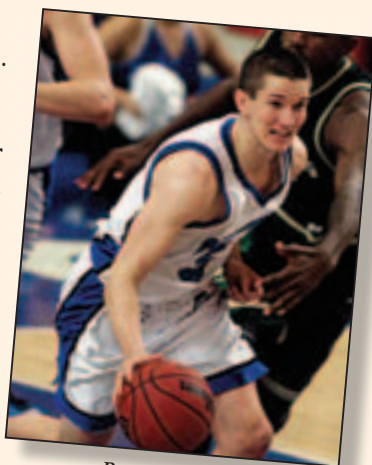
Sears, a native of Ankeny, Iowa, started every game since coming to Creighton as a freshman in 1997. He finished his career as the Bluejays' all-time leader in assists (570), steals (283) and 3-pointers (245).

Walker, a native of Oak Creek, Wis., also was a four-year starter at Creighton. At 6-2, Walker led the team in rebounding the past two seasons and completed his career tied for ninth all-time at Creighton in that category (677). A prolific scorer, he also joined Sears on Creighton's 1,000-point club.

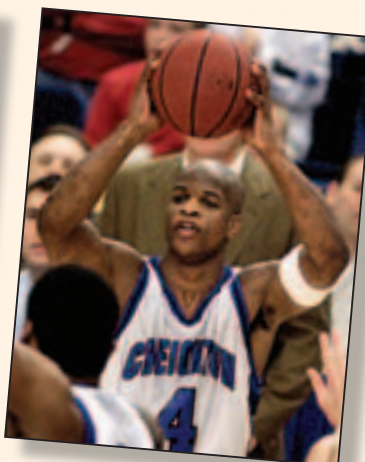
Together, Sears and Walker formed arguably the best backcourt tandem in the 84-year history of Creighton University men's basketball.

In addition to their individual success, the duo led Creighton to four straight postseason tournaments for the first time in school history.

After guiding Creighton to a National Invitation Tournament (NIT) berth in 1998, the backcourt combo fueled Creighton's run to three straight NCAA Tournament appearances, including a first-round win in 1999.



Ryan Sears



Ben Walker

Under the leadership of Sears and Walker, the Bluejays won two Missouri Valley Conference Tournament titles and their first regular-season conference title in a decade this past season.

Joining with seniors Alan Huss, Livan Pyfrom, Justin Haynes, Brett Angner and medical-school bound junior John Klein, Sears and Walker led an experienced Bluejay club to a 24-8 season in 2000-2001 — Creighton's third straight 20-win season.

Creighton's season — and the stellar careers of Sears and Walker — ended too soon for Creighton fans with a 69-56 loss to Big Ten champion Iowa in the first round of the NCAA East Regional this past March in Uniondale, N.Y.

But Sears, a theology major, and Walker, an education major, will be remembered, and for much more than their statistics.

They will be remembered for their hustle, sacrifice and commitment. And they will be remembered — along with Creighton's other graduating student-athletes — for the exemplary manner in which they represented Creighton University, both on and off the court.

Thank you, Ryan and Ben and all the student-athletes you represent. We wish you well.

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