THE DAILY CLIPS

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The Greenville Daily Reflector
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ECU hoops staff loses Ferguson

Pirates’ associate head coach accepts a position with Oklahoma State.

By Brock Letchworth and Tony Castleberry
The Daily Reflector

Less than two months after being promoted to associate head coach for the East Carolina University men’s basketball team, Chris Ferguson has decided to leave the team, university officials confirmed Wednesday.

Ferguson, who joined the Pirates’ staff in 2005, has accepted a job at Oklahoma State University. He joins head coach Sean Sutton and a Cowboys team that plays in the Big 12 Conference and went 22-13 last season to earn a spot in the National Invitational Tournament.

“I knew that Chris was intrigued by the opportunity to be in the Big 12 but it seemed his heart was here so I was a little surprised,” ECU Director of Athletics Terry Holland said in an e-mail Wednesday. “However, we all told Chris that he had done a great job here and if OSU was a good move for him, we would support his decision in every way. OSU kept coming after him and he finally made the decision that he wanted to try the Big 12.”

East Carolina finished last season with a 6-24 mark under coach Ricky Stokes in Conference USA. Stokes was replaced after two seasons by Pirate associate head coach Mack McCarthy in early August. McCarthy was named acting coach by Holland for the 2007-08 season. Ferguson was promoted to associate head coach.

After some reconsidering, Ferguson will be heading to Stillwater, Okla., instead.

“I am very excited to join the Cowboy basketball program,” Ferguson said on the team’s athletic Web site. “When I went to Stillwater, I met coach (Mike) Holder. I think

See HOOPS, C4
his plans are excellent, and I'm looking forward to being a part of the future of OSU Athletics. I've known Sean (Sutton), James (Dickey), Kyle (Keller) and Mike (Hatch) for quite some time, and they're very professional.

"I've heard from everybody across the country that Gallagher-Iba Arena is the toughest place to play in the Big 12. I've been in this business for 20 years, and I've never been a part of that, so I'm looking forward to it."

McCarthy said Wednesday he knew Ferguson was "a hot commodity" in the collegiate coaching ranks and that his services were being sought after by other programs. Rumors swirled after Stokes' dismissal that Ferguson was already entertaining an offer from OSU.

But Ferguson accepted the promotion to associate head coach with East Carolina and was set to make $144,000 this season. The timing of Ferguson's decision was a little disconcerting for McCarthy and his staff.

"The timing was a surprise," McCarthy said. "(Ferguson) was in demand so the fact that he had opportunities at other schools didn't surprise me at all. But that he decided to go a week before the start of practice was a surprise."

While he wasn't ready to announce his next assistant just yet, McCarthy did make it clear he'd have Ferguson replaced before the Pirates begin practice.

"We won't be a man down when practice starts," said McCarthy, who has a 309-177 record in 16 seasons as a college coach during stints at Chattanooga and Virginia Commonwealth. "We talked with people in August and did some research at that point as an assistant with the Tennessee Volunteers. He helped lead the team to six consecutive postseason appearances. He spent six years at Virginia Tech before moving to Tennessee.
Medical advances help rebuild worn-out bodies

By Sandra G. Boodman and Brenna Maloney
The Washington Post

Like worn-out shock absorbers on a car, parts of the human body wear out from age or overuse—often both. Now it's time for baby boomers, the 78 million-member generation born between 1946 and 1964, to cope with the inevitable deterioration that accompanies aging.

Americans increasingly expect that it can be fixed or replaced.

Consider this:
■ 71 million Americans 65 and older will account for roughly 20 percent of the population by 2030.
■ 80 percent of older Americans are currently living with at least one chronic condition.

Recent advances in repairing worn body parts—shoulders, knees, toes and eyes—are providing options that would have been unimaginable in the 1950s, when the artificial hip was pioneered.

As the tail end of the enormous baby boom generation enters middle age, Americans are living longer and expecting to enjoy better fitness and health than previous generations.

The human body can't necessarily do at 50 what it did at 25, but when a part wears out, older

REPLACE
Continued from D1

■ 25 million Americans have some type of medical implant, such as artificial knees, replacement lenses in the eyes or pacemakers.

How does medicine try to keep pace with all these aging bodies?

AUTOGRAFTING
Harvesting tissue from one location and transplanting it into another part of the same patient.

Example: For a coronary bypass, veins are removed from the patient's leg, then transplanted to the heart to allow blood to flow around blocked arteries.
Risks: Potential infection and pain at the harvesting site.

ALLOGRAFTING (Transplants)
Harvesting tissue or organs from a donor and transplanting it to the patient.
Examples: Whole organ transplants, such as lung or kidney. Or cadaver part, sometimes used in partial knee replacements.
Risks: Organ rejection and infection, despite sophisticated anti-rejection drugs. Donor shortages.

XENOTRANSPLANTS (Animal-to-human transplants)
Transfer of cells, tissues or whole organs from one species to another.
Examples: Pig valves, horse tissue.
Risks: Organ rejection and infection, ethical concerns.

MAN-MADE MATERIALS, DEVICES (Implants)
Replicating, augmenting or extending functions performed by biological systems.
Examples: Artificial heart valve, prosthetic hip.
Risks: Do not behave physiologically as true organs or tissues. Parts are subject to fatigue, fracture, toxicity, inflammation and wear over time.

TISSUE ENGINEERING
Refurbishing diseased or damaged tissue or organs using the body's own healthy cells.
Example: Bladders.
Risks: A developing science.

Sources: American Academy of Orthopaedic Surgeons; James Tasto, clinical professor of orthopedics, UCSD; Ray Rubinfeld, Washington Eye Physicians and Surgeons; Ophthalmics, American Academy of Periodontology; Centers for Disease Control and Prevention; Children's Hospital Boston; New York Presbyterian Hospital; Massachusetts Eye and Ear Infirmary; Mayo Clinic; "Automated Tissue Engineering: A Major Paradigm Shift in Health Care," by Chris Mason, Medical Device Technology, January-February 2003
Colonoscopy? X-ray version is on the horizon

By Stephanie Nano
The Associated Press

NEW YORK — Having an X-ray to look for signs of colon cancer may soon be an option for those who dread the traditional scope exam.

Two of the largest studies yet of "virtual colonoscopy" show the experimental technique works just as well at spotting potentially cancerous growths as the more invasive method. It's also quicker and cheaper.

The X-rays can help sort out who really needs the full exam and removal of suspicious growths, called polyps. In one study, only 8 percent of patients had to have followup traditional colonoscopies, which are done under sedation and carry a small risk of puncturing the bowel.

But what some people consider the most unpleasant part can't be avoided: drinking laxatives to purge the bowel so growths can be seen.

Still, proponents hope that the newer test will lure those who have balked at getting conventional screening. "This is ready for prime time," said Dr. Perry Pickhardt, one of the researchers at the University of Wisconsin Medical School who are reporting the results of their study in today's New England Journal of Medicine.

A second, federally funded study at 15 sites around the country is meant to be the definitive test of virtual colonoscopy. Results have not been published, but they show the test to be promising.

Colonoscopies are recommended for everyone over 50, but just about half get tested. Colon cancer is the nation's second leading cause of cancer deaths, and an estimated 52,000 people will die from it this year. Screening can save lives by finding growths before they turn cancerous.

Colonoscopies, considered the gold standard test, are recommended every 10 years and more frequently after polyps are found.

In traditional colonoscopy, performed by a gastroenterologist, a long, thin tube is inserted and snaked through the large intestines. Generally, any polyps that are spotted, regardless of size, are taken out in the process.

Virtual colonography uses a CT scanner to take a series of X-rays of the colon and a computer to create a 3-D view.

See X-RAY, D2
Continued from D1

A small tube is inserted in the rectum to inflate the colon so it can be more easily viewed. A radiologist then checks the images for suspicious polyps. Since the patient isn’t sedated, there’s no recovery time required.

But if any polyps need to be removed, the patient must then have a regular colonoscopy to do that.

For the Wisconsin study, Pickhardt persuaded health insurers in Madison to pay for the less expensive virtual colonoscopies and let patients choose between the two exams. The study included 3,120 patients who opted for a virtual colonoscopy and 3,163 who chose the traditional exam.

Dr. David Kim, another of the researchers, said he plans to ask the patients what was behind their decision.

"I think we're bringing people in off the sidelines as opposed to just substituting one exam for another," he said.

About the same number of advanced polyps were found in each group, 123 for the virtual group and 121 for the conventional group. About 8 percent in the virtual group were sent for same-day colonoscopies for polyp removal. Five percent of the patients had one or two small polyps and they decided to have them watched rather than removed.

Overall, far more polyps were removed in the traditional colonoscopies; the virtual colonoscopies didn't report tiny polyps, which are unlikely to be cancer. In the traditional group, seven had perforated colons and four needed surgery.

Pickhardt, Kim and a third researcher have received lecture or consulting fees from the makers of colonoscopy products and imaging equipment.

A traditional colonoscopy at the Wisconsin hospital is $3,800 and more if polyps are removed; virtual colonoscopy costs $1,186. Insurers pay about 40 percent of that charge, Pickhardt said.

Most insurance companies don't cover virtual colonoscopy for screening but that could change if colon cancer screening guidelines endorse it. Virtual screenings are already available at some hospitals and centers for people willing to pay for it.

The American Cancer Society is updating its guidelines, but Robert Smith, director of cancer screening, wouldn't say whether they would recommend virtual colonoscopy, also known as CT colonography. When the guidelines were last revised in 2003, there wasn't enough data to support it, he said.

"The evidence is accumulating that CT colonography may have a role in primary screening,” said Smith.

Early studies of virtual colonoscopy gave mixed results. Then in 2005, the American College of Radiology Imaging Network launched a large study of more than 2,000 patients, to try to resolve the issue.

Each volunteer had a virtual colonoscopy followed by a traditional one the same day and the outcomes were compared.

After the results were presented at a meeting last week, the group posted a statement on their Web site saying that preliminary results showed virtual colonoscopy is “highly accurate,” similar to traditional colonoscopy. Spokesman Shawn Farley said details wouldn’t be released until the study is published, probably around the end of the year.

Dr. Douglas Rex, director of endoscopy at Indiana University Hospital, said that study was key because it was done at several locations. "We should have a pretty good sense of how it's going to perform in practice," he said.

Rex said he has some reservations about virtual colonoscopy because it doesn't lead to the removal of the smallest polyps and exposes patients to radiation.
Campbell sites law school in Raleigh

The school will move from the main campus in Bueges Creek to a site downtown.

By Marti Maguire

Campbell University will move its 350-student law school from rural Harnett County to a downtown Raleigh awash in new activity.

The Norman Adrian Wiggins School of Law, which employs about 50 staff and faculty members, will move to 225 Hillsborough St. The 107,000-square-foot downtown building is owned by a company headed by Art Pope, a former state legislator and well-known conservative.

The move, which mirrors a national trend toward urban law schools, is welcome in a city in the midst of a massive revitalization.

The details of the deal were not yet clear: city and university officials plan to announce the move today. But a letter to tenants of the building said that the sale should be final by March; renovations will begin next summer.

The move will bring an infusion of young people to the state capital just months before the city plans to open its new $221 million convention center, a Marriott Hotel and an underground parking garage.

In all, $2.5 billion in private and public investment is being pumped into downtown. Supporters say those efforts to remake Raleigh into a 24-hour city are working.

"We're gaining some of the traction that we hoped to get with all the public and private investment," said Jessica Brock, a commercial real estate broker who represents the owner of the Wachovia Capitol Center tower on Fayetteville Street.

The law school will add a youthful el-

CAMPBELL
CONTINUED FROM PAGE 1A

...ment to a city better known for its government workers.

"It means more people to frequent stores, rent office space and buy all those condos we're building," Brock said.

Variety Realty, a company owned by Pope, bought the property at Hillsborough and Dawson streets for $11 million in 2005. Several of its tenants, including the N.C. Institute for Constitutional Law and Americans for Prosperity, are conservative-leaning nonprofit organizations.

Tenants said Campbell University President Jerry M. Wallace toured the building with other university officials today as a photographer snapped pictures.

Raleigh Mayor Charles Meeker scheduled a public announcement today of "information of educational and economic significance to Raleigh." He declined to comment further, and called to Campbell officials were not returned Wednesday.

Campbell, a Baptist-affiliated university in Bueges Creek, has been studying the move for about a year.

Leary Davis, the Elon University law school dean and the founding dean at Campbell's law school in 1976, said Campbell's law school and undergraduate programs will benefit from a high-profile location in the Capital City.

"I think they'll find a lot of synergy there they had not anticipated," Davis said. "People in Raleigh who had not been interested in Campbell University will become interested in it because it's in Raleigh."

Davis said he thought moving the law school to Raleigh was a promising idea in the 1980s. It was never fully studied, but was on a list of long-term strategies for the school.

Now, he said, urbanization of law schools is a "growing trend that brings students close to city houses and legal profession."
Graduation rates low for 2 Pack teams

BY LUCIANA CHAVEZ
STAFF WRITER

NCAA president Myles Brand said the best way to read the newest graduation success rates (GSR) released by the NCAA on Wednesday is to look at any team graduating 60 percent or more of its athletes as doing well.

However, even though two of N.C. State’s higher profile sports — men’s basketball (40 percent) and baseball (39 percent) — scored below that national benchmark, that does not necessarily mean those programs are doing badly.

The GSR shows how a school has graduated its athletes over a period of time beginning with students who could have started school up to 10 years ago.

But it’s not as useful in tracking what a school is doing now and if the school’s improving. The GSR for State’s baseball team, for example, improved from 35 to 39 percent since last year’s report.

“I’m never satisfied with when we don’t graduate everybody but we still have a pretty good graduation rate among athletes who have finished their eligibility at State,” N.C. State Athletics director Lee Fowler said.

HOW THE AREA’S TEAMS FARED

The NCAA released its latest report on the graduation success rates (GSR) for every sport for every Division I school in its membership.

The first column shows the average number of athletes, who began school in 1997, 1998, 1999, and 2000 and earned college degrees within six years.


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| Men’s bkb | 67 | 67 | 69 | 64 | 40 | 64 | 86 | 70 | 100 | 100 |

SOURCE: NCAA

The Division I GSR looked at athletes who entered school in 1997, 1998, 1999, and 2000 and counted the athletes who had graduated within six years of starting school.

While the State basketball team’s GSR sank from 54 to 40 percent since last year’s report that looked at 1996-99, baseball improved four percent, women’s basketball improved from 79 to 83 percent, and football went from 57 to 60 percent.

Fowler said the Wolfpack men’s basketball team GSR took a hit in this report because it includes the year 2000. That year, four basketball players came to State. Two didn’t graduate and two who transferred were not in good academic standing. That means zero percent graduated.

One bad year can greatly impact four year’s worth of scores.

“That rides you for a long time,” Fowler said. “That’s the tough part about it.”

The NCAA also tracks academic progress each year, and that rate shows State has improved. The new APR — 60 percent roughly equals a 925 APR — is released in the spring.

State’s men’s basketball APR for 2005-06 was 947, up from 922 the previous academic year.

Early in Fowler’s tenure — which started in 2000 — State’s main problem was keeping kids from transferring. Fowler said the school is now holding on to more kids. Last year, the school graduated 88 percent of athletes who completed their eligibility.

Nationally, men’s basketball teams graduated at 61 percent, baseball graduated 66 percent. Football Bowl Subdivision programs graduated 67 percent, and women’s basketball programs graduated 82 percent of the athletes who started school from 1997-2000.

This year’s GSR cohort still does not reflect the classes that are working under stricter NCAA academic requirements. The first class to face those standards entered college in 2003, and Brand said an 80 percent GSR is attainable once those students count.

“There’s still a long way to go but it’s positive,” Brand said. “It’s moving in the right direction.”

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ital Mody walks into a patient’s room at WakeMed Cary. Before discussing the patient’s dizzy spells, there’s something Mody wants to make clear.

“I’m a hospitalist,” says Mody. “Do you know what that is?”

The woman, who is 58, looks confused. “Do I know I’m in a hospital?”

Mody takes that as a no and an opportunity to enlighten another patient on the evolving world of hospital medicine.

Briefly, she explains that a hospitalist is a doctor who practices medicine only within a hospital. That is, she isn’t part of a private practice that treats illness on the front end. You have the sniffles or a minor ache, you go to your primary care physician. Should those ills evolve and require a trip to the hospital, your family physician may no longer continue caring for you in the hospital. Increasingly, your doctor now hands off your care at the door to a hospitalist, such as Mody.

“For the most part,” says Dr. Wes Lawson, medical director for WakeMed Health & Hospitals, “your primary care physician is not the one caring for you if you’re hospitalized.”

“Despite the fact they’ve been around a while, many people are unaware of the concept,” says Dr. Mark Graham, a Cary hematologist/oncologist who isn’t a hospitalist but benefits from them.

According to the nonprofit Society of Hospital Medicine, 10 years ago there were only a few hundred hospitalists nationwide. Today, there are about 20,000, and by 2010 it’s expected that number will top 30,000.

Every major hospital in the Triangle now has hospitalists. WakeMed Cary has five full-time hospitalists. The system’s main hospital in Raleigh has 22. UNC Health Systems has 22; Duke University Medical Center has 10. Rex Healthcare in Raleigh, the first

in the Triangle to start a hospitalist program, in 1998, now has 18 full-time and seven part-time hospitalists.

At Rex, says spokeswoman Melody Hunter-Pillion, hospitalists care for about 85 percent of patients. The other 15 percent, she says, are tended to by specialists. With the exception of obstetrics, virtually no Rex patients are treated by their personal physician once they enter the door.
DOCTORS
CONTINUED FROM PAGE 3E

Driving the trend

A number of factors have driven the trend toward hospitalists, says Lawson. Not surprisingly, cost savings is near the top of the list.

A study at Tufts University School of Medicine this year found that hospital stays were a half day shorter, on average, for patients seen by hospitalists.

“We’re here, we can respond more quickly when test results become available,” says Mody. Otherwise, a patient might wait up to a day before his or her physician comes to make rounds.

“We’re here 24 hours a day; we can be reached 24 hours a day,” says Dr. Christy Henry, medical director of the hospitalist program at WakeMed’s Raleigh campus.

That can also translate into improved care, say hospitalist advocates. For one, a doctor is always available, and the patient doesn’t have to wait for his personal physician to drive across town in the middle of the night. At WakeMed Cary, for instance, there’s always one “rounder” — a physician who makes rounds to existing patients — and, during the day, an on-call hospitalist who can respond to emergencies.

Proponents say the hospitalist system also ensures that well-rounded physicians are available to assess the variety of woes that cross the threshold. Under the old system, hospitals had doctors available, but they were typically specialists who may or may not be familiar with a given malady.

“Before hospitalists,” says Dr. Paul Swiersz, an emergency room physician at WakeMed Cary for seven years, “it was always, ‘You’re a neurologist and I have chest pain. Why are you here?”

“The doctors didn’t like it, the patients didn’t like it and we didn’t like it,” he says.

Perhaps the biggest winners under the hospitalist system are the doctors. When general practitioners also saw patients in the hospital, they might start their day at, say, 7 a.m. at the hospital. After seeing patients, they’d head to their practices. After a full day there, it would be back to the hospital to see patients again. Twelve-hour days could be common.

A hospitalist may work a long day, but not five or six days a week.

At WakeMed, for instance, hospitalists are scheduled for 10-hour shifts, but they only work 16 shifts a month, says Henry. That is, 16 days out of 30 or 31.

“It’s a good life,” says Mody, who has been at WakeMed Cary three months.

It’s understandably popular with general practice physicians as well.

“The doctors love it,” says Graham, the Cary oncologist. He still admits his own patients to WakeMed Cary, but lets the hospitalists handle much of the care. “It’s a much more structured work life.”

A drawback

It’s not without its potential pitfalls.

WakeMed’s Lawson worries that the trend toward hospitalists may further erode the once-intimate patient doctor relationship. Time was, doctors made house calls. Now, they don’t even go to the hospital. And sometimes, even when you go to the doctor’s office and think you’re going to see a doctor, you wind up seeing a nurse or a physician’s assistant.

Degraded patient relations worry Graham as well. In addition to admitting his own patients, he’d also drop by just to offer moral support.

Kimberly Thomas appreciated that when Graham dropped in after midnight one evening, just before she was to have a procedure.

“Dr. Graham likes to be with his family,” Thomas said last week from her room. “I think that’s kind of sweet.”

If a sacrifice is being made in the patient/doctor relationship, you couldn’t tell by tagging along with Mody for the better part of a day. At the end of a 15-minute visit with Kimberly Thomas, Mody decides it would be good if Thomas stayed “just one more night. Would that be OK?”

“One,” Thomas says, holding up her index finger. “I like you. I just don’t want to stay here.”

Visiting another patient, the evaluation comes to a halt when the patient’s middle school-age daughter shyly mentions she would like to be a doctor. Five minutes of advice and encouragement follow.

And there’s Lynn S. Mills, an active, independent 81-year-old who lives in Fuquay-Varina. On this morning she woke with a “hard chill.” Granddaughter Stacey Simpson took her to the emergency room, where Mills registered a 104-degree temperature. The ER doctors decided Mills should be admitted; that’s when Mody was summoned.

Mills ticks off her symptoms and answers questions about her medical history. Then she volunteers some emotional perspective she thinks might be pertinent.

“In the last two years I’ve lost both my husband and my son. I still look at my husband’s picture and start crying,” Mody instinctively grasps Mills’ hand, gives it a slight squeeze, then continues to hold it as Mills talks about her beloved husband.

“It’s a difficult thing being alone,” Mills says.

“But you’re not alone,” Mody answers, motioning to her granddaughter.

Earlier, Mody acknowledged that consistency can be an issue with the hospitalist system. While the hospitalist staff tries to ensure that a patient sees the same hospitalist throughout a stay, it’s sometimes up to the doctor to make that happen.

“Sometimes I have to fight to see my patients,” she said.

After 20 minutes with Mills, Mody said she’d like to run a few tests. “We’ll have you at least overnight. Is that all right?” she asks.

Mills smiles and says that’s fine. “You’ve been very good,” she adds.

As Mody leaves to see her next patient, she smiles, too.

“She’s one I’ll fight for.”
Higher Education

At the Crossroads of History: America's Best Black Colleges

Like other schools, they too now must compete for students

By Diane Cole

Tryan McMickens recalls the "huge blow" he felt when, as one of only a few dozen African-American students at a large, predominantly white public high school in suburban Atlanta, he heard his favorite teacher advise him not to even consider applying to a historically black college. "She told me those schools would not be the best fit for me because those schools are not the best schools," he says.

His experience at Tuskegee University, where he received his bachelor's degree in December 2005, proved her wrong on both counts. "While I was there I found a deep passion for research and for working in higher education," says McMickens, now a doctoral student in higher education management at the University of Pennsylvania. "To be around students [at Tuskegee] who look like you and who are ambitious and who set these tremendous goals was encouraging and empowering," he says.

But the very fact that McMickens's choice put him on the defensive captures in a nutshell the challenges that black colleges face. Once pretty much the only option for black students seeking higher education, black colleges today increasingly have to compete with other institutions for prize pupils. Prospective students, like the schools themselves, are struggling with how to weigh the unique traditions and culture that black colleges offer against the financial resources and elite rankings of white campuses. (New U.S. News rankings are on Page 64.)

In 1965, the federal government created a "historically black colleges and universities" designation. The purpose was to support about 100 schools located mostly in the South and a handful of other nearby states that were founded with the mission of educating black Americans in the years just before and in the decades following the Civil War. (Founded by a Quaker in 1837, Cheyney University in Pennsylvania is the oldest.) Then came the Brown v. Board of Education ruling in 1954 and the subsequent civil rights legislation of the 1960s. Today, most majority white institutions are seeking to increase the diversity of their student body by actively recruiting racial minority students. That has forced black colleges to compete to attract their traditional student base. Case in point: Out of the 817 black American high school students who in 2006, Harvard enrolled the most, with 68. Among black colleges, Howard University claimed the largest number, with just 19, and Morehouse and Spelman each attracted only six.

Cash strapped. The student drain has not been the only problem black colleges have to contend with. Years of chronic underfunding (both before and after desegregation) have placed some HBCUs in severe financial straits, in some cases leading to accreditation questions. When University of Pennsylvania education Prof. Marybeth Gasman was researching her book, Envisioning Black Colleges, she said, she could actually see the toll that maintenance delays had taken on some campuses in the form of historic buildings that were "falling apart" and archival papers "crumbling."

United Negro College Fund President and CEO Michael Lomax, a graduate of Morehouse College and former president of Dillard University, says these conditions do not affect all HBCUs. "American higher education is multtiered, and so are black colleges," he says, noting the range in black colleges from small liberal arts colleges to larger research universities, public and private.
"Some small schools are challenged, just as small colleges are across the board," Lomax says. But "Morehouse, Spelman, Hampton, among others, are stronger than they have ever been."

Graduation rates also have been a challenge for black colleges. Many students who attend HBCUs come from low-income families. These students are at risk of dropping out not for academic reasons but simply because they do not have the money to continue. And cash-strapped schools can find themselves scrambling to help out. Just add the endowments of all 103 HBCUs together, says Johnnette Cole, president emerita of Spelman College in Atlanta and Bennett College in Greensboro, N.C. Then compare that total, which comes to less than $2 billion, with the approximately $35 billion that Harvard alone claims. And yet, although HBCUs constitute only 3 percent of American higher education institutions, they graduate about 24 percent of all black college students. And, often, the students black colleges enroll may not have had the opportunity to attend college otherwise, says Michigan State University education Prof. James Minor. As a prospective college student, Minor was rejected by every school he applied to in his home state of Michigan but was accepted at Jackson State University in Mississippi, where he thrived. In this way, HBCUs are "engines of social mobility" for minority students, says Lomax. Comments Dwayne Ashley, president and CEO of the Thurgood Marshall College Fund: "I shudder to think what would happen to these young men and women who would not have the opportunity to pursue their full potential. It would be a loss to the American economic fabric."

"Without that nurturing environment, I don't know if I would have been able to excel as I did."
Timothy Banks, Tuskegee University graduate

Students stand by Florida A&M, despite its recent problems.

Cole knows firsthand both the strengths and the problems facing HBCUs. As president of Spelman and subsequently of Bennett College, the only two all-women's HBCUs, Cole led successful fundraising campaigns for each. The difference, she says, was that for Spelman, which was thriving when she arrived in 1986, her role was to help "put the icing on the cake." By contrast, Bennett faced a $3 million deficit, low enrollments, building maintenance problems, and the serious possibility of shutdown when Cole came out of retirement to become its president in 2002. Her job there, she says, was "to help bake the cake."

To meet the $50 million fundraising goal, she rallied well-known figures—like poet Maya Angelou, former Sen. Bob Dole, and Bill Cosby, who with his wife, Camille, contributed $600,000 to the school. By the time Cole retired last June, four older buildings had been renovated; the school had secured an endowment of approximately $7 million to $10 million, and enrollment was on the rise. This fall, Bennett claimed a 14-year high number of students, at 671.

Bennett's new president, Julianne Malveaux, promises further progress. Plans are afoot for two new buildings, and new academic programs are being developed in entrepreneurship and communications, among other areas. Malveaux hopes to expand the enrollment to 1,000 students. "Dr. Cole got us out of the emergency room," she says. "I'm going to get us out of the hospital and running a marathon."

Florida A&M University in Tallahassee—the largest single-campus HBCU, with more than 11,000 students—is at work turning around a different set of problems. The week before FAMU's new president, James Ammons, assumed his duties in July, the university's accreditation was put on a probationary status as a result of management issues stemming from previous administrations. "Without a doubt, we are going