For him, angioplasty is affair of the heart
Cardiologist Dr. Michael Sketch explains angioplasty and Omaha Mayor Mike Boyle describes his encounter with death and the angioplasty on his own heart. Page 4

Worksite wellness is a way of life here
Creighton alumnus and Wellness Council of the Midlands founder William Kizer has made his own company an example of wellness commitment. Page 12

Fr. Don Doll's Easter card from the Holy Land
Creighton's Rev. Don Doll, S.J., brings you a special Easter card: His photographs of the Holy Land today, the Way of the Cross. Page 16

Dona Magee: Irish soul, tough mind, soft heart
Writer Steve Kline talks with outspoken, intellectually tough, Ireland-rooted Donal Magee, a man of convictions and causes. Page 22

Alumnnews...............................Page 26
University News ........................Page 27
For a brief moment, I felt as though I were seeing the Red McManus years on instant replay...on the pages of your classic new Journal.

Harry the Horse, Dolph, Hurricane Harry, Prof... 

Thanks for sharing your wonderful insights with us and rekindling our memories of those exciting times at Creighton.

William E. Ramsey, APR, Bill Ramsey Associates, Inc. Omaha

It could be 25 years, it could be 50 years, but some things never change. Harry Dolphin can WRITE!

John M. Callaghan Los Angeles, Calif.

I have enjoyed reading the Creighton Alumnnews over the years and keeping up-to-date on former classmates and current activities at Creighton. I am very impressed with the professionalism displayed on every page of WINDOW. Enclosed is a check to help a little with the costs of your new publication.

Tom Sanders, BASoc’74, Madison, Wis.

(The article by Dick Andrews on his visit to China) was a neat and concise task of abstracting what must have been a multiplicity of reactions and impressions. Of particular appeal was the commentary on food and meals — though I would anticipate a queasy stomach in some instances. It was a fascinating account of the trip.

Dr. Arthur G. Umscheid Professor of History, Creighton University

I’ve just finished reading WINDOW; truly a great job, well done. I especially enjoyed the article by Leslie Collins, PhD, and Emmett Kenney, M.D. I am proud to be a Creighton alumna.

Many times in recalling fond memories of my college years at Creighton, I long to return again.

Phyllis Kutach, BS’70, Irving, Texas

I realize this is somewhat distant from the release of your (first) WINDOW publication, but I have been meaning to say I was very pleased with the article, “Divorce and Remarriage in the Catholic Church,” by Michael Lawler.

I understand it is not always easy, politically speaking, to publish articles that may stir controversy, but I do believe articles such as these are what it takes to make people re-think their values and allegiances in order to affirm them, revise them or move on to new ones. I am looking forward to other such stimulating articles.

Albert Sadowski Omaha

Very attractive issue of WINDOW!

Ken Wise Associate Professor, Arts and Sciences, Creighton University

When I first heard about WINDOW, I shrank, somewhat appalled. How could the C.U. campus stand another publication?

Now, I begin to see how it fits into the scheme of things. Congrats on your Number 2 issue. Fr. Harry Linn must be pleased by our efforts at improved communication.

Rev. Harold McAuliffe, S.J. Omaha

You’ve done a wonderful job. WINDOW is inviting to thumb through, which is no small feat. It is also interesting to read, which is the highest compliment that can be paid to a magazine, in my judgment.

In the coming months, as WINDOW takes on its own inevitable life, I know your content will continue to be challenging and your presentation will become even more sophisticated.

Congratulations on a job very well done.

Daniel L. Reeder, Editor, Kansas (University) Alumni Magazine, Lawrence, Kan.

This magazine is well worth every compliment I could send! I most appreciate the quality of its substance and I grow more and more proud to be a member of the extended Creighton community.

Sr. Renee Branigan, OSB, MCSP’81 Sacred Heart Priory, Richardton, N.D.

As an alumnus of Creighton, I’d like to congratulate you on the fall edition of Creighton University WINDOW.

I’m currently a second-year medical student and am planning on being married Dec. 29, 1984. The article, “Divorce and Remarriage in the Catholic Church,” particularly interested me.

It is one of those rare articles that speaks on an issue that Catholics need to be more informed about. It does not serve to make one seek divorce; rather, it raises one’s consciousness about divorce. It serves as a bridge of understanding. Most Catholics have enough emotion, but it is during those “rough” times that we need some understanding.

Jim Conahan
FIGHTING HEART DISEASE
A choice: bypass or angioplasty

By Dr. Michael H. Sketch

Dr. Sketch is chief of cardiology on the Saint Joseph Hospital staff and he is professor of medicine and chief of the division of cardiology on the Creighton University School of Medicine faculty.

Has your doctor told you that the intermittent chest pain you have been having is angina pectoris?

Have you had a heart attack or myocardial infarction?

If your answer to either of these questions is yes, you are one of the 4.67 million Americans who suffer ischemic heart disease. You have atherosclerosis or "hardening" of your coronary arteries. Your coronary arteries have become significantly narrowed or blocked by deposits of fat, primarily cholesterol, with the result that the flow of blood to your heart muscle has become impaired.

At left, Dr. Sketch, assisted by nurse Judy Lynch, performs an angioplasty on a patient.

Or completely interrupted.

Today ischemic heart disease is rarely treated without thorough evaluation of the patient. Each evaluation is customized.

Your evaluation may include blood tests, an electrocardiogram (a recording of the electrical activity of your heart), a chest X-ray, an exercise test which requires that you walk on a treadmill while attached to an electrocardiographic machine, or a heart catheterization.

If a heart catheterization is required, it will be performed by a specially trained cardiologist who, using local anesthesia, will insert a thin plastic tube into an artery in your leg or arm and guide it so that it enters the coronary arteries. Dye will be injected into the tube so that it will flow into each coronary artery. X-rays will be recorded. In this way, your cardiologist will be able to see arterial narrowings if they are present and evaluate their significance.

After a patient who has ischemic heart disease has been completely evaluated, it will be necessary that he or she make a decision regarding therapy. Advice as to which therapeutic option is most appropriate for you has to be provided by your personal physician or cardiologist. However, the decision as to which therapeutic approach will be taken has to be made by you.

Generally, you have four options:

1) Do nothing.
2) Take medicines and attempt to modify your life-style and diet.
3) Undergo coronary artery bypass surgery in which veins taken from your legs are inserted between the aorta and the coronary artery beyond the blockage, bypassing it.
4) Undergo PTCA (percutaneous transluminal coronary angioplasty), a procedure performed by inflating a balloon within the blocked coronary artery so that it expands the narrowed region and returns it to normal size.

For you to intelligently decide which of the above therapeutic op-
tions is best for you, you must know the risks associated with each choice, and you will need to know how each choice will affect your quality of life. You will need to know to what extent each approach may be expected to relieve you of angina pectoris, and how each approach will affect your ability to perform your normal daily activities and your ability to work. You will need to know to what extent each therapeutic choice will affect your risk of suffering a heart attack or dying.

Only a knowledgeable physician can provide you with the information you need to make your choice. The physician who advises you should be knowledgeable of the most recent research since new medicines and methods of treatment are continually being developed. Information available as recently as a few months ago may no longer be applicable. In advising you, your physician has to relate the results of your tests to published research.

You should consider your physician’s advice as being customized to your specific needs.

Your choice may be obvious. For instance, the heart receives its blood supply from two coronary arteries, the left and the right. If the origins of both the right and the left coronary arteries are 95 percent obstructed, research has shown that you would be at very high risk of death, a conclusion that is almost self-evident. Coronary artery bypass surgery would be the recommended therapy and the recommendation is non-controversial since, in this situation, coronary artery bypass surgery has been shown to unequivocally prolong life.

Unfortunately, your tests may not have revealed a situation which has been so clearly shown to benefit from any one of the above therapeutic choices. If that is the case, your physician and you have to weigh the risks of each therapeutic approach against the benefits you may expect to receive.

Should you seek a second opinion? It is my belief that a single opinion from a knowledgeable physician you trust or from a specialist to whom you have been referred by your trusted physician is all that is necessary for you to make a well-informed decision regarding your care.

However, if you desire a second opinion, you should seek it from a physician who is well recognized as an expert in the treatment of ischemic heart disease or one who practices in a center highly regarded for its treatment of heart disease.

Are there any general guidelines that you should follow in making your choice of treatment?

Obviously, if you have ischemic heart disease, to do nothing would be foolish. The introduction of new medicines has unquestionably aided patients with this disease. Quality of life has been improved and life has been prolonged. Numerous medicines are available; each has its own indication for use. Sometimes a combination of two or more may be indicated.

The decision as to which medicines are indicated in your specific case rests with your physician. None of the available medicines remove the need for you to discontinue smoking, modify your diet, and possibly modify other aspects of your lifestyle. None of the available medicines necessarily obviate the need for either surgery or PTCA.

There are three important questions you should ask about a surgical procedure: How will it alter my expected risk of death; how will it alter my risk of suffering a future heart attack, and how will it modify my quality of life? The risk of surgery is so low compared with the risk of the disease itself that, generally, it can be ignored.

Although coronary artery surgery has been shown to prolong life in certain circumstances (for instance the circumstance described above), in other circumstances such as that in which a blockage exists in a small branch of one of the coronary arteries, it may not prolong life. If that is the case, surgery may still be the indicated choice because of its ability to relieve you of the symptom of angina pectoris if it interferes with your normal daily activity.

The tools of angioplasty are the balloon-catheter and the pump (inset) which inflates the balloon within the occluded artery. See the angioplasty illustrations on page 9.
In considering surgery as a choice of therapy, you must compare the results you can anticipate from the surgery with those you might expect to achieve with treatment using medicines and modification of diet and life-style.

You should understand that surgery does not necessarily remove the need for all medicines and that it never removes the need for you to stop smoking and modify your diet and life-style.

You should be aware of the fact that coronary artery bypass surgery does not "cure" ischemic heart disease, although it may prolong your life and it may relieve your symptom of angina pectoris.

However, a graft which bypasses a blockage in a coronary artery may itself become narrowed or blocked. Arteries which at the time of surgery did not require a bypass graft may subsequently become narrowed or blocked. Studies have shown that as many as 14 percent of grafts may close within two weeks of surgery; as many as 23 percent may close between two weeks and one year after surgery, and as many as 40 percent of grafts close or become severely narrowed between five and ten years after surgery.

The newest treatment for blocked or narrowed coronary arteries is PTCA or angioplasty. This technique was first reported in 1979 by Dr. Andreas Gruntzig, then practicing in Zurich, Switzerland. Since that time, the technique has been significantly improved and is widely available. Originally, it was recommended only for patients who had suffered angina pectoris for less than one year and who had a single blockage in one coronary artery.

Today angioplasty is being effectively used to treat multiple narrowings in multiple coronary arteries. Like surgery, percutaneous transluminal coronary angioplasty has been shown to relieve patients of angina pectoris. It is believed to reduce the risk of death and future heart attacks. However, not enough time has passed since this technique was first performed to identify those subgroups of patients whose lives will be uncontroversially prolonged.

Before PTCA can be considered a viable, therapeutic option, you must, for the most part, be considered a candidate for coronary artery bypass surgery. However, because of improvement in the technique and equipment in PTCA, this requirement is not as strictly necessary as it was initially. Today, in experienced hands, angioplasty can be successful in 90 to 95 percent of patients who are considered to be appropriate candidates.

When considering PTCA as a choice of therapy, you must realize that, like coronary artery bypass surgery, the procedure is associated with risk. The risk of death with PTCA approximates that of surgery, 1 percent. Like surgery, the results of PTCA are not necessarily permanent. Studies suggest that in 20 to 25 percent of successful dilatations, the blockage of the artery or arteries will recur. The majority of recurrences happen within six months after PTCA has been performed. However, arteries can be redilated.

A significant advantage of PTCA is that it is associated with considerably less hospital and physician expense than coronary artery bypass surgery.

Generally, a patient who has undergone coronary angioplasty will be discharged from the hospital two days after the dilatation. This compares with 7-10 days of hospitalization required by those who have undergone coronary artery bypass surgery. After hospitalization, angioplasty patients are able to return to normal daily activities within 1 to 7 days compared with 6 to 12 weeks for patients who have undergone bypass surgery.

Initially, approximately 5 percent of bypass surgery candidates were thought to be eligible for angioplasty. However, today many authorities believe that 25 percent or more are candidates for PTCA.

The effect of angioplasty is clearly shown in these X-ray photos of the dye (dark areas) injected into the coronary arteries. Above is the untreated, blocked artery of a patient. The lower photo shows restored blood flow after angioplasty.

and this percentage may well rise to nearly 50 percent. Many experts believe that with the judicious use of drugs and repeat angioplasty, the need for coronary artery bypass surgery may one day be entirely eliminated.

Finally, it must be emphasized that no one method of treatment is best for all patients and that your choice has to be based on a qualified physician's advice, not forgetting that prayer and trust in God are also necessary.
The heart pumps oxygenated blood to itself, too

**Right atrium:**
Blood from throughout the body comes into the heart here and is pumped through a valve into the right ventricle. From this point it goes to the pulmonary artery, which divides with one vessel leading to the right lung, the other to the left lung.

Both atria contract at the same time to force blood into the ventricles. Then both ventricles contract while the atria relax. This forces blood into the great arteries, but the first to receive the newly oxygenated blood are the coronary arteries on the outside surface of the heart. The period of contraction is called systole; the relaxation is called diastole.

**Left atrium:**
Blood which has been oxygenated in the lung area is brought back here via the pulmonary veins. Next it goes through a valve into the left ventricle and is pumped through the aorta to all parts of the body.

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**Superior vena cava**
To right arm
To head
To left arm

**Aorta**

**Pulmonary artery**
To lung

**Pulmonary vein**
From lung

**Left ventricle**

**Right ventricle**

**Inferior vena cava**

**Aorta**
carries blood to abdomen and legs
Each day your heart beats 100,000 times and pumps 4,300 gallons of life-giving blood.

The heart is divided into a right and a left side, each with an atrium and a ventricle. The right atrium collects blood returned to it through veins from the various parts of the body. This blood is "oxygen depleted" and contains a large concentration of carbon dioxide.

From the right atrium the blood is pumped to the right ventricle, which pumps it through the lungs, where carbon dioxide is exchanged for the oxygen you breathe. The oxygen-enriched blood from the lungs passes through pulmonary veins to the left atrium and subsequently to the left ventricle, from where it is pumped to all parts of the body through systemic arteries.

A systemic artery is a blood vessel through which blood containing a high concentration of oxygen is pumped to a part of the body by the heart.

Arteries should not be confused with veins, through which blood — "depleted" of oxygen — is returned to the heart from various parts of the body.

In order for the heart to function, it requires an oxygen-rich blood supply of its own. This is provided by the coronary arteries.

They are called coronary arteries because the early anatomists saw them as passing over the heart in a crown-like fashion. When the flow of blood through one or more of these arteries is significantly impeded by a narrowing or blockage, a disease known as ischemic heart disease or coronary heart disease is said to exist, and the affected individual will suffer intermittent chest pain, known as angina pectoris, a heart attack, or death.

The American Heart Association estimates that, in the United States, 4.67 million people annually suffer ischemic heart disease. Among these, approximately 1.5 million Americans suffer a heart attack and about 550,000 of these individuals die. Hence, despite the efforts of the medical profession, ischemic heart disease is of epidemic proportions.

The angioplasty procedure is shown here from inside the coronary artery. The deflated balloon is centered in a fatty deposit. Platinum bands at each end are visible in X-rays and show the balloon's position during angioplasty.

The angioplasty balloon here is inflated, pressing outward in the middle of the fatty deposit. Note the tip of the balloon catheter, which has a small guiding wire that is used to steer the catheter into place.

Its job now done, the angioplasty balloon is deflated, preparatory to withdrawal. The catheter also carries a tube through which dye can be ejected to prove that the blockage has been cleared.
Death came twice to the Mayor

Michael Boyle, age 40, a Creighton graduate (BSBA'73, JD'77), mayor of the city of Omaha, an up and comer, had been on the banquet circuit now for the 13th night in a row. It was Oct. 20, 1984.

This night was different. He would become ill, he would literally die twice. Each time, he would be brought back by electric shocks to restart his heart.

A matter of minutes later, he would undergo angioplasty (PTCA, or percutaneous transluminal coronary angioplasty) to clear the blockage in his coronary arteries that precipitated the whole series of events.

This is the story of that terrifying night.

In a period of 27 days, the mayor had attended banquet and ceremonial events every day but one. Sometimes, he said, "there were two events a night."

"On this day I had been in a wedding that afternoon at Cathedral. One of my Godchildren was getting married and I was a reader. My wife, Anne, was receiving an award at the dinner that night and I told the kids (four teenagers and an 11-year-old) that I would like them to attend, too. So it was kind of unusual, all of us being there at the same time. Anne's mother and father were there, too.

"It was the Nebraska Women's Political Caucus annual awards dinner at the Red Lion. We don't usually go to the cocktail portion (of these events) anyway, so we got there about 5 or 10 minutes before dinner; we were not rushed or anything.

"Everybody got seated and we ate and I got up to give my remarks. Barbara (Richardson, the mayor's press aide) wrote the remarks on women's rights, and I feel very strongly about the subject, so I embellished the remarks and made them much stronger and I condemned Reagan and got all wound up. I kind of exerted myself, put some spirit into the speech.

"I sat down and I began to feel uncomfortable. It wasn't chest pains, but a real tightness in my chest. I felt kind of sweaty... clammy, a cold sweat. I told Anne I didn't feel very well." Mayor Boyle is not one normally to drop out of an event just because he doesn't feel well. About two weeks before, he had taken leave of an event only long enough to take some medicine for a hiatal hernia that was flaring up. But on that occasion, he returned to the dais he had left. The pain of a hiatal hernia is often described by sufferers as heartburn.
But, suddenly, the mayor knew this was something more than simple heartburn.

"Three fingers went numb on my left hand and I said to Anne, 'What hand or arm goes numb when you're having a heart attack?' She said, 'I think your left...'"

"I said, 'I've got to leave.' I was feeling lousy...very uncomfortable. I couldn't get comfortable; it didn't matter if I leaned back, or if I leaned to the left, or whatever, I just couldn't get comfortable.

"I went outside with the police officer (who was assigned to the mayor) and told him I really felt sick. I went to the bathroom and told him, 'I think I'm going to vomit,' but I couldn't, so we left and he ran down and got the car and I waited outside the First National Bank. I got in the car and we drove to Saint Joseph Hospital."

In all, Mike Boyle, a man used to being in control, still felt that way, despite his growing concern. Fleeting pictures of the frantic activity tumble out as the mayor relates the events. "I walked into the emergency room...I remember the door swinging...and I told them I felt really bad, really sick. They asked me to describe what I felt and they had me sit down in a wheelchair. They got me into a real big emergency room and I vomited maybe four times...sometimes I made it into the tray and sometimes just into my lap...It was really gross..."

"They were trying to take my blood pressure and get my clothes off...all of those things they do..."

"I didn't know what it was, but I knew it was more serious than an upset stomach.

"The first time I really knew that I had a heart attack was when I was coming out after they had used the defibrillator, because I was clinically dead. They brought me back. The second time I realized I had had a heart attack was when a sharp pain went down my right side and they used the defibrillator again. It burned on my chest just slightly (from the defibrillator paddles). It was really weird, a very strange experience."

Dr. Michael Sketch was the cardiologist on call that night. "They called Sketch and he came in immediately. They gave me an IV, probably nitroglycerin or something, and I was constantly hooked up and monitored. It seemed like there were about eight people around the gurney all the time.

"There were people I knew in the emergency room...a male nurse and a paramedic from the city of Omaha. And I struck up a conversation with them. There was a lot of activity.

"They were monitoring my blood pressure and then I could hear someone shouting, 'It's going down!' and I passed out. That's when they gave me the jolts the first time. Just before that I had asked the paramedic to get me a priest because I wanted the last rites, so they brought in an old friend..."

Boyle said that only 45 minutes after entering the hospital's emergency room, he was undergoing angioplasty by Dr. Sketch. "I've told people who ask me about it, that the only discomfort (in the angioplasty procedure) is when they put the catheter in, and that wasn't much," he said. "They give you a local anesthetic. When they put the dye in, you feel a little warmth, but really, you don't feel any pain."

The mayor recounts the events of that night coolly, but there is an obvious awe of the situation and a respect for the medical team that worked on him in those fateful moments.

"I can only speak for Saint Joe's. It's our hospital of choice; all our kids were born there and my dad had major surgery there last February (1984). It's where we've always gone. I have a lot of trust in the doctors affiliated with Saint Joe's. I think a teaching hospital is way out in front for care. I would follow Dr. Sketch's advice, no matter what it was. I think he really knows what he's doing and he's an outstanding person with high ethical standards, and that means a lot to me."

The mayor retained his sense of humor throughout the events of that night and today maintains a positive outlook.

"I know of one person who has made (the heart attack) his career," he says. "I just won't do that. You've got to go on with your life."

But he has changed his life as much as possible. He goes to the YMCA three times a week "when the schedule permits." On this day, he admits that his schedule prevented a stop at the Y. "That happens a lot," he says.

Once a four-pack-a-day smoker, he has quit. He diets, but only by calorie counting, not by high-protein or fad diets. "Today I had fish and zucchini for lunch," he said.

"The Cardiac Rehabilitation unit at Saint Joe's really deserves a lot of credit. They're so enthusiastic and concerned about you."

But the mayor knows change isn't easy.

"Dr. Sketch says I've got to lose 25 pounds and rearrange 50," he says, smiling sheepishly. 0

—Robert U. Guthrie
Can fitness thrive from 8 to 5?

By William M. Kizer

What you are seeing in your community parks and along the roads is more than a jogging craze. It is the visible manifestation of the burgeoning new wellness movement that is sweeping the country.

Sporting goods stores are selling a lot of running shoes, weight machines, special clothes and books on fitness and health. Across the nation, health food stores and health clubs are springing up. Workshops, seminars and classes on everything from stress management to biofeedback, child rearing, nutrition, and smoking cessation are being sponsored by all kinds of groups.

Even a growing number of “for-profit” entrepreneurs are joining the effort to help people get and stay well.

In this maelstrom of activity, the place where you work may become increasingly involved in providing tools to build a new, healthier lifestyle for you.

From where did this wellness movement come? What is happening to keep the health movement healthy?

John Naisbitt (author of the best-selling book, “Megatrends”) and other observers believe the growing emphasis on health and fitness has its roots in the counter culture of the early seventies. Getting “in touch with yourself,” “returning to nature,” and “finding your roots” were hallmarks of the “ME” generation. The sometimes narcissistic search of the seventies has helped to nurture the movement identified by Naisbitt as the trend toward self-help and accepting personal responsibility for one’s own well-being.

There is a growing body of evidence that the new-found interest in health is paying off.

One area of statistical evidence is found in the insurance industry's mortality tables. Taking just one category, 59-year-old men (a very important one to the author), we find that in 1974, 1,000 out of 100,000 could not expect to see their 60th birthdays. A decade later, the figure had been reduced to 700 out of 100,000, a net gain of 300.

Reasons for such a dramatic gain go beyond the great many more 59-year-olds who are exercising. We also know that they are, on average, eating 10 to 15 percent less fat and cholesterol. Fifty percent more of them in 1984 were controlling high blood pressure through medication. Many of their employers are insisting they enroll in stress management programs where they are taught how to relax.

Worksite wellness has taken root and is expected to grow as a part of the workplace environment for decades to come. Already, it is estimated, thousands of companies across the country are spending hundreds of thousands of dollars on
health promotion activities in the workplace. These activities range from a virtually unorganized “pickup” game of volleyball in the parking lot at lunch hour to very sophisticated on-site facilities with large, well-trained staffs who carefully design comprehensive programs for employees.

The worksite wellness movement has baffled the experts. Not only are many asking, “Why the workplace?” but, “Why now?”

There are probably several reasons.

First, there is a significant number of company presidents and chief executive officers who have, personally, discovered the value of fitness and health. Many learned to cope with the rat race and pressures of modern business through regular routines of physical exercise, watching their diets, learning to deal with stress, and paying closer attention to their families and other important non-work activities.

Regrettably, much of the fitness impetus for these executives came from tragic or near-tragic events resulting from poor life-style choices. They were pushed into losing weight, found they had more energy, felt better and even experienced a sense of re dedication to their careers.

These executives concluded that if it worked for them, it should work for their employees. They turned into apostles of the benefits of personal health and well-being.

Even more, many executives have come to see worksite wellness activities as great morale boosters having a positive impact on productivity.

The phenomenal best seller, “In Search of Excellence,” cites the emphasis on employee health as evidence of an emerging new humanism in the American corporation. Others see it as the uniquely American response to the Japanese style of management. Worksite wellness, like the Japanese approach, shows genuine concern for the worker, but, with its additional emphasis on self-help, also offers the cherished American value of individualism.

Yet another reason for the growth of the worksite wellness movement is the very real potential for it to have an impact on the skyrocketing costs of health care.

The share of the national health care bill paid by the employer is astronomical. In 1983, American companies paid $77 billion in health insurance premiums for their employees, retirees and their dependents. One year later, they paid more than $80 billion, a figure that exceeds what those same companies paid each year in dividends!

A hot business market now fans the flames of the wellness movement. Well-researched and carefully designed programs and marketing strategies are being marketed every day to more and more business leaders. Small, one-person consulting firms compete with carefully constructed and elaborately marketed programs for the opportunity to help employers set up their worksite wellness programs.

The dissemination of sound information can be done at the workplace very efficiently and at relatively low cost. A conducive climate is more possible when employees genuinely sense that the clout and weight of top management is behind the commitment to wellness. Also, it is easier for people to tackle such things within the supportive environment of a small group of peers and fellow workers.

The design and implementation of worksite wellness programs have followed these basic precepts with a three-stage approach: The first stage seeks awareness of the programs, the second aims for behavior change and the third involves establishment of a corporate climate.

The three stages have been discovered more by past mistakes than anything else. Several members of the Wellness Council of the Midlands made the mistake of moving too quickly into programs designed to change habits. The result was a mistrust and a feeling of intrusion among large groups of employees, who felt their health and their health practices were very much a private affair. No company had the right to tell them to exercise, eat differently, suggest ways to raise their children, etc.

Thus, the first-stage program came about. Accurate information, an educational program, paved the way to changing unhealthy practices and gave employees the sense that the effort by management was sincere and in the best interest of the employees, as well as in the interest of the company.

Often, as long as a year should be spent bombarding employees with information about their health and the major risks to good health. Accurate information about health benefits and procedures can be shared. Such discussions may include the costs to a company and the employees of the health benefit package and the skyrocketing costs.
of health benefit plans. An effort should be made to show the connection between current and future costs of coverage.

Good information on health is available to employers at very low costs, sometimes even free.

The first stage of creating awareness is an ongoing effort. It never stops. However, after a strong sense of health awareness has been established, it is time to initiate programs that will make it easier for employees to choose healthier lifestyles. The information barrage of stage one is analogous to plowing a field. The opportunity to improve the employees' lifestyles is missed if the plowing is not soon followed by planting the seeds of good health.

It is in stage two that such programs as the following can be offered with a greater expectation of success: smoking cessation clinics, nutrition classes, aerobic and other group exercise programs, stress management methods, routine blood pressure checkups, parenting classes and various health screening programs.

An example of the concerted movement from stage one to stage two is shown in the issue of smoking cessation. Experience has shown that it helps to spend time educating employees about the threat to health posed by smoking and the real costs to the individual, his or her family, to the employer and to the rest of the employee group as a result of one patient developing a terminal case of lung cancer. The honest sharing of such concerns makes most employees more receptive to the opportunity to participate in a smoking cessation clinic.

Stage two, like stage one, must be an ongoing process. The result of both stages is the creation of a corporate climate (stage three) in which the individual employee's quest for a greater level of wellness is accepted as the norm.

There are several signs that indicate a company is beginning to approach having such a climate. One is that employee receptivity to the programs increases. Recruitment and sign-ups occur more frequently and with more positive employee attitudes. This represents a change from earlier attitudes in which it is difficult even to get employees to watch a health-related movie over their lunch hours. Another change we have noticed in our own company is that programs have less identification with one or the other sex. Aerobic classes, for example, see male enrollment increase and weight programs find more female participation. Also, employees begin to ask for specific programs and some will even volunteer to promote or conduct an activity in which they have developed an interest.

One of the best signs that stage three has begun is that managers and supervisors become less resistant. In the beginning, they often view wellness promotion and programs as frequent inconveniences. At stage three, they often become very supportive as they see tangible evidence of increased employee morale and productivity and reduced absenteeism and turnover.

Almost anyone can climb the ladder to wellness. Their chances of successfully climbing it are greatly enhanced, as we have seen, if the effort is made 1) with friends and coworkers and 2) in a supportive environment.

There is one more condition that can help. Wellness must be attained anywhere — they are not limited to a single choice that they might not want to make...

Thus, a major tenet of the developing theory of worksite wellness becomes obvious. The more varied the wellness programs offered, the better. Variety permits the employees to start their wellness climb anywhere — they are not limited to a single choice that they might not want to make.

When a wide variety of programs is offered over a reasonable period of time, some important things happen. When more people are participating in some way, the quest for wellness becomes a routine part of the corporate culture. Also, when an employee can start with one program, there is a greater chance another step will be taken. The smoker, for example, may start with an aerobics class and enjoy the experience. Six weeks later, perhaps, the smoking employee may be more inclined to sign up for the smoking cessation clinic.

If worksite wellness continues to grow; if the tenets of this emerging theory of work continue to become clear; if thousands, even millions, of employees can be helped to take personal responsibility for their own well-being; if the employees continue to make progress, one rung at a time up the ladder of wellness; if these things all continue to happen, then in the year 2000 and beyond, the 1980s will be seen as the decade that Americans began to understand the importance of preventive health care.
Barb Rasmussen, 41, was a tournament tennis player. But since she has been working full-time as a systems librarian she has found it hard to give her game the time it deserves. She missed the exercise. The solution? She replaced tennis with running, thanks to the worksite wellness program at her place of employment. She now runs three or four times a week — at home and at work — and punctuates this effort with an occasional 10-kilometer run.

Kathy Lane, 29, an underwriter, confesses that her worksite exercise class is her first effort at fitness since high school.

Keith Surface, 53, manager of special services/claims, says he is more productive and alert on the days he exercises at work.

Programmer Steve Johnson, 31, finds that stepping into the worksite noon-hour aerobics class "relieves my frustrations from the morning. The program really makes a difference in my day."

Five years ago, when Central States Insurance Chairman Bill Kizer first brought the wellness concept to his firm, the idea — a bit radical at the time — was limited to a few executives.

Today, under his guidance, the program is flourishing and is available to all 335 employees. In fact, 40 people, who range in age from 21 to the mid-50s, don sweatclothes and jogging shoes three times per week for a late-morning aerobic workout.

They are nudged out of the room by another large class at noon.

Other examples of wellness consciousness are evident. A speaker drops by for a scheduled discussion on arthritis or chest pain. Whole wheat bread is served exclusively in the employee cafeteria, where menus list the caloric value of each nutritious dish. The salad bar brims with greenery.

Down the hall are men's and women's fitness centers, while outside a "par" course for exercisers, not golfers, stretches west of the building. Here, participants can try their muscles at a series of fitness stations. In back is a 2/5th-mile track.

An employee who wants to kick the smoking habit, trim off pounds or develop an exercise regimen has simply to call a number for personal attention.

Besides Bill Kizer, who provides the driving force for the worksite wellness effort at Central States?

It's Wellness Director Sally Lorenzen, who "will find you if you skip class," according to Central States employees.

Despite being nine months pregnant, Sally deftly leads the noontime aerobics class, dipping and bending and calling out, "Are you feeling skinny?"

"This is a great place to work," she says. "There's a real commitment to wellness and I do see it making a difference in the workplace." She is currently pursuing a master's degree in exercise science at the University of Nebraska at Omaha. Her exercise class at Central States is a full-time job, not just a hobby; such is the company's commitment to the wellness program.

Of Central States' employees, about 50 to 70 regularly participate in classes.

One employee sums up the Central States wellness effort quite simply: "I wouldn't exercise if it weren't for the worksite program."
A pious Jew, flanked by an Israeli soldier, bends to kiss the Wailing Wall in Jerusalem. Blocks away, an Islamic prayer rises over the city at evening. Meanwhile, Christian pilgrims kneel in the quiet of the Garden of Gethsemane.

Three world religions converge here; often the confluence has been filled with strife. “The Holy Land is a microcosm of what is the best and the worst about the human experience,” said Creighton’s Rev. Richard Hauser, S.J., who joined fellow Jesuit Don Doll for a five-week biblical archeology seminar there last summer.

Gathered in this issue for WINDOW readers are Fr. Doll’s photographs of the Holy Land, many of them evocative of the Easter season.

“There’s an intensity of experience, of history, here,” explained Fr. Hauser. The past dramatically joins the present: erosion has not yet leveled the Mount of Olives; the foundations of Herod’s temple still stand; sheep graze where Jesus spoke to the 5,000. “Your feet walk where He walked, and you find yourself saying, ‘All of this actually happened and I’m here.’”

Fr. Doll is chairman of Creighton’s Department of Fine and Performing Arts, while Fr. Hauser leads the Department of Theology.
"The Word became flesh! and dwelt among us..."

It is six o'clock in the evening in Jerusalem as a Greek Orthodox woman rings the Angelus in the fifth-century Holy Cross Monastery.
A Jewish man prays while two Israeli soldiers stuff prayer petitions into the cracks of the Wailing Wall.

His prayer book before him, a Jewish man at the Wailing Wall in Jerusalem looks up from his reading of the Shema. Close by are the stones that were the foundations of the ancient Jewish temple, destroyed by Romans in 70 A.D. To the Jews, the Wailing Wall is the holiest place in Jerusalem.
"Then Jesus went with them to a place called Gethsemane. He said to his disciples, 'Stay here while I go aside and pray awhile.'"

It's day's end and the sun lights the Mount of Olives, bejewelled with four churches. Rising in the foreground is the Church of All Nations built in the Garden of Gethsemane, and behind it, the Russian Orthodox Church of St. Mary Magdalene. On the right is the Church of Dominus Flevit, while the Church of the Ascension crowns the hill.

A monk clears the altar after Mass in the chapel of Dominus Flevit, which means "the Lord wept." From the window of the chapel descends the Mount of Olives and below is Jerusalem. Tradition has it that here Jesus wept over the city, saying, "Jerusalem, Jerusalem... How often would I have gathered your children together as a hen gathers her brood under her wings, and you would not!"
Winding its way through old Jerusalem is the Via Dolorosa, the Way of the Cross, which each Friday afternoon is traced by the footsteps of pilgrims.

A Palestinian mother and child pause in the streets of Bethany. "As a photographer touring the Holy Land," said Fr. Doll, "I often saw women and children who triggered my own imagination of how Mary and Jesus might have looked."
A young shepherd boy named Mohammed tends his sheep, the Sea of Galilee at his back. It is here that tradition says Jesus preached to the 5,000, multiplying the loaves and fishes.

“When he had seated himself with them to eat, he took bread, pronounced the blessing, then broke the bread and began to distribute it to them. With that their eyes were opened and they recognized him; whereupon he vanished from their sight.”

The apse of a 12th-century crusader church rings with the song of the Mass, celebrated by Fr. Hauser. The church stands on the traditional site of Emmaus, where Jesus was recognized by two of his disciples at the breaking of the bread.

Frail? Certainly not.

He'll tell you, in his clipped brogue, exactly what he thinks and why, and if you don't like it, well, then that's just tough. If intellectual toughness puts you off, Dr. Donal F. Magee, professor and chairman, department of physiology, is sure to put you off.

He's tough in other ways. The father of five walks to work every day. In one corner of his office stands a narrow, crudely cut branch from a tree.

"I use that on dogs that nip at me while I'm walking," he said. "Give 'em a good whack once, and they usually get the message."

But there's another side to the man. He points to the bookshelf in his office that holds a framed sketch of a thin, bearded professorial type. A mean-looking dog has its jaws firmly clamped on one of the man's pencil-thin legs.

"That's a caricature of me by one of my daughters," Magee said with a mixture of pride and fondness.

When Donal Magee talks about his life, his work, his dreams, you discover a man who is compassionate, sensitive, and concerned about the world around him. Survivors often are.

And make no mistake, Magee is a survivor.

He survived sectarian violence in
Ireland, where he spent much of his youth. He survived the academic and emotional rigors of Oxford University, where he was educated. While doing clinical work at Middlesex Hospital, he survived a London that was being blown to bits by German “buzz bombs” during World War II. A pacifist whose political views are placed well to the left of center, Magee survived the era of Joe McCarthy, the House Unamerican Activities Committee and (in his words) “all that sort of disgusting tomfoolery.”

Articulate and outspoken on social, political, artistic, and educational issues, Donal Magee is likely to create a stir or an argument every time he opens his mouth. He is just as likely to elicit laughter, for his sense of humor, too, has survived. Even his recollection of being separated from his parents in 1939, at the onset of the Second World War, is colored by a gentle humor.

The Magees had been living at Blackheath near London, where Donal’s father, also a physiologist, was working with the Ministry of Health. The family was vacationing at the grandparents’ farm in Ireland when the war broke out. Their home “was right in the path of the German air raids,” Magee said, “so we children didn’t go back. My parents went back. Their home ‘was right in the path of the German air raids,’ Magee said, ‘so we children didn’t go back. My parents went back.

“So I was sent to a Jesuit boarding school outside Dublin, which I found to be an absolutely loathsome and thought the same of it. He was a few years before me. He didn’t like it, either.”

The London home, Magee found out years later, was connected to another literary figure.

“The house we lived in was the house Nathaniel Hawthorne lived in when he was in London,” Magee said. “We didn’t know that then, but there’s a plaque on it now. We didn’t know that then, but there’s a plaque on it now. I suppose if we’d been literate, we should have guessed it, because the name of the house was Dimmesdale (the name of the guilt-wrecked Rev. Dimmesdale of Hawthorne’s The Scarlet Letter). I don’t know which came first, the Rev. Dimmesdale or the name of the house.”

Part of that move was to a better farm, part of it was due to sectarianism, the sectarian trouble which existed in the north of Ireland at that time. It still does, of course.

“They were Catholics in a rather non-Catholic area. Feelings got heated at that time. That was a time when there was a strong move for independence in Ireland, and people who had been good neighbors, of different religions, when this sort of thing came up, ceased to be on such good terms. So, the Magees moved” to Aberdeen, Scotland, where Donal Magee was born on June 4, 1924. He spent the summers of his youth on the grandparents’ farm in County Down, however, and his attachment to Ireland is stronger than any loyalty to the land of his birth. Memories of a land torn the way Ireland has been torn are, perhaps, painful.

“I sometimes find it difficult to convince black Americans that someone with white skin and blue eyes can be treated with inhumanity, too,” Magee said.

Magee began his study of Medicine at Oriel College, Oxford University, in 1941.

“That was quite traumatic,” Magee said, “because when I went there and took the entrance exam, I was thrown in with people of a sophistication that I hadn’t experienced before. It was English public school life. I could understand what they said, but they couldn’t understand me at all. They had great difficulty understanding my English.”

If he found the halls of Oxford intimidating at first, Magee found the streets of London in 1945 downright terrifying. He was completing his clinical work at London’s Middlesex Hospital. German robot bombs, called “buzz bombs,” dropped out of the sky constantly.

“Maybe that’s why I was never interested in surgery. Because during that time, if there were bombs anywhere near the hospital, the students were rounded up into teams and we spent hours and hours and hours assisting at emergency operations. Mostly cutting and sewing. And in the operating rooms, there sometimes were as many as six tables and all sorts of strange people.

“For example, eye surgeons amputating arms, and that sort of thing. I saw all the surgery I wanted in that three-month period,” Magee said.

Magee walked to the hospital, as he does to work now, every day. He recalled the terrifying noise of the buzz bomb overhead and the chilling wait for its engine to cut off, which was the signal that it had begun its deadly plunge toward the city.

“I think that kind of thing, a time of privation, as that was, a time of difficulty and uncertainty, walking the streets and hoping against hope that that damn thing’s engine would keep running, is awfully good for the soul. It had a lasting effect.”

Other scenes from World War II London had a lasting effect on the young medical student. Magee saw hundreds of families sleeping on makeshift beds in subways every night, because if you went to sleep
above ground, you might not wake up.

"I suppose it was that that made me a pacifist," he said.

Magee's political views were shaped by the war and the debates at Oxford about what the country was to do when the conflict ended. He favored the national health system, adopted shortly after the war. His sharp and curious mind was stimulated by the atmosphere at Oxford.

"Oxford was a place that was full of debate and discussion, and there was tremendous interest in planning for the future," he said, reminiscing about the wide range of political viewpoints. About a third of the students in his college, Magee said, described themselves as communist supporters. They were constantly seeking election to student offices.

The most important things in the common room, Magee recalled, were the newspapers.

"To get the desirable newspapers in the morning, you had practically to fight for them," he said.

The political activism of his university days differed substantially from the activism on campuses across the United States during the 1960s. Although Magee was an outspoken opponent of the war in Vietnam, he looks back on the radical students of the '60s with a somewhat disapproving eye.

"It seemed to me to be less balanced, and much less responsible, and it was based more on single issues. And the social activism which existed during the war at Oxford, anyhow, was much more constructive, contemplative, and it was broad. The young people then wanted to reform British society from top to bottom," Magee said. He spoke with contempt for the violence of the '60s protests.

"There was nothing like the attacks on the ROTCs, and so forth. There was an OTC at Oxford, and when there were no students left at all but science students and medical students, they decided to make attendance at this compulsory for the medical students. Most of the medical students objected to being in the OTC. And they handled it in a very successful and intelligent manner: After a week or so, they just didn't go anymore," Magee said with a laugh.

Magee, who came to the United States in 1948, obtained his Ph.D. at the University of Illinois-Chicago in 1952. Not surprisingly horrified by the "Red Scare," and the tactics of Sen. Joseph McCarthy, Magee said he did not plan to stay long in this country. But he was married and had a child, and he could pick and choose from a number of jobs here. If he had returned to his homeland, he said, he might have had to wait six or seven months before he found work.

So Magee joined the faculty of the University of Washington in Seattle. He said he was somewhat encouraged by the anti-war sentiment that was freely expressed on that campus in the early '60s, and expected much the same when he was appointed chairman of Creighton's Physiology Department in 1965.

"But it wasn't the same," he said. Omaha was not a hotbed of protest. Local media supported the fighting in Southeast Asia. Anti-war views were largely ignored or ridiculed. Still, Magee made himself heard. He was quoted in the May 12, 1967, Omaha World-Herald as saying U.S. involvement in Vietnam is "the blackest episode in United States history."

During the summer of 1967, Magee participated in anti-war demonstrations at the Douglas County Courthouse. He was a public supporter of Sen. Eugene McCarthy, the "dove" who unsuccessfully sought the Democratic nomination for president in 1968.

And while he said his political and social concerns have not affected his science, he has taken public stands on social issues in the field of medicine. Testifying before a Senate small business subcommittee in 1967, Magee took on the pharmaceutical industry.

"It is an unsavory and almost unique fact that medical expenses still reduce people to destitution in the United States while large drug companies make enormous profits," an Associated Press story quoted Magee as saying.

He is unswerving in his defense of national health schemes.

"American doctors and American medical educators are just unaware that this system of private medicine is now unique in the developed world. This country's so wealthy, it's only starting to hurt badly. National health services started earlier in Europe because the bulk of the medical professionals in European countries never were very wealthy.

"The future of medicine is in keeping people well. A disease represents a failure somewhere. But American medicine has been geared to an emphasis on treating and curing disease, because that's where the money is."

"It is an unsavory and almost unique fact that medical expenses still reduce people to destitution in the United States while large drug companies make enormous profits," an Associated Press story quoted Magee as saying.

He is just as unswerving in his condemnation of this country's system of education.

"I think the elementary education is an absolute disaster. It seems to be geared more to keeping children happy than to teaching them. You don't have to prove it. All you have to do is read what university students write and listen to them. Their use of the English language is appalling. Our schools have failed to teach youngsters how to speak their own native language."
Another thing that’s appalling, I think, is a lot of the education is trivial. Things that are important around us are ignored altogether. Here, they (children) are more isolated from the world than I think they would be living in the middle of Africa.

“I believe that the future of the United States is in jeopardy because our elementary and our middle education is so damn bad,” Magee said.

A step toward improvement, he suggested, would be statewide or nationwide systems of examinations to establish quality control. “We don’t know whether we’re producing a good product from schools or a bad product,” he said.

Not only have American schools failed to teach the language, Magee said, they have failed to teach fundamental science. He said American science teachers are obsessed with “the spectacular” and ignore many basics.

Magee, who has published more than 50 papers and various articles, likes to keep his research work simple and unspectacular.

“What I delight in being able to do is to pick on something that should have been obvious for 30 years and isn’t, or hasn’t been. I have done a number of things like that,” he said. “One was a thing called the gastropancreatic reflex. Somebody surely should have had the idea of blowing up a balloon in a dog’s stomach or a man’s stomach and finding out what happened to the secretion of the pancreas. If it had been done before, it hadn’t been reported. We did that.

“I’m onto a thing right now which was described in 1911 by a Russian, but has been forgotten since. I didn’t really rediscover it. I wish I had. But we re-discovered and reinvestigated a part of it. That work has meant the reinterpretation of a great mass of work that has been done over the last 30 years.

“Until very recently, people thought that when the stomach and guts were empty, that they were inactive. And that’s not so. There is spontaneous activity every 100 minutes in man. Now, we should have known that. Because everyone knows that when you’re hungry, your guts start to gurgle and roar. We found that not only does the movement of the gut increase, but the secretion of it increases. If you ignore that,” your experiments are not valid, Magee said.

“That sort of research doesn’t win you many friends, because people don’t like to be shown something that invalidates their previous experiments,” he added.

Often, Magee said, such research is ignored because it may not be fashionable.

“Fashion is extraordinarily important. You can present an argument which is absolutely and completely logical, but if it doesn’t fit the current fashion, it’s quite possible no attention whatsoever will be paid to it. From time to time, some original man comes forward with an original idea, and he’s able to buck fashion.

“That doesn’t happen very often, but it does happen often enough so that we progress. It’s people like who are responsible for progress. The usual sequence of events is that somebody like that comes forward with a bright idea, and he’s enough of a politician and publicist that he gets it accepted. And then after that, you have a great mob of followers,” according to Magee.

The mob, he added, creates a new fashion that isn’t abandoned until another original idea is accepted.

A certain weary irritation seems to overtake Magee as he talks about the subject. He brightens, however, when asked to describe his travels and those places on the map that have captured his heart.

If he attends meetings or seminars in Europe by himself, he said, he likes to buy a EuroRail pass and travel around for a couple of weeks.

“I sleep on the train, get up in the morning and do what I want to do. I buy some beer, cheese, bread, get onto another train and go somewhere else.

“One of the most delightful places on the continent is Provence, in southern France. The scenery in Provence is absolutely glorious. Look at the paintings of van Gogh, for example. That’s where he painted. Cezanne also did a lot of painting there.”

There is, of course, Ireland. Does Magee ever dream of going back?

“Oh, yes. I want to go back soon. I’ve been here long enough. I’d like to live up there,” he said, gesturing to the photo of County Down. “My father had a farm there. Unfortunately, it was sold before he died. That’s not very far from Newry, County Down. That’s where I spent a lot of my boyhood. They’re nice people, even though every now and then somebody does get shot or blown up. They’re good people, I think.”

And when he does return to those good people, what sort of legacy would Dr. Donal Magee like to leave at Creighton University?

“I hope that people here would read what I’ve written. And I’d like to leave a strong and active department of physiology. Because a department of physiology is vital to a medical school. It’s what medicine is about.”

Donal Magee, who has known the violence of combat and the serenity of university life; who teaches, and has been taught by both the world’s ugliness and its beauty; who is unafraid to speak his mind and is ready to learn by listening, might just be one of Creighton University’s best examples of what education is about.

— Stephen T. Kline
Richard P. Jeffries, JD, Omaha, has been reelected chairman of the Omaha Public Power District board of directors.

Jon J. Gergen, JD,Ralston, Neb., has been named president of Interline, an Omaha-based telecommunications company.

William J. Frenzer, BA, Hollywood, Calif., has formed a new comedy writing and performing service called “Corporate Jester.”

Jerry M. Slusky, JD, Coral Springs, Fla., is the founder and president of American Family Pizza, a south Florida franchisee of Godfather’s Pizza.

John W. Boyd, BA, Omaha, is the editor of The DownTownew, a new general interest weekly newspaper in Omaha.

Dr. James R. Bonk, BSN, Tucson, Ariz., has received his Ph.D from the University of Arizona, Tucson.

Dr. Bonk, BSN’75 Warren, JD’77

Brenda J. Warren, JD, Omaha, has been named president of the Omaha School Board.

Dennis E. Richling, MD, Omaha, has been named director of the emergency outpatient department for Lutheran Medical Center.

John J. O’Keefe, MD, Port Townsend, Wash., has opened an orthopedic surgery practice in Port Townsend.

Matthew W. Wittmann, BSpHa, Newman Grove, Neb., and his wife, Linda, are co-owners of the Welburn Pharmacy in Newman Grove.

Michael J. Winchester, JD, Council Bluffs, Iowa, is the director of the National Federation of Drug-Free Youth.

Jeffrey J. Deal, JD, Las Vegas, Nev., is a special agent for the FBI.

Births


Bruce E. Fee, MD, and Mary Brodston Fee, BSN’70, Charlotte, N.C., adopted a daughter, Katherine Moira, Apr. 1982, and gave birth to a son, Colin Dennis, Jan. 1984.


Neven J. Mulholland, JD, and Jill Grobeck Mulholland, BSN’77, Fort Dodge, Iowa, a son, Grant Cooper, Apr. 6, 1984.

Jeffrey C. Brittan, MD, and Constance Olsen Brittan, MS’79, Omaha, a son, Conor Charles, July 11, 1984.

Emmanuel (Chuck) Wadibia, BSpHa, and Carol Wadibia, Omaha, a daughter, Ashley St. James Nneka, Jan. 18, 1985.
Deaths


Mary Kocina, wife of George G. Kocina, BusAd, Minneapolis, Minn., Dec. 21, 1984.
40  John A. Williams, MD, Cincinnati, Ohio, Sept. 22, 1984.

42  Claude M. Reed, BusAd, Aurora, Colo., date of death unknown.
46  Jacob E. Wyatt Jr., DDS, Boise, Idaho, March 9, 1984.

Creighton University's telecommunications department has teamed with the National Aeronautics and Space Administration in a program to allow students across the nation to track a Space Shuttle mission on live television.

The "Mission Watch" program, coordinated by the Creighton-based SCOLA (Satellite Communications for Learning Worldwide) organization, was aimed at students from the junior high to college level. SCOLA is a consortium of educational institutions pushing for increased, inexpensive use of satellite communications to enhance learning opportunities. It was founded by Creighton professor of fine arts Rev. Lee Lubbers, SJ., who designed the university's satellite/cable TV system, the most advanced of its kind in the nation. NASA asked for SCOLA's cooperation in the project.

The "Mission Watch" was to monitor a Space Shuttle flight scheduled for early this spring, according to Rick Marchio, Lubbers' assistant who is coordinating the program. A precise date for the launch has not been set, Marchio said. Prior to the launch, NASA will broadcast a live video teleconference via satellite that will preview experiments to be conducted during the flight.

The videoconference was to be followed by a monitoring exercise of the one- to two-week mission by satellite, telephone and computer.

The Rev. William F. Kelley, S.J., has been named vice president of the Creighton University Foundation, a new position.

Fr. James E. Hoff, S.J., vice president for university relations, who also serves as president of the foundation, said that Fr. Kelley will concentrate on a broad national effort to seek special gifts for an upcoming major fundraising effort on behalf of Creighton University.

Fr. Kelley, who has held several posts in development here for the past 15 years, has maintained numerous friendships among alumni and special friends of Creighton throughout the United States.

Fr. Hoff also announced that the Development Office will seek a new Director of Corporation and Foundation Relations.

Eleven Omaha high school seniors got a head start on their college educations through the Partners in Excellence program at Creighton University.

Establishing closer ties with area high schools is the goal of the program.

The students attended a full-credit college course, "Introduction to Drama," taught by Dr. Gordon Bergquist, associate professor and chairman, department of English and speech at Creighton.

Academic credit the students receive is applicable to Creighton's degree programs and is fully transferable to other colleges and universities. Creighton charges $20 per hour for the three-credit-hour course.

Enrollment for the spring 1985 semester at Creighton University totals 5,583 students, according to a report from the Registrar's Office.

That is 324 students, or 5.49 percent, below last spring's total of 5,907. Creighton's largest spring semester enrollment ever. This year's fall-to-spring enrollment dropped 5.64 percent, based on head count (counting each student once). The full-time equivalent enrollment decrease was 4.75 percent.

There were 4,503 full-time and 1,080 part-time students enrolled for the spring semester.

The urban environment, the "new poverty," and the "Yuppie" phenomenon are being examined during the 1985 Institute on Alienation and Human Values at Creighton University.

The institute, a series of lectures/discussions presented every year since 1970 at Creighton, is designed to suggest ways to affirm human values and to diminish humanity's sense of alienation. All of the presentations, scheduled for the Gross Appellate Courtroom of the Ahmanson Law Center, are free and open to the public.

The lecture on the urban environment was presented Feb. 25, 1985. The remaining lecture in the series is scheduled for 7:30 p.m. Monday, April 22.
Distinguished Alumnus Mike Boyle: “A Creighton education lasts a lifetime.”

“When I was about 11 or 12, I decided I wanted to be a lawyer, and I wanted to go to Creighton.

“I worked full-time and attended Creighton part-time, so it took me a few extra years to finish.

“When I graduated I knew I had something that would last me the rest of my life, a Jesuit education.

“It made me think for myself. It’s influenced not only my personal life, but also the way I conduct myself professionally.”

Tell someone special about Creighton