



# ASPIRATIONS

A L W A Y S   A S P I R E   T O W A R D   S O M E T H I N G   B E T T E R

## *The Power of One—an Organ Donor*

*Dr. Marco J. Bonta, a 55-year-old trauma surgeon and also a part-time MBA student at Franklin University was interviewed by Dr. James Bearden regarding Sigma Beta Delta's proposed organ donor initiative. Dr. Bonta was awarded a BS in Science from The Ohio State University and an MD degree from the Medical College of Ohio. He is Medical Director, Trauma and Surgical Services at Riverside Methodist Hospital, a 1,078-bed tertiary teaching hospital in Columbus, Ohio. Dr. Bonta's perspective on organ transplantation derives from his experience as Medical Director of Surgery as well as his being a kidney transplant recipient. He was interviewed on November 14, 2012, preceding Franklin University's ceremony where he and fellow students were inducted into Sigma Beta Delta.*

**D**r. Bonta: In Columbus, Ohio, I began my private practice in general surgery and vascular surgery. I always had a tilt to doing emergency cases. I always found them to be the most interesting. My life was fine as far as I knew. I knew I had an inheritable condition called polycystic kidney disease, which is not the most common cause of renal failure, but it's among the top. A reason I became concerned about that was that I was contemplating having children, and it's autosomal dominant, which means that half of anybody's offspring statistically will have the disease, not just be a carrier. All patients with that problem will lose their kidney function at some time during their life and require some form of renal replacement therapy. The choices are lifelong dialysis, either by blood, peritoneal dialysis, or organ transplantation. As a physician I knew that was where I was headed. But as a physician, as a young physician and then as a mid-life physician, I became Medical Director of Surgery at my institution. I'm the Trauma Medical Director so I take care of injured patients all the time, many of whom unfortunately don't survive. So between my personal history and my work with the critically ill and the critically injured, I became very attuned to the topic of organ donation.

There was a period of time when I became acquainted with the cadaveric organ donation effort, the donation of an organ after one's death. And I think that's an extremely noble cause. It's been very effective and it has saved countless lives, so I'm a strong proponent of it. You and I have also talked about the importance of living organ donation. By way of background, a living organ donor, that is someone who chooses to donate an organ, a portion of an organ or tissue while still alive, is nearly virtually assured that her or his gift will come to pass.

What we're discussing as it pertains to Sigma Beta Delta is awareness. The people who want wider penetration of understanding about breast cancer have

done that in a very, very indirect fashion. They've chosen the color pink. You see national football league players wearing pink socks or pink shoes or some such thing. They hope that by having sports figures and others dressed in pink or dye their hair pink, that it will bring more awareness to the problem of breast cancer and may increase funding. And I think that's been somewhat effective.

I have always felt, perhaps because I was on dialysis and made friendships with people who died during their dialysis treatment—many people much younger than I, that the public fail to understand the depth of suffering of the individual. And they especially fail to understand the depth of suffering for the family or the loved ones of the person who is suffering from organ failure and is on some sort of a waiting list.

So it's always been my impression that in an attempt to increase awareness about organ donation and funding, or in attempts to increase donor registry, a more graphical representation is warranted. I think there's an opportunity to use imagery whether it be photographic or otherwise. As Medical Director of Surgery, I had no earthly idea what a dialysis unit looked like. I was a trauma surgeon and though I created vascular access for many patients, I'd never been in a dialysis unit until I was a victim. So I just can't explain to you, I don't think, the degree of desperation among those people, some of whom have had a transplant that failed, some of whom are too sick to undergo a transplant and are receiving life-saving temporary dialysis with the knowledge that they are going to die, and others who are waiting for an organ donation.

Frankly, I was the luckiest person in the room in that my donor had been identified. I was just too sick to undergo my transplant at that time. So I had a very strong notion that I was going to survive. But the majority of the people in that room did not. The family's degree of anticipation, worry and angst in the dialysis waiting room area is just beyond description. I always felt that if people saw—whether a view of the waiting room or a view of this room that looked like a gymnasium full of patients or a little station with their blood tubing—such compelling images would bring a real face to this particular disease.

Patients who are waiting for a lung transplant are suffocating. They're so short of breath some can barely move from the chair to another chair or a chair to the bathroom, for example. These diseases are dehumanizing and discouraging, certainly beyond my description.

Then there's the pediatric side. Particularly when you see children in the cardiac care unit that are waiting for a heart transplant and that sort of thing, it's just heartbreaking.



**Sandra's  
salutations**



## Our New President's Reflections on "The Power of One"

I was indeed very fortunate in 1997 to attend Sigma Beta Delta's inaugural convention in Haines City, Florida. As a delegate from Texas Wesleyan University it was my first experience with Sigma Beta Delta members and the beginning of a journey that has been a major and rewarding part of my academic life. The people attending that meeting and the program presented impressed me in a major and positive way, an impression that remains with me to this day.

Another good fortune for me is that most of the major players at that convention are still active and contributing to the progress of our society. Importantly also is that the program theme of the first convention is still present, pursued, and being played out through Sigma Beta Delta members in the local, national, and international community.

The convention's theme, "The Power of One," was both deliberate and purposeful and derived from an expectation that those honored could and would have successful professional and civic lives. That theme continues to remind me that one individual can make a positive and powerful difference, not just in their own life but in the lives of countless others. Even though Sigma Beta Delta is one of the youngest members of higher education's honor community, we believe through our adoption and pursuit of "The Power of One" theme we can and will be an exemplar in serving and improving humankind.

This issue of *Aspirations* reports an interview that is not only a personal testimony of someone whose life has experienced both giving and receiving but also suggests how "The Power of One" can become an important life-saving resource.

I am honored to serve you as your national president and look forward to continuing the journey I began in 1997.

Sincerely,

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Choosing a new color—blue as opposed to pink? I don't think that type of indirect imagery is as compelling as seeing people, whether it be interviews of patients themselves or their family members, or photographs of some of these places.

The knowledge gap of the public is very wide about the idea of giving up a solid organ or a segment of an intestine, or whatever it may be. A willing donor can donate a kidney or a portion of the liver or a portion of the pancreas or a portion of the small bowel and do extraordinarily well. The downside of becoming an organ donor during life isn't as steep. That's part of the knowledge gap. The public doesn't know how easy it is to donate an organ.

Obviously, I think this is a tremendously worthy cause since it takes a group of people who have no hope into a circumstance where there is enthusiasm again for both survival and an energetic survival.

**Dr. Bearden:** As someone who was the recipient of a donation and who has also been involved in the procedure, what suggestion would you have to an organization of 75,000 + alumni who have heard references to having an impact on humanity? We've explored many different service avenues and chosen for emphasis the organ donor possibility. How would you suggest that resource be tapped?

**Dr. Bonta:** I think you've asked someone who fits both those bills. I am a recipient of a kidney transplant, have coordinated kidney transplantation, and have been involved in surgical procedures. So I know a lot about it. I would advocate that the Sigma Beta Delta honorees become ambassadors for the cause. Frankly, to consider organ donation themselves—and to consider both cadaveric and living organ donation.

My guess is that everyone has some distant acquaintance that either has or has needed a donation. One of the most rapidly rising groups, albeit still very small, is those that make an anonymous living tissue donation. In other words, they make arrangements to donate a small portion of the liver, a segment of bone marrow, which is an outpatient, twenty-minute procedure at best; or a kidney, which is an overnight deal, in an attempt to make better the life of someone they've never met and don't know.

Whether we get one organ or 20,000 organs as a result of this, someone who is going to die won't, and I can't think of a more honorable cause than that. Certainly we should all be cadaveric organ donors. What each of us can do as individuals, that's what I mean by being an ambassador. I mean make a couple of phone calls and give somebody one of your organs. The other thing is to consider becoming an ambassador for education about it. Many are going to go on to big careers. Sigma Beta Delta honorees will become leaders, if they aren't already. To the extent that we can carry this message to other people both as it pertains to funding for research and awareness to prompt others to become donors, we will have moved to a higher plane.

**Dr. Bearden:** Right now we don't have any responsibility for doing anything other than what we do tonight. We give you a key and a certificate and say you've earned it. What we're talking about here is trying to figure a way to coalesce that talent after they leave. Should we be rethinking and reconsidering sensitizing them to it at some point?

**Dr. Bonta:** I don't mean to sound boastful, but those of us that are honored for academic achievement, many of us, have received a gift. And I don't mean the certificate. I mean some of us are gifted, so to

speak. And we should consider ourselves as holding a responsibility to give something back. As it pertains to Sigma Beta Delta, this is something that could tie the inductees to the organization longitudinally.

So it might be interesting to investigate something that's the easiest to do and would be the most helpful to the populace. I've not researched this narrow aspect of it, but it sure might be the bone marrow registry. Because if you are chosen to donate, there's someone who desperately needs it and is going to die without it. And the procedure to have your bone marrow withdrawn takes twenty minutes, then you get up and continue your day. So I think we'd be much more likely to get people to agree to donate their bone marrow while they're living than to donate a kidney. So maybe it would be useful to narrow the goal a bit.

**Dr. Bearden:** What are the risks of a bone marrow donation?

**Dr. Bonta:** The risks are extraordinarily low. There's a little bit of discomfort, but they give you a tiny amount of Valium or some such sedative. I've actually had several bone marrow aspirants done myself and it's very easy. There's a small risk of infection, but if it's done in a medical setting by a physician, it's very, very safe. And so I'm kind of intrigued by the idea of making that a more narrow and specific effort—especially since awareness is a vague topic. If we could get even ten percent of the Sigma

Beta Delta honorees to agree, the number of lives we would save would be tremendous.

**Dr. Bearden:** It's interesting that you mention that because a video shown to the group when we met in California was a bone marrow situation. A young man of South Asian descent at Stanford needed a bone marrow transplant. He was going to die. It turned out that the registry had very, very few—this group of MBA students and their professor there just became spokesmen for it. They registered many South Asians on the basis of a video they put on YouTube. We showed it to twenty-five students and they became excited about the possibility. It was used as an example of doing something for society. We

went off in many different directions, but I am convinced they came back to organ donor initiative based on that video because it was so powerful.

**Dr. Bonta:** Really if you just want to help somebody and you don't want to cause any harm or risk to yourself, donating bone marrow is the safest, easiest, quickest, and least expensive path. You don't have to travel for it and it can be done in myriad locations. So we might get the most bang for our buck, so to speak, with that. As we are speaking, it's sounding better to me because as a recipient, when I got sick, there were a lot of people that I loved and they loved me that said they'd give me their organ, but they didn't. I mean it's different when it's time to go to the hospital. So knowing as bad as it could be, it just means you go to your doctor and in twenty minutes he removes a small bit of bone marrow and then you get up and keep going and it's over. I think we might really be impactful.

**Dr. Bearden:** Has Sigma Beta Delta missed the boat with this service mission? Would we have been better off not to have chosen organ donation as opposed to coming up with a service campaign related to financial literacy? Did we make the right choice?

**Dr. Bonta:** My vote would be strong in that you've made the correct choice



because it is a more compelling argument. One's life, one's ability to take a breath, or to make urine, or to live safely, is a supervening argument to one's ability to accumulate wealth. Financial literacy is a very important area and I would strongly support it. But making someone financially literate is much more likely to help himself or herself than the populous. Linking an altruistic cause to an honor society is a win-win as opposed to taking a chosen group of high achievers and teaching them how to invest their money.

**Dr. Bearden:** I understand what you're saying. We came up with all sorts of ideas: doing something related to the green campaign, getting poor people in Afghanistan to create trinkets that we would try to sell over here. There were a number of projects that were brought up as possibilities. Was there something out there medically related that we could have put on the table but didn't?

**Dr. Bonta:** Those causes are so broad that the arguments aren't as compelling as images of people that have blood-borne malignancies—leukemia or lymphoma. These people are sick and many are dying. It seems that this is the perfect cause in that it is broad enough that it would help a large group of people, but it's narrow enough that it would compel the individual potential donor to do it. Most new members are too young to give any money. They aren't ready to become philanthropic. Whereas if you give a tenth of an ounce of your bone marrow to save someone's life, that just feels exceptionally compelling.

**Dr. Bearden:** Most honor societies have not taken the tack that we have. But more and more I am reading what other honor societies are doing. And all of a sudden they're becoming conscious. We have hundreds of thousands in all the honor societies that are identified as talented people. There are approximately a hundred honor societies in the country. Recently I've read about some that are beginning to see that within the honor community is a talented group, and they ought to be doing more. We really have a chance to do something here that would set the example, not just for our members and

their families but really across the broad spectrum of honor societies, of the most talented folks we've got in the country. The fact is we've got too many talented people that we really don't inspire to do things in a humanitarian way. And that's why in our ritual you hear tonight "humankind" three times to reflect working to improving, helping, and assisting humanity. So I hope you are proud of the fact that at least we have put it on the table.

**Dr. Bonta:** Oh, you bet I am. I'm extraordinarily proud. You said there are 75,000+ of us? That could be our denominator, and we would hope to get a numerator who were willing to donate. Think about this—if we got the one tenth of one percent!

I think it's such a worthy discussion and it's one that we should continue with. I really hope that you are able to continue this discussion because I'm a recipient. I wouldn't be having this conversation. I wouldn't have been able to continue in my work. I've been a physician for 8½ years longer than I would have been, and I've done some very good things myself that I would not possibly have done without someone's donation to me. So I see it through a different set of eyes. In fact, in many ways I have prejudged it. I'm such a strong advocate that I'm prejudiced in that regard. Some people get addicted to alcohol or drugs or gambling or something, but I'm addicted to being off dialysis and so this has been very valuable to me.

**Dr. Bearden:** Since this is the second year of discussing this, should we be discouraged that we aren't further along?

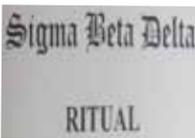
**Dr. Bonta:** No, I don't think so. There's urgency to the argument because I'm sure that during a measurable period of time, including the time that you and I have sat at this table, somebody needed it and didn't get it. So I think we should move ahead.

**The complete interview transcript is available on our website at [sigmabetadelta@umsl.edu](mailto:sigmabetadelta@umsl.edu). A print version is available upon request.**

## ΣΒΔ's Service to Humankind Timeline

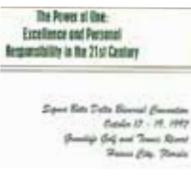
1994

*ΣΒΔ  
Created*



1997

*First National  
Convention*



1998-2008

*Build and  
Sustain  
Network*



2009-2010

*Convene  
Leadership  
Academy*



2011-2012

*Our Service  
Initiative*



2013—

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The Sigma Beta Delta ritual calls each member to a lifetime of service to humankind. Dr. Zoffer will explore the opportunities and difficulties in challenging, directing and connecting our best and brightest minds to a life of excellence and personal responsibility even after a key and certificate are earned.

## Organ Donor Initiative

“The Power of One” theme prominently and purposefully chosen at the initial national convention in 1997 derived from the belief that Sigma Beta Delta members could serve humankind in a powerful and productive way throughout their lives. Another expectation present at that time was that when the new honor society gained sufficient membership and maturity, a single societal issue would be selected and addressed collectively. In the fifteen years since, activities and attention have been devoted toward creating and insuring an organizationally sound and productive foundation through a network of chapters. The creation of 375 chapters is evidence that the agenda carved out during the formative years is ready to come to fruition.

Based on the work of a 2010 Leadership Academy, consisting of twenty-five students, five faculty advisors, three facilitators, and the Board of Directors, and followed up with a 2011 similar constituency at the Society’s 2011 Quadrennial Meeting, Sigma Beta Delta has chosen as its service objective Organ Donor Initiative. Having selected the initiative for attention, the next step is to consider and adopt strategies for implementation. Dr. Marcos J. Bonta’s interview, which begins on page one of this issue, validates our choice.



**T**op photo: Board members at the Quadrennial Meeting

**S**tudents attending the Quadrennial Meeting included Bayle Solerich, Charles Evans, Tara Settje, Cornelius Peterson, Kathryn Carper, and Selahaddin Ibrahimy.



**I**nstalled as board members at the Nashville meeting were Professor Janet Ewing of Mary Baldwin College and Dr. Dell Ann Janney of Culver-Stockton College. They were elected at the Quadrennial Meeting.

## Board of Directors Meeting

“You can go home again” might have been the headline used in notifying Sigma Beta Delta’s Board of Directors of their 2012 meeting in Nashville, Tennessee. It would have been appropriate if “home” was defined as the initial chapter, since Nashville’s Belmont University was the first of 375 chapters Sigma Beta Delta has chartered since 1994.

At the Nashville meeting new officers were installed based on action at the November 2011 Quadrennial Meeting held in Jacksonville, Florida. Assuming the office of President was Dr. Sandra Hart who previously served as Vice President. Pictured below are the officers serving with incoming President Hart, Dr. Randy M. McLeod (right) of Harding University, Vice President, and Dr. Clifford L. Eubanks (left) as Secretary-Treasurer.

A Resolution of Appreciation and Honor was adopted by the Board of Directors recognizing the long and valuable service rendered by outgoing President, Dr. Donald H. Driemeier, “who has rendered a lifetime of service to the cause of recognizing and honoring the best and brightest business students in our colleges and universities.”

A second Resolution of Appreciation and Honor was adopted in recognition of retiring board member Dr. Hilton Barrett of Elizabeth City State University. He was instrumental in creating chapters at three institutions which the Board of Directors resolved “as an accomplishment which may remain unique and unmatched!”



**O**ur parent, Beta Gamma Sigma, invited all their living presidents to their Centennial kickoff event in New Orleans on February 7, 2012. Richard Scott (Sigma), James Bearden (Beta), and Donald Driemeier (Delta) attended the celebration.

# Scholarship Winners for 2012-2013



**Adeleye Abiade**  
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Dr. Don Driemeier Fellowship



**Heather Carpio**  
Purdue North Central



**Carissa Hopkins**  
Argosy Online  
Dr. Steve Ballard Fellowship



**Collin Kroeger**  
Wayne State University  
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Dr. Richard C. Scott Fellowship



**Sondra McKeever**  
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**Jessica Douthat**  
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Dr. James H. Bearden Fellowship



**Catherine Hazzard**  
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Dr. Clifford Eubanks Fellowship



**Caroline McDavid-Seidner**  
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Dr. Blanche Touhill Fellowship



**Maggie Waddell**  
Life University



**Kayla Yerden**  
Presbyterian College

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Your contributions are important for a vibrant and strong Sigma Beta Delta. A gift of a few dollars or a few thousand dollars is important, and your gift enables continued scholarship opportunity for our members. *Each contribution is a worthwhile investment and is most appreciated.*

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