

Dash controversy

UNO's priority grammar, not education

University of Nebraska at Omaha student leaders are tired of Lincoln-centric thinking. They are fighting back against years of oppression.

Last week, the UNO student senate passed a resolution urging that the University of Nebraska change the way it refers to the Lincoln campus.

Senators were offended by the fact that UNL is called the University of Nebraska-Lincoln, while UNO and UNK are called the University of Nebraska at Omaha and at Kearney.

Last we checked, those campuses actually were "at" Omaha and "at" Kearney. Of course, UNL is "at" Lincoln. But the UNO student leaders' arguments for calling UNL the University of Nebraska at Lincoln apparently weren't based on geography.

The resolution says the dash, instead of the "at," in reference to UNL "fosters the opinion that good education is only to be had in Lincoln... This is certainly not the case."

The education that students receive at UNO can't be too bad. Apparently they have learned the secret of UNL's vaunted academic opportunities — the dash.

Mark Vanevenhoven, a junior political science major and a member of the UNO student government, introduced the resolution.

"The professors here aren't professors who couldn't make it in Lincoln," he said.

That's "at" Lincoln, Mark, not "in."

Vanevenhoven also said UNO students are tired of being treated as if they are attending "a two-year commuter college."

In doing so, he uses the same educational snobism that he accuses UNL of. Just think about all those poor commuter students who go to two-year colleges with neither dashes nor "ats" in their names.

Vanevenhoven thinks he knows why UNL gets the preferential treatment of a dash. It bribes members of the NU Board of Regents.

"The regents run on the basis that UNL gives them free football tickets rather than on the basis that they can make the University of Nebraska system run as well as it can," he said.

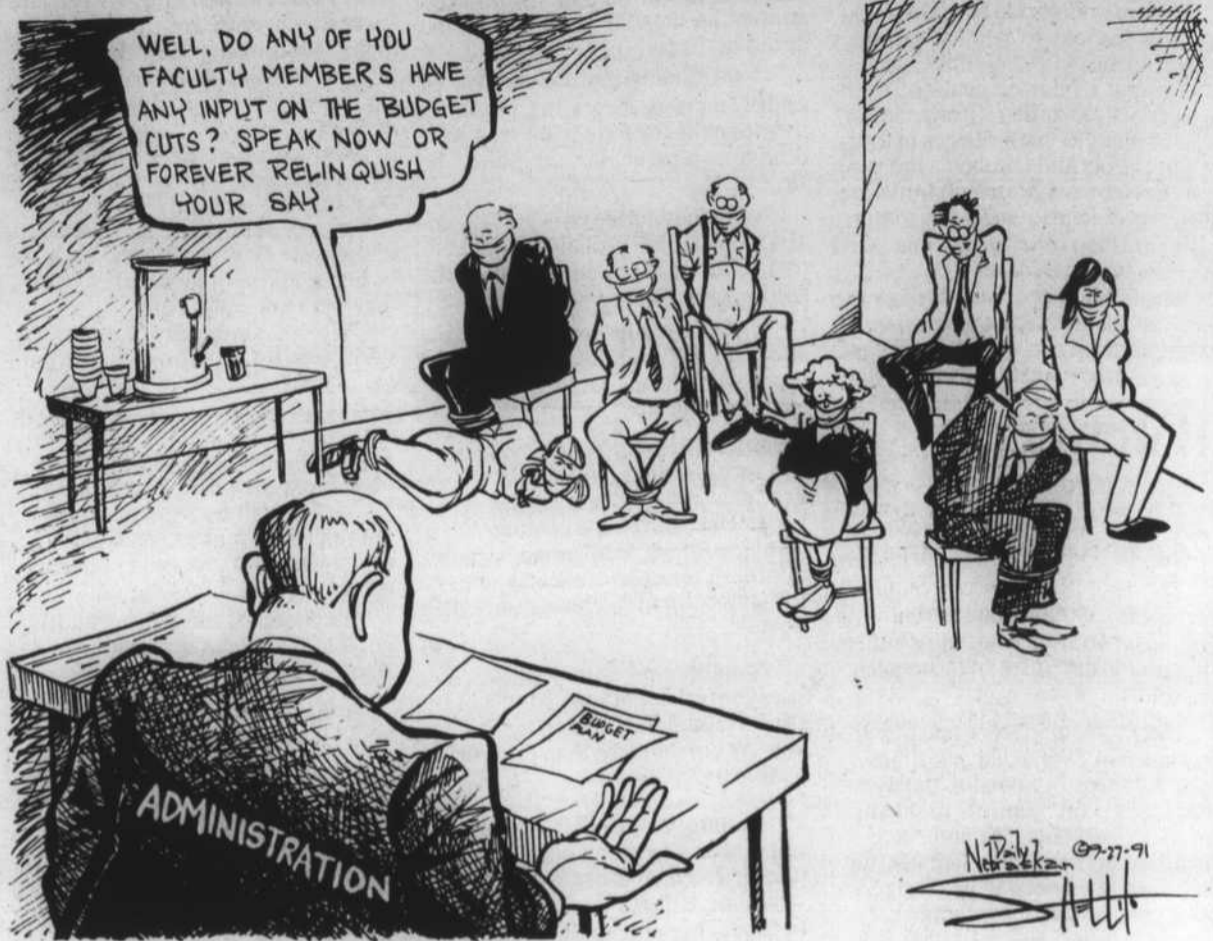
Can you blame them? Would you want to watch a game played by people called "Mavs"?

We urge the Association of Students of the University of Nebraska — student government, at Lincoln — to pass a counter-resolution.

It could be stated as follows:

"Calling the University of Nebraska-Lincoln the University of Nebraska at Lincoln fosters the opinion that UNL wants to stoop to UNO's level. In our ongoing quest for educational excellence, we instead urge UNO to strive to reach that same level. Then, someday, it can call itself the University of Nebraska-Omaha."

—E.F.P.



DAVID REITER

AIDS demands respect, care

A surgical technician filed a lawsuit in a Los Angeles Superior Court earlier this week against a former patient who concealed the fact that she was HIV-positive. The technician was exposed to the HIV-infected blood when she nicked her finger on a scalpel during Jan Lustig's cosmetic surgery.

Although the lawsuit alleges intent to inflict emotional distress and fraud, there is no evidence that Lustig intended to expose anyone to her blood. Nevertheless, she concealed her condition by signing papers which stated that she had no medical problems. In other words, she lied.

Regardless of whether it is successful, this lawsuit highlights a neglected side of the AIDS health care controversy. Considerable attention has been focused on the protection of patients, but little has been directed to the protection of health care workers.

On Thursday, Kimberly Bergalis, one of five patients infected with AIDS by a Florida dentist, urged a House subcommittee to enact legislation requiring mandatory AIDS testing of health care workers.

Congress already has taken some steps in this general direction. This summer, the Senate passed a measure imposing a prison sentence on health professionals who know they have AIDS but continue to practice without informing their patients.

A more moderate proposal also passed by the Senate would require health care workers who perform "exposure-prone" procedures to be tested for HIV-status. If they tested positive, they would have to refrain from performing the specified procedures unless they received permission from patients and professional review panels.

Critics of these measures claim they are emotional responses, because the risk of getting AIDS through medical treatment is small. According to Newsweek, scientists at the Centers for Disease Control estimate the chances of getting AIDS from an infected surgeon at between 1 in 42,000 and 1 in 417,000.

Critics also point out the importance of proper medical procedures



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for the protection of patients. They claim that if proper procedures — such as adequate sterilization of equipment — are followed, it is irrelevant whether a health care worker has AIDS.

The critics are right to stress the importance of proper medical procedures. The problem is that even if they are followed carefully, they are not fail-safe.

Therefore, the fact that a health care worker has AIDS is going to present an additional — even if slight — risk to the patient. And even if it is slight, it seems reasonable that the patient should have informed consent as to whether to take on that additional risk.

The concern for protecting patients is legitimate, but no more so than the concern for protecting health care workers. In fact, the AIDS virus presents a greater threat to health care workers than to patients.

Medical procedures generally require cutting into the patient's body, making it possible for the patient's blood to escape. In contrast, the physician's blood escapes only if he or she is somehow injured during medical procedures.

While there are five known patients who received AIDS from health

professionals, all stemming from Florida dentist David Acer, there are 40 known cases in which health professionals have received AIDS from patients.

Thoughtful legislation should not be focused arbitrarily on the protection of patients and must address two problems.

The first problem is a lack of respect. This is exhibited by infected health care workers who continue to perform invasive procedures without informing patients of their condition. This summer reports surfaced of a New York doctor who continued his practice while concealing the fact that he had tested HIV-positive two years earlier.

Patients also have shown a lack of respect for health care providers by not being forthright about their conditions. Lustig showed a lack of respect for health care workers by lying about her medical condition prior to her surgery.

The second problem is lack of care. Newsweek cited a University of California at San Francisco study, which revealed that 74 percent of medical residents surveyed indicated that they would not administer life-saving treatment to HIV-positive patients if doing so involved a 1 percent chance of getting infected.

On the other hand, we have the case of Barbara Webb, a 65-year-old teacher who was infected with AIDS by Acer.

When Webb needed eye surgery earlier this year, she told her doctor that she was HIV-positive and explained that she would not be insulted if he refused to treat her. On the other side, her doctor agreed to do the operation anyway.

Webb was quoted in Newsweek as saying: "I would have understood totally and gone down to the AIDS clinic. And it wouldn't have bothered me at all to go down. I just gave him the option. Nobody gave me the option."

The Webb case illustrates the ultimate solution: care and respect.

Reiter is a graduate student in philosophy and a Daily Nebraskan columnist.

LETTER POLICY

The Daily Nebraskan welcomes brief letters to the editor from all readers and interested others.

Letters will be selected for publication on the basis of clarity, originality, timeliness and space available. The Daily Nebraskan retains the right to edit all material submitted.

Anonymous submissions will not be considered for publication. Letters should include the author's

name, year in school, major and group affiliation, if any. Requests to withhold names will not be granted.

Submit material to the Daily Nebraskan, 34 Nebraska Union, 1400 R

What others think

Store-bought notes do not cut it alone

Jon's Notes, located in the Jayhawk Bookstore, has obtained faculty permission to print and sell notes from six different classes. Teaching assistants, graduate students and those who have shown proficiency in a given field have been hired as note-takers.

Although we are skeptical because we see the possibility of abuse, we certainly are not opposed to the concept. The instructor has given permission, and the instructor — just like mother — knows best. Every two weeks the notes are given to the instructor as a check against errors.

Most of the courses that Jon's now services are freshman and sophomore level, such as Sociology 104. Yes, younger students will benefit from seeing how notes are taken by the more experienced and be able to assimilate the material better. But are they gaining or losing experience in note-taking by buying better ones? Buy them, but take your own as well.

—The University Daily Kansan
University of Kansas

Education needs new national emphasis

On the heels of a series of cutbacks in services and academic departments, University of Iowa students learned this weekend that the Board of Regents may raise their tuition by 9.4 percent next year in addition to a proposed 33 percent increase in the mandatory health fee.

It is instructive to note where the bulk of the belt-tightening is being done. The UI Strategic Planning Steering Group proposes that the undergraduate degree program in social work be phased out as well as the entire School of Library and Information Sciences. Departments in the College of Liberal Arts are losing staff and faculty positions. University maintenance employees are being laid off. Students who can barely afford the present cost of tuition are being asked to pay even more.

What is needed is not only action on a state level, but a reorganization of national priorities to shift more resources to education and human services and away from military spending.

—The Daily Iowan
University of Iowa

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