

VCU Voice

Virginia Commonwealth University

A Publication for Faculty and Staff on the University's Academic and Medical College of Virginia Campuses

A Glorious Past, the Road Ahead

By Mary Ellen Mercer

Alpha Kappa Alpha. Sigma Phi Beta. Alpha Phi Alpha. The third in VCU's series of videoconferences for 1990-91 dealt with "Black Fraternities and Sororities: A Glorious Past, the Road Ahead." On November 28 panelists representing the national organizations discussed history and current challenges, fielding questions phoned in and comments from undergraduates and older members in the studio.

Earlier in this century, black fraternities and sororities were "a matter of survival," especially on white campuses, noted one speaker. They were a base of support for students who were "lonely and isolated, who otherwise would have had nowhere to go if there was a problem." The report of a student officer from Hunter College made it clear that "we still need that nurturing." She explained that although white sororities have full recognition from Hunter's administration, black Greeks do not. Their organizations are referred to as the "Delta Sigma Theta Club."

Like white Greeks, black societies are sometimes charged with elitism. A panelist argued that through service projects and mutual support, the sisters and brothers build leadership and a tradition of contributing to the community that continues after graduation. "Not that many blacks go to college," she pointed out. "There's already an element of privilege. You take that privilege and share

what you have received."

Dr. Calvin Jamison, assistant director of VCU's Office of EEO/AA Services, says "there's probably a stronger bond among members after graduation than in white sororities and fraternities." The Greek system is a crucial network of professionals in the black community, augmenting other networks of family and church. It's a political force for change and fosters excellence through mentoring young men and women and recognizing the achievements of African-Americans.

Another issue that came up is interfraternal rivalries, which can range from the friendly verbal cuts that punctuated the discussion, to the vicious animosity black director Spike Lee satirizes in his film, "School Daze." Competition has its place, said one panelist, since it can sharpen the student's edge, preparing him or her better for the world after graduation. Carried to an extreme, "it gives the impression that black fraternities are about fighting."

A related question, and the question

for undergraduates concerned about "the road ahead," are recent changes in the pledge process. Hazing excesses, particularly the death of Joel Harris a year ago at Morehouse University, galvanized university administrations and national organizations into action to prevent abuses. Students are not entirely happy with the mandates from above and particularly resent the lack of undergraduate input for the new regulations.

Victor Collins, director of minority student affairs, led a local discussion after the video. Seven student leaders on a panel and the undergraduate audience from VCU and Hampton Institute got into it, venting their misgivings. They are concerned that by eliminating hazing or some kind of common ordeal, "you take away some of that bond." Students questioned the quality of members who could pledge "just by signing a piece of paper." The trials of the old process were a guarantee that commitment was real, that there was more than a social interest in

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Center for Perinatal Addiction Helps Pregnant Women Break Mother-Infant Addiction Cycle

By Robin Wetzel

The medical community has long recognized certain health hazards for infants born to drug- or alcohol-addicted mothers. These newborns are at greater risk of premature birth and low birth weight. They face the dangers associated with withdrawal symptoms. They also exhibit an increased incidence of birth defects, neurological deficits, and sudden infant death syndrome.

Less easily quantified effects of fetal drug exposure are the behavioral changes that may result in a failure of the infant to be able to bond with its mother. With the rise of crack use, hospitals have begun to see a higher incidence of newborns for whom the ordinary stimulation of human contact appears to be excruciating. This

inability of the infant to accept the nurturing vital to proper physical and behavioral development may be, in the long-run, the most devastating effect of perinatal addiction.

Long-term effects of fetal drug exposure on development, intellectual capabilities, learning behavior, and susceptibility to addiction have not yet been fully established. But based on what we know, the projected financial and sociological costs of ignoring the problem could be staggering. In recognition of the need to act, Dr. Sidney Schnoll, director of substance abuse at MCVH, and Dr. Deborah Haller, assistant director, initiated the Center for Perinatal Addiction (CPA) in October 1988.

The program, originally based in West Hospital, began with only two staff

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Happy Holidays from VCU Voice

This is the last issue of 1990 for VCU Voice. We will begin publishing again on January 11, 1991. The staff of VCU Voice wishes everyone a safe, joyous, and relaxing holiday season.

Drug Study for Alzheimer's Treatment

A drug that may improve the thought and memory processes in people with Alzheimer's disease is being tested on the MCV Campus.

Dr. John Taylor, associate professor of neurology, is directing a study of the drug Tacrine manufactured by Parke-Davis, a division of the Warner-Lambert Company based in Ann Arbor, Michigan. Participants currently are being enrolled in the MCV Campus study, which is one of 20 test sites in the United States.

In 1986, the *New England Journal of Medicine* reported that Tacrine restored thinking, memory, and other behavioral functions in some patients suspected of having Alzheimer's.

The current study, noted Taylor, will expand upon the original data by comparing patients taking the drug to patients in a control group receiving a placebo. He added that at the close of the 12-week study, all participants will have the option of taking Tacrine.

According to Taylor, Tacrine is believed to increase the amount of brain chemicals that enhance the flow of transmitters that carry messages from cell to cell in the brain. In Alzheimer's patients, a problem is the lack of brain chemicals, called neurotransmitters, that cripples thought and memory functions.

"Elderly people with Alzheimer's rarely show signs of lasting improvement, so anything that would improve the life of a patient with the disease would be welcome for use," Taylor said.

For information about enrolling in the study, call 786-9349.

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members, Catherine Wilson, nurse coordinator, whose background is in pregnancy and substance abuse, and Ellen Thurmond, family services coordinator, whose expertise is in social work. They intervened on their clients' behalf with the Social Service Bureau. They made medical appointments for them and provided them with education about addiction, pregnancy, and parenting. "We started with basics," says Wilson. "A woman isn't in a position to deal with her addiction when she doesn't know where the next month's rent is going to come from."

In October 1989, CPA became one of a few national pilot programs to be federally funded. A five-year grant has allowed the program to expand and to move to new quarters at 217 West Grace Street. The historic Daniel Call House, named for Chief Justice John Marshall's brother-in-law who owned it from 1798 till 1840, has been completely renovated for CPA by its current owner, Bill Cabaniss.

The new facility opened on May 18, 1990, with ample space for all the center's expanded functions. The staff has grown from its original two members to include three counselors, a day care coordinator and staff, several residential facility workers, an administrative coordinator, a nurse practitioner, and a physician. The center is now able to offer outpatient services to 30 women, including day care for their pre-school children, and can shelter up to ten of those women

and their children in its transitional housing facilities.

To be accepted to the center's program, a woman must be at least 18 years old and have a history of drug problems. She must be pregnant or have an infant under six months of age, and must intend to keep the child. The client must also be willing to be screened and evaluated, and she must be prepared to participate in all phases of treatment.

Though "women have traditionally been more reluctant to admit addiction and seek help," says Wilson, "the center is receiving more calls each day with referrals from clinics, physicians, and private individuals." CPA's staff typically begins its contact with prospective clients by paying them short, frequent visits, often in the hospital or clinic. If a woman chooses to participate in the program, an intake screening is done. At this point, the center's staff will try to contact boyfriends, husbands, and family members who may help motivate the client.

A treatment plan, outlining both treatment goals and personal goals, is devised for each client. "The initial goal is sobriety," says Wilson, "along with meeting basic needs like housing, food, and child care."

The center can house clients who have unsafe living arrangements or who have lost their housing and/or incomes. "Once a client delivers her child, she is eligible for low-cost housing," Wilson says. "A mother may stay here until her infant is three months old. During that time, we help her save up a deposit so she



The CPA's new location has allowed for expanded treatment and services.

can move into an apartment."

A woman's first week in the program is spent in orientation. "We don't get into much therapy that week," says Wilson, "because the client is usually withdrawing and trying to orient herself to her new situation." If medication is required to ease the client's withdrawal, it is administered at MCVH. "The center deals with the psychological and social aspects," Wilson says, "and MCVH takes care of the physical side."

Consistency in client obstetrical care is an important element of CPA's program. Addicted pregnant women have

traditionally received obstetrical care in clinics where they may see a different doctor at each appointment. The anonymity of that situation makes it difficult for these women to confide personal information about their drug use and sexual history that might be crucial to their proper treatment. At CPA, clients are examined biweekly by Nurse Practitioner, Evelyn Spear, and Dr. J. T. Christmas. "The security of seeing the same doctor every two weeks makes it easier for clients to divulge confidential information," says Wilson.

She also stresses the importance of social and emotional support in an effective treatment program. CPA's clients participate in both individual and group therapy. "We use 12-step methods heavily, and we have hookups with 12-step programs in the community," says Wilson. And because addicted women typically have poor skills in relating to men, one of the full-time staff counselors is male. "We hope this will help them learn to establish positive interactions with men," Wilson explains.

Clients also take part in classes that may include instruction about drug abuse and its effects, pregnancy, birth, Lamaze techniques, nutrition, and parenting. The center's staff includes a vocational rehabilitation specialist who works with community resources for clients seeking GEDs or job training.

"We need to empower these women to meet their own needs," says Wilson. "To do that they must learn to overcome their low self-esteem and feelings of low value." Toward that end, each client works on developing self-confidence and coping skills that may prevent her relapse into addiction. She attends skill-building groups that focus on stress management, relaxation exercises, assertiveness training, and constructive problem-solving strategies.

A client's stay in CPA's program will average from six months to a year. "There is a short-term program which is time limited, and a long-term program which is goal limited," says Wilson. "One of our tasks, as specified by the grant, is to do research on the effectiveness of the two treatment options to discover which may be best."

Realizing a recovering addict's need for ongoing encouragement, the center refers each client to another community service for follow-up treatment when she finishes her program at CPA. "Pregnancy is a great motivator for these women," says Wilson, "but once the client's child is born, she may feel less motivated." If a client needs a more structured environment, she may be referred to MCVH's inpatient unit or a residential care facility. For other clients, a 12-step program such as Alcoholics Anonymous may be the ongoing treatment that's right. "Addiction is a chronic illness," says Wilson. "It has to be dealt with throughout the client's lifetime."

Robin Wetzel is a freelance writer in Richmond.

VCU Voice

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Submissions are welcome. Please direct all correspondence, material, and inquiries to VCU Voice, University Relations, 826 West Franklin Street, Richmond, VA 23284-2036; 367-1457. (Unsolicited material cannot be returned.)

Next submission deadline is January 9, 1991.



An Equal Opportunity/Affirmative Action University

Development Dollars

Local Foundations Continue

Support for the MCV Campus

Three local foundations have sustained major commitments to the MCV Campus — commitments that exemplify the vision shared by the faculty and researchers who are working toward breakthroughs in medicine.

The Massey Foundation, continuing its commitment to the fight against cancer, has made a gift of \$233,000 to the MCV Foundation in support of the Massey Cancer Center. The foundation's support for the center began more than a decade ago under the leadership of William E. Massey, Sr. Since then, the Massey family has remained actively involved in the work of the center.

The Richard S. Reynolds Foundation has made a gift of \$100,000 to the MCV Foundation toward the ongoing research of the Division of



Illustration by David Lewis '89

Neurosurgery.

This expression of the Reynolds Foundation's commitment is the most recent in a number of substantial gifts to the division, which include the foundation's announced intention

to establish a chair in the division.

The Division of Neurosurgery has also received a gift, made through the MCV Foundation, of \$130,000 from the Lind Lawrence Foundation. This contribution continues an involvement of the Lind Lawrence Foundation that dates back to the early 1970s.

Generation X Is Here To Stay

By Barbara Fuhrmann

Imagine sitting in on a faculty discussion of "today's college students," and you would likely hear a litany of complaints: "They just don't care about education in the real sense. They're not inquisitive. They want immediate answers with no ambiguity. They seem to avoid commitments. They lack foresight and motivation. They think they already know it all. They're selfish. They don't want to think."

Why might faculty, who come from a previous generation, see today's college generation in this light? David Cannon of Queens University in Ontario, Canada, has the beginnings of an answer. He presented his views to VCU faculty and student affairs staff in a workshop on November 26. Cannon has done focus group research with college students in Canada, the United States, and the United Kingdom, and has developed a qualitative profile of this generation of students, whom he refers to as "Generation X" (from a Billy Idol hit song). Based on his research, the negative descriptors above come from the internalized values of those of us who grew up on an earlier time and who don't yet understand that today's students aren't bad—just different.

Although careful not to lay blame at the feet of their parents and teachers, Cannon pointed out that today's college students (roughly 17-32 years old) have grown up in a technologically rich, information rich, fast-paced, highly stimulating environment in which reflection, internal direction, orientation to the future, and unstructured time are at a premium. Their experiences, including everything from highly organized little leagues to instant microwave meals for one, have been different from ours in previous generations. So what are these students like? Cannon outlined the patterns he has discovered in Generation X. It might be helpful for you to see how your experience squares with his 16 key observations of the way most college students today seem to think and live.

1. They postpone commitment. Many are continuing their education (without significant commitment to a profession), working in survival-type jobs (waiting tables), or spending time in socially-conscious endeavors (Peace-Corps), without thinking too far into the future. They want to avoid, for now at least, the "Golden Prison" of a professional position as well as the "prison" of marriage and family.

2. They have a mortal fear of boredom. Having grown up with high stimulation, they continue to crave it, and fear settling down for fear of boredom.

3. They love to learn process and feel powerful by knowing "how." Whether it's knowing how to use Lotus 1-2-3, how

to free the princess in the latest NINTENDO game, or how to do almost anything, the real sense of accomplishment is knowing how to do something better than someone else.

4. They crave continuous feedback. Throughout their lives, today's college youth have been placed in adult-run activities where the feedback has been regular and expected. They continue to crave such feedback and may even pester the adults in their lives to provide it for them. They appear to have little sense of internal evaluation.

5. They desire jobs that are "sexy" in the eyes of their peers. This may translate into a desire for high pay, expensive clothes and cars, and plush offices, but may also translate into social conscience and altruistic endeavors.

6. They believe they are inherently good. Their belief in themselves also extends to the belief that they have already paid their dues and deserve just rewards without sacrifice.

7. They want marriage, family, and material success. Traditional middle class values dominate their thinking. Paradoxically, although they want it all, they also secretly fear that they may get nothing, women even more so than men.

8. They have difficulty linking career goals. They do not yet have sufficient experience to understand how careers

develop. They want to "be there" without going through a long process of development.

9. They are uncertain how relationships will be incorporated into their lives. Although marriage and family are a strong part of their value system, the avoidance of commitment is stronger for the time being, and relationships are held at arm's length.

10. They possess "survival skills." They know how to exist on little money: sharing an apartment, using parental resources, picking up part-time jobs, and paying bills all are part of the expectation they have for themselves for the time being.

11. They fear "The Big City Factor." Though outwardly sophisticated, the stress of metropolitan living will deter them from seeking jobs in urban areas.

12. They are emotionally suppressed and secretive. Having been bombarded with highly charged emotionality through the media, they appear accustomed to it, but underneath are stressed and therefore vulnerable to depression and emotional outbursts.

13. They express a need for affiliation. Though they present a veneer of independence and avoid committed relationships, they seek to connect themselves with others through a variety of means, such as roommates, athletic teams, and family.

14. They have a strong, but unique, concept of integrity and fair play. While valuing integrity, they are often naive in their expectations of the integrity of others, and are often hurt when they feel the world has not been "fair" to them.

15. They often feel stressed and exhausted.

16. Their views are relatively consistent across both genders and variety of cultures. For example, all are concerned with the environment and with the status of women and minorities in society. Women are slightly more concerned about violence perpetrated on women, putting it first in their hierarchy of concerns, but men generally list it no lower than third in theirs.

After discussing these characteristics of Generation X, Cannon went on to contrast it with the generation commonly known as the baby-boomers and to point out that neither generation, nor, for that matter, any previous one, had a "handle" on the best way to live. Each group behaves out of its own experiences and deserves to be understood in light of those experiences.

Cannon concluded with implications for working with Generation X students. A lively discussion ensued, and participants left with considerable provocation to account for, rather than criticize, the variety and challenge these students bring us.

Dr. Barbara Fuhrmann is director of assessment.

Dental Residency Program Spans Disciplines

By Carol Dunlap

In Dr. Richard B. Friedman's view, dental students—especially those who are planning to go into general practice—need clinical experience beyond that afforded by traditional dental schools. An increasing number of dental school graduates agree.

"Many students feel that dental school does not prepare them for the rigors of practice," says Friedman, director of the school's General Practice Residency (GPR) Program, a one-year post-graduate program that, like medical residencies, gives its residents clinical exposure to a wide array of patients. Here the focus is on people whose medical conditions are affected by their oral health or whose oral health is complicated by serious illness.

"If I had heart problems and needed dental care, I'd want to go to a dentist who had experience treating patients with cardiovascular disease," Friedman adds.

This year 85 applicants from dental schools around the United States and Canada vied for the three slots available in the GPR program. Friedman notes that

the volume and complexity of cases at MCV Hospitals, which supports the program, provides a rich training ground for his residents. "There aren't many hospitals around that offer the range of surgical procedures and tertiary medical care that MCVH does," he says, referring to organ transplants, treatment of HIV-infected patients, and cutting-edge care for cancer patients.

That the dental residency program is well integrated with the medical community is evident in several areas of the Hospitals. Patients who come to MCVH for bone marrow transplants are seen by Friedman and his residents, something that Dr. Craig W. Howe, director of MCVH's Bone Marrow Transplant Program, sees as providing dental residents with the full spectrum of patients with weakened immune systems. "Post-marrow transplant patients are profoundly immunocompromised for long periods of time" to prevent rejection of the transplanted marrow, Howe says, adding that oral infections, which patients with medically suppressed immune systems are particularly vulnerable to, could cause serious complications.

"We provide the residents with the type of patients they would not likely see

in other post-graduate residencies or in dental school," Howe says, adding "a lot of the problems that used to exist and no longer exist" are because of Friedman's experience, just the kind of experience he is passing along to his residents.

Dr. Lisa G. Kaplowitz, medical director of the AIDS Program at MCV, readily praises the general dentistry clinic staffed by Friedman and his residents for the dental care they provide HIV-infected patients. "Before the program, we didn't have ready access to dental care for our patients," she says.

While the success of the program is easy to measure in the number of applicants and in the echoes of appreciation heard from medical staff, Friedman hopes to keep it moving forward by expanding, noting that there are enough patients in need at MCVH to double the number of residency positions and enlarge clinical facilities.

Carol Dunlap '83 is a media relations specialist on the MCV Campus.

With Honors from Start to Finish

By Doug Childers

Dr. Thomas O. Hall, Jr., who will be retiring as director of the University Honors Program this month, describes his academic life as an unfinished portrait. With each new challenge he accepts at the University, he says, he begins working on a new area of the portrait, and this means leaving other areas unfinished. When he arrived at VCU in 1967, the University was busily transforming itself from RPI to VCU, and he was caught up in the effort to build a large, urban university. Although from the beginning of his academic career, Hall's chief interest has been teaching, serving as chair of a philosophy and religious studies department, which he himself would create, he soon found himself dividing his time between the classroom and administrative concerns. From 1967 to 1982, he built up a department which is distinguished by outstanding faculty in both philosophy and religious studies, and as he wryly observes, they somehow managed to develop a good working relationship.

By 1982, Hall felt that his task as chairman was completed, and he resigned from that position to pursue teaching full-time. There were also several writing projects which he had put off in the face of administrative responsibilities, and he thought that now he would have the time to complete them. A task force recommended the creation of an Honors Program and when the Dean of the College of Humanities and Sciences, Dr. Elske v.P. Smith, advertised for a part-time coordinator, Hall applied for and received the job. Now, the possibility to participate in a program which, as he describes it, allows the University to serve all its students lured him once again into administrative responsibilities. "It

would be a new type of experience," he recalls telling himself, "with a chance to make another contribution to the University, which I have come to dearly love."

Continuing his teaching schedule, Hall spent one year planning and setting up the program, and in the fall of 1983, the Honors Program began with 63 students. There are now 318 students in the program, and they represent all the schools on the Academic Campus and several schools with undergraduate programs on the MCV Campus. Throughout the seven years in which Hall has directed it, the Honors curriculum has constantly grown. After meeting the program's rigid entrance standards, the student must take a minimum of three 3.0 credit Honors courses and six 1.5 credit Honors modules. Module topics range from "The Artist as Social Critic" to "Non-Euclidian Geometry." The Honors courses are designed to challenge the student in ways that larger lecture-style courses cannot, and the environment is congenial to advanced students. But the program is not easy. The requirement that the student maintain a 3.5 grade point average while in the program is among the highest continuation requirements for Honors Programs in the country.

Since its conception in the planning stages, the goal has been the same: to provide a solid liberal-arts program for talented students from all departments in the University. But under Hall's direction, the program has become more than a course curriculum. From the inception of the program, Hall has held weekly Brown Bag Lunches, at which guest scholars discuss their research and other topics with Honors students. These lectures are held in the Honors Lounge, which is always open to Honors students, helping to give them a sense of community and closeness inside a large, urban university. And the program has expanded financially under Hall's direction. Contributions from both the business and private sectors have enabled the program to offer numerous scholarships to Honors students. In its biggest financial step yet, the program received a National Endowment for the Humanities matching grant which, when the matching fund requirements are met in June 1991, will bring the program \$604,000. Dean Smith played a prominent role in winning the grant. "Perhaps the most satisfying thing," Hall says in reviewing his years with the program, "has been seeing innumerable students grow, stretch themselves, and break out of the narrow channels of their disciplines."

Throughout 23 years of serving VCU, Hall has maintained that a professor's primary obligation is to teach students well. That he has succeeded in doing this is attested to by his many students who admire him for his scholarship



Photograph by Eric Norborn

and his good humor, and by his being named one of Virginia's outstanding professors in 1988 by the State Council of Higher Education (SCHEV). His love for the University and his sincere desire to see it mature and prosper, and gain recognition and respect have been evidenced through the years by his willingness to serve on numerous University committees and to work with many community groups. VCU recognized Hall for his contributions by awarding him the University Service Award in 1986.

Beginning in January he plans to return to teaching and complete some of the writing projects that he says are "justing to be finished." This will add another area to the unfinished portrait he feels compelled to paint.

A special luncheon will be given in Dr. Hall's honor at the Reunion '91 Weekend festivities.

Doug Childers '89 is a graduate of the Honors Program.

Reprinted courtesy November/December 1990 VCU Magazine.

Library Notice for Faculty

Books and most other library materials checked out to faculty during the fall term are due by January 15, 1991. Please check the date due slips to make sure that all library materials in your possession are returned or renewed by the date stamped. Most library books checked out or renewed for the fall semester will be assigned a due date of May 11, 1991.

Faculty may renew items two times, provided no other library patron has placed a hold on the items. Materials may be renewed by bringing them into the library or by using the library's e-mail service. To use e-mail, you must have a valid computer account with Academic Computing. Information on using e-mail can be obtained from the Reference Desk at either library.

If you would like to know what materials are currently checked out to you, or if you have any other questions about circulation of library materials, please call James Branch Cabell Library Circulation, 367-1110; Tompkins-McCaw Library Circulation, 367-0636.

Glorious Past

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belonging. The men are especially frustrated by rules that allow no contact with pledges once the process begins, making it impossible to know potential members. "Pledges will have to prove themselves after they are in," one man suggested. "There are people who pledged now, who pledged hard, that I have trouble with—six weeks on line, and where are they now?" In spite of dissatisfaction, the consensus among the group was that they would just make the best of it. As one man said, "Being African-Americans, we can adapt to anything."

The next videoconference, screened in the Business School Auditorium and at Tompkins-McCaw Library, is "Beyond the Dream III: A Celebration of Black History—the Global Perspective," January 31, 12:45-3:30 pm.

Mary Ellen Mercer is an editor in VCU Publications.

Holidays...and It's Time for the Family Feud

By Judith C. Warrington

So you survived Thanksgiving and now you're looking forward to the holidays and winter break. Or are you? Well, if you're not, you're not alone.

Holidays are regarded as a break from work, a chance to rest up, an opportunity to share some time with your family. But for most people over the age of five, the holiday season is anything but happy and festive.

"You can't do it all," says Dr. Arnold Stolberg, assistant professor of psychology and director of the Program for Family Studies. "Holidays are time off from work, but they end up being more work. There's not enough time to relax." It all adds up to frayed nerves, pent up hostilities, and overextended energies.

"Holidays," says Stolberg "are the toughest times." He knows all too well about holiday stress. This is the busy season for psychologists and family counselors. Suicide rates rise, relationships are strained, and family disputes grow out of proportion. In fact, family fights are as much a holiday tradition as decorations and gifts.

Several factors contribute to family discord during the holidays. According to Stolberg, one issue stems from getting several generations together. It's a time when family roles may be conflicting and changing. Everyone is familiar with parents losing control of their children to doting grandparents. And, as he says, "It's a rare parent who lets his or her adult children shed the role of child." In other cases, roles are blurred as adult children may be assuming the role of caregiver to older parents who might not be ready to relinquish control.

Holidays also mark a time of passage for a family. We measure our lives by the landmark of holidays and ask ourselves: Where were we this time last year? Some years familiar faces are absent from the scene while new ones are added through birth or marriage. Nostalgia, a sense of loss, and disillusionment all have an affect on the mood of a family gathering.

Essentially, Stolberg says, family fighting happens because people set themselves up for it. We know we may not have the best relationship with some members of the family, but we tend to forget that in the spirit of the holiday—until they show up at the door. Many of us remember saying last year, "I'll never invite him here again." But we did.

Then there are the numerous holiday excesses. People do too much and get far too little rest, forgetting that they need the emotional and physical energy to do the day-to-day responsibilities like taking care of the children and going to the grocery store. Many people eat too much and feel miserable, or drink too much and say or do things they later regret. There are, too many people around, and people spend a lot of time doing things they don't want to do.

Think back to holidays past. How often have you accepted a party invita-

tion, so as not to offend the hostess, even though you'd rather not attend three parties in the same week?

And then there's spending to excess. Holidays are built on hype. People pressure themselves into spending too much money. This strain on an already overextended budget can add unnecessary stress to any family. Add to all this the anxiety

With some advance planning you and your family can survive the holidays. Stolberg advises everyone to set limits on themselves and outside influences. The key is to set limits early - before plans are made to include you - before you're trapped.

of "equality in gift giving" and it's enough to push anyone over the holiday edge.

Perhaps when it comes to the holidays and our families we're all little kids at heart. We forget to separate fantasy from reality. Each year we have expectations of how the holidays should be. Most of them look like a greeting card

picture, feel like the song "White Christmas," or glow with the domestic bliss of the Cleaver family. It's a level of expectation so high that anything is bound to be a let down.

But don't bah humbug the holidays or plan to duke it out with Aunt Gracie. With some advance planning you and your family can survive the holidays. Stolberg advises everyone to set limits on themselves and outside influences. The key is to set limits early—before plans are made to include you—before you're trapped.

"Partners need to say what the holidays mean to them first. Then resolve the situation before they feel trapped by family or tradition," says Stolberg. And on the subject of tradition, it may just be something you do out of habit, just to keep the peace. You might not be the only one who hates it. A break in tradition could be welcomed by everyone—if you approach the subject with timing and tact.

To promote family peace during the holidays, articulate your wants and needs in advance. Making an announcement as you walk in the front door with your luggage is asking for trouble.

"Problems are preventable if you define what you want the holiday to be," says Stolberg. "Make a realistic appraisal of who to see and the time to do what is important to you." It's not being selfish to define your limitations, he stresses, it's self-preservation.

While it might be too late to save this year's family gathering, remember

Stolberg's advice for next year: "It's a pretty predictable time. December 25 always follows December 24. The holiday situations are just as predictable. But with advance planning, they are not inevitable."

Judith Warrington is a freelance writer in Richmond.

Tips To Help Prevent Family Fighting

Set the family ground rules well before the holiday season.

- 1) Plan time for yourself and to be with your selected family group.
- 2) Plan time for all the family to be together.
- 3) Decide how you will be dealing with gift giving before the shopping begins. Determine how much to spend.
- 4) Develop a more realistic picture of the holidays. Evaluate relationships and what matters, so you can determine how you can and want to spend your time.
- 5) Eat, drink, and be merry in moderation.

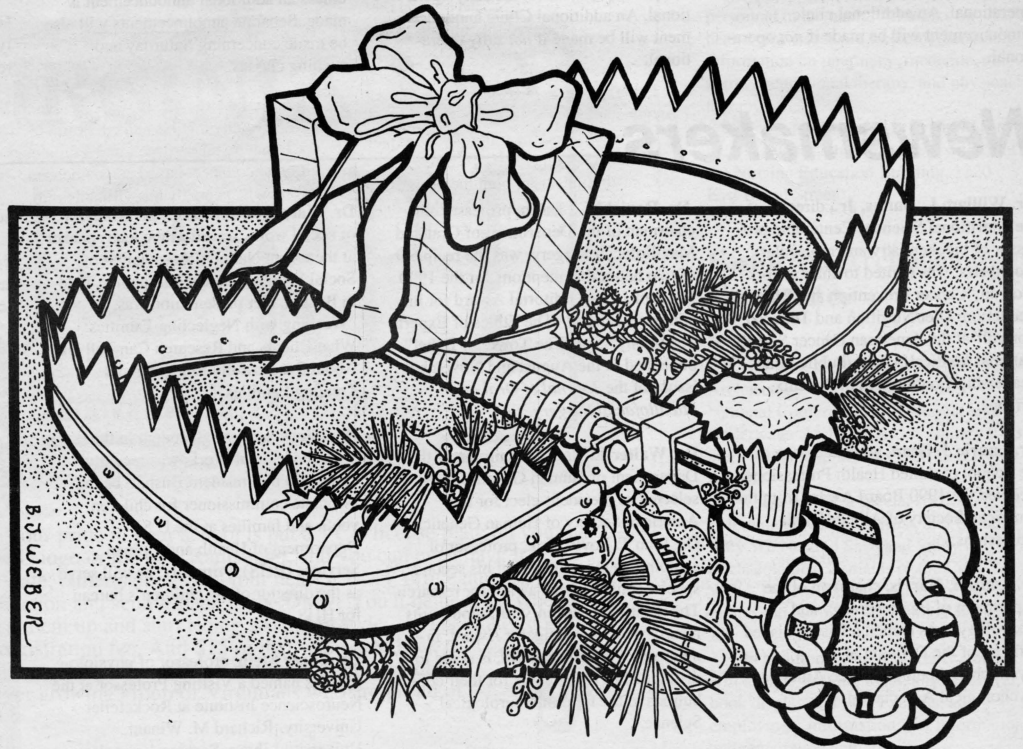


Illustration by B.J. Weber

Inclement Weather Policy

With the winter season approaching, VCU must plan for adequate staff coverage during periods of inclement weather. To provide such coverage, departments are required to advise each employee in writing of whether he or she is an essential or nonessential employee.

Essential employees who report to work as scheduled during inclement weather will be paid and classified essential employees will also be credited with compensatory leave for the hours worked. Essential employees who do not report for scheduled shifts, however, will be charged leave time or leave without pay if usable leave has not been accrued. It is imperative that employees needed for continued operations during inclement weather be formally advised of their essential designation.

The following is a summary of the inclement weather procedures. It is important to understand how these procedures affect you. First, your supervisor or department head will advise you if you are an essential employee required to report for your scheduled shifts during inclement weather. Second, during times of threatening weather stay tuned to any of the major area radio and television stations, or call 751-1330 for notice about University closings. Closing announcements will describe one of the following plans.

Plan 1: All day classes at both the Academic and MCV Campuses are cancelled. All faculty and staff offices are closed. Only University essential employees must report at their regular times. MCV Hospitals (and clinics) are fully operational. An additional clinic announcement will be made if *not* operational.

Plan 2: All day classes at both the Academic and MCV campuses are cancelled, but faculty and staff must report to work at their regular times. MCV Hospitals (and clinics) are fully operational.

Plan 3: All day classes at both the Academic and MCV Campuses are cancelled until (a designated time). MCV Hospitals (and clinics) are fully operational. An additional Clinic announcement will be made if *not* fully operational.



Plans for Personnel Outside of Day Shift

A separate announcement will be made concerning employees working the evening shift (3-11 pm) and the night shift (11 pm-7 am). An announcement should be made no later than two hours prior to shift change. All employees on following shifts must report to work unless an additional announcement is made. Separate announcements will also be made concerning Saturday and evening classes.

Parking Assignments for Essential Employees

In the case of a closing because of snow, essential employees should note the following parking assignments:

MCV Campus
Parking Decks

Academic Campus
Academic Campus Parking Deck

Use of these decks instead of the regularly assigned lots will assist with snow removal.

Newsmakers

Dr. William L. Banks, Jr., director of the Nutritional Sciences Center and professor of biochemistry and molecular biophysics, was invited to chair a workshop on "Cancer Prevention and Risk Reduction: Diet/Nutrition and Tobacco Control" at the American Cancer Society National Medical Affairs/Public Issues Leadership Conferences in Phoenix, Arizona.

Dr. Laurie J. Dean, associate dean of the School of Allied Health Professions, received the 1990 Board Award from the American Society of Allied Health Professions.

Dr. Louis S. Harris, chairman of the Department of Pharmacology and Toxicology, was named a Distinguished Affiliate of the Division of Psychopharmacology for the American Psychological Association.

Dr. Daniel M. Laskin, professor and chairman of the Department of Oral and Maxillofacial Surgery, was the recipient of two honorable mentions for the 1990 William J. Gies Editorial Award for his editorials entitled "The Ethics of Expert Testimony" and "The Tower of Babel" published in the August and November issues of the *Journal of Oral and Maxillofacial Surgery*.

Dr. Walter E. Nance, chairman of the Department of Human Genetics, was selected as president-elect for the American Society of Human Genetics. Dr. John T. Povlishock, professor of anatomy, is the recipient of his second special congressional award for research. The prestigious seven-year Jacob Javits Neuroscience Investigator Award, in memory of the late senator, is made to distinguished researchers for their contributions in the field of Neurological Science.

Dr. Mary Rodwell, assistant professor of social work, served as the lead speaker at the recent National Association of Social Workers annual conference, held in Boston. Her presentation was, "Working with Neglecting Families: What Clients and Research Can Tell Us About Successfully Engaging and Treating Families."

Ray Sirry, a doctoral student in the School of Social Work, was recently appointed by President Bush to be the associate commissioner for children, youth and families at the U.S. Department of Health and Human Services (HHS). Primarily, he will serve as the director of the children's bureau for HHS.

Dr. Barry Stein, professor of physiology, was named a Visiting Professor at the Neuroscience Institute at Rockefeller University. Richard M. Winant, University Library Services' associate director for library information and com-

munication services, has been named Distinguished Member of the Academy of Health Science Professionals. This is the highest recognition made by the Academy.

Newsmakers Policy

Entries submitted to Newsmakers should be typed in the style as it appears in the section (name, title, accomplishment, date). Those submissions in the correct style are given first priority. Entries that follow guidelines are published as soon as space permits and in the chronological order they are received. Newsmakers includes the categories: presentations, awards, recognitions, and elected offices. Because of space limitations, we are unable to print listings of publications and articles. For further information call 367-1457.

Rams Basketball

December

17 At Tennessee, 7:30 pm.

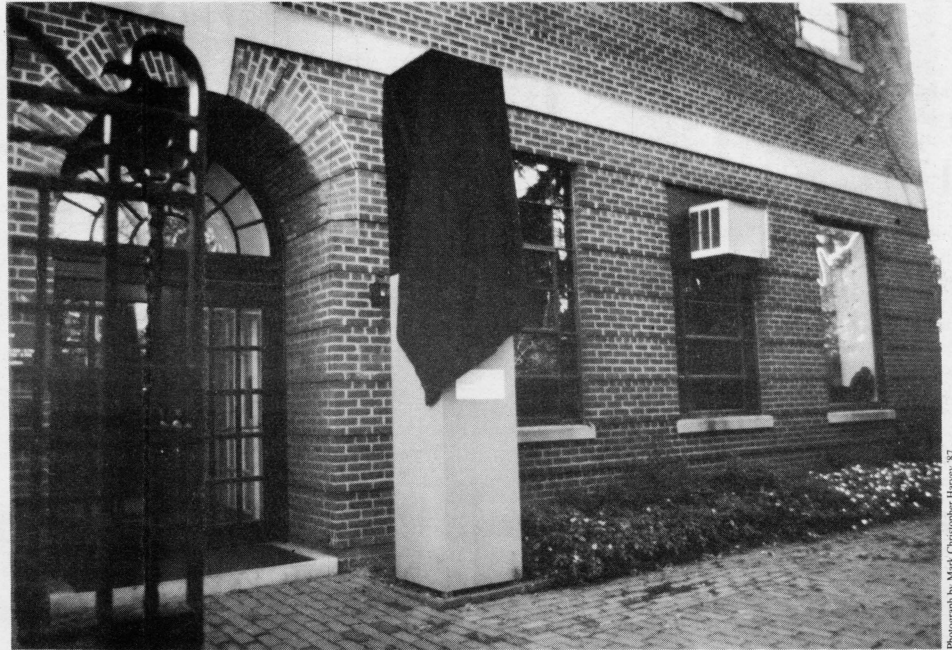
22 At Big Isle Invitational. VCU, UAB, St. Francis, Chaminade. Also December 23, 26 At Tulsa.

28 Richmond Times-Dispatch Tournament. VCU vs. James Madison, 7 pm. Virginia Tech vs. Richmond, 9 pm. Richmond Coliseum.

29 Richmond Times-Dispatch Tournament. Consolation Game, 7 pm. Championship Game, 9 pm. Richmond Coliseum.



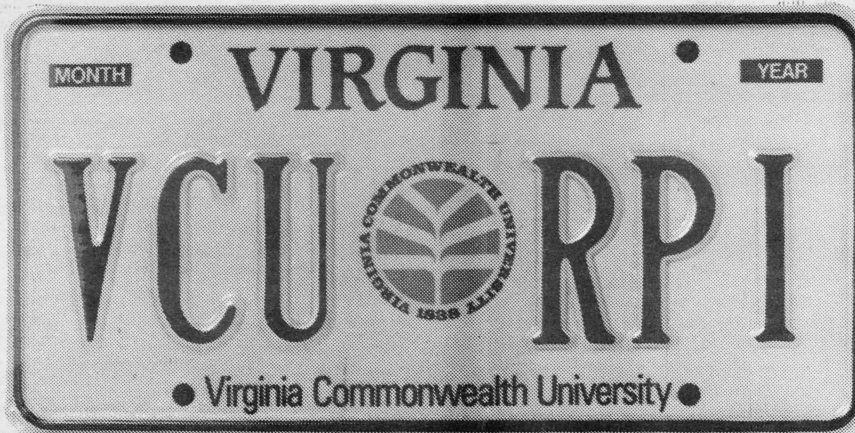
A Day Without Art



Photograph by Mark Christopher Harvey '87

On December 1, the Anderson Gallery draped its sign and some of its artwork to bring attention to the losses the arts community has suffered from AIDS.

Be True to Your School



Photographer: Dennis McWaters

Now all you have to do to show your pride in your school is put a VCU license plate on your car. Each one comes with either a VCU logo or the new Rams logo, and you can even have it personalized. To order your plate, either call or visit your nearest DMV office and ask for form VSA61. Simply fill out the application and send it back to the DMV. You'll be notified when the plates are ready and you can pick them up and start riding around in style. The plates cost only \$25 in addition to your regular registration fee. And \$15 of that will come back to VCU to support the general undergraduate scholarship fund for Virginia residents. So order yours today. Join the ever growing group of Virginians who are proud of VCU.



Personalized plates subject to availability.

New Rams logo available in April 1991.

Health Care Books to Romania

The Student Nurses Association on the MCV Campus is collecting health care books and magazines to send to medical personnel in Romania. All books on health care issues are welcome, including information on pharmacy, medicine, dentistry, occupational therapy, and physical therapy.

Please bring all donated materials to the student lounge on the first floor of the Nursing Education Building, 1220 East Broad Street.

Historical Archaeology Conference

VCU and the Society for Historical Archaeology will sponsor the 1991 National Conference on Historical and Underwater Archaeology on January 9-13 at the Richmond Marriot, 500 East Broad Street.

There will be a special session, "Monuments of Earth, Rust, and Blood: Why We Need to Save and Study the Archaeological Remains of the Civil War." The session is free and open to the public and begins at 4:30 pm on January 12.

In addition to the conference, there will also be walking tours, a film festival, book display and sale, exhibits, and employment information. For information and registration call 367-8822.

Aging Issues By the Year 2000

By Dr. Edward F. Ansello

Editor's Note: This is the final part of a series on aging issues that will affect society in the current decade.

The Challenge of Retirement Looms Longer

How will the typical worker who retires at an average age of 62 face a greater number of years of healthy retirement? In a 1960 Twentieth Century Fund study, pre-retirees reported dreading the prospect of leaving employment. At the time, it was likely a person would enjoy only a few years of retirement. Today's retiree faces the prospect of two or more decades of retirement. As this number increases, look for changes in early life in terms of orientation to work, in commitments to employers, and second and third career counseling. Look also, unfortunately, for some older persons to experience meaningless, empty days in their longer post-work lives. While the causes of suicide are varied and often cannot be determined, older males lead the nation in suicides. Look for pre-retirement programs to become more common and to be offered earlier in the work-life in order to help us prepare for retirement and the "gift of time."

The traditional time lines that have marked our lives into periods of education, work, and retirement will grow more fuzzy in the 1990s. Education will not necessarily end with high school or college as "lifelong learning" is offered by institutions of higher education, labor unions, civic organizations, and employers. And with the prospect of decades more time beyond the traditional end point of work, look for more of us to strive for a greater sense of balance between work needs and personal needs while in the labor force.

Mixed Progress Occurs in Meeting Aging-Related Personal Needs

An aging America requires more professionals and service providers to address the needs of older citizens. Geriatric health care will likely experience growth, but major changes will be needed in public sector aging-related services before many geriatric health care workers will accept low status, low-paying jobs amidst a time of labor shortage.

While nursing has systematically developed some expertise in gerontological (aging-related) nursing since the mid-1970s, major gaps still exist between the numbers of nurses needed in geriatric settings and the numbers available. Recently, the U.S. Department of Health and Human Services estimated there were 92,000 RNs trained in geriatrics, compared to a need for between 260,000 to 1 million.

After years of debate in the medical field, physicians can now be board certi-

fied in geriatric medicine. The same sort of debate occurred decades ago before the emergence of pediatrics as a specialty. Board certification signifies that medicine is one step closer to recognizing that the conditions of aging and of elderly patients require a specialized focus, even while drawing upon other specialties and disciplines in diagnosis and treatment.

Progress toward developing a cadre of geriatricians has been and, in the 1990s, will be slow. Recently the American Boards of Internal Medicine and of Family Practice jointly developed board certification that physicians had attained "added qualifications in geriatric medicine." In the first national test for board certification in 1988, only 45 percent of the physician-applicants passed. Plans are to offer the test for board certification every other year, so we may see improvements every two years.

A major barrier to broad-based commitments by physicians to geriatric medicine is the nature of aging itself. People grow older and tend to develop chronic conditions like arthritis and heart problems gradually. These conditions tend not to lend themselves to "cures" or dramatic reversals by the physician or surgeon; they just are not "sexy" enough medically to fascinate practitioners. This

helps to explain why, although virtually all of the 127 medical schools in the United States offered some kind of geriatric educational experience in the 1980s, such as a course, a clinical rotation, or a site visit, less than 10 percent of the medical students took advantage of them during their medical education.

Look for more interest in geriatrics within the medical community and among allied fields like dentistry, planning, and rehabilitation. The great influx of females into the health professions may be the salvation of geriatric care in the 1990s.

The Crisis in Long-Term Care Will Demand Attention

As we add years to our lives, not every additional year is a year of good health. On average we are living significantly longer than our grandparents, and most of the extra years are years of productivity and enjoyment. Research studies in the 1980s consistently showed that better than four of every five older Americans have either no major impediments to their daily activities or have impairments that can be compensated for.

The picture changes, however,

above age 75. Here we see the toll that longer life exacts, as more elders (although still the minority) report chronic conditions that hinder daily life or require outside help. Surprisingly, these elders tend to stay in their homes and communities despite the conditions.

While Americans often suffer the reputation of a people who "warehouse" their elderly, placing them into nursing homes and other long-term care facilities at the first sign of aging, nothing could be further from the truth. Families and friends help to maintain frail elders in the community and, in the course of helping, provide 70 to 80 percent of the chronic care these elders need. They accomplish this feat generally unrecognized and unassisted by the government.

The proportion of elders entering nursing homes is actually declining. From the mid-1970s to the mid-1980s numbers have dropped from 98.4 per 1,000 to 95.6 per 1,000 among those ages 75 and older, and from 253.7 to 219.4 among those 85 years old and above, according to the National Center for Health Statistics.

Of course, with more of the population surviving to later life, there are still plenty of elders entering nursing homes, and from this standpoint, the long-term care industry need not worry. From another standpoint, however, there are major problems facing this industry. Most serious is the personnel shortage.

As in geriatric medicine, long-term care is generally not seen as an attractive job or career route. Nationally, nursing homes experience a 150 to 200 percent turnover rate among their aides and assistants, the pre-professionals who do most of the "hands-on" work. This means that, in a given year, an administrator will have a dozen or more trainees for each half dozen positions. This is expensive and short-sighted. It would be better to pay more competitive wages so employees do not quit when they see they can earn a better salary at the fast-food place down the street. The consequence, of course, will be higher monthly fees for residents, but quality of life may be enhanced by more consistent care from the personnel. People often work in long-term care because they have an interest in, perhaps a commitment to, improving another's life. This potential is being wasted and lost.

The 1990s will see long-term care in its many aspects grow to dominate the public's attention. Eldercare. Professional education. Nursing homes. Personnel shortages. Even national health and national long-term care insurance. The challenges of the 1990s will be responding meaningfully and prudently to the aging of the nation. The gift of aging has a price. Up until now that price has been paid by families who have shouldered the responsibilities and, at times, the burden of eldercare. The 1990s should see business and government increasingly recognizing these realities.

Dr. Edward Ansello is director of the Virginia Center on Aging.

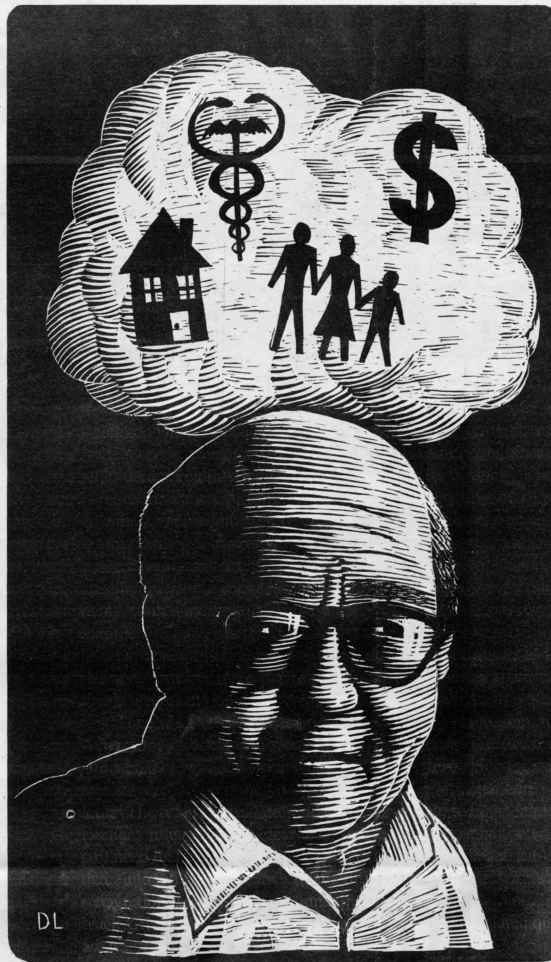


Illustration by David Lewis '89